

POPULATION MOBILITY AND HIV/AIDS IN INDONESIA

Graeme Hugo





INDONESIA

**INTERNAL & INTERNATIONAL POPULATION MOBILITY:
IMPLICATIONS FOR THE SPREAD OF HIV/AIDS**

By
Graeme Hugo
Professor of Geography and Director of the National Key Centre for
Social Applications of GIS
Adelaide University, Australia

UNDP South East Asia HIV And Development Office
UNAIDS, Indonesia

ILO, Indonesia

November 2001

INDONESIA
INTERNAL & INTERNATIONAL POPULATION MOBILITY:
IMPLICATIONS FOR THE SPREAD OF HIV/AIDS

By
Graeme Hugo
Professor of Geography and Director of the National Key Centre for
Social Applications of GIS
Adelaide University, Australia

UNDP South East Asia HIV And Development Office
UNAIDS, Indonesia

ILO, Indonesia

November 2001

LIST OF CONTENTS

LIST OF TABLES	iv
LIST OF FIGURES	vi
PREFACE	ix
GLOSSARY	x
EXECUTIVE SUMMARY AND RECOMMENDATIONS	xii
CHAPTER 1	
INTRODUCTION	1
1.1 Introduction	1
1.2 Aims and Objectives	2
1.3 Data Sources	3
1.3.1 <i>Data on Population Mobility</i>	3
1.3.2 <i>Surveys of HIV in Indonesia</i>	7
1.4 Conclusion	9
CHAPTER 2	
HIV/AIDS IN INDONESIA - THE CURRENT SITUATION	11
2.1 Introduction	11
2.2 Spatial Variation in the Incidence of HIV/AIDS	13
2.3 Areas of Concentration of HIV/AIDS in Indonesia	16
2.4 Characteristics of Indonesians with HIV/AIDS	22
2.5 Results of Prevalence Studies	23
2.6 Knowledge of HIV/AIDS	29
CHAPTER 3	
POPULATION MOBILITY AND THE SPREAD OF HIV/AIDS - THE LITERATURE	32
3.1 Introduction	32
3.2 Prevalence of HIV/AIDS Among Migrants	37
3.3 Sexual Activity of Migrants	38
3.4 Why Do Some Groups of Movers Have a Greater Risk of Higher Infection Than Non-Movers?	39
3.5 Migrant Women and HIV/AIDS	41
3.6 Return Migration and HIV/AIDS	42

3.7	Policy and Program Dimensions	42
-----	-------------------------------------	----

CHAPTER 4

PATTERNS AND LEVELS OF INTERNAL MIGRATION IN

INDONESIA	44	
4.1	Introduction	44
4.2	Changing Levels of Population Mobility	45
4.3	Inter-Provincial Migration	47
4.4	Return Migration	58
4.5	Urbanisation	60
4.6	Non-Permanent Migration	66
4.6.1	<i>Introduction</i>	66
4.6.2	<i>Labour Migration to Areas of Resource Exploitation</i>	71
4.6.3	<i>Rural to Urban Labour Migration</i>	73
4.6.4	<i>Eastern Indonesian Migration</i>	74
4.6.5	<i>Labour Migration to Batam</i>	76
4.6.6	<i>Other Border Locations</i>	77
4.6.7	<i>Transfer of Security, Personnel and Civil Servants</i>	81
4.7	Internal Migration in the Crisis	82
4.8	Characteristics of Migrants	83
4.9	Conclusion	85

CHAPTER 5

PATTERNS AND LEVELS OF INTERNATIONAL MIGRATION

IN INDONESIA	87	
5.1	Introduction	87
5.2	International Labour Migration	87
5.3	International Labour Migration and HIV/AIDS	97
5.4	HIV Testing for International Labour Migrants	106
5.5	Trafficking	108
5.6	Conclusion	111

CHAPTER 6

REFUGEES AND INTERNALLY DISPLACED PERSONS

6.1	Introduction	113
6.2	Internally Displaced Persons in Indonesia	114

CHAPTER 7

THE SEX INDUSTRY, POPULATION MOBILITY AND THE SPREAD OF HIV/AIDS IN INDONESIA.....	120
7.1 Introduction.....	120
7.2 Indonesia's Sex Industry.....	121
7.3 The Sex Industry and HIV/AIDS.....	125
7.4 Conclusion.....	139

CHAPTER 8

LINKS BETWEEN MOBILITY AND SUB-GROUPS WITH HIGH RISK TO HIV/AIDS INFECTION.....	141
8.1 Introduction.....	141
8.2 The Army and Police Forces.....	141
8.3 Fishermen.....	142
8.4 Transport Workers.....	144
8.5 Traders.....	146
8.6 Factory Workers.....	146
8.7 Seafarers.....	147
8.8 Construction Workers.....	147
8.9 Plantation Workers.....	148
8.10 Foreigners.....	148
8.11 Injecting Drug Users (IDUs).....	149
8.12 Transvestites and Gays.....	153

CHAPTER 9

RECOMMENDATIONS AND CONCLUSIONS.....	155
9.1 Introduction.....	155
9.2 Recommendations for Continuing Research.....	156
9.3 Recommendations on Behavioural Sentinel Surveillance.....	159
9.4 Population Mobility and HIV/AIDS Policy.....	160
9.5 Prevention and Intervention Strategies.....	162
REFERENCES.....	165

LIST OF TABLES

- Table 1: West Java Survey Villages: Mean Number of Months Non-Commuter Movers and Movers to Jakarta are Absent from the Village, 1973
- Table 2: A Summary of the HIV and AIDS Situation in Indonesia, 2001
- Table 3: Number of HIV/AIDS Positive Cases in Indonesia by Year Up to November 2000
- Table 4: Indonesia: Injecting Drug Users Among People Reporting HIV/AIDS, 1995-2001
- Table 5: HIV/AIDS Situation in Some Southeast Asian Countries Around 1999-2000
- Table 6: Indonesia: Cumulative HIV/AIDS Reported Cases by Province, 1987-2000
- Table 7: Indonesia: Numbers of AIDS Cases per 100,000 Population by Province, November 2000
- Table 8: Irian Jaya: Range in Prevalence Rates of HIV in High and Low Risk Populations at the End of 2000
- Table 9: Jakarta: Knowledge of HIV/AIDS and Condom Use Among CSWs, 1996-2000 (Percent)
- Table 10: Jakarta: Knowledge of HIV/AIDS and Condom Use Among Male Truckers, Sailors and Seaport Labourers, 1996-2000 (Percent)
- Table 11: Indonesia: HIV Prevalence (Range) in CSWs at Some Sentinel Sites by Province, 1994/95-2001
- Table 12: Indonesia: HIV Prevalence Among Sub-Populations
- Table 13: Indonesia: Measures of Migration, 1971-1995
- Table 14: Indonesia: Number of Persons per Motor Vehicle, 1940-1997
- Table 15: Indonesia: Changes in Numbers Involved in Various Kinds of Movement, 1968-1997
- Table 16: Indonesia: Population Size of Java and Other Islands, 1900-1995
- Table 17: Trends in Fertility and Mortality in Java-Bali and the Outer Islands, 1971-1997
- Table 18: Migration Into and Out of Java, 1971, 1980, 1990 and 1995
- Table 19: Migration Into and Out of Java By Urban-Rural Destination, 1995
- Table 20: In-migration to Jakarta, West Java, East Kalimantan and Lampung, 1971-1995
- Table 21: Out-migration from Central Java, Jakarta, East Java, South Sulawesi and West Sumatra, 1971-1990

Table 22:	Indonesia: Lifetime Return Inter-Provincial Migration by Province, 1971 and 1990
Table 23:	Indonesia: Urban Growth and Trends in Urbanisation, 1961-1995
Table 24:	Population Change in Jakarta Metropolitan Area According to Different Definitions, 1971-1995
Table 25:	Indonesia: Jakarta and Jabotabek, Province of Origin, 1990
Table 26:	Population and Household Heads by Residence Status in RW 06 Pasawahan Village, 1996
Table 27:	Java-Bali and All Indonesia: Trends in Use of Contraceptives by Ever Married Women, 1976-1997
Table 28:	Indonesia: Exports by Product Group (US\$m)
Table 29:	Total Border Crossers From Irian Jaya to New Guinea and Return
Table 30:	Jakarta: Migrant Population by Gender, 1961-1995
Table 31:	Indonesia: Foreign Visitor Arrivals, 1979-2000
Table 32:	Number of Indonesian Overseas Workers Processed by the Ministry of Manpower, 1969-2001
Table 33:	Indonesia: Destinations of Overseas Workers in the Sixth Five-Year Plan Period, 1994-1999
Table 34:	Indonesia: Estimated Stocks of Overseas Contract Workers Around 2000
Table 35:	Indonesian Overseas Contract Worker Information Study: Respondents Who Reported Having a Medical Examination Before Being Sent Overseas
Table 36:	Studies of Returned Overseas Contract Workers: Percent Returning to Indonesia Within One Year
Table 37:	West Java Migrant Worker Survey: Reasons for Return
Table 38:	Reports of Returning OCWs at Jakarta Airport December 1998 and September-October 1999
Table 39:	Indonesian Overseas Contract Worker Information Survey: Respondents Knowledge of HIV/AIDS, 1999
Table 40:	Indonesia: West Java Overseas Contract Worker Information Study: Respondents Source of Health Information
Table 41:	IDP/Refugee Figures by Regions (Latest Figures as of 21 March 2001)
Table 42:	Number of Registered CSWs in Indonesia, 1989-1998
Table 43:	Indonesia: Males Reporting Sex Worker Contact in the Past Year, 1998
Table 44:	Published Estimates of Numbers of Prostitutes with HIV/AIDS and STD in Various Places in Indonesia Between 1998 and 2001

LIST OF FIGURES

- Figure 1: Indonesia: Distribution of the Population, 2000
- Figure 2: Indonesia: Distribution of HIV/AIDS, 2000
- Figure 3: AIDS Case Rate by Province: Cumulative Cases per 100,000 People as at 31 August 1999
- Figure 4: Map of Irian Jaya
- Figure 5: Irian Jaya: Prevalence of HIV Among Female Sex Workers in Sentinel Surveillance Sites, 1997-2000
- Figure 6: Indonesia: Age Structure of the Population Reported with HIV Infection, November 2000
- Figure 7: Indonesia: HIV Prevalence in High Risk Group (Certain Subpopulation)
- Figure 8: Indonesia: HIV Prevalence in Sex Workers, 1994-1998
- Figure 9: Indonesia: HIV Prevalence Update of Female Sex Workers, 1998 and 2000
- Figure 10: Indonesia: HIV Prevalence in Riau
- Figure 11: Indonesia: HIV Prevalence in CSWs at Sentinel Sites in Four Provinces, 1994-2001
- Figure 12: Jakarta: HIV Prevalence in Transvestites, 1993-1997
- Figure 13: Jakarta DKI: HIV Prevalence in Blood Donations, 1992-1998
- Figure 14: Indonesia: HIV Infection in Military Recruit, 1997-1998
- Figure 15: Bali: Percentage of Groups Reporting That Using a Condom is a Way to Prevent HIV
- Figure 16: Bali: Percentage of Male Respondents Who Always Use a Condom in Past Year Sexual Contact with CSW, 1998-2000
- Figure 17: Link Between Mobility and Increased Risk of Exposure to Infection
- Figure 18: Conceptual Model of the Influence of Migration on Sexual Behaviour
- Figure 19: Indonesia: Major Inter-Provincial Lifetime Migration Streams (Those with More than 5,000 Persons), 1930
- Figure 20: Indonesia: Major Inter-Provincial Lifetime Migration Streams (Those with More than 10,000 Persons), 1971
- Figure 21: Indonesia: Major Inter-Provincial Lifetime Migration Streams, 1980
- Figure 22: Indonesia: Major Inter-Provincial Migration According to Province of Previous Residence Statistics from the 1990 Census and 1995 Intercensal Survey
- Figure 23: Intra-Provincial Migration in West Java, 1995
- Figure 24: The Functioning Urban Region of Greater Jakarta
- Figure 25: Indonesia: Location of Mining Contract Areas, 1995

- Figure 26: BBM (Bugis-Butonese-Makassarese) Migrations from South Sulawesi
- Figure 27: SIJORI Triangle
- Figure 28: Growth Triangles in Asia
- Figure 29: The BIMP-EAGA Growth Area
- Figure 30: Sulawesi Province Showing Sangir-Talaud Islands
- Figure 31: Major Routes of Undocumented Migration From Indonesia to Malaysia
- Figure 32: Indonesia: Province of Origin of Officially Registered Overseas Workers, 1989-1992
- Figure 33: West Java: The Regency of Origin of Officially Registered Indonesian OCWs, April 1989-March 1992
- Figure 34: Indonesia: Areas of Origin of Workers Deported from Sabah to East Kalimantan, 1994 to 1998
- Figure 35: Distribution of Internally Displaced Persons, 2000
- Figure 36: Destination of Transmigrants, 1968-2000
- Figure 37: IDP/Refugee Population Figures by Regions, as of 21 March 2000
- Figure 38: Jakarta, Surabaya and Manado: Percent of Sailors, Port Workers and Truckers Who Say They Had Sex with a Sex Worker, by Marital Status, 1996-2000
- Figure 39: HIV Prevalence Among Sex Workers in Three Indonesian Cities, 1994-2000
- Figure 40: Difference Between Knowledge and Behaviour Among Female Sex Workers in Jakarta, Surabaya and Manado, 1996-2000
- Figure 41: Difference Between Knowledge and Behaviour Among Clients of Sex Workers in Jakarta, Surabaya and Manado, 1996-2000
- Figure 42: Indonesia: Condom Use Among Sex Workers, 1998
- Figure 43: Jakarta: Reported Condom Use in Last Commercial Sex Act in Past Year, 1998
- Figure 44: Surabaya: Reported Condom Use in Last Commercial Sex Act in Past Year, 1998
- Figure 45: Manado: Reported Condom Use in Last Commercial Sex Act in Past Year, 1998
- Figure 46: Indonesia: Distribution of Registered CSWs Between Provinces in Indonesia, 1997
- Figure 47: Sex Workers Interviewed in Irian Jaya
- Figure 48: Origin of Irian Jaya Sex Workers
- Figure 49: Other Places Worked by Sex Workers in Irian Jaya
- Figure 50: Provincial HIV and STI Profile, Irian Jaya, April 2000
- Figure 51: Indonesia: Number of Fishing Households by Province, 1994

- Figure 52: Indonesia: Males Reporting Sex Worker Contact in the Past Year
- Figure 53: Indonesia: Condom Use with Sex Workers Among Sailors, Seaport Workers and Fishermen, 1998
- Figure 54: Sexual Intercourse Among High School Students, 1997
- Figure 55: Male High School Students Reporting Sex Worker Contact in the Past Year, 1997
- Figure 56: Jakarta and Bogor: HIV Prevalence Update of Injecting Drug Users, 2000
- Figure 57: Number of New HIV and AIDS Cases in Injecting Drug Users, Indonesia, 1987-2000
- Figure 58: Jakarta: HIV Prevalence in Transvestites, 1993-1997
- Figure 59: Distribution of HIV/AIDS NGOs in Indonesia, 2001

PREFACE

A large number of people have contributed to the completion of this project and the writer wishes to express his warm appreciation to all of them. Special thanks have to go to Ms. Lee Nah Hsu (Manager, UNDP/UNOPS South East Asia HIV and Development) who originated the idea for this project and was the catalyst for bringing together UNDP-SEAHIV, UNAIDS Jakarta and ILO Jakarta to fund it. It is an excellent example of cooperation between agencies of the UN to tackle a major problem which each of them has an important understanding of. Similarly, I wish to thank very sincerely Ms. Helen Von Granitz (ILO, Jakarta) and Dr. Jane Wilson (Country Program Advisor, UNAIDS Jakarta) who demonstrated not only the highest levels of professional skill supervising the project but whose commitment and enthusiasm made major contributions. I would also like to thank AusAID for providing most helpful detailed comments on an earlier draft of this report and for contributing to the cost of publishing the report. Many people assisted me in Indonesia and I am most thankful to them all. I'd especially like to thank Dr. Budi Utomo (University of Indonesia) who was most helpful and generous with his time and expertise, Dr. Bing Wibisono, Dr. Abby Ruddick, Dr. Stephen Wignall and Dr. Amaya Maw Naing. I am also most grateful to Professor John Kaldor (University of New South Wales, Australia) for reading and commenting on parts of the original draft and for providing information.

At Adelaide University several people helped me greatly in putting the report together. Most of all, Ms. Janet Wall whose tireless, dedicated, patient and skilful work I greatly appreciate. Ms. Margaret Young, too, has put a great deal of skill and effort into the many computing tasks involved with it and I am very grateful to her. Ms. Chris Crothers drew many of the maps and diagrams in the report with her usual unflappable skill, speed and flair. Ms. Joanna Rillo prepared the various versions of the manuscript with great professionalism and capacity and I really appreciate her work.

Graeme Hugo
Adelaide
November 2001

GLOSSARY

'akya-barko' women	women who 'climb up in the boat'
AIDS	Acquired Immune Deficiency System
AKAN	Antar Kerja Antar Negara
ANC	Ante-Natal Clinic
BBM	Bugis-Butonese-Makassarese
BIMP-EAGA	Brunei-Indonesia-Malaysia-Philippines East ASEAN Growth Area
BPS	<i>Biro Pusat Statistik</i> (Central Bureau of Statistics)
BSS	Behaviour Surveillance Surveys
<i>calo</i>	recruiter
CHR-UI	Centre of Health Research, University of Indonesia
CSWs	Commercial Sex Workers
DEPNAKER	Ministry of Labour
<i>desa</i>	village
DHS	Demographic and Health Survey
<i>Dinsos</i>	Office of Social Affairs
FSW	Female Sex Worker
<i>Germo</i>	pimps
GMS	Greater Mekong Subregion
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Surveillance
IDPs	Internally Displaced Persons
IDU	Injecting Drug User
IMR	Infant Mortality Rate
<i>kabupaten</i>	regency, or sub-provincial administrative district
<i>kartu keluarga</i>	family cards
<i>Klub Malam</i>	Night Clubs
<i>kotadesasi</i>	process whereby extensive areas have a complex mix of urban and rural activities
<i>kotamadya</i>	municipality
<i>Laksar Jihad</i>	Holy War
<i>lokalisasi</i>	Government designated official commercial sex worker areas
<i>mandor</i>	foremen
<i>merantau</i>	to travel away from community of origin for lengthy periods
MOH	Ministry of Health

MSM	Men having Sex with Men
NGOs	<i>Lembaga Sulabaya Masyarakat</i> (Non-Government Organisations)
OCWs	Overseas Contract Workers
<i>Panti Pijat</i>	Massage Parlours
PATH	Program for Appropriate Technology in Health
<i>pela gambong</i>	non-violence
PJTKI	<i>Perusahaan Jasa Tenaga Kerja Indonesia</i> (Recruiters)
RBG	risk behaviour group
<i>Rumah bordil lokalisasi</i>	Brothel Houses
SIJORI	Singapore, Johore, Riau
SS	Sentinel Surveillance
STIs	Sexually Transmitted Infections
SUPAS	Intercensal Survey
<i>taikong</i>	agents
<i>takot sa aswa</i>	cowed by the wife
TB	tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNESCAP	United Nations Agency for Economic and Social Development of Asia and the Pacific
USAID	The US Agency for International Development

EXECUTIVE SUMMARY AND RECOMMENDATIONS

The aim of this study is to use existing information to provide a comprehensive picture of the levels, patterns, composition and trends of the various types of contemporary population mobility occurring within Indonesia, as well as from and to the country. Insofar as it is possible using existing data, the study aims to indicate how population mobility in Indonesia is linked to the existing and likely future diffusion of HIV/AIDS. It finds that, while undoubtedly such a relationship exists, there is a dearth of existing research and knowledge not only into the nature of the relationship but also the location of the places where mobility is influencing and likely to influence the spread of HIV/AIDS. The present study was constrained by the availability of relevant data relating both to population mobility and to the incidence of HIV/AIDS in Indonesia, let alone the relationship between them. There is little data on temporary labour migration within Indonesia but the study suggests that not only has this type of mobility grown exponentially in recent years, it is the type of movement that is almost certainly most associated with the spread of HIV/AIDS. There also are limited data on HIV/AIDS with only 1,559 reported cases in late 2000, although estimates are that there are between 80,000 and 120,000 with the disease. Indonesia has had a Behavioural Sentinel Surveillance program for several years but it only provides partial information about some high risk populations. Moreover, some conditions in Indonesia, especially the level and patterns of population mobility, would seem favourable to a rapid spread of the disease if there is not urgent intervention.

The following points need to be strongly emphasised:

- Indonesians have a high level of mobility by international standards and it is increasing.
- It has one of the largest numbers of non-permanent migrant workers who are separated from their families for long periods of any nation in the world.
- Population mobility is not necessarily associated with higher levels of HIV infection – the latter is influenced by the type of movement, the context in which it occurs and the behaviour of the movers themselves.
- Higher risk of HIV infection appears to be associated with some types of mobility, although the research evidence is as yet limited. These include:
 - temporary worker movement to isolated work sites like settlements involved in mining, construction, plantation and sawmilling development;
 - rural to urban migration;
 - circulation of some types of work like transport, fishing and seafaring;

- movement associated with large internal displacement of population due to conflict and some international labour migration.
- The nexus between the commercial sex industry, concentrations of migrant workers and HIV infection is a key to the future course of transmission of the infection in Indonesia and needs to be researched as a matter of urgency.
- There is a need to focus more Behavioural Sentinel Surveillance activity and program inventory on mobile populations of various types.

HIV in Indonesia has certainly gone beyond the stage of having few HIV infected people and entered an epidemic phase with some high risk sub-populations having prevalence rates of more than 5 percent. One of its distinctive features in Indonesia is that there is a high degree of spatial variation in the level of prevalence of the disease. The highest levels occur in Irian Jaya/Papua, Jakarta, Bali, Riau and North Sulawesi provinces. In each of these cases there is a clear element of population movement being involved in the above average incidence through the significance of migrant workers in association with a substantial commercial sex industry in each province. Irian Jaya/Papua represents a particularly disturbing situation with very high prevalence rates being recorded in parts of the province and among some high risk populations. The study presents and discusses the findings of Behavioural Sentinel Surveillance regarding the incidence of HIV among high risk populations like Commercial Sex Workers (CSWs), transport workers, sailors etc. The studies also show a relatively high level of knowledge of how to prevent HIV/AIDS but a low rate of usage of condoms in sexual activity with CSWs.

The wider literature relating population mobility to the spread of HIV/AIDS is reviewed. The literature strongly points toward a pattern whereby many particular mobile groups have a higher rate of prevalence of HIV infection than non-mobile groups. However, it equally shows that mobility may not necessarily be associated with an elevated rate of prevalence of the disease. The key factor is the *behaviour* of some mobile groups which places them at a higher risk of infection. This relates to mobility being selective of young adults, especially men and it often involves separation from partners and release from traditional constraints on behaviour, especially sexual behaviour. The growth of a commercial sex industry in locations where there are concentrations of these movers adds to the higher levels of vulnerability of these locations. Accordingly, it is possible to identify 'hot spots' where there are concentrations of migrant workers and an associated commercial sex industry where there often is a greater risk of infection and prevalence rates above the national average. Such hot spots can include transit areas, workplaces employing large numbers of migrant workers, ports and harbours, cities and towns, mining, lumber industry, plantation and construction sites, especially those in remote areas, transport routes and

stops and border crossing points. There is clearly a pattern in many cases of mobile people being more likely to engage in high risk behaviour (especially sex with a CSW) than is the case with less mobile groups. The relationship between mobile groups and the commercial sex industry is crucial.

The next section of the study reviews the contemporary pattern of population mobility within Indonesia. It is shown that the stereotype of Indonesians generally being immobile people who are born, live and die in a particular village and rarely travel beyond it has never been accurate and is totally incorrect in the current situation. In particular, mobility has increased exponentially in recent decades. Unfortunately, this is not documented in past national censuses because they only collect information on more or less permanent migrants moving long distances between provinces. Field studies demonstrate clearly that the dominant form of internal population mobility in contemporary Indonesia is circular labour migration. This usually involves workers leaving their families behind in their, primarily rural, origins and they travel often considerable distances to work in cities, mining enterprises, factories, construction sites and plantations. Many million Indonesian workers work for part of the year at considerable distances from their home place. These movers are predominantly young adults and, although there is a male majority, the involvement of women has increased substantially in recent decades. These labour migrants clearly fit the pattern of the most at risk migrant groups in the literature. It needs to be stressed that Indonesians are very mobile and that Indonesia has one of the two or three largest groups of internal circular labour migrants of any nation in the world. This presents a considerable potential means for the spread of HIV/AIDS.

The proportion of the population engaging in longer distance permanent movement between provinces detected by Indonesia's censuses has doubled in the last quarter century. However, the bulk of permanent movement involves the mobility of entire families they do not have and some of the high risk factors of labour migrants. A substantial amount of this mobility is between Java and other islands in the archipelago but the main destination of permanent interprovincial migrants in Indonesia is the Jakarta-West Java urban complex, especially the Jabotabek area. Indonesia is urbanising rapidly with the percentage of the population living in urban areas doubling to nearly a third between 1971 and 1995 and internal migration has played an important role in this. In particular, Jabotabek, with around 20 million people, is now one of the world's major mega city complexes. Among the group of more permanent movers, the sharp increase over the last fifteen years in the number of young women moving to cities to work in factories means that they especially are identified as a potentially vulnerable group.

Nevertheless, internal labour migration is identified as both the most voluminous form of population mobility and that of most relevance to the spread of HIV/AIDS. The paper identifies several types of labour migration which have the potential to hasten the spread of HIV infection. The types of movement identified are migration to areas of natural resource exploitation (mines, plantations etc.), rural to urban labour migration, especially to the major cities and particularly Jakarta, the migration of the BBM (Bugis-Butonese-Makassarese) in Eastern Indonesia, migration to Batam in Riau, the transfer of civil servants and migration to particular border locations are discussed. The paper shows how many of those movements have been enhanced since the onset of the crisis in 1997, both because of the push exerted by crisis effects on employment and income but also the pull of a boom in Indonesia's natural resource exports because of the falling value of the rupiah.

A form of internal migration which has unknown, but probably important, implications for the spread of HIV/AIDS is the massive growth of internally displaced persons (IDPs) in Indonesia over recent years. Following the onset of the crisis there have been major disruptions of security in several provinces – Aceh, West and East Kalimantan, Maluku, Timor and Irian Jaya. This has created a large displaced population, more than a million of them in camps being run by the government. Such camps in African contexts have seen a significant growth in HIV/AIDS because of the disruption, crowded conditions etc. There urgently needs to be some research on the prevalence of HIV/AIDS and of high risk behaviour in these camps.

The next section of the report is devoted to an analysis of international migration in Indonesia. This is dominated by the outflow of international labour migrants who are similar in many of their characteristics to internal labour migrants, including in their potential to move into high risk situations for infection from HIV. There are both legal and undocumented parts to this movement and women dominate in the former and men in the latter. Saudi Arabia, Malaysia, Singapore, Hong Kong and Taiwan are the main destinations. Little is known about the extent to which the international labour migrants become infected with HIV/AIDS or their risk behaviour. In some cases potential overseas workers are made by future employers to take an HIV test in Jakarta but the results of these tests are not known. Similarly, some destination countries insist on regular tests while they are at the destination, but the results of these are not known either. Indonesian women travelling to Saudi Arabia to work as domestics are reported to experience high rates of abuse and of returning to Indonesia before they have completed their contracts. It is not known if any of the premature returnees are infected with HIV/AIDS. Undoubtedly, some of the estimated 2.5 million Indonesians working overseas at any one time are placed in situations where they are at elevated risk of being infected but little is known about them. As is the case elsewhere

in Southeast Asia, trafficking in women and children has increased in Indonesia and these victims can be especially vulnerable to HIV infection.

The Indonesian commercial sex industry is examined next. This is because the connection between migrant workers and the sex industry is of crucial importance in the spread of HIV/AIDS. The Indonesian data show high HIV prevalence rates among some groups of CSWs, and in a context where much less than a half of clients of CSWs are using condoms, the potential for transmission of the disease is considerable. The important point is made that most of Indonesia's CSWs work in areas some considerable distance from their home communities. This, of course, is also the case for the migrant workers who are their clients. Hence it is argued that there is potential for a 'double diffusion' of the disease. This is because both the CSW and the client return to their home areas regularly but also both tend to change their place of work frequently as well. In the paper this is demonstrated with reference to a case study in Irian Jaya/Papua. The point is made, however, that both the origin and destination areas of migrant workers and CSWs alike are strongly geographically concentrated. This has important policy implications because it means that policy interventions such as concentrated information programs and condom distribution activity can be focused into certain areas. This can maximise the impact of these interventions and not dilute them by spreading them into areas where there is little risk behaviour.

The next section of the paper identifies and describes a number of target populations who either already are recording above average levels of HIV infection or have the potential to do so. These include the groups of CSWs and internal and international migrant workers that have already been discussed. Other groups that are considered, however, are groups with itinerant types of jobs which see them constantly travelling and separated from their families. Data from Indonesia and elsewhere indicate that they are at elevated risk of infection. The groups identified include fishermen, seaport workers, transport workers, seafarers and traders.

It is apparent that there is a link between population mobility, the commercial sex industry and the spread of HIV/AIDS in Indonesia and elsewhere in Southeast Asia. The report also briefly considers the possibility that there may be some link in the second largest form of transmission of HIV/AIDS – that through the sharing of needles by Injecting Drug Users (IDUs). While we know little about this, there may also be a population mobility connection in spreading HIV by this means, as there certainly is in other parts of Southeast Asia.

The following recommendations are made:

- **Recommendations for Continuing Research**

The present study represents a first step in the study of the linkages between HIV/AIDS, population mobility and the sex industry. There is a need to extend

and intensify this work if soundly based recommendations for intervention in this area are to be made. It is suggested here that the following be undertaken as a matter of urgency:

- There is a need to build up a comprehensive inventory and map of locations all over Indonesia where there are significant concentrations of migrant workers and an associated sex industry. The paper has shown that, on the one hand, Indonesia has one of the world's largest concentrations of *internal migrant workers* but the official data collection schemes fail to detect this important form of non-permanent mobility. It is possible to build up a total picture of the movement of migrant labour through visiting the major centres of:
 - mining activity,
 - lumber,
 - fishing,
 - urban centres,
 - border locations,
 - transport routes/points,
 - major ports.

Interviews with key respondents should be able to build up a rough but indicative quantitative picture of:

- numbers of migrant workers,
- their main areas of origin,
- the extent of the local sex industry,
- the origins of the CSWs,
- the extent of use of the sex industry by the migrant workers.

The production of such an inventory is not possible using conventional survey methodologies. The approach suggested here could be done by an individual or small group with a good knowledge of mobility patterns and of Indonesian language and could build on the material presented here to produce a comprehensive picture of internal migrant labour movements in Indonesia.

- The above inventory should be the basis for the undertaking of a comprehensive survey of a sample of the various types of migrant worker destinations and origins. Each of the types of destinations listed above needs to be included. The surveys should include both migrant workers and sex workers and their origin communities. The studies should use a mix of quantitative and qualitative approaches to investigate a range of issues including the following:

- the mobility process including the length of time spent away from home,
 - risk behaviour,
 - the interaction with the sex industry,
 - patterns of movement to different destinations,
 - knowledge of HIV/AIDS,
 - use of condoms.
- A third major urgent priority for research relates to international labour migration. Little is known about the links with HIV/AIDS and there is an immediate need for a reconnaissance study which includes the following:
 - an attempt to establish the extent of HIV testing currently carried out on Indonesian OCWs, both prior to leaving Indonesia and in destination nations,
 - a collection of as much of these data as is possible to establish a profile of the extent of HIV infection.
 - A fourth priority would be the undertaking of a risk behaviour survey among Indonesian OCWs, similar to that among internal migrant workers. This would involve a complex sampling strategy to ensure:
 - a cross-section of destination areas,
 - both males and females,
 - both documented and undocumented migrants,
 - a cross-section of origin communities,
 - groups of both pre-departure OCWs and those recently returned.

In undertaking the surveys of migrant workers and OCWs discussed above, there is a need to adopt an innovative methodology. One avenue would be to the Behavioural Sentinel Surveillance approach. The method involves the following stages:

- Begin by locating and mapping the areas where migrant workers gather using local knowledge and any available documentary sources.
- For each location a proportional number of migrant workers are randomly recruited on site as respondents through cooperation with local contact persons.
- Both structured interviews and in-depth interviews are then conducted.
- There is a need to utilise trained interviewers.

In undertaking the above work it will be useful to consider the work already done along these lines in other areas of Asia and in Africa. Chantavanich, Beesey and Paul (2000, 7-8) have reported that in the GMS region ... ‘much

time and money have been spent on studies assessing the vulnerability of mobile population groups and exploring risk situations in border locations and other areas. While the output in terms of interventions has been limited, there are several projects in place and there are lessons to be learnt’.

- A fifth priority area also relates to OCWs. This relates to the necessity to upgrade the information of OCWs regarding HIV infection *before* they leave to work overseas. It is clear that Indonesian OCWs possess little information about HIV/AIDS and how to prevent becoming infected. Designing effective information programs in this area is an important priority.
- A sixth area of research need would involve the development of a map of Indonesia which involves a comprehensive inventory of all of the ‘hot spots’ in Indonesia where there is a coincidence of concentration of migrant workers and the commercial sex industry and where the sexual behaviour of the migrant workers is such as to prevent a risk of increasing the number of persons infected with HIV. Again, the methodology followed in the GMS study is instructive (Chantavanich, Beesey and Paul, 2000).

A sixth priority relates to the need for more research to be undertaken into the relationship between migrant workers, the sex industry and HIV infection in the context of urban areas in Indonesia. We know little of the new types of ecological contexts in which migrant workers live in rapidly growing Indonesian cities, especially Greater Jakarta. What are the sexual networking and sexual behaviour patterns associated with new types of living situations of migrant workers in cities? These include barracks, group households in rented houses, squatter settlements, slums etc. Studies of female migrant workers moving to Jakarta to work in modern factories as well as of those coming to work in the urban informal sector are needed.

- **Recommendations on Behavioural Sentinel Surveillance**

Behavioural Sentinel Surveillance is an expensive operation and in Indonesia much of the extra effort in this area needs to be in improving the methodology and accuracy of existing BSS sites. This needs to be the main priority. In this respect it must be recognised that most of the research effort relating to investigating the relationship between population mobility and HIV infection needs to be in the form of surveys and detailed community investigations. Nevertheless, as the BSS system improves and scope comes available to expand the number of BSS sites, there is a need to extend the range of high risk sub-groups included in the sentinel surveillance program and the range of

geographical locations of those sub-groups. It would seem important to include the following:

- Concentrations of internal migrant workers. This would include groups in:
 - mining settlements,
 - lumber,
 - market localities,
 - urban areas,
 - plantation areas,
 - border points,
 - seaports,
 - construction sites,
 - transport stops/routes,
 - military posts in remote areas,
 - factories with migrant workers,
 - concentrations of the commercial sex industry.
- Regular surveillance in a sample of the villages of origin.
- Surveillance of a full range of workers in the sex industry since migrant workers seem to use many outside the *lokalisasi*.
- Surveillance of a full range of transport related locations where there are substantial populations of mobile workers moving through:
 - truck/bus stops
 - border crossings
 - ports and harbour towns
 - fishing centres
- Surveillance must be introduced to include OCWs and the sentinel sites need to be located:
 - in major departure/arrival points for OCWs and the surveillance must include separate samples of both pre-departure OCWs and those just arriving back,
 - the sentinel sites must include both arrival/departure points of both documented and undocumented OCWs,
 - both males and females,
 - a cross-section of destinations and jobs at the destination,
 - Behavioural Sentinel Surveillance sites at a range of villages of origin of documented and undocumented OCWs.
- **Prevention and Intervention Strategies To Be Considered**

It is considered that there is insufficient research and empirical knowledge to make definitive recommendations for intervention to attack HIV/AIDS through its connection with population mobility.

An important issue in considering the relationship between population mobility and HIV infection in Indonesia is the role of cooperative activity with other nations of the ASEAN region. With respect to the mobility-HIV link, these activities appear to be of two types:

- Firstly, it is apparent that much of the mobility involving an elevated risk involves movement across ASEAN boundaries, both in terms of Indonesian OCWs going to work in countries like Singapore, Brunei and Malaysia, and residents of other ASEAN countries who come to Indonesia to use the sex industry as in the case of Singaporeans travelling to islands in Riau like Bantan. There is a need for cooperation between the nations involved to attack the spread of HIV infection among those mobile groups.
- Secondly, several ASEAN neighbours have more experience in developing programs relating to HIV/AIDS information and prevention among mobile populations. For example, in the Philippines there have been such programs relating to OCWs, while in Thailand there have been successful programs introduced to attack HIV/AIDS among highly mobile populations. Indonesia has much to learn from such experience. It must be stressed that Indonesia should not adopt such programs uncritically and without modification because there is a need to develop programs which precisely fit the detail of the specific Indonesian situation. Nevertheless, much can be learned from the experience of fellow ASEAN nations. In this context, the plea for intra-ASEAN information sharing in HIV/AIDS experience at the recent 7th ASEAN Summit in Brunei Darussalam (November 2001) needs to be heeded.

However, it is suggested that the following¹ be considered in this context:

- All efforts should not assume that migrants and mobile groups *per se* have a higher incidence of infection than non-mover groups. Hence efforts must be directed at ‘risk reduction’, not ‘risk group reduction’ – i.e. it needs to be targeted at *risk behaviour* among more groups, not at movers *per se*.
- All efforts should involve the promotion of the human rights of the movers involved.

¹ These recommendations draw heavily on an analysis in *International Migration*, Volume 36, No. 4, 1998, p. 457.

- There needs to be an involvement of *local authorities* so that they will promote, support and sustain projects.
- There is a need to recognise that population mobility is a system involving origins, multiple destinations, movers and transit points. Hence intervention efforts should not purely focus on one particular geographical point in these systems. They need to be coordinated and integrated across these systems. Hence efforts need to be linked between origins, transit and destination points and, where possible, with cooperation of NGOs that can operate across all of these points even when the movement involves more than one country.
- In the case of international population movements, it is possible to use a *twin city* approach whereby one can work both sides of the border (e.g. Indonesia/ Malaysia) to attack the HIV/AIDS issue.
- The ‘twin city’ approach can be utilised to identify issues requiring international collaboration and to strengthen international links and collaboration at the local level.
- There is a need to integrate and promote the prevention of HIV/AIDS and STIs into the more general health services available to mobile populations. Hence there is a need for a broad based approach to address the health needs of mobile populations.
- There is a particular need to ensure that there are adequate support services and materials precisely where they can be accessed by mobile populations when they are required (condoms, counselling etc.).
- There is a need to make full use of media and multilingual approaches to promote HIV/AIDS awareness and prevention.
- There is a need to integrate HIV/AIDS prevention into other socio-economic services for migrants.
- It is crucial that the activities not be confined to migrants who are recognised officially but are extended to all forms of mobility including undocumented migrant workers.
- Urgent priority should be given to the development and introduction of a health module to be included in the training given to all potential OCWs about to leave Indonesia. A model for such a module is that introduced in Sri Lanka in 2001 (*Asian Migration News*, June 2001). The program was developed with the assistance of the UNAIDS Country Programme in Sri Lanka. The program covers modes of transmission and prevention of sexually transmitted diseases and HIV/AIDS, personal

hygiene and medical fitness, family health and health problems in the workplace.

CHAPTER 1 INTRODUCTION

1.1 Introduction

There has been an increase of knowledge globally about the Human Immunodeficiency Virus (HIV) and its consequence, Acquired Immune Deficiency System (AIDS) during the last decade. Indonesia has a relatively low recorded incidence of HIV infection although the last two years have seen an increase in infection rates in surveys of drug injectors and among some samples of sex workers. Moreover, there is a growing feeling among commentators that 'Indonesia remains very vulnerable to the possibility of a substantial increase in HIV transmission' (Kaldor, 2000). Since the disease is spread by actions requiring close contact between individuals – sexual intercourse, transferral of contaminated blood and sharing of contaminated hyperdermic needles¹ - the mobility of infected individuals and groups at high risk of becoming infected is crucial to understanding the patterns of transmission and spread of the disease and for developing interventions to slow down or stop its spread. As a result, there is a substantial global literature which examines the effect of population movement (e.g. Appleyard and Wilson, 1998; Herdt, 1997; Haour-Knipe and Rector, 1996; Skeldon, 2000). Population mobility has been established as an independent risk factor for HIV infection (Gardner and Blackburn, 1996, 10; Decosas *et al.*, 1995). Despite the significance of the population mobility–HIV/AIDS link in the literature – a recent (May, 2000) *HIV/AIDS Update* for Indonesia prepared by UNAIDS (2000) in discussing vulnerability indicated that the following need to be considered:

- Occurrence of Sexually Transmitted Infections (STIs)
- Sexual Behaviour
- Drug Use and HIV
- Migration (Internal/External and HIV Vulnerability)

But under the latter it was written 'No information at the moment'. The present report seeks to partially fill this gap in information.

It is important to note that recent national and regional declarations regarding the HIV/AIDS epidemic have recognised the crucial significance of mobile populations having higher risk of infection. For example, Paragraph 5.0 of the *Declaration of Commitment on HIV/AIDS* of the United Nations General Assembly Special Session on HIV/AIDS in New York, 25-27 June 2001, states the following:

¹ The only other means of transmission is peri-natal transmission from mother to child.

‘By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services’ (United Nations, 2001, 20).

Turning to the Southeast Asian region, the Heads of Government at the 7th ASEAN Summit in Brunei Darussalam issued a Declaration on HIV/AIDS on 5 November 2001 in which Paragraph 22 recognises the need to:

‘Strengthen regional mechanisms and INCREASE and OPTIMISE the utilisation of resources to support joint regional actions to increase access to affordable drugs and testing reagents; reduce the vulnerability of mobile populations to HIV infection and provide access to information, care and treatment; adopt and promote innovative intersectoral collaboration to effectively reduce socio-economic vulnerability and impact, expand prevention strategies and provide care, treatment and support’.

1.2 Aims and Objectives

It has been established that one of the processes shaping the diffusion of HIV/AIDS is the movement of people. In Indonesia, however, there has been as yet no consideration of the linkages between population movement and the spread of HIV/AIDS. The present study seeks to draw together the current knowledge which relates to population mobility and HIV/AIDS in Indonesia. It firstly will summarise the patterns, characteristics and levels of population mobility within the country and to and from the country. It will then analyse and summarise existing secondary information which relates these patterns of mobility to the spread of HIV/AIDS within the nation. This squarely fits within the ambit of the Indonesian National Strategic Plan on HIV/AIDS since population movement is seen to be one of the factors shaping the spread of HIV/AIDS but has not been studied to date. In addressing this issue for the first time it provides the opportunity to contribute to the response to HIV/AIDS within Indonesia.

The main aim of the study is to use existing information to provide a comprehensive picture of the levels, patterns, composition and trends of the different types of contemporary population movement within Indonesia as well as to and from the country. In so far as is possible, the study aims to use that secondary information to indicate how those patterns are likely to influence the spread of HIV/AIDS in Indonesia and suggest possible intervention strategies to impede that spread.

The more specific objectives are:

- To summarise international knowledge on the links between population movement and the spread of HIV/AIDS.
- To summarise patterns of contemporary population movement *within* Indonesia indicating the volume, type, composition and spatial patterning of those flows.
- To summarise the levels and composition of population flows into Indonesia.
- To summarise the patterns, levels and composition of flows of population, especially international labour migration, out of Indonesia.
- To analyse data maintained by the Department of Labour of returning overseas contract workers and their reports of problems suffered in destination countries to estimate the numbers who may have been at significant risk of being infected with HIV.
- To assess the implications of the population movement information collected regarding the spread of HIV/AIDS in Indonesia.
- To make recommendations for actions relating to migration which can prevent the spread of HIV/AIDS.

The methodology of the present study involved largely the accumulation and analysis of the scattered amount of information that is available in Indonesia which relates to these objectives. To some extent it attempts to bring together information on spatial patterning of HIV/AIDS and of population mobility to establish the degree of correspondence between the two. It also aims to summarise the relevant literature on the topic, although relevant studies in Indonesia are few and far between. In the production of the present report there was also a great deal of consultation with researchers and administrators who have worked in the area.

1.3 Data Sources

1.3.1 *Data on Population Mobility*

There is little or no data in Indonesia relating to the incidence of HIV/AIDS among migrants. However, it is necessary in the present context to make some comments about the limitations of population mobility data in the country.

Any assessment of internal population mobility in Indonesia is constrained by the limited nature of the sources of data available for such an analysis. These main source of such data are the decennial national censuses and these have been critically assessed elsewhere (Hugo, 1982a). The main limitations can be summarised as follows:

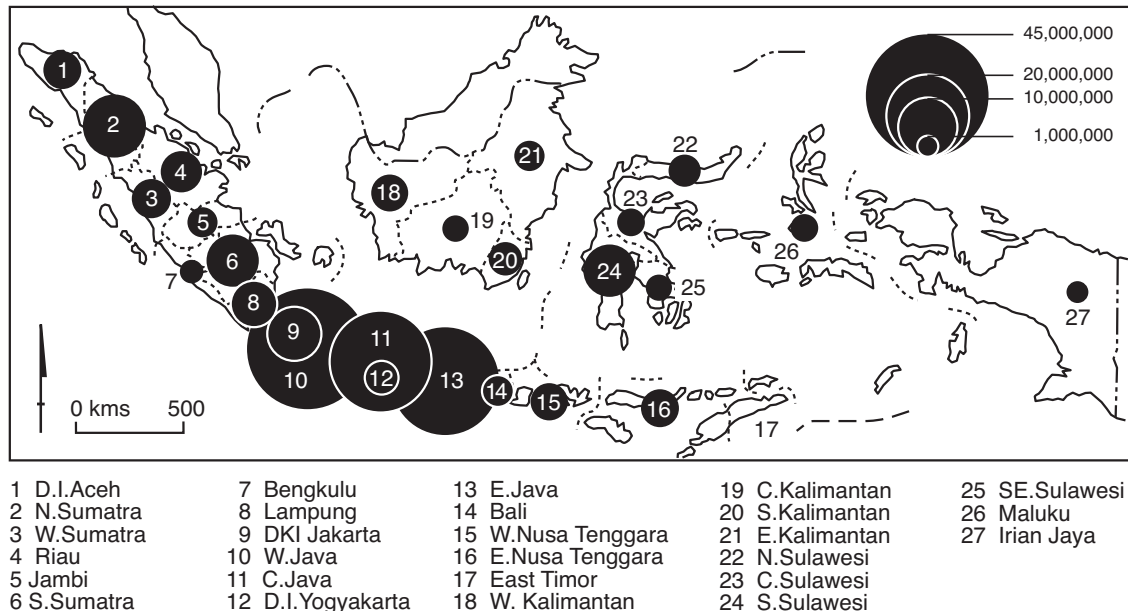
- Internal migration data collected in the 1971, 1980 and 1990 censuses only relate to inter-provincial migrations which constitute less than a fifth of all permanent moves made in the country.

- The census data fail to detect most non-permanent migration.
- Since the origin of migrants is only coded to the provincial level census, migration cannot be categorised into rural-urban, rural-rural, urban-urban and urban-rural migrations.
- The census and SUPAS internal migration data are collected from a sample of less than 5 percent of the population. The sample is a cluster sample so that all types of movement cannot be detected, especially those influencing provinces with small populations.

While there has been little change until the 1995 SUPAS in the nature of national migration data collected in Indonesia, our knowledge of the patterns, processes and impacts of population mobility more broadly defined in the nation has been considerably extended via a number of detailed case studies and sub-national surveys. Many of these studies are used here in an attempt to present a comprehensive portrait of contemporary and emerging trends in Indonesian population mobility. The 2000 census will collect more detailed information on internal migration.

Figure 1: Indonesia: Distribution of the Population, 2000

Source: Indonesian Census of 2000



It must be stressed, in the present context, that officially collected, nationally representative, internal migration data fails to detect much of the population movement which is associated with the spread of HIV/AIDS. In particular it fails to detect movement *within* provinces. Figure 1 shows that Indonesia had 26 provinces in 2000.

They are highly heterogeneous areas and often have very large populations (e.g. West Java in 2000 had 43,552,923 people, making it the 28th largest population in the world if it was a separate nation). Intra-provincial migration outnumbers inter-provincial migration in the ratio of around 5:1 (Hugo, 1982a). It is clear that a significant amount of the movement associated with HIV/AIDS occurs *within* provinces and it is not detected in the population census.

Table 1: West Java Survey Villages: Mean Number of Months Non-Commuter Movers and Movers to Jakarta are Absent from the Village, 1973

Source: Hugo, 1981

Village	Duration of Absence of Non-Commuter Movers (Months)		Duration of Absence of Movers to Jakarta (Months)	
	Mean	Standard Deviation	Mean	Standard Deviation
1	.9	1.1	1.3	1.5
2	2.2	1.7	2.0	2.3
3	1.4	2.1	1.7	1.1
4	.8	.7	.8	1.0
5	.8	.9	.6	.7
6	.7	1.1	.5	.8
7	.7	.6	.7	.4
8	1.4	2.2	2.4	2.3
9	1.7	4.5	6.1	5.0
10	1.9	4.6	3.9	6.5
11	.8	.6	.7	.4
12	.9	1.0	.7	.8
13	.5	.6	.2	.2
14	.4	.2	.4	.2

More important is the failure of the census to detect much non-permanent movement. The Indonesian census adopts a complex *de jure/de facto* principle (Hugo, 1982a). This, in effect, means that any temporary migrant who spends less than six months away from their usual place of residence is not identified as a migrant in the census. This includes the bulk of people who are labour migrants *within* Indonesia. Certainly, the bulk of non-permanent migrants going to work in cities spend less than six months away from their family at one time. For example, Table 1 shows that in a large-scale survey of circular migration in West Java, in no survey village was the

average duration of absence less than six months. Certainly, some inter-island labour migrants in Indonesia spend more than six months away from home but the bulk of short-term migrants who are shown later to be the most vulnerable group of migrants to be at risk of contracting HIV are missed. They are at high risk because they tend to move without their partners (if they are married) and they are freed from the social constraints of the home community.

The latter point is of considerable significance to the present study. There is a long tradition in Indonesia, especially in certain areas and among certain groups, of families expanding their portfolio of income-earning opportunities by some family members ranging outside their home community to seek work on a non-permanent basis. There can be no doubt that such movements have not only continued to increase in scale with each year but also that Indonesians now range over much wider areas in order to seek income-earning opportunities. The latter has been made possible by a number of developments:

- The exponential improvement in *transport* throughout the archipelago has led to a major increase in personal mobility. The rapid improvement in the motorised transport fleet has led to a huge proliferation of types and costs of transport which makes long-distance travel within the reach of most groups. These improvements have not been restricted to land transport.
- Greatly improved *communication* across the archipelago. This means that knowledge about the opportunities available elsewhere has greatly increased. For example, in 1980, 29 percent of urban households and 4 percent of those in rural areas had television sets in Indonesia but by 1997 three quarters of the population watched television at least once weekly.
- Increased levels of *education* which have seen the proportion of Indonesians unable to read and write decrease from 38 percent in 1977 to 11.6 percent in 1997. This has meant that people's ability to access information sources has increased and their ability to compete in labour markets outside their home areas has increased.
- Of particular significance is the role of *social networks*. Research has shown clearly that the bulk of people who move on a non-permanent basis in Indonesia do so to join family members and friends at a destination. The linkages can be basic to people deciding to move and they certainly facilitate movement. The proliferation of migration has led to a proliferation of such retreats and so there is a strong momentum created in this movement.
- There has been a well established *migration industry* in Indonesia. Recruiting of contract coolies by middlemen goes back several centuries. This industry has

undergone a major expansion in recent years and this has contributed to the increase in non-permanent migration within and outside Indonesia.

Unfortunately, it is not possible to quantify the volume of labour migration in Indonesia since it is not captured to any significant extent in standard data collection activities. It is useful, however, to point to some evidence of the fact that labour migration in Indonesia ...

- is very large in scale,
- is increasing in scale.

This will be considered in more detail below but it is necessary at the outset to underline why this form of movement has implications for the spread of HIV/AIDS in Indonesia.

The most important aspect of labour migration of Indonesians from the perspective of the spread of HIV/AIDS is that the movement rarely involves complete nuclear families and individual migrant workers spend extended periods alone or, more usually with a group of peers of the same sex, at the destination. This has produced situations where male migrant workers at destinations often have the motivation to use brothels or Commercial Sex Workers (CSWs) and often also they have the funds to realise those motivations. It is not coincidental that the major concentrations of CSWs in Indonesia are also areas of concentration of male migrant workers.

Turning to international migration, the data are even poorer. There is no question on international migration included in the Indonesian census. The arrival/ departure data collected by the Directorate of Immigration are processed only for non-Indonesian citizens and cannot be used to detect the numbers of Indonesians going overseas to work. The major source of information on labour migration in Indonesia is the Department of Labour (DEPNAKER). This has an agency with which all intending labour migrants going overseas need to register with. However, more than half of the Indonesian OCWs do not go through this system.

1.3.2 *Surveys of HIV in Indonesia*

The detection of HIV/AIDS is problematic. There is a fairly long incubation period between infection and symptoms of that infection appearing in the blood samples taken from people (Skeldon, 2000, 6). Blood samples can only be taken from a limited section of the population. Some of the testing for HIV/AIDS is unreliable. It is unlikely that all or even most of persons with HIV or AIDS are registered in Indonesia. Accordingly, it has been necessary to undertake a series of sentinel surveillance (SS) surveys. Indeed, Indonesia was one of the first countries to begin systematic behavioural surveillance among men and women at high risk of HIV infection (Directorate General of Communicable Disease Control and Environmental

Health, 2001, 9). ‘HIV SS means carrying out HIV sero-prevalence surveys at regular intervals among selected groups in the population known as ‘sentinel groups’. By doing so, trends in HIV infection are monitored over time, by group and by place’ (Manaf and Roesin, 1996, 5). The studies are based on the knowledge that some groups have a higher risk of infection than others. Studies are focused on these groups and are taken at regular intervals to establish levels and trends of prevalence in these groups. It is also considered desirable by some commentators to have some surveillance studies in low risk groups.

The following procedure is the ideal approach to SS. A sample of blood is drawn for some other purpose and is tested for HIV in an unlinked anonymous manner. Around 250 patients are selected over an 8-week period and this is repeated once a year. HIV sentinel surveillance began in Indonesia in 1988 when two sentinel areas were selected – one in Jakarta and the other in Surabaya. The sentinel areas have gradually been extended. In 1989 sites were added in Bali and Yogyakarta, in 1990 in Riau (Batam) and North Sumatra (Medan), in 1991 in West Nusa Tenggara, West Java and Central Java. In 1996 it was extended to cover 15 provinces and now covers all 26 provinces. HIV sentinel populations include:

- Registered female CSWs in permanent official WTS (CSW) *lokalisasi*
- STI and TB patients in hospitals
- Prisoners
- Selected high risk groups like truck drivers, fishermen, sailors
- Transvestites
- Injecting drug users

Surveillance was originally only carried out by the Indonesian Ministry of Health and others only become involved after the establishment of the National AIDS Commission in 1994. The regular surveys are conducted by the Ministry of Health with coordination through the Communicable Diseases Control and Environmental Health Directorate. NGOs and bilateral agencies support the surveillance system. There are also *ad hoc* sero-prevalence surveys and rapid assessment surveys of higher risk behaviour groups such as groups of CSWs (street and *lokalisasi*), gigolos, male CSWs, transvestites, truck drivers, homosexuals, sailors, fishermen, call girls, hostesses of night clubs, massage parlours, discotheques etc.

An example of a major initiative was the innovative baseline Behaviour Sentinel Surveillance (BSS) carried out by the Centre for Health Research, University of Indonesia (CHR-UI) with support from USAID and AusAID. This was conducted from 1996 annually in three major seaport studies of Indonesia – Jakarta, Surabaya and Manado – interviewing and testing:

- female CSWs, sailors and seaport sailors in all sites;

- truckers and male and female factory workers in Surabaya;
- male and female senior high school students in Manado.

It has involved a total of 3,800 respondents (Utomo *et al.*, 1998) and been undertaken five times since 1996. In addition, AusAID has funded additional studies in three other cities (Denpasar, Kupang and Makassar) in 1998 and 2000.

These BSS have been invaluable in shedding light on the incidence of HIV infection in Indonesia. However, the number of sites remains limited and there are some high risk groups that have not been included in the studies. Moreover, it would be useful to have some information on low risk populations.

One important source of HIV infection relates to the routine screening of sex workers by the CDC-EH (Centre for Disease Control and Environmental Health) for sexually transmitted infections (STIs) such as syphilis. These are used as a basis for providing treatment to infected sex workers. The leftover blood from these tests is then screened anonymously for HIV. As the Directorate General of Communicable Disease Control and Environmental Health (1991, 8) points out, 'this surveillance system provides quite a good picture of the range of HIV infection across the country'.

1.4 Conclusion

The contemporary situation with respect to HIV and AIDS in Indonesia is reflected in Table 2. Indonesia has had a low reported incidence of HIV infection but there have been substantial increases in recent years. There is evidence of a rapidly growing epidemic which is currently concentrated in some sub-populations which engage in high risk behaviours. As the Directorate General of Communicable Disease Control and Environmental Health (2001, 2) concludes:

'Rising HIV rates in sex workers and drug injectors, coupled with low condom use rates in both groups, mean that HIV infection will inevitably rise among the sexual partners of these men and women and some of this infection will be passed on to their infants'.

This same report suggests that the extent to whether HIV infection spreads into the wider Indonesian population will depend on:

- How much HIV infection is allowed to build up in the reservoirs of sub-populations with high risk behaviour.
- The pattern of sexual networking of these groups with those with lower risk.
- How much sexual mixing there is in the population at large.

Clearly, population mobility is an influential element in this since it influences the extent and nature of interaction between groups of Indonesians.

Table 2: A Summary of the HIV and AIDS Situation in Indonesia, 2001
 Source: Directorate General of Communicable Disease Control and Environmental Health, 2001, 4

Population of Indonesia, 2000	209,546,300
Reported AIDS cases, 1987- June 2001	578
Estimated total AIDS cases, 1987- 2000 ^a	5,056
Reported AIDS deaths, 1987- June 2001	258
Estimated total AIDS deaths, 1987- 2000 ^a	3,856
Estimated number of Indonesians living with HIV, 2001	80,000 - 120,000
HIV prevalence measured in different groups:	Highest percent measured in risk group, with number tested, year, location
Female sex workers (FSW)	26.5 % (n , Merauke 2000)
Transvestite sex workers (waria)	6.1 % (n 199, Jakarta 1997)
Injecting drug users (IDU)	40 % (n 156 Jakarta 2001)
Male STI patients	1.4 % (n 273, Bali and Makassar 1999)
Blood donors	0.011 % (n 598,603, national, 2000/01)
Pregnant women	0.35 % (n , Riau, 1998/99)
Military recruits	0 % (n 13,856, national, 1997/88)
Risk behaviour measured in 2000 (3 cities with comparable risk groups)	
% sea workers/truckers buying sex last year	46.8 %
% clients always using condoms w. FSW last year	6.9 %
% clients used condom at last sex w. FSW	22.1 %
% FSW using condoms all clients last week	12.1 %
% FSW used condom with last client	41.3
% waria used condom with last client	59.9
% IDU shared needle in last month	47.0

CHAPTER 2
HIV/AIDS IN INDONESIA - THE CURRENT SITUATION

2.1 Introduction

Although Asia has around 60 percent of the world's total population, it was reported that at the end of 1999 there were 6.4 million people living in Asia with the HIV virus (Bickers and Crispin, 2000) or around 18 percent of the world total. There were more than four times that number of people with AIDS in Africa (Sehgal, 1999). It is estimated that in 1999, 478,000 people in the Asia-Pacific region died of HIV/AIDS and there were 920,000 new infections (Chantavanich, Beesey and Paul, 2000, 4).

Table 3: Number of HIV/AIDS Positive Cases in Indonesia by Year Up to November 2000

Source: UNAIDS (Jakarta), 2000

Year	AIDS	HIV (+)	Total
1987	2	4	6
1988	2	5	7
1989	3	4	7
1990	5	4	9
1991	12	6	18
1992	10	18	28
1993	17	96	113
1994	16	71	87
1995	20	69	89
1996	32	105	137
1997	34	83	117
1998	74	126	200
1999	47	178	225
2000 (up to Nov)	172	344	516
Cumulative Total	446	1,113	1,559

In Indonesia the reported numbers of AIDS and HIV positive cases, as Table 3 shows, were quite small although there was a substantial increase in numbers in the late 1990s. Indeed, the indications are that in 2000 there was more than twice the number of reported cases than a year earlier and in 2001 the numbers increased by around a thousand. There is little room for complacency in such numbers, however, because:

- It is apparent that in Indonesia reported cases are only a fraction of actual cases. (The UN has estimated that in China, in a similar situation, only 5 percent of all HIV/AIDS cases are reported – Bickers and Crispin, 2000, 38).
- There has been a steady increase in reported cases each year.
- The conditions in Indonesia are seen to be favourable to a rapid spread of the disease, perhaps in a similar way as to what has occurred in Thailand (Kaldor, 2000).

Table 3 also shows that the last twelve months has seen a doubling of the numbers of HIV and AIDS cases reported in Indonesia. This could suggest that, although the official prevalence of HIV/AIDS is quite low, it may be increasing very rapidly. A UNAIDS estimate of the number of HIV cases in Indonesia put this at 52,000 (Suharno, 2001), while another estimate (Directorate General of Communicable Disease Control and Environmental Health, 2001, 4) puts the number of Indonesians living with HIV in 2001 at between 80,000 and 120,000. As the same report points out (p. 4), ‘... the consistently lower rates of HIV infection recorded over the last decade are a thing of the past’.

The spread of HIV/AIDS in Indonesia appears to have gone through three stages in Indonesia (Utomo, personal communication) after its initial introduction in 1987.

- a) In the early years it was confined to small groups and was spread mainly by homosexual contact.
- b) In the 1990s the main method of transmission was through heterosexual contact.
- c) In the last 18 months there has been a major increase in the amount of transmission via shared needles by IDUs, although heterosexual sexual transmission remains the main mode of transmission.

Table 4: Indonesia: Injecting Drug Users Among People Reporting HIV/AIDS, 1995-2001

Source: Irwanto, 2001

Date	Total HIV/AIDS Cases	No. of IDUs	Percent
December 1995	364	4	1.0
July 1999	908	10	1.0
April 2000	1,235	44	3.6
December 2000	1,624	253	16.0
February 2001	1,778	338	19.0

Irwanto (2001) records the tremendous increase that has occurred in HIV detected among IDUs. His data are presented in Table 4. A study of IDUs in 8 Indonesian cities demonstrated the linkages between the various forms of transmission of HIV/AIDS. In the cities, between 50 and 65 percent of IDUs had had sex in the last month and only 10 percent used a condom.

Table 5: HIV/AIDS Situation in Some Southeast Asian Countries Around 1999-2000

Source: Chantavanich, Beesey and Paul, 2000, 4

Country	Estimated Number of People with HIV/AIDS	Adult Infection Rate (Percent)	HIV in Pregnancy (Percent)	Estimated Adult Death
Cambodia	220,000	4.04	2.6	14,000
Lao PDR	1,400	0.05	na	130
Myanmar	530,000	1.99	3.4	48,000
Thailand	735,000	2.15	1.8	66,000
Vietnam	100,000	0.24	0.15	2,500
China	600,000	1.18	0.2	260 (actual)
Indonesia	80,000-120,000		na	

Table 5 shows that Indonesia is estimated to have fewer HIV/AIDS cases than each of the Mekong Basin countries except Laos, although it has a larger population than each country except China.

2.2 Spatial Variation in the Incidence of HIV/AIDS

In the context of the present report it is of basic significance that there are important variations in the incidence of HIV/AIDS between different parts of Indonesia. Table 6 shows the numbers of reported HIV positive infections, AIDS cases and deaths from HIV/AIDS in each of Indonesia's provinces as of the end of November 2000. The spatial distribution of the number of HIV/AIDS infections is more evident in Figure 2 which depicts the provincial distribution more graphically. It will be noted, when this is compared with the spatial distribution of the total Indonesian population (Figure 1), that the number of cases of HIV/AIDS is not proportionate to the total population. It immediately becomes apparent that HIV/AIDS reported cases are most prevalent in two provinces – DKI Jakarta, the capital and Papua (formerly Irian Jaya)

which together account for 59.3 percent of the reported cases. This contrasts markedly with their share of the total national population in 2000 which was only 5.2 percent.

