

A FRESH LOOK AT SEXUALITY AND HIV/AIDS: THE INDONESIAN EXPERIENCE*

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Intisari

Epidemi AIDS telah ikut memicu minat studi dan penelitian seksualitas di kalangan akademisi dan praktisi. Hal ini karena penanganan masalah AIDS tidak dapat dilepaskan dari pemahaman tentang perilaku seksual sebagai salah satu faktor dalam transmisi HIV/AIDS. Sementara itu, suatu perilaku seksual terikat pada konteks sosial budaya yang akan menjelaskan masalah dari berbagai bentuk perilaku dan relasi kekuasaan dalam hubungan seksual yang ada. Berdasarkan berbagai temuan penelitian, diketahui bahwa untuk penanggulangan masalah AIDS memahami konteks sosial budaya suatu perilaku seksual beresika tinggi sangat diperlukan.

Introduction

HIV/AIDS has been in Indonesia for 10 years. The first case was discovered when there was a foreign tourist in the area of Bali in 1987. Since that time, this epidemic has received much attention from various sectors such as government, practitioners, researchers, and even from the lay people. The number of AIDS cases is increasing and has been spreading to some provinces in Indonesia since the beginning of the 1990s. The anxiety stemming from this epidemic has gradually invited various responses, but political commitment did not officially appear until 1994 with the passing of Presidential Decision No.

36/1994 which led to the formation of an AIDS-Overcoming Commission from the central government level up to the regency level. In line with the Presidential Decision, a national strategy was launched by issuing the People-Welfare Coordinator Minister's Decision No. 9/1994.

Over a ten-year period, the 1998 data reveals 706 cases consisting of 512 HIV cases and 194 AIDS cases have been reported, in addition to 101 cases of persons who died. The government itself realizes that the AIDS pandemic will not reach its peak until the 21st century, so efforts of overcoming AIDS

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will still be needed over a long period (Abenego, 1997).

This paper will begin with a description of the development of the sexuality study in Indonesia and of the appearance of the AIDS crisis, which has motivated the development of sex research. The discussion will then focus on sexuality in the Indonesian context in general, followed by some specific contexts, which describe how unsafe sex practices can become fatal.

The Study of Sexuality in Indonesia

Initially, I had thought that the lack of data on sexuality was a problem faced only by scientists in developing countries. This view was based on the Eastern view that people in the West are open-minded, and that this characteristic is also apparent in their talk of sex. So when I became interested in conducting a sexuality study—an area which up to now I feel is a new problem in the field of science in Indonesia—and sought literature on this theme, I discovered that we have long neglected research on sexual behavior (Parker, 1995). Consequently, the lack of understanding concerning the complexity and diversity of sexual expression has made it almost impossible to respond to the AIDS issue. Very few are aware that transmission of AIDS occurs most frequently through sexual intercourse.* How can we study the spread of this virus if our knowledge or sexual behaviour is still limited?

The newness of sexuality studies in Indonesia does not need to be discussed at length because many countries that have experienced colonization have the same problem. The situation is thus likely due to the historical factor, which has made a big impact on many things, including the development of the sexuality study itself (Paiva, 1995; Schoepf, 1995; Tan, 1995). In what was formerly a Dutch colony, discussion on sex was likely stopped under Queen Wilhelmina's authority; during her reign sexual ethics similar to that during the Victorian era was applied. In an era which upheld that puritanism in sexuality is important, piety and holiness became a standard for sexual problems, and, as a consequence, there was a loss of information regarding local sexual behaviors (Ong Hok Ham, 1991).

It can be said that the development of the field of sexuality study in Indonesia has undergone three periods, each period marked by different events. The first is in line with the implementation of the family planning program, which initiated a study on fertility behavior. It was during this period that the challenge of obtaining very personal information with regard to spouse interaction emerged. Courage to do so was usually required when asking questions about how a couple would practice birth control. One alternative mentioned was by not having sexual intercourse or practising coitus

* Up to now, 80-90% of HIV/AIDS transmission in Indonesia occurs through heterosexual relations (Abenego, 1997 and Yahya, 1997).

interruptus. So the question is still about fertility behavior, and not about sexual behavior. A research on fertility behavior, however, remains meaningful or significant in tracing the early efforts in the development of sex research in Indonesia.*

