

Preventing AIDS in Papua

Revised Research Report

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Preventing AIDS in Papua: Executive Summary

This report summarizes the results of a study carried out with the indigenous population of Papua, Indonesia's easternmost province. The study arose out of a concern with high rates of HIV infection in the province. While research has shown Papuans have a low level of awareness about HIV/AIDS, there have been no studies which situate knowledge of HIV risk and prevention in a broader context of cultural practice and experience. In 2002, the number of HIV/AIDS cases in the Papua reached 1,000; thus awareness and presentation of HIV transmission is of critical importance. About 90% of HIV cases were contracted by heterosexual encounters, with a further 5% by homosexual encounters. This report does not address HIV transmission via intravenous drug use or blood transfusion, or vertical transmission from mother to child.

The Papuan Sexuality Project seeks to provide practical recommendations on possible HIV/AIDS prevention interventions. The project was carried out from June to November 2001, in collaboration with *Lembaga Penelitian UNCEN* (the UNCEN Research Institute) and *Aksi STOP AIDS*. A team of 21 researchers, 18 of whom were Papuan, used qualitative and quantitative methods to conduct a systematic ethnographic study of sexuality in several regions of Papua. Rich contextual data was gathered on Papuan sexual beliefs and practices, and on groups at high risk for infection with HIV.

Studying sexuality in Papua is a complex undertaking. There are over 250 linguistically distinct cultural groups in Indonesia's easternmost province. It is just as difficult to generalize responsibly about Papuan sexuality overall as it is to fully describe the unique practices and beliefs of particular tribal groups. *The Papuan Sexuality Project* seeks to describe general trends if possible, and cultural specifics if not. The project also situates its AIDS intervention recommendations in the context of rapidly changing social and cultural conditions. Papuan values and practices have been profoundly transformed by a wide variety of factors including:

- The introduction of a cash economy
- New values brought in by Indonesians
- Christian religious beliefs
- Vastly increased levels of internal migration
- High rates of in-migration to the province by Indonesians

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

virtually every adult member of Papuan society is at potential risk of engaging in sexual relations that may lead to the transmission of HIV.

METHODS

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

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

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

MAIN RESEARCH FINDINGS

For many Papuans, the current intersection of culture and social change presents many challenges to healthy sexual practice. On one hand, patterns of sexuality seen as culturally deviant continue to provoke physical punishment or social stigma in several regions. Many positively culturally valued practices, such as polygyny, can also place members of a cultural group at risk of having unprotected sex with potentially infected partners.

On the other hand, modernization and access to new potential sex partners outside the cultural group has led more Papuans to seek money or goods in exchange for sex. Rates of domestic violence, forced sex, and sex work have increased as large inflows of money pour into once remote regions. Women are at greater risk of abuse than before. Competition between men for money, resources, and prestige can increase risky sexual behavior for men.

The study also found a younger generation that was distinctly less interested in the formal rituals of marriage, the ideals of reproductive norms, and the kinship obligation

that elders felt were vital to cultural well-being. Results of the Standard Interview on Sexuality show that economic and social changes negatively influence sexual behavior by:

- lowering the age of first sexual encounter (all of the respondents we interviewed under the age of 20 had had sexual intercourse, with a significant number of respondents [29%] having had sexual intercourse by the age of 15. This pattern is widespread across the province)
- increasing the frequency of extra-marital sex (fully 95% [n=173] of survey respondents have already had sexual intercourse, but only 55% [n=108] of them have ever been married in a church or traditional wedding ceremony)

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

RISK GROUPS

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

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

“Secret sex” is widespread in all regions of the province. It is characterized as follows:

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

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

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

Street sex workers provide services to both Papuan and Indonesian clients. Government workers, private sector employees and soldiers—men with money—were steady customers.

Sexual Patterns of Waria – High-risk “open site” sex with male partners: Papuan *waria* or transsexuals, are increasingly prominent on the urban streets of the province. Approximately 225 *waria* currently live in Papua, and they serve both Indonesian and Papuan clients a combination of oral or anal sex. More Indonesians use *waria* services than do Papuans. According to client surveys, clients are mostly those who have a steady income, who are employed by the government or military, or who work in the private sector.

HIV/AIDS, CONDOM AWARENESS AND CONDOM USE

Overall responses to the Standard Interview on Sexuality suggests that Papuans are somewhat aware of HIV/AIDS, not well informed about the purpose of condoms, and poorly informed about condom usage and disease prevention.

- Although 81% of our survey respondents have at least heard of the terms “HIV” and “AIDS,” very few possess knowledge of routes of transmission that would effectively protect them from infection with HIV or the subsequent development of AIDS.
- Only 29% of respondents could identify a condom when shown one. Researchers reported that knowledge about their proper use, disposal, and benefits was even lower.
- Only 15% (n=26) of respondents have ever used a condom. Virtually no respondent living in a rural area had ever used a condom.
- Sixty percent (n=118) of respondents can name at least one way to prevent HIV transmission and infection. This positive result suggests past promotions have been understood by parts of the general population. However, mention of penile/anal intercourse as a potential risk factor was notably absent.
- Rural respondents know far less than their urban counterparts. Of all our survey respondents, Jayawijaya regency and other highland respondents have the lowest rates of condom awareness, use, and knowledge about AIDS, even though statistics suggest that modernization has had a high impact on sexual practices in the highlands.
- Cultural responses to condoms appear to be conditioned mostly by ignorance in the neutral sense of the term. Many respondents’ only objection to condoms was that they didn’t know how to use them, and would be “shy” to learn. Beliefs in the southern region about semen, and elsewhere about traditional values may become barriers to condom acceptance.
- Respondents who have used condoms almost never do so consistently. Most occasional condom users do not use them with the casual sex partners they call “friends.” The relationship to the sexual partner, as opposed to the actual

experience of wearing a condom, appear to determine when and where condoms are used.

- Cultural responses to HIV/AIDS are well-developed, and take a highly politicized form. Blame for disease transmission targets former tribal enemies, in-migrants, sex workers and the government.

KEY RECOMMENDATIONS

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

Promotions need to be widespread. In particular, rural men and women are highly mobile and frequently visit urban sites where they can engage in sexual behavior with less fear of repercussion than in their home communities. General AIDS/HIV education and condom education in all rural areas is clearly inadequate. To be effective, any intervention in an urban center must have its counterpart in nearby and rural communities. This issue is particularly crucial for Jayawijaya district, which at present has no significant urban or rural promotions underway.

Youth

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

Since government or health workers who are Indonesian are seen as untrustworthy, they should be replaced with Papuan educators. Education that takes place in small groups should draw on existing cultural values with regard to exchange relations, bodily fluids, and cultural sanctions. Promoters can draw on regional values and fears to promote healthier sexual practice.

The second intervention targets the young men and women who engage in sexual activities for cash and goods. Educational promotions at large festivals or gambling

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

Waria

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

Street Sex Workers

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

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

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

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

Chapter One: Introduction and Methodology

This report is the result of research conducted from June-November 2001 in Papua, Indonesia's easternmost province. The study began in response to concern about high rates of HIV/AIDS infection in the province. In 2001, 40% of AIDS cases in Indonesia were located in Papua, with reported cases of HIV infection rising rapidly. If AIDS was a problem in the rest of Indonesia, in Papua it was on the verge of becoming an epidemic. In the rest of Indonesia, intravenous drug users were quickly becoming the group most likely to be diagnosed with HIV, with commercial sex workers also at a higher risk. In contrast, most individuals diagnosed with HIV in Papua obtained the disease through heterosexual transmission. Patterns of culture and modernization in Papua had produced unique patterns of HIV transmission which could be best understood by a primarily qualitative study of Papuan understanding of sexuality and sexual practice. However, project sponsors *Aksi STOP AIDS* (Family Health International) also needed a basic understanding of sociological aspects of sexual practice, knowledge of AIDS and AIDS prevention, as well as suggestions for interventions which would be culturally appropriate. They requested a study focused exclusively on Papuans in the province, recognizing the indigenous majority faced specific risks which were different from those of the Indonesian migrants who had relocated to the province.

