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# THE PAPUAN SEXUALITY PROGRAM

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# Contents

<b>List of Tables and Map</b>	<b>ii</b>
<b>Ringkasan Eksekutif</b>	<b>iv</b>
<b>Executive Summary</b>	<b>xii</b>
<b>1.0 Chapter One: Methodology</b>	<b>1</b>
1.1 Methods	
1.1.1 Standardized Interview on Sexuality	
1.1.2 Rapid Assessment Study of Rural and Urban Communities	
1.1.3 Travel Diaries	
1.1.4 Sexual Partner Forms	
1.2 Research Activities	
<b>2.0 Chapter Two: General Patterns of Sexuality</b>	<b>7</b>
2.1 General Patterns in Papua	
2.2 Ideals of Courtship, Marriage, Conception and Childbirth	
2.3 The Reality of Cultural Norms	
2.3.1 High frequency of extra-marital sex	
2.3.2 Multiple sexual partners	
2.3.3 Active sex life	
2.3.4 Sex at a your age	
2.3.5 Older men have sex with younger women	
2.3.6 Sequential sex	
2.3.7 Spread of pornography	
2.3.8 Increase in domestic violence	
2.3.9 Reduced effect of church values	
2.4 Male Elders' Concerns About Sexuality	
2.5 Conclusions	
<b>3.0 Chapter Three: Enduring Cultural Norms</b>	<b>17</b>
3.1 Bodily substances	
3.1.1 Semen in the 'semen cultures'	
3.1.2 Dangerous substances in the highlands	
3.2 Sanctions	
3.3 Exchange	
3.4 Desire	
3.5 Conclusions	
<b>4.0 Chapter Four – From 'Secret Sex' to Selling Sex: Youth and Social Change</b>	<b>25</b>
4.1 'Secret Sex' or 'Opportunity Sex'	
4.2 'Secret Sex' in a Rural Site: Makki	
4.2.1 Case Study: Differences between Papuan and Indonesian sexual partners:	
4.3 'Secret Sex' in an Urban Milieu: The Capital Region	
4.4 Conclusions	

<b>5.0</b>	<b>Chapter Five: Street Sex – Women and Waria in the ‘Open’ Market</b>	<b>34</b>
5.1	Introduction	
5.2	The Structure Of Commercial Sex Work In Papua	
5.3	Clients of Street Sex Workers	
	5.3.1 Street sex work in a rural milieu	
	5.3.2 Street sex work in an urban milieu	
5.4	Family Sex	
5.5	Papuan Waria	
	5.5.1 The young waria of Abepura	
	5.5.2 Waria of Sorong	
5.6	Conclusions	
<b>6.0</b>	<b>Chapter Six: HIV/AIDS and Condoms</b>	<b>47</b>
6.1	HIV/AIDS Knowledge and Awareness	
	6.2 Condom Awareness and Use	
6.3	HIV/AIDS Knowledge and Awareness	
	6.3.1 How Papua got HIV/AIDS	
6.4	Condoms for Papuan	
6.5	Conclusions	
<b>7.0</b>	<b>Chapter Seven: Conclusion</b>	<b>57</b>
	<b>Acknowledgements</b>	<b>60</b>
	<b>Appendix 1 – Research and Project Staff</b>	<b>61</b>
	<b>Appendix 2 – Map</b>	<b>62</b>
	<b>Bibliography</b>	<b>63</b>
	<b>Footnotes</b>	<b>67</b>

## List of Tables and Map

Table 1.1	Research Instrument Used at Research Sites	3
Table 1.2	Results by Research Instrument	4
Table 2.1	Age and Gender	8
Table 2.2	Participant Income	8
Table 2.3	Gender and History of Alcohol Use	9
Table 2.4	Age at First Sexual Encounter	12
Table 2.5	Youth Age at First Sexual Encounter	13
Table 2.6	Age of Female Partner for Older Males	13
Table 3.1	Examples of Sanctions Applied to Behaviour Considered Deviant	21
Table 4.1	Age Of First Sexual Encounter For Youth	26
Table 5.1	The Social Structure Of Commercial Sex In Papua	34
Table 5.2	Street Worker Client Profile	36
Table 5.3	Ethnicity Of Client By Type Of Sex Worker	36
Table 5.4	Income Source For Sexual Partners of Waria	43
Table 5.5	Type Of Sexual Activity Performed By Abepura Waria	44
Table 6.1	Percentage Of Types Of HIV/AIDS Prevention Mentioned By Respondents Without Prompting	47
Table 6.2	Percentage Of Respondents Who Can Identify A Condom Without Prompting	48
Table 6.3	Percentage Of Respondents Who Ever Used A Condom	49
Table 6.4	Awareness Of HIV/AIDS Prevention By Rural And Urban Respondents	49
Map	Research Area	62

## Ringkasan Eksekutif

Tujuan utama studi ini adalah untuk menggambarkan pola-pola seksualitas penduduk asli Papua di Papua. Studi ini berupaya memperdalam pengertian kita atas faktor-faktor yang meningkatkan resiko infeksi HIV dan penyakit yang disebarkan melalui hubungan seksual lainnya. Selain itu, studi ini juga membuat rekomendasi pencegahan dan intervensi HIV/AIDS yang dapat dilakukan. Sampai tanggal 30 Oktober, 2001, di Papua telah tercatat 634 kasus infeksi HIV dan/atau AIDS. Sembilan puluh tujuh persen dari kasus-kasus tersebut terhidap melalui hubungan seksual, baik homoseksual maupun heteroseksual. Statistik dari beberapa rumah sakit di kota Timika dan Merauke menunjukkan bahwa sebagian besar kasus HIV/AIDS di propinsi ini dilaporkan dalam bahasa Papua.

Melakukan studi seksualitas di Papua adalah sesuatu usaha yang penuh kerumitan. Di propinsi Indonesia paling Timur ini terdapat lebih dari 250 kelompok budaya dengan bahasa masing masing. Karena itu amat sulit untuk memberi gambaran yang tepat tentang seksualitas penduduk Papua secara keseluruhan. Tapi dalam sisi lain, untuk melukiskan praktek dan kepercayaan menyangkut seksualitas yang unik pada setiap suku secara lengkap juga tidak kalah sulitnya. Tujuan utama kami adalah untuk mendokumentasikan pola-pola dominan pada praktek seksualitas masyarakat Papua dalam konteks perubahan sosial dan budaya yang sedang berlangsung pesat, dan konteks nilai-nilai budaya dan praktek khas Papua.

Kerumitan budaya Papua tidak selalu tercerminkan pada diskusi mengenai penyebaran HIV/AIDS. Selama ini, banyak penerangan yang masih didasarkan pada stereotip gaya kehidupan seksual yang melanggar norma. Salah satu sumber stereotip yaitu adanya beberapa studi bermutu yang melukiskan praktek seksual unik suku-suku Papua. Praktek seperti upacara pertukaran air mani, dan pertukaran istri menunjukkan bahwa kepercayaan adat mengenai hawa nafsu, perkawinan, dan reproduksi sangat berperan dalam membentuk perilaku seksual.

Sumber stereotip lainnya adalah keengganan kita mengakui bahwa perubahan sosial dan ekonomi telah membentuk pengalaman masyarakat Papua secara ekstensif. Nilai dan perilaku telah berubah secara mendasar karena faktor-faktor yang antara lain adalah:

- masuknya ekonomi berbasis uang
- nilai-nilai baru yang dimasukan oleh orang Indonesia
- kepercayaan agama Kristen
- angka perpindahan dalam daerah yang sudah naik tinggi
- angka immigrasi yang tinggi ke propinsi ini oleh orang Indonesia yang selanjutnya kawin campur dan berhubungan seksual dengan orang Papua.

Masyarakat Papua sekarang tidak lagi berpikir dan bertindak hanya sejalan dengan norma-norma budaya tradisional-nya.

Dengan studi mengenai seksualitas kontemporer di Papua ini, kami mengamati titik potong antara **norma budaya** dan dampak **moderenisasi** pada masyarakat Papua. Laporan ini menggambarkan secara mendetail perilaku seksual dalam konteks kepercayaan budaya dan perubahan sosial. Kami menunjukkan bagaimana masyarakat Papua dengan sulitnya harus menerapkan nilai-nilai yang kadangkala tidak mungkin terjangkau, bagaimana mereka menghindari larangan dan hukuman dengan cara yang bisa diterima bagi mereka, dan bagaimana mereka tengah menjawab panggilan budaya tradisional dan cita-cita kontemporer yang saling bertolak belakang.

### **TUJUAN DAN METODA:**

Untuk proyek riset ini kami bekerja sama dengan Lembaga Penelitian UNCEN dan Aksi STOP AIDS. Dari bulan Juni sampai Nopember 2001, tim peneliti kami menggunakan metoda kualitatif dan kuantitatif untuk melakukan studi etnographik sistematis mengenai seksualitas di beberapa daerah di Papua.

Proyek ini mempunyai tiga tujuan pokok:

1. Mengumpulkan data kaya berkonteks mengenai kepercayaan dan perilaku seksual masyarakat Papua terutama dengan cara kualitatif.
2. Memberi gambaran dan analisa mengenai pengalaman mereka yang masuk dalam golongan beresiko tinggi untuk kena HIV, dan yang dengan perilaku mereka dapat meningkatkan resiko orang lain.
3. Memberi rekomendasi praktis berdasarkan data dari proyek untuk usaha intervensi HIV/AIDS di Papua.

Studi ini menggunakan metoda dan perspektif dari ilmu antropologi budaya dan kesehatan. Tiga metoda utama yang dipakai adalah sebagai berikut:

- Interpiu Standar mengenai Seksualitas dilaksanakan di 11 lokasi di 4 kabupaten. Survey ini menggabung pertanyaan-pertanyaan kuantitatif dan kualitatif. Dari 210 responden, jawaban dari 196 survey dipakai untuk analisa data.
- Studi mendetail di komunitas dengan memakai Prosedur Penafsiran Antropologi secara Cepat (Rapid Anthropological Assessment Procedures) dan metoda etnografik konvensional yaitu dengan interpiu mendetail, pengamatan peserta, dan diskusi fokus grup. Studi ini dilakukan di tujuh lokasi di kabupaten Merauke, Jayapura, Jayawijaya dan Sorong.
- Buku harian diberikan kepada waria Papua, anak remaja, dan wanita pekerja seks Papua yang beroperasi di jalanan di tujuh komunitas di lima kabupaten. Buku-buku harian ini mencatat informasi yang bisa dipercaya mengenai konsumsi alkohol dan praktek seksual sehari-hari, penggunaan kondom dan mobilitas. Kami mengumpulkan 62 buku harian lengkap. Diantaranya 54 dipakai untuk analisa data. Selain itu, kami juga mendapat informasi mengenai pasangan seksual dari para waria dan pekerja seksual yang ikut dalam studi ini.

Delapan belas dari 21 penginterpiu dalam riset ini adalah orang Papua. Mereka masuk ke kampung halamannya sendiri untuk melakukan penelitian dengan memakai bahasa

mereka sendiri diantara anggota suku mereka sendiri. Kebanyakan dari para peneliti mempunyai pengetahuan ilmu antropologi, yang mereka dapatkan dari Departemen Antropologi di UNCEN-Abepura. Mereka semua diberi pengetahuan tambahan mengenai metoda proyek, etik, dan protokol, yang mencakup bagaimana informasi harus dikumpulkan, dipakai dan disebar. Dalam seluruh proyek ini semua jawaban peserta dipakai secara tanpa nama. Metoda kami ternyata sangat berhasil. Karena komitmen yang tinggi dari para peneliti pada proses pengumpulan data, data yang kami dapatkan bermutu tinggi.

## HASIL UTAMA PENELITIAN

Bertolak belakang dengan perkiraan kami, hasil penelitian kami menunjukkan bahwa modernisasi berdampak besar pada erosi praktek budaya. Hanya 40% dari responden perempuan dan 48% dari responden laki-laki menyatakan bahwa praktek seksualnya itu sejalan dengan norma budaya mereka. Kami melihat generasi muda yang sudah jelas kurang berminat pada upacara pernikahan formal, norma reproduksi yang ideal, dan kewajiban kepada kaum keluarga yang oleh para sesepuh dianggap penting untuk kesehatan budaya.

Hasil dari Interpiu Standar mengenai Seksualitas (*Standard Interview on Sexuality*) menunjukkan bahwa perubahan sosial dan ekonomi telah berdampak negatif pada kesehatan seksual karena selain menurunkan umur dimana seseorang mendapat pengalaman seksual pertama kali, juga menambah keseringan hubungan seks diluar nikah, dan melemahkan larangan-larangan adat atas perilaku tersebut.

- Sejumlah responden dalam angka yang signifikan mengaku sudah berhubungan seks sebelum nikah. Sembilan puluh lima persen (n=173) dari responden sudah pernah bersenggama, tapi hanya 55% (n=108) dari mereka sudah nikah, baik di gereja maupun melalui upacara adat.
- Mayoritas responden mempunyai hanya satu patner seksual pada jangka waktu satu tahun yang silam (71%, n=139), dan rata-rata responden seumur hidupnya mempunyai empat patner seksual. Tetapi ada minoritas signifikan yang mengaku berkehidupan seksual aktif sekali. Lebih dari 30% (n=57) dari responden mengaku seumur hidupnya sudah pernah berhubungan seksual dengan lebih dari 10 patner.
- Umur yang agak muda untuk berpengalaman seksual pertama kali juga tercatat. Dua puluh sembilan persen (n=48) dari responden sudah pernah berhubungan seksual pada umur 15, dan 67% (n=110) pada umur 19. Tren umur ini pun terlihat menurun, karena semua responden berumur 20 (n=22) sudah pernah berhubungan seksual.
- Dengan persentase yang signifikan, yaitu 17% (n=30) sebagian responden mengaku pernah melakukan seks antri, atau seks dengan lebih dari satu patner. Enam belas persen (n=32) sudah pernah menderita penyakit menular seksual.
- Perilaku lainnya yang menandakan penyimpangan dari ideal para sesepuh adalah penggunaan pornografi, dan cara-cara asing untuk melakukan hubungan seks dan kekerasan dalam rumah tangga.

Walaupun ada perubahan-perubahan yang disebut diatas, hampir seluruh masyarakat Papua masih memegang inti nilai-nilai budaya yang mempengaruhi perilaku seksual

mereka. Nilai-nilai ini antara lain adalah, pemberian hadiah dalam hubungan seksual, larangan-larangan terhadap perilaku seksual yang menyimpang, kepercayaan mengenai cairan tubuh dan hawa nafsu. Empat nilai ini masih kukuh, dan masih mempengaruhi kapan dan kenapa masyarakat Papua sekarang berhubungan atau tidak berhubungan seks.

### **KELOMPOK PENYANDANG RESIKO**

Tim riset yang melakukan studi mendetail di tingkat komunitas menyimpulkan bahwa 1) remaja, atau anak muda, 2) pekerja seks jalanan, dan 3) waria adalah kelompok-kelompok yang sudah jelas menyandang resiko paling tinggi untuk mengalami senggama tanpa pelindung yang dapat menambah resiko pengidapan dan penyebaran HIV.

Patner Seksual Remaja – “Seks Rahasia”: Menurut perkiraan, sekitar 20-25% dari penduduk berumur 16-29 mempunyai mobilitas lebih tinggi dibandingkan dengan yang lainnya di golongan umur mereka. Mereka juga mempunyai kemungkinan lebih tinggi untuk minum, berhubungan seksual pada usia dini, dan mengambil kesempatan yang ada untuk berhubungan seksual dengan teman atau kenalan. Kami menamakan tren ini “seks mumpung” (*opportunity*) atau “rahasia” (*secret*).

“Seks rahasia” sudah tersebar luas di seluruh propinsi ini. Ini disebabkan oleh bentrokan antara larangan-larangan yang sudah tertanam atas perilaku seksual yang dianggap “menyimpang,” kebebasan yang didapatkan dengan kenaikan mobilitas, dan berkurangnya pengaruh budaya atas perilaku. “Seks rahasia” berkarakteristik sebagai berikut:

- Dilakukan secara sembunyi-sembunyi, biasanya waktu acara sosial seperti dansa atau pesta.
- Biasanya menggunakan perantara.
- Biasanya terjadi antara orang Papua.
- Dibayar dengan hadiah barang atau uang.
- Dilakukan dengan mobilitas tinggi.
- Sering terjadi di luar batas geografis dan budaya.
- Terindikasi berhubungan dengan meningkatnya komodifikasi seks.

Patner Pekerja Seks Jalanan: Beresiko Tinggi di Tempat “Terbuka”: Industri seks di Papua terbagi menurut garis identitas etnik. Pekerja seks Papua yang beroperasi di jalanan umumnya dibayar dengan harga rendah di tempat yang tidak aman, seperti tempat naungan sementara atau di luar rumah, di tempat-tempat yang kami namakan “tempat seks terbuka” (*Open sex sites*). Perempuan Papua meminta dan menerima bayaran yang lebih rendah, dan juga menerima bantuan yang lebih sedikit dari instansi jasa pemerintah dibandingkan dengan rekan sepekerja mereka dari Indonesia, yang kebanyakan bekerja di rumah pelacuran atau di bar.

Jaringan pekerja seks Papua sering saling bersimpangan dengan dunia anak muda yang terlibat dalam “seks rahasia.” Pekerja seks di jalanan pada umumnya berhubungan

dengan lebih banyak partner dibandingkan dengan anak muda yang melakukan “seks rahasia.” Mereka juga lebih sering berhubungan seks untuk uang.

Pada studi mengenai partner seksual pekerja jalanan, kami mencatat adanya orang Papua maupun Indonesia. Kelompok yang tercatat paling sering melakukan seks tanpa pelindung dengan pekerja seks adalah orang Papua yang bekerja sebagai pegawai negeri, pegawai swasta, dan anggota TNI. Di kota Jayapura, Sorong, dan Merauke, pengemudi motor dan pelaut juga banyak yang menjadi pelanggan. Menurut data, pria Papua maupun Indonesia dua-duanya memakai jasa pekerja seks jalanan, tetapi pria Indonesia lebih condong memakai pekerja seks Indonesia, dan pria Papua lebih condong memakai pekerja seks Papua.

Pola Seksualitas Waria – “Seks di tempat terbuka” Beresiko Tinggi dengan laki-laki:  
Waria Papua sudah terdapat semakin banyak di jalan-jalan kota besar di propinsi ini. Sekitar 225 waria tinggal di Papua sekarang, dan mereka melayani pelanggan Papua maupun Indonesia dengan seks oral dan seks anal. Mereka berlaku sebagai pemberi maupun penerima seks anal dengan pelanggan mereka yang semuanya “heteroseksual” yang mempunyai istri atau pacar.

Orang Papua yang memakai waria kebanyakan datang dari daerah-daerah yang bersejarah kolonisasi yang panjang, seperti Biak, Serui, dan Sentani. Pelanggan Indonesia kebanyakan datang dari Sulawesi, Jawa, dan Maluku. Lebih banyak orang Indonesia menggunakan jasa waria dibandingkan orang Papua. Menurut survey pelanggan, mereka kebanyakan mempunyai pendapatan tetap, bekerja sebagai pegawai negeri, pegawai swasta, atau anggota militer. Peran seksual dalam hubungan dengan waria itu tidak stabil, karena si waria dapat berperan sebagai pemberi atau penerima seks anal. Oleh sebab itu, terdapat resiko tinggi bahwa penyebaran penyakit dapat mencakup semua partner perempuan para pelanggan, baik di komunitas orang Papua maupun Indonesia.

## **KONDOM, PENGGUNAANNYA, DAN HIV/AIDS**

Pada Interpui Standar Mengenai Seksualitas, peneliti proyek menanyakan ke responden mengenai pengetahuan mereka tentang HIV/AIDS, dan kondom serta penggunaannya. Secara keseluruhan, jawaban mereka menunjukkan bahwa masyarakat Papua berpengetahuan sedikit tentang HIV/AIDS, tidak begitu tahu tentang kondom, dan sama sekali kurang tahu tentang penggunaan kondom dan pencegahan penyakit.

- Meskipun 81% dari responden mengaku pernah mendengar kata “HIV” atau “AIDS,” yang memiliki pengetahuan sebab akibatnya hingga dapat menjaga diri dari pengidapan HIV yang selanjut dapat menjadi AIDS ternyata sedikit sekali.
- Hanya 29% dari responden mengenal kondom, waktu ditunjukkan barang tersebut. Para peneliti melaporkan bahwa taraf pengetahuan mereka tentang cara memakainya, cara pembuangan yang benar, guna dan efek sampingnya malah lebih rendah lagi. Hanya 15% (n=26) dari responden pernah memakai kondom.
- Hampir 60% (n=118) dari responden dapat menyarankan sekurang-kurangnya satu cara pencegahan penyebaran dan pengidapan HIV. Hasil positif ini menandakan bahwa kampanye sebelumnya sudah dimengerti oleh sebagian

penduduk. Tetapi, bisa dicatat bahwa tidak ada yang mengidentifikasi seks anal sebagai perilaku beresiko tinggi.

- Responden di daerah pedesaan mempunyai taraf pengetahuan lebih rendah dibandingkan dengan penduduk kota. Penduduk kabupaten Jayawijaya dan dataran tinggi lainnya mempunyai taraf pengetahuan yang paling rendah dibandingkan dengan responden lain mengenai AIDS, kondom dan penggunaannya.
- Pengaruh utama pada repons budaya mengenai kondom adalah keluguan. Banyak responden yang tidak memakai kondom hanya dengan alasan tidak tahu cara memakainya, dan merasa malu untuk bertanya. Kepercayaan mengenai air mani di bagian selatan propinsi, dan nilai-nilai budaya di tempat lain dapat menjadi kendala untuk penerimaan pemakaian kondom.
- Hampir semua responden yang pernah memakai kondom, tidak memakai secara konsisten. Kebanyakan dari mereka memakai kondom hanya kadang-kadang, dan tidak memakainya kalau sedang berhubungan secara iseng-iseng dengan "kawan." Hubungan mereka dengan partner itulah yang lebih menentukan kapan dan dimana dipakainya kondom, bukannya pengalaman pemakaian kondom itu sendiri.
- Repons budaya mengenai HIV/AIDS sudah berkembang dengan bentuk politik. Musuh suku dari masa lalu, para imigran, pekerja seks, atau pemerintah sering dituding sebagai penyebab penyebaran penyakit.

## **REKOMENDASI INTI**

Boleh dibilang semua orang dewasa di kalangan masyarakat Papua menyandang resiko untuk melakukan hubungan seks yang dapat mengakibatkan HIV. Karena itu pengajaran harus disebarluaskan.

Mempromosikan penggunaan kondom adalah cara yang paling efisien untuk merubah beberapa perilaku yang beresiko. Pengajaran yang demikian akan lebih efektif dibandingkan usaha untuk merubah nilai budaya atau keinginan materi masa kini. Bukti-bukti kuat menunjukkan bahwa pengajaran seks aman (*safe sex*) di Papua akan lebih berhasil dibandingkan dengan pengambilan peran sebagai pelarang atau penguasa norma kesusilaan. Ini dapat dicapai dengan memusatkan perhatian pada keamanan pribadi dan kenikmatan seksual yang sehat dan berkepanjangan.

