

'KONDOM OKE, KONDOMISASI NO'

**HIV/AIDS prevention policy and constructions of sexual
morality in Indonesia, with specific reference to the
construction of Islamic attitudes**

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June 1998

**A thesis submitted as a partial requirement for the degree of
Master of Arts (coursework and sub-thesis) of the
Australian National University**

This thesis, submitted as a partial requirement for the degree of Master of Arts (coursework and sub-thesis) of the Australian National University, is my own work and all sources used have been duly acknowledged.

Signed *Mander Steffen*

on *30 June 1998*

Acknowledgements

Firstly, I would like to thank my supervisor Dr Margot Lyon for her advice and encouragement. She has been immensely patient with me and supportive of all my endeavours.

There are many people who assisted me with gaining information. Dr Terry Hull and Iwu Utomo provided me with Indonesian newspaper and magazine articles, as well as their own papers. I am also grateful to Dr Hull for helping me to contact several researchers in Indonesia, including Dr Budi Utomo and Dr Nick Dharmaputra of the Center for Health Research, University of Indonesia, and Dr Meiwita Iskandar of the Population Council in Jakarta. They were kind enough to meet with me and to provide more detailed information about HIV/AIDS in Indonesia.

I would also like to acknowledge the very useful input I received from Dr Nafsiah Mboi, Member of Parliament, Prof Masri Singarimbun of the Population Studies Center, Gadjah Mada University, and Ms Jane Patten of the Population Council in Jakarta. In addition, Dindin Solahudin very kindly permitted me to cite his MA subthesis on the *Pesantren Daarut Tauhid*.

Finally, I would like to thank those people who provided me with personal support. I am eternally grateful to my parents for setting education as such a high priority in my life. They introduced me to Indonesia and encouraged me to pursue my goals. Janneke, Heather, Kate and Cyndi have all at various times contributed good cheer and wise words. My greatest and most constant support though has come from Andrew, who has stood by me through it all.

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Preface

Since the writing of this thesis, Indonesia has entered a period of severe economic and political disorder and collapse. It needs to be emphasised that this thesis pertains only to the late-Suharto period, prior to the beginning of this turmoil in mid-1997. This crisis has produced profound economic, political and social change which will potentially have a huge impact on HIV/AIDS prevention activities and policy in Indonesia. This has been briefly addressed in a Postscript.

Chapter One

Introduction

This study considers the influence of Indonesian secular and religious institutions over the construction of sexual morality in the context of the prevention of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). HIV/AIDS prevention activities in Indonesia are based on the principles of the National AIDS Strategy formulated in 1994, which emphasises a multi-sectoral approach and considers the cultural and religious values found in Indonesia. Many prevention programs implemented under the National AIDS Strategy to 1997 have focused primarily on the promotion of abstinence for single people and faithfulness within a married relationship. While President Suharto's Indonesian government has attempted to take a practical health-based approach to controlling the spread of HIV, the blatant association of sexually transmitted diseases with the sexual act infuses HIV prevention efforts with moral concerns ¹.

This moral concern focuses on the role of condoms in HIV prevention programs. Condom promotion for HIV prevention, termed *kondomisasi* (literally, condomisation), has been soundly condemned by religious organisations and leaders as it is considered to encourage promiscuity and adultery. At the same time, condoms themselves are not condemned. Their use is acceptable as a married couple's contraceptive, or in 'emergencies', where one member of a married couple is already infected with HIV and needs to keep the other safe. The Indonesian governing elite, conscious of the strong religious objections and of the influence of religious leaders and institutions over the majority of Indonesians, actively encourage a moral approach and 'family resilience' as a

¹ It is important to emphasise that this study considers the late New Order period in Indonesia before the economic turmoil and change of government in early 1998 - see the 'Postscript' for further comments.

tool in HIV prevention activities. The main protection against the spread of HIV is seen to be mediated through the social, economic and moral strengthening of the family, which is considered the most fundamental unit of social and economic development. Condom promotion is limited to those considered to be at highest risk for contracting HIV: sex workers and their easily identifiable clients. Both government officials and Islamic leaders are saying "Kondom Oke, Kondomisasi No"², 'condoms are OK, but condom promotion is not acceptable', a phrase encapsulating the conflict between the public health and moral approaches to HIV/AIDS prevention. This conflict arises in the context of a widespread and influential Islamic revival which the New Order government of President Suharto has been forced to heed in the development and implementation of HIV/AIDS prevention policies.

1.1 HIV/AIDS in Indonesia

The first cases of HIV/AIDS in Indonesia were among foreigners and homosexuals and the first *official* death from AIDS was in 1987 when a Dutch tourist died in Bali (Murray 1993:3; Hardjanti 1994:79)³. HIV was found among female sex workers and *banci* (transsexuals) in Surabaya in June 1988 (2 people) and in August 1991 (4 people) (Murray 1993:3). At the time of the official endorsement of the National AIDS Strategy (June 1994), a total of 235 cases of HIV/AIDS (60 AIDS cases and 175 HIV infected people) and 38 deaths from AIDS had been reported (Brotowasisto and Roesin 1994). The figures to November 1997, indicate a total of 602 cases of HIV/AIDS reported to the Directorate General of Communicable Disease Control and Environmental Health of the Ministry of Health. This is broken down into 145 people-with-AIDS, and 457 HIV-

² This phrase (and so the title of the thesis) is the title of an article by Haryanto Laksono, which appeared in Warta Konsumen, 8.8.96.

³ Sciortino (1994:54-7) describes reports from as early as 1983 of people infected with HIV and with AIDS symptoms - three in Jakarta and five in Bali. These were explained away by government officials as being people with AIDS-related complex (ARC), "the syndrome suffered by people who were infected with HIV and symptomatic but who did not fulfil the criteria for the surveillance definition of AIDS" (Sciortino 1994:55).

infected people. Eighty-two people have died of AIDS. HIV/AIDS has been reported in 23 of the 27 provinces, with those most affected being DKI Jakarta, Irian Jaya, Riau, Bali, and East Java. Of those infected, 388 (64.5%) are men and 193 (32.1%) are women (with 21 unknown). Of the 602 reported cases, heterosexuals make up 67.8% (408). Eighty-eight percent of these official cases are among those aged 15-49 years. Most cases of HIV infection are among 20-29 year olds, while AIDS has most affected the 30-39 year olds ('Statistik Kasus HIV/AIDS di Indonesia', November 1997). The officially reported cases most likely do not reflect the actual figures, which are estimated at 20,000 by Indonesian officials and at 40,000-50,000 by the World Health Organisation (Dharmaputra, Utomo and Iljanto 1996:3-4).

The threat to Indonesians from HIV/AIDS comes mainly from unsafe sexual practices but there is also a threat from the multiple use of unsterile needles in village health centres (*Puskesmas*) and a lax attitude to blood donor screening outside the major cities (The Australian 21.1.94). Transmission of HIV through intravenous drug use is not significant in Indonesia as there is not a large community of users. Knowledge of HIV/AIDS is generally poor and condom use is extremely low, only around 5% countrywide (Stevens 1994). Among female sex workers, condom use is variable. High and middle class sex workers are more likely to negotiate for condom use than are low class sex workers, who are generally not in financial positions to insist on their use (Ford, Fajans and Wirawan 1994:134-5).

Although HIV/AIDS first officially appeared in 1987, it took until 1992 for the Indonesian government to fully come to terms with its presence in Indonesia and the problems it was causing for Indonesian citizens. Initial responses involved denial that Indonesians could be infected and then went on to define the disease as one confined to foreigners, gay men and sex workers. There was a strong denial by the government and community leaders that Indonesians beyond these groups would be at risk of contracting HIV. Sciortino (1994) describes four stages of discourse on HIV/AIDS through her

analysis of the Indonesian press between 1983-1993: denial of the existence of the illness; AIDS as a foreign illness; AIDS as a homosexual illness; and AIDS as a illness of sex workers. While the first is obviously no longer believed, the other three are still strongly adhered to both in the media and among Indonesians in general (Sciortino 1994). The concept of AIDS as an illness of sex workers is particularly dominant, and has a historical basis in the association between sex workers and other sexually transmitted diseases (STDs).

1.2 The prevention of the spread of sexually transmitted diseases: a public health approach

HIV prevention in Indonesia is to some extent built on the existing STD control and prevention activities. The primary responsibility for STD control and prevention has belonged to the Ministries of Health and Social Affairs, which both come under the People's Welfare Sector headed by the Coordinating Minister for Social Welfare. The Ministry of Health takes responsibility for primary health care and public health services implemented through the government health centres (*puskesmas*), subcentres (*puskesmas pembantu*) and integrated health posts (*posyandu*). As well as providing basic health care, these centres also focus on communicable disease control (such as tuberculosis and leprosy), community health education, and preventative health care services. *Posyandu* are particularly important in the delivery of mother and child health programs in immunisation, nutrition, diarrhoeal disease control, antenatal care and family planning (Corner and Rahardjo 1993:11-12). Beyond the treatment of symptomatic patients, STDs are not a priority in public health programs at the *posyandu* level. In larger towns and cities, government hospitals provide health care, and medical training and research facilities. Public health policies and programs for STD (including HIV) prevention are developed within the various divisions of the Ministry of Health, including the Directorate General of Medical Care, the Centre for Health Education Training, the Centre for Community Health Education, and the Directorate General of Communicable Disease

Control and Environmental Health ('Ministry of Health, Republik of Indonesia', Internet site). These are implemented by being passed down through the hierarchy of regional-, subdistrict- and village-level health services. In relation to sexually transmitted diseases, the Ministry of Health is contributing through actions such as working to improve the clinical treatment of STDs in hospitals and health centres, and providing check ups and treatment to sex workers at official brothel complexes. In addition, the Ministry provides educational literature on HIV/AIDS, trains nurses and doctors in the non-discriminatory care of HIV/AIDS patients, and provides monitoring and surveillance of STD and HIV/AIDS levels (Iskandar 1996:4-6).

The spread of sexually transmitted diseases is obviously more than simply a medical issue and so is not exclusively in the realm of the Ministry of Health. The spread of STDs is closely associated with social issues such as sex work and increasing sexual openness in Indonesian society. Throughout both colonial and independent times, sex workers and their clients have been perceived as the sources of STD infection, and so worthy targets of STD prevention efforts. Public health measures to address the spread of STDs have, therefore, focused on the regulation and control of the sex industry. Under the colonial Dutch government, relationships between single Dutch men and concubines or prostitutes were accepted as being "an unfortunate, but understandable, result of the relatively high single male population in an alien land" (Ingleson 1986:138). In order to limit the spread of STDs, prostitutes became subject to an 1852 regulation which increased police control and medical supervision of the prostitution industry. Prostitutes were required to register with the police and to carry an identification card. They were 'encouraged' to move to brothels and were subjected to weekly medical checkups for STDs. If found infected, a prostitute would need to relinquish her card and commit herself to an institution for treatment (ibid 1986:127)⁴. The 1852 Regulation was

⁴ The control of sexually transmitted diseases was also an important reason for maintaining and supporting the institution of barracks-concubinage. There was an impression of lower incidence of STDs among cohabiters who did not need to seek the services of prostitutes (Ming 1983). The military also attempted to reduce and limit sexually transmitted disease infection among soldiers, sailors and plantation

repealed in 1874, and the regulation of STDs and prostitution was left to the Municipal governments and local authorities, many of which implemented regulations similar to those of the central government's 1852 Regulation. Municipal health authorities were left to organise the regular medical examinations of prostitutes and to implement local regulations to keep prostitutes off the streets and in the brothels.

In the Republic of Indonesia (RI), the regulation and control of the sex industry has continued to be the most utilised public health measure to address the spread of sexually transmitted diseases (including HIV/AIDS). This is the responsibility of the Ministry of Social Affairs. Under this Ministry, a subdirectorate of the Directorate of Social Rehabilitation (*Rehabilitasi Tuna Sosial*) is responsible for developing and implementing programs to rehabilitate sex workers. While national laws support its continuation, local and municipal governments are primarily responsible for the regulations to control the sex industry at specific locations. Local regulations enable sex workers to legally operate from official brothel complexes, *lokalisasi*, so providing centralised locations for health checks, STD education, and condom promotion. Regular health checks and injections are required by local government regulations for sex workers in *lokalisasi* and often in private brothels too. Government-funded examinations by health personnel from local health authorities are rare, and many sex workers are required by their employers to visit private doctors for their medical checks (Jones, Sulistyarningsih and Hull 1995:13-24). Most of the STD education and condom promotion to both official and unofficial sex workers is carried out by non-government organisations.

workers by providing them with regular checkups and with prophylactics. Soldiers and sailors, like prostitutes and concubines, were subjected to a weekly STD checkup. For a more detailed discussion of STDs in colonial Indonesia, see: van der Sterren, Murray and Hull 1997.

1.2.1 Development of the National AIDS Strategy

In 1993, in response to the growing number of HIV cases in Indonesia, the government began to mount an aggressive campaign against HIV/AIDS. The high incidence of non-HIV STDs, particularly detected among sex workers⁵, and the patterns of HIV transmission in other Asian countries galvanised the Indonesian government into action. HIV/AIDS prevention has been identified as a public health issue which reaches beyond the scopes of the Ministries of Health and Social Affairs. There has been a recognition that “[t]he challenge of HIV/AIDS is not just a health problem, rather it has major political, economic, social, ethical, religious, and legal consequences which sooner or later will touch on all aspects of national life” (Indonesian National AIDS Committee 1994:5).

In June 1993 a commission, headed by the Coordinating Minister for People's Welfare and including representatives of several ministries, was established to prepare a plan of action against HIV/AIDS. A team of medical and public health experts chosen by the Coordinating Minister drew up the *Strategi Nasional Penanggulangan HIV/AIDS* (National AIDS Strategy - NAS), a practical health based strategy based on nine guiding principles (Indonesian National AIDS Committee 1994:7-8):

- (1) both community and government are involved, with the responsibility of the government being "to lead and guide the efforts and to help create a supportive environment";

⁵ The connection between sexually transmitted diseases and the spread of HIV/AIDS is well accepted and the presence of non-HIV STDs throughout Indonesia serves as a predictor of how extensive HIV infection could become. Data on the prevalences of non-HIV sexually transmitted diseases in Indonesia are difficult to determine, but are thought to be higher than officially reported. Studies among groups of sex workers show various results: in a 1983 study of sex workers in official brothel complexes in Surabaya, 4% had syphilis; while a 1988 survey of sex workers in a brothel complex in Jakarta found that 90% had a sexually transmitted disease (van der Sterren, Murray and Hull 1997). High levels of STDs have been shown to correlate with increased likelihood of transmission of HIV. Lesions associated with many non-HIV STDs and the biology of the organisms involved increase transmissibility of HIV (Wasserheit 1992). The lowering of levels of other sexually transmitted diseases through medical interventions has been shown in an African study to be a cost-effective strategy for HIV prevention (Grosskurth et al 1995). On a behavioural level, the unsafe sexual behaviours which may lead to STD infection are also factors in acquiring HIV. Behavioural interventions to decrease STD transmission will, therefore, also address HIV transmission.

(2) "approaches to control HIV/AIDS should reflect the religious-cultural values found in Indonesia";

(3) "activities will aim to strengthen the resilience and welfare of the family and the traditional social support systems rooted in the community";

(4) "HIV/AIDS prevention will focus on education and public information to reinforce behaviour which does not facilitate the transmission of the HIV and which promotes change in high risk behavior";

that every person has the right to (5) accurate information about the disease, (6) dignity and self-respect, and (7) informed consent and appropriate pre- and post-test counseling;

(8) "law, regulations and their application should be consistent with and supportive of the National aids strategy [sic] at all levels";

and (9) "all those providing service to people living with AIDS are obliged to carry out their duties without discrimination".

The National AIDS Strategy was officially endorsed in mid-1994, and the Presidential Decree, *KepPres* No.36/1994, formalised the multi-sectoral approach advocated in the strategy. This supported the formation and authority of the National AIDS Prevention and Control Commission (*Komisi Penanggulangan AIDS Nasional* - KPA) and the Regional AIDS Commissions (*Komisi Penanggulangan AIDS Daerah* - KPAD) (*Keputusan Presiden Republik Indonesia* No.36/1994). The National AIDS Prevention and Control Commission (KPA) is responsible for: the promotion, provision and supervision of services essential to the success of the strategy; the development of appropriate guidelines; and the creation and maintenance of an environment suitable for encouraging and facilitating responsible activity in the HIV/AIDS campaign (Indonesian National AIDS Strategy 1994:21-2). It is led by the Minister for People's Welfare who is responsible for coordinating the AIDS policy and program development. The Chair is assisted by four deputies (Ministers of Health, Religion, Social Affairs, and Population) and by other sectoral ministers (Home Affairs; Justice; Information; Tourism, Post and

Telecommunications; Education and Culture; Manpower; Youth and Sport; Role of Women) (*Keputusan Presiden Republik Indonesia No.36/1994*).

Regional support to the National AIDS Commission is provided by the Regional AIDS Commissions (*Komisi Penanggulangan AIDS Daerah - KPAD*). Each KPAD is led by the Governor, *Bupati* or *Walikota* supported by a Provincial, *Kabupaten* or *Kotamadya* HIV/AIDS Commission respectively. The members of these Regional Commissions include representatives of “appropriate government sectors as well as people with special expertise and interest [sic] (community leaders, members of the academic community, professional people, etc.)” (Indonesian National AIDS Committee 1994:23). These Regional Commissions: lead, manage and coordinate the HIV/AIDS campaigns throughout their areas; identify high risk areas; mobilise resources; ensure appropriate budget allocations and use of resources; and provide support to local community groups and NGOs active in HIV/AIDS prevention (Indonesian National AIDS Committee 1994:22-4). At the next level down in the hierarchy, at the sub-district or *kecamatan* level, the *Camat*: leads, manages and coordinates the HIV/AIDS campaign throughout the *kecamatan*; identifies high risk locations; and ensures effective mobilisation and utilisation of resources. He/she is assisted in this by people from appropriate government departments, representatives of local NGOs and the community. Further support is provided at the village level where the Head is responsible for ensuring effective implementation of HIV/AIDS programs by encouraging and facilitating local community efforts, including collaborating with government agencies and NGOs (Indonesian National AIDS Strategy 1994:24-5).

The National AIDS Strategy also outlines the roles and responsibilities at the community level, including the involvement of the family and household, and of non-government organisations. The family is seen as important in the formation of healthy and responsible behaviour, and in providing support and assistance for people with HIV/AIDS. The primary way of achieving this is through increasing the family's

resilience (Indonesian National AIDS Committee 1994:25-6). The role of non-government organisations (NGOs) has been recognised as important because:

they are full partners in the national HIV/AIDS campaign in Indonesia to reach individuals and groups with special interests and needs (religious, youth, women, professionals etc) as well as those excluded or not reached by government programs, for example sex workers, transvestites, drug users (Indonesian National AIDS Committee 1994:26).

The business community and international agencies are also seen as playing important roles in HIV/AIDS prevention activities (Indonesian National AIDS Committee 1994:27). Through the National AIDS Strategy it is hoped "[t]o protect the process of national development and our goals for human development [by] strengthen[ing] our efforts for prevention and control of HIV/AIDS involving all sectors of development in a well focused, integrated, comprehensive and multi sectoral program" (Indonesian National AIDS Committee 1994:5). The NAS represents a strong commitment by the government, religious organisations and leaders, and non-government organisations to HIV/AIDS prevention.

1.2.2 Implementation of the National AIDS Strategy

The application of the National AIDS Strategy to HIV/AIDS prevention activities in Indonesia can be summarised as 'ABC' - (A)bstinence, (B)e faithful, (C)ondom use ⁶. This is a formula which Nafsiah Mboi, a prominent AIDS activist, calls 'total football'. It advocates that HIV prevention should involve several strategies as this provides a well-rounded and more effective approach to the problem. To many, neither advocating abstinence and faithfulness, not promoting condom use are enough by themselves.

⁶ Articles which refer to this use the English with translations in Indonesian in parentheses. The Indonesian translations do not fully retain the A,B, and C. One article uses: Abstinencia (pemantangan); Be Faithful (bertanggung jawab); and condom (K 26.11.95b).

Neither method is 100% effective when used incorrectly (K 26.11.95⁷; Nafsiah Mboi, pers comm).

Programs aimed at HIV/AIDS prevention are based in and coordinated from the office of the Coordinating Ministry of People's Welfare (*Kantor Menko Kesra*). Specific HIV/AIDS prevention plans and programs have been developed by the various ministries involved in the National AIDS Prevention and Control Commission (KPA), in particular, Health, Social Affairs, Family Planning, Religious Affairs, and Education and Culture. The framework for these plans and programs is the National AIDS Strategy, which identifies the following primary program areas (Indonesian National AIDS Committee 1994: 8-20):

- **information, education and communication (IEC)** activities to the general public, health care providers, individuals and institutions with a special role (teachers, religious and community leaders, mass media), women, adolescents, and people with high risk behaviour
- **prevention:** availability of supplies, services and information; effective treatment of STDs; testing of donated blood; and issues such as empowerment of women to negotiate safe sex, protection of minors from exploitation, and the availability and acceptability of condoms
- **blood testing and appropriate counselling**
- **treatment, service and care** which is appropriate and non-discriminatory
- **research:** to develop and improve HIV/AIDS policy, strategies and programs; to monitor the epidemic in Indonesia; and to identify and develop alternative strategies
- **monitoring** the spread of HIV/AIDS and **evaluating** the implementation of the National AIDS Strategy

Plans and programs follow the basic principles of the National AIDS Strategy, with the leadership for their development, approval and implementation expected to come from the

⁷ In references, 'K', 'R', and 'JP' have been used in citing articles from the newspapers Kompas, Republika, and the Jakarta Post respectively.

KPA and KPAD (Regional AIDS Commissions). While a comprehensive strategy to combat HIV/AIDS has been formulated at a national level, and each of the Ministries has developed a plan of action appropriate to their field, this has not trickled-down through the established bureaucracy to affect HIV/AIDS prevention at the more basic regional levels. For example, the Ministry of Religious Affairs has developed a comprehensive plan of information, education and communication (IEC) activities (outlined in Chapter 5). While this is firmly established in department policy, it has not yet been implemented at the local level (Iskandar 1996:5). There has been little input into HIV/AIDS prevention at the level of the Regional AIDS Commissions, and the National AIDS Strategy is still to be defined further into 'Plans of Action' at the provincial levels (ibid). This is an objective under the national five-year development plan (1994-99), but it has only been partially implemented in a small number of provinces, due mainly to limited funding, resources and staff. Although the strategy is well-established at the national level, there are no high-profile sustained government-initiated campaigns targeting HIV/AIDS prevention. Where there have been HIV/AIDS prevention strategies implemented, initiatives are highly localised and targeted at specific groups, such as sex workers, gay men, youth, village health workers, and doctors. Programs include education and/or training through workshops, development of education materials, setting up hotlines, and needs assessment research. Much of this work is undertaken by non-government agencies with funding coming mainly from overseas organisations such as USAID, AusAID, PATH, the Ford Foundation, and foreign embassies. These projects proceed with the approval of the local AIDS Commission (KPAD) ('Indonesia HIV/AIDS and STD prevention and care project' 1997). The government supports only those community based initiatives and NGO actions which recognise the basic principles of the National AIDS Strategy and act according to its guidelines.

While the National AIDS Strategy establishes broad guidelines for proceeding with HIV/AIDS prevention, the actual implementation of the strategy has been found to

be more difficult. The government is incredibly conscious of not offending the members of the religious community or the public and so pays careful attention to their sensibilities. As Islam is the dominant religion of Indonesia and that professed by the majority of politicians, the government pays particular attention to the *ulama* (Islamic leaders). Religious organisations and leaders have given widespread approval of the National AIDS Strategy. They advocate compassion for those with HIV/AIDS and support non-discriminatory access to medical care, information and counselling. They have supported the development of prevention activities against HIV/AIDS, but insist that this prevention should have a moral focus, and not involve widespread condom promotion, *kondomisasi*. In order to avoid offending religious sensibilities, therefore, the focus of HIV/AIDS prevention is on abstinence (A) and being faithful (B), while the 'C' is "just a little c" (Kompas 26.11.95b; Nick Dharmaputra, pers comm). Within the context of Indonesian religious and cultural values, there is heavy reliance on Islamic teachings and the concept of 'family resilience' in HIV/AIDS prevention. *Kondomisasi*, condom promotion, is rejected as it is thought to encourage promiscuity. However, the government turns a blind-eye to the limited *kondomisasi* carried out by non-government organisations to people in high-risk situations⁸, people who are considered more likely to be exposed to HIV, like sex workers, some of their clients (military men, truck drivers, migrant workers), and gay men. While targeting sex workers with safe sex prevention messages is considered sound public health practice, to the moral mind this association justifies blaming them for HIV spread. The issue of HIV prevention through

⁸ There has been a tendency to discuss those infected with HIV/AIDS in terms of 'high risk groups' rather than in terms of 'high risk behaviours' or 'high risk situations'. Because HIV/AIDS has historically been associated with members of particular groups (eg sex workers, homosexuals, drug users), many have been inclined to categorically label members of these groups as 'at high risk'. This ignores the fact that it is an individual's behaviour which determines risk, not membership of a particular 'group'. A female sex worker who consistently uses condoms with her clients is probably at lower risk of contracting HIV than a woman who is not a sex worker but who has unprotected sexual intercourse with multiple partners. In public health, there has been a move away from the label 'high risk group' to talk about 'high risk behaviour' and more recently about 'high risk situations' (Hankins 1997).

kondomisasi is, therefore, still charged with moral concern, and both government and religious leaders prefer an emphasis on a return to religious values and family resilience.

1.3 The public construction of sexuality

Both the government and Islamic leaders and organisations are influential in transmitting, authoritatively interpreting and enforcing moral attitudes towards HIV/AIDS prevention in modern Indonesia. These institutions exercise enormous authority over the 'public' sphere of Indonesian life by virtue of their dominance over the media and their control of political, economic, social and cultural spheres of society. The degree to which each institution influences people depends on the extent to which people place confidence in them as sources of moral authority. Both the government and religious institutions publicly promote a moral belief system which unites the 'moral community' of the Indonesian nation: "The sense of community helps to sustain the regard for moral standards, and the common standards reinforce the identification with and loyalty to the community" (Bird 1990:299). The government and religious institutions thus control and propagate moral information and define labels of moral deviance. Individuals are categorised as being inside or outside a moral community based on their behaviour and this is reinforced by the authority of these institutions to name their behaviour as deviant. The transmission of this ideal of a moral community reinforces the authority of the government and Islam over the morals of Indonesians.

1.3.1 State authority and sexuality

President Suharto's New Order government not only controls the economic and political aspects of national life, but also the social, cultural and moral ones. With its support from civil servants (through Golkar) and with the might of the military behind it, the government has succeeded in centralising and tightening its control over national and local politics and over various institutions and public activities. The government

bureaucratic structure enables the national government to have strict control over all levels of government - provincial, regional, city and even village administrations. The government also maintains economic control by monopolising national companies and industries and by strictly regulating independent businessmen. Cultural and social control is established by promoting a 'national culture'. The necessity of one culture has been recognised since "a diversified cultural system...would inevitably lead to inter suku [cultural group] rivalries and hostilities. The Oneness of the nation would constantly come into danger" (Soemardin 1988:61). Already, the nation has been unified through the implementation of a national language (Bahasa Indonesia) which is used to communicate with all people outside ones own cultural group and as the official language of the government. Unity of the nation is also created through allegiance to the *Pancasila* principles (faith in one God, humanity, nationalism, representative government and social justice) which form the basic philosophy of all Indonesian organisations (Morfit 1981:840-1). The first of these, faith in one God, creates an important solidarity of religious and moral principles among all Indonesians. By establishing and maintaining the concept of a moral community of Indonesians, the government attempts to uphold the illusion of national unity.

The political, cultural and social agendas of the government are effectively transmitted through the media, which, as a major vehicle of public culture, is tightly controlled by the government. The government has charged itself with the task of censoring information which reaches the people through television, cinema, radio, and print:

Because of the important role of the mass media and the susceptibility of the general public, who are mostly poorly educated, the government feels it necessary to curb some of the flow of information to prevent "excessess [sic] which can be harmful to the people" (Soemardin 1988:96).

The state is able to maintain its control over official and public morals, as it controls to a great extent what reaches the people.

The Indonesian governing elite utilises this state-controlled media and various government programs to transmit ideals of correct and moral male and female sexuality to the populace. Through its rhetoric and programs, the government provides authority on the proper sexual behaviour of men and women within the moral community of Indonesia. Male and female sexuality is incorporated into the broader plan of political, economic, social, and cultural 'development' of the nation. The family is considered the basic unit of this development and the wife/mother the primary player in the healthy life of the family. In this model of sexual morality, sex outside marriage is forbidden as this disrupts the moral fabric of the family and society. In contrast to the wife/mother ideal, sex workers are considered the ultimate symbols of sexual sin. The sexual spread of HIV can only occur through non-monogamous sexual relations, unacceptable within Indonesia's dominant 'official' moral system. Those people infected with HIV have violated these codes of moral conduct and their infection may be seen as retribution for their 'sins'. Publicly implemented HIV/AIDS prevention efforts, therefore, focus on improving the moral conduct of individuals, primarily by increasing attention to religious values and family life. The official construction of sexual morality as implied in the government programs and rhetoric provides the context for the focus on religious values and 'family resilience' in HIV/AIDS prevention efforts.

This contrasts with the reality where the government has encouraged the modernisation and development which have led to a greater emphasis on a consumer culture and a Western lifestyle. Socio-economic changes in this climate have led to an acceptance of greater sexual freedom and a growth in the sex industry. Recognising that this industry can not be eliminated, the government tolerates its existence. The Indonesian government is, thus, caught in a contradiction in which its rhetoric promotes an official ideology of sexual restraint, while its practice encourages greater sexual indulgence.

1.3.2 The growing authority of Islam over sexuality

This perceived support of sexual openness and promiscuity is in direct tension with devout Muslims and Islamic religious organisations. A great number of Indonesians have become disillusioned with modern life and the perceived decadences that accompany it, and have in response reclaimed their religious beliefs and duties. As the majority of Indonesians are at least nominally Muslim⁹, the resurgence of the Islamic religion in Indonesia has been particularly strong. This resurgence, which has followed the lead of a worldwide resurgence of Islam, has little to do with the restoration of faith, but refers rather to a return to the adherence to Islamic attitudes and practices. Even nominal Muslims in Indonesia have retained their belief in God, although they may have been negligent in their religious duties and behaviours (Muzaffar 1986). The resurgence in Islam in Indonesia has occurred primarily among two groups - the young middle class and the urban working class (ibid). Materialism, secularisation, hedonism and individualism, all perceived to be characteristics of Western culture have become part of Indonesian social life. Increasing crime and divorce rates, juvenile delinquency, family breakdowns, teen pregnancy, and suicides are seen as symptoms of the moral crisis occurring in both Western countries and Indonesia itself. This impression of the decadence and moral downfall of the West is illustrated through the lifestyles and conspicuous consumption of Indonesian elites, many of whom profess to be Muslims. These lifestyles contradict the Islamic values of moderation and simplicity, and contrast with the squalor of urban working class life. The elite have become materialistic, an ideology linked to the culture which they seek to emulate through their choices of consumer products and lifestyles (ibid). Many Muslims perceive the Western ideologies of socialism and capitalism as unable to deal with economic and social problems such as

⁹ While about eighty-seven percent of Indonesians profess to be Muslims (Noer 1991), many of these are *abangan* Muslims (nominal Muslims), those who may believe in God and associate with Islam but who do not whole-heartedly and consistently follow Muslim doctrine and practice (McVey 1989:203). *Santri* Muslims are pious and fully practicing and form the minority of Indonesians who profess to be Muslims. With the revival of Islam, however, the numbers of *santri* Muslims are increasing.

poverty, corruption, widening social disparities, economic exploitation and political oppression. Consequently, there has been "the dethronement of the West as a civilization worthy of emulation" (ibid:11). Islamic norms and values are sought as an alternative way of life, and as a means of restoring moral order to the lives of individuals and to Indonesian society as a whole.

