HIV, AIDS and gender issues in Indonesia: Implications for policy.
An application of complexity theory

by

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I did not think of enrolling in a doctoral programme until fairly recently. It was never an aim in my life, not because I did not want to specialise in the subjects I was most passionate about, but because I felt it was unrealistic in light of my various activities that demanded my physical presence on a day-to-day basis in Jakarta, the capital city of Indonesia, where I live. UNISA's distance learning programme solved the problem, as I was able to continue working while studying.

For a long time now, the HIV and AIDS epidemic has been a concern of mine in terms of its latent – but potentially devastating – impact on the Indonesian people. I was also bewildered by the feminist worldview that regards housewives as victims of gender inequality and that various social differences were considered as mainly rooted in gender inequality. My accidental encounter with complexity theory stirred something deep within me, telling me that such a theory would greatly assist in understanding many things that seemed unfathomable.

It was, therefore, with great enthusiasm that I embarked on this doctoral programme, although the journey was far from easy. A doctoral degree demands a high level of reflexivity and often kept me awake at night as I was trying to grasp the wild ideas that kept forming in my mind.

I must admit that I am proud to have completed this doctoral programme. I feel that it is an honour to my late grandfather, Professor Dr Sardjito, who did so much for this country and is said to have been the first Indonesian to obtain a PhD degree in the early 1900s.

First of all, I would like to thank Professor Du Plessis for always urging me to move beyond my perceived limits of epistemic abilities. She knew that if I kept digging deeper, I would tap into unexplored realms of wisdom and come up with rational explanations of the phenomena I was dealing with. The fact that she was

My wish is that by way of the expertise I have acquired in this doctoral study, I will be able to share my knowledge meaningfully, not only with the scientific community but also with the AIDS community in Indonesia, in the hope that the HIV epidemic will soon be brought under control so that Indonesia will finally be on its way to "getting to zero". However, I must always bear in mind Daniel J. Boorstin's (1983) wise words that the illusion of knowledge is the greatest enemy of knowledge.

DECLARATION

I, Alita P. Damar, declare that "HIV, AIDS and gender issues in Indonesia: implications for policy. An application of complexity theory" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.

Jakarta, July 17, 2014.

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SUMMARY

The aim of the study was to offer solutions for the enhancement of Indonesia's HIV and AIDS policy and to suggest future possibilities. In the process, the gendered nature of the epidemic was explored. In light of the relatively lower rates of employment among Indonesian women, this study also sought to gain insights into the possible reasons for many women appearing to be attached to domesticity.

In the first phase of the study, interviews with stakeholders in HIV and AIDS prevention were conducted, followed by a Delphi exercise involving 23 HIV and AIDS experts. In the second phase, 28 women from various ethnicities were interviewed, including those in polygamous and contract marriages. The overall results were interpreted through the lens of complexity theory.

Fewer than half of the proposed objectives were approved by the experts in the Delphi round. These were interventions mainly aimed at the risk groups while most objectives relating to education about HIV and AIDS and safer sex for the general public failed to obtain consensus. Reasons for the lack of consensus were differences in perceptions associated with human rights, moral reasoning, the unfeasibility of certain statements and personal conviction about the control of the epidemic.

Emphasis on men's and women's innate characteristics; men's role as breadwinner; women's primary role as wife, mother and educator of their children; and unplanned pregnancies emerged as major themes from the qualitative phase. While the a*dat* and Islam revival movements may have endorsed the ideals of the New Order state ideology, Javanese rituals regarded as violating Islam teachings were abandoned. Ignorance about safer sex and HIV and AIDS was also established.

Interpretation of the results through the lens of complexity theory revealed that the national HIV and AIDS policy needs to encompass interventions for the general population, which would include comprehensive sex education in schools and media campaigns focusing on women. It was found that women's vulnerability to HIV and their penchant for domesticity appear to be associated with their perceived primary role as wife and mother, as promoted by the *adat*-based New Order state ideology.

Keywords: Indonesia, HIV and AIDS, New Order state ideology, gender, *adat*, Islam, *Sharia,* Delphi, complexity theory, polygamy, contract marriage, social norms.

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Adat	Refers to custom or tradition
ADB	Asian Development Bank
AGGRT	Australian Government Refugee Review Tribunal
AHP	Analytical Hierarchy Process
AI	Amnesty International
AIDS	Acquired Immune-Deficiency Syndrome
aids-ina	An Indonesian (national) online AIDS discussion group
AMFAR	American Foundation for AIDS Research
APN+	Asia Pacific Network of People living with HIV/AIDS
ANC	Antenatal care
Arisan	Social gathering where members contribute and take turns lottery-style to win what is at stake
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
ASEAN	Association of South-east Asian Nations
AusAID	Australian Agency for International Development
Aurat	Parts of the body that are not to be shown in public
BKKBN	Indonesian acronym for the National Family Planning Coordination Board (Badan Koordinasi Keluarga Berencana Nasional)
BRD	Basic Research Design
Bundo Kanduang	In Minang, this means "her house is her palace". A mother symbolises the resident and ornament of her palace, a place where her family can come to lament
Cadar	A cloth that covers women's faces as part of the veil, leaving only their eyes exposed
CAS	Complex adaptive systems
CAS	Certificate of Advanced Studies (academic title)
CBO	Community-based organisation

CDC   Centre for Communicable Disease Control

CD4   The host cells that aid HIV in replication

CHAI   Clinton HIV and AIDS Initiative

CHTC   Couples HIV Testing and Counselling

CIA   Central Intelligence Agency

CRF   Constitutional Rights Foundation

CS   Complex system

CST   Care, support and treatment

DDS   Doctor of Dental Surgery

DIY   Acronym for Daerah Istimewa Yogyakarta (Special Province of
                Yogyakarta)

DLWD   Department of Labour and Workforce Development

Dr   Abbreviation for Doctor of Philosophy

Dr   Abbreviation for MD (Medical Doctor)

Dra   Indonesian academic title for Bachelor of Arts

DrPH   Doctor of Public Health

Dukun   Shamans or traditional healers

EBM   Evidence-based Medicine

EBPP   Evidence-based Policy and Practice

Ed.M   Indonesian academic title for Master of Education

FIGO   International Federation of Gynecology and Obstetrics

FSW   Female Sex Worker

GCDP   Global Commission on Drug Policy

GDP   Gross domestic product

GFATM   The Global Fund to fight AIDS, Tuberculosis and Malaria

HAART   Highly active antiretroviral therapy

Hadiths   *A* collection of alleged rituals and oral traditions of the Prophet
                Mohammed

Harta pusaka rendah   Refers to lower inheritance or wealth in Minang that has
                been acquired by the parents which may be passed down to girls as
                well as to boys

Harta pusaka tinggi Refers to higher inheritance or family wealth in Minang which

	may only be passed down to girls
HCPI	HIV Cooperation Programme for Indonesia
HIR	Health and Interpersonal Relations
HIV	Human Immunodeficiency Virus
HMW	Hotline for Migrant Workers
HRM	High-risk Men
HRT	Hormone Replacement Therapy
HRW	Human Rights Watch
HSB	Health-seeking behaviour
IAC	Indonesia AIDS Coalition
IBBS	Integrated Bio-Behavioural Surveillance
ICC	Indonesian Constitutional Court
IDHS	Indonesian Demographic and Health Survey
IDU	Injecting drug user
ILO	International Labour Organisation
IMOE	Indonesian Ministry of Education
IMOH	Indonesian Ministry of Health
INAC	Indonesian National AIDS Commission
IPF	Indonesian Partnership Fund for AIDS
IPW	Intellectual Property Watch
Istighfar	To plead to God that no human weakness shall be manifested
ITGLWF	International Textile, Garment and Leather Workers' Federation
JICA	Japan International Cooperation Agency
Jihad	Struggle in the way of Allah
Jilbab	Head scarf
Jodoh	*A* pre-determined soul mate
Jpnn.com	Jawa Pos National Network
Kejawen	The Javanese culture which is the most dominant in Indonesia
Keris	A prized asymmetrical dagger
Khalwat	Refers to unmarried couple in close proximity which is a crime under the *Sharia* law, with caning as punishment
Kijing	An external shell attached to a grave

Kodrat	Refers to men's and women's innate characteristics that are fixed and cannot be changed
KPK	Indonesian acronym for Indonesian Commission for Corruption Eradication (Komisi Penanggulangan Korupsi)
Krama	Refers to the formal Javanese used in family relations
LII	Living in Indonesia
MA	Master of Arts
Madya	Speech styles or language "levels" in the Javanese language to express and indicate the nature of the relationship between the speaker and his dialogue counterpart
Mahram	Non-marriageable men
Marga	A Batak family name
MARP	Most at-risk population
MDG	Millennium Development Goals
M&E	Monitoring and evaluation
M.epid	Indonesian academic title for Master of Epidemiology
MH Comm	Indonesian academic title for Master of Health Communication
MMT	Methadone Maintenance Therapy
MPH	Master of Public Health
Mr	An abbreviation of the word "Master"
MRI	Magnetic Resonance Imagery
Ms	Refers to a woman regardless of marital status
MSc	Master of Science
M.Si	Indonesian academic title for Master of Science
MSM	Men who have sex with men
Musrik	Practicing idolatry or polytheism
Mut'a	Contract marriage
n.d.	No date
NEP	Needle Exchange Programmes
NGO	Non-governmental organisation
Ngoko	Refers to the informal version of the Javanese language
NHS	National Health Service

Ninik mamak	Refers to the people in Minang who are responsible for the wellbeing of the members of their tribe
Niqab	A cloth that covers women's faces as part of a veil, leaving only their eyes exposed
Non-mahram	Refers to men or women with whom an Islamic adult person can marry
OBG	Oxford Business Group
Ojek	Transport for paying customers on a motorcycle
Pengajian	The study of the Koran
PEPFAR	President's Emergency Plan for AIDS Relief
PhD	Doctor of Philosophy
PITC	Provider-Initiated Testing and Counselling
PKK	Indonesian acronym for Family Welfare Programme
PKS	Indonesian acronym for one of Indonesia's political parties, Partai Keadilan Sosial (Social Justice Party)
PMTCT	Prevention of Mother to Child Transmission
Posyandu	Indonesian acronym for community healthcare post
Priyayi	Strand which symbolises the ideal image of the Javanese
Prof	Professor
Puskesmas	Health community centres
RCT	Randomised Controlled Trials
Rp.	Short for Rupiah which is the Indonesian currency
Ruwatan	Refers to a Javanese ritual where people pray for a certain person or item, by giving them a bath of flower water usually the night before the first of *Suro* (name of a month in the Javanese calendar)
SACS	Sociology And Complexity Science
Salafi	A purist movement mainly inspired by the Saudi style of Islam
SEARO	South-east Asian Regional Organisation
Shalehah	To be modest, pious, and obedient to Allah
Sharia	Islamic law
SIGI	Social Institutions & Gender Index
SJSN	Indonesian acronym for national social security system (Sistem

SKM	Indonesian academic title for Master of Public Health
SP	Suara Pembaruan (an Indonesian mass media)
SpPD	Indonesian academic title for Master of Internal Medicine
SRA	Social Research Association
S.Si	Indonesian academic title for Bachelor of Science
S.Sos	Indonesian academic title for Bachelor of Social Sciences
STI	Sexually transmitted infection
SUFA	Strategic Use of ARV
Ta'aruf	To make someone's acquaintance with the aim to seek a life partner
Tata karma	Personal conduct or behaviour according to an accepted Javanese standard of appropriateness
Tedak siten	A Javanese ritual that takes place when a child is 8 months old with the aim to make him/her an independent individual
TG	Transgender
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific, and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
Ustadz	Islam teacher
US$	United States Dollars
VCT	Voluntary Counselling and Testing
WALHI	Indonesian acronym for Indonesian Forum for Environment (Wahana Lingkungan Hidup Indonesia)
Waria	Transgendered people (it is an Indonesian term for males who typically live as women and take men as lovers)
WHO	World Health Organisation
WPS	World Population Statistics
WTO	World Trade Organisation
3Cs	Refers to Confidentiality, Counselling and Consent

CHAPTER 1: SITUATING THE RESEARCH PROBLEM

1.1   INTRODUCTION

Following the collapse of the New Order regime in Indonesia after the downfall in 1998 of the country's second president, authoritarian General Soeharto, a political shift to a democratic and decentralised government occurred. This transition took place amid globalisation, accompanied by a revival of *adat*[1] and Islam among the diverse ethnic groups of the archipelago, engendering waves of cultural transformations. Although associated with various social problems, including health care, the democratisation process has produced new freedoms. Among such freedoms was a substantial expansion of the public space where numerous debates, often contentious and divisive, play out, largely facilitated by greater freedom of speech. While debates vary and competing paradigms transpire, the central theme revolves around the question of what an "ideal" democratic Indonesian society should be. In reinventing a new national identity, perceived Western values are typically opposed to those of the East, while morality and a sense of social justice prevail and largely determine the path of the argument. Among the most contentious issues are those associated with corruption, gender, and sexuality. Interestingly, in contrast to issues of gender inequality which are often brought to the fore by various feminists, the fact that women, as a group, have been neglected in terms of HIV and AIDS policy has remained invisible, whereas women in Indonesia constitute at present the group most vulnerable to HIV infection.

This study is concerned with HIV and AIDS in Indonesia, where the epidemic has progressed from a phase in which transmissions were mainly fuelled by injecting drug use (IDU) to one in which rates of heterosexual transmissions are increasing rapidly and have overtaken those through IDU. Such a development has rendered women particularly vulnerable to HIV infection, whereas no specific intervention for

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[1] Referring to custom or tradition, see further on in the thesis

women as a separate group currently exists. The aim of this study is to offer solutions for the enhancement of the current national HIV and AIDS policy in the evolutionary context of a concentrated epidemic and to suggest future possibilities. Furthermore, given the relatively low rates in Indonesian women's participation in the labour force as opposed to those in some other South-east Asian countries, this study seeks to gain insights into the possible reasons for many women in this country appearing keen on being domestic carers rather than active participants in the public sphere.

Indonesia is a lower middle-income country with a population of 242,3 million in 2013, which represents an increase of about 2 per cent compared to the end of 2010 (World Population Statistics [WPS] 2013) when the population was estimated in excess of 237 million (Statistics Indonesia 2010c). In terms of HIV and AIDS, Indonesia hardly ever made international news as HIV prevalence rates among the age group of 15 to 49 years were relatively low at 0,27 per cent in 2011 (Indonesian National AIDS Commission [INAC] 2012:1). Yet, the epidemic is among the fastest spreading in Asia (INAC 2009a) and is now referred to as one of the "emerging" epidemics in Asia and the Pacific (UNAIDS 2013), partly owing to the fact that heterosexual transmissions have overtaken infection rates through IDU (Japan International Cooperation Agency [JICA] 2011). While the age group most affected by HIV and AIDS includes young people between the ages of 20 and 29 years followed by people between 30 and 39 years of age (Indonesian Ministry of Health [IMOH] 2011c), an increasing number of married women has become infected with HIV. Married women now constitute one of the largest groups of people living with AIDS and rank second in terms of new HIV infections in many provinces, including Jakarta, as reported by the online media *Suara Pembaruan* (SP 2011). Women, moreover, are more affected by the HIV and AIDS stigma. For example, according to the *Asia Pacific Network of People Living with HIV/AIDS* (APN+ n.d.), women were found to be twice more likely than men to experience discrimination by health workers.

In 2010, an estimated 200 000 to 460 000 people were living with HIV in

Indonesia. By the end of 2012, a total of 143 889 cases of HIV and AIDS was documented, out of which 8 235 died (IMOH 2012). These figures might not reflect the true state of the epidemic considering the lack of reliable data and the fact that Indonesia has fallen short in scaling-up HIV testing. By 2010, fewer than 500 000 Indonesians had gone through the 357 Voluntary Counselling and Testing (VCT) sites in the country (IMOH 2010b). This means less than 0,2 per cent of the total population had been tested by 2010.

Already in 2008, a report by the *Commission on AIDS in Asia* warned that many women, who were unlikely to be regarded as at risk because they only had sex with their husbands, were vulnerable to HIV transmissions (UNAIDS 2008). Three reasons were offered, that is, men bought unprotected sex, shared contaminated needles/syringes and had unprotected sex with other men (UNAIDS 2008). This explains why Indonesia is now faced with a fourth risk factor, specifically unsafe sex among married couples. The media has been reporting on the increasing number of new HIV infections among married women who are said to have been infected by their husbands (Sagita 2010; Maryono 2012; Rohmah 2012; kompas.com 2012). It is a distressing fact that many women must wait until they become pregnant or develop AIDS-related diseases to find out that they have been infected with HIV.

Interventions among IDUs appear to have yielded positive results as HIV prevalence among this group has decreased from 52 per cent in 2007 to 41 per cent in 2011 (IMOH 2011a). Still, the question remains whether such interventions have reached most of the IDU population as well as the ex-IDUs. Damar (2008) found that men were not always honest with their partners about their current or past drug abuses and often only admitted to it when they had no choice or when it was too late. As far as men who have sex with men (MSM) are concerned, HIV prevalence rates have also decreased among transgender women (locally known as *Waria*) from 24 per cent in 2007 to 22 per cent in 2011, while among homosexuals rates have increased from 5 per cent in 2007 to 8 per cent in 2011 (IMOH 2011a).

While new HIV transmissions have doubled over the past five years from 2005 to 2010, married women cumulatively constitute 41,4 per cent of all women living with HIV (IMOH 2011a). Female sex workers (FSWs) are now placed at the top of so-called "vertical" sexual HIV transmissions among the risk groups, but questions are seldom asked about how these women acquired HIV in the first place (Damar 2011). The latest statistics show that HIV prevalence rates among sex workers have remained stable at 10 per cent while among clients of sex workers – typically called "high-risk men" – such rates have increased to 1 per cent from 0,1 per cent in 2007 (IMOH 2011a). In the words of the newly appointed Minister of Health, Indonesia's epidemic is driven by the four Ms: *Macho men with money and mobility* (Butler 2012).

Underprivileged, young Indonesian women often enter commercial sex work[2] after a failed teenage marriage (Butler 2012). The *Marriage Law* (*Number 1 of 1974* according to the Indonesian Ministry of Education (IMOE n.d.(a).) allows women as young as 16 years of age to marry. Despite its contradiction with the *Law on Child Protection* (*Number 23 of 2002* according to Hukumonline (n.d.(a).) in which a child is defined as "*one who is below the age of 18*", the *Marriage Law* has not been amended. The *Indonesian Criminal Code* does not ban sex workers, but contains clauses prohibiting activities surrounding commercial sex work. For example, under Chapter XVI of the *Criminal Code* entitled "*Crime against morality",* a number of punitive clauses on human trafficking, pimping and buying sex are stipulated (United Nations Office on Drugs and Crime [UNODC] n.d.:70-75). It is, however, FSWs who are most frequently arrested following random raids by local police, typically on charges of public order disturbances which call for a maximum three-day jail sentence or a small fine[3].

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[2] While all prostitutes are sex workers, not all sex workers are prostitutes. Sex work may therefore include working in the porn industry, exotic dancers, telephone sex workers, webcam models, call boys and call girls and escorts.
[3] Discussions on commercial sex work took place for several days mid-December 2011 at *aids-ina*. The above information was written in an internal paper issued by PKBI, an NGO acting currently as Principal Recipient for the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), a copy of which was sent to the researcher by email.

Although sex workers are not explicitly illegal in Indonesia where nearly 90 per cent of the population are Muslim (Wolfowitz 2009), commercial sex work is widely regarded as immoral. This view was clearly demonstrated in a recent poll conducted in the country's 33 provinces, which revealed that 80 per cent of the public are in favour of a *Bill on Immorality* aimed at banning alcoholic beverage distribution, gambling and commercial sex work (Asia Finest 2006). This stance on commercial sex work may have set the stage for renewed attacks by conservative groups on condom distribution promotions which they consider as sanctioning promiscuity. Recently, the newly appointed Minister of Health, who is the former Secretary of the National AIDS Commission, made national headlines when she announced that she was launching a campaign in favour of condom distribution (Haryadi 2012). There were allegations that condoms were also to be distributed in schools. The *Council of Ulemas* reacted immediately by calling the minister's proposal "immoral and unacceptable" because, it argued, such campaigns would encourage extramarital and premarital sex (Haryadi 2012). As noted by Lyn and Wulandari (2011), Indonesia must now deal with a population largely ignorant about HIV and AIDS and conservative leaders opposed to a critical intervention. The lack of condom promotions, according to Lyn and Wulandari (2011), is due to *"a government afraid of conservative leaders"*. Condom promotions, therefore, are now limited to brothels.

It may be the case, however, that the problem lies in the way condom use was promoted, rather than condom use itself. Indonesia being an Eastern country with its implied "Eastern" cultural values (Ahmad 1998), it is somewhat understandable that sex and sexuality are topics that are shrouded in taboo and silence (e.g. Jacubowski 2008 or INAC 2007). Western-style public health care messages, therefore, may not be the best method to promote behaviour change, given that too much emphasis on condom use and the often explicit message that "safe sex" is to take precedence over moral considerations, may be regarded as offensive to Indonesia's culture. As Allen and Heald (2004) show in their study, the promotion of "family values" in Uganda, rather than condom use, appears to have

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significantly impacted on behavioural change, as exemplified by a lower prevalence in casual sex, leading eventually to a decline of the epidemic. Consequently, what happened in Uganda illustrates the point that behaviour change may result from something other than health education alone, as it belies common assertions, for political purposes, on the importance of condom use in global HIV control (Allen & Heald 2004). It is, therefore, argued that *"change is facilitated when information is linked to procedures of compliance"* (Allen & Heald 2004:1152) which, in Uganda's case, was assisted by an increased awareness of the disease, leading to less resistance to formal public health care messages (Allen & Heald 2004).

Furthermore, many studies have highlighted the link between poverty and HIV and AIDS, which in turn led to a number of studies on the relationship between social inequalities and neoliberalism. Nauta (2010), for example, examining the connection between neoliberalism and HIV and AIDS in sub-Saharan Africa, points out that the onset of the HIV and AIDS epidemic coincided with the emergence of neoliberalism as a dominant force in economic and development thinking. In Haiti, considering the large-scale social and economic structures in which HIV, AIDS and tuberculosis persist, social inequalities are embodied as differential risks for infection and for adverse outcomes including death among those already infected (Farmer 2004). The social determinants of health[4] have thus gained worldwide recognition as essential factors contributing to the perpetuity of various epidemics, including HIV and AIDS. Despite this, few researchers have looked far beyond the limited success of Indonesia's HIV and AIDS interventions or at how to overcome barriers to successful HIV and AIDS responses. This implies that factors at the level of policy and at the level of social roles and institutions that contribute to HIV and AIDS have been neglected in

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[4] This thinking is coherent with complexity theory which postulates that an important property of nonlinear systems is the frequent occurrence of self-reinforcing feedback processes. Therefore, small changes may have dramatic effects because they may be amplified repeatedly by self-reinforcing feedback processes (Capra 1996:123-124). Complexity science is known as *Complex Adaptive Systems* (CAS) (Zimmerman *et al* 1998), which generates the sudden emergence of new forms of order that are characteristic of self-organisation - thereby implying that new forms of order may be better - or worse - in comparison with the previous ones from which they have emerged.

research in Indonesia.

In the face of imminent budget cuts by international donors, many leaders in developing countries must find alternative financing, mainly from domestic sources which, as far as Indonesia is concerned, have until recently barely covered half the required amount (INAC 2010). Ironically, while it is widely believed that the central government and regional ones are able to act more rapidly and more generously in allocating funds for the control of epidemics, in Indonesia the role of these tiers of government in addressing HIV and AIDS has not been recognised as such, mainly because HIV and AIDS are not considered an epidemic.

At the same time, Indonesia is grappling with rampant corruption arising from Soeharto's "crony capitalism" which is blamed for the wide socioeconomic gaps currently affecting the population (Komisi Pemberatasan Korupsi [KPK] 2006). However, the fact that Indonesia's richest citizens represent less than one hundredth of one per cent of the population with a total wealth equal to 25 per cent of the country's Gross Domestic Product (GDP) continues to escape public scrutiny (Winters 2011). A handful of powerful businessmen and political elites, who are legacies of the New Order regime, hold the tip of Indonesia's political, social, and economic power (Winters 2011). Current reform movements, therefore, reflect a fierce battle between this powerful coalition keen on maintaining the *status quo* and civil society which wishes to bring about change for a more equitable society (Winters 2011).

Social inequality in Indonesia is shown in its demographic indicators. Indonesia is struggling to bring down its maternal mortality rate which was the highest among Asian countries, with 228 deaths per 100 000 live births in 2007 (Indonesian Demographic Health Survey [IDHS] 2007). While the literacy rate is high, that is, 92 per cent according to the World Bank (2008), among the illiterate, 64 per cent are women and 36 per cent are men. Women are increasingly better educated although still lagging behind men. The percentage of women who have attended some secondary education increased from 38 per cent in 2002 to 2003 to 46 per

cent in 2007, while women aged between 25 and 49 years are also waiting longer to have their first birth, from 21 years in 2002 to 2003 to 21,5 in 2007 (IDHS 2007).

Globalisation as a worldwide movement toward economic integration usually implies that individual countries have to rely increasingly on an integrated world economy (e.g. Ingham 2005). While globalisation as a term gained currency in the 1990s, there is compelling evidence that such a process actually started in the 1490s and that a very big globalisation bang took place in the 1820s (O'Rourke & Williamson 2002). As regards modern globalisation, optimists argue in favour of trade with developing countries as having the potential for keeping American inflation low (O'Rourke & Williamson 2002).

Pessimists, on the other hand, argue that a "global trap" resulting from globalisation would increase inequality and work to the disadvantage of the state for dealing with pressing social problems (O'Rourke & Williamson 2002). The contemporary globalisation, upon which both optimists and pessimists agree as being unprecedented (O'Rourke & Williamson 2002), has brought about many changes in Indonesia. These changes, however, have been to a large extent negative. Consequently, one critical question that has emerged is whether the pessimists were right about the impact of globalisation on inequality and the state's ability to grapple with social problems.

As multinational companies began investing in Indonesia in the 1970s, women quickly became a prime workforce and a source of cheap labour in manufacturing businesses (Ahmad 1998). While large corporations gain increased profits in great part owing to globalisation, which saw the GDP *per capita* propelled to a high of US$ 2 946 in 2010 (World Bank 2012a) and an average annual growth of 6 per cent even as the rest of the industrialised world is faced with recession (Butler 2012), many Indonesians experience escalating poverty, magnified by the Asian financial crisis in 1997 (Said & Widyanti 2001).

Currently, more than 13 per cent of the Indonesian population lives below the

poverty line and 49 per cent of the population lives on a daily income of less than US$ 2 (World Bank 2012c; Millennium Development Goals [MDG] 2007). While reliance on competitive exports forces labour wages to be kept as low as possible, much traditional work has been replaced by mechanisation, thereby impacting negatively on individuals' initiatives to earn supplementary income (Ingham 2005). This implies that many women are driven to find paid work outside their homes, as many households are no longer able to make ends meet with only one income (Ingham 2005).

According to Drake and Owen (1998:84), there has been more than a three-fold increase in women's participation in the paid work over a span of some 25 years, that is, from 12.5 million in 1971 to 38,4 million in 1995. Between 1980 and 1990, a sweeping 73 per cent increase occurred in the number of women working in manufacturing businesses (Drake & Owen 1998). Young women in urban areas found jobs in various industries such as textiles, electronics and food, as well as cigarette manufacturing, while large numbers of female workers were employed in the agricultural sector (Drake & Owen 1998).

Statistical data, interestingly, reveal that rates of women's employment have actually increased by a mere 7 per cent since 1980, that is, from 44 per cent in 1980 to 51 per cent in 2012 (Horgan 2001; World Bank 2013). This suggests that rates of female participation in the labour force began to stabilise in the 1990s. The World Bank statistics reveal that rates in women's employment have been relatively steady at around 50 per cent since 1990, although there have been slight fluctuations between that year and 2012, reaching as low as 48 per cent in 1992 (World Bank 2013). For the first time in 1994, such rates went up to 51 per cent, then decreased to 49 per cent in 1997 and 2002, but have remained stable at 51 per cent since 2007 (World Bank 2013).

It is thus interesting to note that the post-Soeharto era has not brought about a surge in women's labour participation, contrary to what would have been expected from a democratic society. However, if the post-Soeharto era is one which proffers

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"new freedoms", it may well be the case that women in Indonesia have seized the opportunity to choose between domesticity and the public sphere and are currently enacting what they perceive as women's ideal role in the family and in society. While globalisation may have largely contributed to increased rates in women's employment in the 1970s and 1908s, at present, such rates lag behind those in some South-east Asian countries such as Vietnam, Myanmar and Cambodia, where female labour participation rates were 73, 75 and 79 per cent respectively in 2012 (World Bank 2013).

For comparison's sake, rates of female participation in the work force among developed countries are not as high as one might expect or imagine, that is, 57 per cent in the USA and 56 per cent in the United Kingdom in 2012 (World Bank 2013). It is, therefore, curious that as far as women's participation in the public sphere is concerned, discussions on gender inequality typically link with societal practices in the Third World that are consistently presumed to be discriminating against women.

It may be worth considering whether the concept of "gender equality" or – more specifically – *feminist* interpretation of gender equality may be part of *cultural imperialism*, since authors such as Adamson (2007) and Harding (2008) suggest that the idea was articulated by some Indonesians although not in those specific terms. Cultural imperialism, according to Demont-Heinrich (2011), refers to a global situation in which smaller cultures (local, national, and regional) and actors are dominated by powerful Western industries and actors, in particular the USA. To a great extent, this domination is rooted in fundamental historical inequalities which led to the concentration of political and economic power in the West, most particularly the USA (Demont-Heinrich 2011).

Cultural imperialism emerged in the late 1960s and 1970s in the context of global cultural production consumption, in part as a response to modernisation and, in another part, to neoliberalism (Fejes 1981 as cited in Demont-Heinrich 2011). While cultural imperialism is generally concerned with unequal cultural flows

between developed and developing countries, it is also associated with inequalities in cultural flow among developed countries (Demont-Heinrich 2011). A recent development reveals that unequal cultural flow may also occur among Asian countries. Domestic television programmes and films have been distributed on a large scale by the Korean audio-visual industry, while imports from the USA have been reduced (Yong Jin 2007). This suggests the arrival of *cultural pluralisms* in Korea which is emphasised by the reverse or counter-cultural imperialism (Yong Jin 2007). This phenomenon is often referred to as *globalisation of culture.*

As opposed to cultural imperialism, which focuses on cultural domination and the power of cultural producers to impose their ideology on others, globalisation of culture is concerned with cultural resistance and cultural consumption and the power of people to *"read, appropriate, and use"* (Demont-Heinrich 2011:4) cultural products creatively and heterogeneously. Globalisation has in fact three facets: namely, economic, political and cultural (Movius 2010). Cultural globalisation is often associated with the role of media and communications (Movius 2010), without which it is said that there is practically no globalisation (Rantanen 2005 as cited in Movius 2010). As globalisation led to a notion of a single world society: namely, a global society, the implied homogenisation has led to debates on whether globalisation will result in homogenisation or heterogenisation of culture (Movius 2010).

In the opinion of Movius (2010), the answer is that culture, for the most part, is not becoming increasingly homogenous. This is due to the cultural contexts associated with audience reception, which make for a heterogeneity in reception, as different ethnic groups bring their own values and judgment to what they receive (Movius 2010). This brings to the fore the necessity to examine how gender equality is conceived among women in Indonesia, in particular how they understand their role in the family and in society. In the event that gender equality, as understood here, does not correspond to feminist interpretations of such a concept, would there be a consensus to call such a phenomenon "globalisation of

culture"? Or would women continue to be considered victims of gender inequality?

