

Deprivation and Disease: Concomitants of Conflict

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Abstract

Using Banda as a case study, this paper examines the increased potential for HIV/AIDS infection as a result of the recent conflict and violence in Maluku. During a number of visits from January 1999 to April 2001, this conservative, comparatively isolated, community was studied for its knowledge and awareness of HIV/AIDS with professed sexual attitudes and potential risk behaviors. HIV/AIDS awareness was low and use of precautions was non-existent. In Asia HIV is predominantly transmitted heterosexually. Indonesia was very slow to acknowledge its vulnerability to this epidemic and has limited testing or treatment facilities, so the full extent of the problem is still unknown. Religious and cultural authorities have restricted the provision of realistically informative prevention or education programs. During the Maluku conflict, the community was somewhat abruptly modified by the influx of refugees, local violence, with a marked loss of income through the monetary crisis and the cessation of tourism. As a result, potential risk behaviors for HIV were revealed, developed or exposed to the dismay of the community. Women are the most vulnerable, being restricted by religion in necessary knowledge or the power to negotiate their social/sexual relations, while often responsible for family maintenance in the absence of menfolk.

1 Introduction

As the ferry gently docked in Ambon port at dawn on 27 January 1999, I wondered somewhat apprehensively just what I was getting myself into. I was on my way to Banda for preliminary fieldwork, stopping over in Ambon to catch a connecting ferry. The *Idul Fitri* riots of the previous week had been graphically reported in the Darwin newspaper following the evacuation of SIL (Summer Institute of Linguistics) staff (*NT News*, 21 January 1999). In the dawning light one could see smoke still rising from burned buildings, while the port was far quieter than usual for a ferry arrival, and there was an obvious presence of military personnel. Leaving the port I was given a police escort of two outriders armed with rifles. The streets were mostly deserted but there were enormous piles of burnt *becak* (bicycle taxis), *warung* (road side stalls) and rubbish in the roads and in many places one could how the fires had melted the tar seal (macadam) of the road. No one had done anything about clearing up as yet. It was all very dramatic. As usual, I had planned to stay at one of two adjacent tourist hotels. The decision was made for me, however: one was destroyed. I stayed one week in Ambon on that visit, and stopped over a number of times during that year until, as the violence escalated, I decided to take a more circuitous route via Ujung Pandang, which did not require a stopover in Ambon.

My fieldwork in Banda over the next two years concerned the knowledge and awareness of HIV/AIDS in the Banda community and their relevant sexual behaviors and practices and it was conducted in the ambiance of continuing, sometimes escalating, conflict. This paper examines the effect of this conflict on sexual behavior and practices, and the potential consequences for the spread of HIV/AIDS. As the Joint United Nations Programme on HIV/AIDS states (UNAIDS, 2001, p. 4) “Conflict settings increase local and regional insecurity, and increase poverty. They can lead to the breakdown of social services and infrastructure, and the lack of food, shelter, medicines and health workers. In post conflict sit-

uations, local women and girls are at increased risk as they barter, or sell sex for survival, or are unknowing partners". To what extent is this the case in Banda as a result of the communal conflict in the region of Maluku?

2 Background

The Banda islands are located in the Banda Sea southeast of Ambon, and their "normal" population is composed of roughly 90% Muslim, 9% Christian and less than 1% other religions. The resident population numbered about 16000 at the end of 1998, inhabiting 6 different islands.

Initially the islands appear to be very isolated but this is a superficial assessment. Historically famous for their world monopoly in nutmeg, Arab and Chinese traders visited regularly before English and Dutch colonization. Banda also had a part in the local trading routes throughout Maluku, west to Java and east to Papua, along the Banda arc (Ellen, 1987). In 1621 the Dutch forcibly invaded Banda, when most of the inhabitants were killed or fled elsewhere. They were replaced by plantation slaves from all over Indonesia whose descendants today acknowledge both their belonging to Banda and their ethnic origin elsewhere: the resident population has a web of family contacts throughout Maluku and the wider world. The nutmeg monopoly was lost in the late 19th century, and, after the Japanese and the Dutch left Indonesia following World War II, Banda slipped into relative obscurity. Recently there has been an upsurge in international fishing and development of a small tourist industry.