The next period focused on the study of sexual behavior. This emerged sporadically, either in the form of a systematic study, which put the importance on methodological aspects, or in the form of a vote pool, which still receives criticism because of its questionable validity. The similarity of existing researches is that sex research has focused almost exclusively on documenting behavioral frequencies within a relatively limited population range. It is not doubted that the early period of sex research in Indonesia was then affected by the tradition of sex research in the West. Theoretical limitation was a consequence of the dominance of group opinion, which tended to naturalize human sexual behavior, i.e., to consider that sexual desire is kind of given (Parker, 1995). Methodologically, there was a tendency to reduce sexuality as a quantifiable behavior. This can be seen in research that focused on the effort to describe data collected by a survey or vote pool in the frequency of given behavior. There was seldom research, which described the sociocultural context of sexuality.

Apart from any theoretical or methodological limitations, it can be said that period was the rising era of sex research in Indonesia. This is because at that time, many people were already used to talking about sex, so that researchers got access to either respondents or informants. Unfortunately, the researcher's and informant's readiness were not balanced by the majority's readiness, so that when the result of the research was issued, there were many negative responses based on at least two things, i.e., methodological responsibility, and the rejection of the reality of value and sexual behavior changes. This last reason (the rejection of the reality) reminds us that while sex is part of people's daily life, it is attractive and often becomes an interesting topic for chatting, and it can also become a sensitive problem. If there are sexual behaviors that are considered to be a violation of norms, there may be a tendency to cover up the reality.

Whether it is admitted or not, the assumptions in the researches conducted on the existence of sexual behavior in some parts of society were due to Western influences. This study, therefore, is generally directed to the youth group, which on the one hand, is sensitive to changes, and, on the other hand, carries the burden of maintaining the local sexuality norms. In this period, it can be said that there has been a shift

* I thank my superior, Masri Singarimbun Ph.D., for his kind help in opening possibilities of asking about what was formerly considered taboo-sexual behavior and for making the informant familiar with facing questions about sexuality and ensuring the researcher that a sex study could be conducted.

in the topic and kind of questions which concern sensitive matters, with regard to the respondents' sexual knowledge, attitude, and practice (KAP).*

The next phase is strongly stimulated by AIDS cases. The reality, which illustrates that HIV/AIDS is an epidemic spread mostly through sexual intercourse, has evoked people's interest in determining what strategy can be applied in transmission prevention. The description on this phase is discussed in the following section.

The AIDS Crisis and Increasing Research on Sexual Risk Behavior

The growth of the AIDS crisis has increasingly stimulated the development of studies related to sexuality. A learning experience has resulted from the epidemic, which has caused misery to both individuals practicing high-risk behavior and those who face risks as their partners. In the field of science, this epidemic has resulted in a deeper understanding of sexuality study through the awareness of the theoretical and methodological limitations arising from the conflict between essentialist and constructionist perspectives (Coleman, 1990; Parker, et. al 1991). Though the impact of new understanding on the development of sexuality study in some countries may

be small, one important thing that has resulted from it is the emergence of a bigger agreement on being able to learn about HIV/AIDS transmission in order to pay attention to the context of sexual behavior. It has been established that sexual conduct cannot be separated from the sociocultural setting of society. This constructionist concept has produced new and important insights, which enable us to analyze how the epidemic develops.

As in other countries, the AIDS epidemic in Indonesia has stimulated sex research primarily concerned with issues related to disease transmission, whereas issues of sexuality per se have been largely avoided (di Mauro, 1995). Some studies that have attempted to relate sexual behavior with HIV/AIDS transmission and to various preventive actions seem to be focused on high risk groups both because of their sexual orientation and their work. As a result, these studies strengthen the false opinion that only certain groups of people are responsible for the emergence of the epidemic (Siyaranamual, 1997). The focus on high-risk groups does not, in fact, contribute to efforts to gain a comprehensive understanding of transmission and prevention. It will, on the one hand, encourage conservative groups to reduce these efforts (Wan-

* A sex study conducted by a junior high school student, Sulistiyo Eko, among her schoolmates in 1983 had a serious impact on her as she was expelled from her school because the result of her study was considered to reflect badly on the school's and Yogyaneese reputation. In the next ten years, the case emerged again when a group of Menadonese came to the Population Studies Center protesting against validity of the result of the study on the youth of the city. The two events illustrate the existence of ambiguous attitudes toward sexuality (Suryakusuma, 1991).

dita, 1997) and, on the other hand, lead to greater neglect of low-risk individuals such as wives and children.