The major influx of Indonesian women into the labour force since the 1970s is by all means remarkable, but there are ample reports about abuses against the rights of women workers. This is most pronounced in the manufacturing sector where women typically constitute 90 per cent of the workforce in sportswear factories and are submitted to long hours, low wages and short-term and temporary employment contracts[5] with few benefits (Morey 2000; International Textile Garment & Leather Workers Federation [ITGLWF] 2011). In recent years, however, discussions about abuses relating to the labour force mainly concern those that occur abroad to Indonesian domestic workers, mostly women or girls. Abuses are generally perpetrated by employers, for example, in Hong Kong (Banu 2014), while in Saudi Arabia, some 40 Indonesian women face possible death sentences on various charges which they claim were committed in retaliation against long-term abuse or exploitation by their employers (Brown 2014). Thus far, domestic workers have remained legally unprotected in Indonesia (International Labour Organisation [ILO] 2006).

In the above background to Indonesia, intersections between gender, socio-economic status and health were discussed. It is clear that women are at a disadvantage. However, the researcher wishes to avoid a women-as-victims discourse that presents women's oppression as victimhood. Instead, she is drawn to the possibilities offered by complexity theory to understand national HIV and AIDS issues in terms of distal and proximal factors that may have contributed to women's vulnerability to HIV infection. By using the lens of complexity theory, the researcher also gained valuable insights into the possible reasons for women in Indonesia appearing keen on being domestic carers.

Following the above introduction to the research problem, this chapter describes in detail the background to the problem, the central thesis statement and the goals of

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[5] Between 2006 and 2011, up to a quarter of women were hired on temporary contract basis in exporting companies compared with 10 per cent for men (World Bank 2012b).

the research, as well as the rationale behind the study. The central research question, objectives, and chosen approach are then presented, followed by the definition of key concepts and the structure of the thesis, leading to the conclusion of this chapter.

1.2   BACKGROUND TO THE PROBLEM

While Indonesia has been implementing various HIV and AIDS strategies for many years under the auspices of the National AIDS Commission established in 2006 through *Presidential Decree No. 75 of 2006* (Presidenri.go.id n.d.) in cooperation with the Ministry of Health, the HIV and AIDS epidemics have not been brought under control. In fact, significant increases in new HIV infections have been observed year after year. To understand why the HIV and AIDS epidemics continue to escalate, various factors underlying the problem need to be brought to light. Below, these factors are described in detail, followed by a brief overview of gender issues in Indonesia.

1.2.1   Factors related to the limited success of HIV and AIDS interventions in Indonesia

International funding cuts arising from the global economic recession threaten the future of HIV and AIDS programmes across the world, including in Indonesia. Furthermore, at a time when donors' future policies will take into account individual countries' economic status based on their gross national income to determine their eligibility as funding beneficiaries, and when past and current efforts strongly resonate with inadequacy in controlling the epidemic, a researcher is pushed to ask complex questions to solve complex problems. The various factors underlying the limited success of Indonesia's HIV and AIDS interventions need to be identified, as these may be significant contributors to the mounting epidemic. Country-specific strategies need to be formulated, accounting for "unique local conditions" (Stacey 1992 as cited in Glouberman & Zimmerman 2002). Four

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issues related to HIV and AIDS were to receive particular attention for their fit into the Indonesian context: namely,

    (1) The 3Cs and its effect on encouraging VCT uptake

    (2) How the epidemic is classified

    (3) Western pharmaceutical companies' commercial interest manifested in patent regulations and local manufacturers' incoherent price policy

    (4) Dualism in the implementation of the national HIV and AIDS policy. These four issues are discussed in greater detail below

1.2.1.1   *Confidentiality, counselling, consent, and the influence on VCT uptake*

On the international front, it is particularly interesting to take note of the circumstances under which the conditions known as "3Cs" (Confidentiality, Counselling and Consent) were formulated and continue to be the underpinning principles of HIV testing procedures for individuals at public health care facilities. The 3Cs were created by the Joint United Nations Programme on HIV and AIDS (UNAIDS) in 1985 (UNAIDS n.d.) when HIV and AIDS were largely seen as fatal diseases. Since the advent of *antiretroviral* (ARV) drugs, and their subsequent availability in many places around the world, people living with HIV are increasingly able to enjoy a long, healthy life.

The status of HIV and AIDS has thus changed from an acute (and deadly) disease to a chronic (but communicable) disease (Beaudin 1996). HIV remains the *only disease* in the world that requires counselling to be part of its testing procedures. The support for comprehensive counselling, informed consent and confidentiality is based on the possibility that people living with HIV would be exposed to adverse effects, including severe stigma, discrimination, divorce or violence (Hardon, Vernooij, Bongololo-Mbera, Cherutich, Desclaux, Kyaddondo, Ky-Zerbo, Neuman, Wanyenz & Obermeyer 2012). There is no empirical evidence that counselling is effective in scaling-up HIV testing.

In 2007, the Indonesian government introduced *Provider-Initiated Testing and Counselling* (PITC) especially at antenatal care (ANC) centres (Sutriani 2009). Sutriani (2009) argues that the simplified pre-test counselling in PITC may not significantly contribute to increased HIV testing because patients' access to information may be limited, while ample information is necessary to make informed decisions. Frith (2005), however, claims that a patient's autonomy may be compromised by an emphasis on pre-test counselling as a prerequisite for testing; whereas patient autonomy is the core principle that informed consent seeks to promote. So far, the number of people having accessed HIV testing in Indonesia has remained low, despite the availability of VCT and PITC services.

Current statistics do not indicate whether more men than women have been tested in Indonesia, but almost twice as many men than women are known to be HIV-positive (IMOH 2012). In any case, one can reasonably assume that if HIV testing is part of routine testing for pregnant women, many mother-to-child HIV transmissions can be avoided. Although Indonesia's *Marriage Law* (*Number 1 of 1974*) (IMOE n.d.(a).) describes fathers as the "protectors" of the family, mothers are known to act in the interest of their children, given that motherhood remains the prescribed core identity of Indonesian women (Yulindrasari & McGregor 2011).

Therefore, pregnant women are expected to act in accordance with such a role and to comply willingly with routine testing if they believe that health screenings are meant to prevent their new-borns from being infected while at the same time keeping themselves healthy. If reasons for opting out are financial, however, solutions should be considered. Requiring the national health insurance, which is to take effect in 2014, to cover the cost of such tests could be an alternative. A policy for routine HIV testing policy is now being considered in the USA, and this would apply to all citizens between the age of 15 and 65, following a recommendation by a US health task force (New Scientist 2013). Testing pregnant women is in line with the UNAIDS' call in 2009 for the virtual elimination of mother-to-child HIV transmissions by 2015 (UNAIDS 2010) and is also coherent with

World Health Organisation's new guidelines for partners' disclosure among discordant couples known as *Couples HIV Testing and Counselling* (CHTC) which is soon to be implemented in Indonesia (World Health Organization [WHO] 2012).

Thus, in terms of prevention, current HIV and AIDS policy in Indonesia emphasises PICT for antenatal care (ANC) and embraces CHTC for the future. However, debates concerning PITC (HIV testing without pre-test counselling while post-test counselling will be offered only to those found with HIV), continue to escalate at *aids-ina* [6] , as many remain adamant about providing pre-test counselling to *everyone* intending to test for HIV, mainly owing to their perception of human rights issues. In other words, testing people without providing them with pre-test counselling is seen by many as a violation of human rights.

Given this background, the researcher decided to investigate the views of experts on how these policy initiatives are contextualised for the changing Indonesian epidemic and for the gendered dimensions thereof. In addition, the study demanded an investigation of women's own understanding of testing as it relates to their health-seeking behaviour and their gender constructions.

1.2.1.2 The UNAIDS' classification of the epidemic into three stages: namely, low-level, concentrated and generalised

According to the definition of the United Nations Programmes on HIV and AIDS, an epidemic is generalised when HIV prevalence is above 1 per cent among the general population or consistently above 1 per cent among pregnant women (UNAIDS & WHO 2003). The question is whether the "1 per cent" threshold was decided upon arbitrarily or if there is empirical evidence supporting it. Moreover, given that Indonesia shares common risk factors for HIV transmission: namely, unsafe paid sex, contaminated needles/syringes and unsafe sex between men, it

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[6]   *aids-ina* is a national online AIDS discussion group, of which the researcher is a member. Available at http://aids-ina.org

seems irrelevant to outline interventions that are specific for each epidemic level. On the national front, the UNAIDS' epidemics classification appears to have caused confusion. In the UNAIDS' 2007 report presenting a framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations, the following is stipulated:

> Interventions with most-at-risk populations can be as important in generalized epidemics as in low-level and concentrated epidemics. Without effective interventions in sex work and drug injecting networks, high HIV incidence can drive transmission regardless of epidemic stage. In low-level and concentrated epidemics it is important to prioritise resources for those populations most infected and affected by the disease. In generalized epidemics, a broader response is clearly needed, but this must still include effective efforts to reduce high transmission rates among other vulnerable populations. In addition, interventions should also be targeted to those most vulnerable to HIV infection for humanitarian reasons. Thus, most of this guide will apply to all countries where HIV prevention programmes are targeted to most-at-risk populations, regardless of the stage of their epidemics.
> (UNAIDS 2007:2)

Authorities in Indonesia appear to have taken the above recommendations to mean that there is no need for countries with a concentrated epidemic to reach out to the general population. This seems to explain in large part why no systematic campaigns through the mass-media have been conducted in Indonesia, as also asserted by the Secretary of the National AIDS Commission at a meeting a few years earlier[7], despite the availability of large amounts of funds before the global recession. Current widespread ignorance about HIV and AIDS as pinpointed by Lyn and Wulandari (2011) seems to have arisen from such neglect and the fact that comprehensive sex education is not provided in schools. This, in turn, appears to have led to widespread stigmatising and discriminating attitudes towards people living with HIV. As noted by Davidsson and Zakrison (2009), common experiences of discrimination and shame for people living with HIV arise from lack of information and the fact that it is often taboo to speak about HIV and AIDS. The question here is why the UNAIDS' recommendations have been interpreted in the way they were.

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[7] This topic was discussed at a meeting at the Indonesian National AIDS Commission which the researcher attended.

So far, while the epidemic has in large part remained concentrated among the so-called risk groups, in two of Indonesia's Eastern provinces: namely, West Papua and Papua, collectively known as Papua, the virus has spread to the general population where HIV prevalence was 2,4 per cent in 2006 (INAC 2010). In Papua, according to the United Nations Fund for Population Activities (UNFPA n.d.), 48 per cent of the population have never heard of HIV or AIDS, while the average sexual debut begins earlier for females, that is, 18,8 years old vs 19,5 years for males. However, among youth aged 14 to 24 years, the number with a sexual debut before 15 years of age is significantly higher than among people in older age groups, while this trend is more predominant among females than males (UNFPA n.d.).

Different stages of the epidemic are coupled with different types of interventions – or so it has been understood here – and this calls for a closer look at social inequalities between sub-national regions that may correspond to differential risks for HIV infection, as noted by Farmer (2004). The UNAIDS' epidemic classification into three different stages seems to bear unintended consequences as far as the Indonesian socio-economic context is concerned. Therefore, the researcher was interested in gauging whether the various interventions suited the particular dynamics of each region and to see whether the implementation of different types of interventions might have led to practices deemed "discriminatory". For example, while a government programme called "Save Papua" succeeded in raising considerable amounts of money[8], it did not improve HIV and AIDS services in the region. The programme was also criticised for the name it bears, which suggests that the Papua population was on the brink of a social breakdown or even extinction.

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[8] This issue was introduced by the moderator of the national online AIDS discussion group, *aids-ina*, on the 26th of February 2012

1.2.1.3 Western pharmaceutical companies' commercial interest manifested in patent regulations and local manufacturers' incoherent price policy

At the level of care, there is a need to understand Western pharmaceutical companies' commercial interest manifested in patent regulations which may prove detrimental to the local production of generic drugs. This is illustrated by recent events in India where the lives of millions hang in the balance because of the legal suit brought by the Swiss company *Novartis* against the Indian government (Douste-Brazy & Broun n.d.), and the implementation of international donors' policies which appear to favour Big Pharma's interests, as demonstrated by the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) regulations which prohibit the use of the funds made available for Indonesia for the purchase of locally made generic drugs[9].

In 2004, according to the American Foundation for AIDS Research (AMFAR 2004), Indonesia exercised its rights, under compulsory licence, to produce cheaper versions of first-line ARV drugs. These drugs were manufactured by the local pharmaceutical company *Kimia Farma* at a cost of US$ 53 per month, while the Indonesian government offers a medication subsidy of US$ 23 per patient each month at a total cost to the government of US$ 43 000 per year (AMFAR 2004). The company imports raw materials from South Korea and India, which is an arrangement to skirt the regulations of the World Trade Organization (WTO) forbidding certain companies to export generic ARV drugs but allows the export of ingredients (AMFAR 2004). Prices of locally made first-line generic drugs are said to be more expensive than those purchased abroad under the GFATM programme or compared with those imported from other countries, such as India, through the Clinton HIV and AIDS Initiative (CHAI) (Indonesia AIDS Coalition [IAC] n.d.). Furthermore, locally manufactured ARV drugs are apparently sold at higher prices to the government than they are to the public in the form of "unsubdised" drugs.

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[9] This information was provided by an AIDS expert at *aids-ina*

Suspicions abound that corrupt practices are also responsible for the high cost of production although the low number of drugs currently needed may not make it economically viable to produce them locally.

In 2012, a *Presidential Decree (Number 76 of 2012)* (Citizen n.d.) regarding patent exploitation of antivirals and antiretroviral drugs by the government was issued. Under this decree, seven types of drugs intended for the treatment of HIV and Hepatitis B were to be produced in Indonesia, in anticipation of the GFATM programme expiration in 2015. While the decree did not mention any particular company which would be responsible for the production of the above drugs, the Ministry of Health had apparently appointed *Kimia Farma*. However, according to information at *aids-ina,* the *Presidential Decree* has so far not been implemented, as diverse options are still being considered: namely, compulsory licensing, government use, voluntary licensing, parallel import or direct negotiations with patent holders. Obviously, a critical question that needs to be addressed is whether the government's priority is actually "local production" or "affordable prices" of ARV drugs.

In order to understand how the availability of ARV drugs affects women, one has to consider the use of ARVs in ANC and PMTCT. Worldwide, the HIV epidemic continues to take a heavy toll on women and children (WHO 2010). Since every baby born with HIV implies at least a mother's seropositive status, the prevalence of HIV in new-borns reflects that of women. In 2008, it was estimated that in low- and middle-income countries 1,4 million HIV-infected women had given birth and that there were 430 000 new paediatric infections. Without intervention, the risk of transmission is 15 to 30 per cent in non-breastfeeding populations, while breastfeeding by an infected mother increases the risk by 5 to 20 per cent to an overall transmission rate of 20 to 45 per cent (WHO 2010). Since the mid-1990s in multiple clinical trials and programmes, the use of ARV drugs for preventing mother-to-child transmissions (PMTCT) has been shown to be effective (WHO 2010). Yet, as of December 2009, 5 170 pregnant women were known to be HIV positive in Indonesia, but only 3,8 per cent of these received ARV drugs to prevent

transmission to their babies (INAC 2009b).

1.2.1.4 Dualism in the implementation of the national HIV and AIDS policy

The issue of "dualism" came up frequently earlier in 2012 at *aids-ina* discussions following a negative external review report on Indonesia's performance in combating the spread of HIV and AIDS. In this context, "dualism" refers to the alleged overlapping roles of the Ministry of Health and the AIDS Commission, which is said to give rise to incoherent practices. The matter is exacerbated by the fact that there have been no regular meetings among the top decision-makers of the national AIDS Commission. As stipulated in the *Presidential Decree (Number 75 of 2006),* which laid out the foundation for the establishment of the AIDS Commission, chairing the Commission is the task of the Coordinating Minister for People's Welfare who is assisted by the Minister of Health as Vice-Chairperson, the Minister of Home Affairs as a second Vice-Chairperson, and the Secretary of the National AIDS Commission (Spiritia Foundation n.d.(a).). The National AIDS Commission appears to have been implementing not only its presumed role of "coordinator" of national HIV and AIDS interventions, but also as "executor" in a number of these interventions, thereby leading to various problems highlighted by the external reviewers, as discussed at *aids-ina*.

The above *Presidential Decree* is deemed problematic by members of *aids-ina* as it specifically mentions the name of Nafsiah Ben Mboi as Secretary to the AIDS Commission, which implies that any change in the name of the person appointed as secretary will run counter to the decree. The objection was voiced despite the fact that the decree also stipulates that the organisation and personnel of the Secretariat shall be further regulated by the Chairperson of the Commission. Dr Nafsiah Ben Mboi held the position of Secretary to the Commission until her appointment as Minister of Health in June 2012 (Faizal 2012). She was replaced by one of her deputies.

1.2.2 Gender issues in Indonesia

Ahmad (1998) argues that in Indonesia, the role of the woman was defined in order of importance, as: wife, mother, person in charge of household matters and, finally, as a citizen of the state. Reflecting so-called "Eastern" values, this role was enshrined in the state's national gender ideology and enforced under General Soeharto's New Order regime, during which the "ideal wife" was portrayed as submissive, chaste and a devoted mother (Ahmad 1998). A modern nuclear family with a male as the main bread winner and head of the household and a female primarily in charge of unpaid domestic work and care for the family was almost always assumed in government policies during this period (Ford & Parker 2008). Yet, despite such a stringent gender ideology, many women flocked into the employment market to fulfil demands from multinational companies which began investing in Indonesia at the dawn of the modern globalisation. In contrast, the new democratic era which began after General Soeharto was forced to step down in 1998 following massive protests, saw women's participation in the workforce increase by only 2 per cent, that is, from 49 per cent in 1997 to 51 per cent in 2012 (World Bank 2013).

State, religious and social authorities and social groups in Indonesia have widely contested the issue of marriage (Bedner & Van Huis 2010). As a result of pressures from Muslim organisations, Islamic courts were permitted by the *Marriage Law* (*Number 1 of 1974*) (IMOE n.d.(a).) to retain jurisdiction in all Muslim marital matters and to allow polygamy although a written consent from the first wife must be obtained (Bedner & Van Huis 2010). Theoretically, a man can have multiple wives only when his first wife is unable to carry out her responsibilities as a wife (Australian Government Refugee Review Tribunal [AGRRT] 2011) but in practice, men engage in polygamous marriages on the claim that "*it is better to have a second (or third or fourth) wife than to commit adultery",* while some married women believe that polygamy is a *"religious rule*" (Nurmila 2009 as cited in Parker 2012).

On the positive side, the *Marriage Law* (*Number 1 of 1974*) (Indonesian Ministry of Education (IMOE n.d.(a).) and the *Compilation of Islamic Law* introduced by the government in 1991 through the *Presidential Decree No. 1 of 1991* (Wordpress 2009) placed women on an almost equal footing as men as far as divorce proceedings are concerned (Bedner & Van Huis 2010). The *Compilation of Islamic Law*, which is not a statute and is described as a "guide for the judge", was drafted by the Ministry of Religion in collaboration with the Supreme Court and issued as a *Presidential Decree (Number 1 of 1991)* (Bell 2011:278). However, many marriages remain unregistered although citizens are under the obligation to report their marriage to the Islamic or the civil registry, as stipulated in the *Registration Law Number 23 of 2006* (Hukumonline n.d.(b).) enacted in 2006, and are liable to a maximum fine of Rp. 1 million (approximately US$ 110) should they fail to register their marriage (Bedner & Van Huis 2010). Interestingly, studies show that it is mainly women in second marriages who have no divorce papers because they did not go to court to divorce (Bedner & Van Huis 2010). Similarly, therefore, divorces are seldom registered because there is little to gain from it (Bedner & Van Huis 2010). Van Huis (2009 as cited in Bedner & Van Huis 2010) maintains that 75 per cent of the women surveyed were not worse off financially after a divorce. As for polygamy, it is difficult, under the above circumstances, to verify the prevalence of such practices although some believe that it is widespread and growing (e.g. Nurmila 2009 as cited in Parker 2012).

It is clear that while Indonesia has incorporated human rights into its legislation – through the *Human Rights Law Number 39 of 1999* as published in the national Commission on Human Rights' website (Komnasham 2013) followed by the *Human Rights Court Law Number 26 of 2000* (Slideshare n.d.) – conservative Islam has at the same time gained influence over state policies and the law (Bedner & Van Huis 2010). In 1998, not only Islamists took the new opportunity offered by post-Soeharto Indonesia to participate in political elections, they *"even become co-opted by formally 'secular' forces"* (Heiduk 2012:27). At the same time, the democratic opening freed up spaces for militant, radical Islamist groups (Heiduk 2012). However, the secular state has never been challenged, as Islamist

parties have thus far failed to gain sufficient voter support (Heiduk 2012). All the same, the *Sharia* law was passed and enforced in the province of Aceh in 2009 (Uddin 2010) – the only province allowed by the central government to implement such law. Two aspects of the *Sharia* law have been highly contested by human rights groups: namely, the law making association by unmarried individuals of opposite sex a criminal offence, and the law imposing dress codes on its citizens which is seen as more restrictive on women (e.g. Human Rights Watch [HRW] 2010).

In Indonesia, gender roles are in large part defined in terms of religious variables, the emphasis being on men and women enacting their unchangeable inherent qualities (Yulindrasari & McGregor 2011). The country's multiple ethnic backgrounds warrant a closer look at prevailing traditional aspects derived not only from religious but also from customary practices which may be major determinants in the current situation of women. Little is known about home-centred women who have lived most of their lives under a state ideology which defends family values and assigns specific roles to men and women (Ford & Parker 2008). These women tend to remain invisible possibly because, to a certain extent, women's magazines such as *Femina* were used to promote the idea of the modern Indonesian woman as exemplified by the career woman, while the conservative New Order gender ideology was at the same time enhanced (Brenner 1999 as cited in Yuliandrasari & McGregor 2011). In other words, the emphasis is on the "double burden" that a career woman must carry, as it is clear that being a domestic carer is not an embodiment of feminists' ideals of women's role in society. It should come as no surprise, therefore, that the life of housewives is regarded as of no interest to the public.

Despite the fact that the negative impact of denying women's *kodrat*[10] was still emphasised, Indonesian women were provided with choices by the media to

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[10] This word is derived from the Arabic language which refers to inherent qualities of creatures. In relation to gender, the word implies that there are innate characteristics for men and women that are fixed and cannot be changed. Over time, according to Yuliandrasari and McGregor (2011), the idea of *kodrat* has become a set of norms of how women and men should conduct themselves, and those who act against their *kodrat* have been subjected to social sanctions.

conform to the idea of the modern woman (Yuliandrasari & McGregor 2011). Therefore, in Yuliandrasari and McGregor's (2011) opinion, the recommended gender identities in parenting magazines such as *Ayahbunda* fail to represent the reality of Indonesian families because the emphasis is still on motherhood, while women's participation in the public sphere has increased significantly. It is not clear what these authors mean by the media's failure to represent the reality of Indonesian families or – more specifically – which "reality" they were referring to. One needs to keep in mind that these magazines are intended for the consumption of Indonesia's middle class as they are definitely not cheap. While Indonesia's middle class in the early 1990s was estimated to account for a mere 7 to 10 per cent of the population (Chalmers 1993 as cited in Smith-Hefner 2009), in recent years, this socio-economic group is said to have increased significantly. According to the Indonesian Statistics Board, the middle class was estimated at 30 per cent of the working population (including employees and business owners) in 2011, with a yearly earnings average of US\$ 2 284 (Politik Indonesia 2011). The economic criteria used by the Statistics Board to define "middle class" are evidently not clear, as the reasons for drawing the lines where they are in order to separate lower, middle and upper classes based on people's incomes are unknown. It is rather difficult to imagine a decent middle-class lifestyle in the city with that kind of money, especially when one has dependents. It is certainly possible that this merely constitutes a political ploy to diffuse critiques against the broad socio-economic inequalities in Indonesia, given that the image of a significantly growing middle class can lead to perceptions that the country's poor or less privileged population is declining.

1.3   THE CENTRAL THESIS STATEMENT AND GOALS OF THE RESEARCH

In order to offer informed solutions to the problems affecting HIV and AIDS prevention, care and support policies in Indonesia, contextual factors that lead to the heterosexual transmission of HIV and the vulnerability of women in stable relationships/marriages to HIV needed to be understood. Such solutions have to:

(1) be informed by evidence about the contextual factors referred to,

(2) enable a gendered consideration of such solutions, and

(3) adapt to the changing needs of the population in terms of the route of the epidemic.

Currently, Indonesian HIV and AIDS prevention, care and support interventions seem unable to adequately combat the epidemic, but the underlying causes of their limited success have not been explored, as researchers have so far mainly focused on the proximate barriers to the smooth implementation of such interventions while neglecting interacting distal factors. This study, therefore, was meant to address such a gap. Without evidence-based suggestions to help Indonesia achieve its MDGs as far as HIV and AIDS are concerned, the social impact of the epidemic will continue to escalate. A new, complex approach is, therefore, needed. As Paina and Peters (2011) argue, better models of pathways for scaling up health services in developing countries can be obtained by interpreting change in health systems through the lens of complex adaptive systems (CAS). In order to do this, it is necessary to pay more attention to local context, incentives and institutions, as well as anticipate certain types of unintended consequences which may undermine scaling-up efforts, while transparent use of data for ongoing problem-solving and adaptation can help to develop and implement programmes that engage key actors (Paina & Peters 2011).

The researcher proposed to explore and describe the advantages and disadvantages of the various current HIV and AIDS policies and the aspects that render women especially vulnerable in order to determine which policy solutions adequately suit Indonesia's present and future needs. Thus, in this study, she did the following:

First, she conducted an exploratory study to gain insight into issues that influence the success of Indonesia's HIV and AIDS policy. This encompasses in-depth interviews with relevant authorities about barriers to success as well as

suggestions for a more effective response to the epidemic, taking gender issues into contention. The suggestions were presented as a summary document to a panel of experts who were invited to comment on it online. Consensus was sought by using a computer-based Delphi technique. The results of the discussions, conducted over a period of three and a half months, would be submitted to the Indonesian authorities involved in HIV and AIDS interventions to serve as feedback in suggestions for reformulating the national AIDS policy, accounting for unique local conditions and gender issues.

Second, the researcher conducted a descriptive study comprising a qualitative data collection phase to gain insights into the possible reasons for women being vulnerable to HIV. In particular, insights were sought on how social norms affected women's vulnerability to HIV infection and their choices between a career and domesticity. The qualitative phase was intent on gauging the meanings that women brought to issues such as working outside the family, women's domestic roles, financial independence, family, polygamy, commercial sex work, gender equality, motherhood, child care, bargaining power and health-seeking behaviour.

The results from the various data-generating phases were synchronised using complexity theory as a lens.

1.4 RATIONALE BEHIND THE STUDY

A review of literature on Indonesia's background brings to light various dynamics at play in the transformation process currently affecting the lives of the Indonesian population following the collapse of the 32-year New Order regime in 1998. HIV and AIDS have emerged as significant health problems among the many social issues currently affecting Indonesia's diverse cultures. Indonesia's AIDS policy is now especially at issue, considering that past and current efforts have failed in scaling-up HIV testing while the epidemic continues to spread among the population and is one of the "emerging" epidemics in Asia and the Pacific, with an

increase of 2,6 times in new HIV infections between 2001 and 2012 (UNAIDS 2013). Women, particularly married women in Indonesia, are now one of the most vulnerable groups to HIV infection.

However, the literature review also revealed a dearth in systematic research that looks at the vulnerability of married women in Indonesia from both the policy and the lived-experience vantage points. To a large extent, this may be due to a perceived lack of HIV infection risks in women whose marital status inspires "respect", as they constitute widely *"assumed models of value, order and containment of sexual desire"* (Adamson 2007:31). In fact, this perceived respect prevails among married women themselves, as shown by their outrage and frustration upon finding out that they have contracted a disease largely associated with commercial sex work (Damar & Du Plessis 2010). Meanwhile, the marital imperative continues to loom large, especially among Javanese women (Smith-Hefner 2009). This imperative probably hangs over most Indonesians, women and men alike, as the commonly asked question to a new acquaintance is not "Are you married?" but "Are you married *yet*?" On the other hand, this may also be due to a linguistic problem, considering that an equivalent translation of "Are you married?" would be "Are you married or not?" which is obviously too long a sentence for practical purposes.

The percentage of women in waged employment in Indonesia is currently among the lower ranges in Asia, that is, 51 per cent in 2012, in contrast to countries such as Myanmar and Cambodia, for example, where female labour participation rates exceed 70 per cent. By super-imposing a gendered lens to complexity theory, the researcher expected to gain insights into the perceptions, values and preferences underlying women's vulnerabilities, not only in terms of their health-seeking behaviour, but also as regards their overall decision-making processes. The researcher assumed that women's actions come to bear on the wellbeing and harmony of their households and, by extension, the larger community.

The researcher identified the best possible ways in which the current national

AIDS policy may be enhanced. Coherent with the opinion of Livingood, Allegrante, Airhihenbuwa, Clark, Windson, Zimmerman and Green (2011), the researcher believed that policy changes directed at the social determinants of health have the greatest potential to reduce disparities in health outcomes among ethnic and racial groups. Efforts included interviews with academics and representatives from non-governmental organisations (NGOs) and government sectors, the summary recommendations of which were discussed online by a panel of experts via a Delphi technique to reach consensus on the objectives proposed. The results of the consensus will be communicated to the Indonesian authorities concerned in HIV and AIDS. Moreover, contextual data on the experiences of women were gathered via qualitative techniques to add depth to the proposed policy interventions that have particular bearings on women. This was undertaken on account of the assumption that complexity in the world stems from simple rules which are generative in nature (Phelan 2001). These generative rules determine how a set of artificial agents will behave in their virtual environment over time, including their interaction with other agents. The study thus explored the simple rules generative in nature which led to complexity around gender in the Indonesian social context, keeping in mind that these generative rules do not predict an outcome for every state of the world (Phelan 2001).

The need for the study was particularly crucial as Indonesia braces for a deficit in its HIV and AIDS-related budget as a result of anticipated funding cuts by multi-national donors in the post-MDG era. This implies that the national HIV and AIDS policy needs to be effective, given the limited available resources in the near future, while the HIV and AIDS epidemics continue to reach new heights as compared with the period when these international sponsors first came to Indonesia. Furthermore, while a social health insurance for the entire population as mandated by the *National Social Security Law* (SJSN) (*Number 40 of 2004*) (IMOE n.d.(b).), takes effect in 2014 as part of the health care system reform initiatives (Balasubramaniam, Bartlett, Yadav & Seth 2011), this regulation appears discriminative. The organising board of the insurance emphasises that only *working* people living with HIV shall be covered with a maximum amount of

Rp. 20 million (approximately US$ 1 750), while individuals who have been infected through IDU are not entitled to any benefits because they are "drug users" (Nababan 2014). Clearly, stigma is not only enacted by the general public but is also explicitly articulated in state regulations, which suggests that ignorance about HIV and AIDS is widespread, as argued by Lyn and Wulandari (2011).

The complexity science perspective was employed as a theoretical lens to systematise information on the HIV and AIDS policy and suggest ways in which it might be improved based on the understanding that a new, "emerging", more effective, system of prevention and treatment can arise from "big" differences generated by "small" changes in the way HIV and AIDS programmes are put into practice. Complexity theory has been increasingly used in various studies, ranging from education (Newell 2008), business (Tucker, Furness, Olsen, Mc Gruirl, Oztas & Millhiser 2003), policy evaluation (Haynes 2008), public health (e.g. Livingood *et al* 2011; Durie & Wyatt 2007), to sociology (e.g. Tornberg 2011; Byne 1998; Walby 2004).