Muslims are returning to the moral teachings of the *Qur'an* and other Islamic texts and are referring to them in their daily lives. With the *Qur'an* as its reference, Islam is considered by Muslims to be an unambiguous source of authority on moral issues. Its legitimacy is based on sacred reality, supported by reference to traditions, rational arguments and by the charisma of those rendering interpretations (Bird 1990). These sacred realities are considered, by those who adhere to them, to be less subject to distortion and corruption than profane realities. They are considered "a sure, impartial and objective basis for moral standards" communicated through revelations which are "reliable, unquestionable expressions of sacred reality" (ibid:298). Where moral behaviour is well-grounded in religion, individuals are likely to find particular moral principles more easy to adhere to. In this context, people are attracted to religious movements as they "seek to provide a more total, comprehensive authoritative direction" (ibid:307).

Many people have also been led to rediscover Islam due to the stresses of urban life. Modern urban living has been accompanied by a dichotomisation of the public and private lives of individuals which has created a "spiritual vacuum in man a feeling of emptiness, of life devoid of meaning" (Muzaffar:18). These feelings of alienation cause some people to turn to religion which "can act as a sort of sanctuary in the midst of the irreconcilable tensions of urban living" (ibid). Rural-urban migration can also lead migrants to turn to religion for support in an alien environment. To migrants coming from rural areas, urban centres are comparatively more secular and the urban culture foreign. Religion is a way of keeping in touch with rural cultural values and gaining a

sense of belonging and identity. The attraction to Islam is reinforced by Islamic leaders and propaganda which claims that the problems and inequalities in the city result from the absence of religious faith and that the migrant should therefore increase his/her commitment to Islam (Muzaffar 1986)¹⁰.

The perceived decadence of modern life has led to an increased concern for, among other issues, sexuality and male and female relations, expounded in an explosion of commentary in the media and in religious sermons. The teachings of the *Qur'an* provide strict and explicit guidance on these topics. In particular, they establish a very definite construction of moral women as wives/mothers as opposed to immoral women as sex workers. Although Islamic ideals of sexual morality are mainly transmitted to the faithful through sermons, educational institutions, and the publicly expressed views of *ulama* (religious leaders and teachers), the media serves an important function in reinforcing these. The recent Islamic revival has led to the rise of magazines and newspapers dedicated to Islamic audiences and even mainstream television and secular newspapers and magazines have enormous Islamic content. Rules on marriage, dress, divorce and adultery are promoted through social commentary in the media, particularly that aimed at Islamic audiences. Commentary is also provided on prostitution, homosexuality, the decadence of modern life, and on sexually transmitted diseases, particularly HIV. On these topics, many Islamic leaders and institutions are in agreement with the moral concepts *publicly* promoted by the government. The explicit Islamic teachings on these moral issues serve to confirm and reinforce those values implied in both public and government rhetoric.

¹⁰ The resurgence of Islam in Indonesia has also been encouraged by the worldwide revival movement and by the success of Islamic nations. The economic boom in oil rich Islamic countries such as Saudi Arabia has enabled the financing of religious revival movements and institutions in other countries, including Indonesia. The 1973 Egyptian victory over Israel and particularly the 1979 Iranian Revolution raised confidence and pride in the Islamic cause. In addition, the Islamic calendar is entering its fifteenth century, which according to the cycles of seven century periods marks the expected rise of Islam after a decline from the eighth to the fourteenth centuries (Muzaffar 1986).

On the topic of HIV/AIDS prevention, major Islamic organisations, such as the Indonesian Council of Ulama (Majelis Ulama Indonesia - MUI) and two major Islamic NGOs, Nahdlatul Ulama (NU) and Muhammadiyah (MUH), support the concepts of prevention through promotion of abstinence and faithfulness under a broader program of family resilience. While HIV/AIDS is viewed by some ulama as punishment for individual transgression, for the majority it is regarded as a *cobaan* (trial) or *peringatan* (warning) from Allah that mankind's piety must be improved. A return to religious values in HIV/AIDS prevention is thus an appropriate response. *Kondomisasi*, even if only to sex workers, is contradictory to this approach as it is thought to encourage promiscuity and to legitimise prostitution. Condom use is only acceptable for those already known to be infected with HIV who should prevent further transmission. The Indonesian government pays particular attention to the sensibilities of Islamic leaders and organisations and the Muslim majority in the formations of its policies. It is in this context that consideration of the motivations behind a moral approach in HIV/AIDS prevention activities becomes important.

1.3.3 Relations between Islam and the state

Recognising the power and influence of Islamic leaders and institutions over the Indonesian population, the New Order governing elite is forced to accommodate Islamic views, while at the same time attempting to maintain control over the leaders and institutions. Islam is seen as the champion of the ordinary people in opposition to the government, and the elite are fearful of such institutions over which they have very little control. Islam advocates justice and equality in a climate of economic exploitation by this elite class. As the majority of Indonesians are Muslims, the potential power base of discontented citizens to support Islamic leaders is considerable. Many people are attracted to the institutions of Islam as they "see them as being closer to the common people than

are the institutions of the modern state – correctly so, for they are culturally more familiar and physically more accessible to the population at large” (McVey 1989:211).

Muslim leaders are thus seen as a potential threat to the ruling elite, including the military: "Islam's potential for organizing popular resistance to the *status quo* remains very significant" (McVey 1989:219). State leaders are constantly mindful of the past effectiveness of Islam as a unifying force against the colonial order and as a significant player in the defeat of the communists and in the overthrow of Sukarno (McVey 1989:199). Recognising the influence which the *ulama* hold over the masses, the political elite do not wish to alienate them or their followers. While attempting to curtail any political aspirations of religious leaders or groups, the government encourages limited commentary on social and moral issues in the state-controlled media. Accommodating Muslim leaders is in their own interests, as defying them could lead to an erosion of their own political power (Muzaffar 1986).

Since its ascension to power, the New Order government has sought to tightly control Islam. Already, Islam had been neutralised by Sukarno's failure to recognise it as the basis of the newly independent state or even as the state religion. Instead, Islam was recognised as one of many of the religions represented in Indonesia and was incorporated into the secular state under the first principle of the *Pancasila*, belief in one God (*ketuhanan yang maha esa*). On the political front, Islam's role was diminished in 1972 when all Islamic parties were amalgamated into one, the PPP (*Partai Persatuan Pembangunan*, Party of Unity and Development). The control of the government over this party is considerable. It controls the right of the party to organise, and it is able to manipulate the appointment of those sympathetic to the government to its leadership. The PPP has very little influence on the directions of national policy. Nevertheless, Muslim leaders have continued to have considerable political clout. While they have turned away from formal political activity, they are still able to wield political influence through the social arena: there has been the "removal of Muslim political activity from the vulnerable

and by now pointless arena of party politics to the more salient one of broad social action" (McVey 1989:218).

Even within non-political Islamic organisations, the government attempts to maintain a degree of influence. In 1985, legislation was formally implemented which required all social organisations to adopt *Pancasila* as their sole ideological foundation (*asas tunggal*). This constituted an important form of government control over Islamic organisations (Liddle 1984:11 in Ramage 1995:36):

The government perceived Islam as the only social force not yet brought to heel, not yet fully willing to accept the government's notion of where authority ultimately resides. Acceptance of the state doctrine of *Pancasila* by the Muslims symbolizes this recognition. It also legitimizes the government's growing control of their organizational life.

Muslims were given a further rebuff when the state recognised mystical religious movements as *aliran kepercayaan*, "creed without religious affiliation", in the *Garis-garis Besar Haluan Negara* (GBHN, Broad Outlines of State Policy) on the same level as religion (Tamara 1986:31; Wahid 1986:84). Control by the government over Islamic organisations was further illustrated during the 1994 election of the *Nahdlatul Ulama* (NU) chairman. During these elections, the government instructed NU delegates to vote for a pro-government candidate, a wealthy business man with close links with the government and the president's family. The outspoken incumbent, Abdurrahman Wahid (Gus Dur), was seen as a threat to government control over the NU (Fealy 1995:10). Despite this government intervention, Gus Dur managed to retain his position.

The New Order regime has also attempted to place religion under tighter state control through the reorganisation of the Ministry of Religion. Dedicated to upholding the first principle of the *Pancasila*, 'belief in one God', the government charges the Ministry of Religious Affairs with the coordination of the religious and ritual well-being of Indonesians. While supporting the spiritual side of the activities of religious groups, the government wishes to limit any political aspirations of religious leaders or groups

(Tamara 1986). The Ministry of Religious Affairs, thus, also acts as a vehicle of control over religious groups, particularly very devout Muslims who may be seen as a threat to political power (Boland 1982). Only those who are willing to cooperate with the government in its quest for national development are appointed as Ministers of Religion. These like-minded religious bureaucrats are often out of touch with the religious community, and are consequently relatively ineffective at bridging the gap between religious leaders and institutions, and the government (McVey 1989:207). By attempting to serve as an intermediary between these groups, the Ministry of Religious Affairs provides political elites with a measure of religious and moral legitimacy. While on the one hand wishing to maintain political and social control over Islamic organisations, state elites at the same time utilise religion for their own purposes. By publicly embracing it and the morals ideals associated with it, they seek to enhance the perceptions of their moral character and legitimate their political power (Mulder 1993).

Since the early 1990s, Suharto has sought to 're-Islamise' Indonesian politics as a means to counterbalance the power of the military (Fealy 1995:10; Ramage 1995:78). His willingness to do this has been spurred on by the acceptance of Islamic organisations of *Pancasila* over Islam as *asas tunggal*, their sole ideological foundation (Ramage 1995:78). Suharto has attempted to court the Muslim majority by offering a number of concessions on the place of Islam in Indonesian law, business and culture ¹¹. As a gesture towards increasing Islam's contribution to political life, the state has sponsored the formation of the ICMI (*Ikatan Cendekiawan Muslim Indonesia* - Association of Indonesian Muslim Intellectuals). The association was established to woo and attract leading Muslim academics to an organisation strongly associated with the government. Most of the top positions in the organisation are held by senior bureaucrats and

¹¹ A 1992 article in *Inside Indonesia* (van Klinken 1992:5), points out several concessions given to Muslims as an attempt to legitimate the state in the eyes of the Muslim community: the passing of the Law on National Education recognising the *madrasah* (Islamic schools); the passing of the Law on Religious Courts giving an increased role to Islamic law in the areas of marriage and other matters; the establishment of an Islamic bank; prominent state backing to a significant Islamic festival; and in 1991, a Suharto-led highly publicised tour by government leaders to Mecca.

politicians, with the first Chairman of the organisation being BJ Habibie (the Minister of Science and Technology). Nurcholish Madjid, a well known Muslim scholar, points out in a Jakarta Post article that the strong government interest in ICMI is "because ICMI is an organization that represents a majority group in Indonesia" (JP 12.12.95). Although two senior *Nahdlatul Ulama* (NU) members were appointed to ICMI's board, they are recognised as "being very close and accommodative to those in power" (JP 12.12.95). ICMI has not been able to attract a significant following from NU members. For instance, the chairman of the NU, Abdurrahman Wahid, refused to join, claiming that ICMI had sectarian tendencies and that its ties to the government were too strong (Fealy 1995). According to him, "Islamic activists are allowing themselves to be manipulated by Soeharto in order to advance their own goal of Islamizing government and society" (Ramage 1995:64). The government is thought to be using the ICMI to gain legitimacy in the eyes of the Muslim community. Meanwhile, the military, suspicious of Islam as a political force and of the President's attempts to re-Islamise Indonesian politics, is exerting influence to keep Islam and the government elite separated. For instance, during the 1994 NU elections, the military supported Abdurrahman Wahid, as opposed to the Suharto-backed candidate. They perceived Abdurrahman Wahid as an "ally in their struggle against ICMI, which they saw as the use of Islam by Suharto and Habibie to counter the influence of the armed forces" (Grant 1996:91).

Despite being formally excluded from the political scene, Islamic organisations and institutions are nonetheless influential in the political arena. Islamic leaders are able to legitimately criticise the regime through reference to principles which Muslims hold in high regard: social justice, equality and morality. The government can not easily counter these criticisms without appearing amoral, unreasonable and unpopular. The Islamic movement has, thus, become the only legitimate form of protest against the actions of the Indonesian governing elite. Islam has become a dominant social, moral, and political force in Indonesian society and is having a growing influence among the Indonesian

populace. The government is, therefore, under great pressure to consider the moral concerns of Muslims and *ulama* (Islamic leaders) in the development and implementation of its policies.

In the context of STDs and HIV/AIDS, the government is under pressure to focus on morally-based policies and prevention efforts, and to involve Islamic religious organisations in formulating and implementing these. The government is caught between undertaking a concerted public health approach, including *kondomisasi*, and considering the conservative moral stance of the Islamic community. Given the growing influence of the Islamic movement over the lives of Indonesians, HIV/AIDS prevention activities must take on a moral focus in order to be implemented at all. To Muslims, HIV/AIDS prevention must focus on utilising the vehicle of the family to promote abstinence and faithfulness within marriage, and should discourage widespread condom promotion. The development of the National AIDS Strategy and the prevention efforts resulting from it occur in the context of the government seeking to maintain a balance between its control over public policy and its attention to the moral concerns of Muslims.

1.4 Organisation of the thesis

This study investigates the influence of the attitudes and publicly expressed opinions of Islamic institutions and leaders on issues related to HIV/AIDS prevention, and the subsequent impact of these attitudes on the government's HIV/AIDS prevention policies and strategies. While there are other religions in Indonesia, which are undergoing a revival and are influential in HIV/AIDS prevention issues, this study will concentrate on the most dominant religion, Islam¹². With around 87% of Indonesians professing to be Muslims, the attitudes of Islamic leaders and organisations towards HIV/AIDS have the

¹² Of the other religions, Catholics have been particularly outspoken about HIV/AIDS prevention, in particular over the role of condoms. At a meeting of the Council of Bishops, it was decided that the Catholic Church should promote responsible sexual behaviour. The Council maintained a stance against condom use for family planning purposes, but agreed to their use to prevent disease. The widespread promotion of condoms was, however, considered unacceptable as it was thought to encourage promiscuous sexual behaviour (Nafsiah Mboi, pers comm).

greatest potential to influence the development of prevention policies. It should be noted that there are a multitude of actors and agendas which contribute to the process of HIV/AIDS policy development and implementation in Indonesia. This study chooses to consider only two of the most influential, the government and the Islamic movement during the pre-1997 New Order regime of President Suharto. While Muslim activists and organisations have not been involved in actually writing HIV/AIDS policies, their moral attitudes are reflected in them. They are certainly influential in how prevention activities are carried out. As the study concentrates primarily on the national and public interactions between Islam and the state on issues of sexual morality, it is somewhat limited in scope. The many other players in the prevention of HIV/AIDS, such as non-religious NGOs, are not discussed in detail. The study is also limited to Java as this is the site of public policy development, and the region where such tensions between the state and the growing Islamic movement are most apparent.

In examining the influence of Islam on HIV/AIDS policy, this study will often refer to media articles related to sexual morality, and specifically HIV/AIDS prevention. While several newspapers and magazines have been sourced, the majority of material comes from three newspapers aimed at a middle class readership - Republika, Kompas, and The Jakarta Post¹³. References to articles from these newspapers are indicated using 'R', 'K', and 'JP' respectively. While the time period of articles ranges from 1992 to 1997, an intense study of the period November and December 1995 is referred to. This particular time period coincides with a discussion of an HIV/AIDS plan of action at a conference held by the *Majelis Ulama Indonesia* (26-30 November), with World AIDS Day on December 1, and also with a number of important debates about condoms, *kondomisasi*, and other HIV prevention issues. Reference will also be made to the formulations of various government programs and religious conferences where directions

¹³ Republika is a newspaper supported by the ICMI (Association of Indonesian Muslim Intellectuals) which as mentioned above is strongly associated with the government elite. Kompas is a Christian newspaper (Grant 1996:85), while The Jakarta Post is an English language daily newspaper.

were given on moral issues related to HIV/AIDS prevention. In addition, information has been obtained from communications with several researchers involved in HIV/AIDS issues, as well as from personal experiences from living in and visiting Indonesia¹⁴.

The Introduction, has presented the problem of how the Indonesian government can implement a workable policy towards HIV/AIDS prevention in the face of growing Islamic influence within society. This chapter has provided background information on the development of the National AIDS Strategy and prevention policies, and the nature of their implementation. It has also briefly described the authority of the government and Islamic leaders and institutions to provide guidance on moral issues related to sexuality and HIV/AIDS prevention within the moral community of the Indonesian nation. The study will continue in Chapter Two with a discussion of the influences of government-driven development and modernisation on increasing economic inequality and changes in notions of sexual morality. It examines the connection between these economic and social changes and the growth of the sex industry and increasing pre-marital sex among young people. Chapter Three presents the apparent contradictory stance of the government on sexual morality. On the one hand the Indonesian government utilises programs (such as the *Pembinaan Kesedjahteraan Keluarga*, The Applied Family Welfare Program) to reinforce a concept of ideal sexuality which promotes sex only within marriage. The dichotomy established between 'good' women (faithful wives/mothers) and 'bad' women (prostitutes) is influenced by the Christian outlook of the Dutch colonial regime, Islamic morality, and a notion of 'traditional' morality. Based on this construction of sexuality, both female sex workers and STDs/HIV become associated with immorality. This then places a stigma of immorality on anyone who uses condoms and, thus, presents difficulties in HIV/AIDS prevention efforts. The following chapter

¹⁴ I am drawing on personal observations gained while living in Indonesia between 1983-88 and visiting every year since then to 1993 and then again in December 1996. On the last visit, I had the opportunity to speak with several researchers involved with HIV/AIDS and/or sexuality issues: Budi Utomo and Nick Dharmaputra of the Center for Health Research, University of Indonesia; Meiwita Iskandar of The Population Council; Nafsiah Mboi, Member of Parliament; and Masri Singarimbun of the Population Studies Center, Gadjah Mada University.

considers Islam as a growing source of authority on sexuality and on moral issues related to HIV prevention, transmitting the teachings of the *Qur'an* through its organisations, educational institution and religious leaders. It presents some of the dynamic and fast growing Islamic movements to which many Indonesians have been attracted. Finally, Chapter Five, examines the responses of Islamic organisations to the HIV/AIDS problem and considers the influences of these responses on the development of HIV/AIDS policies and the implementation of prevention activities. It discusses the double bind with which the government is faced: how to deliver effective HIV/AIDS prevention activities in the face of its own moral ideology and the growing moral conservatism among the Islamic community.

Chapter Two

Modernisation, social change and sexual behaviour

The government has overseen and promoted a process of development in Indonesia which has impacted enormously on sexual attitudes and behaviours and on the current spread of the HIV epidemic. Development has caused many economic and social changes which have led to the growth of the sex industry and a perceived increase in indulgence in pre- and extra- marital sex. The process of modernisation has introduced a consumer culture and a greater acceptance of Western lifestyle and values, which in turn has brought a greater acceptance of publicly expressed sexuality. The diversification and greater utilisation of the sex industry in Indonesia has been largely due to an explosion of economic development which has brought increased unemployment and urbanisation, migration for work, and an influx of foreign workers. Development has been selective, and the resulting income inequality gives some people greater purchasing power than others. This provides both the clients and workers for the sex industry. These side-effects of government-endorsed modernisation are cited as central to the spread of HIV, with religious values and family resilience considered vital to combat these decadences of modern life.

2.1 Modernisation and social change

When the New Order under Soeharto began in 1966, the economy was in disarray, including high inflation and enormous foreign debt. After establishing a new nation following the turmoil of war and revolution, the first President, Sukarno, concentrated his efforts primarily on political activities and foreign policy, and paid little attention to economic policies. When Soeharto came into power, he revoked prohibitions on foreign aid and investment, allowed the importation of consumer goods, and then rescheduled the

national debt. These measures stimulated the investments of international companies who were attracted by the largely untapped natural resources, the vast market, and the relatively low wages. The most desired outcome of development was to make the "development cake" bigger: to raise the national wealth and to increase the amount of capital available for investment in the development of the nation (Budiman 1979:212).

The equal distribution of this wealth has been secondary and the effective development has been directed towards the elite. Development has been location-specific and has given less benefit to the rural population, and to both the rural and urban poor. Investment has been primarily directed at particular localities: cities; regions of resource extraction, such as plantations, and timber, oil, coal and mining areas; and tourist destinations. Even though the first of the Five Year Development Plans (*Repelita - Rencana Pembangunan Lima Tahun*) emphasised the important role of agriculture in the development of the nation, large scale industrialisation was the main target of investment at the expense of labour intensive local industries. Cottage industries have been pushed out of production and many people have been forced off their land by developers and corporations. Many of these unemployed people have left their villages, attracted by employment opportunities in urban areas, and at sites of industry, mining and large-scale agricultural activity.

Although the New Order government has managed to raise the national wealth, little attention has been given to actual income distribution. Up to the mid-1990s, overall poverty has been reduced so that by 1993, 26 million (14%) of the Indonesian population lived in poverty compared to 70 million (60%) in the 1970s (Jones, Sulistyarningsih and Hull 1995:19). The poverty that remains has increasingly become an urban problem. While in 1976, fewer than one in five poor Indonesians were urban dwellers, in 1990, the figure had increased to one in three (Hugo 1993:47). Moreover, the proportion of urban Indonesians living below the poverty line in Indonesia in 1993 was 30% (Shubert 1993:25). Social equality has not accompanied rapid economic development and so

while the majority of the population has benefited in some way from development, the differences in how much individuals have benefited is enormous. There are considerable income disparities between rural and urban areas as well as between different provinces. For instance, while Central Java is on average poorer, East Java has a less equal distribution of income and a greater gap between rural and urban earnings (from 1993 SUSENAS statistics obtained from Terry Hull, pers comm). Such disparities are among the motivations for men and women to migrate to urban areas seeking employment, including employment in the sex industry (Jones, Sulistyarningsih and Hull 1995:19).

The declining importance of subsistence agriculture, a fall in the number of job opportunities in rural areas, an emphasis on export-oriented manufacturing, and the expanding industrial and service sectors of urban areas have resulted in the attraction of men and women to urban areas searching for work both in the formal and informal sectors. While in 1950, 12.4% of the total population lived in urban areas, this figure reached 20.2% in 1980 (Surjadi 1988:3), and 26% in 1985 (MacIntyre 1993:33). In 1993, around one third of the population lived in urban areas and it is predicted that by 2010, more than half the population will be classified as urban (Hugo 1993:46). The rate of growth of urban areas in the 1980s was more than six times greater than that of rural areas and the urban population has grown twenty times bigger since 1920 while the rural population has less than trebled (ibid:46-7). The majority of urban population growth results from the net redistribution of people from rural to urban areas. The influx of people has led to a lateral expansion of urban areas along the major transportation routes radiating from them (ibid:47).

The urban population consists of workers established both in the formal sector (white collar workers, merchants, civil servants) and the informal sector (hawkers, farmers, crafts people, becak drivers, sex workers, building labourers, maids, as well as the homeless and people seeking employment). Those in the formal sector are more permanent urban dwellers and either live in the city or commute from surrounding

kabupaten (regencies). In the three *kabupaten* surrounding Jakarta (Bogor, Tangerang and Bekasi) the annual population growth rates between 1971 and 1980 were 4.6%, 4.04% and 3.6% compared with the national average of 2.33% (Hugo 1982:63). Workers in the informal sector may commute or may be seasonally involved in circular migration, ie they "do not change their usual place of residence in the village but are absent at an urban destination for periods longer than a single day" (ibid:61). According to Hugo (1982), Indonesians do not simply view nonpermanent mobility as a preliminary stage before permanent relocation to urban areas, but exhibit a "strong and apparently long-term commitment to bilocality, opting for the combination of activities in both rural and urban areas..." (ibid:74). The motivations for non-permanent migration vary from household to household, but involve careful consideration of maximising economic and social outcomes.

Essential to migration and travel patterns are the transportation networks which are fast growing to meet the demands imposed by economic growth and population expansion. In 1994, the bus service to Jakarta catered for an average daily influx of 1,556,011 passengers (van der Sterren, Murray and Hull 1997:215). Media reports estimate that Jakarta loses between 2-2.5 million people to rural areas at Lebaran time (Dharmaputra, Ariawan and Iskandar 1996:25). The transportation system itself involves more than 20,000 truck drivers travelling throughout Indonesia (Dharmaputra, Ariawan and Iskandar 1996:29), and in Surabaya over 11,000 sailors (6,000 of whom are navy personnel) visit each month (Blowfield 1992 in Dharmaputra, Ariawan and Iskandar 1996:29).

With development has come increased educational attainment by both males and females of the working age population. Despite this, in 1994 only 22% of the total Indonesian population over 10 years old had received the nine years of basic education (Dharmaputra, Ariawan and Iskandar 1996:22). Males are, in general, better educated than females, with fewer females attending university. A rising number of school leavers

can not, however, find work, particularly that which measures up to their level of education. An estimated 62% of youth between 15 and 19 with a high school education were looking for work in 1986 (Hugo 1993:48). The 1990 census indicates that both unemployment and underemployment have been increasing, especially in urban areas. Employment opportunities have fallen significantly. Since the early 1970s, the primary sector's share of total employment fell from 74% in 1971 to 31% in 1990 (Jones, Sulistyaningsih and Hull 1995:9). The formal sector is increasingly not able to pay adequate wages to their employees in low level jobs in the textile, garment, tobacco and electronics industries. Ninety-percent of these workers are women many of whom do not earn enough money to cover their basic expenses. Women receive a lower income than men in the same age-group and educational category. Most female migrants who come to the urban areas for employment are inexperienced, uneducated and have limited skills. There is great competition for jobs and so these migrants tend to enter low-status, low-pay employment in the areas of manufacturing, clerical activities, sales, hotels and restaurants, and particularly in the informal sector as traders, unpaid family workers, domestic labour or as sex workers (ibid:9,19).

2.1.1 The emergence of a middle class consumer lifestyle

The growth of industrial capitalism has been accompanied by a transformation in social structure, with the emergence of a middle class. While the exact membership of this middle class in Indonesia is the subject of debate, it is commonly accepted to include members of the following professions: civil servants (including teachers and academics); professionals such as engineers, doctors, lawyers, journalists, airline pilots, and business executives; and other 'white collar' workers and employees. The makeup of the middle class is heterogeneous and fragmented as they are economically, ethnically, religiously, politically, and ideologically varied (Lev 1990).

The coherence of the middle class lies not so much in their wealth but in the lifestyle and attitudes of its culture. Dick (1985; 1990) describes the social behaviour accompanying middle class consumer behaviour as 'the privatization of the means of consumption'. Rather than sharing consumer durables within the community, a household will restrict the goods to its own members. The lack of privacy in the *kampung* (village unit, city quarter) and the social pressure to share drives the more wealthy out of, or at least to the periphery of, the *kampung*. Here they bar their windows, lock their doors and build fences around their properties against theft, and so become more middle class.

Certain elements of the middle class have also accepted what have been considered Western ideologies. Many are committed to the achievement of equality (*permerataan*) in Indonesian society and have a growing concern with the notions of democracy, the rule of law and the freedom of speech. Moreover, there is increasing recognition of the possibility of upward mobility in Indonesian society based on merit through education and experience rather than on connection, although this is still less true in the business world. More than anything, members of the middle class seem to share a commitment to development as a national priority as this is the means to steadily rising living standards and the enjoyment of a consumer lifestyle. A 1996 study of Jakarta's middle class revealed that most "[want] political and social change but ...[do] not want to take any risks....the middle classes [care] more about economic growth than political freedom" (JP 14.12.96).

Identity with the middle class is manifested practically as:

pursuing a modern, westernised lifestyle that has, to a considerable extent, been based on role models fashioned and propagated by the national mass media and especially television (Dick 1990:65).

The nature of this modern, westernised lifestyle is clear from the conspicuous consumption of the well-off who respond to the advertising campaigns of television and

magazines. The extent of such advertising is obvious. In one issue of a middle class women's magazine, typical of many others like it, advertising made up 44% of the total magazine (109 of 247 pages). Of the advertisements it contained, 36% were for beauty products (25) and clothing (14), with several advertisements for banks or credit cards (10), jewelry/watches (7), airlines/travel (4) and luxury cars (3) (Femina, 12-18 Oktober 1995). Murray (1991:129) has remarked that advertisements usually make up around 30% of the content of women's magazines, such as Femina, Kartini, and Gadis. Similar advertising on television reaches a wider audience, most of whom cannot afford the consumer products which symbolise the middle class wealth and lifestyle. The increasing wealth of many Jakartans can be seen in the mushrooming of shopping plazas which carry expensive brand names and imported goods. While in 1983 there were only two or three such plazas, there are now over twenty-five, including the newly opened Taman Anggrek which is reputed to be the largest plaza complex in Southeast Asia. In late 1995, the modern and ritzy Pondok Indah Mall in South Jakarta was attracting an average of 25,000 people per day, with 40,000 people on the weekends and holidays (JP 19.11.95). Such a lifestyle is seen to be increasingly Western in nature with Western foods, clothing styles and music combining with or replacing local tastes. In the centre of Jakarta, the MacDonaldis restaurant (open 24 hours), the Hard Rock Cafe, and Planet Hollywood are popular 'hang outs' for trendy young men and women. Adapted into Jakarta slang is the word 'you' (instead of the Bahasa Indonesia equivalents), used predominantly by the young. The imitation of Western trends and consumer behaviour, such as the wearing of particular clothing styles or the ownership of particular items, such as mobile phones, is considered *keren* (trendy). Exposure to a consumer culture comes not only from the media, but also the film industry and through the increasing numbers of foreign tourists and workers. In addition, better-off Indonesians can afford to travel overseas and to send their children to schools and universities in other countries, thus exposing them to a Western consumer lifestyle. Dick (1985:74) notes that this

middle class culture is most evident in the big cities, particularly Jakarta, and being "diffused throughout the country by the powerful media of education, television, and magazines, is becoming the national culture".

2.2 Changing morals in changing times

The increased consumerism and the influence of the media exposes people to a new, Westernised and more openly permissive global culture. According to Istikanah Soepardo, Director of Social Rehabilitation at the Ministry of Social Services: "the impact of globalization and the rapid influx of information from abroad ... [are factors] ... prompting young people to sample forbidden fruits" (JP 13.1.95). There has even been a decline in the influence of supportive institutions such as the extended family networks. The 'frame of reference' through which people view the world has been shifting to include not only their community, family and ethnicity, but is now also based on the nation state, education, media exposure, and 'Westernisation'. These serve to "legitimate new behaviour" (Utomo and McDonald 1997:4).

Rural-urban migration has led to the lessening of family and community ties which are important in censoring social behaviour. Village life emphasises community solidarity and beliefs. Migration not only separates people from these relationships, but at the same time exposes them to new ones. Life in urban areas is characterised by individualism and social isolation where the tradition of mutual help (*gotong royong*) has been replaced by relationships where financial compensation is expected for services rendered (Hugo 1982). Extended families living in quarters of the city according to ethnic group have been replaced by nuclear families living in separate houses in mixed communities. The cities are much more heterogeneous in nature cutting across ethnic, cultural and religious boundaries, exposing residents to different ways of life and diminishing the impact of an individual's own cultural group on their behaviour. This

exposure to a more cosmopolitan culture and the lack of an extensive social support network may lead to more relaxed moral ideals and to more permissive sexual behaviour.

2.2.1 The development and diversification of the sex industry

The perception of relaxing morals in modern Indonesia is to some extent supported by the continued demand for sexual services and the resulting diversification of the sex industry. The sex industry has continued to flourish in areas where there is a demand from working men: in towns and cities; along railways and roads; at truck stops; near military bases; and timber and mining camps. Transport workers, sailors and migrant workers make up a high proportion of clients as they are frequently on extended absences from home and have disposable incomes in their pockets. In the towns and cities, female sex workers operate from a variety of milieux: brothels, hotel coffee shops, bars and discos, massage parlours, barber shops, beauty parlours, escort services, streets and street markets. Those working from brothels or the streets tend to cater for low to middle class clients, whereas those operating from discos, nightclubs and hotels cater for middle to upper class clients. Some of these women are registered with the authorities, but the vast majority are not. All women who work from the streets are doing so illegally and at great risk. In 1994/95, there were 71,281 sex workers registered with the Ministry of Social Affairs (Jones, Sulistyarningsih and Hull 1995:27)¹⁵, although Murray (1993:2) believes that the actual figure could be as many as 300,000 sex workers. Blowfield (1992 in Dharmaputra, Ariawan and Iskandar 1996:29) has estimated that over 120,000 sex workers offer services along the trucking routes of Indonesia. Homosexual prostitution, including lesbians, gays, and *banci/waria* (transsexual/transgender people) has recently become more prominent. Lesbians and gay sex workers tend to operate more clandestinely from the same types of locations as heterosexual sex workers, while

¹⁵ Figures of registered sex workers come from official *lokalisasi* and other brothel complexes which are routinely monitored. Sex workers in massage parlours, bars, night clubs, high-class call girl establishments or those working independently or on the streets are not included in these official statistics.

banci/waria work openly in specific street areas (Sunindyo and Sabaroedin 1989:270-276). Gigolos have become more common in Bali and other tourist centres to cater for Western and Japanese women (Jennaway 1993).