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

A core goal of this study was to move beyond the idealizations about sexuality that tribal leaders often claim motivate sexual practice in tribal groups. Ideologies of ideal behavior, for example, often describe women as sexually docile and subservient to tribal values. Our study results challenged this kind of generalization. What people say they do, and what they actually do, are two very different things. The ideal realm is fascinating, particularly from the point of view of cultural knowledge. However, it is important for AIDS prevention efforts to get a firm grip on actual sexual practice. Some sexual practices are generalizable, and others are not. Because the aim of the report is to provide recommendations which are potentially applicable to more than one indigenous group, generalizations have been favored over culturally-specific processes.

Research procedures were also concerned with producing facts that could help counteract stereotypes. Often, differences between Indonesians and Papuans are exaggerated in a way that reinforces inequality between the two groups. For example, in

The Jakarta Post, experts in Papua recently blamed the spread of the epidemic on Papuan lifestyles: Papuans have multiple sex partners, they claimed, freely exchange wives, and do not engage in sexual foreplay.ⁱ A similar tendency to stereotype also occurs between Papuan tribes. Added to this is the widespread tendency to make generalizations and assumptions about HIV and AIDS. Thus, in this project it was extremely important to ground assumptions and observations in fact.ⁱⁱ

Our primary goal was to record prevailing patterns in sexual practice among Papuans in the context of rapidly changing social and cultural conditions. To date, there have been a number of excellent studies that have researched sexuality and culture in Papua.ⁱⁱⁱ These studies have typically included:

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

However, outside of a series of very good studies carried out in the northern region under the supervision of David Wambrau and Jack Morin from PSK-UNCEN,^{iv} little information exists about Papuan sexual practices in an era of rapid social change. This study aims to combine significant features of culture and modernization to more fully describe the experience of Papuans in the present.

The methods used in this project draw mostly from the discipline of anthropology. Anthropology as a field is concerned with the beliefs and practices of people within the context of culture. This project uses a mixture of qualitative and quantitative methods of data collection and analysis.

1.1 METHODS

From July to November, 2001, researchers engaged in data collection,^v using four key methods:

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

Standardized Interview on Sexuality

The Standardized Interview on Sexuality (SIS) is a qualitative and quantitative questionnaire which took roughly 1.5 hours to administer to participants. It drew significantly on the methodology used in 1994 by the National Sexuality and Reproduction Research Team and Carol Jenkins in Papua New Guinea.^{vi} Their study employed indigenous researchers who went to their home communities and asked a series of open-ended questions about sexuality. This study uses a similar strategy.^{vii}

In our study, Papuan researchers returned to their home communities and interviewed people on marriage, reproduction, sexual practice, sexual norms, sanctions, condom awareness, condom use, and AIDS awareness.^{viii} The researchers recorded interviews

which they then transcribed into Indonesian (Interviews were then translated into English for this report). Each researcher aimed to tape a total of 20 interviews, with men and women of all ages. Eleven researchers carried out the standardized interview on sexuality in 11 separate communities. Of the 210 surveys conducted, 196 were used.

Rapid Assessment Study of Rural and Urban Communities

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

In the first research stage (July-August 2001), researchers conducted rapid assessments in the fields of health, sexuality and HIV/AIDS. This first stage allowed researchers to establish general patterns of behavior, ideals, and communication. In between the first and second stages, researchers met in the capital to review findings and receive additional training. During this review, researchers determined that the "high-risk" groups in their study communities were composed of 1) adolescents, 2) *waria*, and 3) street sex workers. In the second stage (September-October 2001), researchers returned to their communities and studied members of those groups in greater depth.

Travel Diaries

The collection of Travel Diaries has proven to be an absolutely crucial research method for researching fundamental principles of high-risk behaviors.^x In Papua, we were particularly interested in exploring factors that influenced risky sexual practices. The travel diaries designed especially for work with Papuans revolved around themes of mobility, alcohol consumption, sexual relations, and income. Seven researchers administered the completion and gathering of Travel Diaries in seven communities. Of the 62 diaries collected, 54 were used.

Sexual Partner Forms

Researchers asked a limited number of participants to fill out succinct forms describing each of their sexual partners over a 14-day period. *Waria* in Abepura, and street sex workers in Sorong and Merauke were asked to complete the forms. Of 25 sets of forms filled out over a 14 day period, 19 sets were used.

1.2 RESEARCH ACTIVITIES

Sending researchers to their home community was a priority of this project. Our researchers and interviewers worked in rural and urban communities, on the north coast, in the central highlands region, and on the south coast (in the *kabupaten* of Jayapura, Jawawijaya, Puncak Jaya, Merauke, and Sorong). We chose sites based on whether or not there was a qualified researcher available. Certain areas in which we wanted to work did not, unfortunately, become study sites due to a lack of researchers.

Almost all of the researchers involved in this project were Papuan. A total of 21 researchers, analysts, and office staff were employed, and 18 of them were Papuan (see Appendix 1). Three non-Papuans who were born and raised in the province also worked as researchers. Most researchers had at least received training in anthropology, and

some had already earned an undergraduate degree in it from UNCEN in Jayapura. Two health care professionals and two former street sex workers also conducted interviews. We hired 10 women and 8 men, aged between 19 and 50, to carry out the research.

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

Training researchers in ethical procedures helped minimize many of the problems that can arise in insider research. The interviewers followed a strict ethical protocol, which stated that respondents could withdraw at any point in the interview process or request that their interviews be removed from the study. Respondent anonymity was fully protected by using pseudonyms throughout the interview, and in all stages of data entry and analysis. (PLEASE NOTE THAT THE NAMES OF ALL RESPONDENTS IN THIS REPORT ARE PSEUDONYMS). Tapes from all recorded interviews were destroyed at the end of the project.

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

Chapter Two: General Patterns of Sexuality

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

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

Using results from the Standardized Interview on Sexuality conducted in 11 communities throughout Papua, this chapter examines two types of general patterns in Papuan sexuality. The first set of data examines dominant cultural ideals of courtship, marriage and reproduction. In contrast, the second set of generalizations uses descriptive statistics about contemporary sexual practice to show the importance of changing trends on sexual risk. It does NOT do so to legitimate stereotypes about Papuan sexuality, but rather to draw attention to high risk sexual behaviors. It is crucial to identify which forms of sexual relationships increase the risk of contracting HIV so that tribal leaders, AIDS activists and Papuans concerned for their health and well-being can recognize the risks associated with specific practices. Despite the emphasis here on risky behavior, it should be noted that many Papuans do not engage in these behaviors, and these results do not represent the Papuan population as a whole.

2.1 IDEALS OF COURTSHIP, MARRIAGE, CONCEPTION AND CHILDBIRTH

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

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

The main motivation for sex is to generate descendants for my husband and so create a happy life in our family (Vero, Mee woman).