The use of a perspective informed by complexity theory in this study was driven by an event in the researcher's personal life (as described in greater detail in Chapter 5), during which she had to grapple with a life-threatening situation. The experience, unexpectedly, opened up a whole new horizon for her, as she was made aware of a different way to look at the world. Complexity theory made her see that all living systems are actually connected and, therefore, influence one another, because none of these functions in isolation. This means that when one examines a particular phenomenon, he or she needs to look beyond the direct causes in order to identify the interacting "indirect factors" that may have bearings on the direct causes and may thus perpetrate problems if left unaddressed.

Indonesia's HIV and AIDS epidemic is undoubtedly a case in point. Despite large amounts of funding and numerous short-term interventions, incidence in new HIV infections has not declined. On the contrary, the epidemic continues to soar, making women currently the most vulnerable group to such infections. Despite

growing acknowledgment of the social determinants of health, HIV and AIDS continue to be mainly conceived as a health problem, which, therefore, entails a response that is exclusively focused on treating the disease medically through the initiation of antiretroviral therapy (ART). In fact, according to information at *aidsina*, while trials for Test and Treat are currently taking place, Indonesia intends to implement the Test and Treat approach nationally, and services specifically related to HIV and AIDS are to be made available in all *puskesmas* in the near future as part of the general health care services. While this is no doubt a positive point, one needs to be aware that the wide availability of such services alone will not prevent the disease from spreading. In the absence in particular of comprehensive sex education in school or educative information about HIV and AIDS for the general public, few people would be motivated to use the *puskesmas* services unless they were already at an advanced stage of the disease, in which case they would be driven to seek professional help for various opportunistic infections. In other words, such services have little use for early detection of HIV, whereas early detection is most crucial in a national policy that is aimed at controlling the epidemic. Cognisance of the fact that distal factors have been overlooked in Indonesia's HIV and AIDS strategies was, therefore, taken by the researcher, owing to a perspective informed by complexity theory. This led her to investigate various indirect factors that are likely to impinge on Indonesia's failure to contain the epidemic: namely, the social and political determinants of HIV and AIDS, based on research methodology as described in Chapter 6.

The researcher believes that the need for doing this study is justified. Her background in sociology implies a sound understanding of social theories and studies which is a pre-requisite for the application of a perspective informed by complexity theory in her thesis. The researcher is presumed to have the ability to translate various concepts in complexity theory that are relevant to her study, in such a way that insights gained from this endeavour will fill some of the gaps in our current knowledge relating to the HIV and AIDS epidemic in Indonesia. By shedding light on the distal factors that appear to contribute to the perpetuation of the epidemic, the researcher also gained valuable insights into another way of

interpreting women's role in the family and in society. These insights, therefore, are expected to fill some of the gaps in our current epistemology of human behaviour. The researcher wishes to elaborate that when referring to "gaps" in our knowledge, the use of the word "some" rather than simply "the" has taken on added relevance. While it is generally understood that a research study merely constitutes a *progress* towards the discovery of the truth, the researcher also intends to emphasise that complexity theory allows that our knowledge about the world will, almost incontestably, never reach a point where it is all-encompassing, as absolute truth is recognised as indefinitely elusive. Complexity theory is discussed in greater detail in Chapter 5.

1.5 THE CENTRAL RESEARCH QUESTION, OBJECTIVES AND CHOSEN APPROACH

The research question for this proposed study was: What are current and future possibilities for HIV and AIDS policies that address the vulnerability of women given the Indonesian context and its changing epidemic?

Given this central research question, the objectives of this study were as follows:
(1) To isolate major issues in Indonesia's current HIV and AIDS strategy that are deemed problematic by various stakeholders involved in the planning and implementation of HIV and AIDS programmes
(2) To investigate factors that account for the gendered nature of the current HIV-infection by gaining insights (via face-to-face interviews) into the perceived role played by social norms and institutions[11]
(3) To propose solutions to enhance the current national HIV and AIDS policy and to suggest future possibilities

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[11] The findings from this particular phase of the study: namely, women's experiences of gendered reproductive health matters, only offer a partial interpretation of the possible role of social norms and institutions in the gendered differences in HIV infection, given that this study is mainly concerned with the "perceptions" of the women in the sample which were interpreted by the researcher.

For the first objective, the researcher conducted interviews with academics, international institutions, government sectors and NGO representatives, and compiled a summary document containing suggestions to improve the national AIDS policy based on those interviews and her own observations. A panel of HIV and AIDS experts was then invited to discuss these suggestions online, using a Delphi technique. For the second objective, the researcher conducted interviews with a sample of 28 women. Finally, for the third objective, based on the results obtained from interviews and discussions with various HIV and AIDS experts and authorities and the women respondents, the researcher proposed solutions to reformulating the national AIDS policy.

1.6 SPECIFIC RESEARCH QUESTIONS

The specific research questions for this study were as follows:

(1) How can Indonesia's national AIDS strategy be enhanced in such a way that most HIV and AIDS infections can be identified timeously?

(2) How can women best be protected from HIV-infections, despite the country's limited resources?

(3) More specifically, how can most mother-to-child HIV transmissions be prevented?

(4) How do social norms influence women's vulnerability to HIV infection and their choices between a career and domesticity?

(5) What are the lived experiences of home-centred women as a particular group in HIV and AIDS prevention and care?

1.7 DEFINITIONS OF KEY CONCEPTS

Befitting the prescriptions for a thesis in the Department of Sociology at the University of South Africa, some of the key concepts used in this study are defined in this section. The definitions of these key concepts are expected to provide the

readers with a broader view of the research project by elaborating on the main themes (HIV and AIDS policy, women's vulnerability, state ideology, gender relations, *adat* revival, Islam revival, and the *Sharia* law), the necessary tools (the Delphi technique and qualitative data gathering) and the perspective used in the study, that is, complexity theory. The lens of complexity theory enabled the researcher to distinguish the complex from the complicated and to address many aspects of complexity that allowed her to propose appropriate solutions to control the HIV and AIDS epidemic in Indonesia.

1.7.1 HIV and AIDS policy

These refer to HIV and AIDS interventions that are implemented at the policy level. As current HIV and AIDS interventions in Indonesia have led to a limited success as evidenced by the yearly mounting rates in new HIV infections, this study aimed at proposing new strategies that may generate big differences in terms of HIV and AIDS outcomes if implemented at the national level. One needs to consider Mosse's (2005 as cited in Seckinelgin 2012) remark that no single criterion exists to assess whether a policy has been a success or a failure, because success is a social construction which, therefore, implies the impossibility of verifying it objectively. Narratives of success link with the conceptual framing of policies that determine the objectives of the policy (Seckinelgin 2012). A *status quo* for a given policy position may result from a particular view of success, given that success is often conceived in terms of the way policy environments sustain policy models that offer a significant interpretation of events (Mossse 2005 as cited in Seckinelgin 2012). Often, policy actors also bring non-governmental organisations (NGO) into their policy domain to represent their particular world view (Seckinelgin 2006 as cited in Seckinelgin 2012), which is a process that is similar to "institutionalisation" (Seckinelgin 2008 as cited in Seckinelgin 2012). A set of assumptions to facilitate communication among the emerging policy networks and to interpret their activities generally forms the underpinning factors in these institutionalisation practices (Seckinelgin 2012).

Considering that the experiences of policy beneficiaries are associated with already set limits of the expected success, Seckinelgin (2012:454) asks an important question: *"how far members of target groupings and their experiences of a given policy contribute to the articulation of a success story?"* In HIV and AIDS, policy thinking and implementation have been dominated by a vertical policy intervention, in which the central assumption is the consideration of the disease as an emergency in terms of the policy target population: namely, those who are sick and the societies in which they live (Seckinelgin 2012). In other words, as far as international actors are concerned, the question of success is related to the outcomes of the vertical programmes that have been framed on their terms, thereby ignoring the experiences of the target population groups who are located in a differentiated power position (Seckinelgin 2012). One example of vertical programmes is the ART roll-out campaigns in Burundi which were conducted to ensure *universal access* (Seckinelgin 2012). According to WHO (2009 as cited in Seckinelgin 2012), access is a multidimensional concept that defines ART availability in terms of reachability, affordability and acceptability of services, while coverage is defined as the proportion of people needing an intervention who are actually on ART.

The researcher wishes to note that objective verification of HIV and AIDS policy is actually a matter of political decision rather than technical difficulties because, in fact, there is a sound criterion to assess objectively whether it has been a success or a failure. Even if ART access or coverage among a given target population has met the objective of policy and, therefore, determines its "success" as conceptualised by the international actors, it would matter little that such objectives have been fulfilled if the rate of new HIV infections in that particular target population does not demonstrate a decline over a relatively short time after the implementation of policy. This means that policy has failed to "alter" the course of the epidemic although in terms of meeting the objectives as defined by the policy actors, it may be called a success. This, therefore, implies that success of policy in HIV and AIDS control *can* be assessed objectively. The problem is that the international actors are simply not interested in defining such success in these

terms, especially when a concentrated epidemic is concerned. In the context of a generalised epidemic, on the other hand, success for a specific intervention based on outcome or evidence demonstrating a decline in HIV prevalence can be claimed more easily, as gauging whether so-called evidence takes into account the natural evolution of the epidemic as a potential confounding factor would be tremendously challenging. These insights bring to light the necessity to recognise that "real" success in HIV and AIDS control – meaning "successfully altering" the course of the epidemic – cannot be expected to arise from a single policy, such as one relating specifically to ART access or coverage. It is, therefore, obvious that a *set of sound and proper strategies* is necessary to address each of the possible determinants that contribute to the perpetuation of the epidemic, directly and indirectly, consistent with complexity theory. What was done in Cuba and Brazil (Gorry 2008; Barksdale 2009; Zimmerman, Lindberg & Plsek 1998) illustrates the point that the epidemic *can* be reversed if a set of sound and proper strategies is implemented nationwide in a timely manner, in such a way that it need not follow its natural long-term evolution.

1.7.2 Women's vulnerability to poor reproductive health outcomes

This refers to various factors that appear to contribute to women's vulnerability in terms of reproductive health matters. In Indonesia, rates of heterosexually transmitted HIV infections have taken over those occurring through injecting-drug use which was the main mode of transmission (JICA 2011), thereby rendering women the group most vulnerable to HIV and other STIs. Women in Indonesia are also vulnerable to unplanned pregnancies, in large part because sex education is not taught comprehensively in schools – contraceptives, in particular condoms, are left out (AI 2012). Besides widespread ignorance about HIV and AIDS, Jacubowski (2008) has shown in her study that Indonesian women's likelihood for being infected with HIV links in particular with traditional practices such as early marriage, polygamy, and contract marriage. Marriage is an important aspect of the Indonesian gender order, and is an obligation for most Indonesians (Jacubowski

2008). While studies have demonstrated that 80 per cent of unprotected sexual encounters among girls occur within marriage (Bruce & Clark 2004 as cited in Jacubowski 2008), it seems reasonable to assume that a high percentage of unprotected marital sex also takes place among older women. Polygamy is not forbidden in Indonesia but was for the first time restricted through the *Marriage Law* passed in 1974, which allows a man to take another wife only if his first wife is unable to perform her duties as a wife, such as fulfilling her husband's sexual needs or conceiving, being permanently disabled or ill (Feillard 1996 as cited in Jacubowski 2008).

As for contract marriages in Indonesia, which refer to temporary matrimonial relationships based on contracts in which the money to be exchanged is also specified (Haeri 1989 in Walbridge 1997 as cited in Jacubowski 2008), they are not usually registered and expire at the date specified in the contracts without divorce (Jacubowski 2008). While women's vulnerability is evidently multi-dimensional as shown above, it is clear that the global HIV and AIDS policy is not blameless, given that no specific strategy in the context of a concentrated but rapidly spreading epidemic currently exists to prevent women from contracting HIV or to encourage early detection of HIV among women. Women are not considered "vectors" of the epidemic and, therefore, continue to be neglected in HIV and AIDS agendas. It seems odd, that despite all the talk about "empowering women", women remain invisible in such programmes. As a result, many women in Indonesia have to wait until they become pregnant while others must wait until they develop AIDS-related diseases to find out that they have been infected with the virus. This study is, therefore, relevant as it aims to offer possible solutions to enhance HIV and AIDS policy in Indonesia so that women are no longer invisible in the national health agenda.

1.7.3 State ideology

For the purposes of this study, state ideology refers to the ideology of the New

Order regime which promoted a unitary woman's role as wife and mother (Kuswandini 2010). This ideology is based on the four cultural concepts that are central to the governance and maintenance of the Javanese (harmony, respect, mutual deliberation and cooperation) which were brought to the fore and promoted through state programming (Adamson 2007). Studies show that unequal share of paid and unpaid work between men and women, with women taking on a larger portion of domestic responsibilities, has negative consequences on women's health status (Doyal 1995 & Ross & Bird 1994 & Bird & Fremont 1991 as cited in Borrell, Palencia, Muntaner, Urquia, Malmusi & O'Campo 2013). This led Borrell *et al* (2013) to conclude that, despite a higher life expectancy among women, gender-based social inequalities are the main contributors to the higher burden of women's suffering, as exemplified by a higher probability of poor self-rated health which has been associated with higher mortality among women (De Salvo *et al* 2006 as cited in Borrell *et al* 2013).

Inequalities between men and women in some essential social determinants of health include income, paid work, and unpaid work, which are associated with gender inequalities in health outcomes, for example mental health and pain disorders (Borrell *et al* 2013). Differences in income are associated with gender inequality which includes women's lower access to employment, segregation, and economic dependence among elder women (Prus 2011 & Cherepanov *et al* 2010 & Roy & Chaudhuri 2010 as cited in Borrell *et al* 2013). Differences in paid work are linked with differential access to employment, lesser value attached to women's employment, and women's lesser authority (Verbrugge 1985 & Hosseinpoor *et al* 2012 as cited in Borrell *et al* 2013).

Finally, differences in unpaid work are associated with state ideology which lays the prime responsibility of domestic work upon women, including care for others (Artazcoz, Borrel & Benach 2001 & Harryson, Novo & Hammarstrom 2012 as cited in Borrell *et al* 2012). The review of evidence has led Borrell *et al* (2012) to conclude that women's health is best promoted by the Nordic social democratic welfare regimes and dual-earner family models. The above insights imply the

necessity to investigate women's health-seeking behaviour in Indonesia, which entails the exploration of the meaning women bring to "being sick" and the association between diseases and domestic work (including care for the family) which is women's primary responsibility according to the New Order state ideology.

In Indonesia's case, however, one needs to be critical when making an association between gender inequality and poor outcomes in HIV and AIDS among women because there may be other factors accounting for the gendered differences. More specifically, one needs to recognise that global HIV and AIDS policy is in large part responsible for such outcomes, given that current prevention strategies continue to ignore women as a group while most new HIV infections occur among this population. In other words, while poor outcomes in women's health are consistently associated with gender inequality, global HIV and AIDS policy is actually an embodiment of patriarchal structures and practices. As Walby (1990 as cited in Carlson 2007) contends, women may lose their individual patriarch but they do not lose their subordination to other patriarchal structures and practices.

1.7.4 Gender relations

Gender relations refer to women's relations with men in society. In this study, gender relations mainly refer to a specific group of women's relations with their husbands. This obscures issues of race and class to some degree, yet in order to understand Indonesian women's decision-making processes, it is necessary to understand how women perceive their roles vis-a-vis the roles of their male spouses in the family and in society, and whether social norms play a significant part in influencing their perceptions of such relations.

According to Robinson (2009), Islam shapes the gender orders in Indonesia and emerges as a critical point of debate about gender relations in the post-Soeharto era. Deeply rooted patriarchal values of authoritative *ulemas* who interpreted the

religious texts have led to the perceived understanding of the Islamic law as favouring men over women, and have led to controversies over issues of unequal gender relations (Munir 2005).

A number of myths and negative presumptions about women has resulted from misogynistic interpretations of such texts, and has led women to being placed on a position inferior to men's in society (Munir 2005). Equality in gender relations, which usually implies women's financial independence, has often been presumed to be the main foundation for women's wellbeing, consistent with feminists' articulation of such a concept. Studies on women in Third World countries, however, show that other sources of oppression beyond gender relations also impinge on the way they live (e.g. Molyneux 2000). Happiness or wellbeing does not correlate with economic prosperity only (Ono 2010); happiness relates to quality as much as quantity (Nelson 2009). The researcher, therefore, also investigated what constitutes women's perceived happiness or wellbeing.

1.7.5 *Adat* revival

Indonesia's transition to a democratic and decentralised government was accompanied by a movement in *adat* revival (Henley & Davidson 2008). In contemporary political contexts, *adat* refers to a *"complex of rights and obligations which ties together history, land, and law, that appears rather specific to Indonesia"* and represents "*a vaguely defined but powerful set of ideas or assumptions regarding what an ideal society should be like*" (Henley & Davidson 2008:817-818).

In the opinion of Henley and Davidson (2008), the movement in the revival of *adat* took many by surprise, as few people expected that Indonesia's reform experience would lead to a reinvention of pre-modern sources of order and identity (Henley & Davidson 2008). Other factors besides the democratisation process prompted the revival of *adat*: namely, international organisations and networks committed to

defending the rights of indigenous peoples, the oppressive role of the New Order regime upon marginal population groups and the positive role *adat* has played in Indonesia's politics since the early 1900s (Henley & Davidson 2008).

What happened in Indonesia illustrates the point that ideas and ideologies that seem to have been forgotten can spring back to life dramatically and unexpectedly in times of change and uncertainty in a nation's history (Henley & Davidson 2008). This suggests that *adat* is an important phenomenon to consider, given that many elements of *adat* are apparently self-sustaining. An exploration of the possible influence of *adat* on the participants' decision-making processes was, therefore, necessary, considering the potential role *adat* may have played in the construction of social norms which may impinge upon women's vulnerability to HIV and AIDS and their choices between domesticity and active participation in the public sphere.

1.7.6 Islam revival

The movement in the revival of *adat* in Indonesia occurred in tandem with the rise of the Islam revival movement, both of which have been facilitated by the political freedoms offered by the post-Soeharto era and share the idea that modern state law as inspired by the West has failed in Indonesia (Henley & Davidson 2008). Therefore, it is perceived that peace, order, and justice, will only prevail through the pursuit of radical alternatives (Henley & Davidson 2008). Despite their convergences, the two movements are not necessarily in harmony.

In fact, *adat* revivalism inexorably involves a strong anti-Islamic element in places where non-Muslim groups involved in conflict with Muslims have taken advantage of *adat* partly as a symbol of identity and solidarity (Henley & Davidson 2008). Although it is difficult to know how much beliefs have shifted, many Indonesians in the post-Soeharto era have come to see carrying out the five daily prayers and abstaining from alcohol and pork as essential to being Muslim (Rinaldo 2008b).

While the new ideas about Islam revolve around piety, many of the new ideas about Muslim piety concern women (Rinaldo 2008b). The movement toward a decentralised government and regional autonomy also saw the introduction into legislations of various elements of the Islamic law, S*haria*, by an increasing number of sub-regional authorities (Brenner 2011).

Women are often more affected by these regulations as they are subjected to restrictions that are not generally imposed on men, such as the compelled adoption of veiling (Brenner 2011) and night-time curfews forbidding them to venture outside their homes after sunset unless accompanied by a man. Combined with the dynamics of global Islam, the newfound freedoms of the post-Soeharto era have thus bred a conservative backlash against cultural liberalisation and allowed fundamentalism to grow (Brenner 2011). How the revival of Islam may have affected women was, therefore, also important to explore, as revived Islam values may also have played a part in the construction of social norms which may have bearings on women's decision-making processes.

1.7.7 The *Sharia* law

The *Sharia* refers to the Islamic law, but the meaning of *"Sharia"* remains unclear despite attempts to legislate aspects of the law (Uddin 2010). Literally, *Sharia* means *"way to a watering place"*, and consists of a set of divine principles that provide social, moral, religious and legal guidance by regulating a Muslim's relationship with God and man (Uddin 2010:603). The *Sharia* law was passed in 2009 in the province of Aceh, imposing stringent criminal punishment for various sexual offences, in particular adultery and fornication (Hamann 2009 as cited in Uddin 2010). The fluidity of the *Sharia* concept allows for political manipulation because the state defines it to suit its own interests (Uddin 2010).

The implementation of *Sharia* in modern society leads to the politisation of Islam, as Islam is manipulated to serve the state instead of the state serving Islam (Uddin

2010). Human rights groups, interestingly, have contested one aspect of the *Sharia* law in particular, that is, the imposition of Islamic dress codes upon its citizens, which is seen as more restrictive on women (HRW 2010) mainly because it imposes the wear of the *jilbab* (head scarf). While the gravity of the punishments associated with the *Sharia* has drawn attention nationally and internationally, the law's implications for other human rights have in large part been overlooked, particularly religious freedom (Uddin 2010).

Before the S*haria* was codified in 2009, many aspects of the Islamic law have in fact been enacted through various provincial legislatures, locally known as *qanun* (Uddin 2010). The S*haria*-based *quanun* applies to everyone living or working in Aceh jurisdiction, regardless of their religious beliefs (Uddin 2010). The *qanun* includes regulations addressing Islamic dress code, religious tithes, the establishment of the *Sharia* police, alcoholic drinks, gambling, and illicit relations between men and women (Uddin 2010). The latter refers to the *Quanun Khalwat* which compels everybody to prevent improper relations between people of opposite sex on the grounds that these are "legally sinful", leading citizens to spy on one another and to report suspected acts without verification (Uddin 2010).

It is said that mistaken arrests have kept women indoors despite pressing needs, such as the need to work in the absence of financial support from their husbands (Uddin 2010). The law's efficacy has also been questioned, given that its jurisdiction remains contested by *adat* authorities (Salim 2009 as cited in Uddin 2010). In fact, in Uddin's (2010) view, rather than empowering citizens and law enforcement, social sanctions such as those imposed when local authorities enforce *adat* norms, are more effective for creating and maintaining a moral and peaceful society. The researcher was interested in knowing how Acehnese women felt about the *Sharia* law, in particular as regards the mandatory wearing of the *jilbab*, and whether the law's overall effect on women was as deleterious as widely perceived. She, therefore, included representatives from this ethnic group in her sample in order to be able to talk about women experiencing the *Sharia* law.

1.7.8   The Delphi technique

The Delphi technique is a structured process of data gathering (based on the ideas of nominal group techniques and structured idea-generating strategies) that uses a panel of experts to investigate a complex or imprecise issue using a series of structured statements (Mackway-Jones & Carley 2012). The panel of experts is presumed to offer knowledgeable and expert views on the issue that is researched (PHORUS 2009). Among the first applications of the Delphi Policy is one that took place in Canada in 1986, which demonstrated the relevance of such technique (Needham & De Loe 1990). At the time, existing federal and provincial policy and strains were to be tied together in order to secure the tenets of a Canadian national water policy in the form of a statement of goals, priorities and strategies to guide the senior government (Needham & De Loe 1990).

The use of the Delphi technique rather than a workshop proved to be justified, given that the most vocal session members tended to influence the argument path, while reflective thought and expression of alternative viewpoints were often constrained on account of the limited time associated with workshops (Needham & De Loe 1990). The lingering concerns associated with these workshops on Canadian water policy were related to the dynamics of the workshops and whether the country's water resource management experts and research communities were adequately represented (Needham & De Loe 1990).

Group processes, which allow iteration and feedback, have been shown to be more effective than non-group processes (such as individual thinking or an expert group survey) because they allow wide variance in the level of interaction among group members and enable participants to formulate ideas on their own and then revise them following feedback from study moderators (Needham & De Loe 1990). The Delphi technique also solves the problem of interpersonal stress which inhibits creativity caused by dominance of one or more members or lack of oral communication skills, and this has led to its acceptance as a legitimate methodology since the decade of the 1980s (Needham & De Loe 1990). The use

of the Delphi technique in this study is, therefore, an answer to the call by Needham and De Loe (1990) for the application of an idea-generating strategy such as that offered by the Policy Delphi which has been neglected.

1.7.9 Qualitative data gathering

Qualitative research was undertaken in this study in order to gain further insights into the phenomenon of interest (Trochim 2006): namely, women's vulnerability to HIV infection and the possible reasons many women in Indonesia appear keen on being domestic carers. Qualitative research is *"a situated activity that locates the observer within the social world of the interviewees"* (Denzin & Lincoln 2003:4-5). A series of representations of the social world, including field notes, interviews, conversations, recordings, and self-memos was then drawn following the observation (Denzin & Lincoln 2003).

Qualitative researchers, according to Denzin and Lincoln (2003), study things in their natural settings, the aim being to make sense of and to interpret phenomena in terms of the meanings people bring to them as articulated by the research participants during face-to-face interviews. Studied empirical materials that describe routine and problematic moments and meanings in individuals were also used in this qualitative research, while specific meanings as described by the participants were brought into these to allow their interpretation, the aim being to always gain a better understanding of the phenomena under investigation (Denzin & Lincoln 2003).

Therefore, participants in this study were women who were purposefully recruited according to certain selection criteria to gain insights into the meanings they brought to various issues of interest associated with the aims of this research. The researcher sampled with a purpose – hence the term "purposive sampling" (Trochim 2006). She was not concerned with having numbers that matched all the proportions in the population because it was a non-proportional quota sampling.

This meant that the researcher simply strived to have enough participants to ensure that she would be able to talk about even small groups in the population, such as women living in polygamous and contract marriages, women who had experienced the *Sharia* law and women who had entered marriage at a very young age. However, the minimum number of sampled units in each category chosen was specified based on socio-economic, religious and ethnic backgrounds, the goal in this study being to cast a wide net.

1.7.10 Complexity theory

Complexity theory is a way of investigating and discussing phenomena from various disciplines that reductionist analysis (Newell 2008) or traditional scientific insights (Zimmerman *et al* 1998) are unable to do. According to Walby (2004), complexity theory demonstrates the importance of non-reductionist explanations of science, including social science, by addressing the nature of emergence.

A perspective informed by complexity theory is used in this study in order to identify potential sources of novelty in the form of tiny changes that may generate big differences to Indonesia's HIV and AIDS programmes. The use of the lens of complexity theory, for example, allowed for the view of Cuba's achievements in controlling the HIV and AIDS epidemic through an integrated approach which consisted of tracking HIV-infected individuals and offering free access to ART (Gorry 2008; Barksdale 2009).

Similarly, a perspective informed by complexity theory was applied to view Brazil's achievements which were the result of its histories and traditional culture exploration that were used to generate rather than constrain the emergence of new patterns (Kauffman 1995 as cited in Zimmerman *et al* 1998).

The lens of complexity was chosen in this study in order to gain insights not only into the distal factors that appeared to contribute to the perpetuation of the HIV

and AIDS epidemic in Indonesia, but also into those that might offer possible explanations for women's decision to be domestic carers rather than active participants in the public sphere. Complexity theory is discussed in greater detail in Chapter 5.

1.8   STRUCTURE OF THE THESIS

In the following chapter, the readers will find a review of literature upon which this study was based, that is, an overview of HIV and AIDS issues preceded by background information about Indonesia in Chapter 2. Gender issues are discussed in Chapter 3. This is followed in Chapter 4 by discussions on theories related to gender and health-seeking behaviour, and in chapter 5 by discourses on complexity theory and a rationale for such a theory. In chapter 6, the methods used to answer the above research questions are discussed. In Chapters 7 and 8, the results of this study are presented. Chapter 7 describes in detail the results of the interviews with various stakeholders and those of the Delphi exercise in which 23 HIV and AIDS experts participated. In Chapter 8, the results of the qualitative phase involving 28 participants are presented. This will lead to the final chapter, Chapter 9, which contains a conclusion and recommendations for future research.

1.9   CONCLUSION

Indonesia is facing a mounting HIV and AIDS epidemic with increasingly high rates of new HIV infections among married women who now constitute one of the largest groups of people living with AIDS in the country. Most such infections were detected when women became pregnant or when they experienced opportunistic infections. The fact that mainly married women have been found with HIV does not mean that women who are not yet married are less vulnerable to HIV infection or other sexual and reproductive health matters in light of the absence of

comprehensive sex education in schools and lack of HIV testing among the general population. Indonesia's current policy of prevention and treatment appears inadequate, particularly as demonstrated by its failure to significantly increase testing uptakes as well as the number of people living with HIV on treatment, despite the long-standing presence of its National AIDS Commission and large amounts of funding from international donors. This study, therefore, aimed to provide possible solutions to enhance Indonesia's HIV and AIDS policy in the hope that such policy will lead to better outcomes in HIV and AIDS while successfully altering the course of the epidemic. The goal of this study was also to gain insights into the possible reasons for many women in Indonesia appearing to be attached to domesticity.

The background to the identified research problem was given in this chapter. A research problem was articulated, with objectives and a justification of the chosen data-generation strategies and theoretical underpinning of the study. The next chapter will present an overview of HIV and AIDS issues in Indonesia.

CHAPTER 2: AN OVERVIEW OF HIV AND AIDS ISSUES IN INDONESIA

2.1   INTRODUCTION

The downfall of Indonesia's second president, authoritarian General Soeharto, marked the end of the New Order era and the beginning of the country's political transition to a democratic state. This happened amid uncertainties brought about by the economic crisis which precipitated Soeharto's exit from state power in 1998 (Newton 2011:11). Waves of social transformations sprang up among the diverse ethnic groups of the archipelago where on the one hand the revival of the Islam movement and on the other hand the revival of *adat* (custom, tradition), played a significant role in the changing cultural landscape of the Indonesian population. As a result of Islam's assimilation into Indonesia's diverse cultures at the beginning of the eleventh century (Oxford Business Group [OBG] 2010: 9), a plurality of identities has emerged which are constitutive in the transformation process currently affecting the lives of the Indonesian people. These transformations are to be understood as a heterogeneous cultural phenomenon where religion, gender and politics intersect and where health problems, particularly HIV and AIDS, are among the many social impacts that need to be addressed.

This chapter consists of two main sections. In the first section, Indonesia's background is discussed. This is followed by a review of literature on HIV and AIDS issues in the country, in which discussions about the application of a perspective informed by complexity theory in this study are included.

2.2   INDONESIA: A BACKGROUND TO DECENTRALISATION, THE INFLUENCE OF ISLAM AND *ADAT,* AND GENDER ISSUES

In this huge archipelago encompassing a population of 242,3 million in 2013 (World Population Statistics [WPS] 2013), many have moderate ideas on gender equality and women's independence, but the view on patriarchy persists (JICA 2011). It is not clear what JICA meant by this last statement but it may be alluding to the fact that state regulations currently do not reflect gender equality initiatives although many are aware of the problem of gender inequality. While the costs of corruption are borne disproportionately by the poor (World Bank 2003:5), women and girls are disproportionately affected by poverty.

Wide gaps in socio-economic status exist not only between the rich and the poor, but also between urban and rural populations and between regions. Indonesia is the largest archipelago in the world, comprising a total of around 17 000 islands (National Geographic n.d.). It is home to more than 300 ethnic groups and has the greatest biodiversity in the world after Brazil (Harper n.d.). The fact that Indonesia is an archipelago has largely contributed to socio-economic inequalities, mostly as a result of inadequate infrastructure to connect remote sites to centres of economic activities. Java, where more than half of Indonesia's population live, is one of the major five islands and the most developed one, as it serves as the national economic and political centre (Harper n.d.). Yet, even in Java, socio-economic levels vary among the population. Although development has benefited the more privileged households in Indonesia, over 20 million people in Java are struggling to survive as a result of inadequate sanitation, food supplies and health care (Pattirane 2010).