The islands appear idyllic, situated in beautiful waters, with tiny wisps of smoke from their nearly extinct volcano. At first, Banda seemed immune from the Malukan conflict, and they were seen as a refuge for many displaced Muslims from other areas, particularly those with extended family in the islands. There was therefore a large influx of temporary residents, estimated to be 4000 at any one time, which strained the Banda resources to house and feed them,

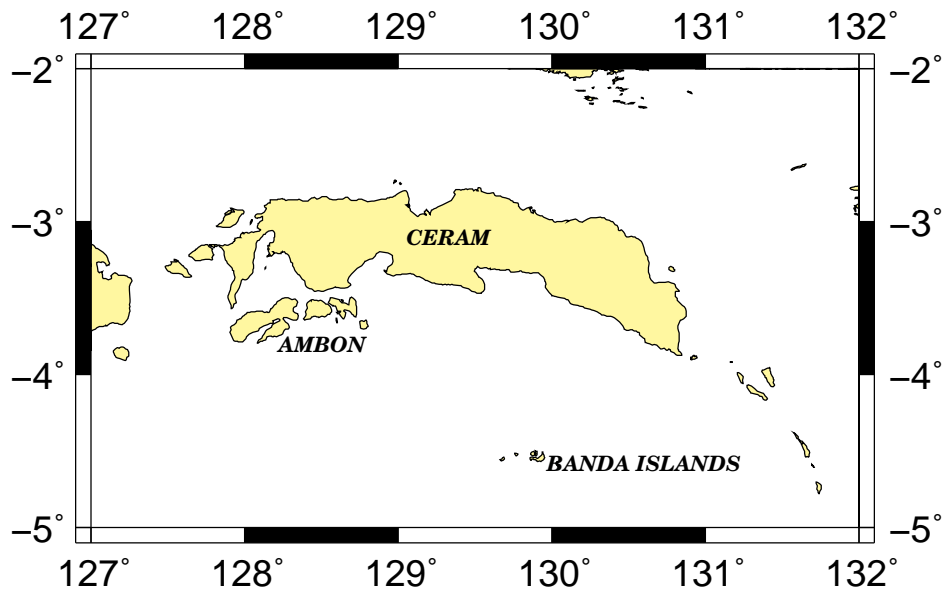


Figure 1: Banda and Surrounding Islands
130°

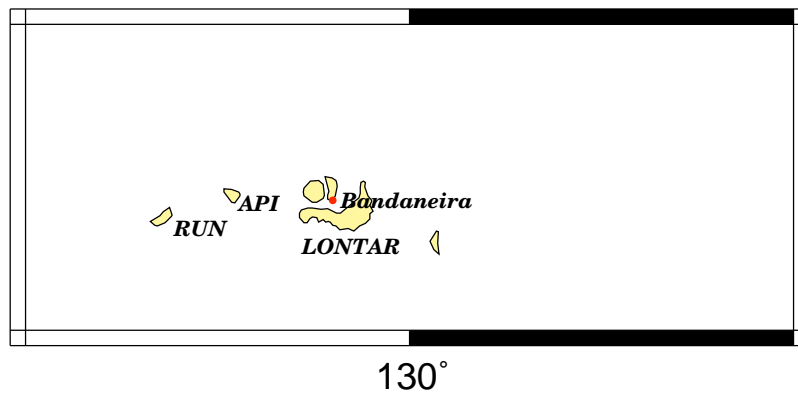


Figure 2: Banda Islands

and eventually led to the eruption of repressed ethnic and class tensions into overt violence. On the night of April 21, 1999, violence erupted on Hatta Island, whose population was roughly 50% Christian/Muslim¹. The riot gathered strength and spread through all the major islands during which time Muslims destroyed all the Christian churches (including gutting the historic Dutch Protestant church on Neira) and most of their homes. Only members of only one family were killed—the family of the last *perkenier* (nutmeg plantation owner—originally a Dutch concession) which was both Muslim and Christian—and locals maintain that these killings were the result of local feuding. Nevertheless nearly all the Christians fled the islands and had not returned when I left in April 2001. The violence first erupted in Hatta island, which had nearly 50% Christians, ostensibly instigated by an incomer who escaped to Seram. It swiftly moved to the other islands. Overall the population radically changed, as did social behaviors, affecting both my research and the possible HIV risk of the community.