The growth and diversification of the sex industry is not only influenced by the changes in moral attitudes resulting from modern life, but also by the economic conditions which influence incomes, distribution of wealth, and migration patterns. Prostitution was already a widespread industry in Indonesia during colonial times, legitimated by the perceived need to allow military men and civil servants access to sexual services. During the Second World War and revolutionary period, the political and economic upheaval led to general social restlessness and to the dislocation of families and communities. Some women, to escape the poverty and famine which prevailed at the time, moved into the cities and became sex workers. Following the war, there was a general perception of a moral crisis, and in 1952, the Kongres Wanita Indonesia at their conference in Bandung recommended actions to "induce the affiliated associations to organize courses in moral instruction". This step was advocated, as "the whole of society suffered from the consequences that usually result from war and revolution: the perceptible relaxation of morals and marked idleness among young people" (ibid:119). According to Vreede-de Stuers, writing in 1960:

The influence of a similarly undisciplined way of life during the Revolution has apparently not yet run its course and is certainly responsible in part for the disturbingly high percentage of repudiations, especially in Java (Vreede-de Stuers 1960:131).

In the 1950s, the rates of divorce in Java were among the highest in the world (Jones 1994; Vreede-de Stuers 1960:129). Divorce potentially left a woman in financial or emotional difficulties making prostitution an attractive option for her. Since this time, the rates of divorce have dropped considerably, below the level of many Western countries. This may be partly due to the growing resistance against forced marriages (which was frequently given as a reason for divorce), the improved stability of the economy, growing

individualism, better education for girls, higher age levels at which marriage takes place, and a rebellion against *adat* (customary law). Divorce is, therefore, probably less important than it used to be in providing large numbers of women for the sex industry, although it is still a contributing factor for some sex workers (Jones, Sulistyarningsih and Hull 1995:9). A study of sex workers in Yogyakarta by the Lentera project of the Indonesian Planned Parenthood Association found that “the large majority...started working in the sex industry after their husbands left them or died” (‘Lentera’s programs with female sex workers’, internet site).

The motivation for women to enter into sex work continues to be predominantly economic, both in terms of absolute poverty and of relative income. A 1983 study found that the majority of women had started working as sex workers due to rural poverty (Purnomo and Siregar 1983:106 in Murray 1991:107). Similarly, a 1994 study carried out by the Jakarta Municipal Social Office and the newspaper Pos Kota found that:

61 percent of the prostitutes willingly took up the profession for economic reasons, 18 percent because they were hurt by either former husbands or boyfriends, eight percent after being trapped by someone and finding themselves unable to free themselves afterward, while another six percent said they became prostitutes after being persuaded by their peers (JP 9.6.94).

Even though the number of women in poverty has fallen, there are still enough to supply women for sex work should poverty be the major reason to take it up. Many women find sex work provides them with a better income than the low pay, low status work which they, as unskilled workers, are otherwise able to get. The possibility of earning five to ten times more in sex work than any other employment is tempting and the relative anonymity of people living in the cities facilitates entry into this work. Even though women are becoming better educated and skilled, this is only relevant when there are also appropriate job opportunities available for them. The considerable differences between the incomes of rural and urban dwellers provide enormous motivations for women to enter into urban commercial sex activities. The income differentials between men and

women leads to a supply of customers from higher income groups and a supply of sex workers from lower income groups. These income differentials, the increased consumerism of Indonesian society, and the conspicuous consumption of the elite and middle classes leads to dissatisfaction and the desire for a better life. This may affect the willingness of some women to enter into sex work:

If it is a sense of relative deprivation rather than absolute poverty that fosters a willingness to put aside moral scruples in order to obtain a better income, then recent developments in Indonesia will not have helped allay the incentives for women to engage in prostitution (Jones, Sulistyaningsih and Hull 1995:19).

The majority of women entering the sex industry seem to do so because it is the best choice for them under conditions of limited economic opportunities. Furthermore, as Jones, Sulistyaningsih and Hull (1995:48) point out, the sex industry is so extensive because there are so many men who are willing and able to purchase sexual services. They have estimated that between 2.7 million and 4.3 million men visit prostitutes each month. While this is a large number, it constitutes only a minority of Indonesian men aged 15-64, only around 5-8%¹⁶.

2.2.2 Sexual openness and promiscuity

In most urban areas, changes in traditional norms and values accompanying development appear to have influenced moral attitudes and sexual behaviour. A survey of 169 men and women in Surabaya in 1988 found that while only 6.25% (4) of the women had ever had extramarital intercourse, 82.11% (78) of the men had. Fifty-one (65.4%) of these men had sexual intercourse with sex workers (Siahaan and Purnomo 1988). Thus, while many pre- and extra-marital sexual relations are with sex workers, a great deal are also

¹⁶ In this estimate, Jones, Sulistyaningsih and Hull make the following assumptions: that the number of sex workers in Indonesia is between 140,000 and 230,000 (based on overestimates of the officially reported figures for 1993); that the average numbers of transactions per month are 40 for low and middle class sex workers and 20 for high class ones; and that the average client has two transactions per month. The estimate also assumes that all of the clients are Indonesians (Jones, Sulistyaningsih and Hull 1995:47-8).

with non-sex workers. *Seks suka sama suka* (a relationship outside marriage based on mutual attraction) appears to be an increasingly common type of sexual relationship.

Changes in sexual attitudes and behaviours are perhaps most dramatic among unmarried youth. Notions of publicly acceptable displays of affection appear to have become more permissible over the past ten years or so, with more young men and women walking together hand-in-hand and cuddling or kissing publicly. The tendencies of young men and women to enter into premarital sexual relationships has been affected by the increase in the average age at marriage to 21.1 years in 1990 (Jones, Sulistyarningsih and Hull 1995; Dharmaputra, Ariawan and Iskandar 1996). Many young people wish to delay marriage, but not their first sexual experiences. Singarimbun's (1996:108-127) survey of studies over the past 25 years on the moral norms and sexual behaviours of young people show a range of findings. A 1972 study found that between 1.2%-9.6% of youth approved of sex before marriage (Sarwono 1981:84 in Singarimbun 1996). In a 1981 study, 12.2% approved of 'free sex', ie sex with a non-constant partner (Sarwono 1981 in Singarimbun 1996). In a 1983 study in Yogyakarta where 8.5% were sexually active, 33.5% had watched 'blue movies', and 7.5% had enacted what they had seen in these movies (Tempo, 22.1.83 in Singarimbun 1996). A study in Yogyakarta found that between January - June 1984, 26.4% of unmarried respondents were having sex before marriage (Tempo, 20.10.84 in Singarimbun 1996). A 1989 study of unmarried 17-24 year olds in urban and rural areas of Yogyakarta and Bali, found that 15.5% of urban Yogya men and 1.6% of urban Yogya women had been sexually active, while 23% of the men and 5.4% of the women said that they would engage in pre-marital sex if they really loved their partners (Faturachman and Soetjipto 1989 in Singarimbun 1996:116-121). Sarwono concluded from a 1981 study of Jakarta youth that:

there has been a shift in the norms of sexual behaviour among youth in DKI. Activities such as kissing and petting, tabu to the youth of the 1950s are now accepted by the youth of the 1980s. In fact there are a small number who agree with 'free-sex'. Not

only that, a small number of respondents also admit to having had sexual relations. Mainly [this has been] with prostitutes or adult women or friends, but there are those who have slept with their boyfriend or girlfriend (Sarwono 1981 in Singarimbun 1996:112).

There has, in addition, been a change in middle and upper class family values, such that options which would not have been considered twenty years ago are now viable alternatives. For example, well-educated women with advanced careers are seriously considering the option of living with a man out of wedlock. According to Yaumul Agoes Achir, the former Dean of the School of Psychology, University of Indonesia (UI), and assistant to the Minister of Population, many of these career women still favour the institution of marriage over single life, but allow practical considerations to influence their short term needs (JP 29.6.94a). An article in the Jakarta Post (16.1.95) reports the need for the government to come up with an official decree on the legal status of illegitimate children born out of wedlock. An official from the Ministry of Religious Affairs cites the increasing number of cases of illegitimate children in modern day life and states that, "in this age of globalization, now is the 'right moment' to issue such a decree" (JP 16.1.95).

The perception of changing sexual openness among Indonesians, in particular the youth, is reflected in the huge increase in commentary in the media. There is an enormous concern for the infiltration of consumerism and sexual openness into Indonesian society, particularly through television, film, music, and magazines. Articles and letters to the editors in newspapers and magazines discuss among other issues: teenage pregnancy and contraceptive use; *kumpul kebo* (living together out of wedlock); sexuality; the dangers of cinema and television; pornography; drug use; rape and domestic violence; and the influence of consumerism and advertising on youth. The increase in public discussion over teenage sexuality and morals has focused particularly on teenage pregnancy and contraception among girls (Suara Pembaruan 7.7.91a; Suara Pembaruan 7.7.91b; Suara Pembaruan 27.7.91). Many articles and letters to the editor

comment on the dangers to Indonesians of violence, love stories and foreign content on television (JP 25.2.94; JP 30.6.94a; JP 25.8.94; JP 18.1.95; JP 26.1.95), and sexual content in films (Suara Masjid 1994). Some programs and films are considered to be detrimental to viewers, particularly the younger generation who "tend to imitate the violence and love affairs aired on TV" (JP 26.1.95). Of added concern, is the proliferation of pornography in the form of magazines, storybooks, cards, stickers and video cassettes, and the ease of obtaining and viewing these (JP 3.8.94a; JP 13.8.94; Forum Keadilan 8.6.95). Karaoke bars and nightspots have come under fire because of their association with promiscuous sexual behaviour (JP 20.12.96; JP 27.12.96). One article describes the disruption caused by discos operating as brothels in a market area. The discos are blamed by local residents for causing disruptions in religious life (as they are close to mosques), selling alcohol to high school students, and acting as brothels: "opening discos in the market is not only inappropriate, but also violates the basic moral fiber of the nation because the market is surrounded by residential areas" (JP 3.3.94). There is concern not only for alcohol use among the young, but also for the increased use of other drugs such as ecstasy (JP 29.12.96; R 1.12.95c). The prosperity of the middle and upper classes means that they are not only able to afford better schools, homes, goods and family recreational activities, but also alcohol, drugs and promiscuous sex (Mboi 1995 in Dharmaputra, Ariawan and Iskandar 1996:58).

Since the mid-1980s, the openly autonomous sexual behaviour of some middle class high school and university girls has come to the attention of the public. *Perek* (*perempuan eksperimen*, 'experimental girls') are 'middle-class' school girls who, greatly influenced by materialism, stress individualism and having sex with whoever they chose, paid or unpaid. They are generally between 14-20 years old, live in moderately well-to-do neighbourhoods and attend school or university. They 'hang-out' for their 'clients' at malls, cafes and restaurants (particularly those in hotels). Their 'clients' should be good-looking, well-dressed, interesting, and have money ('Guinea pig' 1993).

Perek refuse to be called prostitutes since "they can select their dating partner, while prostitutes look for money, not the person" (Hadiz, Aripurnami and Sabaroedin 1992:12). Poverty has little to do with choosing to be a *perek*. Although they do expect something in return, this is not necessarily in the form of money, but may be gifts or simply a good night out. According to Hadiz, Aripurnami and Sabaroedin (1992), they "do this as [a] hobby or as they say 'just for fun'". The term *perek* was picked up by some workers in the sex industry, especially those who sought clients in coffee houses and bars, since "to claim to be a *perek* was to claim youth, adventurism, and a kind of obtuse purity, that was missing from the term 'prostitute'" (Jones, Sulistyaningsih and Hull 1995:10). *Perek* have become more professional and other terms are now commonly used to describe the activities of school girls, such as *pekcun*, *ABG* (*Anak Baru Gede*, precocious adolescents) (*Tiara* 6.10.96) and *mimi-momo* (Utomo and McDonald1996:5). *Pekcun*, a word derived from *perek cuma-cuma*, 'free experimental girls', are junior high school girls who date older men without receiving payment (*Tiara* 6.10.96). According to an article in *Tiara* (6.10.96), *pekcun* can only 'hang out' on Sundays and holidays, their appearance is in everyday dress rather than specially groomed, and their language is more refined than that of *perek*. *Pekcun* appears to be a less professional and earlier 'stage' in this 'experimental' behaviour: *perek* have usually been *pekcun* first.

Young women at university engaging in such independent sexual behaviour have been referred to as *kupu-kupu kampus* or *campus fried chicken (CFC)*. These young women 'hang out' at hotel cafes and restaurants, fast food restaurants and opulent mall complexes. Some are involved "just for fun" (*Sinar* 23.11.96b). According to a survey of 50 *kupu-kupu kampus* reported in *Sinar* magazine (23.11.96a), 72% do it because of the sense of freedom and enjoyment which they get (with 46% also doing it for the money they earned). For many, their earnings puts them and/or their family through school/university and enables them to raise their standard of living. Many of these young

women will establish a relationship with a 'sugar daddy', an older man who may promise money, luxury goods, paid tuition, and a place to stay. A foreign 'sugar daddy' is even better, as this may also provide a path to a more prosperous life in another country. To these young women, therefore, this is a conscious strategy to enable them to get ahead in life.

Whether named *perek*, *pekcun*, *kupu-kupu kampus* or any other term, the public effects of their actions remains the same. Since many of these girls attend school or university, are from middle-class backgrounds, and openly flaunt their sexuality, their sexual behaviours are shocking to public sensibilities (Murray 1993:5). The behaviours of these girls shows that the line between commercial and non-commercial sex may be blurred.

In the public forum, such sexual behaviour has been attributed to the breakdown of institutions which provide moral control (such as the family) which in turn is attributed to the Westernisation and industrialisation of Indonesian society. This has been blamed for the "sinking of social values and control in the day to day actions of a person" (JP 2.8.94). As expressed in a letter to the editor of *Bisnis Indonesia* (in JP 19.9.96), social problems in Indonesia are intensified by "[t]he declining intensity of religious education, ethics and morals, and insufficient parental authority". Parents can no longer be relied upon to provide a control over their children and are often criticised for letting their children run wild. Parents are called upon to regain their authority and to re-instill proper values in their children (JP 30.6.94b). Several articles comment on the fact that "many well-to-do families pay less than the necessary attention to their children's problems" and that this is causing serious social and moral problems for these children who turn to drugs, crime, violence and sex work (JP 13.1.95). Acceptance of new ideals of the global culture creates tensions between children and their parents over issues such as individual rights, autonomy, respect and adherence to values. There is no longer a "respect for the sacred institution of marriage. Many people regard premarital sex only in

terms of sexual enjoyment. An increasing number of people look upon living together as natural" (Matra 1996). According to various commentators, Indonesia should be striving for a society "built upon strong moral and religious values, and on the state ideology Pancasila, and not simply on economic principles" as this "can counter the negative impacts of the industrial society" (JP 9.8.94).

To a great extent, the revival in Islam is in response to the perceived decadences which have accompanied modernisation in Indonesia. Many Muslims, in particular those living in urban areas, are not against the improvements in science and technology which have come with modernisation, but object to the Western influences (like alcohol, drugs and sex), and the commercial and individualistic attitudes which have been allowed to pervade Indonesian social life. Muslims are being called upon to reject these destructive forces and to return to the teachings of Islam as a means to combat the decadence of modern life. This is reflected in the call for abstinence before marriage and faithfulness to the spouse and family as the mainstays of HIV/AIDS prevention efforts. Increasing religiousness is seen as an appropriate response to the threat of HIV/AIDS, as HIV/AIDS is believed to have arisen as a consequence of people giving in to the temptations offered in modern society. This response is consistent with the state's construction of sexuality which also values abstinence and faithfulness. Government officials join religious commentators in condemning the negative effects of modernisation, including materialism, individualism, secularism, increased sexual freedom and the breakdown of social institutions such as the family. At the same time, however, they are seen as responsible for creating and maintaining the mechanisms which facilitate economic and social changes and the Western consumer lifestyle which they criticise.

Chapter Three

The state's contradictory approach to sexuality: state ideology vs tolerance of 'immorality'

The implementation of HIV/AIDS prevention programs is made more complex by the apparent contradictory approach by the Indonesian government towards sexuality. On the one hand, as described in the previous chapter, the state does not stand in the way of, and indeed promotes, modernisation and the economic and social changes which accompany it. The by-products of these changes have been a shift in attitudes towards sexuality, and the growth and diversification of the sex industry. The state attempts to counterbalance its apparent support for permissive sexual attitudes by extolling a concept of 'traditional Indonesian' values, a set of moral principles common to all Indonesians. In part, these 'traditional' values promote the virtues of sex within marriage. A 'good' woman is associated with motherhood, and the 'bad' one with sex work. This dichotomy between 'good' and 'bad' women is reinforced by government media propaganda and programs, such as the *Keluarga Berencana* (KB, Family Planning Program) and *Pembinaan Kesedjahteraan Keluarga* (PKK, Applied Family Welfare Program). Condemnation of sex workers in Indonesia is obvious not only from the positive emphasis placed on the 'wife/mother' ideal in official rhetoric, but also from the more direct criticism arising in the public discourse.

In contradiction to the officially touted ideal, the state elite accept the sex industry as a 'necessary evil' and allow its continuation. Legislation ensures that sex work itself is legal, and that the sex industry is tolerated so long as it remains out of the public view and is strictly controlled. This contradictory stance presents a dilemma for the national government in the prevention of sexually transmitted diseases and HIV/AIDS. From a public health point of view, government officials recognise that those engaged in non-

monogamous sexual intercourse without using condoms must be addressed in prevention efforts. However, this necessitates an automatic recognition of the sex industry, a tolerance of sex outside marriage, and acceptance of the widespread promotion of condoms and safe sex messages. This flies in the face of official government ideology as well as Islamic religious principles. These contradicting circumstances which at the same time favour and condemn the continuation of the sex industry are the backdrop against which the government must deliver HIV/AIDS prevention policies and activities.

3.1 The construction of 'traditional' Indonesian sexuality

As part of the state's attempt to maintain ideological legitimacy and unity of the nation, it aims to develop a national culture, including a common set of moral values. To create the perception of an Indonesian moral community, the state refers to what is vaguely termed 'traditional Indonesian' values. It is impossible to define exactly what 'traditional' morals and cultural values are, except in opposition to what they are not: "the state ... [has] engaged in a vigorous and successful construction of 'Indonesian' values and traditions, defined in relation to a negatively-perceived 'other'" (Foulcher 1990:302). These 'other' values are those which have been introduced from the West and which have accompanied economic development and modernisation. In countering these 'other' values, the state has developed an ideology of cultural and moral values justified by 'tradition', or an ideal of 'what it was like before modernisation'. These common morals rooted in 'tradition' are legitimated by the principles of the state doctrine of *Pancasila*. In particular, the first principle, belief in God (*ketuhanan yang maha esa*), recognises that the state is based on religious belief and that all Indonesians should believe in God. The state is a religious one, although not based on any one particular religion (Ramage 1995:12). Religious tenets thus form the basis of the state's ideological construction of morality. In terms of the construction of sexual morality, the state's ideology appears to be influenced largely by the constructions of sexuality within the religious traditions of

Christianity and Islam, both influential in Indonesian history. A brief consideration of these is useful in the understanding of the present state ideology.

During the nineteenth and early twentieth centuries, state constructions of sexuality in the Dutch East Indies were dominated by the Christian moral codes and Victorian attitudes predominant in Europe at the time. Sex outside the confines of a marital union was considered to be sinful and women were expected to be virtuous and 'Madonna-like'. The Christian tradition equated women with Eve as a seducer, while expecting her to live up to the example of chastity set by the Virgin Mary (Truong 1990:74). This established a dichotomy between the 'immoral' sexual prostitute and the 'virtuous' mother/wife/virgin. A woman's socially significant role was defined as wife and mother, a role denied by the unnatural sexual intercourse of prostitutes, unnatural in that it was not performed with procreation as the desired outcome. Christian moral attitudes became the basis of the perceived roles of women, and the laws and regulations which controlled related issues, including marriage, and prostitution and concubinage.

Throughout the twentieth century, Islam has become increasingly dominant in Indonesian society. Islamic moral principles have been influential in the formation of the nation and the ideologies which now shape it. Islam was the basis of many nationalist movements in the early twentieth century, and became a unifying force during the fight for independence. Although Indonesian statesmen refused to set up an Islamic state at independence, and Muslim organisations later lost their right to formal political activity, Islam has continued to grow in influence in all arenas of society. As the predominant organised-religion in Indonesia, Islam has had a significant effect on state constructions of morality. Islamic Law, as laid down in the *Qur'an* and other Islamic texts, strictly and explicitly prohibits pre- and extra-marital sex. Marriage is basic to the formation of the family and has been hailed as 'a solemn covenant' (Sura 4:21 in Omran 1992:17). The ideal marriage partner should be chosen on the basis of their moral and religious character and their relationship based on the qualities of love (passion, friendship, companionship)

and mercy (understanding, reconciliation, tolerance, forgiveness). The overall objective of marriage is tranquility (*sakan*) (Omran 1992). Sex is regarded as a powerful urge for both men and women, and men are urged to marry not simply for procreation, but also for sexual pleasure. The urge for sex is so great that it is thought that when men and women are alone together they cannot and will not resist temptation (Ayubi 1995:83-4). Women are segregated and urged to dress modestly, "...because she is regarded as a source of sexual provocation (seduction) and therefore of social disarray (sedition); the word *fitna* in Arabic has both meanings" (Ayubi 1995:84). Pre- and extra-marital sexual relations (*zinah*) are prohibited as laid down in several passages of the *Qur'an*, such as "And go not nigh to fornication; surely it is an indecency and evil is the way" (Sura 17:32, translated by Shakir 1982; see also Suras 24:3; 25:68; 60:12; 30:21 from Akhmad and Rasyid 1992). Under Islamic Law, all sexual relations outside marriage are therefore considered adulterous and are punishable with one hundred lashes (Sura An-Nur:2).

While the *Qur'an* does not expressly indicate specific roles for women, Islamic teachings are often referred to in justifying women's place in the home and society. The only female Muslim member of the *Majelis of Muhammadiyah*, the body which issues statements on Islamic law, has found that:

most of the Islamic preachers and Islamic teachers say that the household affairs is really the responsibility of women....[but] this is a misconception in our society that women are always kept in the house because of Islamic teaching....This is our cultural perspective in seeing the role of women, actually ('Indonesia's Islam' 1997).

A female Indonesian activist who focuses on women and Islam has found that ideas about women's places in Indonesian society have become increasingly conservative and are being justified in terms of Islam:

Since I think, late 80s or early 90s when there is this growing tendency of neo-conservatism, people started to talk about the ideal of women being a good mother and stay at home and give up working outside the house. Second thing is things related to marriage and sex issues in which people or man started to talk about polygamy is acceptable because it's in accordance with

Islam....Then people started talking about women should not be in the leadership position. The religion says that it should be man who should be leaders, you know. All those things limit women's position ('Indonesia's Islam' 1997).

Therefore, while the *Qur'an* does not explicitly limit women to particular roles in Indonesian society, it is still interpreted and referred to in many cases to justify such roles. 'Muslim culture' attributes women with roles which limit them to the home. Although no aspects of Islamic Law are codified in national law, Islamic teachings are still a strong indicator of community attitudes and actions. As a crucial component of the moral systems of many Indonesians, they are influential in state constructions of morality and sexuality.

3.1.1 The construction of female sexuality

Influenced by the religious traditions of both Christianity and Islam, the state ideology on sexual morality has been constructed around a notion of a dichotomy between 'good' women (wives and mothers) and 'bad' women (sex workers). The cultural ideal for Indonesian women (and men) is to get married: "it is a great misfortune for the woman to remain unmarried. It is a disgrace as well" (Raden Adjeng Kartini 1964:154). In this model, a 'good' woman is a virgin when married and should only have sex within her marital union. Premarital pregnancy is shameful and a marriage will often be undertaken to hide this indiscretion. The moral standards expected of women is high. Official attitudes remain similar to those expressed at the beginning of the century by one of the pioneers of the women's movement in Indonesia, Radan Adjeng Kartini:

Can anyone deny that the woman has a great role to play in shaping society morally? She is precisely the person for it; she can contribute much, if not most, to raising society's moral standards....It is the mother who first plants in a person's heart the seeds of good and evil, which generally remains throughout one's whole life ('Geef den Javaan opvoeding!' 1974:86-7).

The images of the sexual morality of the 'bad' woman is created primarily as an implied opposition to the life of the 'good' woman. Women who deviate from the 'good' path are immoral and cannot possibly be expected to "raise society's moral standards", since they have no morals of their own.

The state's construction of sexual morality focuses particularly on the sexual behaviour of women in Indonesian society. This is presented through the construction of the proper gender roles of women. There is an emphasis on the ideal of wifedom and on women's duties as obedient wives and loyal citizens. In 1973, the Minister of Home Affairs announced a new strategy for development which, rather than making the process the sole responsibility of the state, would call upon all Indonesian citizens to participate. Married women were seen as being crucial to this. Women's participation in national development became law in 1974 (*Undang-undang* No 5, Tahun 1974) and the legislation specified the links between the women's movement and all levels of the state administration (Sullivan 1991:63). In 1975, Sjaref Thajeb, Minister for Education and Culture, called "on women to increase their participation in modernization and development in those fields appropriate to their nature and biology" (*Peranan Wanita Indonesia dalam Pembangunan* 1975:41). Suryakusuma (1991) has termed this official discourse on women's sexuality *State Ibuisme* (see also, Katjasungkana 1992). *Ibu*, literally mother, has also been used as a term of respect for women in general, no matter what their marital status. The term has, however, been distorted into "the notion of women as mothers operating in the domestic sphere" (Suryakusuma 1994b:27). According to Suryakusuma (1994b:26), this "ideology of domesticity for women" has stripped the Indonesian women's movement of its political content. The overemphasis by the government on the traditional role of women has been criticised: "In their speeches, government officials keep reminding women time and again about their role in the family" which "often ... [gets] in the way of their ambition to pursue careers outside the home" (JP 7.1.95). In formulating its ideology, the government reinforces a

'traditional' societal segregation of roles assumed to exist in Javanese society (White and Hastuti 1980:46). On the other hand, this ideology, having the force and support of the state behind it, has been accepted as 'updated' norms and values by villagers and city dwellers alike (Sullivan 1991:79).

Indonesian marriage laws legitimate the male and female roles in the marital union, supporting the ideals prescribed by the state. Before 1974, Muslim Indonesians (the majority) were subject to *adat* (customary) law or Islamic religious law, but after the ratification of the *Undang-Undang* No.1/1974, marriage was finally codified into law. Not only did this restrict polygamy and arbitrary divorce, but it also specified the roles of men and women in marriage: "The husband is the head of the family and the wife is the mother of the household" (Article 31); "The husband shall have the responsibility of protecting his wife and provide her with all the necessities of life in a household in accordance with his capabilities" (Article 34(1)); "The wife shall have the responsibility of taking care of the household to the best of her ability" (Article 34(2)) (From Law of the Republic of Indonesia No 1 of the Year 1974 on Marriage Articles 30-34:19). Adultery is given as a reason for which either party may request a divorce. Although the marriage law does not provide strict precepts of morality, it does add weight to the family ideals portrayed by the government.

3.1.2 Female sexuality and the development plan

State-constructed ideals of sexual morality are evident in the basic philosophies of many of the state's development programs. The implementation of development programs in Indonesia relies very much on the promotion of families as the 'smallest unit of development' and the roles of men and women in creating and maintaining these units. The government supports a very strict definition of the family and is very keen to maintain these as the ideal. In 1992, a law on the development of population and prosperous families recognised only married couples with or without children, or a

widow or widower and child/children. Defacto couples with children and gay couples are not recognised as families (K 20.2.95). Prior to attending the 1994 population conference in Egypt, Haryono Suyono, the Minister of Population stated: "... [activists] want gay relationships and non-married couples to also be called families...but we'll do everything to ensure that only 'proper' family structures be maintained" (JP 29.6.94a). The government's ideal family is considered an important "bastion to filter the onslaught of alien values that are now penetrating into Indonesia as part of the rapid globalization process" (JP 30.6.94b). *Keluarga Berencana* - KB (the Family Planning Program), is an example of a government-initiated program which through its activities presents the state's ideals of the roles of families in development. Implied in all of the propaganda of KB is that sex before marriage is against community norms, as the program is aimed strictly only at married couples. Others should not need contraception. While the first phase of the program was dedicated to producing small families, the second phase is aimed at making those families prosperous ones. It is called the "small, prosperous families as agents and beneficiaries of development" movement (JP 29.6.94b). It is obvious from this that the family is the ideal unit to participate in Indonesian social life. People not belonging to an ideal family unit can not contribute nor benefit from development.

The government has control over the construction and maintenance of particular ideals of women through its control of all organisations. Not only must all organisations pledge allegiance to the *Pancasila*, but many are also utilised by the government to promulgate its messages. Undoubtedly, no organisation will be able to successfully transmit its messages on a mass level without the approval of the government, so tight is its control over political, economic, and social aspects of society. An organisation used to transmit government ideology in this way is *Pembinaan Kesedjahteraan Keluarga* - PKK (The Applied Family Welfare Program). The PKK is a government program implemented through a government-affiliated women's organisation. The program

specifies the 'proper' role for women in the development process and establishes an organisational framework within which this can occur. The main objective of the second five-year development plan (*Repelita II*, 1974-79) was to improve living standards and social welfare services. To do this, the government wished to integrate families into the development process by utilising women, who were seen as being the main players in the family unit. This objective was achieved by utilising women who led the formal women's organisations to propagandise and implement the government programs, such as the PKK and family planning. The primary role of the PKK is then to transmit the state ideology of the 'proper' role for women to the mass of ordinary women.

The close association of the PKK with the government maintains the direct control of the government over the activities of the PKK. Furthermore, the women involved in the organisation and running of the PKK obtain their positions by virtue of the position of their husband in the government hierarchy. For instance, the husband of the National Chairwoman of the PKK is the Minister of Home Affairs. This holds true all the way down to the village-level head of the PKK whose husband is the village head. This allows further government control of PKK activities. The women involved in running the organisation and its activities come from an elite group as they are the wives of government employees, professionals, religious leaders, intellectuals and other important men. While having a good understanding of the governments' wishes, they are perhaps more removed from the real needs of the women they are supposed to be serving (Sullivan 1991).

The PKK upholds the government ideology of women living in morally correct, heterosexual and monogamous families. The family is "*the* fundamental social institution, in which are formed the crucial roles, values, attitudes and behaviours on which fruitful development depends" (Sullivan 1991:64 from *Kelompok Pelaksana PKK 1977:1*). The woman is considered the "critical central agent of the family" (Sullivan

1991:64) and is attributed with Five Basic Duties (*Panca Dharma Wanita*) in that family unit (*Pimpinan Daerah PERTIWI 1977:4* in Sullivan 1991:64):

1. as loyal backstop and supporter of her family
2. as caretaker of the household
3. as producer of future generations
4. as the family's prime socialiser
5. as Indonesian citizen

The PKK has, furthermore, itemised the specific areas in which "women could work most fruitfully to help modernize their nation" (Sullivan 1983:154). This is in accordance with the following Ten Point Formula (*Kelompok Pelaksana PKK, 1977:5-7; Pimpinan Daerah PERTIWI 1977:4* in Sullivan 1991:68-9):

1. The creation of good relations within and between families.
2. Correct childcare.
3. The use of hygienic food preparation techniques and close attention to nutrition.
4. Care that clothing is suited to its proper functions - protection, morality, modesty.
5. Intelligent use of house space to meet needs of hygiene, privacy, entertainment, etc.
6. The securing of total family health - physical, mental, spiritual, moral.
7. Effective household budgeting.
8. Effective basic housekeeping, calculated to maximize order and cleanliness.
9. Preservation of emotional and physical security and a tranquil environment in the home.
10. Development of family attitudes appropriate to the modernization process and future planning.