Indonesia's middle class is small but growing (Smith-Hefner 2009). The number of Indonesian families who were able to enjoy a middle class lifestyle was estimated only between 7 and 10 per cent in the early 1990s (Chalmers 1993 as cited in Smith-Hefner 2009). Civil servants are the largest group among the emerging

middle class, while other segments include professionals such as engineers and doctors, entrepreneurs, employers, and merchants (Dick 1985 as cited in Smith-Hefner 2009). While it is interesting to note that no reference to the Chinese among the middle class was made, the omission is probably due to widespread perception that Chinese minority groups, which account for about 3 per cent of Indonesia's population (Turner 2003), mainly constitute part of the tiny upper class. Chinese identities were politically contested under the New Order regime as these minorities were portrayed as controlling a substantial part of the country's wealth, that is, up to 70 per cent of economic activity (Turner 2003).

In fact, in the late 1997, just before President Soeharto was forced to resign from state presidency, tensions were building up as a result of the extreme poverty brought about by the economic crisis, compounded by the perceived wealth of the Chinese population (Turner 2003). Despite differences in region, ethnicity, and religion, Indonesia's middle-class groups share common lifestyles and consumption patterns that distinguish them from most Indonesians who live in poverty (Smith-Hefner 2009). In 2011, Indonesia's middle class was estimated to account for 30 per cent of the population (Politik Indonesia 2011) which, therefore, implies a significant growth over a span of some 20 years.

While fiscal decentralisation successfully contained separatist pressure, this was done in a manner that favours resource-rich provinces, thus rendering regional inequities more prominent (Von Luebke 2011). The Asian economic crisis in 1997 impacted both men's and women's participation in a variety of community development activities such as neighbourhood upgrading projects, but women are reducing their activities in *posyandu* (community health care posts) where health services are offered monthly (Frankenberg, Thomas & Beegle 1999:v) in the form of antenatal and postnatal care, and child immunisation.

Such disparities are not obvious when one looks briefly at Indonesia's general profile. In 2009, for example, life expectancy at birth was 68,8 years for men and 72,7 years for women. While infant mortality rates are decreasing, maternal

mortality rates have increased substantially in the past six years, reaching 359 deaths per 100 000 live births according to the 2012 Demographic and Health Survey (2012 as cited in International Federation of Gynecology and Obstetrics [FIGO] 2014). Moreover, the main cause of morbidity in Indonesia is communicable diseases, with around 250 people dying each day of tuberculosis, and malaria and dengue fever reported every year (JICA 2011). As far as the HIV and AIDS epidemic is concerned, although the national adult HIV prevalence is currently 0,27 per cent, it is one of the fastest spreading epidemics in Asia, and women are now the most vulnerable group to HIV infection (INAC 2009a).

Soon after the downfall of General Soeharto who ruled the country despotically for 32 years, gender mainstreaming in national development was introduced through a presidential decree in 2000 (JICA 2011). In 2001, Indonesia had its first female president, Megawati Soekarnoputri, who is the daughter of Indonesia's first president, Soekarno (World Press Review 2001). Few women, so far, participate in key decision-making at the national and regional level. In 2009, the rate of women's participation in the parliament was approximately 18 per cent of the total number of elected members (JICA 2011). In 2013, the General Election Commission issued Regulation No. 7/2013 (Komisi Pemilihan Umum [KPU] 2013) which compels a minimum of 30 per cent in women's participation in parliament at provincial and regional (district/city) levels. In order to allow women to impact on political processes through their participation in decision-making bodies, however, Hjelm-Wallen (2005) argues that it is necessary not only to increase their number in parliament but also to find solutions to improve their effectiveness by identifying ways in which they can impact on politics.

Many women work in the agriculture sector, accounting for around 75 per cent of the workforce in rice production. Women's roles in agriculture are very important because their work is related to sustainable food and/or income supply in their daily lives (Martiningsih 2011). While little research on the role of women in managing bio-security has been conducted, none has addressed how this can be maximised (Martiningsih 2011). The involvement of the community in various

activities tends to enhance bio-security awareness (Untung 2007 as cited in Martiningsih 2011) but poor communities in remote areas have for a long time been neglected by local and national authorities as well as by international donors (Martiningsih 2011). Many other women are engaged in fisheries where they handle fish processing and marketing (JICA 2011).

The rate of women's participation in waged employment in Indonesia was 51 per cent in 2011 and remained at this level in 2012 (World Bank 2013). However, in comparison with the male counterparts, female workers earn an average of 78 per cent of what male workers earn for the same jobs (JICA 2011). While more men than women are recruited in employment that does not offer flexibilities of work styles such as part-time jobs, many women are engaged in the informal sector, especially in domestic work (JICA 2011).

The Law on Domestic Workers, which has been on the legislative agenda since 2010, has not been finalised, while Indonesia has yet to ratify the International Labour Organisation (ILO) Convention No. 189 on Decent Work for Domestic Workers which was adopted in 2011 (Amnesty International [AI] 2014). The latest available statistics reveal that domestic workers in Indonesia numbered 2,6 million in 2004, mostly women or girls (AI 2014). According to ILO (2006), these workers are not protected by formal regulatory systems, and their employment relationships with their employers are largely based on trust.

While trust may be enough for many, ILO (2006:7) insists that the absence of regulation can lead to *"physical, mental, emotional or sexual abuse and exploitation"* of domestic workers. In particular, such a regulation should reasonably limit working hours; provide adequate pay and living conditions as well as legal provisions for the specific needs of women (AI 2014). Indonesia was recently criticised for not putting order in its own house first, when it reacted strongly to the abuse of an Indonesian domestic worker by her Hong Kong employer for seven months (Banu 2014). While there has been an increasing number of government regulations related to women and men employed as

domestic workers abroad, domestic work in Indonesia has largely remained an unprotected and exploitative form of employment (ILO 2006).

While it is of course necessary to provide some legal protection to domestic workers, if the provisions are too strict, however, the regulation may impact negatively on employment rates as well as law enforcement. For example, if a minimum wage is set too high, it is likely that potential employers may decide to do without the help of a domestic worker as they may not be able to afford the extra costs involved, or both employer and domestic worker may eventually agree to a wage that is less than the minimum amount required, leading to a breach of the regulation.

In addition, if a minimum age is set too high, potential domestic workers who are still underage but are in need of an employment, are likely to continue to be a burden to their family or may even decide to engage in commercial sex work. This is of course a double-edged sword for Indonesia, given that child labour is generally illegal. For example, in the state of New Jersey, USA, the minimum age of employment is 16 years (Department of Labour and Workforce Development [DLWD] n.d.). Nonetheless, such concerns need to be taken into consideration if the aim of the Law on Domestic Workers is intended for the empowerment of women and girls.

Indonesia's rapid political decentralisation process that began in 2001 brought about massive changes as public services moved from centralised to decentralised systems. Although few problems in the logistics were apparent at the beginning of this radical move, several key issues have emerged (Hofman & Kaiser 2002). To resolve these issues, the government needed to carefully balance its wish to maintain a unitary state with the aspirations of the regions, and the opportunities offered by a more decentralised system of government (Hofman & Kaiser 2002).

Guidelines for the implementation of gender mainstreaming in the region were

issued in 2008 through a regulation by the Ministry of Home Affairs, and gender responsible budgeting has been implemented since 2009 through seven ministries appointed as pilot institutions responsible for the task, through a regulation by the Ministry of Finance. A Gender Equality Bill drafted in 2011 (JICA 2011) is still under discussion in parliament but will probably not be passed any time soon, considering strong opposition from conservative Muslim groups, which is discussed in greater detail in Chapter 3.

Decentralisation presents challenges for equity in terms of human resources in many fields including the health sector (Thabrany 2006). As mentioned earlier, huge gaps in socio-economic matters exist among regions. For example, health indicators are generally better in Java and Bali, while regions in eastern Indonesia lag behind; but disparities also occur in other sectors (World Bank 2008b:3). Given that perception of the nature and the benefits of decentralised health systems, especially in terms of private and public health, policies and programmes, vary across regions, competition among the various government sectors to receive a bigger allocation of the state budget has left the health sector relatively under-funded in most regions (Thabrany 2006). The lack of priority for adequately funding the health sector threatens to impair the sector further.

The World Health Organization (WHO) recommends that states allocate 15 per cent of their national budget to the health sector, while Law No. 36/2009 on Health (IMOH n.d.(a).) in Indonesia requires that districts allocate a minimum of 10 per cent of their budgets. However, the actual spending of the national budget for health spending has decreased from 2,02 per cent in 2008 to 1,7 per cent in 2010 (World Vision 2012). Thabrany (2006) also points to huge gaps between the available and the estimated health care personnel by referring to the sudden increase in the number of education institutions designed to fill the void, thereby posing a threat to quality training in the health care field.

In the 1970s, Indonesia embarked on a massive expansion of basic social services, including health, which led to a rapid increase in health care centres,

doctors, nurses and midwives. In 2009, there were 8 683 health community centres in Indonesia. These centres are referred to as *puskesmas*, and each has at least one physician and two nurses. Each sub-district has at least one *puskesmas*, with a national ratio of 3,80 per 100 000 of the population in 2009, and 1 079 general hospitals in 2008 owned by the government and the private sector (IMOH 2011(d).). However, health care workers are not evenly distributed across the archipelago, as most prefer to work in urban areas. On average, there are 13 doctors per 100 000 of the population, with some provinces, such as Lampung in Sumatra, having as few as six doctors per 100 000 of the population (World Bank 2008:3).

The problem of low coverage is compounded by absenteeism, as up to 40 per cent of doctors have been found to be absent from their posts during working hours, without valid reasons. While Indonesia's doctor ratio is the lowest in Asia, the percentage of nurses is relatively higher compared with that of its Asian neighbours; but many of these are poorly qualified and are not allowed to provide the required care (World Bank 2008:3).

Access, availability and utilisation of care in Indonesia are affected by socio-economic and cultural issues. As a result of a maternal health policy which has been in effect since 2009, institutional delivery is free of charge, while securing availability and distribution of skilled birth attendants in underserved areas with a village midwife programme has been a focus of government interventions for the past 15 years (United Funds for Population Activities [UNFPA] 2011). Efforts to improve maternal and child health as well as family planning services are focused on the central role of the village midwife. However, these midwives are often absent from their assigned posts in the villages (Heywood, Harahap, Ratminah & Elmiati 2010). In their study of three districts in the West Java province, Heywood *et al* (2010) claim that 30% of village midwives had moved to another location. Among those who were present, the types of services provided were not comprehensive, while services varied among districts (Heywood *et al* 2010).

The midwives' decisions to move to other areas, as well as the mix of services offered, appear to be mainly associated with opportunities to gain better incomes through private practice (Heywood *et al* 2010). Based on 2008 estimates from country data and WHO, Indonesia's midwifery workforce numbers 93 889 midwives including nurse-midwives, who are authorised to prescribe life-saving medications (UNFPA 2011).

So far, decentralisation has failed to improve health care service delivery owing in large part to the current regulations for civil service which restrict the local governments' authority in managing their personnel (World Bank 2008b:4). Local governments have limited flexibility in deploying health care workers or in sanctioning staff. Moreover, local governments do not appear to heed regulations from the central government. For example, the Presidential Decree No. 13 issued in 2010, which was destined to accelerate the implementation of the Millennium Development Goals (MDGs) programmes, including equitable development programmes especially related to HIV and AIDS (JICA 2011:23), has not resulted in special budget allocations by the local governments as instructed in the decree.

Conflicting policies, lack of coordination among government bodies and weak enforcement of the law and regulations have been identified as barriers to the smooth implementation of programmes and the promotion of human rights (INAC 2009a:36).

Inequity between long-established and newly-formed local governments was confirmed in Qibthiyyah's (n.d.) study that examined whether the rise of new local governments improved the quality of education and health care outcomes. Qibthiyyah (n.d.) examines the potential impact of the proliferation of local governments based on municipality panel data from 1993 to 2005 and acknowledges that such an impact was not uniform across the local governments. Her results reveal improved education outcomes in new local governments as demonstrated by a reduction in the drop-out rate, while improvement in infant mortality rates only occurred in those local governments that already existed prior

to the decentralisation process, but not in the newly-formed ones.

Socio-economic disparities are certainly not an exclusive feature of Indonesia's society. Across the globe, various inequities have created wide socio-economic gaps between developed and developing countries, between large and small companies, between the rich and the poor (Boler & Archer 2008). To some extent, these disparities may be a consequence of neoliberalism which, according to Kotz (2002) has dominated economic policymaking in the US and the UK over the past twenty years. While the USA has been successfully dictating neoliberal policies in many developing countries through the International Monetary Fund (IMF) and the World Bank as well as through direct pressure, widespread resistance in continental Western Europe and Japan has so far limited the influence of neoliberalism in those parts of the world, despite the support of strong advocates and the USA's persistent attempts to impose neoliberal policies on them (Kotz 2002).

The resurgence of neoliberalism, according to Kotz (2002), can be explained in part by the changed competitive structure of world capitalism which has altered the political posture of big business with regard to economic policy and the role of the state, thereby turning large corporations into an opponent of state-capitalism. The recommendations of neoliberalism include business deregulation, privatisation of public activities and assets, cutbacks in social welfare programmes and tax reduction on business and investment, while it calls for free movement of goods, services and money across national boundaries (Kotz 2002).

Neoliberalism was viewed as an alternative to the Keynesian [12] regulationist approach which became disadvantageous to corporate interests and was deemed capable of serving as an ideological basis for reducing the scope of state programmes that were regarded as constraining profits (Kotz 2002). As regards the relationship between neoliberalism and globalisation, Kotz (2002) argues that

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[12] The word "Keynesian" refers to the economic theories of John Maynard Keynes, particularly those advocating government monetary and fiscal programmes aimed at increasing employment and stimulating business activities ('The Free Dictionary' n.d.).

globalisation is not just a result of the rising influence of neoliberal policies; rather, to some extent, it reflects a long-run tendency in the capital accumulation process. However, once neoliberalism becomes dominant, the process of globalisation is accelerated (Kotz 2002). In Kotz's (2002) view, world capitalism faces a future of stagnation, instability and a potential social breakdown if liberalism continues to be the dominant ideology and policy stance. Unfortunately, possibilities for a move back toward state-regulated capitalism are not for the foreseeable future (Kotz 2002).

Generally speaking, at the root of socio-economic gaps is a system that fails to deliver equitable services, thereby causing recipients to suffer from education disparities which, in turn, lead to other inequalities, including those relating to gender and health care. Education is central in HIV prevention but most children in most countries with low resources do not have the opportunity to secure their right to education (Boler & Archer 2008). A dramatic increase in both the number of public schools and state-funded Islamic schools occurred during the New Order period from 1966 to 1998 (Smith-Hefner 2009).

Primary education was made compulsory, first encompassing six years of primary education, then extended to include three years of junior high school education; since1994, compulsory basic education in Indonesia is nine years, focusing on the age group of children between 7 and 15 years old. In the year 2000, to ensure a full course of primary schooling for all boys and girls, universal primary education was set as a specific target in a new plan for women's education formulated by the United Nations and adopted in the MDGs (Connell 2010). While literacy rate in the country is 92 per cent, the literacy rate among females is lower than among males, that is, 89,6 per cent vs 95,6 per cent (World Bank 2008a; JICA 2011).

Indonesia's maternal mortality rate which stood at 228 deaths per 100 000 live births in 2007, was already the highest among South-east Asian countries, causing concerns that this country may not meet the MDG for maternal mortality rate by 2015, as stated in the Indonesia Demographic Health Survey (IDHS

2007:xxvii). Each year, millions of women become unintentionally pregnant in Indonesia (Sedgh & Ball 2008). In the absence of reliable evidence, Sedgh and Ball (2008) estimate that about two million induced abortions occur each year in the country and suggest that abortion is a common occurrence under conditions that are often unsafe. Deaths from unsafe abortion represent 14 to 16 per cent of all maternal deaths in South-east Asia (Sedgh & Ball 2008). As regards the rate of malnutrition among children under the age of five, however, 8,4 per cent in 2007, more boys were malnourished than girls (JICA 2011).

The movement toward decentralisation of government's control and regional autonomy also saw an increasing number of sub-regional authorities which began to introduce elements of the Islamic law, S*haria*, into their legislations, often affecting women disproportionately through restrictions which are not imposed on men (Brenner 2006). Such restrictions include the compelled adoption of veiling and night-time curfews forbidding women to venture outside their homes after sunset unless accompanied by a man. The newfound freedoms of the post-Soeharto era combined with the dynamics of global Islam have in tandem incited a conservative backlash against liberalisation in the cultural sphere and allowed for the growth of fundamentalism (Brenner 2011).

Following the state institutionalisation of religion in the 1950s and the world Islamic revival movement in the 1970s, Islamic Orthodoxy in Indonesia was consolidated and renewed, owing much to its construction as a symbol of modernity, progression and development, which made being a Muslim socially fashionable (Howell 2001; Mulder 1996 as cited in Smith 2009). The Muslim movement was accompanied by the dramatic growth of interest in the study and practice of forms of Islam that have been purged of local heterodoxy (Brenner 2011). In the post-Soeharto era, the Islamic revivalist movement shares one point in common with the *adat* revival: namely, a strong concern with transcending the New Order's perceived immorality and with building a new moral order as the basis of a democratic nation (Brenner 2011).

Moral discourses are essentially linked to the endemic corruption which has resulted from the economic system established under the Soeharto regime which, according to the Indonesia Corruption Eradication Commission, remains a serious challenge in Indonesia (Komisi Pemberantasan Korupsi [KPK] 2006:3). This system was described as a form of "crony capitalism" which relied on patronage and nepotism, and created quasi-feudal structures in the civil service. At the same time, matters of gender and sexuality, and the female body itself, have become key arenas in which contests over democratisation as well as Islamic morality are waged, particularly between conservative and liberal Muslims (Benner 2011).

A key element in the construction of Indonesia's new national image is that of a national "communalism" or "collectivism" as opposed to Western individualism (Henley & Davidson 2008:826). This was inspired by the so-called "communal trait" in *adat*, which entails placing the interests of the community, as a whole, based on harmony and solidarity, above those of individuals, including the protection of their rights (Henley & Davidson 2008). Social order in Indonesia was, therefore, rarely egalitarian, given that the communities were dominated by traditional elites whose interests were a priority (Henley & Davidson 2008). As argued by Antlov and Hellman (2005:9), *adat* originally evolved in the interaction between colonial and local forces. In time, the *adat* system has been subjected to manipulation by diverse indigenous elites to maintain their wealth and status and exploited by colonial powers to serve their purposes (Antlov & Hellman 2005). A significant question raised by Henley and Davidson (2008:818.) was *"… to what extent those who claim to speak for the communities really represent their members?"*

As discussed above, wide socio-economic disparities occur in Indonesia and elsewhere. It is not clear to what extent neoliberalism and globalisation may have played a part in creating or exacerbating these gaps, as other factors may also have contributed to the unequal socio-economic conditions among and between diverse segments of societies across the world. In Indonesia, corruption, political favouritism and the decentralisation process itself are significant factors that need

to be taken into consideration. Other determinants include *adat* and Islamic revival movements which have transpired in the newfound freedoms afforded by the country's transition to a democratic government following the downfall of its authoritarian president in 1998. Whether gender inequality may also have played a part in these disparities is, no doubt, largely contingent upon how one chooses to interpret such a concept.

2.3   HIV AND AIDS AND THE MOUNTING VULNERABILITY OF WOMEN

The first AIDS case in Indonesia was diagnosed in 1987 in a foreign tourist in Bali. By December of the following year, the official number of reported HIV cases was 819, out of which 227 were full blown AIDS (IMOH 1998 as cited in INAC 2009a: vii). Like a number of its Asian neighbours, Indonesia had low HIV prevalence rates until the late 1990s which then shot up with the rise in illegal drug trafficking following the downfall of General Soeharto in 1998.

Figure 2.1 (see the next page) depicts the number of HIV and AIDS cases diagnosed in Indonesia from 1987 to 2011, showing that the aggregate number of HIV cases has largely outpaced that of AIDS cases by 2011.

HIV transmissions through heterosexual intercourse have increased rapidly and overtaken the rate of transmission through injecting drug use which earlier was the main mode of infections (JICA 2011). By December 2011, the number of heterosexual transmissions was 14 775 while the number of infections through IDU was 9 392 (IMOH 2011c). The growing trend in HIV heterosexual transmissions implies that women are increasingly vulnerable to HIV infection. It also means that married women are at particular risk of contracting the virus as they are likely to be infected by their husbands.

Figure 2.1: Cumulative number of HIV and AIDS cases diagnosed between 1987 and 2011

Jumlah Kumulatif Kasus HIV-AIDS
Cumulative HIV-AIDS Cases
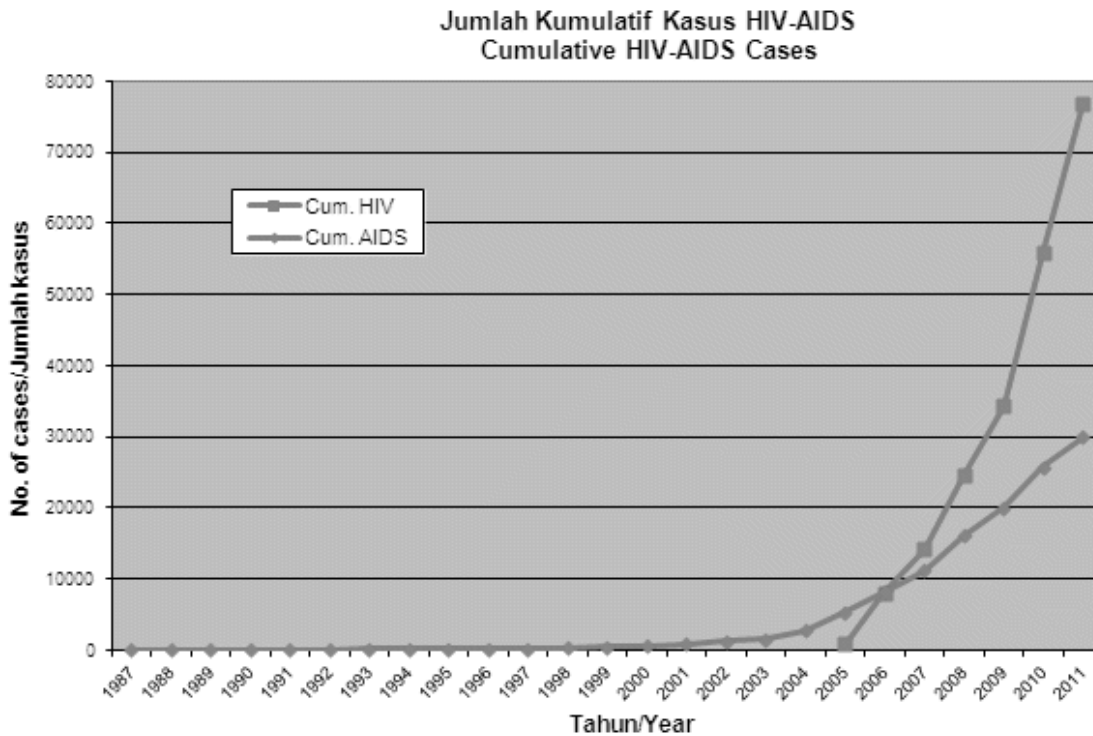
(Source: Indonesian Ministry of Health)

While husbands may have become HIV-positive as a result of injecting drug use or homosexual intercourse, it appears that local authorities regard commercial sex work as the most significant contributor to men's HIV infection. Such men are referred to as "High Risk Men" (HRM) and specific outreach interventions to educate clients of sex workers about safer sex have been undertaken. This strategy was also based on the understanding that female sex workers (FSW) are in general unable to demand condom use during sexual intercourse with their clients, owing to unequal gender relations. Money is regarded as the main reason for women to engage in sex work; therefore, FSW are seen as often compelled to comply with their clients' wishes.

In terms of outreach interventions, targeting HRM in brothels and other places where men are likely to buy sex (e.g. discotheques, bars, karaoke places and

massage parlours) has revealed to be inefficient and will probably become less effective. Such interventions have been unable to reach most HRM, as these men do not always buy sex in obvious places. In addition, information received at *aids-ina* reveals that many HRM do not use condoms not because they don't understand the risks involved in unprotected sex, but because they put pleasure above safety. These compounding factors appear to explain in large part why a growing number of married women have been infected with HIV. Furthermore, with donor support for AIDS programmes slipping away, the anticipated funding cuts are likely to impact significantly on outreach interventions, as many NGOs are mainly supported by such funding and most of these will probably fade away after 2015.

Indonesia's national HIV prevalence is estimated at 0,27 per cent among the age group of 15 to 49 years (INAC 2012:1). Although the epidemic is still largely concentrated among the so-called risk groups and although some areas have reached a "generalised" stage, that is, the two provinces of Tanah Papua in the eastern part of the archipelago, where HIV prevalence was 2,4 in 2006, it is among the fastest spreading in Asia (INAC 2009b:375). By 2008, AIDS cases had been reported in all provinces except one: namely, West Sulawesi (IMOH 2008).

As of 2002, it was estimated that approximately 12 million to 19 million people were at risk of being infected by the HI-virus, as unsafe sexual behaviours were observed in various vulnerable groups in different towns in Indonesia (IMOH 2003 as cited in INAC 2009b:335). These groups consist of IDUs, female sex workers, male clients of female sex workers, men who have sex with men (MSM) including male sex workers, gays, and transgendered people and their clients, and sexual partners of people in these groups (INAC 2009b). In 2009, the number of people estimated to have been infected by HIV was 300 000 (SEARO-WHO n.d.). By December 2011, however, reported cumulative HIV and AIDS cases had remained low, that is, 106 758 with 5 430 AIDS-related deaths (IMOH 2011b). Few people have accurate knowledge about HIV and AIDS and fewer know their HIV status as discussed further below.

The monopoly of drug patents owned by large pharmaceutical companies has led to some scepticism over the discovery of a "cure" for HIV and AIDS, considering that these companies draw immense benefits from the "AIDS Industry" through their antiretroviral (ARV) drugs which are in fact "life-long" drugs, and taking into account the ongoing recession which affects even the richest countries in the world. Indonesia is greatly affected by funding cuts from international donors. The current shortage in funding for HIV and AIDS programmes amounts to US$ 160 million, while an estimated 214 million US$ is necessary to cover activities in all 33 provinces. The Secretary of the National AIDS Commission has called for government funding to cover at least 40 per cent of the shortage (Yul 2012). Although domestic funding has been increasing at around 20 per cent per year since 2003, it is still far from adequate (INAC 2009a:87). Indonesia's international donors for its HIV and AIDS programmes include bilateral partners through the Indonesian Partnership Fund for AIDS (IPF) which encompasses the United Kingdom (UK), Australia and the United States of America (USA), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) (INAC 2009a).

In most countries across the globe, HIV and AIDS are considered epidemics. In Indonesia, however, these have not been recognised as such. The list of epidemics issued by the Health Ministry in 2010 mentions 17 communicable diseases with epidemic potentials but HIV and AIDS are not among them (IMOH 2010a). The reason for this exclusion is unknown, although an official from the Indonesian AIDS National Commission explained that it would be cumbersome to treat HIV and AIDS as an epidemic as it would require that all those living with HIV remain isolated in quarantine.

To understand the nature of the HIV and AIDS epidemics in Indonesia, various subjects are addressed in the sub-themes below. They include widespread ignorance about HIV and AIDS and low levels of condom use; the main groups increasingly at risk of HIV infection; commercial sex work; injecting drug users; counselling as part of HIV testing procedures; anonymous and internet-based HIV

testing; antiretroviral drugs; political determinants of health; and HIV and AIDS through the lens of complexity theory.

2.3.1 Widespread ignorance about HIV and AIDS and low levels of condom use

Globally, the central role of primary prevention, including behaviour change, in the fight against HIV and AIDS has been increasingly recognised (WHO/UNAIDS, n.d.:8). The role of the mass media in general as an important tool in primary prevention to increase awareness about HIV and AIDS has equally been acknowledged (see, for example, United Nations Educational Scientific and Cultural Organization [UNESCO] 2001:19). The study by Halperin, Mugurungi, Hallett, Muchini and Campbell (2011) on the crucial factors that helped to bring down the rate of HIV infection among adults in Zimbabwe from 29 per cent in 1997 to 16 per cent in 2007, demonstrates that prevention programmes using both the mass media and church-based, workplace-based, and other inter-personal communication activities appear to have largely contributed to behavioural changes.

So far, there have been no systematic HIV and AIDS campaigns organised by the National AIDS Commission through the mass media in Indonesia. This is because this type of campaign is not deemed appropriate by local authorities for countries with a relatively low HIV prevalence[13] (despite the availability of large amounts of funding provided by international donors before the global recession). Lyn and Wulandari (2011) identify ignorance about HIV and AIDS as a major factor fuelling the epidemic. Such ignorance is widespread among the general population and is also prevalent among high-risk groups where HIV programmes conducted by various NGOs have reached fewer people in 2011 compared with 2007 (IMOH

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[13] This is in response to a comment made by the researcher at a meeting on June 20, 2011 at the National AIDS Commission. The explanation was offered by the secretary of the Commission to explain why mass media campaigns have not been undertaken to reach out to the general population.

2011c). Even now, the basic HIV prevention formula known as ''a, b, c'' (which stands for abstinence, be faithful and condom use) remains widely unfamiliar to the general population. In Indonesia, this basic formula has been extended to include "d'' and "e" which stand for "drug" (no drug use) and "education" respectively. However, "be faithful" continues to be retained as the definition of "b" without further clarification, which tends to be misleading, considering that many *faithful* wives have become infected although they have not engaged in extra-marital relationships. Already in 2008, many AIDS-bereaved women interviewed by the researcher expressed bewilderment about having contracted the virus because they had stayed faithful to their husbands (Damar 2008).

Accurate knowledge of HIV and AIDS transmission modes and prevention methods among young people between 15 and 24 years of age is low, that is, 14,7 per cent among married men, 9,5 per cent among married women (JICA 2011). Such knowledge is even lower among unmarried people, that is, 1,4 per cent among males and 2,6 per cent among females (JICA 2011). The findings of the 2011 Integrated Behaviour Biological Survey (IBBS) also confirm low levels of knowledge of HIV and AIDS among Indonesians (IMOH 2011c). In fact, compared with the results of a similar survey conducted in 2007 among various high-risk and vulnerable groups including young people, there has been a significant decrease in knowledge of HIV and AIDS (IMOH 2011c).

However, the survey also indicates that most respondents have correctly identified faithfulness to one's sexual partner and condom use as HIV prevention methods and correctly mentioned needles and mother-to-child as modes of transmission. IDUs scored the highest in HIV and AIDS knowledge: namely, 44 per cent, while prisoners scored the lowest at 12 per cent. Of note, the 2011 results are not entirely comparable with those of 2007 owing to the addition of more testing sites in the 2011 statistics (IMOH 2011c). Despite the inclusion of additional testing sites, however, the 2011 survey only covered 11 of the total 33 provinces in Indonesia.

The results of the 2011 survey also suggest that condom use in general has decreased (IMOH 2011c). In 2007, the percentage of men aged between 15 and 49 who reported having had sex with a sex worker in the past 12 months and who used a condom during the last paid sexual intercourse was 51,33 per cent (INAC 2009a:11). During the last week of 2011, condom use remained generally low although the target, set at 35 per cent for female sex workers, was reached. Among IDUs, only 35 per cent reported using a condom the last time they had sexual intercourse. This indicates that the situation has remained stagnant compared with that in 2007 with 33,9 per cent of IDUs reporting condom use. Condom use among transgendered persons was the highest among the groups surveyed (IMOH 2011c).