Expectations within cultural norms set clear guidelines for ideal female behavior. Among the highland Mee, for example:

Women who are good are those who are faithful so that you know they will take care of duties and responsibilities in the house, and also women who possess the characteristics of calmness and perseverance. The reason these are important, really so that the condition of our family will be

prosperous, safe, and peaceful. I once had a woman like that as my fiancée, and now she's become my wife (Iter, Mee man).

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

If we have sex the woman will become pregnant after 5, 10, 15 times. There are some that are quicker because they have a uterus that is quick, but again there are some that take more sexual encounters (Roma, Marind man).

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

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

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

Recommendation:

Acknowledge the importance of cultural values in the arena of marriage and reproduction. Recognize that many Papuans work hard at creating harmonious marital relations.

2.2 HIGH RISK SEXUAL PRACTICES

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

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

percentages cited in this and some of the following chapters do not include missing answers.

Table 2.1 Age and Gender

		gender of respondent		Total
		male	female	
age of respondent	16-19 years old	8	14	22
	20-24 years old	23	19	42
	25-29 years old	25	17	42
	30-34 years old	18	6	24
	35-39 years old	7	11	18
	40-44 years old	11	5	16
	45-49 years old	6	5	11
	50-59 years old	7	5	12
	60 years old and over	4	1	5
Total	109	83	192	
	56.7%	43.3%	100.0%	

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

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

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

Income levels reflected provincial norms, with over half of our respondents earning Rp. 100.000 (\$10.00 USD) or less in a 14-day period. The educational level of respondents

was higher than the provincial average, with 26% (n=50) having finished high school or having received some post-secondary education. In contrast, province-wide, only about 11% of the province's residents (which include Papuans and Indonesians) had completed high school and/or received at least some post-secondary education.

A high number of respondents (59%, n=114) said they had ever drunk alcohol, and 48% (n=90) of them said they had ever gotten drunk. In the previous three months, 56% (n=64) had gotten drunk at least once. This pattern is much stronger in urban settings. Two-thirds of urban residents have ever been drunk (n=42), whereas only one-third of rural residents have (39%, n=48). Drinking patterns are highly skewed by gender (see Table 2.2).

Table 2.2
Gender And History Of Alcohol Use

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

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

HIGH RISK: Extra-marital sex

One pattern that deviates from the ideal is sex outside of marriage. Fully 95% (n=173) of SIS respondents have already had sexual intercourse, but only 55% (n=108) of them have ever been married in a church or traditional wedding ceremony.

HGH RISK: Multiple sexual partners

A second deviation from the norms is for some men and women to have more than one sexual partner over the course of their lives. 65% (n=121) of respondents have had more than one sexual partner.

HIGH RISK: Active sex life

A minority of respondents say they have a very active sex life. Over 30% (n=57) of respondents, almost all of whom are men, say they have had more than 10 partners over the course of their lives. More than a quarter of those respondents stated they had had more than 50 sexual partners.

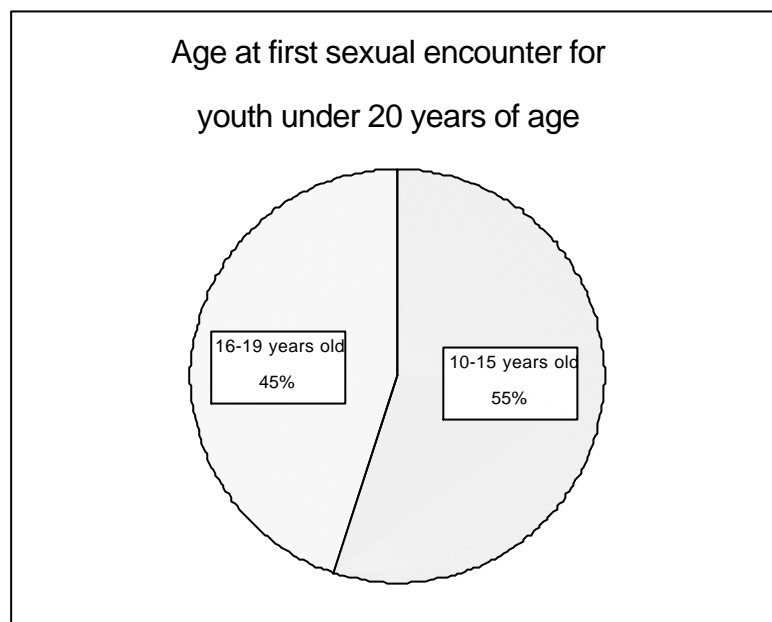
HIGH RISK: Sex at a young age

The majority of survey respondents had had sex before the age of 19 (see Table 2.3). Notably, **all** of the respondents we interviewed under the age of 20 had had sexual intercourse, with a significant number of respondents (29%) having had sexual intercourse by the age of 15 (see Table 2.4) This pattern is widespread across the province. Having sex at an early age appears to be a relatively common phenomenon. These patterns do not hold for respondents over the age of 25 however.

Table 2.3
Respondent Age at First Sexual Encounter by Gender

		Respondent age at first sexual encounter by gender		
		Gender		Total
		male	female	
Age at first sexual encounter	10-15 years of age	27 28.0%	21 30.0%	48 29.1%
	16-19 years of age	32 33.7%	30 42.9%	62 37.6%
	20-24 years of age	25 26.3%	13 18.6%	38 23.0%
	25-29 years of age	9 9.5%	5 7.1%	14 8.5%
	30-34 years of age	1 1.1%		1 .6%
	35-39 years of age	1 1.1%		1 .6%
	40-44 years of age		1 1.4%	1 .6%
Total		95 100.0%	70 100.0%	165 100.0%

Table 2.4
Age at First Sexual Encounter for Youth Under 20 years of Age



For the adult respondents (n=128), only 57% had had sex before the age of 19. For respondents over the age of 40 (n=44), only 53% had had sex before the age of 19. In short, it appears men and women are having sex at a far younger age than in the past.

HIGH RISK: Older men having sex with younger women

A fifth pattern is for older men to have sex with younger women. Over half (53%, n=30) of men over the age of 30 who have sex with friends or acquaintances do so with women aged 19 or under.

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

HIGH RISK: Sequential sex

A sixth trend seems to be toward having multiple sex partners in a group context. This is labeled sequential sex (*seks antri*). Sequential sex is a form of sex in which a girl or woman provides sexual services to several men, one after the other. It is not considered rape, at least by the men, although group rape was reported by several of our respondents. Sequential sex is a negotiated, agreed-upon sexual service within which a

woman allows several men in a row to have sex with her. Seventeen percent of our respondents, male and female (n=30) had ever had sequential sex, and 37% (n=11) of our male respondents under the age of 25 said they had taken part in sequential sex.

We obtained reports of sequential sex from three rural and three urban research sites. In urban centers in particular, it appears to be strongly associated with money and alcohol or drugs. Men without enough money to purchase the sexual services of a commercial sex worker or to provide the goods and presents expected by a potential girlfriend, can group together with other men in similar circumstances and negotiate for low-priced sex. For their part, women often insist that men pay to get them drunk or buy them cans of sniffing glue (*aibon*). A bottle of whisky and Rp. 30.000 is a standard fee. In all of the stories we obtained, we never heard about a single instance where condoms were used. The practice of sequential sex poses a high risk for transmission of HIV / AIDS and encourages violence against women.