Part of the debate over risk group and risk behavior approaches (see Hart, 1995) concerns the methodological obstacle which emerges if the research or action is directed to individuals outside the group. More researchers realize the importance of searching for various target groups, since sexual risk behavior does not only occur to the group, which is characterized as high risks (sexual workers and homosexuals). However, as has been previously discussed, asking questions about sexuality in relation to the transmission of venereal disease to individuals or spouses will result in some problems. This is because of the sensitivity of the theme which will also affect rapport (the researcher's personal approach to the informant) and trust (inter couples), both of which influence the quality of data. That's why most researches are still focused on certain groups.

The Indonesian Context of Sexual Behavior

It is very difficult to discuss sexuality in Indonesia, especially because the country has large variations of culture. I do not want to be trapped in a situation which prohibits researchers from observing sexual behavior within a certain context; i.e., the inability to understand that sexuality varies between societies and even within a society. In discussing sexuality in Indonesia, therefore, it is important to consider how Indonesians see themselves with respect to other societies.

In various contexts, including sexuality, Indonesian people tend to see themselves as people from the East. Eastern culture is defined by characteristics such as kindness, high morality, being cooperative, and other positive behaviors. Thus, a person from the East knows that he/she must have good behavior. Westerners, on the other hand, are considered to have very different values from people from the East. As a result, it is believed that Western behavior norms are not suitable for people from the East. It is also very difficult to know what the Eastern norms really are. So when one asks what sexuality in the Indonesian context means, or what is the ideal sexual behavior based on the Indonesian culture, it is akin to asking what the real Indonesian culture is. Saying that "we as Indonesians have an Eastern culture" is not enough; that is a failure to acknowledge the diversity of the ethics and groups in Indonesia.

As has been previously discussed, sexuality study is a new study and it can even be said that such study has not been formulated in the social science context in Indonesia (Suryakusuma, 1991). In line with this problem, defining sexuality studies prior to Islamic and colonial influences is likely to result in a debate (see Ong Hok Ham, 1991 and Soepangat, 1991). Consequently, we do not have enough information about local knowledge of sexuality in Indonesia. The complexity also emerges when we see that sexuality is very often considered to be the result of Western influence as free sex, premarital sex, and homosexuality. It is then said that these sexual practices do not

originally come from Indonesia, and even those practices are judged to have ruined the noble Eastern sexuality values.

Going back to the previous question, i.e., "What are sexuality values?", Oetomo (1991) notes that homosexual behavior had already existed in some groups of society in Indonesia. However, it does not always have the same meaning as it does in modern Western societies. These homosexual studies are developed and those among whom homosexual behavior is observed do not always feel that they are homosexuals or that what they have done can be labelled as homosexual. In the shadow of Victorian sexual morality, observations of such practices are set aside because of the different labelling. Recently, when observations of this practice surfaced again, it was considered to have resulted from the influence of Western civilization, and therefore to say that the roots of homosexuality are in Eastern civilization is not likely to be accepted. So it is clear that the problem is really in how behaviors are labelled.

One way of getting a clear description of ideas on sexuality and how these ideas are realized in sexual behavior is by identifying the dominant descriptions concerning sexuality in Indonesia. First of all, sex socialization in Indonesia is influenced by notions of masculinity and femininity, which constitute a gender category. With respect to the sexual relations, there is inequality because of the naturalist influence, in which sex is a kind of given. There is a different need and sexual expression associated with

males and females, one being active/pleasure-oriented and the other being passive/procreative. Second, the place for the sexual act is in marriage, so that sexual intercourse that is heterosexual has procreation as its main purpose. Consequently, premarital sex, promiscuity, and homosexuality are considered as norm violations.

However, this is one instance in which the actual behavior of the society is sometimes so different from the desired norms (Ortner and Whitehead, 1981). In this respect, how, in what context, and why there is a difference become important objects of study. In the AIDS crisis, the answers to those questions are very important in order to deeply understand sexual risk behavior.