Table 6: Indonesia: Cumulative HIV/AIDS Reported Cases by Province, 1987-2000

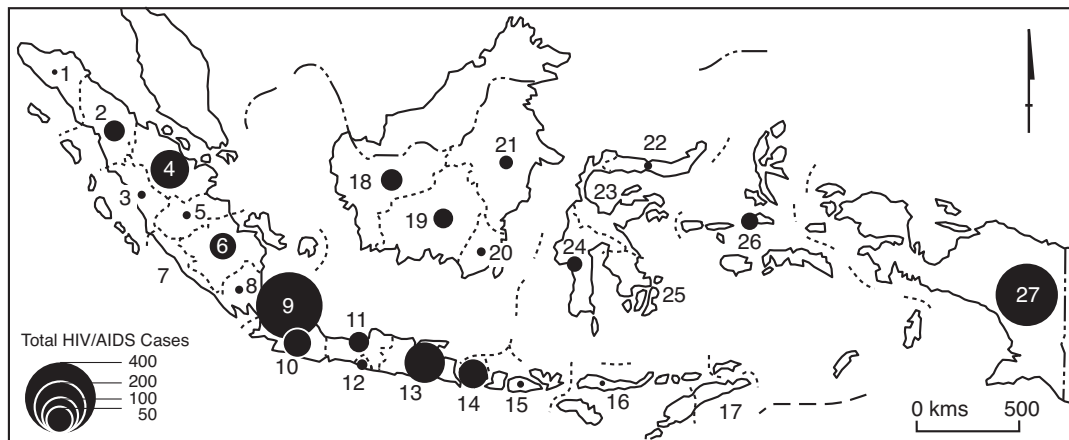
Source: UNAIDS (Jakarta), 2000

No.	Province	HIV+	AIDS	Total	Deaths
1.	DKI Jakarta	386	187	573	79
2.	Papua	217	136	353	95
3.	Riau	103	14	117	6
4.	East Java	94	21	115	11
5.	West Java	46	33	79	13
6.	Bali	44	24	68	8
7.	South Sumatra	49	2	51	2
8.	West Kalimantan	32	1	33	0
9.	North Sumatra	27	5	32	3
10.	Central Java	24	6	30	5
11.	Central Kalimantan	27	0	27	0
12.	Maluku	16	3	19	2
13.	South Sulawesi	15	1	16	1
14.	East Kalimantan	13	0	13	0
15.	North Sulawesi	1	7	8	4
16.	Yogyakarta	3	3	6	0
17.	West Sumatra	4	1	5	1
18.	South Kalimantan	4	0	4	0
19.	Jambi	3	0	3	0
20.	Lampung	3	0	3	0
21.	West Nusa Tenggara	0	2	2	0
22.	East Nusa Tenggara	1	0	1	0
23.	Aceh	1	0	1	0
Total		1,113	446	1,559	231

Note: 11 in South Sumatra, 18 in North Sumatra, 27 in Central Kalimantan, 28 in West Kalimantan, 82 in Papua and 12 in Riau were HIV infected Thai fishermen who have returned to their country.

Figure 2: Indonesia: Distribution of HIV/AIDS, 2000

Source: UNAIDS, 2000



1 D.I.Aceh	7 Bengkulu	13 E.Java	19 C.Kalimantan	25 SE.Sulawesi
2 N.Sumatra	8 Lampung	14 Bali	20 S.Kalimantan	26 Maluku
3 W.Sumatra	9 DKI Jakarta	15 W.Nusa Tenggara	21 E.Kalimantan	27 Irian Jaya
4 Riau	10 W.Java	16 E.Nusa Tenggara	22 N.Sulawesi	
5 Jambi	11 C.Java	17 East Timor	23 C.Sulawesi	
6 S.Sumatra	12 D.I.Yogyakarta	18 W. Kalimantan	24 S.Sulawesi	

Table 7: Indonesia: Numbers of AIDS Cases per 100,000 Population by Province, November 2000

Source: UNAIDS (Jakarta), 2000

No.	Province	Number of AIDS Cases per 100,000 Population
1.	Papua/Irian Jaya	5.95
2.	DKI Jakarta	1.86
3.	Bali	0.80
4.	Riau	0.30
5.	North Sulawesi	0.23
6.	Maluku	0.13
7.	Yogyakarta	0.10
8.	West Java	0.08
9.	East Java	0.06
10.	West Nusa Tenggara	0.05
11.	North Sumatra	0.04
12.	West Kalimantan	0.03
13.	South Sumatra	0.03
14.	West Sumatra	0.02
15.	Central Java	0.02
16.	South Sulawesi	0.01
Total		0.21

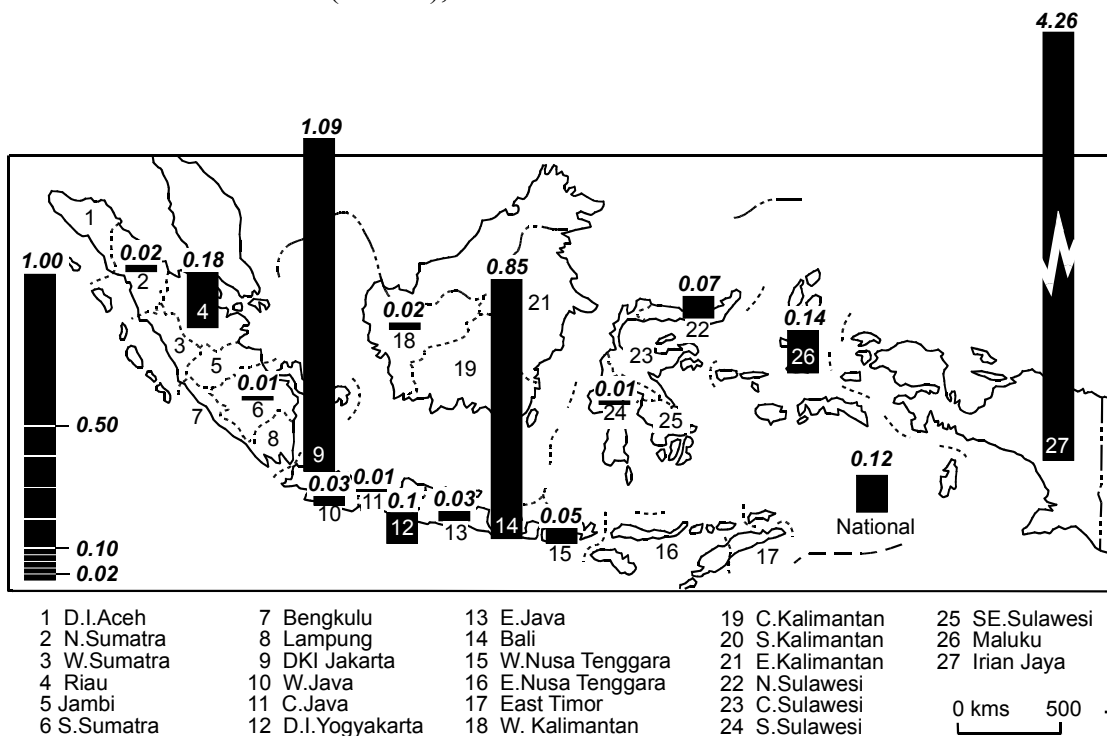
It is useful to examine the variations between Indonesian provinces in the number of reported cases of HIV/AIDS. Table 7 shows the incidence of the disease in terms of the number of cases per 100,000 population. Again it is useful to show the distribution of HIV in map form and this is presented in Figure 2. In looking at the notification rates (Table 6) again, Jakarta and Papua/Irian Jaya stand out but in this case Bali also stands out as having a notification rate four times the national average. The provinces of Riau and North Sulawesi also have above average notification rates.

2.3 Areas of Concentration of HIV/AIDS in Indonesia

A point of major importance is the fact that in *each of the areas in which HIV notification rates are greater than the national average there is an important migration component*. We will now look at each of the areas of high notification rates in some detail.

Figure 3: AIDS Case Rate by Province: Cumulative Cases per 100,000 People as at 31 August 1999

Source: UNAIDS (Jakarta), 2000

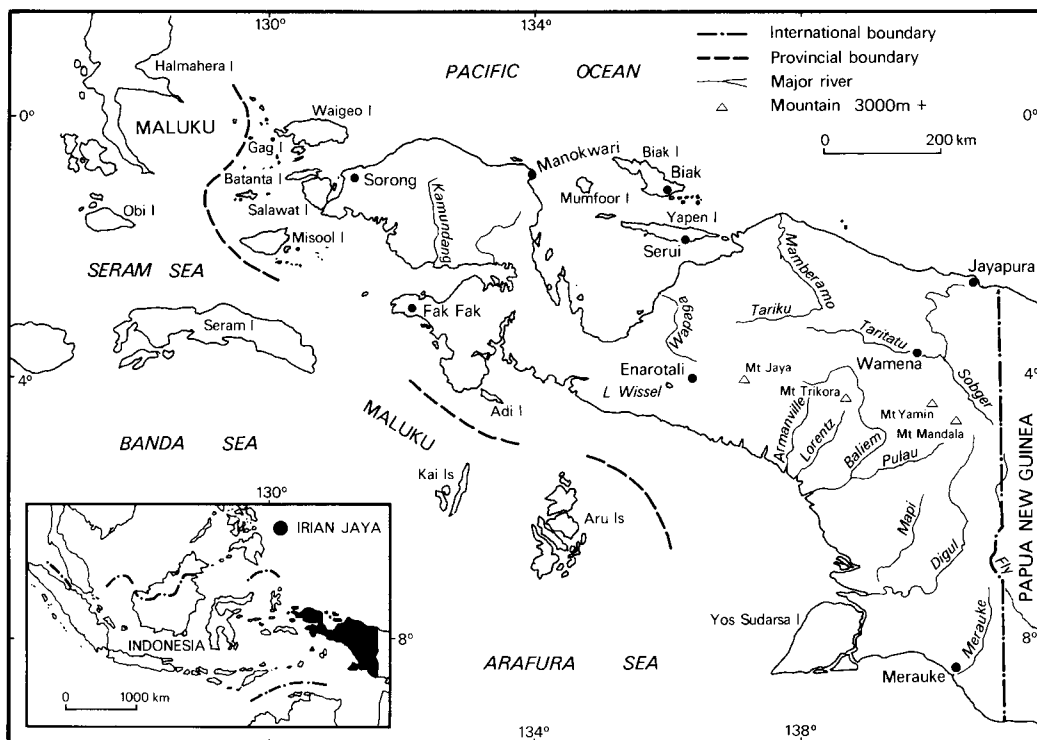


Taking Irian Jaya/Papua first of all, it is apparent that in parts of this area there is a significant epidemic of HIV/AIDS well underway. Indeed, a recent newspaper report

indicated that in the month of March 2001 there were 114 new cases of HIV/AIDS infection reported in the province. This compares with a total number of cumulative reported cases in all Indonesia twelve months earlier of 1,235!! It would indicate a critical situation in the parts of the province most affected. Indeed the Merauke area, which has the highest prevalence, accounted for 101 of the new cases and the remainder were in Jayapura (*Kompas*, 9 April 2001). Of the total of 546 reported cases in the province, the distribution was:

- Merauke - 314
- Sorong - 53
- Timika - 45
- Fak Fak - 34
- Jayapura - 34

Figure 4: Map of Irian Jaya
Source: Manning and Rumbiak, 1989



The reported cases are only those who are detected in hospitals and polyclinics so it is apparent that the numbers of infected people among the 2.1 million inhabitants of Irian Jaya are substantially greater. Indeed, it was reported that in Merauke there are now

cases of children with HIV/AIDS who have experienced peri-natal transmission of the disease.

The first HIV/AIDS cases in Irian were reported in Merauke in 1992 – 6 cases. By March 2001 (Indonesian Directorate of Direct Transmitted Disease Control, 2001) there were HIV/AIDS cases in 11 of the 13 *kabupaten* in the province and 546 reported cases. This represented a notification rate of 6 per 100,000 – 28 times higher than the national rate (0.22). Moreover, the Merauke area is the only case in Indonesia where more than 1 percent of the total population. It is important to realise that the bulk of people with the disease are indigenous Irian Jaya people. There are a number of local behavioural and cultural elements which favour the spread of HIV/AIDS, especially use of multiple partners. The situation has become so serious that the provincial government, in partnership with the Central Government, have initiated a Master Plan for HIV/AIDS for 2000-2003 utilising foreign development assistance.

Table 8: Irian Jaya: Range in Prevalence Rates of HIV in High and Low Risk Populations at the End of 2000

Source: Indonesian Centre of Disease Control and Environmental Health, 2001, 2

Type of Population	HIV Prevalence Range Found in Surveillance Sites
Female Sex Workers	0-26.5
Clients	0-2.75
Fishermen	0-2.8
Transport Drivers	0-2.6
Factory Workers	0-1.2
General Population	0-1.16
Students	0-0.6
Pregnant Women	0-0.25

The incidence of HIV in particular high risk groups in Irian in 2000 is shown in Table 8. It is apparent that the highest incidence is among the female sex workers. Figure 5 shows that there is considerable variation between the concentration of female sex workers with the highest concentration in the Merauke area. However, substantial infection is present in all of the sites, especially Sorong, Biak and Manokwari.

It is apparent that the bulk of HIV positive cases have involved heterosexual transmission (94.9 percent) with small proportions through homosexual (2.2) and peri-natal (2.9) transmission. One aspect of the infection in Irian is that there is a larger

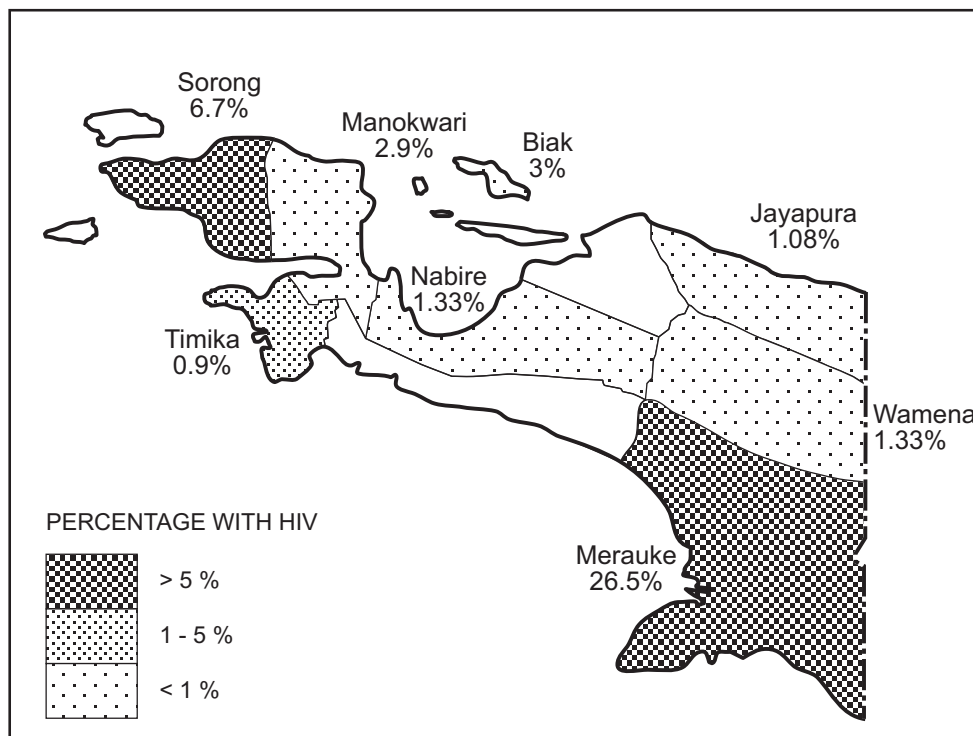
proportion of AIDS cases that are female (35.5 percent) than nationally. Some 39 percent are aged 20-29 and another 31 percent are aged 30-39.

The largest number of HIV/AIDS cases in Indonesia are in Jakarta which has more than a third of reported cases and it also has the second highest notification rate in the country, slightly less than a third of that in Irian Jaya/Papua. It is apparent that as the dominant urban centre in Indonesia it has concentrations of many of the high risk groups for HIV infection including:

- IDU.
- Large numbers of female sex workers.
- A substantial gay population.
- Large numbers of single and unaccompanied migrant workers.
- Intravenous drug users.

Figure 5: Irian Jaya: Prevalence of HIV Among Female Sex Workers in Sentinel Surveillance Sites, 1997-2000

Source: Indonesian Centre of Disease Control and Environmental Health, 2001, 3



The situation in Jakarta is reflected in the BSS studies in recent years. Table 9, for example, shows the pattern of knowledge and use of condoms among CSWs over the period 1996-2000. This shows that while there has been a small increase in the

proportion of the CSW population who know at least two of the three effective ways of preventing HIV/AIDS, there was only marginal improvement. Moreover, the majority (nearly 90 percent) of CSWs still practise sex without using condoms. A similar pattern is revealed when we look at some of the major users of CSWs (truckers, sailors and seaport labourers). Table 10 presents the same information for this group. Almost a half reporting having sex with a CSW in the last year, indicating that they are a vulnerable group. Moreover, their knowledge of HIV prevention was more limited than that of CSWs and the use of condoms with CSWs very low.

Table 9: Jakarta: Knowledge of HIV/AIDS and Condom Use Among CSWs, 1996-2000 (Percent)

Source: BSS Jakarta, 1996-2000

	Year				
	1996	1997	1998	1999	2000
Number of Respondents	399	400	398	408	600
Know at Least 2 Ways to Prevent HIV/AIDS	68.2	67.8	80.4	83.6	76.7
Always Use Condom in Sex	20.0	14.0	13.6	14.9	10.3
Used Condom in Last Sex	51.1	47.0	38.9	60.8	43.5

Table 10: Jakarta: Knowledge of HIV/AIDS and Condom Use Among Male Truckers, Sailors and Seaport Labourers, 1996-2000 (Percent)

Source: BSS Jakarta, 1996-2000

	Year				
	1996	1997	1998	1999	2000
Number of Respondents	399	400	400	403	601
Know at Least 2 Ways to Prevent HIV/AIDS	70.4	71.3	87.1	92.1	68.0
Ever Had Sex with CSW in Past Year	30.1	34.5	49.5	31.8	47.0
Always Use Condom in Sex with CSW	14.2	10.9	4.0	7.0	3.9
Used Condom in Last Sex with CSW	15.8	10.9	12.1	9.4	24.5

It is also important to note that there is a high and increasing prevalence of STIs among CSWs in Jakarta. Surjadi (2001) found in a laboratory examination of around 200 CSWs in Jakarta in 1996, 1998 and 2000 that the proportion with Gonorrhoea and/or Chlamydia increased from 23 to 40.2 to 50.3 percent. The fact that more than a half of CSW clients do not use a condom is a major element in this.

It is evident that the province of Riau also has an above average prevalence of HIV and that population mobility has played a significant role in this. The Riau archipelago has long seen a great deal of movement between the various islands, Sumatra, Singapore and Peninsula Malaysia. There has also been a long established substantial sex industry in the area with a well established pattern of Indonesian female sex workers serving males from Singapore. This has been partly through the women going to Singapore (usually undocumented) in the evenings to conduct business and then returning to one of the islands of the archipelago the next day. In more recent times the entertainment industry in several of the islands near Singapore, especially Batam (see Figure 26) has become highly organised to serve daytripping Singaporeans (and increasingly, Malaysians) and the sex industry is a major part of this. Batam island is the main element in this but there is also a thriving industry on several other islands. For example, one other island has over 30 bars and around 600 active CSWs. A recent newspaper report (*Jakarta Post*, 9 April 2001) indicated that ‘hundreds of teenage sex workers from Java and Sumatra flock to Karimun Island ... offering their services for between Rp150,000 (US\$15) and Rp250,000 (US\$25) an hour in the island’s numerous cheap and mid-range hotels ... the girls were lured by the fast developing tourist industry on the island which is a popular destination for tourists from neighbouring Malaysia and Singapore’.

In the Riau case the proliferation of the sex industry has not only been a function of serving Singaporean and Malaysian tourists. For 20 years Batam has been a major development zone of the Indonesian government in which the close proximity to Singapore has been capitalised upon by attracting a great deal of manufacturing activity through offering a range of incentives. It also is a free trade zone. It has also served as an ‘overspill’ area for Singapore with many activities being squeezed out of the island because of limited space, high costs or regulations. For example, the pig raising industry has been forced out of Singapore by health regulations and now is based mainly in Indonesia. This has seen a proliferation of factories in Batam which have not been able to access sufficient labour from the local population and as a result there has been a large scale movement to Batam from elsewhere in Indonesia, mainly Java and Sumatra. Among the migrants, singles or unaccompanied married persons have predominated (both males and females) and the already substantial sex industry has expanded to meet the new demand from this group.

Among the remaining provinces the following have the largest number of HIV/AIDS reported cases and highest rates per 100,000 population:

- Bali has the third highest notification rate (0.8/100,000) and sixth largest number of reported cases among the provinces. Irwanto (2001) reported that in December 2000 HIV testing was conducted by the Bali Health Department on

187 prisoners in Kerobokan Prison in Denpasar. Of these, 160 were drug users and 66 IDUs and of these, 34 were HIV positive. The reasons for the above average incidence of HIV infection in Bali are unclear. Some have suggested it could be associated with high risk activities associated with the high level of tourist activity in the province, especially in substantial local drug and sex industries. However, also it is true that there are perhaps higher levels of surveillance in this province and so it is more a matter of a greater proportion of infected people being detected.

- North Sulawesi has the fifth highest rate of reported cases per 100,000. The reasons for this elevated level are unclear but it is well known that the province is well known in Indonesia as an important source of female sex workers elsewhere in the country (e.g. in East Kalimantan) but also in East Malaysia and the Philippines.
- South Sumatra – The city of Palembang is the third largest outside of Java and has a thriving sex industry.
- East Java – The city of Surabaya is a major centre of brothels in Indonesia (Steele, 1981; Hull, Sulistyaningih and Jones, 1998) as well as a major source of CSWs throughout Indonesia. Surjadi (2001) reports that CSWs in Surabaya in 1996, 1998 and 2000 reported STI infection rates of 37.0, 60.5 and 31.3 percent.
- West Java – This is the largest province in Indonesia but the sex industry in the main city (Bandung) is not as substantial as in Surabaya. However, some areas of West Java (especially *kabupaten* Indramayu and to a lesser extent, Cirebon, Subang and Purwakarta) are origin areas for CSWs.

It will be shown later that in all of these cases of above average notification rates of HIV/AIDS, population mobility has played a significant role.

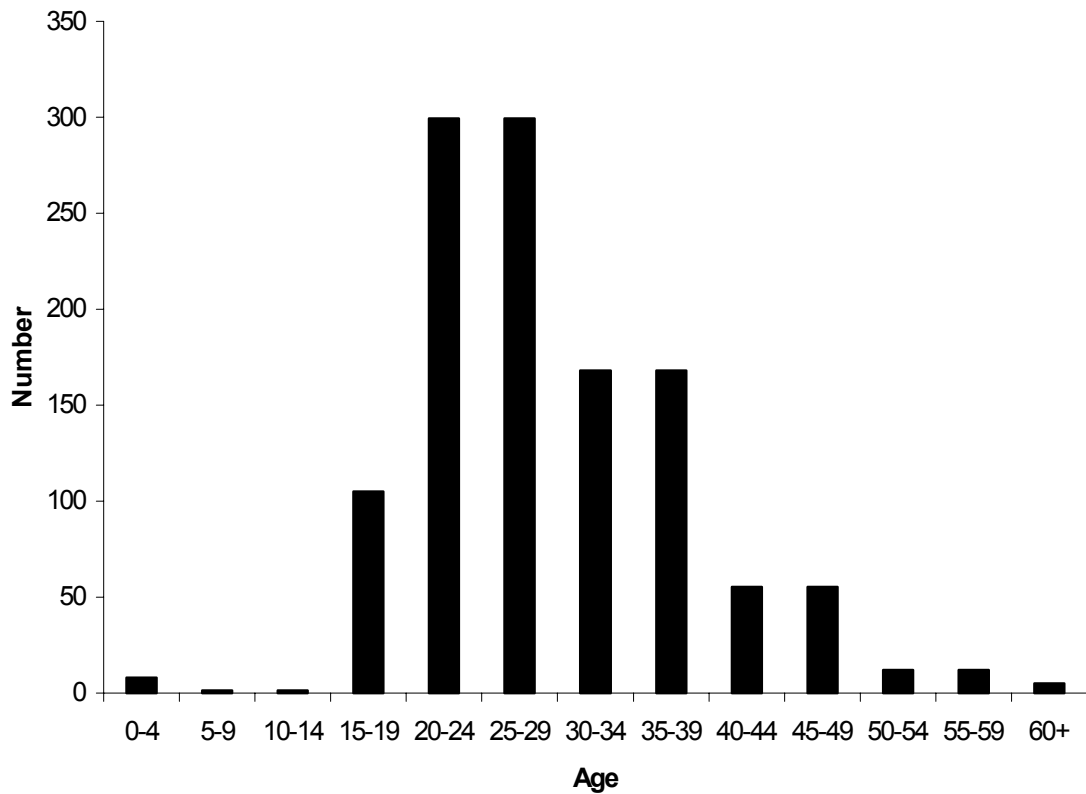
2.4 Characteristics of Indonesians with HIV/AIDS

It is useful to summarise some of the characteristics of the reported cases of HIV/AIDS. The age distribution is depicted in Figure 6. Almost half (46.2 percent) were aged between 20-29 while 25.9 percent were aged between 30-39, 8.6 percent aged 40-49, and 8.1 percent aged 15-19 years. Among the cases of HIV infection, 38.2 percent were female and among those with AIDS, 19.3 percent were female. Some 18.4 were foreigners. The modes of transmission among the reported cases were:

- Heterosexual - 70.5 percent
- Homosexual/Bisexual - 9.6 percent
- Injecting Drug User - 18.3 percent

Figure 6: Indonesia: Age Structure of the Population Reported with HIV Infection, November 2000

Source: Directorate General CDC and EH Ministry of Health, Republic of Indonesia)



2.5 Results of Prevalence Studies

The official statistics quoted here on the prevalence of HIV/AIDS in Indonesia are generally considered to be only the tip of the iceberg in terms of the actual number of people who are infected. One source (Wiebel and Safika, n.d.) reports that in 1999, although there were only 274 reported AIDS cases and 709 officially recorded as being infected with HIV, the numbers may be as follows:

- Adults and children - 52,000
- Adults (15-49) - 51,000
- Women (15-49) - 13,000
- Children (0-14) - 680

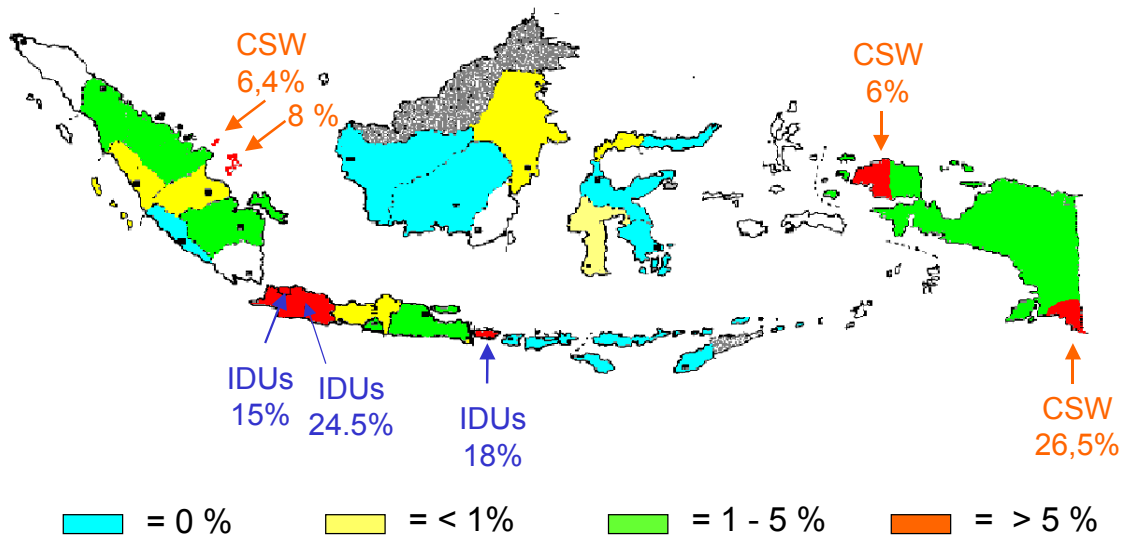
This would give an adult prevalence rate of 0.05 percent which is still very low but in a recent country report (Anon, 2001) stressed the potential for an expanding HIV/AIDS epidemic in the future in Indonesia because of:

- Increasing trends in commercial sex work
- Domestic and international migration

- Urbanisation
- Development of the tourist industry
- Poverty
- Proximity to areas with advanced epidemics
- Multiple sex partners increasing
- High risk sexual behaviour of certain groups

Figure 7: Indonesia: HIV Prevalence in High Risk Group (Certain Subpopulation)

Source: Dr. Fanny J. Silfanus, MOH



as of 31 March 2001

It is useful to present some of the results of the studies of high risk groups to indicate the significance of HIV/AIDS in these groups. Much of the data here are drawn from Kaldor *et al.* (2000) and from unpublished Ministry of Health data provided by Dr. Fanny J. Silfanus M.Sc. The overall picture of the major surveillance studies among high risk groups is depicted in Figure 7 and points to the high levels of prevalence among Commercial Sex Workers (CSWs) in Riau and Irian Jaya and among injecting drug users in Jakarta, West Java and Bali. Much of the surveillance has been carried out on CSWs working in *lokalisasi*. Figure 8 shows the overall prevalence in the group has been low but increased steeply in the late 90s passing 0.1 percent in 1998. Few provinces reported rates above 1 percent, although Figure 9 shows that the rates were substantially higher than this among sex workers in Irian Jaya/Papua. It is

evident that the 2000 figures show a very large increase in incidence in Irian Jaya/Papua. Prevalence data from Riau also show much higher prevalence rates among CSWs. Figure 10 shows that prevalence exceeded 1 percent by 1998.

Figure 8: Indonesia: HIV Prevalence in Sex Workers, 1994-1998

Source: Kaldor *et al.*, 2000

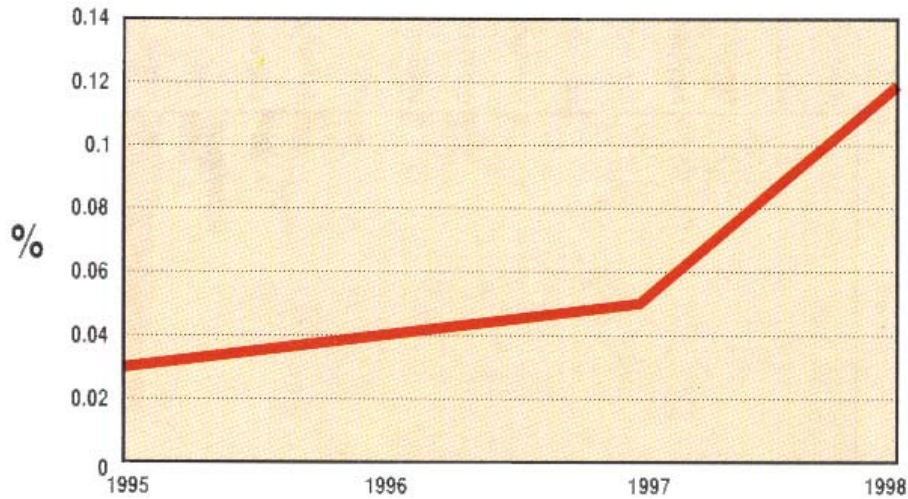


Figure 9: Indonesia: HIV Prevalence Update of Female Sex Workers, 1998 and 2000

Source: Kaldor *et al.*, 2000

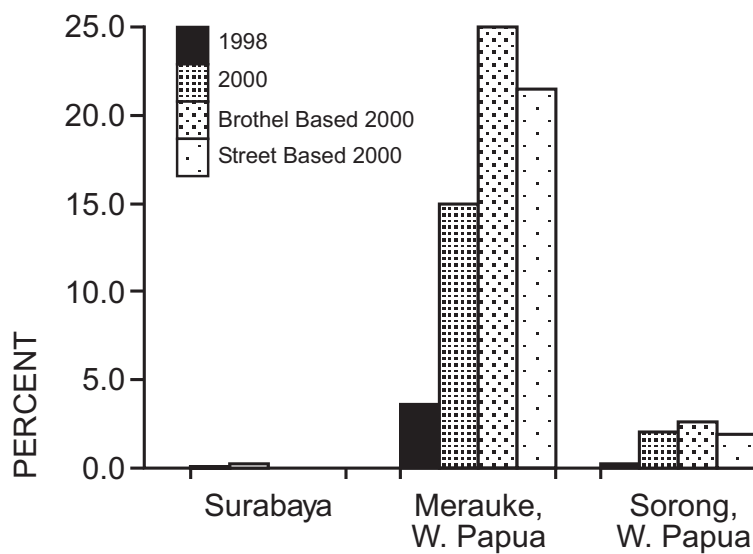
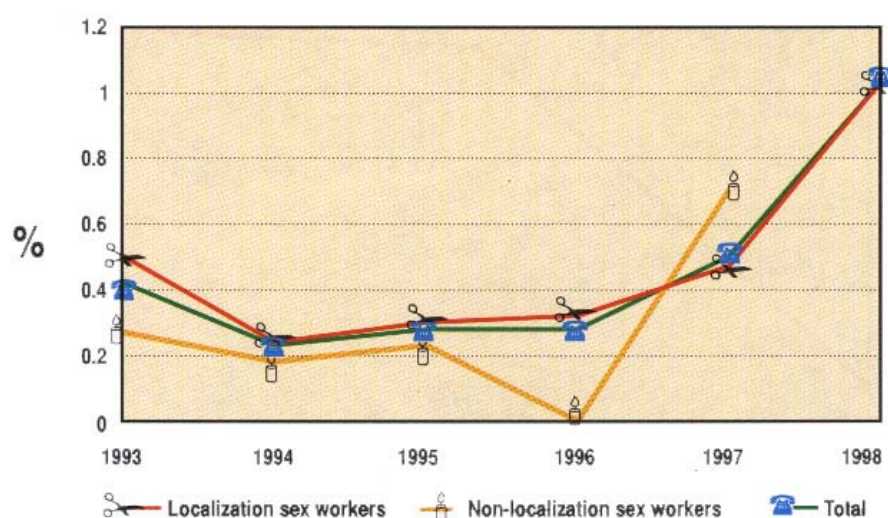


Figure 10: Indonesia: HIV Prevalence in RiauSource: Kaldor *et al.*, 2000

The most recent SS data on prevalence for CSWs in different areas is shown in Table 11 and shows that the prevalence rates exceeded 1 percent in five provinces. The overall upward trend in prevalence among CSWs in several provinces is depicted in Figure 11.

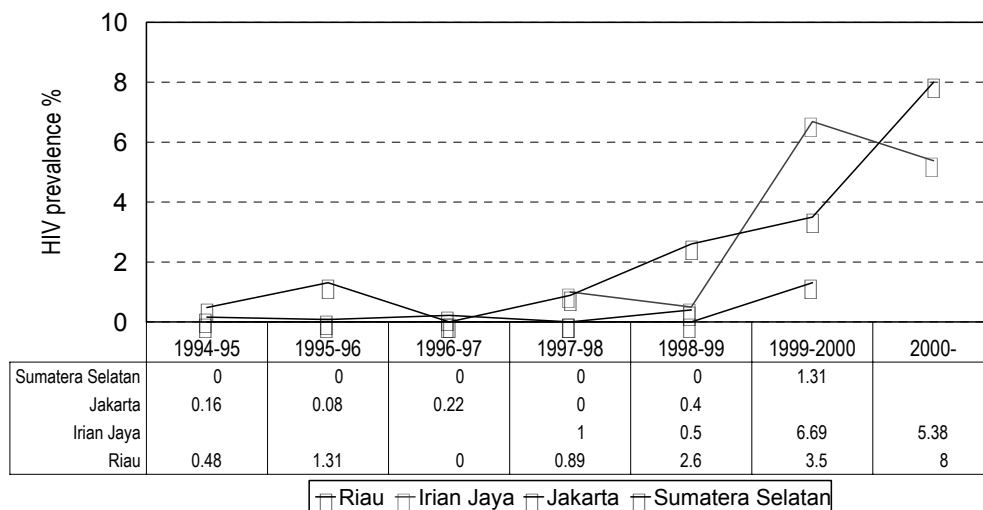
Table 11: Indonesia: HIV Prevalence (Range) in CSWs at Some Sentinel Sites by Province, 1994/95-2001

Source: Dr. Fanny J. Silfanus, MOH

Province	Range HIV Prevalence
Irian Jaya	0-26.5%
Riau	0-8%
Yogyakarta	0-2.3%
Sumsel	0-1.31%
Jatim	0-1.2%
Sumbar	0-0.75%
Sulsel	0-0.56%
Jambi	0-0.43%
Bali	0-0.4%
DKI Jakarta	0-0.1%

Figure 11: Indonesia: HIV Prevalence in CSWs at Sentinel Sites in Four Provinces, 1994-2001

Source: Dr. Fony J. Silfanus, MOH



Note: Sumatera Selatan: Bangka, Jakarta: Jakarta Utara, Irian Jaya: Sorong, Riau: Kepri.

as of 28 February 2001

Figure 12: Jakarta: HIV Prevalence in Transvestites, 1993-1997

Source: Dr. Fony J. Silfanus, MOH

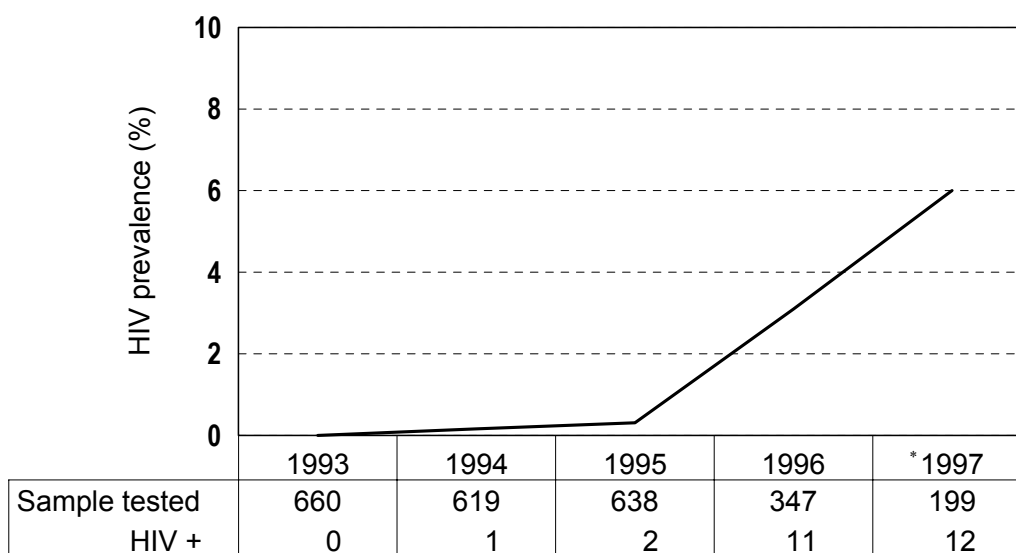
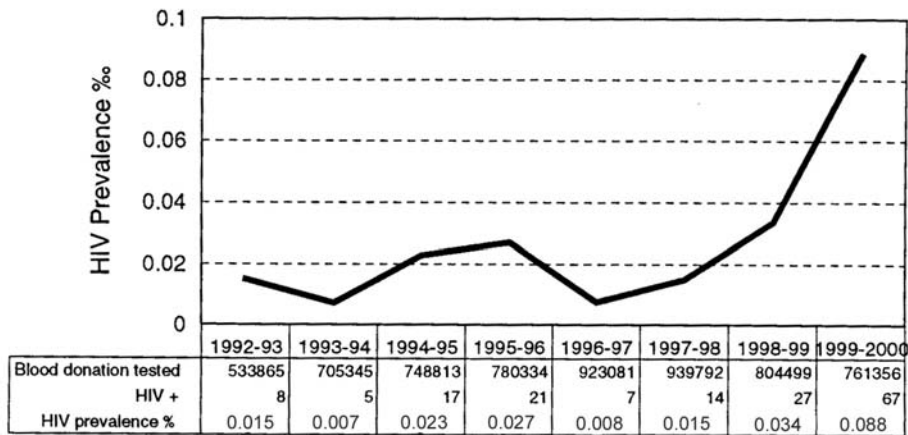


Figure 13: Jakarta DKI: HIV Prevalence in Blood Donations, 1992-1998

Source: Dr. Fony J. Silfanus, MOH



Source : Indonesian Red Cross
as of 31 December 2000

Surveillance studies among other groups show similar patterns of initial low levels of prevalence but sharply increasing levels in recent years. Among blood donors prevalence levels are quite low but they have increased in recent years. Figure 13 shows the patterns among blood donors in DKI Jakarta between 1992 and 1998. There have been some studies carried out among prison populations. As indicated earlier, Irwanto (2001) reports that sero-surveillance in Kerobokan Prison in Denpasar Bali found that 160 of 187 prisoners tested were drug users, 66 were IDUs and 35 of these were HIV positive.

Figure 14: Indonesia: HIV Infection in Military Recruit, 1997-1998

Source: Dr. Fony J. Silfanus, MOH

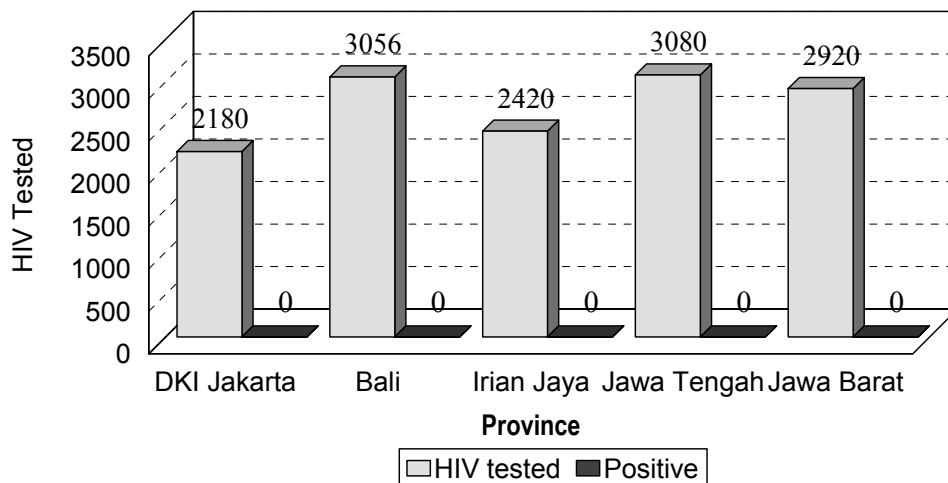


Table 12: Indonesia: HIV Prevalence Among Sub-Populations

Source: Dr. Fony J. Silfanus, MOH

Survey	
Sero-survey in pregnant women	
DKI Jakarta Province	1.2 percent
Jayapura municipality (Irian Jaya province), 1998	0.25 percent
Kepri district (Riau province), 1999	0.25 percent
Sero-survey in students in Jayapura, 1998	0.6 percent (4 of 647)
Sero-survey in drivers in Jayawijaya (Irian Jaya province), 1998	2.6 percent (4 of 151)
Sero-survey in CSWs client in Wamena (Irian Jaya province), 2000	2.74 percent (2 of 73)

The surveys carried out in low risk populations in Indonesia support very low levels of incidence. For example, Figure 14 shows that among recruits to the army tested in 1997 no incidence of HIV was detected. This contrasts, for example, with the situation in Thailand. Other cases shown in Table 12 indicate that surveys among pregnant women in the three areas in which HIV is most prevalent, Jakarta, Irian and Riau, have rates of 1.2 percent, 0.25 percent and 0.25 percent respectively. In Irian Jaya, the rates were 0.6 percent for students, 2.6 percent for drivers and 2.74 percent for CSW clients, indicating a significant occurrence of HIV infection in that province.

2.6 Knowledge of HIV/AIDS

With respect to knowledge about HIV/AIDS, the 1997 Demographic and Health Survey (Indonesian Central Bureau of Statistics, State Ministry of Population, Ministry of Health and Macro International, 1998) of 28,810 married women aged 15-49 found that 51.5 percent had ever heard of AIDS. The main sources were from radio (18 percent), relatives (1), television (4.7) and printed media (15).

The Behavioural Sentinel Surveillance in Jakarta, Surabaya and Manado in 1996 and 1997 carried out by Utomo asked risk groups about two ways of preventing HIV/AIDS and the results were as follows (Utomo cited in Anon, 2001):

- Commercial Sex Workers - 71.4 percent (1996) 77.5 percent (1997)
- High Risk Males - 76.4 percent (1996) 79.0 percent (1997)
- High School Students - 92.9 percent (males) 84.4 percent (females)

One of the most detailed studies was undertaken by Utomo (2001) who also undertook Behaviour Sentinel Surveillance of respondents in 1998 and 2000 in Bali, Kupang (East Nusa Tenggara) and Makassar (South Sulawesi). These respondents were drawn from the following groups:

- Female Commercial Sex Workers (formal and informal sectors)

- Direct Clients of Female CSWs
- Homosexuals
- Transvestites
- Sailors
- Truckers
- Public Transport Drivers

Figure 15: Bali: Percentage of Groups Reporting That Using a Condom is a Way to Prevent HIV

Source: Utomo *et al.*, 1999

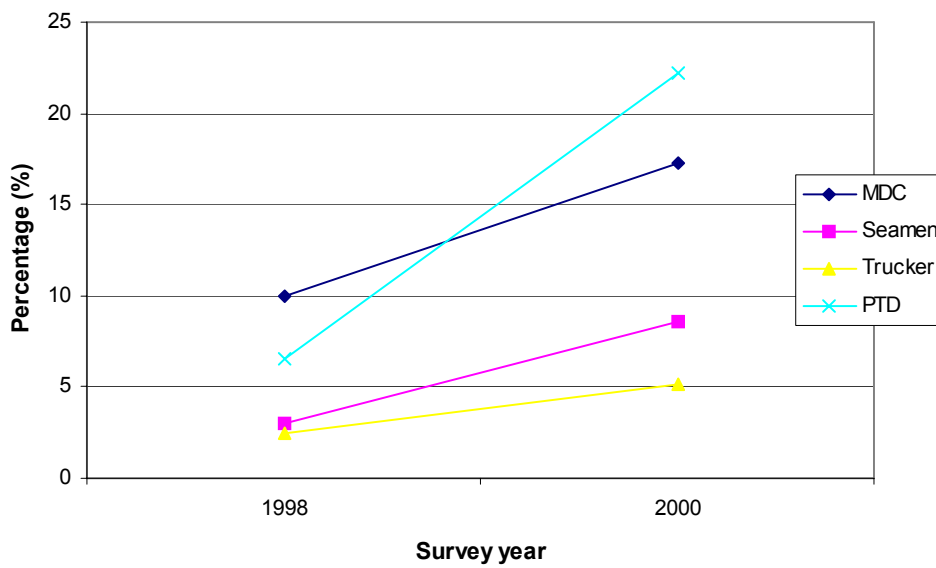
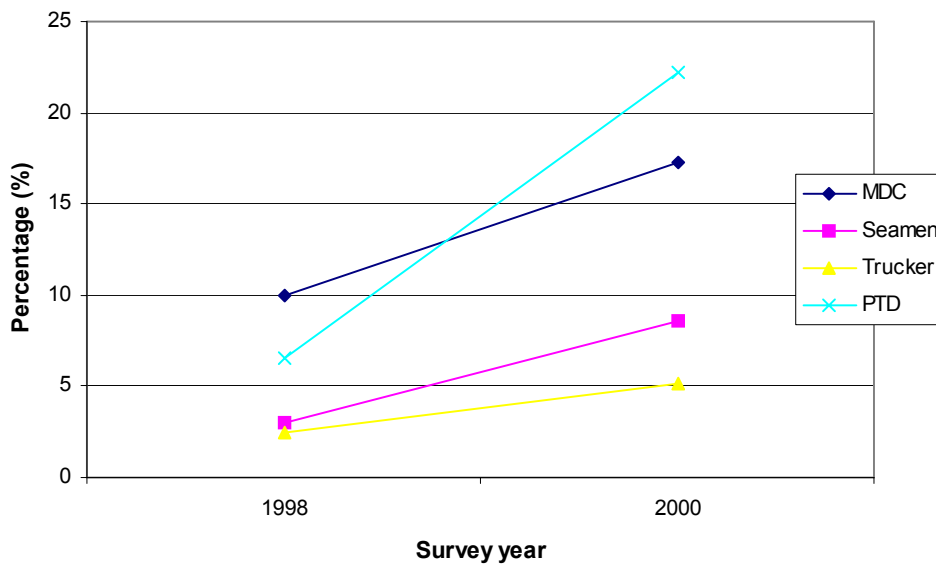


Figure 16: Bali: Percentage of Male Respondents Who Always Use a Condom in Past Year Sexual Contact with CSW, 1998-2000

Source: Utomo *et al.*, 1999



There was a general improvement in the proportion of respondents indicating that a condom was a way to prevent HIV. Figure 15 shows the results from Bali. Nevertheless, respondents knowledge of STIs remained limited and the proportion of male respondents reporting an STI experience varied between 14 and 40 percent and among CSWs 35 percent and 15 percent, transvestites 23 and 14 percent and gays 9 and 18 percent. There had been an increase in the proportion of respondents using a condom when in contact with a CSW but Figure 16 shows the proportions are still low.

CHAPTER 3

POPULATION MOBILITY AND THE SPREAD OF HIV/AIDS - THE LITERATURE

3.1 Introduction

The connection between the spread of HIV/AIDS and the incidence of population mobility is, as Skeldon (2000, 1) points out, 'both obvious and complex'. The impact of population movement on the spread of infectious disease is intuitively apparent. Infectious disease can be spread by human contact, hence, if humans who are infected move they are likely to spread the disease. This relationship has been well known for along time and there have been a number of migration studies which have demonstrated the relationship. Perhaps the classic study was Mansell Prothero's '*Migrants and Malaria*' which established definitively the importance and implications of the movements of people in West Africa in the transmission, control and eradication of malaria. Subsequently there has been the development of a substantial literature linking the spread of infectious disease and mobility and in the 1990s this has included the spread of HIV/AIDS. In particular there are a number of books and collections of papers devoted to the issue. These include a special issue of *International Migration* (Vol. 36, No. 4, 1998) and books edited by Herdt (1997) and Haour-Knipe and Rector (1996). There also have been several key articles and papers addressing the issue (e.g. Caldwell, Anarafi and Caldwell, 1987; Decosas *et al.*, 1995).

Skeldon (2000, 1-2) identifies three critical issues in the population mobility/HIV/AIDS relationship:

- It is not so much migration that is important as the *behaviour* of migrants. It is the combination of migration and high risk behaviour (unprotected sexual intercourse or sharing needles by injecting drug users) that is central.
- The most at risk group are not so much conventionally defined migrants but non-permanent movers.
- Mobility may put people into high risk situations.

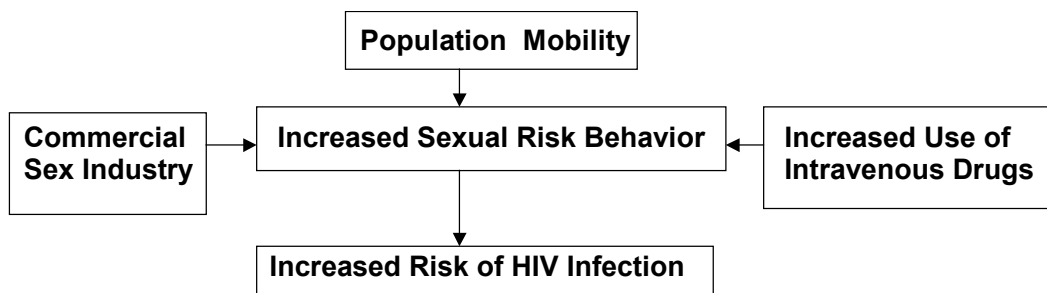
The relationship between population mobility and the spread of HIV/AIDS is clearly not a simple one as is depicted in Figure 17. This shows that movers are only at higher risk of HIV infection than non-movers if they engage in high risk behaviour to a greater extent than non-movers. Clearly, this is the case for *some groups of movers*, but not all. Of course, having become infected, they then can transfer the disease to other places which they move to.

Chantavanich, Beesey and Paul (2000, iii) have summarised the nature of the relationship as follows:

‘The risk situations that make mobile people vulnerable to HIV/AIDS are complex and must be determined through an understanding of particular situations. Being away from their family and community where social and sexual norms are prescribed and followed to varying degrees they must adapt to new situations. In their new setting they may have more freedom, new experiences and opportunities, and increased peer pressure, which influences their thinking and behaviour. On the other hand, their activities may be curtailed by remote living conditions, or otherwise restricted by their employers, local residents and law enforcement authorities. They often live in crowded housing with little privacy and, outside of their community, face language and cultural differences and difficulties in accessing information about health risks and health care. Out of boredom, and with few choices for rest and recreation, many young men, as well as older men, will choose whatever entertainment facilities are available. This will usually mean drinking and, sometimes, drugs as well as commercial sex and, when the opportunity arises, casual sex relationships.

Overseas workers are a special group who will certainly face some of the above difficulties that could make them vulnerable to HIV/AIDS. Thailand has the largest number followed by Vietnam. For many they may be moving from areas of higher prevalence of HIV/AIDS than the locations they move to; however, in many countries there is not much information on the particular migrant or local communities of which they become a part. The potential for vulnerability to poor health, or social psychological difficulties, is real but their vulnerability to HIV/AIDS is uncertain’.

Figure 17: Link Between Mobility and Increased Risk of Exposure to Infection



The literature on population mobility and the spread of HIV/AIDS in Africa is more extensive than that dealing with Asia but there are many lessons in that literature for the Asian situation. Population mobility is recognised as a major facilitating element in the transmission of HIV in Africa (Brockerhoff and Biddlecom, 1999; Fontanet and Piot, 1994; Hunt, 1989). Hsu and Du Guerny, (2000, 2) point out ‘... in Africa, the epidemic was for many years considered to be urban-based which lead (sic) to an ignoring of the vulnerabilities of rural populations, returning migrants and other mobile groups such as travelling salesmen. This neglect of the rural populations led to the epidemic spreading unnoticed for a long period’. Such a neglect should never occur in Asia in general and Indonesia in particular. It has long been known (Hugo, 1975, 199) that linkages between urban and rural areas are strong and there is a high degree of population flow between them.

Migrants are not necessarily at higher risk of being infected with HIV than non-migrants. However, some will be more vulnerable as a group due to:

- The selectivity of the migration process which means that people with higher risk are more mobile.
- The effects of the context of the migrant, especially at the destination, which may predispose them toward high risk behaviour.

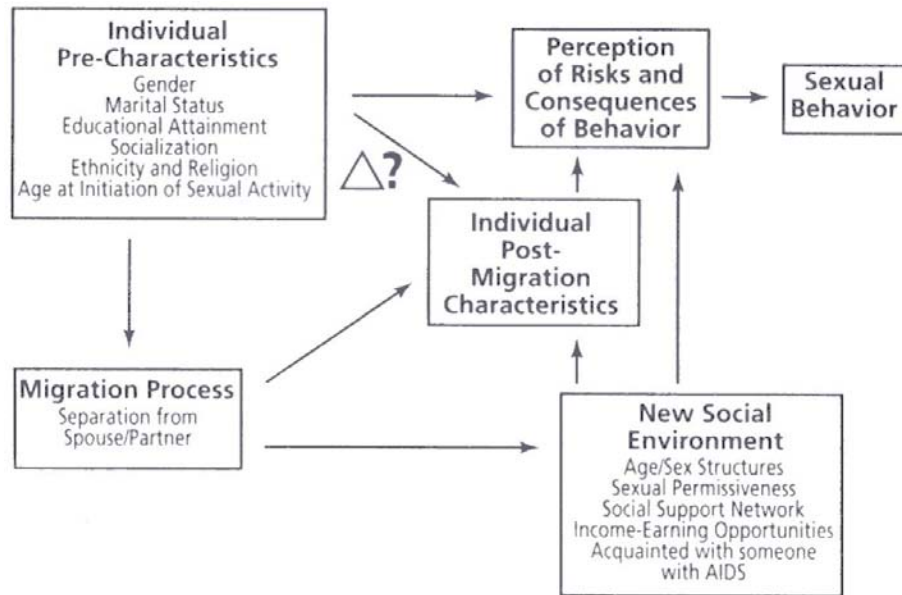
One of the most comprehensive studies of migration and HIV/AIDS was carried out in Kenya testing the hypothesis that ‘male and female migrants, in urban and rural settings, are more likely than are non-migrants to engage in sexual practices that elevate their risk of acquiring HIV and consequently AIDS’ (Brockerhoff and Biddlecom, 1999, 834). The authors use the 1983 Demographic and Health Survey (DHS) for Kenya and test this relationship. They put forward a conceptual model of the influence of migration on sexual behaviour (Figure 18). They conclude that while there was evidence of a possible relationship between migration and high risk sexual behaviour in Kenya, the relationship is not consistent across different gender and migration flow groups. They suggest that health intervention strategies should follow two paths:

- Target specific groups of migrants (men in urban areas, women in rural areas and persons moving from urban to rural areas).
- Focus on spouses and partners of migrants, especially of male migrants, and their ability to negotiate safe sexual practices.

The role of mobility in the spread of HIV infection in Africa is well documented. A recent study in rural East Africa (White *et al.*, 2001) used detailed survey data from these rural areas to make a statistical analysis with high quality socio-demographic, behavioural and epidemiological data of the association between HIV infection and mobility among adults.

Figure 18: Conceptual Model of the Influence of Migration on Sexual Behaviour

Source: Brockerhoff and Biddlecom, 1999, 836



Some of the results were important from an Indonesian standpoint:

- Transport routes (notably truck routes) were important in the national and international transmission of HIV. From these, sexual mixing with local communities is low but is sufficient to introduce HIV into rural communities. Once introduced into such communities, other determinants such as STD prevalence or sexual behaviour determine whether an epidemic occurs.
- Risk of HIV infection is dependent on individual mobility and the risk associated with mobility is dependent on context.
- There are variations in risk according to what type of mobility is engaged in, e.g. mobility between rural areas is generally less risky than rural-urban migration and circulation.
- The risks associated with mobility must act through proximate determinants of HIV infection such as number and type of sexual partners.
- Despite adjustment for a range of individual level socio-demographic behaviour and epidemiological characteristics, HIV prevalence remained associated with some mobility indicators, especially travel to urban areas.
- Widowed women migrants are at especially high risk of HIV infection.

In the Southeast Asian region the major study of population mobility and HIV/AIDS is that undertaken in the Greater Mekong region by Chantavanich, Beesey

and Paul (2000, v). They identified the following main population mobility and migration trends in that region:

- Increased levels of population mobility of all types.
- Greatest increase in non-permanent mobility.
- Increased international movement, although internal movement is dominant.
- Flows are dominated by young men and women.
- More men than women move, although movement of women is increasing and they are being involved in a wider range of occupations.
- Most economic migrants move without family, although family members may join them later.

Regarding population mobility and HIV/AIDS, they had the following findings:

- Risk behaviours of the individuals and/or population groups are heavily influenced by the risk situations they are in.
- Rapid transmission of HIV occurs through commercial sex and, sometimes, intravenous drug use, but slow transmission occurs through casual and regular partner sex is of great concern.
- Some specific population groups are vulnerable to HIV/AIDS because of work situations, living conditions and other risk situations, e.g. fishermen, transport workers, sex and entertainment workers, but can also include uniformed personnel, state officials, (some) migrant workers.
- Hot Spots, outside of cities, emerge from the convergence of mobile populations, and the rise of entertainment and sex establishments and unsafe sex.
- Many ports, truck stops, towns and border locations fit the definition of a hot spot and most do not have well targeted HIV intervention projects.
- Each location has its own unique configurations that make-up a hot spot – an area where there is a sex trade and many clients may not be a hot spot if there is high condom use; if there are safe needle-use practices; if women are empowered.
- Hot Spots are risk situations for people who are unaware of the risk, such as cross-border migrants who are new and poorly informed about HIV/AIDS populations.
- Discrimination against migrants in a foreign country may increase their HIV vulnerability’.

Chantavanich, Beesey and Paul (2000, 7) conclude that in the GMS:

‘Population mobility is one of the most significant factors for rapid transmission of HIV in the region. HIV moves with people who, while on the move, pass through various risk situations that force or encourage them to get involved in unsafe sex or drug use. It is not the mobility itself to blame, but the ‘environment’ surrounding the mobile population that makes them vulnerable. Massive population movement in the GMS has created these risk environments in many places (‘hot spots’) that are continuing to feed the epidemic’.

3.2 Prevalence of HIV/AIDS Among Migrants

There is debate in the literature as to whether migrants *per se* are at greater risk of HIV infection than non-migrants. While there is little data to substantiate or disprove this, some things are clear:

- It is not so much migrant status which is a risk factor but the situation in which migrants find themselves. Hence there is considerable variability in prevalence rates among different migrant groups.
- There is generally less risk among migrants *per se* (i.e. more or less permanent movers) and circulators or people who move on a non-permanent basis.

There certainly are cases where migrant populations in countries have higher prevalence rates than non-migrants at the destination:

- In Japan it was found in 1999 that while non-nationals make up 1.5 percent of the total population they account for 28.8 percent of reported HIV positive infections (Sawada, Negesthi and Edaki, 2000).
- In Brunei in 1995, of the 252 HIV positive infections reported, only 6 were Brunei citizens (*Indonesian Observer*, 9 September 1995).

With respect to sending countries, Weerakoon (1997, 77) argues that there is a greater risk of the migrants becoming infected while travelling abroad than there is of them taking the disease overseas and spreading it. She quotes a number of cases where migrants returning home are a greater source of risk than the non-migrant population or the foreigners who come to work there.

- A study of 494 HIV positive individuals in South Korea in 1991 included 78 sailors, 70 nationals returning from abroad and only 21 foreigners.
- In the Philippines, 39 of 335 people diagnosed with HIV between 1984 and 1992 believed they had contracted the disease while working overseas and in 1995, 158 of 668 people known to be HIV positive had been OCWs.
- In Sri Lanka, 40 percent of the 44 confirmed female AIDS cases were domestic workers newly returned from the Middle East.

- It was reported (*Daily News*, 5 May 2001) that half of the 8,000 Sri Lankans with HIV/AIDS are returned migrant workers. This led government officials to develop a health module to be given to all intending OCWs from 29 SLBFE (Sri Lankan Bureau of Foreign Employment) Centres across the island.
- In the Philippines in January 2000, 298 of the 1,356 Filipinos listed in the National AIDS Registry were former OCWs (Scalabrini Migration Centre, 2000, 34).

3.3 Sexual Activity of Migrants

There are few studies which examine the HIV risk taking behaviour of migrants, especially migrant workers. One interesting study was made of 121 male returning migrant workers in Bangladesh (Gomes, Morshed and Barua, 2000). This found that 11 percent of returnees had sexual relationships overseas with partners other than their spouses. It should be pointed out that most worked in cultures with considerable restrictions on contact such as Kuwait and Saudi Arabia. Some 85 percent of first time migrants indicated having some form of intimate relationship in the host country while this was the case for 36 percent of repeat migrants.

Unfortunately, there is little information about the sexual culture of many of the ethnic groups that make up Indonesia. It is clear that there is a substantial and growing commercial sex industry (Hull, Sulistyaningsih and Jones, 1998). However, there are apparently strong social and religious taboos against sex outside marriage and use of the commercial sex industry among all but a few ethnic groups in Indonesia. Some of the few exceptions occur in parts of Irian Jaya/Papua, especially in the Merauke region which has the highest level of incidence of HIV/AIDS in Indonesia. Chantavanich, Beesey and Paul (2000, 6) note that in the GMS such taboos exist but nevertheless:

‘men having premarital and extra-marital relations are quite tolerated. This is the result of imbalance of social status between men and women that encouraged the opening up of sex industries in Thailand and Cambodia ... So men visit sex workers and they also have relations with their wives and girlfriends. Some small numbers of women are now doing the same as men. This huge unsafe sexual networking is a very fertile ground for HIV transmission and that is what is taking place in all countries’.

In Indonesia the growth of the local sex industry testifies to the significant extent to which Indonesian men engage in premarital and extra-marital relations with sex workers. Moreover, the fact that many migrant workers are separated from their spouses and local sanctions undoubtedly means that their chances of using sex worker services are greater than is the case for non-migrants.