Prior to their exodus the Christians had held many positions of administration authority, such as Camat (District Officer), recently retired *Wakil Camat* (Deputy District Officer), about 45% of police officers and at least one of the *adat* (customary law) leaders. The latter indicates the previous lack of friction between the different religious groups because, although the *Camat* is a government appointee, *adat* leaders are elected by the people. The two doctors, plus 75% of health staff and about 45% of teachers at the senior secondary school were Christian, as were many of the Chinese who control the major trading supplies and shops. The Chinese, however, did not flee the islands, partly because they could not easily abandon their businesses, partly because they were perceived to be a different category: possibly only nominal Christians. They were also essential for everyone's daily life, as was firmly pointed out by community leaders in order to protect them from persecu-

¹Statistics are rather problematic in this part of the world. Different departments use different baselines and often do not record similar periods etc. There is always incongruence between them.

tion. Nevertheless, with the flight of the Christians many essential social/educational/administrative services were severely disrupted, some, such as health care, coming almost to a halt.

Not all the Christians fled at first. There was a mass exodus after the one night of violence, this exodus master-minded by Des Alwi, the so-called 'king' of Banda (McBeth, 1999). Following that, there was a steady trickle of people leaving, people who no longer found life in Banda to be comfortable. For instance, the Christian police officers remained at their posts but became increasingly and asked for transfer. The young single men no longer had a comfortable social life with local families, especially those with daughters. The married men left because their wives were uncomfortable or because their children were taunted at school. Similarly, Chinese families who could afford to do so sent their children away to school, after some had been taunted and molested either at school or on the way. Some of their homes which had always been open and easily accessible now became closed and shuttered.

The incoming Muslim refugee population could not immediately provide replacements for the departed Christians, although there were a few professionals amongst them. On the whole, replacements had to be drafted from elsewhere, which was a lengthy process. For many months, doctors were rostered a few weeks at a time, from Java, before a resident doctor was posted. Other replacement health staff and teachers were transferred but this also took time. Meantime, the refugee population was much larger than the Christian exodus therefore accommodation was crowded, living conditions were less than favorable and often money was unavailable: there are no formal banking facilities in Banda. With the increased numbers of children and reduced number of teachers, schools were crowded to the point that the *SMU* ((*Sekolah Menengah Umum*, government senior secondary school) had to operate morning or afternoon classes for different groups: the Islamic school did not have the same problem because all its teachers were Muslim. This put a severe strain on the available teachers while

provincial and national examinations were delayed, thus preventing students from proceeding to further education. It would be difficult to determine the structure of the refugee population because it fluctuated according to the conflict situation in their point of origin, their relationship with Banda people and their ability to earn a living in Banda. Some were transient, some took up permanent residence in Banda: it varied daily/weekly.

It was interesting that I, a Westerner, by definition perceived to be Christian, was able to conduct my, rather intimate, fieldwork research without serious problems during this tense period. My colleague, an Ambonese Christian, was unable to fulfill her fieldwork in a different area because of the conflict. This could be because her social/religious identity was both known and defined while mine was less defined. Possibly, I was perceived as a 'tourist', a foreigner, and therefore dissociated from the conflict. It could also be because I was predominantly domiciled in a family with two *hadji* which gave me protection; originally I had stayed with a Christian family (because of their harbor views) but they fled after the local violence. Banda itself was not a dangerous place to work, being by now almost entirely Muslim with no need for conflict, combined with a natural courtesy to a guest. I conformed with my modest competency in Arabic² and tolerable knowledge of Islam. Throughout my fieldwork, I only felt really threatened in Banda³ the day before my planned departure which coincided with the formal arrival of Laskar Jihad in Maluku (April 2001) and their appearance in Banda.