The activities of the PKK are all in line with the 10 point formula and include projects such as literacy classes, classes on the *Pancasila*, and training in handicrafts and cooking. The activities of the PKK teach skills which are an extension of the domestic activities of women. Any money-making activities are geared to supplementing the 'main' incomes of their husbands (Wieringa 1992). At the local level, the official organ through which many PKK activities are carried out is the *Lembaga Ketahanan Masyarakat Desa*, LKMD (The Institute for Village Resilience) (Wieringa 1992). Through the LKMD, the PKK is instrumental in the running of mother and child health programs through the *posyandu* (Köllmann and van Veggel 1996:97-98). All of the activities of the PKK are aimed at women, as it is considered to be her responsibility to maintain the household and to educate the children: the "children should be so guided that they can be mentally balanced and grow up with good personality and morality" (Moenadi 1971:6); and "if the household affairs are in order, members of the family would not like to stay away from home" (Moenadi 1971:13). The role for women specified under the PKK "puts an official stamp on the belief that women's place [sic] is in the home...not in the fields nor in any other influential sphere of economic activity" (Sullivan 1983:156).

Although not an explicit statement of the expected sexual morality of Indonesian women, the points of the PKK support the officially defined roles of women as good wives and mothers. The PKK, therefore, propagates the concept of 'ibuism', whereby the 'ibus' are "obedient and loyal, don't protest, and submit themselves to the authority of husbands and fathers, and ultimately of *Bapak Pembangunan* (Father of Development), President Suharto, himself" (Wieringa 1992:108). Women carry out their duties in accordance with the *Kodrat Wanita* (Women's Nature) whereby women are "'*lemah lembut*' (soft and weak), don't speak out loudly, and certainly not in their own interests, don't push their own interests against those of husbands and fathers, but are instead compliant wives and mothers and dutiful daughters" (Wieringa 1992:110). This

presents an ideal of how women should be acting, and implies how they should not be acting. While the roles of women are very clearly laid out, the PKK pays less attention to the roles of men. Not much is said beyond: the husband's function is "to bear responsibility for and protect the family, act as a responsible leader, give examples of good behaviour and earn a living for the family" (Moenadi 1971:5).

3.1.3 'Women lacking morals' - attitudes to sex workers

In contrast to the ideal woman, the prostitute is seen as both an immoral sinner and a non-productive member of society. The very term *wanita tuna susila* (WTS-woman without morals) to refer to female sex workers indicates the perceived lack of moral fibre. A number of women's groups object to the use of either WTS or *pelacuran* (prostitute), and prefer the term *pekerja seks* (sex worker). This later term is rejected by officials as it implies a valid category of employment, meaning its presence would need to be publicly acknowledged. Others are 'shocked' by the expression 'sex worker' as the term "has a connotation of social legitimacy" (JP 17.12.96): "to give a respectful privilege to prostitution would only pollute the whole community" (JP 27.12.95). Some see female sex workers as pathologically deviant as opposed to their clients who are 'normal', just sexually promiscuous men. Kartono (1981:236-9 in Murray 1991) claims that women become sex workers because they are nymphomaniacs, have been deserted by their husbands, are too lazy to work, have no morals, or are just stupid. Other depictions of female sex workers show them to be pathetic and helpless and victims of circumstances beyond their control (Murray 1991).

The majority of women entering the sex industry seem to do so as the result of a conscious decision: "prostitution is an act of rational choice rather than slavery or pathology, offering lower-class women economic gains and freedom from social restraints" (Murray 1991:108). Public condemnation of their morality places these women in vulnerable situations against oppression from government agencies, the police,

and other social groups. Streetwalkers, in particular, are targeted and removed from the streets for making the city 'unclean'. In a survey by the Municipal Social Office and the newspaper Pos Kota prominent community figures were questioned on what should be done about prostitution: "42 percent...asked the city administration to ban prostitution, 42 percentage [sic] asked not to legalize it but handle it gradually and responsibly, 12 percent asked to legalize it and four percent asked not to handle it because it is difficult to eliminate" (JP 9.6.94).

The government demonstrates its public opposition to sex work and acts as the upholder of national morality by raiding and closing down illegal sex businesses and removing sex workers from public areas. Official figures boast of the success of the rehabilitation of sex workers. Such endeavours are made public in newspapers and the news in order to give the impression that the government is serious in its actions against the sex industry. There has been an intensification of the outward action against the sex industry possibly sparked by reaction to the discovery of HIV/AIDS and its perceived association with sex work. In Jakarta, for instance, the municipal administration has been cooperating with the Jakarta Police Force to step up campaigns against sex workers. In January 1995, it was reported that the city's peace and order office (*Kamtib DKI*), for instance, recruited and trained women for their municipal policing group, *Polisi Pamongpradja*, specifically for operations against sex workers and vagrants. There was also to be a 24 hour hotline to report complaints about disturbances of the peace or disruptions of public order (JP 23.1.95). Examples from the press of other moves made against the sex industry include the very public arrest and prosecution of the pimp Hartono Setyawan. His 'empire' was reportedly destroyed by the closing down of his 'chain' of high-class brothels in Bandung, Semarang, Surabaya and Denpasar (JP 27.7.94; 29.7.94; 3.8.94b). There has also been an increase in the numbers of raids on illegal brothels, gaming houses, and pornography producers. The Jakarta Post reported the shutting down of an illegal red light district in Kalijodo, "the latest anti-vice operation

conducted by the authorities against the city's mushrooming illegal brothels" (JP 11.1.95). The structures were to be demolished without the owners receiving compensation and the operation was to be followed up by closing down any new brothels arising in the area. One of the leaders of the operation, North Jakarta Police Chief Lt. Col. Edi Darnadi, furthermore warned that they would "arrest the men patron [sic] if they keep coming back" (ibid). Although no patrons had yet been arrested or detained, the 172 sex workers working in the area had been rounded up and sent to the Cipayung rehabilitation centre and dozens of pimps had been put under house arrest and were required to report to the police of their whereabouts. This operation is simply an example of those that occur regularly to 'clean up' the city of the illegal trade in an "effort to protect the younger generation from moral degradation" (JP 3.8.94a). Meanwhile the legitimate (and many illegitimate) brothels are allowed to continue operating.

The government further justifies its success as a moral protector by boasting of the numbers of women who have been rehabilitated. The official brothel complex at Kramat Tunggak reportedly sent 11,624 sex workers (an average of 600 per year) back to 'normal life' between 1972 and March 1993: 2,795 into marriage; 6,229 to their families; and 1,420 to jobs (JP 21.4.93). Another success of the Ministry of Social Services in rehabilitating sex workers is reported in a 1994 article in the Jakarta Post. One thousand female sex workers were trained with skills such as sewing, cooking and handicrafts, to enable them to make a 'decent' living. (JP 22.8.94). These raids and attempts at rehabilitation portrayed in the media display to Indonesians the government's public commitment to promote moral integrity to its citizens.

3.2 'Behind closed doors' - tacit acceptance of the sex industry

Although the occasional show of a 'crack-down' on the sex industry is performed and highly publicised, the reality is that so long as sexual transgression occurs 'behind closed doors', the government continues to turn a blind eye to it. The government's public

condemnation of the sex industry contradicts the position which it continues to hold in society. The ideal sexualities portrayed by the government elite through its programs, contrasts directly with the double standard tolerated by the same official institutions with regard to men's sexual behaviour. While the state places great emphasis on the proper roles and moral behaviours of women, much less attention is given to men. Although the ideal professes otherwise, it is expected that men, married or not, should have access to sex workers, so long as this practice remains hidden from the public view.

Sex carries social prestige for men and sex outside marriage is considered a man's prerogative. Male sexual prowess is indicative of his virility: "potency is the grounds for the possession or loss of political authority, sexual capacity..." and a man "must watch out for the impression of his potency" (Keeler 1987:41). A 1952 pamphlet 'Sesalan kawin, rusak keluarga dan sengsara dunia', is an exposition on the spread of sexually transmitted diseases, mainly aimed at men. On the one hand, the author states that "good men do not sleep around", and yet at the same time he recognises that they will. Men are encouraged to have an examination for STDs before marrying as they are often unaware that they are infected. "If infected, they should have the moral fibre to postpone the marriage" since there is "nothing more pitiful for a young girl than to get the pox on her wedding night" (Sutomo 1952:35,3). Women are then the victims of male sexual desires, which although immoral are accepted as 'normal'. The implication is that a 'good' woman, ie a non-sex worker, can only get a STD through her husband, not by any sexual indiscretion of her own. Furthermore, women are responsible for the morality of men as Sutomo (1952:16-17) claims that "good wives can keep their men away from temptation" and "a housewife must educate her sons well, especially against sex before marriage and prostitutes".

Therefore, although Indonesian men should ideally remain faithful to their wives, in reality this is not necessarily expected by either men or women. Wives, in fact, may consider their husbands visiting sex workers to be a better option than a mistress or a

second wife, who are both more financially draining. Although wives will attempt to prevent their husbands from straying, many accept that men are "permitted to visit prostitutes, but shouldn't bring the 'goat' home" (*biar jajan asal jangan bawa kambing pulang*) (Murray 1993:3). Keeler writes in Javanese shadow plays, Javanese selves (1987:53):

A woman's fidelity is much stressed, but a man need only be reasonably discreet in his extramarital dalliances. Women are sometimes deeply hurt by their husband's infidelities. Yet although women in such circumstances may garner pity, their husbands earn little censure. It is considered preferable that he go to prostitutes rather than have a mistress, since the financial drain is likely to prove much greater in the latter case. It is my impression, though, that few men have long-term extramarital affairs, preferring the occasional time with a prostitute or perhaps a quick visit to some women in the area known to be free with her favors. That men and women often look for relatively little emotional commitment from each other may account both for this casual attitude toward men's extramarital sex, which is seen more as a threat to the household economy than to the couple's emotional satisfaction, and for the unlikelihood of such activity leading to long-term affairs.

It appears to be accepted that men can not abstain and must visit sex workers to fulfill their desires. For instance, a man may visit a sex worker in the period following the birth of a child when the couple must abstain from sexual intercourse, otherwise the baby will become weak and sick from the mixture of milk and semen. Again in Keeler (1987:59):

Many people, especially older people (of both sexes), stress that a man should go to prostitutes for a year or so after his wife has given birth, and that a woman should accept his doing so, because this is better for the baby than conjugal sex.

Therefore, "[w]hile social values and norms do not promote sexual activity outside of marriage, it is accepted as 'normal'", at least for men (The Australian 21.1.94). While moral standards of 'good' and 'bad' are used to categorise women, men are only limited by how much they can afford to pay for sexual services (Murray 1991:105). While the sexual activities of clients of sex workers may be subject to public commentary and condemnation, clients are nonetheless not openly victimised and controlled as sex

workers are. So long as their sexual exploits are kept private and hidden, wives and society in general turn a blind eye.

3.2.1 National Laws which support sex work

Men's entitlement to sexual relations outside marriage is indirectly supported by national laws under which the commercial sex act is legal. There is no law against the sale of sexual services per se, but articles 296, 297 and 506 of the Criminal code prohibit those who assist in providing them, including pimps, madams and those who trade in women and children. The relevant articles read as follows (Jones, Sulistyaningsih and Hull 1995:10-11):

Article 296: "Those whose actions or attitudes intentionally lead to or facilitate illegal sexual activities with other people will be given a penalty of one year and four months imprisonment or a fine of Rp.15,000";

Article 297: "Trade in women or in under-age males will incur a maximum penalty of six years imprisonment";

Article 506: "Whoever as a *mucikari* ('souteneur' [pimp]) derives profit from the prostitution of women, will incur a maximum penalty of three months imprisonment".

By ensuring that the commercial sex act itself is not criminal and that clients will not be prosecuted, the government effectively supports the continuation of the sex industry. Furthermore, other laws which cover sexual liaisons outside marriage, are difficult to enforce due to their broadness. Articles 284-288 of the criminal code make adultery (*zinah*) illegal and punishable by up to nine months in prison. These articles of law could theoretically be applied in cases of sexual relations between a man and a sex worker. However, the charge of *zinah* can only be made against a married person, and it would have to be established that the sex worker knew that the client was married. In addition, the charge would have to involve a formal complaint by the client's wife, including evidence that a breakdown of the marriage was occurring as a result of adultery. Due to the clandestine nature of most sex transactions, and the "tacit acceptance by many women

of the perceived 'misdemeanours' of their husbands", these articles are rarely used to prosecute sex workers (Jones, Sulistyaningsih and Hull 1995:12).

3.2.2 Regulating the sex industry: protecting public order and the public's health

While the commercial sex act is not illegal, sex workers who work on the streets are subject to being picked up by the police under local government ordinances which prohibit soliciting and loitering in the streets because this makes the cities 'unclean'. They are picked up for violating public order rather than for selling sexual services; the issue is less a question of protecting public morality, but of maintaining a "clean and authoritative government" (Suryakusuma 1994a:18). These women are displaced from the streets and may be taken for 'rehabilitation' to a special centre: either a *Panti Rehabilitasi Wanita* (PRW) managed by the Directorate General for Social Rehabilitation of the national Department of Social Affairs; or a brothel complex, *Lokalisasi Wanita Tuna Susila*, run by the local government.

Rehabilitation at *Panti Rehabilitasi Wanita* (PRW) is a serious and moralistic endeavor. The women who enter this program are rounded up from the streets, illegal brothels or hotels and are then strongly encouraged to join the program if they genuinely want to leave the sex industry. The program includes: practical elementary skills such as reading and writing; lectures of social norms and values; religious education; basic skills or trades training such as hair-dressing, sewing, home industries and secretarial work; self-confidence lectures and lectures on the commitment to leave the sex industry (Jones, Sulistyaningsih and Hull 1995:20). This program has limited success, since many women return to the industry. A 1994 article in the *Jakarta Post* (22.8.94), reported that only 30% of a targeted 1000 prostitutes left the profession, and some did not leave permanently, resuming when they were in financial strife.

Sex workers can also be forced to relocate to *Lokalisasi Wanita Tuna Susila*, official brothel complexes where they are registered and can be more easily regulated.

Although these complexes are designed to 'rehabilitate', the women are still practicing their trade at the same time and so it is doubtful that this actually has any impact on the women to give up sex work. *Lokalisasi* come under the auspices of the *Dinas Sosial*, the Municipal Social Welfare Office. They are set up through city or provincial regulations, and are regulated and managed by a Regional Executive Council (MUSPIDA -*Musyawarah Pimpinan Daerah*) consisting of regional administrators, and the local prosecutor, police chief and military commander. The local government authority controls the use of buildings and the permits for their use. In an apparent contradiction to the national criminal laws, these *lokalisasi* have officially approved *mucikari* (pimps) who are able to work unharrassed and do not have to pay the heavy random payments to the authorities required if they worked outside the official complexes (Jones, Sulistyaningsih and Hull 1995:13-18). Unofficial brothel complexes, which do not have a link with the social welfare rehabilitation efforts, also have the tacit approval of the local officials, so long as there is some benefit to themselves. Likewise, call girls, hotel sex workers and other high-class sex workers are generally untouched by official regulations or authority. It is in the interests of the government, the military and businessmen to keep the sex industry going, as it plays a substantial role in the Indonesian economy and in providing the government with revenue. Hadiz, Aripurnami and Sabaroedin (1992) report on an InfoBank study which calculated an income of Rp 251.8 billion per year from the sex industry. This figure was based on 1988-89 data on officially registered sex workers, and did not include the income earned by others as a result of their activities. When this is taken into account, Jones, Sulistyaningsih and Hull (1995) estimate that (according to 1993 figures) the annual turnover of Indonesia's sex industry is in a range between Rp 2537 billion and Rp 7095 billion. This accounts for between 0.8% and 2.4% of Indonesia's Gross Domestic Product (Jones, Sulistyaningsih and Hull 1995:47-48, 78). This amount of economic activity is too valuable to local governments for them to seriously agree to get rid of the sex industry: "The actual situation in the city is that

prostitution is accepted by everyone: police, clerks and lawyers. Arrest and prosecution are purely gestures that have to be made to keep up the facade of public morality" (Millet 1975 in Hadiz, Aripurnami and Sabaroedin 1992:2).

Other government regulations attempt to control the sex industry by limiting the movements of sex workers between and within the brothel complexes and various regions of Indonesia. These are mainly in the form of local government statutes enforced by the local police force. Soliciting is prohibited and sex workers and pimps who work outside the *lokalisasi* risk the danger of being harassed and picked up by the police. Other regulations which control migration and rules which require the reporting of residence changes attempt to hamper the movements of sex workers from one *lokalisasi* or one region to another. Nevertheless, many female sex workers manage to overcome these limitations to move frequently between different towns and localities, to and from transmigration sites, and between rural and urban areas. Many women will simply change their names and move from one *lokalisasi* to another when their five year maximum period is over (Jones, Sulistyaningsih and Hull 1995:13-17).

In addition to preserving public order, *lokalisasi* provide centralised locations for implementing public health programs to control the spread of sexually transmitted diseases. Sex workers are considered to be the sources of STD infections for the rest of the population and so are the focus of STD health programs including, STD prevention and condom promotion. One such program was the Regular Mass Treatment Program (RMT) implemented in 1957 and administered by the Ministry of Health. In addition to undergoing medical checkups for infection, this required registered sex workers to receive compulsory regular penicillin injections. The weekly injections of penicillin were given regardless of whether or not the sex workers were found to be infected with STDs. These injections consisted of 2ml of penicillin aluminium monostearate (PAM) which aimed to maintain constant elevated penicillin blood levels so that the recipients would remain resistant to the treponema causing syphilis (Soewarso 1988:4-5). The success of

the RMT program was limited. In 1959, 3848 inoculations were given to sex workers in 13 towns throughout Java, and in 1963, 243,141 inoculations were given in 33 towns. According to Jones, Sulistyaningsih and Hull (1995), this later figure only implies about 4,675 women (assuming weekly injections) (Jones, Sulistyaningsih and Hull 1995:22). In 1967, the PAM dose was raised to 3ml when it was discovered that many women were missing their injections. After the establishment of *lokalisasi* in the 1960s and 1970s, the supervision of medical checkups and regular injections was formalised as the women were more easily controlled. The large number of female sex workers who worked outside the *lokalisasi* were neglected in this medical program. A 1972 study of the Bandung sex industry showed that 90% of the women picked up in raids had never been examined by a doctor or received a penicillin injection under the RMT program. Similarly, only 4,000 of 6,000 female sex workers in Surabaya and 2,000 of 12,000 in Jakarta had received regular medical examinations and treatments (Susilo 1972).

In 1987, the RMT program was halted due to budgetary constraints, and responsibility for the funding and implementation of the injection program and checkups was given to local governments. The quality of the program has since declined. Sex workers in areas which have stopped or limited government-funded services are encouraged or required to see private doctors by brothel managers. Local regulations imposed by subdistrict administrations are still in place to encourage routine medical check ups and injections from health personnel at the local health authority. The success of these regulations in getting sex workers to visit doctors is unknown (Jones, Sulistyaningsih and Hull 1995:22-3). In 1993, a Jakarta Post article (21.4.93) reported that at the *lokalisasi* Kramat Tunggak, both sex workers and their pimps underwent regular medical checkups. Of the 1669 sex workers and 215 pimps, between 900 and 1200 received injections for STDs each month. The value of these penicillin injections is questionable since they appear to be given irregularly and provide no protection against penicillin-resistant strains of syphilis and gonorrhoea or against viral STDs, such as herpes

and HIV. In addition, sex workers are often able to avoid regulations designed to control them and so avoid the regular medical examinations which are intended to protect both their health and the public's health.

3.3 HIV/AIDS and the state construction of immorality

It is within the framework of the state's ideology of sexuality that HIV/AIDS has become associated with immorality. The perception of the arrival of HIV/AIDS as a result of the infiltration of the 'other' (Western) set of morals is still dominant in Indonesia today, despite an attempt to take a public health approach to HIV/AIDS prevention. This theme of the 'other' has been apparent throughout the first (official) ten years of HIV/AIDS in Indonesia. Only people belonging to particular nationalities, sexualities, or occupations have been labelled as being at high risk of becoming infected with HIV/AIDS. Blame and stigma have been associated with foreigners, gay men, and sex workers who are perceived as followers of this 'other' set of morals in Indonesia.

Prior to the discovery of HIV/AIDS in Indonesia in 1987, there was widespread denial that Indonesians should be concerned about the spread of the disease in their nation, as it was thought that "the nation's cultural mores and religious traditions [would] contain the spread of the disease and [would] quarantine the population at large" (The Australian 21.1.94 1994). In 1985, Dr Arjatmo of the University of Indonesia suggested that Indonesians may even be protected from AIDS by genetic factors (Murray 1993:3). AIDS was seen as a Western disease, affecting those behaving immorally. This image was reinforced by the fact that HIV/AIDS was first detected in Indonesia among foreigners, and among Indonesian men who were thought to have contracted the disease abroad or through foreigners in Indonesia. This was further reinforced by the general impression of Western life as decadent, producing members of society who are loose and immoral. In the context of HIV/AIDS, being foreign was also linked to homosexuality, already itself considered immoral. Not only were the first official cases of HIV among

homosexual foreigners, but the image of HIV infection in the West was primarily homosexual disease. In late 1983, the Health Minister Soewardjono suggested that the best way to prevent AIDS was not to become homosexual and to be wary of Western tourists (Murray 1993:3). The association of HIV with foreign tourists was further drawn from the perceived experiences of other Asian countries, such as Thailand, where male tourists were commonly depicted as being at risk. Many of these men would then travel to Indonesia, particularly Bali, thus spreading the disease. The perceived threat of HIV from foreigners led to the suggestion by the Department of Immigration in 1992 of the introduction of 'Free of AIDS' cards for Indonesian residents (JP 29.11.95b). As recently as November 1995, the Chairman of the East Java branch of the *Majelis Ulama Indonesia* called on authorities to screen foreign tourists and issue them with 'AIDS free' certificates: "This is a necessary step, because AIDS first entered Indonesia through tourism areas....[I]f we want to protect the nation from AIDS and HIV, then this tight screening procedure has to be conducted" (JP 30.11.95). Perceptions of the immorality of foreigners has thus led to concerns over STD-infected expatriates and, in particular, tourists from the West.

These attitudes led initially to irrational fears of the repercussions of sex with foreigners. As a result of the discovery of four HIV-positive cases among sex workers and *banci* in Surabaya, there was general panic and an immediate response to ban foreigners from the prostitution complexes. This ban did not, however, apply to non-Western foreigners. Studies of male and female sex workers in Bali have shown that they see themselves at increased risk for acquiring HIV if they have frequent sex with tourists. Limiting their clients to Indonesians or non-Western tourists is seen as a legitimate method of protection (Ford, Wirawan and Fajans 1993:196; Wirawan, Fajans and Ford 1993:295).

The spread of the infection to include sex workers has led to the inclusion of female sex workers in the negative associations of HIV/AIDS with immoral sexual

behaviour. As a result, the public impression is that only sex workers and gay men should be concerned with HIV/AIDS. Articles on HIV/AIDS in newspapers and magazines have focussed on the infection among sex workers and *banci*. A particularly harsh commentary was given in an article from Sinar Pagi (14.1.92; translation taken from Sciortino 1994:63):

The people most exposed to and most responsible for the spread of sexually transmitted diseases and AIDS are prostitutes, both those operating in recognized brothels as well as those who are common housewives and students. In other words, all women who have sexual relationships with men who are not their spouses. These women have sex with all kinds of men. Consequently, the risk they will spread AIDS is very high. When we examine the practice of prostitution closely, we must conclude that it is dirty and amoral. It is an act which is cursed by all religions. There is no doubt that it is a serious sin. However, those possessed by passion do not care about what is forbidden by religion. Especially prostitutes tend to forget this. They think that what they are doing is just a job that can provide quite some profit....The fact that it has been estimated that there are already 2500 Indonesians suffering from AIDS does not seem to intimidate these women. They are not prevented from becoming prostitutes to satisfy the men's passion.

Such comments attribute female sex workers (and indeed all women who have sex outside marriage) with blame for spreading HIV, while virtually ignoring the role of their clients. There is no mention of the 'sin' of the client who is equally capable of forgetting that what he is doing is a sin. As reflected in these attitudes, some people see efforts to protect prostitutes, *banci*, and gay men from HIV as a waste of funds, since they have sinned anyway and so deserve to contract the disease (Aznam 1992:30). Rather than supporting and counseling those infected with HIV or coping with AIDS, many have called for the surveillance and quarantining of these people¹⁷. Many do not realise that "[q]uite a number of people who spread AIDS [are] young adults, even senior high school students from average middle class families" (JP 18.12.96). In Jakarta, those infected come from "broad based "normal"" professions, "data [which] contradicts the

¹⁷ This attitude is not, however, supported in the National AIDS Strategy which promotes dignity and self-respect for those affected, as well as appropriate counselling and care without discrimination.

commonly held myth of HIV/AIDS as the *kutukan*, or curse, for morally "deviant" people such as commercial sex workers and homosexuals" (Dharmaputra, Ariawan and Iskandar 1996:33). Many of those infected are seen as sinners who deserve to have contracted such a disease; it is a case of "enjoyment bringing suffering" (K 26.11.95a).

While the official strategy presents HIV/AIDS as a public health concern, a terminal illness which requires urgent attention, the connection between HIV/AIDS and sex workers and gay men remains in the government rhetoric. A measure of blame is still subtly attributed to them. The simple fact that the majority of studies are on female sex workers and that as a result most published studies in the newspapers focus on female sex workers, reinforce the general impression that they are most at risk and that they are responsible for the spread of STDs. In addition, condom promotion is limited to people who have been labelled by the state as belonging to a 'high risk group'. This is used to refer to sex workers, gay men, military personnel, truck drivers, and labourers whose profession or sexual identity is perceived to place them at higher risk of contracting HIV than other people. The label of 'high risk group' overlooks the association between HIV transmission and individual sexual behaviour. People who do not identify as a member of one of these so called 'high risk groups' can feel immune and reject safe sex practices, even if they are in fact engaging in high risk behaviours. While targeting people in high risk situations with HIV/AIDS prevention programs is considered to be sound public health practice, exclusive focus on this as a strategy neglects others who are equally at risk. All people involved in serial monogamy without using condoms are at risk, irrelevant of their sexuality or whether the sex act is paid for or not. Sex workers, condoms and HIV/AIDS are all incorporated into the state's construction of immorality. It is in this context that the state can justify targeting *kondomisasi* efforts to sex workers, but not to the 'general' population. This perspective corresponds with that held by the Islamic community, whose influence on HIV/AIDS prevention in Indonesia will be considered next.

Chapter Four

The growing authority of Islam over sexuality

State ideological notions of male and female sexuality are paralleled by the teachings of Islam, which consider the family, and the roles of men and women within this family, as crucial to upholding a moral society. Pre- and extra- marital sex are sinful and punishable under Islamic Law as they disrupt society. Islamic texts place an emphasis on sex, the family and social morals, and not on matters such as politics. It is a social religion which "seeks to organize the practices of social life and, above all, the minute details of family life" (Ayubi 1995:81). Parents train their children in social, cultural and moral aspects of life: "Parents are responsible for instilling in their children the religious beliefs of Islam. They are also to train them for prayer, fasting, honesty and avoidance of evil practices such as alcohol, drug abuse, and sexual promiscuity" (Omran 1992:35-6).

Islam is not a private and individualistic religion, but rather "stresses above all the *collective* enforcement of *public* morals" (Ayubi 1995:81). All Muslims are expected to take a stand to enforce good and prohibit evil. Public and official condemnation and prosecution of immoral acts reinforces their prohibition to the religious community. While the *Qur'an*, *Hadith* and *fiqh* (Islamic jurisprudence) are sources of Islamic morals, the transmission of these to Indonesian Muslims occurs through the *ulama* (religious leaders or teachers) who because of their status and position can potentially determine the attitudes and behaviour of the community. Religious texts, written in Arabic, thus become accessible to the *umat*, community of believers. The authoritative interpretation of these texts is determined and transmitted by these *ulama*, as individuals or as collectives in Islamic organisations. Religious instructions and *fatwa* (rulings on religious matters) are conveyed to the *umat* (community of believers) through sermons (*pengajian* or *dakwah*), through education, particularly at *pesantren* and *madrasah*

(Islamic religious schools), and through the publicly expressed attitudes of *ulama* (religious teachers and leaders) and other prominent Muslims. In the context of the religious revival, more and more Indonesians are turning to these Islamic leaders, teachers and organisations for guidance on moral issues, such as sexuality. Of increasing influence are the fundamentalist Islamic movements which are attracting Muslims who are dissatisfied with modern life. An examination of the growing influence of Islam over the construction of sexual morals, and the process of the transmission of these ideals to the *umat* is important to the understanding of Islam's influence over HIV/AIDS prevention policy in Indonesia.

4.1 Islamic revival in Indonesia

The revival of religiousness in Indonesia since the early 1980s has been perceptible not only among Muslims, but also among Christians, Hindus, and Buddhists. In addition, numerous groups based on mysticism and inner piety have arisen and are thriving in the context of modernisation. The *kebatinan* movement is a mystical movement with Javanese-Hinduistic characteristics, although there is often some use of Islamic terminology (Boland 1982:217). This type of mysticism has a strong historical basis in pre-Islamic Java. Such mystical movements form the basis of *aliran kepercayaan*, “creed without religious affiliation”, which is an officially recognised religious category under the *Pancasila* (Wahid 1986:84).

The increased importance of Islam in the lives of both rural and urban Indonesians is clearly evident from the large numbers of new mosques, prayer houses and Islamic schools, as well as the flourishing Islamic organisations (Kiem 1993)¹⁸. Islamic content on television has increased considerably as has the number of magazines and publications with specifically Islamic audiences. Magazines carry stories, fashion articles and

¹⁸ According to Noer (1991:23), Indonesia has 154,000 mosques, 365,000 prayer houses and 46,000 *mushalla*.

commentaries on issues of concern to the Islamic community. In addition, more and more women, particularly young women, are wearing *jilbab* (the veil) (Mulder 1993:190; Masri Singarimbun, pers comm).

Tamara (1986) identifies two new types of Muslims who have been most affected by this recent revival: the urban poor; and young urban middle and upper classes. Raillon (1985 in Tamara 1986:4-5) refers to the new group of urban poor Muslims as followers of 'pop Islam'. He uses the term 'pop Islam' as many of these Muslims were fans of Rhoma Irama, the 'king of pop music', who utilises verses from the *Qu'ran* and *Hadith* in his music and films. He is referred to as, the '*satria dakwah*' (champion of the Islamic faith), and '*raja dari bawah*' (king of the lower classes). These followers of 'pop Islam' have only recently renewed their devotion and have returned to Islam because of concerns with socio-economic changes, the infiltration of foreign values, and the comfort they find in solidarity with fellow Muslims. Tamara (1986) elaborates on the characteristics of this largely poor urban religious 'type'. It is likely that historically, 'pop Muslims' came from the more devout, central and wealthy areas of Indonesia where they owned and ran small businesses. They were pushed out of these businesses by the new bourgeoisie and made their ways to the cities where they now work largely in the informal sector. Rhoma Irama appeals to them not so much because of his religious messages, but also because of the concern in his lyrics for the poor and oppressed (Tamara 1986:4-5).

A second group of Muslims to emerge in this revival has been among urbanised young men and women who come from well-off backgrounds. Their families may still have strong connections with traditional culture but little interest in Islam. Seeking a solution to their feelings of social alienation, these young Muslims have begun to attend various *pengajian* at the city's mosques. In addition, many of these young Muslims are attracted by the new *pesantren* movements throughout Java (Tamara 1986:5).

In the Islamic revival, there has been a renewed intensity in the transmission of religious instruction and an increased desire to heed these teachings. The *dakwah* (missionary) movement has been revitalised to spread the word of Islam and to call Muslims back to the faith. There has been renewed interest in the *pesantren* (religious boarding school) tradition, particularly those *pesantren* which present Islamic teachings in the contemporary context of the troubles accompanying modern life. In addition, the mass Islamic organisations of *Nahdlatul Ulama* and *Muhammadiyah* have continued to attract a large following and to provide guidance to the *umat* (community of believers) on religious matters through their many institutions dedicated to social welfare, education and health. There have also arisen, what Abdurrahman Wahid has called, “neo-orthodoxy groups”, which have “splintered” from Islam, including mystical orders or institutions with Sufi tendencies (Wahid 1986:94-95).