### Masyarakat Umum

Mobilitas yang tinggi pada pria maupun perempuan membuat seluruh penduduk Papua menyandang resiko terkena penyakit yang dihidap dari hubungan seks tanpa pelindung. Pria dan perempuan desa telah bermobilitas tinggi. Mereka sering datang ke kota, dimana mereka dapat berhubungan seks tanpa larangan. Pendidikan umum mengenai HIV/AIDS dan kondom di pedesaan sudah jelas kurang. Agar efektif, usaha intervensi di daerah perkotaan harus disertai dengan kegiatan yang sama di komunitas-komunitas pedesaan sekitarnya. Masalah ini penting untuk ditanggapi terutama di daerah Jayawijaya, dimana pengajaran di kota maupun di pedesaan sampai sekarang belum ada.

### Remaja

Anak muda di kota maupun di pedesaan harus benar-benar ditargetkan. Dua cara pengajaran untuk anak muda perlu dipakai. Tujuan utama intervensi pertama adalah untuk pendidikan. Anak muda perlu ditunjukkan kondom itu seperti apa, bagaimana mengenaikannya, dan bagaimana membuangnya dengan aman. Dan juga apa bahayanya jika melakukan hubungan seks tanpa pelindung. Cara terbaik mengajar mereka adalah melalui kelompok kecil dimana laki-laki dan perempuan dipisahkan. Meskipun pertemuan umum sekomunitas yang sering ada di Papua dapat menarik muda-mudi desa, untuk pengajaran penggunaan kondom format ini kurang cocok.

Peserta diskusi kelompok terfokus yang dipimpin oleh para peneliti kami meminta agar pengajaran mengenai HIV/AIDS dilakukan melalui kelompok kecil, dipimpin oleh seseorang yang dikenal mereka, dengan memakai bahasa mereka, dan berhaluan praktis. Mereka tidak percaya pada pekerja kesehatan dan pegawai pemerintah, karena itu pekerja-pekerja tersebut sebaiknya tidak dipakai. Pengajaran dalam kelompok-kelompok kecil tersebut sebaiknya menggunakan nilai-nilai budaya yang ada tentang tubuh, cairan tubuh, pengeluaran sperma, dan larangan-larangan lain. Pengajar dapat menggunakan ketakutan perempuan di dataran tinggi untuk menelan atau disentuh sperma. Di bagian selatan propinsi terdapat kepercayaan bahwa untuk menjadi dewasa seseorang harus bersifat mengambil tanggung jawab atas perilaku seksualnya. Ide ini bisa digunakan untuk mempromosikan kondom.

Intervensi kedua menargetkan remaja yang melakukan aktivitas seksual dengan bayaran uang atau barang. Pengajaran di festival-festival besar dan tempat-tempat perjudian akan mendapat pemirsa yang mencakup pekerja seks jalanan dan muda-mudi yang melakukan 'seks rahasia.' Pendidik yang sekaum dengan mereka dapat mengadakan diskusi dalam kelompok kecil pada acara keramaian seperti pesta 'tradisional' atau acara besar lain. Materi yang dipakai di kelompok-kelompok kecil maupun di acara besar harus disesuaikan dengan keadaan politik. Paling tidak, penyajinya harus orang Papua, dan pengajaran harus dilakukan dari sisi pandang budaya dan politik, bukan hanya fakta biomedis. Kondom juga harus dipromosikan secara 'seksi' di kendaraan umum yang dipakai oleh anak muda, seperti Johnson speedboat, kapal, dan terutama truk dan taksi antar kota.

### Pekerja seks jalanan

Pendidik sekaum untuk pekerja seks harus disebarluaskan sampai ke pinggiran kota di seluruh propinsi. Kelompok pelanggan juga harus ditargetkan secara luas, terutama pegawai negeri, pegawai swasta dan anggota Polri dan militer.

### Waria

Para waria di Papua merupakan suatu bagian dari budaya waria yang cukup dominan di Indonesia. Pengajaran dalam kelompok yang memakai norma-norma dari budaya mereka sendiri akan menarik waria Papua maupun Indonesia.

Pelanggan waria mempunyai taraf pengetahuan sangat rendah mengenai resiko kesehatan yang ada pada seks anal. Pengajaran harus mencakup masalah resiko

kesehatan yang ada pada kegiatan seks anal tanpa pelindung, dan dinamika penyebaran HIV dan penyakit yang ditularkan melalui hubungan seks lainnya. Kegiatan seksual tanpa penetrasi, seperti stimulasi dengan tangan atau permainan fantasi, dapat dipromosikan pada kelompok ini sebagai pengganti seks anal tanpa pelindung. Pengajaran perlu dipusatkan pada daerah-daerah di propinsi ini yang telah mengalami urbanisasi dan modernisasi. Pengajaran kesehatan untuk kelompok pelanggan (anggota militer, pegawai negeri dan swasta) adalah harus.

### **PENCEGAHAN HIV/AIDS MELALUI PROMOSI IDENTITAS**

Masyarakat Papua mempunyai rasa kesukuan dan identitas yang tinggi. Hal ini harus dipakai untuk usaha pencegahan.

Pengajaran harus mamakai pengetahuan budaya sesepuh suku baik yang pria maupun perempuan. Para sesepuh ini harus dilibatkan dalam pengajaran, dimana mereka dapat menekankan pentingnya kesuksesan reproduksi dan kesinabungan suku mereka. Khususnya mereka perlu menolong mendesain komponen budaya dalam usaha pengajaran di daerah pedesaan sepropinsi. Partisipasi mereka akan menjamin bahwa materi yang dipakai akan mencerminkan norma dan nilai-nilai yang telah merakyat.

Promosi kedua yang berbasis identitas perlu diarahkan pada remaja. Tingginya mobilitas mereka membuat mereka sering berada diluar batas pengaruh sesepuh dan suku mereka. Politik taraf propinisi dewasa ini sedang mempersatukan gerakan identitas pan-Papua yang didukung oleh banyak kaum muda. Usaha pencegahan perlu menitikberatkan bahwa seks aman (*safe sex*) dan penggunaan kondom itu adalah sesuatu yang tidak bisa dipisahkan dari keberlanjutannya bangsa Papua secara keseluruhan.

Kita harus cermat agar kedua pengajaran ini tidak dianggap berlawanan satu dengan yang lain. Bisa jadi para sesepuh menganggap promosi penggunaan kondom pada anak muda sebagai suatu perlawanan terhadap kepentingan mereka untuk mengontrol akses pada seks untuk reproduksi. Tetapi sesungguhnya kedua program bertujuan sama yaitu untuk menjamin keberlangsungan dan perkembangan rakyat Papua. Pengajaran pada remaja bermakna lebih dari sekedar mempromosikan keberlangsungan kehidupan generasi Papua sekarang. Muda-mudi sekarang kelak hari akan menjadi pemegang otoritas bagi generasi yang akan datang. Dengan pengajaran yang tepat, mudah-mudahan mereka dapat berusaha terus membasmi AIDS sampai masa yang akan datang. Mereka dapat menjadi juru bicara kesehatan dan kemakmuran seluruh rakyat Papua.

## Executive Summary

The major objective of this study is to sketch patterns of sexuality in Papua among the indigenous Papuan population. The study seeks to better understand those elements that contribute to the risk of infection with HIV and other sexually transmissible agents, and to make recommendations on possible HIV/AIDS prevention interventions. As of October 30, 2001, 634 cases of HIV infection and/or AIDS have been reported in Papua. Ninety-seven percent appear to be linked to a sexual means of transmission, both homosexual and heterosexual. Statistics from hospitals in the towns of Timika and Merauke suggest that the majority of HIV/AIDS cases in the province have been reported in Papuans.

Studying sexuality in Papua is a complex enterprise. There are over 250 linguistically distinct cultural groups in Indonesia's easternmost province. It is just as difficult to generalize responsibly about Papuan sexuality overall as it is to describe fully the unique practices and beliefs of particular tribal groups. Our primary concern was to document dominant patterns in the sexual practice of Papuans in the context of both rapidly changing social and cultural conditions, and distinctly Papuan cultural values and practices.

The complexity of Papuan culture, however, is not always reflected in discussions about the spread of HIV/AIDS. Many contemporary explanations rest upon stereotypes about a sexually non-conformist way of life. One of the reasons stereotypes abound is because a number of excellent studies have been conducted that describe unique sexualities in Papuan tribal groups. Ritual semen exchange, or the trading of wives, for example, show that cultural beliefs about desire, marriage, and reproduction are highly influential in shaping sexual behavior. However, because they do not conform to the ideals of "normal" sex, that is heterosexual, monogamous, nuclear family-based sex, cultural practices are often highlighted as being deviant and dangerous, even when "normal" sexual practices often place participants at higher risk.

A further source of stereotyping is an unwillingness to recognize the extent to which Papuan experiences have been shaped by social and economic change. Values and practices have been profoundly transformed by wide variety of factors including:

- the introduction of a cash economy
- new values brought in by Indonesians
- Christian religious beliefs
- vastly increased levels of internal migration
- high rates of in-migration to the province by Indonesians who intermarry and have sexual relations with Papuans.

Papuans no longer think and act solely along the lines of the cultural norms with which they were raised.

This study of contemporary sexuality in Papua looks at the intersection between **cultural norms** and the effects of **modernization** among Papuans. This report provides a fine-

grained description of sexual behaviors in the context of cultural beliefs and social change. We show the complexity of ways in which Papuans negotiate values that are sometimes untenable, how they get around prohibitions and proscriptions in ways that work for them, and how they mediate calls of cultural traditions and contemporary goals that are often contradictory.

## **AIMS AND METHODS**

Research for this project was carried out in collaboration with the *Lembaga Penelitian UNCEN* (the UNCEN Research Institute) and *Aksi STOP AIDS*. From June to November, 2001, the research team used qualitative and quantitative methods to conduct a systematic ethnographic study of sexuality in several regions of Papua.

The project has three main goals:

1. To use a primarily qualitative approach for gathering rich contextual data about Papuan sexual beliefs and behaviors.
2. To describe and analyze the experiences of members from groups that are already at high risk for infection with HIV, and whose behaviors may also contribute to increasing the risk of others.
3. To provide practical recommendations that are grounded in project data for HIV/AIDS-related intervention work in Papua.

This study uses methods and perspectives from cultural and medical anthropology. Three main methods were used:

- *A Standardized Interview on Sexuality* was carried out in 11 locations within four *kabupaten* (regions). This survey combined qualitative and quantitative survey questions. From the 210 respondents, 196 surveys were used in data analysis.
- *In-depth community studies* used Rapid Anthropological Assessment Procedures and conventional ethnographic methods of in-depth interviews, participant observation, and focus-group discussions. Studies were conducted in seven sites in the *kabupaten* of Merauke, Jayawijaya, Jayapura, and Sorong.
- *Travel Diaries* were kept by Papuan *waria* (transvestites), adolescents, and Papuan street sex workers in seven different communities in five *kabupaten*. These diaries recorded reliable information about daily alcohol consumption and sexual practices, condom use, and mobility. We obtained a total of 62 completed diaries, of which we used 54 for data analysis. We also obtained detailed information about sexual partners from *waria* and sex workers involved in the study.

Fifteen of the 18 research interviewers were Papuans who returned to their home communities to carry out research in their indigenous language, among members of their own tribe. Most researchers had prior knowledge of anthropology, which was acquired at the Anthropology Department at UNCEN-Abepura. All received additional training in project methods, ethics, and protocol, including how information was to be collected, used, and

disposed of. The anonymity of respondents was protected throughout. Our methodology was strikingly successful and we obtained data of a high quality as a result of researcher commitment to the data-gathering process.

## **MAIN RESEARCH FINDINGS**

Our results show that modernization has a great effect in eroding cultural practices. Only 40% of women and 48% of men who responded to the question said their sexual practice conformed to cultural expectations. We found a younger generation that was distinctly less interested in the formal rituals of marriage, the ideals of reproductive norms, and the kinship obligations that elders felt were vital to cultural well-being.

Results of the Standard Interview on Sexuality show that economic and social changes negatively influence sexual health by lowering the age of first sexual encounter, by increasing the frequency of extra-marital sex, and by weakening the effect of cultural sanctions on such behavior.

- A significant number of respondents admitted to having pre-marital sex. While 95% (n=173) of survey respondents have already had sexual intercourse, only 55% (n=108) of them have ever been married in the church or through tribal ritual.
- A majority of respondents had only one sexual partner in the past year (71%, n=139), and the average number of total sexual partners per respondent was four. However, a significant minority of respondents admitted to a very active sex life. Over 30% (n=57) of respondents say they have had more than 10 partners over the course of their lives.
- A fairly young age at first sexual encounter was recorded, with 29% (n=48) of respondents having had sexual intercourse by the age of 15, and 67% (n=110) by the age of 19. The trend appears to be downward, as all respondents under the age of 20 (n=22) had already had sexual intercourse.
- A significant percentage of people (17%, n=30) said they had engaged in sequential sex (*seks antri*) or sex with multiple partners. Sixteen percent (n=32) of respondents said they had ever had a sexually transmitted disease.
- Additional behaviors that signal a move away from the cultural ideals articulated by elders include the use of pornography and engagement in novel forms of sexual and domestic violence.

Despite these changes, almost all Papuans still hold to some core cultural values that affect their sexual practice. These include gift-giving in sexual relations, the legitimacy of sanctions against deviant sexual behavior, beliefs about bodily fluids, and ideas about desire. Each of these four values remains strong, and they affect how, when and why Papuans do and do not have sex in the present.

## **RISK GROUPS**

The research team conducting in-depth community studies concluded that 1) youths, 2) street sex workers, and 3) *waria* (transvestites) were the ones most obviously at risk of having the kinds and frequencies of unprotected intercourse that could heighten the risk of infection with, and the transmission of HIV.

Sexual Patterns of the Young - “Secret Sex”: Estimates suggest 20-25% of the population between 16-29 is more likely than their age peers to be mobile, to drink, to have sex at a young age, to have several sex partners, and to have sex with friends or acquaintances in an opportunistic manner. We have termed this trend “opportunity” or “secret sex”.

“Secret sex” is widespread in all regions of the province. It is caused by the clash between deeply ingrained sanctions against “deviant” sexual behavior, new freedoms brought about by increased mobility, and a reduction in cultural influence on behavior. “Secret sex” is characterized as follows:

- It is clandestine and happens most often at social events such as dances or parties.
- It frequently requires the use of “brokers.”
- It tends to occur between Papuan partners.
- It implies gifts of money or goods.
- It is characterized by a high degree of mobility.
- It often takes place outside of cultural boundaries.
- It appears to be associated with the generally increasing commodification of sex.

Sexual Patterns of Street Sex Workers: High Risk in “Open” Sites: The sex industry in Papua is divided along lines of ethnic identity. Papuan street sex workers regularly have low-paying sex in unsafe, temporary shelters or outdoors, in places we term “open sex sites”. Papuan women ask for and receive less money, and benefit from fewer state services than their Indonesian counterparts in the sex trade industry, many of whom work in recognized brothels or hostess bars.

Many of the networks of Papuan street sex workers overlap and intersect with youths who engage in “secret sex”. Street sex workers have relations with a wider range of sexual partners than do ‘secret sex’ youth, and do so more often for money.

In our study of street worker sexual partners, both Papuans and Indonesians were represented. The groups who were recorded as most frequently having unprotected sex with sex workers are Papuan government workers, private sector employees, and soldiers. In urban Jayapura, Sorong, and Merauke, motorcycle drivers and sailors are also clients. Data suggest that both Papuan and Indonesian men use the services of Papuan street workers, but that Indonesian men are more likely to seek out Indonesian sex workers, and Papuans to seek out Papuan workers.

Sexual Patterns of Waria - High-risk “open-site” sex with male partners: Papuan *waria*, or transsexuals, are increasingly prominent on the urban streets of the province. Approximately 225 *waria* currently live in Papua, and they serve both Indonesian and Papuan clients a combination of oral or anal sex. They act as both the receiver and the giver of anal sex to clients who are all “heterosexual” and who often have wives or girlfriends.

Papuan clients of *waria* are mostly from areas of Papua with a history of colonization, such as Biak, Serui, and Sentani. Indonesian clients come mainly from Sulawesi, Java, and the Moluccas. More Indonesians use *waria* services than do Papuans. According to client surveys, clients are mostly those who have a steady income, who are employed by the government or military, or who work in the private sector. Because of the sex role instability that characterizes *waria*/client sexual relations where *waria* both give and receive anal sex, the transmission dynamics have a far greater potential of enveloping all of the other female sexual partners of *waria* clients, in both the Papuan and the Indonesian communities.

### **CONDOMS, CONDOM USE, AND HIV/AIDS**

In the Standard Interview on Sexuality, project researchers questioned survey respondents about their awareness of HIV/AIDS and their awareness and usage of condoms. The response overall suggests that Papuans are somewhat aware of HIV/AIDS, not well-informed about the purpose of condoms, and poorly informed about condom usage and disease prevention.

- Although 81% of our survey respondents have at least heard of the terms “HIV” and “AIDS,” very few possess knowledge of the causal mechanisms or routes of transmission that would effectively protect them from infection with HIV or the subsequent development of AIDS.
- Only 29% of respondents could identify a condom when shown one. Researchers reported that knowledge about their proper usage, disposal, benefits, and side effects was even lower. Moreover, only 15% (n=26) of respondents have ever used a condom.
- Sixty percent (n=118) of respondents can name at least one way to prevent HIV transmission and infection. This positive result suggests past promotions have been understood by parts of the general population. However, mention of penile/anal intercourse, as a potential risk behavior was notably absent.
- Rural respondents know far less than their urban counterparts. Jayawijaya regency and other highland respondents have the lowest rates of condom awareness, condom use, and knowledge about AIDS than all of our other survey respondents.
- Cultural responses to condoms appear to be conditioned mostly by ignorance in the neutral sense of the term. Many respondents’ only objection to condoms was that they didn’t know how to use them, and would be “shy” to learn. Beliefs in the southern region about semen, and elsewhere about traditional values, however, may become barriers to condom acceptance.

- Respondents who have used condoms almost never do so consistently. Most occasional condom users do not use them with the casual sex partners they call “friends.” The relationship to the sexual partner, as opposed to the actual experience of wearing a condom, appears to determine when and where condoms are used.
- Cultural responses to HIV/AIDS are well-developed, and take a highly politicized form. Blame for disease transmission targets former tribal enemies, in-migrants, sex workers, and the government.

## **KEY RECOMMENDATIONS**

Virtually every adult member of Papuan society is at potential risk of engaging in sexual relations that may lead to the transmission of HIV. Promotions, therefore, need to be widespread.

Promoting condoms to Papuans is the most efficient way to change some of the risky behaviors. Such a promotion would be more effective than attempting to change either cultural values or contemporary material desires. The evidence is overwhelming that promoting ideas about safer sex in Papua is more likely to succeed than taking on the role of prohibitor or moral arbiter. This can be achieved by helping to focus on personal safety and sustainable healthy sexual pleasure.

### General Population

The high mobility for both men and women puts all Papuans potentially at risk of becoming infected by having unprotected sex. Rural men and women are highly mobile and frequently visit urban sites where they can engage in sexual behavior with less fear of repercussion than in their home communities. General HIV/AIDS education and condom education in all rural areas is clearly inadequate. Any intervention in an urban center must have its counterpart in nearby rural and peri-urban communities for them to have an effect. This issue is particularly crucial for Jayawijaya district, which has no urban or rural promotions underway at present.

### Youth

Young men and women need to be aggressively targeted in urban and rural sites. Two types of youth promotions are required. The first intervention is primarily educational. Men and women under 25 need to learn what a condom looks like, how to put one on, how to use and dispose of it properly, and what the dangers are of unprotected sex. The best way to teach them is in small, gender-specific groups. While the community-wide public meetings that are common in Papua can attract young, rural men and women, they are an inappropriate format for condom education.

In focus group discussions carried out by researchers, participants asked for HIV/AIDS education to be given to them in small groups, by someone they know, in their own language, and be practice-oriented. Since government or health workers are seen as untrustworthy, they should not be used. Education that takes place in small groups should draw on existing cultural values with regard to bodies, bodily fluids, sanctions, and disposition of sperm. Promoters can draw on the highland women’s fear of swallowing sperm or coming into contact with it. In the southern region, ideas about

achieving adulthood by taking responsibility for sexual action can also be used in condom promotions.

The second intervention targets the young men and women who engage in sexual activities for cash and goods. Educational promotions at large festivals or gambling locations will find that audiences are comprised of street sex workers and youths engaged in “secret sex”. Peer educators should carry out small-group discussions at public events, including, but not limited to, “traditional” parties. Material presented in small groups and at public events needs to be highly attentive to political conditions. At the least, the presenters must be Papuan, and the promotions must be presented from the vantage point of culture and politics, as opposed to simply presenting biomedical facts. Condoms should also be promoted and advertised in a “sexy” way in the transport vehicles that men and women use to get about: speedboats, larger ships and, especially, long-distance trucks and taxis.

### Street sex workers

Peer education for sex workers needs to be extended beyond large urban centers to all urban and peri-urban centers in the province, as these are also sites where street sex workers recruit clients. Client groups need to be targeted widely, in particular the public sector, the police, and the military.

### Waria

Both Indonesian and Papuan *waria* in Papua reflect aspects of a *waria* culture, which is dominant throughout Indonesia. Group promotions which draw on these cultural norms will attract Papuan and Indonesian *waria* alike.

*Waria* clients are ill-informed regarding the health risks of engaging in anal intercourse. Health promotions targeted at client groups (the military, the civil service, and the private sector) are imperative. Promotions should include the health risks of unprotected anal intercourse and the transmission dynamics of sexually transmitted diseases (STDs) in addition to HIV. Use the high frequency of non-penetrative sexual activity among members of this group to promote pleasurable alternatives to unprotected anal intercourse, such as manual stimulation or fantasy play. Promotions need to be focused in regions of the province that have a long history of urbanization and modernization.

### HIV/AIDS prevention through identity promotion

Papuans have a strong sense of tribal and Papuan identity, and both should be drawn upon for prevention efforts.

Promotions need to build on the cultural expertise of female and male tribal elders. Elders should be involved in promotions where they can emphasize their concerns about reproduction and the successful regeneration of the tribal group. Specifically, they need to help design the cultural components of province-wide rural promotion efforts. Their participation will ensure materials reflect widespread norms and values.

The second type of identity-based promotion needs to be geared toward young men and women. Their great mobility often puts them outside the geographic scope of tribal/elder influence. Provincial-level politics are consolidating a pan-Papuan identity movement, supported by many youths. Prevention efforts need to emphasize how safe sex and condom use are integral to the survival of the Papuan people as a whole.

Care needs to be taken to ensure these two promotions are not perceived as contradictory. Elders may interpret pro-condom promotion towards young people as opposing their interest in controlling access to reproductive sex. However, both programs are concerned with the survival and growth of the Papuan people. In particular, youth promotions do more than promote survival of this generation of Papuans. Youths will soon become the voice of authority for the next generation. With intelligent promotions now, they may work to combat AIDS in years to come by learning to speak for the well-being of Papuans as a whole.

## Chapter One: Methodology

Papua is a large and variegated province of Indonesia. Little consensus on matters of sexual practice is possible in a province that is formed of 252 linguistically different cultural groups. At one extreme, in the province's interior, subsistence-based tribal groups move from one temporary forest dwelling to another. These nomadic groups have complicated ideas about witchcraft, sorcery, sexuality and marriage that were formed until recently without direct influence from Europeans. At the other extreme, coastal trading along the northern and southern shores that has occurred since the 17<sup>th</sup> century has meant that many Papuans have a long experience of migration and inter-marriage with residents of the nearby islands. Dutch colonialism and missionization promoted new ideals, including norms of sexual abstinence and monogamy. The integration of Papua into Indonesia in 1969 saw Indonesian systems of governance implemented throughout the province. New norms, identities, and expectations intersect or compete with pre-existing cultural patterns in the realms of desire, sexual values, and sexual practice. Thus, our research methods and instruments had to recognize and be sensitive to the incredible diversity present in Papua.