In general, it can be stated that in the first norm, the difference in sexual needs and expressions between men and women based on gender ideology has a really big influence on the sexual relations between men and women both in marriage (with respect to the second norm) and outside of marriage, as shown in the following cases.

Contextualizing Sexual Risk Behavior: Some Research Findings

During the period 1992-1997 the Gadjah Mada University, Population Studies Center, with funding from Ford Foundation, provided opportunities to potential researchers from all over Indonesia to conduct researches under the Reproductive Health Research Award Program. Numerous applicants expressed their interest to conduct such researches, but unfortunately many were not accepted because the topics

they proposed were not related to the reproductive health theme. This is an indication that researchers in Indonesia already understood the need for a social approach toward reproductive health, which they formerly knew as the field of physiological and biological studies.

In line with this understanding, the researcher's interest in the transmission of sexually transmitted disease and HIV/AIDS, which constitute part of the reproductive health studies, has also increasingly developed. It is not surprising if most of the research proposals involved this theme. Of 64 researches proposed, 25 involved the study of sexual risk behavior.

From the beginning, this program aimed to study the sociocultural context of reproductive health, so that in relation to STDs and HIV/AIDS transmission, young potential researchers from all over Indonesia are made aware of perspective. Some obstacles that have emerged from the research implementation are caused by the researchers' limited ability in the qualitative approach--a research perspective that has not largely been applied in Indonesia, even in the field of social sciences. Other obstacles are due to limited time: a six to twelve-month allocation for research is too short to achieve a deep understanding of salient issues that must be taken into account in understanding and developing more effective strategies for HIV/AIDS. It is also understood that a research which is conducted within a short period of time will also involve problems in the data collecting method (Tan, 1995).

However, in spite of these limitations, most researchers conduct their researches not merely for quantifying sexual behavior but also for understanding the context of individuals' behavior through ethnographic observation, indepth interview, focus group discussion, and linguistic analysis.

In general, various researches which try to contextualize sexual risk behavior (which have become the main source of this paper) are focused on themes which may be divided into the following groups: condom use among sex workers and their clients; unsafe sex among transsexuals; sexual behaviors of seamen and inter-city truck drivers; and ritual and risk.

The Condom Use Among Sex Workers and Their Clients

As has been stated earlier, research on sex workers is popular because this group is considered to represent the high-risk group.

Various studies, which focus on women sex workers and their clients, have two points in common. First, economic pressure becomes the main reason for their involvement in the prostitution practice. It constitutes the most crucial problem, and is also encountered by many sex workers in other countries. Poverty thus becomes the key issue in prostitution problems. Second, the economic pressure results in the inability of the sex workers to practice safe sex. Both sex workers and their clients continue to have wrong perceptions or limited knowledge about sexually transmitted diseases, infection, and means of prevention. As a result, they do not take precautions to

avoid contracting the virus or disease prevention. On the other hand, adequate knowledge about this disease prevents the sex workers from protecting themselves as well.*

Though mass media have exposed news of the danger of HIV/AIDS, many members of society still have incorrect interpretations about this epidemic. There is an opinion that this disease is a cursed disease, which affects homosexuals in the West, this is the popular belief in the circle of sex workers and their clients. HIV/AIDS is also assumed to be an upperclass disease; the lowerclass is only susceptible to gonorrhoea or syphilis. It is further believed that one can distinguish a person with AIDS from a person without AIDS through physical appearance. Some physical characteristics such as having a weak body, red or yellow hollow eyes, an abnormal way of walking and slow healing wounds are identified as indications that a person is infected. It is difficult for people to understand that the breeding of the HIV virus in the body takes a long time to get to the terminal condition.

Misconceptions about HIV/AIDS are closely related to the cases presented to the media, which very often show AIDS patients when they are near death.

Lack of knowledge leads to incorrect methods of prevention. So far, sex workers have had adequate information about STD transmission, because those who live in the community periodically receive preventive or curing injections. However, among their clients, they practice what are considered more effective in preventing or curing the disease, either by taking antibiotics or consuming a mixture of Coca-Cola and cough syrup. Therefore, though they are informed that HIV/AIDS is a kind of disease that can be contracted through sexual intercourse, they feel they know how to prevent it.