4.1.1 The *Dakwah* movement

Dakwah refers to the 'call' or 'invitation' by God and the prophets to believe in Islam and has been referred to as 'Islamic propaganda' or 'Islamic Mission' (Boland 1982:190). It is a form of missionary activity which is spreading rapidly throughout Indonesia and in the modern context aims not only to convert non-Muslims, but also to make people into better Muslims (Kiem 1993:108); it aims to “teach the people who want to be called Muslims what it means to be Muslim” (Boland 1982:191). In the view of many commentators on Islam in Indonesia, the spread of *dakwah* is the most tangible proof of an Islamic resurgence (Kiem 1993:107). *Dakwah* is key to the promotion of Islam in Indonesia and to the clarification of Islamic teachings. Originally, *dakwah* occurred primarily through sermons (*khotbah*) before Friday prayer, but there are now other forms of modern expression, such as through pamphlets, the media, television, books, films and the internet. However, *dakwah* occurs not only through preaching and publications, but also by deeds and activities; it also refers to “bringing about what is good and fighting

what is wrong” (Sanusi 1964:8 in Boland 1982:193). It is “a comprehensive Islamization of society” in order to develop and improve it (Boland 1982:193).

While all Islamic organisations are involved in *dakwah* to some extent, an organisation dedicated to it is the *Dewan Dakwah Islamiyah Indonesia* (DDII - Indonesian Islamic Dakwah Council). Established in 1967, the DDII seeks to counteract the missionary efforts of Christians in several Indonesian provinces and also to curb the spread of *kebatinan* (Javanese mysticism). The program of the DDII as expressed by its founding leader, Muhammad Natsir, includes developing methods and techniques for more effective *dakwah*, raising the level of education at *pesantren* and *madrasah* through close cooperation with these institutions, and stimulating close cooperation between all Muslims and Islamic organisations (Boland 1982:194). Part of its activities, therefore, include providing books to Islamic schools, training missionaries, offering scholarships and organising education conferences (Noer 1991). An additional aim of the DDII is to intensify the tangible contributions of *dakwah* to socio-economic issues (in particular the relief of poverty). A just Islamic society can only be fully realised through the promotion of equitable socio-economic development.

A key figure in the *dakwah* movement has been Rhoma Irama, the '*satria dakwah*' (Champion of Islamic faith), who, as already mentioned, has been influential in the revival of Islam among the urban poor, the 'pop Muslims'. His *dangdut* style songs reject consumerism, secularism and materialism. He instead embraces the moral values of Islam and uses verses of the *Qur'an* in many of his song lyrics (Noer 1991). He has also made popular *dakwah* films with songs and storylines which "put across the intertwined themes of love, personal success, and the defense of proper social and moral values" (Frederick 1982). The following is an example of the lyrics of his *dakwah* music (Frederick 1982:121; translation in Frederick 1982):

Why oh why is alcohol forbidden
Because oh because it destroys the mind
Why oh why is adultery forbidden
Because oh because only animals do that

Why oh why is everything pleasurable forbidden
Why is everything that's fun prohibited...
Ah, ah, ah that's the trap the Devil sets
With all kinds of tempting baits, hey, hey, hey

He attracts many fans from the 'ordinary people' as many of his lyrics reflect social injustice and the lives of the poor and oppressed. Although not a political figure, he has exerted his influence as an entertainer to urge Muslims to vote for the Islamic party, the PPP, in national elections¹⁹. He claims to have at least 15 million loyal fans and so has an extensive audience for the spread of Islamic messages (Tamara 1986).

Another method of spreading the word of Islam is through the traditional non-formal education of *pengajian*. This involves a group of people gathering in an informal setting to discuss everyday problems in an Islamic context. It is led by a knowledgeable Muslim specially trained for the purpose or a renowned *kyai/ulama* (Islamic teacher/leader) and is held regularly in a private house, prayer house, mosque or public building (Nakamura 1980). The *Muhammadiyah* organisation has sought to restructure the *pengajian* to be more accessible to ordinary Muslims by making it more relevant to their lives and by presenting it in Bahasa Indonesia rather than in Arabic (Kiem 1993).

4.1.2 Non-government Islamic Organisations

The *Nahdlatul Ulama* (NU) and *Muhammadiyah* (MUH) are the two largest non-government Islamic organisations in terms of numbers of followers and branches throughout Indonesia. The authority which these non-government Islamic organisations in Indonesia hold over Muslims places them in a powerful position to influence the construction of sexual morality in the Islamic community. Both organisations have their own schools, universities, mosques, hospitals, clinics, orphanages, and praying houses (*pengajian*). Effectively shut out of formal Indonesian politics, their activities have been

¹⁹ In the run up to the 1997 elections, however, PPP supporters began to see him as a 'traitor' and 'defector' as he was distancing himself from the Islamic party (PPP) and was instead actively campaigning for the ruling Golkar group. In April 1997, the stage he was to have performed on at Pekalongan to campaign for Golkar was torn down and rioting took place in the town against the government ('Indian Pacific' 6.5.97).

mainly directed towards social welfare, education and family planning (Center for Health Research 1996). They are well-organised groups with extensive networks throughout the nation, and they are very influential within certain Islamic circles. The heads of these organisations are extremely prominent religious and social leaders: Abdurrahman Wahid of NU, and Amien Rais of MUH. The support of these organisations and their leaders is crucial to the success of HIV/AIDS prevention efforts as their opinions on moral issues are central to the debates surrounding HIV/AIDS prevention.

Nahdlatul Ulama

The *Nahdlatul Ulama* (NU) - literally "revival of *ulama*" - was founded in January 1926. It is a traditionalist organisation which aims to maintain the teachings of *Ahlussunnah-wal Jamaah*, one of the four Islamic schools of jurisprudence²⁰. In 1952, the NU became involved in politics and changed its name to *Partai NU* (Dharmaputra 1996:7). It became incorporated into the *Partai Persatuan Pembangunan* (PPP - Party for Unity and Development) in 1972, when the government forced the amalgamation of all Muslim parties into a single bloc (McVey 1989). In 1984, the NU left the PPP and declared that its members could feel free to chose their own political allegiances. The NU began concentrating its efforts solely on its social, educational and religious functions (Fealy 1995). Although the advisory (*Mustasyar*), religious (*Syuriah*), and executive (*Tandfidziah*) bodies of the NU are located in Jakarta, near the seat of government

²⁰ There are two schools of Islamic thought in Indonesia: the traditionalists and the modernists/reformists. Although there are no fundamental differences in basic theology between the two, there are differences in *soal-soal furu'* (the details of Islamic teachings) (Dhofier 1980). Both adhere to the practices of *shalat* (ritual prayer five times daily), *wirid* (recitation of Qur'anic passages), *dola* (prayer), *i'tikaf* (conviction), *zakat* (alms), *shaum* (fasting), and *haji* (pilgrimage). The modernists take only the *Qur'an* and *Hadith* as valid references and support *idjtihad*, the "personal effort to answer modern problems from one's own study of the Qur'an and Tradition" (Boland 1982:213). They disapprove of *tarekat* (Sufi orders or brotherhoods) which teach asceticism and the repetition of *dzikir* (recollections or remembrances of God's name). Alternatively, the traditionalists go beyond simply the *Qur'an* and *Hadith* and in addition defend the obligation of *taklid* which recognises the authority of the four founders of Islamic jurisprudence. Traditionalists claim that the *Qur'an* and *Hadith* are phrased in difficult language which can be better understood if some secondary texts are also considered by those who are more knowledgeable (Dhofier 1980). While *Nahdlatul Ulama* is a traditionalist organisation, *Muhammadiyah* is the most influential modernist organisation in Indonesia.

power, the influential voices in the organisation are the *Kyais* of Surabaya (Dharmaputra 1996:9). The Head and Deputy Head of the *Syuriah* and the Chairman of *Tandfidziah* are elected every five years at the NU national congress. The influence of the organisation is obvious as it has 279 branches in 26 provinces and is estimated to have about 35 million members, mostly in rural areas (ibid).

The impact of the NU on Indonesians is further illustrated by considering a few of the 10 autonomous bodies, 12 institutes and 5 committees under its influence. The *Lembaga Kemasyahatan Keluarga NU* (LKKNU, the Institute of Family Welfare of *Nahdlatul Ulama*), which is represented in 22 of 27 provinces, seeks to "provide guidance for uplifting the family and the community in order to understand, to be aware of and to have a responsible attitude towards close relations between family welfare and a "complete" human life" (Dharmaputra 1996:7). The *Muslimat NU*, an organisation specifically for NU women, seeks "to improve the well-being and status of Muslim women particularly and Indonesian women generally" (ibid). It oversees the *Yayasan Kesejahteraan Muslimat* (Muslimat Welfare Foundation) and the *Yayasan Bina Bakti Wanita* (Women's Devotion Foundation) and manages orphanages, 3916 kindergartens, and 60 mother-care/health centres which participate in the government's family planning program. The *Muslimat NU* has 26 provincial representatives, 325 branches in districts and 2,650 branches in sub-districts (ibid:8). A younger women's organisation, the *Fatayat NU*, has 26 provincial representatives, 303 district branches and 42,628 village branches. The *Ma'arif Educational Institute* manages educational programs and NU schools - 4,114 kindergartens, 780 junior high schools, 299 senior high schools, 26 academies and 19 universities. *Rabtha Maahidil Islamy* (RMI) manages 5,742 boarding schools (*pesantren*). The expansion of these groups throughout Indonesia (certainly throughout Java) demonstrates the enormous influence which the *Nahdlatul Ulama* potentially has over the social and moral lives of Indonesians.

Muhammadiyah

The *Muhammadiyah* (MUH), a modernist/reformist organisation established in 1912, encourages Muslims to learn and understand for themselves the teachings of the *Qur'an* and *Hadith* rather than following unquestioningly the advice of *ulama* on such matters. It rejects the reference to Islamic schools of jurisprudence and seeks to simplify and eliminate non-Islamic elements from rituals and ceremonies. The *Muhammadiyah* rejects folk practices such as communal feasts, pilgrimages to graves, consultation of fortune tellers, and the use of black magic as forms of superstition and polytheism. The MUH thus has two main aims: to adhere to the beliefs and rituals of Islam as laid out in the *Qur'an* and *Hadith*; and to establish and manage institutions for education and social welfare (Nakamura 1980). An illustration of the essence of the MUH is a *sura* (verse) from the *Qur'an* which is said to have inspired Ahmad Dahlan to form the organisation:

And let there be one group of you
who call people to good,
who urge them to virtuous conduct
and restrain them from evil deeds.
Those are the ones who prosper
(Surah 3 Ali Imran, v.104 in Nakamura 1980).

To achieve these aims the MUH has clearly established objectives which include (Dharmaputra 1996:10):

- To strengthen the faith, to encourage and to promote the realization of the religious services and to develop high morality;
- To encourage and intensify the activities of Islamic missionary and the efforts to enjoin the good and to forbid the wrong;
- To educate young generation to become true Muslims [sic]; and
- To implant consciousness and to find acceptance in the society for Islamic guidance and rules.

The *Muhammadiyah* seeks to strengthen faith and "develop high morality" through the vehicles of its educational institutions, associated organisations and through the means of *dakwah* and *pengajian*.

The influence of the *Muhammadiyah* in nonpolitical areas is considerable even though its membership is not as large as the *Nahdlatul Ulama*. Like the NU it operates in 26 of the 27 provinces and has 15 million members ('Indonesia's Islam' 1997). The organisation has made significant impacts on health by establishing its own hospitals and health centres which provide clinical care and public health programs. These centres include clinics and polyclinics (308), mother and child health centres (271), maternity hospitals (143), and family planning units (34) (Dharmaputra 1996:11). These centres are not subject to direct government control and the implementation of government health programs and policies is coordinated with the *Muhammadiyah*.

The organisation of MUH is extremely structured with a distinct chain of command. It is led by a Central Board of Leadership, situated at Yogyakarta, which has under it Provincial Boards (26), District Boards (278), Branch Boards at the city, town and village levels, and Sub-Branch Boards at the village level. The Central Board consists of at least nine members elected every three years at the *Muhammadiyah* Congress. The Central, Provincial and District Boards are assisted by a number of councils, including *Majelis Pendidikan Pengajaran dan Kebudayaan* (Council of Education Teaching and Culture) and the *Majelis Tarjih* (Council of Ulama). The later is a council for the deliberation on Islamic law and all *Muhammadiyah* policies and actions go through this council. The Central Board is also assisted by several institutional bodies. The MUH has several autonomous organisations which all have vertical lines of leadership similar to the mother organisation: *Aisyiyah* (women's organisation); *Pemuda Muhammadiyah* (Youth Movement); *Ikatan Pelajar Muhammadiyah* (student's organisation); *Ikatan Usahawan Keluarga Muhammadiyah* (Businessmen's Association); and *Ikatan Karyawan Muhammadiyah* (Workers' Association). The extensive branches

and well organised network of the *Muhammadiyah* are potentially influential in transmitting notions of sexual morality and HIV/AIDS prevention throughout Indonesia.

4.1.3 Educational institutions and the *pesantren* movement

The Islamic school is extremely important in the spread and propagation of Islam in Indonesia. The Islamic tradition is highly doctrinal, legalistic, scriptural and literary and there is an absence of traditional social institutions within the religion, other than schools, capable of transmitting this sort of tradition effectively. While the mosque serves a ritualistic function and the *ulama* are a relatively loose collection of individualistic legal scholars and teachers, schools form the 'social structural core' of Indonesian Islam (Geertz 1969). Historically, the Muslim educational system has been recognised as the institution most responsible for the spread of Islam in Indonesia and this function continues today. Both traditionalists and modernists agree that formal education is the principal channel through which religious ideals are passed on from the religious elite to the younger generation. (Dhofier 1980).

While secular education is handled by the Ministry of Education and Culture, religious education is overseen by the Ministry of Religion. The government has, therefore, recognised the need for religious and secular education to coexist. The Ministry of Religion is in charge of religious instruction in state schools including the training, appointment and payment of religious teachers, setting the curriculum and the preparation of manuals and textbooks (Boland 1982). This religious instruction has been compulsory in state elementary and secondary schools since independence and in universities since 1966 (Noer 1991). There are three types of Islamic educational institutions at the elementary and secondary levels, the curriculums of which contain varying degrees of secular and religious subjects: *madrrasah* (30% religious-70% secular); *diniyah* (70% religious-30% secular); and *Pendidikan Guru Agama*, where religious teachers are trained (50% religious-50% secular). At a tertiary level, there are the

Institute Agama Islam Negeri (Government Institute of Islamic Studies - IAIN) and *pesantren* (Dhofier 1980).

Madrasah were originally established by reformist Muslims in order to incorporate secular elements within religious schools: secular subjects, an organised curriculum, grades, text books, class hours, exams and diplomas. The teachers are not *ulama* or especially learned in the scriptures and law. The *madrasah* combines the tradition of Islamic education with Western style education, which is felt to lack instruction on the "ennobling of personality (*akhlak, budi perkerti*) based on Islamic teachings" (Nakamura 1980:277). Students thus acquire knowledge of the *Qur'an* and *Hadith* as well as the sciences, technology and humanities. As schools of the modernists, *madrasah* are closely associated with the *Muhammadiyah*. Because of their more secular education and state-run exams, they are not as free of government intervention as are the *pesantren* (McVey 1989). In contemporary Indonesia there has been an increased emphasis on *madrasah*-style education with some *pesantren* now introducing secular elements into their teaching or having a *madrasah* associated with them²¹. The gap between religious and secular instruction is growing smaller due to the greater component of secular subjects at religious schools and to the fact that the government has required religious instruction at secular government schools (Dhofier 1980).

Pesantren, literally "a place of religious students (*santri*)" have formed the basis of the Islamic education system for centuries in Indonesia. It is a boarding school for students (*santri*) which provides advanced training in the study of the classical Islamic texts (*kitab*) under the guidance of the *pesantren* leader/teacher, the *kyai*. In their classical forms, *pesantren* are completely outside the control of the state as they do not rely on the government for recognition or financial assistance (McVey 1989). The *pesantren* provide traditionalist instruction which includes not only the study of the *Qur'an* and the *Hadith*,

²¹ Dhofier (1980:46 - 1980a in Solahudin 1996) describes two types of *pesantren*: *salafi*, which focuses on the exclusive study of classical texts, without including secular subjects; and *khalafi*, which has introduced secular subjects or incorporated secular schools as well as teaching classical texts.

but also of Arabic, *fiqh* (Islamic jurisprudence), *ushul fiqh* (system of Islamic jurisprudence), *tauhid* (Islamic theology), *tarikh* (the history of Islam), *tasawuf* (Islamic Sufism), and *akhlaq* (Islamic ethics) (Dhofier 1980). The *kyai* delivers a weekly *pengajian*, providing the *santri* with moral guidance. It is the *kyai's* duty to urge people to perform their religious duties and rituals. *Pesantren* education "emphasizes the whole person and ...seeks to produce not successful man but moral man" (McVey 1989:211):

The intention is not to fill the minds of students with information, but to refine their morals, educate their spirits, propagate virtue, teach them propriety, and prepare them for a life full of sincerity and purity. Every student is taught to regard religious ethics above all else. The student's goal in education must not be to obtain power, money, or glory, or to act heedlessly; learning is an obligation, a dedication to God (Dhofier 1980:265).

Pesantren tend to specialise in particular studies or activities which then attract particular students (*santris*). For example, *Pesantren Blok Agung* (Banyuwangi, East Java) specialises in the study of Al-Ghazali's *tasauf* and *Pesantren Babussalam* (Dago, North Bandung) concentrates on the teaching of the *Qu'ran*, specifically the study of *tafsir* (commentary) (Solahudin 1996:7-8). *Pesantren* have been, and continue to be, the source of specialised religious education for many young Muslims and have produced a number of *ulama* who are highly successful, qualified and influential in Indonesia's Islamic community.

Pesantren Daarut Tauhid - an example of a modern pesantren

Since the beginnings of the 1980s in particular, there has been a considerable revival in the *pesantren* movement. Many young urban men and women, dissatisfied with modern life, have been attracted to *pesantren* in search of moral guidance through a return to Islamic teachings. This movement is well illustrated by an original study by Dindin Solahudin (1996) of the *Pesantren Daarut Tauhid* in Bandung which specialises in the *Bengkel Akhlaq*, the 'Workshop for Morality'. It aims for "the restoration of Islamic values in its followers as a means by which to create righteous Muslims" (Solahudin

1996:92), those who have attained *qolbun salim* (a healthy heart, or sound mind) and peace with God. Established in 1990, the *Pesantren Daarut Tauhid* provides an environment which attracts young people who reject the moral decadence accompanying modern life and who are interested only in *akhlaq* (Islamic morality). It is attractive to young people as it combines secular activities with religious reflection. Ninety-five percent of the approximately 3,000 followers are teenagers or in their twenties, and 75% are students. This *pesantren* plays a crucial role in the reinforcement of Islamic morality in a contemporary urban community of Muslims.

According to the *Kyai* at *Pesantren Daarut Tauhid*, people nowadays "appear to have a lust for prestige, praise, appreciation, pomp, honour, self-esteem and the like" (Solahudin 1996:94). Furthermore, they are too interested in sexuality and immoral love and live a life which the *Qu'ran* calls *mata' al-gurur* (goods and chattels of deception) (Sura 3:185 in Solahudin 1996:95). If followers have been fulfilling Allah's commands and avoiding his prohibitions, they will feel close to Allah and so religiously secure and happy. They will possess an inner orderliness characterised by "calmness, easiness, stability, courage, optimism, passion and overall personal orderliness" and are secure with the knowledge that they are free of the possibility of divine punishment (Solahudin 1996:81). The development of inward discipline in ones behaviour relies on the knowledge of Allah's supervision, for He will see whatever one tries to hide from mortals. Morality is partly enforced by the concern for *hisab* (accountability) after death when all Muslims face reckoning from Allah on the Day of Judgement (ibid:94).

The crucial vehicles for the reinforcement of morality at the *Pesantren Daarut Tauhid* are the public sermons, *pengajian*, which provide guidance on issues of Islamic morality by referring to and exploring particular Islamic texts, *kitab klasik*. Unusual to *pesantren*, *Daarut Tauhid* invites *kyai* from other *pesantren* to teach there. This promotes an interaction with *kyai tamu* (guest instructors) from different backgrounds of knowledge and from various orientations of religious schools of thought. This tradition

is being developed to encourage friendly intercourse between varying lines of Islamic thought.

Pengajian at the *Pesantren Daarut Tauhid* is known as *Taushiyah Penyejuk Hati* (Comforting Religious Advice) and refers to the religious instruction learnt at a social gathering through a talk delivered by a *kyai* or *muballigh* (preacher). At the *Pesantren Daarut Tauhid*, this *pengajian* always concentrates on a moral theme and is designed to help followers attain *qolbun salim*, a healthy heart or sound mind. Followers aim to free the mind of bad thoughts and characteristics and to adopt a high degree of good character; that is, to acquire or reinforce the character traits of *ikhlas* (sincerity), *tawadhu'* (modesty), *jujur* (honesty), and *sabar* (patience) through a solid understanding of and commitment to *tauhid* (the oneness of Allah) (Solahudin 1996:98;101-3). An excerpt from one of these *pengajian* illustrates this emphasis on morality:

an indication of Allah's favour and love is the cleanliness of one's mind and heart....When one's mind is very pure (benign), Allah will make it easy for one to grasp high knowledge that cannot be grasped by other people....This sound mind is like a completely clean mirror without any spots on it. People will love to make this person a mirror that they can use as an example for living. On the contrary, one with a dirty mind is just like a dirty mirror; none would refer to him.....the way one behaves depends on whether one's mind is good or bad (Solahudin 1996:110).

The *Taushiyah Penyejuk Hati* is held at *Pesantren Daarut Tauhid* twice weekly (Sunday afternoons and Thursdays evenings) and is also regularly given on two local radio channels, so reaching the wider Bandung audience beyond simply the *santri* at the *Pesantren* (Solahudin 1996:104).

For *santri* at *Pesantren Daarut Tauhid*, Islamic beliefs are asserted and reinforced through individual and congregational religious practices, both compulsory (*shalat*, *wirid*, *do'a*, *i'tikaf*, *zakat*, *shaum*, and *hajj*) and optional (*shalat tahajjud* - overnight prayer; *shalat taubat* - repenting prayer; *shaum Senin-Kamis* - fasting on Mondays and Thursdays; and *shadaqoh* - charity). Such assertions and reinforcement also occur by symbolic means in clothing and daily behaviour: women wearing *kerudung* (head cover);

men wearing white clothing and *kopeah haji*; utilising Islamic phrases in greetings and exclamations. In addition, ritual weeping accompanies both communal and private activities at the *Pesantren Daarut Tauhid*. This weeping expresses a consciousness of life's sins and offers repentance and asks for forgiveness from Allah. Such weeping provides personal purification and functions to intensify one's religiosity (Solahudin 1996:119-21). Through its attention to such activities as ritual weeping and *pengajian*, the *Pesantren Daarut Tauhid* practices psycho-religious healing whereby Muslims "suffering from immorality can indirectly "modify" their daily behaviour" (Solahudin 1996:93), so healing social and behavioural ills. While the practices at *Pesantren Daarut Tauhid* follow aspects of the *pesantren* tradition, they are also unorthodox and modern in orientation. Young urban Muslims are readily drawn to this combination in order to address their concerns for morality in the modern world.

4.1.4 Youth activities and Islam

Equally important as education in the transmission of religious instruction to the young are youth organisations and non-formal Islamic educational activities in which youth become involved (Kiem 1993). Both *Nahdlatul Ulama* and *Muhammadiyah* have youth organisations affiliated with them, *Pemuda Ansor* and *Pemuda Muhammadiyah*, respectively. However, many other Islamic organisations have youth movements (eg the *Himpunan Pemuda Ansor* (HPA) associated with the *Yayasan Alkhairat*) and many mosques have individual youth groups, *remaja mesjid* (mosque youth), associated with them (ibid). Mosques have become more than just centres for prayer, but also incorporate youth activities, providing a forum for the discussion of non-religious matters and setting aside areas for sports and recreation activities (Noer 1991).

Remaja mesjid have become vehicles through which *pengajian* is held; young people help other young people in the reading and understanding of the *Qur'an*. Kiem (1993) describes the *pengajian* organised by orthodox Muslim youth in Ternate to counter

the spread of deviant behaviour among young people. These meetings occur twice a week and "emphasize the positive role that informal Islamic education can play in building character (*pembinaan mental*) during adolescence" (Kiem 1993:119-20). The *Muhammadiyah* youth organisation in Ternate is involved every Saturday night in a *malam tazkir*, which is obligatory for members of the different *Muhammadiyah* youth groups. The participants are encouraged to give a short presentation followed by discussion about the relevance of Islamic teachings to problems in their lives.

Malam tazkir are supposed to provide young people with a religious orientation for the conduct of everyday life affairs, and to keep them out of activities frowned upon by devout Muslims, such as dating, hanging out downtown, going to the movies, and drinking alcohol (Kiem 1993:107).

Such *pengajian* provide guidance to youth on moral issues by enabling them to realise their sins and so change their ways.

4.1.5 Mystical movements

Part of the religious revival has involved turning to mystical Islamic movements, inspired, in particular, by Sufism. Although Sufism formed the basis of Islam in Indonesia when it first arrived, modern Islamic groups shun it. In many cases, however, people find that traditional religion can not deliver an appropriate response to the needs of development and modernisation and this "has given new impetus to Sufi leaders to provide their own answers to the problems faced by Islam in Indonesia" (Wahid 1986:95). An example of such a movement is that of Sufi master, Muhammad Zuhri, or Pak Muh to his followers. He leads a *halaqah* (a group to learn Sufism) in his village of Sekarjalak near Pati called *Pesantren Budaya Barzakh* (Barzakh Cultural Study Group) which meets twice weekly. According to his internet site, he "didn't follow any Sufi order...neither does he form a new one". He apparently has "revolutionary ideas in Sufism" and rather than "[practicing] the idea of self purification with extreme asceticism" like some of his predecessors, "he likes to socialize himself with persons from every

level of society” (Barzakh Foundation internet site, ‘The Revolutionary Sufi Master’). He also has disciples in Jakarta and Bandung who he visits once a month. These disciples have formed the Islamic organisations, *Yayasan Barzakh* (Barzakh Foundation) and *Keluarga Budaya Karzakh* (Barzakh Cultural Family) respectively. The Jakarta-based *Yayasan Barzakh* was founded in 1994 by a group of young Muslim intellectuals with the aim of improving people’s comprehension of Islam in order to develop a harmonious and solid society, to improve social insight and to solve social problems. This is to be achieved through monthly discussions about Islam and Sufism under the guidance of Pak Muh, through raising donations for the socially and economically disadvantaged, and giving treatment and counselling to “solve private (physical or mental illness), family, or social problem[s]” through the Sufi Healing method (Barzakh Foundation internet site, ‘Introduction’).

Many people apply to Pak Muh to use his spiritual power to cure them, either in person or by following his instructions by correspondence. People also visit Pak Muh at his house in Sekarjalak for advice and spiritual help to solve their problems. His power is evident from the following story (Barzakh Foundation internet site, ‘The Revolutionary Sufi Master’):

An example of his many guests is a group of prostitutes who came and asked for spiritual help from him so that they will have many customers. But instead of giving that kind of help, he gave each of them a supplication written in a small paper [sic], which will help its carrier to quickly find a husband. Thank God, with this tactics [sic] many prostitutes who came to him soon found their partner for life, and stopped their wicked profession. Pak Muh didn’t reject them because he realized Who [ie Allah] was behind those women, Who sent them to him so that they would return to the right path

Apart from dealing with spiritual problems, he has also apparently cured many kinds of diseases, including cancer, leukemia, paralysis and impotency.

Since 1996, he has turned his attentions to curing people with HIV or AIDS through the *Yayasan Barzakh* in Jakarta. The foundation “regards HIV/AIDS disease as

a serious threat to humanity” and obviously supports being compassionate to those afflicted while promoting prevention through attention to morality: “Deep empathy and careful attention are needed to prevent [the] further spread [of HIV/AIDS] and to cure already infected patients using every way that conforms to human laws, morality, and religion” (Barzakh Foundation internet site, ‘AIDS treatment’). Unless the patient is able to meet personally with Pak Muh, the treatment involves simultaneous meditation by the patient and the Sufi master over distance. Some patients are given a *wifq*, a piece of paper on which holy verses are written, which must be carried on the patient’s person or immersed in a glass of drinking water. Those wishing to take up this opportunity must register with the foundation and sign an agreement form. One of the conditions of this contract is that: “In order to speed up the healing process, all patients are advised to maximise religious activities (praying to God, giving up bad behavior, etc.)” (Barzakh Foundation internet site, ‘AIDS treatment’). The Barzakh Foundation is, therefore, an example of the trend for young urban Muslims to be attracted to mystical Islamic movements in search of a religious response to the economic and social problems of modern Indonesia.

4.2 Masyarakat Islam - seeking to establish an Islamic society

As illustrated by the aims of the *dakwah* movement, there has been since the early 1980s, an increasing wish among many Muslims for the creation of a “*Masyarakat Islam*”, “Islamic society”. There is a particular wish to see a government that reflects the values of Islam. To Muslims such as Nurcholish Madjid, this is a form of “cultural and historical realism” that cannot be overlooked or denied (in Ramage 1995:80-81):

young people say that Islam, being the religion of the largest number of community, is expected to supply the community with ethical values; that is, the foundation of the social interactions within the state of Indonesia. I always argue that this is a kind of social and cultural realism. Its unrealistic culturally to deny the possible role of the Muslims, especially because of their [advances in] education.

When Boland (1982:186) asked Muslims what they meant by the term “Islamic society” he was met with the following response. An Islamic society means:

1. the attempt to have Islamic principles imbue Indonesian society;
2. the promotion and strengthening of the ... Islamic brotherhood;
3. making visible the impact of Islam on public life;
4. spreading an Islamic style of life; in short
5. the furthering of everything that could give Indonesia the colour of a Muslim country, in accordance with the fact that far and away the majority of the inhabitants are Muslims.

Some Muslims go so far as to believe that as the religion of the majority of people, Islam should serve as the moral basis of the state, instead of *Pancasila*. While some argue that the *Pancasila* ideology is essential in Indonesia’s pluralist society and for Indonesian national unity, others argue that “Islam is the glue that helps bond the nation together” and so should be the unifying ideology of the state (Amien Rais in Ramage 1995:110).

To achieve the aim of an Islamic society, there has been an increasing involvement by Muslims in politics. It has been recognised that the problems that Muslims are facing in society lie with the policies and programs of the government. To influence this policy, many Muslims activists are seeking to use the power of the state to Islamise Indonesian society: “Rather than oppose the government, which was a losing strategy in the New Order, the only alternative was to enter government and to influence policy from within” (Ramage 1995:83). Increased Muslim involvement in the state has been made possible by Soeharto’s moves to re-Islamise Indonesian politics in order to enhance his Muslim credentials and diversify his power base, as he was no longer assured that the army were automatically behind him. A manifestation of this re-Islamisation has been the establishment of the *Ikatan Cendekiawan Muslim Indonesia*, Association of Indonesian Muslim Intellectuals (ICMI), under the sponsorship of Soeharto and Habibie. Ramage outlines the three basic purposes of ICMI: help Muslims culturally, economically,

educationally; unify the Islamic movement away from historic splits, and act as a place where “all Muslims can meet”; and implement a number of political objectives (ibid:91-2). The official state sponsorship from Soeharto and Habibie enables the non-bureaucratic members of ICMI to legitimately carry out their Islamising activities. It could be said that, the “ICMI has legitimized the participation of Muslims activists in national discourse more so than any other development in the New Order” (ibid:116). Already ICMI membership has grown rapidly with branches in all provinces, most districts, and even overseas. While ICMI is important because it speaks to (and for) the new urban, middle-class, educated Muslims who have been beneficiaries of development, its appeal to this group has been limited. The internal divisions, highly politicised nature, and dependency on Soeharto and Habibie has made it less attractive to them (ibid:78).

Many Muslim leaders and academics have been critical of the ICMI, and have refused to become involved with it. One of the most outspoken critics has been Abdurrahman Wahid who claims that ICMI members are not simply seeking to advance the cause of Islam and realise an Islamic society. He claims that this is the first step in their ultimate aim to establish an Islamic state. Wahid sees this as being damaging to religious minorities and to the unity of the state (ibid:64). He feels that the political nature of ICMI is a move towards the “re-confessionalizing” of Indonesian politics. Rather, he supports “the severing of direct links between one’s religion or ethnicity and how one participates in politics” (ibid:58). Wahid and other critics of ICMI are suspicious of the Islamic activists involved in ICMI as they suspect that for some the ICMI is merely a stepping stone to political power (ibid:118). On the other hand they are suspicious that the organisation is being used by politicians to gain some sort of legitimacy; that it is “run by opportunists who profess to be serious about Islam because it is the flavour of the moment” (Grant 1996:85). ICMI members are aware that they are being used by

Soeharto to serve his own ends, but they believe that they can equally take advantage of the arrangement.