A further concern with the research procedures was to produce facts that could help counteract stereotypes. Differences between Indonesians and Papuans have often been enhanced in a way that reinforces inequality between the two groups. For example, in the *Jakarta Post*, experts in Papua recently blamed the spread of the epidemic on Papuan lifestyles: : Papuans have multiple sex partners, they claimed, freely exchange wives, and do not engage in sexual foreplay.<sup>1</sup> A similar tendency to stereotype also occurs between Papuan tribes. Added to this is the widespread tendency to make generalizations and assumptions about HIV and AIDS. Thus, in this project it was trebly important, as Jenkins comments, to ground assumptions and observations in fact.<sup>2</sup>

Our primary goal was to record prevailing patterns in sexual practice of Papuans in the context of rapidly changing social and cultural conditions. The study of sexuality and culture in Melanesian societies typically includes :

- courtship and marriage patterns
- ideals of beauty, aesthetics, and the body
- beliefs about desire and reproduction
- social conflicts that occur when ideal sexual practices are overturned.

In Papua, many scholars have described fairly consistent beliefs and practices that follow along the lines of tribal groups.<sup>3</sup> Marriage patterns and values surrounding reproduction in particular have been richly and fully described in many communities.<sup>4</sup> Several studies have been conducted in Papua on sex workers, street sex workers, and youths at risk.<sup>5</sup> However, little information exists about the context of Papuan sexual practice in an era of rapid social change, outside of a series of excellent studies carried out in the northern region under the supervision of David Wambrauw and Jack Morin from PSK-UNCEN.<sup>6</sup> This study aims to combine salient features of culture and modernization to more fully describe the experience of Papuans in the present.

The methods used in this project draw mostly from the discipline of anthropology. Anthropology as a field is concerned with the beliefs and practices of people within the context of culture. This project uses a mixture of qualitative and quantitative methods of data collection and analysis. Our project has not attempted, however, to conform to “scientific” standards of reliability. Nevertheless, the richness of our qualitative data, the great degree of internal variation of our respondent sample, and the commitment of researchers, makes for a highly reliable description of the experiences and practices of everyday Papuans.

## **1.1 METHODS**

From July to November, 2001, researchers engaged in data collection,<sup>7</sup> using four key methods:

- 1.1.1 A Standardized Interview on Sexuality (SIS)
- 1.1.2 Rapid Anthropological Assessment Procedures (RAAP)
- 1.1.3 Travel Diaries
- 1.1.4 Partner Forms

### 1.1.1 Standardized Interview on Sexuality

The Standardized Interview on Sexuality (SIS) drew significantly on the methodology used in 1994 by the National Sexuality and Reproduction Research Team and Carol Jenkins in Papua New Guinea.<sup>8</sup> Their study employed indigenous researchers who went to their home communities and, in addition to engaging in participant-observation and focus group-style interviewing, asked a series of open-ended questions about sexuality. This study uses a similar strategy.<sup>9</sup>

In this study, Papuan researchers returned to their home communities and interviewed people on sexuality. Our standardized interview used open-ended questions about marriage, reproduction, sexual practice, sexual norms, and sanctions. The interview also included quantifiable questions about condom awareness, condom use, and AIDS awareness.<sup>10</sup> The researchers held recorded interviews in their indigenous language, which they then transcribed into Indonesian. The goal was for each researcher to obtain a total of 20 interviews, with men and women of all ages. Eleven researchers carried out the standardized interview on sexuality in 11 separate communities. (see Table 1.1).

### 1.1.2 Rapid Assessment Study of Rural and Urban Communities

A second method used was a broad-based study of seven communities employing Rapid Anthropological Assessment Procedures<sup>11</sup> (or RAAP). Seven trained researchers helped participants keep Travel Diaries and complete Sexual Partner Forms. They also engaged in participant-observation, and conducted in-depth interviews in a two-stage process over a 10-week period in their home communities.

In the first research stage (July-August 2001), researchers conducted rapid assessments in the fields of health, sexuality and HIV/AIDS. This first stage allowed researchers to establish general patterns of behavior, ideals, and communication. In

between the first and second stages, researchers met in the capital to review findings and receive additional training. During this review, researchers determined that the “high-risk” groups in their study communities were composed of 1) adolescents, 2) *waria*, and 3) occasional street sex workers. In the second stage (September-October 2001), researchers returned to their communities and studied members of those groups in greater depth (See Table 1.1).

**Table 1.1**  
**Research Instrument Used at Research Sites**

Location	SIS	Rapid Assessment	Travel Diaries
<b>North coast:</b>			
Sentani (semi-rural)	no	yes	yes
Abepura (urban)	yes	yes	yes
Genyem (rural)	yes	no	no
Manokwari (semi-urban)	yes	no	no
<b>Highland region:</b>			
Makki/Tiom (rural)	yes	yes	yes
Wamena (urban)	yes	yes	yes
Ninia (rural)	yes	no	no
Enarotali (rural)	yes	no	no
<b>South Coast:</b>			
Bade (rural)	yes	yes	yes
Merauke (urban)	yes	yes	yes
Agats (rural)	yes	no	no
Marind (semi-urban)	yes	no	no
<b>Additional:</b>			
Sorong (urban)	no	yes	yes

### 1.1.3 Travel Diaries

The collection of Travel Diaries has proven to be an absolutely crucial research method for researching fundamental principles of high-risk behaviors.<sup>12</sup> In Papua, we were particularly interested to know what predisposing factors there might be regarding engagement in risky sexual practices. The travel diaries designed especially for work with Papuans revolved around themes of mobility, alcohol consumption, experiential aspects of sexual relations, and income.

As part of RAAP, seven researchers administered the completion and then gathering of Travel Diaries in seven communities. Each researcher collected ten diaries from within their identified risk group, that is, 30 diaries were to be collected from adolescents, 20 from *waria*, and another 20 from street sex workers (see Table 1.1).

#### 1.1.4 Sexual Partner Forms

As part of RAAP, researchers asked a limited number of participants to fill out succinct forms describing each of their sexual partners over a 14-day period. *Waria* in Abepura, and street sex workers in Sorong and Merauke were asked to complete the forms. (see Table 1.1).

#### 1.2 Research Activities

As Table 1.1 shows, seven RAAP researchers and 11 SIS interviewers worked in rural and urban communities, on the north coast, in the central highlands region, and on the south coast (in the *kabupaten* of Jayapura, Jayawijaya, Puncak Jaya, Merauke, and Sorong). the map of Papua (see Appendix 2) shows the location of the research sites. Table 1.2 shows the data collected, and how much of them were usable.

**Table 1.2**

#### **Results by Research Instrument**

<b>Instrument</b>	<b>Conducted</b>	<b>Used in data analysis</b>
Standard Interview on Sexuality	210 surveys	196 surveys
Rapid Assessment	7 sites	7 sites
Travel Diaries	62 diaries	54 diaries
Partner Forms	25 form sets	19 form sets

#### 1.1.4 Sexual Partner Forms

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Sending researchers to their home community was a priority of this project. We chose sites based on whether or not there was a qualified researcher available. Certain areas in which we wanted to work did not, unfortunately, become study sites due to a lack of researchers.



Andreas Goo, Mee researcher, happily transcribing interviews after returning from the field

Almost all of the researchers involved in this project were Papuan. A total of 21 researchers, analysts, and office staff were employed, and 18 of them were Papuan (see Appendix 1). Three non-Papuans who were born and raised in the province also worked as researchers. Most researchers had at least received training in anthropology, and some had already earned an undergraduate degree in it from UNCEN in Jayapura. Two health care professionals and two former street sex workers also conducted interviews. We hired 10 women and 8 men, aged between 19 and 50, to carry out the research.

Papuan researchers are “insider” researchers who have certain advantages. Typically, they know the local language, are familiar with local practices, particularly the cultural norms regarding gender relations and sexuality, and are sensitive to local politics. Their political or social status may increase their access to members of the community. There are also disadvantages to insider research. Their own status as members of kin or political groups may prevent them from interviewing all members of the community, or they may be unaware of their own cultural biases. Even despite these problems, and on the basis of conversations conducted with both researchers and respondents, there was overwhelming support for training Papuans and sending them to their home communities.

Training researchers in ethical procedures helped minimize many of the problems that can arise in insider research. The interviewers followed a strict ethical protocol:

- Respondents could withdraw at any point in the interview process.
- Respondent anonymity would be fully protected by using pseudonyms throughout the interview, and in all stages of data entry and analysis. (PLEASE NOTE THAT THE NAMES OF ALL RESPONDENTS IN THIS REPORT ARE PSEUDONYMS)
- Respondents could request that their interviews be removed from the study at any point in time.

- Tapes from all recorded interviews were destroyed at the end of the project.

Our exceptionally high response rate and the wealth of detail about sex and sexuality that we obtained in many interviews suggest that researchers worked to a very high standard because they could draw on their existing knowledge and skills. It also suggests that respondents felt comfortable talking to someone they knew well. The ethical procedures helped consolidate trust. In short, the researchers were committed to engaging respondents in full and frank discussions, and the results are apparent in the rich and detailed research results, which follow below.

## Chapter Two: General Patterns of Sexuality

*My sex life conforms to our cultural expectations. First time I had sex it was with my wife, and when recently I had sex with someone else, well it was with a tribal enemy and I had to pay a fine of one pig, and that is normal in our tribe. Also when I married I paid the brideprice, so it was correct that I didn't have sex until the brideprice was paid (Karok, man, Lani).*

*My sex life doesn't conform to cultural norms because I am not yet married, but I have already had sex (Lin, female, Marind)*

This chapter contrasts the cultural ideals of sexual behavior with actual sexual practice. After briefly reviewing the general characteristics of Standardized Interview on Sexuality (SIS) respondents, we examine ideal patterns of marriage and reproduction. Interview results show that actual practice is significantly different from ideal norms. The discrepancy between ideals, (that is, “what people *should* do”) and practice, (that is, “what they *actually* do”) must be clearly understood before effective preventions can be implemented.

### 2.1 GENERAL PATTERNS IN PAPUA

The Standard Interview on Sexuality provided a snapshot view of 196 broadly representative Papuans over the age of 16. Table 2.1 (next page) shows that the age of respondents is distributed evenly across the life span. Their ages ranged from 16 to 80. Please note that not all respondents answered every question, and that the totals and percentages cited in this and some of the following chapters do not include missing answers.

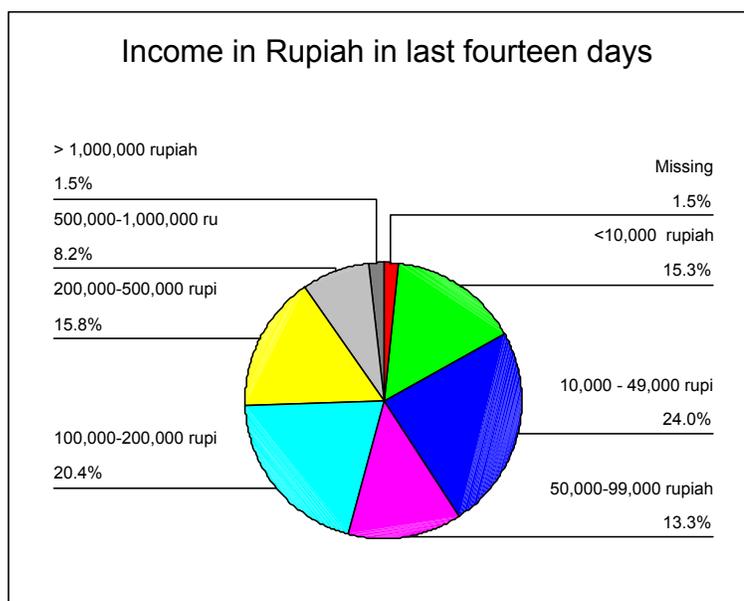
The survey sampled disproportionately from Papuans in urban centers. For example, 37% (n=73) of respondents lived in the towns of Wamena, Abepura, and Merauke. As shown in Table 2.2, income levels reflected provincial norms, with over half of our respondents earning Rp. 100.000 (\$10.00 USD) or less in a 14-day period. The educational level of respondents was higher than the provincial average, with 26% (n=50) having finished high school or having received some post-secondary education. In contrast, province-wide, only about 11% of the province's residents (which include Papuans and Indonesians) had completed high school and/or received at least some post-secondary education.

In both urban and rural areas, tribal affiliation remains one of the most consistently used markers of identity. Second generation urban residents still refer to themselves as from “Biak,” or “Muyu,” for example, even if they have grown up elsewhere and no longer speak their language of origin. Twenty-nine percent (n=57) of respondents either spoke their maternal tongue somewhat or not at all. All of the respondents who were no longer fluent in their mother tongue were from an urban area.

**Table 2.1 Age and Gender**

		Gender		Total
		Male	Female	
Age of Respondent	16-19 years	8	14	22 11.5%
	20-24 years	23	19	42 21.9%
	25-29 years	25	17	42 21.9%
	30-34 years	18	6	24 12.5%
	35-39 years	7	11	18 9.4%
	40-44 years	11	5	16 8.3%
	45-49 years	6	5	11 5.7%
	50-59 years	7	5	12 6.3%
	60 years and over	4	1	5 2.6%
	Total	109	83	192 100.0%

**Table 2.2 Participant Income**



Most survey respondents described themselves as active churchgoers. Over two-thirds (68%, n=131) had attended church in the previous week, and over 81% (n=158) had attended in the past month.

More than half of our respondents said they had been formally married in a church or traditional (*adat*) wedding ceremony (55%, n=108). A further 53% (n=103) said they had lived together with someone without being married (*kawin*). Some respondents had experienced both kinds of arrangements. The majority of our female respondents had given birth (72%, n=62), with a mean of 3.1 live children per mother.

A high number of respondents (59%, n=114) said they had ever drunk alcohol, and 48% (n=90) of them said they had ever gotten drunk. In the previous three months, 56% (n=64) had gotten drunk at least once. This pattern is much stronger in urban settings. Two-thirds of urban residents have ever been drunk (n=42), whereas only one-third of rural residents have (39%, n=48). Drinking patterns are highly skewed by gender (see Table 2.3).

**Table 2.3  
Gender And History Of Alcohol Use**

		Ever drunk alcohol by gender		
		Ever drunk alcohol		
		yes	no	Total
Gender	male	66 62.9%	39 37.1%	105 100.0%
	female	24 29.6%	57 70.4%	81 100.0%
Total		90	96	186

Respondents were highly mobile. Just under half of all respondents had slept at locations other than their main residence in the past 14 days. For many, mobility is characterized by regular, prolonged trips away from home. In the past year, 71% (n=141) stayed in more than one location. This mobility reflects historical trends among Melanesian societies toward less and less permanent residence patterns. The effects of Dutch and then Indonesian efforts at pacification, colonization, and development have created a culture of great mobility whereas previously, warring factions and tribal boundaries kept groups in relatively fixed locations.

## 2.2 IDEALS OF COURTSHIP, MARRIAGE, CONCEPTION, AND CHILDBIRTH

This section briefly describes the normative ideals regarding courtship, marriage, conception and childbirth as described by survey respondents. Many described courtship and marriage in ideal terms, reflecting the customary expectations of family members, elders, and the Christian church. Among the south coastal **Marind**, for

example, when a couple decides to get married, a party is arranged, to which friends and family bring money and food to be given to members of the woman's side of the family. Before negotiating marriage, both parties may have had platonic, non-sexual relationships with boyfriends or girlfriends. Pre-marital sex is frowned upon. After this *kawin adat*, or "traditional wedding," there is a church wedding. After two to three months the couple is considered to be officially married.

In the highlands **Dani** culture, pre-marital sexual activities are discouraged. Often, parents and kin have a significant choice in their children's marriage partner, but it is difficult to force a young girl to marry if she does not want to. After being married officially in church, a couple can be together. They can also be together after the brideprice is paid and after the groom's family pays an additional five or so pigs to the bride's older sisters.

Among the peri-urban **Mandoben** of Manokwari, the woman goes to the man's house wearing traditional cloth. The brideprice is paid, or a time period is arranged for the payment. After the traditional celebration, sex is allowed. Then the couple should have a church wedding.

For south coast **Asmat** respondents believe that sex outside of marriage, or before there is an official marriage, is prohibited. Previously, young people's parents decided when and to whom they should marry. The boy's parents would pay brideprice. Today, however, the brideprice usually consists of clothes and money.

Overall, fidelity within marriage is an honored ideal, and is often observed. 33% (n=28) of women have had only one sexual partner over the course of their lives, and 58% (n=49) have had two or less partners. Seventy-one percent (n=139) of respondents had had sexual relations with only one person in the previous year. Many Papuans adhere to, and thrive within, cultural pressures to have few sexual partners, or to remain faithful and monogamous:

*The main motivation for sex is to generate descendants for my husband and so create a happy life in our family (Vero, Mee, female).<sup>13</sup>*

Expectations within cultural norms dictate that a woman will be good. There are clear guidelines for ideal behavior. Among the highland Mee, for example:

*Women who are good are those who are faithful so that you know they will take care of duties and responsibilities in the house, and also women who possess the characteristics of calmness and perseverance. The reason these are important, really so that the condition of our family will be prosperous, safe, and peaceful. I once had a woman like that as my fiancée, and now she's become my wife (Iter, Mee, man).<sup>14</sup>*

Throughout Papua, strong beliefs link the health of children to appropriate sexual relations. It is a widespread belief in Papua and throughout Melanesia that a man and a woman have to have sex together several times before a woman can conceive.

*If we have sex the woman will become pregnant after 5, 10, 15 times. There are some that are quicker because they have a uterus that is quick,*

*but again there are some that take more encounters (Roma, Marind, male).<sup>15</sup>*

One common explanation is that the semen from the man contributes the bones of the child, and the blood normally lost during menstruation contributes blood to the fetus. Without repeated acts of intercourse, the child will not have received sufficient amounts of semen or blood to develop a strong body. As a result, short-term relationships with a girlfriend or boyfriend are perceived as less likely to facilitate conception.

Finally, Christianity provides a foundation of beliefs and guidelines for appropriate sexual behavior:

*I always wanted to have a nice boyfriend like that, and I prayed to God for one, to give me a life partner, and I got one who works really well for me, my husband doesn't get angry, doesn't hit me, and we've never had any fractious relations. Our full life was given to us by God (Grace, Lani, woman)<sup>16</sup>*

***Recommendation:***

Acknowledge the importance of cultural values in the arena of marriage and reproduction. Recognize that many Papuans place considerable effort to create harmonious marital relations.

## **2.3 THE REALITY OF CULTURAL NORMS OF COURTSHIP, MARRIAGE, CONCEPTION AND CHILDBIRTH**

In ideal terms, all Papuans have codes of appropriate sexual behavior that are embedded in cultural and religious values. In practice, however, these norms often do not hold. In order to draw out the actual scope of sexual practices, this study questioned SIS respondents about their sexual histories. Of women respondents who discussed the issue of conformity, only 40% (n=11) felt that their sexual behavior met community expectations. Of the 33 men who spoke of their own behavior, 48% (n=16) felt that they conformed to cultural expectations. Clearly, there are significant discrepancies between ideals and practice.

### ***2.3.1 High frequency of extra-marital sex***

One pattern that deviates from the ideal is sex outside of marriage. Fully 95% (n=173) of SIS respondents have already had sexual intercourse, but only 55% (n=108) of them have ever been married in a church or traditional wedding ceremony. A further 53% (n=103) said they had lived together without being married. Some respondents had experienced both types of arrangements.

### ***2.3.2 Multiple sexual partners***

A second deviation from the norms is for some men and women to have more

than one sexual partner over the course of their lives. 65% (n=121) of respondents have more than one sexual partner.

### 2.3.3 Active sex life

A third source of deviation that may be in the process of becoming a trend is for a minority of respondents to have a very active sex life. Over 30% (n=57) of respondents, almost all of whom are men, say they have had more than 10 partners over the course of their lives. More than a quarter of those respondents stated they had had more than 50 sexual partners. Among SIS respondents, 16% (n=32) said they had ever contracted a sexually transmitted disease.

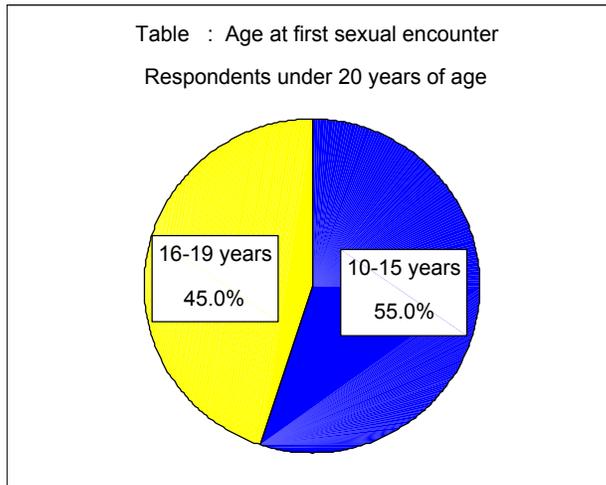
### 2.3.4 Sex at a young age

A fourth trend seems to be toward increasingly younger ages at first sexual encounter. As shown in Table 2.4, a high percentage of Papuans have had sexual intercourse before the age of 20, with a significant number of respondents (29%) having had sexual intercourse by the age of 15. This pattern is widespread across the province. Having sex at an early age appears to be a relatively common phenomenon.

**Table 2.4**  
**Age at First Sexual Encounter**

<b>Age at first sexual encounter</b>				
		Frequency	Valid Percent	Cumulative Percent
Age	10-15 years	48	29.1	29.1
	16-19 years	62	37.6	66.7
	20-24 years	38	23.0	89.7
	25-29 years	14	8.5	98.2
	30-34 years	1	.6	98.8
	35-39 years	1	.6	99.4
	40-44 years	1	.6	100.0
	<b>Total</b>	<b>165</b>	<b>100.0</b>	

**Table 2.4**  
**Youth Age at First Sexual Encounter**



Survey results suggest that a pattern of first sexual encounter at a young age may be a recent phenomenon. **All** of the respondents we interviewed under the age of 20 had all had sexual intercourse (see Table 2.4). These patterns do not hold for respondents over the age of 25, however.

For the adult respondents (n=128), only 57% had had sex before the age of 19. For respondents over the age of 40 (n=44), only 53% had had sex before the age of 19.

A significant number of respondents (27%, n=53) described one of their sexual partners in the past year as either a “friend” (*teman*) or “acquaintance” (*perkenalan*). The trend toward having sex with people termed “friend” demonstrates a common and critically important phenomenon. Many of these relationships are characterized by the exchange of sex for cash and/or goods. We term this practice “opportunity sex” or “secret sex”, and it is described in detail in Chapter 4.

2.3.5 Older men have sex with younger women

A fifth pattern is for older men to have sex with younger women. Over half (53%, n=30) of men who have sex with friends or acquaintances do so with women aged 19 or under. As Table 2.6 shows, it is frequently adult men who have sex with younger women.