HIGH RISK: Changing values

A seventh trend seems to be one where changing values affect sexual practice. Pornography is increasingly used for sex education or as incitement to sexual activity. People describe pornography as a source of sexual knowledge.

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

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

We were told of many incidents where watching pornography incited sexual violence. In one case, several men watched a pornographic video and then raped a woman who was with them. As the storyteller recounted, had a woman heard about the attack and tried to stop it, she too would possibly have been assaulted and raped.

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

HIGH RISK: Increase in domestic violence

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

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

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

Recommendation

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

2.3 MALE ELDERS' CONCERNS ABOUT SEXUALITY

Changes in sexual pattern have not gone unnoticed by tribal elders. Researcher Trix Taime interviewed three Sentani elders who argued that both the government and Sentani elders need to take more responsibility for policing youths. They wanted to see tribal monitoring of school dormitories (*asram*). They also wanted to see the government take more responsibility for the problems of unemployed youth who drop out of primary or secondary school. In Merauke, researcher Agus Dumatubun interviewed six Marind elders. These elders also echoed the need for greater tribal control over the activities of the youth. They wanted to increase the role of the "tribal police" (*polisi adat*), a small regulatory body who imposes sanctions when traditions are breached in the South Coast region. They also wanted to ban dances and parties that did not conform to norms of traditional (*adat*) events. However, elders across the province wanted to see the government take effective action to curtail the sale of moonshine, and to provide more effective information to youths about the dangers of HIV/AIDS and STDs. These comments show how aware elders are of sexual and social transformations in Papuan society, but the comments also demonstrate that they are acutely aware of their own diminishing role in regulating the behavior of their youth. The following chapter provides a detailed description of some of the cultural values, which still have a strong resonance among contemporary Papuan youth.

Chapter Three: Enduring Cultural Norms

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

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

This chapter describes four enduring cultural norms:

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

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

3.1 BODILY SUBSTANCES

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

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

Semen in the semen cultures

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

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

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

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

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

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

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

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

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

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

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

Dangerous substances in the highlands

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

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

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

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

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

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

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

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

Recommendation:

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

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

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

3.2 SANCTIONS

Sanctions are a cultural system of fining, which makes guilty parties or their families pay for having sex that is deemed inappropriate. All tribal groups involved in the project have long-standing values in determining which sexual acts are considered deviant. Sanctions are a punishment for improper sex which, for the vast majority, meant pre-marital, or extra-marital sex. Table 3.1 below, which is drawn from a much larger sample, succinctly summarizes the range of such sanctions and lists the offenses for which they are applied. Not all sanctions carry the same degree of severity. The stringent sanctions of the Marind, for example, appear to inhibit pre-marital sex in many cases. Those of the Genyem, or the Serui, may have less effect.

Table 3.1
Example of Sanctions Applied to Behavior Considered Deviant

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

When an individual's spouse deviates from norms, he or she can expect social support from kin to help with this shameful situation. However, recent trends in Melanesia indicate that husbands are paying less and less in sanctions, while wives are being beaten more and more. Thus, it is possible to say that the older fining system, while constraining women's behavior, also protected her in a way that no longer holds. At the

same time, the sanction system is still strong, even though many no longer adhere to the reproductive concerns that once made them so important.

Recommendation:

Recognize the ways sanctions affect sexual behavior. Promote dialogue with male tribal leaders about using sanctions to encourage healthy, responsible sexual behavior.

3.3 EXCHANGE RELATIONS

In all Papuan societies, exchange relations are highly valued. Brideprice is one exchange system in which a clan or group pays for receiving a new woman into their family. When a woman is exchanged for brideprice, it is understood implicitly that part of the trade involves sexual access for the groom. This exchange of goods for sex is already part of the cultural makeup in many Papuan groups.

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

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

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

Recommendation:

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

3.4 DESIRE

In many of the interviews our team conducted and during many of the casual conversations and discussions we held across Papua, respondents talked about desire in consistent terms. Desire, or *nafsu*, is a phenomenon; an invisible but potent transformation that takes place within the body and that causes individuals to engage in sexual relations. Respondents spoke of desire as an insubstantial but potent “it” in countless conversations. There were slight variations on how people talked about managing one’s desire, from being powerless in the face of its call to being able to regulate it. However, the concept of desire has a wide currency. It is the most widespread of all concepts discussed in this project.

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

Desire [fluids] should not be scattered carelessly in the grass.

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

Men just want to ... release their desire (Simon, Dani man).

As something that has a life of its own:

Desire is the motivator [not him](Jack, Marind man).

I was pushed by the wind of desire (Stanis, Awyu man).

As something that declines with age:

Actually, with desire like this, women around 50 years old don’t have constant desire, because the desire is not the same as at about age 30. (Thimo, Nimboran man).

As something that requires attention:

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

As a force which pushes for sex:

Usually in the house, I grab the wood and machete [for protection] because I don’t want to sleep with my husband because he has too much desire (Lenny, Genyem woman).

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

I learned myself from my education, sex personally we see on television the way women dress, how it can create passion, from there, also from ‘backyard’ education, people talk about sex, then we go out and see for ourselves, oh...if the woman is wearing sexy clothes. From television, film,

people talking about sex, that is what motivates me personally (Tommy, Awyu man).

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

Recommendation:

Bodily fluids, exchange, sanctions and desire are concepts and ideas that came up often in people's discussions about sex. This contrasts with the relative reluctance of respondents, particularly young ones, to discuss their investment in marriage rituals or other forms of reproductive cultural conformity.

Desire is a widespread concept with core meanings that can be used creatively in prevention efforts throughout the province. Educators should use the term explicitly in outreach efforts as part of healthy sex promotions and condom education. In tribal outreach efforts, elders speaking to gender-specific groups can refer to regional meanings of the term.

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

If I’m half drunk I want all Papuan men . . . or Indonesian military men of course, I have to check them out first, see if he has money or not, and if he does, then I can give myself to him (Diana, Nimboran woman).

This chapter highlights the importance of a trend we term “secret sex.” “Secret sex” is practiced by sexually active youth under the age of 25 who challenge many cultural expectations. Factors influencing the development of “secret sex” include mobility, culturally-valued exchange relations, sex brokering, and longstanding cultural sanctions. The behaviors of “secret sex” youth place them at high risk for infection with HIV/AIDS and they should be targeted for preventions. This chapter also describes an apparent transition from secretive forms of sex to more commercialized forms. This is occurring in part because Papuan women are beginning to take on both non-local Papuans and Indonesians as sexual partners.

4.1 “SECRET SEX” OR “OPPORTUNITY SEX”

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

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

Table 4.1
Age at First Sexual Encounter for “Secret Sex” Youth

Age at first sexual encounter for youth under 25 years old				
		Frequency	Valid Percent	Cumulative Percent
Age at first sexual encounter	10-15 years old	10	43.5	43.5
	16-19 years old	10	43.5	87.0
	20-24 years old	3	13.0	100.0
Total		23	100.0	

More than four-fifths of our sample (83%, n=19) had already cohabitated with a partner (*kawin*), but only four of them had ever been married. Thirty-nine percent (n=9) had two or more sexual partners in the previous year. Rates of condom use were low, with only three condoms used in the total 49 sexual episodes of 31 youth. Many of these youth have already contracted a sexually transmitted disease (39%, n=9). However, in terms of socio-demographic markers such as church attendance, education, rural/urban residence, and income levels, this group was similar to the general survey population.