3 Sexuality and sexual behavior in Banda

I will not go into great detail here about the medical aspects my research or on the HIV epidemic, but perhaps a few points are necessary. Firstly, that the virus is transmitted through body fluids

²I worked in Bahrain for two and a half years.

³I did, however, feel threatened in transit on the ferry or when I had to make formal visits to Ambon for bureaucratic purposes.

and blood products; secondly that the most prevalent transmission worldwide is through sexual intercourse; and thirdly, that in Africa and the Asia-Pacific region the sexual transmission is generally heterosexual rather than homosexual as in most western countries. This does not take into account the fluidity of male sexual behavior in these regions: what it does indicate is that women, and through them, their children may become greater victims of this pandemic than in the west. HIV is transmitted more easily from men to women because of their physical anatomy, and also because they do not have the ability to negotiate protective or preventive measures such as condom use.

The patterns and routes of HIV transmission often follow the mass movements of people, particularly men (for example Africa (Orubuloye et al., 1994), Thailand (M.C. Morris and Handcock, 1996), Philippines (F. Ricon and Busque, 1998)), whether for trade, employment or as a result of conflict. Many male dominated cultures do not perceive/accept their burden of responsibility in this sphere and women, as prostitutes, are often stigmatized as vectors or pools of HIV infection.

Initially Indonesia, like many other Asian countries, denied its potential susceptibility to HIV infection, or even its presence, because of cultural constraints but in recent years it has acknowledged the epidemic and instituted some HIV awareness campaigns. There is still, however, a widespread reluctance to discuss sexual matters openly and religious leaders often obstruct the promotion of condom use to prevent transmission on the grounds that such promotion will encourage promiscuous behavior, particularly in younger people. Nevertheless, control of the HIV virus and prevention of its transmission must focus on people's recognition and acceptance that they engage in "risk behaviors" which include multiple sex partners and unprotected sex. Risk behaviors may be indulged in regularly or only occasionally and they may, or may not, be so recognized by individuals or the community. As such, they may be accepted, condoned, condemned or outlawed by the community. If the behavior is condemned or outlawed, it can only be

engaged in surreptitiously or clandestinely and in this case the perpetrators may not acknowledge their actions, even to themselves, although they may be noted by others⁴. As a result, other partners, such as spouses, may unwittingly be put at risk while assuming that they are safe.

Prior to Maluku conflict Banda was, in its own perception and that of others, a quiet conservative community with little crime, social disruption, or, apparently, unconventional sexual practices. I remember going into the police station one afternoon to find the officer on duty fast asleep on top of his desk, and I did not disturb him! Unmarried women and girls rarely went out alone, especially after dark. Early marriage and family life was the normal sexual relationship for men and women with comparatively few divorces or polygamy⁵. Men and women do not touch each other or show affection in public, and even very little within the view of others in the family home. They maintained that there was no premarital or extramarital sex and in fact often expressed amazement that I was conducting such HIV research in their islands. This community assessment was not absolutely correct, human nature being what it is, but certainly Banda was a very conservative, fairly moral community where everyone was generally aware of each other's activities.

I started my research with a written HIV knowledge survey of all the students at senior secondary school, followed by in depth interviews with 10% of the students. I then widened my participant observation and interviews to members of the general community, attempting to get information from, and about, all aspects of sexual knowledge, behaviors and practices: what people knew, what they said they did and where possible, what they actually did. On the whole most of the population was very cooperative, although continuing to be puzzled at my work. The professed moral con-

⁴In Banda for example, much of Indonesia in general (see (Oetomo, 1996, Oetomo, 2000) many men who have (possibly intermittent) sex with men do not consider themselves to have a homosexual or bisexual identity.

⁵I studied the marriage records for a 12 month period from 1998 to 1999.

servatism was borne out by the students who were much more sexually abstinent than in many other areas of Indonesia or the world (Hulupi, 2001, Hulupi, 2002, Musa, 1997, Social Exclusion Unit, 1999).