3.4 Why Do Some Groups of Movers Have a Greater Risk of Higher Infection Than Non-Movers?

It is apparent from the literature that there are circumstances associated with some forms of mobility which increase the chances of the movers involved in high risk behaviour. These include the following aspects which can be gleaned from the literature:

- Mobility often involves some form of social and economic disruption and an increase in personal insecurity which may lead to a greater chance of use of intravenous drugs or involvement in the sex industry.
- Mobility often involves removal of social constraints on the movers which sees them more prone to experiment with commercial sex or drugs than would be the case if they remained in the home community.
- Movement often involves separation of husbands and wives for extended periods so that males may make use of CSWs during the separation.
- ‘Survival sex’ is a phenomenon among migrant women who are forced into commercial sex work because they cannot earn a living at the destination any other way.
- Mobility is selective of young adults, especially young males who often are more prone to risk behaviour than other sub-groups.
- Movers often have difficulty in adapting to conditions at the destination and as a result may be more prone to use of the sex industry or drugs.
- The sex industry trends to be most active in migrant destination areas and hence provides the opportunity for movers to be involved in the sex industry.
- Movers may be forced to live in conditions at the destination which place them at greater risk of infection.
- Movers may be placed in marginal situations at the destination and hence be at considerable risk of infection.
- Movers may have considerable constraints placed on them at the destination which forces them to use the sex industry rather than have more regular forms of interaction with the other sex.
- The illegal nature of some mobility may place movers in vulnerable situations.
- An issue which has not been subject to much research relates to the fact that it is well established in the literature that mobility tends to be selective of people who are risk takers, entrepreneurially oriented, social leaders etc. It may be that the fact that movement is selective of risk takers may also be an element in enhancing HIV risk among movers.

- Movers can perceive themselves as being anonymous at destinations and hence feel that they can behave in ways which they would not in their home environment.

The literature also suggests that the extent to which migrants are at risk to HIV infection and engaging in high risk behaviour varies with a number of elements including the following:

- with the cultural characteristics of the mover group involved;
- the nature of the context at the destination;
- the type of mobility involved (e.g. legal vs illegal, permanent vs non-permanent etc.);
- workplace conditions;
- whether it is a move of the family group or of an individual;
- the health practices at the destination.

A key common feature found in the literature which is of relevance to policy and intervention is the fact that movers tend to concentrate in particular areas and they also are selectively drawn from particular communities. This, of course, permits targeting of interaction programs. It is possible to identify so-called 'hot spots' where there are concentrations of groups of particular movers who are at risk of HIV infection. These, for example, include:

- 'in transit' situations where movers are in the process of shifting from origin to destination;
- in or near workplaces with large numbers of migrant workers;
- ports and harbours;
- urban places generally, but especially major metropolitan areas;
- mining sites, especially those located in more remote areas;
- major construction sites;
- transport routes and transport stops;
- border points.

The literature also identifies a number of key actors and gatekeepers who are involved in the mobility-commercial sex industry-HIV/AIDS relationship. These include:

- sex industry entrepreneurs;
- employers;
- recruiters and other middlemen engaged in the mobility process;
- transport providers to the movers;
- sex workers, pimps, procurers;
- government officials, police.

3.5 Migrant Women and HIV/AIDS

As was indicated earlier, we do not know the actual number of Indonesians living with HIV or with AIDS. We know the number of cases reported and sentinel surveillance studies have allowed us to arrive at estimates of the number of Indonesians with HIV. Hence it is difficult to establish what proportion of Indonesians living with HIV are women. Women make up 44.9 percent of all reported cases of HIV infection in Indonesia (UNAIDS/WHO, 2000, 1). The literature suggests that women globally are becoming increasingly vulnerable to infection for the following reasons (Bandyopadhyay and Thomas, 2000):

- Heterosexual union is now the dominant mode of transmission.
- Women have a higher (2-4 times) biological vulnerability to the disease.
- Women are often in powerless situations which means they are unable to protect themselves and they are often coerced into sexual relationships.
- Women often have weaker economic status than men which leads to them participating in high risk sexual behaviour.

These factors make all women at risk but migration can on occasions exacerbate these elements of vulnerability. While migration is often depicted as an empowering process for women, the reality is that migration may result in a maintenance of their powerlessness or they may even be disempowered by moving (Hugo, 2000b). The latter occurs because migrant women:

- may move into occupations where they are at greater risk of unprotected sexual activity – e.g. the large movement of women who are involved (unwillingly or willingly) in the sex industry;
- the fact that they may be undocumented and not protected by laws at the destination;
- they may lack knowledge of the destination which exposes them to exploitation;
- they may not be able to access medical facilities at the destination;
- they may experience sexual exploitation, rape and sexual molestation.

There has been a feminisation of global population mobility over the last two decades and this has certainly occurred in Indonesia (Hugo, 2000b). It applies to both movement within and outside the nation. It is true that over the same period the proportion of HIV infected women reported in Indonesia has increased from less than 10 percent in the late 1980s to a quarter in 1993 and a third in 1995 (Weerakoon, 1997, 72).

While there is no doubt that some migrant women move into situations which have a high risk of infection, there are others where the opposite is the case. This is especially the case with significant numbers of female OCWs that become domestic workers. In many cases the women are forbidden by employers to leave the house.

While there are many documented cases of such women being sexually abused by their employers (Heyzer, Nijeholt and Weerakoon, 1994), many also are severely restricted in their interactions outside of the household. As Weerakoon (1997, 73) points out:

‘While ... this sort of behaviour transgresses individual human rights, it could be justified as protecting their employees from contracting HIV’.

Nevertheless, she continues:

‘When migrant women become pregnant or infected with STDs or HIV/AIDS, questions are seldom raised about the possibility of rape or sexual abuse from within the household. Instead it is the woman who is sent home immediately with no investigation, medical care or compensation’.

3.6 Return Migration and HIV/AIDS

One aspect of the relationship between HIV/AIDS, on the one hand, and population mobility, on the other, relates to the movement of people who are suffering the illness. As Knodel (2001, 1) points out ‘AIDS is a debilitating and fatal illness that typically leads to dependency on others for care giving and other forms of support. While persons with AIDS (PWAs) are often able to continue to work and care for themselves, most require demanding caregiving during the final stages. Moreover, the virtual certainty of death, at least for most of the infected living in developing countries, and the potential stigmatisation associated with the disease are likely to lead PWAs to seek an emotionally supportive environment in which to live after their symptoms become obvious to themselves and others. These aspects of the disease often prompt changes in living and caretaking arrangements during the course of the illness’. There are a small number of studies which have investigated the patterns of mobility of AIDS sufferers (e.g. see Knodel, 2001; Ellis and Muschkin, 1996; Buehler *et al.*, 1995; Cohn, 1994; Davis, Cameron and Stapleton, 1992; Rumley *et al.*, 1991). It is apparent that in developing country situations, many AIDS sufferers return to their homeplace to access family support. These homeplaces are often in rural areas. In the Thailand context, Knodel (2001, 9) has shown that there are high rates of return migration among AIDS sufferers.

3.7 Policy and Program Dimensions

There is limited literature which draws out the lessons relating to how the mobility-sex industry-HIV relationship can be utilised to combat the spread of the disease. A definitive compilation has been provided by UNESCO-UNAIDS (2000). This presents a best practice manual for the development and implementation of

programs relating to information, condom distribution etc. One of the key elements is the point made several times in this report, that is, that:

- Some mobile groups are at higher risk than their non-mover counterparts.
- The destination of these mobile groups tend to be spatially concentrated so that intervention programs can be targeted.
- Similarly, the origin areas of migrants who also should be targeted in intervention programs are also spatially concentrated.

CHAPTER 4

PATTERNS AND LEVELS OF INTERNAL MIGRATION IN INDONESIA

4.1 Introduction

The last three decades have seen massive social and economic change in Indonesia and, as both a cause and consequence of this, the movement of Indonesians on a permanent and temporary basis has changed significantly in types, scale, nature, spatial patterning and composition. The 1971 census was the first in independent Indonesia to provide comprehensive internal migration data² and each subsequent census has included migration questions so that changes in internal migration can be detected.

The present section seeks to document some of the major shifts which have occurred in population mobility within Indonesia over the last three decades or so, paying particular attention to the contemporary period. In undertaking this task a range of sources are accessed. These include the 1971, 1980 and 1990 Censuses, 1985 and 1995 Intercensal Surveys and other national statistical data sets but substantial use is also made of the growing body of case studies of the causes and consequences of population movement in Indonesia. The latter reflect a growing recognition within Indonesia of the economic, social and political significance of population mobility by both researchers as well as policy makers and planners.

The section demonstrates insofar as is possible with the data that are available, that the overall propensity of Indonesians to move on both a permanent and temporary basis has increased over the last two decades. Movement has become more complex with respect to the variety of types of movement taking place. The significance of female migration has increased. Some important shifts in the spatial patterning of population movement are observed including increased levels of rural to urban movement and a reversal of the trends of the 1960s, 1970s and early 1980s of increasing net redistribution of population from Inner Indonesia to Outer Indonesia although this may have changed again in the 1990s, especially since the onset of the crisis. The paper also examines some of the changing characteristics of migrants in Indonesia.

The causes of the changing patterns, levels and composition of mobility are addressed in terms of a number of theories of internal migration. Clearly, the pace and nature of economic and social change in Indonesia has been of critical significance in

² The 1930 Dutch colonial census of the Netherlands East Indies had comprehensive data and analyses of internal migration (Hugo, 1975).

reshaping population mobility. However, labour market segmentation, network and institutional factors all have been of significance as has government intervention. There has been considerable debate about the effect of the crisis on Indonesian internal migration patterns and these are discussed here.

4.2 Changing Levels of Population Mobility

There can be no doubt that individual mobility of Indonesians has greatly increased over the last two decades as both a cause and a consequence of the substantial social and economic change that has occurred and with transportation improvements. Nevertheless, this transformation in Indonesia remains difficult to quantify. Census and intercensal survey data relating to migration over the last two decades are presented in Table 13. These data, as was alluded to above, only show the tip of the iceberg of mobility reflecting only more or less permanent inter-provincial migrations. Nevertheless, even this limited measure shows that over the last twenty-five years there was a 77.9 percent increase in the *proportion* of Indonesian males who had ever lived in a province other than that which they were living in at the time of the census. The equivalent figure for women was 97.6 percent. Further evidence of both the increasing tempo of movement and the closing of the gap between male and female migrants is provided by the five-year migration data for 1990 and 1995 in Table 13. Hence although female inter-provincial migration rates in Indonesia remain below those of males, the gap is closing. Indeed, increased involvement of women in autonomous, often long distance migration is one of the most salient changes in population mobility in Indonesia over the period considered (Hugo, 1992).

Table 13: Indonesia: Measures of Migration, 1971-1995

Source: Indonesian Censuses of 1971 and 1990; Intercensal Surveys of 1985 and 1995

Year	Migration Measure	Males	Females
1971	Percent ever lived in another province	6.29	5.06
1985	Percent ever lived in another province	8.37	7.29
1985	Percent intra-province migrants	7.04	6.75
1985	Percent five-year migrants:		
	inter-provincial	2.07	1.85
	intra-provincial (between <i>kabupaten</i>)	1.97	1.89
1990	Percent ever lived in another province	10.62	9.03
1990	Percent five-year migrants: inter-provincial	3.54	3.12
1995	Percent ever lived in another province	11.19	10.00

To even the most casual observer of Indonesia over the last three decades, one of the most striking changes has been the proliferation of motor vehicles, both public and private. In Java virtually every community is now served by motorised public transport. It is not exaggerating to say that individual mobility has been transformed with greater ownership of motor cycles and motor cars but especially by the rapid development of public transport. This is reflected in Table 14 which shows that there has been a very dramatic decrease in the number of persons per motor vehicle in Indonesia. Over the 1971-1997 period the number fell from 300 to 42 for cars trucks and buses and from 129 to 8 for all motorised vehicles.

Table 14: Indonesia: Number of Persons per Motor Vehicle, 1940-1997
Source: Biro Pusat Statistik publications on Motor Vehicles and Length of Roads

Year	Persons/Motor Vehicle (including Motor Cycles)	Persons/Motor Vehicle (excluding Motor Cycles)
1940	823	991
1950	1507	1691
1956	446	735
1961	263	447
1966	191	375
1971	129	300
1976	63	193
1978	46	144
1980	38	123
1985	24	80
1990	20	64
1993	17	55
1994	16	51
1995	15	47
1996	14	45
1997	8	42

While Java accounted for only 60 percent of the national population in 1993, it had 66.3 percent of the motor cycles and 73.2 percent of other vehicles. It is not only in the land transport area that there has been a parametric increase in movement of people but also by air and sea as Table 15 indicates. This reflects the fact that mobility

in Outer Indonesia has also greatly increased, especially through the rapid expansion and development of the ferry system.

Table 15: Indonesia: Changes in Numbers Involved in Various Kinds of Movement, 1968-1997

Source: Republic of Indonesia, 1993 and 1998

	1968	1997	Change (%)
Passengers Transported by Ferry	6,780,000	79,246,000	+1,068.8
Domestic Air Passengers	382,285	13,558,080	+3,446.6
Overseas Air Passengers	68,170	3,498,712	+5,032.3
Foreign Tourists	86,100	5,089,725	+5,811.4
Number of <i>Haj</i> Pilgrims	20,555	199,140	+868.8

The picture which emerges from the above is of a society which has a high level of spatial mobility and one in which the level of average individual mobility has increased massively over the last three decades. The relationship between this shift and the rapid social and economic change which has swept Indonesia is complex and two-way. Personal travel has become more accessible and relatively cheaper and enabled most Indonesians to range more widely than ever before in searching for work and education. This process has been bolstered by expansion of education and virtual total penetration of the country by mass media³ which has informed Indonesians of job opportunities and different ways of living in distant potential destinations.

4.3 Inter-Provincial Migration

Former President Soekarno frequently articulated Indonesia's population problem as being one of 'unbalanced' distribution rather than excessive growth. There is a marked difference in population density between 'Inner Indonesia' (Java, Bali and Madura) which in 1995 supported 58.9 percent of Indonesia's population on 6.9 percent of the nation's land area and Outer Indonesia. However, this contrast to a large degree reflects the actual variation in resource endowments and ecological situations between that nation's provinces. Moreover, perceptions of Outer Indonesia as being 'empty' are far from accurate - if Sumatra were a separate nation its 37 million

³ At the 1990 Census, 25.7 percent of Indonesian households had television sets and 57 percent radios. The 1994 Indonesian Demographic and Health Survey found that 68.5 percent of women interviewed had watched television in the week before interviews and 56.5 percent listened to the radio daily (DHS 1995, 31).

inhabitants would make it the world's 28th largest nation. While there are parts of the Outer Islands which have potential for development, policies which seek to solve the population growth problem by 'evening out' the distribution of Indonesia's population through massive migration programs are not feasible either in terms of the potential of the destination areas to absorb them or in terms of the logistic costs of transferring millions of people out of Java and settling them elsewhere. Indonesia has had a transmigration program to transfer people from Inner to Outer Indonesia, although its goals are now predominantly articulated in terms of regional development in the Outer Islands rather than demographic redistribution. Nevertheless, the uneven distribution of population in Indonesia is one of the most salient features of the nation's demography.

For most of this century, Java's population has been growing more slowly than that of Outer Indonesia. Hence Table 16 shows that the proportion of Indonesians living in Java has declined from around two thirds at the time of Independence to 58.9 percent in 1995. This was given particular impetus in the late 1970s and early 1980s when some 1.29 million families (around 5 million people) were moved under the auspices of the transmigration program. However, the shift in government policy in the late 1980s to facilitate international and domestic private investment and industrialisation is tending to favour growth in Java.

Table 16: Indonesia: Population Size of Java and Other Islands, 1900-1995

Source: Hugo *et al.*, 1987, 31; Biro Pusat Statistik, 1991; 1995 Intercensal Population Survey of Indonesia

Year	Java		Other Islands		Total (‘000)
	No. (‘000)	Percent	No. (‘000)	Percent	
1900	29,000	72.0	11,150	28.0	40,150
1920	34,984	71.0	14,171	29.0	49,155
1930	41,718	69.0	19,009	31.0	60,727
1961	62,993	64.9	34,026	35.1	97,019
1971	76,102	63.8	43,130	36.2	119,232
1980	91,270	61.9	56,220	38.1	147,490
1985	99,853	60.9	64,194	39.1	164,047
1990	107,574	60.0	71,748	40.0	179,322
1995	114,734	58.9	80,021	41.1	194,755

The role of migration in the changing distribution of population between Indonesia's inner and outer provinces has been important. However, it must be pointed

out that differences in natural increase can be recognised. Table 17 shows that over the period under review here fertility has been substantially higher in the Outer Islands although the differential has declined from one child to less than half a child as fertility has declined. Fertility decline has been slightly faster in Java-Bali (53.6 percent) than outside Java (51.3 percent in one area and 48.9 percent in the other). On the one hand Table 17 shows that mortality has been higher outside Java over the entire period. It is apparent that natural increase has played a role in Outer Island population growth being faster than in Java. Nevertheless, the major factor in the differential growth has been due to a net migration loss from Java to the Outer Islands.

Table 17: Trends in Fertility and Mortality in Java-Bali and the Outer Islands, 1971-1997

Source: Indonesian Demographic and Health Surveys, 1987-1997, Biro Pusat Statistik, 1984 and 1994

	Total Fertility Rate			Infant Mortality Rate		
	Java-Bali	Outer I	Outer II	Java-Bali	Outer I	Outer II
1971**	5.39	6.36	6.26	144	132	141
1980**	4.24	5.52	5.69	108	100	111
1990*	2.89	4.02	4.24	70.3	83.7	75.5
1991	2.68	3.50	3.75	78.8	69.2	66.8
1994	2.60	3.26	3.33	66.5	65.9	65.3
1997	2.57	3.10	3.20	46.8	58.3	60.7

* 1987 for IMR.

** For 1971 and 1980 IMR for Outer I is Sumatra and Outer II is Sulawesi and Kalimantan.

Table 18: Migration Into and Out of Java, 1971, 1980, 1990 and 1995

Source: 1971, 1980 and 1990 Censuses of Indonesia; 1995 Intercensal Population Survey

Java	Percent Change						
	1971	1980	1990	1995	1971-80	1980-90	1990-95
Total Out-migrants	2,062,206	3,572,560	5,149,470	5,695,366	+73	+44.1	+10.6
Total In-migrants	1,067,777	1,225,560	2,434,719	2,635,316	+15	+98.7	+8.2
Net Migration	-994,429	-2,347,000	-2,714,751	-3,060,050	+136	+15.7	+12.7

Note: Based upon 'most recent' migration data using census question on province of previous residence.

Migration between Java and the Outer Islands has been an issue of policy significance for almost a century in Indonesia. Government attempts to encourage migration out of Java and into the Outer Islands date back to the Dutch Colonial *kolonisasi* begun in 1905 (Pelzer, 1945). This was continued under successive independence governments as transmigration. However, this is only one element (and not the largest one) in a substantial migration from Java to the other islands. Table 18 shows that the number of people living in the Outer Islands but who had migrated there from Java increased by 73 percent between 1971 and 1980 while the number who had moved in the opposite direction increased by only 15 percent. Hence the net migration loss to Java increased from less than one million persons in 1971 to 2.35 million in 1980. The efficiency⁴ of the migration increased from 31.7 percent in 1971 to 48.9 percent indicating an upturn in migration out of Java associated partly with an economic policy maximising export of natural resources, most of which were based in the Outer Islands, and an upswing in transmigration in the late 1970s. The 1980s saw a distinct change. The increase in out-migration from Java was still substantial (44.1 percent) but much less than in the 1970s.⁵ On the other hand, the migration from the Outer Islands to Java accelerated - almost doubling while between 1971 and 1980 it increased by only 15 percent. Hence there was a significant decline in the efficiency of migration from Java to the Outer Islands to 35.7 percent. Hence while net migration to the Outer Islands increased by 136 percent between 1971 and 1980 it only grew by 15.7 percent between 1980 and 1990. The patterns of migration, however, undoubtedly differed between the early 1980s and the rest of the decade. The early 1980s undoubtedly saw a continuation of the heavy net movement to the Outer Islands experienced in the 1970s with the transmigration levels remaining high in these years. However, the precipitous fall in oil prices in 1982 and the shift in the Indonesian economy toward encouragement of investment in manufacturing saw more of the investment and job creation concentrated in Java. Hence in the second half of the 1980s undoubtedly the flow of migrants to Java increased substantially.

The pattern of inter-island migration in the 1990s is difficult to establish and will not be definitely known until the results of the 2000 census are available. The 1995 Intercensal Survey (SUPAS) data are presented in Table 18. The migration data from SUPAS are not very reliable because the small sample size and clustered sample technique make it difficult to detect migrants (Hugo, 1982a). The SUPAS data suggest that the early 1990s saw a return to more substantial migration from Java to the Outer Islands with migration in that direction increasing between 1990 and 1995 to 10.6

⁴ Migration Efficiency or Effectiveness is calculated by dividing gross migration by net migration and indicates the efficiency of redistribution achieved by the migration.

⁵ Although the aggregate net migration increase was similar in 1980 (1,576,910) to 1971 (1,510,352).

percent compared with 8.2 percent for the movement in the other direction. Hence there was a small increase in migration efficiency (to 36.7 percent). However, if five-year migration data are examined an interesting picture emerges. Table 19 shows that the SUPAS data indicate a net flow of movement from the Outer Islands to Java over the 1990-1995 period. This would be consistent with the trends in the latter part of the 1980s described above whereby the government policy of encouraging investment in manufacturing has led to investment and employment being disproportionately based in Java. Indeed, the 1990 census five-year migration data indicated that over the 1985-1990 period the net migration loss to the Outer Islands was quite small (-189,551) compared with the overall net migration to the Outer Islands (-2,714,751). This would suggest that the 1980s and early 1990s saw:

- A falling off in out-migration from Java to the Outer Islands.
- An increase in migration from the Outer Islands to Java.

However, the net figures in Table 18 include all persons who had ever moved between the Outer Islands and Java.

More light is shed on this issue by examining the extent to which migrants between Java and the Outer Islands settled in urban and rural destinations. Table 19 shows that more than two thirds (72.6 percent) of migrants from the Outer Islands who have settled in Java lived in urban areas. Indeed, when only urban-destined migrants between Java and the other islands are considered, Java records a net gain. On the other hand, a similar percentage (71.9 percent) of Javanese living in the other islands in 1990 resided in rural areas. Hence while urban destined migrants from Java to the Outer Islands are by no means insignificant in number (1.6 million), they are outnumbered 3 to 1 by rural destined movers and the net rural flow is heavily in favour of the Outer Islands. The patterns are even more striking if the five-year migration data in Table 19 are considered.

Table 19: Migration Into and Out of Java By Urban-Rural Destination, 1995

Source: 1995 Intercensal Population Survey

	All Migrants		Migrants Aged 5+ Arriving 1990-1995		
	Urban	Rural	Urban	Rural	Total
Total Out-migrants	1,598,266	4,097,100	323,628	291,405	615,033
Total In-migrants	1,913,960	721,356	465,612	291,423	757,035
Net Migration	+315,694	-3,375,744	+141,984	+18	+142,002

Note: Based upon 'most recent' migration data using census question on province of previous residence.

Figure 19: Indonesia: Major Inter-Provincial Lifetime Migration Streams (Those with More than 5,000 Persons), 1930

Source: Hugo, 1980

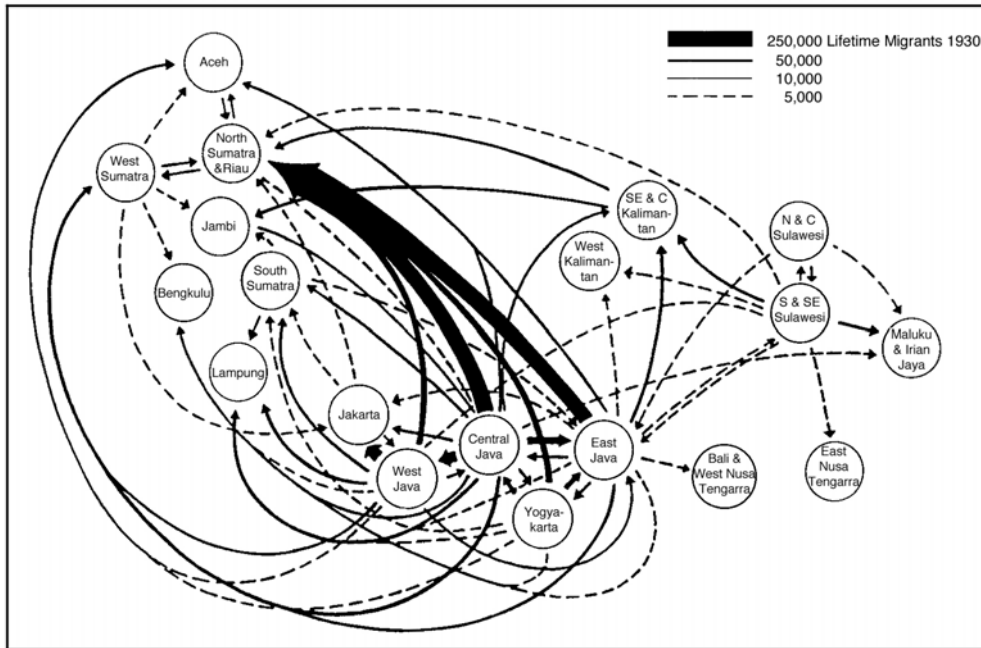
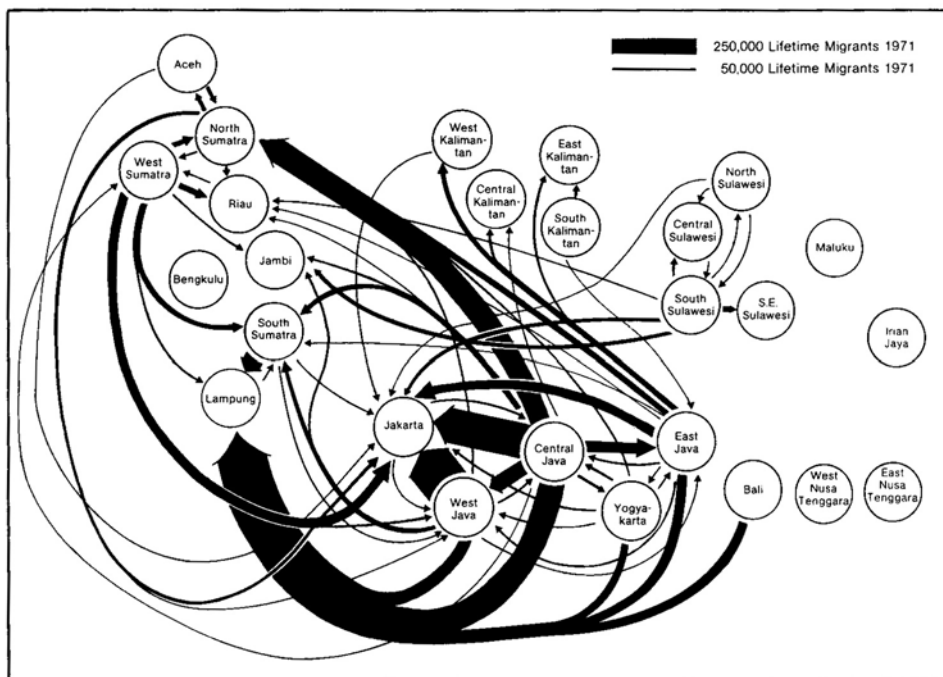


Figure 20: Indonesia: Major Inter-Provincial Lifetime Migration Streams (Those with More than 10,000 Persons), 1971

Source: Hugo, 1979



This shows that virtually all of the net migration in Java from the Outer Islands was recorded in urban areas. This underlines the fact that the migration from the Outer Islands to Java is mainly rural-urban in nature while that in the other direction is dominated by rural-rural movement.

While the Java/Outer Islands movement relationship has dominated policy attention on migration in Indonesia there have been some important changes in the movements between individual provinces. The pattern during the colonial period is depicted in Figure 19 and shows that the dominant inter-provincial movement was from Java, especially Central and East Java to North Sumatra. This reflected the contract coolie movement of colonial contract labourers to work on plantations. There was a significant change in the inter-provincial migration patterns in the early years of Independence and the data from the 1971 census reflect migration trends in the 1960s. Figure 20 shows that the colonial migration to North Sumatra from Java is still evident since many of the colonial movers were still alive at the time of the 1971 census. Nevertheless, several other major flows were also in evidence (Hugo, 1975, 1980; Sundrum, 1976; Steele, 1983):

- The expansion of transmigration is evident in the large flows from Central and East Java and Lampung.
- The growing dominance of Jakarta in the Indonesian migration pattern is apparent in Figure 20.
- Central Java is the dominant origin of inter-provincial migrants not only to the three major destinations mentioned above but also to other Java provinces.
- There is also evidence in Figure 20 of the significant out-migration from provinces with ethnic groups that are well known for their high levels of mobility in their culture (Naim, 1976) – the Minangkabau in West Sumatra, The Bugis in South Sulawesi (Lineton, 1975a and b) and the Batako of North Sumatra.

The migration flows of the 1970s were reflected in the 1980 census figures and are depicted in Figure 21. The pattern represents a strengthening of the trends apparent in the 1960s. Table 20 shows that two of the provinces - Lampung and Jakarta - accounted for around 40 percent of immigration in the nation in both 1971 and 1980. This shows the importance of the transmigration and urbanisation processes in Indonesia in the 1970s. It will be noted in Figure 21 that the flow to North Sumatra was less than in 1971 as the original contract coolie group died off. One feature evident in Figure 21 is the significant flow from Jakarta to West Java. While this is smaller than the flow in the other direction, it indicates the increased spill over from the borders of DKI Jakarta into the neighbouring Botabek (Bogor, Tangerang, Bekasi)

kabupaten of West Java. The out-movement from East Java to the Outer Islands, especially to Kalimantan, is also evident in the diagram.

Figure 21: Indonesia: Major Inter-Provincial Lifetime Migration Streams, 1980

Source: 1980 Census

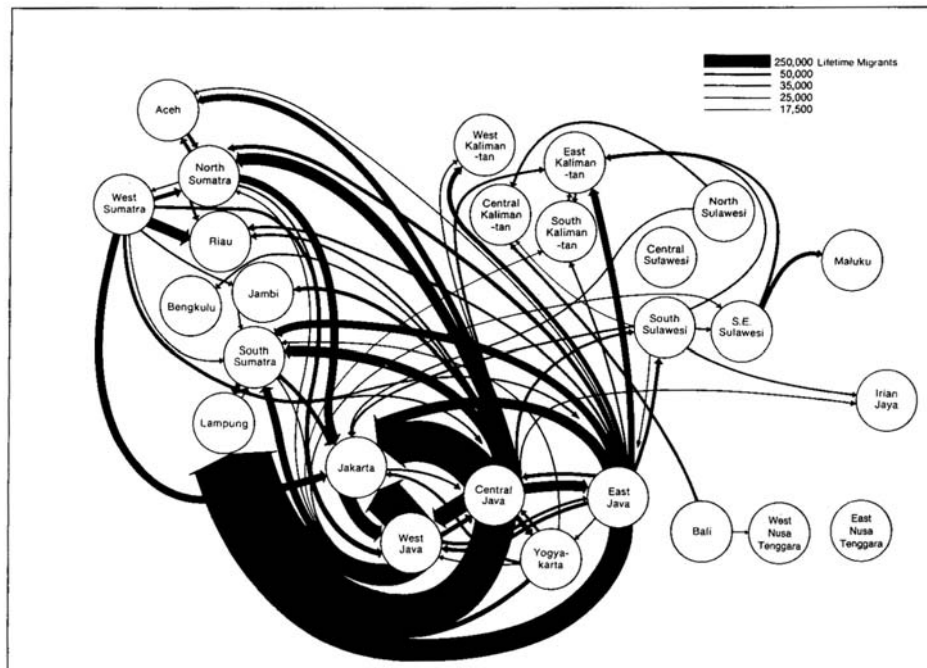


Table 20: In-migration to Jakarta, West Java, East Kalimantan and Lampung, 1971-1995

Source: BPS West Java, 1998; BPS, 1994; Indonesian Census, 1971, 1980, 1990; Indonesian Intercensal Survey, 1995

MOST RECENT MIGRATION									
Year	Jakarta		West Java		Lampung		East Kalimantan		
	No.	%	No.	%	No.	%	No.	%	
1971	1,866,635	26.44	696,705	9.87	997,000	14.12	41,100	0.60	
1980	2,569,882	29.04	1,106,045	10.35	1,762,627	16.49	282,724	2.60	
1990	3,191,647	18.19	3,005,564	17.13	1,760,268	10.03	810,320	3.40	
1995	3,371,384	18.80	3,615,099	20.16	1,923,928	10.07	741,109	4.10	
FIVE-YEAR MIGRATION									
1980	746,903	21.21	506,901	14.39	494,991	14.06	108,523	3.1	
1990	819,571	15.87	1,338,326	25.92	208,518	4.04	190,393	3.7	
1995	594,542	13.95	1,117,615	26.23	114,206	2.67	138,627	3.3	

The map of inter-provincial migration at the 1990 census (Figure 22) indicates the main movements in the 1980s and some changes are in evidence. One element is the decreased significance of movement to Lampung. Table 20 indicates that between 1980 and 1990 there was a decline in the number of immigrants in Lampung and its share of the nation's in-migrants declined to 10 percent. The fall off of migration to Lampung is even more apparent in the five-year migration data in Table 20. This reflects the 'filling up' of Sumatra, and especially Lampung, by migrants which eventually saw Sumatra closed as a transmigrant destination.

An interesting pattern is evident in Table 20 with respect to Jakarta. Its share of national in-migrants fell from 26.4 to 18.2 percent over the 1971-1990 period. This was despite the continuation of urbanisation trends over that time. The reason for this is evident in Figure 22 which shows that, in contrast to earlier years, there were more people who had moved out of Jakarta into West Java than had moved in the opposite direction. This indicates the significance of suburbanisation over the Jakarta boundaries into Botabek. This flow has resulted in West Java being transformed from one of Indonesia's major net out-migration provinces to almost its largest in-migration province. In 1971 West Java had 9.9 percent of the nation's in-migrants but by 1990 this proportion had almost doubled. Indeed, more than one in four migrants who moved between provinces in Indonesia between 1985 and 1990 moved into West Java. The number going to West Java was more than half a million greater than those going to Jakarta in that period. Between 1971 and 1995 the proportion of Indonesia's migrants moving to Jakarta - West Java increased from 36.31 percent to 38.96 percent.

Both the 1990 and 1995 inter-provincial migration patterns show an increasing complexity and scale in the movement. The significance of Sulawesi as an important source of migrants to other provinces in Eastern Indonesia is increasingly evident with each of the maps and reflects the role of Bugis in the urban informal sectors of Irian Jaya, Maluku and Nusa Tenggara. The resource rich East Kalimantan province too has increased its importance as a destination of migrants from other provinces in Indonesia. In 1971 it accounted for only 0.6 percent of all in-migrants in Indonesia but by 1995 it had 4.1 percent and the numbers had increased from 41,100 to 741,109. This pattern was also evident in other provinces where the development of natural resources has led to expansion of job opportunities such as Riau where the number of in-migrants increased from 223,100 (3.15 percent) in 1971 to 884,769 (4.93 percent).

The sustained dominance of Central Java as the major origin of inter-provincial migrants throughout the period is evident in Table 21 which shows that the province accounted for 28.9 percent of all out-migrants in 1980. By 1990 there were 4.36 million people who had moved from Central Java to other provinces.

Table 21: Out-migration from Central Java, Jakarta, East Java, South Sulawesi and West Sumatra, 1971-1990

Source: BPS West Java, 1998a; BPS, 1994; Indonesian Census 1971, 1980, 1990; Indonesian Intercensal Survey 1995

Year	Central Java		Jakarta		West Sumatra		South Sulawesi		East Java	
	No.	%	No.	%	No.	%	No.	%	No.	%
1971	1,695,916	24.0	483,883	6.9	307,355	4.4	278,359	3.9	624,031	8.8
1980	3,085,671	28.9	783,095	7.3	498,056	4.4	515,439	4.8	1,596,510	14.9
1990	4,362,138	24.9	2,425,629	13.8	628,117	3.6	673,682	3.8	2,517,553	14.3

The reason for the decline in Central Java's share of out-migrants between 1980 and 1990 was the huge increase in out-migration from Jakarta which saw a trebling of the outflow. This was predominantly due to suburbanisation of Jakarta's residents moving into the rapidly expanding residential areas of Botabek. It will also be noted in Table 21 that East Java has substantially increased its role as an origin of out-migrants in Indonesia and is second only to Central Java as a source of out-migrants. The significant outflows from West Sumatra and South Sulawesi throughout the period are clearly apparent in Table 21. Both provinces are the homelands of two of Indonesia's most peripatetic groups (Naim, 1976) - The Minangkabau and the Bugis. The former are found throughout the archipelago, especially in Java, while the latter are especially dominant in Eastern Indonesia.

4.4 Return Migration

An important theme in internal population movement in Indonesia is the circularity of much mobility. It will be shown later that commuting and circular migration have increased in scale and significance in Indonesia in the period under study although they are not detected in the census migration data analysed in the previous section. However, there is a significant amount of circulating evident in the more or less permanent migration captured in census data. It is possible from the Indonesian Census to calculate Lifetime Return Migration between provinces (Hugo, 1975). For each province, if one subtracts persons born in another province from the total residents who have ever lived in another province the difference is people who were born in the study province but have lived at some time outside the province. These can be designated lifetime return inter-provincial migrants. They include a range of types of migrants including retirees who often return to their place of birth after completing their working lives elsewhere. Table 22 shows the levels of lifetime return of inter-provincial migration at the 1971 and 1990 censuses. It may come as a surprise that in 1971 more than one-fifth of in-migrants to provinces were returnees and by 1990 the number of returnees had doubled and they made up 16.4 percent of all inter-provincial in-migrants in Indonesia.

Table 22 shows the estimates of lifetime inter-provincial return migration for individual provinces in the 1971 and 1990 censuses and indicates that in 1990 there were 2.88 million such migrants in Indonesia. Not surprisingly the largest numbers of return migrants are in Java. Central Java not only has the largest number of return migrants but also these migrants make up a larger percentage of in-migrants than in any other province (58.6 percent). West Java also has large numbers of returnees but the proportion that they make up of in-migrants halved between 1971 and 1990 due to the increasing suburbanisation out of Jakarta into West Java referred to earlier. Returnees

are about half of in-migrants to East Java but around one-third of those to Yogyakarta since that city tends to be the destination for large numbers of students from other provinces. Returnees are only a very small fraction of migrants to Jakarta as would be expected. It is apparent then that there is a lot of circularity in the inter-provincial migration influencing the provinces in Java.

Table 22: Indonesia: Lifetime Return Inter-Provincial Migration by Province, 1971 and 1990

Source: Hugo, 1975, 164; Indonesian Census of 1990

Province	1971		1990	
	No.	%	No.	%
Aceh	33,991	36.7	28,971	13.0
North Sumatra	56,876	9.7	104,087	18.7
West Sumatra	174,570	66.5	186,265	46.3
Riau	26,738	13.0	24,780	3.5
Jambi	17,290	10.2	18,754	3.8
South Sumatra	67,640	26.6	67,015	6.7
Bengkulu	7,296	20.9	14,835	5.6
Lampung	19,804	2.0	33,289	1.9
Jakarta	46,050	2.5	50,433	1.6
West Java	309,115	45.4	613,674	20.4
Central Java	341,423	57.4	719,745	58.6
Yogyakarta	43,777	30.4	132,716	33.4
East Java	133,282	32.8	464,090	45.1
Bali	23,161	51.3	22,700	15.6
West Nusa Tenggara	4,389	24.0	30,522	31.3
East Nusa Tenggara	4,057	24.5	22,505	32.7
East Timor	-	-	2,326	4.8
West Kalimantan	4,921	9.8	14,914	7.0
Central Kalimantan	12,841	46.5	13,640	5.4
South Kalimantan	1,964	3.8	45,755	14.4
East Kalimantan	14,783	36.2	10,119	1.7
North Sulawesi	96,052	68.5	52,111	37.3
Central Sulawesi	582	1.4	22,099	7.2
South Sulawesi	38,084	35.8	124,979	36.3
Southeast Sulawesi	3,425	6.6	31,495	11.7
Maluku	16,093	41.1	23,646	11.3
Irian Jaya	863	9.9	5,422	2.0
Total	1,458,495	21.1	2,880,887	16.4

Outside Java the significance of lifetime return migration varies considerably. It is interesting that in the provinces which are well known for the peripatetic nature of

their inhabitants there are high rates of return migration. Clearly the movement of the Minangkabau out of West Sumatra, Bugis out of South Sulawesi, Banjarese out of South Kalimantan and Menadonese out of North Sulawesi has an important circular component. The cultures of these ethnic groups are an important factor in the high rates of out-migration from these areas but that culture undoubtedly includes some emphasis on returning to the home place. The word 'merantau' used to describe the Minangkabau out-movement (Naim, 1976) certainly contains the meaning of people moving temporarily out of the homeland. It will be noted, too, that there are high rates of return migration to North Sumatra reflecting the circularity of some of the Batak out-movement from the province. It will also be noted that East and West Nusa Tenggara and, to a lesser extent, Bali also have substantial return migrations. On the other hand, the resource rich provinces which have collected large numbers of migrants from Java and the main destinations of transmigrants from Java have very low representations of return migrants in their in-migrants.

4.5 Urbanisation

One of the most significant changes in population distribution in Indonesia is urbanisation. At the time of gaining independence less than one in ten Indonesians lived in urban areas but within the next 15 years the proportion will pass half (United Nations, 1998, 91). This represents a remarkable transformation. The urban transition in Indonesia is apparent in Table 23 which shows that the national urban population more than quadrupled between 1961 and 1995 and the proportion living in urban areas increased from 14.8 percent to 35.9 percent. While substantial urbanisation has occurred throughout the post-Independence period in Indonesia, the 1980s represented a period of rapid urbanisation unparalleled in Indonesia's history.

A substantial part of the increase in urbanisation between 1980 and 1990 in Indonesia was due to reclassification of areas from rural to urban. Gardiner and Oey-Gardiner (1991) report that the number of rural *desa* classified as urban almost doubled between 1980 and 1990 from around 3,500 to approximately 6,700. It is apparent that not only have Indonesia's urban areas recorded massive population gains during the 1980s but there also has been a huge increase in the lateral extent of urban areas. This lateral extension of Indonesia's urban areas has tended to occur in corridors, along major transport routes radiating out from (and linking) major urban areas (McGee, 1991; Firman, 1989, 1991, 1992). In addition to the population classified as urban in the census, however, there are large numbers of rural residents, especially in Java, who work in non-agricultural occupations often based in urban or peri-urban areas by virtue of circular migration or commuting.

Table 23: Indonesia: Urban Growth and Trends in Urbanisation, 1961-1995Source: Hugo *et al.* 1987, 89; 1990 Census of Indonesia; 1995 Intercensal Survey of Indonesia

Characteristic	Census Year					Percentage Growth per Annum ^a			
	1961	1971	1980	1990	1995	1961-71	1971-80	1981-90	1990-95
Urban population	14,358,372	20,465,377	32,846,000	55,433,790	69,937,110	+3.61	+5.40	+5.37	+4.76
Rural population	82,660,457	98,874,687	114,089,000	123,813,993	124,817,698	+1.79	+1.63	+0.82	+0.16
Urban (percentage)	14.8	17.2	22.4	30.9	35.9	+1.51	+2.98	+3.27	+3.04
Rural (percentage)	85.2	82.8	77.6	69.1	64.1	-0.29	-0.72	-1.15	-1.49
Total population	97,018,829	119,140,064	146,935,000	179,247,783	195,754,808	+2.08	+2.36	+2.01	+1.67
Urban/rural ratio	0.174	0.207	0.287	0.448	0.560	+1.75	+3.70	+4.55	+4.56

Note: The definitions of urban used in this table are those used in each census referred to. In the 1980 and 1990 censuses this is based upon a combined measure including population density, proportion of the population working in non-agricultural occupations and presence of designated urban facilities (Hugo, 1981, 1993).

^a All percentage growth rates per annum are compound interest rates.

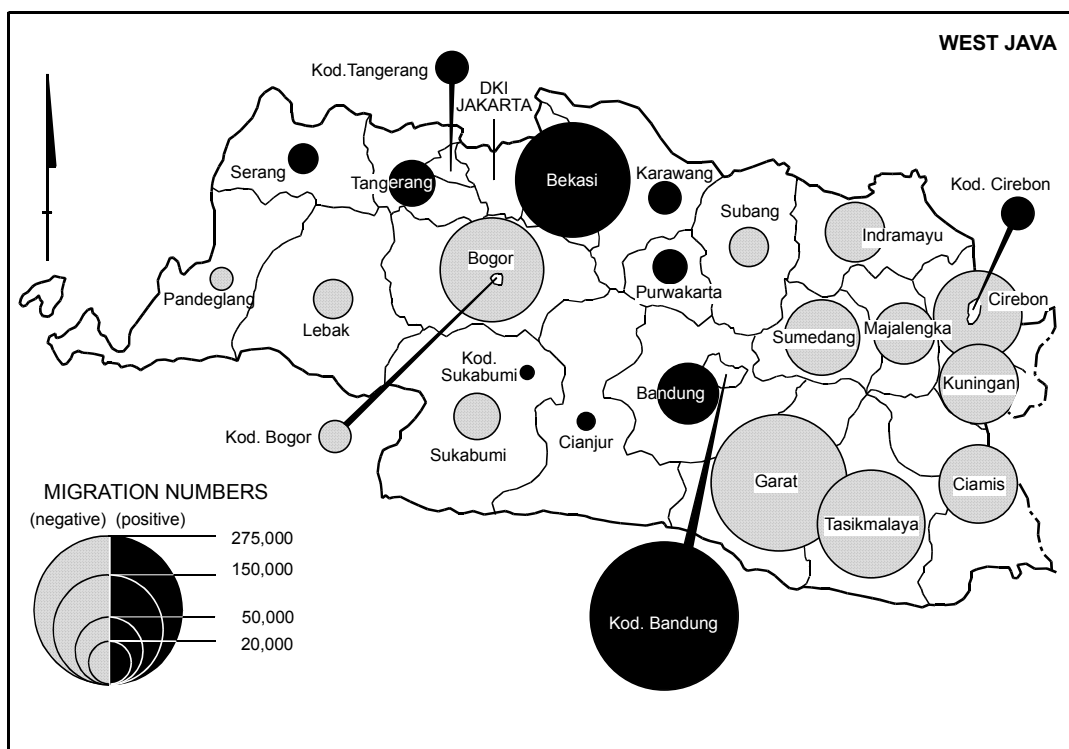
The blurring of the distinction between urban and rural areas in Indonesia, especially Java, which was apparent in the early 1970s (Hugo, 1975, 1978) has become even more apparent over the last decades. Indeed, McGee (1991, 1992) has coined the term *kotadesasi* to describe the process whereby extensive areas have a complex mix of urban and rural activities.

The examination of rural/urban migration in Indonesia is made difficult by the fact that:

- Indonesian census migration data does not differentiate between urban and rural origins of migrants.
- Indonesian census data does not detect migration *within* provinces and a great deal of rural to urban migration occurs *within* provinces.

Figure 23: Intra-Provincial Migration in West Java, 1995

Source: Wahyuni, 2000



Some indication of the importance of intra-provincial rural/urban migration is evident in the results from the 1995 intercensal survey (SUPAS). Although this survey suffers from the problems associated with small clustered samples for identifying migration patterns (Hugo, 1982a), it gives some interesting insights into migrations within provinces. The data do not detect all inter-provincial movement since it only counts

movement between *kabupaten* and most local mobility will occur within *kabupaten* boundaries. Figure 23 shows the pattern of inter-*kabupaten* movement within the province of West Java (Wahyuni, 2000) in 1995 and some striking patterns are evident. There is a clear geographical separation of areas receiving net migration gains and those with net migration losses. Net migration gains are clearly concentrated in urban areas:

- The overspilling of Jakarta's urban development into Bogor, Bekasi, Tangerang and, to a lesser extent, Serang, Karawang and Purwakarta.
- The major urban centre of Bandung overspilling into the surrounding *kabupaten* of Bandung.
- The regional cities of Cirebon and Sukubumi.

The predominantly rural *kabupaten* of the eastern and southwestern parts of the province experienced net migration losses. This pattern clearly reflects a substantial rural to urban migration pattern.

In her analysis of population movement in Central Java Wahyuni (2000) found that 68.5 percent of inter-*kabupaten* movement was directed toward urban areas although only 31.1 percent of the non-migrant population lived in urban areas. Some 62.5 percent of inter-provincial migrants moved to urban areas. Hence the movement within the province was more oriented to urban areas than that going out of the province. Moreover, that within the province involved a greater proportion of females (52.3 percent) than did the inter-provincial movement (48.8 percent).

Also of significance when we consider urbanisation patterns is the development of the megacity of Jakarta. The Greater Jakarta metropolitan area is now one of the world's largest urban centres. Figure 24 shows the extent of continuous urban development in Greater Jakarta compared to the DKI Jakarta boundaries and demonstrates the extent to which Jakarta has overspilled its boundaries. Table 24 shows that in 1995 whereas 9.1 million people lived in DKI Jakarta, 15.4 million lived in the continuous urban area of the metropolitan region and 20.2 million lived in all of Jabotabek. Between 1990 and 1995 the Jabotabek population increased by 18 percent to reach 20.2 million persons.

Jabotabek at the 1995 SUPAS was a major magnet for migrants in Indonesia and it is useful to examine the patterns of migration to the entire Jabotabek region and not just to the Special Capital City District of Jakarta. Table 25 shows the origins of inter-provincial migrants to Jakarta and the Botabek region. It understates migration to Botabek since it does not include migration from other areas of West Java and it was shown earlier that this movement is substantial. The table indicates that 41.8 percent of the in-movement to Botabek is from Jakarta reflecting the strong suburbanisation trend. However, it will be noted that Central Java is also a very important source of migrants

to both Jakarta and Botabek. North and West Sumatra are by far the most important Outer Island sources of migrants.

Figure 24: The Functioning Urban Region of Greater Jakarta

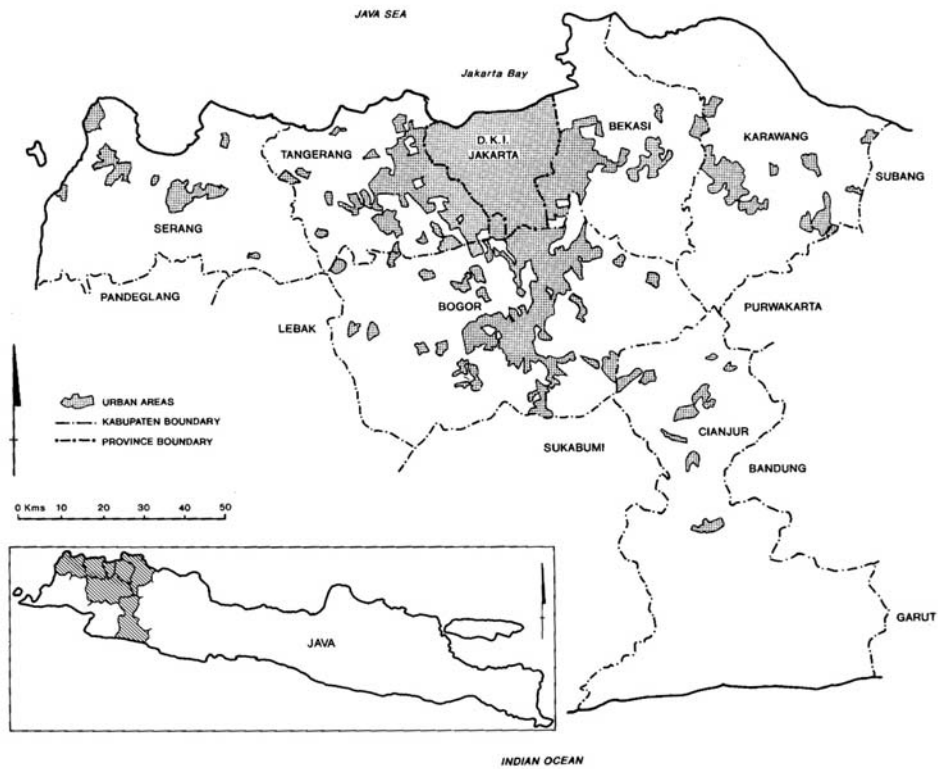


Table 24: Population Change in Jakarta Metropolitan Area According to Different Definitions, 1971-1995

Source: 1971, 1980 and 1990 Censuses of Indonesia, 1995 Indonesian Intercensal Population Survey

Definition	Population				Percent Growth		
	1971	1980	1990	1995	1971-80	1980-90	1990-95
Special Capital City District of (DKI) Jakarta	4,546,492	6,071,748	8,227,766	9,112,652	33.5	35.5	10.8
DKI Jakarta and Urban Bogor, Bekasi and Tangerang <i>Kabupaten</i>	4,838,221	7,373,563	13,096,693	15,397,091	52.4	77.6	17.6
DKI Jakarta, <i>Kotamadya</i> Bogor and <i>Kabupaten</i> Bogor, Bekasi and Tangerang (Jabotabek)	8,374,243	11,485,019	17,105,357	20,159,655	37.1	48.9	17.9

Table 25: Indonesia: Jakarta and Jabotabek, Province of Origin, 1990
Source: Indonesian Census 1990

Province of Origin	Jakarta		Jabotabek		Total	
	No.	%	No.	%	No.	%
Aceh	17,867	0.6	19,726	0.7	37,593	0.6
North Sumatra	197,496	6.1	122,690	4.6	320,186	5.4
West Sumatra	144,390	4.5	108,230	4.1	252,620	4.3
Riau	26,373	0.8	8,638	0.3	35,011	0.6
Jambi	10,845	0.3	2,767	0.1	13,612	0.2
South Sumatra	97,625	3.0	8,592	0.3	106,217	1.8
Bengkulu	6,709	0.2	51,260	1.9	57,969	1.0
Lampung	30,493	0.9	43,599	1.6	74,092	1.3
Jakarta			1,106,016	41.8	1,106,016	18.8
West Java	900,131	27.9			900,131	15.3
Central Java	1,129,192	35.0	691,689	26.1	1,820,881	31.0
Yogyakarta	92,621	2.9	118,105	4.5	210,726	3.6
East Java	307,526	9.5	239,281	9.0	546,807	9.3
Bali	9,834	0.3	9,527	0.4	19,361	0.3
West Nusa Tenggara	11,559	0.4	9,524	0.4	21,083	0.4
East Nusa Tenggara	9,375	0.3	2,064	0.1	11,439	0.2
East Timor	2,797	0.1	0	0.0	2,797	0.0
West Kalimantan	65,904	2.0	15,487	0.6	81,391	1.4
Central Kalimantan	4,270	0.1	2,346	0.1	6,616	0.1
South Kalimantan	11,427	0.4	7,236	0.3	18,663	0.3
East Kalimantan	11,555	0.4	4,639	0.2	16,194	0.3
North Sulawesi	30,118	0.9	28,610	1.1	58,728	1.0
Central Sulawesi	4,006	0.1	332	0.0	4,338	0.1
South Sulawesi	43,130	1.3	15,263	0.6	58,393	1.0
Southeast Sulawesi	2,741	0.1	4,095	0.2	6,836	0.1
Maluku	16,018	0.5	17,380	0.7	33,398	0.6
Irian Jaya	7,645	0.2	6,283	0.2	13,928	0.2
Overseas	38,425	1.2	5,536	0.2	43,961	0.7
Total	3,230,072	100.0	2,648,915	100.0	5,878,987	100.0

From the perspective of the spread of HIV/AIDS, we need to identify groups that may be especially vulnerable to being infected among the more or less permanent, longer distance movers identified in the census. At the outset it must be clearly stated that this group of movers as a whole is less vulnerable than is the case with those non-

permanent movers not detected in the census and discussed in the next section. This is because many of the more or less permanent migrants move as a family group which means that there is less exposure to risk behaviour. One group which does need to be considered, however, is the migration of single women to large urban areas, especially Jabotabek which has increased in recent years. Single women have been an important part of the migration to cities, especially Jakarta, for many decades. Jones (1977) pointed out that in the 1970s female in-migrants tended to be concentrated in a relatively small number of occupations. In particular:

- household domestic servants,
- small scale informal sector traders,
- CSWs.

Since the Indonesian government shifted its economic policy toward an export orientation, a new substantial group of female in-migrants from rural areas has been added. The export orientation and enhanced foreign investment has seen a proliferation of factories in Indonesia's major cities, especially the Jabotabek area. Many of the factories are reliant on having a large female workforce and the bulk of these are migrants from rural areas (Sunaryanto, 1998).

4.6 Non-Permanent Migration

4.6.1 *Introduction*

It was mentioned earlier that non-permanent migration is widespread in Indonesia but is not detected in any of the standard data collections such as the census. One form of such movement is international labour migration (Hugo, 1995a). However, similar forms of migration are occurring *within* the nation. Field studies in the early 1970s (Hugo, 1975, 1978) demonstrated the widespread incidence and socio-economic significance of circular migration and commuting from rural to urban areas in Indonesia. While there are no substantiating data collected in censuses or national surveys it is clear that the tempo of non-permanent movement has greatly increased over the last two decades. There are a number of case studies which demonstrate this. In particular studies which resurveyed villages studied in the early 1970s discovered a substantial increase in non-permanent moves (e.g. Singarimbun, 1986; Keyfitz, 1985) and found that this change had been fundamental in improving the economic situation in those villages through a substantial inflow of remittances. Quotations from two such studies will suffice to document this pattern of an increasing tempo of temporary migration out of Javan villages over the last two decades. Edmundson and Edmundson (1983, 32) in their comparison of two East Java villages in 1969 and 1981 found that in one of their villages:

The mid 1980 Census included 630 urban workers who retained village residence cards but they were only present on weekend visits. This intermediate category of part-time migrants forms an important new group whose freedom of movement and social adaptability represent a significant change in attitude from the traditional and highly territorial throughout patterns of older villagers.

Manning's (1986, 28-31) report of the Agro-Economic Survey in six West Java villages from 1976 to 1983 concludes that:

Despite substantial increases in rice production and incomes; there appear to have been relatively few jobs created in rural areas. Quite a substantial proportion of rural households seem to have benefited from the 'trickle down' of urban income growth through entry largely into self-employed activities in transport and petty trade. This has been a major factor influencing agricultural income change in the survey villages over the seven year period studied ... permanent movement to urban areas and movement out of agriculture was not a dominant pattern.

More than a decade ago the World Bank (1984, 20) estimated that at least 25 percent of rural households on Java have at least one family member working for part of the year in urban areas. This would imply that at least 3.75 million people are involved in this form of migration on Java. Of course, since migrants are only working in the cities for part of the year the average effect is less than this, but it is not unlikely that about one-sixth of the average daily urban workforce consists of temporary migrants not included in official employment figures. A series of studies sponsored by the Ministry of Population and Environment (Mantra and Molo, 1985) examined circular migration and commuting in six Indonesian cities. In addition to establishing how significant and widespread this mobility was in cities of varying sizes in both Inner and Outer Indonesia it was found that the great majority of these movers had only been circulating to those cities since 1980. It would appear that this pattern of an increasing tempo of non-permanent migration has continued over the last decade and became of even greater significance with improvements in transport, advances in education, changes in the roles of women, increased urban and industrial development etc.

Perhaps the strongest evidence of a pattern of continued increase in the scale and significance of non-permanent migration in Java during the period since the first study in West Java carried out in 1973 (Hugo, 1975) is derived from a comprehensive longitudinal study of 37 villages in Java carried out over the period 1967-1991. In that study Collier *et al.* (n.d., 1) concluded that:

Twenty five years ago many of the landless labourers on Java had very few sources of income ... Now most of the landless rural families on Java have at least one person who is working outside of the village, and in a factory or service job.

In all of the villages in the 1992-1993 resurvey, massive migration out of the village to jobs in the larger cities and towns was recorded and only 20 percent of households depended on agriculture for their total livelihood. The bulk of the movement recorded was on a temporary basis. The fact that those villages were deliberately selected to be representative of villages in highly accessible and low accessibility areas suggests that the scale of non-permanent rural-urban movement from Javan villages has increased exponentially in recent years and that such movement still far outweighs permanent relocation from village to city. Moreover, with further labour displacing developments in agriculture (Hugo, 1995b), it seems likely that this movement will continue to be of great significance in Indonesia. The reasons for opting for a non-permanent migration strategy over permanent relocation have been explored elsewhere (Hugo, 1978, 1982b, 1985) and include the following elements:

- This type of mobility strategy is highly compatible with work participation in the urban informal sector since the flexible time commitments allow time to circulate to the home village. Similarly, the ease of entry to the urban informal sector is a factor.
- Participation in work in both the urban and rural sectors spreads the risk by diversifying families' portfolio of income earning opportunities.
- The cost of living in urban areas (especially Jakarta) is considerably higher than in rural areas so that keeping the family in the village and 'earning in the city while spending in the village' allows earnings to go much further.
- Java's transport system is cheap, diverse and allows workers to get to their home village quickly.
- Job options in the village, especially during seasonal increases in demand for labour (such as harvesting time) are able to be kept open. Hence risk can be spread over several sources of income.
- Many informal and formal sector employers in large cities, especially Jakarta, provide barracks type accommodation for workers.
- Often the movement is part of a family labour allocation strategy in which some members are sent out of the village to contribute to the village based family's income.
- In many cases there is a social preference for living and bringing up children in the village where there are perceived to be less negative, non-traditional influences.

- Social networks are crucial in the development of this form of migration. Most temporary migrants make their initial movement with other experienced migrants or join family or friends established at the destination.
- As is the case with international migration, recruiters and middlemen of various types have played a significant role in the increasing rural to urban migration in Indonesia. As Collier *et al.* (n.d., 41) point out ... ‘Often a factory manager will meet with the head of the village to recruit young people for his factory. They sometimes would send a bus in the morning to pick up the workers’. Such a pattern of strong *mandor* (foremen), *calo* (recruiter) and *taikong* (*agents*) has a long history in Java and has become even more significant in recent years in encouraging migration to both formal and informal sector jobs based in urban areas. Firman (1991), for example, has demonstrated the critical role played by *mandors* in the construction industry in urban Indonesia.

While there are many similarities in the contemporary situation with respect to patterns and processes of non-permanent migration compared with the 1970s, there also have been some significant changes. Paramount among these is the increasing involvement of women in both permanent and temporary movements, especially those directed from village to city. Another change is that the increasing size of the formal sector in Indonesian cities, especially Jakarta and other large cities in Java, has led to an increasing number of migrants having to be more or less permanently settled in the city and not free to come and go to their village as frequently and readily as was possible when they worked in the informal sector. In many cases, for example with many of the young women working in factories in and around cities like Jakarta and Surabaya, there are intentions to eventually return to settle in their village but the fixed time commitments of their work prevents them circulating to and from the village on a weekly, fortnightly or monthly basis.

Table 26: Population and Household Heads by Residence Status in RW 06 Pasawahan Village, 1996

Source: Wahyuni, 2000

Type of Residence		Household Head						Population	
		Male		Female		Total		Total	
1.	Local	145	(26.3)	11	(6.3)	156	(21.5)	639	(30.1)
2.	Permanent	181	(32.8)	28	(16.1)	209	(28.8)	615	(29.0)
3.	Temporary	226	(40.9)	135	(77.6)	361	(49.7)	867	(40.9)
Total		552	(100.0)	174	(100.0)	726	(100.0)	2,121	(100.0)

Note: Numbers in brackets are percentages.

The widespread nature of circular mobility in Java is evident in a recent study of part of a village in the study of Bandung by Wahyuni (2000). She made a full census of the village by examining family cards (*kartu keluarga*) and checking with local officials. Table 26 shows how the household heads and total population are divided between:

- local origin residents;
- permanent migrants from elsewhere; and
- temporary migrants.

Some 40.9 percent of male household heads and 77.6 percent of female household heads are temporary migrants in the city and only one-fifth are non-migrant households. This indicates the significance of both permanent and non-permanent migration in Indonesia's large cities.

From the perspective of the present report it is important to focus on one group of temporary migrants in Indonesia who would seem to be at a higher risk of HIV infection than many other groups. There are *migrant workers*, i.e. people who leave their families behind and spend considerable periods working at destinations some distance away. Indonesia has a larger pool of internal migrant workers than almost all other nations and hence if they are a major element in the spread of HIV they can have a considerable impact. Undoubtedly, some migrant workers are at high risk of coming into contact with sex workers in the destination area because:

- They often are separated from their spouses for extended periods of time and hence are often likely to seek the services of sex workers.
- The migrant workers are selectively drawn from young adults (especially males) who also are highly likely to seek such services.
- They often earn sufficient cash to be able to afford such services.
- The sex industry is highly active in migrant worker destinations.
- They are removed from the traditional constraints on behaviour which prevail in their areas of origin.
- Employers at the destination are often involved in encouraging the supply of those sex services.