Various constraints are facing condom promotion activities in Indonesia, mainly as a result of a lack of strong political support. In some cases, enforcement of such programmes is weak or non-existent despite the support of local legislations (INAC 2009a:60). Unlike other Asian countries which have successfully implemented "100 per cent condom use", conservative religious groups in Indonesia consider such programmes as encouraging promiscuity. As many policymakers are afraid of risking their careers by putting their weight behind condom promotions, condom distribution is limited to brothels (INAC 2009a:59-60).

Promiscuity, known as *seks bebas*, is associated with the perceived immoral sexuality of Western societies (Bennett 2005:40). Globalisation of sexual norms and values is commonly seen as a significant threat facing contemporary Indonesian youth as it represents *"a symbol of cultural Westernisation and therefore moral degradation"* (Harding 2008). Harding (2008) argues that one way of positioning Indonesia on a higher moral ground is by shifting the blame for behaviours regarded as morally deviant onto Western culture, which, therefore, becomes a process of "othering" the West.

2.3.2 Married women and adolescents as groups increasingly at risk of HIV infection

Few studies have examined the relations between gender-based power differences and the stigmatisation of people living with HIV (Mbonu, Van de Borne & De Vries 2010). In Nigeria, clear disparities in the negative reaction to women and men living with HIV were found and these led to the conclusion that women's generally low status in society plays a significant role in the extreme negative reactions to which women living with HIV are subjected (Mbonu *et al* 2010).

In Indonesia, an increasing number of women have been infected with HIV, reaching 25 per cent of all cases by December 2009 (INAC 2009a:vii). This high rate, however, may be due to the fact that few women had been tested by then and those found with HIV were mostly women who experienced serious opportunistic infections and, therefore, consulted physicians. Yet, few are aware of the availability of Prevention of Mother-to-Child Transmission (PMTCT) services. The first PMTCT intervention in Indonesia was a pilot project conducted by *Yayasan Pelita Ilmu*, a non-governmental organisation (NGO), which started the initiative in 1999 in Jakarta and then expanded its outreach programme to six other provinces in 2007 (Imelda 2011). By 2009, the intervention was implemented in eight provincial capital cities. The HIV prevalence rates found among a total of 11 693 pregnant women who were tested from 2003 to 2009 increased from 0,36 per cent in 2003 - 2006 to 0,52 per cent in 2008 and to 0,54 per cent in 2009 (Besral 2011).

The low visibility of PMTCT interventions is largely due to the fact that Prong 3 (preventing mother-to-child HIV transmission) and Prong 4 (providing support and treatment to HIV positive mothers, their infants and their families) are not integrated in the existing national antenatal care (ANC) services [14], while no

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[14] This information was provided at *aids-ina* by an official from the national AIDS Commission on June 17, 2012 in reply to a question by the researcher.

systematic HIV testing has been implemented among pregnant women. By 2011, fewer than 0,1 per cent of all pregnant women in Indonesia had undergone HIV testing (Loo, Mesquita, Seguy, Barreneche, Sharma, Pendse, Wi & Lo 2012). A recent survey conducted among pregnant women in a region outside of Papua that showed an HIV prevalence rate greater than 1 per cent was dismissed as *invalid* (Damar 2011). According to more recent data, while fewer than 1 per cent of ANC clients have been tested for HIV, 3 per cent of these have been found to be HIV positive (IMOH n.d. as cited in INAC 2014). In other words, HIV prevalence rates among pregnant women have increased significantly since 2009.

In Indonesia, at least four antenatal visits are recommended during pregnancy. Antenatal and postnatal care services are mainly provided through the health centres, *puskesmas and posyandu* (Titaley, Hunter, Heywood & Dibley 2010) Although widespread, ANC services have been underutilised (Titaley *et al* 2010). A study in West Java indicates that factors strongly associated with such underutilisation are:

- Mothers from rural areas and from the outer Java-Bali region
- Mothers from households with a low wealth index
- Mothers with a low level of education
- Women with high parities
- Women with birth intervals of fewer than 2 years
- Great distances to health care facilities
- Mothers less exposed to mass media
- Mothers reporting no obstetric complications during pregnancy (Titaley *et al* 2010)

The Population Attributable Risk showed that the combined low household wealth index and low maternal education level accounted for 55% of the total risks for underutilisation of ANC services (Titaley *et al* 2010). In fact, only 66 per cent of pregnant women had four or more antenatal care visits. This level of coverage is below the target of 90 per cent in the maternal health programme (IDHS 2007: xxv). According to World Vision (2012), a major reason for *Posyandu*'s

underutilisation is incomplete services, as these community health posts which are a form of outreach services that are run voluntarily by the community (cadres), mostly operate only once a month.

Besides widespread ignorance about HIV and AIDS, other factors also contribute to women's vulnerability to HIV infection. For many, marriage is no longer a safe place, including in Indonesia. For a large number of women in Africa, the greatest risk of HIV infection lies in their marriages because unprotected sex with their husbands has become the greatest source of HIV infection (Stephenson 2010). As stated by Jacubowski (2008), married women's risk of HIV infection is mainly associated with their husbands' behaviours. In Indonesia, for example, condom use during commercial sex is low, while many married men have extra-marital male or female partners (IMOH 2011c) that may or may not involve paid sex, or are polygamous. Polygamy remains relatively common and appears to be increasing (Nurmila 2009 as cited in Parker 2012). As a result of a negotiated compromise that removed the provisions most offensive to Islamic interests, the 1974 Marriage Law (IMOE n.d.(a).) did not prohibit polygamy although it imposed restrictions on such practices (Brenner 2011).

Furthermore, early marriages are still common among girls in the villages or members of specific ethnic groups (Jacubowski 2008). Although the 1974 Marriage Law (IMOE n.d.(a).) which sets a minimum age of 16 years for women has helped to raise the age at marriage, the average age at marriage is still low in Indonesia in comparison with other South-east Asian countries (Jones 2002 as cited in Jacubowski 2008). There are concerns that a dispensation as stipulated in the Marriage Law is often provided by the religious courts to allow women below the age of 16 to marry at the request of their legal guardians, generally those who become pregnant (AI 2012). According to the 1998 1999 Indonesia Baseline Survey of Youth Reproductive Welfare quoted by Jacubowski (2008), 27 per cent female vs 2,8 per cent of male respondents were married at age 15 or younger in 1998. The youngest age at marriage was found among West Java Muslims and Madurese speakers in East Java (Jones 2001 as cited in Jacubowski 2008).

Only married couples (61 per cent) have access to family planning services and contraceptive use (JICA 2011). The sexual needs of young people are not generally acknowledged and HIV policy agendas tend to ignore married adolescents (Jacubowski 2008). As noted by Jacubowski (2008), HIV and AIDS strategies do not take into account the limited knowledge of these adolescents about reproductive and sexual matters, thus overlooking the fact that comprehensive sex education is not taught in schools and information on contraceptives, in particular condoms, is not included in reproductive health programmes for adolescents, for fear of being seen as promoting pre-marital sex (AI 2012).

The sexual and reproductive health needs of Indonesian adolescents are a growing concern for many, including parents, religious leaders, education providers and policymakers (Harding 2008); and yet, political will for the implementation of comprehensive sex education in schools remains weak, most likely as a result of pressures from conservative Muslim groups. Open discussions on sex and sexuality are considered taboo in Indonesia, which may explain, to some extent, why these topics are not taught in schools and why parents often feel embarrassed discussing them with their children (Jacubowski 2008; INAC 2007:10). However, the inverse may also be true. Since sex education is not taught in schools and since parents do not talk about sex and sexuality with their children, discussing these topics openly is perceived as taboo in Indonesia. Interestingly, a high 82 per cent of youth reported having participated in HIV and AIDS discussions or prevention programmes (IMOH 2011c). Obviously, participation in such events does not necessarily mean that the main messages conveyed during these programmes were correctly understood.

Contract marriages constitute another factor influencing women's vulnerability to HIV infection mainly because they are presumed to be devoid of any intention of building a family based on mutual feelings of love or care. This type of marriage appears similar, in many ways, to commercial sex. These temporary marriages

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concern a specific length of time and the amount of money involved, and expire at the date stipulated in the contracts, without divorce (Jacubowski 2008). They are practised by Indonesian as well as foreign men on a temporary work assignment who may engage in such contracts with Indonesian women, and by some Indonesian students who are not ready to enter into a conventional marriage (Jacubowski 2008).

Finally, women may also be unaware that their husbands are former or are still injecting-drug users and may only find out when it is too late (Damar 2008).

The main idea emerging from the above discussion is that women, who are at present the most vulnerable group to HIV infection, continue to be neglected in Indonesia's HIV and AIDS agendas. To some extent, this is understandable in light of the fact that international HIV and AIDS policy has been unable to come up with a specific strategy to prevent women (women in general, not pregnant women in particular) from contracting the disease, especially within a context where the epidemic is *still* at a concentrated stage. Interventions that have been exclusively focused on MARPs have thus led to a serious drought in HIV and AIDS education for the general public, based on the misguided assumption that interventions centred upon these groups will prevent the epidemic from spreading to the general population. Nonetheless, it is probably considered politically incorrect to say that international HIV and AIDS policy has played a pivotal role in the escalation of Indonesia's epidemic. As mentioned in Chapter 1, the policy states:

> Interventions with most-at-risk populations can be as important in generalized epidemics as in low-level and concentrated epidemics. Without effective interventions in sex work and drug injecting networks, high HIV incidence can drive transmission regardless of epidemic stage.
> (UNAIDS 2007:2).

However, the policy also specifically mentions:

> In low-level and concentrated epidemics it is important to prioritise resources for those populations most infected and affected by the disease.
> (UNAIDS 2007:2).

In Indonesia, as also noted earlier, the above policy has been taken to mean that no prevention programmes for the general population are necessary, given that the epidemic has not reached a generalised stage. While one may conveniently point the finger at local authorities for understanding the policy in that particular manner, one also wonders what has been most influential in producing perceptions that have led to such an interpretation, keeping in mind that these authorities have been in close contact with multinational donors as well as representatives from international agencies, such as UNAIDS and WHO.

2.3.3 Commercial sex work

The number of sex workers in Indonesia is increasing. In 1993/1994, the number of sex workers was estimated as ranging between 140 000 and 230 000 (AIDSDataHub 2010). In 2009, such estimates increased to between 190 000 and 270 000. Moreover, the estimated number of male clients of sex workers was 7 to 10 million (INAC 2009b). Over 50 per cent of these men have regular partners or are married while fewer than 10 per cent consistently use condoms (INAC 2009b:337). Although condom use has increased among clients of sex workers according to the 2011 IBBS, the target set at 20 per cent among this population has not been achieved, as only 14 per cent reported condom use during the past week (IMOH 2011c).

The sex industry has a long history in Indonesia but the emergence of new demographic profiles of sex workers in urban areas is an interesting phenomenon. Surtees (2004), for example, comments on the arrival in the Jakarta sex market of middle-class female students who provide sexual services in exchange for money or gifts and of working women who perform these types of activities alongside their professional duties. While some of the students come from the lower middle-class, others are from affluent backgrounds and engage in these activities as a lifestyle choice. This belies common assumptions that sex work is the exclusive domain of

the poor, rural dwellers who are deceived or forced into sex work by circumstances (Surtees 2004). Some professional women who engage in commercial sex work are secretaries or work in business, and their activities in commercial sex are managed by a "service". One such service is "Secretary Plus" that caters primarily for foreign executives working in Jakarta. These types of "services" are clandestine (Surtees 2004).

Since 2011, in a renewed effort to control the spread of HIV, there have been discussions at *aids-ina* about explicitly legalising sex workers in Indonesia. In a number of regions, such as in Mimika, Papua, however, brothels are legal[15]. Under Mimika's regional legislation (Number 11 of 2007), should a sex worker be found with an STI (which proves unprotected sex), all those involved (the sex workers, the clients of sex workers, the management of the brothels or other places where commercial sex has taken place) are faced with:

1. incarceration of a maximum of three months, and
2. a fine ranging from Rp. 3 000 000 to 5 000 000 (approximately US$ 300 – 500)

As for the proposed legal national framework for prostitution, whether it would include penalising clients of sex workers, such as in the Scandinavian countries, remains an open question as there are fears that such a regulation may turn clients of sex workers into new stigmatised groups in the population. Given that amending the current legislation on prostitution may be problematic, an NGO in Yogyakarta has proposed implementing such a measure through a decree by the Coordinating Minister for Social Welfare who is the chairperson of the national AIDS Commission[4]. So far there has been no follow up, while the effectiveness of such a regulation remains to be seen within the context of regional autonomy.

However, according to the Hotline for Migrant Workers (HMW n.d.), studies from

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[15]This discussion took place at *aids-ina* after information about legal brothels in this eastern part of Indonesia was given online by an officer from a local branch of the AIDS Commission on May 6, 2012. A copy of Mimika's regional regulation on prostitution was sent to the researcher.

various countries have shown that whether prostitution is implicitly illegal such as in Indonesia, or legal such as in Nevada, the USA, Germany, the Netherlands and Australia, the problem of STIs and HIV and AIDS remains difficult to control as there are always significant segments of illegal sex work activities.

While HIV prevalence among sex workers has remained stable at 10 per cent since 2007, a significant reduction in the number of cases of gonorrhoea and chlamydia has been observed in some areas where STI services were provided adequately to sex workers. Syphilis has remained high in places where STI services are inadequate (INAC 2009b:68).

2.3.4   Injecting drug users (IDUs)

Between 1999 and 2002, HIV prevalence rates among IDUs increased threefold from 14 – 16 per cent to 45 – 48 per cent (Riono & Jazant 2004). After reaching 52 per cent in 2007, it declined to 41 per cent in 2011 and still constitutes the highest prevalence figures among risk groups (IMOH 2011c). However, according to a mathematical modelling as discussed further in Chapter 7, prevalence rates in new HIV infection among this group peaked in 2003 and will continue to decline as the epidemic progresses.

In 2003, the Indonesian government initiated a *Harm Reduction Strategy* in an effort to break the chain of HIV transmission among IDUs and from them to the general population. Undertaken in 14 provinces in 2009, the number of sites providing needle exchange programmes (NEP) increased from 17 sites in 2005 to 281, while Methadone Maintenance Therapy (MMT) increased from 3 sites in 2005 to 46 (INAC 2009a:4). However, despite the NEP increased coverage, distribution only covered 13 to 77 per cent of cases needing such services (INAC 2009:71).

Ironically, Law No. 5 of 1997 on Psychotropic Substances (IMOE n.d.(c).) and Law No. 22 of 1997 on Narcotics (Hukumonline n.d.(c).) have failed to reduce the

number of drug users (Osman 2009) and appear to have contributed to the spread of the HIV epidemic. Repressive drug law enforcement practices have been consistently shown by various studies as the driving force behind drug users' retreat from public health services and their entryway into hidden environments where HIV risks are enhanced (Global Commission on Drug Policy [GCDP] 2012). In addition, the Indonesian laws make little distinction between drug users and drug traffickers. In 2009, the Law on Narcotics was amended through Law No. 35/2009 (IMOH n.d.(b).) Although the new law stipulates the right for drug users to be sent to a rehabilitation centre while their cases are being tried in the district courts (INAC 2009a:3), its partial application has been as repressive as the previous law. Moreover, the new law is deemed confusing by local experts in that it contains articles that are contradictory. For example, according to the Indonesian Constitutional Court (ICC 2011), Article 127 stipulates the right for drug users to rehabilitation, while Article 112 specifies that drug abuse is a punishable offence. In practice, both articles are applied conjointly by the police when examining drug cases and drug users continue to be treated in the same manner as drug dealers.

2.3.5 Counseling as part of HIV testing procedures

Three decades since the onset of the global HIV and AIDS pandemic in the late 1980s, it is the only disease in the world that requires counselling to be part of its testing procedures for individuals on public health grounds. A Public Health approach to combating HIV and AIDS was advocated in 2008 by WHO that takes the lead within the United Nations system in the global health sector's response to HIV and AIDS (SEARO 2008). WHO emphasises the need to address HIV as both a preventable communicable disease and a manageable chronic infection, as this was seen as an effective approach to such a massive public health problem, stressing that only a decrease in the incidence of new infections can allow real progress towards universal access to treatment (SEARO 2008).

In Indonesia, new HIV infections doubled in the five years from 2005 to 2010 (Lyn

& Wulandari 2011), demonstrating that the epidemic continues to spread despite various interventions. The number of people living with HIV was an estimated 300 000 in 2009 (SEARO-WHO n.d.), but only 106 758 with 5 430 AIDS-related deaths had been reported by 2011 (IMOH 2011b). The reality is that few people are aware of their HIV status. By 2010, fewer than 500 000 people had been tested through the VCT centres across the country (IMOH 2010b).

Stigma is strongly associated with misconceptions about HIV and AIDS. In China, for example, a survey among more than 6 000 students, white and blue collar workers and migrant workers, found that discrimination against people living with HIV is to a large extent attributed to public misconceptions surrounding AIDS (Chinaview 2008). In Ethiopia, where stigmatising and discriminatory attitudes were prevalent among adolescents, HIV-related stigma and discrimination were closely associated with misconceptions about the disease (Bekele & Ali 2008). Research has also consistently shown the correlation between stigma and HIV testing. In the USA, for example, stigma has been found to be a deterrent for HIV testing (Hutchinson, Corbie-Smith, Mohanan & Del Rio 2004). In Zimbabwe, the observation of enacted stigma by men and women has led to a considerable increase in HIV testing among them, while having been tested for HIV is strongly correlated with education, religion and exposure to mass media in particular (Sambisa 2008). In Abuja, Nigeria, Lapinski and Nwulu (2008) observe that intentions to test for HIV are significantly influenced by risk and stigma perceptions, highlighting the need for managing the impact of the severity of HIV and some stigma-related attitudes on perceptions.

As Goldstein (1989 as cited in Grundligh 1999) notes, "*many illnesses transform their victims into a stigmatised class, but AIDS is the first epidemic to take stigmatised classes and make them victims".* Although HIV and AIDS have spread to the general population in many countries, those most affected by the disease are still the three groups which have long been marginalised by society, that is, sex workers, men who have sex with men and injecting-drug users. Three phases have been identified since the onset of the HIV and AIDS epidemic: namely, the

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epidemic of HIV, the epidemic of AIDS, and the epidemic of stigma, discrimination, and denial (UNESCO 2002 as cited in Bekele & Ali 2008). Despite efforts to scale-up HIV testing, the current reach of testing services remains poor in low and middle income countries where only 10 per cent of those needing voluntary counselling and testing (VCT) have accessed such services, and few have been tested even in settings where VCT is routinely offered (UNAIDS 2007b).

Besides making available an increasing number of VCT services, the Indonesian government introduced *Provider Initiated Testing and Counselling* (PITC) in 2007, which is a procedure recommended for ANC centres. PITC was then implemented in a number of health care settings. No study on the effectiveness of such a model is yet available (Sutriani 2009). A number of prerequisites which remain to be met have been noted by Sutriani (2009), including universal access to prevention, care, support and treatment, anti-discrimination law and human rights principles, based on the 3Cs (Confidentiality, Counselling and Consent) conditions. She argues that a simplified pre-test counselling used in PITC may limit the patients' access to information which is necessary to make an informed decision to test for HIV and, therefore, PITC may not significantly contribute to scaling-up HIV testing. While her conclusion remains to be proven, there has been no empirical evidence that a full pre-test counselling is effective in scaling-up HIV testing.

The conditions known as the 3Cs have been advocated since the HIV test became available in 1985 (UNAIDS n.d.). Research has shown that counselling may generate a positive impact if it is undertaken as an addition to other measures. Brown, Tujillo and Macintyre (2001), for example, assert that among studies with a control or comparison group, adding another intervention strategy to standard information relating to HIV and AIDS, such as counselling or coping skills acquisition, is effective in changing attitudes and behaviours.

Fraser (2005) argues that pre-test counselling and informed consent are pillars of the ethical conduct of HIV testing. Frith (2005) agrees with Fraser (2005) that it is always necessary to get informed consent from a patient for an HIV test, but

claims that a patient's autonomy may be compromised by the requirement of pre-test counselling, whereas such autonomy is a core principle that informed consent seeks to promote.

Objections have been voiced with regard to proposed policy changes relating to HIV testing procedures. In the USA, such debates have led to bioethical aspects being questioned. In fact, a situation in which the interest of risk groups is placed against that of the general population emerged from such debates. For example, the CDC 2006 report stipulates that

> prevention counselling should not be required as a part of HIV screening programs in health-care settings and is strongly encouraged for persons at high risk for HIV in settings in which risk behaviours are assessed routinely, such as STD clinics, but should not have to be linked to HIV testing.
> (Celada *et al* 2011 as cited in Wahlert & Fiester 2011)

Wahlert and Fiester (2011) take this to mean that the CDC-initiated policy change merely reinforced stigma by marginalising some individuals (especially homosexual men), and that the support of Celada *et al* (2011) for the CDC's move to universalise HIV testing as de-stigmatising actually underpins that only certain persons act as disease vectors. As the notion of "persons at high risk for HIV" may actually refer to *any* marginalised group of people, the researcher believes that the point made by Wahlert and Fiester (2010) may be that a policy change should not suggest a divide between the general public and the so-called high risk groups, if such a policy change is intended to be "de-stigmatising".

2.3.6 Anonymous and internet-based HIV testing

The Indonesian Government does not support anonymous HIV testing based on the argument that an informed consent by a person with a proper identification is necessary to protect the counsellors from allegations of involvement in mandatory

HIV testing[16]. UNAIDS/WHO support mandatory screening only for HIV and other blood borne viruses of all blood destined for transfusion or for manufacture of blood products, and for the screening of donors prior to all procedures involving transfer of bodily fluids or body parts (UNAIDS n.d.). Of note, various HIV and AIDS programmes that are funded by multinational donors under the supervision of the National AIDS Commission are based on targets in terms of the number of persons reached under each programme. Listing names which do not correspond to real identities may be seen as providing opportunities for implementing NGOs to submit fake data in their reports to the Commission.

In December 2008, an internet-based HIV testing site was launched (www.mautau.com)[17], through which users could find out about their HIV status anonymously and confidentially after going through an online counselling session (Booker 2012). The National AIDS Commission has refused to support the programme but has not taken measures to ban the website. To run its programme, Mautau (which means "want to know") has established a cooperation network which includes physicians who run care, support and treatment (CST) centres, a psychologist, various NGOs and support groups, to which clients with positive HIV results are referred.

The programme continues to run on private funds and currently has nearly 1 000 registered members, but the scope of its VCT services remains limited geographically as only two laboratories nationwide – one in Jakarta and one in Bali – have agreed to cooperate for lack of support from the relevant authorities. While 5 per cent cited unsafe homosexual contacts, most of the people who have gone through Mautau VCT service have reported risks from unsafe heterosexual contacts. For a number of reasons, primarily the non-accessibility of blood testing

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[16] Chloe Booker, a journalist from the *Jakarta Post*, obtained this information in January 2012 when she was interviewing an official from the Ministry of Health about a local website which offers anonymous VCT services online. In the article that was published on February 3, 2012, however, the above information did not appear.

[17] The researcher personally conceptualised and developed the website.

facilities cooperating with Mautau in most regions, only 30 per cent of the people who have gone through its online pre-test counselling have proceeded to HIV testing, but all those who have been tested have come back for post-test counselling to find out about their results. Those with a positive result are referred to cooperating NGOs where they can learn about their status through face-to-face post-test counselling.

In Canada, given that the feasibility and acceptability of internet-based sexually transmitted infection (STI) testing have been demonstrated, a new initiative will offer online access to various STI and HIV testing, integrated with existing clinic-based services (Hottes, Farrel, Bondyra, Haag, Shoveller & Gilbert 2012). A study conducted by Hottes *et al* (2012) among 39 participants, most of which were MSM, active internet users and experienced with STI/HIV testing, showed that anonymity, convenience and client-centred control were among perceived benefits of online STI testing. Salient concerns expressed by the participants included reluctance to provide personal information online, distrust of security of data provided online, and the need for comprehensive pre-test information and support for those receiving positive results, in particular HIV (Hottes *et al* 2012).

The lack of support from Indonesian authorities for individuals wishing to find out about their HIV status without having to reveal their identities through Mautau's programme suggests that "patient autonomy" is largely ignored, although this term has appeared more and more frequently in the medical literature in the past two decades (Stiggelbout, Molewijk, Otten, Timmermans, Van Bakel & Kievit 2004). While this modern concept of bioethics is based on individual freedom, this freedom is the principle that a person should be free to make his or her own decisions (MD Medicine 2011).

Enhancing patient autonomy means helping patients to make their own decisions (Stiggelbout *et al* 2004). In the liberal individualist interpretation, autonomous patients are those who actively seek information because an autonomous choice cannot occur in the absence of information (Stiggelbout *et al* 2004). However, a

reaction against a widely perceived "triumph of autonomy" occurred in recent years, although patient autonomy was initially important to balance out widespread medical paternalism (Waltho 2011). By exploring responses to the Israel Patient's Rights Act 1996, for example, Waltho (2011) concludes that complex dilemmas for both health care professionals and ethicists have arisen from patient autonomy, as exemplified by competent patients' refusal of life-saving or clearly beneficial treatments. Although articulated in terms of "complex dilemmas", it is clear that patients, though recognised as competent, are nonetheless considered ignorant. It is certainly imaginable that patients who actually have a medical background or an education in molecular biology may refuse so-called life-saving treatments, in particular chemotherapy or radiation, knowing only too well the devastating side effects of such interventions.

The case of www.mautau.com is interesting in that it appears to reflect a local tendency to reject ideas that are perceived as "Western". While this programme should be seen as enhancing patient autonomy, indifference to patient autonomy as demonstrated by the Indonesian authorities is coherent with the local belief that the interests of individuals must take second place to those of the community as a whole and be suppressed for the sake of harmony.

2.3.7   Antiretroviral drugs

As of December 2009, 19 973 Indonesians had AIDS, but only 36,8 per cent of these were receiving antiretroviral therapy (ART). At the same time, 5 170 pregnant women were known to be HIV positive but only 3,8 per cent of these received antiretroviral drugs to reduce risks of transmission to their babies (INAC 2009a:ix). There are concerns that this country may not be able to meet the MDG target for universal access to treatment, set at 80 per cent of those in need of treatment by 2015.

Following a similar move earlier involving three first-line ARV drugs, Indonesia

considered exercising rights under its law to produce cheaper versions of three additional patented HIV and AIDS drugs without the patent-holders' permission, that is, *Tenofovir*, *Didanosine* and *Lopinavir* which are second-line ARV drugs, in the form of a presidential decree to use compulsory licensing (Tunsarawuth 2007). Samsuridjal Djauzi, a physician involved in the government's compulsory licensing activities, mentioned that fewer than 5 per cent of patients on first-line ARVs generally develop resistance and would need second-line drugs, which are more expensive (Tunsarawuth 2007). Funds for the purchase of these second-line ARVs were provided by GFATM but it has been anticipated that supplies might dry up as a result of funding cuts by donor institutions (Tunsarawuth 2007). Djauzi expressed doubts that without the pressure of potential compulsory licences and competition from generic drugs, multinational pharmaceutical companies would keep drug prices low, although second-line ARVs have been offered at cheaper prices since Indonesia produced the generic versions of first-line drugs (Tunsarawuth 2007).

Ironically, prices of locally made generic drugs may in fact be more expensive than those purchased abroad under the GFATM programme (Indonesia AIDS Coalition [IAC] n.d.). While the low number of drugs currently needed may not make it economically viable to produce them locally, there are suspicions that corrupt practices are also responsible for the high cost of production. According to Djauzi, 10 000 patients were under ARV treatment in 2007 and it was thought that the number of people living with HIV estimated between 190 000 to 210 000 in 2006 might rise to 30 000 by the end of 2008 (Intellectual Property Watch [IPW] 2007).

Antiretroviral drugs are provided free but there is an administration fee and a doctor's fee to be paid. A study by Riyarto, Hidayat, Johns, Probandari, Mahendradhata, Utarini, Trisnantoro & Flessenkaemper (2010) claim that subsidised ARV drugs alone do not ensure financial accessibility to HIV care for people living with the virus, because the burden of out-of-pocket payments for health care affects their financial capacity. Monthly expenditures for HIV-related care for those living in Yogyakarta, for example, amount to 68 per cent, for those

in Jakarta 96 per cent, while those in Merauke involve few out-of-pocket payments as medical costs are covered by a local budget and health insurance for the poor.

At times, in several places, interruptions in the ARV drugs distribution chain occur and expired drugs are given to patients[18]. According to the Ministry of Health, lethargic hospital management is responsible for the poor distribution of ARV drugs. Late reporting on ARV shortages to the central distribution has been blamed for ARV drug stock shortages at the dispensing centres in the region (The Jakarta Post 2011a). In 2004, the lack of trained doctors was mentioned as a potential threat leading to widespread misuse and eventually to drug resistance (AMFAR 2004). Recently, 40 HIV-positive children below the age of five were reported as having been given ARV drugs intended for adults, which could have caused adverse effects on their immune systems (The Jakarta Post 2011a). The availability of non-subsidised ARV drugs for patients relatively better off has also been discussed and several types of these drugs have been produced by a local pharmaceutical company, *Kimia Farma*[19]. This possibility should be seen as part of a strategy to stretch available funding for subsidised ARV drugs in the future, in the event of a large increase in the number of people needing antiretroviral therapy.

In the USA, the implementation of Test and Treat has only led to a *stabilisation* in the incidence of HIV infections (AIDSmap 2011), which suggests that this method alone will not succeed in reducing the number of new infections. Only 19 per cent of all people currently living with HIV in the USA have an undetected viral load despite widespread accessibility of antiretroviral treatment for the past 15 years (Gardner, McLees, Steiner, Del Rio & Burman 2011). Therefore, education and prevention programmes must be an essential part of a strategy to "getting to zero" new infection.

In Indonesia, according to information received at *aids-ina*, trials for Test and Treat

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[18] This information was given at *aids-ina* by a member on February 8, 2011.
[19] This topic was discussed at *aids-ina* on November 23, 2011, following a symposium at the Jakarta General Hospital, at which the local producer of ARV drugs, *Kimia Farma*, was a sponsor.

targeting key population groups in 13 districts/cities were initiated last year and are underway, suggesting that local authorities are responding well to global pressures to promote the widespread use of ARV, by conducting a programme that involves scaling-up HIV testing. It remains to be seen whether such efforts will be successful at the population level (in non-clinical settings), considering that few Indonesians are motivated to check their HIV status, mainly as a result of widespread ignorance about HIV and AIDS. Naturally, neoliberal practices also appear suspect in that they seem to have played a significant role in the powerful global drive to medicalise HIV, leading *treatment* to being widely regarded as *prevention*.

The costly treatment of HIV and AIDS is especially at issue now, given the limited funding Indonesia will have access to in the near future, at a time when the epidemic has reached a more advanced stage compared with when multinational donors first came to this country. These sponsors are going away as a result of financial concerns and "AIDS fatigue" on the international stage (Fourie & Foller 2012). Indonesia will thus be left on its own to grapple with issues associated with a modest budget for its HIV and AIDS programmes, while the increasing cost of treatment will most likely use up available resources at the expense of *conventional* HIV prevention interventions. Clearly, if Indonesia's HIV and AIDS policy continues to focus on treatment while forsaking prevention and to ignore the necessity to take up other empowering initiatives, in particular comprehensive sex education in schools, it is likely that the epidemic will eventually take a dire toll on its economy.

2.3.8 Political determinants of health

Despite growing recognition of the significant role of "social determinants" in health, discussions on the world stage on the "political determinants" of health are still at a nascent stage, in large part because effects of political decision are subtle, especially those on population health and are, therefore, difficult to

demonstrate convincingly (Mackenbach 2014). While empirical evidence of the impact of policy on population health is scarce, the necessity to bring health issues into the political arena to advance population health has in fact been part of mainstream thought about public health for the past decade (Mackenbach 2014). Whether political will is a determinant of health and, if so, in what way it affects population health, is a question addressed by Hutchinson (2006).