However, the attempt by Islamic activist members of ICMI to affect government policy from within has so far failed. Soeharto did not appoint any ICMI activists to the MPR (*Majelis Permusyawaratan Rakyat*, People's Consultative Assembly) in 1992, nor chose any for his Cabinet in 1993. Although the Cabinet did contain Habibie-cronies who were ICMI members, none of the activist members with an interest in an Islamising agenda were chosen (Ramage 1995:100-1). While there is significant Muslim representation in the MPR, none of these are those people who support formalised links between the state and Islam. Despite their ambitions, there have not been any significant short-term political gains made by these ICMI activists. Their influence over government policies and programs has remained minimal.

The other forum for interaction between the state and Islam is through the Ministry of Religion. With the first principle of the *Pancasila* directed towards religious belief, the state required an institution to uphold and regulate this principle. On the one hand, the Ministry was established to "prove the positive attitude of the Indonesian state towards religion" (Boland 1982:188). On the other hand, the state was able to direct, regulate and promote religion from above through the Ministry of Religion, an activity which Boland (1982:189) refers to as "religious dirigism".

The Ministry of Religion has been charged with the following duties (Wahid 1986:109):

1. to promote religious life in general;
2. to safeguard acknowledged religions from elements detrimental to their existence;
3. to supervise nongovernmental activities in religious fields and provide them with necessary assistance.

With regards to the promotion of Islam, the Ministry has been involved in activities such as: providing financial aid for building mosques and other Islamic places of worship all

over the country; promotion and administration of Islamic education; stimulating the obedience to precepts of Islamic law, such as fasting; setting the official date for the observance of Ramadan; regulating religious feasts and celebrations; and promoting and administering the payment of alms. The Ministry of Religion also publishes and distributes pamphlets on religious topics, including the meaning of Ramadan, the place of women in society, the importance of religion for “nation building and character building”; and appeals for a return to the moral standards of Islam (Boland 1982:189-90). In promoting religious life, the Ministry has many overlapping joint projects with other government agencies. For instance, in the health field, the Ministry of Religion cooperates with the Ministry of Health in areas such as nutrition education, public health, family planning, and of course HIV/AIDS.

The ministry plays a vital role in mediating between government and non-government religious bodies. Government and non-government initiatives are legitimated to each other and to Indonesian Muslims through the mechanisms of the Ministry. One of the organisations established by the Ministry of Religion to bridge the gap between the religious leadership and the state is the *Majelis Ulama Indonesia* (MUI, Indonesian Council of Religious Scholars). Established in 1975, this semi-government body was intended to form the meeting point between government agencies and non-government religious organisations. This central council was preceded by regional councils in provinces where security was threatened by unrest. They were designed to give advice to the local government on community issues and concerns so as to create a level of trust between the local people and the government. In 1975, the MUI was created and the provincial councils were reorganised. Some claim that it has not been particularly successful in influencing the government's policies towards Islam or to have an impact on the Muslim community (Noer 1991): "...the *ulama* who accepted membership in the councils have been acutely aware of the danger both to religious independence and to their own personal standing in the Muslim community of becoming too closely identified

with the state, and the system has thus far had little real impact on the affairs of the Islamic community" (McVey 1989:209). However, the *Majelis Ulama Indonesia* (MUI) is probably the highest recognised Islamic authority in Indonesia which decides on *fatwas* or messages which will have a bearing upon the lives of Muslims (Center for Health Research 1996:6). In fact, this impact has been illustrated through the formulations coming from the November 1995 MUI convention on HIV/AIDS. These formulations have provided a clear philosophical basis for the HIV/AIDS policies and plans of action of other influential Islamic organisations. The formulations of these plans of action and their interaction with government prevention activities will be considered in the final chapter.

Chapter Five

The double bind in HIV/AIDS prevention: government policy in the context of Islamic revival

Muslims who are seeking to establish an “Islamic society” in Indonesia are increasingly concerned with the moral issues surrounding HIV/AIDS prevention. To them, HIV/AIDS has resulted from the infiltration of Western values and the subsequent loosening of morals. Imbuing Indonesian society with Islamic principles is intended to counter this. It is perfectly reasonable that HIV/AIDS prevention should attempt to increase people’s religiosity. In this way, people will be inspired by moral principles to avoid behaviours which may put them at risk. The Muslim activists and fundamentalists who wish to achieve the Islamisation of Indonesian society are an influential group in Indonesian society, as they have a huge power base from which to work and a dedicated following. This following includes those Muslims who have been attracted from among the urban poor and from the young of the middle class. Currently, however, the extent of their influence on public policy is more as an outside pressure group. Despite the attempts of some Muslim activists to attain political positions through the vehicle of the ICMI, none have managed to do so. While the ICMI gives these Muslims a political voice, it does not give them any real power. They, therefore, continue to have very little influence on public policy.

This is not to say that there are no Muslim politicians. Indeed, of the 1000 members of the MPR in 1992, around 80% are Muslim. However, these are not the Muslims who are seeking a formalisation of the links between Islam and the state. Instead they are those who have close links to the state elites. They have been closely associated with the very processes of development that Islamic activists are criticising (Ramage 1996:119-20). Although there are a few Muslim government officials heavily

influenced by the opinions and words of religious leaders, most do not allow religion to affect government policy. While they may be serious Muslims, they also value modernisation and enjoy the accompanying consumer lifestyle. This sentiment is shared by many older middle class Muslims, who are devout but value a modern lifestyle. Their agenda is not to Islamise Indonesian society but to continue modernising it.

While Islamic activists have had little input into the actual development of the National AIDS Strategy, they have been influential in directing the implementation of prevention policies and activities. This occurs on two levels. Firstly, the revival of Islam has led to larger numbers of conservative Muslims whose actions and deeds impact on society as a whole. In their attempts to Islamise society, they have managed to introduce and sustain a conservative voice on moral issues. Heeding the public mood, the state elites seek to incorporate Islamic moral principles into HIV/AIDS prevention policy and practice. Thus, the National AIDS Strategy was written so that “approaches to control HIV/AIDS should reflect the religious-cultural values found in Indonesia” and that the strategy should support “activities [which]...aim to strengthen the resilience and welfare of the family and the traditional social support systems rooted in the community” (Indonesian National AIDS Committee 1994:7-8). Consideration of Islamic moral views enhances the moral legitimacy of the state elite in the eyes of the Muslim majority. However, this has not been a particularly difficult concession to make. Islamic moral teachings simply parallel and validate the already dominant state rhetoric of ‘religious-cultural values’ implied in government rhetoric and development policies. The concepts of ‘the family’ and ‘traditional support systems’ are important both in the ideological model of the state and in Islamic notions of community.

The second way in which Islam is influencing HIV/AIDS prevention activities is through the actual development and implementation of plans of action within the Islamic community. On the government level, the Ministry of Religious Affairs has presented a working program based on the provision of information, education and communication

(IEC) materials to increase awareness in a religiously and culturally sound way. The semi-government organisation *Majelis Ulama Indonesia* has been involved through the development of the *Tadzkirah Bandung* (the Bandung formulations) which provide clear philosophical guidelines for Islamic organisations to follow in developing their own plans of action. The HIV/AIDS workshops held by the *Nahdlatul Ulama* and the *Muhammadiyah* have led to the development of their guidelines, the *Pesan-pesan Paiton* and the GEMPITHA respectively. The impact of moral concerns on HIV/AIDS prevention strategies in Indonesia can best be explored through a brief examination of the policies underlying the strategies of these religious organisations. Their publicly expressed opinions have the power to create and maintain a dominant concept of Islamic sexual morality and appropriate HIV/AIDS prevention in Indonesian society. This places the government in a double bind: how to implement effective HIV/AIDS prevention policies while at the same time not appearing to be in favour of immoral sexual behaviour. Before considering the plans of action of the various Islamic influenced organisations and this double bind in HIV/AIDS prevention, it is necessary to first examine the attitudes of the Muslims community towards HIV/AIDS and those infected.

5.1 HIV/AIDS and constructions of immorality

A wide range of attitudes are held in the religious community towards the significance of HIV/AIDS and the morality of those infected. One study of the *Qur'an* and *fiqh* concludes that HIV/AIDS could be interpreted as a trial (*cobaan*) from Allah to humanity, rather than simply a punishment, or curse, inflicted on individuals who have sinned (Akhmad and Rasyid 1992). According to this interpretation Allah has caused regular natural catastrophes (*musibah*) to afflict mankind (Suras 2:156; 3:165; 4:62, 72; 5:106; 9:50; 28:47; 42:30; 57:23; and 64:11), and AIDS can be interpreted as being just another such *musibah*, just like any other epidemic. As in Sura 64:11 (translated by Shakir 1982), "No affliction comes about but by Allah's permission; and whoever believes in

Allah, He guides aright his heart; and Allah is cognizant of all things". A study of the perceptions and attitudes of *ulama* in Palembang (Nazir et al 1992), found that the majority of them believe that AIDS is a trial from God in the form of a natural catastrophe. Only a few said that it is a punishment due to the promiscuity of individuals or within the community. A 1992 magazine report, however, claims that the majority of *ulama* in the *Majelis Ulama Indonesia* (MUI) "share the belief that because AIDS was the direct outcome of sexual promiscuity, those afflicted were in fact being punished for their immoral behaviour" (Aznam 1992:30). Others do not talk of AIDS as a punishment for individuals, but rather as a warning (*peringatan*) to mankind that piety in general must be improved. The chairman of the Yogyakarta chapter of the MUI claims that "the spread of AIDS would not have happened if men had heeded moral and religious norms and values...All disasters befalling human beings, including AIDS, are caused by the behavior of human beings themselves" (JP 3.12.93).

A series of letters to the editor of Republika between 27 November and 2 December 1995 address the question 'AIDS, Kutukan atau Tantangan?' (AIDS, curse or challenge?). HIV is described by one reader as a 'curse' which is spread because of people who are not responsible, who let their carnal desires run wild and free (R 27.11.95). Another feels that HIV is a curse from God to humanity for ruining the sacred sexual relationship through widespread adultery (R 28.11.95b). A third believes it is an example of a disease caused by the unordered way in which people live. It is a consequence of going against the teachings of God and ignoring basic human institutions, such as the family and marriage (ibid). Finally, a fourth reader decides it is a warning to mankind, and a curse on those who have contravened the instructions of God (R 1.12.95e).

However, no matter what the range of opinions expressed within the *umat*, Islamic organisations and *ulama* have publicly stated that those with HIV/AIDS should be given care and support in a non-discriminatory way. They have pointed out that Islam

emphasises the equality of all in the eyes of Allah (Sura 5:2), and so care and services should be provided to those with HIV/AIDS without prejudice (Suras 2:178, 180, 263; 3:140, 110, 114; 4:114; 7:157; 9:67, 71, 112; 7:89; 9:129; 10:71;11:56, 77, 123; 47:10, 36; 60:4 from Akhmad and Rasyid 1992). There should be no discrimination against people with HIV or AIDS and those affected should continue to receive religious guidance to gain peace in their lives and salvation from God (Suras 21:107; 25:70; 27:77). One woman calls on doctors to "give the people with AIDS spiritual injections and, if they are Moslem, ask them to perform their *shalat* (the five obligatory daily prayers), and continue giving them medical treatment" (JP 29.12.95b). The Islamic community should "Except him who repents and believes and does a good deed; so these are they of whom Allah changes the evil deeds to good ones; and Allah is Forgiving, Merciful" (Sura 25:70, translated by Shakir 1982). At a NU meeting, a panel discussion on the role of *pesantren* in community health described HIV/AIDS as another "catastrophic disease", and focused on treatment and care without discrimination for people with HIV/AIDS: "its victims should be cared for and not be discriminated. That victims should strive to seek (*ikhtiar*) treatment and be faithful (*tawakal*) to the religion" (Center for Health Research 1996:22). Several Islamic organisations, such as the Sufi Healing centre at the Barzakh Foundation, are turning their attention to addressing the spiritual treatment of HIV positive people.

The attitudes and publicly expressed opinions of Muslims towards HIV/AIDS and those infected are consistent with the principles of the National AIDS Strategy while still focusing on moral issues. HIV/AIDS is afflicting humanity due to the lessening of moral values in society and so a return to these moral values is necessary to combat the virus and illness. The extension of these moral attitudes to exclude condoms from prevention efforts due to their associations with promiscuity is a logical step. The following two sections will examine these moral issues as reflected by the public stances of those

Muslim leaders and organisations who have credibility both in the Muslim community and with the state elite.

5.2 Plans of action of Islamic organisations

In the early period of the government response to HIV/AIDS, religious organisations did not want to be pushed into action on the issue. Many *ulama* and *umat* have been concerned by the government's relaxed approach to the introduction and infiltration into Indonesian society of a Western lifestyle, consumer mentality, and social ills such as drugs, sex work, and premarital sex. These are seen to have occurred as a result of the government's policies of development and modernisation. Seeing HIV/AIDS as an outcome of this, they have been cautious about becoming involved with the problem. From their point of view, the government allowed the existing problems to enter the country, despite complaints from Muslims, and now *ulama* are being called upon to help the government out of a situation which they themselves created (Meiwita Iskandar, pers comm). The involvement of Islamic leaders and organisations in HIV/AIDS prevention has thus been a slow process, involving patient negotiation by government officials and AIDS activists.

However, Islamic institutions are now eager to be involved in HIV/AIDS prevention, although the strategy supported is the promotion of a return to religious values, while excluding condom promotion. These concerns have been expressed by representatives of various religious bodies and organisations: the Ministry of Religion; the pro-government *Majelis Ulama Indonesia* (MUI), the highest recognised Islamic authority in Indonesia; the traditionalist organisation *Nahdlatul Ulama* (NU); and the modernist organisation *Muhammadiyah* (MUH). All of these organisations are eager to be involved with HIV prevention but only through a 'religious approach' whereby Muslims protect themselves from HIV through an awareness of the virus and by increasing their religiousity and adherence to Islamic teachings. These institutions have

issued statements for direction on HIV/AIDS prevention matters and have created and implemented programs for this prevention.

5.2.1 The Ministry of Religious Affairs

In accordance with its position on the National AIDS Prevention and Control Commission, the Ministry of Religion has begun the task of increasing the awareness of HIV/AIDS through the use of formal and non-formal education, *dakwah*, public information (*penyuluhan*) and guidance and counseling (*bimbingan*). This is a program specifically developed and implemented within the Ministry, although where necessary, the Ministry coordinates with other ministries and organisations to achieve its outcomes. The Ministry of Religion is attending to two main issues: HIV/AIDS prevention by way of Islamic teachings and increased recognition of family values; and the provision of spiritual treatment (*Perawatan rohani*) for victims and their families and the deceased. The first includes the provision of Information, Education and Communication (IEC) to increase awareness and to reduce high-risk behaviour, to publicise, campaign for, and support the national effort for prevention and control of HIV/AIDS, and "to improve the recognition of the concept of Family Resilience and enhancing further the Islamic religious and cultural values and norms in the daily life of the masses" (Dharmaputra 1996:2). The second includes providing information and guidelines on the correct handling of people who have died of AIDS.

As a basis to implementing its programs, the Ministry of Religion identifies HIV/AIDS as caused "both by religiously and culturally "uncontrolled" high-risk sexual behavior" (Dharmaputra 1996:5). The Ministry of Religion program intends to target people in specific locations (large urban centers, industrial cities, harbor cities/ports, tourist destinations, urban poor/slums, red-light districts) as well as providing specific groups of people with specific information utilising various media. For instance, the general public will be accessed through radio and television *Mimbar Agama* (religious)

programs, junior and senior high school students by programs implemented by their teachers of religion, and students in *madrasah* and *pesantren* by their school heads or *kyai* (Taher 1994:8 in Dharmaputra 1996:3). Sex workers are not specifically named in these targeted programs, except perhaps under the heading of 'Those needing information and guidance' who are to be reached through print media and radio and TV *Mimbar Agama* programs. These *Mimbar Agama* programs are religious programs "presented in a way that include[s] not only moral sermons but ... also include[s] ways towards public and individual roles in P&C [prevention and control] of HIV/AIDS, using the language of religion (*bahasa agama*)" (Dharmaputra 1996:3).

Among the aims of the Ministry of Religion to achieve within the next five years are (Taher 1994:9-10 in Dharmaputra 1996:6):

- Affect change of behavior by ways of increased practice of socio-culturally and religiously appropriate norms and values, particularly: a) among individuals practicing deviant sexual behavior (prostitution, lesbianism, bisexuality, homosexuality, free sexuality, frequent exchange of sexual partners, living together outside of wedlock, etc), and b) among individuals with high-risk sexual behavior who are at risk of being infected, or who can potentially infect others;
- Develop the "culture of shame" (*budaya malu*) and idealism as the vehicle to reduce the impact of permissive culture, especially those that pertain to sexual permissiveness or high-risk behavior;
- Increase the role of the marriage institution;
- Increase family resilience and the role of the family as the vessel to engender religious faith and reverence (*keimanan dan ketakwaan*) since early childhood;
- Empower each household with the ability to prevent every possible impact of permissive/free relationships that may contribute to the spread of the HIV/AIDS epidemic.

In line with these aims, the IEC (information, educational and communication) materials provided by the Ministry of Religious Affairs do not offer information on condom use, but concentrate on improving family and social life through religiosity. As the Minister of Religious Affairs stated at the conclusion of his presentation at the National

Coordinative Meeting on the control of AIDS (Jakarta 24.8.94), the "success in the prevention of HIV/AIDS will largely depend upon our cooperation in returning people's sexual behavior back to cultural and religious norms and values long held by Indonesian people, and in affecting early diagnoses" (Taher 1994:11 in Dharmaputra 1996:6).

5.2.2 Muzakarah Nasional Ulama - Tadzkirah Bandung

Between 26-30 November 1995, the *Majelis Ulama Indonesia* (MUI) and the United Nations International Children's Emergency Fund (UNICEF) held a convention in Bandung, *Muzakarah Nasional Ulama tentang Penanggulangan Penularan HIV/AIDS* (Ulama's National Convention on AIDS Prevention and Control), as a result of which the *Tadzkirah Bandung* (Bandung formulations) were issued. This *Muzarakah* (convention) was attended by around 150 people including representatives from most of the MUI branches in the country, Islamic NGOs, heads of *pondok pesantren*, Muslim intellectuals and government officials. The event was opened by the coordinating Minister for People's Welfare/Chairman of the National AIDS Prevention and Control Commission (KPA). The closing ceremony was held in Jakarta and addressed by the Vice-President of the Republic of Indonesia. The closing day coincided with World AIDS Day on 1 December 1995, which significantly was a Friday, the holy day of the Muslim week. Consequently, the MUI called on religious leaders all over Indonesia to communicate HIV/AIDS prevention messages as part of their *dakwah* (sermons) on that significant day (R 28.11.95a; R 1.12.95b; JP 4.11.95).

The main themes of the *Muzakarah* concerned the ABC strategy within the guidelines of the National AIDS Strategy, particularly in reflecting "the religious-cultural values found in Indonesia". In addition, discussions involved the role of the *ulama* in the prevention of HIV in an appropriate cultural and religious context. KH Hasan Basri, the chairman of the MUI commented that although there had been many conferences on HIV/AIDS, regrettably none had taken a religious approach; for them religion was just

symbolic, not teachings which must be put into practice (R 28.11.95a). There was general agreement that "Religious teaching is the strongest fortress against the onslaught of AIDS" (JP 30.11.95). Ridwan Lubis, a professor at the IAIN (*Institute Agama Islam Negeri*) in Medan, called for instilling in young people the sanctity of sexual relations: "A sexual relationship should always be seen as a sacred thing, something to do only within marriage....The [HIV education] drive will help those who see sex as something to experiment with, to realize their mistakes" (ibid). These themes were reflected in the comments made in various speeches and plenary sessions as well as in the final formulations. Newspapers reported each day of the proceedings of the conference, as well as providing comments from outside the sessions on key issues. As an indication of the interface between government and religion, various representatives of the government, including the Ministers of Social Welfare and of Health, gave opening speeches.

The opening remarks by the Coordinating Minister of Social Welfare, Azwar Anas discussed the reasoning behind the strategy of 'A,B and c'. He emphasised that abstinence (A) is the most effective way to guard against the spread of HIV and that this is consistent with religious teachings. Being faithful (B) or selecting a reliable marriage partner ensures that the risk of HIV infection is minimal. The use of condoms (c) is only acceptable within the framework of the morals, ethics, culture and religion of society. Condom use is acceptable within sexual relations that are '*halal sehat*' ('permitted and healthy') when one of the partners is infected with HIV and abstinence in the relationship can not be avoided. He termed this an 'emergency' situation (*darurat*) in which condoms are an alternative way of lessening the risk of HIV spread. He emphasised that the Indonesian HIV prevention strategy does not promote *kondomisasi* and is written to consider religion, culture and health as well as increasing the reliance on the family as the smallest unit of the community ('Pengarahan Menteri Koordinator Bidang Kesejahteraan

Rakyat', Bandung 27.11.95). An article in Kompas made the details of this speech public, covering in depth his views on A,B, and c (K 28.11.95).

Opening comments from the Minister of Health, Dr Sujudi, further supported these themes. For him "[r]isky sexual behaviour is sexual behaviour which does not agree with religious teachings" ('Sambutan Menteri Kesehatan', Bandung 27.11.95:2). He advocated abstinence as the best method for protecting against HIV, but supported the notion that condoms should be used when one partner is already infected. He suggested that large scale condom campaigns are not always effective at lowering STDs and HIV. While condom campaigns have succeeded in lowering STDs among people in high risk situations (eg prostitutes), infection among people in low risk situations (the so-called 'general population') has increased. Other people in high risk situations, such as the customers of female sex workers, have spread HIV to those in low risk situations due to the lack of condom use in the 'general population'. Rather than advocating *kondomisasi* for the entire 'general population', he interpreted this as a failure of condom distribution programs which have targeted sex workers and gay men. He suggested that the majority of the religious community is devout and faithful and as a result are strong and unwavering. Only a minority are not, and they will be the first ones to spread HIV as they will engage in risky sex and become infected with HIV. The Minister of Health then emphasised the focus of the National AIDS Strategy on family resilience and called upon the *Muzakarah* to come up with formulations which would also focus on family resilience among the Indonesian Islamic community in order to spare the Islamic community and so the majority of Indonesians (as most are Muslims) from the danger of HIV/AIDS ('Sambutan Menteri Kesehatan' Bandung 27.11.95).

Five *Tadzkirah* (formulations) were developed during the meeting ('Tadzkirah Bandung tentang penanggulangan HIV/AIDS'; K 1.12.95b; translation taken from Center for Health Research 1996:15, italics in translation):

First, that society, particularly Indonesian Moslems, with all their Islamic devotion and faith ... are obligated to prevent in all ways

possible all their negative ways (*perbuatan tercela*) that may make them vulnerable to HIV/AIDS infection to individuals, as well as their families, and communities, because case detection continue [sic] to be difficult to do.

Second, that society, particularly Indonesian Moslems, with all their Islamic devotion and faith are obligated to be more mature in their care and concern towards victims of HIV/AIDS as dignified human beings.

Third, that society, particularly Indonesian Moslems, with all their Islamic devotion and faith ... are obligated to understand the threat of HIV/AIDS epidemic by increasing their family's resilience (*ketahanan keluarga sakinah*).

Fourth, the government should strive to strengthen religious, moral, and ethical principles by selecting and avoiding negative values in this current times of globalization [sic].

Fifth, all of society's potential, particularly those of *ulama* and *zu'ama*, should strive for better cooperation in the prevention and control of HIV/AIDS as part of their religious practice (*ibadah*) and religious responsibility towards Allah SWT.

These formulations, reported to the public in Kompas (1.12.95b), emphasise the HIV prevention strategies which limit 'negative ways', avoid 'negative values', and increase family resilience.

In the more specific conclusions coming out of the *Muzarakat*, guidelines were proposed to prevent the spread of HIV/AIDS among those who are already HIV positive, those who are potentially HIV positive, and for the community in general. Those who are already diagnosed with HIV should be abstinent (for unmarried people) or use condoms in married relationships. They have a duty to disclose their status to their partner and to health professionals who are caring for them, and to not do anything which will place others at risk (eg donate blood). Those who believe that they may be HIV positive have a duty to be tested and to be abstinent or use condoms until their status is confirmed. The community should raise its piety to God by following His commandments and by avoiding His prohibitions, especially that of adultery ('Rumusan keputusan' Nov-Dec 1995). The guidelines also emphasised the significant role of religious institutions in providing spiritual guidance and services to those infected and

their families. In an address to the Plenary Meeting 3, H.Amidhan, the Director General of Guidance to the Islamic Community and Division of Haj, Ministry of Religion, suggested that spiritual guidance for sufferers of AIDS makes them feel valuable instead of lonely. They regain faith in themselves and are thus eager to spend their remaining life doing good deeds (Center for Health Research 1996:13; K 30.11.95).

A number of speakers at the *Muzakarah* promoted the role of the *ulama* in the prevention of HIV among Muslims. The key messages of a number of the plenary meetings are summarised in the document 'Research for Determining HIV Prevention Interventions through Islamic Organizations in Jakarta and East Java' (Center for Health Research 1996:13):

Condoms are ineffective in P&C [prevention and control] of HIV/AIDS, more likely it is the role of social and religious institutions that will determine the success [sic] of P&C of AIDS (Pendekatan sosial keagamaan dan kemasyarakatan dalam menghadapi AIDS Plenary Meeting 3).

Ulamas have greater role [sic] in the provision of IEC [information, education and communication] materials, of morals, and ways of avoiding promiscuity (Peran Ulama dalam penanggulangan HIV/AIDS Plenary Meeting 4)

The meeting recognised that *ulama* need to modernise their methods and approaches in presenting *dakwah*, such that messages which raise the piety to God and loyalty to religion reach the community more effectively. The role of the *ulama* in the propagation of information about HIV/AIDS was recognised, as was the need to educate students at all levels, including secondary and *pesantren* students ('Rumusan keputusan' Nov-Dec 1995). At this meeting, MUI committed itself to publishing books and pamphlets about HIV/AIDS from an Islamic perspective ('Rumusan keputusan' Nov-Dec 1995; K 30.11.95).

It was decided that further discussion by the *Komisi Fatwa* (Fatwa Commission) was needed to issue *fatwa* on euthanasia, quarantine for those with AIDS, and sterilisation of HIV infected women ('Rumusan keputusan' Nov-Dec 1995; R 1.12.95a).

Delegates at the Bandung meeting debated that a lethal injection should be made available to AIDS patients to reduce their suffering (Sinar 16.12.95a). Euthanasia is, however, against the teachings of Islam and the suggestion drew criticism, both at the conference and in the press. According to the Minister for Health, Sujudi, for instance, "matters of life and death are matters for God" and to the Head of the Indonesian Medical Association, Azwar, euthanasia is against the code of ethics of doctors (Sinar 16.12.95a; JP 4.12.95a). Letters to the editors of magazines and papers tended to agree, pointing out that euthanasia is against Islam and that AIDS patients should instead be cared for (Sinar 16.12.95b; JP 29.12.95a; JP 29.12.95b).

The outcomes of the *Muzarakat* affirm the government's strategy of ABC, whereby abstinence and being faithful are propagated through messages of strengthening religious and moral principles within the family and community. Condom distribution implies permissiveness towards free sex and promiscuity and is therefore rejected, although condom use within a relationship which is 'halal sehat' is permissible.

5.2.3 Responses of Nahdlatul Ulama - Pesan-pesan Paiton

In 1996, the Center for Health Research at the University of Indonesia began a project working with *Nahdlatul Ulama* and *Muhammadiyah* to organise meetings to discuss and ascertain the viewpoints on HIV/AIDS prevention and control of these organisations and the possibilities for future directions. Out of each of these meetings arose a set of messages, the *Pesan-pesan Paiton* (Paiton message) and GEMPITHA respectively, as well as recommendations for future directions of the organisations in HIV/AIDS prevention and control.

The *Nahdlatul Ulama* (NU) meeting, *Sarasehan Ulama dan Pimpinan Pesantren se Jawa Timur Tentang HIV/AIDS*, took place at the *Pesantren Nurul Jadid* in Paiton, Probolinggo near Surabaya on 8-9 March 1996. The political influence in NU circles of this *pesantren*, as well as its size (around 6000 followers and *santris*) meant that it had

great influence over the spread of meeting outcomes to its *ummah* (followers). The workshop was jointly organised by the Center for Health Research at the University of Indonesia and the *Lembaga Kemasyahatan Keluarga NU* (LKK-NU, the Institute of Family Welfare of NU). This meeting, reported in 'Research for Determining HIV Prevention Interventions through Islamic Organizations in Jakarta and East Java' was the first step in the attempt to provide direction in the NU's participation in the prevention and control of HIV/AIDS.

On the first day of the *Sarasehan* more than 180 people attended, including *kyais* and their assistants, members of various NU autonomous bodies throughout East and Central Java, students/*santris* of *pesantrens* in Paiton, representatives from LKK-NU, NGO participants and government officials. The large number of attendees on the first day had much to do with the attendance and address by the NU General Secretary, KH Abdurrahman Wahid (Gus Dur). Many came to hear what he had to say about the role of NU in HIV/AIDS prevention. His address pointed out the lack of a NU policy on HIV/AIDS and that this *Sarasehan* would provide NU with directions for the future. He acknowledged that NU members were now in danger of infection with HIV and the need for NU to be involved in HIV/AIDS prevention activities. However, he stressed the need for NU to concentrate on its role as a vehicle of information dissemination to their members while leaving prevention activities beyond their scope to other relevant agencies.

The discussion and final formulation of the *Pesan-pesan Paiton* (Paiton Message) occurred in a closed session of 25 important *kyai* of *pesantrens* and their assistants and outlined the concerns and future position of NU members in the region on HIV/AIDS. The message supports the multisectoral approach laid out in the National AIDS Strategy whereby the government, multi-sectoral agencies, foreign donor agencies, non-government organisations and the public at large all have responsibilities in the prevention and control of HIV/AIDS in Indonesia. The NU should expand its partnership with

those other agencies working on HIV/AIDS prevention and operate within the policy constraints of the government. The message emphasises the importance of HIV/AIDS prevention and control activities as part of the religious and national responsibilities of NU. As prescribed by Islam, followers should strive for their own welfare and happiness and for the care of all members. The message specifically refers to the need for the active participation of women and the younger generation in prevention and control. It emphasises that HIV/AIDS is not simply "a medical problem and recognizes that its presence is very much related to people's behaviour, people [sic] religious understanding, peoples [sic] growing denial of normative values and which denies not only both personal and social sanctity, but also of their social and cultural sanctity [sic]" (Formulation 3 of the *Pesan-pesan Paiton*, translation in Center for Health Research 1996:26). These social problems have come about by foreign influences which brought the AIDS epidemic and threatens the welfare of families and the nation: "Thus, the Nahdlatul Ulama views this problem as needing serious consideration and participation of all parties" (Formulation 4 of the *Pesan-pesan Paiton*, translation in Center for Health Research 1996:26). *Ulama* should strive to develop initiatives for promotion, prevention, curing, and rehabilitation on both the regional and national levels. The Paiton Message specifically refers to the need to exert influence on structures in society which influence the conditions of HIV/AIDS by repelling all forms of pornography, tightening the rules on entertainment places, and tightening film and media censorship that may lead to the "harassment" of people's dignity (Center for Health Research 1996:25). Finally, the Paiton Message recognises the need to disseminate all of these messages to the wider membership and the public at large through various types of activities and media.

Recommended follow up actions included a proposal that the messages of the Paiton meeting be discussed further with a wider NU audience at similar meetings at other locations in order to develop a common approach and policy among *ulama* and *kyai* on the issues of HIV/AIDS. Appropriate training was to be provided to NU personnel

and institutions to prepare NU members to be HIV/AIDS educators and volunteers. Those attending the meeting also recognised the need to develop appropriate and accurate information to NU masses by developing materials and modules to be used in *pesantrens*, *Majelis Taklim*, Family Welfare Information Centers, Health Centres and Hospitals.