**Table 2.6**  
**Age of Female Partner For Older Males**

**Age of female partner for male respondents over the age of 30 years**

		Frequency	Percent
Age of female partner	10-19 years of age	28	43.1
	Over 20 years of age	37	56.9
	Total	65	100.0

Similarly, of those men over the age of 40 who had had sexual relations during the previous year (n=44), 27% of them (n=17) had done so with females aged 19 or under. There are some cultural roots to this apparent trend. Men find younger women aesthetically beautiful. In some regions where marrying off young girls to much older men was normal, these aesthetic values remain strong. For example, one elder Mee man described his ideal sexual partner as “in her teen years” (*di umur belasan*). This pattern is also shaped by economic changes, for younger girls may have sex with older men because they imagine older men to be rich and able to easily look after them.

### 2.3.6 Sequential sex

A sixth trend seems to be toward having multiple sex partners in a group context. This is labeled sequential sex (*seks antri*). Sequential sex is a form of sex in which a girl or woman provides sexual services to several men, one after the other. It is not considered rape, at least by the men, although group rape was reported by several of our respondents. Sequential sex is a negotiated, agreed-upon sexual service within which a woman allows several men in a row to have sex with her. Seventeen percent of our respondents, male and female (n=30) had ever had sequential sex, and 37% (n=11) of our male respondents under the age of 25 said they had taken part in sequential sex.

We obtained reports of sequential sex from three rural and three urban research sites. In urban centers in particular, it appears to be strongly associated with money and alcohol or drugs. Men without enough money to purchase the sexual services of a commercial sex worker or to provide the goods and presents expected by a potential girlfriend, can group together with other men in similar circumstances and negotiate for low-priced sex. For their part, women often insist that men pay to get them drunk or buy them cans of sniffing glue (*aibon*). A bottle of whisky and Rp. 30.000 is a standard fee. Often, boyfriends are involved in promoting the idea of sequential sex to the girl. In all of the stories we obtained, we never heard about a single instance where condoms were used. The pattern is probably exacerbated by the advent of pornography, the formation of all-male dormitories and barracks in urban sites, and the loss of kinship protection for women away from their natal community.

### 2.3.7 Spread of pornography

A seventh trend seems to be toward the increasing use of pornography for sex education or as incitement to sexual activity. People describe pornography as a source of sexual knowledge.

*I learnt [about sex] myself and read it in novels or books about sex, or from watching TV or from watching a porno CD (Madonna, Marind, woman).<sup>17</sup>*

*In the beginning I felt uncertain about sex because of my parents' opinions, and teachings in adat (tradition) and in the church. But after reading novels and porno in the end we wanted to try sex and so we did and now she's become my wife (Jhon, Mee, man).<sup>18</sup>*

Watching pornography can be an incitement to sexual violence. We were told of one incident in which several men watched a pornographic video then raped a woman who

was with them. As one storyteller recounted, had a woman heard about the attack and tried to stop it, she too would possibly have been assaulted and raped.

### 2.3.8 Increase in domestic violence

An eighth trend seems to be toward increasing domestic violence. When we asked our respondents about domestic relations, violence was mentioned by 28 respondents (of whom 22 were women). Women consistently mentioned violence in the context of family members, especially their husbands.

*When my husband is drunk usually I run to my parents, but my husband takes me back to the house and hits me more. While he's hitting me he won't have sex, so I make him wait until he's not drunk, then we can have sex. When men get drunk then we women are half dead (Martha, Nimboran, woman)<sup>19</sup>.*

This woman has the protection of her parents who live nearby. Several women told us that if they didn't have kinship support they would be less able to steer clear of domestic violence.

### 2.3.9 Reduced effect of church values

The ninth and final trend seems to be the gradual negation of the effect of church teachings. Those who recently attended church were only somewhat less likely to have ever been drunk than those who attended less regularly (48%, n=90 versus 40%, n=50, respectively). Religious ideals of abstinence and monogamy also appear to have no effect on sexual practice. Thirty-five percent (n=57) of our survey respondents said they had sex with more than one partner in the previous year, whereas 36% of regular churchgoers said the same.

#### ***Recommendation:***

Promote awareness of the physical dangers of early sex. Among those women who have had sex in the past year with 'friends' and 'acquaintances,' many of their sexual partners have been men who have themselves had sex with much younger females. Sexual intercourse that occurs when bodies are not yet fully developed presents numerous and serious medical, social, reproductive, and psychological problems.

#### ***Recommendation:***

Warn people in urban centers of the health risks of coercive, sequential sex, particularly in context of drug use. Consider banning the sale of glue (*aibon*) in Papua. Promote the fact that sequential sex often involves coercion, alcohol and drugs, and that it is demeaning for the women, who often have little real choice. Promote awareness of the high risk of contracting a sexually-transmitted disease in sequential sex.

## 2.4 MALE ELDERS' CONCERNS ABOUT SEXUALITY

Among elders, there is widespread concern about perceived changes in sexual behaviors among adolescents. Traditional clan and tribal leaders fear that social change is wiping out the cultural practices that they consider integral to the sexual well-being of tribal youths. Elders worry about the effect of alcohol consumption, about the fact that their youth are beginning to have sex with men and women outside their tribal group, and about the waning influence of tradition (*adat*).

Researcher Trix Taime interviewed three Sentani elders who argued that both the government and Sentani elders need to take more responsibility for policing youths. They wanted to see tribal monitoring of school dormitories (*asram*). They also wanted to see the government take more responsibility for the problems of unemployed youth who drop out of primary or secondary school. In Merauke, researcher Agus Dumatubun interviewed six Marind elders. These elders also echoed the need for greater tribal control over the activities of the youth. They wanted to increase the role of the “tribal police” (*polisi adat*), a small regulatory body who imposes sanctions when traditions are breached. They also wanted to ban dances and parties that did not conform to norms of traditional (*adat*) events. However, they wanted to see the government take effective action to curtail the sale of moonshine, and to provide more effective information to youths about the dangers of HIV/AIDS and STDs. These comments show how aware elders are of sexual and social transformations in Papuan society, but the comments also demonstrate that they are acutely aware of their own diminishing role in regulating the behavior of their youth.

### **Recommendation:**

Recognize the insights of elders and their ideas in prevention efforts. Draw on their expertise in cultural matters to build local prevention efforts.

## 2.5 CONCLUSIONS

There are significant discrepancies amongst the Papuans we interviewed throughout the province between ideal cultural norms and actual sexual practices. However, highlighting deviations from the ideal does not mean that all Papuans engage in these practices. Many, if not most Papuans struggle with cultural expectations and make decisions about sexuality and sexual practice that, in large part, conform to expected norms.

In contrast, statistics signal a trend among younger respondents toward an increasingly sexually active lifestyle involving alcohol and other drugs, and an alarming level of sexual violence. SIS interview results suggest strongly that men and women under the age of 25 are among the people most likely to engage in the kinds of sexual behavior that could result in the transmission of HIV and other STDs. The following chapter provides a detailed description of some of the cultural values, which still have a strong resonance among contemporary Papuan youth.

## Chapter Three: Enduring Cultural Norms

*If we eat semen when we do oral sex, we can die* (Sela, Lani, woman).

*If we get sick, we ask for semen, then we eat it, mixed with coconut—we get better right away* (Roma, Marind, woman).

This chapter describes four enduring cultural norms:

- beliefs about bodily substances
- sanctions
- exchange relations
- ideas about desire.

More than the cultural ideals about marriage sketched in the beginning of the previous chapter, these four values are widespread throughout Papua. Grasping their basic characteristics enhances understanding of current behavior, particularly of the younger generation. In addition, these values should provide the foundation for culturally-sound prevention efforts.

### 3.1 BODILY SUBSTANCES

Bodily fluids and bodily substances, specifically semen, breast milk, menstrual blood, and cervical and uterine secretions are central to understanding Papuan sexuality.

Perhaps the most crucial idea to grasp is that, in contrast to other groups' belief systems, for Papuans there is a decidedly finite amount of fluids seen to exist throughout the social and anatomical body. Fluids lost (by men) or consumed (by women) through indiscriminate intercourse, therefore, in many Melanesian cultures weaken bodies and kill people. In others, the ingestion of the same fluids can strengthen and protect them.

#### 3.1.1 Semen in the semen cultures

Several coastal, island, and inland regions of New Guinea and Melanesia are said by scholars to have once comprised a set of "semen cultures" inhabiting the "semen belt." Those include many south coast New Guinea cultures in which power and potency is attributed to semen and somewhat less often, to vaginal secretions and mixings of both male and female fluids. In Papua, these cultural groups include the Marind Anim, Kimam, Awyu, Mapi and Asmat. Some of these groups prescribed a period of ritualized homosexual intercourse by oral, anal, or masturbatory means. If men did not ingest the semen of particular kinds of relatives in a ritual fashion, among the Marind Anim for example, it was understood they could not grow up to be men and that they would continue to be stunted and thwarted by the deleterious effects of "women's fluids." In the present, these rituals are understood to have stopped. Our research team did not

uncover evidence that these rituals are ongoing, but this does not mean they are no longer practiced.

Virtually throughout the entirety of this region, semen is seen to possess generative, reproductive, and healing capacities, but such beliefs exist alongside similar beliefs in the power of semen to destroy and cause disease. Our study found that semen is used as medicine, to render plants and places fertile, and to produce offspring. Respondents stated that semen is too potent a substance to be released inside the home. Thus, one should have sex outside, and semen should be left on the ground to promote fertility. A couple who wishes to encourage plant, animal, and human fertility will therefore make love in the garden, not in the home. As Lin from the Marind tribe comments,

*For the fertility of the people...after having sex then they scatter the semen on the plants (Lin, Marind, female).<sup>20</sup>*

Another **Marind** respondent elaborates:

*Relations, which are proper are between husband and wife. We believe that sex cannot be done inside the house, it must be outside, for example in the garden. Because if you have sex inside the house it is defiled, if in the garden then it will fertilize the plants. This problem of defilement, we are very careful to control it. For example, a woman who is menstruating cannot go to the garden because the plants will not be fertile (Jhoni Jenan, Marind, male).<sup>21</sup>*

Among the **Awyu**, semen is used for healing:

*According to custom, we give semen, rub [into] the skin on the head, feet and hands, the body is turned backwards and gets rubbed with semen, then bathed, then the sickness is gone (Bon, Awyu, male).<sup>22</sup>*

Among the **Asmat**, semen has a more ambiguous meaning. While it is a liquid obviously full of potency, it is also full of danger.

*As something that kills but also as a sign of fertility or a giver of health. If it fell in the garden of an enemy, you could be killed. Because of that, you shouldn't have sex in careless places. Because if you do it in a sago village, for example, then the sago trees around will die/dry up (Paskal, Asmat, male).<sup>23</sup>*

Semen is seen as a substance, finite in amount, which must be used carefully.

*As my parents said, if you waste semen when you are single, then later you won't be able to have children, because you will have wasted too much. Now this has happened to me. I only have one child. My friends guarded themselves well, and they have got five or six children, but I wasn't careful so I only have one child, and I'm not strong enough to have more (Simon, Awyu, male).<sup>24</sup>*

Two respondents described having sex where they ejaculated into their woman partner's mouth. Oral sex makes sense from a cultural perspective – ingesting semen orally will both make a woman strong, and prevent her from getting pregnant. In another case in

which the travel diary respondent engaged in anal sex, he described it as follows :

*That kind of desire made my thinking disappear and my memory go. Positive desire requires thought first, we have to think more before behaving so that the behavior is good.*<sup>25</sup> (Bergson, Awyu, male)

In general terms, in the semen cultures, “positive desire” is associated with putting semen and penis in the “right” place, in the right location, and at the right time in life.

### 3.1.2 Dangerous substances in the highlands

In the highlands of Papua, semen and vaginal fluid, individually and in tandem, are associated closely with poison. In the Lani, Dani, Yali and Mee societies, in general, semen and women’s vaginal fluids are potentially toxic.

The beliefs about the potency of bodily fluids used have a particularly strong impact on behavior between men and women. Raised during times of inter-tribal warfare, elders think of sex as an activity suffused with shame and danger, one that can cause war. Male elders talked about the dangers of intimacy with a woman. Intimacy between a man and a woman is secret, sacred, and exalted. Thus, it should never be random, and it should not last too long, for women are powerful and potentially dangerous.

*We never or hardly ever felt for or played with women’s genitals or they with ours, and we hardly ever kissed as well. We wouldn’t spend long together in the sleeping place or beside our wives* (Dani man quoted by One Wakur).<sup>26</sup>

There are several prohibitions that surface in discussions of current sexual practice that are related to fears about women and contagion. Sex needs to occur in the right way, that is, “the missionary style”:

*In body positioning, women cannot be on the top, because on the man’s shoulder sits the strength of war/ancestor spirits, and so a woman cannot press on top of his shoulder...steam from the woman’s genitals can chase away the powerful warrior spirits which sit on the shoulder of the man”* (Dani man, quoted by One Wakur).<sup>27</sup>

For highlanders, semen is a powerful, finite substance that has as much potential to destroy life as it does to generate life.

*Semen is a force, which gives the symbol for us of strength. Because of this semen can’t be spread randomly in the grass because then Satan or evil spirits will cause sickness or death to the woman or the man* (Karok, Lani, male).

Dani or Lani men try to have sex inside a building so their seminal fluid does not touch the land, pollute the earth, and destroy gardens. Women also articulate this belief about semen. Highland women are reluctant to have oral sex with a man because they believe semen is poisonous and can make them sick (see chapters 4 and 5). Men modify how they have sex to try and stop poison from entering their bodies.

*There's another way, which is the position where the woman's head is under her and her bum is in the air. That way when the semen comes out, into the female, her substance doesn't come up towards me or in me. It's because the woman's power is not able to go up, to flow upwards (Yimu, Lani, male).<sup>28</sup>*

In short, men and women are concerned about having sex in such a way that it will ensure their own health and that of their children, land, and tribe, and in general, increase their safety and sense of well-being.

**Recommendation:**

Beliefs about the potency of semen and vaginal fluids are widespread and are still adhered to. Use beliefs about body fluids of both men and women to promote responsible condom use. Use cultural values about appropriate disposal of semen in promotional activities. These cultural promotions need to be arranged with care so as not to further entrench negative associations along the lines of gender, or to create new anxieties about the role of condoms in promoting the transmission of noxious substances.

In the highlands, promote the use of condoms to protect oneself from bodily fluids. Promote disposing of condoms properly (e.g., in water) to avoid negative associations between condoms and ideas about contagion.

In the south coast area, promote the disposition of used condoms outside. Promote the concern with having sex appropriately and regulating desire, which may provide a hook through which to promote condoms.

### **3.2 SANCTIONS**

Members of every tribal group interviewed in this project raised the issue of sanctions. Sanctions are a cultural system of fining, which makes guilty parties or their families pay for having sex that is deemed inappropriate. Tribal groups follow long-standing values in determining which sexual acts are considered deviant.

About 80% of our interview respondents described and discussed sanctions in their tribe. All understood that they were a punishment for improper sex which, for the vast majority, meant pre-marital, or extra-marital sex. Table 3.1 below, which is drawn from a much larger sample, succinctly summarizes the range of such sanctions and lists the offenses for which they are applied. Not all sanctions carry the same degree of severity. The stringent sanctions of the Marind, for example, appear to inhibit pre-marital sex in many cases. Those of the Genyem, or the Serui, may have less effect.

**Table 3.1**  
**Example of Sanctions Applied to Behavior Considered Deviant**

Behavior Considered Deviant		Sanctions Applied
Marind	premarital sex	there will be a big fight and may be killed; may be forced to marry; may be hit by tribal leader and many people; may be hit until dead by tribal police and will not be returned home.
	extramarital sex	be killed; tortured with bamboo stick; hit with wood; pay a fine; husband can kill wife
Mandoben	premarital sex	be hit; be forced to leave the house; be forced to marry; pay a fine of Rp. 500.000; buy gifts to placate relatives
	extramarital sex	pay a fine; be killed; suffer people's anger
Genyem	premarital sex	pay a fine; be forced to marry
	extramarital sex	pay a fine
Serui	premarital sex	pay up to Rp. 300,000; be forced to marry; be forced to leave
	extramarital sex	pay a fine; be forced to leave; be forced to leave with nothing

When an individual's spouse deviates from norms, he or she can expect social support from kin to help with this shameful situation. As elsewhere throughout Melanesia, the husband seems to have to pay less and less, whereas the wife gets beaten more and more. Thus, it is possible to say that the older fining system, while constraining women's behavior, also protected her in a way that no longer holds. At the same time, the sanction system is still strong, even though many no longer adhere to the reproductive concerns that once made them so important.

***Recommendation:***

Recognize the salience of sanctions in affecting sexual behavior. Promote dialogue with male tribal leaders about ways to use sanctions positively as a means to promote healthy, responsible sexual behavior.

**3.3 EXCHANGE**

In all Papuan societies, exchange relations are highly valued. Brideprice is one exchange component in which a clan or group pays for receiving a new woman into their family. When a woman is exchanged for brideprice, it is understood implicitly that part of the trade involves sexual access for the groom. The concept of exchange of goods for sex therefore already exists within cultural norms.

In the present, the exchange of goods, cash or food for sex is a widespread cultural phenomenon. In twenty travel diaries of unmarried, young men and women from the highlands, for example, there is not a single account of sexual activity in which something was not received in return. Goods included cash, food (bags of rice, boxes of noodles, dinner at a stall), drink, goods such as clothes, cigarettes or betel nut. Men speak of having to make sure they have enough money to buy something for their partner before seeking sex.

In south coast societies, where there is less of an emphasis on payment in marriage and where researchers have uncovered a strong cultural tradition of sex for pleasure (*suka sama suka*), the majority of sexual activities recorded there were also accompanied by gift exchange.

On the north coast, exchanges also shape sexual relationships among Sentani youth. Young men barter for sex with a bottle of alcohol and Rp. 20.000. Whatever cultural forms exchange relations may take, they are exacerbated by a market economy in which large amounts of cash flow in and out of regions.

***Recommendation:***

The exchange of money and goods for sex is not necessarily a marker of commercial activity, but it is always a resolutely cultural one. Use the idea of “gift” giving to encourage men and women to give condoms, sexual pleasure, and proper sexual hygiene as a gift.

### **3.4 DESIRE**

In many of the interviews our team conducted and during many of the casual conversations and discussions we held across Papua, respondents talked about desire in uniform terms. Desire, or *nafsu*, is a phenomenon; an immaterial but nevertheless potent transformation that takes place within the body and that causes individuals to engage in sexual relations. Bodily transformations can incite desire and lead to sexual relations. Respondents spoke of desire as an insubstantial but potent “it” in innumerable conversations. Thus, desire is perhaps the most Pan-Papuan of all concepts discussed in this project. While there were slight variations on how people talked about managing one’s desire, from being powerless in the face of its call to being able to regulate it, the concept has a wide currency.

‘Desire’ (*nafsu*) is used in discussions as the equivalent of semen or vaginal fluid:

*Desire [fluids] should not be scattered carelessly in the grass.*<sup>29</sup>

*Really when my wife has desire I also have desire, this is clear, it flows, we don’t need to use lubricating oil in my experience.* (Roma, Marind, male).<sup>30</sup>

As something to be released or allowed to flow to its completion:

*Men just want to ... release their desire (Simon, Dani, male).<sup>31</sup>*

As something that has a life of its own:

*Desire is the motivator [not him] (Jack, Dina, male).<sup>32</sup>*

*I was pushed by the wind of desire (Stanis, Awyu, male).<sup>33</sup>*

As something that declines with age:

*Actually, with desire like this, women around 50 years old don't have constant desire, because the desire is not the same as at about age 30. (Thimo, Nimboran, male).<sup>34</sup>*

As something that requires attention:

*Really as a youth, of course, I just couldn't contain my desire. But now it depends on the characteristics of the woman, if she is good to me and I am good to her for sure we will have sex that we both enjoy (Paskal, Asmat, male).<sup>35</sup>*

*Usually there is no system for allowing us to go to naughty places to release sexual desire; we should get married instead. But in my experience it is best to often go to naughty places (Papi, Marind, male).<sup>36</sup>*

As a force which pushes for sex:

*Usually in the house, I grab the wood and machete [for protection] because I don't want to sleep with my husband because he has too much desire (Lenny, Genyem, female).<sup>37</sup>*

Finally, desire is something that can be learned or altered through contact with new ideas, particularly those introduced through contemporary forms of media:

*I learned myself from my education, sex personally we see on television the way women dress, how it can create passion, from there, also from 'backyard' education, people talk about sex, then we go out and see for ourselves, oh...if the woman is wearing sexy clothes. From television, film, people talking about sex, that is what motivates me personally (Tommy, Awyu, male).<sup>38</sup>*

In short it is widely understood that, almost all of the time, desire precedes sex, is necessary for sex, and is integral to all stages of it. Thus, policy that deals explicitly with the concept ought to be able to reach the majority of Papuans.

**Recommendation:**

Desire is a widespread concept with core meanings that can be used in prevention efforts throughout the province. Because it is such a malleable concept, it can be used in a multitude of contexts, creatively designed and innovatively applied.

### **3.5 CONCLUSIONS**

Bodily fluids, exchange, sanctions, and desire are concepts and ideas that recurred often in people's discussions about sex. This contrasts with the relative disinclination of young respondents in particular to discuss their investment in a marriage ritual, for example, or cultural conformity in the name of reproduction. Cultural continuities along these lines allow planning interventions at the regional level. These themes are all ones that tribal elders know intimately. Their knowledge should be tapped to design regional and provincial strategies. The following chapter describes the sexual practices of young men and women, and the extent to which they draw on the patterns that are described here will become evident.

## Chapter Four - From “Secret Sex” to Selling Sex: Youth and Social Change

*Why do you want to send me to Ninia to study sex? If you want me to study sex, send me to Wamena. Because all the people from Ninia who want to have sex go to Wamena to do it (Yonatan Bahabol, Yali researcher).*

*If I'm half drunk I want all Papuan men . . . or Indonesian military men . . . . of course, I have to check them out first, see if he has money or not, and if he does, then I can give myself to him (Diania, Nimboran, woman).<sup>39</sup>*

This chapter highlights the need to direct HIV/AIDS prevention efforts towards sexually active youth. It looks first at the characteristics of sexually active respondents under the age of 25. It then presents several case studies drawn from travel diaries and from in-depth research conducted with young people at primarily rural sites. Prominent factors we discuss here include mobility, exchange relations, sex brokering, and sanctions, all of which create a widespread form of sexual practice that we term “secret sex”. We also describe an apparent transition from secretive forms of sex to more commercialized forms that are occurring in part because Papuan women are beginning increasingly to take on both non-local Papuans and Indonesians as sexual partners.

### 4.1 ”SECRET SEX” OR “OPPORTUNITY SEX”

In Papua, there is a critical number of youth between the ages of 16 and 24 who are mobile and adventurous, and who challenge many old tribal rules about sexual conformity. They engage in sexual practices that we have termed “secret sex”. In the standard interview on sexuality, we looked at respondents who claimed to have had sex with a “friend” or an “acquaintance” in the past year (as opposed to a “girlfriend/boyfriend” or spouse). Of the 31 youth respondents under age 24 whom we interviewed, 79% (n=23) of them fit into this category.

People who had sex with “friends” and “acquaintances” engage in “secret sex”. They were likely to be more mobile than other respondents (for example, 87% had slept in more than one location in the past year); were more likely to have drunk alcohol (78%, n=18)) or to have been drunk from alcohol at least once in the past three months (73%, n=15); and were more likely to have experienced sexual intercourse at a relatively young age (see Table 4.1).