The action research (promoting the use of condoms) which is directed toward sex workers can certainly improve the sex workers' knowledge of HIV/AIDS, but it does not ensure that they will practice safe sex since their sexual behaviors are more determined by their clients. Clients very often think that using condoms prevents them from having real comfort. The image of condoms as a form of contraceptive and the unnatural sense of using them discourages them from using condoms. Sometimes sex workers can force their clients to wear condoms but these are limited to a group of sex workers who are said to be *primadonnas* in their communities.**

* Two studies having the same object are action researches which have succeeded in transforming sex workers' knowledge on STDS. The two studies are respectively conducted by Tatang Subarna in the locality of Saritem Bandung and by Edy Suyanto (1997) in the tourism area of Baturaden Purwokerto.

** Once again, my superior Masri Singarimbun deserves the deepest gratitude and appreciation for his high spirit in promoting condom use to gain safe sex. Though he

A research on *gigolos* in the tourist area of Bali shows that tourism has promoted greater interaction among young men and foreign women.* In the beginning, the local youth's involvement was boosted by the need to interact with foreign women to get free sex all at once. They would boast about their ability to interact with foreign women, and later it resulted in professional practice. Now they work to earn money, and many of them want to date foreign women in order to join them in their travels and even become steady partners or husbands when the women go home to their own countries.

It is different with women sex workers, the social reason more likely influences the practice of male sex workers. Consequently, men are also in a better bargaining position. They can choose to reject clients they observe to have the physical characteristics of STDs or HIV/AIDS sufferers. Unfortunately, they still have misconceptions about the disease, as do their clients. Most of them refuse to use condoms because they think they have the right to avail of sex service from the innocent village youth. The youths, meanwhile, often pretend to be innocent as a way of misleading their clients.

Unsafe Sex Among Transsexual Individuals

Research directed toward sexual behavior among transsexuals shows that their involvement in the sex industry is a means to find a group that will legalize the homosexual relations they cannot overcome.** It is in this field that a transsexual individual will find the freedom to express "her" sexual orientation and also to earn "her" money. The sexual act for these people also functions as a means of relieving them of stress caused by the social pressure they experience because of their different appearance. This condition is similar to what Vincke and Bolton (1995) found in their study on the circle of gay men. In this study the sexual intercourse techniques they perform, namely, oral sex, anal sex, onanism, and squeezing—are likely to result in HIV/AIDS infection. The last technique is considered safer in comparison with the others, but since the sexual act is one way to express their "identities," it is difficult for them to abstain from the other techniques. Changing their sexual behavior is as difficult as trying to change their sexual orientation.

realizes that condom use in the circle of sex workers suffers from some obstacles among the clients, in his experience on interviewing sex workers he observed that condom use in the circle of sex workers had also seasons, in the good season sex workers freely asked their clients to use condoms but in the fatigue season the most important thing for the sex workers was to secure a plate of rice to support their stomachs.

* The study was done by Sudarsono (1998) in the tourist area of Ubud, Bali.

** Based on the study conducted by Koeswinarno (1996) in the circle of male sex workers in two big cities in Java.

Sexual Behavior of Seamen and Inter-City Truck Drivers

The kind of job which takes men away from their home region or country for a long time is also observed to be a common situation in which HIV/AIDS spreads. Two studies which focus on the wives of seamen and truck drivers provide complementary information on this topic.* The descriptions of seamen's wives' perceptions and truck drivers' behavior provide insights into how HIV/AIDS transmission is the result of changeable sexual behavior. This leads to the increase in the transmission of AIDS among those who are not judged to be a high-risk group.

In the study, it was found that more than 90 percent of truck drivers have had pre-marital sex. This sexual interaction is performed with women sex workers who conduct business at the inter-city stop areas. This percentage is the same as those who are married and engage in extramarital sex with sex workers. In the truck drivers' group, there has been a kind of norm that determines that "sex in the street" is a usual thing. The difficulty of the job added to separation from their wives during the journey has largely become their reasons why such practices are resorted to. Therefore, the growth of prostitution areas and truck drivers' extramarital sexual encounters are clearly related.

As sex service users, their knowledge on HIV/AIDS is so limited that their protection against infection is minimal. It is rare to hear of condom use among truck drivers.