Roughly 50% of the age cohort 15–19 years attended senior secondary school, which is not compulsory. Teenagers have little opportunity other than school for social mixing which perhaps encourages continuing education. At school, recent changes to the biology curriculum included information on 'sexual reproduction' and HIV transmission but nothing on 'sex education' or sexuality. The biology teachers were often embarrassed to teach these matters and kept the lessons very, very limited. At the government school, SMU, parents had even protested to the principal when these lessons were introduced. One father was reported as saying that "his daughter could obtain from the Qu'ran all the information she needed for marriage". Students often admitted that they had girl/boyfriends, but on the whole this was discouraged by parents and was limited in scope. They would be permitted to chat while under parental view; no touching, no kissing, and no sex. The teenage niece of my host, for example, could chat to her male friends on the veranda, but not leave the house. At school, or in transit to and from school, one could occasionally observe a quiet/surreptitious brushing of hands or wrists between sexes, but nothing more. None of the girls, and only one of the boys, admitted to sexual experience. Even boys as old as 21 years were not perturbed to admit that they were still virgins, and probably intending to stay that way until marriage. .

The professed low level of sexual activity in this group was endorsed by statistics which indicated that, during the past five years, less than 2% of girls had left school in any one year because of pregnancy. An unmarried woman had no legitimate access to birth control in Banda so sexual activity would often have such an outcome. A married woman must have her husband's written consent to enter the family planning program and he must attend the preliminary consultation. After this he rarely takes any responsibility

for any implementation. The contraceptive pill might be obtained from an Ambon pharmacy, but this is a day's ferry ride away, and there was quite a fuss at school and elsewhere when one girl was found to possess such pills. Even the doctor at the health center was required to check the pharmacy stock to see whether the pills had been illegally issued from there. Condoms are sold "under the counter" in only one Banda shop. They are apparently stocked mainly for tourists, as very few locals would have the temerity to buy them openly. Men generally do not wish to use them for any purpose. Should a girl become pregnant she would immediately marry unless the boy/man ran away. There were stories about those who had obtained an abortion either previously in Ambon or by traditional midwives, but very little corroborative evidence.

Until the end of 1998 there were no legal *lokalisasi* (brothels), no prostitutes⁶ in Banda, and no identified "women of ill repute," although the finger might be pointed at a few who had infants without current husbands. There was one obvious and identified *bencong/waria*⁷ (transvestite) who provided sexual services for certain young men, and there was also one young man who was identified by others as homosexual although he himself denied it. Some others might indulge in homosexual behavior but the 'gay' sexual identity is not yet known here.

Despite this sexual conservatism, the risk of HIV transmission existed through the behavior of men traveling or working in other parts of Maluku or Indonesia. Most workers did not expect, nor were they seriously expected by most people, to remain sexually continent while away from their families or wives. Quite a number of men patronized prostitutes in other major cities when away from home—or even those on the ferries, and his was not perceived as risk behavior. Unfortunately, it meant that the women of Banda, the majority of whom were sexually abstinent before

⁶Banda people use the term prostitute as does much of Indonesia (see (Jones and Hull, 1995)), 'sex worker' is little used outside major cities.

⁷Banda people use the term *bencong* while *waria* (*wanita/pria*—girl/boy) is used in capital cities.

marriage and faithful afterwards, were potentially at risk of HIV because they were poorly informed, feeling quite safe in their own continence while unable to discuss or negotiate protective practices with their partners.

4 After the conflict began—social changes

Refugees started to come to Banda, some passing through, some staying with family, some taking over the houses vacated by Christians. The Indonesian monetary crisis had started in 1997, and, in conjunction with the Malukan conflict, Banda had serious economic problems. Tourism, a major source of income directly or indirectly, had ceased and trade through Ambon was seriously prejudiced, both by the conflict itself and by the perception that Christian Ambonese would impede any Banda initiatives. The mail could take months to arrive as the main Ambon Post Office is in the Christian area, and when the phone broke down it was impossible to obtain the necessary parts from Ambon. The rice rations and salaries of government officials did not arrive as usual, supplies of oil for the diesel generator were not delivered, nor were necessary medicaments and supplies provided for the health center. There was hardship amongst the refugees and locals alike.