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

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

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

Once, it happened when I was hiding so that I wouldn't end up with sanctions. First I was living in the village, I didn't have sex, but then when I came to the city, well then I started having sex. But adat leaders also knew of this, so I received sanctions. My body was burned with coconut leaves, my whole body burned, it was painful but I endured it, for a week I had pain. (Claudia, Marind, woman).

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

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

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

Fifth, it appears that “secret sex” is much more likely to occur in places where there is a **high degree of mobility** in and out of an area. This creates an ever-changing set of people as potential sex partners, and it creates many opportunities for youth to leave town. As well as major towns like Timika or Wamena, rural sites that have a large transient population, such as regional government offices or transport hubs also create ideal conditions for youth to engage in “secret sex”. We noted burgeoning sex industries in centres such as Makki, Bade, Agats and Enarotali and we assume other centres such as Bokondini and Mulia are also experiencing similar transformations.

Last, “secret sex” is something more likely to take place **outside of the tribe’s geographical boundaries**.

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

Thus, while there are examples of people having sex at cultural events within their communities, there are many more people who seek the opportunity to be sexually active while away from home. The following case study shows how mobility can allow a young woman to escape traditional sanctions.

Case Study: Eda’s Travels

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

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

On her first trip away, she said she was afraid of disobeying her parents and so did not have vaginal sex with her boyfriend. On her second trip, she traveled to the town of Asike for the fun of it, and met a “boyfriend” there who paid her Rp. 20.000 for sex. Her third trip was to a party where she met and had sex with a man “because I liked him” (*suka sama suka*) with no financial exchange. The next was a day-trip she took to a

village by boat where she met a man who paid her for sex. As she describes it: “my family is really strict with me about going out. However, I took the opportunity when I was selling vegetables to meet this guy and have sex.” On the next trip out, she met another “boyfriend” when she ran from her parents: “We were there the two of us, because we both ran away from our parents, for two weeks we were there and we had sex six times. In the end my parents found me through the police and in the end they made us go back.”

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

Recommendation:

Increasingly, girls and boys may be having sexual intercourse at a very young age. Promotions regarding safe sex need to begin early, preferably in schools and taught by trained Papuans.

Recommendation:

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

4.2 “SECRET SEX” IN A RURAL SITE: MAKKI

This case study of Makki shows how sexual exchange relations are becoming increasingly commercialized. The data suggest that having sex with partners outside of one’s tribal group may be a critical moment in a transition from “secret sex” to selling sex.

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

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

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

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

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

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

Table 4.2 Sex with Lani or Dani partners

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

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

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

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

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

Table 4.3 Sex with non-highland Papuans and Indonesians

Brokers: Brokers are occasionally used to arrange sexual encounters.

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

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

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

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

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

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

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

In general, women are coerced into having oral or anal sex because soldiers offer to pay them more, or say they will tell others. They also typically ask for services that women do not want to perform when there are several soldiers and only one woman. Thus, the conditions are created whereby it is difficult for women to refuse their requests. Women are clear about how little they enjoy "servicing" (*melayani*) this type of request.

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

Recommendation:

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

Recommendation:

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

Recommendation:

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

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

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

For female respondents, who all live in Sentani on the edge of urban Abepura/Jayapura, five out of ten of them said the reason they were sexually very active was because they had been raped or assaulted when young. Of these five respondents, one had been raped by her father’s brother, another by her boyfriend and one had been assaulted by a friend’s older brother. Another said her husband refused to provide for her so she had to have commercial sexual relations in order to survive. These women engaged in different sexual activities with many sexual partners. Nine out of ten had had either oral or anal sex in addition to vaginal sex. Five of them had had sex with *officials* and *elders* who were of the Sentani tribe, and eight had had sex with non-elite Sentani, and with people outside of the Sentani tribe. None of them considered themselves sex workers, but rather, as people who sought sex for cash or fun. They all regularly got drunk or sniffed glue before having sex.

Case Study: Marilena

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

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

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

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

Recommendation:

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

Recommendation:

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

Recommendation:

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

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

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

This chapter outlines the structure of commercial sex work in Papua and explores its three major forms. The first is street sex work, the least well-paying and most dangerous type of sex work, which is dominated by Papuan women. The second kind involves family members, specifically husbands, who enable their wives to participate in sex work. The third type of sex work involves Papuan transvestites, or *waria*. This study was not aimed at providing detailed information about these groups. A number of excellent studies have already been done in Papua on street sex workers.^{xi} However, our project sheds new light on the relationship between sex work and cultural practices, and on the sociological aspects of the sex workers' clients.

5.1 THE STRUCTURE OF COMMERCIAL SEX WORK IN PAPUA

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

Table 5.1
The Social Structure of Commercial Sex in Papua

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

Table 5.1 demonstrates several important patterns in sex work. It shows a sex industry highly stratified according to ethnicity. Higher priced services are almost all offered by Indonesian women, in closed and in protected sites such as bars and regulated brothels (*lokalisasi*). In contrast, street workers are mostly Papuan. By street workers, we mean persons who engage in sexual transactions that are dominated by the exchange of money, and to a lesser extent, goods. Papuan street sex workers are highly mobile and charge much less for their services. The cheaper the service, the less likely that condoms will be used. Because this report is concerned with Papuan experiences, we will not address sex work in formal brothels and bars.

Jack Morin, one of the assistant authors of this report, identifies a tangible difference between “closed” and “open” street workers. “Closed” workers offer sexual services in fixed, known locations that are protected from the elements, offer some basic comforts, and provide higher standards of cleanliness. They can offer women the protection of their peers, and they are often overseen by managers who can be active in promoting condoms or in protecting the women from aggressive customers. Both Papuans and Indonesians work in “closed” sex sites, but they are dominated by Indonesian women.

While the situation in “closed” sex sites is far from ideal, it is safer, cleaner and more secure than “open” work.

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

Jack Morin suggests these differences have a major impact on health, particularly for women in “open” conditions, which are less hygienic, and potentially more violent. While all sex work poses a high risk of infection with HIV/AIDS, it is important to recognize how the realities of ethnic difference are played out in Papua’s sex sites. Differences between Papuan and Indonesian sex workers need to be faced when providing HIV/AIDS prevention and promotional materials.^{xii}

Recommendation:

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

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

5.2 CLIENTS OF STREET SEX WORKERS

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

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

- Married or co-habiting (*kawin*) (58% [n=82] of clients)
- Papuan (66% [n=101] of clients)
- Looking for vaginal sex (86% [n=132] of clients)
- Identified as “client” (versus boyfriend) (92% [n=141] of clients)
- A repeat customer (61% [n=94] of clients)
- A gift giver, along with money (56% [n=18] of repeat customers)

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

**Table 5.2
Ethnicity Of Client By Type Of Sex Worker**

Ethnicity of Client	<i>Waria</i>	Indonesian street worker	Papuan street worker
Papuan	53% (n=41)	47% (n=20)	70% (n=101)
Indonesian	47% (n=47)	47% (n=20)	28% (n=41)
Other country	0% (n=0)	6% (n=3)	2% (n=3)
Total respondents	100%	100%	100%

Papuan street workers are the most likely to have clients who are Papuan in origin. Indonesian street workers and *waria* are more likely to have Indonesian men as paying partners. Papuan workers charge less, as shown in Table 5.1, and are more likely to appeal to clients who have less money. Those in the province who have money will more likely be Indonesian, and they are able to select the sex worker of their choice on that basis.