From the perspective of the spread of HIV/AIDS there are a number of aspects of this migration which is of significance. Firstly, the fact that migrant workers make frequent use of sex services means that they are at high risk of infection. Moreover, all evidence is that the migrant workers who use sex services very infrequently use condoms to protect themselves and the sex workers from infection. There has been little culture of use of condoms in Indonesia. This is evident in surveys of contraceptive use by married couples. Table 27 shows the miniscule use of condoms used by married couples. While the use undoubtedly is greater among migrant workers

having sex with sex workers, the low rate of use reflects a strong cultural aversion to use of condoms. It is widely considered to interfere with male pleasure and is not consistent with views of masculinity, as is the case in many countries.

Table 27: Java-Bali and All Indonesia: Trends in Use of Contraceptives by Ever Married Women, 1976-1997

	1976	1987	1991	1994	1997
Java-Bali					
Percent of Total Using Contraception	26	51	53	58	
Percent of These Using Condoms	1.8	1.8	0.8	0.9	
All Indonesia					
Percent of Total Using Contraception	na	na	49.7	54.7	
Percent of These Using Condoms	na	na	0.8	0.9	

A survey reported by the Directorate General of Communicable Disease Control and Environmental Health (2001, 12) found that two thirds of male clients of female sex workers in these cities gave as an excuse the fact that it reduced the pleasure of the sex they were paying for. Less than five percent reported lack of availability of condoms as the reason for non-use.

Of crucial importance in considering the links between migrant workers and the spread of HIV/AIDS is as follows:

- The workers may become infected and spread it to their home communities when they return home.
- The infected workers may also pass the infection on to the sex workers they interact with who in turn will pass it on to other clients and to their own home communities.
- The workers often also are quite peripatetic and may take the infection to other work locations where they can pass it on to a new group of sex workers.
- The sex workers themselves tend to work in a number of locations also so they can spread the disease to new areas as well.

Labour migration in Indonesia can be divided up into a number of categories:

4.6.2 Labour Migration to Areas of Resource Exploitation

There is a long history in Indonesia of encouraging ‘contract coolies’ to move from densely populated areas of the nation (especially Java) to parts of Outer Indonesia to work on resource exploitation activities (Hugo, 1980). This was necessitated

because those islands had both a richer endowment of oil, minerals, timber etc. but also more land available for development as plantations. However, they lacked sufficient labour to undertake that exploitation, either due to small numbers of people residing in the area to be exploited or a perception that the local people were not sufficiently industrious or motivated to work in resource exploitation. Accordingly, at the 1930 census the dominant element in inter-provincial migration was movement of contract coolies of this type. Figure 16 showed that the main flow of labour migrants was from Java to North Sumatra where rubber plantations had been developed. However, there were other movements to areas of exploitation of oil, coal, palm oil and other resources (Hugo, 1980).

Table 28: Indonesia: Exports by Product Group (US\$m)

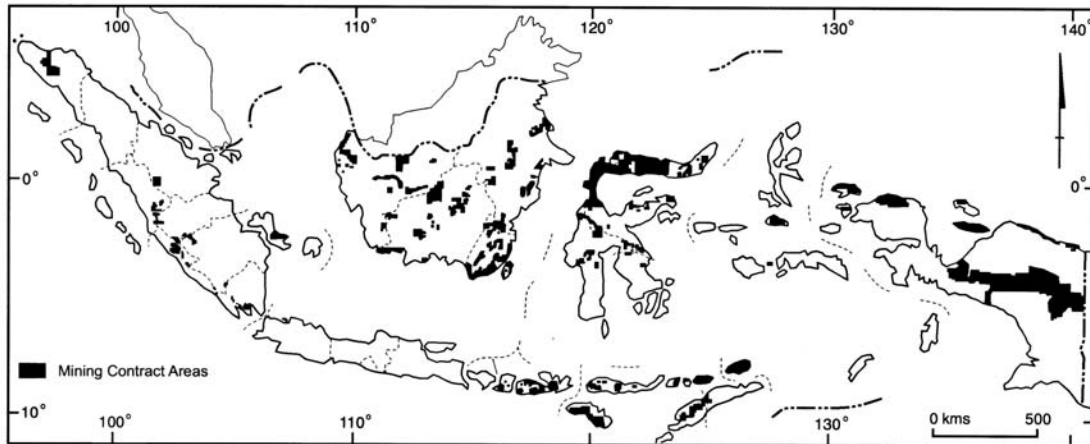
Product Group	1981	1990	1995	2000
Oil and Gas	20,663.2	11,071.1	10,464.6	
Agricultural Products	1,570.2	2,083.3	2,888.3	
Industrial Products	2,666.6	11,878.7	29,328.2	
Mining Products	202.8	635.9	2,690.9	

These types of movements have continued, and indeed expanded, as resource exploitation has expanded in Indonesia over the Independence period, although there have been fluctuations in the extent to which government economic policy has focused on resource exploitation. This is reflected in Table 28 which shows the composition of Indonesia's exports. After the mid-1980s there was an increased role of manufactured goods but the onset of the financial crisis has seen a return to a greater role for resource exploitation. In any case, there is a huge volume of resource exploitation activity occurring in Indonesia and most of them have needed to attract significant numbers of long-distance migrant workers. It will be especially noted in Table 28 that the value of mining products in Indonesian exports increased substantially in the 1990s. The vast bulk of these mining activities has been in relatively isolated areas of the Outer Islands. This is evident in Figure 25 which shows the location of major contemporary mining operations in Indonesia in 1995. Clearly, most mining activity is in the more isolated parts of the Outer Islands. The key point is that large numbers of workers are bought in to such operations. The workers typically travel to these locations without their families and live in barracks type accommodation. There are usually brothels and other elements in the sex industry which develop in association with the mining activities,

often in nearby townships. A typical example in Sorokoa, South Sulawesi has been analysed by Robinson (1986).

Figure 25: Indonesia: Location of Mining Contract Areas, 1995

Source: *Asian Journal of Mining*, November-December, 1995, pp. 44-45



In some areas there are *lokalisasi* which are the government designated official CSW areas but there is also substantial informal development outside these *lokalisasi* (Hull, Sulistyarningsih and Jones, 1998).

It is not just to mining sites that large numbers of single migrant workers are attracted within Indonesia. Plantations also are significant destinations of labour migrants. In recent years there has been a substantial expansion of oil palm plantations, often in areas where there is not a suitable locally available workforce. Given the often labour intensive activity associated with these plantations, the labour migration is considerable. Similarly, exploitation of forests, oil and gas are also magnets for internal labour migrants. In a similar vein, there are substantial construction sites around Indonesia, often in remote areas where bringing a mine onstream, for example, can often involve substantial road, bridge, harbour etc. construction. Again, labour migrants need to be recruited to meet that labour demand.

4.6.3 Rural to Urban Labour Migration

Urban areas in Southeast Asia have long been the conjunction of unaccompanied male migrant workers and female sex workers leading to substantial development of STIs (e.g. Warren, 1993). As a recent (Wylie, 2000, 56) manuscript on disease in nineteenth century Malaysia explains:

‘The majority of the inhabitants of colonial towns were male sojourners and the resultant imbalance in the ratio of women to men encouraged the rapid development of a large, widespread and very lucrative commercial sex work industry which provided additional nodes for the dissemination of transmissible diseases’.

It is clear that this continues to be the case in Indonesian urban areas and that now HIV/AIDS is one of the diseases which has the potential to be spread in this way. Caldwell *et al.* (1997) have argued that the excess of male migrants in African cities is the driving force behind the HIV/AIDS epidemic in the continent.

Indonesia experienced a substantial degree of urbanisation up to the onset of the Asian crisis in 1997. This was shown earlier with the proportion of Indonesians living in urban areas increased from 14.8 percent in 1961 to 35.9 percent in 1995 when the numbers of urban Indonesians increased by 387 percent from 14,358,372 to 69,937,110. However, these numbers significantly underestimate the numbers of Indonesians who work in cities because large numbers of urban workers are labour migrants who have a permanent home place in a village but work for part (often much) of the year in a city. This movement is occurring on a significant scale, especially in Java. It was recognised as being important in the 1970s (Hugo, 1975, 1978; Mantra, 1981) but clearly increased in significance and scale over the subsequent years.

A key difference between the labour migrants moving to cities and those moving to resource exploitation areas in the Outer Islands is that, while the former are strongly dominated by males, that to the cities has long involved women but women are becoming increasingly involved in the flow. However, it still largely involves single individuals or often a married person who leaves their partners behind. There certainly is a significant incidence of a husband and wife both travelling to the city to work and leaving their children in the care of grandparents in the home village (Wahyuni, 2000). Nevertheless, the overwhelming majority of labour migrants are single or unaccompanied married persons. In general, too, the labour migrants to urban areas tend to return to their villages more frequently than those moving to resource exploitation areas. There is little known about the involvement of urban labour migrants in commercial sex work in cities but it is apparent that migrant males are significant users of commercial sex work services in cities (e.g. see Hull, Sulistyaningsih and Jones, 1998; Steele, 1981).

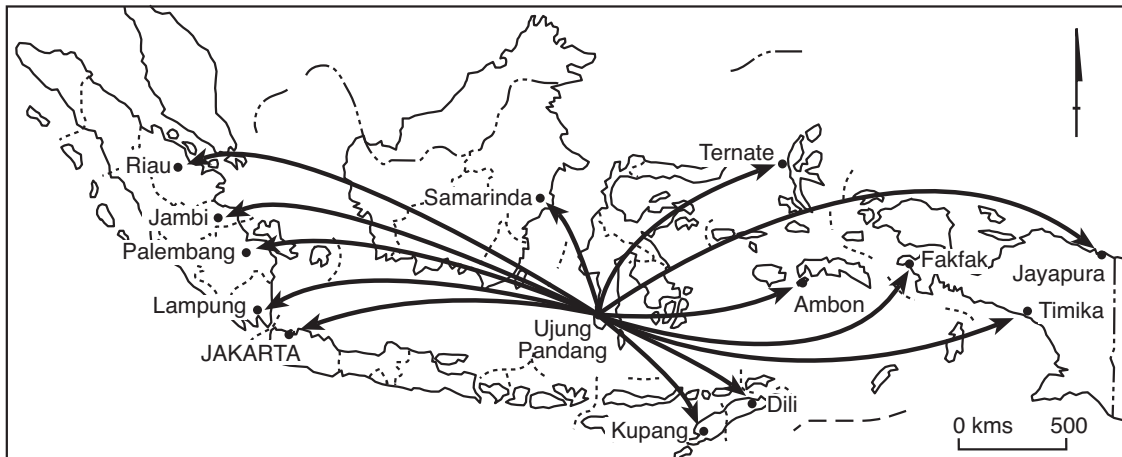
4.6.4 *Eastern Indonesian Migration*

There has been a major influx of labour migrants into several parts of Eastern Indonesia separate from the resource exploitation related migration. This is especially associated with the diaspora of the BBM. BBM stands for Bugis-Butonese-

Makassarese, the three major ethnic groups located in Southern Sulawesi. This group has a long history of seafaring and movement (Naim, 1984), and for several centuries they have migrated westward to Eastern Kalimantan and Eastern Sumatra (Lineton, 1975b).

Figure 26: BBM (Bugis-Butonese-Makassarese) Migrations from South Sulawesi

Source: Cohen and Murphy, 1999

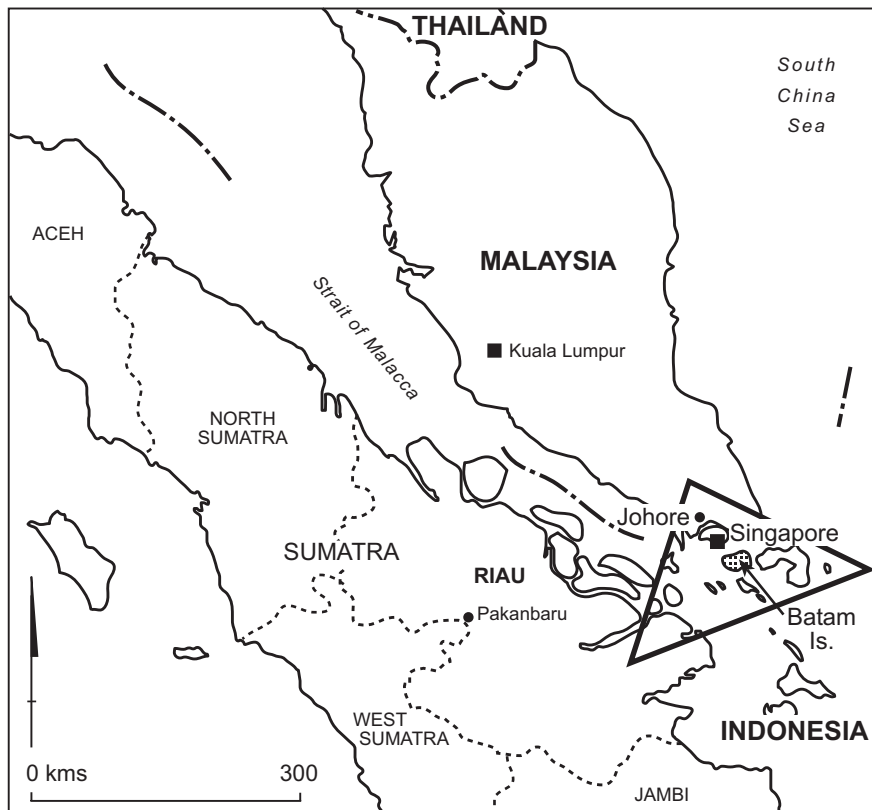


In the post-Independence period, however, this group has moved in substantial numbers to areas east of Sulawesi. The BBM diaspora is depicted in Figure 26. There has been some permanent settlement involved in that movement. For example, there was significant settlement in Ambon which the Christian-Muslim conflict of the last three years has focused attention on. The longstanding resident Ambonese are predominantly Christian while the newcomers have spontaneously settled from South and Southeast Sulawesi (Hugo, 2001). However, much of the BBM movement into Eastern Indonesia, especially into East Nusa Tenggara and Irian Jaya, has involved non-permanent movement. This has especially involved men engaged in small-scale business, fishing and trading which has, in some cases, led to some resentment from local people who argued that they did not get sufficient opportunity to participate in these sectors of the economy (Adicondro, 1986). As with the other groups of labour migrants considered above, we have substantial numbers of males separated from their families for extended periods.

4.6.5 *Labour Migration to Batam*

A special case of labour migration is the island of Batam (Figure 27) which is located in the province of Riau but along with several islands in the Riau archipelago is located quite close to Singapore. The limited geographical extent of the island-state of Singapore has seen many economic activities overspill into neighbouring Johore in Malaysia and into Riau, especially the island of Batam (producing the so-called triangle of SIJORI). Moreover, the Indonesian government has made a deliberate effort to take advantage of the location of Batam close to Singapore to encourage development of factories and tourism.

Figure 27: SIJORI Triangle



The result has been an acceleration of demand for workers in what was a very lightly populated area and an influx of labour migrants from elsewhere in Indonesia. While both males and females have been involved in the movement to Riau, it has overwhelmingly involved singles or unaccompanied married people. This, combined

with a thriving local commercial sex work industry to serve Singapore, has created a situation of considerable vulnerability to the spread of HIV/AIDS.

Prior to its development as a major industrial and tourism centre, Batam was lightly populated so it has become a significant magnet for internal migration from elsewhere in Indonesia. Much of this movement has been of the labour migration type involving single people or married people who have left their spouses at home. It is apparent that the 1997-1998 crisis in Indonesia has accelerated the flow to Batam. A recent estimate (*Asian Migration News*, 1-15 October 2001) was that about 250,000 people from Java, Sumatra, Flores and other parts of Indonesia have come to Batam since 1998 ... 'most of them came because of difficulties in their home towns'. Of course, they represent a substantial additional element of demand for the local sex industry.

4.6.6 Other Border Locations

The Batam case considered above is an example of a community on or near international borders which has a large sex industry which serves not only migrant workers but also people who temporarily cross the border to use sex services. There is both a substantial flow of Singaporeans to use CSWs in Batam (and, to a lesser extent, other nearby islands) and an illegal flow of Indonesian CSWs on a daily basis to Singapore to offer sex services. This may provide a fertile ground for the spread of HIV/AIDS in several directions.

There are a number of these types of locations on the Indonesian border, although the SIJORI area is the largest. Similar types of interchanges also occur across the Sabah-East Kalimantan border and the Irian Jaya-Papua New Guinea border, albeit on a smaller scale.

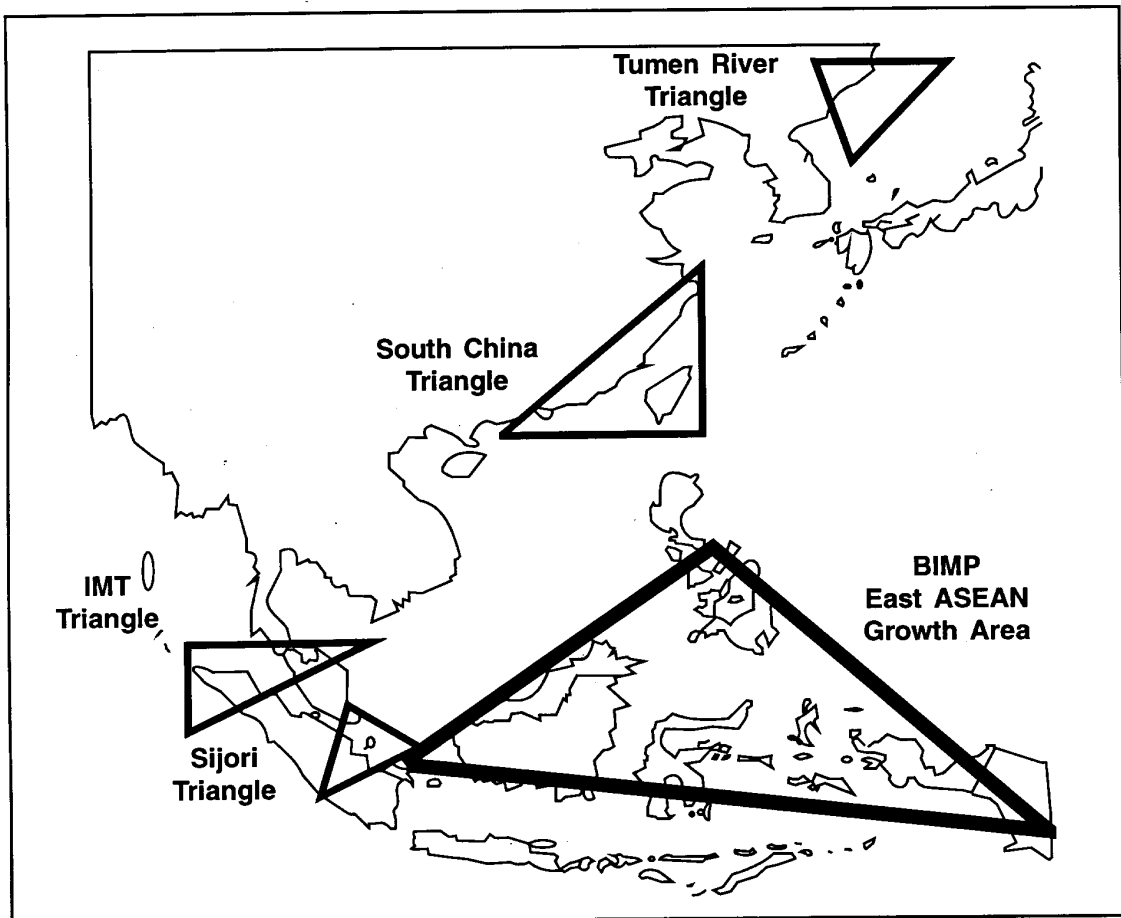
The high incidence of HIV/AIDS in Batam, which was shown to be the case earlier in this report, would suggest that in Indonesia these types of areas do have heightened vulnerability to HIV/AIDS. However, this may not necessarily be the case. For example, a study of the Southern Philippines/Sabah border areas (Scalabrini Migration Centre, 2000) concluded that:

'... undocumented migration exposes migrants to many vulnerabilities, but it can also create resilience promoting conditions. The presence of family and kin, the lack of time, the lack of financial resources, the remote location of their workplace (particularly for plantation workers) and the fear of arrest have constrained migrants from engaging in risky behaviour. The study confirmed that migration itself is not a factor in the spread of HIV. Furthermore, it (the study) dispelled the myth that international borders are harbingers of HIV'.

Another border region in Indonesia which is at some risk of becoming an HIV ‘hot spot’ is in Manado in North Sulawesi. This is part of the region known as the Brunei-Indonesia-Malaysia-Philippines East ASEAN Growth Area (BIMP-EAGA) which is one of the Asian growth triangles which are shown in Figure 28.

Figure 28: Growth Triangles in Asia

Source: Scalabrini Migration Centre, 2000, 6



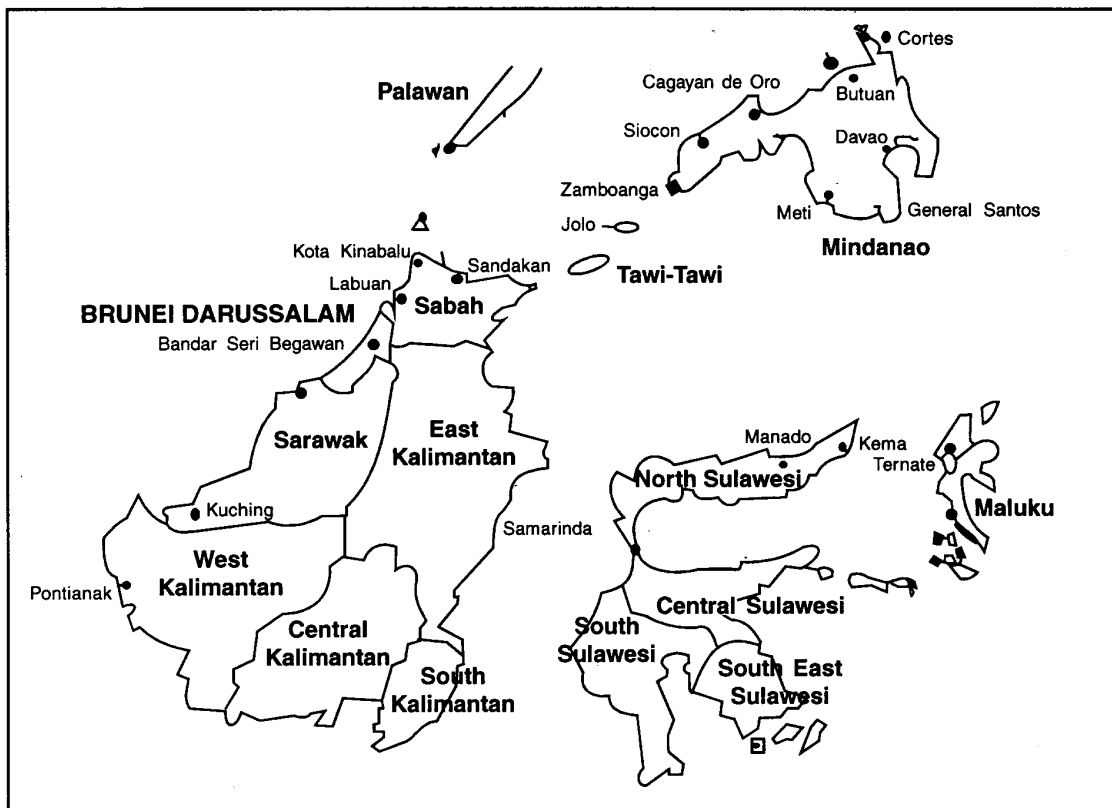
The objective of these intra-ASEAN international growth areas is to promote regional development through increased investment, tourism and trade. One of the subsystems identified in this links Davao City and General Santos in Mindanao (Philippines) with Manado in North Sulawesi (Figure 29).

Population movements between North Sulawesi and Davao and the islands in the ocean separating them have long been substantial. On the border with the Philippines the Sangir-Talaud islands are part of the province of North Sulawesi

(Figure 30) but the islands are much closer to the province of Davao in the Southern Philippines island of Mindanao than they are to the major island of Sulawesi.

Figure 29: The BIMP-EAGA Growth Area

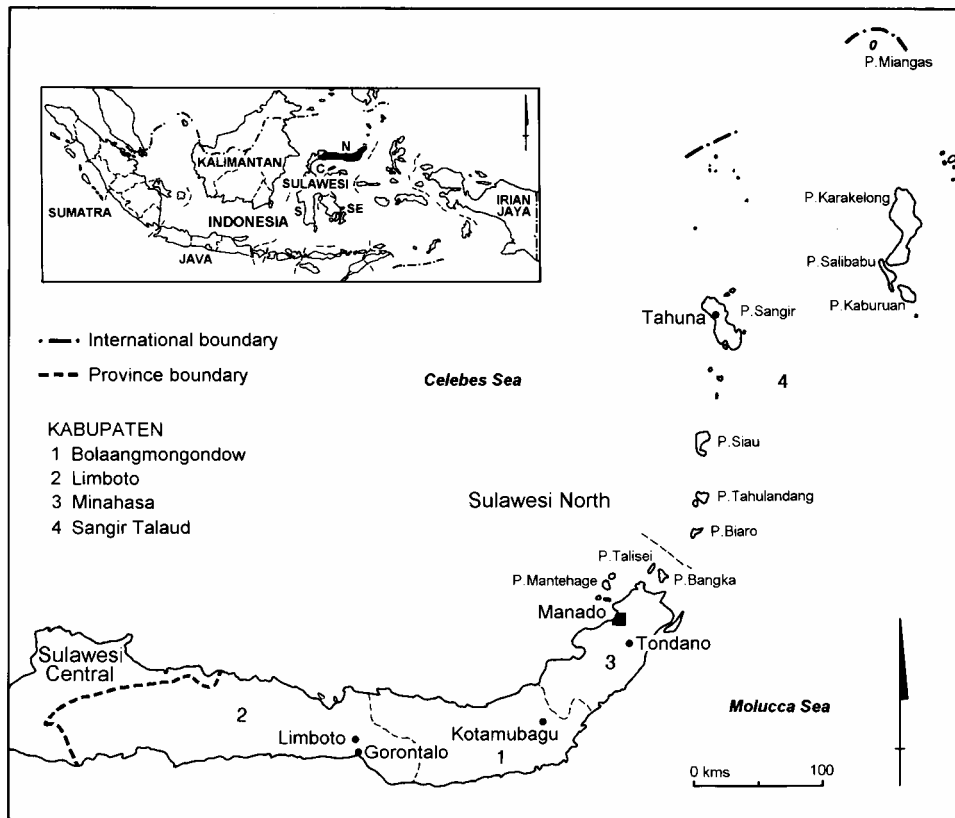
Source: Scalabrini Migration Centre, 2000, 3



Accordingly, there has been a history of linkage with Davao pre-dating European contact and which has resulted in a Sangirese community of over 7,000 people being long established in the Philippines. The movement from the Sangir-Talaud islands to the Philippines intensified in the early twentieth century due to severe economic hardship and the harsh ecological situation of the islands. However, in the post Independence period many second and third generation Sangirese have returned to Indonesia and have not returned to the Sangir-Talaud islands because of their limited agricultural potential, but have instead settled in Halmahera in Maluku. Their return to Indonesia has been encouraged by the fact that they are regarded as foreigners in the Philippines and have limited rights as well as the downturn in the Philippines economy and relative buoyancy of the Indonesian economy (Raharto, 1995).

Figure 30: Sulawesi Province Showing Sangir-Talaud Islands

Source: Raharto, 1995, 42



A study from the Filipino end of this connection concluded that there was high vulnerability to HIV/AIDS in this area because (Asis, 2000, 112):

‘One group of cross border migrants in the Davao-General Santos-Manado subsystem vulnerable to HIV/AIDS are the deep sea fishermen, many of whom venture into Indonesia and other international fishing grounds. Their low levels of knowledge of STIs and HIV/AIDS and their engaging in unprotected sex, the use of penile implants and injecting drug use are issues of concern’.

Another border context is that separating Irian Jaya and Papua New Guinea. In Irian Jaya the land border with Papua New Guinea separates families and cuts across traditionally important patterns of circulation (Bandiyono, *et al.* 1996). La Pona (1995) shows that almost all residents in some Irian Jaya villages located near the boarder have relatives living in Papua New Guinea and visit them regularly, travelling by boat or foot. Their visits are predominantly motivated by social and cultural reasons. There is an agreement to allow for this movement as well as a Joint Border committee, which

meets periodically to facilitate the movement (Bandiyono *et al.*, 1996, 9). Bandiyono *et al.* (1996) show that some language groups overlap the Indonesian - PNG boundary in Irian Jaya. Table 29 shows the amount of movement which occurred officially across the international boundary in the early 1990s but this is a smaller flow than the 'illegal' movement which occurs across the boundary without passing through official immigration channels (Bandiyono *et al.*, 1996, 84).

Table 29: Total Border Crossers From Irian Jaya to New Guinea and Return
Source: Bandiyono *et al.*, 1996, 85

Year	Indonesia to PNG		PNG to Indonesia	
	Traditional	Modern(Passport)	Traditional	Modern(Passport)
1992	1,040	223	1,148	765
1993	296	338	966	816
1994	274	300	1,057	799
1995	243	211	701	380
Total	1,853	1,072	3,872	2,760

There is also significant movement across the international borders separating Indonesia and Malaysia in Kalimantan which involve people from East Indonesia. There is a significant mobility across the boundary separating the Indonesian province of East Kalimantan to the East Malaysian state of Sabah. There is also traditional circulation from the province of West Kalimantan into the Malaysian state of Sarawak (Siagian, 1995).

In the case of the border with Australia, there appears to be some illegal migration into the northwest of that country and through people entering Darwin as tourists and overstaying. There have also been many instances of fishing boats from Eastern Indonesia illegally entering Australian territorial waters and being interdicted by the Australian Navy. It was recently reported (*Indonesian Observer*, 18 February 1998, 4) that Merauke on the southern coast of Irian Jaya has become an important departure point for foreigners and Indonesians wishing to enter Australia illegally via Papua New Guinea. Two Bangladeshis were caught attempting to use this route in early 1998.

4.6.7 Transfer of Security, Personnel and Civil Servants

In a country as large and so geographically fragmented as Indonesia, soldiers, police and civil servants who are frequently transferred into the more peripheral parts

of the nation do not take their families with them and intend serving only a certain period before returning to their home area, usually in Java. This is, of course, especially the case for army and police who may be deployed for extended periods to peripheral parts of the country where there are security problems (Aceh, West and Central Kalimantan, Maluku, Irian and formerly East Timor). Being well paid and powerful, there has been a tendency for many of them to use CSWs in their destination areas.

4.7 Internal Migration in the Crisis

The effects of the crisis on internal migration in Indonesia have been analysed elsewhere (Hugo, 2000a; Ananta, 2000) and can be summarised as follows:

- The crisis saw a general upswing in mobility as people ranged wider to seek alternative and extra forms of income. Population movement was used as a strategy to cope with the effects of the crisis.
- There was some return movement from city to the village but much of it was on a temporary basis and some involved sending families back to the village while the breadwinner remained in the city.
- There may have been a small increase in migration from Java to the Outer Islands, some areas of which were less hit by the crisis than Java.
- One characteristic of the crisis period has been civil unrest which has in some cases led to ethnic, religious and political based conflict resulting in significant population movements within Indonesia. One of the first of those which is still continuing relates to the ethnic Chinese population. A substantial number of Chinese have moved out of Indonesia (Hugo, 1999) but there have also been internal movements of ethnic Chinese to perceived domestic safe havens such as in Kalimantan and Bali. Some 100,000 Chinese were said to have moved to Bali and there have been substantial movements to West Kalimantan (Feridhanusetyawan, 1998; Cohen, 1998, 13).

However, there have been some other substantial movements as well. One of the most substantial has been in Ambon in the province of Maluku. In January there was an outbreak of violence between the largely Christian Ambonese and Islamic migrants from elsewhere in Indonesia, especially South and Southwest Sulawesi. This may have been ignited by the expulsion of Ambonese from Jakarta following a religious riot in November 1998 (McBeth and Djatal, 1999, 28). Deaths from the riots were between 180 and 1,000 persons and led to 20,000 people being made refugees (McBeth and Cohen, 1999a, 22).

- A survey (Hugo, 2000a) during the crisis found a high incidence of return migration suggesting that some migrants returned to their home place where

they are more likely to have the support of family and friends than in their destination areas.

- There has been a growth in employment in agricultural occupations unprecedented in the last two decades due to people displaced from other sectors returning to rural areas and engaging in agriculture.

4.8 Characteristics of Migrants

The present paper has been predominantly concerned with examining the changing patterns of population mobility in Indonesia over the last three decades. It is important to mention, however, that population mobility has been selective in a number of ways which in turn influences the level and nature of the impact of that movement. In this section we will briefly summarise the main patterns of migrant selectivity in Indonesia which are analysed in greater detail in the case studies listed in the bibliography:

- *Gender selectivity* is a most important element. It has been shown earlier that in inter-provincial migration the gap between levels of male and female mobility have closed. Indeed there are several instances in inter-provincial movement where females outnumber males. These include in-movements to Jakarta as Table 30 shows. Female predominance is greater among recent migrants than those who have been in Jakarta longer suggesting a higher rate of return movement among the women. The female migrants to cities tend to be of two main types ...
 - women with low levels of education who obtain work as domestics or in the informal sector; and
 - women with secondary school education who gain work in the formal sector, especially in the expanding factories in the Botabek area (Sunaryanto, 1998).

Women tend to outnumber men among short distance movers *within* provinces. The involvement of women in non-permanent migration has increased greatly in recent times but is still lower than men. Substantial circular migration of women is often spatially concentrated in individual villages of origin like the village studied by Hetler (1984, 1986, 1989) in which large numbers of women migrated to work as bakso (noodle soup) sellers.

- *Age selectivity* is in evidence. Among permanent migrants the selectivity is greater than among non-permanent migrants. Migrants are strongly concentrated in the young adult and young families age categories and are associated with people moving to seek work, obtain education, set up a new married household, etc. The mobility peak in the 20s and early 30s is as evident

in Indonesia as elsewhere. There is generally a decline in mobility with age from around age 30 although in some cases there is a slight upturn in the retirement ages with some people engaging in return migration on retirement and others moving to the houses of children on the death of a spouse. Selectivity is less evident among circular migrants who are more spread across the working ages than permanent migrants. While young adults show a greater propensity than other groups to be involved in this form of movement there are more movers in their 30s and 40s than is the case for permanent migrants. This reflects the fact that a significant number of Indonesians practice circular migration over much of their working lives.

Table 30: Jakarta: Migrant Population by Gender, 1961-1995

Source: Indonesian Population Censuses 1961, 1971, 1990 and Intercensal Survey 1995

Census/Intercensal Survey	Males	Females	Percentage Female
1961 Born in another province	727,834	661,793	47.6
1971 Born in another province	932,841	888,994	48.7
1971 Ever lived in another province	956,649	909,986	48.8
1990 Born in another province	1,577,412	1,592,803	50.2
1990 Ever lived in another province	1,609,207	1,620,865	50.2
1990 Five years ago lived in another province	374,560	458,469	55.0
1995 Born in another province	1,659,192	1,712,192	50.8
1995 Ever lived in another province	1,694,363	1,748,115	50.8
1995 Five years ago lived in another province	258,815	335,727	56.5

- *Educational selectivity* in Indonesia is very significant from a perspective of regional development. More educated people tend to move more than those with less education. This is partly due to the fact that they tend to have more information about alternative locations, to the fact that they tend to have occupations which involve mobility and some people actively migrate in order to further their education. It is an issue of significance to regional development in Indonesia since undoubtedly population mobility has involved a brain drain from peripheral areas to central locations, especially Jakarta. One of the challenges of the new *autonomi daerah* moves is to attract back educated people to ensure that local and regional initiatives can be carried through. The

movement out of rural villages is strongly selective educationally since people who graduate from secondary school are to some extent 'educated to migrate' since they do not wish to work in agriculture. This is especially true of many of the young women gaining employment in the factories around Jakarta (Sunaryanto, 1998).

- *Ethnic background* is an influential factor in population mobility in Indonesia. Mention has already been made that there are strong cultural influences on population movement in Indonesia. The Minangkabau are a particular case in point and it is suggested that the matrilineal inheritance system in this group acts to encourage young men to *merantau*.
- *Marital status* also is a selective factor in migration. Unmarried, separated, divorced and widowed groups tend to move more than people who are married.
- *Occupational* factors also are significant with agricultural workers being less mobile than other groups as far as permanent migration is concerned. However, these workers often have very high levels of non-permanent, circular migration.

4.9 **Conclusion**

Indonesia is experiencing economic and social change at an unprecedentedly rapid rate and this is both reshaping, and in turn being influenced by, substantial shifts in the level and pattern of population movement. Forces of globalisation are impinging upon this movement in a myriad of ways as foreign investment levels rise, multinationals set up factories in Indonesia, global mass media reaches into most Indonesian households and political and economic relationships with neighbouring and other nations develop and change. Within Indonesia, increasing commercialisation of agriculture, structural shifts in the economy, achievement of more or less universal education, widespread radio and television ownership, changes in the structure and functioning of the family and shifts in the role and status of women are all interrelated with increasing levels and complexity in population mobility. Nevertheless our knowledge of the shifts in population movement and its linkages with economic and social change still remains very limited despite a burgeoning of the literature on this topic over the last decade. The full picture of what changes occurred in Indonesian migration in the 1990s will not be revealed until the migration data from the 2000 census are collected and analysed. For the first time a census migration question will be asked of all Indonesians and this opens up the opportunity to obtain more detail on the regional and local impacts of migration.

There are a number of imponderables in considering likely patterns of population mobility in the future. We are still unsure of the effects of the economic crisis and whether they will impact on longer term trends in population redistribution.

Also the *autonomi daerah* changes have the potential to produce significant change in migration patterns. If effective they should reduce movement to Jabotabek and channel more movement to intermediate cities and especially provincial capitals. What does appear certain is that population mobility will continue to increase in scale as well as in economic, social and demographic significance. Indonesia is already a mobile society and will continue to be so. Indonesians will become more complex in terms of their spatial patterning and a wider spectrum of the population will be involved.

CHAPTER 5
PATTERNS AND LEVELS OF INTERNATIONAL MIGRATION
IN INDONESIA

5.1 Introduction

When HIV infection was first diagnosed in Indonesia in 1987 it was predominantly among foreigners or people who had associated with foreigners (Kaldor, 2000). Although the disease soon became predominantly one of native Indonesians, tourist numbers have subsequently increased to Indonesia as Table 31 indicates. Indeed, foreign tourist numbers doubled between 1987 and 1990 and again by 1997.

Table 31: Indonesia: Foreign Visitor Arrivals, 1979-2000

Source: BPS, 2000; Indonesia Dept. of Tourism Posts and Telecommunications, 1992

1979	494,366	1987	1,060,347	1995	4,069,478
1980	566,402	1988	1,301,049	1996	4,258,136
1981	598,715	1989	1,625,965	1997	5,185,200
1982	592,046	1990	2,177,566	1998	3,764,700
1983	638,855	1991	2,584,570	1999	3,920,300
1984	700,910	1992	3,060,197	2000*	3,084,100
1985	749,351	1993	3,403,138		
1986	825,035	1994	4,006,312		

* January – September only.

However, after reaching a peak of 5.2 million in 1997 the onset of the Asian financial crisis and the accompanying political instability saw a significant downturn in foreign visitors. By 1999 this had begun to recover but not to the levels achieved before the crisis. The flow of foreign tourists, however, is unlikely to be a major factor in the spread of HIV/AIDS in Indonesia although it may be associated to some extent with the comparatively high incidence in some areas of the archipelago.

5.2 International Labour Migration

It is more likely that the international movements of Indonesians have a potential to be involved in the spread of HIV/AIDS in Indonesia. This is because Indonesia has become one of the world's major sources of unskilled labour migrants, although nothing is known of the extent to which these migrant workers are exposed to

the risk of infection or the extent to which they have become infected. At the outset it is necessary to outline the major features of contemporary labour migration in Indonesia.

The sending of workers overseas to work as contract labourers for a fixed period of time has a long history in Indonesia extending back to colonial times (Hugo, 1980). However, in the burgeoning of global international labour migration in the 1970s and early 1980s (Castles and Miller, 1993) Indonesia was slower than other Asian labour surplus nations to enter the arena of labour export. This, however, has changed over the last decade and Indonesia now ranks as one of the world's greatest emigration nations, although the bulk of the emigration occurring is on a temporary basis involving OCWs.

Indonesia, even before the onset of the economic crisis in 1997, was a quintessentially labour surplus nation with a high incidence of underemployment (exceeding 30 percent), low income (\$980 per annum in 1995 and substantially less since the onset of the crisis) and a rapidly growing workforce (2.4 percent per annum) among its 80 million workers (Hugo, 1995a). Accordingly, it is not surprising that Indonesia became one of Southeast Asia's major emigration nations in the burgeoning of global international population movements over the last two decades. However, the bulk of this movement out of Indonesia has not been of the traditional permanent settlement type.⁶ Most has been of contract labour migrants who have worked temporarily at a number of destinations although eventual permanent settlement in those countries has been significant in the case of Malaysia. From the perspective of the spread of HIV/AIDS, it is important to note that the vast bulk of the movement involves single individuals who are either unmarried or are married and unaccompanied by their families. Since most are separated from their families for around two years there is a considerable risk that they will use sex services and hence be potentially at risk of HIV infection. It is unfortunately not possible to provide an accurate picture of the scale of labour export from Indonesia because the statistics available only indicate a minor part of the totality of movement. The major source of such data is the Ministry of Manpower which monitors the movement of legal Overseas Contract Workers (OCWs) but has no information concerning the substantially larger numbers who:

- leave the nation *legally* but do not register as OCWs with the Ministry of Labour,
- leave the nation without going through any official process.

⁶ For example, the numbers in the main destination countries of permanent migration of Australia, Canada and the United States were 44,175 in 1996 (ABS 1996 Census), 7,610 in 1991 (Statistics Canada) and 64,376 in 1998 (US Census Bureau Current Population Survey, April 1998) respectively.

Table 32 presents the official statistics relating to the deployment of Indonesian labour overseas and the increasing tempo of movement is apparent as is the dominance of the Middle East as the major destination. Since most workers are on two years or more contracts the actual number of official OCWs overseas in any one year is substantially greater than the numbers deployed in an individual year. The increasing scale of the flow is evident in the table with the numbers being deployed during each national five-year plan more than doubling with each plan. The pattern of more workers being sent overseas each year is interrupted in two years by exceptional circumstances. The downturn in official migration in 1995-1996 is partly an artefact of the data since in 1994 the Minister of Manpower created a new government backed company, P.T. Bijak, which had several roles, among which was to compete with private recruiters to recruit workers directly and deploy them overseas (Hugo, 1995, 295). The workers sent overseas by P.T. Bijak were not involved in the official Department of Labour data presented in Table 32 for 1994-1997 although they now are. To give an idea of the impact of this, the number of workers deployed by P.T. Bijak to Malaysia between October 1995 and September 1996 was 36,247 (Setiawati, 1997, 91). This company also sent 9,000 Indonesian workers to South Korea and a slightly larger number to Taiwan around the same time. Similarly the figure of 517,269 migrant workers being deployed in 1996-1997 needs to be seen as anomalous since it includes more than 300,000 Indonesian workers in Malaysia who came forward in an amnesty for undocumented workers (Kassim, 2000). What is apparent in Table 32 is the substantial increase in the number of overseas contract workers deployed in Indonesia following the onset of the Economic Crisis in 1997.

It is clear that the crisis has led to increased official international labour migration out of Indonesia. A field study in Indramayu, West Java (Romdiati, Handayani and Rahayu, 1998, 23) found that the crisis in this area has seen many locals use international labour migration as a coping strategy. Women are being sent to Saudi Arabia to work as domestic servants. One feature of the crisis more generally in Indonesia is the increasing participation of women in the workforce to expand the household's portfolio of income options (ILO, 1999). It seems that part of this strategy may have involved more women being involved in international labour migration.

One of the features of this official movement is the dominance of women, mostly destined to be employed as domestic workers. For example among workers deployed over the Sixth Five-Year Plan period (1994-1999) 2,042,206 women were sent abroad compared with 880,266 males. Moreover, it would seem that during the Economic Crisis period the female proportion among the migrant workers has increased with the sex ratio reaching record low levels in the 1997-1999 period (Table 32).

Table 32: Number of Indonesian Overseas Workers Processed by the Ministry of Manpower, 1969-2001

Source: Suyono, 1981; Singhanetra-Renard, 1986, 52; Pusat Penelitian Kependudukan, Universitas Gadjah Mada, 1986, 2; AKAN Offices, Bandung and Jakarta; AKAN (Antar Kerja Antar Negara); Departemen Tenaga Kerja, Republic of Indonesia, 1998, 14

Year (Single Year)	Middle East		Malaysia/ Singapore		Other		Total No.	Percent Change Over Previous Year	Sex Ratio (Males/ 100 Females)
	No.	%	No.	%	No.	%			
2000	128,975	30	217,407	50	88,837	20	435,219	+2	46
1999	154,327	36	204,006	48	69,286	16	427,619	na	41
1999-2000	153,890	38	187,643	46	62,990	16	404,523	-2	44
1998-99	179,521	44	173,995	42	58,153	14	411,609	+75	28
1997-98	131,734	56	71,735	30	31,806	14	235,275	-55	20
1996-97	135,336	26	328,991	64	52,942	10	517,269**	328	79*
1995-96	48,298	40	46,891	39	25,707	21	120,896	-31	48
1994-95	99,661	57	57,390	33	19,136	11	176,187	10	32
1993-94	102,357	64	38,453	24	19,185	12	159,995	-7	36
1992-93	96,772	56	62,535	36	12,850	7	172,157	15	54
1991-92	88,726	59	51,631	34	9,420	6	149,777	74	48
1990-91	41,810	48	38,688	45	5,766	7	86,264	3	73
1989-90	60,456	72	18,488	22	5,130	6	84,074	37	35
1988-89	50,123	82	6,614	11	4,682	8	61,419	1	29
1987-88	49,723	81	7,916	13	3,453	6	61,092	11	35
1986-87	45,405	66	20,349	30	2,606	4	68,360	23	61
1985-86	45,024	81	6,546	12	4,094	7	54,297	21	44
1984-85	35,577	77	6,034	13	4,403	10	46,014	57	79
1983-84	18,691	64	5,597	19	5,003	17	29,291	38	141
1982-83	9,595	45	7,801	37	3,756	18	21,152	18	
1981-82	11,484	65	1,550	9	4,570	26	17,604	11	
1980-81	11,231	70	564	4	4,391	27	16,186	56	
1979-80	7,651	74	720	7	2,007	19	10,378		
1977							3,675		
Five Year Planning Periods:							Target	Total Deployed	
Repelita VII	1999-2003*							862,838	
Repelita VI:	1994-99						1,250,000	1,461,236	
Repelita V:	1989-94						500,000	652,272	
Repelita IV:	1984-89						225,000	292,262	
Repelita III:	1979-84						100,000	96,410	
Repelita II:	1974-79						none set	17,042	
Repelita I:	1969-74						none set	5,624	

* 1999 and 2000 only

** Year in which 300,000+ Malaysian labour migrants were regularised (194,343 males and 127,413 females).

Note: In 2000 the Indonesian government transferred to a calendar year system of accounting from previously using 1 April – 31 March.

Table 32 also indicates that the destinations of official overseas contract workers have been dominated by the Middle East and, to a lesser extent, neighbouring Malaysia and Singapore. However, Table 33 depicts the destinations of these workers in the Sixth Five-Year Plan and indicates the dominance of two countries - Saudi Arabia and Malaysia. Over time Asian destinations have become more important destinations for OCWs from Indonesia although 1998-1999 was a record year for the numbers of Indonesians sent to Saudi Arabia.

Table 33: Indonesia: Destinations of Overseas Workers in the Sixth Five-Year Plan Period, 1994-1999

Source: DEPNAKER

Destination	Number	Percent	Sex Ratio
ASIA PACIFIC	848,543	58.1	79.9
Malaysia	556,575	38.1	96.1
Singapore	146,427	10.0	22.9
Taiwan	44,851	3.1	152.9
South Korea	37,288	2.6	524.7
Hong Kong	35,140	2.4	1.7
Brunei	14,040	1.0	28.3
Japan	12,274	0.8	4620.7
Other Asia	1,943	0.1	16,091.7
AMERICA	12,833	0.9	40,003.1
EUROPE	5,204	0.4	7,667.1
MIDDLE EAST/AFRICA	594,656	40.6	8.3
Saudi Arabia	550,218	37.7	8.5
Arab Emirates	41,768	2.9	2.6
Other Middle East/Africa	2,670	0.2	74.2
TOTAL	1,461,236	100.0	43.1

The 'official' OCW movement briefly referred to above, however, is only part of the international labour migration out of Indonesia. Undocumented movement is more substantial in numbers than the documented movement but considerations of international labour migration in Indonesia almost totally focus on the latter. It is crucial in any consideration of the relationship between migration and the spread of

HIV/AIDS that groups who are considered to be potential undocumented workers be included as well as those who intend going through official channels.

Knowledge of undocumented migration in Indonesia is much more limited than that of documented movement but it is likely that it is significantly greater in scale than the documented movement. Undocumented migration out of Indonesia takes a number of forms including the following:

- Migrants who clandestinely enter a country and do not pass through official border checkpoints. In Indonesia, for example, this includes large numbers who cross the Malacca Straits from Riau to the coasts of Johore in Malaysia.
- Others enter a country legally but overstay their visa. This applies to many who enter Sabah from East Kalimantan.
- Another group enter a country under a non-working visa (such as an *umroh* or *haj* visa to enter Saudi Arabia or a visiting pass to visit Sabah) but instead work in the destination country.

All three types of undocumented movement are significant in Indonesia. Although the migration occurs to many destinations, that to Malaysia and, to a much lesser extent, Singapore is especially substantial. This movement differs in many respects from the legal movement, being male dominated (although female involvement is increasing) and predominantly focused on Malaysia although illegal migration to other destinations such as Singapore, Hong Kong, Taiwan, Saudi Arabia and perhaps Australia is on the increase (*Jakarta Post*, 18 April 1995). Figure 31 shows that the undocumented movement of workers to Malaysia occurs along two major route systems:

- From East Java, Lombok and North Sumatra through East Sumatra (especially Riau) to Peninsular Malaysia (especially Johore).
- From Flores, and South Sulawesi to East Kalimantan and then in to East Malaysia, especially Sabah.

Illegal entry to Malaysia from neighbouring Indonesia is neither difficult nor excessively expensive and most Indonesians are ethnically similar to the Malay majority in Malaysia. Much of the movement involves syndicates and complex webs of middleman, recruiters and other intermediaries (Spaan, 1994). Estimates of the numbers involved in the movement vary considerably. An amnesty in Peninsular Malaysia in 1993 saw some half a million Indonesian illegal migrants come forward (*Kompas*, 19 June 1995) of whom 180,000 worked in construction, 170,000 on plantations, 40,000 in manufacturing, 40,000 in services, 60,000 in hotels and 50,000 as household domestics. However, since coming forward meant that employers had to pay migrant workers award wages and conditions it is clear that not all illegal workers were detected in the amnesty. At the 1997 Indonesian elections some 1.4 million Indonesians residing in Malaysia voted (Kassim, 1997) so the Malaysian government

Immigration Department in 1997 put the number of Indonesian workers resident in Malaysia at 1.9 million – a figure far in excess of most other estimates (see e.g. Hugo, 1995a). In October 1998 the Malaysian government estimated that there were 200,000 wives and children of overseas contract workers in the country (*Asian Migration News*, 31 October 1998).

Figure 31: Major Routes of Undocumented Migration From Indonesia to Malaysia

Source: Hugo, 1998

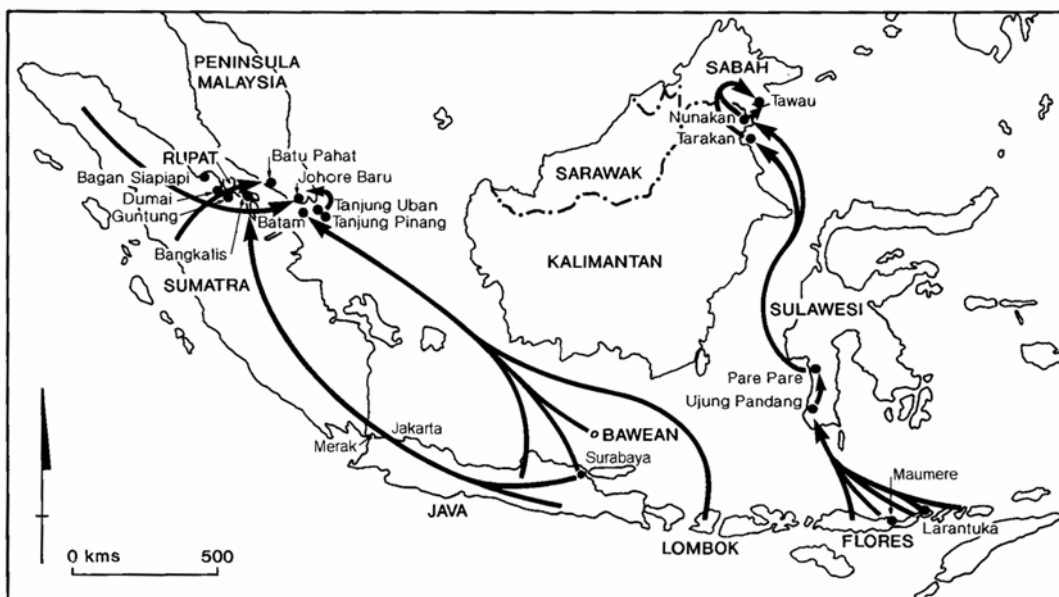


Table 34 presents estimates from a range of sources and consultations with officials in the Indonesian Department of Labour of the stock of Indonesians working overseas around 2000. This represented over 3 percent of the Indonesian labour force. It is clear then that international labour migration is now having a discernible impact on Indonesia's labour force. The significance of the movement to Malaysia is evident in the fact that it was reported that in 1993 (*Kompas*, 23 September) 23 percent of Malaysia's workforce were Indonesian. The migration to Malaysia is dominated by males and is associated with the low paid, low status types of jobs which are eschewed by Malaysians creating a segmented labour market (Hugo, 1995a).

Table 34: Indonesia: Estimated Stocks of Overseas Contract Workers Around 2000

Destination	Estimated Stocks	Source
Saudi Arabia	425,000	Indonesian Embassy Riyadh
United Arab Emirates	35,000	<i>Asian Migration News</i> , 30 April 1999
Malaysia	1,900,000	Kassim, 1997
Hong Kong	40,000	<i>Migration News</i> , March 2001
Singapore	70,000	<i>Asian Migration News</i> , 5 May 1999
Taiwan	103,773	<i>Asian Migration News</i> , 31 July 2001
South Korea	11,700	<i>Asian Migration Yearbook</i> , 1999, 182
Japan	3,245	<i>Asian Migration Yearbook</i> , 1999, 128
Philippines	26,000	<i>SCMP</i> , 10 December 1998
Brunei	2,426	<i>Asian Migration Yearbook</i> , 1999, 125
Other	20,000	DEPNAKER
Total	2,637,144	

In considering international migration and the spread of HIV/AIDS it is necessary to point out that in a large and diverse nation such as Indonesia migrant workers are not a random representative cross section of Indonesian workers. They are selectively drawn from particular groups and areas. This is predominantly due to the significance of chain migration and the fact that once a migration network is established it facilitates and encourages further movement along that network linking regions in Indonesia with regions in the destination country. As a result the effects of international labour migration are concentrated in particular regions of the country and as a result are amplified in those areas. Whereas the impact of international labour migration at the national level is limited in Indonesia, it is of major significance in some regions and many communities. Indeed, migrants tend not only to come from particular parts of Indonesia but also from particular villages within those parts. Moreover, this means that information and other HIV/AIDS programs can be targeted to particular parts of the country and that these areas should be part of any HIV/AIDS surveillance scheme.

Figure 32 shows that the bulk of 'official' OCWs are recruited from within Java, especially the province of West Java. There is also significant concentration of areas of origin of official OCWs within provinces like West Java as Figure 33 shows. Determining the origins of undocumented workers is much more difficult. However, some indications can be gained from data on deported workers.

Figure 32: Indonesia: Province of Origin of Officially Registered Overseas Workers, 1989-1992

Source: Hugo, 1998

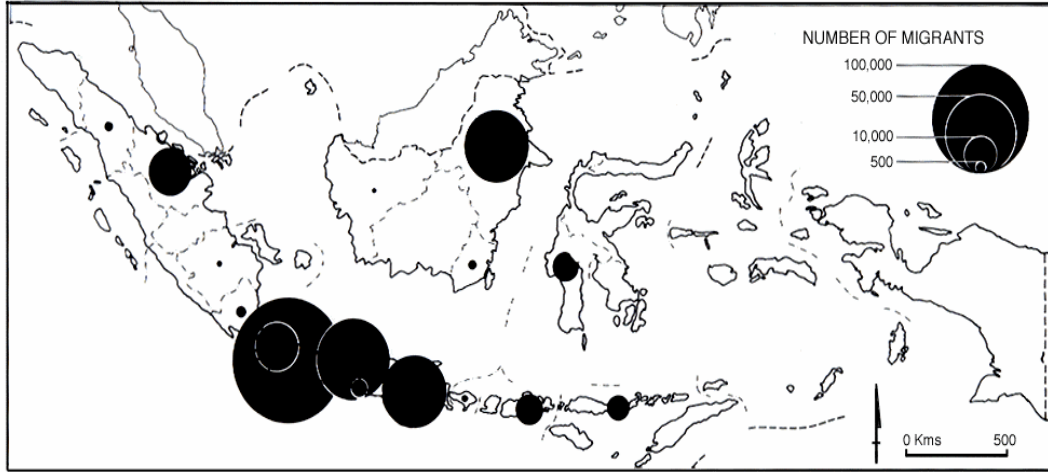
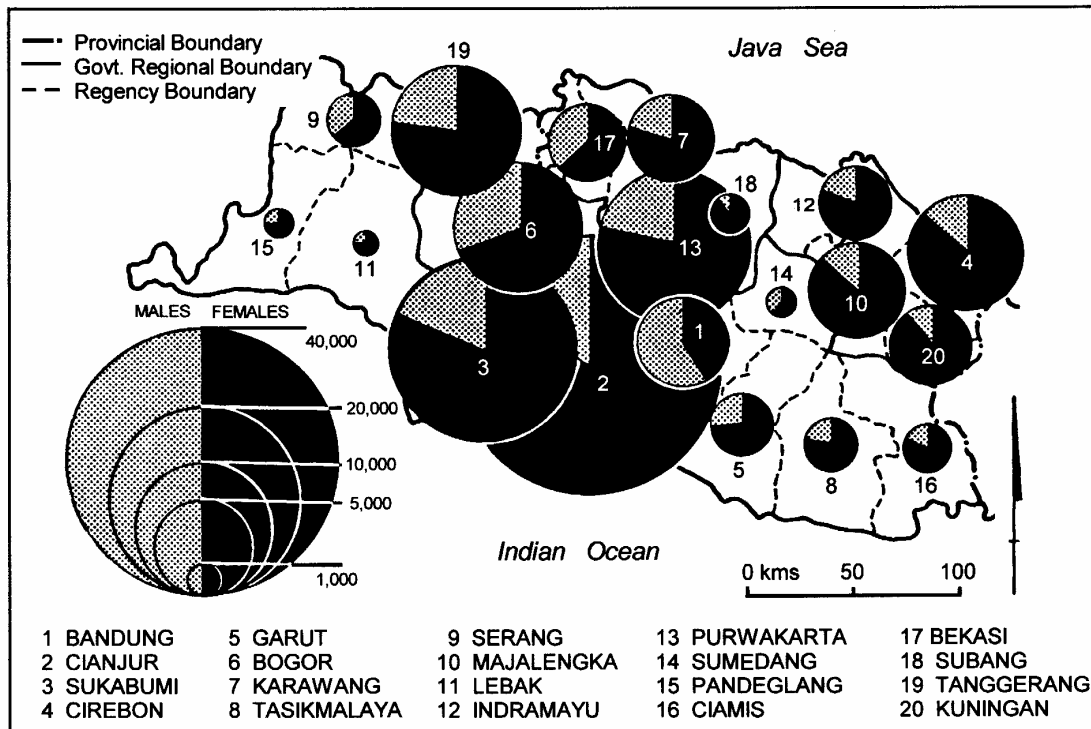


Figure 33: West Java: The Regency of Origin of Officially Registered Indonesian OCWs, April 1989-March 1992

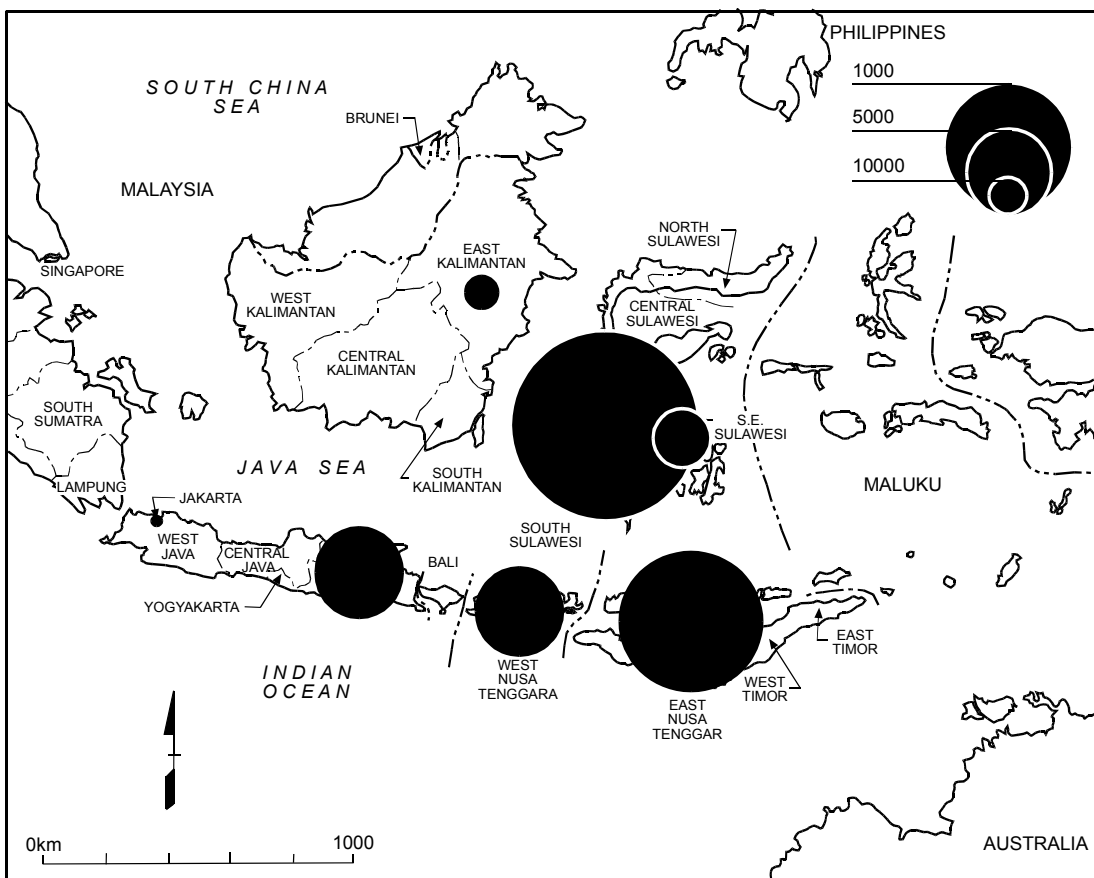
Source: Adi, 1996, 86



For example, Figure 34 shows the distribution of the provinces of origin of Indonesian migrant workers detected in Sabah without the requisite immigration papers and deported into East Kalimantan. This shows the dominance of undocumented workers being from Southern Sulawesi and the two Nusa Tenggara provinces, especially East Nusa Tenggara. The main provinces of origin for undocumented migrants travelling to East and West Malaysia are East Nusa Tenggara, West Nusa Tenggara, South Sulawesi, East Java and Central Java, while the main transit points for passage into Malaysia are in North Sumatra, Riau and East Kalimantan (*Jakarta Post*, 18 April 1995). It is interesting that this pattern of distribution of migrant origins is quite different to that for legal OCWs. For example, on Java where West Java is the dominant origin of official migrant workers, East Java is undoubtedly the main area of origin of undocumented workers from Java (Spaan, 1999).