5.2.4 Responses of Muhammadiyah - GEMPITHA

On 26-29 April 1996, the *Muhammadiyah*, in conjunction with the Center for Health Research at UI, organised the 'Workshop on *Muhammadiyah's* Efforts for the Prevention of HIV/AIDS', *Semiloka Upaya Muhammadiyah Dalam Penanggulangan HIV/AIDS*. The *Semiloka* was attended by 110 central decision makers from all branches of MUH institutions from Sulawesi, West Kalimantan, Surabaya, Semarang, Yogyakarta and Bandung. Part of the meeting was dedicated to dissemination of information on HIV/AIDS to participants, and MUH leaders of *Majelis*, MUH autonomous bodies, bureaus and *Aisyiah* (the women's organisation). Themes of the meeting are apparent from the addresses given at the conference. A member of the central executive body told the meeting of the huge potential of the MUH to participate in the prevention and control of HIV/AIDS, particularly with the opening of new branches in East Nusa Tenggara, Merauke and Sorong (Irian Jaya). While he called for the extermination of illegal sex, another speaker, representing Amin Rais of the MUH in Yogyakarta, claimed that the MUH should increase efforts to stop the "sex revolution" caused by organised crime, sexertainment, the sex industry, and tourism. The activities of the MUH should focus on improving religious values and norms and on improving existing MUH resources, such as the AIDS Hotline. The Head of the National AIDS Commission from the office of the Ministry of People's Welfare, Suyono Yahya, also stressed prevention via religion, culture, and developing family resilience and prosperity. Education, universal precautions, blood screening, empowering women and counseling are all means to control the spread. The resulting GEMPITHA, *Gerakan Muhammadiyah Peduli*

Terhadap HIV/AIDS, 1996 (Movement of Muhammadiyah's Care against HIV/AIDS), outlines the role of Muhammadiyah in HIV/AIDS prevention (translation from Center for Health Research 1996: 29):

- a. To publicize the understanding on the dangers of HIV/AIDS particularly in respect to religious, social and cultural aspects (of society) [sic];
- b. To promote the elimination or at least the extent of the sex industry or sex trade, which are basically violations of human dignity and law;
- c. To optimize the roles of Majelis Tarjih and Majelis Tabligh of Muhammadiyah in the prevention of HIV/AIDS;
- d. To promote reproductive health education (sex-education) within the frameworks of Islamic teachings and to enter it within the context of religious learning in formal education.

The MUH are keen to directly address the problem of HIV/AIDS prevention, taking the basic philosophical thinking established in the formulations of the *Muzakarah Bandung* as the starting point for future activities. Any activities undertaken can be organised within a structure of clearly defined lines of power with a well defined power concentration at the top. However, the MUH has limited human and financial resources and so relies on cooperation with other bodies to implement programs (Center for Health Research 1996:50). They have chosen to focus on strengthening and improving their existing HIV/AIDS prevention services, such as the AIDS Hotlines at their hospitals. In addition, the *Semiloka* brought up several areas which can be further developed. IEC activities should be provided to various MUH groups including *pengajian*, students and teachers at schools and universities, health workers, pre-marital youth groups, and others such as sex workers, underprivileged children, street children, and truck drivers. A variety of general activities will be implemented including improving care and treatment, testing and counseling, research, monitoring and evaluation and training. Other institutional improvements will also be improved and developed: optimising cooperation between MUH organisations in the efforts to control and prevent HIV/AIDS; creating an

HIV/AIDS information centre; creating a working group on spiritual welfare; and increasing the capacity and capability of the existing hotline services. The *Muhammadiyah* has then joined other prominent Islamic groups in recognising HIV/AIDS as a problem for the Indonesian community and is acting on this. While the *Muhammadiyah* has a well-organised infrastructure to cope with the dissemination of information and the implementation of programs, the NU has a larger membership to whom prevention messages can be spread and is more moderate and open in its approach (Nick Dharmaputra and Budi Utomo, pers comm). Religious organisations such as these are then a potentially powerful moral force in HIV prevention programs.

5.3 Acceptable HIV/AIDS prevention in an Islamic society

The Bandung Message resulting from the MUI convention provides a clear philosophical basis for the HIV/AIDS prevention activities of all of these Islamic institutions and organisations. In brief, they all support compassion towards people with HIV or AIDS and advocate access to non-discriminatory care and counselling. Their primary focus in preventing further infection with HIV is on the strengthening of religious moral values through the vehicle of the family. Muslim leaders are not against condom use per se. The *ulama* support the use of condom for disease prevention when a partner is already infected, but for moral reasons object to their widespread promotion. It is pre- and extra-marital sex which Islamic leaders condemn and to them condom promotion simply promotes promiscuity. If people are encouraged to use condoms, they need no longer fear the consequences of unlawful sex (ie STDs/HIV). This has been supported by Zubaedah Mochtar of the Ministry of Religious Affairs, "Religions do not object the use of condoms [sic]. They object to extramarital sex" (JP 4.12.95b).

In developing and implementing the National AIDS Strategy, government officials have needed to find a balance between these moral concerns of the religious community and public health issues. In order for HIV/AIDS policy and prevention strategies to be

successful in Indonesia, they must be accepted and embraced by the *ulama*. According to Nafsiah Mboi (pers comm), who was involved in the formulation of the National AIDS Strategy, religion is crucial in the philosophy behind the HIV strategy. The strategy makes it clear that there are three important approaches to HIV prevention: "family resilience, the message of religion, and the "public health" approach (condom use and STD control)". These approaches should be provided in combination so that people can make informed choices about staying safe (JP 1.12.95). However, in an effort to accommodate Muslim sensibilities, the strengthening of the moral principles of 'abstinence' and 'be faithful' through the resilience of the family is the primary activity advocated by government officials. As in the words of the National AIDS Strategy:

The family is a social unit which plays a very important role in the formation of healthy and responsible behavior. The family is also the first and most important line of support and assistance for those affected by HIV/AIDS. It is important to increase the family's resilience by reinforcing and strengthening the family's ability to assume responsibility for encouragement to prevent HIV infection and not to discriminate against those living with HIV/AIDS (National AIDS Committee 1994:25-6).

In recognition of the sensitive moral issues surrounding condom promotion, the government has decided to "take the "positive" approach to the AIDS campaign", utilising the established BKKBN policy of 'family resilience and welfare', instead of promoting safe sex through condom use (Dharmaputra, Ariawan and Iskandar 1996:48). As a means of strengthening moral behaviour, religion is very important in the implementation of HIV/AIDS prevention in Indonesia. It is hoped that the majority of people will be able to avoid high risk situations because of their religious convictions and because of their respect for their family (Nafsiah Mboi, pers comm). Media reports advocate the government's and *ulama*'s views: "the best way [to avoid HIV] is to avoid 'free sex', stay away from drugs, and live a healthy and good life" (R 1.12.95d; see also K 7.11.95).

While the concepts of family resilience, abstinence and faithfulness in HIV/AIDS prevention are consistent with other official policies and programs, such as the Family Planning Program (KB) and the Applied Family Welfare Program (PKK), the incorporation of the concept is also designed to avoid criticism from Islamic leaders and organisations and other prominent Muslims (Masri Singarimbun, pers comm). As reported often in the press, it is likely that the lack of emphasis on condom promotion and distribution is primarily to avoid conflict with Muslims: "The government ... earlier refused to consent to any campaign which encouraged the use of condoms because of strong objections from Moslem leaders who viewed such campaigns as encouraging adultery and prostitution" (JP 2.12.95c; see also JP 4.12.95b). At the same time, respect for Muslim sensibilities on HIV/AIDS, sexuality, and condom promotion and incorporation of these into prevention strategies lends legitimacy to the government. By thus respecting these religious principles, government officials hope that they are seen as being morally principled themselves and attentive in their duties to maintain the moral fabric of the nation. Recognising the potential for Muslims to become upset by particular aspects of a HIV/AIDS prevention strategy, policy makers have wisely taken into account their sensibilities.

Not only is mass-scale and public *kondomisasi* considered to be contradictory to Indonesia's social and religious norms, but it is thought to encourage people to be promiscuous. The association of condoms with promiscuity originates from the historical association of sex workers with condom use. The promotion of condoms to sex workers and the lack of mass campaigns serve to further reinforce this association. The acceptable promotion of condoms has been linked only to married men and women under the official banner of the Family Planning Program. Condom use outside a married relationship is not acceptable and so promotion to unmarried people remains problematic. For this reason, armed forces personnel, while provided with basic information on STDs, HIV and sexual behaviour, are not given condoms as this "would

be perceived as acknowledging the existence of promiscuous behaviour" (Dharmaputra, Ariawan and Iskandar 1996:49). Instead of widespread *kondomisasi*, a Jakarta Post article advocates the "targeted, systematic and social needs based approach" involving social marketing to those at greatest risk: "A mass campaign promoting condoms is certainly inappropriate. Consumers who do not have the need should not be tempted to 'convert'" (JP 2.12.96).

At the same time, in recognition of public health realities, limited condom distribution and use is acceptable, so long as it is not put forth in a public campaign. Minister of Health Sujudi has emphasised that condoms should only be used by married couples if one partner is already infected with HIV, and by "people who fall into the "high risk" category" (JP 4.12.95b). Only those people who can not leave the sex industry or who can not return to a 'good' life should use condoms to prevent HIV transmission. The concession given by government officials is a tacit approval for non-government organisations to undertake condom promotion and education in *lokalisasi* with *banci*, sex workers and their primary client groups (eg sailors, truck drivers, migrant labourers). Although the government does not ban such activities, it does not openly support them either (JP 3.12.95). They are particularly reluctant to allow NGOs to take HIV prevention messages to unauthorised brothel areas for fear of lending legitimacy to their operation (JP 29.11.95a; JP 2.12.95a). The Jakarta Post reported that the *Yayasan Kusuma Buana* launched health care and condom distribution programs in the only officially recognised brothel area in Jakarta, Kramat Tunggak, where they were distributing 2,880 condoms every month. Their activities in unofficial brothel areas of the city were restricted. The Jakarta city administration was reported to be reluctant to allow condom promotion and HIV prevention programs to be launched at these unofficial places for fear of being seen to authorise their operation and leading the public to think that they are authorised (JP 29.11.95a). As a reflection of the consideration for a public health approach to HIV/AIDS prevention, there are no words of criticism against condom

use in the National AIDS Strategy, although there are also no words of outright approval of their use either.

Many *ulama*, while publicly condemning and not openly supporting condom distribution at *lokalisasi*, turn a blind eye to the fact that non-government organisations are carrying out this work (Meiwita Iskandar, pers comm). Among the discussions at the MUI convention was a debate over the appropriateness of condom promotion (*kondomisasi*) in red light districts. *Lokalisasi* were no longer seen as simply a moral problem, but also a place where HIV/AIDS could spread (R 1.12.95a). Although the closing of *lokalisasi* did not enter the discussion, some Islamic leaders spoke outside the meeting room in favour of closing them. Prof Dr Dadang Hawari reported to the convention a survey which attributed 95.7% of the spread of HIV to sex workers. He also cited the findings of Prof Dr J Mann that 90% of HIV cases result from sexual contact outside marriage, ie from sex workers or 'free sex' (ibid). Despite these cited examples, *kondomisasi* campaigns, even just to sex workers, did not receive support as this was seen to encourage sex outside marriage: "the free distribution of condoms in such places as red light districts could create the image that fornication and adultery were legitimate in this country" (JP 2.12.95a). As a measure against the negative image of promoting condoms, the chair of the MUI, Hasan Bakri, suggested that condoms only be sold at drug stores and be available only to married people with a doctor's prescription (JP 2.11.95). Although many *ulama* acknowledge the work carried out by NGOs, they see these efforts as too medically-focused with not enough emphasis on moral and religious values (Center for Health Research 1996:15).

While the government allows condom promotion at *lokalisasi*, it primarily encourages activities and prevention campaigns which follow the ABc strategy, out of respect for the social, moral and religious values of many Indonesians. 'Loyalty to the family' rather than 'use condoms' is the central concept of a HIV prevention program of message-writing on the backs of the trucks of long distance truck drivers. Such

messages include: "My loyalty is as fierce as my roar"; "I'm faithful to my family"; ""Bring home money, Mas, not illness"; and "There are no lies between us" (JP 5.12.96; JP 16.12.96 and K 21.12.96). Another such activity was a workshop held in a shopping centre by the AIDS Foundation of Indonesia. The workshop discussed the issues quite openly and reinforced that abstinence is the best way for teenagers to avoid HIV. However, the presenters did stress that condom use is the only other way of being safe "in cases of compelling urgency". During the workshops, the "suggestion of abstinence for teenagers was met with huge applause from the audience", underscoring the importance of 'abstinence' to public morality (JP 29.11.95b). The Indonesian AIDS Foundation also organised a workshop to inform traditional dancers, choreographers and puppet masters about HIV/AIDS so that these messages could be incorporated into their work. Such media have in the past been extraordinarily successful in transmitting family planning and development propaganda, particularly to the lower classes. As with the family planning campaign, information can be slipped into conversations and jokes to educate the masses about HIV/AIDS and prevention (JP 24.11.95). World AIDS Day is also marked by several events. In 1995, the activities included seminars, a debate on the place of condoms in prevention (JP 4.12.95b; K 1.12.95a; K 4.12.95a), the distribution of stickers and flyers (JP 2.12.95c), a Dangdut concert at Ancol (K 2.12.95; K 4.12.95b), poster and writing competitions (JP 2.12.95c), and the establishment of several hotline services across the country (JP 2.12.95b).

While the promotion of abstinence and faithfulness are valid strategies, they are not enough to affect changes by themselves. Some health officials are critical of the strong focus in prevention strategies on moral issues which overshadow condom use as a legitimate strategy. While Azrul Azwar, the chairman of the Indonesian Medical Association, agrees that religion and promotion of family values is essential in the fight against AIDS, this should occur concurrently with condom promotion. As he points out: "Indonesians are ordinary human beings. They are just like other people. Many of them

are bad (nakal). Preaching to them will not do any good. We have to be realistic" (JP 2.11.95). At a debate organised by the Indonesian Medical Association, it was pointed out that condoms are effective when used properly and consistently. One of the panelists, Dr Suyono Yahya of the Ministry of People's Welfare, commented that "the religious approach, when not consistent, is also ineffective" (Kompas 4.12.95a). The panel at this discussion felt that doctors have a moral obligation to correctly inform their patients and to give them the full range of treatment and prevention options. If it is appropriate to present condoms as an alternative, then this should be done (ibid). While family resilience "sounds very nice, everyone agrees with it", the reality is that it is not enough to ward off the danger of HIV infection for some people (Masri Singarimbun, pers comm).

5.4 The double bind: barriers to HIV/AIDS prevention

HIV/AIDS prevention in Indonesia is a delicate situation. Government officials and their advisors attempt to find a balance between a public health approach to prevention and addressing the moral concerns of the Muslim majority. Internationally, it is commonly accepted that in order to successfully address HIV/AIDS, a comprehensive, multi-faceted prevention strategy is needed, including programs which promote condoms, improve the treatment of sexually transmitted diseases, increase levels of public education, and promote abstinence and monogamy. In Indonesia, it is known that there are high incidences of non-HIV STDs in the population, that the sex industry is extensive and expanding, and that more and more young people are engaging in pre-marital sex. It is important in HIV/AIDS prevention to translate this knowledge into public policy, and to utilise the experiences of other countries to inform the strategy in Indonesia.

There are, however, several barriers to implementing such a comprehensive HIV/AIDS prevention strategy. Firstly, the revival of Islam since the 1980s has led to an increasing mass of people seeking to Islamise all aspects of Indonesian society. This

includes formalising the link between Islam and the state, and allowing Muslims a greater input into public policies. The urban poor and the young middle class, in particular, have been attracted to the fundamentalist movements in response to dissatisfaction with modern life. Islamic leaders, relying on this mass of support, are calling for more concessions to Muslims, including increasing Islamic content of all areas of society, thus creating a '*masyarakat Islam*', an 'Islamic society'. As with all areas of life, Muslims wish to involve Islamic moral principles in the prevention of HIV/AIDS. As the virus and illness are seen to be an outcome of an immoral society, a return to moral values are seen as the only adequate methods of prevention. There is no room for the promotion of condom use, as this promotes infidelity and promiscuity.

The government policy makers respond to this attitude by accepting it and incorporating it into the actual implementation of the National AIDS Strategy. This implementation thus focuses much more on promoting changes in morality than the original policy document advocates. While the document itself advocates a public health approach, its implementation must reflect the growing religious conservatism within Indonesian society towards sexuality. The NAS does recognise the necessity to heed conservative voices in order to successfully implement prevention activities: "approaches to control HIV/AIDS should reflect the religious-cultural values found in Indonesia" (Indonesian National AIDS Committee 1994:7). At the same time, however, it recognises the necessity of condoms as part of a multi-faceted strategy: "Issues such as ...[the] availability/acceptability of condoms ... are critical to effective implementation of the HIV/AIDS strategy"; and "Every person has the right to accurate information in order to protect his/her self and others against HIV infection" (Indonesian National AIDS Commission 1994:14, 7).

The Indonesian elite are under pressure from two fronts to take a more moral approach to HIV/AIDS prevention. Firstly, state leaders are eager to maintain the good favour of Muslims leaders and activists and the Islamic mass which they represent. This

is evident in the recent moves by President Soeharto to court Muslims and to re-Islamise Indonesian politics. His motivation behind this is primarily the broadening of his power base in response to wavering support from the army. He and other state elites wish to enhance their legitimacy by improving their Muslim credentials. The concessions which have been given to the Muslim community, including the formation of ICMI, are intended to improve their standing among a growing mass of Muslims with conservative moral views. There is, therefore, definite political advantage to portraying HIV/AIDS prevention in terms of religious principles. State officials often appear at religious meetings to lend official government support to the discussions. This support is further emphasised when government officials give speeches in support of the stand of religious organisations. Several government officials, for instance, spoke at the MUI meeting in Bandung on 26-30 November 1995 emphasising condemnation of *kondomisasi*, but supporting the promotion of abstinence and faithfulness within a religious context, and condoms only in an emergency. These government opinions are also reflected in public forums such as the media and are often presented in religious terms.

The second reason to approach HIV/AIDS from a moral perspective is the necessity to live up to the established state ideology of 'traditional' Indonesian culture and morals. The state constructions of sexuality run parallel to the Islamic ideals of correct sexual behaviour. Adherence to this ideology is an attempt to deflect criticism from Muslims about the state's part in creating circumstances favourable to producing an immoral Indonesian society. Social dislocation, unemployment, income inequalities, consumerism, and Westernisation are all ills attributed to the state's development programs. These conditions are conducive to the expansion of the sex industry and to increased pre- and extra-marital sexual activities. The state is accused of being responsible for the moral decadence perceived to be evident throughout Indonesia. This places the government elite in a contradictory position with regards to their own state ideology and places them in opposition to Islamic moral principles. The political pressure

on the state to maintain the favour of the Muslim majority leads the state to accommodate the more conservative moral attitudes towards HIV/AIDS prevention into its policies and programs. Although the government's response to HIV/AIDS is inconsistent with its continued support of modernisation and its tolerance of extra-marital sex, it reflects the broader social response within a community that is becoming increasingly Islamised.

While there is such a strong emphasis on morality within society, prevention efforts will not move far beyond A(bstinence) and B(e faithful). Realistically, the government can not escape a religious focus to its HIV/AIDS prevention strategies and AIDS activists recognise that it is more appropriate to work within this framework than outside it if anything is to be achieved (Meiwita Iskandar, pers comm). HIV/AIDS prevention messages are highly accessible to a great many people when they are couched in religious and moral terms. Without the approval and help of religious leaders and institutions to disseminate prevention messages, the National AIDS Strategy would be doomed.

However, at the same time, the public associations drawn by government officials and *ulama* between condoms and female sex workers (and promiscuous sex more generally) makes it difficult for women who are not sex workers to negotiate condom use. The focus on the sex industry in condom promotion neglects that men and women who engage in unsafe sexual practices may do so outside paid relationships. It is believed that probably around 80-90% of men and women are not in extramarital relationships. Those 10-20% of people who are in extramarital relationships are potentially at risk for becoming HIV positive if they do not use condoms. These extramarital relationships are not only those with sex workers, but also 'seks suka sama suka' (mutual attraction) relationships. It is sobering to think that, even if only 10% of the Indonesian population are involved in extramarital sexual relationships, that still means that millions of people may be at risk from HIV/AIDS. The Indonesian population

is possibly in considerable danger of widespread HIV infection if condoms continue to remain only in the domain of sex workers.

The governing elite have been made aware of the social, economic and health conditions in Indonesian society which are leading to the transmission of HIV/AIDS. There is a multitude of international research from a variety of settings on the most effective HIV/AIDS prevention policies and activities to address these. Attempting to apply the knowledge from this international research to the conditions peculiar to Indonesia raises “one of the most important but intractable questions on the [STD/HIV] research agenda”: how can the barriers that prevent research findings being translated into policy at the country level be overcome? (Mayaud, Hawkes and Mabey 1998:31). As this thesis has addressed, this is difficult to answer in the Indonesian context. In attempting to address HIV/AIDS, the government faces the double bind of accommodating the prevailing trend of Islamic revival, while at the same time actually supporting the continuation of social and economic conditions which promote ‘immoral’ sexual activity. The main barrier to effective HIV/AIDS prevention is the political agenda of the government elites, who utilise a state ideology of sexuality to promote unity and accommodate the conservative outlooks of Muslims to maintain political power.

Postscript

In mid 1997, Indonesia entered a period of severe economic and political disorder and collapse. The economy has been thrown into complete turmoil: the CPI has risen by 46.6% in the first half of 1998; the rupiah has lost around 80% of its value since the beginning of the crisis; and the GDP is estimated to fall 15% during 1998 (Economist Intelligence Unit 1998). As a result of dissatisfaction with the economic disorder and perceived government corruption, popular political pressure was placed on President Suharto to resign, and on 21 May 1998 he handed over the Presidency to BJ Habibie. While outside the period of this study, it is important to briefly mention the potential effect of this economic and political crisis on the sex industry and on HIV/AIDS prevention activities in Indonesia.

The economic crisis has led to a fall in average income, job losses, and an increasingly disparate distribution of wealth. These factors are known to influence the growth of the sex industry, as absolute poverty and relative income are among the motivations for women and men to enter sex work. In a climate of economic and political disorder, more Indonesians are affected by poverty and social instability, making sex work an option for some. Poverty in Indonesia in mid-1998 is at the levels of the 1970s, with 79.4 million people (39.1% of the population) living below the poverty line, compared to 22.5 million (11%) in 1996. The average income per head of population has fallen from US\$ 1,055 in 1997 to US\$ 436 in 1998. In particular, the rural population have been hit hard: 45.6% are now living in poverty (Economist Intelligence Unit 1998). Food security has been threatened by the financial crisis and by severe drought. Seventeen million Indonesian families face dire food shortages and millions in central and east Java can only afford one daily meal (The Age 15.9.98). The International Labor Organisation estimates that 15,000 people each day have been losing their jobs (The Age 5.9.98), and the Ministry of Manpower estimates that up to late July 1998, around 15.4

million people, 17% of the total workforce, are unemployed (Economist Intelligence Unit 1998:25). The industries worst affected by layoffs have been textile and garment factories, shoe factories and the construction industry. With the exception of the construction industry, most people employed in these industries are women, who have consequently been the worst hit by layoffs and forced shorter shifts or pay cuts. Women are often the main breadwinners in their families or contribute most or all of their income towards family needs. In order to continue providing for their families, sex work may be the only option left open to some women (Darmadi 1998).

The crisis has also led to social and political change, with many people left trapped in the cities and towns, unable to return to village life due to drought, loss of land, and severed links with rural origins. During the relative economic prosperity of the 1980s and early 1990s, many people sold their land (or were forced off in exchange for compensation) and moved to the cities and towns for work. Now that they have been displaced by the closure of factories and businesses, they have nowhere to return to and no work to maintain their standard of living in the cities and towns. This is affecting both middle and lower class workers, and has led to heightened resentment among the general population. They have been attracted to the various religious and political movements which have been offering them hope, by calling for change in Indonesia and an end to the economic crisis.

In particular, these disillusioned people have been attracted to religiously based political movements. As at other times in Indonesia's history, the Islamic movement has provided a legitimate and concrete force around which to mobilise for protest against the actions of the governing elite. Protests against the Suharto regime began among Islamic students at Jakarta's universities. In the lead up to the resignation of Suharto, Amien Rais, the head of Muhammadiyah, emerged as a particularly outspoken critic of the regime and effectively became the leader of the protest movement which toppled Suharto. While some students have continued to call for the further resignation of Habibie,

believing him as a crony of Suhartos to be incapable of delivering the reforms they demand, Islamic leaders, students and youth groups have successfully defended Habibie's appointment. Habibie himself comes from a religious background as the first Chairman of the ICMI, and has appointed many ministers to his cabinet with strong Islamic leanings (The Age 18.6.98 and 23.5.98).

Since the change in leadership and in the lead up to the general elections in 1999, there has arisen "a whole swag of new Islamic parties competing to attract Indonesia's majority Muslims to ideas such as affirmative action and bans on alcohol" (The Age 5.12.98). These Islamic political parties include: the *Partai Kebangkitan Bangsa* (National Awakening Party) formed by NU members, and thus ending NU's 1984 renunciation of politics; *Partai Bulan Bintang* (Moon and Star Party), formed with the ideals and by many of the personalities of the Islamic Masyumi party of the 1950s; and a return by the *Partai Persatuan Pembangunan* (Party of Unity and Development, PPP) to its roots as a religiously defined party. In addition, Amien Rais leads the *Partai Amanat Bangsa* (People's Mandate Party, PAB), a non-sectarian party involving secular politicians, intellectuals and modernist Muslims. Several Islamic groups are campaigning for specifically Islamic demands: affirmative action in favour of indigenous Muslim entrepreneurs; and more emphasis on Islamic symbols in public life, including disapproval of gambling, abortion and Western consumerism (The Age 18.6.98).

How could this crisis affect HIV/AIDS prevention activities and policy? Firstly, the economic problems which the country faces has led to less public money available for all national programs. There are very basic problems facing the Indonesian people, including food shortages and the increased price of medical care. The price per kilo of rice, a staple part of the diet, increased by 52% between June 1997 and April 1998 (Johnson 1998), while in November 1997 the price of basic prescription drugs rose 75-200% and popular traditional Chinese medicines have on average gone up 300% (Darmadi 1998). Government monies are more likely to go to these more immediate

concerns than they are to any HIV/AIDS prevention, counselling or treatment activities. HIV/AIDS is likely to slip off the national agenda as politicians are concerned with more pressing matters regarding their own survival.

In the longer term, the effect of the crisis on government policy regarding HIV/AIDS prevention is more difficult to determine. With the primary motivating force behind the latest political changes being Islamic leaders and students, and with the development of many Islamic parties, and the emergence of Amien Rais and Abdurrahman Wahid as key opposition figures, Islam has an extremely powerful voice in the current Indonesian political scene. In the words of Gerry van Klinken, editor of Inside Indonesia, "No government, especially a weak one such as Habibie's can afford any longer to ignore the Islamic community the way that Suharto did" (The Age 18.6.98). An increased influence of Islam in the government bureaucracy and on the political scene, may influence a continuation or even raising of the conservative nature of current prevention activities.

Glossary of Abbreviations and Terms

ABC	Abstinence, Be faithful, Condoms
ABG	Anak Baru Gede, precocious adolescents
adat	customary law
AIDS	Acquired Immune Deficiency Syndrome
akhlaq	Islamic morality, Islamic ethics
aliran kepercayaan	creed without religious affiliation
ARC	AIDS-related complex
asas tunggal	sole ideological foundation
banci	transsexuals
Bapak Pembangunan	Father of Development (refers to President Suharto)
bimbingan	guidance and counseling
Bupati	regent, official in charge of a Kabupaten (regency)
Camat	head of a subdistrict (kecamatan)
campus fried chicken	young women at universities exchanging sex for financial gain (CFC)
cobaan	trial, test, ordeal
dakwah	Muslim missionary activity
darurat	emergency situation
DDII	Dewan Dakwah Islamiyah Indonesia, Indonesian Islamic Dakwah Council
Dinas Sosial	Municipal Social Welfare Office
DKI	Daerah Khusus Ibukota, special capital district
do'a	prayer
fatwa	rulings on religious matters
fiqh	Islamic jurisprudence
GBHN	Garis-garis Besar Haluan Negara, Broad Outlines of State Policy

GEMPITHA	Gerakan Muhammadiyah Peduli Terhadap HIV/AIDS, Movement of Muhammadiyah's care against HIV/AIDS. Arising from the April 1996 Muhammadiyah workshop on HIV/AIDS
gotong royong	tradition of mutual help
halal sehat	permitted and healthy
halaqah	a study group for Sufism
hisab	accountability
HIV	Human Immunodeficiency Virus
ibu	literally mother, but also used as a term of respect for women in general
ibuisme	official discourse on women's sexuality as termed by Suryakusuma (1991)
ICMI	Ikatan Cendekiawan Muslim Indonesia, Association of Indonesian Muslim Intellectuals
IEC	Information, education and communication
ikhlas	sincerity
IAIN	Institute Agama Islam Negeri, Government Institute of Islamic Studies
i'tikaf	conviction
jujur	honesty
Kabupaten	regency, headed by a Bupati (regent)
kampung	village unit, city quarter
Kantor Menko Kesra	abbreviation for Kantor Menteri Koordinator Kesejahteraan Rakyat, Office of the Coordinating Ministry of People's Welfare
KB	Keluarga Berencana, Family Planning Program
kebatinan	Javanese-Hinduistic mysticism
Kecamatan	subdistrict, headed by a camat
keren	trendy
khotbah	sermons
kitab	Islamic texts

Kodrat Wanita	Women's Nature
Komisi Fatwa	Fatwa Commission
kondomisasi	literally, condomisation; refers to the promotion of condoms
Kotamadya	municipality, headed by a Walikota (mayor)
KPA	Komisi Penanggulangan AIDS Nasional, National AIDS Prevention and Control Commission (KPA)
KPAD	Komisi Penanggulangan AIDS Daerah, Regional AIDS Prevention and Control Commission
kumpul kebo	living together out of wedlock
kupu-kupu campus	see campus fried chicken
kutukan	curse
kyai	Islamic teacher, leader of a pesantren
kyai tamu	guest Islamic teachers
LKK-NU	Lembaga Kemasyarakatan Keluarga Nahdlatul Ulama, Institute of Family Welfare of Nahdlatul Ulama
LKMD	Lembaga Ketahanan Masyarakat Desa, Institute for village development
lokalisasi (wanita tuna susila)	official brothel complex
madrasah	Islamic religious schools
MPR	Majelis Permusyawaratan Rakyat, People's Consultative Assembly
malam tazkir	non-formal group meeting of youth to discuss Islamic teachings (organised by MUH youth organisation in Temate)
Masyarakat Islam	Islamic society
mata' al-gurur	'goods and chattels of deception'
Mimbar Agama	religious (TV) programs
muballigh	preacher
mucikari	pimps

MUH	Muhammadiyah, non-government modernist Islamic organisation
MUI	Majelis Ulama Indonesia, Indonesian Council of Ulama
musibah	natural catastrophes to afflict mankind
MUSPIDA	Musyawah Pimpinan Daerah, Regional Executive Council
Muzarakah	convention
NAS	National AIDS Strategy, Strategi Nasional Penanggulangan HIV/AIDS
NGO	Non-government organisation
NU	Nahdhatul Ulama, non-government traditionalist Islamic organisation
P&C	Prevention and control
PAM	Penicillin aluminium monostearate
Panca Dharma Wanita	five basic duties of women as defined by PKK
Pancasila	state ideology of five basic principles: faith in one God, humanity, nationalism, representative government and social justice
pekcun	perek cuma-cuma, free 'experimental girls'
pekerja seks	sex worker
pelacuran	prostitute
pembinaan mental	building character
Pendidikan Guru Agama	institution for training religious teachers
pengajian	non-formal religious education
penyuluhan	public information
perawatan rohani	spiritual treatment
perek	perempuan eksperimen, 'experimental girls'
peringatan	warning
permerataan	equality
Pesan-pesan Paiton	Paiton message, arising from the March 1996 NU workshop on HIV/AIDS

pesantren	Islamic boarding schools, Islamic cultural institutions
PKK	Pembinaan Kesedjahteraan Keluarga, Applied Family Welfare Program
Polisi Pamongpradja	municipal policing group, specifically for operations against sex workers and vagrants
posyandu	integrated health posts for the delivery of mother and child health programs
PPP	Partai Perstuan Pembangunan, Party of Unity and Development
PRW	Panti Rehabilitasi Wanita (rehabilitation centre for female sex workers)
puskesmas	Pusat Kesehatan Masyarakat, community health centre
Puskesmas pembantu	community health subcentre
qolbun salim	a healthy heart, or sound mind
Rehabilitasisi Tuna Sosial	Directorate of Social Rehabilitation, under Ministry of Social Affairs
remaja mesjid	mosque youth (group)
Repelita	Rencana Pembangunan Lima Tahun, Five year Development Plan
RI	Republik Indonesia
RMT	Regular Mass Treatment (program)
sabar	patience
sakan	tranquility
santri	students at a pesantren (Islamic boarding school)
seks suka sama suka	a relationship outside marriage based on mutual attraction
shadaqoh	charity
shalat	the five obligatory daily prayers
shaum	fasting
STD	Sexually transmitted disease
sura (surah)	verse of the Qur'an

Tadzkirah Bandung	Bandung Formulations arising from the November 1995 MUI convention on HIV/AIDS
tarikh	the history of Islam
tasawuf	Islamic Sufism
tauhid	Islamic theology, the oneness of Allah
tawadhu'	modesty
ulama	Islamic teachers and leaders
umat	community of believers
UNICEF	United Nations International Children's Emergency Fund
Walikota	mayor, official in charge of a Kotamadya (municipality)
waria	transgender people
wifq	a piece of paper on which holy verses are written, used in Sufi Healing
wirid	recitation of Qur'anic passages
WTS	wanita tuna susila (lit. women without morals), sex worker
zakat	alms
zinah	sex outside a marital union

References

- Abdullah, T. and Siddique, S. (eds). (1986). Islam and society in southeast Asia. Singapore: Institute of Southeast Asian Studies.
- Akhmad, W. and Rasyid, S. (1992). 'Islamic guidelines on preventive actions towards AIDS transmission'. Paper presented at the annual JEN meeting. Jakarta, 29 November - 4 December, 1992.
- Ayubi, N.N. (1995). 'Rethinking the Public/Private Dichotomy: Radical Islamism and Civil Society in the Middle East'. Contention, 4(3):79-105.
- Aznam, S. (1992). 'Fatwas and sensibility: Indonesia seeking ways to cope'. Far Eastern Economic Review, 155(20 Feb. 1992):30.
- Baried, B. (1986). 'Islam and the Modernization of Indonesian Women'. In Islam and society in Southeast Asia. Edited by T.Abdullah and S.Siddique. Singapore: Institute of southeast Asian Studies. pp.139-154.
- 'Barzakh Foundation'. Website of *Yayasan Barzakh*. Address: <http://www.geocities.com/Athens/Academy/3739>. Accessed June 1998.
- Bird, F.B. (1990). 'How do Religions Affect Moralities? A Comparative Analysis'. Social Compass, 37(3):291-314.
- Blowfield, M. (1992). The Shipping Industry and Seafarers' Behavior in Jakarta and Surabaya, Indonesia. A study prepared for the US Agency for International Development. Jakarta:USAID.
- Boland, B.J. (1982). The Struggle of Islam in Modern Indonesia. The Hague: Martinus Nijhoff.
- Boomgaard, P., Sciortino, R., and Smyth, I. (1996). Health Care in Java. Past and Present. Leiden:Koninklijk Instituut voor Taal-, Land-, en Volkenkunde.
- Brotowasisto and Roesin, R. (1994). Epidemiologi dan Perkembangan Penyakit AIDS di Indonesia. Paper given at Rapat Kerja Nasional Penanggulangan AIDS di Jakarta 24-25 August 1994.
- Budiman, A. (1979). 'Modernization, Development and Dependence: A Critique on the Present Model of Indonesian Development'. In What is Modern Indonesian Culture?. Edited by G. Davis. Athens: Ohio University Center for International Studies. pp.201-224.
- Budiman, A. (ed). (1990). State and Civil Society in Indonesia. Monash papers on Southeast Asia No.22. Clayton:Centre of Southeast Asian Studies, Monash University.
- Center for Health Research, University of Indonesia. (1996). Research for Determining HIV Prevention Interventions through Islamic Organizations in Jakarta and East Java. Report prepared by N.G. Dharmaputra. Jakarta: CHR, UI.