What do the wives have to say about their husbands' sexual behavior, which presumably results from their jobs, which take from days to even months? Trust is the key word, which is often spoken by seamen's wives, as a means to calm themselves. It is not because they have never heard about the adventures of seamen, but as a result of "trust" they never seriously ask about their husbands' behavior during the working period. An informant feels very sure about her husband's "cleanness" because her husband has said, "It is true, I have a friend on the ship who likes to have extramarital sex, but I don't."

Ritual and Risk

A sexual practice that may lead to infection is part of the ritual called *sifon*. *Sifon* is a traditional circumcision performed by an adult man in some ethnic groups of East Nusa Tenggara. It is practised with the intent of uniting and balancing any powers of "hot" and "cold" which are absolutely needed to achieve perfection as a man. This practice, which has lasted from generation to generation, needs to be discussed because of the rapid socio-cultural changes in the society today. The ritual involves circumcising the adult's penis,

* Based on the study done by Ana Adina Patriani (1998 forthcoming) concerning shipmen's wives' perception of their husbands' sexual behavior and by Mundiharno (1998 forthcoming) in the circle of inter-city truck drivers.

which consequently becomes wounded and swollen. Based on the norm, in this wounded condition it is a must for the man to perform sexual intercourse with a *sifon* woman, a woman who is not married. Her position in society is related to the existence of the *sifon* practice itself.

The danger --that is the virus transmission-- starts with the social, economic and cultural changes occurring in the society. It is increasingly difficult to find a *sifon* woman who will clean the wounded penis so the man must seek a woman who is willing to do that job. At the same time, in line with poverty, prostitution can consequently become part of society. It is at that time that men need to find a place in which he can clean the wounded penis.

Gender and HIV/AIDS Spread

Various cases described earlier show the actual sexual behaviors in Indonesia. They also address the questions of what is Eastern sexuality, and what sexuality values are upheld in Indonesia. What then is the relationship between the cases or various actual behaviors and HIV/AIDS? We have seen that the sexual behaviors of female and male sexual workers, clients, transsexuals, and the man who practices the *sifon* expose themselves to possible HIV/AIDS infection. Without condom use, there is no guarantee that they will be free from transmission of the disease. Specifically, those who undergo *sifon* and have to have sexual interaction in a wounded condition, and transsexual individuals whose practices put them at risk of being

wounded, subject them to great possibilities of becoming infected.

Moreover, the possibilities of transmission will increase because of the first sexuality norm, which is based on the difference in sex socialization between men and women. The second norm, the socio-cultural construction of gender and sexuality, which places women in a disadvantaged position, exists persistently in daily life.

What can be learned from the examples aforementioned is that there is a difference in the bargaining position between female sex workers and male sex workers, and wives who surrender to their husbands because of trust. Female sex workers experience economic obstacles when facing their clients, while male sex workers have more freedom in choosing their clients. While seamen's wives patiently stay at home, and obediently adhere to the norm which requires them not to be sexually active, the truck drivers follow the norm that men are sexually active and have extramarital sex when they are away from home because it is considered to be a common thing. By analysing the *sifon* tradition, we can also obtain a clear description of how norms shift based on gender difference and sex socialization. The idea that a good woman is one who is not sexually active or will not provide sexual service to man other than her husband makes it difficult to find a *sifon* woman. On the other hand, many men practice this and this practice is justified by local culture. At once it becomes a precise expression in support of the norm, which says men have to be able to show their perfection based on their sexual strength.

The unsafe sex performed by some individuals in the settings above will at last have an impact on those who are not directly involved in the interaction, i.e., women and children. Gender lameness and sex socialization difference then increase the possibility of HIV/AIDS transmission through some channels. The most grave scenario involves men's sexual risk behavior as a result of women's silence.

Concluding Remarks

The AIDS epidemic has made a great impact on sexuality studies. Because it is viewed as a global crisis, this epidemic has also awakened the human spirit, even if only a little. One thing that we cannot forget, however, is that we must race against time. For Indonesia, there are still many specific contexts

that must be learned with regard to the spread of HIV/AIDS. It can start from the question of why the statistics of HIV/AIDS sufferers in one province is greater than that in another. Based on the geographical and administrative contexts, we can trace the narrower contexts to gain a deeper understanding about how the social construction of sexual excitement and desire, the ways in which sexual identities are formed and transformed, the relations of power and domination that may shape and structure sexual interactions, and the social/sexual networks that channel and condition the selection of potential sex partners are salient issues that must be taken into account in understanding and developing more effective strategies for AIDS prevention (Parker, 1995).