Figure 34: Indonesia: Areas of Origin of Workers Deported from Sabah to East Kalimantan, 1994 to 1998

Source: Provincial Development Office of the province of East Kalimantan Samarinda



5.3 International Labour Migration and HIV/AIDS

As is the case with internal labour migration to sites of resource exploitation, there is a long history of Indonesia supplying labour migrants to other countries. During the colonial period, Indonesian contract workers were sent to Malaysia, Surinam, Fiji and elsewhere (Hugo, 1980). However, for most of the post-Independence period Indonesia has been a minor player in global international labour migration. This no longer is the case. Global international labour migration has expanded enormously since the 1970s and, while Indonesia was a slow starter in this area, it is one of the world's major reservoirs of surplus labour and now is one of the world's major suppliers of contract labour.

There is little known about the extent to which international labour migrants are exposed to the risk of HIV infection. There are many factors which would appear to increase vulnerability:

- Most OCWs migrate without family members accompanying.
- Most are young adults.
- Their absence usually extends over an extensive period – most contracts being over two years.
- At least half of the movement is illegal.
- Many go to work situations where there is the opportunity to use brothels and sex workers.

Nevertheless, it is clear that there is considerable variation in exposure among OCWs as the following examples suggest:

- More than half of the official movement is of women who become household domestic workers at the destination. In most cases this will not involve a large risk of infection, although they are exposed to the risk of sexual abuse in some contexts. The latter may result in HIV infection. Nevertheless, it would seem that for the bulk of these women the risk of HIV infection is quite low. This would seem to be the case especially in Saudi Arabia where the female OCWs are given little opportunity to interact with people outside the home. While this is a situation which is not acceptable, it may reduce the opportunity for AIDS infection.
- Male migrant workers are at greater risk because they are more likely to use sex workers at the destination. This would apply especially to the large numbers in Malaysia. Nevertheless, as the Scalabrini Migration Centre (2000) point out, in the case of Philippines OCWs in Sabah the fact that migrants are undocumented can lead to them not wishing to draw attention to themselves and hence not use services like those provided by the sex industry.

The fact remains that there is little or no knowledge of the incidence of HIV/AIDS among Indonesian OCWs. For some of the movement, especially the official migration, mandatory HIV tests are enforced (e.g. Singapore – Yap, 2001). This information should perhaps be accessed and analysed. There is a great deal of *scapegoating* of OCWs in destination areas with them being blamed for the initiation and spread of HIV/AIDS.

There is virtually nothing known currently about the extent to which international labour migration out of Indonesia is associated with the spread of HIV/AIDS. A recent study (Hugo, 2000b) addressed the issue of the knowledge which OCWs leaving Indonesia have about HIV/AIDS. In this study the focus was on interviewing recently returned migrant workers and asking about the information they had before leaving overseas and the types of information they felt they needed. Interviews were carried out in three areas. In West Java, 146 returnees were interviewed in two *kabupaten* and smaller numbers were interviewed in East Kalimantan (Nunakan – 58) and Riau (Batam/Pekan Baru – 76).

The interviews with returning and intending migrants utilised a questionnaire. This questionnaire probed the information sources utilised by OCWs, the training they received and the nature of their experience overseas. Some additional strategies utilised to collect data from OCWs included holding some focus group discussions with groups of ten or so migrants to probe the information issue. This was especially utilised in Nunakan where migrant workers are more comfortable talking in a group than utilising individual interviews. In addition, in Nunakan some migrant workers who were briefly returning from Sabah to get official documentation or to renew their visas were interviewed.

In addition to the structured interviews with OCWs, a number of in-depth discussions were carried out with stakeholders and others with a deep knowledge of the migration process to acquire greater depth of knowledge on the migration issue. These detailed discussions were held in both the three regional locations as well as in Jakarta. The groups interviewed included the following:

- Government institutions and officials
- PJTKI (Perusahaan Jasa Tenaga Kerja Indonesia) – Recruiters
- NGOs (Lembaga Suradaya Masyarakat)

The material collected in the study relating to HIV/AIDS was extremely limited due to the fact that the main thrust of the study was to establish the information needs of potential OCWs. The questionnaire was applied by skilled interviewers from the Indonesian Institute of Sciences. The questions of relevance to the present issue asked OCWs if they had undertaken a medical test before leaving for overseas, asked if they knew anything about HIV/AIDS and whether they had any knowledge of other sexually

transmitted infections (STIs). Respondents were also asked about where they obtained the bulk of their information relating to health issues.

The first issue of relevance relates to the proportion of OCWs who underwent a health examination before going overseas. These health tests involve a general health examination but do not contain a test for HIV/AIDS. In fact, in several of the countries to which the Indonesian OCWs are sent they are required to undergo a further, more detailed medical examination which often includes a test to establish if they are HIV positive. If they are found to be HIV positive they are compelled to return to Indonesia but they are usually not told why other than that they have failed the medical. Hence neither the OCWs themselves nor the authorities processing them on their premature return to Indonesia are aware that they are HIV positive.

One feature of international labour migration out of Indonesia is that many OCWs in fact do *not* have a medical test before their departure overseas. These include firstly the large number of workers who go overseas on auspices other than those of the government's official program. However, it is also apparent that among those who do go overseas under the official program that:

- a significant number are not given a medical examination in Indonesia; and
- among those who are examined the examination is often limited and perfunctory.

This was borne out in the survey under consideration here. Table 35 shows that there was considerable variation between the three study areas in the extent to which OCWs had medical tests before leaving for overseas. This is especially the case in East Kalimantan and reflects the fact that medical tests are more common among OCWs leaving from Western Indonesia, especially Java. Most female OCWs going legally to the Middle East have a medical examination.

Table 35: Indonesian Overseas Contract Worker Information Study: Respondents Who Reported Having a Medical Examination Before Being Sent Overseas

Source: ILO/LIPI OCW Information Study

Study Sample	Yes		No		No Answer	
	No.	%	No.	%	No.	%
West Java	142	97.7	4	2.7	5	3.0
East Kalimantan	24	41.4	34	58.6	-	-
Riau	61	80.3	9	11.8	6	7.9

It is important to note, however, that despite the health checks made before migration, health problems are a significant cause of Indonesia having a very high rate of premature return of its OCWs. This high level of early return is especially true of women going to Saudi Arabia to work. Table 36 shows that in several surveys of returned Indonesian OCWs from the Middle East substantial proportions return within one year while most contracts are for at least three years. This high rate of premature return is undesirable from a number of perspectives. Most importantly from the viewpoint of the migrant workers themselves who not only have suffered negative experience at the destination but it is likely that they would also suffer substantial financial losses. In a majority of cases first time migrant workers borrow large sums of money to finance their travel overseas. Given the high interest rates charged and the fact that they have worked for only short periods they are likely to retain large debts which will take a long period to pay off. From the perspective of Indonesia's reputation as a reliable supplier of labour and the recruiting agencies' credibility with their employer clients it also is negative.

Table 36: Studies of Returned Overseas Contract Workers: Percent Returning to Indonesia Within One Year

Origin	Destination	Year	Reference	Away Less Than One Year	
				Percent	Number
Central Java	Middle East	1986	Mantra <i>et al.</i> , 1986	18.1	167
Yogyakarta	Middle East	1986	Mantra <i>et al.</i> , 1986	63.4	93
West Java	Middle East	1986	Mantra <i>et al.</i> , 1986	21.0	100
West Java	Middle East	1992	Adi, 1996	12.2	90
Java	Middle East	1999	Pujiastuti, 2000	60.0	40

The reasons for premature return are, of course, not all entirely a function of information issues. The inadequacy of training provided to migrant workers, the lack of protective mechanisms and the unethical practices of some employers and recruiters all contribute to the high rate of premature return. Table 37 shows the reasons given for premature return by respondents in the West Java study quoted earlier. In this survey only 53 percent of respondents returned home because they had completed their contract. It will be noted that 9 percent of those returning did so because they were sick and these included several who failed the medical test at the destination. It is, of course, not known what proportion of these were people who had been identified as HIV positive.

Table 37: West Java Migrant Worker Survey: Reasons for Return

Reason	Number	Percent
Completed contract	78	53
Salary wasn't high enough	2	1
Work was too hard	4	3
Missed family	26	18
Sick	13	9
Evil influences	1	1
PJTKI brought them home	5	3
Deportation	1	1
Other	16	11

Further evidence of the high rate of premature return of OCWs in Indonesia is provided by government data collected in Jakarta airport upon the return of migrant workers. In 1998 the government established a special terminal at Jakarta airport purely for OCWs (Terminal 3). All returning OCWs are required by the Department of Labour to answer a questionnaire which asks their name, home location, passport number, work, the PJTKI which sent them overseas, their dates of leaving and returning, country of destination and employer. They also are requested to indicate any problems which they experienced. There are also a number of other formalities to complete and costs to pay.

Data collected for the months September – October 1999 and December 1998 are presented in Table 38. These indicate that most OCWs processed in Terminal 3 in Jakarta are women from Java who had worked in the Middle East. Of these more than one-third are returning prematurely. Indeed more than one-quarter returned in less than a year and more than one-tenth within three months. This represents a very high rate of premature return. It will be noted that less than 60 percent indicated that they were returning due to completing their contract. Of all migrants returning, 4.8 percent in 1998 and 2.4 percent in 1999 indicated that there were health reasons for their premature return. It is almost certain, too, that some of those in the large 'other' category were people who had failed a medical test at the destination. All in all the evidence is that there is a significant number of Indonesian OCWs, mainly women, who fail the medical examination at the destination and have to return home.

Turning to their knowledge of HIV/AIDS, Table 39 indicates that less than one-half of the OCWs interviewed had any knowledge of the disease. Indeed, among the predominantly female group going to Saudi Arabia from West Java only one-tenth of respondents had any knowledge of HIV-AIDS. This indicates a very low level of

understanding of this disease and perhaps points to the need for awareness raising among the OCWs perhaps as part of their compulsory pre-departure training. In many cases respondents who indicated that they had heard of HIV/AIDS had no knowledge of what it actually was and how it was transmitted. There was little or no effort on the part of PJTKI and *calo* to provide any information about HIV/AIDS.

Table 38: Reports of Returning OCWs at Jakarta Airport December 1998 and September-October 1999

	December 1998	September – October 1999
Total Number	8,690	32,483
% Female	99.2	96.7
% Middle East	93.4	70.2
Period of Working (%)		
<3 months	15.6	11.4
4-11 months	12.3	14.2
12-23 months	12.7	19.9
24+ months	59.4	54.5
Reasons for Returning (%)		
End of contract	59.4	55.5
Holiday	2.9	4.7
Sick	4.8	2.4
Problems experienced	15.6	12.9
Other	17.3	24.5
Area of Origin (%)		
West Java	-	49.2
Central Java	-	23.6
East Java	-	18.1
Outside Java	-	9.1

Table 39: Indonesian Overseas Contract Worker Information Survey: Respondents Knowledge of HIV/AIDS, 1999

Source: ILO-LIPI OCW Information Study

	Yes		No		No Answer	
	No.	%	No.	%	No.	%
West Java	16	11.0	130	89.9	-	-
East Kalimantan	21	46.6	31	53.4	-	-
Riau	35	46.1	38	50.0	3	3.9

In the case of Nunakan (East Kalimantan), it is mandatory for official migrant workers to undergo a medical check up before entering Malaysia. The Labour Office in Nunakan indicated that there was an emphasis in the medical check up on taking blood and urine tests to detect whether the prospective migrants have HIV/AIDS or other sexually transmitted infections or communicable diseases.

Migrant workers were asked what sources of health information were accessed to gain information about health and Table 40 indicates the results for the West Java Study. The most striking feature here is the fact that more than half had not obtained health information from anywhere and less than one-tenth obtained it in the course of their training to go overseas. Clearly there is little or no health information being given to OCWs before they leave. There is a substantial and urgent need to provide OCWs leaving Indonesia with comprehensive information on health issues generally and especially on HIV/AIDS and STIs.

Table 40: Indonesia: West Java Overseas Contract Worker Information Study: Respondents Source of Health Information

Source: ILO-LIPI OCW Information Study

Source	Number	Percent
Printed media	9	6.2
Electronic media	8	5.5
Training location	10	6.8
NGOs	1	0.7
Friends/family	8	5.5
Other	27	18.5
None accessed	83	56.8

Among the large Indonesian migrant worker population in Malaysia there has long been a concern that they may be associated with the spread of infectious disease. Often this is part of a general ‘scapegoating’ of the migrant workers which sees them as the cause of a range of social, health and economic problems in Malaysia. Indeed, in 1992 it was reported in the Malaysian press (*The Nation*, 31 July 1992) that 30 percent of those who registered for work permits in Malaysia ‘were carrying the AIDS virus’. The great majority of people applying for such permits are Indonesians. However, another newspaper (*Straits Times*, 6 August 1992) reported the Malaysian Minister of Health as saying that a random sample of 5,000 foreign workers (most of whom were Indonesian) who were tested for HIV found only 12 HIV positive cases.

In 2000 it was reported that some Indonesian women were among 9 foreign spouses of Singaporean men who were deported because they were found to be infected with HIV (*Asian Migration News*, 31 May 2000). The Singaporean government decreed that non-citizens with HIV/AIDS were classified as prohibited immigrants which attracted opposition from NGOs (*Straits Times*, 14 May 2000). They were eventually permitted to return (*Borneo Bulletin*, 24 July 2000). In Brunei there were reports that of the 252 HIV cases detected in 1995, only 6 were Brunei citizens and the rest drawn from the substantial expatriate worker population among which Indonesians are a major element (*Indonesian Observer*, 9 September 1995).

While there are no data of the incidence of HIV/AIDS in the Indonesian OCW population, the experience of the Philippines is instructive. The OCW population in the Philippines is larger and more varied than the Indonesian case and a greater proportion of OCWs from the Philippines are likely to be engaged in the sex industry than their Indonesian counterparts. Nevertheless, it is interesting to note that OCWs account for 22.3 percent of the more than 1,500 HIV/AIDS cases in the country (*Asian Migration News*, 31 July 2000).

Increasingly, a number of employers of Indonesian OCWs require the recruited workers to undertake an HIV test before they leave Indonesia. Indeed, a requirement of all foreign workers entering Brunei (Parida, 2000) and Singapore is that they have an HIV test. Accordingly, some PJTKI in Indonesia (usually Jakarta) are required to have their candidate OCWs have an HIV test before they move overseas and provide certification to the employer at the destination that the workers being sent are not HIV positive. This is a source of information on HIV in Indonesia which has not been explored, although it provides information on the prevalence of HIV among OCWs *before* they move. It should be pointed out that some of these candidate workers could be people who have worked overseas before and hence if they are found to be HIV positive they may have been infected while overseas. One report of such HIV testing sighted by the researcher in early 2001 from a clinic (Insani, located in East Jakarta) indicated that 22 candidate OCWs (13 women and 9 men) had tested HIV positive. Unfortunately, no information was available on the total number tested.

Sabah is one of the main destinations of Indonesian OCWs, especially those who do not go through the official system. There have been reports of OCWs in Sabah being responsible for the spread of a range of diseases. It was reported that between April 1998 and March 2000 medical examinations had found 12,093 foreign workers in Sabah (the majority of whom are Indonesians) (Hugo, 2000b) were infected with HIV or suffering from Hepatitis B, leprosy and cancer (*Asian Migration News*, 15 April 2000). This led to the Malaysian Federal Task Force on Foreign Workers announcing that it wanted employers in Sabah to deport foreign workers infected with HIV or

suffering from Hepatitis B or leprosy because it is 'difficult to contain the spread of the disease because some of the workers absconded and gone to work with other employers'.

Nationally, Indonesians are one of the largest migrant workers' groups to Brunei Darussalam. Some 33,865 of the 156,614 migrant workers going to Brunei between 1996 and 1998 originated from Indonesia. Females outnumbered males (e.g. in 1998 there were 3,770 males and 6,355 females), with most going to work as domestic workers (Parida, 2000, 28). Brunei began an HIV screening program on all migrant workers on arrival, six months after arrival and on departure with 393,132 being tested between 1993 and 1999. Of the 33,865 Indonesians tested between 1996 and 1998, only one was found to be HIV positive whereas a total of some 449 males and 16 females were found to be HIV positive in the total of the 149,875 tested. Hence the prevalence among the Indonesian OCWs was very low. This may be indicative of low HIV prevalence among Indonesian women travelling overseas to work as domestics. Certainly, this is the case in Brunei.

It is necessary to caution against immediately making an assumption that all OCWs will, by definition, have a higher incidence of HIV/AIDS infection than the non-migrant population at either origin or destination. There is, as Skeldon (2000, 9-10) correctly points out, little information available to substantiate or reject such contention. It is clear that some sub-groups of migrant workers are more vulnerable than other groups in this respect and one has to be careful of unwarranted stigmatisation and scapegoating of migrants. The fact remains that little testing data are available for migrants, both international and intra-national, in Indonesia. Indeed, the pre-testing which is being insisted upon by some employers of official OCWs from Indonesia may mean that among this group HIV infection may be low, especially too when there is also regular testing at the destination. Less is known, however, about the substantial numbers of OCWs who leave Indonesia through the undocumented systems.

A crucial question relates to the vulnerability of OCW Indonesian *women* to infection from HIV. It has already been shown that women substantially outnumber men among official OCWs leaving the country. There is a great deal of debate about the degree to which Indonesian female OCWs experience abuse. Clearly, there is considerable difficulty in collecting such information with many women not wishing to divulge cases of abuse. Bandyopadhyay and Thomas (2000, 60) found that 2.4 percent of a sample of Indonesian housemaids in Hong Kong reported being victims of sexual violence. On the other hand, a study in Brunei of several thousand Indonesian female OCWs (mainly domestic workers) found only one case of HIV infection (Parida 2000, 28).

5.4 HIV Testing for International Labour Migrants

‘Most host countries (of OCWs) in the Far East, Middle East and Southeast Asia require that potential migrant workers undergo mandatory testing for HIV and other infectious diseases. In addition to the discriminatory nature of the mandatory testing it is often undertaken in an insensitive and irresponsible manner (Verghis, 2000, 91). Indonesia does not support mandatory testing. The issue of testing of OCWs for HIV is a difficult one. Some employers, and indeed countries, require migrant workers to have an HIV-free certificate. However, the Paris Summit of 1994 declared that HIV status should not effect the working status of individuals. This indicates that programs of mandatory testing for HIV violates human rights. Indonesia is a signatory to that declaration although several ASEAN nations are not, especially those which are major destinations of migrant workers.

Indonesian OCWs may receive HIV tests either (or both) before they depart or on arrival at the destination. At destinations they may also be required to have another test after six months, before renewing a contract or upon departure. Of course, this applies only to those moving officially and few undocumented OCWs are tested. Since the Government of Indonesia is opposed to mandatory testing on Human Rights’ grounds, there is no mandatory testing before departure or upon return for Indonesian OCWs. Nevertheless, individual employers in the destination nations may require the PJTKI who recruit the Indonesian workers to be screened for HIV by a private clinic in Indonesia before they depart and those found to be positive are not recruited. It is clear in many cases, however, the testing is carried out on arrival and those OCWs found to be HIV positive are deported. The data on testing in Indonesia and abroad and the numbers deported for testing HIV positive are not known, although it may be possible to assemble this information with a considerable amount of work. It is clear that one element (but it must be stressed *only one element*) in the high rate of premature return of Indonesian overseas workers will be of persons found to be HIV positive.

The manner in which the HIV screening has been applied to OCWs in the countries of destination of Indonesian migrant workers has been strongly criticised on a number of grounds (Verghis, 2000, 92-93).

- Mandatory HIV testing of migrant workers is discriminatory, as an HIV status does not preclude the capability to function at various levels. Such tests restrict the right to travel and when used in conjunction with deportation it denies the right to work.
- Selection of migrant workers as a category for mandatory testing appears to arise from their marginalized status as other expatriate workers are excluded from testing. Inconsistency of selecting migrant workers for mandatory HIV testing is based on the

perception that they are transmitters of the HIV virus, when all persons are at risk. With the exception of Singapore, most host countries require only migrant workers to undergo mandatory HIV testing.

- Conduct of mandatory HIV testing of migrant workers without their knowledge and not providing pre- and post-test counselling violates the right to information, privacy and confidentiality.
- When a migrant is deported following an HIV test in the host country based on a false positive result then discrimination becomes more severe.
- The significance of HIV testing as an epidemiological tool or as a necessary medical intervention for treatment is not challenged. However, a focus on migrant workers for the conduct of mandatory HIV testing that subsequently restricts employment is an unfair practice and is not an effective way of managing the HIV epidemic.
- Testing is also unfair to host populations as it places the responsibility for handling the HIV epidemic on the migrant worker. Research and actions undertaken with migrant workers indicate that migration places them at risk of acquiring HIV. A false sense of security also occurs in the local population of the host country who consider that they are free of HIV when mandatory testing and deportation of migrant workers is undertaken.
- The social responsibility of governments, companies and other such institutions that test migrant workers for HIV and deport them is also questioned. Many migrant workers enter the host country with a clean bill of health but subsequently become HIV positive. It is noted that the window period and forged medical certificates may be misleading at the time of entry. It is noted that detection in post-arrival medical tests is possible. Also, a possibility exists that a person was not infected after entering the host country.
- Currently, host countries that impose pre-employment medical tests to only employ healthy workers contribute to the imbalance of regional health. When health standards are controlled by a right to employ healthy persons for continued productivity, the responsibility to ensure continued health during employment and

to provide for medical care and treatment is apparent. The responsibility is therefore to develop supportive and protective mechanisms to ensure that the migrant worker departs as healthy as on arrival.’

5.5 Trafficking

The most insidious element in the global expansion of population mobility of recent years has been the emergence of large scale international people smuggling activities and the trafficking of women and children. The involvement of major international crime syndicates in this activity has contributed towards its expansion. It is apparent that much of this activity is interrelated with the sex industry in that many of those trafficked are forced to enter the industry and be at high risk of being involved in unprotected sex. Moreover, all persons involved are in a vulnerable position because of their illegal status so that they often are subjected to a range of physical and sexual abuses and hence to the risk of being infected.

Little is known about the trafficking of people in Indonesia, although it most certainly exists as an element in the high level of undocumented migration out of the country. It also should be mentioned that Indonesia has become a major staging point in undocumented migration destined for Australia, especially that from Afghanistan, Iran and Iraq. This, like the movement involving Indonesians to Malaysia and elsewhere, is largely in the hands of a significant group of middlemen – brokers, recruiters, smugglers, travel providers and other agents.

One part of the people smuggling-trafficking activity in Indonesia is involved in the East Malaysia-Philippines-Kalimantan triangle in North-Central Indonesia (Scalabrini Migration Centre, 2000, 13). Sabah, in particular, has a rapidly expanding entertainment and sex industry which involves women from both the Philippines and Indonesia, some of whom have been trafficked.

Trafficking is a particular subset of international migration which is gaining rapidly in scale, complexity and impact and Indonesia, like other Southeast Asian nations, is increasingly influenced by it. It refers to the involvement of an international migration industry which incorporates a vast array of actors who encourage and facilitate migration from one country to another but entry to the latter is usually in an illegal way through either:

- clandestine entry;
- entry with forged documents;
- entry under a visitor visa but the movers abrogating the conditions of that visa by overstaying and/or working at the destination.

Traffickers are paid for facilitating the travel to, and entry into, the destination country. There are a vast range of forms of trafficking but it can be fundamentally divided into:

- Movers where the mover has voluntarily engaged and paid (usually large amounts) a trafficker.
- Movers where the mover is not moving of their own free will but they are effectively enslaved by the trafficker on some occasions to repay debts incurred by their families or on others through kidnapping.

Of course, the destination is often blurred when migrant workers engage traffickers to facilitate entry to another country but on arrival find that the job they were promised does not exist and they are forced to take on jobs which they do not want with remunerations well below those promised. For example, there are many references of women being trafficked to work in offices, factories or the so-called entertainment industry only to find they have to work as CSWs at the destination. Women and children are especially victims of the more venal forms of forced trafficking and exploitation.

There can be no doubt that trafficking has undergone a massive expansion in Asia as well as elsewhere over the last decade and Indonesia has been part of the expansion of activity, although perhaps not to the same extent as has occurred in Thailand (Skrobanek *et al.*, 1997). An important element in the trafficking is the involvement of large criminal syndicates in the movement. They are international in their activities and are becoming an important force in the region. It is difficult to find information on the traffickers but there are relatively frequent reports of their activities. For example, a newspaper article entitled Factory ‘Workers Forced Into Flesh Trade’ (*Straits Times*, 17 March 2000) reported as follows:

‘Young Indonesian girls are being sold by their impoverished parents and brought to Malaysia on fake passports to work illegally in all types of jobs, including prostitution. According to Madam Hairiah, head of the Foundation for Justice and Help for Indonesian Women, Indonesian agents buy the girls from their parents and sell them to Malaysian counterparts. Many work as maids but are often abused and threatened to prostitution once they ask to be taken back to Indonesia.

The Indonesian consulate in Penang received reports from five Indonesian factory workers that a syndicate offered them jobs as models but they are later forced into prostitution. The women said that they were made to sleep with various clients who were charged between RM100 and RM150 each time by the syndicates. Some of the women were given RM45 while others were not given any money’.

It is apparent that part of the undocumented migration from Indonesia to Malaysia has involved a component of trafficking of women. As Jones (1996, 18) points out:

‘The rise in the Malaysian demand for Indonesian maids has been accompanied by an apparent increase in cases of trafficking of Indonesian girls and women into Malaysia for prostitution - apparent because no statistics are available on such a sensitive issue, and the number of articles appearing in the press of both countries is a guide’.

Most of the media reports indicate that trafficking of women into Sabah for them to work as CSWs involves women from Java, especially East Java (Jones, 1996). However, it would appear that the build up of male Indonesian migrant workers in Sabah has led to the development of a significant market for Indonesian migrant sex workers.

Jones (2000) explains that the bulk of the trafficking of women in Sabah from Indonesia to work as CSWs involves women from East Java although there is some involvement of women from Kalimantan. She reports several specific cases as examples, some of which are given below:

‘In June 1992, nine young women, aged sixteen to twenty-two, were found locked in the Hotel Tawau where they had been forced to work as prostitutes. They had been there for two months when two of the women managed to escape and report to the Indonesian consulate. For the two months, they had not been given food if they refused to take clients and were kept under constant guard. The nine women had been recruited by an agent based in Tuban who promised them all that they would get good jobs as waitresses. When they arrived at the Plaza Tawau hotel, they were sold to pimps. A woman named Yayuk, from Probolinggo, East Java, was sold for RM1,500 (US\$590). The women told police that some forty Indonesian women were kept under lock and key at the hotel by eight pimps.

At the same time that the story of the nine women surfaced, police from Tarakan, East Kalimantan reported foiling four other cases of trafficking. A waiter from the Plaza Tawau hotel was caught in Tarakan trying to smuggle two women from Sidoarjo and Bojonegoro, East Java; both had been promised work in a resort hotel in Lahad Datu, Sabah. Two other women from Kediri and Sidoarjo were rescued from a pimp who was bringing them to a brothel called the Chester Inn in Tawau. Ten cases of trafficking of women into Tawau had been reported in 1991, and the journalist who reported the new cases wrote that the

number was rising. In September 1995, the Chester Inn, Plaza Tawau, and Hong Kong Hotel were still among the more notorious brothels in Tawau, known by residents to employ Indonesian women. The main street entrances were locked from the outside until about 8.00 am; clients apparently left by other doors.

In December 1992, Tarakan police stopped two pimps, one from South Sulawesi and one from Tarakan, from trying to smuggle two East Javanese women aged seventeen and eighteen, in Tawau for prostitution. Later the same month, the press reported that four women from Banyumas had been rescued by police as they were being smuggled to Tawau. One was a fifteen-year-old girl who was going to be sold as a virgin.'

In 2001 (*Asian Migration News*, June 2001) the Indonesian State Minister for Empowerment of Women (Khofifah Indar Parawansa) expressed alarm about child trafficking out of Indonesia in connection with the sex industry. She indicated that two thirds of the estimated 6,800 sex workers in Malaysia were Indonesians and that children were engaged in this. Indonesian authorities had gathered information on child trafficking in 40 cities around the nation.

Jones (1996, 17) argues that there are two ways in which Indonesian women are trafficked into Malaysia to work in the sex industry:

- (a) Some traffickers directly recruit Indonesian women into the industry.
- (b) Others are told they are being recruited to work as domestics but upon arrival in Malaysia are forced into the sex industry.

She presents a number of case studies of Indonesian women who had been promised work as domestics or waitresses but were forced into prostitution in Malaysia.

5.6 Conclusion

International labour migration is probably the fastest growing type of movement between nations in the first decade of the twenty-first century. Indonesia has become one of the world's largest sources of international labour migrants over the last decade or so. Moreover, it has the world's largest population and high rates of underemployment which makes it one of the world's largest labour surplus nations and most substantial sources of labour migrants. Moreover, it is clear that as the number of Indonesian workers with overseas working experience increases so does the community knowledge about international labour migration. There is no doubt that this has meant that the possibility of engaging in international labour migration is now within the calculations of choice of a much greater proportion of Indonesians than was the case in

the past. Moreover, this proportion will continue to increase. Hence international labour migration will continue to increase substantially.

Of all the myriad types of international population movement that involving labour migration is of particular importance to the spread of sexually transmitted infections (STIs) and HIV/AIDS. This is not just because migration has been shown to be one of the major ways in which infectious diseases diffuse (Prothero, 1977). It is also associated with some of the specific features of international labour migration. These include the following:

- The movement rarely involves the movement of family units and usually involves either single males or females or married people whose partners stay at home. Hence they are a prime target of the commercial sex industry.
- Young males agricultural workers who move are often housed in barracks of one kind or another and are an easy target for the commercial sex industry.
- The migrant workers usually are at least two years away from home and this also makes them an easy target for the commercial sex industry.
- Young women are an increasingly important element in the movement and they are especially vulnerable to becoming carriers of infectious disease in a number of ways. Firstly some become involved in the commercial sex industry at the destination. This can be a conscious choice on their behalf but they are often duped into this activity (Jones, 1996). As such they are greatly exposed to the risk of infection. In many cases the women become domestic workers and the incidence of sexual abuse in this area is high. In many cases the women were abused by the male householders in the places where they work and they can be infected since such men also often are habitual visitors to the brothels.
- The fact that a large part of the international labour migration occurring in Indonesia is undocumented is of significance. It has been shown that the health information provided to official OCWs in Indonesia is extremely limited. However, those moving illegally receive none hence their vulnerability to being infected is increased since they are not provided with any information at all.
- The fact that virtually all of the movement is temporary means that the migrant workers return to Indonesia and if infected can spread the disease in their home areas.

CHAPTER 6

REFUGEES AND INTERNALLY DISPLACED PERSONS

6.1 Introduction

The literature linking migration and the spread of HIV indicates that one group of movers who have been found to be at high risk of infection are refugees (Gardner and Blackburn, 1996). There have been instances in Africa where refugee movements have contributed to the spread of AIDS. Some of the cases which have been documented include the following:

- Mozambican refugees in Malawi (Ntozi and Leibega, 1992).
- Returning Mozambican refugees where it was previously rare (Hulewicz, 1994).
- Liberian refugees in Cote d'Ivoire and Guinea (Gardner and Blackburn, 1996, 11).
- Rwandan and Ugandan refugees in the former Zaire (Gardner and Blackburn, 1996, 11).
- Sudanese refugees in Uganda (Gardner and Blackburn, 1996, 11).
- Ethiopian refugees returning from Sudan (Gardner and Blackburn, 1996, 11).

In addition, there is evidence of the incidence of HIV being high among Laotian and Cambodian refugees in Thailand (USCR, 1989).

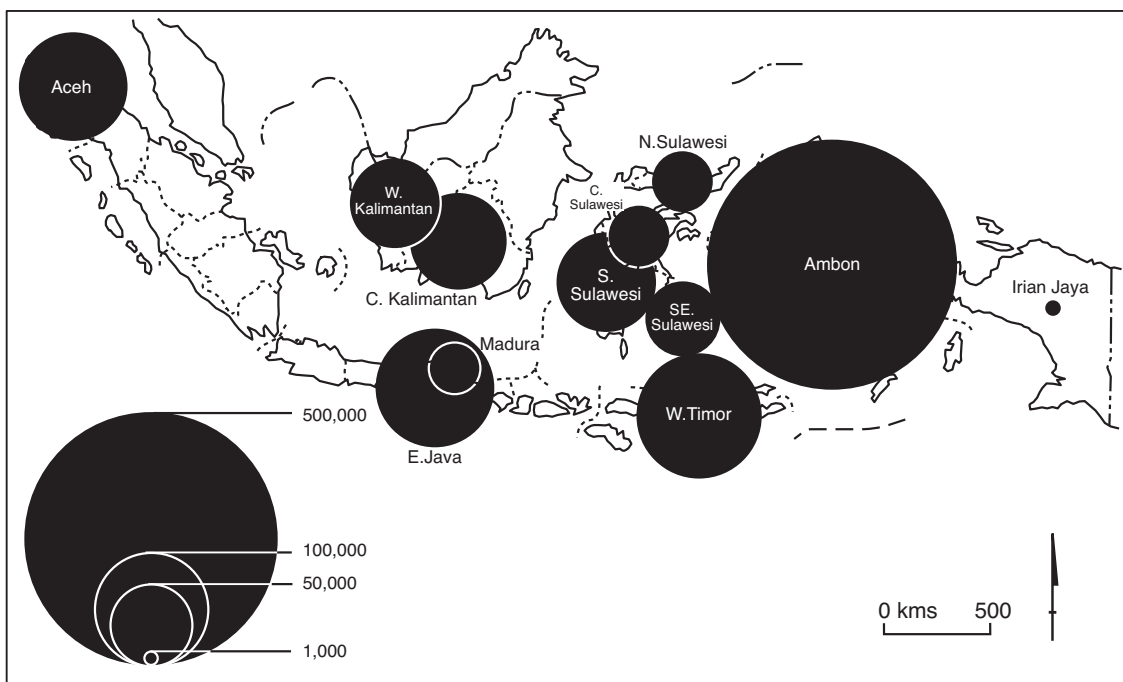
There is a real danger of higher incidences of HIV/AIDS among refugees and internally displaced persons being misused by governments to refuse permission to such migrants to settle. Nevertheless, it is clear that the situation of such migrants, especially female refugees, are often at a high risk of HIV infection (Long, 1997). The situation that refugees and internally displaced persons find themselves in can expose them to the risk of infection. The conflict, uprooting and social and economic breakdown associated with this movement means that there is often a breakdown of security, especially for women. The instance of rape among refugee women is high. Women are sometimes forced into providing sex, there often is a lack of medical facilities, availability of condoms etc. Military forces also often exploit refugee women and sexual violence is not uncommon in the insecure confused situations that exist during the flight of refugees and in their settlement in camps. Refugee women often do not have the legal recourse that other women may have (Long, 1997, 100). Unfortunately in the multiple needs of refugees services to treat STIs and HIV/AIDS and to supply prevention information and services are often limited.

6.2 Internally Displaced Persons in Indonesia

The last three years have seen a substantial displacement of Indonesians within the country due to conflict. It is estimated that more than a million Indonesians (Djalal, 2001, 56) have been uprooted from their homes and are scattered across the country, many in 'refugee'⁷ camps. Figure 35 shows the distribution of the displaced persons and their approximate numbers. Their movements have been associated with bloodshed in Aceh, Maluku, East Timor, Central Kalimantan and West Kalimantan. Some refugees remain in the areas of conflict. However, many of those who have been displaced are former migrants, or more often the descendants of former migrants, and some have returned to their areas of origin. However, in many of these cases they do not retain linkages with their areas of origin so they have not been able to seek refuge in the homes of family members in their origin areas.

Figure 35: Distribution of Internally Displaced Persons, 2000

Source: Assembled from newspaper and magazine reports



⁷ The term refugee is commonly used in Indonesia to identify this group, but they do not fit the UN Convention definition of a refugee which only applies to people who are forced to leave their own country. They are more correctly designated 'internally displaced persons'. No other country in Asia currently has more internally displaced persons.

Aceh in Northern Sumatra has been seeking independence from Indonesia from the earliest days of the republic. In the 1950s there was a major campaign to turn Aceh into an independent Islamic state. Thereafter the separatist movement waxed and waned in influence but since 1998 several hundred people have been killed, hundreds of public buildings burned down and more than 200,000 people displaced by fighting, although many have since returned to their homes. Nevertheless, at least a third remain uprooted. Many of those who have been displaced are from the estimated 200,000 residents of the province who are ethnically non-Acehnese (*Asian Migration News*, 2 December 1999). Many of these are from Java or the descendants of people from Java who settled in the province as transmigrants or as workers on large projects such as oil and gas fields or timber mills. The displaced persons are housed in 'refugee sites' such as schools, mosques and warehouses as well as 'refugee camps' run by the government. There has also been a significant flowback to Java with the substantial camp being set up in West Java to receive displaced persons. It is argued that the rebels precipitated the 'refugee' crisis in 1999 in order to stir up an international outcry to precipitate a withdrawal of the 7,000 army stationed in the province (Cohen, 1999, 17).

In West Kalimantan there has been a history of clashes between local Dyaks and Madurese who came from their island home near East Java as transmigrants or spontaneous settlers. The centre of the conflict has been in *kabupaten* Sambas, north of Pontianak, the capital. In 1997 some 20,000 Madurese moved to Pontianak and a similar number followed them in 1999 as a result of ethnic based clashes (McBeth and Cohen, 1999b, 20). In early 2001 the number of displaced persons was put at 60,000 (Djalal, 2001, 58). There has been a significant flow of around 20,000 of the group back to Madura and to East Java (Djalal, 2001, 59) but the majority have remained in camps throughout West Kalimantan, especially near Pontianak. It has been estimated that around a half of those who went to Madura could not adjust to life back in their heartland and returned to West Kalimantan (Djalal, 2001, 59).

One of the largest outflows of internally displaced persons has been from the former province⁸ of Maluku where there has been a conflict which has pitted Christians against Muslims. Both the island of Ambon in the south and the northern islands have been subject to violence and movement of displaced persons. The largest flows have been out of Ambon. There is a long history of conflict between Christians and Muslims in the province including when Christian separatists sought to break away from the new Indonesian republic in 1949. However, for most of the subsequent period there has been a local tradition of *pela gambong* (non-violence) although over this

⁸ It has recently been divided into two separate provinces.

period consistent in-migration of Muslims from Southern Sulawesi has reduced the Christians' demographic dominance (McBeth and Djalal, 1999). The current violence began in early 1999 and has produced more than 3,000 deaths (*Far Eastern Economic Review*, 6 July 2000, 15) and displaced over 400,000 people. Many of those displaced from Southern Maluku have remained in camps but also there has been a significant flow back to South and Southeast Sulawesi with 100,000 leaving Ambon (Djalal, 2000, 34). The insecurity in the region was exacerbated by the influx of Muslim militants from Java who declared a so-called *Laskar Jihad* (Holy War) in the region (*Far Eastern Economic Review*, 15 July 2000, 10). By late 1999 the violence had spread beyond Ambon to the islands of Buru, Ternate, Halmahera and elsewhere in Maluku (Cohen, 2000, 16). As in Ambon, while the origins of the conflict do not lie in religious difference this has quickly become an important factor in the hostility and bloodshed. A significant number of refugees from North Maluku (especially Halmahera) have fled to Manado in North Sulawesi (McBeth, 2000, 17).

There have been reports of poor conditions in the camps containing internally displaced persons from Maluku. For example, in the camps in South and Southeast Sulawesi it was reported (*Jakarta Post*, 7 April 1999, 2) that 'Twenty five Ambon refugees in makeshift refugee centres in Buton, Southeast Sulawesi died of cholera in recent weeks while 400 others were hospitalised with various diseases'. The humanitarian group 'Doctors Without Borders' reported a deterioration in health conditions in Maluku because of squalid conditions and lack of medical supplies (*Asian Migration News*, 15 January 2000). There have also been reports that some boats crowded with refugees from Maluku have sunk with significant loss of life. One boat licensed to carry 250 passengers sank with more than double that number on board while taking Christian refugees from Halmahera to North Sulawesi (*Far Eastern Economic Review*, 13 July 2000, 12).

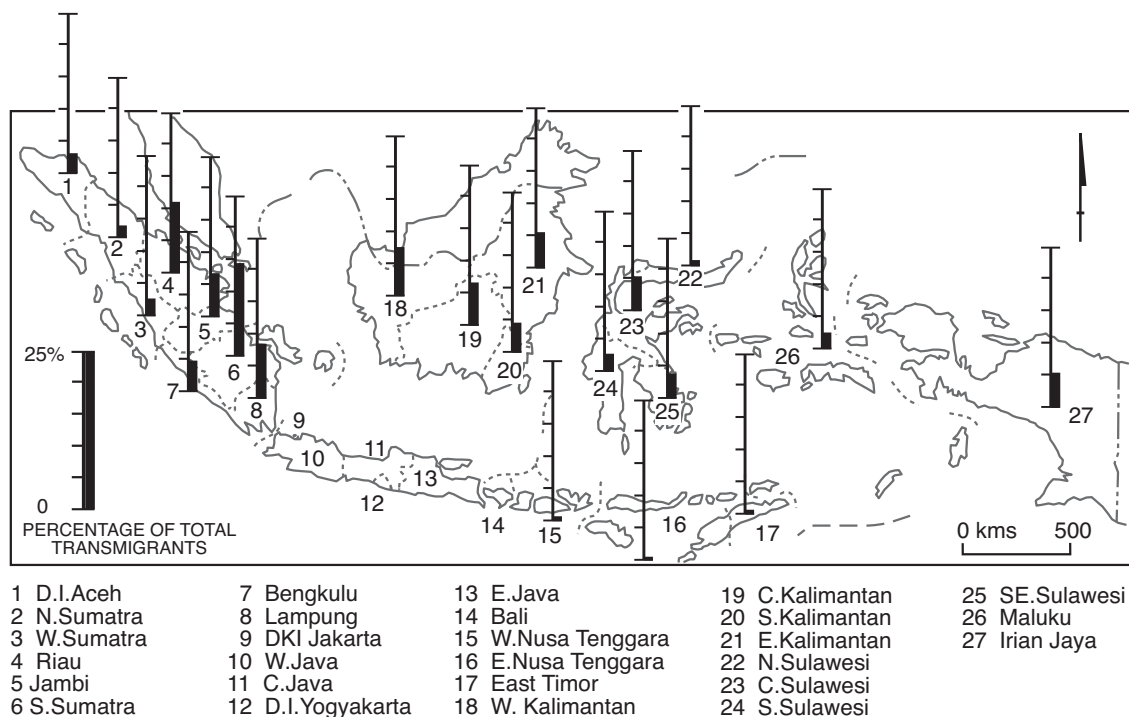
There were substantial flows out of the former Indonesian province of East Timor in the aftermath of the 30 August 1999 vote for independence. The outflow included two groups. On the one hand were people from Java who filled many of the government positions and the Bugis from South Sulawesi who dominated small scale private sector economic activity. On the other were over two hundred thousand Timorese who were placed in camps in several parts of Indonesia but especially across the border in West Timor and near the West Timor capital of Kupang. With the restoration of order by a United Nations force there was some repatriation of the latter group. Nevertheless, there are still over 100,000 East Timorese in West Timor camps 'awaiting repatriation in the face of protests of pro-Jakarta militia groups which continue to resist the refugees' return home' (Djalal, 2001, 58). Little is known about the East Timorese who were evacuated to other parts of Indonesia.

In Irian Jaya there has been a separatist movement (the OPM) ever since the former Dutch colony became part of Indonesia in 1963. This was quite weak through much of the 1980s and early 1990s but there has since been an upsurge of opposition to Indonesian sovereignty (Murphy, 1999; Dolven, 2000). There has been violence directed at in-migrants from other parts of Indonesia (*Far Eastern Economic Review*, 12 October 2000, 14). As yet there have not been reports of massive outflows from the province although there has been people displaced from the areas bordering Papua New Guinea (*Asian Migration News*, 15 December 2000).

In early 2001 a new outbreak of ethnic violence occurred in Central Kalimantan. In a similar situation to the problems in West Kalimantan, indigenous Dyaks have clashed with Madurese settlers and the death toll has been estimated at between 400 and 1,000 (*Asian Migration News*, 16-28 February 2001). This has seen a massive displacement of Madurese settlers including 24,000 from Sampit, 5,000 from the capital Palang Karya and 15,000 from Samuda. Overall, some 100,000 Madurese had been settled in Kalimantan and the violence of recent times has seen a major evacuation of the group. They have been crowded into makeshift camps and some have fled back to Madura. Conditions in the camps have been poor with a lack of food and widespread disease (*Asian Migration News*, 16-28 February 2001).

Figure 36: Destination of Transmigrants, 1968-2000

Source: Republic of Indonesia, 1993 and 1998; Pramono, 2000



An interesting dimension of these patterns of forced movements is that they represent reversal of flows of two of the most substantial population movements in post-Independence Indonesia. The first is that in some locations it is transmigrants from Java that have been forced to leave and enter local refugee camps or return to the area that they or their ancestors had left several decades ago. The transmigration program which aimed at resettling farm population from Java-Bali in less crowded outer island areas relocated around 6 million people in almost a century of operation although it was stopped in 2000. The distribution of transmigrant settlers in the Outer Islands is shown in Figure 36. In some areas there have been clashes between local populations and the transmigrants but not on the scale that has been experienced in the post-crisis situation in the locations discussed earlier.

Table 41: IDP/Refugee Figures by Regions (Latest Figures as of 21 March 2001)

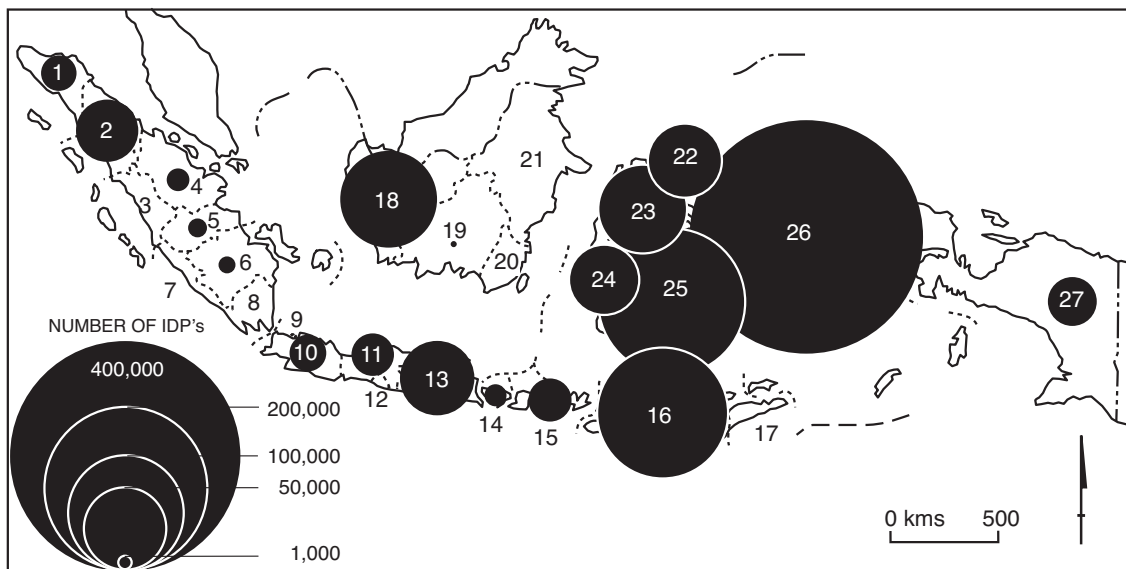
Source: National Agency for Disaster Management

Province/Region Affected	Number of Internally Displaced Households	Number of IDPs	Estimated Number and Percentage of Women IDPs at RH Age (App. 40% from Total IDPs)	
			Number	Percentage
Aceh	2,096	8,380	3,352	1
North Sumatra	5,785	27,567	11,027	3
Riau	762	3,135	1,254	
Jambi	519	2,103	841	
South Sumatra	425	1,700	680	
West Java	2,363	9,257	3,703	1
Central Java	2,946	12,335	4,934	1
East Java	9,490	40,013	16,005	4
Bali	751	2,974	1,190	
NTB	3,239	13,013	5,205	1
West Kalimantan	12,472	68,934	27,574	7
Central Kalimantan	29	116	46	
Central Sulawesi	12,794	58,005	23,202	6
South Sulawesi	8,951	35,804	14,322	3
North Sulawesi	9,946	39,785	15,914	4
South East Sulawesi	32,513	161,226	64,490	15
Maluku	53,763	215,061	86,024	21
North Maluku	42,808	197,327	78,931	19
East Nusa Tenggara	31,040	128,427	51,371	12
Irian Jaya	4,027	16,600	6,640	2
Total	236,719	1,041,762	416,705	100
Total Coverage by UNFPA	196,437	932,364	372,946	88

From the perspective of the risk of HIV/AIDS infection, the development of camps to house the Internally Displaced Persons (IDPs) referred to above are of importance. While it is not known whether HIV/AIDS is present in the camps, the conditions in these camps would appear to be conducive to the infection spreading if it gets established. Indeed, there is an urgent need to carry out sentinel surveillance activities in these camps. There are frequent reports of crowded conditions and poor hygiene in the camps and the fact that they are the result of massive and bloody violence and disruption contributes to increasing the possibility that HIV/AIDS may be a problem in the camps. The official numbers in camps in the various provinces are presented in Table 41 and Figure 37.

Figure 37: IDP/Refugee Population Figures by Regions, as of 21 March 2000

Source: National Agency for Disaster Management



1 D.I.Aceh	7 Bengkulu	13 E.Java	19 C.Kalimantan	25 SE.Sulawesi
2 N.Sumatra	8 Lampung	14 Bali	20 S.Kalimantan	26 Maluku
3 W.Sumatra	9 DKI Jakarta	15 W.Nusa Tenggara	21 E.Kalimantan	27 Irian Jaya
4 Riau	10 W.Java	16 E.Nusa Tenggara	22 N.Sulawesi	
5 Jambi	11 C.Java	17 East Timor	23 C.Sulawesi	
6 S.Sumatra	12 D.I.Yogyakarta	18 W. Kalimantan	24 S.Sulawesi	

CHAPTER 7
THE SEX INDUSTRY, POPULATION MOBILITY AND THE
SPREAD OF HIV/AIDS IN INDONESIA

7.1 Introduction

An important theme in the study of the connection between population mobility and the spread of HIV and AIDS is the fact that the major reason why some migrant groups are more at risk of infection than their non-migrant counterparts is the fact that the migrants are at greater risk of using CSWs. Hence it is the connection between population movement and the sex industry which is of crucial importance. Moreover, in Indonesia's sex industry the fact is that HIV prevalence rates among some groups of CSWs are substantially higher than for most other groups in the population. Hence in a context of low usage of condoms by CSWs the chances of migrant workers who use CSWs being infected with HIV/AIDS increases. Again one must stress that not all mobile populations fall into the category of making substantial use of CSWs.

An important point here in the Indonesian sex industry is the fact that almost all CSWs work in areas some distance from their home communities. In effect they themselves are *migrant workers*. Hence this means that if a CSW or a migrant worker client of a CSW contracts HIV there is a potential *that both of them will become agents of diffusion of the disease* through:

- returning to their home community and families and infecting partners there, and
- moving to new work areas and infecting other sex workers (in the case of infected migrant workers) and other clients (in the case of infected CSWs) at those destinations.

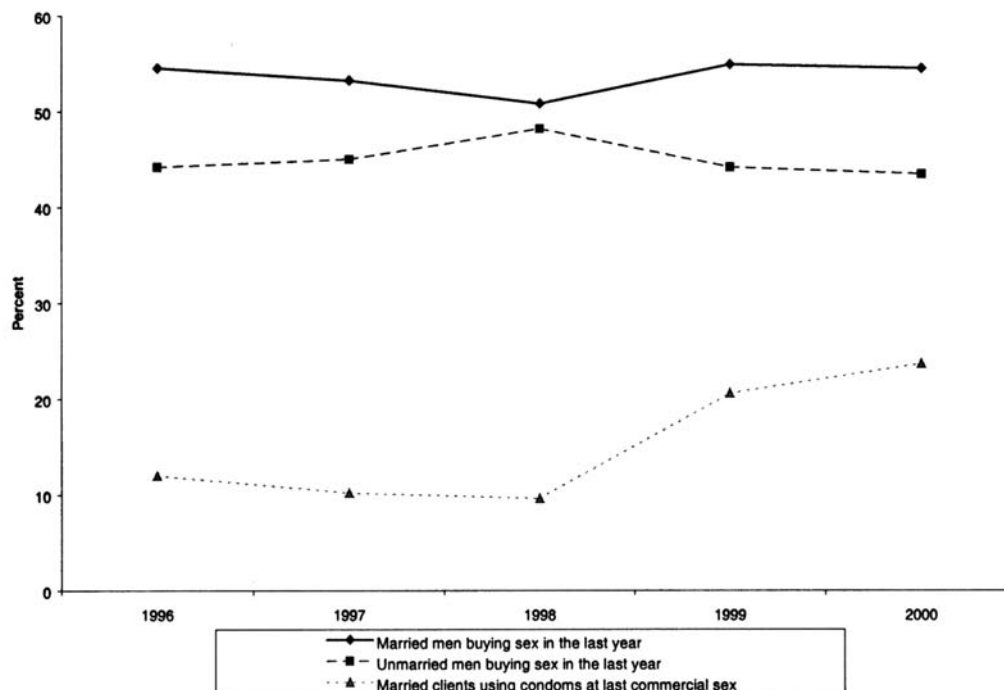
Hence, as the Directorate General of Communicable Disease Control and Environmental Health (2001, 7) points out, 'An interesting feature of the sex industry in the country is the extreme mobility of both the clients and the sex workers'. The implication of the connection between the sex industry and population mobility is that there is a potential *double diffusion* of the infection. It is a most important relationship although it has been little studied in Indonesia.

There is no information about the extent to which Indonesian men visit female sex workers. The Directorate General of Communicable Disease Control and Environmental Health (2001, 14) reports on a household study of 2,000 men in the general population of East Java. They found that 8 percent of men in urban areas said that they had ever had sex with a sex worker. They found this low by Southeast Asian standards and compared it with Cambodia where 21.4 percent of men in urban areas

said they had bought sex in the last year. In groups who are known to travel frequently and have ready cash, the proportion buying sex is substantially higher. This is evident in Figure 38 which indicates that half of over 1,600 respondents in Jakarta, Surabaya and Manado reported paying for sex in the last year. Married men were more likely to have had sex with a sex worker in the last year than unmarried men.

Figure 38: Jakarta, Surabaya and Manado: Percent of Sailors, Port Workers and Truckers Who Say They Had Sex with a Sex Worker, by Marital Status, 1996-2000

Source: Directorate General of Communicable Disease Control and Environmental Health, 2001, 14



7.2 Indonesia's Sex Industry

Indonesia's sex industry has not been studied in depth. Sex workers are required to be registered in Indonesia with the numbers registered in 1997 being 75,106. Table 42 shows the growth in numbers of registered CSWs over recent years. The data are said to include 'women working in *lokalisasi* or regulated by the local Office of Social Affairs (*Dinsos*) or working in identifiable complexes maintained by the *Dinsos* and the police. They do not include workers in 'high class' establishments or hidden behind legitimate fronts like massage parlours, bars and karaoke establishments' (Hull, Sulistyarningsih and Jones, 1998, 141). However, it is also clear

that the official statistics do not detect CSWs working at the lower end of the cost scale in commercial sex work, especially those working in brothels outside of the *lokalisasi* and among the large number of CSWs that work in the streets.

Table 42: Number of Registered CSWs in Indonesia, 1989-1998

Source: Hull, Sulistyaningsih and Jones, 1998, 141; Sulistyaningsih, 2001

Year	Number	Annual Percent Growth
1989/90	64,445	
1990/91	49,619	-23.0
1991/92	52,389	+5.6
1992/93	47,545	-9.4
1993/94	65,059	+37.1
1994/95	70,681	+8.6
1995/96	71,969	+1.8
1996/97	72,444	+0.7
1997/98	75,105	+3.7
1998	75,466	+0.1
1999	70,932	-6.0
2000	70,781	-0.2

A critical characteristic of Indonesia's sex industry is its diversity both in terms of the locations from which CSWs work but also in the huge range of costs for which CSWs services can be obtained. The industry is within the reach of all income groups. The actual number of female sex workers in Indonesia has been estimated to be at least 150,000, fewer than half of which would be officially registered (Directorate General of Communicable Disease Control and Environmental Health, 2001, 7).

The diversity of locations of CSWs has been well described by Hull, Sulistyaningsih and Jones (1998, 45-46) as follows:

Fixed Locations Where the Sex Transaction Can Be Performed

- Brothel Complex – *lokalisasi*: both official and unofficial
- Massage Parlours – *Panti Pijat*
- Brothel Houses – *Rumah bordil, lokalisasi* – generally small units or single dwellings

Established Locations Where the Contact Can Be Made (but the sex act generally takes place elsewhere)

- Night Clubs – *Klub Malam*

- Salons
- Discotheques
- Call Girl Establishments: generally a single dwelling with a supply of CSWs on the premises or available to be called from nearby and sent to the clients hotel or house. Lobbies, bars and coffee shops of certain hotels.
- Snack vendors

Independent Operators Who Can Be Contacted In Various Places

- Call girls catering for upper class market
- Street walkers – generally catering to the lower and middle cost market
- Precocious teenagers

Hence it is a strongly differentiated and diversified industry, the tip of the iceberg of which is detailed in the official statistics of the table. Moreover, the tip of the industry shown in the statistics over-represents the higher cost more regulated end and perhaps the lower risk to HIV part of the CSW market. The actual number of CSWs active in Indonesia is not known. Murray (1993, 2) estimates that about a decade ago there was half a million CSWs although no basis is given for the estimate.

As is the case elsewhere in the world pimps (*germo*) play an important role in the industry. There are various ways in which women enter the industry. As Hull, Sulistyaningsih and Jones 1998, 51) point out:

‘Women may follow a variety of paths into the sex trade, each having a particular relation with different sectors of the industry. At one end are those who weigh up the relative compensation offered by different types of work, consider the various benefits and drawbacks of selling sexual services to particular types of client, and then decide that they prefer prostitution to other occupations. This is apparently a rare form of entry into the business. More common are the women who are forced by circumstances, a failed marriage or love affair, a lack of alternative opportunities, but ultimately, a desperate need to gain income to support themselves, their families and their children.’

It is certain for example that some women displaced from employment in factories or even higher level office jobs, by the effects of the economic crisis in 1997-1998 were compelled to enter commercial sex work.

From the perspective of the present study it is important to discuss the *spatial dimension* of the sex industry in Indonesia. The spatial distribution of the CSW population is not the same as that of the total population. They concentrate in particular ecological niches where they are most likely to encounter potential clients. These especially tend to be areas where there are concentrations of single or

unaccompanied younger males, especially mobile males away from their families. Hence there tends to be concentrations in and around:

- urban areas, especially large urban areas which in Indonesia attract large numbers of single or unaccompanied male teenage night workers (Hugo, 1978);
- ports and harbour side locations where fishermen, seafarers and port workers gather;
- settlements near mining and plantation activities located in more remote areas;
- along major transport routes and especially in important staging and stopping points along these routes;
- in tourist destinations.

In each of these types of places migrant workers are likely to be a major part of the clientele.

It is also important to recognise that the CSWs themselves are also not drawn randomly from the total population. They are not only selectively drawn from particular regions (usually rural) but also from particular villages within those regions. The *kabupaten* of Indramayu in northeast West Java is especially well known as a major source of CSWs not only to nearby Jakarta but all over Indonesia. There is a particularly strong flow to other cities like Bandung but also to Tanjung Pinang in Sumatra. There is a clear chain migration pattern in evidence where women who have moved provide the basis for later generations to follow them and also engage in commercial sex work at the same destinations. To a lesser extent, neighbouring *kabupatens* of Cirebon and Subang also have become significant suppliers of CSWs to the same destinations supplied by Indramayu. The pattern of sending CSWs out of this area of West Java has been described by Hull, Sulistyaningsih and Jones (1998, 82-85) and Wibowo *et al.* (1989). The former found that 7 of the 19 *kecamatan* in Indramayu (Gabus, Wetan, Cikedung, Jatibarang, Karangampel, Losarang, Kandanghau and Anjatan) located along the main road to Jakarta are the main sources. Field work in the neighbouring *kabupaten* of Subang also found that several villages (e.g. Silman, Prinkasap and Pabuaran) strung along the main road are also a significant source of CSWs to Jakarta, Batam, Jambi, Riau and an especially substantial flow to the bauxite mining areas of Bintan Island.

There are also other areas of Indonesia well known as source areas of CSWs. East Java is prominent in providing CSWs to the substantial Surabaya sex industry but also is a major supplier to other parts of Eastern Indonesia. For example studies in Irian Jaya (Wiebel and Safika, n.d.) show East Java to be a major source of CSWs to that province. Moreover, Jones (2000) indicated that East Java was a main source of CSWs serving Indonesian migrant workers in Sabah. Steele (1981) has shown that

CSWs moving into Surabaya to work come from particular regions and villages in East Java.

Central Java is not as well known as an origin of CSWs as East and West Java but it is nevertheless significant, especially as a supplier to urban areas in Central Java such as Semarang. Lehrman (1983, 254) studied 473 CSWs in Semarang, the large majority of whom came from rural areas outside of the city and regularly visit their home villages. Lehrman (1983, 259-260) notes a strong concentration of the origin area of the CSWs he interviewed, with the majority coming from the Jepara-Grobogan area in the northeast and the southwest of Wonogiri in the southeast.

Outside of Java, North Sulawesi is perhaps the best known origin area of CSWs, especially serving plantations, mining areas and ports in Kalimantan and other parts of Eastern Indonesia. Wiebel and Safika (n.d.) show North Sulawesi is a major origin of CSWs for Irian Jaya/Papua. However they also are an important group in the oil exploration and mining communities in East Kalimantan and also are involved in Sabah (East Malaysia) and Mindanao (Philippines). Riau and North Sumatra on the Island of Sumatra are secondary source areas of CSWs.

There are a number of studies of commercial sex work in Indonesia, its operation and scale. The most definitive is that of Hull, Sulistyaningsih and Jones (1998) which is part of a major path breaking regional study (Lim, (ed.), 1998). An important earlier study of CSWs in Jakarta is that of Murray (1991). In a later paper Murray (1994) looks at the linkages between the sex industry and HIV/AIDS.

One of the key issues relating to the sex industry, mobility and HIV/AIDS is that the vast bulk of sex workers are *bilocal* in that they live substantial periods in destination areas where they sell sex and also in their home villages where they usually live relatively normal family lives. The key point is that both in terms of their places of destination and places of origin there is spatial concentration. They work in a relatively small number of places and they predominantly come from a relatively small number of places. This represents considerable advantages from the perspectives of:

- identifying suitable sites for sentinel surveillance (both destination and origin area),
- targeting HIV/AIDS information programs,
- targeting condom distribution programs,
- targeting HIV/AIDS programs such as 100 percent use of condoms.

7.3 The Sex Industry and HIV/AIDS

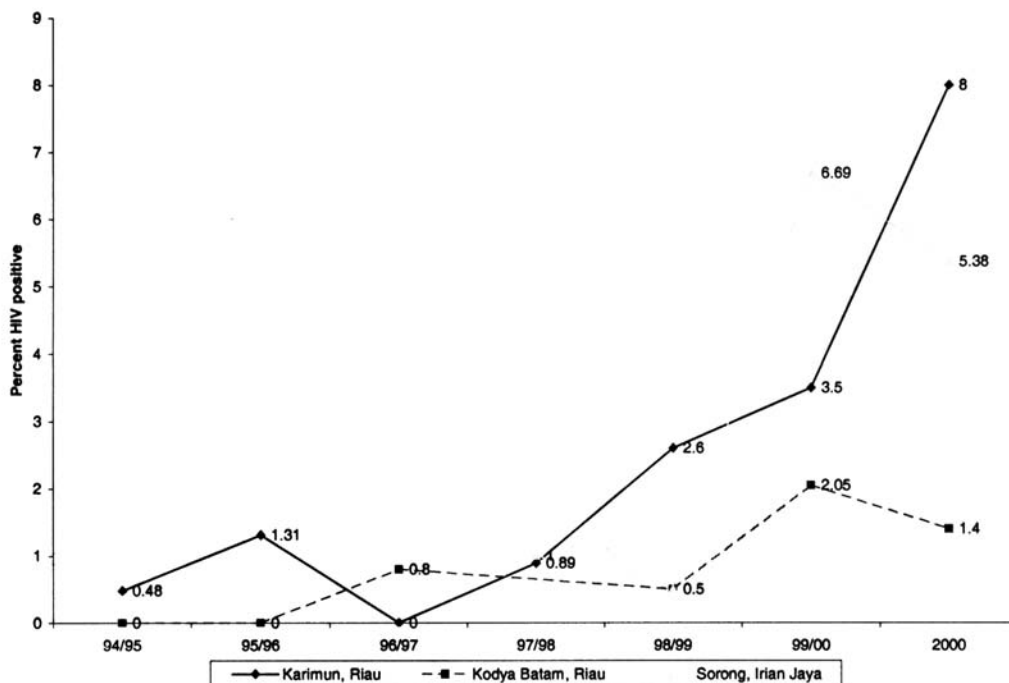
One of the most vulnerable groups in Indonesia exposed to the risk of infection are sex workers, who are overwhelmingly women. Indonesia has a very large and diversified sex industry which caters for all economic levels with fees for services

ranging from less than a single US\$1 to many hundreds of dollars. It is ubiquitously located throughout the country and it is analogous to migrant workers as a group exposed to the risk of infection because almost all sex workers themselves are *migrant workers*. Almost all sex workers migrate on a temporary basis to their place of work and have a family back in their place of origin. They also migrate between sex industry sites. This, of course, means that the potential of sex workers to spread the disease is considerable. They can receive from, or pass it on to clients but also take it back to their village of origin. There are few detailed studies of sex workers in Indonesia, the most definitive being by Hull, Sulistyaningih and Jones (1998). Some studies have shown relatively low rates of partner exchange – fewer than 2 clients per day and 7-14 per week compared with 18-33 in other Asia-Pacific nations (Anon, 2001).