In a study analysing the data set of the Province of Ontario spanning from 1980 through 2000, Hutchinson (2006) provides compelling evidence that political will can be conceived as a determinant of health. In Africa, where the HIV and AIDS epidemics have been most devastating, the majority of countries have shown a lack of commitment (Gow 2002). Only Senegal and Uganda have progressed into mobilisation, while most countries have been in denial and some have moved into recognition of the epidemic (Gow 2002).

There has been very little AIDS theory that is informed by politics although scientists have come up with many theories of AIDS (Fourie & Foller 2012). This, according to Fourie and Foller (2012), may be a consequence of a misguided assumption that the wide networks of experts share common interests. Pursuits in AIDS theories are mainly based on funding priorities, which explain why more tangible short-term results are favoured, while deeper, systemic reflection in addition to biomedical "good practice" response is often regarded as a luxury (Fourie & Foller 2012). Yet, social resilience insists on vigilance and innovation regarding the bio-natural ecosystem and the political and cultural institutions that determine how societies organise (Fourie & Foller 2012). Given that AIDS is a long-wave event, building strategies to neutralise the negative impact of AIDS and implementing interventions that would address the long term are, therefore, required (Fourie & Foller 2012).

By conducting a comparative analysis on Brazil and South Africa – two countries that are similar in many ways – Gauri and Lieberman (2006) attempt to answer why some national governments act more aggressively than others address the

HIV and AIDS epidemic, and which institutions matter for politics. In this regard, Gauri and Lieberman (2006) refer to "boundary institutions", that is, sets of rules and practices that give social and political meaning to group identities. These, in their opinion, provide the answer to the puzzle. More specifically, different political responses to the threat of the epidemic are found to be associated with different levels of racial boundaries, those in South Africa being stronger than in Brazil (Gauri & Lieberman 2006).

When boundary institutions are weak (Lamont & Molnar 2002 as cited in Gauri & Lieberman 2006), members of various ethnic groups are likely to believe that they would often mingle with one another, and that such interactions might very well involve contacts with infected people, thereby leading to widespread perceptions that risks are shared across groups (Gauri & Lieberman 2006). Other factors, however, were also influential. In particular, Brazil's NGOs played a critical role in mobilising general perceptions of risk and for policy outcomes, while the country's decentralised system positively impacted political action, as demonstrated by local level leaders' push for a national response (Gauri & Lieberman 2006). These compounded factors eventually led to the implementation of an aggressive HIV and AIDS policy nationwide, before the epidemic reached a generalised level (Gauri & Lieberman 2006).

2.3.9 HIV and AIDS through the lens of complexity theory

The Newtonian universe was viewed as being made up of "things" that are now referred to as "closed systems" (Montuori 2013). The reductionist approach has led much of social science and management science to think of individuals and organisations as fundamentally closed systems, as it is assumed that the environment is knowable and has no impact on the organisations (Montuori 2013). Naturally, living systems are not totally open or totally closed because closed and open are relative terms (Montuori 2013). Montuori (2013) explains that a human being is open to matter/energy and information, while at the same time closed,

given the boundaries set by his or her identity which articulate self and not-self. Reductionism has, at the same time, led to polarisations which fall under the overused "either/or" logic (Low 2011 as cited in Montuori 2013). Traditional gender roles are thus mainly based on this logic, as men and women are identified in opposition to each other (Montuori 2013). In other words, the assumption is that one has to be either a woman or a man and exhibit the corresponding stereotyped behaviour, as one cannot be both or act both ways at the same time.

In contrast, complexity theory appears paradoxical because both sides of many apparent contradictions are true (Zimmerman, Lindberg & Plsek 1998). Complexity theory thus offers another perspective for understanding ambiguous situations where no easy answers that can fall under the either/or logic can be found. Complex systems refer to those in which *"the notion of 'system' is used in its widest sense to denote any group of things, objects, entities or phenomena, among which there are certain relations or associations, or which display some form of arrangement or organisation"* (Durie & Wyatt 2007:3).

Viewed from such a perspective, AIDS is a complex system because diseases and epidemics are not simply and exclusively biological phenomena that one can approach by biomedicine and public health interventions alone (Fourie & Foller 2012). Epidemics are not only natural entities; they were also political, social and cultural constructs (Foucault as cited in Fourie & Foller 2012). Already in 2000, the United Nations Security Council declared AIDS a threat to national security globally (Fourie & Foller 2012). The question Fourie and Foller (2012) ask is why some societies and states are more resilient than others to the impact and consequences of external shocks, such as AIDS. In the opinion of Fourie and Foller (2012), developing social resilience implies the identification and governance of not only the consequences of patterns of human behaviour, but also the identification and proactive management of the *systemic drivers/determinants* of that behaviour. While so much energy, time and resources have gone into attempts to medically treat AIDS and to build prevention strategies based on behaviour change and social mobilisation, the global pandemic is not in

decline because incidence is outpacing prevention efforts even if the rate of new infections has diminished (Fourie & Foller 2012). This includes Indonesia where the epidemic continues to escalate despite large funding from international donors. Probably, this is also a consequence of the exclusive implementation of donor-funded short-term interventions which tended to obscure the necessity to address the epidemic in its wider socio-cultural [and political] context (Fourie & Foller 2012). The idea that deep socio-cultural change is required to reach a point where incidence drops and "getting to zero" becomes a reality, remains, therefore, elusive (Fourie & Foller 2012). Few countries have fully grasped the need for sustained systemic innovations that will allow for such a change.

Brazil and Cuba are among these few. The approach taken by these countries in combating HIV and AIDS has challenged assumptions that the epidemic in developing countries – understood as countries with low resources - is an "intractable" problem. As a matter of fact, both countries have reversed the spread of HIV and AIDS by engaging in two distinctive yet analogous paths.

Brazil's success has resulted from efforts to produce ARV drugs locally undertaken in the early 1990s (Zimmerman *et al* 1998), while that of Cuba sprang from a highly controversial strategy undertaken in 1986 when health authorities implemented a quarantine policy for people evidencing symptoms of AIDS (Gorry 2008). The unprecedented "sanatoria" policy was, however, amended in 1993 and later repealed. Controversy aside, this and subsequent modifications to Cuba's national HIV and AIDS prevention and control programmes have helped to keep the HIV prevalence rate on the island at 0,1 per cent, which is the lowest in the Americas (WHO 2008 as cited in Gorry 2008).

By 1994, Brazil's first generic ARV drugs were being produced and given free to AIDS patients. In Cuba, where health care services have been free, accessible, and universal since 1959, a robust biotechnology industry made ARV drugs available to all HIV patients who needed them (Gorry 2008). Over 99 per cent of HIV infections in Cuba occurred through sexual contacts, with men who have sex

with men (MSM) constituting the overwhelming majority of people living with HIV. A nationwide HIV screening programme then became a requirement for all pregnant women, sexual contacts of HIV patients and people with sexually transmitted diseases. To stop the spread of HIV and AIDS, meticulous identification of every HIV-positive individual made it possible to track people regarded as the "source" of the patient's HIV infection, regardless of their nationality (Barksdale 2009). Thus, an extensive confidential database of HIV-positive individuals along with their intimate contacts was developed in Cuba (Barksdale 2009).

In 1992, the World Bank predicted that Brazil would have 1.2 million AIDS cases by 2000, but the actual count was closer to 0.5 million with a national prevalence rate of 0,6 per cent (Zimmerman *et al* 1998). Brazil is now touted as a model for developing countries in combating HIV and AIDS, while Cuba's success in achieving such a low HIV prevalence rate and in keeping its AIDS-related deaths to 155 a year continues to spark wonder.

Zimmerman *et al* (1998) state that Brazil did not question how to provide treatment in the face of costly drugs, but instead questioned how they could possibly reduce costs so that they might provide treatment to all who needed it. Moreover, Brazil did not choose between prevention and treatment, but instead acted on achieving prevention goals while treating all of those infected (Zimmerman *et al* 1998). As for Cuba, the focus was not on how to prevent the spread of HIV and AIDS in a context where routine condom use was not well established, but rather on how to prevent those infected with HIV from transmitting it to others.

As in Indonesia, an infrastructure of hospitals, clinics and public health services was established in Brazil, but was not uniform (Rosenberg 2001 as cited in Glouberman & Zimmerman 2002), leading to huge disparities among regions and among various segments of the population. Brazil, however, managed to use its more than 600 NGOs and community-level health care organisations to reach the country's poor. Brazil's programme is acknowledged as well-organised and well-

formulated and successful because the government has succeeded in offering an integrated response, especially via the efforts of NGOs.

Similarly, as in Indonesia, condom use in Cuba was not well established. In Cuba's case, the constraints were due mainly to a "machismo" attitude among many men (Barksdale 2009). As shown in the study by Kocken, Van Dorst and Schaalma (2006) among immigrants from the Netherlands Antilles, for example, perceived subjective norms, the perceived taboo on discussing sex, and machismo attitudes primarily affected condom-use intentions. Nonetheless, Cuba managed to implement HIV and STI educational programmes for students, tracked all infections back to their sources, and succeeded in preventing further spread of the epidemic (Gorry 2008).

A perspective informed by complexity theory would enable a view of Brazil's and Cuba's achievements in HIV and AIDS prevention and treatment that focuses on the sources of novelty – those tiny differences that made a big difference in producing the "new" system, contrasted with the forces that allow systems to get "stuck" in sub-optimal solutions and interventions (Zimmerman *et al* 1998). In Brazil, the point was illustrated by the exploration of the histories of the entities in Brazil and the traditions of Brazilian culture which were used to generate rather than constrain the emergence of new patterns (Kauffman 1995 as cited in Zimmerman *et al* 1998). In Cuba, this was achieved through an integrated approach based on a tracking system of individuals infected with the virus and free universal access to treatment (Zimmerman *et al* 1998).

As far as health care systems are concerned, the lens of complexity will lead one, first of all, to distinguish between simple, complicated and complex problems. To indicate the explanatory power of the approach, a detailed account of complex adaptive systems (CAS) using health care examples is presented, as follows:

> Complex systems are non-linear and exhibit a great deal of noise, tension and fluctuation as they interact with the rest of the environment. The causality cluster identifies such characteristics as mutual causality, emergent outcomes

and probabilistic, uncertain and somewhat non-predictable outcomes. The evidence cluster describes how evidence in such systems considers factors that are typically ignored in complicated systems such as outliers, historical anomalies, and the nature of actual as opposed to idealized relationships. The planning cluster identifies the notion of decision as emergent from processes rather than events. It stresses the need for deeper understanding of actual practices and argues that big changes can occur from small interventions in complex systems.
(Glouberman & Zimmerman 2002: vi).

This understanding of complex systems is applied to two cases by Glouberman and Zimmerman (2002). The first case draws lessons from the 2000 WHO report that ranks the French health care system as first in the world, while the second case considers Brazil's successful response to the HIV and AIDS epidemic, which deals with seemingly intractable problems of underdevelopment by dissolving the dilemmas, as shown above (Glouberman & Zimmerman 2002). By making a distinction between the complicated questions asked by WHO and the complex question asked by Brazil, Glouberman and Zimmerman (2002) contend that complex problems are often implicitly described by many health care experts as complicated ones which, therefore, lead to solutions that are rooted in rational planning approaches. The neglect of many aspects of complexity has, therefore, led to the implementation of inappropriate solutions (Glouberman & Zimmerman 2002).

In recent years, with global initiatives to promote the widespread use of ART for HIV and AIDS, the importance of scaling-up HIV testing has taken on added urgency (Paina & Peters 2011). Paina and Peters (2011) point to new opportunities created by the use of the CAS perspective in order to understand and expand health care services. This, according to Paina and Peters (2011), marks a distinct shift from previous plans to scale-up health care interventions to reach MDGs which were based on a linear and predictable process. Some examples of phenomena in CAS in the health care sector are presented, as follows:

- Path dependence: This refers to non-reversible processes that have similar starting points yet lead to different outcomes, even if they follow the same

rules, and lead to outcomes that are sensitive not only to initial conditions, but also to bifurcations and choices made along the way. For example, health care reforms such as the introduction of social health insurance may work well in one country but not in others.

- Feedback: This refers to an output of a process within the system which is fed back as an input into the same system. Feedback may be positive or negative. For example, vicious circles may develop between poverty and ill-health, or malnutrition and infection.

- Scale-free networks: This refers to structures which are dominated by a few focal points or hubs with an unlimited number of links, following a power-law distribution. A fitting example here is rapid pandemic disease transmission.

- Emergent behaviour: This refers to the spontaneous creation of order which appears when smaller entities on their own jointly contribute to organised behaviours as a collective, resulting in the whole being greater and more complex than the sum of the parts. For example, health workers can suddenly organise to go on a strike.

- Phase transitions: This refers to events that occur when radical changes take place in the features of system parameters as they reach certain critical points. For example, there are "tipping points" in health care services that may lead to sudden changes in the demand for health care services or changes in referral patterns (Paina & Peters 2011).
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The application of the concepts of Paina and Peters (2011) as described above in HIV and AIDS would allow the following examples to be conceived in terms of complexity theory:

- *Path dependence*: Patients receiving the same behavioural interventions addressing ART and receiving the same kind of drug regimen are not necessarily uniformly engaged in regular care. Adherence rates may differ significantly among these individuals; some may even drop out of ART.

- *Feedback:* Vicious circles may develop between ignorance and stigma. Ignorance causes stigma, while stigma perpetrates ignorance. In other words, Ignorance and stigma are mutually reinforcing.

- *Scale-free networks*: The spread of HIV among injecting drug users. Rates of transmissibility are particularly high among IDUs, which is why infection spreads quickly among them.

- *Emergent behaviour*: Brazil's NGOs coming together to mobilise general perceptions of HIV risk and pushing for a national response.

- *Phase transitions*: Frequent exposure to HIV and AIDS educational programmes on television, such as short advertisements highlighting women's vulnerability to HIV infection, may motivate many women to check their HIV status.

Complexity theory is discussed in detail in Chapter 5.

2.4   CONCLUSION

Although Indonesia's national adult HIV prevalence remains low at 0,27 per cent, this country is facing a mounting HIV and AIDS epidemic – in fact, one of the fastest spreading in Asia. Since the availability of ARV drugs, HIV and AIDS is increasingly seen as a manageable chronic disease as a result of the decrease in morbidity and mortality rates and the improvement of life quality (SEARO 2008). Yet, many people continue to die of AIDS-related diseases, in great part because they did not know they had contracted the virus or found out only when it was too late. Test and Treat in the USA has shown that the critical factors necessary to decreasing the number of new infections are two-fold. First, most HIV infections need to be identified and most people living with HIV need to adhere to ART regimens. As pointed out by WHO (SEARO 2008), only a decrease in the incidence of new infections can allow real progress towards universal access to treatment. It is clear that without effective HIV prevention, the number of people requiring treatment will continue to rise (UNAIDS n.d.).

Unfortunately, the current reach of HIV testing services remains poor, particularly in middle and low income countries, where only 10 per cent of those in need of

testing – mainly because they may have been exposed to HIV infection – have used VCT services. In Indonesia, fewer than 500 000 people had accessed VCT centres by 2010. The reported cumulative number of people living with HIV is slightly more than 100 000 while the estimated number of people who have been infected with the virus is 300 000. Stigma and discrimination continue to deter people from getting tested.

WHO has advocated for a public health approach to combating HIV and AIDS, but the conditions known as the 3Cs which stand for Confidentiality, Counselling and Consent, continue to be underpinning principles for the conduct of HIV testing of individuals. Although counselling may help to reduce stigma, there is no empirical evidence that counselling is effective in scaling-up HIV testing.

A public health approach implies that any form of "exclusivity" surrounding HIV and AIDS must be eliminated. HIV and AIDS should be treated like any other disease, without the requirement of counselling as part of the testing procedures. The need for a large number of counsellors will cause unnecessary strain in terms of personnel and budget allocations and should be replaced by easy-to-read leaflets providing core information about HIV and AIDS generally conveyed to patients during pre-test counselling. In order to cut costs, available staff may be trained to provide counselling services. After all, the odds are that only a fraction of those who are tested will be found to be HIV-positive. Therefore, the possibility of providing counselling only to those with a positive HIV test result should be seriously addressed if cost-effective HIV testing scaling-up programmes are to be implemented.

Clearly, an effective scaling-up of HIV testing also entails the availability and accessibility of a sound infrastructure supporting public health efforts, considering in particular that a surge in the number of newly detected HIV and AIDS patients will inevitably occur as a result of scaling-up efforts. First and foremost, the provision of ARV drugs must be adequate and more choices of first-line drugs must be made available. Schemes for providing non-subsidised ARV drugs must

also be formulated in order to stretch available funding for the subsidised ones. The distribution chain must be assured throughout the country, while social health insurance is anticipated. Second, care and support services must be widely available, including counselling, support groups and PMTCT services. All four prongs of PMTCT services must first of all be integrated into ANC centres.

A public health approach also requires that health screenings be implemented on a wide scale basis. While health screenings are regularly offered to pregnant women, HIV testing has not been part of the routine tests for pregnant women. In fact, no health screenings include such a test except those related to employment where discriminatory practices have been reported[20]. Job applications may be rejected or staff already employed may lose their jobs because their HIV tests have come back positive. Furthermore, given the high incidence of HIV infections among married women, the implementation of health screenings among people seeking marriage permits needs to be considered. In addition, anonymous HIV testing should be allowed throughout the country, in line with the "patient autonomy" principle. This implies the necessity for state policy to increase points of HIV and AIDS care, support and treatment access in accordance with a public health approach, which is certainly possible given Indonesia's existing infrastructure of health care centres that include *puskesmas* and *posyandu*. As aptly put by Glouberman and Zimmerman (2002:23), *"increasing points of access is less expensive than concentrating them in emergency rooms".*

Moreover, given the central role of the village midwife in Indonesia's strategy to improve maternal and child health and family planning services aimed at reducing health inequalities owing to socioeconomic and cultural issues on access, availability and utilisation of care, midwives must be taught to administer health screenings which include an HIV test and be trained to provide counselling services for their HIV-positive patients.

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[20] This topic was discussed at *aids-ina* following a comment made by a member on February 9, 2012, who feared that health screening which included an HIV test would be undertaken in the company where he worked and would have repercussions on his employment status.

Obviously, the success of an extensive HIV testing strategy is contingent upon the implementation of effective measures to address stigma and discrimination which continue to deter people from having an HIV test and are principal barriers to HIV testing scaling-up. Education and prevention programmes, therefore, must take centre-stage in a strategy to reduce HIV and AIDS-related stigma. While this must constitute a critical part of a national policy to "getting to zero" new infection, education and prevention programmes must be treated both as a high priority and an investment.

First of all, the definition of "b" in the HIV prevention basic formula known as "a, b, c" needs to be revised. To avoid being misleading, "b" may, for example, be defined as "be faithful and knowledgeable of HIV status". Knowledge of HIV status actually constitutes the basis of WHO's new strategy known as *Couples HIV Testing and Counselling*[21] which is designed to prevent HIV infections among serodiscordant couples (WHO 2012). This strategy supports mutual disclosure for married couples or long-term sexual partners, underlining the importance of these individuals to be aware of their own as well as their spouses' or sexual partners' HIV status. Second, comprehensive sex education must urgently become part of school curricula. Problems preventing the integration of such education in school curricula, therefore, need to be carefully examined and addressed. Third, as far as AIDS programmes in the workplace are concerned, they should be seen as an extension of sex education which employees did not receive while they were in school and implemented on a much wider scale among state and private companies as well as NGOs. In line with efforts to eliminate HIV and AIDS exclusivity, such programmes need to bear a different name that does not highlight HIV and AIDS in particular.

Other ways of reaching the general population need to be explored, taking into account that the high cost of a systematic HIV and AIDS campaign through the mass media under the coordination of the national AIDS Commission appears

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[21] The researcher obtained a soft copy of the WHO guidelines for Couples HIV Testing and Counselling from a member of *aids-ina*.

prohibitive in light of current budget cuts by international donors and inadequate funding from local governments. It is feared that until now, the media may have been impacting negatively on efforts to reduce stigma, as most articles about HIV and AIDS have tended to reflect sensationalism or the idea that "bad news sells", while little information for education purposes is included. Moreover, contemporary Indonesian youth has been increasingly exposed to pornography, as press freedom has resulted in media expansion and diversification, including the new availability of erotic material that had not been legally accessible during the Soeharto era (Kitley 2008 & Van Wichelen 2007 as cited in Brenner 2011).

The promotion of condom use is of course also a priority, considering that abortion is estimated around two million each year and unprotected commercial sex is widespread (Sedgh & Ball 2008). As regards legal brothels, where all those involved must officially pay a fine when sex workers are found with STIs, efforts should focus on making regulations that prevent the sex workers from being forced to shoulder the fine. Penalising clients of sex workers who refuse condom use is also an option to be considered seriously and the formulation of such a regulation to be further deliberated. At the same time, the fact that law enforcement in this country remains weak must be kept in mind.

Finally, if the central and regional governments are keen on allocating a special budget to control epidemics, the reasons HIV and AIDS have not been recognised as such need to be investigated. Incoherence between various regulations issued by the central government and local regulations, which appears to prevent the smooth implementation of policies at the regional level, also needs to be addressed.

Overall, a strong political will appears to be missing. Despite a mounting epidemic and growing numbers of new HIV infections detected year after year, it is curious that a sense of crisis is seriously lacking in Indonesia. To a large extent, and somewhat ironically, this may be due to a consistent emphasis on the MARPs, which somehow has led to widespread perceptions that "*we* are not likely to be

infected with HIV because we are *not* them".

In the absence of strong boundary institutions contouring ethnic and racial groups in terms of HIV and AIDS, it appears that the concept of boundary institutions as described by Gauri and Lieberman (2006) may not be applicable in Indonesia's case. On the other hand, boundaries appear strong between risk groups and the general population, thereby exacerbating the problem of HIV and AIDS-related stigma, which continues to be a strong deterrent for HIV testing.

While political commitment for the control of the epidemic is now and then articulated in national and regional speeches by various authorities, mainly on the occasion of World AIDS Day, it is clear that a complacent attitude towards the epidemic continues to prevail. The question now is whether Indonesia will take up the challenge and respond adequately to the evolutionary and ecological context of AIDS in a timely manner, keeping in mind that policy change is a key feature of social resilience (Marshall & Marshall 2007 as cited in Fourie & Foller 2012).

In this chapter, an overview of HIV and AIDS issues in Indonesia was presented with a background to decentralisation, the influence of Islam and *adat*, and gender issues, which contribute to women's vulnerability to HIV infection and other sexual and reproductive health matters. In the next chapter, a detailed literature review on gender issues is given.

CHAPTER 3: GENDER ISSUES

3.1   INTRODUCTION

While the literature review in Chapter 2 provides an overview of Indonesia's HIV and AIDS issues, this chapter is a review of literature focused on gendered issues as they relate to HIV and AIDS, other health-related problems and socio-economic issues contouring the cultural context of Indonesia.

This chapter has three main themes. In the following section, gender as a concept is described in detail. Discourses of gender equality in Indonesia and the West are addressed in the subsequent section, followed by discussions on gender, family and domestic life in contemporary Indonesia, leading to the conclusion of this chapter.

3.2   GENDER AS A CONCEPT

The definition of "gender" continues to be widely debated, mainly as a consequence of the nature-nurture issue which remains highly contentious in the psychology of gender, while contemporary researchers only sometimes integrate the two causal influences (Eagly & Wood 2013). On her part, Rubin (1975 as cited in Mikkola 2011) maintains that feminists should aim at creating a *genderless society* in which a person's sexual anatomy is of little importance to who that person is, what the person does or whom that person makes love with. Yet, the view that social factors rather than biological sex influence gender still prevails among feminists (e.g. Connell 1985; Turner 2003; Lovenduski 2011). Some contemporary feminists, however, insist on making a distinction between sex and gender (e.g. Udry 2000; Mikkola 2011). In order to argue for a change, it is useful to distinguish gender from sex, given that social constructions of gender are perceived as changeable (Schmidt & Moller n.d.). Researchers commonly focus

on one type of cause to the exclusion of the other or treat them as competing explanations (Eagly & Wood 2013). At the same time, which social factors or practices construct gender and what gender construction itself is are issues over which feminists also remain largely divided. An array of social practices associated with gender construction has grown significantly since De Beauvoir claimed that "*one is not born a woman but rather* becomes *a woman*" (Flaherty 2011:1). De Beauvoir, in Flaherty's (2011) opinion, is regarded as the first sociologist to distinguish gender from sex, and this sex/gender distinction constituted a turning point in history that led to Second Wave Feminism. The feminist movement, according to Eagly and Wood (2013), was an important influence on theories of gender because most psychologists allied with the wave of feminism that began in the 1960s were firmly in the nurture camp.

Besides psychological factors such as "emotional dependence", a trait commonly linked to women's stereotypical behaviour, and "emotional detachment" which conforms to men's (Chodorow 1995 as cited in Mikkola 2011), gendering social factors include sexualised power relations to which gendered hierarchy is tied (Mac Kinnon 1989 as cited in Mikkola 2011). MacKinnon (1989 as cited in Mikkola 2011) blames pornography for conditioning the male point of view as regards female and male sexual desires. More recently, critical examination of the human condition was brought to a new level following the introduction of cultural, structural and institutional variables by feminist theory which was previously ignored by traditional methods of inquiry (Dunning 2001). Such critical examination is particularly reflected in Third World feminist literature which may be regarded as an answer to critiques of the Western feminists' movement (particularly Second Wave Feminism), that such a movement only served the interests of white, middle-class working women. Nonetheless, few theories at present are truly interactionist by considering the intertwined contributions of biological and socio-cultural influences (Eagly & Wood 2013). In other words, theories of genetic and hormonal influences commonly do not consider the social context in which the processes operate, whereas social construction theories commonly do not recognise the biology that is being construed (Eagly & Wood 2013).

Although the belief that women have the same rights and the same worth as men is now the cultural norm in many human societies (Young 2000), modern feminism has not kept its promise of bringing men and women onto an equal footing in a new era in which war between the sexes is finally over (Lasch 1993 as cited in Young 2000). The notion that women are waging a gender war stemmed from the anti-war and anti-establishment mood in the mid-1960s which revived and redirected women's movements to a more radical philosophy (Sommers 1995:23). Today, the meaning of "equality" between men and women is still contested and many are unwilling to acknowledge that equal opportunities do not necessarily lead to equal outcomes (e.g. Hakim 2008).

On the whole, the large body of research written from a wide range of feminist perspectives (e.g. Podems 2010; MacKinnon 1989; Turner 2003; Molyneux 2002; Udry 2000) reflects multiple and divergent belief systems which share common fundamental values (Dunning 2001). The use of terms such as "gender feminism" and "equity feminism", both of which have been coined by Christina Hoff Sommers (1995) in her book "*Who stole feminism? How women have betrayed women*" often serves to distinguish these perspectives.

Sommers (1995:21-22) argues that "gender feminism" is *gynocentric* as it is based on the presumption that men are collectively engaged in subjugating women and women must, therefore, join with and be loyal only to women. In contrast, she uses the term "equity feminism" as an ideology rooted in classical liberalism aiming for the same legal rights for women that men enjoy, where self-aggregation of women has no part in an agenda seeking equality and equal access for women. According to Sommers (1995:21-22), gender feminism is the prevailing ideology among cotemporary feminists, but it lacks a grassroots constituency. The two terms are to distinguish what she describes as two different ideologically distinct branches of modern feminism.

Feminism in the 1970s propelled a new interest in bringing the personal into the

sphere of the political and in helping women gain significant ground in the fight for equality, especially in developed countries. Yet, while the belief that women and men have equal rights and equal worth is now the cultural norm in many societies, gendered disparities continue to pervade, even in the West. In contemporary America, for example, more men work in the manufacturing and construction industries, that is, 27 per cent of male workers versus 8 per cent of female, whereas in education and health services, female workers outnumber men with 35 per cent as opposed to 10 per cent respectively (Hartmann 2009). Various problems associated with women's entry into the public sphere are increasingly featured in the literature and also transpire through discourses on gender equality in Indonesia (see, for example, Blackburn 2004; Budiman 2008; Parawansa 2002).

On the one hand, Western women's increased participation in the public sphere has led to the emergence of a growing number of single households (Klinenberg 2012). In the United States of America, single women-headed households are disproportionately poorer than two-parent families or even single-dad families (Hartmann 2003). While 6,4 per cent of married couples with children are poor, 35,7 per cent of single women with children are poor, but single women-headed families are only about 20 per cent of all families with children (Hartmann 2003). Hartmann (2003) also notes that women earn only 77 per cent of what men earn, but that such a disparity is due to a number of factors, such as experience and occupational differences, industry distributions, and discrimination, which are disadvantageous not only to women but also to minority males and females. Today, women who live alone are often seen by feminists as enacting the dictates of feminism as they struggle with and confront realities that are a result of their choices.

Women living in heterosexual relationships have to carry out an unequal share of domestic chores. Knudson-Martin and Mahoney (2005) state that many women are still unaware of gender equality issues despite stronger evidence that equality improves the stability of relationships. According to Knudson-Martin and Mahoney (2005), while many aspects in traditional gender patterns are being challenged,

patriarchal gender structures continue to organise and reproduce family life. Gendered expectations for women include the responsibility for the smooth running of family matters and the accommodation of the family members' needs which, in addition to gendered behaviours, complicate the division of responsibility and power in the lives of couples (Knudson-Martin & Mahoney 2005). In order to reach true equality in the domestic sphere, women and men need to rise above the invisible and power assumptions that continue to bestow most of family responsibilities on women and challenge their power in relationships within their households (Knudson-Martin & Mahoney 2005).

The central theme of women's progress narrative is that gender will cease to act as a social constraint when women are recognised as workers as well as mothers (Everingham, Stevenson & Warner-Smith 2007). Everingham *et al* (2007) argue that young Australian women who take gender equality for granted are no longer inspired by the progress narrative. Although their working arrangements are still shaped by motherhood, the discourses they use to make sense of the tensions involved in those arrangements are based on choice, not equity, which is the priority of a new *Gestalt* (Everingham *et al* 2007).

To understand why true gender equality is difficult to achieve, one has to consider how choices affect outcomes. In a narrow sense, true gender equality may be conceived as men and women *equally* sharing the responsibility of earning an income for the family and *equally* allocating time and energy for unpaid domestic work. Hakim (2000 & 2003 as cited in Hakim 2008) argues that the main dividing lines in society have shifted from gender to lifestyle preferences, as shown by polarisation in women's paid work and family lifestyles. Even gender neutral policies do not always lead to equality of outcomes (e.g. Hakim 2008). Disparities in earnings between men and women continue to transpire in discourses on gender equality. This persists although there have been concessions from economists that the pay gap largely reflects differences in occupation, skills and experience, and that these frequently portray the different choices that men and women make in terms of education and employment (Goldin 2008; Emiliani &

Baron 2012; Cipollone, Corsi & D'Ippoliti 2011).

Hakim (2008) asserts that when there is real freedom to choose, women and men divide into three groups of lifestyle preference, that is, home-centred, work-centred, and a large middle group of "adaptives", who strive to fit paid work around family work. Hakim's (2006) *preference theory* to explain why men and women continue to exhibit different employment circumstances has led Ursule (2006) to point out the impact of neoliberal economic and labour market policies on employment security and conditions for many workers in a way that one breadwinner in the family is no longer sufficient to make ends meet.