Reference

- Abednego, Hadi, M. 1997. "Kemitraan pemerintah-LSM dalam penanggulangan HIV/AIDS". In: Julius I. Siyaranamual, ed. *Etika, hak asasi, dan pewabahan AIDS*. Jakarta: Pustaka Sinar Harapan.
- Coleman, Eli. 1990. "Commentary: expanding the boundaries of sex research", *Journal of Sex Research*, 27(4): 473-480.
- di Mauro, Diane. 1995. *Sexuality research in the United States: an assesment of the social and behavioral sciences*. s.l.: The Sexuality Research Assesment Project. Social Science Research Council.
- Hart, Angie. 1995. "Risky business? men who buy heterosexual sex in Spain". In: Han Ten Brummelhuis and Gilbert Herdt, eds. *Culture and sexual risk, anthropological perspective on AIDS*. The Netherlands: Gordon and Breach.
- Oetomo, Dede. 1991. "Homoseksualitas di Indonesia", *Prisma*, (7): 84-96.
- OngHokHam. 1991. "Kekuasaan dan seksualitas, lintasan sejarah pra dan masa kolonial", *Prisma*, (7): 15-23.
- Ortner, Sherry B. and Harriet Whitehead. 1981. *Sexual meanings: the cultural constructions of gender and sexuality*. Cambridge: Cambridge University Press.
- Paiva, Vera. 1995. "Sexuality, AIDS and gender norms among Brazillian

- teenagers". In: Han Ten Brummelhuis dan Gilbert Herdt, eds. *Culture and sexual risk, anthropological perspective on AIDS*. The Netherlands: Gordon and Breach.
- Parker, Richard G. 1995. "The social and cultural construction of sexual risk, or how to have (sex) research in an epidemic". In: Han Ten Brummelhuis dan Gilbert Herdt, eds. *Culture and sexual risk, anthropological perspective on AIDS*. The Netherlands: Gordon and Breach.
- Parker, Richard G., Gilbert Herdt and Manuel Carballo. 1991. "Sexual culture, HIV transmission, and AIDS research", *Journal of Sex Research*, 28(1): 77-98.
- Schoepf, Brooke Grundfest. 1995. "Culture, research and AIDS prevention in Africa". In: Han ten Brummelhuis and Gilbert Herdt, eds. *Culture and sexual risk, anthropological perspective on AIDS*. The Netherlands: Gordon and Breach.
- Siyaranamual, Julius. I. 1997. "Catatan penyunting". In: Julius I. Siyaranamual, ed. *Etika, hak asasi, dan pewabahan AIDS*. Jakarta: Pustaka Sinar Harapan.
- Soepangat, Parwati. 1991. "Seksualitas dalam budhisme (dialog)", *Prisma*, (7): 58-61
- Suryakusuma, Julia I. 1991. "Konstruksi sosial seksualitas sebuah pengantar teoritis", *Prisma*, (7): 3-14.
- Tan, Michael Lim. 1995. "Theory and method in HIV prevention: the Philippine experience". In: Han Ten Brummelhuis and Gilbert Herdt, eds. *Culture and sexual risk anthropological perspective on AIDS*. The Netherlands: Gordon and Breach.
- Vincke, John and Ralph Bolton. 1995. "Social stress and risky sex among gay men: an additional explanation for the persistence of unsafe sex". In: Han Ten Brummelhuis and Gilbert Herdt, eds. *Culture and sexual risk, anthropological perspective on AIDS*. The Netherlands: Gordon and Breach.
- Wandita, Galuh. 1997. "Kerentanan perempuan dan pewabahan HIV/AIDS". In: Julius I. Siyaranamual, ed. *Etika, hak asasi, dan pewabahan AIDS*. Jakarta: Pustaka Sinar Harapan.
- Yahya, Suyono. 1997. "Peranan komisi nasional penanggulangan AIDS". In: Julius I. Siyaranamual, ed. *Etika, hak asasi, dan pewabahan AIDS*. Jakarta: Pustaka Sinar Harapan.