The Directorate General of Communicable Disease Control and Environmental Health (2001, 9) has reported a recent rise in the incidence of HIV infection among sex workers in at least two provinces. Figure 39 shows trends in HIV prevalence in Sorong in Irian Jaya and Karimun and Batam in Riau over the 1994-2000 period.

Figure 39: HIV Prevalence Among Sex Workers in Three Indonesian Cities, 1994-2000

Source: Directorate General of Communicable Disease Control and Environmental Health, 2001



In particular, they point out that in Tanjung Balai Karimun in Riau, 8 percent of sex workers tested positive in 2000, while this was the case for more than a quarter in Merauke district in Irian Jaya. On the other hand, they report that in East Java and Kupang (West Timor) studies found virtually no sex workers were found to be infected. Nevertheless, the report points out that:

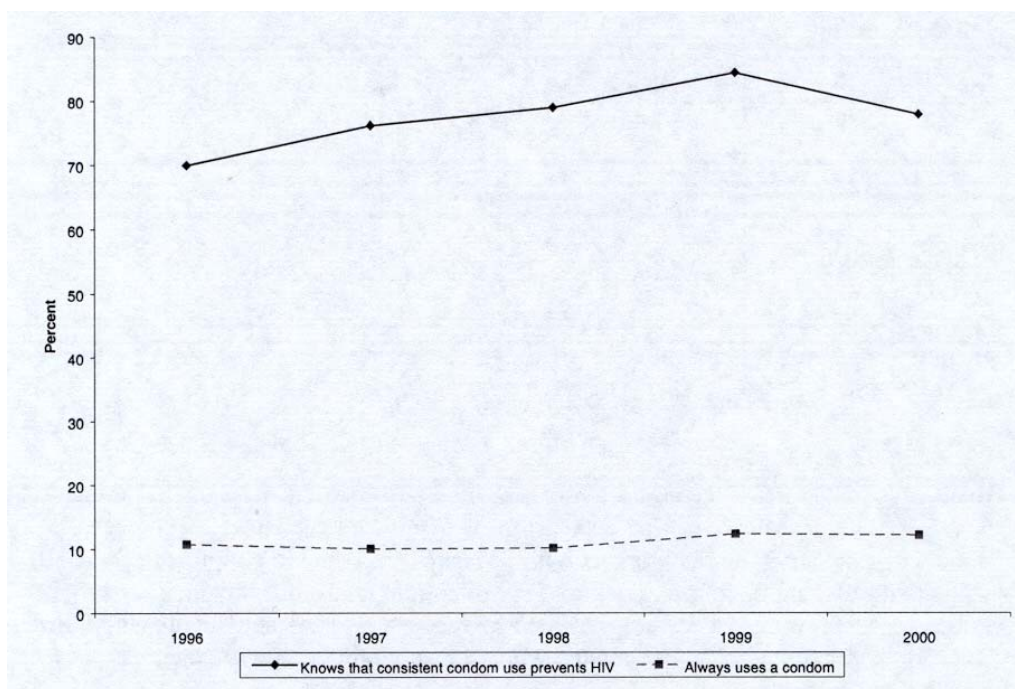
‘Even where HIV prevalence is currently low, high rates of STIs act as an important warning signal that the potential for a fast-growing epidemic exists. HIV spreads the same way as other STIs; sex workers with STIs are clearly having unprotected sex with clients and are therefore at risk for HIV infection. And since the presence of some other STIs makes it easier for HIV to spread, sex workers and clients with other STIs are very likely to become infected with HIV and to pass it on to other sex partners’.

A crucial point here relates to the extent to which condoms are utilised by clients and sex workers. As the Directorate General of Communicable Disease and Environmental Health (2001, 10) points out in respect to this:

‘Most of the studies in Indonesia, as in other parts of the world, reveal a significant mismatch between what people know and what they do’.

Figure 40: Difference Between Knowledge and Behaviour Among Female Sex Workers in Jakarta, Surabaya and Manado, 1996-2000

Source: Directorate General of Communicable Disease Control and Environmental Health, 2001



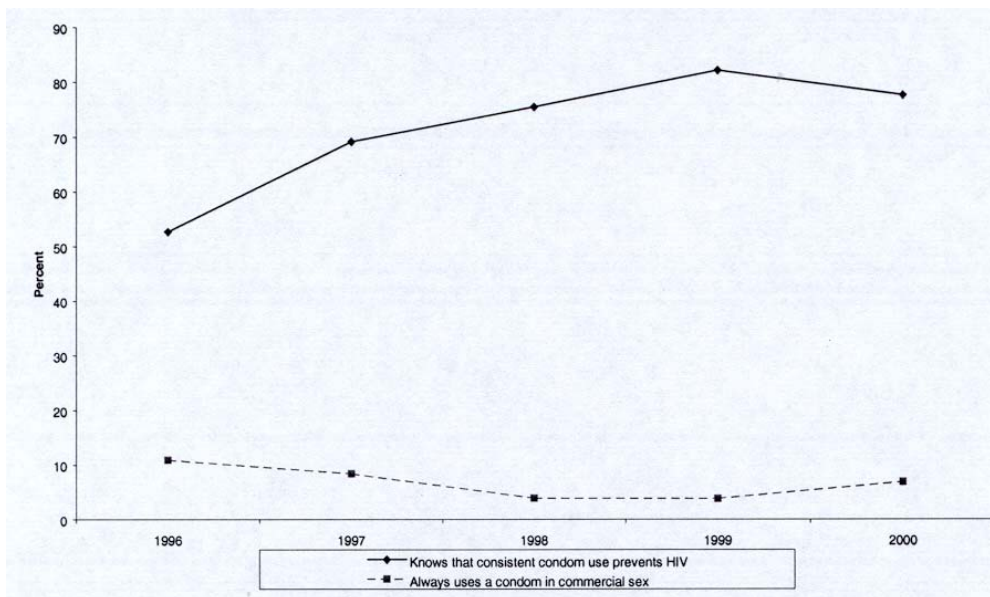
This is evident in Figure 40 which shows the huge gap between the three quarters of female sex workers who know that consistent condom use prevents HIV and the one in ten who always use a condom. The above report comments that:

‘This gap is often attributed to powerlessness: even though women know they can protect themselves through condom use, they are not in a position to force their clients to use condoms. In-depth studies confirm that this is at least in part true, although sex workers give other reasons for not using condoms too. Firstly, many believe that taking antibiotics will also prevent them from infection. Secondly, they say that clients who use condoms take longer at each act of sex’.

It is interesting, however, that a similar pattern to that seen in Figure 40 is found among clients of sex workers as Figure 41 indicates.

Figure 41: Difference Between Knowledge and Behaviour Among Clients of Sex Workers in Jakarta, Surabaya and Manado, 1996-2000

Source: Directorate General of Communicable Disease Control and Environmental Health, 2001



It is clear that consistent condom use is at present not prevalent in Indonesia. Figure 42 shows considerable variation between provinces in the extent to which condoms were used in their last sex with the highest rates being around 50 percent. However, there are differences between the rates of usage reported by the CSWs and by the people who use the services. This is vividly apparent in Figure 43 which shows data for Jakarta indicating that CSWs used condoms in between 40 and 50 percent of

cases of their last sex act while for sailors and seaport workers the rates were close to 15 percent. Similar disjunctures are evident in both Surabaya (Figure 44) and Manado (Figure 45), although in Surabaya the rates are much lower for non-localised sex workers than those in *lokalisasi*.

Figure 42: Indonesia: Condom Use Among Sex Workers, 1998

Source: Kaldor *et al.*, 2000

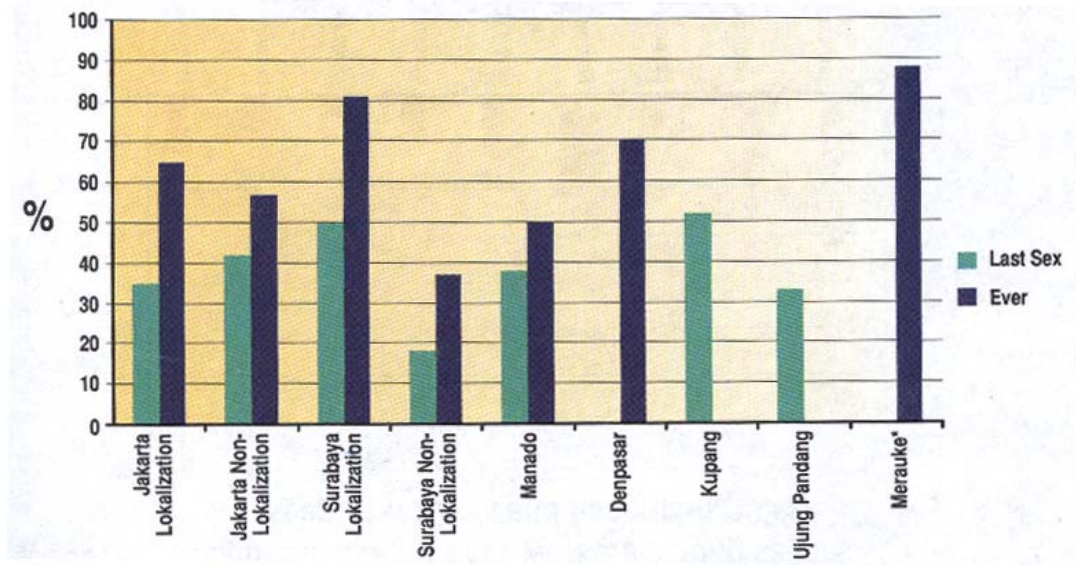


Figure 43: Jakarta: Reported Condom Use in Last Commercial Sex Act in Past Year, 1998

Source: Kaldor *et al.*, 2000

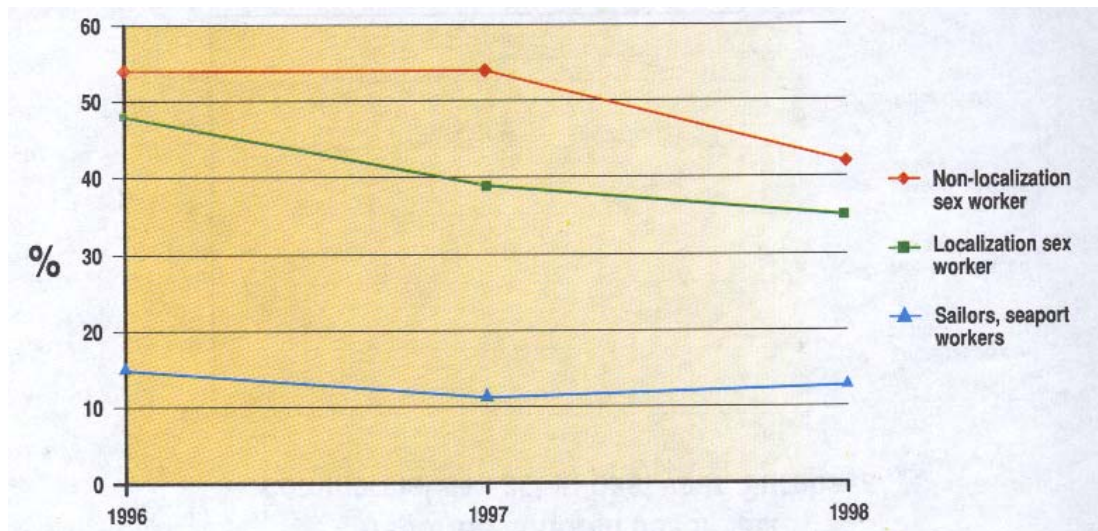


Figure 44: Surabaya: Reported Condom Use in Last Commercial Sex Act in Past Year, 1998

Source: Kaldor *et al.*, 2000

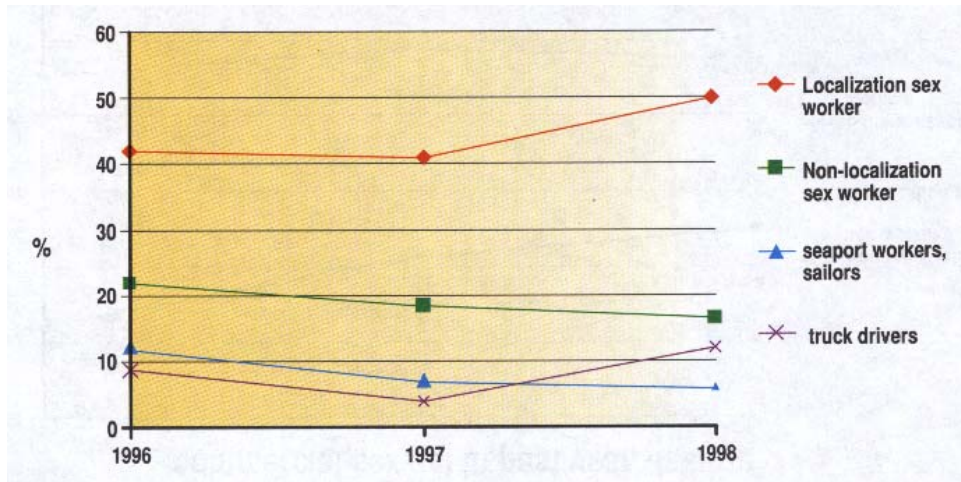
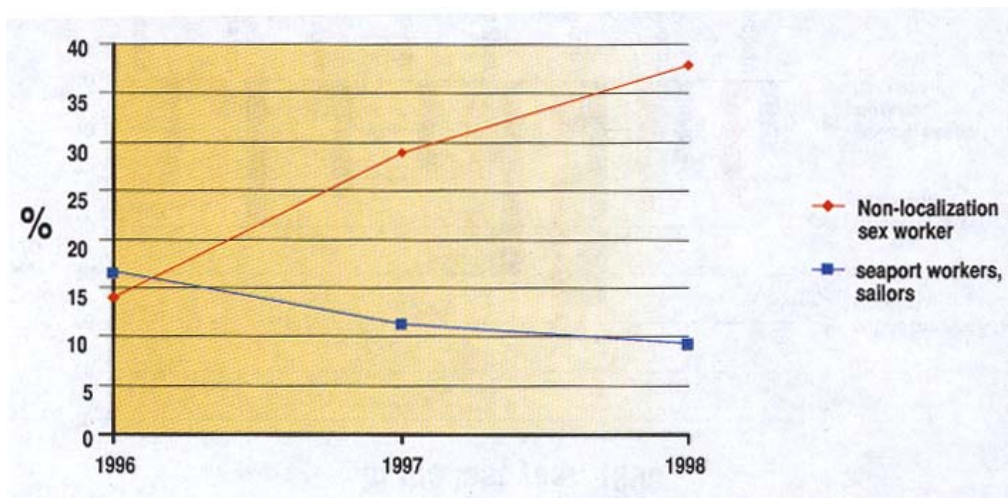


Figure 45: Manado: Reported Condom Use in Last Commercial Sex Act in Past Year, 1998

Source: Kaldor *et al.*, 2000



Also, there is little known on the extent of use of sex workers. One study in East Java in 1995 found that 8 percent of urban men had ever had commercial sex (Anon, 2000). Among the high risk groups, however, it is clear that there is substantial use of CSWs. Table 43, for example, shows results of Behavioural Sentinel Surveillance of sailors, transport workers and fishermen and in all cases the rates of use of CSWs are substantial.

Table 43: Indonesia: Males Reporting Sex Worker Contact in the Past Year, 1998Source: Kaldor *et al.*, 2000

Groups	North Jakarta	Surabaya	Manado	Bali	Kupang	Ujung Pandang	Pekanbaru
Sailor, seaport worker, fisherman	49	50	37	67	72	44	55
Truck drivers	n/a	43	n/a	61	91	35	n/a
Public transport worker	n/a	n/a	n/a	32	88	13	83

The Indonesian Ministry of Health in 1996 made condom use compulsory for all clients of female CSWs throughout Indonesia (Anon, 2000), although it appears to have limited impact. The vulnerability of CSWs to HIV/AIDS is exacerbated by the fact that there is consistently low rates of condom use reported both by CSWs and clients. The cultural context is predominantly one where male/female roles are defined as being separate and female status is often such that it is difficult to question or contradict men. Moreover, there is, in many ethnic groups, a feeling of machismo which militates against males using condoms.

A disturbing comment in a recent report of the Directorate General of Communicable Disease Control and Environmental Health (2001, 11) is that even the low rates of consistent use of condoms in Indonesia may be overstated.

There are two main components in the sex industry in Indonesia (Hull, Sulistyaningsih and Jones, 1998). The first are the registered CSWs located in specific areas designated by the government where they are under some supervision. In 1997 there were 75,106 registered CSWs. Their distribution across the archipelago is shown in Figure 46. It is important to realise, however, that while migrant workers utilise these CSWs it is likely that they use more CSWs in the informal sector outside the *lokalisasi*.

Sulistyaningsih (2001, 29-30) has recently summarised the situation with respect to CSWs in Indonesia. She developed a table (reproduced here as Table 44) of published estimates of the number of prostitutes with HIV/AIDS and STDs in a range of locations in Indonesia. It will be noticed that there is a concentration on East Java in the table pointing to the fact that this province is Indonesia's major source area of CSWs.

Table 44: Published Estimates of Numbers of Prostitutes with HIV/AIDS and STD in Various Places in Indonesia Between 1998 and 2001

Source: Sulistyaningsih, 2001, 47

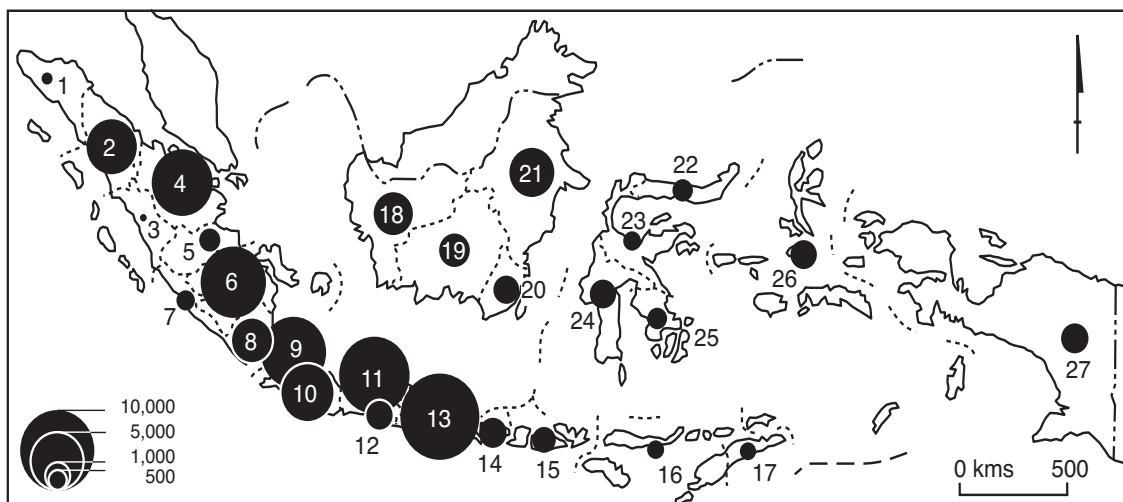
	Region	Number of Cases	Notes	Citation Source
Surabaya, 1998	East Java	776 HIV/AIDS	Reported 764 HIV/AIDS cases on October 1998	Jawa Post, 30/11/1998
Surabaya, 1998	Pasuruan - Tretes	71 HIV/AIDS	70%, out of 102 women forced out, infected with HIV/AIDS	Jawa Post, 30/11/1998
Surabaya, 1999	East Java	51 HIV/AIDS: 12 AIDS, 8 persons reported death; and 31 HIV positif	Reported on Jan 1999 8 pockets of blood for transfusion were contaminated with HIV	Suara Indonesia, 01/02/1999
Surabaya, 2000	East Java	117 HIV/AIDS	Reported as of July 2000	Gelora PMI, 20/08/2000`
Surabaya, 2000	East Java	157 HIV/AIDS (36 AIDS - reported 22 death, 103 HIV, and 18 blood's donor)		Suara Indonesia, 30/11/2000
Jakarta, 2000	Hospital Cipto Mangunkusumo	Reported 3 cases of AIDS; 3 cases HIV infected		Depkes, 09/2001
Jakarta, 2000	23 province	Commulative Reported 265 cases of HIV; 131 cases of AIDS	As of August 2000	Depkes, 09/2001
Surabaya, 2001	The city of Surabaya	41 infected HIV, 8 positif AIDS, 4 reported death	Infected through injection drug user (IDU)	Jawa Post, 09/01/2001; Jawa Post, 23/01/2001
Surabaya, 2001	Brothel Complex – Dolly and Jarak	13 women reported with HIV/AIDS	Underage prostitute -13 to 17 years of age with 3 clients a day (on the reporting date, they were still working actively as commercial sex worker)	Jawa Post, 26/01/2001
Surabaya, 2001	Dolly – brothel complex	14 HIV+/AIDS	On the average 5 clients a day. Estimated 70 clients out of 4060 clients (have been infected	Bidik, 30/01/2001
Indonesia, May 2001	23 Provinces, not to include Bengkulu, Central Sulawesi and South E. Sulawesi	1,454 HIV and 502 AIDS		Republika, 15/06/2001; Kompas, 15/06/2001
Indonesia, Jan. to May 2001	23 provinces	New cases: 282 HIV; 50 AIDS		Republika, 15/06/2001; Kompas, 15/06/2001
Indonesia, May 1999 and 2001	National	52,000 HIV/AIDS	80,000 to 120,000 estimated for 2001	Kompas, 15/06/2001

Some of the most comprehensive evidence of the link between migrant workers and the spread of HIV/AIDS in Indonesia comes from work carried out in the province with the highest incidence rate of infection – Irian Jaya. In particular two studies carried out by the group PATH (Program for Appropriate Technology in Health)⁹ need to be quoted:

- The first study was a baseline HIV/STI surveillance survey conducted in July-August 1998 in 7 sites – Jayapura, Sorong, Wamena, Biak, Nabire, Kaimana and Manokwari.
- The second study, which is discussed here, was carried out in April 2000 and also targeted 7 sites – Jayapura *kabupaten* (district) and *kotamadya* (municipality), Wamena, Biak, Nabire, Sorong and Merauke. It involved an HIV/STI sentinel surveillance survey of 1,426 female sex workers in the 7 sites and 94 male clients in two of the sites (Merauke and Wamena).

Figure 46: Indonesia: Distribution of Registered CSWs Between Provinces in Indonesia, 1997

Source: Hull, Sulistyaningsih and Jones, 1998



1 D.I.Aceh	7 Bengkulu	13 E.Java	19 C.Kalimantan	25 SE.Sulawesi
2 N.Sumatra	8 Lampung	14 Bali	20 S.Kalimantan	26 Maluku
3 W.Sumatra	9 DKI Jakarta	15 W.Nusa Tenggara	21 E.Kalimantan	27 Irian Jaya
4 Riau	10 W.Java	16 E.Nusa Tenggara	22 N.Sulawesi	
5 Jambi	11 C.Java	17 East Timor	23 C.Sulawesi	
6 S.Sumatra	12 D.I.Yogyakarta	18 W. Kalimantan	24 S.Sulawesi	

⁹ In association with Kanvil Dep Kes Propinsi Irian Jaya, Dinas Kesehatan Dati I/II Irian Jaya, Balai Laboratorium Kesehatan (BLK) Jayapura, Puslit Penyakit Menular Lit Bang Kes-Dep Kes (NIHRD-MOH), Hepatika Laboratory and NAMRU-2 (PATH, 2000; Wiebel and Safika, n.d.).

In the second survey over a half of the sex workers interviewed were from brothels, almost a third from karaoke/bar establishments, 10 percent from the streets and the remainder from massage parlours. The mix of venues varied between the 7 sites (PATH, 2000, 4). An important point is that the respondents were mainly in their 20s (51 percent) and Muslim (69 percent) and that most were not long term residents of Irian Jaya. Indeed, half had been in the locations where they were interviewed for less than a year and 88 percent for less than 5 years. It is notable that the street sex workers were the youngest and least experienced (45 percent being less than 20 years old). An especially important finding was that 94 percent had been working in the sex industry for less than 5 years. This points to the fact that there is a very large turnover in the industry and this means that the potential for spreading disease is hence substantial.

The migratory status of the sex workers needs to be emphasised. Only 8 percent of the sex workers actually originated from Irian Jaya. They were overwhelmingly from elsewhere in Indonesia as Figure 46 indicates. Some 55 percent of the respondents originated from East Java and it is apparent that East Java is an important source of sex workers throughout Indonesia. It is interesting that a further 18 percent came from North Sulawesi which also is an important source of sex workers for other parts of Indonesia (e.g. in East Kalimantan). The other significant closeness of origins of sex workers were Central Java (4 percent) and South Sulawesi (4 percent), but overall 17 provinces of origin were represented in the survey. The bulk of the indigenous sex workers interviewed were street workers in Wamena. It was found that of the interviewees, 58 percent reported not having visited their home since arriving in their present location. This is not surprising since 49 percent of those interviewed had been there less than a year. However, over a third had visited 1-3 times in the last two years and 8 percent had gone home more frequently. Hence there again is a strong potential for spreading disease in the home area.

A more detailed analysis of the PATH survey from the perspective of the migration-HIV relationship has been made by Wiebel and Safika (n.d.). They point out that because Irian Jaya is rich in natural resources it attracts:

‘... flocks of employees from companies large and small along with individual entrepreneurs. Most of the outsiders are found in scattered concentrations around the province’s coastal areas ... large numbers of single men have contributed to a thriving commercial sex industry. For the most part, these businesses include brothel complexes, or localisations, independent brothels, massage parlours and entertainment establishments including bars, karaoke lounges and discos. Individual sex workers, street based and otherwise, round out those involved in the

sex trade. Like the clients they serve, most are migrant workers, originating from outside the province’.

The key point which they make is that it is not only migrant workers in Southeast Asia which are capable of spreading the HIV virus but the female sex workers are also themselves ‘migrant workers’ so that they are capable of spreading the infection to:

- their home areas,
- other areas where they work in the sex industry.

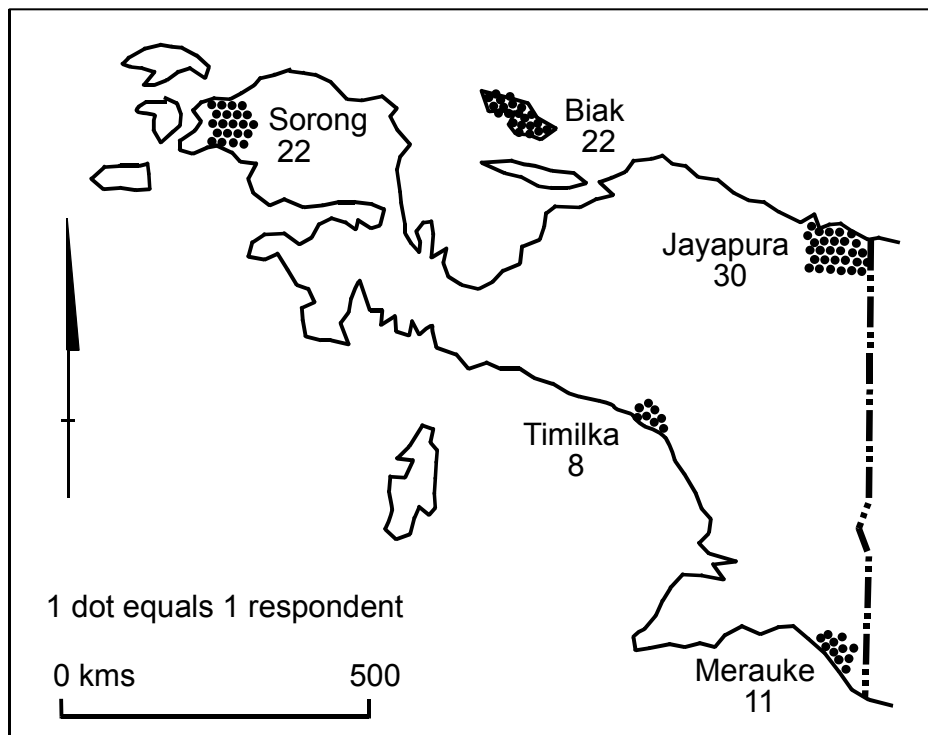
Hence the pattern in areas like Irian Jaya is a *multiple jeopardy* situation with respect to the spread of HIV/AIDS:

- both migrant workers and sex workers are at high risk of infection,
- both can and do take the disease with them to their home communities,
- both can and do take the disease with them to other work locations throughout Indonesia.

Hence a location of high HIV prevalence in Irian Jaya can be the source point for a multiple diffusion of the disease.

Figure 47: Sex Workers Interviewed in Irian Jaya

Source: Wiebel and Safika, n.d.

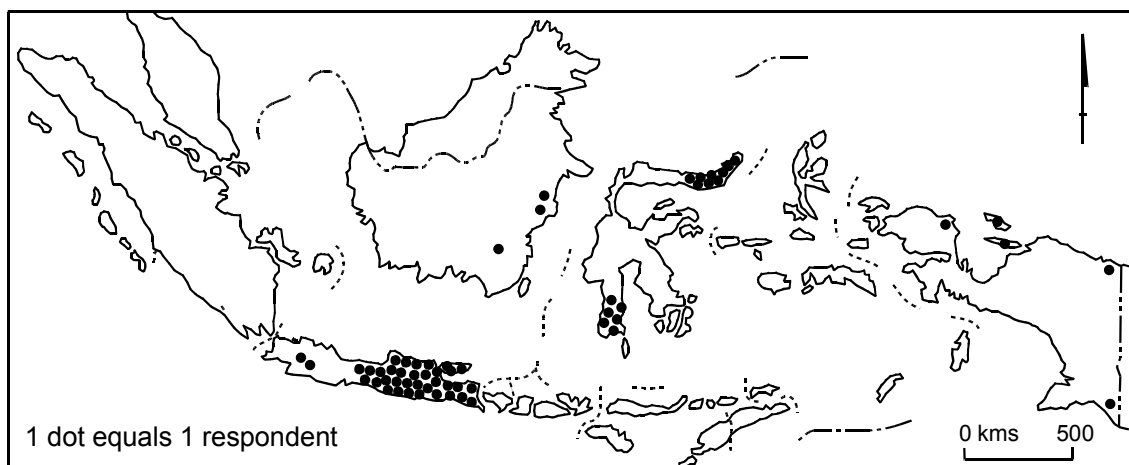


Wiebel and Safika (n.d.) supplemented the PATH study by undertaking in-depth studies in 5 centres – Jayapura, Timika (a coastal mining centre), Biak, Merauke

and Sorong – using informal and semi-structured interviews with a ‘snowball’ sampling design including multiple chains of referral. They carried out interviews with 93 respondents in the locations shown in Figure 47. The distribution of the origins of the migrant workers is depicted in Figure 48 and it is apparent that they are similar to the findings of the large PATH study. Not only do most sex workers come from outside the province but the two main destinations are East Java, and to a lesser extent North Sulawesi. Wiebel and Safika (n.d.) point out that the Muslim East Java sex workers are mainly based in brothels in Irian Jaya while those Christian sex workers from North Sulawesi are based in entertainment centres.

Figure 48: Origin of Irian Jaya Sex Workers

Source: Wiebel and Safika, n.d.



The fact that the sex workers interviewed were recruited into the sex industry through social networks is important, although in the case of the entertainment based workers, middlemen and commercial agents were more important. There are some important distinctions between sex workers in brothels and those in entertainment complexes.

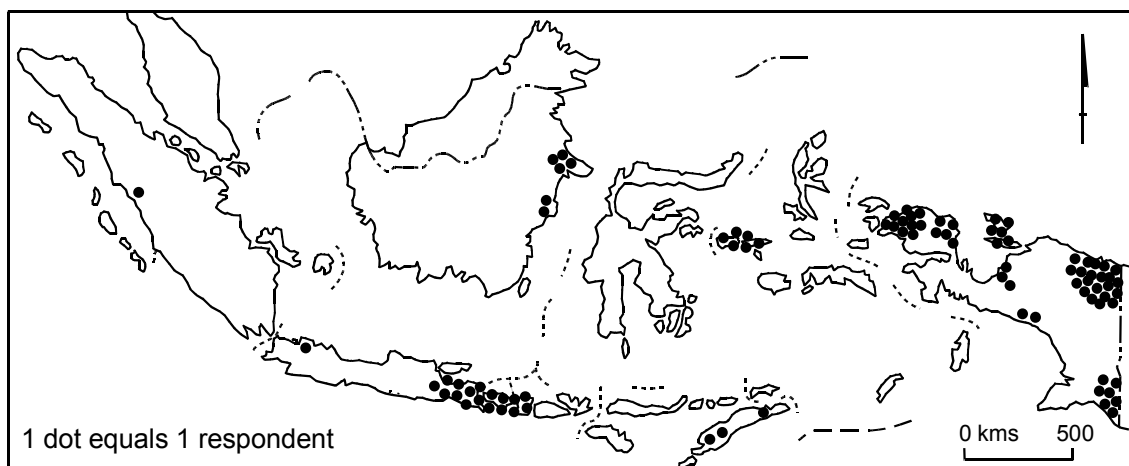
‘Most brothel based sex workers expressed only moderate concern about the possibility of contracting HIV. Condom use tended to be at the discretion of the customer and was often reported to include less than half of commercial sex encounters. Older sex workers who had greater difficulty attracting customers reported using condoms less frequently. Many brothel based sex workers received regular injections of antibiotics which they mistakenly believed would protect them from HIV as well as other STIs’ (Wiebel and Safika, n.d.).

The entertainment establishment based sex workers gave economic reasons for entering the sex industry and they often were recruited by middlemen with contracts of 4 to 6 months. As with brothel based workers, new recruits knew little about HIV/AIDS but condom use was at the discretion of customers and myths about HIV/AIDS abounded. Knowledge about HIV/AIDS was minimal among street workers.

One of the key findings of the study was the fact that many of the sex workers had worked elsewhere in Indonesia in the sex industry. This is apparent in Figure 49 which shows other places in Indonesia where the CSWs interviewed had been engaged in the sex industry. This represents a vast potential for contracting and spreading the HIV infection. The key point is that those sex workers can become infected in Irian Jaya where there is a high incidence of HIV/AIDS. They then could take it back to their origin areas. Moreover, the CSWs will often travel to other areas of Indonesia to work as CSWs and spread the disease there. It is apparent that there are circuits followed by CSWs. For example, interviews with CSWs from East Java in Kupang, East Nusa Tenggara indicated that most intended to go to Irian Jaya after spending a year or so working in Kupang. These interviews also indicated that most of the *lokalisasi* CSWs were from outside East Nusa Tenggara while CSWs outside these areas were from rural Timor.

Figure 49: Other Places Worked by Sex Workers in Irian Jaya

Source: Wiebel and Safika, n.d.

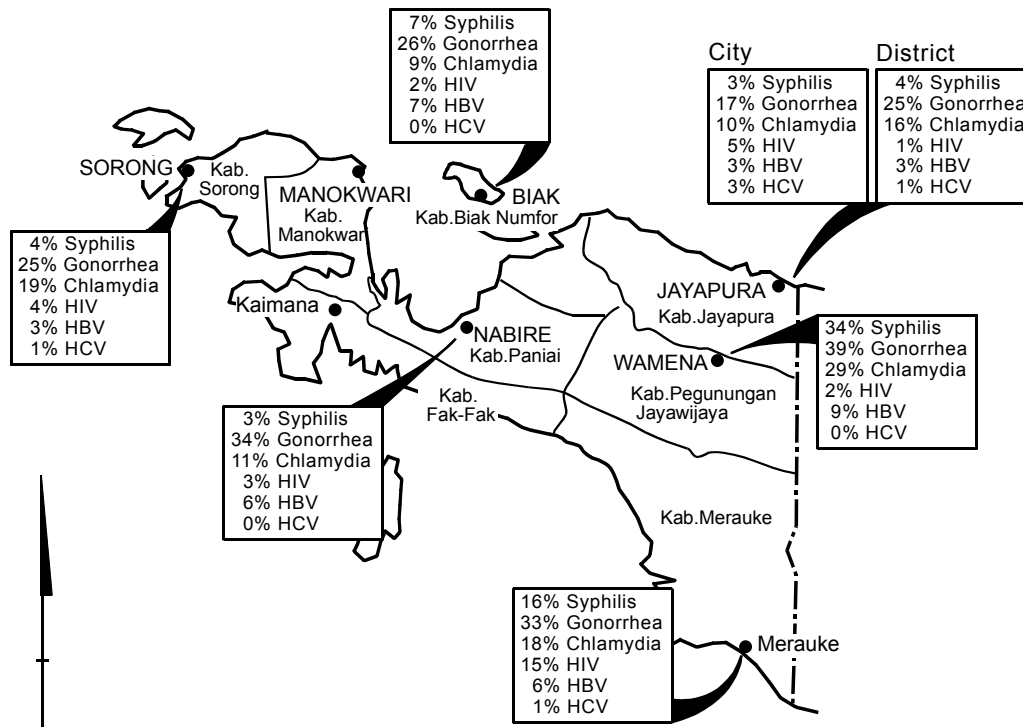


The PATH study was very revealing of the risk of sex workers becoming infected with HIV or an STI in Irian. Most (83 percent) had heard about HIV/AIDS and the use of condoms as a preventative measure (80 percent). Although the majority

of respondents indicated that they were using condoms with at least some customers, the rate of non-use was very high with 41 percent reporting that they had *not* used condoms with any of their clients in the last week and a further 47 percent using it with only 1 to 5 of their clients.

Figure 50: Provincial HIV and STI Profile, Irian Jaya, April 2000

Source: PATH, 2000



The overall pattern of infection found in the study is depicted in Figure 50 and shows considerable variation across the 7 sites. The rate of HIV infection varies between a high level of 15 percent in Merauke, 5 percent in Jayapura City and 4 percent in Sorong to 3 percent in Nabire, 2 percent in Wamena and Biak and 1 percent in Jayapura District. This represents an overall infection rate in the sample of 5 percent, although the rates for some STIs are high such as gonorrhoea (25 percent), Chlamydia (16) and Syphilis (9). PATH (2000, 9) suggests that the HIV prevalence rates are of concern for at least 2 reasons:

- There is no cure for HIV and the containment strategies require mobilisation of considerable public health resources.
- That in at least two districts there is an outbreak of HIV which threatens to continue as a full blown epidemic. In other words, Irian already is faced with an epidemic situation with respect to HIV/AIDS.

Merauke is an area of considerable concern with 39 of the 257 subjects tested yielding positive results with considerable variations between sex workers in brothels (25 percent), the street (21 percent) and other areas (2 percent). The so-called 'freelance' street workers represent a considerable challenge for program and policy intervention. In addition, 14 percent of the male clients tested in Merauke were infected with HIV, so the potential for spread of the disease from this area is considerable. The epidemic seems to be at an earlier stage in the other areas studied in Irian Jaya, although it cannot be denied that HIV has gained a significant foothold in the province with migration playing a significant role in this process.

Some 51 percent of those found to be HIV infected were aged between 16 and 24, and 79 percent between 16 and 29. Many will potentially have children so that the issue of perinatal transmission arises.

The strong linkage between the sex industry, migrant workers and the spread of HIV/AIDS was the most prominent finding of the Chantavanich, Beesey and Paul (2000) study of the GMS. They demonstrated how the sex industry in the region is extremely diversified and largely involves migrants, including a significant number of women who are trafficked. They also identify a substantial amount of cross-border sex working similar to the situation in Indonesia's borders with Malaysia and Singapore. Even in Yunan, where prostitution is illegal as is throughout the PRC, there is a substantial sex industry dominated by migrant women and catering mainly for migrant workers.

7.4 Conclusion

The sex industry in Indonesia is substantial as it is throughout Southeast Asia (Lim [ed.], 1998). Millions of Indonesian men use female sex workers each year and the use of condoms by those men remains at a low rate. As the Directorate General of Communicable Disease Control and Environmental Health (2001, 7) has pointed out:

'Sex workers typically have a high turnover of clients, and men who buy sex typically do so from several women in a year. In 2000, for example, sex workers in five locations reported an average of about eight clients in a week, while clients reported visiting sex workers an average 10 times a year, with seven out of 10 of those visits being to a different woman. Once HIV infection becomes established in these two populations it tends to spread rapidly from client to sex worker to next client to next sex worker and so on. And, of course, it also spreads to other people, most frequently to infants of sex workers and the wives, girlfriends and children of their clients and regular partners'.

The role of mobility in this is to add extra momentum to this diffusion process spreading HIV infection from one community to another.

The policy implications of this are several:

- The introduction of effective prevention and information programs for sex workers are crucially important.
- Similar activity among groups of clients, both migrants and non-migrants, are crucial to limiting the spread of the disease.
- The Directorate General of Communicable Disease Control and Environmental Health (2001, 7) also raise another, less obvious implication:

‘This kind of mobility ... gives local communities an excuse to ignore the importance of risk behaviours that are taking place in their midst, by claiming that commercial sex is an “outsiders” problem. This gives a false sense of security’.

CHAPTER 8

LINKS BETWEEN MOBILITY AND SUB-GROUPS WITH HIGH RISK TO HIV/AIDS INFECTION

8.1 Introduction

In examining the link between population mobility and HIV infection, it is apparent from the previous chapter that the sex industry plays a key role in Indonesia. However, it is possible to identify in Indonesia several sub-groups in the population who are at a higher risk of becoming infected with HIV than the remainder of the population. Several of these groups have been targeted in surveillance activities in Indonesia including:

- sex workers,
- injecting drug users,
- the gay community,
- transport workers.

In several cases these high risk groups also have distinctive patterns and levels of mobility which may be a factor in that risk. Several will be considered in this section from the perspective of the mobility-HIV link. In addition, some other sub-groups which may be of enhanced risk of infection are examined.

8.2 The Army and Police Forces

A study of 13,856 new recruits to the Indonesian military in 1997/1998 found that none were infected with HIV (Directorate General of Communicable Disease Control and Environmental Health, 2001, 4). However, there are no studies of more experienced soldiers. Indonesia has an estimated 220,000 soldiers and marines and 190,000 police (*Far Eastern Economic Review*, 4 February 1999, 23). They are regularly transferred to different parts of the archipelago, often without their families. Moreover, their position of power means that they frequently can obtain the services of CSWs without paying. They are major users of the services of sex workers and must be recognised as a high risk group. There are some rumours that some Indonesian soldiers returning from UN Peacekeeping duties in Cambodia in the mid-1990s had become infected with HIV in Cambodia and hence were involved in the spread of HIV to the country.

Military personnel have long had a high risk exposure to STIs, including HIV during peacetime as well as in war situations. An UNAIDS report (UNAIDS, 1998) lists the following factors as raising the risk of HIV in the military environment:

- it often involves prolonged periods away from home with the result that personnel are often looking for ways to relieve loneliness, stress and the building up of sexual tension;
- an ethos of risk taking;
- are in the high risk age group;
- they often have the financial means to purchase sex;
- military camps attract sex workers and drug dealers.

The report quotes several studies which show a substantially higher prevalence of HIV among military and police than in the civilian population.

It is interesting that in their study of the GMS, Chantavanich, Beesey and Paul (2000, 15, 57) identify 'uniformed officials' such as soldiers, police and other security groups as having higher rates of HIV infection. In the Cambodian case (2000, 15), they explain:

'Often without family and working in difficult conditions, these officials have higher incomes than most other occupational groups. As a result they avail themselves of ... sex workers. Some reports firmly suggest direct or indirect involvement ... in commercial sex businesses and establishments. In others, they are given free sex services in exchange for the authorisation and security for the operation of the venues'.

Similar practices were observed in Thailand, Vietnam and Myanmar.

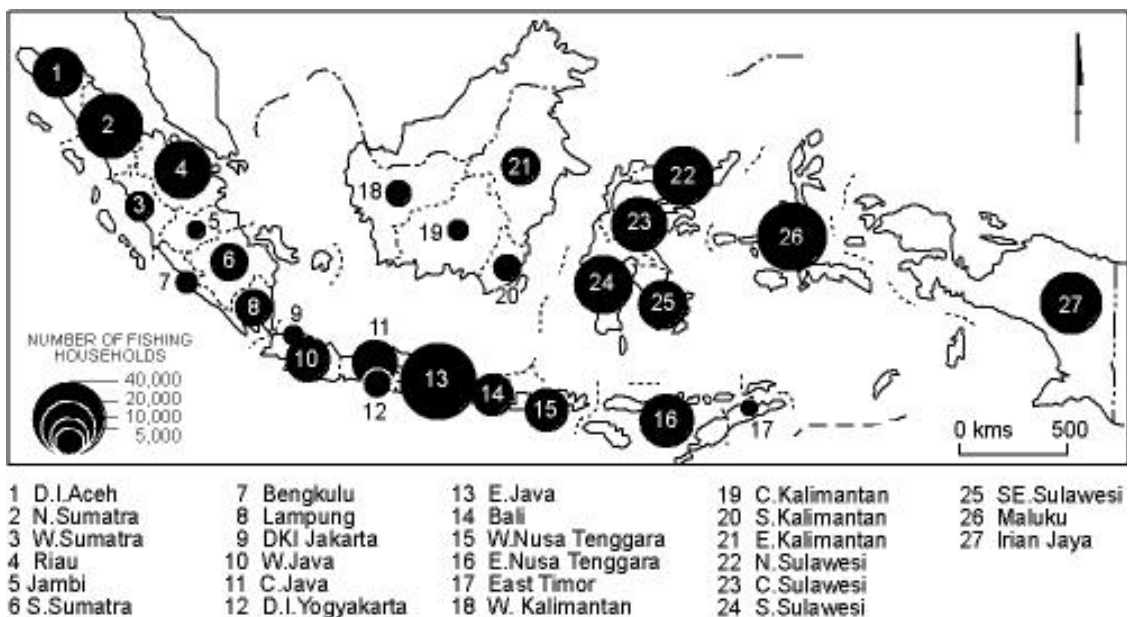
8.3 Fishermen

One of the groups in Indonesia, as well as other nations, especially vulnerable to HIV/AIDS infection are those men engaged in fishing. Over 200,000 households were classified as being involved in fishing in 1999 (*Indonesia Yearbook*, 1999). As with several other vulnerable groups considered here, this group involves people who spend considerable periods, at a considerable distance, away from their nuclear families. In many cases fishermen visit ports and these provide opportunities for the fishermen to visit CSWs. As with the other groups, this presents a substantial opportunity to spread the disease. If fishermen contract the disease they can spread it not only directly to their families at home but also to other ports that they visit. One case in point relates to the fishermen who utilise the fishing resources along the north coast of Java. There are a string of fishing ports along the north coast of Java and the pattern is for fishermen to frequently visit ports other than their own as they fish considerable distances along the coast. Each of the ports has its own commercial sex work industry located in proximity to the docks.

Of the over 200,000 households engaged in fishing in Indonesia, less than a quarter are engaged in marine fishing which is the main group with enhanced vulnerability to HIV because they often are absent for significant periods from their families and call in to ports other than their own. Figure 51 shows the distribution of households engaged in marine fishing in Indonesia and a distinctive pattern is in evidence. Only 19.5 percent of marine fishing households are located in Java compared with around 60 percent of the total population. It is especially notable that marine fishing households are strongly concentrated in Eastern Indonesia. Sulawesi alone has 22.1 percent of such households. There are also heavy concentrations in North Sumatra, Riau and Aceh in Sumatra. Hence marine fishing is a spatially concentrated industry and it needs to be investigated as a possible high vulnerability group.

Figure 51: Indonesia: Number of Fishing Households by Province, 1994

Source: BPS, 1997, 236-237



In Indonesia there is some debate about the role of fishermen from Thailand and the Philippines in introducing and spreading HIV in Indonesia. The Scalabrini Migration Centre (2000, 48-49) has studied deep sea fishermen based in General Santos and Davao in eastern Mindanao. These fishermen have frequent contact with North Sulawesi where they make extensive use of sex workers. General Santos has developed as a major fishing centre and this has spawned a flourishing sex industry

(Scalabrini Migration Centre, 2000, 46) with more than 1,000 sex workers and 3,000 freelancers. The Scalabrini Migration Centre (2000, 48-49) found ‘a culture among deep sea fishermen to engage in sex outside marriage, otherwise they would be branded as “takot sa asawa” (cowed by the wife)’. They engage in risky practices such as unprotected sex, use of penile implants and high levels of intravenous drug use.

‘Most fishermen reported having made a stop in some places in Indonesia. They could go on shore ... some informants mentioned that there are places for quick sexual encounters citing this as “natural” in places where ships dock. Women can be contacted through sellers in nearby stores’.

There are also ‘akyat-barko’ women (literally those who climb up in the boat). Condom use is not popular. No respondents reported having an HIV/AIDS test.

Chantavanich, Beesey and Paul (2000, 15, 55, 71) have identified fishermen and seafarers as one of the major migrant/mobile groups at above average risk of HIV infection in Cambodia, Thailand, Vietnam and Myanmar. They indicate that the highest levels of HIV infection is among the migrant fishermen who move between nations such as the Cambodians and Burmese in Thailand. The linkage between high levels of drinking, separation from families, the strong sex industry presence in ports of call and very low use of condoms, has seen not only high levels of HIV infection being recorded among seafarers and mariners but in the general population (e.g. pregnant women) in the ports. Interestingly, they also report high HIV incidence among inland fishermen (Chantavanich, Beesey and Paul, 2000, 15). Indonesia has large numbers of inland fishermen (e.g. in 1994 there were 1,088,675 compared with 425,781 marine fishermen). However, they have not been included in any of the vulnerable group surveillance studies. There was a general pattern of fishermen having lower levels of education than other seafarers and lower levels of understanding of HIV and use of condoms when having sex with CSWs.

8.4 Transport Workers

There is now a considerable literature which links transport workers, especially truck drivers, to the spread of HIV/AIDS (e.g. see UNDP, UNESCAP and UNAIDS, 2000) Obviously, the linkage lies through the fact that many long-distance truck and bus drivers have a regular pattern of stopovers, laybys, overnighting etc. which gives opportunities for use of brothels, contracting and spreading the disease. While there is less known about the sexual behaviour of transport workers in Indonesian than in countries like Thailand, it is apparent that the long-distance transport sector in Indonesia is huge and the potential for it to be a major factor of spread of HIV/AIDS is considerable. There are a number of substantial truck routes such as the Trans-Sumatra

Highway and the Jalur Pantara across Java. There is no doubt that there is a substantial sex industry associated with these and other routes. NGOs¹⁰ working in East Java among truck drivers report high levels of high risk sexual behaviour. They have attempted information campaigns including painting signs on trucks but they report that many truck drivers indicate that they are ‘too strong to contract any kind of diseases, including AIDS’.

Figure 52: Indonesia: Males Reporting Sex Worker Contact in the Past Year

Source: Kaldor *et al.*, 2000

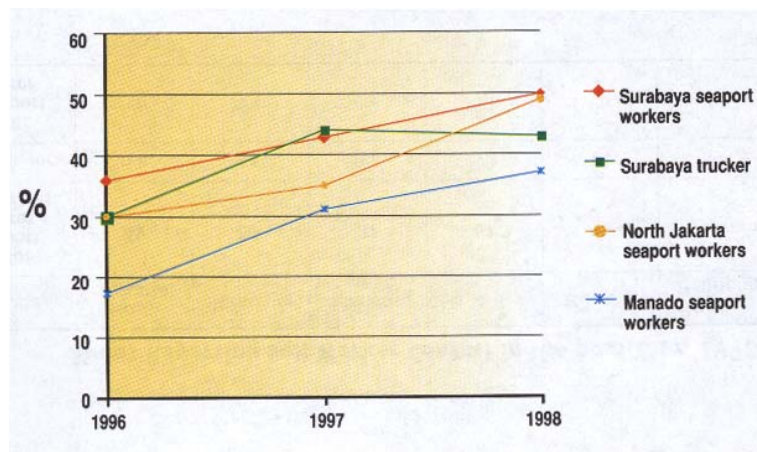
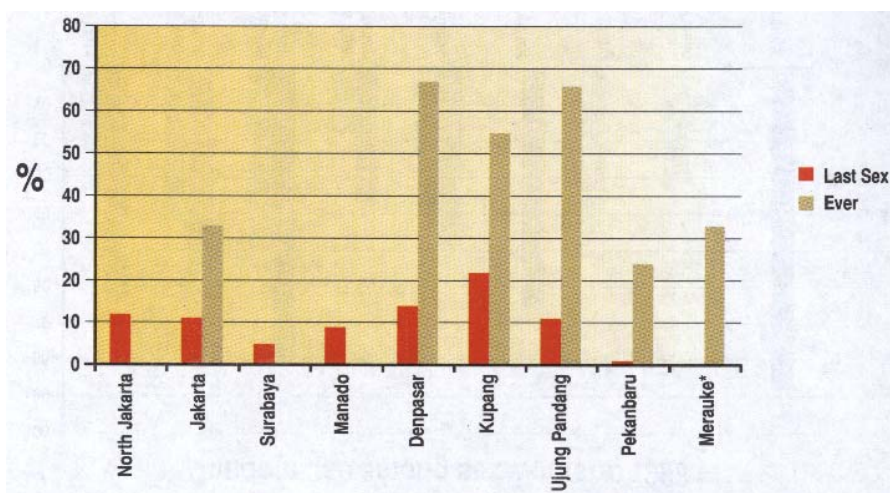


Figure 53: Indonesia: Condom Use with Sex Workers Among Sailors, Seaport Workers and Fishermen, 1998

Source: Kaldor *et al.*, 2000



¹⁰ Personal communication from Ms. Baby Jim Aditya.

A crucial point is the high levels of use of CSWs by transport workers and that is certainly the case in Indonesia. Figure 52 shows that more than a third of seaport workers and truckers in three cities in Indonesia used CSWs in the past 12 months.

Of particular importance is the extent to which the transport workers used condoms in their encounters with CSWs and others. Figure 53 shows a disturbing pattern whereby less than 10 percent utilised condoms in their last sex. Indeed, in most provinces it was substantially below this figure. Hence the bulk of the sex is unprotected.

The bulk of the literature relating the spread of HIV/AIDS to the road transport industry comes from Thailand and elsewhere on mainland Southeast Asia (Chantavanich, Beesey and Paul, 2000, 16, 35, 55, 72, 92). The study identified a number of 'hot spots' which are frequented by truck drivers and their assistants who often use sex workers because they are separated from family, have adequately high income and are heavy drinkers. Moreover, prostitutes often accompany truck drivers. The sex industry has expanded in the region along with the rapid growth of the trucking industry.

8.5 Traders

Traders are another itinerant group in Indonesia who could be at above average risk of becoming infected with HIV. This involves not only petty traders who travel regularly to a circuit of settlements to people engaged in longer distance merchandising of goods. Both men and women traders are often quite mobile in the course of buying and selling their merchandise. Hence again we have an occupation which involves frequent separation from family and traditional constraints as well as a group who often have a reasonable income. In some cases, the traders travel across borders with Malaysia and Irian Jaya. Nothing is currently known about the sexual behaviour, HIV infection etc. of traders in Indonesia but in a similar situation in the GMS, Chantavanich, Beesey and Paul (2000) summarise the results of a number of studies that indicate that mobile traders have elevated risks of vulnerability to HIV infection for similar reasons to truck drivers.

8.6 Factory Workers

Another occupational group which may be at elevated risk of HIV infection are factory workers who are often migrants who are separated from family. This is true in the major cities of Indonesia like Jakarta. Sunaryanto (1998) has shown how female factory workers in Jakarta are overwhelmingly migrants from rural areas who are not living with other family members. In Batam, too, there are a number of factories which have been established with the aim of taking advantage of the proximity to Singapore.

Accordingly, factory workers have been recruited from all over Indonesia and represent a pool of potential customers for the local burgeoning sex industry.

Chantavanich, Beesey and Paul (2000, 17) found a similar pattern of migration to garment factories being established in Cambodia to take advantage of extremely low wages. Away from family and social controls of their home communities, young men and women have the opportunity to change their norms of social and sexual behaviour.

8.7 Seafarers

Indonesia, being an archipelago nation, has long had a substantial seafarer population. Inter-island trade and passenger movement has involved large numbers working on ships and boats moving between the islands. They face a similarly high risk of infection to fishermen since they:

- spend considerable periods away from family and their home place,
- visit ports which have a substantial sex industry.

Little is known about the behaviour of this group within Indonesia and the incidence of HIV infection among them.

The Indonesian Seafarers Association (KPI) reports that there are more than 870,000 Indonesian seafarers (*Asian Migration News*, 15 August 1991). In recent times Indonesia has become more heavily involved in supplying seafarers to international shipping companies. For example, in 2001 there were 32,000 Indonesians working in the foreign shipping companies as seafarers (*Jakarta Post*, 10 April 2001, 2). While we know little about them, the experience of the Philippines which deployed 196,689 international seafarers in 1999 (Morada, 2001) is indicative. In 2000 it was found that seafarers comprise 33.4 percent of the total HIV positive cases among OCWs in the Philippines and the OCWs make up 22.3 percent of the more than 1,500 HIV/AIDS cases in the Philippines (*Asian Migration News*, 31 July 2000). This compares with the fact that seafarers make up only 23.4 percent of all Philippines OCWs (Morada, 2001). It was explained that the high level of vulnerability to infection among seafarers was due to a combination of factors including loneliness, the sudden energy released when disembarking during port calls, family problems and misinformation (*Asian Migration News*, 31 July 2000). In 2001 (*Asian Migration News*, 2000) it was reported that OCWs accounted for 27 percent of the 1,533 HIV positive persons in the nation and the majority of these are seafarers.

8.8 Construction Workers

One occupational group which in some cases are seen to have high levels of vulnerability to HIV/AIDS are construction workers. They are frequently a highly mobile group and in some cases large scale construction activities such as dams can

attract a large number of such workers into a relatively isolated context. In such contexts the sex industry often follows and increased chances of infection follow. Hsu and Du Guerny (2000, 4) point out that workers employed on constructing rural infrastructures like dams, irrigation systems and roads may be vectors of HIV transmission. In Indonesia there have been some massive construction projects in relatively remote locations for which large numbers of migrant workers have had to be brought in because there are not a sufficient local labour force. This has been the case all over Southeast Asia (Chantavanich, Beesey and Paul, 2000, 36). Foreign investment in mining, hydroelectric power, irrigation schemes, dams, highways, feeder roads and bridges has greatly increased the number of migrant men working in remote areas. This often leads to the development of an associated sex industry with the various projects.

8.9 Plantation Workers

Indonesia has a huge plantation industry, especially in the areas of rubber and increasingly oil palm. Plantations have been expanding at an exponential rate at the expense of rainforest areas with often disastrous, consequences for the local wildlife and environment. However, the areas where it has expanded often cannot supply the labour needed by these new plantations and so migrant labour has to be bought in. Hence there is a situation very similar to that of the mining activities referred to earlier. Accordingly, the commercial sex industry is developing around the migrant worker populations in the Outer Islands of Indonesia and so the potential for the diffusion of HIV/AIDS is significant.

8.10 Foreigners

There is considerable debate about the role of foreigners and hence international population movement in the spread of HIV/AIDS in Indonesia. In particular, two groups have drawn attention:

- Foreign tourists were blamed for the introduction of HIV infection in the early years.
- Fishermen from other SE Asian countries have been identified as an important element in introducing and spreading infection in Indonesia, especially in the province of highest HIV/AIDS prevalence – Irian Jaya/Papua.

On 30 November 2000, some 18.4 percent of the reported HIV/AIDS cases in Indonesia for whom nationality was known (it was not known for 7.4 percent of cases) were designated foreigners. Of these, other Southeast Asian fishermen were by far the largest component. While they are generally associated with Irian Jaya, they also were reported in other provinces as follows:

- Irian Jaya/Papua - 82 cases
- West Kalimantan - 28 “
- Central Kalimantan - 27 “
- North Sumatra - 18 “
- Riau - 12 “
- South Sumatra - 11 “

They made up 66.9 percent of all foreigners reported with HIV/AIDS in Indonesia and most have returned home.

The role of foreign tourists and visitors in the spread of HIV/AIDS in Southeast Asia has been examined by Chantavanich, Beesey and Paul (2000, 18). Indonesia has not been as influenced as places like Thailand and Cambodia by ‘a special segment of tourists for whom the main attractions are cheap sex and entertainment services’ but they do have some influence.

There have been some reports of foreign sex workers entering the nation as the following report indicates:

‘According to the Manpower Ministry ... hundreds of sex workers from China, Hong Kong, the Philippines and Thailand and others employed by fishing companies, entertainment centres, mining and manufacturing firms. Concern has been raised regarding the spread of diseases such as AIDS’ (*Asian Migration News*, 31 March 2000).

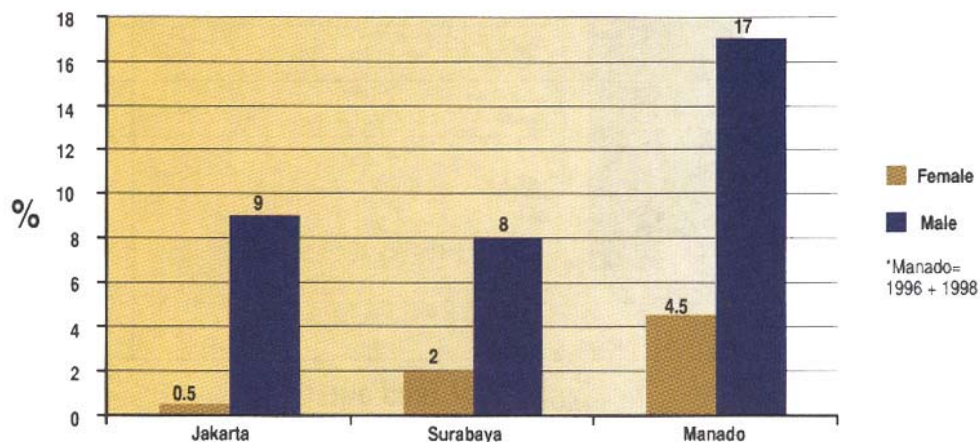
8.11 Injecting Drug Users (IDUs)

IDUs are one of the highest risk groups for HIV infection since the disease can be readily spread through sharing needles. In addition, IDUs often have a greater propensity to engage in high risk sexual activity than is the case for the remainder of the population. The nature of a possible link with mobility is unclear. It is known, however, that the major DIU groups are also highly mobile groups – e.g. students, young adults, especially males. Hence there may be a complex relationship which links a number of elements of vulnerability-risky sexual behaviour, IDUs and high levels of mobility. There is very little information available about the extent of drug use in Indonesia. One estimate of drug users in Indonesia puts it at 2 percent of the population (4 million people) and the numbers in Jakarta at 1.3 million (Utomo *et al.*, 2001). There has been an upsurge in incidence of HIV infection among IDUs admitted to Drug Dependency hospitals and among reported IDU cases suggesting to some commentators that Indonesia entered a new phase of the HIV epidemic in late 2000.¹¹

¹¹ This was suggested in an interview with Dr. Budi Utomo on 11 January 2001. He argues that there has been three phases so far in the Indonesian epidemic:

The limited data available indicate a high prevalence of HIV among IDUs. For example, one study at a hospital for substance abusers in Jakarta revealed that 39 of 247 IDUs studied were infected with HIV (Anon, 2001). A BSS of IDUs in Jakarta sought to establish the pattern and magnitude of HIV risk behaviour in the group (Utomo *et al.*, 2000) with a sample of 400 IDUs of whom 90 percent were male and 95 percent aged below 30. Almost half were still in some form of education and most were unmarried. Some 62 percent of males and 50 percent of females reused needles and 56 percent of males and 36 percent of females shared needles when injecting last and only 1.4 percent boiled the needles before reuse. Sharing was with 3 persons on average but ranged from 2-8 for males and 2-6 for females. More than half of the respondents (54 percent of males and 67 percent of females) were sexually active with 50 percent casual, 35 percent commercial and 15 percent with regular partners and use of condoms was very low. Students are a major IDU group as well as being highly mobile. Little is known of their sexual behaviour but they can be a ‘double jeopardy’ risk group because they have both high intravenous drug use as well as engaging in risky sex practice. Figure 54 shows rates of sex and intercourse among high school students in three cities. The same studies showed relatively low levels of contact between students and CSWs as Figure 55 shows.