Also BBM (Buginese, Butonese, Makassarese) refugees from Ambon and other parts of Maluku brought their big city expectations and needs. Suddenly from 3–4 *becak* at the beginning of 1999, by the end of the year there were 30 *becak*, 3–4 *bemo* (minibuses) and 20 or more *ojek* (motor cycle taxis). Apart from the noise, (which the locals resented) the availability of transport allowed people to move around more freely—especially after dark. Very few refugees could obtain work so the young men 'hung out' on street corners or played pool in an old karaoke bar. There was a marked increase in crime, mostly theft, visible drunkenness and aggressive behavior with some domestic violence, which previously had not been an issue. Most of this is very understandable: men were bored and angry, women worried and anxious about car-

ing and catering for themselves and their families. At the same time sexual behaviors changed.

With the arrival of BRIMOB (Mobile Police Brigade) to keep the peace in April 1999, one could see a group of young women gathered outside their quarters each evening. Most of these women were locals. They gathered in the shadows then were summoned inside from time to time, where according to the *locum* doctor from Java (a regular visitor) they chatted or disappeared into bedrooms. They were not paid for their services as such, but given “presents.” Some women in daylight told me that they were “in love with the police and cried when they left”, but those whom I had met in the dark denied all knowledge of their activities.

At the same time, nightly, mixed groups of young people would be seen and heard on the streets, chatting, singing, generally enjoying themselves; sometimes being a nuisance with their noise and presence in the previously quiet streets. Big city ways had come to Banda. No longer could you roll up the streets at 9 p.m. and expect all family members to be home, indoors if not in beds.

Following the earlier opportunistic sexual encounters, regular prostitutes from other areas of Maluku became visible, though many locals were unaware for quite a while. In late October, 1999, I was introduced to two young girls from Dobo by a male French tourist who had met them through local friends. ‘Ani’ and ‘Noni’ described themselves as *saudara* (sisters or extended family) who were visiting a ‘relative’ and his daughter in a house backing on to my host’s bedroom. They seemed very young, with hair very short and dyed slightly red, tomboyish in appearance, and wearing jeans. Ani was 17 years old while Noni was 18. Ani had a regular boyfriend in Banda who accompanied her in the early evenings, but he was not her pimp. He had to pay for sex with her like anyone else, often asking for monetary help from the French tourist so that he could prevent her going with other men. One assignation was reputed to cost Rp30–40,000, which is more than a teacher’s daily income, and being unemployed, how could he provide the financial support the girls earned for themselves?

Both girls admitted that they sold sex for money (*cari uang*) but denied that they were prostitutes. Their reasoning was that they were not attached to a *lokalisasi* or other establishment and were working simply for themselves, being able to choose their clients. They had worked in this way previously, but had moved to Banda after violence had erupted in Dobo, in the Aru Islands of Maluku, when it was not safe to be on the streets at night. I was very much aware that Dobo has a large foreign fishing industry and HIV has been diagnosed in prostitutes there.

In Banda they usually plied their trade at night, close to the *pasar* (market), often outside a video games parlor in a very dark corner of my street. Sometimes, however, assignations might be set up during the day to be implemented later. Their assignations, usually only one or two a night, often took place in the surroundings of an old Dutch fort near the center of town. They would work alone or together depending on what the client(s) wanted. Older or married men often preferred to be alone and discreet, while young unattached men might wish to have company with whom they could boast later. Some young men desperately sought the necessary funds to experiment with this new opportunity while those who normally lived by the support of their families now sought casual work to pay for their assignations.