Overall, Papuan clients were less likely to use condoms than Indonesian clients. Eleven of 75 Indonesian clients used condoms (15% of all repeat sexual encounters). However, condoms were used in only 8 of 95 sexual encounters with Papuan clients (9%). While this trend requires further investigation, it suggests a higher use of condoms by members of one ethnic group in the province.^{xiii} This pattern is almost certainly rooted in the lack of information for Papuans about HIV/AIDS and prevention through condom use.

Recommendation:

Confirm findings from this project that Papuans are less likely to use condoms than their Indonesian counterparts when visiting a sex work site by doing a brief study of condom awareness among Indonesians living in Papua. If our data is confirmed, condom promotions will need to be overhauled to ensure that Papuans have equal access to information. To be effective, promotions must recognize ethnic differences. Condom promotions will also need to be directed much more aggressively to those participating in street worker sex.

5.3 STREET SEX WORK IN A RURAL MILIEU

Commercial sex is surprisingly prevalent in rural Papua. Many rural areas have active, if small, sex work industries. Our study showed that street sex workers resemble their “secret sex” friends except that they appear more likely to have sex with someone who is

outside their community circle, and are more likely to seek payment for sex. However, in many other respects they live alongside, spend time with, and have close relationships with men and women who engage in “secret sex”.

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

Case Study: Salomina

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

Many people call her a sex worker (*wanita pekerja seks*), although she herself sees having sex for money as a means of providing food for her mother and brother.

Salomina first had sex at the age of twelve. She was living in Wamena at that time with her mother. While watching TV with a relative (*kakak*) named Jack, she was dragged by him into an empty room and forced to have vaginal sex. After he raped her, she had sex with him on several occasions. After she broke up with Jack, whom she calls her first boyfriend, she had monogamous sex for short periods of time with two men, both of whom brought her with them to highland villages. At the time, she made sure these were acceptable sex partners according to Lani categories of incest. “I would ask them, ‘hey, are you my brother?’ and two of them said ‘no, we’re not relatives,’ so I took them as boyfriends.”

With the third boyfriend, who was Indonesian, Salo engaged in oral, anal, and vaginal sex, and was receiving cash, food and clothing on a regular and expected basis. After her third boyfriend, Salo began to menstruate. Since then, she has had sex with a number of boyfriends, “too many to count,” she says.

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

Over a period of 14 days, Salo remained in her tribe's geographical boundaries, although she traveled extensively within it, and spent three nights away from her house out of 14. In that time, Salo had sex a total of 24 times with 15 different partners. Eleven of her 15 partners were Indonesian soldiers (TNI). Salomina averaged Rp. 10,000 per sexual encounter.

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

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

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

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

Recommendation:

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

Recommendation:

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

Recommendation:

Recognize the similarities between street sex workers and their “secret sex” friends. Because these two kinds of sexual relations overlap, they should be treated as a single unit in HIV/AIDS prevention activities.

5.4 STREET SEX WORK IN AN URBAN MILIEU

Data collected from the urban center of Wamena also demonstrate a close relationship between commercialized sex and the more “open” system of “secret sex”. Wamena is an

urban highland center with approximately 10,000 people. It is a migrant's town, and, as characterized by researcher One Wakur, it is a "place where people go to have sex."

Many women have sex for money in Wamena. Street workers earn Rp. 20.000 to Rp. 200.000, with occasional reports of customers paying Rp. 500.000 or more for an overnight visit. Many of the women have their sexual encounters arranged for them by brokers. According to Travel Diary respondents, brokers often include elder women relatives (*kakak perempuan*), neighbors, tourist guides, and friends. Often, one of the women who approaches, or is approached by a man will tell him about her other friends in an effort to arrange sex for her friend without requiring face-to-face negotiations.

Alcohol consumption is a common feature of their daily lives, but it is not an essential ingredient in sexual encounters. However, drink is an effective way for potential clients to demonstrate the gift-giving relationships expected, as well as increase their chances of having sex with these women. Many of the women who drank alcohol paid for by the men would later engage in sexual relations with them.

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

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

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

Recommendations:

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

5.5 HUSBAND-SUPPORTED STREET SEX

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

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

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

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

Recommendation:

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

5.6 PAPUAN WARIA

The male transvestites (*waria*) of Papua round out this discussion of street workers. *Waria* are influenced by Indonesian cultural norms and expectations and this distinguishes them strongly from their female sex work peers. The experiences of *Waria* are more influenced by Indonesian culture and by patterns of urbanization than they are by cultural sanctions, exchanges, or ideas about bodily fluids. Consequently, while they are an important component of the commercial sex industry in Papua, and while Papuan *waria* in particular are also subject to discrimination and unhealthy work conditions, they are best analyzed separately from female sex workers. This section discusses sexual partners of *waria* and the “open,” risky sex work in which they engage.

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

The young waria of Abepura

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

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

Table 5.3
Type of Sexual Activity Performed by Abepura Waria

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

Waria also recorded the type of sex they had with their partners. Table 5.3 shows that oral and anal sex appear to be the most popular forms. There seems to be no difference in types or frequency of sexual interaction on the basis of ethnic identity, age, or income source. *Waria* can be the recipient of anal sex, the insertee, but they are also often the insertor, where clients pay them to be anally penetrated. Both the insertee and insertor roles place participants at high risk for infection with HIV/AIDS.

Data about bodily fluids provided by the travel diaries suggest that, in both Sorong and Abepura, *waria* ejaculate most frequently in the partner's anus or mouth. Of 131 sexual episodes, 44% (n=58) involved ejaculation in the anus, 31% (n=41) involved ejaculation in the mouth, and 20% (n=26) involved ejaculating onto the body, for example, on the face, or elsewhere. Only three episodes resulted in ejaculation into a condom. On one hand, these results suggest *waria* frequently engage in risky anal sex without a condom. On the other hand, the relatively high number of ejaculations that occur outside body orifices suggest that forms of pleasure are widespread that are much safer. Prevention efforts may be able to use these alternate forms of ejaculation to promote lower-risk types of sex between *waria* and their clients.

All *waria* from this study have a tendency to seek out partners they call "boyfriends." These boyfriends may be married to a woman or may not consider their *waria* partners or friends, but for Abepura *waria* a full 16% (n=13) of sexual relations were with men whom they term "boyfriend." In addition, 62% (n=49) of their partners over a 14-day period had had sex with them before. This strengthens the perception that there is a significant body of male clients who take pleasure in and choose to have repeat sex with *waria*, even if they are not dressed as women. Major *waria* client groups include private sector employees (47%), soldiers (9%) and motorcycle drivers (26%).

As the case study of Miranda demonstrates, the "young *waria*" lifestyle may include high-risk behavior such as sex in "open" sites and excessive or frequent consumption of

alcohol. Miranda's story also demonstrates the often violent discrimination faced by Papuan *waria*.

Case Study: Miranda the “young *waria*”

Miranda is a 22-year-old from the Genyem tribe who works in Abepura. Of all the *waria* who completed diaries, he is the heaviest drinker. Miranda reports 29 drinks in a 14-day period, although his alcohol consumption is probably much higher. He is also the least sexually active of his peers, engaging in sexual relations eight times in a two-week period, of which five were paid for by alcohol. He lives with his family.