More than four-fifths of our sample (83%, n=19) had already cohabitated with a partner (*kawin*), but only four of them had ever been married. Thirty-nine percent (n=9) had two or more sexual partners in the previous year. Many of these youth have already contracted a sexually transmitted disease (39%, n=9), and their rates of condom use is low: only three condoms were used in 49 sexual episodes recounted for the past year. However, in terms of socio-demographic markers such as church attendance, education, rural/urban residence, and income levels, this group was similar to the general survey population.

**Table 4.1**  
**Age at First Sexual Encounter for Youth**

		Frequency	Valid Percent	Cumulative Percent
Age at first sexual encounter	10-15 years old	10	43.5	43.5
	16-19 years old	10	43.5	87.0
	20-24 years old	3	13.0	100.0
	Total	23	100.0	

One of the assistant authors of this report, Gerdha Numbery, identified six general cultural patterns, which are associated with “secret sex” in Papua, and which span cultural groups and regions. Those six general patterns are that “secret sex”:

- a. Is clandestine
- b. Requires the use of brokers
- c. Occurs between primarily Papuan partners
- d. Is frequently associated with public events
- e. Is associated with a high degree of mobility
- f. Tends to occur outside the spatial boundaries of a cultural community.

First, “secret sex” is sex carried out in a **clandestine** manner because couples fear being caught. Thus, one main motivating factor behind “secret sex” is fear of social reprisal in the form of sanctions.

*Once, it happened when I was hiding so that I wouldn't end up with sanctions. First I was living in the village, I didn't have sex, but then when I came to the city, well then I started having sex. But adat leaders also knew of this, so I received sanctions. My body was burned with coconut leaves, my whole body burned, it was painful but I endured it, for a week I had pain. I was burned on parts of my body and all over my genitals, this is what I've experienced (Claudia, Marind, woman).<sup>40</sup>*

A second feature of “secret sex” is the use of **brokers**. In many of the accounts recorded here, men and women actively seek the help of a friend, or more likely a relative, to help them solicit a partner. These brokers do not get paid from the encounter, but they help protect their friend from getting caught, and perhaps also from having the kind of sex that violates taboos. The brokers, if they are kin, are in a contradictory role. On the one hand, they protect each other because they are related, thus strengthening cultural identity. On the other hand, they actively condone sexual practices, which they almost always know are not condoned by their cultural group. Consequently, they undermine their cultural identity at the same time.

Third, “secret sex” is most likely to take place between two **Papuan partners**.

Fourth, “secret sex” is strongly associated with **social events**. The most notorious events include “sex parties” such as *pesek* in the central highlands, or the rotating *suka sama suka* weekend parties typical of the inland Marind region. Travel Diaries also show that funerals, government events, church events, rituals, and the market are among the most frequently mentioned events or places at which youth congregate and arrange for opportunistic sexual encounters.

Fifth, it appears that “secret sex” is much more likely to occur in places where there is a **high degree of mobility** in and out of an area. This creates an ever-changing set of people as potential sex partners, and it creates many opportunities for youth to leave town. As well as towns like Timika or Wamena, rural sites that have a large transient population, such as regional government offices or transport hubs also create ideal conditions for youth to engage in “secret sex”.

Last, “secret sex” is something more likely to take place **outside of the tribe’s geographical boundaries**. While there are examples of people having sex at cultural events within their communities, there are many more people who seek the opportunity to be sexually active while away from home. The following case study shows how Eda escapes social strictures by having sex away from home.

### **Case Study: Eda’s Travels**

Northwest of Merauke, Bade is a transport hub for many inland communities, and regular travel into and out of Bade is easy by boat, plane, or small speedboat. Traditionally, sexual relations among the Awyu were negotiated by obtaining approval through the parents on both sides. It occurred when men were considered adults, which would be around age 25 or up. Traditionally, men were told never to look at a woman’s genitals before or during sex, because if he did, he would only live a short time. Women who are found cheating on their husbands or having multiple partners are prone to heavy sanctions.

Eda is an Awyu woman who lives in Bade with her parents. She is 21 years old, and has received some high-school education. Eda enjoys taking trips outside of Bade, and described to researcher Jemy Aun all of her trips of the past couple of years. These included short trips to local villages and longer trips to Merauke and to Tanah Merah. From her accounts, she is unhappy at home and likes to leave whenever possible, but cannot always get permission to do so. Thus, she leaves clandestinely. When she is at home, she is tightly monitored, and cannot have sex with anyone. When she leaves home, however, most times she looks for a “boyfriend” and has sex with him. Drink does not factor in her actions, as it is difficult to obtain alcohol in inland communities. Money also does not factor in her decisions about whether or not to have sex. She has to like the person, she says, and if she does, then he becomes her boyfriend. In 14 different trips she took away from Bade, Eda had sex 12 times. Of those 12 times, she received money four times and gifts six times. Twice, she received nothing.

On her first trip away, she said she was afraid of disobeying her parents and so did not have vaginal sex with her boyfriend. On her second trip, she traveled to the town of Asike for the fun of it, and met a “boyfriend” there who paid her Rp. 20.000 for sex. Her third trip was to a party where she met and had sex with a man “because I liked him”

(*suka sama suka*) with no financial exchange. The next was a day-trip she took to a village by boat where she met a man who paid her for sex. As she describes it: “my family is really strict with me about going out. However, I took the opportunity when I was selling vegetables to meet this guy and have sex.”<sup>41</sup> On the next trip out, she met another “boyfriend” when she ran from her parents: “We were there the two of us, because we both ran away from our parents, for two weeks we were there and we had sex six times. In the end my parents found me through the police and in the end they made us go back.”<sup>42</sup>

Eda has complex thoughts about entitlement, desire and sexual practice that appear to be typical of Marind and Awyu respondents. First of all, despite taking a fair amount of sexual license, she complies with many cultural norms. All her sexual encounters take place outside. She avoids sex when she thinks she might get caught, since parents and *adat* police have power over her. In addition, she talks of desire as something that needs to be managed very carefully: “It is always desire that makes us so shook up. This is because desire equals risk for the young.” With another of her boyfriends, she says, “because I’m with a steady boyfriend, then it is certain that we will have sex, because satisfaction happens in our meeting, and in the meeting satisfaction only happens if we let our desire overflow and have sex.”<sup>43</sup>

**Recommendation:**

Promotions regarding safe sex need to begin at a very young age.

**Recommendation:**

Promote safe sex at public events of all kinds, not just dances. Use the kinship obligation entwined in broker relationships to get brokers to promote condom use. Stress that having sex with a “friend” is a high-risk activity.

#### 4.2 “SECRET SEX” IN A RURAL SITE: MAKKI

This case study of Makki provides examples of sexual exchange relations that are further along the continuum of commodification. The data suggest that having sex with partners outside of one’s tribal group may be a critical moment in a transition from “secret sex” to selling sex.

Makki is a busy Lani village at the center of a regional economy in the highlands. It is a three-hour taxi or truck ride to the city of Wamena, and many research participants traveled there at least once in a two-week period. As well, newcomers have relocated to the region, and these include Papuans from the north coast, and Indonesians from other provinces. These in-migrants hold jobs as teachers, soldiers (TNI), health workers, entrepreneurs, and civil servants (PNS).

There are a number of regional cultural values about bodily fluids and exchange, which

affect the ways in which Lani women from Makki engage in “secret sex”. Drawing from accounts of the daily activities of ten respondents who recorded them in their travel diaries, consistently influential cultural beliefs include fear of the toxicity of semen. One influential belief was that semen should not enter women’s bodies except via the vagina. Among Lani-Lani sexual encounters, for example, not one involved oral or anal sex. In addition, semen should also not fall onto the soil. Thus, all the sexual encounters recorded in travel diaries took place inside.

In addition, almost all the sexual encounters documented by researcher Lince Dimi in Makki involved an explicit exchange of goods or cash for sex. The well-known “*tukar gelang Tenggen*” sexual negotiation, is described as a so-called traditional dance in which ribald songs are sung in the dark, and people are given the chance to demonstrate their interest in a member of the opposite sex by exchanging a bracelet for money. According to one respondent,

*During a "tukar gelang" we exchange things or often give money. A man is expected to bring money to put into the tukar gelang place. If she takes the money, doesn't give it back to him, then they will have sex. Because our Lani culture has decreed if there is an agreement with a debt then it must be paid.<sup>44</sup>*

#### 4.2.1 Case Study: Difference between Papuan and Indonesian sexual partners

Above and beyond the cultural aspects of “secret sex” in Makki, the Makki case shows two experientially different kinds of sex. These appear to be sharply distinguished by sexual partner choices made by Lani women. The following two tables, which cull data from 10 travel diaries, distinguish sex that occurs between Lani or Dani partners from that which occurs between non-tribal partners.

#### **Table 4.2 Sex with Lani or Dani partners**

**Brokers:** A broker is often used to create the opportunity for safe, “secret sex”.

**Person-to-person arrangements:** On some occasions, men can arrange for sexual relations with a woman without the use of a broker. This occurs mainly at festivals or public events. Men speak of “giving the eye” (*kasih mata*) or asking a woman for a cigarette at a public event, or signaling to her to meet up with them, such that they may shortly meet outside and away from the crowds.

**Intimacy:** Most instances, respondents describe sexual activities of mutual satisfaction, which include kissing, hugging, foreplay, genital stimulation, sexual relations and spending the night together. On the basis of these travel diaries, evidence is overwhelming that highlander Papuans value sexual relationships founded upon consent, trust, and mutual pleasure.

**Type of sex:** Only vaginal intercourse is mentioned in travel diaries. There are no cases of oral or anal sex among Papuan partners. Condom use is minimal. A lengthy period of intercourse appears desirable.

**Location:** “Secret sex” takes place in a wide variety of empty buildings.

**Table 4.3 Sex with non-highland Papuans and Indonesians**

**Brokers:** Brokers are occasionally used to arrange sexual encounters.

**Person-to-person arrangements:** These are common. Women negotiate more openly about the cash, food, and gifts that they expect for their services.

**Intimacy:** There is a degree of coercion, aggression, threats and undesired sexual activities in many encounters.

**Type of sex:** In addition to foreplay and vaginal sex, outsider partners ask for two types of sex, which are not customary for Papuan women: oral sex and anal sex.

**Location:** Sex takes place in a wide variety of empty buildings or at the partner’s place of residence.

There are a number of incidents that women described to us about forced sex and threats of violence occurring with non-tribal partners. Soldiers, in particular, often have coercive relationships with Lani women.

For example, on a Sunday, Kamila woke up and decided not to go to church. She washed clothes, cooked and ate with her mother and sisters after they came home from church. She then went to a friend’s house. Soldiers came over:

*Supri and Frenky from ABRI came over; then they invited me to have sex with them. I looked after Frenky first, he forced me to give him oral sex, but I refused because I said it was not normal for us, and I said I would scream, and so we just had the regular kind of sex. He used a condom, and we had sex once. He gave me Rp. 15.000 and some noodles. Then I looked after Supri. He forced me to give him oral sex. I threatened to scream at him, but he returned the threat and said he’d go and get his rifle. So then I gave him oral sex, and I threw up all his sperm, spit it out. I felt disgusting.<sup>45</sup>*

In general, women are coerced into having oral or anal sex because soldiers offer to pay them more, or say they will tell others. They also typically ask for services that women

do not want to perform when there are several soldiers and only one woman. Thus, the conditions are created whereby it is difficult for women to refuse their requests. Women are lucid in their travel diaries about how little they enjoy “servicing” (*melayani*) this type of request.

The apparent lack of intimacy in sex with men from other tribes or Indonesians seems to foster a more commercialized set of relations. Ideas of appropriate gifts become more fixed. There are fewer social networks involved, and sex takes place outside of valued cultural norms.

***Recommendation:***

Having sex with “friends” and “acquaintances” in Papua offers a similar level of risk to having sex with sex workers, but the difference between the two is not necessarily clear to the many youth who have sex with members of both groups. Promoting safe sex with friends needs to be a prominent feature of youth-focused campaigns.

***Recommendation:***

Aggressive condom promotion towards soldiers is essential. Soldiers should receive training in safe sex practices before being sent to Papua, and they should receive a free and ample supply of condoms while they are stationed in the province.

***Recommendation:***

Target all rural sites where a large number of in-migrants travel to and through for intensive promotion. Promote condoms and safe sex aggressively to young women and men in those communities.

### **4.3 “SECRET SEX” IN AN URBAN MILIEU: THE CAPITAL REGION**

Patterns of secrecy, brokering, and mobility remain key features of “secret sex” in an urban context, as do cultural values pertaining to desire, exchange, and fear of sanctions. In three focus group interviews that were conducted with youth from the north coast Sentani tribe, researcher Trix Taime discussed patterns of young men’s and women’s sexual activities.

For female respondents, who all live in Sentani on the edge of urban Abepura/Jayapura, an astonishing five out of ten of them said the reason they were sexually very active was because they had been raped or assaulted when young. One was raped by her father’s brother, another by a friend’s older brother, and a third was raped by her boyfriend. Another said her husband refused to provide for her so she had to do a little bit for herself. These women engaged in different sexual activities with many sexual partners. Nine out of ten had had either oral or anal sex in addition to vaginal sex. Five of them had had sex with *officials* and *elders* who were of the Sentani tribe (as well as non-elite

Sentani), and eight had had sex with people outside of the Sentani tribe. None of them considered themselves sex workers, but rather, as people who sought sex for cash or fun. They all regularly got drunk or sniffed glue before having sex.

### Case Study: Marilena

Marilena likes to spend time at the Sentani market. At present, she has a boyfriend whom she has been with for a month. When he's sober, he's a great guy, she said, but when he's drunk, he makes her follow him around, and hits her if she doesn't want to obey him. She met him in the Sentani market one evening when they were both drunk and he paid her Rp. 10.000 to have sex with him. Before this happened, she had on several occasions been drunk and met up at the market with several boys who negotiated with her to have sequential sex. They bought her whiskey or sniffing glue, and drew together Rp. 30.000. She had sex with each of them in turn. One of those times, she was quite drunk and had felt "desire rising" (*nafsu naik ke atas*), which she said had to be addressed through sequential sex. Now that she has a boyfriend, she doesn't particularly want to have that kind of sex, but since he is so violent when he is drunk, she is afraid of him and gives him the kind of sex he wants. He once coordinated a group sex event where she serviced him and several of his friends.

Among young Sentani men, many also articulate histories of difficult and unsupportive family relations, domestic abuse, and violence. Many of them have left school, and have little means to earn an income. They work at sifting sand or driving motorcycles (*sopir ojek*), and often say they spend their days searching for a bit of money to spend on alcohol or women in the evening. In a focus group with young men aged between 16 and 26, they said they dropped out of school or couldn't find work because their parents didn't care. They said it was already too late for them to make up for disappointing their parents, and so, whenever possible, they threw money around. These young men were able to articulate clearly that they had few opportunities. They were equally clear that having sex makes them feel strong and powerful (*puas*) in a world where they feel they don't have much strength or power. To have sex they must have money:

*If we have a lot of money we can go wherever we want and will be happy there. If there is no money then there is no point in staying there, we only go out and look for money. School or no school: the most important thing to arrange is that we have money to buy cigarettes. If we go to the city, there are a lot of women there and we can pay and play with them. With any woman for sure she will want money.<sup>46</sup>*

As a result of their alienation, boys like the ones in this group in Sentani—who are out of school, unsuccessful in traditional *adat* hierarchies, lacking strong support from parents or from the church, and lacking financial means—were singled out by researchers in every town to be the groups most likely to engage in unprotected sex, to drink alcohol heavily, and to consume drugs.

***Recommendation:***

Target underemployed youth and young people who don't attend school in urban areas for focused promotions. Use the positive aspects of youth networks and group support to promote peer education, group activities, and use youth-run initiatives to get information about safe sex out to the youth in the region.

***Recommendation:***

Ensure urban efforts have their counterpart in nearby rural villages, so that the mobile youth from rural regions are aware of expectations regarding safe sex of their urban counterparts.

***Recommendation:***

Recognize the increasingly deleterious role played by sniffing glue in enabling unsafe sexual practices. Consider banning the sale of glue, and imposing severe fines for breaching the ban in all areas where youth congregate.

#### **4.4. CONCLUSIONS**

Overall, "secret sex" seems to be in a transition toward more commercialized forms that involve a wider range of partner types. Social aspects of "secret sex" such as sanctions or the use of brokers decrease as the sex becomes more commercialized, and as cultural boundaries are transgressed. Secretive sex supports the development of superficial relationships bound not by kin or obligation but by short-term needs and convenience. The following chapter signals the intersections between "secret sex" and commercial street sex.

## Chapter Five: Street Sex- Women and *Waria* in the “Open” Market

*First, I give them oral sex. Then I give them anal sex. My service is good.*  
(*Waria* Nancy on why her clients pay more to have sex with her.)

### 5.1 INTRODUCTION

This chapter explores some features of the more formalized sex work industry in Papua. After outlining the structure of commercial sex, this chapter looks at three forms of it. The first describes street sex work, the least well-paying and most dangerous type, which is dominated by Papuan women. The second is one that involves family members, specifically husbands, who enable their wives to participate in sex work. The third kind of sex work involves Papuan transvestites, or *waria*. This study was not aimed at providing detailed information about these groups. A number of excellent studies have already been done in Papua on street sex workers.<sup>47</sup> However, our project sheds new light on the relationship between sex work and cultural practices, and on sociological aspects about the sex workers’ clients.

### 5.2 THE STRUCTURE OF COMMERCIAL SEX WORK IN PAPUA

On the basis of research results from this project and from prior research, Jack Morin constructed a chart categorizing sex work in Papua (see Table 5.1).

**Table 5.1**  
**The Social Structure of Commercial Sex in Papua**

Site of sex work	Ethnicity of sex worker	Cost per transaction	Condom use
Hostess bar, Hotel	mostly Indonesian	app. Rp. 150.000	often
<i>Lokalisasi</i>	mostly Indonesian	app. Rp. 60.000	often
“Closed” building site	either Indonesian or Papuan	app. Rp. 50.000	some
“Open” street site	Papuan	app. Rp. 25.000	rarely

Table 5.1 demonstrates several important patterns in sex work. It shows that higher priced services are almost all offered by Indonesian women, in closed and in protected sites such as bars and regulated brothels (*lokalisasi*). In contrast, street workers are mostly Papuan. They charge much less for their services. By street workers, we mean persons who engage in sexual transactions that are dominated by the exchange of money, and to a lesser extent, goods. The population is highly mobile; the cheaper the service, the less likely that condoms will be used.

Jack Morin, one of the assistant authors of this report, identifies a tangible difference between “closed” and “open” street workers. “Closed” workers offer sexual services in fixed, known locations that are protected from the elements, offer some basic comforts, and provide higher standards of cleanliness. They can offer women the protection of

their peers, and they are often overseen by managers who can be active in promoting condoms or in protecting the women from aggressive customers. These situations are dominated by Indonesian women. While the situation there is far from ideal, it is safer, cleaner and more secure than “open” work.

“Open” sex workers, on the other hand, almost always provide sexual services at sites that are in the open air, or that are perpetually in flux. There is, thus, no certainty for these women that sites they choose will be safe, clean, or secure. They provide services in the bush, on the beach, in empty huts by the roadside, or in a happenstance manner at the homes of friends or family. This is the segment of the sex industry that is dominated by Papuan women.

For anyone who has worked for any length of time on sex trade issues in Papua, the above categorization will seem obvious. Nevertheless, to our knowledge, no one has yet produced a study or even a summary of conditions in the province that examines the ethnic parameters of Papuan sex work.<sup>48</sup> Jack Morin suggests these differences have a major impact on health, particularly for “open” sex workers who must provide sexual services under less hygienic, more violent conditions. There are thus critical issues that need to be faced in terms of providing HIV/AIDS prevention and promotional materials, which are sensitive to ethnic difference.

***Recommendation:***

Confirm the ethnic composition of sex workers in sites across Papua. If the pattern holds, design prevention efforts, which explicitly recognize ethnic differences.

***Recommendation:***

Recognize the significantly higher risk of the sex work that is dominated by Papuan women. Evaluate intervention efforts to ensure that Papuan women receive equal access to state services, to condom promotions, and to information about safe sex.

### **5.3 CLIENTS OF STREET SEX WORKERS**

In Sorong and Merauke, we asked 16 interested sex workers to compile basic sociological data about each of their sexual partners over a 14-day period. It was striking how detailed was the information that each sex worker provided about her clients. Most knew their client’s ethnic background, income source, income level, and marital status. These client books suggest there is little real anonymity in the sex trade industry in Papua.

The compilations by sex workers suggest that the following patterns prevail among their clients:

**Table 5.2**  
**Street Worker Client Profile**

Client is more likely to be...	Percent and number of clients (n=154)
-Married or co-habiting ( <i>kawin</i> )	58% (n=82) of clients
-Papuan	66% (n=101) of clients
-Looking for vaginal sex	86% (n=132) of clients
-Identified as "client" (versus boyfriend)	92% (n=141) of clients
-A repeat customer	61% (n=94) of clients
-A gift giver, along with money	56% (n=18) of repeat customers

Table 5.3 presents basic sociological data about the sexual partners of three different kinds of sex workers: Papuan sex workers, *waria*, and a small set of Indonesian workers for whom data was collected in Sorong. This comparison shows several strong patterns exist along the line of ethnicity.

**Table 5.3**  
**Ethnicity Of Client By Type Of Sex Worker**

Ethnicity of Client	<i>Waria</i>	Indonesian street worker	Papuan street worker
<b>Papuan</b>	53% (n=41)	47% (n=20)	70% (n=101)
<b>Indonesian</b>	47% (n=47)	47% (n=20)	28% (n=41)
<b>Other country</b>	0% (n=0)	6% (n=3)	2% (n=3)
<b>Total respondents</b>	n=78	n=43	n=145

Papuan street workers are the most likely to have clients who are Papuan in origin. Indonesian street workers and *waria* are more likely to have Indonesian men as paying partners. While this preference has been noted for more expensive sex workers working in *lokalisasi*, these are the first data showing that preferences along the lines of ethnicity extend to street workers as well. It is almost certain that cost plays a factor. Papuan workers charge less, as shown in Table 5.1, and are more likely to appeal to clients who have less money. Those in the province who have money will more likely be Indonesian, and they are able to select the sex worker of their choice on that basis.

Overall, Papuan clients were also less likely to use condoms than Indonesian clients. Eleven of 75 Indonesian clients used condoms (15% of all repeat sexual encounters). However, condoms were used in only 8 of 95 sexual encounters with Papuan clients (9%). These data about condom use require corroboration. However, they point to a possibly very disturbing trend, namely, the higher use of condoms by members of one ethnic group in the province.<sup>49</sup> This pattern is almost certainly rooted in the lack of information for Papuans about HIV/AIDS and prevention through condom use.

***Recommendation:***

Promote the risks associated with oral/penile and anal/penile sex in client educational information.

***Recommendation:***

Corroborate findings from this study that Papuans are less likely to use condoms than their Indonesian counterparts by doing a brief study of condom awareness among Indonesians residing in Papua. If our data is corroborated, condom promotions will need to be overhauled to ensure that Papuans have equal access to information. Condom promotions will also need to be directed much more aggressively to those participating in street worker sex.

**5.3.1 Street sex work in a rural milieu**

Our study showed that street sex workers resemble their “secret sex” friends except that they appear more likely to have sex with someone who is outside their community circle, and are more likely to seek monetary compensation for sex. However, in many other respects they live alongside, spend time with, and have close relationships with men and women who engage in “secret sex”. Because they overlap, this study suggests that it is more effective to facilitate HIV/AIDS prevention activities by treating street workers and “secret sex” youth as a single unit.