Hakim (2000 & 2003 & 2004 as cited in Hakim 2006) insists that men and women continue to have, generally, different work orientations and labour market behaviour because these differences are linked to broader differences in life goals – men may be more competitive and career-oriented, while women may be more interested in consensus-seeking values and family life. Pointing to studies of the profession in the pharmacy sector, for example, where equal numbers of men and women are employed as well as disproportionate numbers of ethnic minority people, Hakim (2006) argues that women's jobs revolve around those that are local or can be done on a part-time basis, and those with fixed working hours that can be fitted around family life. Therefore, in Hakim's (2006) view, traditional theories on patriarchy and sex discrimination are out of date because they do not explain the latest results on women's position in the labour market. Hakim (2008) asserts that *preference theory* is coherent with the newest research findings, contradicting feminist assumptions that women share the same goals and priorities.

Women's and men's choices with regard to their education and work have also brought to a sharper focus other elements, beyond gender, underlying these choices. Skelton (2009), for example, argues that a number of countries have had a limited success in trying to increase the number of male primary teachers, given that no concrete solutions aimed at increasing the primary teacher population has

been offered by feminists/pro-feminists. Skelton's (2009) study reveals that primary teachers do not regard gender as having any particular significance in their careers, while minority ethnic and sexuality status are both regarded as major determinants.

Carlson (2004), commenting on findings from seven surveys between 1974 and 1997 of masculine and feminine behaviour, concludes that the stereotypical categorisation of people according to conventional perceptions of what is typical of each sex abounds in such research. Of the 24 comparisons [between men and women investigated in this study], ten show stability and eleven an increase in sex typing, the strongest of these being the increased femininity of females (Carlson 2004). The remaining three were not discussed. The researchers quoted in Carlson's (2004) study report that the strengthening of gender stereotypes reflects pre-dispositions based on natural patterns as conceptualised by the evolutionary theory which strangely does not seem to be reflected in the current situation in America. Carlson (2004) argues that the institutional dominance of equity feminism during the past 40 years has led to the distortion of American political and economic institutions in which this discrepancy is rooted. However, Carlson (2004) maintains, significant economic protection to married-couple families and their children is likely to be restored by recent regulations on family wage. Among these is a bill to extend the child care tax credit to stay-at-home parents which has just been introduced by Senator Lisa Murkowski of Alaska, while the US marital birth rate increased between 1995 and 2000 (Carlson 2004). Carlson (2004) also points to an increase in the number of infants enjoying full-time maternal care since the 1960s.

Motherhood is a significant factor influencing women's decision to work or to stay home full-time (e.g. Rogus 2003; Benzies, Tough, Tofflemire, Frick, Faber & Newburn-Cook 2006), particularly in terms of how the possible tension between feminist ideals and women's natural role to procreate is negotiated. This essentially refers to career women – or more generally working women – who are often seen as enacting the double burdens they carry: namely, their role in the

domestic sphere as mother and in the public sphere as employee or entrepreneur. Although a growing minority of women are choosing to be childfree, especially in developed countries such as Japan (Nakamura 2007), motherhood is believed to be an essential part in a woman's life in many societies. According to Benzies *et al* (2006), it is now socially acceptable to delay childbearing, leading to younger motherhood being regarded negatively. On the other hand, the high-risk obstetric and neonatal health associated with social norms that encourage women to delay childbearing in order to complete their education and establish a career have raised concerns (Benzies *et al* 2006). Pregnancy-related counselling for women during their sexually productive years may thus be necessary, given that nurses recognise the diverse complex factors influencing women's decisions about when to become a mother (Benzies *et al* 2006).

In their study exploring how American college-aged women who are members of the *Church of Jesus Christ of Latter-day Saints* make decisions about choosing a career or staying home full-time, Vigil, Ballif-Spanvill and Nichols (2003) demonstrate that the four factors affecting decision making are: (1) commitment to the single role of motherhood; (2) perceiving that mothers are happiest as homemakers; (3) lack of confidence in planning for multiple roles, and (4) active involvement in the decision-making process. Women are also known to willingly place their children's welfare above their self-interest. In Kelly's (2009) study on battered immigrant Latino women, for example, mothers are found to strive to prioritise, protect and provide for their children in every way possible. For the sake of their children, they are even willing to manage the abuse (Kelly 2009).

The oppressive role of social gender constructions of women's health has led to knowledge of health being unquestioned in terms of what is created, developed and challenged through women's health research (Cook 2009). The way women's health has been studied and practised reflects *"patriarchal, colonising, and capitalistic determination"* (Cook 2009: 144). In response to this, the history of women's health research, therefore, reveals a battle about knowledge (Tuana 2006 as cited in Cook 2009). The women's health movement has thus challenged

traditional ideas about what constitutes evidence and expert, as well as how knowledge has been used, evaluated and disseminated, and adopted this stance as its foundation (Cook 2009). This movement, according to Cook (2009), has challenged traditional knowledge in health research that is regarded as centred on men, by using a gender lens to separate sex in order to avoid essentialisms and to stimulate and focus on critical theory and social change.

However, many feminist health endeavours have been emasculated by increasingly hostile social and political contexts compounded by the rise of technology and biomedicine, which have stifled theorising in women's health research (Cook 2009). This, in Cook's (2009) opinion, is due in large part to the influence of post-modern and post-colonialist ideas and advances in social and biocultural research. Cook (2009) argues that many factors have played a part in shaping a context that is not always congruent with feminist goals. These include the increasingly narrow medicalisation of women's lives (Offman & Kleinplatz 2004& Lafrance 2007 as cited in Cook 2009); efforts to constrain women's reproductive choices (Gostin 2007 as cited in Cook 2009); an orientation towards the pharmaceuticalisation of women's mental health (Metzl & Angel 2004 as cited in Cook 2009); and global health initiatives that are ideological rather than evidence-based (Crane & Dusenberry 2004 as cited in Cook 2009).

In the opinion of Cook (2009), priority should be given to debates about knowledge in order to shed light on the opportunities and challenges that may guide women's health in framing future health research and service delivery. In particular, a critical examination of the limits and opportunities presented by the polarisation of sex and gender, the role sex and gender plays as theoretical symbols of difference, and the analysis of positivist and postmodern approaches to women's health are argued for by Cook (2009). This entails examining theories, challenges and alternatives put forward by the women's health community over the past century, in order to move beyond a single worldview and to establish knowledge in women's health that is "*reflexive, progressive, and actionable*" (Cook 2009:152).

3.3   DISCOURSES OF GENDER EQUALITY IN INDONESIA AND THE WEST

Differences in perceptions of what gender equality means prevail in Indonesia. Under the New Order, many NGOs were formed with the support of various international donors. However, Muslim women's organisations largely abandoned their feminist agenda following the state promotion of a unitary woman's role as wife and mother. As a result, feminism was viewed as "Western" and secular (Muttaqin 2008). The NGOs were not grass-root movements and did not consider the Muslim women's organisations as their allies (Muttaqin 2008). At the same time, a number of progressive Muslim feminist movements also emerged, promoting a gender lens in the interpretation of the two main sources of Islamic teaching, the Qur'an and the *hadiths*. These women defended feminism as not a Western conspiracy against Islam, and countered campaigns targeting women that were influenced by transnational Islamic movements in the 1980s (Muttaqin 2008). Although the coupling of feminism and Islam might seem unlikely to some, feminists and Islamic activists often share a broad common goal, which is to refocus critical attention on and ultimately redefine the relationship between public and private spheres in modern society as well as to demand that the same moral standards be applied to both domains (Brenner 2011).

After the collapse of the New Order government, Muslim feminists and NGO-based feminists began to join forces to counter attacks by conservative Muslim groups. However, variances in the understanding of gender issues are apparent even among Muslim progressive women. For example, although both share a robust interest in politics, *Fatayat*, the women's section of Indonesia's largest Muslim organisation, *Nadhlatul Ulama*, enunciates gender equality and women's individualism, while women from the Prosperous Justice Party, *PKS*, hold the view that men and women have different tasks in life but are equal before Allah (Rinaldo 2008b). For the *PKS* women, men and women are naturally different and must, therefore, divide up tasks between them (Rinaldo 2008b), reflecting a perspective that is in line with the principles of "gender equity" rather than gender equality.

In this regard, *Aisyiyah*, which is the women's division of Indonesia's second largest Muslim organisation, *Muhammdiyah*, holds the subordination of women to their husbands as its ideology, although *Muhammdiyah* is the best-known and still largest Indonesian Islamic reformist organisation (Robinson 2009). *Aisyiyah* shares the agenda of secular organisations in promoting women's education and an expanded role for women, and in encouraging women's participation in public life in addition to their obligation to bear and raise children as prescribed by their religious beliefs (Robinson 2009). Today, Western values of women's freedom, largely perceived to be embodied in women's participation in the public sphere, have come to be largely embraced in discourses on gender equality but are at the same time increasingly associated with the ensuing increase in the incidence of divorce. Nonetheless, the ascription of "victimhood" to all those women who are not part of paid labour is implicit in feminist movements in such a way that "invisible" women are largely considered mere agents of patriarchy while veiled women are often seen as the walking indictments of the assumed patriarchal influence of Islamic doctrines.

Gole (2002 as cited in Brenner 2011) suggests that as Islamic movements penetrate national public spheres, the meanings and borders of the secular public sphere are transformed through the introduction of new styles of language and dress, spatial practices, and bodily rituals associated with Islam. During the past two decades, Indonesian young women have increasingly adopted Islamic dress, often under new forms of wear glossed as "veiling", mostly in urban areas (Jones 2007).

While women employ veiling as a method to demonstrate how pious practices can be used to control their bodies (Rinaldo 2008b), Brenner (1996 in Jones 2007) claims that Islam's appeal for these women was about critiquing the corrupt and feudal New Order regime which failed to deliver on its economic promises. Therefore, in Brenner's (2005, 1996 as cited in Rinaldo 2008a:2) view, women's veiling in the 1990s can be seen both as a "*rebellion against tradition as well as*

opposition to an authoritarian government". For Jones (2007), this phenomenon is either a contradiction or a mutual exclusivity of a rise in Islamic piety and a rise in consumerism. She argues for the need to understand the rise of Islamic fashion within a context of national debates about modernity and piety, which brings into sharper focus the relationship among "*faith, gender, and materiality*" (Jones 2007: 212).

Brenner (2011) acknowledges that there is much at stake politically in the ability to define the boundaries and significance of the public and the private. Muslims have attempted to advance their causes by contesting the boundaries and meanings that mark public and private spheres as well as by striving to set the moral standards that will be applied to both domains. The power that comes from dominating the terms of debate over these matters is, therefore, at issue in the post-Soeharto era (Brenner 2011).

In the West, the biggest social change since the Baby Boom is the prominent rise of single households, as more and more of these are linked to childless couples (Klinenberg 2012). Childlessness may be a factor in the decreasing level of happiness among women in these societies. As shown by Buckingham (2009), Western women's overall level of happiness has dropped since 1972. These data were revealed when women's overall level of happiness was compared with where it was four decades ago and also compared with men's. Six major studies of happiness conducted among more than 1,3 million men and women in the United States and other developed countries led to the same result, showing that greater educational, political, and employment opportunities have corresponded to decreases in life happiness for women, relative to men (Buckingham 2009).

A number of other factors are thought to have contributed to women's decreased happiness. Folbre and Nelson (2008), for example, point to stresses and strains resulting from engaging in paid work in addition to ensuring family responsibilities. As women move into the sphere of paid work, they are no longer able to devote themselves fully to child rearing or care for the elderly, which was possible when

they were involved in activities such as farm labour and industrial home work to generate incomes. Therefore, much of the traditional domestic work is now being performed by services that include monetary transfers (Folbre & Nelson 2008). Another possibility explaining women's paradox may be that women in developed countries are finding it increasingly difficult to marry a man of a similar social status. With roughly 50 per cent of women graduating from university by the time they are 30, as opposed to 40 per cent of men, successful women will increasingly have to "marry down" by choosing a husband with fewer qualifications (MailOnline 2011).

As argued by Catherine Hakim quoted recently in *The Telegraph*, although gender equality reforms at work have been promoted for the past 40 years, financial dependence on a man is still an attractive idea for women, as women in most European countries still aspire to marry a man with better education and higher earning, and continue to regard marriage as an option or a supplement to their employment careers (Ross 2011).

While women's massive entry into the public sphere has been linked to divorces, a major problem associated with the breakdown of marriages is the welfare of divorced parents' children. A recent church-backed report on the state of British childhood, for example, indicates that the break-up of the traditional family is in large part a consequence of female empowerment, which has led to a generation of emotionally disturbed children, as shown by one third of 16-year-olds that are now living separately from their biological fathers (Bingham 2009). Referring to England, where 70 per cent of mothers of 9- to 12-month-old babies do some paid work, compared to only 25 per cent a quarter of a decade ago, Bingham (2009) also highlights the report's claim which was based on findings in more than 90 different studies, that children of divorced parents suffer long-term damage, as demonstrated by poor performance in school, low self-esteem, and behavioural difficulties, as well as depression.

In 2011, the Scandinavian countries ranked among the top ten "happiest"

countries in the world, with Norway topping the Legatum Prosperity Index list (Forbes 2011). In Sweden, according to Hakim (2008), three-quarters of working men work in the private sector, whereas two-thirds of working women are employed in public services, resulting in a pay gap that is not lower than elsewhere in Europe. In fact, gender equality policies implemented in Sweden for decades have had little impact on the division of labour by sex in the home and the workplace (Hakim 2008). This, therefore, brings to the fore the possibility that happiness may not necessarily be a consequence of gender equality or economic prosperity. In Nepal, which ranks 93rd on the Legatum list, half of the population said they were satisfied with their standard of living and 81 per cent had confidence in their banks although inflation was 11 per cent and unemployment was 46 per cent in that country (Helman 2011).

In Indonesia, "the career woman" is largely viewed as a symbol enacting the double burdens that a contemporary woman must carry (Adamson 2007). It seems curious that "career women" are singled out while all working women actually enact their double burdens as they too are expected to bear children and run the household while they are increasingly driven to find employment outside their homes in order to make ends meet. It is, therefore, hardly surprising, according to Adamson (2007:31), that such a symbol has been strategically employed "*by religious and political groups to impose their vision of moral and political order*". These religious and political agents, in Adamson's (2007) opinion, hold the view that by leaving their homes to work, women are potentially abandoning the moral education of their children and the sanctity of the family. In such discourses, concepts that are suspected to carry Western values of "*moral degradation*" are questioned. For example, many believe that "*emancipation*" was promoted by the women's movement in the United States in order to enable women to act as freely as they wished, implying that nothing would stop them from indulging in extra-marital sex, whereas women as mothers and wives were "assumed models of value, order and containment of sexual desire" (Adamson 2007:31). The fear, according to Adamson (2007), is not sexual enjoyment itself, but *"how women's sexual enjoyment might lead to the breakdown of the family and, by extension, the*

nation" (Adamson 2007:22).

As commented by Adamson (2007), the concepts of gender and feminism, considered by many Indonesians as Western ideologies, are associated with concerns that the globalisation and Western-style modernisation will lead to the breakdown of the family by encouraging women's agency. Concerns about globalisation and the debates it generates revolve around the needs for controlling social morality, which is done by controlling gender and gender roles, in order to maintain a sense of control in the face of the strange and the foreign (Adamson 2007). Sassen (2008 as cited in Rinaldo 2011) highlights some advancement in understanding the intersections of the global and the national in terms of their relationship being mutually reinforcing instead of opposed. While acknowledging the need for a wider variety of accounts of how the global intersects with the national, Rinaldo (2011) argues that such an endeavour involves distinguishing carefully between the local and the national, which are frequently confounded.

Indonesia's political transformation has thus opened up new avenues for imagining a new nationhood where various values impinge upon local understandings of morality. This is occurring amid uncertainties and gendered anxieties arising from the process of democratisation, globalisation and modernisation on the one hand and Islamic and *adat* revival movements on the other. The lives of women who are not part of waged labour need better understanding in order to see whether they are in fact strategic – but unrecognised – actors in defending or expanding their own life prospects. Parashar (2010), when examining women's politics and agency in radical religious movements in South Asia, for example, argues that discourses inscribing *victimhood* to women do not account for the complicated nature of agency and empowerment and the entire range of politics and activism that women engage in. In light of this, do home-centred women perceive themselves as victims of inequalities in the current gender order or are they happy and satisfied with the life they live, including the current division of labour in their household?

3.4 GENDER, FAMILY AND DOMESTIC LIFE IN CONTEMPORARY INDONESIA

Under this theme, *adat* and Islam influences are discussed in the first section. This is followed by a detailed description of the culture of the Javanese and gender construction, Kartini's ideologies of women's freedom, and domestic violence and polygamy, which are the subsequent subthemes in this chapter.

In Indonesia, the percentage of single households is not available, but Indonesians rarely live alone. In 2010, among families with one member, female-headed households significantly outnumbered male-headed households, that is, 31,60% vs 3,53%, and among families with 2 to 3 members, 41.74% were female-headed (vs 37,09%). Among families with 4, 5 or 6 members, there were more male-headed than female-headed households (Statistics Indonesia 2010a).

As shown in Figure 3.1 (see next page), there are more female-headed households compared with male-headed households among families with one member and families with 2 to 3 members. Among one-member families, 31,60% are headed by women while 3,53% are headed by men. Among 2 to 3 member families, 41,74% are headed by women while 37,09% are headed by men.

Figure 3.1: **F**emale-headed households versus
male-headed households

Female-headed vs male-headed households
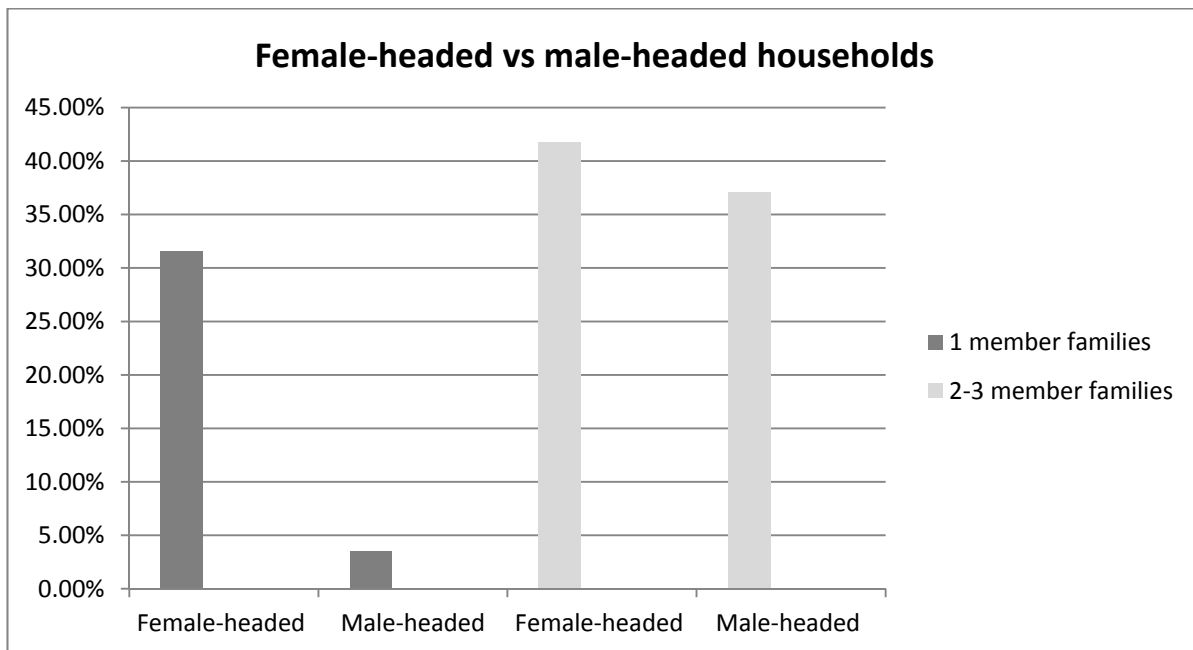
Source: Statistics Indonesia 2010a

Among divorced couples, female-headed households also outnumber those with men as breadwinners, with 14,40 per cent as opposed to 0,91 per cent (Indonesia Statistics 2010b). While many cases of marriage as well as divorce are reported, 24 per cent of divorces are attributed to economic problems (Arijaya 2011); the number of divorce proceedings initiated by women has increased threefold since the turn of the century (Cammack n.d.). This has contributed to women's freedom being pitted against the breakdown of marriages.

In 2011, the number of women earning wages in Indonesia accounted for 51 per cent, which is among the lower percentages compared with other Asian countries such as Brunei Darussalam, Myanmar and Cambodia where female labour participation rates are 56, 75 and 79 respectively (World Bank 2013). The fact that an increase of a mere 7 per cent in the number of working women has occurred since 1980 is all the more interesting given that in the wake of the financial crisis in 1998, the Indonesian Rupiah lost half of its value relative to major world currencies

in a matter of days, and the price of food staples increased by more than 80 per cent, including rice which has more than doubled in a span of fewer than two years in a number of provinces (Karner 2011).

3.4.1 Adat and Islamic influences

An unexpected rediscovery of pre-modern sources of order and identity in the form of villages, tribes, and sultanates, occurred as a result of the dismantling of the authoritarian state as part of the reform processes (Henley & Davidson 2008). This, according to Henley & Davidson (2008), took place in tandem with local commitments to upholding human rights alongside the civil society, which are seen as politically beneficial to Indonesia. The unexpected revival of *adat*, according to Henley and Davidson (2008), was mainly prompted by the democratisation process. However, other factors also played a significant part. These include international organisations and networks that are concerned with defending the rights of indigenous peoples, the oppression of marginal population groups under General Soeharto's New Order regime and the positive role of *adat* in Indonesia's political thinking brought about by the nationalist movement (Henley & Davidson 2008)

The political ideology of the New Order regime was founded on the state idea of a "family system" where the "natural" rule of the father is valorised (Robinson 2009). The state portrayed itself as having the right to intervene in and administer family matters just as it had the right to exercise its authority over public institutions (Brenner 2011). A normative vision of women's primary role as wife and mother was, therefore, endorsed, placing her in a family in which the husband had patriarchal authority. The naturalised authority of the father also normalised the authoritarian power of the state, with President Soeharto at its centre, and was used in the construction of a public façade of the normative paternalism of the New Order (Robinson 2009). While the New Order regime is now gone, political debate regarding gender relations still commonly makes reference to natural sex

roles in "traditional" differences between men and women. For example, various writings (e.g. Blogdetik 2008) imply that mothers, rather than fathers, are responsible for the increasing acts of violence and aggression perpetrated by young people, such as students' brawls, thefts, rape, and even murder. While acknowledging that such problems are the responsibility of "parents", the emphasis, nonetheless, is on women. Many commentators tend to highlight women's reproductive and domestic responsibilities, of which children's informal education is an important part.

Yet, the varied gendered orders of Indonesia's cultures have in fact offered women and men diverse forms of autonomy and dependence (Robinson 2009), consistent with the prevailing *adat* bilateral systems in which both patriarchal and matriarchal traditions are incorporated. While the widely perceived patrilineal bias of Islam Orthodoxy appears to have played an important role in the promotion of the New Order's unitary roles which placed women on a subordinate platform relative to men, more egalitarian practices are revealed by a closer look at gender roles and relations among various ethnic groups across the archipelago (Robinson 2009).

While some cultural groups are organised along matrilineal lines such as the tribe of Minangkabau on the Western part of the island of Sumatra and others largely practise patriarchal traditions such as those found in Bali, bilateral systems are in fact implemented in most cultures, where both matriarchal and patriarchal gender orders prevail. Such bilateral systems are in fact widespread, not only among ethnic groups such as the Acehnese, but notably also among the Javanese and the Sudanese who constitute the two largest ethnic groups in Indonesia (Suryadinata, Nurvidya & Ananta 2003:7), accounting together for nearly 60 per cent of the population.

Adat as a political cause involves ideals that are associated with the past (Henley & Davidson 2008). As pointed out by Henley and Davidson (2008:817-818), *"adat revivalisms is not the same as adat, and it is traditionalism rather than tradition itself".* Concerning land rights in particular, which constitute the most important

issue in the current revival, contemporary claims and past practices share commonalities such as the way societies are organised and disputes are resolved, which do not much concern the state or its law. Continuity with the past is also reflected in the publication in 2000 of a population census in which data on ethnic backgrounds are included, marking a 70-year gap since a similar census was undertaken in 1930, before Indonesia's independence (Suryadinata *et al* 2003: xx).

As the ideals of *adat* have been used to pursue a broad range of political ends, including the mobilisation of underprivileged groups, whether *adat* revival is a positive contribution to Indonesia's plurality or a divisive, reactionary force is, therefore, an important question addressed by Henley and Davidson (2008:816). Henley and Davidson (2008:815) suggest that *adat* represents "*assumptions regarding what an ideal society should be*", which implies empowerment on the one hand and restrictions and danger on the other. As further emphasised by Henley and Davidson (2008), it is empowering because it provides support for local claims to land and resources previously taken by the state and is used to circumvent Indonesia's corrupt formal legal system; but is hazardous because it excludes millions of Indonesians in rural as well as in urban areas. These insights led to assessing the impact of the *adat* revival on gender roles, gender relations and the perceived gender ideals among women.

In Indonesia, patriarchal ideology of family harmony impinges on how a wife is treated by her husband. In Munir's (2005) view, women bear the burden of defending the image of the family harmony at any cost. Their voices are ignored as it is their "noble" responsibility, perceived as natural, to maintain the good reputation of the family. A woman's perception of her role is, therefore, also significant in determining her behaviour.

While the new ideas about Islam revolve around piety, many of the new ideas about Muslim piety concern women (Rinaldo 2008b). The ideal Indonesian woman, according to Rinaldo (2011), is intelligent and moral but also *shalehah*,

which means being modest, pious, and obedient to God. Indonesian Muslims, like Muslims in many countries, had often been practising Islam informally, but these ideas emphasise that being a true Muslim means adhering to certain religious norms which are implied in the practice of the religion. While women produce and transform themselves by adopting pious norms, Mahmood (2005 as cited in Rinaldo 2008a) argues that the kind of agency transpiring from the conscious transformation of self through religion is not a phenomenon well captured by the Western binary of resistance versus submission. Although it is difficult to assess how much beliefs have shifted, many Indonesians have in the past two decades come to realise that praying five times daily and abstaining from alcohol [and especially from pork] consumption, which are essential to being Muslim (Rinaldo 2008a), are no longer sufficient. Taking off their shoes as a sign of respect to the household they are visiting, and kissing the hand of those they regard as "elders" have also become part of the current Muslim behaviour.

Historically speaking, Islam has arguably been the most effective way of enabling cooperation among the diverse peoples of the archipelago (Henley & Davidson 2008). *Adat* revival, according to Henley and Davidson (2008), is concentrated in areas where the progress of Islam is blocked by other religions or where pre-Islamic elements remain uncommonly important in social life despite Islam conversion. For Henley and Davidson (2008), the rising movement in Islamic revival and its attempts to promote the implementation of the *Sharia* law and the *adat* revitalisation share striking similarities in that both movements have been facilitated by the political freedoms of the post-Soeharto era, including decentralisation and the delegation of authority to local governments.

While *adat* and Islamic values are both spread through various forms of unwritten communication, the interpretation of the former is based primarily on local customs that are transmitted from generation to generation with few supporting manuscripts, while that of the other is founded on specific religious texts. The background and beliefs of the *ulemas* based on their understanding of the religious texts have in large part contributed to the interpretation and promotion of

Islam (Munir 2005). Islam shapes the gender orders in Indonesia and emerges as a critical point of debate about gender relations in the post-Soeharto era (Robinson 2009).

At a recent discussion with a group of Muslim women concerning the draft Bill on Gender Equality in Parliament, three major issues of equality were identified as potential violation of Islamic principles (Jakarta Post 2012a). They concern: (1) inheritance, which should be divided between a man and a woman at a ratio of two to one according to the Islamic law; (2) freedom to choose a husband or a wife which implies the possibility of inter-religious marriages not sanctioned by Islam; and (3) women's financial independence which is thought to cause conflicts within marriages and lead to the break-up of families, which runs counter to Muslim teaching.

Regarding inheritance, the real Javanese law is equal share (Lev 1996 as cited in Robinson 2009), hence counter to Islamic law. In places such as Aceh, however, where patriarchal and matriarchal systems co-exist, how inheritance is divided may be of little importance as property is more usually disposed of through gifting, often leaving little to the male heir (Robinson 2009). The above objection, therefore, may have little bearing on how inheritance is actually divided.

Regarding marriage, Lev (1996 as cited in Robinson 2009) suggests that the Islamic family law regime has in fact proven to be supportive of women, for example, women are informed of their rights with regard to divorce at the time of marriage. In Aceh, women can legitimately divorce men who go away and fail to send back money, and this is thought to impact on the high divorce rates in the region, estimated between 30 to 50 per cent (Tanner 1974 as cited in Robinson 2009). Therefore, when understood in the narrow sense of getting waged labour, women's freedom may not be the focal point of contentions within marriages nor the most significant determinant in the incidence of divorce.

In surveys and interviews conducted by Smith-Hefner (2009) in Yogyakarta,

central Java, close to 100 per cent of women expressed the wish to work outside their homes before as well as after they married, which has contributed to new anxieties surrounding marriage, family life, and the quality of relationships among members of the family (Jones 2004 & Smith-Hefner 2005 as cited in Smith-Hefner 2009). The marital imperative looms large in this part of the archipelago, despite women's higher education and economic opportunities, as evidenced by social expectations for Javanese women to marry and have children (Smith-Hefner 2009). This, however, appears to be also true for women from other ethnic groups.

Since political reforms in 1998, a three-fold increase in divorce rates has occurred in Indonesia, which translates to 200 000 divorces per year out of 2 million divorce petitions (Tan 2011). Women's empowerment has been associated with the break-up of marriages. As Cammack (n.d.) notes, women's financial independence, smaller number of children, emphasis on individual choice and self-fulfilment within relationships, appear to cause less stable relationships. In Cammack's (n.d.) opinion, however, the number of divorce cases cannot be equated with the number of people divorcing as there are occurrences of unauthorised divorce, a consequence of the husband's extra-judicial repudiation of his wife which is well documented. Cammack (n.d.) suggests that the growing trend in divorce cases since 2001 may be explained by a change in the gender proportion in divorce cases: cases filed by men have remained relatively stable while those filed by women have increased significantly, thus implying increased assertiveness of wives and greater awareness of law and/or domestic violence issues.

Clearly, issues of gender, sexuality, and morality have become central points of contention in the ongoing power struggles between conservatives and liberals (Brenner 2011). Although liberals of both secular and Islamic orientations have sought substantial reforms on gender issues, conservatives and fundamentalists have often tried to undermine these efforts and have used the freer political atmosphere to advance their own objectives.

3.4.2 The culture of the Javanese and gender construction

The Javanese has remained the major ethnic group in Indonesia although its percentage declined from 47,02 per cent in 1930 to 41,71 per cent in 2000 (Suryadinata, Nurvidya & Ananta 2003:11). This percentage has today decreased further to 40,6 per cent of the population, while 58 per cent of Indonesia's population lives on the island of Java, making Java the most populated island in this country (Central Intelligence Agency [CIA] 2012). The ascendency of Javanese Soekarno to Indonesia's first presidency in 1945, therefore, marked an important victory for the dominant culture which was further reinforced by the rise of his successor, General Soeharto, also of Javanese origin, who assigned most state administration and political positions to people from his ethnic group during his 32-year authoritarian rule (Dzuhayatin n.d.).