Miranda was raped by an older teenager at the age of nine. Miranda's second sexual encounter was also forced, and he has suffered several violent incidents in the past few years since adopting a *waria* identity. Among them, Miranda was raped by three men who forced him to perform oral and anal sex (two other *waria* from Abepura tell of similar gang rapes). Since 1998, Miranda has been having sex in exchange for money. He regularly earns up to Rp. 100.000 if he provides oral and anal sex to clients, either as insertor or insertee. However, Miranda also has a long-term relationship with a man he terms his “boyfriend.” This man is married, lives with his spouse and children, and meets Miranda secretly once or twice a week. Miranda does not charge him, but does give gifts to him and receives gifts from him, and says he has a warm relationship with him.

Because Miranda lives at home and works in a bar, he has no official place to have regular sex. If he meets a client, friend or boyfriend, he has sex with them in a range of temporary places. These included at his boyfriend's house while that man's wife was away, in a rented room, behind a hotel, at a friend's house, by the side of the road, and in a salon. One night at the bar, Miranda describes his evening:

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

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

Waria of Sorong

Waria of Sorong live a much more established, and routine life. *Waria* there are both Papuan and Indonesian, and they have work in salons or in government offices. They tend to live together in rental homes, and they look out for each other by going together to sex sites. While some of their transactions take place outside, in general, the Sorong population is more secure. They work and live in fixed places, and go to fixed sites to meet customers. This is a noteworthy pattern because it suggests that *waria* who are Indonesian are more likely to operate in stable milieu. Those who are stable are more likely to be targets of AIDS interventions because they can be located and monitored more easily. Thus, it is possible that AIDS interventions for *waria*, unless they are planned very carefully, can end up favoring Indonesians over Papuans.

Recommendation:

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

Recommendation:

It is important to attend to local politics of gender and sexual identity for condom promotion with *waria*. Condom promotion with clients needs to focus not on reworking sexual identities, but on emphasizing the risks associated with all forms of oral or penetrative sex.

Recommendation:

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

5.7 CONCLUSIONS

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

Chapter Six: HIV/AIDS and Condoms

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

This chapter describes and discusses levels of awareness about HIV/AIDS and condoms in the province. It addresses the context of cultural knowledge and practice about disease in general, and HIV- and AIDS-related issues in particular. Data show that while some information about HIV/AIDS has reached Papuans, actual levels of understanding are low. Effective HIV/AIDS prevention needs to begin by actually providing Papuans with condoms, and educating them in an impartial way about their importance.

6.1 HIV/AIDS KNOWLEDGE AND AWARENESS

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

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

Table 6.1
Percentage of Types of HIV Prevention Mentioned By Respondents

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

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

measure. This suggests that there is no education concerning the dangers of anal sex in AIDS materials. Considering that *waria* populations are widespread and that their diverse client base rarely uses condoms, it seems that this is a critical omission in AIDS prevention efforts.

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

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

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

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

Recommendation:

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

Recommendation:

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

6.2 CONDOM AWARENESS AND USE

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

Table 6.2
Number of Respondents Who Can Identify a Condom Without Prompting

Number of respondents who can identify a condom without prompting			
		Frequency	Valid Percent
Can identify condom	Yes	57	29.1
	No	139	70.9
Total		196	100.0

Awareness varies across the province, seemingly in accord with the amount of condom promotions set up. In the town of Merauke, a site of active condom promotion, 40% (n=14) of respondents recognized one. In the rural highlands, by contrast, only 8% (n=4) recognized a condom. The actual rate of awareness is probably much lower than 29% of the Papuan population because many respondents were young and from an urban milieu, and therefore more likely to have encountered information about AIDS. The lack of understanding about AIDS in rural areas was clear at a small meeting of women from a town of only three hours walk from Wamena, a major urban centre. The women at the meeting had never heard of AIDS and did not know such a thing as a condom existed, even though all of them had children attending school in urban locations. Parents need to be aware of the sexual risks associated with their children leaving home and to be given the tools to teach their children about AIDS and condoms.

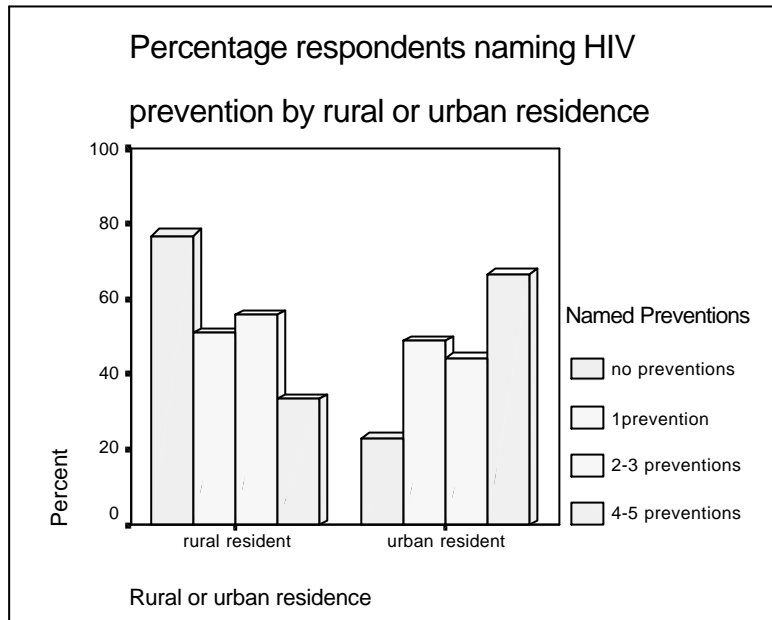
According to Table 6.3, a total of 15% (n=26) of respondents said they had ever used a condom, but this rate varies strongly by location. People in rural centers were much less likely to have used one than urban dwellers. Respondents from the area around Merauke were more likely to use condoms, with 29% (n=10) of respondents saying they have ever used one.

Table 6.3
Number of Respondents Who Have Ever Used a Condom

Number of respondents who have ever used a condom			
		Frequency	Valid Percent
Ever used a condom	Yes	26	14.9
	No	149	85.1
Total		175	100.0

In contrast, not a single respondent under the age of 25 living in a rural area had ever used a condom. Residents of rural areas were equally unlikely to be able to name condoms or other strategies of preventing HIV transmission (see Table 6.4).

Table 6.4
Urban/Rural Awareness of HIV/AIDS Prevention



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

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

If an Indonesian man has sex with us, then they put this balloon around their genitals. (South coast woman)

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

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

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

I can't just take it to use it with my partner, later there will be a problem, because we haven't reached a decision or agreement to use the condom. My wife will say, "Where did you get this?" then my wife's thoughts go straight to

sexual relations and she will suspect I have had sex with another woman (Booy, Lani man).

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

If you are with “naughty” women and then after you go and have sex with your wife, your wife will get genital sickness, passed to you from the sex worker. So for sex workers you have to use a condom. That way the sperm that comes out will stay there. So then after that having sex with your wife, then your wife will give birth (Aringgop, Lani man).

The most common word used in association with condoms was “shy” (*malu*), which Papuans used almost uniformly to describe how they’d react if they were given a lesson in condom use. Because condom usage for Papuans is “not usual” (*tidak biasa*), they would be uncomfortable learning if there were “other people around” (*orang lain*), especially Indonesians:

We would be shy, feel strange, and we’d laugh (Helena, Awyu woman).

In addition, tribal leaders concerned about traditional norms may be a barrier to condom use. At an event where condoms were distributed, one respondent reported that Papuans, unlike Indonesians, wouldn’t take the condoms.