The case of Salomina, who lives in a busy rural village, exemplifies intersections between her professional sex work and the “secret sex” of her friends.

**Case Study – Rural street worker Salomina**

Salomina is an 18-year-old woman from the Lani tribe who has a grade-three education. At present, she lives in a highlands village with her mother and younger brother. Salo’s father now provides no help to her mother in the garden. Salo herself does almost no garden work. As she explains it, “I rarely work the garden because most of my yield or earnings I get from gambling winnings or from sex.”<sup>50</sup>

Many people call her a sex worker (*wanita pekerja seks*), although she herself sees having sex for money as a means of providing food for her mother and brother. She also sees herself as having sex for pleasure with a number of short-term “boyfriends” whom she has often accompanied to various sites around the highlands.

Salomina first had sex at the age of twelve. She was living in Wamena at that time with her mother. While watching TV with a relative (*kakak*) named Jack, she was dragged by him into an empty room and forced to have vaginal sex. After he raped her, she had sex with him on several occasions. After she broke up with Jack, whom she calls her first

boyfriend, she had monogamous sex for short periods of time with two men, both of whom brought her with them to highland villages. At the time, she made sure these were acceptable sex partners according to Lani categories of incest. "I would ask them, 'hey, are you my brother?' and two of them said 'no, we're not relatives,' so I took them as boyfriends."<sup>51</sup>

With the third boyfriend, who was Indonesian (*rambut lurus*), Salo engaged in oral, anal, and vaginal sex, and was receiving cash, food and clothing on a regular and expected basis. After her third boyfriend, Salo began to menstruate. Since then, she has had sex with a number of boyfriends, "too many to count," she says. She has left her mother's home to spend up to two weeks on the road with her boyfriends, but always returns to her mother's house.

Over the course of a day, Salo appears to go to a number of set places in the village to try to meet people who will have sex with her. She visits the soccer field, her friend's house, or a store. She is also visited by brokers who tell her to meet a potential partner at a given time, or she is met by the partner himself who sets up a time for later. Sex happens in secure and secret locations.

Over a period of 14 days, Salo remained in within her tribe's geographical boundaries, although she traveled extensively within it, and spent three nights away from her house out of 14. In that time, Salo had sex a total of 24 times with 15 different partners. Eleven of her 15 partners were Indonesian soldiers (TNI). Salomina averaged Rp. 10,000 per sexual encounter, and each encounter typically lasted 1.5 hours and involved foreplay, genital arousal, and vaginal or anal intercourse leading to orgasm by the male partner.

Salo's soldier partners frequently requested sexual services that she did not want to provide. Oral sex, according to Salo, is not a normal activity within Lani *adat*, as semen ingested through the mouth can cause sickness or worse: "if we do oral sex we can die." Anal sex is a popular sexual activity with soldier customers. Here she describes one encounter:

*"After eating I went to the barracks to meet [the soldier] Yance. He gave me two packs of cigarettes, and then we went to his room. I was ordered to take off my clothes. Then he took his clothes off. I lay down on my back but he asked me to have anal sex. I refused with the explanation that Lani tradition doesn't allow this but Yance kept on forcing me so I serviced him with anal sex. He wore a condom the whole time, for one hour. Then he gave me Rp. 10.000-, but I asked for Rp. 5.000- more and he gave it to me."<sup>52</sup>*

She herself expresses pleasure when having sex with her boyfriends. She appears to use the term in a relatively loose fashion to describe someone she likes and with whom she enjoys having sex. In a 14-day period, she termed three of her partners "boyfriend". In none of the cases did she charge money for having sex or use a condom. For example, of one of them she says, "When I am having sex with Petrus, I'm willing, I have desire and pleasure which feels good. Actually, he is someone I love, and I'm willing too if he doesn't pay."

In short, Salo's developmental history—her father's abandonment; being raped by a relative; regular experience of coercion in sexual encounters; and active sexual brokering by relatives and friends—has created the conditions wherein Salo has little choice about how she has sex.

**Recommendation:**

Recognize that street workers' "boyfriends" are numerous and casual. Pleasure with a sexual partner is associated with not paying and with no condom use. Promote condom use with all partners for women who have commercialized sex.

**Recommendation:**

Recognize that many women who engage in street sex have little financial alternative, and have often survived sexual or domestic abuse. Recognize the power of stigma in rural regions to increase the secretive, and coercive features of street sex.

5.3.2 Street sex work in an urban milieu

Data collected from the urban center of Wamena also demonstrate the close relationship that exists between commercialized sex and the more "open" system of "secret sex". Wamena is an urban highland center with approximately 10,000 people. It is a migrant's town, and, as characterized by researcher One Wakur, it is a place where people go to have sex.

Many women have sex for money in Wamena. Street workers earn Rp. 20.000 to Rp. 200.000, with occasional reports of customers paying Rp. 500.000 or more for an overnight visit. These women are usually either Lani or Dani, are young, and do not appear to have significant family responsibilities.

Despite this seeming independence, many of the women have their sexual encounters arranged for them by brokers. According to travel diary respondents, brokers often include elder women relatives (*kakak perempuan*), neighbors, tourist guides, and friends. Often, one of the women who approaches, or is approached by a man will tell him about her other friends in an effort to arrange sex for her friend without requiring face-to-face negotiations.

Alcohol consumption is a common feature of their daily lives, but it is not an essential ingredient in sexual encounters. Although one woman said, "you have to drink before you have sex" ("*sebelum seks harus minum dulu*"), this was not a universal phenomenon. In a two-week period, this woman drank before 11 of her 14 sexual encounters. Another woman drank only six times out of 14, and another, only three times. However, drink is an effective way for potential clients to demonstrate the gift-giving relationships expected, as well as increase their chances of having sex with these women. Thus, many of the men who invited women to drink the alcohol that they provided would then engage in sexual relations with her afterwards.

## Case Study: MT

In a fairly normal Wamena scenario, MT was invited by a soldier who she met at the old market in the center of town to come to the police ashram for some drinks. He paid for alcohol mixed with soda for her and her friend, and then she spent the night at the ashram with the policeman, returning to her house in the morning. She received Rp. 50.000.

Another day, MT again went to the old market in town, and then by taxi with two female friends to a village just outside of town. They met up with a civil servant who bought four bottles of whiskey, and she spent a few hours with him, had sex, and returned home. She received Rp. 70.000. As she said, “we were dead drunk, and so we slept together, but we only had sex once because we were so drunk.”<sup>53</sup> Her customer gave her cigarettes, taxi money, and paid for her evening meal.

On yet another day, MT went to another village near town to attend a dance party. She went with several friends, and left there to go play billiards. She slept at the billiards place, after drinking whiskey that was paid for by four men. She had sex there with one of the men, a Javanese man, who paid her Rp. 50.000 and gave her a jacket. With this man she had oral sex and vaginal sex, but did not use a condom in either case.

Street work appears to have a strong link with gambling. All of the women and men who recorded their daily lives for 14 days spent a considerable amount of time gambling. Gambling was cited 28 times as the primary reason for going out on a given day (20% of possible trips). It was cited 2.5 times as often as a reason for socializing than “going to a party” (11 times, or 8% of possible trips), or going looking for a drink, which was only cited once.

In Sinakma-ke-atas, for example, the government-built public market has been turned over into an open-air gambling hall in the evenings. After about 7 p.m. every night, hawkers move in and they and their assistants set up mats on the floor around which gamblers congregate. By 8 or 9 p.m., the market has been transformed into a site crowded with up to 1,000 Papuan gamblers, watchers, sellers, and hustlers. While there are a few children and older people there, most of the clientele are young. Most were between 15 and 30 years old. “This is a place for Papuans only,” one gambler said.

Smaller versions of the Sinakma gambling center have popped up in other places in the area. It seems an ideal site to promote condoms, as there are approximately 1,000 potentially sexually active youth passing through there every evening. It also seems to be an ideal site at which to try to convince potential sellers to make money by selling condoms.

### **Recommendations:**

Use popular public events to promote condoms in urban centers. Markets, gambling areas, or activities run by church or government all are sites where youth engaged in street sex congregate. In particular, use gambling halls to promote and sell condoms.

## 5.4 FAMILY SEX

One pattern noted in this research project, but for which we lack full details, was husband-supported secret street sex engaged in by women. These accounts were all from the north coast area, where a long history of colonization and urban development means that many tribes near Jayapura have been highly affected by the market economy. One woman explains the ways in which she and her husband barter money and sex:

*I didn't want to but [my husband] forced me to have sex with him. After sex, I didn't complain if I got sore or I got sick, but I will complain if after sex he doesn't give me money. Then I get angry and then he says, if you want money, go get it on the street (Santi, Nimboran, woman)<sup>54</sup>*

The respondent Eka succinctly carved out the scope of the problem in rural Genyem, a three-hour taxi ride from Jayapura.

*Those that do it are married or are young people. When they have no money they have sex. I have often found that. Women also do it, even if they are married. ... I see many married people plunged into misery with this activity. ... Because from this activity there are many men and women forced to fuck to bring in some money, sex between a husband and someone else's wife, or a woman with someone else's husband. This happens because there isn't any money. Yes..., forced to sell themselves. This has happened many times in Genyem and in the settlements around it. In Nimboran we use the term 'what matters is the fuck' (Eka, Nimboran, woman).<sup>55</sup>*

### **Recommendation:**

Family sex is an important pattern, which needs to be studied in more detail. Similar patterns of sex work have been noted in Papua, New Guinea, and are extremely common there. Women in family-brokered sex work in PNG endure some of the worst health and social conditions in the industry. It is imperative to see the extent to which this form of street sex work is prevalent in Papua.

## 5.5 PAPUAN WARIA

The transvestites (*waria*) of Papua round out this discussion of street workers. However, the experiences of *waria*, notably the extent to which they are influenced by Indonesian cultural norms and expectations, mean they are distinguished quite strongly from their female sex work peers. *Waria* are more influenced by Indonesian culture and by patterns of urbanization than they are by sanctions, exchanges, or ideas about bodily fluids. Consequently, while they are an important component of the commercial sex industry in Papua, and while Papuan *waria* in particular are also subject to discrimination and

unhealthy work conditions, they are best analyzed separately. This section discusses sexual partners of *waria* and the “open,” risky sex work in which they engage.

This study estimates that there are approximately 225 *waria* in Papua, and that these *waria* are of Papuan and newcomer (*pendatang*) origins. The Abepura *waria* studied by researcher Yokbet Waa were all Papuan, and most of them were young students who had not yet adopted what they termed the full *waria* lifestyle. They called themselves “young *waria*” (*waria muda*). They did not wear women’s clothing when they went out to search for clients. By all accounts, this is unique to Indonesia. In contrast, the *waria* studied in Sorong were older, professional workers of Indonesian and Papuan origin who often held jobs in hair salons. When searching for clients, they dressed up fully as women. These *waria* in Sorong are more typical of *waria* across Indonesia: full makeup and clothing, and full adoption of the *waria* lifestyle.

### 5.5.1 The young waria of Abepura

In Abepura, adjacent to the capital Jayapura, seven respondents filled out travel diaries over a 14-day period. In addition, *waria* filled out partner forms. These provide basic sociological descriptions of their sexual partners over a different 14-day period.

Partner forms filled out by *waria* describe their sexual partners overall as young, ranging in age from 18 to 41. Forty per cent (n=26) of their partners are either married or co-habiting with a woman. The remaining 60% (n=40) are single. *Waria* describe their partners as “heterosexual,” but only “95% of the time,” as one informant said. Both Papuan and Indonesian men use *waria* services: 53% (n=41) of clients are Papuan, and 47% (n=37) are Indonesian.

A further breakdown of clients by tribe or region showed that all major tribes of the north coast are represented: Biak, Sorong, Sentani, Genyem, and Serui. Men from Biak and Serui represent the largest group at 28% (n=23) of all customers. This pattern suggests two things: first, that interest in anal and oral sexual relations with *waria* is strong among Papuans as well as among Indonesians. Second, this interest is particularly evident among tribes from the north coast. The reason for this may lie less with cultural values than with the fact that members of Biak, Serui and Sentani tribes have had longer periods of acculturation than other groups in Papua. They are also more likely to have the money to pay for sexual services than members of other groups.

*Waria* were asked to identify the kind of work their partners did. As shown in Table 5.5, most partners had relatively well-paying occupations.

*Waria* also recorded the type of sex they had with their partners. Table 5.6 shows that oral and anal sex appear to be the most popular forms. There seems to be no difference in types or frequency of sexual interaction on the basis of ethnic identity, age, or income source. Strikingly, *waria* can be the recipient of anal sex, the insertee, but they are also often the insertor, where clients pay them to be anally penetrated.

Data about bodily fluids provided by the travel diaries suggest that, in both Sorong and Abepura, *waria* ejaculate most frequently in the partner’s anus or mouth. Of 131 sexual episodes, 44% (n=58) involved ejaculation in the anus, 31% (n=41) involved ejaculation in the mouth, and 20% (n=26) involved ejaculating onto the body, for example, on the face, or elsewhere. Only three episodes resulted in ejaculation into a condom. On one

hand, these results suggest *waria* frequently engage in risky anal sex without a condom. On the other hand, the relatively high number of ejaculations that occur outside body orifices suggest that forms of pleasure are widespread that are markedly safer. Prevention efforts may be able to use these alternate forms of ejaculation to promote lower-risk types of sex between *waria* and their clients.

**Table 5.4**  
**Income Source for Sexual Partners of Waria**

**Income source for sexual partners of waria in Abepura and Sorong**

		Frequency	Valid Percent	Cumulative Percent
Valid	private sector employee	25	47.2	47.2
		4	7.5	54.7
	soldier	5	9.4	64.2
		14	26.4	90.6
	market seller		1.9	92.5
	other		7.5	100.0
	Total	53	100.0	

All *waria* from this study have a tendency to seek out partners they call “boyfriends.” These boyfriends may be married to a woman or may not consider their *waria* partners or friends, but for Abepura *waria* a full 16% (n=13) of sexual relations were with men whom they term “boyfriend.” In addition, 62% (n=49) of their partners over a 14-day period had had sex with them before. This strengthens the perception that there is a significant body of male clients who take pleasure in and choose to have repeat sex with *waria*, even if they are not dressed as women.

The people with whom Stella has sex are a highly disparate group. Papuan and Indonesian, young and unemployed “friends,” employed older clients--all of these people are engaged in heterosexual sex when they are not having sex with *waria*. None of these people use condoms. The condom use rate in this sample is appallingly low at 5%, and only two of the *waria* used condoms at all. It does not appear that the lessons of condom use, which are starting to have an effect among heterosexual workers in *lokalisasi* and bars are being similarly deployed among clients of *waria*.

**Table 5.5**  
**Type of Sexual Activity Performed by Abepura Waria**

	Frequency	Valid Percent	Cumulative Percent
oral sex	34	43.0	43.0
anal sex	3	3.8	46.8
foreplay	1	1.3	48.1
hand job	3	3.8	51.9
oral and anal sex	35	44.3	96.2
other combination	3	3.8	100.0
Total	79	100.0	

**Case Study: Stella the “young waria”**

Stella is a 22-year-old from the Genyem tribe who is considering taking university courses at UNCEN. He also works evenings in a hostess bar, assisting the owner by selling drinks, and clearing beer bottles off the table (some data has been changed to protect Stella’s identity). Of all the travel diary respondents, he is the heaviest drinker, reporting 29 drinks in a 14-day period, although it is probably much higher. He is also the least sexually active of his peers, engaging in sexual relations eight times in a two-week period, of which five were paid for by alcohol. He lives with his family. He is a charming person to talk to, and he has engaging large brown eyes and a direct gaze.

Stella was raped by an older teenager at the age of nine. Stella’s second sexual encounter was also forced, and he has suffered several violent incidents in the past few years since adopting a *waria* identity. Among them, Stella was raped by three men who forced him to perform oral and anal sex (two other *waria* from Abepura tell of similar

r oral and anal sex to clients, either as insertor or insertee. However, Stella also has a long-term relationship with a man he terms his “boyfriend.” This man is married, lives with his spouse and children, and meets Stella clandestinely once or twice a week. Stella does not charge him, but does give gifts to him and receives gifts from him, and says he has a warm relationship with him.

Because Stella lives at home and works in a bar, he has no official place to have regular sex. If he meets a client, friend or boyfriend, he has sex with them in a range of temporary places. These included at his boyfriend’s house while that man’s wife was away, in a rented room, behind a hotel, at a friend’s house, by the side of the road, and in a salon. These mostly occur after the bar closes, whereupon he and friends regularly leave to visit other friends, or attend a party. On one day, for example, Stella left the bar

with two friends to travel to Jayapura to drink more. He drank beer, vodka and moonshine (*saguer*), a total of six drinks in all. The people who invited him to drink paid for the alcohol. He then had sex with two men, for a total of Rp. 25.000. He provided oral and anal sex for both of them. He serviced the first customer while half-drunk, and the

second some hours later. Another night, he got drunk but stayed closer to home, receiving Rp. 35.000 for his oral sex services with B.U. After getting paid, he sought out his friend M.D., with whom he had anal sex and played the insertee role. After they were finished, Stella gave all his money away to M.D. On another night at the bar, Stella describes his night:

*P.C. gave me two beers, Y.N. and D.W. each bought me one. After work, met D.K. First I had sex with D.K., except I only had sex by hand (hand job), while I was doing foreplay where I sucked his lips (isap bibir), but no sperm came out of my penis, then I left to go back to Abepura where I met P.I., and E.K. They both tried to bargain with me for me to go with them, and in the end, I chose E.K. E.K. and I arranged for a place to meet and there we had sex. During our sex, we had oral sex and sperm came out in my mouth. That is all, and thank you very much.<sup>56</sup>*

### 5.5.2 Waria of Sorong

*Waria* of Sorong live a much more established, and routine life. *Waria* there are both Papuan and Indonesian, and they have work in salons or in government offices. They tend to live together in rental homes, and they look out for each other by going together to sex sites.

Despite the conformity of Sorong *waria* to national norms of dress, they do not appear to have as many sex partners as the *waria* in Abepura. On average, the *waria* in Sorong entertained an average of 7.8 partners in a 14-day period, with between two and 14 partners overall. In Abepura, they averaged 10.3 partners in 14 days, with the number of partners ranging between eight and 14 over the same time frame. *Waria* in Sorong receive money as compensation, but they are far less likely to receive alcohol than those in Abepura.

In Sorong, *waria* work in “closed” situations. They work and live in fixed places, and go to fixed sites to meet customers. While some of their transactions take place outside, in general, the Sorong population is more secure. This is a noteworthy pattern because it suggests that *waria* who are Indonesian are more likely to operate in stable milieu. Those who are stable are more likely to be targets of AIDS interventions because they can be located and monitored more easily. Thus, it is possible that AIDS interventions for *waria*, unless they are planned very carefully, can end up favoring Indonesians over Papuans.

***Recommendation:***

Preventions need to focus on waria client groups—civil servants, the military, motorcycle drivers, and businessmen.

***Recommendation:***

It is imperative to attend to local politics of gender and sexual identity for condom promotion with waria. Rates of condom usage are so low when waria have sex with their clients because clients are so obviously “heterosexual.” Condom promotion with clients needs to focus not on reworking sexual identities, but on emphasizing the risks associated with all forms of oral or penetrative sex.

***Recommendation:***

Recognize that the waria’s role as insertor and insertee expands the parameters of risk for transmission of HIV. Promote safe sex with waria by drawing on the waria culture of group activities. Promote more non-penetrative sex between waria and customers.

## **5.6 CONCLUSIONS**

All three types of commercial sex reported here are “open.” Papuan sex workers consistently find themselves in situations of high risk for violence, unprotected sex, and sickness due to unsanitary conditions and lack of privacy. There seems no question on the basis of data from this chapter that prevention efforts need to be targeted especially towards Papuans. Effective prevention can begin with determining which ethnic groups are at highest risk of contracting HIV in Papua through commercialized sexual networking, and providing services targeted appropriately towards them. The following chapter demonstrates that lack of information, as opposed to lack of willingness, may be the biggest barrier to overcome in establishing effective HIV/AIDS prevention among Papuans.

## Chapter Six: HIV/AIDS and Condoms

*We Papuans want to use a condom, but we don't know how to use it, what it is used for? Now if we knew, oh a condom is used like this, this is the way to use it, then, yes, we would like to use it.* (Simon, Awyu, male)<sup>57</sup>

This chapter describes and discusses levels of awareness about HIV/AIDS and condoms in the province. It addresses the context of cultural knowledge and practice about disease in general, and HIV- and AIDS-related issues in particular. Data show that while some information about HIV/AIDS has reached Papuans, actual levels of understanding are low. Their traditional cultural barriers to condom acceptance appear to be an issue of far less importance than ignorance or beliefs grounded in provincial politics. Effective HIV/AIDS prevention needs to begin by actually providing Papuans with condoms, and educating them in an impartial way about their importance.

### 6.1 HIV/AIDS KNOWLEDGE AND AWARENESS

It appears that previous intervention messages about HIV/AIDS have had an effect in the province--81% of our SIS respondents (n=159), for example, had at least heard of HIV/AIDS. However, on the basis of accounts that were collected by researchers, many of those who had "heard" of AIDS actually knew nothing about it. Several estimated that the actual rate of HIV/AIDS awareness in their communities was 50% at best. That is, less than half were able to sketch in even the broadest outlines what AIDS is and how HIV is transmitted.

Many respondents across the province were able to describe a way to prevent transmission of HIV (see table 6.1). Without prompting, and regardless of truth content, respondents were able to list the following means of HIV prevention:

**Table 6.1**  
**Percentage of Types of HIV Prevention Mentioned By Respondents Without Prompting:**

Preventive measure mentioned	Number of respondents	Percentage (n=196)
Use a condom	68	35%
Have sex with a single partner	41	21%
Avoid having sex with multiple partners	35	18%
Avoid having sex with prostitutes	32	16%
Avoid needles	30	15%
Avoid sex with person who has many partners	14	7%
Avoid using razors of others	9	5%
Avoid people who use narcotics	2	1%
Avoid homosexual sex	0	0%

Not one respondent in the survey said that abstaining from sexual relations with men who engage in anal intercourse with other men might be an effective preventive

measure. This suggests that there is no education concerning the dangers of anal sex in AIDS materials. Yet, given how widespread *waria* populations are, how heterogeneous is their client base, and how low condom use rates are among their clients, it seems that this is a critical omission in promotion, and one that needs to be rectified immediately.

Some knew that AIDS could not be cured. It is a measure of the general levels of ignorance about HIV/AIDS in the province that many respondents said that a trip to the doctor or the *dukun* would take care of the problem:

*I think people get over that disease here by drinking a potion (Non, Mee, woman).*

Even more disturbing was the claim by many that it could be cured by prayer:

*Mostly, I've heard that if people pray seriously, that the disease can be cured, even if there is no doctor. But if there is a personal problem that can make the disease spread through your whole body and it can make your body weak, that indeed is a disease from God. If you believe in God then most certainly you can be cured, but if you don't believe, then you will die from it. (Rode, Nimboran, woman)<sup>58</sup>*

**Recommendation:**

Any prevention efforts in Papua will need to strenuously communicate that although HIV can be treated any number of ways, with varying degrees of efficacy, AIDS remains at present a seemingly incurable disease syndrome.

**Recommendation:**

Begin aggressive promotion about risks associated with penile/anal or oral/penile sex.

**6.2 CONDOM AWARENESS AND USE**

In the standardized interview, only 29% of respondents recognized a condom when one was held up to them and they were asked to identify it (see Table 6.2).