Ani's and Noni's profitable careers in Banda came to a very abrupt end. They lived up a little lane nearby in a very little house and apparently entertained young men at the house. It was suggested that their host was pimping there for the girls, or at least living off their immoral earnings although he denied it. Apparently, the girls' neighbors had, on a number of occasions, protested to their host after seeing many men going into the house at all hours and staying for a while, although the owner said that they "only talked". The neighbors greatly disapproved of overt 'prostitution' in their lane and of their neighbor for permitting it, if not encouraging it. Finally, during a power blackout on November 5, the neighbors loudly and forcefully expressed their disapproval by throwing rocks at the house. The noise was such that my host was

disturbed in his bedroom and phoned the police. This was the first that he heard of the local gossip, although their house was so close. The police took the girls away to another house of friends for their protection, advising them not to continue their occupation or they would be forced to leave the island. After the girls moved house, they rarely went out to face community disapproval and when they did, they went everywhere together, marching around very briskly (in contrast to their previous local dawdle) as if anxious not to linger in public gaze.

Community members sought to prosecute the girls for soliciting, prostitution under local laws, or adultery under national law, but no local man was willing to stand up as a prosecution witness because of his reputation within the community. One married Banda man did not want his marriage put at risk by admitting his 'sin' and the police would not prosecute on behalf of the community either, possibly because many of them were clients.

One week later the girls left on the ferry so no further action was required. Obviously their means of support was finished and they were identified so would be under suspicion from then on. So they moved on. Over the next year or so a number of other houses of assignation were set up, very quietly. While the moralistic locals sought to move the girls on, they certainly were well patronized and protected by the police, who of course received free sexual services in return for immunity from prosecution.

5 An ethical problem

Concomitant with my previous work I was confronted with an ethical problem. The police had filled in my HIV/AIDS knowledge questionnaire, courtesy of the police chief. Immediately afterwards, one young man accosted me for information, drawing me aside from his colleagues still milling about in the front office of the police station. He said that on the previous night, he had had sex with a *pendatang* (incomer) girl. "Could he catch HIV from her? How would he know? How could he tell if she were in-

fected?” After a little discussion he admitted that he had not been alone in this sexual encounter, he and a friend had a joint assignation with the two girls from Dobo. Although he knew they were prostitutes, neither he nor his friend had worn condoms because they thought the girls were “young, clean and healthy”. During the prolonged encounter, the two men had changed partners. We discussed his knowledge of HIV/AIDS and its modes of transmission, bringing out the fact that it is impossible to tell whether a person is infected with HIV except through a blood test, which is not available in Banda. He had not known to wear a condom for protection and did not think they were *enak* (nice) to wear, although he had never tried. He knew where he could obtain condoms should he want to. They would be available to him at the health center at no cost, particularly because he was a police officer.

I had been very strongly advised by religious personnel that I should not promote condom use for the HIV prevention or protection. What should I do, given this evidence of sexual activity with persons from an area of possible HIV prevalence? Should I ignore the problem or compromise my researcher status in the community? Ethically for me (as an erstwhile health professional) I had no choice: I had to promote the HIV prevention message, regardless of my researcher status.

Later, the officer indicated that he was married with one small child, his wife being pregnant with their second. I was more than glad I had promoted condom use. I did not know—who did?—just how many prostitutes from Eastern Indonesia were HIV infected, and man passes the disease to woman and then to unborn child.

6 Further community reactions

Following the discovery of the Dobo prostitutes (and other evidence of theft and drunkenness), a community meeting was called on November 27, 1999, in the Religious Foundation beside the central mosque in order to discuss “the declining morals of Bandanese youth”. Although I helped to prepare the letters of invita-

tion on computer, I was not invited and it was firmly stated that women attending were required to wear Muslim dress. The meeting discussed youth, prostitutes, drunks and fornicators, and made little useful progress, but did serve to warn refugees that the religious conservatism of some Bandanese would not tolerate open prostitution. Later, when covert sex work and other “bad” behavior continued, morals committees were set up in each of the villages on the main island, with members tasked to seek out transgressive behavior and counsel the perpetrators to cease and desist. If they were not Bandanese, they might be sent away from the island, despite their refugee status. Local transgressors would be publicly pilloried. This was probably no idle threat as after some thieves were arrested by the police they were paraded outside the police station, up on a wall in full view of the population. Around their necks they wore placards delineating their transgression. After about half an hour on display and following a harangue from the police chief, their heads were shaven. They were then escorted through all the villages on the island and put on show while their transgressions were announced to the gathered populace. It was an interesting and shaming spectacle. I do not know what formal legal punishment was meted out.