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

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

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

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

Case Study: Dipen

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

A final association in the present in Papua links condoms to wider political problems. There were a host of rumors, expressed by men and women, young and old, about governmental practice and attempts to control the lives of Papuans. Discussion about condoms appears linked to complaints that many Papuans have about birth control. There are many Papuans who feel condoms are part of broader efforts by the government to eliminate them by reducing the numbers of children they have. As a result, there is opposition to using anything which might be associated with regulating sexuality and reproduction.

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

Papuans would be angry [if shown condoms by an Indonesian] and say, “Ah, this thing is another place where they are trying to push us again into using something” (Novia, Mandoben woman).

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

Recommendation:

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

Recommendation:

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

Recommendation:

Traditional leaders will need to be consulted carefully to determine how they can interpret condoms as something that fits in with their beliefs about spirits.

6.3 HIV/AIDS KNOWLEDGE AND AWARENESS

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

How Papua got HIV/AIDS

According to many Papuans, AIDS is a new disease syndrome that Papuans did not suffer from until recently. Papuans have developed many complex theories to explain why people might get sick and die. There are three main explanations of how HIV/AIDS came to Papua: from women who have a lot of sex partners; from traditional tribal enemies; and from non-Papuans.

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

[Getting AIDS] happens if we have sex with “glue-sniffing women” (wanita aibon), but also with women who usually go to the city, or women who usually have sex with many people, Indonesians, Lanny, Ekagi and white skinned people (Logolu, Lani man).

Many respondents said AIDS was brought into their cultural group by enemies. Enemies are typically tribal groups who once were at war with each other. To paraphrase, many men say enemies now just send their women and poison us this way instead. Blaming traditional enemies for new health problems is commonplace in Papua.

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

Indonesians have the illness AIDS, newcomers bring AIDS to the Papuan people, because most Papuans like to have free sex, changing partners frequently or changing partners with Papuan, and then Indonesian women (Andre, South Coast man).

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

Indonesians bring HIV/AIDS while Papuans had leprosy and also scabies. Papuans can get HIV/AIDS from Indonesians because they have sex with Indonesians, without sex there is no possibility of getting AIDS (Lin Marind woman).

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

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

The government health workers want to destroy us, to decrease the number of inhabitants here, so that they can take all the land here (Phil, Mee man).

This rumor needs to be taken seriously, particularly as it seems to be growing in influence. An earlier study of AIDS rumors in Papua suggested this kind of logic was contained to parts of the province where economic development was having a large effect on social life.^{xiv} Now, with economic development increasing, what was once a

localized rumor has become widespread throughout the province, and has even surfaced on the Internet and in publications.

Recommendation:

Transform rumors linking AIDS to politics into a positive campaign, which promotes strengthening Papuan identity through promoting safe sex. Youth should be specifically targeted for this promotion. As urbanization and modernization increases, Papuan identity will gain in strength; it would be thus prescient to make use now of what will soon be a dominant ethos.

6.4 CONDOMS FOR PAPUANS

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

There was widespread support across the province for the concept of a Papuan condom. Eighty-two percent (n=159) of survey respondents said they would be more likely to use a condom if one were produced specifically for them. *Kondom Papua* was the name that was felt to be the most inclusive. In several informal discussions, people felt the package should distinguish itself clearly from other kinds of condoms. The word Papua, they said, should be prominent on the package.

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

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

Recommendation:

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

Recommendation:

Work with existing beliefs. This is more likely to be successful in Papua than trying to override them. There is already a great deal of antagonistic relations between Indonesians and Papuans in some parts of the province. Introducing new ideas about regulating sexuality needs to recognize that many Papuans will be suspicious of new efforts to control sexual practices.

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

6.5 CONCLUSIONS

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

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This report forms part of *Aksi Stop AIDS*' (ASA) five-year plan of HIV/AIDS prevention and education in Papua. It addresses the need for an increased understanding of the cultural underpinnings and experiences of Papuan sexuality as a critical step towards providing effective intervention.

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Leslie Butt, Ph.D.
Research Director

Appendix 1 – Project Researchers and Research Sites

<u>Researcher</u>	<u>Site and District</u>
Jemy Aun, S.Sos (senior researcher)	Bade, Merauke
Yonatan Bahabol (junior researcher)	Ninia, Jayawijaya
Julianus Cukuse (junior researcher)	Agats, Puncak Jaya
Drs. Agus Dumatubun, M.A. (senior researcher)	Merauke, Merauke
Lince Dimi, S.H. (senior researcher)	Makki, Jayawijaya
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Andreas Goo, S.Sos (junior researcher)	Enarotali, Puncak Jaya
Dra. Yosefina Griapon (junior researcher)	Nimboran, Jayapura
Irma Iwo (junior researcher)	Abepura, Jayapura
Inggrid Kamil, S.Sos (junior researcher)	Manokwari, Manokwari
Dina Maturbongs, S.Sos (junior researcher)	Merauke, Merauke
Jake Morin, M. Kes (senior researcher)	Sorong, Sorong
Trix Taime, S.Sos (senior researcher)	Sentani, Jayapura
Yokbet Waa, S.Sos (senior researcher)	Abepura, Jayapura
Moab Wakur (junior researcher)	Tiom, Jayawijaya
One Wakur, S.Sos (senior researcher)	Wamena, Jayawijaya
Penina Walilo (junior researcher)	Wamena, Jayawijaya
Ona Wengge (junior researcher)	Abepura, Jayawijaya

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Endnotes

ⁱ See Sinaga 2001.

ⁱⁱ Carol Jenkins makes a similar point for Papua New Guinea.

ⁱⁱⁱ For studies describing fairly consistent beliefs and practices that follow along the lines of tribal groups see, for example, works by Warip & Abrar 1999, Warwer 1999, Koch 1974, and Ingkokusumo 2000. Marriage patterns and values surrounding reproduction in particular have been richly and fully described in many communities. Key studies on marriage and reproduction include O'Brian 1970; Hartono et al. 1999; Butt 2000; Markesbury 1993; Sims 1991. Several studies have been conducted in Papua on sex workers, street sex workers, and youths at risk. Some recent sex work studies that do not include discussion of ethnicity are Y.H.D.'s study of sex workers in Biak (1997); Kusmariyati's study of sex workers and behavior (2000); PKBI and FHI's study of Tangung Elmo sex workers (2000); and PMI and PATH's study of sex workers in Sorong (2000).

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

^v Research was carried out under the supervision of Dr. Johsz Mansoben, MA, from the Lembaga Penelitian UNCEN, and Dr. Leslie Butt from the University of Victoria, in Canada.

^{vi} See NRSST and Jenkins, 1994.

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

^{viii} Quantitative questions were drawn from questions employed in earlier sexuality surveys, including the General Sexuality Survey and behavioral surveillance survey questions used in Utomo 1998. Elizabeth Pisani from F.H.I.-Jakarta, also provided survey questions which were used in the SIS.

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

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

^{xi} See Wambrauw et al. 2001, and Wambrauw et al. 2000.

^{xii} One recent focused study on Merauke discusses the ethnic composition of sex workers. Yet studies of the Tanjung Elmo lokalisasi, for example, or Biak sex workers, makes no consistent distinction between customer and sex worker along the lines of ethnicity (see Y.H.D. 1997, and PKBI & FHI 2000).

^{xiii} See Crouch-Crivers 2001. This report on Freeport regular and occasional staff's awareness

about condoms and STDs appears to suggest that employees who are predominantly Indonesian display a much higher condom use rate than non-official workers who are predominantly Papuan.

^{xiv} See Kirsch, 2002.