**Table 6.2  
Percentage of Respondents Who Can Identify a Condom Without Prompting**

**Percentage of respondents who can identify a condom without prompting**

	Frequency	Valid Perce	Cumulative Percent
	57	29	29.1
No	139	70	100.0
Total	196	100.0	

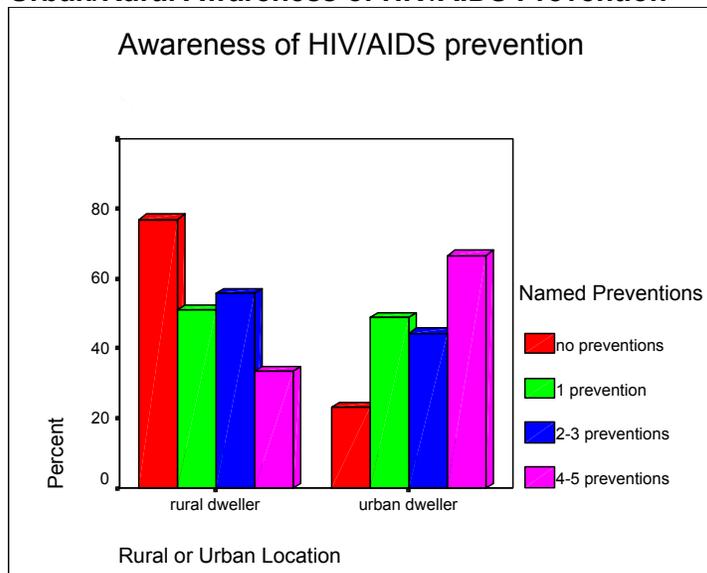
Awareness varies across the province, seemingly in accord with the amount of condom promotions set up. In the town of Merauke, a site of active condom promotion, 40% (n=14) of respondents recognized one. In the rural highlands, by contrast, only 8% (n=4) recognized a condom. The actual rate of awareness is probably much lower than 29% in the general population if the urban bias of the sample is taken into account.

**Table 6.3**  
**Percentage of Respondents Who Have Ever Used a Condom**

		Frequency	Valid Percent	Cumulative Percent
Ever used a condom	yes	26	14.9	14.9
	no	149	85.1	100.0
Total		175	100.0	

According to Table 6.3, a total of 15% (n=26) of respondents said they had ever used a condom, but this rate varies strongly by location. People in rural centers were much less likely to have used one than urban dwellers. Respondents from the area around Merauke were more likely to use condoms, with 29% (n=10) of respondents saying they have ever used one. In contrast, not a single respondent under the age of 25 living in a rural area had ever used a condom. Residents of rural areas were equally unlikely to be able to name condoms or other strategies of preventing HIV transmission (see Table 6.4).

**Table 6.4**  
**Urban/Rural Awareness of HIV/AIDS Prevention**



Of the survey respondents 80% of people who could not identify a condom lived in rural areas, whereas urban dwellers who could not identify a condom made up just 20% of respondents.

The most frequent reaction to the topic of condoms was that people knew nothing about them. In particular, women respondents said condoms were not something Papuans were familiar with:

*If a straight hair man (pria rambut lurus) has sex with us, then they put this balloon around their genitals.<sup>59</sup>*



AIDS promotion in urban Jayapura and Wamena - *But where are the condoms?*

Both men and women discussed violence, control, and decision-making with regard to condom use. Women fear their husbands or partners will get angry with them if they attempt to insist upon condom usage.

*If I give him the condom for him to put on his penis, he will hit me (Vero, Mee, woman).*

Men were concerned that their regular partners would not like the different style of sex, and they were also afraid she would become suspicious.

*I can't just take it to use it with my partner, later there will be a problem, because we haven't reached a decision or agreement to use the condom. My wife will say, "Where did you get this?" then my wife's thoughts go straight to sexual relations and she will suspect I have had sex with another woman (Booy, Lani, male).<sup>60</sup>*

There were also comments that indicated routes to positive promotion and acceptance. These involved the idea of protecting the penis, semen or the vagina from dangerous substances of various kinds.

*If you are with "naughty" women and then after you go and have sex with your wife, your wife will get genital sickness, passed to you from the sex worker. So for sex workers you have to use a condom. That way the sperm that comes out will stay there. So then after that having sex with your wife, then your wife will give birth (Aringop, Lani, male).<sup>61</sup>*

The most common word used in association with condoms was "shy" (*malu*), which Papuans used almost uniformly to describe how they'd react if they were given a lesson in condom use. Because condom usage for Papuans is "not usual" (*tidak biasa*), they

would be uncomfortable learning if there were “other people around” (*orang lain*), especially Indonesians:

*We would be shy, feel strange, and we’d laugh* (Helena, Awyu, woman).<sup>62</sup>

In addition, there are possible barriers to condom use erected by tribal leaders seeking to resituate contemporary sexual practice in light of traditional norms. One respondent commented that, when she was at an event at which condoms were distributed, Papuan men, unlike the Indonesians there, wouldn’t take the condoms:

*The Papuans didn’t want to take the condoms when they were handed out, they had a lot of objections, they said ancestor spirits never needed to use condoms* (Martha, Genyem, woman).<sup>63</sup>

The pragmatism evidenced by average Papuans may be in direct contrast to the more conservative voice of traditional leaders.

For the few respondents we interviewed who had ever used condoms, their reaction to them was muted and unexceptional. A few said that they didn’t feel good (“*rasa tidak enak*”), or made it harder to achieve orgasm (“*tidak memberikan kepuasaan*”). However, an equal number said condom use did not change levels of satisfaction (“*biasa saja, dia merasa puas*”), and three women said they routinely used condoms to prevent disease, which was more important to them than how it felt. One woman said she didn’t like inferior condoms sold by the BKKBN because she once got one stuck in her vagina. However, speculation, not experience, is at the root of most talk about condoms.

There are several respondents who are regular condom users. However, they are not consistent in their condom use. One young man who engaged in opportunity sex provides an example of how the attempt to discern appropriate partners for condom use doesn’t translate into safe practice.

### **Case Study: Dipen**

Dipen knows of AIDS and condoms, but he uses them in a sporadic fashion, relying on an inconsistent logic. AIDS is something you get from outsiders, he argues, so he uses condoms whenever he goes to Wamena. He also says he uses them if he has sex with a sex worker. Dipen said he used condoms a total of three times in his last 13 sexual encounters. Yet, he had sex with Siska three times, a known sex worker, but he only used condoms twice with her. He also went to Wamena and said he had sex twice while there, but did not use a condom either time, because both his Wamena partners were “friends.” He never used a condom with his girlfriend, with whom he had sex four times in the 14 d  
gonorrhoea himself in the past, he does not apply this knowledge consistently in p

A final association in the present in Papua links condoms to wider political problems. There were a host of rumors, expressed by men and women, young and old, about

governmental practice and attempts to control the lives of Papuans. Discussion about condoms appears linked to complaints that many Papuans have about birth control. There are many people who feel condoms are part of broader efforts by the government to eliminate them by reducing the numbers of children Papuans have. As a result, there is opposition to using anything, which might be associated with regulating sexuality and reproduction.

*The first time the midwife demonstrates the condom maybe the reaction of Papuans is anger and they say for us here, we don't want to know. The midwife demonstrates how to use it, maybe they see that and their faces are already different, people feel angry and say: it's better if the newcomer (pendatang) goes home because they already want to own the village, they cannot stay here. Because pendatang believe Papuans get involved with things that are not good (Jovick, Mandoben, female).<sup>64</sup>*

*Papuans would be angry [if shown condoms by an Indonesian] and say, "Ah, this thing is another place where they are trying to push us again into using something" (Novia, Mandoben, female).<sup>65</sup>*

Barriers to condom use appear to be linked to education, politics and access. There are no deep-seated cultural values regarding condoms *per se* that would prevent their enthusiastic adoption. Traditional opposition by *adat* leaders may cause problems. However, the association between condoms and the government, in particular government birth control, is a potential problem. It signals how important it will be to develop promotions, which are extremely sensitive to issues of ethnicity, of politics, and of pride.

**Recommendations:**

The goal must be to minimize negative associations between forms of social control and condoms, so that everyday Papuans think about condoms in terms of cultural pride and personal choice.

**Recommendation:**

These results strongly suggest that teaching Papuans about condoms needs to happen not at large, public meetings where Indonesians and Papuans might attend together, but at small, Papuan-run and Papuan-oriented sessions. These would offer the chance for men and women to talk about condoms and the problems of partner acceptance in a context where they feel safe and comfortable.

**Recommendation:**

Traditional leaders will need to be consulted carefully to determine how they can inte

### 6.3 HIV/AIDS KNOWLEDGE AND AWARENESS

If debates about condoms are surprisingly mild, then discussions about HIV/AIDS more than make up for them. To understand the thrust of AIDS talk in the province, this section discusses associations between disease and AIDS and overt associations made between AIDS and politics. In both cases, Papuans have evolved very complex ideas about how HIV/AIDS came to Papua. These need to be understood so that promotions can avoid reinforcing widespread negative associations.

#### 6.3.1 How Papua got HIV/AIDS

According to many Papuans, AIDS is a new disease syndrome from which Papuans did not suffer until recently. Three main explanatory strands link the means by which HIV/AIDS came to Papua and to the people who allegedly brought it: from women who have a lot of sex partners; from traditional tribal enemies; and from non-Papuans.

Many respondents suggested HIV/AIDS arose from sex with multiple partners, or “free sex” (*seks bebas*). Some women were considered to be particularly dangerous sex partners, such as “naughty women” (*wanita nakal*), “immoral women” (*wanita sundal*), and “lipstick women” (*wanita lipstik*). These were typically referred to in contrast to traditional women.

*[Getting AIDS] happens if we have sex with aibon [glue-sniffing] women, but also with women who usually go to the city, or women who usually have sex with many people, straight-haired people, Lanny, Ekagi and white skinned people (Logolu, Lani, man).<sup>66</sup>*

Many respondents described AIDS as a disease syndrome newly brought into their cultural group by enemies. AIDS is brought in from elsewhere not in a random way, but in or on the bodies of certain people. Enemies are typically tribal groups who once were at war with each other. To paraphrase, many men say enemies now just send their women and poison us this way instead. Blaming traditional enemies for new health problems is commonplace in Papua.

Indonesians are another type of enemy who bring HIV/AIDS. They blame Indonesian sex workers, or Indonesians in general, who move into the territory, displacing local inhabitants and bringing about unprecedented social change.

*Pendatang have the illness AIDS, newcomers bring AIDS to the Papuan people, because most Papuans like to have free sex, changing partners frequently or changing partners with Papuan, and then pendatang women (Andre, selatan, man).<sup>67</sup>*

*In my opinion, us Papuan elders did not know the disease HIV/AIDS, since Indonesian people came to Papua, then we knew the virus HIV or AIDS. So this virus was brought by pendatang. Syphillis, AIDS (Rendy, Ayamaru, man).<sup>68</sup>*

*Pendatang bring HIV/AIDS while Papuans had leprosy and also scabies. Papuans can get HIV/AIDS from pendatang because they have sex with*

*pendatang, without sex there is no possibility of getting AIDS (Lin, Marind, woman).<sup>69</sup>*

There is a particularly widespread rumor that HIV/AIDS is brought in deliberately to bring about the destruction of the Papuan people. Researchers were aware of the rumor before carrying out the survey, and a question was added which sought opinions on a fictitious news item in which different rates of HIV/AIDS were reported. Responses to this question were numerous, extensive and detailed. Most of them brought up the issue of how AIDS got into Papua, which was not even part of the question. We feel the question tapped into a constellation of beliefs about disease etiology, which are political in nature. Nevertheless, while there were many negative statements, there were an equal number of neutral comments on other matters about interaction between Papuans and in-migrants, travel to other parts of Indonesia, or respondents who have had intimate relationships with non-Papuans. It suggests that in some parts of the province the rumor will have a wider currency than in others, but that most acknowledge its strength as a form of local discourse. Among everyday people, this is a dominant worldview.

*Genital sickness arose because of the hate, which is directed towards the Mee people. That hate comes from people who think about destroying the Mee. So genital disease was brought about by Indonesian people (Iter, Mee, male)<sup>70</sup>.*

*The government health workers want to destroy us, to decrease the number of inhabitants here, so that they can take all the land here (Phil, Mee, male).<sup>71</sup>*

This rumor needs to be taken seriously, particularly as it seems to be growing in influence. An earlier study of AIDS rumors in Papua suggested this kind of logic was contained to parts of the province where economic development was having a large effect on social life.<sup>72</sup> Now, with economic development increasing, what was once a localized rumor has become widespread throughout the province, and has even surfaced on the Internet and in publications.

***Recommendation:***

Transform rumors linking AIDS to politics into a positive campaign, which promotes strengthening Papuan identity through promoting safe sex. Youth should be specifically target  
identi  
domin

## 6.4 CONDOMS FOR PAPUANS

Rumors about AIDS offer an opportunity. When there are widespread assumptions across otherwise disparate groups, at least everyone is talking the same language. The rumors about HIV and about AIDS etiologies are based on a burgeoning feeling of Papuan identity. Papuans increasingly see themselves as both members of their local cultural group and as members of a province-wide ethnic group. If Papuans indeed believe they are being targeted, then politically, a promotion founded upon notions of tribal protection will make sense and will likely generate a positive reaction. One such promotion is the idea of a Papuan condom.

There was widespread support across the province for the concept of a Papuan condom. In the SIS survey, 82% (n=159) said they would be more likely to use a condom if one were produced specifically for them.

Many respondents felt the condom's name should contain a cultural reference such as "penis gourd" (*koteka; paiute*). It was felt by others that these would alienate members of cultural groups who do not use gourds. Thus, *Kondom Papua* was the name that was felt to be the most inclusive. In several informal discussions, people felt the package should distinguish itself clearly from other kinds of condoms. The word Papua, they said, should be prominent on the package.

The rumors and talk about the politics of HIV/AIDS indicate that a great deal of care needs to be put into designing prevention materials and promotions that Papuans will embrace. They will be more likely to listen and alter their behavior if the presenter is not an Indonesian, and if the presenter directly addresses rumors about Papuan genocide and the solution of tribal solidarity.

In Merauke, the principal researcher held three informal focus groups with men and women in the village of Bahore to assess responses to a Papuan condom. In one of the informal focus group meetings, the benefit of linking Papuan identity politics to condoms was made obvious. One youth said several times how much he supported the concept, describing condoms as something that can stop disease and the disappearance of his tribe. Youth reacted positively because they were spoken to candidly about dominant beliefs and fears in the context of a health information seminar. For those who have alternate ways of viewing the world, rational explanations about the need to change behavior sounds more like discourses of politics and control than straightforward information. Thus, it is not that Papuans "don't yet understand" (*belum mengerti*), but that the language used to explain things hasn't yet been a language they have been allowed to make their own.

### **Recommendation:**

Produce and promote a condom especially for Papuans. Ensure that it looks different from current Sutra condom products.

***Recommendation:***

Work with existing beliefs because this is more likely to be successful in Papua than trying to override them. There is already a great deal of antagonistic relations between Indonesians and Papuans. Introducing new ideas about regulating sexuality needs to begin from a framework which recognizes that Papuans will be suspicious of new efforts to regulate sexual practices.

Use the language of culture and politics to communicate ideas about condoms and safe sex. Recognize that “should” messages based on facts about HIV/AIDS transmission are likely to be interpreted in negative ways.

**6.5 CONCLUSIONS**

The biggest barrier to awareness and HIV/AIDS prevention in Papua is the lack of relevant information presented in an appropriate fashion. This deficiency is rooted first and foremost in a lack of educational promotion for rural and peri-urban residents. Papuans do not appear to have deeply ingrained beliefs, which would prevent them from adopting condoms were they readily available. In fact, above and beyond the trepidation of trying out new things, most Papuans seem to be very interested in tools and information that will allow for healthy sex lives. There will undoubtedly be opposition to condoms, from unwilling partners and spouses, and from traditionalists who resist new experiences. However, before those barriers can be dealt with, more people have to know what a condom looks like, feels like, and how it works. There is considerable work to be done for Papua to catch up to the rest of the world in putting condom promotion at the forefront of prevention efforts.

## Chapter 7 Conclusion

For many Papuans, the current intersection of culture and social change presents many challenges to healthy sexual practice. On the one hand, rigid sanctions emphasize physical punishment or social stigma, and these endure in many regions. Many valued practices, such as polygyny, place members of a cultural group at risk of having unprotected sex with potentially infected partners. On the other hand, the dissolution of once-rigid cultural borders and access to new potential sex partners outside the cultural group has promoted the commodification of sex. Large inflows of money into once remote regions promote increased rates of domestic violence, forced sex, and sex work in areas where these patterns were once largely absent. Women are at greater risk of abuse. Competition between men for money, resources, and prestige can increase risky sexual behavior for men. Virtually every adult member of Papuan society, in short, is at potential risk of engaging in sexual relations that may lead to the transmission of HIV.

However, throughout this era of rapid social change, the majority of Papuans retain a strong sense of cultural pride and an abiding concern with their physical and cultural well-being. It is this commitment to a cultural identity as Papuans which may provide the most effective route to increased awareness of AIDS and safer sexual practices. Almost all the results from this research confirm the need to develop programs and policies which are specific to the Papuan population. Papuan values of a strong and united tribal group should become a basic component of AIDS prevention programs. Interventions drawing on Papuan cultural identity can avoid pressuring Papuans to accept a dominant Indonesian morality which may not conform to indigenous cultural beliefs and values. At present, any attempt to replace cultural values with national models of morality and sexual restraint are likely to be interpreted as coercive. A more value-free approach, in which condoms are advocated without judgment, will be more readily received. However, for a program based on condoms to work, the provincial government must be committed to making condoms freely and widely available. Far more than at present, condoms need to become a matter-of-fact feature of everyday life for all Papuans across the province.

### KEY RECOMMENDATIONS

Promotions need to be widespread. In particular, rural men and women are highly mobile and frequently visit urban sites where they can engage in sexual behavior with less fear of repercussion than in their home communities. General HIV/AIDS education and condom education in all rural areas is clearly inadequate. Interventions in place in urban centers must have their counterpart in nearby rural and peri-urban communities for them to have an effect.

#### Youth

Young men and women need to be aggressively targeted in urban and rural sites. Two types of youth promotions are required. The first intervention is primarily educational. Men and women under 25 need to learn what a condom looks like, how to put one on, how to use and dispose of it properly, and what the dangers are of unprotected sex. The best way to teach them is in small, gender-specific groups. While the community-wide public meetings that are common in Papua can attract young, rural men and women,

they are an inappropriate format for condom education. Education that takes place in small groups should draw on existing cultural values with regard to exchange relations, bodily fluids, sanctions, and ideas about desire.

The second intervention targets the young men and women who engage in sexual activities for cash and goods. Educational promotions at large festivals or gambling locations will find that audiences are comprised of street sex workers and youths engaged in “secret sex”. Peer educators should carry out small-group discussions at public events, including, but not limited to, “traditional” parties. Material presented in small groups and at public events needs to be highly attentive to political conditions. At the least, the presenters must be Papuan, and the promotions must be presented from the vantage point of culture and politics, as opposed to simply presenting biomedical facts. Condoms should also be promoted and advertised in a “sexy” way in the transport vehicles that men and women use to get about: speedboats, larger ships and, especially, long-distance trucks and taxis.

#### Street sex workers

Peer education for sex workers needs to be extended beyond large urban centers to all urban and peri-urban centers in the province, as these are also sites where street sex workers recruit clients. Client groups need to be targeted widely, in particular the public sector, the police, and the military.

#### Waria

*Waria* clients are ill-informed regarding the health risks of engaging in anal intercourse. Health promotions targeted at client groups (the military, the civil service, and the private sector) are imperative. Promotions should include the health risks of unprotected anal intercourse and the transmission dynamics of sexually transmitted diseases (STDs) in addition to HIV. Promotions need to be focused in regions of the province that have a long history of urbanization and modernization.

Overall, Papuans have a strong sense of tribal and Papuan identity, and both should be drawn upon for prevention efforts. Promotions need to build on the cultural expertise of female and male tribal elders. Elders should be involved in promotions where they can emphasize their concerns about reproduction and the successful regeneration of the tribal group. Specifically, they need to help design the cultural components of province-wide rural promotion efforts. Their participation will ensure materials reflect widespread norms and values.

Another type of identity-based promotion needs to be geared toward young men and women. Their great mobility often puts them outside the geographic scope of tribal/elder influence. Provincial-level politics are consolidating a pan-Papuan identity movement, supported by many youths. Prevention efforts need to emphasize how safe sex and condom use are integral to the survival of the Papuan people as a whole.

Care needs to be taken to ensure these two promotions are not perceived as contradictory. Elders may interpret pro-condom promotion towards young people as opposing their interest in controlling access to reproductive sex. However, both programs are concerned with the survival and growth of the Papuan people.

In particular, youth promotions do more than promote survival of this generation of Papuans. Youths will soon become the voice of authority for the next generation. With intelligent promotions now, they may work to combat AIDS in years to come by learning to speak for the well-being of Papuans as a whole.

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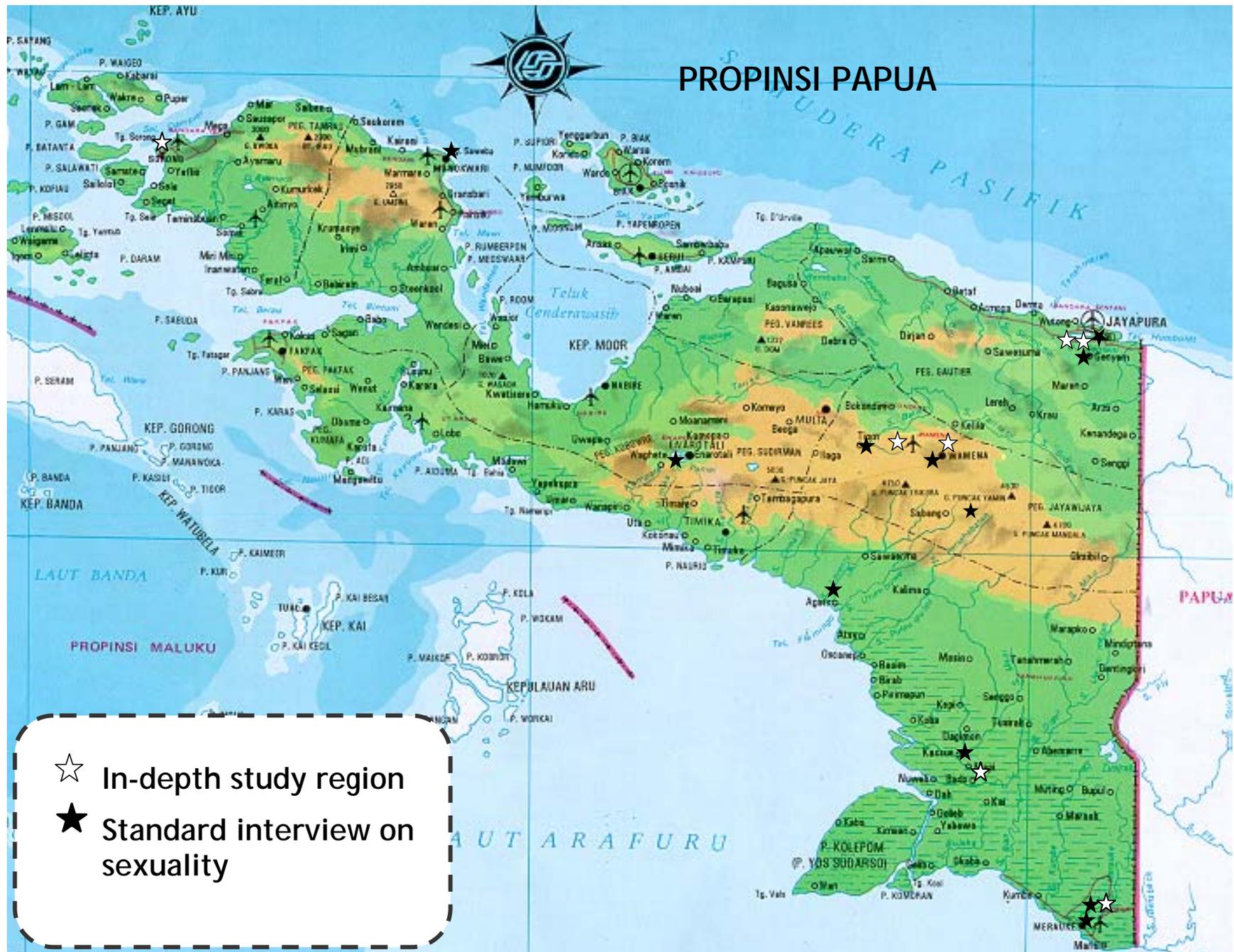
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## Appendix 2: Study Area



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## Footnotes

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<sup>1</sup> See Sinaga 2001.