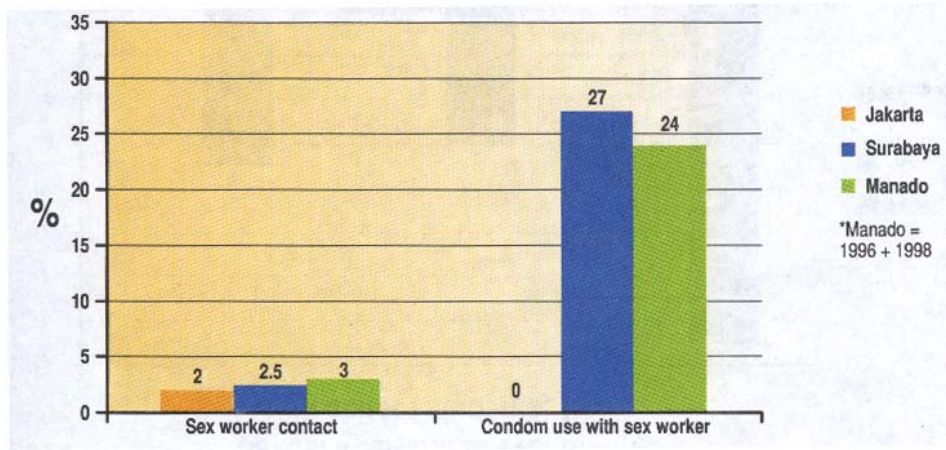
Figure 54: Sexual Intercourse Among High School Students, 1997
Source: Kaldor *et al.*, 2000



- In the early years after the introduction of the disease in 1987, it was linked to bisexual activity and overwhelmingly effected males.
- In the 1990s heterosexual transmission dominated and the number of females infected increased.
- In 2000, IDUs began to dominate newly registered HIV sufferers.

Figure 55: Male High School Students Reporting Sex Worker Contact in the Past Year, 1997

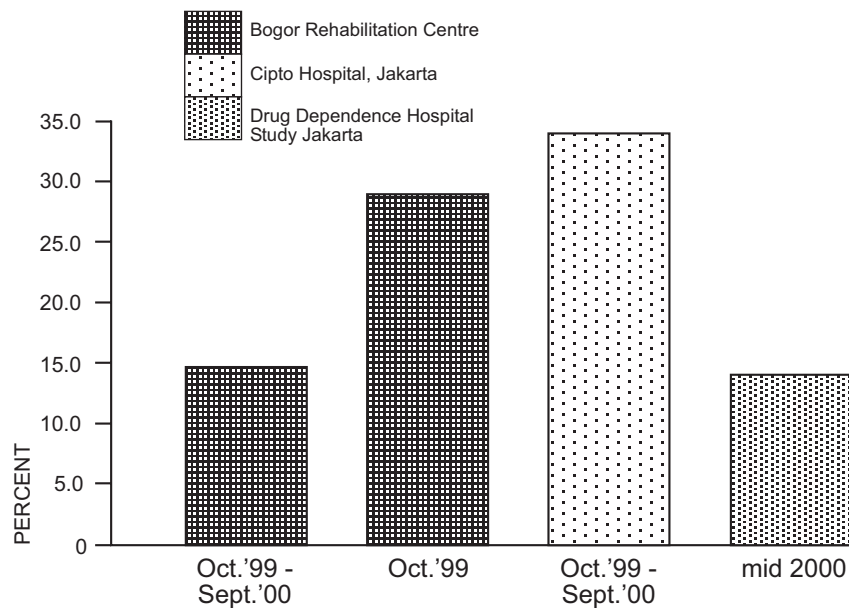
Source: Kaldor *et al.*, 2000



The crucial point here is that recent data from some drug treatment centres in Jakarta and Bogor (in West Java) show very high rates of prevalence among IDUs. Figure 56 shows that in each case the rate exceeds 10 percent and points to an important phenomenon.

Figure 56: Jakarta and Bogor: HIV Prevalence Update of Injecting Drug Users, 2000

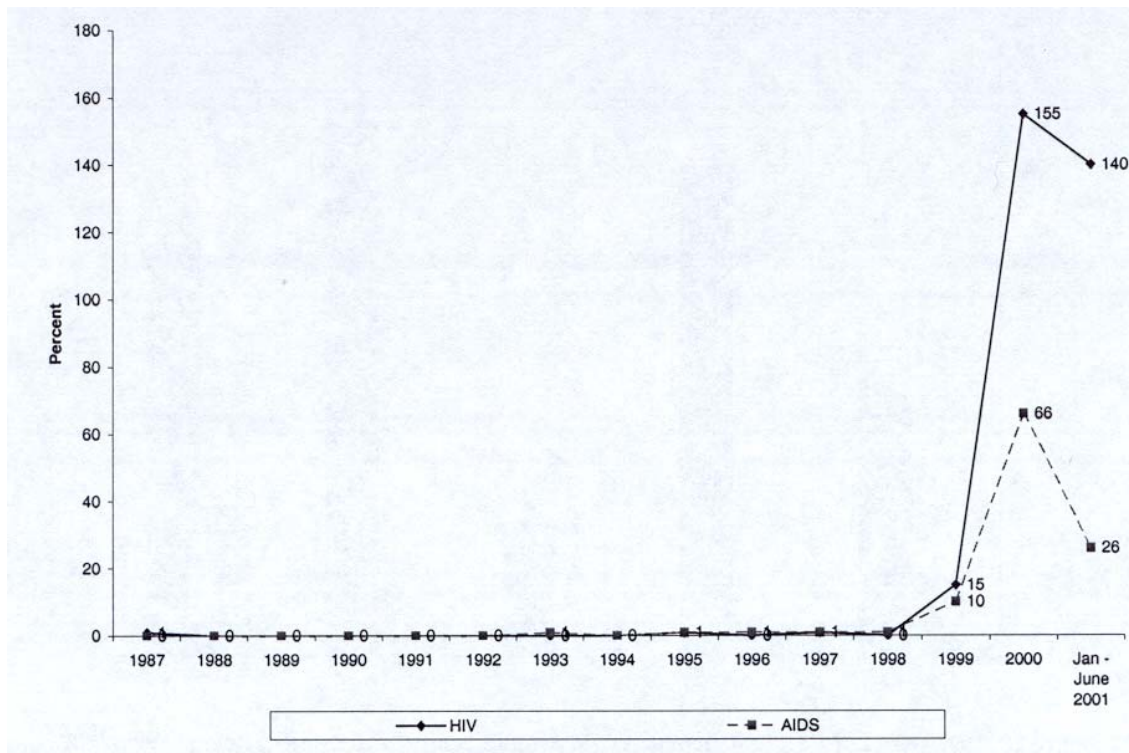
Source: Kaldor *et al.*, 2000



The recent increase in HIV infection among IDUs in Indonesia is reflected in Figure 57 which has been developed by the Centre for Communicable Disease Control and Environmental Health.

Figure 57: Number of New HIV and AIDS Cases in Injecting Drug Users, Indonesia, 1987-2000

Source: Directorate General of Communicable Disease Control and Environmental Health, 2001



It is important to establish who the IDUs are. As the Directorate General of Communicable Disease Control and Environmental Health (2001, 19) points out, IDUs are spread across all social classes and:

‘are far from the stereotype that society has of emaciated lower class slum dwellers with nothing to live for. Over two thirds of drug injectors interviewed in eight cities (and 9 out of 10 in Jakarta) still lived with their parents and many are known to be from the country’s upper and middle classes’.

Half were in their teens and they are a very youthful population and males heavily outnumber females.

A paper by Bazant (2001) showed that in mainland Southeast Asia and southern China, there is a strong correspondence between patterns of drug smuggling, HIV infection and population movement, especially undocumented movements. This correlation between IDU, mobility and HIV needs to be further investigated in Indonesia as well as elsewhere in the region. This is given particular urgency in the Indonesian case by the rapidly increasing numbers of HIV sufferers who report infection through sharing needles. Chantavanich, Beesey and Paul (2000, 6) have argued that in fact there are two HIV/AIDS epidemics in the Greater Mekong sub-region:

‘The first is among IDUs in Thailand, which had connections with the Golden Triangle ... now spread to Vietnam. But this epidemic has been more dispersed ... being well established in Bangkok ... The second is via heterosexual transmission which also started in Thailand. It spread to Myanmar and Cambodia through large population movements and increased general mobility in the context of unprotected sex in an expanding sex industry in the region. From Cambodia, HIV has spread to South Vietnam through Vietnamese sex workers and other migrants who worked in Cambodia’.

Hence Chantavanich, Beesey and Paul were able to make the connection between sexual transmission and the spread of HIV much more closely than they could with IDU transmission. Yet the latter connection remains little investigated.

8.12 Transvestites and Gays

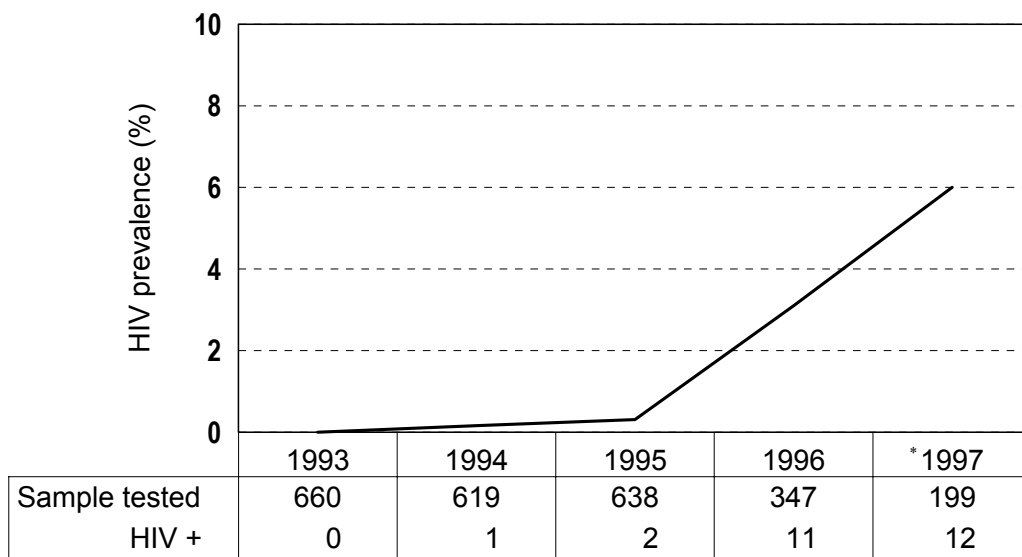
Men having sex with men are an important element in the spread of HIV/AIDS. Little is known about the complex connection between their mobility and their high risk behaviour. Indonesia has a relatively open gay scene but that is only part of the group of men who have sex with men in Indonesia. The Directorate General of Communicable Disease Control and Environmental Health (2001, 20) has pointed out that:

‘In many cities, transvestites (known as “waria”) sell sex both as the active and as the positive partners to men who do not think of themselves as homosexual, and who only occasionally engage in anal or oral sex with other men. There is also a market for male sex workers who are not transvestites. These men may be married or have girlfriends, sell sex to other men and, less frequently, to women’.

Rates of HIV infection among the groups are not known. Figure 58 shows that BSS among transvestites in Jakarta have shown an increase in the nineties with 6 percent being infected in 1996.

Figure 58: Jakarta: HIV Prevalence in Transvestites, 1993-1997

Source: Dr. Fanny J. Silfanus, MOH



CHAPTER 9

RECOMMENDATIONS AND CONCLUSIONS

9.1 Introduction

One of the strongest themes emerging from the present study is that the knowledge bases which we have access to, both in the area of spatial mobility and in the prevalence of HIV/AIDS, are both limited and the information which we have relating to the incidence of infection among movers is restricted. Accordingly, there is limited knowledge on which to base policy and program recommendations for intervention in the population mobility-sex industry-HIV/AIDS nexus which this paper has shown to be of considerable potential significance in the spread of HIV/AIDS in Indonesia. A recent report (Directorate General of Communicable Disease Control and Environmental Health, 2001, 3) concludes that:

‘If Indonesia can manage effectively to limit the spread of HIV in groups with high risk behaviours, and to reduce greatly the unprotected sexual encounters which carry HIV infection between those groups and a wider population, the country will be spared a major epidemic. The country still has an opportunity to achieve this goal, but with HIV rates rising rapidly in key populations, urgent action is needed now. This action needs to be taken on a large scale, but should remain carefully focused on helping the population most at risk of infection’.

The recommendations of this report relate strongly to the effort to focus efforts to restrict the spread of HIV infection. The initial suggestions relate to the research which is needed to fill the gaps in research relating to the linkages between HIV infection and population mobility.

A second set of recommendations relate to the issue of sentinel surveillance in Indonesia. It is generally agreed that current surveillance in Indonesia is limited and it is suggested here that there is a need not only to improve sentinel surveillance activities but also extend them to mobile populations who may engage in high risk behaviour. A third set of recommendations addresses how knowledge of population mobility may be useful in designing general strategies relating to the spread of HIV/AIDS. A final section is concerned with a series of recommendations regarding prevention and intervention strategies relating to HIV/AIDS in mobile populations in Indonesia.

One important issue which has emerged from this study is the crucial relationship which exists between HIV infection and the *World of Work*. It is apparent that much of the high risk behaviour among migrants in relation to HIV infection is among *migrant workers*, both within and outside of Indonesia. It is not only that it is

migrant workers who are exposed to higher risk but it is in the workplace that much of the risk occurs. It is in the workplace that the migrant worker is often introduced to new norms of sexual behaviour by fellow workers. It is also often in association with the migrant workplace that concentrations of the sex industry occur. There is also the issue that HIV/AIDS can, and does, influence the productivity of workers so that there is an impact on Human Resource Development.

An important consideration, also, is that the research which is undertaken into population mobility and HIV/AIDS needs to have a strong policy orientation. There is a real urgency in the current situation. Indonesia is in the relatively fortunate situation of HIV infection being spatially concentrated in a relatively small number of 'reservoirs' of infection. However, if the disease is allowed to diffuse out from those areas the epidemic could spread quite rapidly. It is crucial that the disease be confined to these areas and an understanding of the mobility-HIV links will considerably assist in developing effective strategies to stem that spread.

9.2 Recommendations for Continuing Research

The present study represents a first step in the study of the linkages between HIV/AIDS, population mobility and the sex industry. There is a need to extend and intensify this work if soundly based recommendations for intervention in this area are to be made. It is suggested here that the following be undertaken as a matter of urgency:

- There is a need to build up a comprehensive inventory and map of locations all over Indonesia where there are significant concentrations of migrant workers and an associated sex industry. The paper has shown that, on the one hand, Indonesia has one of the world's largest concentrations of *internal migrant workers* but the official data collection schemes fail to detect this important form of non-permanent mobility. It is possible to build up a total picture of the movement of migrant labour through visiting the major centres of:

- mining activity,
- urban centres,
- border locations,
- transport routes/points,
- major ports.

Interviews with key respondents should be able to build up a rough but indicative quantitative picture of:

- numbers of migrant workers,
- their main areas of origin,
- the extent of the local sex industry,

- the origins of the CSWs,
- the extent of use of the sex industry by the migrant workers.

The production of such an inventory is not possible using conventional survey methodologies. The approach suggested here could be done by an individual or small group with a good knowledge of mobility patterns and of Indonesian language and could build on the material presented here to produce a comprehensive picture of internal migrant labour movements in Indonesia.

- The above inventory should be the basis for the undertaking of a comprehensive survey of a sample of the various types of migrant worker destinations and origins. Each of the types of destinations listed above needs to be included. The surveys should include both migrant workers and sex workers and their origin communities. The studies should use a mix of quantitative and qualitative approaches to investigate a range of issues including the following:
 - the mobility process including the length of time spent away from home,
 - risk behaviour,
 - the interaction with the sex industry,
 - patterns of movement to different destinations,
 - knowledge of HIV/AIDS,
 - use of condoms.

An important element in these studies must relate to sexual networking and sexual behaviour of migrant workers. This must include using the anthropological methods advocated by Caldwell *et al.* (1994). A related dimension to this is the fact that much of this survey/case study work needs to be workplace-based, not just based on residential concentrations of migrant workers. The fact is that migrant workers are often introduced to new patterns and norms of sexual behaviour and use of the sex industry through the workplace.

- A third major urgent priority for research relates to international labour migration. Little is known about the links with HIV/AIDS and there is an immediate need for a reconnaissance study which includes the following:
 - an attempt to establish the extent of HIV testing currently carried out on Indonesian OCWs, both prior to leaving Indonesia and in destination nations,
 - a collection of as much of these data as is possible to establish a profile of the extent of HIV infection.
- A fourth priority would be the undertaking of a risk behaviour survey among Indonesian OCWs, similar to that among internal migrant workers. This would involve a complex sampling strategy to ensure:

- a cross-section of destination areas,
- both males and females,
- both documented and undocumented migrants,
- a cross-section of origin communities,
- groups of both pre-departure OCWs and those recently returned.

In undertaking the surveys of migrant workers and OCWs discussed above, there is a need to adopt an innovative methodology. One avenue would be to adopt the Behavioural Sentinel Surveillance approach which was adopted by Utomo *et al.* (2000) to identify and study IDUs in Jakarta. The method involved the following stages:

- They began by locating and mapping the areas where IDUs gather for drug injecting or transactions. The map included addresses, names of contact persons and the estimated numbers of IDUs.
- For each location a proportional number of IDUs were randomly recruited on site as respondents through cooperation with local contract persons.
- Both structured interviews and in-depth interviews were conducted.
- Trained interviewers were utilised in 64 locations with 406 IDUs. Some 20 percent of respondents refused to cooperate.

In undertaking the above work it will be useful to consider the work already done along these lines in the GMS. Chantavanich, Beesey and Paul (2000, 7-8) have reported that in the region ... 'much time and money have been spent on studies assessing the vulnerability of mobile population groups and exploring risk situations in border locations and other areas. While the output in terms of interventions has been limited, there are several projects in place and there are lessons to be learnt'.

- A fifth priority area also relates to OCWs. This relates to the necessity to upgrade the information of OCWs regarding HIV infection *before* they leave to work overseas. It is clear that Indonesian OCWs possess little information about HIV/AIDS and how to prevent becoming infected. Designing effective information programs in this area is an important priority.
- A sixth area of research need would involve the development of a map of Indonesia which involves a comprehensive inventory of all of the 'hot spots' in Indonesia where there is a coincidence of concentration of migrant workers and the commercial sex industry and where the sexual behaviour of the migrant workers is such as to prevent a risk of increasing the number of persons infected with HIV. Again, the methodology followed in the GMS study is instructive (Chantavanich, Beesey and Paul, 2000).

A sixth priority relates to the need for more research to be undertaken into the relationship between migrant workers, the sex industry and HIV infection in the context of urban areas in Indonesia. We know little of the new types of ecological contexts in

which migrant workers live in rapidly growing Indonesian cities, especially Greater Jakarta. What are the sexual networking and sexual behaviour patterns associated with new types of living situations of migrant workers in cities? These include barracks, group households in rented houses, squatter settlements, slums etc. Studies of female migrant workers moving to Jakarta to work in modern factories as well as of those coming to work in the urban informal sector are needed.

9.3 Recommendations on Behavioural Sentinel Surveillance

Behavioural Sentinel Surveillance is an expensive operation and in Indonesia much of the extra effort in this area needs to be in improving the methodology and accuracy of existing BSS sites. This needs to be the main priority. In this respect it must be recognised that most of the research effort relating to investigating the relationship between population mobility and HIV infection needs to be in the form of surveys and detailed community investigations. Nevertheless, as the BSS system improves and scope comes available to expand the number of BSS sites, there is a need to extend the range of high risk sub-groups included in the sentinel surveillance program and the range of geographical locations of those sub-groups. It would seem important to include the following:

- Concentrations of internal migrant workers. This would include groups in:
 - mining settlements,
 - market localities,
 - urban areas,
 - plantation areas,
 - border points,
 - concentrations of tourists,
 - seaports,
 - construction sites,
 - transport stops/routes,
 - military posts in remote areas,
 - factories with migrant workers,
 - concentrations of the commercial sex industry.
- Regular surveillance in a sample of the villages of origin.
- Surveillance of a full range of workers in the sex industry since migrant workers seem to use many outside of the *lokalisasi*.
- Surveillance of a full range of transport related locations where there are substantial populations of mobile workers moving through:
 - truck/bus stops
 - border crossings

- ports and harbour towns
- fishing centres
- Surveillance must be introduced to include OCWs and the sentinel sites need to be located:
 - in major departure/arrival points for OCWs and the surveillance must include separate samples of both pre-departure OCWs and those just arriving back,
 - the sentinel sites must include both arrival/departure points of both documented and undocumented OCWs,
 - both males and females,
 - a cross-section of destinations and jobs at the destination,
 - Behavioural Sentinel Surveillance sites at a range of villages of origin of documented and undocumented OCWs.

9.4 Population Mobility and HIV/AIDS Policy

As Skeldon (2000, 16) correctly points out, ‘... intervention to control the epidemic of HIV/AIDS through the control of human movement is unlikely to succeed’. Attempting to control the spread of HIV/AIDS through controlling population mobility would be a waste of time and resources. Policymakers over several generations have found that attempting to stop or even redirect population flow is an exceedingly difficult task, not really amenable to policy intervention. Rather, the policy implications of knowledge of the population mobility-sex industry-HIV/AIDS nexus are to use that knowledge to better intervene to prevent the spread of the disease or to treat people who are already infected.

From a policy perspective, one of the key aspects of the migration of persons at enhanced risk of being infected with HIV/AIDS is the fact that they tend to be selectively drawn from particular origin areas. This has been demonstrated at several points in this report and it particularly applies to migrant workers and to sex workers. For example, Hull, Sulistyaningih and Jones (1998, 47) point out that the *kabupaten* of Indramayu in the province of West Java is a well source of sex workers all over Indonesia but especially the large metropolitan centre of Jakarta. They point out that while Indramayu has only 3 percent of the West Java-Jakarta population, it supplies 28 percent of the CSWs of one of the large *lokalisasi* in North Jakarta. They identify 7 *kecamatan* in *kabupaten* Indramayu as being major suppliers of sex workers and they tend to be areas closest to the main road leading to Jakarta.

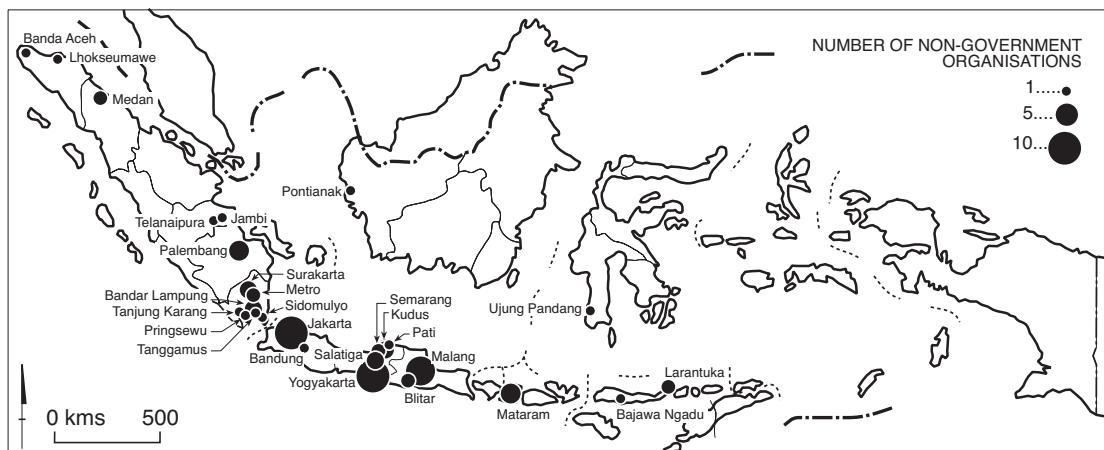
In considering the implications of population mobility for HIV/AIDS surveillance and interventions, it is argued here that it is necessary to adopt a *mobility systems perspective*. Certainly, it is the case that migrant workers who are in high risk

situations as far as being infected with HIV/AIDS is concerned need to be identified, made the subject of sentinel surveillance surveys and targeted for intervention programs, both preventative (information, condom distribution etc.) and in providing care for those infected. However, it must be recognised that migrant workers are not domiciled in their destinations, they move within a mobility system and the people they interact with within that system may also be at high risk of infection. Hence there needs to be consideration given to not only identifying sites of concentration of migrant workers as being possible 'hot spots' or areas of high prevalence but also:

- Transit points of the migrant workers.
- The home villages and communities of the migrant workers.
- The other areas in which the migrant workers are employed since many migrant workers do not always return to the same place to work but seek work in a number of places.

Figure 59: Distribution of HIV/AIDS NGOs in Indonesia, 2001

Source: AIDS Indonesia



The same arguments can be presented about CSWs. It has been pointed out that the vast majority of CSWs are themselves migrant workers. They usually are not domiciled where they work and move considerable distances to be involved in the sex industry and their family remains in the village of origin. The well known outflow of CSWs from Indramayu in West Java to locations all over Indonesia is a classic example of this pattern. Accordingly, sentinel surveillance surveys are needed in the home areas of CSWs. In addition, CSWs, like other migrant workers, also move between destinations in search of work. They operate in a mobility system so that other workplaces also need to be considered for surveillance activity and interventions.

NGOs are a major element in the fight against HIV/AIDS in Indonesia. There are a large number of NGOs and multilateral organisations involved in this fight. Figure 59 shows the distribution of NGOs according to their central offices. It will be noticed that none are based in Irian Jaya, the area of greatest HIV/AIDS prevalence. However, several of the major organisations (such as PATH, AusAID etc.) involved have head offices based in Jakarta but are also very active elsewhere, including Irian.

It should also be noted that NGOs are a major element fighting for improvement of the rights of Indonesian migrant workers, especially those who work overseas. Any attempt to intervene to improve information dissemination, condom programs, treatment etc. to migrant workers would be best undertaken with some involvement of NGOs concerned with migrant workers.

9.5 Prevention and Intervention Strategies

It is somewhat premature at this stage to make pronouncements on the types of intervention and prevention strategies that can or should be introduced among mobile populations in the fight against HIV/AIDS in Indonesia since we know so little about the nature of the connection between HIV/AIDS and population mobility in the country.

An important issue in considering the relationship between population mobility and HIV infection in Indonesia is the role of cooperative activity with other nations of the ASEAN region. With respect to the mobility-HIV link, these activities appear to be of two types:

- Firstly, it is apparent that much of the mobility involving an elevated risk involves movement across ASEAN boundaries, both in terms of Indonesian OCWs going to work in countries like Singapore, Brunei and Malaysia, and residents of other ASEAN countries who come to Indonesia to use the sex industry as in the case of Singaporeans travelling to islands in Riau like Bantan. There is a need for cooperation between the nations involved to attack the spread of HIV infection among those mobile groups.
- Secondly, several ASEAN neighbours have more experience in developing programs relating to HIV/AIDS information and prevention among mobile populations. For example, in the Philippines there have been such programs relating to OCWs, while in Thailand there have been successful programs introduced to attack HIV/AIDS among highly mobile populations. Indonesia has much to learn from such experience. It must be stressed that Indonesia should not adopt such programs uncritically and without modification because there is a need to develop programs which precisely fit the detail of the specific Indonesian situation. Nevertheless, much can be learned from the experience of

fellow ASEAN nations. In this context, the plea for intra-ASEAN information sharing in HIV/AIDS experience at the recent 7th ASEAN Summit in Brunei Darussalam (November 2001) needs to be heeded.

However, a number of principles regarding HIV/AIDS intervention and prevention activity in mobile populations in Indonesia can be outlined. This draws substantially upon an analysis made in the journal *International Migration* (Vol. 36, No. 4, 1998, 457):

- All efforts should not assume that migrants and mobile groups *per se* have a higher incidence of infection than non-mover groups. Hence efforts must be directed at ‘risk reduction’, not ‘risk group reduction’ – i.e. it needs to be targeted at *risk behaviour* among more groups, not at movers *per se*.
- All efforts should involve the promotion of the human rights of the movers involved.
- There needs to be an involvement of *local authorities* so that they will promote, support and sustain projects.
- There is a need to recognise that population mobility is a system involving origins, multiple destinations, movers and transit points. Hence intervention efforts should not purely focus on one particular geographical point in these systems. They need to be coordinated and integrated across these systems. Hence efforts need to be linked between origins, transit and destination points and, where possible, with cooperation of NGOs that can operate across all of these points even when the movement involves more than one country.
- In the case of international population movements, it is possible to use a *twin city* approach whereby one can work both sides of the border (e.g. Indonesia/Malaysia) to attack the HIV/AIDS issue.
- The ‘twin city’ approach can be utilised to identify issues requiring international collaboration and to strengthen international links and collaboration at the local level.
- There is a need to integrate and promote the prevention of HIV/AIDS and STIs into the more general health services available to mobile populations. Hence there is a need for a broad based approach to address the health needs of mobile populations.
- There is a particular need to ensure that there are adequate support services and materials precisely where they can be accessed by mobile populations when they are required (condoms, counselling etc.).
- There is a need to make full use of media and multilingual approaches to promote HIV/AIDS awareness and prevention.

- There is a need to integrate HIV/AIDS prevention into other socio-economic services for migrants.
- It is crucial that the activities not be confined to migrants who are recognised officially but are extended to all forms of mobility including undocumented migrant workers.
- Urgent priority should be given to the development and introduction of a health module to be included in the training given to all potential OCWs about to leave Indonesia. A model for such a module is that introduced in Sri Lanka in 2001 (*Asian Migration News*, June 2001). The program was developed with the assistance of the UNAIDS Country Programme in Sri Lanka. The program covers modes of transmission and prevention of sexually transmitted diseases and HIV/AIDS, personal hygiene and medical fitness, family health and health problems in the workplace.

REFERENCES

- Adicondro, G.J., 1986. *Datang Dengan Kapal, Tidur Di Pasar, Buang Air Di Kali, Pulang Naik Pesawat* (Arrive by Boat, Sleep in the Market, Urinate in the River, Return Home in an Aeroplane), Yayasan Pengembangan Masyarakat Desa Irian Jaya, Jayapura.
- Amon, J., Brown, T., Hogle, J., MacNeil, J., Magnani, R., Mills, S., Pisani, E., Rehle, T., Sidel, T. and Kolars Sow, C., 2000. *Behavioral Surveillance Surveys (BSS): Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV*. Funded by the United States Agency for International Development (USAID) through the IMPACT Project implemented by Family Health International.
- Ananta, A., 2000. Internal Population Mobility during Indonesian Crisis: Preliminary Ideas, National University of Singapore, Mimeo.
- Anarfi, J.K., Awusabo-Asare, K. and Appiah, E.N., 2000. Female Emigration, AIDS and Their Socio-Demographic Impact: A Case Study of a Ghanaian Rural Community, pp. 99-114 in J.C. Caldwell, P. Caldwell, I.O. Orubuloye, J.P.M. Ntozi, K. Awusabo-Asare, J. Anarfi, B., Caldwell, C. Varga, J. Malungo, B. Missingham, W. Cosford and E. Hollings (eds.), *Towards the Containment of the AIDS Epidemic: Social and Behavioural Research*, Health Transition Centre, ANU, Canberra.
- Anon, 2001. *Country Report (Indonesia)*, Intercountry Consultation for the ASEAN Summit Special Session on HIV/AIDS, Kuala Lumpur, 26-27 April.
- Appleyard, R. and Wilson, A. (eds.), 1998. Migration and HIV/AIDS, *International Migration*, 36, 4, special issue.
- ASEAN Secretariat, 2001. UN Task Force on Mobile Population and HIV Vulnerability Meeting, 2-3 May, Bali, Indonesia.
- Asian Research Centre for Migration/SEAMEO-TROPMED/WHO/GTZ, 1997. Second Technical Consultation on Transnational Population Movement and HIV/AIDS in Southeast Asian Countries. Report.
- Asian Research Centre for Migration/WHO, 1995. Report of Technical Consultation on Information Regarding Population Movements and HIV/AIDS in Southeast Asia. Report.
- Asis, M., 2000. Assessing Population Movement and HIV Vulnerability in the BIMP-EAGA Region: Philippines-Malaysia Linkages, *Asian Migrant*, 13, 4, 109-113.
- Bandyopadhyay, M. and Thomas, J., 2000. Social Context of Women Migrant Workers' Vulnerability to HIV Infection in Hong Kong, China, pp. 49-65 in UNDP South East Asia HIV and Development Project, *Population Mobility in*

- Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Bazant, W., 2001. Drugs and HIV: Shared Vulnerability of Mobile Populations. Presentation to the UN Regional Task Force on Mobile Population and HIV Vulnerability Meeting, Bali, Indonesia, 2-3 May.
- Bickers, C. and Crispin, S.W., 2000. Asia Sets its Sights on an AIDS Breakthrough, *Far Eastern Economic Review*, 7 December, 38-43.
- Biro Pusat Statistik (BPS), 1984. *Indikator Kesejahteraan Rakyat (Welfare Indicators) 1983*, Biro Pusat Statistik, Jakarta.
- Biro Pusat Statistik (BPS), 1991. *Penduduk Indonesia: Tabel Pendahulian Hasil Sub Sampel Sensus Penduduk 1990*, BPS, Jakarta.
- Biro Pusat Statistik (BPS), 1994. *Tren Fertilitas, Mortalitas dan Migrasi*, Biro Pusat Statistik, Jakarta.
- Biro Pusat Statistik (BPS), 1997. *Statistik Indonesia* (Statistical Yearbook of Indonesia), BPS, Jakarta.
- Biro Pusat Statistik (BPS), 1999. *Statistik Indonesia* (Statistical Yearbook of Indonesia), BPS, Jakarta.
- Biro Pusat Statistik, 2000. *Indonesia in Figures*, BPS, Jakarta.
- Bond, K.C., Celentano, D.D., Phonsopakul, S. and Vaddhanaphuti, C., 1997. Mobility and Migration: Female Commercial Sex Work and the HIV Epidemic in Northern Thailand, in G. Herdt (ed.), *Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives*, Oxford, Clarendon Press, 185-215.
- Boonchalaksi, W. and Guest, P., 1998. Prostitution in Thailand, in L.L. Lim (ed.), *The Sex Sector: The Economic and Social Bases of Prostitution in Southeast Asia*, International Labour Office, Geneva, 130-169.
- Brockhoff, M. and Biddlecom, A.E., 1999. Migration, Sexual Behaviour and the Risk of HIV in Kenya, *International Migration Review*, 33, 4.
- BPS West Java, 1998. *Change in the Trend and Pattern of Population Mobility in Indonesia*, Biro Pusat Statistik, West Java.
- Buehler, J., Frey, R., Chu, S. and the AIDS Mortality Project Group, 1995. The Migration of Persons with AIDS: Data from 12 States, 1985 to 1992, *American Journal of Public Health*, 85, 11, 1552-1555.
- Caldwell, J.C. and Caldwell, P., 1994. The Neglect of an Epidemiological Explanation for the Distribution of HIV/AIDS in Sub-Saharan Africa: Exploring the Male Circumcision Hypothesis, *Health Transition Review*, Supplement to Volume 4, AIDS Impact and Prevention: Demographic and Social Science Perspectives, 23-46

- Caldwell, J.C., Anarafi, J.N. and Caldwell, P., 1997. Mobility, Migration, Sex, STDs and AIDS, pp. 41-54 in G. Herdt (ed.), *Sexual Cultures and Migration in the Era of AIDS*, Clarendon Press, Oxford.
- Caldwell, J.C., Caldwell, P., Orubuloye, I.O., Ntozi, J.P.M., Awusabo-Asare, K., Anarafi, J., Caldwell, B., Varga, C., Malungo, J., Missingham, B., Cosford, W. and Hollings, E., 2000. *Towards the Containment of the AIDS Epidemic: Social and Behavioural Research*, Health Transition Centre, ANU, Canberra.
- Castles, S. and Miller, M., 1993. *The Age of Migration: International Population Movements in the Modern World*, Macmillian, Basingstoke.
- Central Bureau of Statistics (CBS) (Indonesia) and State Ministry of Population/ National Family Planning Coordinating Board (NFPCB) and Ministry of Health (MOH) and Macro International Inc. (MI), 1998. *Indonesia Demographic and Health Survey 1997*, CBS and MI, Calverton, Maryland.
- Chantavanich, S., Amaraphibal, A., Kamolpech, A., Swaddiwudhipong, W., Kunkongkaphan, S., Mahasakphan, P., Laodamrongchai, S., Tatong, N. and Leetrakull, S., 2000. *Cross-Border Migration and HIV/AIDS: Vulnerability at the Thai-Cambodia Border, Mae Saai and Mea Sot*, Asian Research Center for Migration, Bangkok, March (Thai language).
- Chantavanich, S., Beesey, A., Amaraphibal, A., Suwannachot, P., Wangsiripaisal, P. and Paul, S., 2000. *Cross-Border Migration and HIV/AIDS: Vulnerability at the Thai-Cambodia Border, Sangkhlaburi and Ranong*, Asian Research Center for Migration, Bangkok, March.
- Chantavanich, S., Beesey, A., Amaraphibal, A., Suwannachot, P., Wangsiripaisal, P. and Paul, S., 2000. *Cross-Border Migration and HIV/AIDS: Vulnerability at the Thai-Cambodia Border, Aranyaprathet and Khlong Yai*, Asian Research Center for Migration, Bangkok, March.
- Chantavanich, S., Beesey, A. and Paul, S., 2000. *Mobility and HIV/AIDS in the Greater Mekong Subregion*, Asian Research Center for Migration, Bangkok.
- Cohen, M., 1998. Turning Point, *Far Eastern Economic Review*, 30 July, 12-16.
- Cohen, M., 1999. Captives of the Cause, *Far Eastern Economic Review*, 2 September, 16-19.
- Cohen, M., 2000. Spite Islands, *Far Eastern Economic Review*, 20 January, 16-18.
- Cohn, S. *et al.*, 1994. The Geography of Aids: Patterns of Urban and Rural Migration, *Southern Medical Journal*, 87, 6, 599-606.
- Collier, W.L., Santoso, K., Soentoro and Wibowo, R., n.d. New Approach to Rural Development in Java: Twenty Five Years of Village Studies in Java. Mimeo.
- Davis, K.A., Cameron, B. and Stapleton, J.T., 1992. The Impact of HIV Patient Migration to Rural Areas, *AIDS Patient Care*, 66, 225-228.

- Decosas, J., Kane, F., Anarfi, J.K., Sodji, K.D.R. and Wagner, H., 1995. Migration and Aids, *Lancet*, 346, 826-829.
- Demographic and Health Surveys (DHS), 1995. *Demographic and Health Survey 1994*, DHS, Jakarta.
- Departemen Tenaga Kerja, Republic of Indonesia, 1998. *Strategi Penempatan Tenaga Kerja Indonesia Ke Luar Negeri*, Departemen Tenaga Kerja, Republic of Indonesia, Jakarta.
- Dharmaputra, N.G., Utomo, B. and Ijanto, S., 1997. *Operational Assessment of Institutional Responses to HIV/AIDS in Indonesia*, Center for Health Research, University of Indonesia, Depok.
- Directorate General of Communicable Disease Control and Environmental Health, 2001. *HIV/AIDS and Other Sexually Transmitted Infections in Indonesia: Opportunities for Action*, National Report Draft 3, Ministry of Health, Republic of Indonesia.
- Djalal, D., 2000. The Great Divide, *Far Eastern Economic Review*, 24 February, 32-34.
- Djalal, D., 2001. Strangers in Our Own Land, *Far Eastern Economic Review*, 18 January, 56-59.
- Dolven, B., 2000. A Rising Drumbeat, *Far Eastern Economic Review*, 18 November, 72-75.
- Du Guerny, J. and Hsu, L., 2000. An Early Warning and Rapid Response System: HIV Vulnerability Caused by Mobility Related to Development. Concept Paper for UNDP South East Asia HIV and Development Project.
- Edmundson, W. and Edmundson, S., 1983. A Decade of Village Development in East Java, *Bulletin of Indonesian Economic Studies*, 19, 2, 46-59.
- Ellis, M. and Muschkin, C., 1996. Migration of Persons with AIDS – A Search for Support from Elderly Parents?, *Social Science and Medicine*, 43, 7, 1109-1118.
- Feridhanusetyawan, T., 1998. *Economic Crisis and Employment Problems in Indonesia*, ACIAR Indonesia Research Project Working Paper 98.09, Centre for Strategic and International Studies, Jakarta.
- Fernandez, I. *et al.*, 2000. A Model for Evaluating HIV/AIDS Action Programmes in Mobile Populations, pp.104-118 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Firman, T., 1989. Pembangunan Kota-Kota Baru di Wilayah Metropolitan Jabotabek (Development of New Cities in the Jabotabek Metropolitan Region), *Prisma*, 18, 6, 49-60.

- Firman, T., 1991. Rural Households, Labour Flows and the Housing Construction Industry in Bandung, *Tijdschrift voor Economische en Sociale Geografie*, 82, 2, 94-105.
- Firman, T., 1992. The Spatial Pattern of Urban Population Growth in Java, 1980-1990, *Bulletin of Indonesian Economic Studies*, 28, 2, 95-109.
- Foreit, K.G., 2000. Population Movements and the Spread of HIV in Mozambique. Paper presented at Population Association of America Conference.
- Gardiner, P. and Oey-Gardiner, M., 1991. Pertumbuhan dan Perluasan Kota di Indonesia (Growth and Lateral Expansion of Cities in Indonesia), *Kompas*, 7 May.
- Gardner, R. and Blackburn, M.S., 1996. People Who Move: New reproductive Health Focus, *Population Reports*, Series J., Number 45, 1-7.
- Gomes, J.V. *et al.*, 2000. Migrant Workers as a High Risk Population – A Consequence of Blaming Others, pp. 40-48 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Guest, P., 1999. Overview of the Population Mobility Situation in Asia and Its Implications for HIV/AIDS. Paper presented at the Fifth International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, 20-27 October.
- Guest, P., 2000. Population Mobility in Asia and the Implications for HIV/AIDS, pp. 76-86 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Haour-Knipe, M. and Rector, R., 1996. *Crossing Borders: Migration, Ethnicity and AIDS*, Taylor and Francis, London
- Herd, G. (ed.), 1997. *Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives*, Clarendon Press, Oxford.
- Hetler, C.B., 1984. Rural and Urban Female-Headed Households in Java: Results of a Village Study in Central Java, Seminar paper presented at Department of Demography, Australian National University, Canberra, December.
- Hetler, C.B., 1986. Female-Headed Households in a Circular Migration Village in Central Java, Indonesia, unpublished PhD thesis, Department of Demography, The Australian National University, Canberra.
- Hetler, C.B., 1989. The Impact of Circular Migration on a Village Economy, *Bulletin of Indonesian Economic Studies*, 25, 1, 53-75.

- Heyzer, N., Lycklama à Nijeholt and Weerakoon, N. (eds.), 1994. *The Trade in Domestic Workers: Causes, Mechanisms and Consequences of International Migration*, Asian and Pacific Development Centre, Kuala Lumpur.
- Hsu, L. and Du Guerny, J., 2000. Population Movement, Development and HIV/AIDS: Looking Towards the Future, pp. 1-7 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Hugo, G.J., 1975. Population Mobility in West Java, Indonesia, Unpublished Ph.D. thesis, Department of Demography, Australian National University, Canberra.
- Hugo, G.J., 1978. *Population Mobility in West Java*, Gadjah Mada University Press, Yogyakarta.
- Hugo, G.J., 1979. Indonesia: Patterns of Population Movement to 1971, pp. 177-191 in R.J. Pryor (ed.), *Migration and Development in South-East Asia - A Demographic Perspective*, Oxford University Press, Kuala Lumpur.
- Hugo, G.J., 1980. Population Movements in Indonesia During the Colonial Period, pp. 95-135 in J.J. Fox, R.G. Garnaut, P.T. McCawley and J.A.C. Mackie (eds.), *Indonesia: Australian Perspectives*, Research School of Pacific Studies, Australian National University, Canberra.
- Hugo, G.J., 1981. *Population Mobility in West Java*, Gadjah Mada University Press.
- Hugo, G.J., 1982a. Sources of Internal Migration Data in Indonesia: Their Potential and Limitations, *Majalah Demografi Indonesia* (Indonesian Journal of Demography), 17, 9, 23-52.
- Hugo, G.J., 1982b. Circular Migration in Indonesia, *Population and Development Review*.
- Hugo, G.J., 1985. Structural Change and Labour Mobility in Rural Java, pp. 46-88 in G. Standing (ed.), *Labour Circulation and the Labour Process*, Croom Helm, London.
- Hugo, G.J., 1992. Women on the Move: Changing Patterns of Population Movement of Women in Indonesia, pp. 174-96 in S. Chant (ed.), *Gender and Migration in Developing Countries*, Belhaven Press, London.
- Hugo, G.J., 1993. Urbanisasi: Indonesia in Transition, *Development Bulletin*, 27 May, 46-49.
- Hugo, G.J., 1995a. Labour Export from Indonesia: An Overview, *Asean Economic Bulletin*, 12, 2, 275-298.
- Hugo, G.J., 1995b. Indonesia's Migration Transition, *Journal für Entwicklungs-politik* 11, 3, 285-309.

- Hugo, G.J., 1999. The Impact of the Crisis on International Population Movement in Indonesia. Paper prepared for ILO Indonesian Employment Strategy Mission, May.
- Hugo, G.J., 2000a. The Impact of the Crisis on Internal Population Movement in Indonesia, *Bulletin of Indonesian Economic Studies*, 36, 2, 115-138.
- Hugo, G.J., 2000b. *Indonesian Overseas Contract Workers HIV Knowledge: A Gap in Information*, UNDP, Bangkok.
- Hugo, G.J., 2001. Impact of the Crisis in Indonesia on Population, Migration and Refugees. Paper prepared for a Symposium on Crisis in Asia: Local, Regional and Global Responses, Adelaide University, 16-17 February.
- Hugo, G.J., Hull, T.H., Hull, V.J. and Jones, G.W., 1987. *The Demographic Dimension in Indonesian Development*, Oxford University Press, Singapore.
- Hulewicz, J.M., 1994. AIDS Knows No Borders, *World AIDS*, 35, 6-10 September.
- Hull, T.H., Sulistyaningsih, E. and Jones, G.W., 1998. *Prostitution in Indonesia: Its History and Evolution*, Pustaka Sinar Harapan, Jakarta, 161 pp.
- Indonesia, Department of Tourism, Posts and Telecommunications, 1992. *Statistical Report on Visitor Arrivals to Indonesia, 1991*, Department of Tourism, Posts and Telecommunications, Center for Research and Development, Jakarta.
- Indonesian Directorate of Direct Transmitted Disease Control, 2001. Penyelamatan Irian Jaya Terhadap Bahaya HIV/AIDS. Proposal prepared by Indonesian Directorate of Direct Transmitted Disease Control.
- International Labour Office (ILO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), 1999. HIV/AIDS and the World of Work Regional Tripartite Workshop on Strategies to Tackle Social and Labour Implications of HIV/AIDS Proceedings. Organised by The International Labour Office (ILO) in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) Windhoek, Namibia, 11-13 October. http://www.ilo.org/public/english/protection/trav/aids/labour_impl.htm.
- International Labour Organisation (ILO), 1999. *Indonesian Strategies for Employment-Led Recovery and Reconstruction: Main Report*, ILO, Jakarta.
- Irwanto, 2001. Rapid Assessment and Response – Indonesia: Jakarta, Bandung, Yogyakarta, Surabaya, Denpasar, Medan, Ujung Pandang, Manado. In cooperation with AusAID, USAID, WHO, UNAIDS, Ford Foundation, PATH and KPA Nasional, Presentation, National AIDS Commission, Denpasar, Bali, 2-4 May.
- Jones, G.W., 1977. Factors Affecting Labour Force Participation of Females in Jakarta, *Kajian Ekonomi Malaysia*, 14, 2, 71-93.

- Jones, S., 1996. Women Feed Malaysian Boom, *Inside Indonesia*, 47, July-September, 16-18.
- Jones, S., 2000. *Making Money Off Migrants: The Indonesian Exodus to Malaysia*, ASIA 2000 Limited, Hongkong and CAPSTRANS, University of Woollongong.
- Jones, S.W., Sulistyarningsih, E. and Hull, T.H., 1998. Prostitution in Indonesia, in L.L. Lim (ed.), *The Sex Sector: The Economic and Social Bases of Prostitution in Southeast Asia*, International Labour Office, Geneva, 29-66.
- Kaldor, J., 2000. Biomedical Responses to the AIDS Epidemic. Paper presented at National Academies Forum, Every Eight Seconds: AIDS Revisited, Canberra, November.
- Kaldor, J., Sadjimin, T., Hadisaputro, S. and Bardon, J., 2000. *External HIV/AIDS Assessment: Indonesia, November 1999*, Directorate-General for Communicable Disease Control and Environmental Health, Ministry of Health, Government of Indonesia.
- Kassim, A., 2000. Recent Trends in Migration Movements and Policies in Malaysia. Paper presented at the Japan Institute of Labour Workshop on International Migration and Labour Markets in Asia, Tokyo, Japan, 26-28 January.
- Keyfitz, N., 1985. Development in an East Javanese Village, 1953 and 1985, *Population and Development Review*, 11, 4, 695-719.
- Knodel, J., 2001. Return Migration in the Context of Parental Assistance in the AIDS Epidemic: The Thai Experience. Paper presented at the XXIV General Population Conference of the IUSSP, Salvador, Brazil, 18-24 August.
- Koedkan, M. *et al.*, 2000. Migrant Workers and HIV/AIDS: Prevalence, Barriers and the Service Model in an HIV Epicentre, Northern Thailand, pp. 15-25 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Lerman, C., 1983. Sex-Differential Patterns of Circular Migration: A Case Study of Semarang, Indonesia, *Peasant Studies*, 10, 4, 251-269.
- Lim, L.L. (ed.), 1998. *The Sex Sector: The Economic and Social Bases of Prostitution in Southeast Asia*, International Labour Office, Geneva.
- Lineton, J.A., 1975a. An Indonesian Society and its Universe: A Study of the Bugis of South Sulawesi and Their Role Within a Wider Social and Economic System, PhD Thesis, School of Oriental and African Studies, University of London.
- Lineton, J.A., 1975b. Pasompe Ugi: Bugis Migrants and Wanderers, *Archipel* 10, 173-204.

- Linge, G. and Porter, D. (eds.), 1997. *No Place for Borders: The HIV/AIDS Epidemic and Development in Asia and the Pacific*, Allen and Unwin, Sydney.
- Long, L.D., 1997. Refugee Women, Violence and HIV, in G. Herdt (ed.), *Sexual Cultures and Migration in the Era of AIDS*, Clarendon Press, Oxford.
- Mahuse, L., 1999. Merauke Daerah Epidemi HIV/AIDS Tertinggi di Indonesia, *Majalah SUPPORT*, 38, July. [wysiwyg://91/http://www.Sexcliniq/arsip/isiarsip_aids_08_1999.html](http://www.Sexcliniq/arsip/isiarsip_aids_08_1999.html).
- Manaf, A. and Roesin, R., 1996. Update on STD/HIV/AIDS Surveillance Activities in Indonesia. Paper presented in the Thirteenth Donors Informal Information Exchange Meeting on AIDS, 26 June.
- Manning, C.G., 1986. *The Green Revolution, Labour Displacement, Incomes and Wealth in Rural Java*, Mimeo, Flinders University, Adelaide, Australia.
- Manning, C. and Rumbiak, M., 1989. Irian Jaya: Economic Change, Migrants and Indigenous Welfare, pp. 76-106 in H. Hill (ed.), *Unity and Diversity: Regional Economic Development in Indonesia Since 1970*, Oxford University Press, Singapore.
- Mantra, I.B., 1981. *Population Mobility in Wet Rice Communities*, Gadjah Mada University Press, Yogyakarta.
- Mantra, I. and Molo, M., 1985. *Studi Mobilitas Sirkuler Penduduk ke Enam Kota Besar di Indonesia*, Kerjasama Kantor Menteri Negara Kependudukan dan Lingkungan Hidup dengan Pusat Penelitian Kependudukan UGM, Laporan akhir Yogyakarta, Pusat Penelitian Kependudukan.
- Mantra, I., Kasnawi, T.M. and Sukamardi, 1986. *Mobilitas Angkatan Kerja Indonesia Ke Timor Tengah* (Movement of Indonesian Workers to the Middle East), Final Report Book 1, Population Studies Centre, Gadjah Mada University, Yogyakarta.
- Maung, C., Mullany, L., Tun, A. and Dah, P.T., 2000. HIV/AIDS Awareness Among Burmese Migrant Factory Workers Along the Thai/Burma Border, Tak Province, July 2000. Paper presented at Reproductive Health for Refugees Conference, Washington, 6 December.
- McBeth, J., 2000. Beyond the Pale, *Far Eastern Economic Review*, 20 January, 17.
- McBeth, J. and Cohen, M., 1999a. Flames of Passion, *Far Eastern Economic Review*, 4 February, 22-23.
- McBeth, J. and Cohen, M., 1999b. Dayak Destruction: New Ethnic Violence Erupts in Kalimantan, *Far Eastern Economic Review*, 1 April, 20.
- McBeth, J. and Djalal, D., 1999. Tragic Island, *Far Eastern Economic Review*, 25 March, 28-30.
- McGee, T.G., 1991. The Emergence of Desa Kota Regions in Asia: Expanding an Hypothesis, pp. 3-26 in N. Ginsburg, B. Koppel and T.G. McGee (eds.), *The*

- Extended Metropolis: Settlement Transition in Asia*, Honolulu University of Hawaii Press.
- Mills, S., 2000. Back to Behavior: Prevention Priorities in Countries with Low HIV Prevalence, *AIDS*, 14, 3, S267-S273.
- Mills, S., Saidel, T., Bennett, A., Rehle, T., Hogle, J., Brown, T. and Magnani, R., 1998. HIV Risk Behavioral Surveillance: A Methodology for Monitoring Behavioral Trends, *AIDS*, 12, 2, S37-S46.
- Mishra, S.I. *et al.*, 1996. *AIDS Crossing Borders: The Spread of HIV Among Migrant Latinos*, West View Press, Oxford.
- Morada, H.B., 2001. Left-Behind Households of Filipino Overseas Filipino Workers. Paper presented at the Asian Population Network Workshop on Migration and the 'Asian Family' in a Globalising World, River View Hotel, Singapore, 16-18 April.
- Murphy, D., 1999. The Next Headache, *Far Eastern Economic Review*, 29 April, 20-21.
- Murray, A., 1991. *No Money, No Honey: A Study of Street Traders and Prostitutes in Jakarta*, Oxford University Press, Singapore.
- Murray, A., 1994. Dying for a Fuck: Implications for HIV/AIDS in Indonesia. Unpublished paper, Human Geography, Research School of Pacific Studies, ANU, Canberra.
- Naim, M., 1976. Voluntary Migration in Indonesia, in A. Richmond and D. Kubat (eds.) *Internal Migration in the New World and the Third World*, Sage, London.
- Naim, M., 1984. *Merantau: Pola Migrasi Suku Minangkabau*, Gadjah Mada University Press, Yogyakarta.
- Ntozi, J. and Lubega, M., 1992. Patterns of Sexual Behaviour and the Spread of AIDS in Uganda, pp. 315-333 in T. Dyson (ed.), *Sexual Behaviour and Networking: Anthropological and Socio-Cultural Studies on the Transmission of HIV*, Liege, Belgium, Editions Derouaux-Ordina.
- Panitchpakdi, P., 2000. Proposed Action Programmes for the Prevention of Sexually-Transmitted Infections and AIDS Among Mobile Populations, pp. 8-14 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Parida, S.K., 2000. Sexually-Transmitted Infections and Risk Exposure Among HIV Positive Migrant Workers in Brunei Darussalam, pp. 26-32 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.

- Pelzer, K.J., 1945. *Pioneer Settlement in the Asiatic Tropics: Studies in Land Utilization and Agricultural Colonization in Southeastern Asia*, American Geographical Society, New York.
- Pisani, E., Brown, T., Saidel, T., Rehle, T. and Caraël, M., 1998. *Meeting the Behavioural Data Collection Needs of National HIV/AIDS and STD Programmes*. A joint IMPACT/FHI/UNAIDS Workshop, May.
- Porter, D., 1997. A Plague on the Borders: HIV, Development and Travelling Identities in the Golden Triangle, in L. Manderson and M. Jolly, *Sites of Desire Economies of Pleasure: Sexualities in Asia and the Pacific*, University of Chicago Press, Chicago, 212-232.
- Pramono, D.S., 2000. Penangan Internally Displaced Persons (IDPs) Sebagai Akibat Terjadinya Konflik Sosial dengan Tindak Kekerasan. Makalah disampaikan dalam Simposium Nasional Pokok-Pokok Masalah Kebijakan Terkini Mengenai Mobilitas Penduduk Urbanisasi dan Transmigrasi, Jakarta, 25-26 May.
- Program for Appropriate Technology in Health (PATH), 2000. *AIDS Initiatives in Irian Jaya Phase II Expanding AIDS Prevention Programming, 1997-2000*, report submitted to United States Agency for International Development (USAID) Mission, Jakarta.
- Prothero, R.M., 1965. *Migrants and Malaria*, Longmans, London.
- Prothero, R.M., 1977. Disease and Mobility: A Neglected Factor in Epidemiology, *International Journal of Epidemiology*, 6, 3, 259-267.
- Pusat Penelitian Kependudukan, Universitas Gadjah Mada, 1986. *Mobilitas Angkatan Kerja ke Timur Tengah*, Yogyakarta: Gadjah Mada University.
- Republic of Indonesia, 1993. *Indonesia: A Quarter Century of Progress, 1968-1993, Tables and Graphs*, Republic of Indonesia, Jakarta.
- Republic of Indonesia, 1994. *Kebijakan Pemerintah Mengenai HIV/AIDS di Indonesia*. <http://www1.rad.net.id/aids/tujuan.htm>.
- Republic of Indonesia, 1998. *Pelaksanaan Tahun Ketiga Repelita VI*, Republic of Indonesia, Jakarta.
- Republic of Indonesia, Coordinating Minister for People's Welfare/Chair of the Indonesian National AIDS Commission, 1994. *Indonesian National AIDS Strategy*. <http://www1.rad.net.id/aids/strateng.htm>.
- Robinson, K.M., 1986. *Stepchildren of Progress: The Political Economy of Development in an Indonesian Mining Town*, State University of New York Press.
- Rubin-Kurtzman, J.R., 1995. Sexual Behaviour of Temporary Mexican Migrants to Los Angeles: HIV Infection Risk Practices. Paper presented at Population Association of America Annual Meeting, San Francisco, California, 6-8 April.

- Rumley, R.L., Shappley, N.C., Waiver, L.E. and Esinhart, J.D., 1991. AIDS in Rural Eastern North Carolina – Patient Migration: A Rural Burden, *AIDS*, 5, 1373-1378.
- Sawada, T. *et al.*, 2000. Delayed Access to Health Care Among Undocumented Migrant Workers in Japan, pp. 33-39 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Scalabrini Migration Centre, 2000. *Assessing Population Movement and HIV Vulnerability: Brunei-Indonesia-Malaysia-Philippines Linkages in the East ASEAN Growth Area*, UNDP South-East Asia HIV and Development Project, Bangkok.
- Sedyaningsih-Mamahit, E.R., 2001. Program Pencegahan dan Penanggulangan Epidemi: HIV/AIDS. Seminar Sehari Peningkatan Peran dan Tanggung Jawab Laki-Laki Dalam Upaya Menghambat Epidemi HIV/AIDS di Indonesia, Hotel Aston Atrium, Jakarta, 25 January.
- Sehgal, J.M., 1999. *The Labour Implications of HIV/AIDS*. Discussion papers on HIV/AIDS and the World of Work, International Labour Office, Geneva.
- Setiawati, S., 1997. The Demographic and Socio-economic Characteristics of Overseas Contract Workers (OCWs) from Indonesia. Unpublished MA Thesis, Population and Human Resources, University of Adelaide.
- Singarimbun, M., 1986. Sriharjo Revisited, *Bulletin of Indonesian Economic Studies*, 12, 2, 117-25.
- Singhanetra-Renard, A., 1986. The Middle East and Beyond: Dynamics of International Labour Circulation Among Southeast Asian Workers. Mimeo.
- Skeldon, R., 2000. *Population Mobility and HIV Vulnerability in South East Asia: An Assessment and Analysis*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Skrobanek, S., Boonpakdee, N. and Jantateero, C., 1997. *The Traffic in Women: Human Realities of the International Sex Trade*, Zed Books Ltd, New York.
- Steele, R., 1981. Origin and Occupational Mobility of Lifetime Migrants to Surabaya, East Java. Unpublished PhD Thesis in Geography, Australian National University, Canberra.
- Steele, R., 1983. Migrasi in P.F. McDonald (ed.), *Pedoman Analisa Data Sensus Indonesia, 1971-1980*, UGM, Jogyakarta.
- Suharno, D., 2001. Current HIV Situation and Indonesia's Responses. Presentation, National AIDS Commission, Denpasar, Bali, 2-4 May.