7 Other sexually transgressive behaviors and HIV risk factors

As I mentioned earlier, at the beginning of 1999 there was only one identified *bencong/waria* (male transvestite) in Banda, but during the course of the year, others appeared. At first, conforming to perceived community prejudice, they did not advertise their cross-dressing. When I arrived by ferry at the beginning of May, for example, three young men disembarked to visit family and friends. On the ferry they had been entertainers, dressed as women, but arriving in Banda they resumed masculine attire and reduced their cosmetics. By the end of 1999 there were at least five *waria* obvious in the streets. On the whole, those *bencong* who belonged to

Banda were pleasantly tolerated, foreigners were less so. One informant told me that he found it easier to meet and chat with an old school acquaintance when he was “out” rather than to tolerate his feminine behaviors as a boy at school, because then at least he now knew what place and identity this *bencong* had in local society.

This modest influx of transvestites increased the HIV risk factors. They provide sexual services to men, who often use them as an alternative to their wives or a relief from sexual frustration. They are reputed to provide sexual initiation for numbers of teenagers. Conveniently, the relationship is not seen as ‘sinful’ as premarital or extramarital sexual intercourse, as sexual intercourse is actually defined by law as vaginal penetration by penis. Nor is it perceived to be truly ‘homosexual’ because the *bencong/waria* is a ‘woman in a man’s body’.

8 Pornography

Pornography is not in itself an HIV risk factor, but its prevalence may indicate an increased, less covert, interest in sexual matters. At the beginning of 1999 there was only one video outlet in the main village and one video games parlor—one computer with a choice of 2–3 games. By the end of 1999, there were video outlets in all the villages of the main island, many of which only opened in the evening. Many rented out video porn to selected customers. The level of interest, particularly in teenagers, was very high, so much so that it rated a particular mention in an end of term exhortation by the school principal, who argued that the poor exam marks resulted from too much watching of video porn. During this year, the number of TVs and other home entertainment machines had increased tenfold throughout Neira island at least. This was partly because the BBM traders who used to go to Ambon were now looking for alternative trading outlets. The number of kerbside stalls and small shops in the main street had multiplied amazingly, as had the stock available.

9 Conclusion

Although Banda has been somewhat peripheral to the main theater of sectarian violence in Maluku, it has suffered many of the general effects of conflict. Many of its residents, both those who fled Banda and those who sought refuge there have been deprived of their homes and livelihood, if not their lives. They have all been deprived of social/essential services, adequate supplies and health services for varying periods of time. Increased numbers of residents many of whom were poorly housed, plus loss of income, increased food prices combined with poor supply, all lead to lower levels of nutrition and health which was inadequately monitored or treated because of staff and supply shortages. Whether these effects have been long term has not yet been determined. I hope this may be observed at a later visit.

The social fabric of Banda has been disrupted by the change of population leading to theft, public drunkenness, fighting and domestic violence. It has also introduced or revealed many unwelcome sexual practices or behaviors such as prostitution or transvestism. These behaviors increased the risk for HIV transmission. In conjunction with a dearth of adequate information about HIV/AIDS, sex information and preventative mechanisms leave the Banda community particularly vulnerable to HIV, especially since is complacent about the risks. Whether HIV has yet been introduced to this community cannot be assessed because there are no testing facilities and early symptoms may well be missed. The onset of AIDS is usually long delayed and may well be confused because the terminal diseases are opportunistic and often vary in type.

Over all we may see from this Banda example demonstrates that one does not need to be in the center of armed conflict to become particularly vulnerable to diseases such as HIV/AIDS. The United Nations General Assembly Special Session on AIDS (UNGASS, 201) recognized this global problem noting that “poverty, underdevelopment, armed conflicts, stigma and discrimination and

denial, gender inequality, access to medication” all contribute to the spread of HIV. All these factors were present in the Banda Islands during 1999–2001.

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