<sup>2</sup> Carol Jenkins 2001 notes there are often a host of assumptions and commonly held ideas about HIV and sexuality locally which may not be grounded in fact.

<sup>3</sup> See, for example, works by Warip & Abrar 1999, Warwer 1999, Koch 1974, and Inggokusumo 2000.

<sup>4</sup> Key studies on marriage and reproduction include O'Brien 1970; Hartono et al. 1999; Butt 2001; Marksby 1993; Sims 1991.

<sup>5</sup> Some recent sex work studies which do not include discussions of ethnicity are Y.H.D.'s study of sex workers in Biak (1997); Kusmaryati's study of sex workers and behavior (2000); PKBI and FHI's study of Tangung Elmo sex workers (2000); and PMI and PATH's study of sex workers in Sorong (2000).

<sup>6</sup> Only studies by Wambrauw et al. 2001, Wambrauw 1999, and Wambrauw et al. 2000 privilege the experiences of Papuan street sex workers. Morin et al.'s (1999) study uses ethnicity to organize data, but does not make recommendations that recognize cultural difference.

<sup>7</sup> Research was carried out under the supervision of Dr. Johsz Mansoben, MA, from the Lembaga Penelitian UNCEN, and Dr. Leslie Butt from the University of Victoria, in Canada.

<sup>8</sup> See NRSST and Jenkins, 1994.

<sup>9</sup> The qualitative questions were drawn from the study by NSRRT and Jenkins, while also drawing from work done in Papua New Guinea by Christine Bradley, Holly Wardlow, and Lawrence Hammar on sexuality, gender and sex work. Questions were designed to elicit both personal experience and cultural norms.

<sup>10</sup> Quantitative questions were drawn from questions employed in earlier sexuality surveys, including the General Sexuality Survey and behavioral surveillance survey questions used in Utomo 1998. Elizabeth Pisani from F.H.I.-Jakarta, also provided survey questions which were used in the SIS.

<sup>11</sup> This study used Rapid Assessment Procedures as outlined by Scrimshaw et al. (1991), and by Manderson (1997; Manderson and Aaby 1992). Rapid Assessment Procedures provide a useful modality for collecting qualitative and quantitative data which is directed to policy purposes. The procedures have clear advantages over more traditional anthropological methods because they provide rapid, up-to-date, and targeted data on the problem at hand. Manderson proposes a two-stage model, in which only the first stage, lasting approximately one month, is rapid assessment. The second stage focuses inquiry on specific aspects of the problem, and does in-depth research with an identified risk group. This project employs Manderson's two-stage model.

<sup>12</sup> Travel Diaries provide the opportunity to record daily sexual practices and their links to other behaviors. Daily records minimize the distortion of recall, which is typical of other attempts to record accurate data about sex. Huygens (1996) finds diaries to have one of the highest rates of accurate recall of methods used. The diaries constructed especially for the Papuan situation were drawn from models used by Coxon (1999, 1994) and Pickering, et al. (1997).

<sup>13</sup> Motivasi main seks adalah untuk menurunkan keturunan bagi suaminya dan agar tercipta kebahagiaan hidup dalam keluarga.

<sup>14</sup> Wanita yang bagus adalah mereka yang memiliki sifat setia sehingga tahu melakukan tugas dan tanggungjawab dirumahnya, dan bagi wanita yang memiliki sifat tenang dan tabah. Alasan terpentingnya, yaitu agar keadaan keluarga kami sejahtera, aman, dan damai. Saya pernah mendapatkan wanita seperti itu sebagai pacar saya, bahkan sekarang menjadi isteri saya

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<sup>15</sup> Itu bahwa kami berhubungan seks perempuan akan hamil apabila setelah 5,10,15. Ada yang terlalu cepat karena mempunyai kandungan yang cepat/subur tetapi ada pula yang lama baru hamil.

<sup>16</sup> Ya saya tidak pernah berpikir bahwa saya dapat pacar seperti ini tetapi saya berdoa kepada Tuhan untuk teman hidup saya, akhirnya saya dapat yang cocok sekali, suami saya tidak marah, tidak pukul saya, dan tidak pernah kacau-kacau, kami dua hidup dengan penuh kasih.

<sup>17</sup> Tahu sendiri dan baca di novel atau buku-buku yang mengenai seks, nonton TV atau nonton di CD yang porno.”

<sup>18</sup> Awalnya saya rasa gementar karena takut akan nasehat orang tua, ajaran adat dan agama. Tetapi setelah baca novel, nonton VCD porno dan akhirnya kami ingin coba dan akhirnya jadi dan sekarang dia menjadi istriku.

<sup>19</sup> Kalau suami saya mabuk pasti saya juga lari pada orang tua, suami ambil saya bawa ke rumah dapat pukul lagi. Selama dapat pukul saya tidak pernah melayani dia, jadi saya harus tunggu dia sampai tidak mabuk baru bisa berhubungan seks. Kalau laki-laki mabuk nanti kita yang setengah mati.

<sup>20</sup> Untuk kesuburan manusia...setelah mereka berhubungan seks baru mereka hambur ditanaman.

<sup>21</sup> Hubungan yang wajar antara suami istri. Dalam kepercayaan hubungan seks itu tidak boleh dilakukan dalam rumah harus di luar rumah misalnya di kebun karena kalau di dalam rumah itu najis, kalau di kebun sekalian untuk menyuburkan tanaman. Soal najis itu kita sangat perhatikan misalnya perempuan yang sedang dalam keadaan menstruasi tidak boleh pergi ke kebun karena tanaman juga bisa tidak subur.

<sup>22</sup> Mereka kasih masuk adat itu wanggar (air mani) itu, kulit diiris dulu di kepala, kaki tangan, muka belakang baru digosok sisanya direndam di air baru diaduk mandi baru suruh dia, jadi sakit lumpuh.

<sup>23</sup> Sebagai hal yang mematikan tetapi juga sebagai lambang kesuburan atau pemberi semangat. Kalau jatuh di kebun, di orang musuh, bisa matikan. Untuk itu, tidak boleh main di tempat sembarang. karena kalau dilakukan di dusun sagu misalnya maka pohon sagu sekitar itu akan mati/kering.

<sup>24</sup> Ya seperti orang tua bilang, waktu bujang itu kita buang-buang sperma nanti kalau sudah punya nanti tidak dapat anak, karena bujang itu buang terlalu banyak. Sekarang itu saya rasa dan saya tidak kuat, jadi kalau teman teman lain mereka jaga diri baik mereka dapat anak lima sampai dengan enam saya ini tidak hanya satu anak saja terus saya tidak mampu (Simon, Awyu, laki-laki).

<sup>25</sup> Nafsu itu membuat hilang pikiran hilang ingatan disbnya[unreadable] nafsu positif kita harus berpikir lebih duluan pergi lakukan dengan secara baik.

<sup>26</sup> Kami tidak atau jarang meraba dan memegang kemaluan perempuan dan laki-laki, berciumanpun amat jarang. Kami tidak berlama-lama ditempat tidur atau disamping isteri.

<sup>27</sup> Dalam hubungan badan, perempuan tidak boleh diatas laki-laki, karena dibahu laki-laki ada kekuatan perang maka tidak boleh ditindis perempuan...uap dari kemaluan perempuan bisa usir roh keberanian perang yang ada dibahu/pundak laki-laki.

<sup>28</sup> Ada lain lagi yaitu posisi main seks yaitu kepala perempuan di bagian bawa (tempat miring) dan pantat di atas supaya pada saat air mani sudah mau tumpah perempuan punya tidak masuk kepada saya. Itu karena tenaga perempuan tidak mampu naik (mengalir ke atas). (Yimu, Lani, laki-laki)

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<sup>29</sup> Atau dapat menghasilkan anak apabila masuk dalam rahim wanita juga sama mempunyai kekuatan napsu dan juga laki-laki jadi setelah masuk keduanya akan bersatu, dan itu akan menjadi anak. Napsu tidak boleh dihamburkan sembarangan dirumput.

<sup>30</sup> Kalau minyak licin tidak ada sebab begini biasanya dia sudah licin memang kalau istri napsu kita juga napsu ini jelas pasti berair tidak perlu pakai minyak pelicin itu menurut pengalaman saya. Begitu ada orang pakai saya tidak tahu tetapi itu saya takut jangan sampai minyak itu membuat kekacauan didalam rahim. Kadang-kadang saya hati-hati jangan sampai itu membuat kelainan. Saya rasa tidak perlu pakai minyak licin lagi. Sebenarnya tidak perlu dipakai macam begini arti itu sudah geram kita tambah geram growlbikin geram dia lagi. Karena dia sudah geram memang. Jadi kalau kita sudah napsu dia sudah licin memang.

<sup>31</sup> Laki-laki ini dia hanya asal main atau melampiaskan nafsunya saja, pada dia pada hal dia tidak tahu bahwa hubungan seks bebas itu resikonya tinggi.

<sup>32</sup> Motivasinya napsu.

<sup>33</sup> Saya didorong oleh hawa nafsu.

<sup>34</sup> Ya..., rupanya dengan alat seperti ini istri yang sudah umur 50-an tahun memang tidak tepat, karena nafsunya tidak sama seperti umur 30-an tahun. Walaupun saya pakai alat/ kondom ini kalau dia tidak bersedia percuma juga, kadang-kadang saya tahan nafsu.

<sup>35</sup> Memang saya sebagai anak muda pasti saja saya tidak bisa tahan nafsu. Tapi itu juga tergantung sifatnya si perempuan, kalau dia baik kepada saya dan saya baik kepada dia pasti saja kami akan melakukan hubungan yang sifatnya suka sama suka

<sup>36</sup> Tidak sesuai karena dalam kebiasaan [dalam adat] itu tidak ada istilah untuk pergi ke tempat-tempat nakal untuk melampiaskan napsu seksnya, tetapi harus menikah namun yang saya alami saya sering ke tempat nakal

<sup>37</sup> Biasanya bongkar rumah, pegang kayu dan parang tidak mau tidur dengan suami karena suami terlalu nafsu

<sup>38</sup> Saya belajar sendiri dari pendidikan saya, jadi seks dalam diri sendiri kita melihat nonton televisi kemudian cara berpakaian seorang wanita itu bagaimana itu mengakibatkan gairah dari situ dari latar belakang pendidikan orang bicara seks begitu kemudian kita keluar lihat dari diri saya sendiri, oh.. kalau perempuan pakai pakaian begini seksi, dari televisi, film, orang bicara seks begini itu yang termotivasi dari diri saya sendiri.

<sup>39</sup> Kalau saya setengah mabuk, saya mau semua orang papuakah...atau tentara Indonesiakah...tentu saja saya harus lihat dulu, apakah laki-laki itu ada uang baru saya bisa berikan.

<sup>40</sup> Pernah, tapi saya waktu itu sembunyi-sembunyi jangan sampai saya seperti mereka begitu, jadi waktu saya dikampung saya tidak berhubungan seks, nanti sudah datang di Kota, baru berhubungan seks, tapi Ketua Adat juga tahu saya dapat sanksi dapat bakar dari daun kelapa (daun suluh), bakar badan, rasanya sakit tapi tahan saja, cuma satu minggu punya kesakitannya dibakar dibagian badan dan kemaluan semua, sudah pernah rasakan

<sup>41</sup> Karena om saya keras untuk saya keluar namun Cuma saya ambil kesempatan waktu menjual sayur di situ saya bertemu dan kami lakukan seks.

<sup>42</sup> Kami di sana di katakan kami berdua larikan diri dari orang tua sama dua minggu di sana kami lakukan seks enam kali akhirnya orang tua beritahukan pada polisi akhirnya kami di suruh pulang.

<sup>43</sup> Karena dengan adanya pacar berarti tetap kami tetap melaksanakan seks karena kepuasan itu lewat pertemuan sehingga akan melampiaskan kepuasan antara saya dan pria itu lewat seks.

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<sup>44</sup> Saat acara tukar gelang berlangsung sering kami saling menukar barang maupun saling memberikan uang. Bagi laki-laki merupakan keharusan membawa uang untuk masuk dalam tempat tukar gelang sedangkan perempuan tidak demikian, sehingga apabila wanita diberikan uang atau barang oleh pasangannya lalu tidak ada pemberian barang balik lagi maka, akan dilakukan hubungan seks. Karena budaya orang dani barat mendapat sesuatu merupakan utang yang harus dibayar.

<sup>45</sup> Setelah di rumah Mila datang Andi dan Hasan ABRI; lalu mengajak saya melakukan hubungan seks, lalu saya melayani Hasah terlebih dahulu, dia memaksa saya melakukan oral/isap kelamin, tapi saya menolak dengan alasan adat kami tidak biasa, dan saya ancam berteriak lalu, dia melakukan hubungan seks biasa, memakai kondom, satu kali, lalu membayar uang Rp. 15.000, supermie. Lalu saya lanjut melayani Andi. Dia memaksa saya isap kelaminnya, saya ancam berteriak, tapi dia balik ancam saya akan pergi cari senjata. Lalu kami melakukan isap kelamin, saya muntah cairan kelaminnya, buang. Saya rasa geli sekali

<sup>46</sup> Kalau kitong punya uang banyak kita pasti bisa pigi dimana saja dan bersenang-senang dan kalau tidak ada uang tidak usah tinggal ditempat saja kita keluiar cari uang mau sekolah kah tidak kah itu uruasan kita yang penting ada uang untuk beli rokok, kalau kami pigi dikota itu banyak fin gi [wanita] mba-mba kami bisa bayar dan main dengan merekea itu juga dengan perempuan siapa saja pasti dia mau uang.

<sup>47</sup> See Wambrauw et al. 2001, and Wambrauw et al. 2000.

<sup>48</sup> One recent focused study on Merauke discusses the ethnic composition of sex workers. Yet studies of the Tanjung Elmo *lokalisasi*, for example, or Biak sex workers, makes no consistent distinction between customer and sex worker along the lines of ethnicity ( See Y.H.D. 1997, and PKBI & FHI 2000).

<sup>49</sup> See Crouch-Crivers 2001. This report on Freeport regular and occasional staff's awareness about condoms and STDs appears to suggest that employees who are predominantly Indonesian display a much higher condom use rate, than non-official workers who are predominantly Papuan.

<sup>50</sup> Saya jarang mengerjakan kebun, oleh karenanya penghasilan saya hanya dari menang judi atau hubungan seks.

<sup>51</sup> Saya waktu itu mengatakan kau saudara saya tapi keduanya megatakan kami tidak mempunyai hubungan famili, lalu saya pacaran.

<sup>52</sup> Setelah makan saya naik ke mes Koromil menemui Yance, lalu, saya dikasih rokok Surya dua buah lalu kami masuk ke kamar, lalu, saya disuruh buka pakaian, Yance juga membuka pakaiannya lalu, saya tidur terlentang tapi dia memaksa saya untuk main pantat. Saya menolak dengan alasan adat kami tidak biasa tapi Yance terus memaksa saya lalu saya melayani dia lewat pantat, dia memakai kondom selama satu jam lalu dia memberi uang Rp. 10.000-, saya minta tambah Rp. 5.000-, lalu dia tambah lagi.

<sup>53</sup> Kami mabuk berat, dan kami tidur bersama tetapi satu kali hubungan seks saja

<sup>54</sup> Saya tidak mau tapi bapak paksa terus terpaksa saya menyerah. Sehabis main seks saya tidak pernah mengeluh sakit, tapi yang saya mengeluh hanya sehabis main suami tidak pernah kasih uang saya marah lalu bapak bilang, kalau mau uang ko pegi cari dijalan sana.

<sup>55</sup> Yang main di situ semua orang kawin dan ada juga anak muda. Adakalanya tidak ada uang dorang bisasa bikin hubungan seks, itu sering saya ketemu. Perempuan juga main, biaritu orang kawinkah...itu salah satu pengaruh buruk untuk merusak dalam keluarga. Dan penyakit juga bisa melalui itu baik anak muda orang kawin juga banyak. Permainan itu biasanya berlangsung setiap hari mulai dari pagi, siang, sore dan sampai jam 12 malam. Setelah dapat uang banyak mereka main lain. Saya lihat banyak orang kawin sudah terjerumus dengan perempuan ini. ... Karena dari permainan ini ada banyak laki-laki dan perempuan dorong baku bawa yaitu antara suami dengan istri orang, perempuan dengan suami orang. Hal itu terjadi karena tidak ada uang.

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Ya...terpaksa harus jual diri. Kasus ini banyak terjadi di Genyem kota dan di kampung-kampung di Nimboran. Di Nimboran ada istilah 'yang penting bore.'

<sup>56</sup> "P.C. berikan saya bir dua botol sedangkan Y.N. dan K.W. memberikan saya bir satu-satu. Sesudah itu, bertemu dengan D.K.Pertama saya hubungan seks dengan P.K. cumin melakukan hubungan melalui tangan yaitu lima-satu, dan sambil pemanasan dengan mengisap bibir tetapi tidak sempat keluar spermanya – lalu saya pun pergi.Sesudah pulang sampai di Abe saya ketemu dengan P.I dan E.K. Mereka berdua pubn untuk menawarkan untuk ikut tetapi ternyata saya memilih untuk mengikuti E.K. dan saya dan E.K. pun menuju tempat yang akan kita berhubungan seks. Pada waktu seks kita melakukan isap kelamin hinga keluar lah spermanya di mulutku. Sekian dan terima kasih."

<sup>57</sup> De ingin pakai juga tapi de belum tahu persis kondom itu gunanya apa jadi seperti tadi ini baru kita tahu oh kondom de punya ini seperti itu, cara pemakaiannya kalau begitu kita senang pakai.

<sup>58</sup> Kebanyakan saya dengar kalau orang sungguh-sungguh berdoa, penyakit itu bisa sembuh, kalau tidak dokter. Tapi kalau ada masalah pribadi itu bisa membuat penyakit ini semakin meluas dan akibatnya mendatangkan cacat tubuh, itu memang penyakit kutukan Tuhan. Kalau orang percaya Tuhan pasti bisa sembuhkan tapi kalau tidak percaya bisa mati dengan penyakit itu.

<sup>59</sup> Kami tidak sediakan kondom, kalau pria rambut lurus melakukan hubungan seks dengan kami mereka memakai semacam balon di alat kelaminnya.

<sup>60</sup> Saya tidak bisa langsung mau ambil untuk bisa mengadakan atau praktek dengan pasang saya sebab, nanti ada masalah yang akan terjadi. Karena ini belum ada keputusan atau persetujuan untuk pakai kondom ini. Paling istri dia bilang "Ini dapat dari mana?" terutama perasaan istri itu lari ke hubungan seksual dan dia curigai saya pasti ada main dengan perempuan lain.

<sup>61</sup> Itu apabila dengan perempuan-perempuan nakal (sundal) karena nanti setelah berhubungan seks dengan perempuan nakal pergi berhubungan seks dengan istri sendiri, maka istri akan mendapat penyakit kelamin yang dipindahkan melalui laki-laki oleh perempuan nakal tadi, sehingga untuk perempuan sundal itu musti harus memakai kondom supaya napsu yang keluar dibuang saja begitu lalu pergi berhubungan seks dengan istri make istri akan melahirkan.

<sup>62</sup> Malu macam rasa aneh begitu dan tertawa.

<sup>63</sup> Orang Papua tidak ambil, mereka banyak keberatan katanya nenek moyang tidak pernah pakai itu kondom.

<sup>64</sup> Mungkin reaksi dari orang pendatang kalau dorang sudah lihat kondom dorang punya mau-mau sudah. Kalau orang papua itu tidak bisa karena dorang takut. Biasa penyakit ikutan terbawa dari orang pendatang yang bawa masuk ke sini dari situ menular. Pertama kali bidan memperagakan kondom mungkin reaksi orang papua itu marah dan bilang kalau kita disini itu tidak tahu sama sekali. Bidan menunjukkan cara pakai, mungkin mereka lihat itu muka mereka sudah jadi lain, dorang marah dan bilang, lebih baik orang pendatang itu dorang pulang sudah kedorang punya kampung saja tidak boleh tinggal di sini. Karena anggap kita orang papua juga masuk terlibat dengan hal-hal yang tidak baik.

<sup>65</sup> Pasti ada yang marah, tapi juga yang mau pakai. Paling kebanyakan orang papua dorong marah, tapi kalau orang pendatang dorong tidak marah. Orang papua dorang marah dan katakana: Ah...ini barang dari mana lagi yang dorong bawa kemari kasi tunjuk lagi.

<sup>66</sup> "Itu apabila kita berhubungan seks dengan perempuan aibon, tetapi juga dengan perempuan yang biasa jalan ke kota, atau perempuan yang biasa berhubungan dengan banyak orang, rambut lurus, lanny, ekagi, dan kulit putih.(Logolu, Lani, man)

<sup>67</sup> Pendatang kena penyakit AIDS, pendatang bawa ke orang Papua penyakit AIDS, karena kebanyakan orang Papua suka berhubungan seks bebas secara bergantian atau berganti pasangan dengan wanita pendatang.

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<sup>68</sup> Kalau menurut saya, kita orang tua Papua tidak tahu penyakit HIV/AIDS, semenjak orang Indonesia masuk ke orang Papua, baru kita tahu penyakit virus HIV atau AIDS. Jadi penyakit virus itu di bawah dari orang pendatang. Penyakit sipilis. Penyakit AIDS.

<sup>69</sup> Orang pendatang membawa penyakit HIV/AIDS sedangkan orang Papua mempunyai penyakit kusta, lepra dan juga kudis. Orang Papua bisa kena HIV/AIDS dari orang pendatang karena mereka bersetubuh dengan orang pendatang, tanpa bersetubuh tidak ada kemungkinan untuk kena AIDS.(Lin, Marind, woman).

<sup>70</sup> Penyakit kelamin timbul karena kebencian yang ditujukan pada suku Mee. Kebencian itu datang dari orang-orang yang berpikir untuk melenyapkan Mee. Jadi penyakit kelamin ditimbulkan oleh orang Indonesia

<sup>71</sup> Kader kesehatan itu mereka mau menghancurkan kita, mengurangi jumlah penduduk orang di sini, supaya semua tanah yang ada di sini mereka mau ambil.

<sup>72</sup> See Kirsch 2002.