- Sulistyaningsih, E., 2001. Prostitution in Indonesia: Where Should They Go? Draft paper (November) based on previous work on *Prostitution in Indonesia*, 1999, by T. Hull, E. Sulistyaningsih and G. Jones, Jakarta.
- Sunaryanto, H., 1998. Female Labour Migration to Bekasi, Indonesia: Determinants and Consequences. Unpublished PhD Thesis, Population and Human Resources, The University of Adelaide.
- Sundrum, R., 1976. Inter-provincial Migration, *Bulletin of Indonesian Economic Studies*, XII, 1, 70-92.
- Surjadi, C., 2001. Prevalensi PMS Pada PSK di Jakarta, Surabaya dan Manado Serta Peran Pria Sebagai Provider dan Pasien. Dibakan pada Seminar Sehari Peningkatan Pesan dan Tanggung Jawab Laki-laki Dalam Upaya Menghambat Epidemi HIV/AIDS di Indonesia, Jakarta, 25 January.
- Suyono, M., 1981. Tenaga Kerja Indonesia di Timur Tengah Makin Mantap, *Suara Karya*, h.v.k., 2-6.
- UNAIDS, 1998. *AIDS and the Military: UNAIDS Point of View*, UNAIDS, Geneva.
- UNAIDS (Jakarta), 2001. *HIV/AIDS Report 2000 Indonesia*, Jakarta, Mimeo.
- UNAIDS/WHO, 2000. *AIDS Epidemic Update: December 2000*, UNAIDS, Geneva.
- UNDP, UNESCAP and UNAIDS, 2000. *Reduction of HIV Vulnerability Within the Land Transport Sector: Towards a Public Policy Framework for Addressing HIV/AIDS in the Transport Sector*, UNDP, South East Asia HIV and Development Project, Bangkok.
- UNESCO/AIDS, 2000. *Migrant Populations and HIV/AIDS*, UNESCO, Paris and UNAIDS, Geneva.
- United Nations, 1998. *World Urbanization Prospects: The 1996 Revision*, United Nations, New York.
- United Nations, 2001. *Declaration of Commitment on HIV/AIDS*, United Nations General Assembly Special Session on HIV/AIDS, 25-27 June.
- United States Committee for Refugees (USCR), 1989. *World Refugee Survey 1988 in Review*, Washington DC, USCR.
- Utomo, B., 2001. Laporan Survei Surveilans Perilaku Berisiko PMS/HIV. Bali, Kupang, dan Makassar, 1998-2000.
- Utomo, B., Dharmaputra, N.G., Haryanto, B., Hartono, D., Makalew, R., Mills, S. and Moran, J., 1998. *Baseline STD/HIV Risk Behavioural Surveillance Survey 1996: Results from the Cities of North Jakarta, Surabaya and Manado*, USAID, Jakarta.
- Utomo, B., Dharmaputra, N.G., Hakim, A.V., Utomo, I.D and Ruddick, A., 1999. Ringkasan: Survei Surveilans Perilaku PMS dan HIV/AIDS di Bali, Kupang, Ujung Pandang, 1998. Laporan ringkas inidibuat berdasarkan hasil yang

- diperoleh Pusat Penelitian Kesehatan, Universitas Indonesia, pada Proyek Pencegahan and Penanggulangan HIV/AIDS dan PMS, kerja sama dengan Kantor Menteri Koordinator Kesejahteraan Rakyat dan Pemberantasan Kemiskinan, didukung oleh AusAID.
- Utomo, B., Suparno, H., Siagian, F.P., Dharmaputra, N.G., Hakim, V.A. and Ismail, A., 2001. Behavioural Surveillance Survey Among Injecting Drug Users in Jakarta 2001. Survey executed by Center for Health, University of Indonesia, through HIV/AIDS Prevention Project/Ministry of Health with the technical assistance from Family Health International and funded by USAID.
- Verghis, S., 2000. Promoting and Protecting Human Rights to Reduce the HIV Vulnerability of Migrant Workers, pp. 87-103 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- Wahyuni, E.S., 2000. The Impact of Migration Upon Family Structure and Functioning in Java, Unpublished PhD Thesis, Department of Geographical and Environmental Studies, The University of Adelaide.
- Warren, J., 1993. *Ah Kuad Karayuki San*, Oxford University Press, Singapore.
- Weerakoon, N., 1997. International Female Labour Migration: Implications of the HIV/AIDS Epidemic in the Asian Region, pp. 67-77 in G. Linge and D. Porter (eds.), *No Place for Borders: The HIV/AIDS Epidemic and Development in Asia and the Pacific*, Allen and Unwin, Sydney.
- White, R., Kintu, P.B., Orroth, K.K., Korenromp, E.L., Mwita, W., Gray, R.H., Kamali, A., Sewankambo, N.K., Wawer, M.J., Whitworth, J.A.G., Grosskurth, H., Hayes, R.J. and Zaba, B., 2001. Impact of Mobility on HIV Spread in Rural East Africa. Paper presented at IUSSP Conference, Session S28, Mobility and HIV in East Africa, Brazil, August.
- Wibowo, S., Gunawan, A., Merina, D., Anisah and Aziz, D., 1989. *Penelitian Deskriptif Mengenai Sebab-Sebab Kota Indramayu Sebagai Produsen Utama Wanita Tuna Susila* (Descriptive Study of the Reasons Why Indramayu is a Prominent Source of Prostitutes), Pusat Penelitian Kemasyarakatan dan Kebudayaan, Lembaga Penelitian, Universitas Indonesia, Jakarta.
- Wiebel, W. and Safika, n.d. Migration Patterns of Sex Workers in Irian Jaya, Indonesia. PATH, Indonesia, Mimeo.
- Wirawan, D.N., 2001. Hasil Evaluasi Perubahan Perilaku pada Laki-Laki dari Beberapa Proyek Intervensi yang Telah Dilakukan di Bali oleh Yayasan Kerti Praya. Makalah ini disampaikan dalam seminar Peningkatan Peran dan

- Tanggung Jawab Laki-Laki Dalam Upaya Menghambat Epidemii HIV/AIDS di Indonesia, Jakarta, 25 January.
- Wolffers, I. *et al.*, 2000. HIV Infection and Female Commercial Sex Workers: Their Work or Personal Feelings?, pp. 66-75 in UNDP South East Asia HIV and Development Project, *Population Mobility in Asia: Implications for HIV/AIDS Action Programmes*, UNDP, South East Asia HIV and Development Project, Bangkok.
- World Bank, 1984. Economic and Social Development: An Overview of Regional Differentials and Related Processes, Main Report from *Indonesia: Selected Aspects of Spatial Development*, Report No. 4776-IND, Country Programs Department, East Asia and Pacific Regional Office, World Bank.
- Wylie, E.M., 2000. Development, Disease and Death: Economic Change in Malaya, c.1870-1920. Unpublished manuscript.
- Yap, Mui-Teng, 2001. Country Report: Singapore. Paper presented at Sixth Workshop on International Migration and Labour Markets in Asia organised by the Japan Institute of Labour (JIL), Japan, Institute of Labour, Tokyo, 1-2 February.



**POPULATION MOBILITY AND HIV
VULNERABILITY
JAKARTA, 15 NOVEMBER 2001**

WORKSHOP PROCEEDINGS

WORKSHOP AGENDA

8.30 – 9.00	Registration
9.00 – 9.15	Opening Remarks by Alan Boulton (ILO Representative) and Georg Petersen (Chair of UN on HIV / AIDS)
9.15	Introduction of Professor Graeme Hugo of Adelaide University, Australia
9.20 – 10.20	Presentation of the report by Prof. Graeme Hugo “Internal and International Population Mobility in Indonesia and Their Implications for The Spread of HIV / AIDS”
10.20 – 10.35	Coffee Break
10.35 – 11.00	Reader’s Responses by: <ul style="list-style-type: none">- Dr. Endang Sulistyaningsih (Depnaker) Ministry of Manpower & Transmigration, Head of Research & Development.- Dr. Sri Murtiningsih Adioetomo (Institute of Demography, University of Indonesia.
11.00 – 12.30	Discussions – plenary session
12.30 – 13.30	Lunch Break
13.30 – 15.45	Working Group discussions
15.45 – 16.15	Presentation of working groups – plenary session
16.15 -	Concluding remarks by Dr. Diah Widyarti from the Ministry of Manpower & Transmigration



Opening Address

by

**Alan Boulton
Director
International Labour Organization
Jakarta Office**

to

**the Workshop on Population Mobility and HIV Vulnerability
(Kempinski Hotel, Jakarta, 15 November 2001)**

**organized by
ILO, UNAIDS and UNDP Regional Office**

It is a great pleasure, on behalf of the ILO, to welcome you to this Workshop on Population Mobility and HIV Vulnerability in Indonesia.

The ILO is pleased to have been able to join with UNDP and UNAIDS in supporting the study by Professor Graeme Hugo which will provide the basis for the deliberations of the Workshop and for the formulation of recommendations for action to combat the spread of HIV/AIDS in Indonesia.

In many respects, the ILO's involvement in the study is all about *breakthroughs*.

- 2001 has been a breakthrough year for the ILO in its involvement in the fight against the global HIV/AIDS epidemic. In October 2001 the ILO became a **co-sponsor of UNAIDS**. In so doing, the ILO joined the seven existing UNAIDS co-sponsors (UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and World Bank) in seeking to help countries prevent the spread of HIV, provide care and support for people infected or affected by the disease, reduce the vulnerability of individuals and communities to HIV/AIDS and ease the socio-economic and human impact of the epidemic.

In joining UNAIDS, ILO brings its understanding and expertise in the world of work to the fight. This is particularly important because the workplace is a key location for HIV/AIDS prevention and care programmes. The ILO brings the force of tripartism – government, workers and employers working together – to the international efforts being undertaken to meet the challenge of HIV/AIDS and its impact on the world of work.

- The ILO has also made a major contribution this year to the global campaign against HIV/AIDS with the adoption of the pioneering **Code of Practice on HIV/AIDS and the World of Work**. This was launched at the UN General Assembly Special Session on HIV/AIDS in New York on 25-27 June 2001.

The Code provides guidelines for developing concrete responses to HIV/AIDS at enterprise, community and national levels in the following key areas: prevention of HIV/AIDS; management and mitigation of the impact of HIV/AIDS on the world of work; care and support for workers infected and affected by HIV/AIDS; and elimination of stigma and discrimination on the basis of real or perceived HIV status.

- The ILO Programme on HIV/AIDS and the World of Work has carried out country-level activities in various parts of the world. Thus far, there have been relatively limited ILO activities in Indonesia. We hope that our involvement in this Prof. Hugo's study and its follow-up will be the beginning of more ILO activities, in conjunction with other UNAIDS partners, in the fight against HIV/AIDS in Indonesia.
- Of course, when talking about breakthroughs, Prof. Hugo's study is itself something of a breakthrough in this country in seeking to identify linkages between mobility of the population and workforce and the spread of HIV/AIDS. The study does not purport to be the final word on these matters. But the study is an important start, or a "first step", in filling the enormous information gap in Indonesia about the patterns of transmission and spread of HIV/AIDS in Indonesia.

As such, the study (and the findings and conclusions and recommendations in it):

- will help to raise awareness about the issues and linkages;
- hopefully, will generate interest in further research into the problem; and
- perhaps most importantly, will provide a basis for the development of effective strategies and plans of action for dealing with problem.

The development of such strategies and their effective implementation will depend in an important respect on the contribution that the participants in this Workshop can make – because you represent government, NGOs, workers and employers, academic institutions and international organizations and donors.

- Finally, let me refer to **the breakthrough that still hasn't happened** in Indonesia. It is, of course, the breakthrough in awareness and acceptance of the extent of the HIV/AIDS problem in this country and the willingness and commitment to tackle the problem. This is the breakthrough that is most needed. It is a tragedy if workers in certain occupations and in high-risk groups continue to be exposed to HIV infection when education and prevention campaigns might significantly lower the incidence of the spread of the disease. It is a tragedy if, as a result of inaction by policy-makers, the spread of HIV/AIDS continues with devastating consequences for the individuals concerned, their families and the community. We need to recognise that HIV/AIDS is already a serious problem in Indonesia – and that the problem is going to become more serious unless there is recognition of the problem and a national, comprehensive and coordinated response to it.

I hope that the deliberations of this Workshop [what we learn from it; the plans we devise during it; and the commitment and understanding we take from it] will be an important contribution in making the breakthrough needed in Indonesia in becoming serious about the fight against HIV/AIDS.

I wish you well in your deliberations.

EXECUTIVE SUMMARY AND RECOMMENDATIONS

INTERNAL AND INTERNATIONAL POPULATION MOBILITY IN INDONESIA AND THEIR IMPLICATIONS FOR THE SPREAD OF HIV/AIDS

Graeme Hugo

Jakarta - November, 2001

The aim of this study is to use existing information to provide a comprehensive picture of the levels, patterns, composition and trends of the various types of contemporary population mobility occurring within Indonesia, as well as from and to the country. Insofar as it is possible using existing data, the study aims to indicate how population mobility in Indonesia is linked to the existing and likely future diffusion of HIV/AIDS. It finds that, while undoubtedly such a relationship exists, there is a dearth of existing research and knowledge not only into the nature of the relationship but also the location of the places where mobility is influencing and likely to influence the spread of HIV/AIDS. The present study was constrained by the availability of relevant data relating both to population mobility and to the incidence of HIV/AIDS in Indonesia, let alone the relationship between them. There is little data on temporary labour migration within Indonesia but the study suggests that not only has this type of mobility grown exponentially in recent years, it is the type of movement that is almost certainly most associated with the spread of HIV/AIDS. There also are limited data on HIV/AIDS with only 1,559 reported cases in late 2000, although estimates are that there are between 80,000 and 120,000 with the disease. Indonesia has had a Behavioural Sentinel Surveillance program for several years but it only provides partial information about some high-risk populations. Moreover, some conditions in Indonesia, especially the level and patterns of population mobility, would seem favourable to a rapid spread of the disease if there is not urgent intervention.

The following points need to be strongly emphasised:

- Indonesians have a high level of mobility by international standards and it is increasing.
- It has one of the largest numbers of non-permanent migrant workers who are separated from their families for long periods of any nation in the world.
- Population mobility is not necessarily associated with higher levels of HIV infection – the latter is influenced by the type of movement, the context in which it occurs and the behaviour of the movers themselves.
- Higher risk of HIV infection appears to be associated with some types of mobility, although the research evidence is as yet limited. These include:
 - temporary worker movement to isolated work sites like settlements involved in mining, construction, plantation and saw milling development;
 - rural to urban migration;
 - circulation of some types of work like transport, fishing and seafaring;
 - movement associated with large internal displacement of population due to conflict and some international labour migration.
- The nexus between the commercial sex industry, concentrations of migrant workers and HIV infection is a key to the future course of transmission of the infection in Indonesia and needs to be researched as a matter of urgency.

- There is a need to focus more Behavioural Sentinel Surveillance activity and program inventory on mobile populations of various types.

HIV in Indonesia has certainly gone beyond the stage of having few HIV infected people and entered an epidemic phase with some high risk sub-populations having prevalence rates of more than 5 percent. One of its distinctive features in Indonesia is that there is a high degree of spatial variation in the level of prevalence of the disease. The highest levels occur in Irian Jaya/Papua, Jakarta, Bali, Riau and North Sulawesi provinces. In each of these cases there is a clear element of population movement being involved in the above average incidence through the significance of migrant workers in association with a substantial commercial sex industry in each province. Irian Jaya/Papua represents a particularly disturbing situation with very high prevalence rates being recorded in parts of the province and among some high-risk populations. The study presents and discusses the findings of Behavioural Sentinel Surveillance regarding the incidence of HIV among high risk populations like Commercial Sex Workers (CSWs), transport workers, sailors etc. The studies also show a relatively high level of knowledge of how to prevent HIV/AIDS but a low rate of usage of condoms in sexual activity with CSWs.

The wider literature relating population mobility to the spread of HIV/AIDS is reviewed. The literature strongly points toward a pattern whereby many particular mobile groups have a higher rate of prevalence of HIV infection than non-mobile groups. However, it equally shows that mobility may not necessarily be associated with an elevated rate of prevalence of the disease. The key factor is the *behaviour* of some mobile groups that places them at a higher risk of infection. This relates to mobility being selective of young adults, especially men and it often involves separation from partners and release from traditional constraints on behaviour, especially sexual behaviour. The growth of a commercial sex industry in locations where there are concentrations of these movers adds to the higher levels of vulnerability of these locations. Accordingly, it is possible to identify 'hot spots' where there are concentrations of migrant workers and an associated commercial sex industry where there often is a greater risk of infection and prevalence rates above the national average. Such hot spots can include transit areas, workplaces employing large numbers of migrant workers, ports and harbours, cities and towns, mining, lumber industry, plantation and construction sites, especially those in remote areas, transport routes and stops and border crossing points. There is clearly a pattern in many cases of mobile people being more likely to engage in high-risk behaviour (especially sex with a CSW) than is the case with less mobile groups. The relationship between mobile groups and the commercial sex industry is crucial.

The next section of the study reviews the contemporary pattern of population mobility within Indonesia. It is shown that the stereotype of Indonesians generally being immobile people who are born, live and die in a particular village and rarely travel beyond it has never been accurate and is totally incorrect in the current situation. In particular, mobility has increased exponentially in recent decades. Unfortunately, this is not documented in past national censuses because they only collect information on more or less permanent migrants moving long distances between provinces. Field studies demonstrate clearly that the dominant form of internal population mobility in contemporary Indonesia is circular labour migration. This usually involves workers leaving their families behind in there, primarily rural, origins and they travel often-considerable distances to work in cities, mining enterprises, factories, construction sites and plantations. Many million Indonesian workers work for part of the year at considerable distances from their home place. These movers are predominantly young adults and, although there is a male majority, the

involvement of women has increased substantially in recent decades. These labour migrants clearly fit the pattern of the most at risk migrant groups in the literature. It needs to be stressed that Indonesians are very mobile and that Indonesia has one of the two or three largest groups of internal circular labour migrants of any nation in the world. This presents a considerable potential means for the spread of HIV/AIDS.

The proportion of the population engaging in longer distance permanent movement between provinces detected by Indonesia's censuses has doubled in the last quarter century. However, the bulk of permanent movement involves the mobility of entire families they do not have and some of the high risk factors of labour migrants. A substantial amount of this mobility is between Java and other islands in the archipelago but the main destination of permanent inter provincial migrants in Indonesia is the Jakarta-West Java urban complex, especially the Jabotabek area. Indonesia is urbanising rapidly with the percentage of the population living in urban areas doubling to nearly a third between 1971 and 1995 and internal migration has played an important role in this. In particular, Jabotabek, with around 20 million people, is now one of the world's major mega city complexes. Among the group of more permanent movers, the sharp increase over the last fifteen years in the number of young women moving to cities to work in factories means that they especially are identified as a potentially vulnerable group.

Nevertheless, internal labour migration is identified as both the most voluminous form of population mobility and that of most relevance to the spread of HIV/AIDS. The paper identifies several types of labour migration that have the potential to hasten the spread of HIV infection. The types of movement identified are migration to areas of natural resource exploitation (mines, plantations etc.), rural to urban labour migration, especially to the major cities and particularly Jakarta, the migration of the BBM (Bugis-Butonese-Makassarese) in Eastern Indonesia, migration to Batam in Riau, the transfer of civil servants and migration to particular border locations are discussed. The paper shows how many of those movements have been enhanced since the onset of the crisis in 1997, both because of the push exerted by crisis effects on employment and income but also the pull of a boom in Indonesia's natural resource exports because of the falling value of the rupiah.

A form of internal migration that has unknown, but probably important, implications for the spread of HIV/AIDS is the massive growth of internally displaced persons (IDPs) in Indonesia over recent years. Following the onset of the crisis there have been major disruptions of security in several provinces – Aceh, West and East Kalimantan, Maluku, Timor and Irian Jaya. This has created a large displaced population, more than a million of them in camps being run by the government. Such camps in African contexts have seen a significant growth in HIV/AIDS because of the disruption, crowded conditions etc. There urgently needs to be some research on the prevalence of HIV/AIDS and of high-risk behaviour in these camps.

The next section of the report is devoted to an analysis of international migration in Indonesia. This is dominated by the outflow of international labour migrants who are similar in many of their characteristics to internal labour migrants, including in their potential to move into high-risk situations for infection from HIV. There are both legal and undocumented parts to this movement and women dominate in the former and men in the latter. Saudi Arabia, Malaysia, Singapore, Hong Kong and Taiwan are the main destinations. Little is known about the extent to which the international labour migrants become infected with HIV/AIDS or their risk behaviour. In some cases potential overseas workers are made by future employers to take an HIV test in Jakarta but the results of these

tests are not known. Similarly, some destination countries insist on regular tests while they are at the destination, but the results of these are not known either. Indonesian women travelling to Saudi Arabia to work as domestics are reported to experience high rates of abuse and of returning to Indonesia before they have completed their contracts. It is not known if any of the premature returnees are infected with HIV/AIDS. Undoubtedly, some of the estimated 2.5 million Indonesians working overseas at any one time are placed in situations where they are at elevated risk of being infected but little is known about them. As is the case elsewhere in Southeast Asia, trafficking in women and children has increased in Indonesia and these victims can be especially vulnerable to HIV infection.

The Indonesian commercial sex industry is examined next. This is because the connection between migrant workers and the sex industry is of crucial importance in the spread of HIV/AIDS. The Indonesian data show high HIV prevalence rates among some groups of CSWs, and in a context where much less than a half of clients of CSWs are using condoms, the potential for transmission of the disease is considerable. The important point is made that most of Indonesia's CSWs work in areas some considerable distance from their home communities. This, of course, is also the case for the migrant workers who are their clients. Hence it is argued that there is potential for a 'double diffusion' of the disease. This is because both the CSW and the client return to their home areas regularly but also both tend to change their place of work frequently as well. In the paper this is demonstrated with reference to a case study in Irian Jaya/Papua. The point is made, however, that both the origin and destination areas of migrant workers and CSWs alike are strongly geographically concentrated. This has important policy implications because it means that policy interventions such as concentrated information programs and condom distribution activity can be focused into certain areas. This can maximise the impact of these interventions and not dilute them by spreading them into areas where there is little risk behaviour.

The next section of the paper identifies and describes a number of target populations who either already are recording above average levels of HIV infection or have the potential to do so. These include the groups of CSWs and internal and international migrant workers that have already been discussed. Other groups that are considered, however, are groups with itinerant types of jobs which see them constantly travelling and separated from their families. Data from Indonesia and elsewhere indicate that they are at elevated risk of infection. The groups identified include fishermen, seaport workers, transport workers, seafarers and traders.

It is apparent that there is a link between population mobility, the commercial sex industry and the spread of HIV/AIDS in Indonesia and elsewhere in Southeast Asia. The report also briefly considers the possibility that there may be some link in the second largest form of transmission of HIV/AIDS – that through the sharing of needles by Injecting Drug Users (IDUs). While we know little about this, there may also be a population mobility connection in spreading HIV by this means, as there certainly is in other parts of Southeast Asia.

The following recommendations are made:

- **Recommendations for Continuing Research**
The present study represents a first step in the study of the linkages between HIV/AIDS, population mobility and the sex industry. There is a need to extend and intensify this work if soundly based recommendations for intervention in this area are to be made. It is suggested here that the following be undertaken as a matter of urgency:
- There is a need to build up a comprehensive inventory and map of locations all over Indonesia where there are significant concentrations of

migrant workers and an associated sex industry. The paper has shown that, on the one hand, Indonesia has one of the world's largest concentrations of *internal migrant workers* but the official data collection schemes fail to detect this important form of non-permanent mobility. It is possible to build up a total picture of the movement of migrant labour through visiting the major centres of:

- mining activity,
- lumber,
- fishing,
- urban centres,
- border locations,
- transport routes/points,
- major ports.

Interviews with key respondents should be able to build up a rough but indicative quantitative picture of:

- numbers of migrant workers,
- their main areas of origin,
- the extent of the local sex industry,
- the origins of the CSWs,
- the extent of use of the sex industry by the migrant workers.

The production of such an inventory is not possible using conventional survey methodologies. The approach suggested here could be done by an individual or small group with a good knowledge of mobility patterns and of Indonesian language and could build on the material presented here to produce a comprehensive picture of internal migrant labour movements in Indonesia.

- The above inventory should be the basis for the undertaking of a comprehensive survey of a sample of the various types of migrant worker destinations and origins. Each of the types of destinations listed above needs to be included. The surveys should include both migrant workers and sex workers and their origin communities. The studies should use a mix of quantitative and qualitative approaches to investigate a range of issues including the following:
 - the mobility process including the length of time spent away from home,
 - risk behaviour,
 - the interaction with the sex industry,
 - patterns of movement to different destinations,
 - knowledge of HIV/AIDS,
 - use of condoms.
- A third major urgent priority for research relates to international labour migration. Little is known about the links with HIV/AIDS and there is an immediate need for a reconnaissance study which includes the following:
 - an attempt to establish the extent of HIV testing currently carried out on Indonesian OCWs, both prior to leaving Indonesia and in destination nations,
 - a collection of as much of these data as is possible to establish a profile of the extent of HIV infection.
- A fourth priority would be the undertaking of a risk behaviour survey among Indonesian OCWs, similar to that among internal migrant workers. This would involve a complex sampling strategy to ensure:
 - a cross-section of destination areas,
 - both males and females,

- both documented and undocumented migrants,
- a cross-section of origin communities,
- groups of both pre-departure OCWs and those recently returned.

In undertaking the surveys of migrant workers and OCWs discussed above, there is a need to adopt an innovative methodology. One avenue would be to the Behavioural Sentinel Surveillance approach. The method involves the following stages:

- Begin by locating and mapping the areas where migrant workers gather using local knowledge and any available documentary sources.
- For each location a proportional number of migrant workers are randomly recruited on site as respondents through cooperation with local contact persons.
- Both structured interviews and in-depth interviews are then conducted.
- There is a need to utilise trained interviewers.

In undertaking the above work it will be useful to consider the work already done along these lines in other areas of Asia and in Africa. Chantavanich, Beesey and Paul (2000, 7-8) have reported that in the GMS region ... 'much time and money have been spent on studies assessing the vulnerability of mobile population groups and exploring risk situations in border locations and other areas. While the output in terms of interventions has been limited, there are several projects in place and there are lessons to be learnt'.

- The fifth stage would involve the development of a map of Indonesia which involves a comprehensive inventory of all of the 'hot spots' in Indonesia where there is a coincidence of concentration of migrant workers and the commercial sex industry and where the sexual behaviour of the migrant workers is such as to prevent a risk of increasing the number of persons infected with HIV. Again, the methodology followed in the GMS study is instructive (Chantavanich, Beesey and Paul, 2000).

- **Recommendations on Sentinel Surveillance**

It is apparent that one of the current problems in sentinel surveillance of HIV/AIDS in Indonesia is its coverage. From the perspective of the present study, however, there is a need to extend the range of high-risk sub-groups included in the Behavioural Sentinel Surveillance program and the range of geographical locations of those sub-groups. It would seem important to include the following:

- Concentrations of internal migrant workers. This would include groups in:
 - mining settlements,
 - lumber,
 - market localities,
 - urban areas,
 - plantation areas,
 - border points,
 - seaports,
 - construction sites,
 - transport stops/routes,
 - military posts in remote areas,
 - factories with migrant workers,

- concentrations of the commercial sex industry.
- Regular surveillance in a sample of the villages of origin.
- Surveillance of a full range of workers in the sex industry since migrant workers seem to use many outside the *lokalisasi*.
- Surveillance of a full range of transport related locations where there are substantial populations of mobile workers moving through:
 - truck/bus stops
 - border crossings
 - ports and harbour towns
 - fishing centres
- Surveillance must be introduced to include OCWs and the sentinel sites need to be located:
 - in major departure/arrival points for OCWs and the surveillance must include separate samples of both pre-departure OCWs and those just arriving back,
 - the sentinel sites must include both arrival/departure points of both documented and undocumented OCWs,
 - both males and females,
 - a cross-section of destinations and jobs at the destination,
 - Behavioural Sentinel Surveillance sites at a range of villages of origin of documented and undocumented OCWs.
- **Prevention and Intervention Strategies To Be Considered**

It is considered that there is insufficient research and empirical knowledge to make definitive recommendations for intervention to attack HIV/AIDS through its connection with population mobility. However, it is suggested that the following¹ be considered in this context:

 - All efforts should not assume that migrants and mobile groups *per se* have a higher incidence of infection than non-mover groups. Hence efforts must be directed at 'risk reduction', not 'risk group reduction' – i.e. it needs to be targeted at *risk behaviour* among more groups, not at movers *per se*.
 - All efforts should involve the promotion of the human rights of the movers involved.
 - There needs to be an involvement of *local authorities* so that they will promote, support and sustain projects.
 - There is a need to recognise that population mobility is a system involving origins, multiple destinations, movers and transit points. Hence intervention efforts should not purely focus on one particular geographical point in these systems. They need to be coordinated and integrated across these systems. Hence efforts need to be linked between origins, transit and destination points and, where possible, with cooperation of NGOs that can operate across all of these points even when the movement involves more than one country.
 - In the case of international population movements, it is possible to use a *twin city* approach whereby one can work both sides of the border (e.g. Indonesia/ Malaysia) to attack the HIV/AIDS issue.

¹ These recommendations draw heavily on an analysis in *International Migration*, Volume 36, No. 4, 1998, p. 457.

- The 'twin city' approach can be utilised to identify issues requiring international collaboration and to strengthen international links and collaboration at the local level.
- There is a need to integrate and promote the prevention of HIV/AIDS and STIs into the more general health services available to mobile populations. Hence there is a need for a broad based approach to address the health needs of mobile populations.
- There is a particular need to ensure that there are adequate support services and materials precisely where they can be accessed by mobile populations when they are required (condoms, counselling etc.).
- There is a need to make full use of media and multilingual approaches to promote HIV/AIDS awareness and prevention.
- There is a need to integrate HIV/AIDS prevention into other socio-economic services for migrants.
- It is crucial that the activities not be confined to migrants who are recognised officially but are extended to all forms of mobility including undocumented migrant workers.
- Urgent priority should be given to the development and introduction of a health module to be included in the training given to all potential OCWs about to leave Indonesia. A model for such a module is that introduced in Sri Lanka in 2001 (*Asian Migration News*, June 2001). The program was developed with the assistance of the UNAIDS Country Programme in Sri Lanka. The program covers modes of transmission and prevention of sexually transmitted diseases and HIV/AIDS, personal hygiene and medical fitness, family health and health problems in the workplace.

FEEDBACK TO THE REPORT

Comments from the Readers

Endang Sulistyaningsih,
Head of Research & Development Bureau
Ministry of Manpower & Transmigration

Date: November 15, 2001

I should congratulate Professor GRAEME HUGO because in his very busy time – he is able to finishing up such a marvellous job in writing a report for the ILO and UNDP – with the title [above].

His report mainly concentrates on the two big-box of issues namely (1) Migration, which include internal and international population mobility in Indonesia; and (2) HIV/AIDS phenomenon, which is the spread of HIV/AIDS. He was able to make a link between these two boxes (migration and HIV/AIDS) by analysing the impact of one box to the other box of issues.

My first comment on this report is – that we have to be careful in making any conclusion drawn from the perspective of the link between population mobility and the spread on HIV/AIDS.

These issues cannot be generalized. Otherwise, it will give a negative impact on the Human Resource Development concept – as a whole.

Let me review a little bit on the subject that he just presented.

Box: HIV/AIDS phenomenon

He started the report by describing the current situation of HIV/AIDS in Indonesia, which includes the spatial variation in the incidence of HIV/AIDS, characteristics of Indonesians with HIV/AIDS infection, results of prevalence studies, and knowledge of HIV/AIDS.

He wrote that the HIV sentinel population include:

- Registered female prostitutes in permanent official (prostitute) lokalisasi
- STD and TB patients in hospitals
- Prisoners
- Transvestites

And he found also that the high risk groups for HIV infection including:

- Female sex worker
- A substantial gay population
- Single and unaccompanied migrant workers
- Drug User

We may found also in his report (p.19) that the potential for expanding HIV/AIDS epidemic in the future in Indonesia because of:

- Increasing trends in prostitution
- Domestic and international migration
- Urbanization
- Development of the tourist industry
- Poverty

- Proximity to areas with advanced epidemics
- Sexual permissiveness increasing
- High risk sexual behaviour of certain groups

Box: Population Mobility

He continued his report by presenting the patterns and levels of internal as well as International migration in Indonesia. He is very perfect in explaining the population mobility, since he is the expert and he is the professor of geography.

He wrote that the level of average individual mobility has increased massively over the last three decades (p. 34 – table 10), and he also explained the characteristic of migrants, and the existing of non-permanent migration. And lots of interesting explanation on migrant was presented in his report.

We may found also in his report a piece of marvellous work in making a link between the two boxes.

Links between two boxes

He described, nicely, in his report, the crucial importance in considering the links between workers and the spread of HIV/AIDS is as follows:

- The workers may become infected and spread it to their home communities when they return home
- The infected workers may also pass the infection on to the sex workers they interact with who in turn will pass it on to other clients and to their own home communities.
- The workers often also are quite peripatetic and may take the infection to other work locations where they can pass it on to a new group of sex workers.
- The sex workers themselves tend to work in a number of locations also - so they can spread the disease to new areas as well.

And surprisingly that the high risk taker also including:

- The army and police forces
- Fisherman
- Transport workers
- Seafarers
- Construction workers
- Foreigners
- Intravenous Drug Users
- Transvestites and Gays

Comments – from the HRD concept:

- In Labour Market, we have common understanding in using the term of MOBILITY of the workers as the change of jobs or employers across industries or occupations in search of improvements in status as well as in terms and conditions of employment (see: Muqtada and Hildemen, 1993 p. 95). And there is some evidence that mobility across firms or occupations have an access to specific benefits from employment such as allowances for transport, meals and education of children, paid leave, bonus, pensions and severance pay. We also argued that any increase in skill training to workers useful for their career mobility – especially by those with a background of formal and structured higher education.

- In the concept of human capital, the factors which including nutrition, education, on-the-job training, and migration received considerable attention (Shultz, 1969a, 1961, 1962; Becker 1962, 1964; and Stigler (1962) **in** Yotopoulos and Nugent, 1978). All of these factors affect the quality of labour and require present sacrifices to derive certain future advantages. In other words, each represents an investment, not of the usual type, such as physical capital (plant, equipment, and building) or financial capital (money, bonds, and equity shares), but rather in "human capital". → We sometimes expressed investment in human agent in terms of the capitalized lifetime earnings of an individual, net of costs.
- For the case of migration, the decision rule for capital accumulation consists of comparing the capitalized alternative earnings streams of two activities, migration and non-migration in the present case.
- The more general question that arises in connection with viewing migration, as an equilibrating force is, who is the migrant? In the surplus of labour, the migrants would be the marginal and unemployed workers who migrate in search of employment. But this tends not to be the only case. The further suggest evidence that migration is a highly selective process that favours infra-marginal individuals. When general conditions in the neighbourhood deteriorate, for example, the residents who will move out first are those who valued most highly such qualities as cleanliness, safety, schools, and "neighbourhood character. These residents have many alternatives, and they will seek the lost qualities in other high-priced neighbourhoods. It may precisely be that the infra marginal workers – the professionals with high opportunity cost – are the first to leave the traditional sector of dual economy. Their move, as we have mentioned, tends to increase rather than decrease the income differentials in the two sectors.
- On the account of urban-rural wage differentials, it correctly predicts that migration takes places from low-income rural regions to higher-income urban regions. Because of direct cost of migration, which undoubtedly varies with distance and the psychic costs of adjusting to unfamiliar environments, the human capital model successfully predicts that migration is likely to be accomplished by a series of intermediate moves – from farm to village, from village to town, from town to city.
- It correctly predicts (by the writer) that:
 - Younger people migrate – since they can expect a longer life horizon over which they can capitalize their earnings differentials, they have less place attachment and less seniority rights invested in a job which makes the cost (monetary and psychic) lower; they are also less risk averse, which can be reflected in assigning lower discount rates to their future earnings streams.
 - Migrants are disproportionately single, because cost is lower when there are no other family members or personal possessions to be moved.
 - Migrants to large cities have higher educational attainment than the populations from which they originate.
 - A substantial majority of migrants to large cities in developing areas have relatives or friends already living there. If this correct, then the migrants with friends and relatives in the cities are able to lower cost in both pecuniary and psychic terms.
- The more upward the social mobility, and the freer the migration, the more marked the economic and social dualism may become. → **Thus, the writer should differentiate between "upward" and (probably) "downward" population mobility.**

- A number of “dual-economy models” build on the initial dis-equilibrium between agriculture and non-agriculture and describe how equilibrium is being restored, primarily through labour transfers. It is the marginal workers who migrate are transferred, that is, who migrates. → **In the case of HIV/AIDS spread, we should think carefully that “labour transfer” concept – may be rejected – if the characteristic of migrants are young, single and low educated person!**
- The migrant pays a fixed fee, the cost of migration, (and sometimes) to join the pool of urban unemployment. The worker also pays the variable costs of migration, forgone income, as long as he is unsuccessful in drawing a job. → **Should we consider the spread of HIV/AIDS become “variable-cost” for the migrant?**
- It is not necessarily the unemployed who migrate. It may equally well - be the workers who already hold a job and quit in search of another. Migration then involves three stages: (1) unemployment then the move, (2) random job search at destination, and (3) acceptance of a job of permanent tenure. → **In this case the spread of HIV/AIDS is not started (or may be started) from the very beginning.**

Last but not least, I am not going to ruin any single item wrote by Professor HUGO – but Let’s us think together the existing of HRD – Concept, especially on the migration issue. Should we or can we stop the migration for minimizing the spread of HIV/AIDS? How? Or..... Is it the time for us to review the HRD concept?

References:

- McConnell, Campbell R. and Stanley L Brue, 1998, *Contemporary Labour Economics*, McGraw-Hill, 653 pp.
- Muqtada M., and A. Hildeman, 1993, *Labour markets and Human Resource Planning in Asia: Perspective and Evidence*, UNDP and ILO-ARTEP, 274pp.
- Yotopoulos, Pan A., Jeffrey B. Nugent, 1976, *Economics of Development: Empirical Investigations*, New York, 478 pp.

**Sri Murtiningsih Adioetomo,
Sutji Rochani,
Saprudin Mangkuperwira**

Senior Research - Institute of Demography
University of Indonesia

Prof. Hugo’s study aims to provide comprehensive picture of levels, patterns, composition and trends of various types of contemporary internal and international population mobility in Indonesia. Second, the study also tries to explain how population mobility in Indonesia is linked to the existing and likely future diffusion of HIV/AIDS.

Prof. Hugo admitted that relationship between population mobility in Indonesia and HIV/AIDS exists, but he expresses frustration because of lacking of sufficient research on the topic, on the nature of the relationship and on the difficulties of finding data on temporary migration, as well as finding the location and places of this type of mobility.

I do share the feeling, that study on temporary migration is the most frustrating study of demography. However, I found that his study is comprehensive and able to shed some lights on the potential thread of the relationship between population mobility and the increase in the prevalence of HIV/AIDS. He was able to identify types of groups of migrant workers and places that have high potentials of HIV/AIDS. Congratulations.

Further, Prof. Hugo's finding on this research seems to be supported by international literature on findings from researches in developing countries, especially African Countries (Dyson, ed. 1992; Orubuloye et.al; 1994; Setel eds.; 1997; Brockerhoff and Biddlecom, 1999). It is the type of movement, rather than the mobility itself that can clearly explain the relationship between mobility and HIV/AIDS risk. Temporary migration or circular labour migration, migrants who work long-distance from their place of origin, usually rural areas, causes separation of workers from their families. There are also a large number of young male labour migrants, although recently there is an increasing tendency of female rural to urban migration. Anonymity of cities, separation from families and releases from traditional constraints about sexual behaviour lead to increasing high-risk behaviour potential to HIV/AIDS infection. There are places where concentration of migrant workers is side by side with commercial sex industry, and therefore increasing the spread of HIV/AIDS infection.

Although it might be expected, results of Prof. Hugo's study serves as a wake-up call for us. That Indonesians are very mobile, that mobility increased very rapidly in the recent decades. But these temporary migration, are not documented in the census or any other type of large quantitative demographic survey. Further, Indonesia has one of the two or three largest groups of internal circular migration in any other nation in the world. Meaning it is a highly potential means for the spread of HIV/AIDS. In addition we do have new phenomenon of the spread of the IDPS as a result of internal conflicts. Therefore, serious attention on the prevention of HIV/AIDS should be focused on the relationship between population mobility and HIV/AIDS.

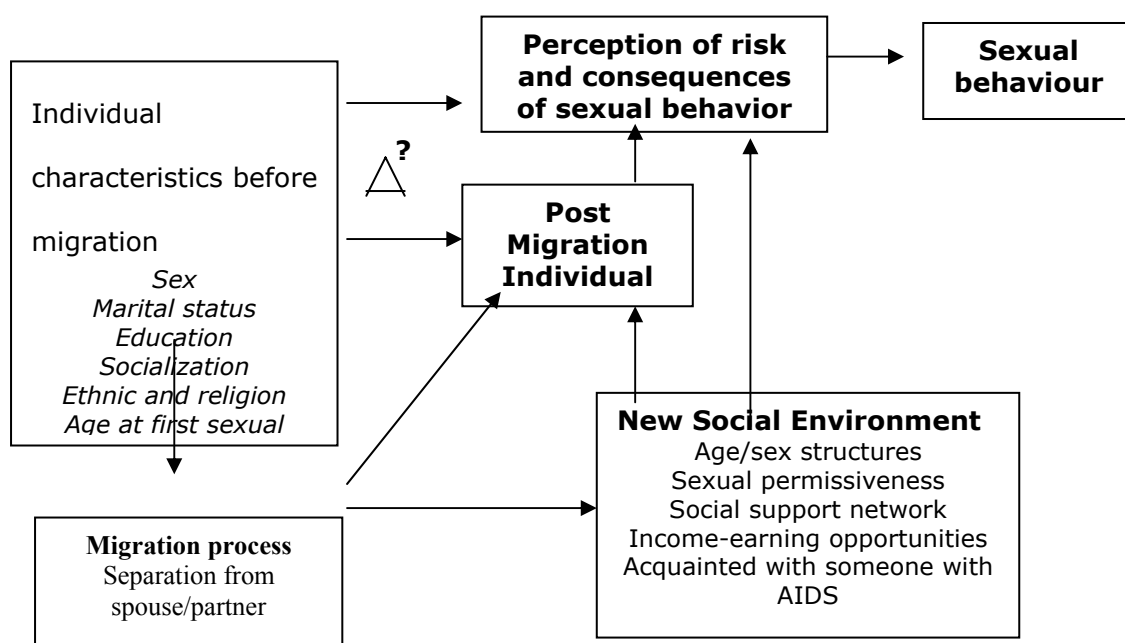
I also agree with Prof. Hugo's suggestion on recommendations for continuing research to focus on (1) inventory and mapping location, (2) interview with respondents, (3) conducting comprehensive sample survey, (4) related to international labour migration, (5) conducting risk behaviour survey overseas contract workers, (6) inventory and map of the hot spots, (6) strengthening the sentinel surveillance

Prof. Hugo also stresses the need to study behavioural aspects, in particular sexual behaviour, causing high potential of HIV/AIDS infection. I think this should be given the most attention to effectively develop necessary policy or action plan to avoid HIV/AIDS infection. One among the useful method in anthropological study relevant to this issue is the sexual-networking approach developed by Caldwell et.al. (1994). Caldwell et.al. Stated that ... *the term sexual-networking is less general than sexual behaviour, but yet implying a broader range of interests than multi-partner sexual behaviour. It implies the ascertaining of successive links in sexual relations from one partner to the next until the whole chains – indeed, interlinking chains of networks – are worked out* Despite of the difficulty in obtaining information, such an approach can reveal the nature of relationship between migration and HIV/AIDS. Through this method, it is possible to determine the most dangerous nodal points in such a chain, persons with the most numerous and most carelessly selected partners, where different network interconnect.

Although most of you have probably known this, here I want to illustrate how the relationship between population mobility and HIV/AIDS might be explained, especially using behavioural approach. This work was done by Martin Brouckhoff and Ann E. Biddlecom (International Migration Review, Vol. XXXIII, no. 4, Winter 1999). Brouckhoff and Biddlecom started with findings from studies conducted in African Countries supporting the hypothesis that migrants as compared to the non-migrants in a high prevalence of HIV/AIDS have higher risk of infection. This was due to the difference in the pattern of heterosexual behaviour. Three factors are accounted for the high risk of migrant behaviour: (1) the characteristics of individuals before migration, (2) changes in individual attributes because of migration – separation from spouse -, (3) exposed to new social environment, facing different sexual norms and the opportunity or obstacles leading to changes in sexual behaviour after migration. These three aspects were derived from the concept of migrant selectivity, life disruption and adaptation to city lives, concept used to study changes in fertility (Findley, 1982, Goldstein and Goldstein, 1982). These three factors are also associated with Health Belief Model (HBM), a model commonly used to study health and contraceptives behaviour, which assumes that individual characteristics, past experience and current surroundings shape his or her perceptions concerning the risks and severity of behavioural outcomes – such as contracting the AIDS Virus through sexual conduct – and thereby influence behaviour. Voluntary migrants are perceived to be a 'selected person', persons who want change for their lives, and therefore attributed as a 'risk-taker'. Heightened risk taking behaviour conceivably applies to other aspects of migrants' lives, including their sexual conduct early in life and in post migration setting. If so, migrants should be more likely engaged in unprotected sex with multiple partners than non-migrants at areas of destination, regardless of the gender and the presence of a regular sexual partner.

Brouckhoff and Biddlecom developed a conceptual model toward explaining sexual behaviour related to migration:

Conceptual Model on the Influence of Migration on Sexual Behaviour.



Using this model, Brouckhoff and Biddlecom found that in Kenya, migration is a critical factor in high-risk sexual behavior. Its importance varies by gender and by direction of movement. Male migrants between urban areas and female migrants

within rural areas are more likely than non-migrant counterpart to engage in sexual practices conducive to HIV/AIDS infection. In rural areas migrant from urban places are more likely than non-migrant to practice high-risk sex.

Knowing that the incidence of rural urban migration in Indonesia is high, and conducted predominantly by male, it is logical to suspect that Indonesia might have the same situation with the Kenyan study. Therefore, an empirical study about the Indonesian case should be conducted. Such a study will be useful for inputs to policy makers. Separate similar studies by types of mobility and places of work (the hot spots) will sharpen the direction of policies developed to avoid HIV/AIDS spread.

Suggestion for plan of action.

Although research results on migration and HIV/AIDS conducted in Indonesia is far from satisfactory; some suggestions for immediate action plan have already emerged. The first is that, if we do agree that there are 'hot spots' with high risk of HIV/AIDS infection, high concern and action should be taken. These 'hot spots' can be easily seen in the slum areas, squatters' community and other illegal dwellings in big cities in Indonesia, like Jakarta and Surabaya. These communities consist of rural urban migrants; many of them are circular migrants with families apart, left behind in rural areas. Their occupations are mixed, mostly informal sector, not paid employment and no social security. Some of them are female commercial sexual workers. But, although they are the de facto population in the province or districts, they are not recognized as the de jure population. Thus they are not entitled to have ID card (Kartu Tanda Penduduk), and therefore they do not have access to social safety nets programs of the local government, they do not have access to the social service system such as the Kartu Sehat (Health card for free health services). How do we prevent them from the HIV/AIDS infection? These people are out of the system of the government services.

The second concern is the reproductive health of women of spouses of the circular migrants and the return migrants. Return migrants are hard to detect. Good program has to be developed as prevention as well as remedial to avoid further spread of HIV/AIDS infection. It is the **right of the women** or the **spouse** to know that their husbands are infected STIs and /or HIV/AIDS. Such rights are very much neglected in this case, and yet, the impact on the quality of future generation is threatening.

Comments from the Participants

Wahyu Susilo

(KOPBUMI - Consortium for Indonesian Migrant Workers Advocacy)

"Recently, I have an opportunity to follow traditional route of the migrants (mostly undocumented migrants) in Tawau, East Kalimantan – across border to Sarawak". In contrast to the study report, the migrants in the area circularly migrating with their family (the report stated majority migrants leaving their families). Many of them are undocumented. Typical of undocumented Indonesian migrant workers (there are hundred thousands undocumented Indonesian migrants – last year, 300,000 Indonesian illegal / undocumented workers working in Malaysia turns up to take the amnesty offered by Malaysian Government), they have no access to health services and protection – given that without official document supports they decline to get in touch with the authority.

However, it is possible that the documented migrants are having no access to health facility.

(Note: Majority of Indonesian OMW (overseas migrant workers), over 2,5 millions are rural women at young ages with little education and barely have experiences traveling outside their surrounding district, working in Middle east, Southeast Asia – Malaysia, Singapore, Brunei-, and Pacific countries – Hong Kong, Taiwan, South Korea. Working mostly as domestic helpers, physical and sexual abuses have been reported from time to time. Other OMW in less proportion is male working in plantation and construction. Internal Migrant workers are also prevalent in the country – see details in the Report).

Additional remarks by Tina (ex-migrant workers in Hong Kong):

Majority of OMW experiences fraud starting during recruitment – they're practically underpaid since their salary they obtained are much less than that of stated in the contract, so this might one causing factor if we found some of the migrants go into to sex industry.

Susanti

(Ministry of Social Affair)

For the commentators – "I think you (the readers) should contest the findings with other or your researches".

Aramoto

"Curious whether Graeme Hugo had an opportunity in the study to survey to the 'asrama' – dormitories / (house being rented for group of workers / employees, students, male and female), mostly in cities like Jakarta, Bandung, Yogyakarta, and other large cities – sexual interaction suspected occurs".

Hasan Basri

SPSI Reformasi (Indonesian Trade Union for Reform)

- Unorganized workers (informal sector) is perhaps more vulnerable because their wages, under the minimum wage regulation, is too low to afford sexual entertainment.
- Although the data in the report cannot be accepted, the report is fine for a reference
- Migrant workers should not be blamed or stigmatized. Migration cannot be stopped after all – "in fact their contribution to their country is significant, in terms of remittances and employment".

Flora

ASA Programme

- Agree that population mobility somehow has a link with higher risk / vulnerability of HIV infection
- Agrees with the remarks by Sri Murtiningsih regarding the findings from similar studies in Africa
- Agrees that HIV can eventually undermine the human resources
- The question should be modified into "How to Overcome It". We also need a more action-oriented research.
- We should be careful with the conclusion because it can misleads us to stigmatize the migrant workers or blaming sexual workers
- (*additional remarks to Hasan Basri: "Although the wages for organized workers are low, they can afford sexual workers because there're abundant such workers who can accept low prices).*

Replies by Graeme Hugo and the Readers

Endang Sulistyarningsih

- In reply to Susanti, it is impossible to counter Hugo's study with research because there has no such study ever conducted in this area in Indonesia. Furthermore, I'm an economist by training – and have no authority to go into detail about the findings regarding the HIV incidence.
- The study by Hugo, conceptually interesting, as HIV risk could become a cost in the model of labour migration.

Sri Murtiningsih Adoetomo

- Agree that action oriented research or research-based policy is necessary
- Migrant workers cannot and should not be stopped – migration is part of our basic rights. Unfortunately, protection for the migrants – as well as access to health services, legal counseling, etc. are hardly existence. The Indonesian migrants at overseas which is woman is the majority, sometimes face pressures from their husband i.e. referring to recent report in a national newspaper where the husbands get re-married using the income from their wife who work overseas.

Graeme Hugo

- Agree that the undocumented migrants are lacking access to health service. In many cases, the undocumented and documented migrants have no access to information so that they frequently experiences fraud and cheating – they must pay the cost extra, selling their assets, and often salary is different with the contract statement. Sometimes, people moving within Indonesia, from rural to Jakarta for example, face difficulty to get Jakarta ID card and eventually impossible to have government-subsidized public health service.
- True that policy research / action oriented research is very critical and relevant for this issue
- Agree that HIV can undermine human resource development.
- We must be careful not to stigmatize the migrants as the source of HIV spread. Migrants are easy group to blame.

GROUP DISCUSSION

Group I

Recommendations:

- To form a working group to follow up results of the workshop
- The focus should not be restricted to migrant workers because there are other sectors that vulnerable to HIV, such as truck drivers, sailors, students, etc. For each type of migrants (circulating, migrant workers, and displaced people), a comprehensive intervention is necessary covering: IEC / BCC, treatment / care / support, policy advocacy / policy development. Protection policy is necessary for people in mobility.
- Priority areas include education (the highest priority), surveillance to strategic population, treatment & counseling (properly implemented by NGOs)
- Further study is necessary but expensive. Taking advantage of the existing data is more important – the research should not academic but action oriented. Research should be conducted in the course of action or advocacy. In this respect, a “caucus of reproduction health” needs to be established.
- The government should be more responsive to HIV vulnerability.

Group II

Recommendations:

- Mapping across locations, as recommended by the Report, is necessary. So is across agencies / stakeholder, and clients.
- The concept of migrant should be expanded to cover foreigner working / living in Indonesia and students moving inter province – which is very typical in Indonesia.

Current	Intervention Areas	A Must
Policy --> no policy	Advocacy	High-level commitment
Data -- > lack of data	Survey, mappings	Continuous + regular, not incidental The scope: national, local, and regional
Operational --> no program	<ul style="list-style-type: none"> • It must reach the migrant workers and the recruitment agencies • For the government: strategic planning, continuous budget, coordination, monitoring & evaluation 	
Networking --> it exists	Advocacy	

Group III

Recommendations:

Empowerment of migrants is the key, through training in skill improvement and labor rights, and HIV / AIDS, being conducted upon their families and the returned migrants, at the workplace, or public venues

CONCLUDING REMARKS

(Diah Widarti, Ministry of Manpower and Transmigration)

After listening to the presentation of Prof. Graeme Hugo this morning, the discussion that followed afterwards, and the presentation of the working groups, there are a number of points that might be drawn.

Indonesia has become one of the world's largest sources of international labor migrants over the last decade or so. As Indonesia is one of the world's largest populations and has high rates of underemployment, it becomes one of the world's largest labor surplus countries and most substantial sources of labor migrants. The study also reveals that we are dealing with more mobile society; men and women are almost equally mobile.

The reported numbers of HIV/AIDs positive cases in Indonesia were quite small although there was a substantial increase in numbers in the late 1990s. But, one needs to be cautious for such small number, as:

- It is no doubt that there were underreported cases.
- There has been a steady increase reported cases each year.
- The conditions in Indonesia are seen to be favorable to a rapid spread of the disease, perhaps in a similar way as to what has happened in Thailand.

So, the important issue here is the rapidity of the increase of such disease is relatively high. This should make us more alert towards its potential wide spread.

The findings from various studies and the discussions today have indeed warned us to the fact that there is a linkage between population mobility and HIV/AIDs incidence. Of course, this is only true if those movers are engaged in high-risk sexual behavior to a greater extent than those non-movers. However, in Indonesia there has been as yet no consideration of the linkages between population movement and the spread of HIV/AIDs.

The data also demonstrate that some areas in Indonesia that stand out for high incidence of HIV/AIDs are Jakarta, Papua, Riau, Bali and North Sulawesi. This does not mean that the occurrence in other areas can be neglected.

In Indonesia the potential for expanding HIV/AIDs epidemic in the future might be anticipated by:

- Increasing trend of prostitution
- Internal and international migration
- Urbanization
- Development of tourist industry
- Poverty
- Proximity to areas with advanced epidemic
- Increasing sexual permissiveness
- High-risk sexual behavior of certain groups.

From the point of view of employment, the potential factors that might lead to HIV/AIDs are the unemployment and underemployment. Although the government has put a lot of efforts in attacking the unemployment and underemployment problems, yet the economic downturn that has happened and that seems to extend has pushed certain groups of people to engage in sexual activities for economic reason. These groups that many are young and having limited knowledge of HIV/AIDs are the potential group with high risk of HIV/AIDs infection.

The fact also that overseas contract workers are mainly females with limited education they seem to be the group that need to be prevented by providing them knowledge of the disease. We agree at least I myself that the knowledge of HIV/AIDs among official contract workers is still low, not to mention among those undocumented overseas migrants and illegal migrants. Trafficking – is also on the increase.

In its relation to population mobility, it is almost impossible to stop the mobility of people in order to control the disease. Population mobility is seen as one of human resource development efforts. What one can do to reduce the risk is to prevent them from contracting the disease.

It is rather absurd to influence the mobility, as one might expect a very slim success. We'd better take the attitude as Prof. Hugo stated that it is important to know and to understand the pattern of population mobility of the movers, in terms of origin, destination, duration of stay and other characteristics. Through these understandings one may have a better vision in how the intervention should be done.

Despite the differences in the magnitude, modes of transmission, or causes of HIV/AIDs infections, I think every one in this room would agree that we all have the same goal. This goal is how to control or at least to maintain the level of HIV/AIDs incidence as low as possible. In other words, intervention is needed in order to minimize or to prevent the HIV/AIDs from spreading out.

The discussion has called our awareness to the facts that workplace and recruitment of workers are very important to be taken into consideration. The fact also shows that some groups might have been overlooked as being vulnerable to HIV/Aids infections. They are also being denied to access of information and health services in particular regarding HIV/AIDs infection. These groups include undocumented migrant workers, the homeless, informal sector workers, factory workers living in a relatively high sexual permissiveness are among others. Being illegal and undocumented they are frequently denied for those services.

Population mobility increases the risk of HIV/AIDs vulnerability; therefore HIV/AIDs may undermine the efforts of human resources development. However, it is almost not possible to stop the flow of mobility.

Regarding the overseas contract workers it is agreed that particularly in the current economic situation the overseas employment is very crucial. What we need to emphasize however is to reduce the negative issues that come with it.

The present study comes up with the following recommendations such as:

- Interventions in the population mobility-sex industry-HIV/AIDs nexus, therefore, the recommendation would be an indication of the continuing research that is urgently needed. Some of them are
 - To build up a comprehensive inventory and map of locations all over Indonesia where there are significant concentrations of migrant workers and an associated sex industry.
 - The said inventory should be the basis for undertaking of a comprehensive survey of a sample of the various types of migrant workers destination and origin. The survey should include both migrant workers and sex workers and their origin communities.
 - Research relates to international labor migration
 - Undertaking a risk behavior survey among Indonesian overseas contract workers, similar to that among internal migrant workers.
- Those that relate to issues of sentinel surveillance in Indonesia, to include among others:

- Concentration of internal migrant workers
- Regular surveillance in a sample of the villages of origin
- Surveillance of a full range of workers in the sex industry since migrant workers seem to use many outside of the *lokalisasi*.
- Those that address how knowledge of population mobility may be useful in designing general strategies relating to the spread of HIV/AIDs.
- Those concerning with a series of prevention and intervention strategies relating to HIV/AIDs in mobile population in Indonesia.

The discussions have come to an agreement that each working group should focus on three (3) major areas in relation to population mobility and HIV/AIDs risks, they are:

1. Policy
2. Data Availability
3. Actions
 - Preventive
 - Curative

The three working groups that were established during the workshop have agreed on the following points.

- The concept of "migrants" in relation to HIV/AIDs vulnerability should be clearly defined. Are they internal or international migrants? Are they rural-urban migrants? Are they students? Workers? Common movers, etc?
- There is a need to establish a working group in order to follow up to day workshop.
- Availability of data is deemed crucial. This is because reliable and timely data are required to formulate appropriate policies. However, some arguments came up that research could be secondary if data availability is assured. Some argued that research should be the first priority before anything else.
- There is a need to compromise which step should be done first. Is it to carry out research before doing the actions? Or can the research be conducted along the way with the on-going action? The answer to these questions can be negotiated, depending on what kind of existing data already available, types of action program, and what types of additional information required to supporting the proposed action program?
- In relation to policy advocacy and policy development, there should differ from one target group to another. Age, education, cultural, socio-economic background and others may bring differences to the said target groups. Therefore there is an urgency to understand the characteristics and needs of each target group.
- In order to monitor the potential of HIV/AIDs infections it is important to simplify the procedure for one to find assistance regarding HIV/AIDs infections.
- The interventions can be done through workers, employment agencies (recruiters), and technical government ministries, which should cover in the beginning prior to departure until migrants returning home.
- The intervention can be done through the empowerment of migrants. Such an intervention may be conducted through "orientation/*pembekalan*" on the knowledge of health, workers' rights etc. In the implementation of such an empowerment should start from within the family, on site and on the new destination. For married migrants, the important factor to fend them is "love".

LIST OF ATTENDANCE

Name	Organization
Carla June Natan	Center for Indonesian Migrant Workers Jl. Kikir No. 12 K. Ambon, Rawamangun, Jakarta Timur Ph: 021-4722751, Fax: 021-47863384 / 4722 751
Wahyu Susilo	KOPBUMI – Consortium for Indonesian Migrant Workers Advocacy Jl. Kedondong I No. 12, Rawamangun, Jakarta Timur Fax: 021 – 922-7757 / 797 16 29 kopbumi@centrin.net.id
Sarah S.	Perserikatan Solidaritas Perempuan – Woman Solidarity Jl. Rawajati Timur X. Kom. Kalibata Baru, Blok B-6, Jakarta Selatan 12750 Fax: 021-79198275 soliper@centrin.net.id
Missi	KAPAL (Lingkaran Pendidikan Alternatif) – Circle of Alternative Education Jl. Kalibata Utara I / 18 – Jakarta Selatan Fax: 021 – 7971629 kapalperempuan@centrin.net.id
- Hilman - Harida Bakri	SBSI – Indonesian Trade Union Ph: 021- 599 3048 sbsi@pacific.net.id
Hasan Basri	FSPSI Reformasi – Federation of Indonesian Trade Union for Reform Ph: 021- 724 8712
Ms. Ika	Yayasan Kembang – Kembang Foundation Ph: 0274 – 620829
Mr. Uzair Suhari	Direktorat Statistik Kependudukan Biro Pusat Statistik / Central Bureau of Statistics– Jl. Dr. Sutomo, Jakarta Pusat Fax: 021-345 6285 Ph: 021- 345 6285 ext 5300 utzair@mailbpi.go.id
Dr. Puji Hastuti, MPH, Deputy II	NSWB, Jl. Salemba Raya No. 28, Jakarta Fax.: 3103613
- Ani Sulistiowati - Diah Widarti	Badan Penelitian dan Pengembangan – Research & Development Ministry of Manpower & Transmigration Fax: 021 – 5260489
Mr. Suriya Ms. Gelora Manourung	BKKBN – National Family Planning Agency, Halim Jakarta Ph: 021- 8009029
Mr. Cho Kah Sin Ms. Vera Hakim	ASEAN Secretariat
Mr. Yen Rusalam Dr. Flora T Ms. Maria Radjali Anthony Pramulatana, TBCA Suchai Panakitsukam, TBCA	ASA Programme/FHI/USAID

Ms. Sarah Domingo	International Organization for Migration Surya Building 12A Floor Suite 12A-03 Fax: 021- 39838528
Mr. Maurice Bloem	CWS Indonesia Jl. Kemang Selatan II/4A Kemang Jakarta Fax.: 7197927, 29, 31 Fax.: 71793387
Ms. Liliana P. Amalo	MEDICINS SANS FRONTIERES Representative/ Yayasan Tanpa Batas/Kupang Jl. JBR V/33, Kuningan Jakarta Selatan T/F.: 5261706; 0812 39865 38
Ms. Monica Ompu Sunggu Mr. Abdu Syakur	Yayasan Primasejahtera – Primasejahtera Foundation (Mobility on HIV/AIDS) Jl. Menteng Trenggulun, Jakarta Pusat. Telp./Fax.: 4200605
Ms. Dina Ismail Ms. Augustine Watulele Dr. Pratiwi	The Salvation Army Departent Hub. Masy. Jl. Kramat Raya No. 55 Jakarta
Mr. Russell Vogel	SOAG , Secretariat at Dep-Kes RI, Kuningan Fax.: 021- 527 4823
Drs. Dedy Dwitagama	BERSAMA – Mobility on HIV/AIDS Fax.: 390 09 14
Dra. Sri wahyuningsih	Yayasan Pelita Ilmu – Pelita Ilmu Foundation, Mobility on HIV/AIDS Fax.: 021- 83795480, 9116739
- Dr. Rudi Nuruadi - Ardent - Esther - Ellen	ADRA Foundation
Dr. Firman Lubis / Director –	Yayasan Kusuma Buana – Kusuma Buana Foundation
Deden, Wenny Bert Mamoto,	FORUM LSM Se-Jabotabek (Mobility on HIV/AIDS) - LSM Se-Jabotabek Ph: 021-860 92 17 Fax.: 8314764, 85909885)
Dr. Suryadi Gunawan	Ministry of Health
Baby Jim Aditya	, AIDS Activities 765 2737, 0816 849 305, babyss@hotmail.com
Rina Dwi Lestari	DPRD Karimun Riau 0777 – 323837
Mr. Pd. Firman Ms. Ofrin Sitorus	CIMW
MS. Betty P. Sri Fajar Maria Hartiningsih, Testiani Simanjuntak, Nancy,	RCTI Bisnis Indonesia Kompas The Jakarta Post Suara Pembaruan
- Dr. Georg Petersen, Chair UN of HIV/AIDS - Dr. Jane Wilson, UNAIDS - Dr. Amaya Maw-Naing, - Dr. Bing Wibisono, WHO - Ms. Farida Sarkawi, UNFPA - Ms. Vanda Trigno; UNFPA - Mr. Alan Boulton, ILO - Ms. Mukda Sunkool, ILO	Technical Working Group of United Natioos on HIV/AIDS

<ul style="list-style-type: none"> - Mr. Verdi Yusuf, ILO - Prof. Grame Hugo University Adelaide - Mr. Kus Pujiono UNDP - Project Manager HIV/AIDS 	
---	--

Total participants: 66

Participants at the Working Group Session

Group I

No	Name	Organization
1	Rudi	ADRA – Advocacy for Sex Workers, Jakarta
2	Abdul Syukur	Yayasan Prima Sejahtera Prima Sejahtera Foundation
3	Hasan Basri	FSPSI – Federasi Serikat Pekerja Seluruh Indonesia Reformasi Federation of Indonesian Trade Union for Reform
4	Sarah Domingo	International Organization of Migration
5	Ika	Yayasan Kembang (Kembang Foundation), Yogyakarta
6	Liliana Arian	Yayasan Tanpa Batas (Foundation of Borderless) for AIDS Prevention
7	Flora	Family Health International
8	Penry	AUSAID
9	Any	Ministry of Health, Directorate General for Social Services
10	Ester	ADRA – Advocacy for Sex Workers, Jakarta
11	Dirman	Center for Indonesian Migrant Workers

Group II

No	Name	Organization
1	Hotlan Pardosi	Serikat Buruh Seluruh Indonesia Association of Indonesian Trade Union
2	Sri Wahyu Ningsih	Yayasan Pelita Ilmu – Pelita Ilmu Foundation
3	Ofrin Sitorus	Indonesian worker in Hong Kong (Center for Indonesian Migrant Workers)
4	Pratiwi	Balai Keselamatan – (Social & Health workers Association)
5	Yen Yerus Rusalam	ASA / FHI
6	Berti Mamoto	NGO consurtium for AIDS prevention
7	Suriya	BKKBN (Badan Koordinasi Keluarga Bercana Nasional) Coordination Body for National Family Planning
8	Kuspujiono	UNDP, Jakarta

Group III

No	Name	Organization
1	B. Wiritono	WHO

2	Agustina Watiliti	
3	Elen Simanungkalit	ADRA - Indonesia
4	Ardent Siahaan	ADRA - Indonesia
5	Maurice Bloem	CSW (Care, ?)
6	Gloria Manurung	BKKBN (Badan Koordinasi Keluarga Berencana Nasional) National Family Planning Agency
7	Monika M. Yos	Yayasan Prima Sejahtera Prima Sejahtera Foundation
8	Harida Bakri	Serikat Buruh Seluruh Indonesia Association of Indonesian Trade Union
9	Susanti Herlambang	Ministry of Social Affair
10	Vanda Trigno	UNPFA
11	Ika Harmawasi	Yayasan Kembang Flower Foundation
12	Suryadi Gunawan	MOA
13	Flora Tanujaya	ASA