Chandler, D. and Ricklefs, M.C. (eds). (1986). Nineteenth and Twentieth Century Indonesia: Essays in Honour of Professor J.D. Legge. Clayton: Centre of Southeast Asian Studies Monash University.

Corner, L. and Rahardjo, Y. (1993). Indonesian health policy into the twenty-first century: the role of demand. Economic Division Working Papers. Southeast Asia. Canberra: Research School of Pacific Studies, Australian National University.

Daili, S.F. (ed). (1988). Perkembangan Terakhir Penanggulangan Sifilis dan Frambusia. Jakarta: Faculty of Medicine, University of Indonesia.

Darmadi, C. (1998). 'Women do it tough'. Inside Indonesia. Oct-Dec 1998:26-27.

Davis, G. (ed). (1979). What is Modern Indonesian Culture?. Athens: Ohio University Center for International Studies.

de Bruyn, M. (ed). (1994). Altering the Image of AIDS. Amsterdam: VU University Press.

Dharmaputra, N.G. (1996). 'An overview of the Islamic religious sector and their policy attitudes towards AIDS in Indonesia'. Appendix 1 in, Research for Determining HIV Prevention Interventions through Islamic Organizations in Jakarta and East Java. Center for Health Research, University of Indonesia. Jakarta: CHR, UI.

Dharmaputra, N.G., Ariawan, I., and Iskandar, M.B. (1996). Situation analysis on HIV/AIDS and its impact on children, women and families in Indonesia. Jakarta: Center for Health Research, University of Indonesia.

Dharmaputra, N.G., Utomo, B. and Iljanto, S. (1996). Operational Assessment of Institutional Responses to HIV/AIDS in Indonesia. Jakarta: Center for Health Research University of Indonesia.

Dhofier, Z. (1980). 'Islamic Education and Traditional Ideology on Java'. In Indonesia: The Making of a Culture. Edited by J.J.Fox. Canberra: Research School of Pacific Studies, The Australian National University. pp.263-271.

Dick, H.W. (1985). 'The Rise of a Middle Class and the Changing Concept of equity in Indonesia: an interpretation'. Indonesia, 39:71-92.

Dick, H.W. (1990). 'Further reflections on the Middle Class'. In The Politics of Middle Class Indonesia. Edited by R. Tanter and K.Young. Clayton: Centre of Southeast Asian Studies. pp.63-70.

Economist Intelligence Unit. (1998). EIU Country Report. Indonesia. Third quarter 1998. UK: The Economist Intelligence Unit.

Engineer, A.A. (1986). Islam in Asia. Lahore: Vanguard.

Faturochman and Soetjipto, H.P. (1989), Pengetahuan, Sikap dan Praktek Kesehatan Reproduksi Remaja. Yogyakarta: Pusat Penelitian Kependudukan, Universitas Gajah Mada.

Fealy, G. (1995). 'The Battle for Islam'. Inside Indonesia, March:9-12.

Ford, K., Fajans, P. and Wirawan, D.N. (1994). 'AIDS risk behaviours and sexual networks of male and female sex workers and clients in Bali, Indonesia'. Health Transition Review, 4(supplement):125-152.

Ford, K., Wirawan, D.N. and Fajans, P. (1993). 'AIDS knowledge, condom beliefs and sexual behaviour among male sex workers and male clients in Bali, Indonesia'. Health Transition Review, 3(2):191-204.

Foulcher, K. (1990). 'The construction of an Indonesian National Culture: Patterns of Hegemony and Resistance'. In State and Civil Society in Indonesia. Edited by A.Budiman. Monash papers on Southeast Asia No.22. Clayton:Centre of Southeast Asian Studies, Monash University.

Fox, J.J. (ed). (1980). Indonesia:The Making of a Culture. Canberra:Research School of Pacific Studies, The Australian National University.

Frederick, W.H. (1982). 'Rhoma Irama and the Dangdut Style: Aspects of Contemporary Indonesian Popular Culture'. Indonesia, 34 (Oct):103-130.

'Geef den Javaan opvoeding!'. (1974). A memorial addressed to the Dutch Government in January 1903. Translated and introduced by Jean Taylor. Indonesia, 17: pages.

Geertz, C. (1969). 'Modernization in a Muslim Society:The Indonesian Case'. In Man, State and Society in Contemporary Southeast Asia. Edited by R.O.Tilmann. New York:Praeger. pp.201-11.

Grant, B. (1996). Indonesia. Carlton:Melbourne University Press.

Grosskurth, H., Mosha, F., Todd, J., Mwijarubi, E., Klokke, A., Senkoro, K., Mayaud, P., Changalucha, J., Nicoll, A., ka-Gina, G., Newell, J., Mugeye, K., Mabey, D., and Hayes, R. (1995). 'Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomised controlled trial'. The Lancet, 346:530-536.

"Guinea-pig" Girls in Indonesia: Adolescent Prostitution or Sexual Liberation?. From SEAwIn Shuttle, April - June 1993. Original source: Voices, the Hawaii Women's Newsjournal, University of Hawaii-Manoa, Winter 1990-91, Honolulu, Hawaii.

Hadiz, L., Aripurnami, S., and Sabaroedin, S. (1992). 'Prostitution business in Indonesian Economic System'. Paper for the VIII INGI Conference on People's Participation in Economic Liberalisation, 21-23 March 1992.

Hankins, C. (1997). 'Changes in Patterns of Risk'. Paper presented at the Third International Conference on AIDS Impact, Biopsychosocial Aspects of HIV Infection. Melbourne, June 22-25, 1997.

Hardjanti, K. (1994). 'Discussing AIDS in Indonesia'. In Altering the Image of AIDS. Edited by M. de Bruyn. Amsterdam: VU University Press. pp.79-87.

Horikoshi, H. (1980). 'Asrama: An Islamic Psychiatric Institution in West Java'. Social Science and Medicine, 14B:157-165.

Hugo, G.J. (1982). 'Circular Migration in Indonesia'. Population and Development Review, 8(1):59-83.

Hugo, G.J. (1993). 'Urbanisasi: Indonesia in transition'. Development Bulletin, 27:46-49.

'Indian Pacific'. ABC Radio National. 6 May 1997.

Indonesian National AIDS Committee. (1994). Indonesian National AIDS Strategy. Translation of the official Strategy authorized and released by the Coordinating Minister for People's Welfare/ Chair of the Indonesian National AIDS Commission. Jakarta, Ministry for People's Welfare.

'Indonesia's Crisis: Unity and Adversity'. Background Briefing, 8 February 1998. ABC Radio National.

'Indonesia's Islam'. Encounter, ABC Radio National. 31 August 1997.

Ingleson, J. (1986). 'Prostitution in Colonial Java'. In Nineteenth and Twentieth Century Indonesia: Essays in Honour of Professor J.D. Legge. Edited by D.Chandler and M.C. Ricklefs. Clayton: Centre of Southeast Asian Studies Monash University.

Iskandar, M.B. (1996). 'Critical policy issues regarding the roles of the government and NGOs in the National AIDS Strategy'. Appendix 2 in, Research for Determining HIV Prevention Interventions through Islamic Organizations in Jakarta and East Java. Center for Health Research, University of Indonesia. Jakarta: CHR, UI

Jennaway, M. (1993). 'Strangers, sex, and the state in Paradise: the engineering of Balinese tourism and its economy of pleasure'. Paper presented to the conference 'The state, sexuality and reproduction in Asia and the Pacific'. The Australian National University, Canberra, 16-18 July, 1993.

Johnson, C. (1998). 'Survey of Recent Developments'. Bulletin of Indonesian Economic Studies, 34(2):24-41.

Jones, G., Sulistyarningsih, E. and Hull, T.H. (1995). Prostitution in Indonesia. Working Papers in Demography, No.52. Canberra: Research School of Social Sciences, Australian National University.

Jones, G.W. (1994). Marriage and Divorce in Islamic South-East Asia. Singapore: Oxford University Press.

Kartono, K. (1981). Pathologi Sosial 1. Jakarta:CV Rajawali.

Katjasungkana, N. (1992). 'Engendering a new order: endangering democracy, a reflection on the use of women in New Order Indonesia'. Paper for conference, Indonesian democracy in the 1950s and 1990s. Monash 17-21 December.

Keeler, W. (1987). Javanese Shadow Plays. Javanese Selves. Princeton, NJ: Princeton University Press.

Kelompok Pelaksana PKK Propinsi Daerah Istimewa Yogyakarta. (1977). Pokok-pokok Pengertian Tentang Pembinaan Kesejahteraan Keluarga. Direktorat Pembangunan Desa. Propinsi Daerah Istimewa Yogyakarta.

Kiem, C. (1993). 'Re-Islamization among Muslim Youth in Ternate Town, Eastern Indonesia'. Sojourn, 8(1):92-127.

Köllmann, N. and van Veggel, C. (1996). 'Posyandu. Theory and Practice'. In, Health Care in Java. Past and Present. Edited by P.Boomgaard, R.Sciortino, and I.Smyth. Leiden:Koninklijk Instituut voor Taal-, Land-, en Volken-kunde.

Law of the Republic of Indonesia Number 1 of the Year 1974 on Marriage. (1974). Republic of Indonesia: Department of Information.

'Lentera's projects with female sex workers'. Internet site designed by L.MacLaren for The Lentera Project, Indonesian Planned Parenthood Association. Address: <http://users.aol.com/gmaclaren/ps.html>. Accessed October 1997.

Lev, D.S. (1990). 'Intermediate classes and change in Indonesia: some initial reflections'. In The Politics of Middle Class Indonesia. Edited by R. Tanter and K.Young. Clayton: Centre of Southeast Asian Studies. pp.25-43.

Lewis, M., Bamber, S. and Waugh, M. (eds). (1997). Sex, disease and society. A comparative history of sexually transmitted diseases and HIV/AIDS in Asia and the Pacific. Connecticut: Greenwood Press.

Liddle, R.W. (1984). 'Why Suharto Tries to Bring Islam to Heel'. Asian Wall Street Journal Weekly, March 12. p.11.

MacIntyre, A. (1993). 'Indonesia'. Asia-Australia Briefing Papers. 2(9). Sydney: The Asia-Australia Institute, UNSW.

McVey, R. (1989). 'Faith as the Outsider: Islam in Indonesian Politics'. In Islam in the Political Process. Edited by J.Piscatori. New York: Cambridge University Press. pp.199-225.

Manderson, L. (1983). Women's work and women's roles: economics and everyday life in Indonesia, Malaysia, and Singapore. Canberra: Development Studies Centre Publications, ANU.

Mayaud, P., Hawkes, S. and Mabey, D. (1998). 'Advances in control of sexually transmitted diseases in developing countries'. The Lancet, 351(suppl III):29-31.

Mboi, N. (1995). 'Women and AIDS: reflections on the region, ideas for action'. Paper for Regional Consultation on Action for Women's Health and Development New Delhi 21-24 February 1995.

Millett, K. (1976). The prostitution papers: "a quartet for female voice. NY:Ballantine.

Ming, H. (1983). 'Barracks-Concubinage in the Indies, 1887-1920'. Indonesia, 35:65-93.

'Ministry of Health, Republik of Indonesia'. Website maintained by the Centre for Health Data, Ministry of Health, RI. Address: <http://www.depkes.go.id/english>. Accessed May 1998.

Moenadi (Mrs). (1971). Family Welfare Education (Pendidikan Kesusahertian Keluarga - PKK). Translated by Drs.Sumarto, Purnomodjati and Ramelan. Central Java: Family Welfare Development Project.

Morfit, M. (1981). 'Pancasila:The Indonesian State Ideology'. Asian Survey, XXI (8):

Mulder, N. (1993). 'The Educated Middle Stratum and Religion in Southeast Asia'. Sojourn, 8(1):184-194.

Murray, A. (1991). No Money, No Honey: a study of street traders and prostitutes in Jakarta. Singapore: Oxford University Press.

Murray, A. (1993). Dying for a Fuck: Implications for HIV/AIDS in Indonesia. Paper presented to the conference 'The state, sexuality and reproduction in Asia and the Pacific'. The Australian National University, Canberra, 16-18 July, 1993.

Muzaffar, C. (1986). 'Islamic Resurgence: A Global View'. In, Islam and Society in Southeast Asia. Edited by T.Abdullah and S.Siddique. Singapore: Institute of southeast Asian Studies. pp.5-39.

Nakamura, M. (1980). 'The Reformist Ideology of Muhammadiyah'. In Indonesia:The Making of a Culture. Edited by J.J.Fox. Canberra: Research School of Pacific Studies, The Australian National University. pp.273-286.

Nazir, M., Achmad, W., Rasyid, S. and Ismail, R. (1992). 'Perception and Attitude of Ulama in Palembang City Towards AIDS'. Paper presented at the annual JEN meeting. Jakarta, 29 November - 4 December , 1992.

Noer, D. (1991). 'Indonesia and Islam'. Indonesia's Crescent, Supplement to Vol.1 (1).

Omran, A.R. (1992). Family Planning in the Legacy of Islam. London:Routledge.

'Pengarahan Menteri Koordinator Bidang Kesejahteraan Rakyat Pada Acara Muzakarah Nasional Ulama Tentang Penanggulangan Penularan HIV/AIDS'. Bandung, 27 November 1995.

Peranan Wanita Indonesia dalam Pembangunan. (1975). Jakarta: Perkumpulan Pemberantasan Tuberkulosa, Panitia Harian Pameran Rumah Tangga.

Peterson, G. (ed). (1989). A Vindication of the Rights of Whores. Seattle:Seal Press. pp. 270-276.

Pimpinan Daerah Pertiwi Daerah Istimewa Yogyakarta. (1977). Keputusan Rapat Kerja Pimpinan Daerah Pertiwi Daerah Istimewa Yogyakarta. Dilingkungan Departmen Dalam Negeri Yogyakarta.

Piscatori, J. (ed). (1989). Islam in the Political Process. New York: Cambridge University Press.

Purnomo, T. and Siregar, A. (1983). Dolly:Membedah dunia pelacuran Surabaya, kasus kompleks pelacuran Dolly. Jakarta Pusat:Grafiti Pers.

Raden Adjeng Kartini. (1964). Letters of a Javanese Princess (3rd edition). Translated from the original Dutch by Agnes Louise Symmers. New York: W.W. Norton.

Raillon, F. (1985). 'Islam et Ordre Nouveau ou l'imbroglio de la foi et de la politique'. Archipel, 30.

Ramage, D.E. (1995). Politics in Indonesia. Democracy, Islam and the Ideology of Tolerance. London and New York:Routledge.

'Rumusan Keputusan Muzakarah Nasional Ulama tentang Penanggulangan Penularan HIV/AIDS 26-30 Nopember 1995 di Bandung', Mimbar Ulama, 208, Nov-Dec 1995.

'Sambutan Menteri Kesehatan Republik Indonesia Pada Mazakarah [sic] Nasional Ulama Tentang Penanggulangan HIV/AIDS'. Bandung, 27 November 1995.

Sanusi, S. (1964). Pembahasan Sekitar Prinsip Dakwah. Semarang.

Sarwono, S.W. (1981). Pergeseran Norma Perilaku Seksual Remaja:Sebuah Penelitian Terhadap Remaja Jakarta. Jakarta:CV Rajawali.

Sciortino, R. (1994). 'The interpretation of HIV/AIDS in Indonesian newspapers'. In Altering the Image of AIDS. Edited by M. de Bruyn. Amsterdam: VU University Press. pp.51-67.

Shakir, M.H. (transl). (1982). Holy Qur'an (al-Qur'am al-hakim). First US edition. New York:Tahrirke Tarsile Qur'an.

Shubert, C. (1993). 'Urbanisation in Asia: Current trends, future prospects and policy implications'. Development Bulletin, 27:25-30.

Siahaan, H.M. and Tjahjo Purnomo, W. (1988). 'Surabaya, Disharmonisasi gaya hidup kota. Berkah ataukah Bencana?'. A study with Jakarta magazine.

Singarimbun, M. (1996). 'Perilaku seks remaja'. Penduduk dan Perubahan. Yogyakarta:Pustaka Pelajar. pp.108-127.

Soemardin, S. (1988). Indonesia. A Socio-economic Profile. New Delhi: Sterling Publishers.

Soewarso T.I. (1988). 'Epidemiologis sifilis, frambusia dan Regular Mass Treatment (RMT)'. In Perkembangan Terakhir Penanggulangan Sifilis dan Frambusia. Edited by S.F. Daili. Jakarta: Faculty of Medicine, University of Indonesia. pp. 1-9.

Solahudin, D. (1996). The Workshop for Morality: The Islamic Creativity of Pesantren Daarut Tauhid in Bandung, Java. Unpublished MA thesis submitted at the Australian National University, Canberra.

'Statistik Kasus HIV/AIDS di Indonesia. Dilapor s/d Nop 1997'. Reported on an 'AIDS in Indonesia' webpage, maintained by WartaAIDS. Address: <http://www1.rad.net.id/aids/data.htm>. Original source cited as Directorate General of Communicable Disease Control and Environmental Health, Ministry of Health, Republic of Indonesia.

- Stevens, J.E. (1994). 'Model Programs Take Aim at HIV Rates in Indonesia'. Science, April 1994:24.
- Stevens, M. (ed). (1991). Why Gender Matters in Southeast Asian Politics. Clayton VIC: CSEAS, Monash University.
- Sullivan, N. (1983). 'Indonesian women in development: state theory and urban kampung practice'. In Women's work and women's roles: economics and everyday life in Indonesia, Malaysia, and Singapore. Edited by L.Manderson. Canberra: Development Studies Centre Publications, ANU.
- Sullivan, N. (1991). 'Gender and Politics in Indonesia'. In Why Gender Matters in Southeast Asian Politics. Edited by M.Stevens. Clayton VIC: CSEAS, Monash University.
- Sunindyo, S. and Sabaroedin, S. (1989). 'Notes on Prostitution in Indonesia'. In A Vindication of the Rights of Whores. Edited by G. Peterson. Seattle:Seal Press. pp. 270-276.
- Surjadi, C. (1988). Health of the Urban Poor in Indonesia, Series No.29. Jakarta: Urban Health Problems Study Group Atma Jaya Research Centre.
- Suryakusuma, J. (1991). 'The state and sexuality in the Indonesian New Order'. Paper for Gender Perspectives in Indonesia: Women in society, history and the media. University of Washington, Seattle, 13-16 June.
- Suryakusuma, J. (1994a). 'The Clampdown on Indonesia's Sex Industry'. Indonesia Business Weekly, 2(40):18.
- Suryakusuma, J. (1994b). 'Megawati: The Revival of Indonesian Women's Political Roles'. Indonesia Business Weekly, 2(6):26-7.
- Susilo. (1972). 'Sedikit mengenai wanita tuna susila'. Tjakrawala, 4(6):69-83.
- Sutomo, R. (1952). Sesalan Kawin. Rusak keluarga dan sengsara dunia. Djakarta:Balai Pustaka.
- 'Tadzkirah Bandung Tentang Penanggulangan HIV/AIDS'. (1996). Appendix 3 in Research for Determining HIV Prevention Interventions through Islamic Organizations in Jakarta and East Java. By Center for Health Research, University of Indonesia. Jakarta: CHR, UI.
- Taher, T. (1994). 'Peran Agama Dalam Menaggulangi Wabah AIDS'. Jakarta: Paper for RAKERNAS Penanggulangan AIDS. August 24, 1994.
- Tamara, M.N. (1986). Indonesia in the Wake of Islam:1965-1985. Kuala Lumpur:Institute of Strategic and International Studies (ISIS), Malaysia.
- Tanter, R. and Young, K. (eds). (1990). The Politics of Middle Class Indonesia. Clayton: Centre of Southeast Asian Studies.
- Tilmann, R.O. (ed). (1969). Man, State and Society in Contemporary Southeast Asia. New York:Praeger.

Truong, T. (1990). Sex, money and morality: Prostitution and tourism in Southeast Asia. London:Zed.

Utomo, I.D. and McDonald, P.F. (1996). 'Middle class young people and their parents in Jakarta: Generational differences in sexual attitudes and behaviour'. Paper presented at the Eighth National Conference of the Australian Population Association, University of Adelaide, Adelaide 3-6 December 1996.

Utomo, I.D. and McDonald, P. (1997). 'Religion, Culture and Sexuality: a Study of Young People in Higher Income Families in Jakarta'. Paper prepared for IUSSP General Conference, Beijing, China, 11-17 October 1997.

van der Sterren, A.E., Murray, A. and Hull, T.H. (1997). 'A History of sexually transmitted diseases in the Indonesian archipelago since 1811'. In Sex, disease and society. A comparative history of sexually transmitted diseases and HIV/AIDS in Asia and the Pacific, edited by M. Lewis, S. Bamber, and M. Waugh, Connecticut: Greenwood Press. pp.203-230.

van Klinken, G. (1992). 'Jakarta after Santa Cruz - mass politics again?'. Inside Indonesia, 30:2-5.

Vreede-de Stuers. (1960). The Indonesian Woman. Struggles and Achievements. 's-Gravenhage:Mouton & Co.

Wahid, A. (1986). 'Islam, the State, and Development in Indonesia'. In Islam in Asia. Edited by A.A. Engineer. Lahore:Vanguard. pp.75-112.

Warwick, D.P. (1986). 'The Indonesian Family Planning Program:Government Influence and Client Choice'. Population and Development Review, 12 (3):453-490.

Wasserheit, J.N. (1992) 'Epidemiological synergy: interrelationships between human immunodeficiency virus infection and other sexually transmitted diseases'. Sexually Transmitted Diseases, 23:429-40.

White, B. and Hastuti, E.L. (1980). Different and Unequal: Male and female influence in household and community affairs in two West Javanese villages. Rural dynamics study (Agro Economic Survey and Centre for Rural Sociological Research, Indonesia). Bogor: Bogor Agricultural University, Bogor.

Wieringa, S. (1992). 'Ibu or the Beast: Gender interests in two Indonesian women's organizations'. Feminist Review, 41:98-113.

Wirawan, D.N., Fajans, P. and Ford, K. (1993). 'AIDS and STDs: Risk behaviour patterns among female sex workers in Bali, Indonesia'. AIDS Care, 5(3):289-303).

Woodward, M.R. (1985). 'Healing and Morality: A Javanese Example'. Social Science and Medicine, 21(9):1007-21.

Newspaper/Magazine Articles

The Age

- 23.5.98 Old faces dominate key posts
18.6.98 Suharto's fall helps Islam regain its voice
5.9.98 Millions hit by food price crisis
15.9.98 Indonesians head into famine crisis
5.12.98 Indonesia's Unholy War

The Australian

- 21.1.94 Where silence kills

Femina, 12-18 October 1995

Forum Keadilan, 4(4), 8 June 1995. 'Akibat Seks Bebas'

Jakarta, 24 August 1994

Jakarta Post

- 21.4.93 Former prostitutes often encounter prejudice: Councilor
3.12.93 AIDS, a moral lesson: Ulema
25.2.94 Local TV networks told to reduce foreign programs
3.3.94 Discos doubling as brothels to be probed in Pasar Rumput
9.6.94 Most prostitutes hail from outside Jakarta: Survey
29.6.94a Minister against change in family concept
29.6.94b RI to launch second ambitious population scheme
30.6.94a Children of a new age
30.6.94b Soeharto warns of weakening family bonds
27.7.94 City police summon infamous, high-class procurer Hartono
29.7.94 Police finally grab notorious 'untouchable' pimp
2.8.94 Crime inevitable in big city, Moerdiono says
3.8.94a 14 held for selling aphrodisiac and pornography
3.8.94b Police to catch pimp's backers, if any
9.8.94 Emil warns of excesses from industrialization
13.8.94 Cracking down on porn
22.8.94 Inten Suweno supports raid on prostitutes
25.8.94 Violence on television
7.1.95 Many still ask about women's role in society, development
11.1.95 Red light district shut down
13.1.95 More young women become prostitutes
16.1.95 Time to have decree on illegitimate children: Official
18.1.95 Your letters. Soap operas
23.1.95 100 women hired for street patrol
26.1.95 Your letters. TV programs
2.11.95 Condom debate planned for World AIDS Day
4.11.95 11 more AIDS cases
19.11.95 Shopping malls turn into recreational sites
24.11.95 Dancers, choreographers to join anti-AIDS drive
29.11.95a NGOs told to take anti-AIDS drive to prostitutes
29.11.95b Teenagers are indifferent about dangers of AIDS
30.11.95 Moslem ulemas come up with suggestions to curb AIDS
1.12.95 Fighting AIDS requires hard work

- 2.12.95a Debating about condoms
- 2.12.95b Jakarta gets new AIDS hotline
- 2.12.95c Public urged to join fight against AIDS
- 3.12.95 Conflicting comments worry AIDS activists
- 4.12.95a Euthanasia ruled out in AIDS cases
- 4.12.95b Govt rules out promoting condoms in anti-AIDS drive
- 12.12.95 Many question bureaucrats' grip on ICMI
- 27.12.95 Your letters. Prostitution and SPSI
- 29.12.95a Your letters, AIDS and a cure
- 29.12.95b Your letters. AIDS patients
- 19.9.96 Your letters. The young worship the West
- 2.12.96 'Kondomisasi' needed to fight AIDS
- 5.12.96 Drivers help anti-AIDS drive
- 14.12.96 Middle class too weak to set up alliance: Scholar
- 16.12.96 Truckers help out in AIDS campaign
- 17.12.96 Your letters - Sex workers
- 18.12.96 Educated people also spread AIDS
- 20.12.96 'Karaoke should be regulated'
- 27.12.96 Governor wants limit on nightspot opening hours
- 29.12.96 Bali grapples with the rising consumption of Ecstasy

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- 20.2.95 Jangan Ada Keluarga "Kumpul Kebo" di Indonesia
- 7.11.95 Pemerintah tak Promosikan Penggunaan Kondom
- 26.11.95a AIDS dan Tanggung Jawab Dunia Bisnis
- 26.11.95b Nafsiah Mboi
- 28.11.95 MUI Bahas Penanggulangan AIDS
- 30.11.95 Ketua MUI Sarankan Pendekatan Terpadu untuk Tanggulang AIDS
- 1.12.95a Debat Nasional Penggunaan Kondom
- 1.12.95b Ulama Hasilkan Tadzkirah Bandung
- 2.12.95 Konser Dangdut Peduli AIDS Hari Ini di Ancol
- 4.12.95a Kondom Efektif Mencegah AIDS
- 4.12.95b Sadar AIDS dan Goyang Dangdut
- 21.12.96 "Sisa Tenagaku untuk Istriku..."

Matra October 1996. 'Perek Belia di Mata Pakar'

Republika

- 27.11.95 Wacana. AIDS, Kutukan atau Tantangan?
- 28.11.95a MUI Peduli AIDS
- 28.11.95b Wacana. AIDS, Kutukan atau Tantangan?
- 1.12.95a Bila Ulama Ikut Memerangi AIDS. Dari Kondom hingga Puasa Seksual
- 1.12.95b Dari Kondom hingga Puasa Seksual
- 1.12.95c Tajuk. Ecstasy
- 1.12.95d Terapi Genetis, Harapan Terakhir Pengidap AIDS (?)
- 1.12.95e Wacana. AIDS, Kutukan atau Tantangan?

Sinar

- 16.12.95a Suntik Mati Penderita AIDS!
- 16.12.95b Surat Pembaca. Suntik Mati Penderita AIDS

23.11.96a Era Pencerahan Kaum Venusian
23.11.96b Kupu-kupu Kampus Biru

Sinar Pagi, 14 January 1992

Suara Masjid, (No. 239), August 1994. 'Seks Dalam Film Nasional'

Suara Pembaruan

7.7.91a Kontrasepsi di Kalangan Remaja Patut Menjadi Perhatian
7.7.91b Penggunaan Kontrasepsi di Kalangan Remaja Melanda Indonesia?
27.7.91 Kehamilan di Kalangan Remaja, Tanggung Jawab Siapa?

Tempo, 22 January 1983

Tempo, 20 October 1984

Tiara, (No.167), 6 October 1996. 'Setelah Perek, Datang Pekcun'

Warta Konsumen, 8, August 1996. 'Kondom Oke. Kondomisasi No'