The city of Yogyakarta in south-central Java is home to an active Javanese sultanate (Smith-Hefner 2009). Residents of the city were once famed for their sophisticated speech and gracious social comportment (Mulder 1996; Koentjaraningrat 1985 as cited in Smith-Hefner 2009). The Javanese language is not only complex but also feudalistic in that it involves speech styles or language "levels" used to express and indicate the nature of the relationship between the speaker and his or her dialogue counterpart, known as *madya* (Smith-Hefner 2009). *Krama* is the formal Javanese used in family relations, while *ngoko* is the informal version of the Javanese language. These linguistic styles developed outside of courts as one aspect of an elaborate system in which status was symbolically differentiated, which governed "*virtually every aspect of personal appearance and movement*" (Errington 1985 as cited in Smith-Hefner 2009) and eventually spread broadly into many areas of the countryside (Smith-Hefner 1998 as cited in Smith-Hefner 2009). While the government's policy has benignly neglected regional varieties (Bertrand 2003 & Samuel 2000 as cited in Smith-Hefner 2009), children and adolescents were recently required to attend Javanese language classes from grade one through high school in Central Java (Smith-Hefner 2009).

By the late 1970s, a shift from Javanese to the national language known as *Bahasa Indonesia* was occurring (Smith-Hefner 2009). Yet, the Javanese language is still Indonesia's largest regional language group and has some 75 508 300 speakers worldwide (Gordon 2005 as cited in Smith-Hefner 2009). As a result of the Javanese ethnic group predominance, the Javanese culture known as *kejawen* is the most dominant in Indonesia. *Kejawen* is the syncretistic beliefs and traditions of the people who live mainly in Central Java, compounded not only of Muslim but also pre-Hindu and Hindu elements (Van Bemmelen & Grijns 2005:105). When addressing the religion of Java, Antlov and Hellman (2005:9) make reference to three distinctive strands, all of which are Muslim: namely, *abangan* (syncretism – influenced by folk rituals), *priyayi* (aristocratic – influenced by court mysticism) and *santri* (puritan – hostile to both folk rituals and court mysticism). As Antlov and Hellman (2005) note, women and gender in *kejawen* culture cover a wide variety of female roles, gendered symbols and norms, situated not only in the royal court but also in the villages, resulting in a diversity of interpretations.

Historically, women in Java have worked outside the home to gain an additional income (Sullivan 1989 & 1994 & Koning *et al* 2000 as cited in Adamson 2007), mostly in the agricultural sphere. Such work also includes running small businesses or teaching (Adamson 2007). The Javanese women's entry into public life has been largely facilitated by *Aisyiyah* through *pengajian* (the study of the Qur'an) which served as a springboard to bring secluded women out of their homes (Robinson 2009). As indicated by Meinzen-Dick and Zwarteveen (2003 as cited in Martiningsih 2011), women are keen to allocate time to getting and receiving knowledge and information, and always have time for gathering and for upholding their relationships with members of their community (Maluccio *et al* 2003 as cited in Martiningsih 2011). As for Javanese women, their domestic role is viewed as encompassing the responsibility for the emotional wellbeing of their household members, including husbands, children, and even servants (Smith-Hefner 2009). The modern wife is expected to create a harmonious and peaceful

environment for her family, among others, by ensuring a household that is clean, well-managed, and visually appealing. The extension of the Javanese women's domestic role into the affective sphere exemplifies that this "emotional work" falls to women as a result of their perceived emotional nature as compared with men who have difficulty expressing their feelings, and because they are perceived as susceptible to sexual temptations as well as generally more "needy" (Jones 2004; Peletz 1995 as cited in Smith-Hefner 2009). Middle class Javanese mothers take great pride in children who do well in school and are widely admired and held up as exemplary models (Smith-Hefner 2009).

Despite more egalitarian practices among its diverse people, Indonesia's local culture is generally perceived as "patriarchal" (e.g. Parawansa n.d.). This may be due to the "anti-men" element in Western feminism which continues to be the focus of international communities: namely, women's perception about men's desire to maintain their domination over women in societies (Saparinah 2002 as cited in Martiningsih 2011), although gender equality is enshrined in Article 27 of Indonesia's 1945 Constitution (Martiningsih 2011). To a large extent, this general perception of patriarchy may also be attributed to the overwhelming Muslim majority of Indonesia's population given that Islam is generally seen as patriarchal. While such perception may provide a logical frame for Islam's harmonious assimilation into Indonesia's culture since the eleventh century, it may on the other hand also present fertile grounds for conservative Islamic groups to contest regulations promoting gender equality. This is made possible by the argument that they are counter to Islamic principles, thereby denying both the more egalitarian system of *adat* and the patriarchal bias of Islamic scripture interpretation. In Suryani's (2006 as cited in Martiningsih 2011) view, women should stop seeing themselves as victims of inequality.

The familial relationship in Java is one of moral obligation, with harmony, respect, mutual deliberation and cooperation as the four cultural concepts that are central to the governance and maintenance of the family which the New Order promoted through state programming (Adamson 2007). But the demand to revere elders and

the suppression of individual interests for the sake of harmony allow that equal obligation may stem from very different and possibly unequal roles of men and women (Adamson 2007). As pointed out by Adamson (2007), a hierarchy of social position and purpose is reflected in gendered roles in the family. A moral category based on the suppression of individual interests and maintenance of gendered roles, therefore, serves to offset potentially negative consequences that may arise from individuals demanding more for themselves, to the detriment of social harmony (Mulder 1994 as cited in Adamson 2007). In other words, the enactment of social roles and obligation reflects the moral hierarchy within the family that stresses the wellbeing of the collective (Adamson 2007).

In Java's matrifocal families, the woman is said to have "*more authority, influence and responsibilities than her husband*", given that women manage households and control spending of finances allocated to them by their husbands (Geertz 1961 as cited in Robinson 2009 & in Adamson 2007). *"If women are ascribed economic power in the household, why should a woman working outside of the home threaten her relationship with men?"* Adamson (2007:20), who asks this question, argues that one answer is that public economic power (as opposed to private) breaks down a key relation of obligation upon which family is based. Given that "*the familial relationship in Java is based on moral obligation embedded in the four concepts mentioned above"* (Adamson 2007:20), an interesting point to explore is whether the moral hierarchy within the family stresses the wellbeing of all the members equally. While this may be reflected in the way social roles and obligation are enacted, one may also gain such insights by observing whether social harmony can be maintained through the suppression of individual interests that may bear negative consequences and the maintenance of gender roles.

Moral obligation may play a significant role in intra-family transfers, which may have been important to the ability of households to cope with the financial crisis in 1998 (Karner 2011). In Karner's (2011) view, among households initially dependent upon transfers, a decline in transfer receipts caused by the crisis that has not been replaced by an increase in income from other sources will reduce

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available parental resources and affect children's human capital accumulation.

As Sen (1999:192-193) notes, the economic role and empowerment of women also influences the arrangements for sharing resources within the family, which are widely offered by established conventions that regard men as bread winners and women as domestic carers. Outside employment often has useful educational effects on women as they are exposed to the world beyond the household, making their agency more effective. But exposure to the world outside the family and education benefits may also be gained through other means.

Indonesian women, for example, are known to attend keenly and regularly periodic gatherings in the form of "*pengajian*" and "*arisan*", which also provide them with opportunities for selling or promoting various goods and services to one another. *Arisan* is a social gathering that is believed to have existed since the 1960s, where members contribute and take turns lottery-style to win what is at stake, that is, prizes that may take various forms, ranging from rice or other staple foods among the country's poor and rural population to large sums of money among the haves (Rulistia 2011). Both are types of informal "grassroots" organising activities formed by individuals, involving bridging and bonding elements (Shoemake & Hale 2010). Women's social status and identity are more dependent than men's on displays of community membership and social interaction, as shown in various studies (Eckert 1989; 1990; Bilaniuk 2003 as cited in Smith-Hefner 2009). Women's participation in *pengajian* may also be seen in terms of seeking self-fulfilment or happiness. According to Nelson (2009), happiness concerns both quality and quantity, and such questions fail to address the authenticity of a person's relationships or religious experiences.

Religious conservative views of women's freedom as jeopardising the stability of the traditional family are not unique to Indonesia's Muslim society, given that the conservative church in Latin America is also opposed to women's entry into waged labour, which it holds responsible for a range of social problems (Molyneux 2002). And such views are also not limited to the Third World, as shown by the British

church-back report mentioned above. Ironically, while women's responsibilities to the family and community are placed in opposition to their pursuit of self-fulfilment through work, the role played by women in the Third World in securing income is the single most powerful factor in alleviating family poverty and children's malnutrition (Molyneux 2006). Women have been shown as direct agents of social change and family unity within a community (Martiningsih 2011). Women in Indonesia are actively involved in a wide range of activities, including social, cultural and spiritual, and many have been successful natural resource managers (Nakatani 1997 & Wahana Lingkungan Hidup Indonesia [WALHI] 2007 as cited in Martiningsih 2011).

Muslim women's protests against the draft bill on gender equality reflect the ongoing battle between conservative and progressive ideas of feminism, and bring to the fore the battle between diverse values within the realm of Islam and within that of *adat.* Such competing values play significant roles in establishing women's agency. As agency implies individualism and self-interest, individualistic women could become self-interested (Adamson 2007). In Adamson's (2007) view, women working outside their homes, particularly career women, can thus be seen as breaching family harmony, in that they allow their individual interests to be placed above those of the family unit.

Furthermore, Martiningsih (2011) pinpoints the importance of forging communication between decision-makers at district level with communities, as this may render the decision makers more attentive to the needs and aspirations of poor women, and promote the collective understanding of community's rights and obligations. Recent years have seen a significant decrease in the pivotal contributions of a woman's organisation known as *Program Kesejahteraan Keluarga* (*PKK*). This community-based movement which started in 1957 during the era of the first president, President Soekarno, was institutionalised in 1983 under the New Order government as one of the tools used to increase women's participation in the creation of a prosperous family and to promote community wellbeing (Imelda 2011). It acts as a coordinating body for all women's activities,

encompassing villages, districts, regencies and at provincial levels in the implementation of government development programmes, especially in rural areas (Martiningsih 2011). However, only elite women are now able to join the organisation's programmes and only a small sub-group of members of the organisation sometimes benefits from the programmes (Martiningsih 2011). Martiningsih (2011), therefore, argues for concrete action to accommodate people's needs, particularly those of women that can participate in either the domestic or other productive domains.

The role of the state as a weight factor in the balance of gender equality may thus be significant and decisive in terms of whether or not, ultimately, Islam and *adat* revival will prove detrimental to women's condition in Indonesia, keeping in mind that the role of the state is largely contingent upon its understanding of Islam and *adat* values. As demonstrated by Charrad (2001) in her comparative analysis of Islamic societies in the Maghrib countries during the post-colonial era, women in Tunisia gained radical advancement in gender legislation despite the absence of a women's protest movement, while women in Morocco and Algeria remained subordinated. Although probably to a lesser extent, the same may be said about Indonesia where the implementation of a law concerning marriage granted women an almost identical position to that of men in initiating divorce proceedings in the absence of a feminist group's involvement (Bedner & Van Huis 2010).

Changing social institutions, according to Jutting and Morrison (2005), will improve the status of women in developing countries. Jutting and Morrison (2005), therefore, call for the redesigning by international donors of strategies to lower men's resistance to reforms aimed at improving gender equality while, at the same time, enhancing women's capacities and capabilities. In order to avoid allegations of *cultural imperialism*, however, *"cultural freedom or respect for diversity are not to be confused with the defence of tradition"* (The Human Development Report [HDR] 2004 as cited in Jutting & Morrison 2005). Cultural liberty should be understood as "*the ability of people to live and be what they choose based on opportunities to consider other options*" (UNDP 2004 in HDR 2004 as cited in Jutting & Morrison 2005). Jutting and Morrison (2005), therefore, claim that donors

promoting change in social institutions is not a step against cultural liberty but one that is intended for giving opportunities to women to make their own decisions.

While the definition of cultural liberty as noted above is interesting, it also makes for the strong possibility that women who are not engaged in paid work will continue to be regarded as victims of gender inequality because their decision to be a domestic carer is inevitably assumed to be a consequence of circumstances under which there are no other options to consider. Similarly, women who decide to adopt a particular family lifestyle, for example, a polygamous marriage which is not based on perceived religious obligations or financial needs, may easily be considered as enacting female subordination, whereas they may have had plenty of opportunities and made this choice consciously after considering other options. The researcher is not suggesting that women should be housewives or should engage in polygamous marriages. She is simply pointing out the necessity to recognise the possibility that there may be other motives, besides lack of opportunities, for being a domestic carer, and other reasons, besides gender inequality, for being in a polygamous marriage.

Furthermore, as Jutting and Morrison (2005) note, gender discrimination is not systematically defined by religion because all major religions offer a flexible interpretation of women's role in society. While male domination in various societal practices is commonly attributed to religion, these, oftentimes, are merely an embodiment of patriarchal interpretations of religion. In much the same way, while many societal practices regarded as discriminating against women are consistently associated with women's inferior position to men's in society, this view, to a large extent, is simply an articulation of feminist interpretations of gender inequality.

One point in the above discussions is that interpretations link closely with perceptions, while perceptions are produced by a complex amalgam of knowledge, beliefs, and moral reasoning gained through lived experiences which oftentimes defy logic and are, to some degree, impenetrable. Hence, a second point in the above discussions is the implication that these insights, in a broader sense, need to be conceived in terms of Luhmann's (1998 as cited in Medd 2001)

question about how ignorance should be dealt with by complexity theory (to be discussed in greater detail in Chapter 5). As human beings constitute living systems that are tremendously complex, our epistemology of the human behaviour, though always critically examined and continually expanding, will probably never reach a point where it is all-encompassing. By using the lens of complexity theory, we recognise that such a perspective allows that our knowledge about the world will always carry some degree of ignorance because complete observation is impossible as a result of the impossibility of observing ourselves in the process of observing (Luhmann 1998 as cited in Medd 2001).

3.4.3   Kartini's ideologies of women's freedom

Raden Ajeng Kartini, daughter of a Javanese regent, is a symbol of women's emancipation and a heroine of the independence movement. In Kartini's era, women of the social elite were subjected to repressive life conditions in which wives were just "the first among servants". However, these women perceived the relationships between married couples in peasant households as more egalitarian owing to the shared responsibilities they enjoyed, with husbands valuing the opinions of their wives (Wieringa 2002 as cited in Robinson 2009). Today, the manner in which Kartini Day is celebrated on April 21st (with children marching in colourful traditional costumes and women participating in cooking contests, flower arranging and fashion modelling) is seen by feminists such as Kuswandini (2010) as reflecting the persistent influence of the New Order's conceptualisation of women's unitary role, even in the post-Soeharto era.

Furthermore, local feminists argue that the New Order's promotion of a unitary women's role has reduced Kartini's image to a mere Javanese aristocrat enacting domesticity rather than a rebellious woman who fought for women's right to education (Kuswandini 2010). Kartini aspired to pursue her own education which was prohibited by the practice of girls' seclusion in the home among elite families, and was resolute in avoiding an arranged and/or polygamous marriage which was

common in her social class (Robinson 2009:37). As she failed to circumvent a marriage arranged by her parents to a much older man of similar social standing who was, she found out later, polygamous, Kartini is generally represented locally as a saintly symbol of suffering motherhood.

In Robinson's (2009) view, however, Kartini may be seen as exemplifying the dilemma of a modernist commitment to individual rights and self-realisation, and a wish to act out of filial piety and love for her father. While studies, according to Rinaldo (2008b), have shown that gender is an important axis for class difference, she extended this argument to suggest that gendered forms of piety constitute a strategic way to embody and express class distinctions. Rinaldo (2008b) claims that the current question relating to which values, dispositions and expectations are most culturally legitimate, is a challenge to the hegemony of particular understandings of piety and ideas in terms of how modernity should be defined.

In line with Robinson's (2009) and Rinaldo's (2008b) observations, Kartini does make an interesting case of a woman's struggles to cope with contradicting values. In one of her letters to Stella Zeehandelaar, her Dutch pen-friend, she wrote:

> I long to be free, to be able to stand alone, to study, not to be subject to anyone, and, above all, *never, never* to be obliged to marry. But we *must* marry, *must, must.* Not to marry is the greatest sin which the Muhammad woman can commit. It is the greatest disgrace which a native girl can bring to her family.
> (Kartini & Symmers 2005:6).

It is clear that Kartini's view of marriage reflects her defiance of both Islamic and *adat* influences, consistent with her aspirations for Western values of female freedom. The concept of *jodoh*, perceived as a soul mate "chosen by God", is part of an Islamic belief in a pre-determined fate for mankind. Kartini's objection to an arranged marriage implies her understanding that the husband of her parents' choice will most likely not be her *jodoh*, as she internalised freedom as an essential means of finding one's *jodoh*, which *adat* might interfere with through the

arrangement of marriage. On the other hand, if *jodohs* are predetermined by God, it is interesting to note that Kartini appears to disregard the possibility that her *jodoh* may well be the man chosen by her parents, as this may also be seen as God's will, by extension. This implies that the multiple, often contradictive, interpretations of the concept of "*jodoh*" are likely to drive a person to making an arbitrary choice for a particular conceptualisation of the term that seems to fit more conveniently with his or her current situation.

Moreover, the conceptualisation of respect, which implies obedience, is widely seen as part of a social norm determining appropriate conduct among the young. The family is said to be the centrepiece of the Javanese society where children are taught to respect their elders and secure social harmony and other virtues valued among the Javanese (Antlov & Hellman 2005:11). In Javanese speech situations, according to Smith-Hefner (2009), no interaction is linguistically neutral. Speakers in every encounter have to assess their relative social standing and choose the level of speech that is appropriate to the relationship (Smith-Hefner 2009). Children, for example, are expected to address their elders in a more respectful speech level and receive a more familiar form in return; therefore, asymmetric interactions are ordinary events not only within but also outside the family (Smith-Hefner 2009). Younger people are expected to be respectful to elder people, primarily their own parents, but also their grandparents, uncles, aunts and other senior members of the kin group, as well as teachers, and may also include superiors and authorities. Has Kartini taken the concept of respect to mean that a woman must be respectful to her husband as he is generally her "elder", despite the fact that a husband is not under any obligation to respect his wife? Was Kartini, in that case, legitimising her subordination to her polygamous husband?

Interestingly, although Kartini speaks in her letters about her fight against the marginalisation of women in the ruling-class Muslim community in which she lived (Connell 2010), she also portrays a charming picture of her married life (Kartini & Symmers 2005:xvii). Sen (1999:192-193) notes that sometimes deprived women cannot even clearly assess the extent of their relative deprivation, that the very

nature of family living, which means sharing a home and leading joint lives, requires that the elements of conflict must not be explicitly emphasised. Yet, insofar as women are capable of rationality, as Kartini most certainly was, is there a particular type of deprivation capable of stopping a rational woman from having a sense of her own happiness? What makes a deprived woman depict a delightful married life?

3.4.4 Domestic violence and polygamy in Indonesia

Domestic violence is an important subject addressed in feminist literature, over which feminists are largely divided. In this regard, Brenner (2011) finds it interesting that both advocates and opponents have linked their viewpoints to the advancement of democracy in Indonesia. While proponents hold the view that they should be free to practise Islamic traditions unhindered by the government, anti-polygamy activists maintain that polygamy, which discriminates against women, has no place in a modern, democratic society.

Domestic violence mostly conjures up images of the male as batterer and the female as victim, owing in most part to the main feminist tenet that women are oppressed by men, which leads to the framework of legal programmes and social norms to be "*narrowly shaped to respond only to the male abuse of women*" (Kelly 2003:793). Discourse on domestic violence, according to Convery (2006:1) has led feminists to question "*the advantages and risks of claiming victim status as part of political strategies aimed at securing women's political and social rights*". Convery (2006:7) argues that "*the reason why victim status, and especially its internalised mentality, 'victimhood'*" are viewed as discrediting women's emancipation is that they purportedly preclude other character components, such as personal responsibility and agency. Convery (2006:8) contends that *"whilst being a 'victim' is seen to consolidate powerlessness and frustrate recovery, being a 'survivor' bespeaks an orientation towards active resistance and recuperation*".

In Indonesia, the *Law against Domestic Violence* (*Number 23 of 2004*) was passed in 2004 (Hukumonline n.d.). It was designed to address issues not dealt with in the Penal Code. It specifies that all forms of violence against women are a violation of human rights and enables women to access legal protection when needed. The range of violence recognised as a crime in the new law encompasses physical, psychological, sexual, economic, and sexual harassment (Munir 2005). As a result, there have been an increasing number of reported violence cases. Yet, many women remain silent as regards domestic violence. While feelings of shame, disgrace and fear experienced by the women are seen as the main reasons behind their silence, corrupt practices prevent the effective implementation of the new law (Munir 2005). As noted by Munti (2005 as cited in Munir 2005), the current legal system tends to blame, stigmatise and suspect women's sexuality.

While the Qur'an supports justice, equality, deliberation, and good association between women and men, and the true goal of the Islamic law *sharia* is the wellbeing of all humankind, Munir (2005) argues that the conservative interpretation of religious texts has largely reflected the patriarchal values of its writers. *Fiqh* is an intellectual product of Muslim jurists and the legal interpretation of Qur'anic verses and *hadiths*. It is one of three components of *sharia* which also contain theological on the one hand and ethical and spiritual interpretations on the other (Munir 2005). Munir's study describes in great detail how a diversity of interpretations can arise from a single religious text. Munir (2005) believes that the perceived understanding of the Islamic law as favouring men over women has resulted from deeply rooted patriarchal values of authoritative *ulemas* who interpreted the religious texts, and has led to controversies over issues of unequal gender relations. Misogynistic interpretations of such texts have resulted in a number of myths and negative presumptions about women, placing them on a position inferior to men (Munir 2005).

In 2009, the National Commission on Violence against Women indicated that 90 per cent of reported violence cases were domestic violence, of which 70 per cent

were related to financial issues (Asiaone 2009). The twofold increase in the cases of violence recorded by the Commission as compared with those recorded in the previous year, however, does not necessarily reflect an actual surge in violation cases but rather an easier access to court data (Asiaone 2009). As pointed out by a number of Western feminists, the broad meaning of domestic violence can be applied to a diversity of so-called violations, which may result in biases in the perception of particular types of violence against women. Despite studies repeatedly showing that *"men and women commit violence at similar rates"* in the United States, female violence continues to be denied, defended and minimised (Kelly 2003:792). Likewise, women sometimes sell provocative but inaccurate information about "women's issues" (Sommers 1995:12-13).

Although polygamy is widely believed to be discriminating against women and, for some, a form of domestic violence – and therefore a violation of human rights – Indonesian Muslim women's perceptions of such practices vary. Pro-polygamy discourses often highlight concerns about legally accommodating male sexual needs which some proponents claim can discourage adultery (Rinaldo 2011). Advocates of polygamy also cite what they believe is a significant imbalance in numbers of men in relation to women (Smith-Hefner 2009). Although this argument seems exaggerated when placed in today's context (while it may have been accurate during Prophet Mohammad's time as many men died during the war thereby leaving their wives to widowhood), the public's belief in its truth has not been diminished (Smith-Hefner 2009). Some *PKS* women felt that it was an obligation for Muslims to accept polygamy although they did not embrace the idea (Rinaldo 2011).

This argument, according to Rinaldo (2011), differs somewhat from those of Muslim women's groups in earlier decades of the 20th century. These women's groups defended the practice against a colonial regime determined to regulate religious life, but also educated women about their rights in a polygamous marriage as part of their actions to mitigate polygamy's effects (Locher-Scholten 2000 as cited in Rinaldo 2011).

Rinaldo (2011) further argues that the debate on polygamy was also influenced by global processes. The interesting point, in Rinaldo's (2011) view, is that global issues are exploited to bring national issues to the fore by linking the polygamy debate to perceptions of a national crisis in marriage and morality, and to arguments over which forms of family are suitable for a modern nation. Polygamy takes on various interpretations and epitomises a symbol for diverse ideas ranging from Islam piety, women's oppression, to backwardness (Rinaldo 2011).

3.5   CONCLUSION

Indonesia currently has one of the lower rates of female waged employment among Asian countries. An increase of only 7 per cent has been observed since 1980 (Horgan 2001; World Bank 2013). The rates of divorce, on the other hand, have grown significantly, especially since political reforms in 1998. Yet, although such rates have increased threefold (Tan 2011), with more women filing for divorce, the actual number of divorces may well exceed official numbers as there are occurrences of unauthorised divorce which are well documented (Cammack n.d.). While many divorced women remarry, many marriages as well as divorces are illegal.

Women's freedom has been associated with family breakups, mainly because such freedom has allowed women to be financially independent (e.g. Cammack n.d.). This has caused concerns among conservative groups that the proposed Bill on Gender Equality may be in violation of the Islamic law and further undermine family harmony owing to women's financial independence (The Jakarta Post 2012a).

While the researcher was not particularly interested in investigating the extent to which feminist ascription of victimhood to home-centred women applied in this country, she addressed the various determinants of Indonesian women's decision-making processes in terms of proximate and distal factors which appear to

contribute to the mounting epidemic and influence women's choices between a career and domesticity. One main question addressed in this research revolved around the reasons for many women not participating in waged labour and their means of earning or supplementing incomes, given that among families with one member, female-headed households significantly outnumber male-headed households, that is, 31,60% vs 3,53%, and among families with 2 to 3 members, 41,74% are female-headed (vs 37,09%) (Statistics Indonesia 2010a). Whether women are in charge of financial matters in their households was investigated, including how much agency they can exercise in making allocations for the family, the process of decision making involved, the outcomes obtained, and the problems encountered. This new understanding was expected to shed light on whether these women are in fact strategic but unrecognised actors in the expansion of their lives.

In Indonesia, social norm is strongly influenced by Islam and a*dat*, and impinges upon the way people perceive themselves and others, their behaviours, as well as their roles within the family and in society. Highlighting the code of conduct shaped by social norm, the perception of respect, in particular, was investigated. As argued by Antlov and Hellman (2005:11), the family is said to be the centrepiece of the Javanese society where children are taught to revere their elders and secure social harmony and other virtues valued among the Javanese. An interesting question was to what extent women respect their elders, notably their parents, and whether their perception of respect affects their life decisions, primarily in terms of their relationships with their husbands and being out of the public sphere. Must a woman be respectful to her husband, as he is also her "elder", while a husband is not under any obligation to respect his wife? How do women feel about this non-reciprocal respect between married couples?

Moreover, it is clear that happiness does not have equal meanings for everyone. As pinpointed by Ono (2010), happiness does not correlate only with economic prosperity. Studies on women in Third World countries show that other sources of oppression beyond gender relations also impinge on the way they live (Molyneux

2002). In Western countries, women's overall level of happiness has dropped since 1972, as revealed by studies comparing this level of happiness with where it was four decades ago and with men's as well (Buckingham 2009).

Does this conjecture imply that financially independent women are not necessarily happy? If the inverse logic also holds true, that is, financially dependent women are not necessarily unhappy, what are the non-quantifiable components of their happiness? How do mainly home-centred women define happiness? As women's own perceptions of their role is also significant in determining their behaviour, to what extent does a social construction of women's role impinge on their happiness and other issues such as polygamy, prostitution, domestic violence? What are their aspirations and what do they do to achieve their life goals? What do marriage and motherhood represent for them, including the benefits and disadvantages? Do they think about or feel threatened by possible psychological impacts of a divorce upon themselves, their children and their parents? To what extent are they willing to make sacrifices – for whose sake and at whose expense – considering the prevailing notion of "disgrace to the family" which women often take to mean that it is their obligation to keep their family intact? Finally, by being part of the public sphere, do they feel that they are doing their part in family responsibilities, and by absence thereof, are they content with their domestic contributions although this may entail that they are financially dependent?

The researcher explored whether aspirations, perceptions, values and preferences, differ between married and unmarried women, between career-centred and home-centred women, and between women from different religious, ethnic, and socio-economic backgrounds. This allowed her to gain insights into women's behaviour as regards many issues discussed above and to assess the influence of Islam and *adat* on their decision-making processes. Finally, this new understanding should shed further light on the critical question of how Indonesian women regard themselves in terms of equality with men and the reasons many appear attached to domesticity.

In the aftermath of General Soeharto's downfall in 1998 following his 32-year authoritarian rule, Indonesia's diverse cultures are grappling with anxieties arising from the process of democratisation, decentralisation and globalisation, amid the revival of the Islam movement on the one hand and the revival of *adat* on the other. Issues of morality have emerged as a central theme in current debates, which are linked essentially to the endemic corruption brought about by Soeharto's "crony capitalism", which remains a huge challenge in the country. At the same time, matters of gender and sexuality, and the female body itself, have become key arenas in which contests over democratisation as well as Islamic morality are waged, in particular between conservative and liberal Muslims.

The researcher has gained valuable insights from the theories relating to women's behaviour as described in the literature review, which guided her research in terms of her orientation, chosen methodology and data-generating instruments. By super-imposing a gendered lens to complexity theory, she expected this study to allow her to gain a better understanding of the perceptions, values and preferences underlying women's motives, not only in terms of their health-seeking behaviour, but also as regards their overall decision-making processes, in light of the significant impact their actions bear on the wellbeing and harmony of their family and, by extension, the larger community. In so doing, the researcher hoped to gain more than a shallow grasp of the issues of happiness and interpersonal relations, as she anticipated that this new knowledge would help to shed light on the possible reasons many Indonesian women appear reluctant to join waged employment.

In the following chapter, discussions on theories regarding gender and health-seeking behaviour are presented.

CHAPTER 4: THEORIES PERTAINING TO GENDER AND HEALTH-SEEKING BEHAVIOUR

4.1   INTRODUCTION

In this chapter, theories that underlie insights into women's behaviour, including health-seeking behaviour, are reviewed, in particular rational choice theory. This is followed by a discussion on theories of bargaining power, theories of sex roles and various feminist theories. These theoretical Insights undergirded and guided this study in terms of data-gathering methods and data interpretation. Since the study aimed to gain understanding of the reasons for women in Indonesia being increasingly vulnerable to HIV and AIDS, theoretical insights into gender and health-seeking behaviour were crucial.

4.2   RATIONAL CHOICE THEORY AND WOMEN'S HEALTH-SEEKING BEHAVIOUR

The assumption that men always make decisions prudently, logically, and in their highest self-interest in order to get the greatest benefit or satisfaction, are economic principles that led to rational choice theory (Investopedia n.d.). According to Foster (1993), the fact that various aspects related to the family, gender, religion, and other social domains may also be understood in terms of economic rationality, was brought to light by the adoption of an economic perspective in sociology. A better understanding of the behaviour of men and women was thus possible by the application of rational choice theory in the analysis of non-quantifiable components of welfare, such as value judgments.

American economist Gary Becker plays a significant role in bringing an economic perspective to the sociological literature. As Foster (1993) notes, Becker's book *A Treatise in the Family* is a treatise on the family by an economist, rather than a

treatise on the "economics" of the family, in which Becker applies his version of the rational choice framework to various phenomena that appear noneconomic. Becker argues that attitudes or values, commonly considered as preferences, are generally exogenous; therefore, if economic agents act in a way that does not contradict maximisation, that is sufficient reason to assume utility maximisation. This is Becker's answer to critiques against the notion that people consciously maximise utility, which is a core concept in rational choice theory (Foster 1993). For Becker, how people arrive at decisions or how to categorise different influences on behaviour is of little use because the main function of a theory is to predict. In other words, considering that individuals are free to negotiate, the assumption that all the information that is needed to predict an individual's behaviour is represented in the "relevant prices", is the basis upon which Becker's model is built (Foster 1993). Such a model is applicable in all societies, past and present, primitive and modern, Eastern and Western. In other words, Becker ignores the process by which individuals make decisions, as all that matters is how people act (Foster 1993). As Hartmann (1998) also comments, the common tactic in economics is to accept that fact is distinguished from value, which is why economists such as Gary Becker do not explicitly discuss their own values, and their work implicitly supports the *status quo.*

Before Becker's influential writings on issues related to the family, sociological domains were not of interest to rational choice theory and were often considered least amenable to understanding in terms of rational choice logic; but now, an individual's family decisions is routinely interpreted through rational choice (Hechter & Kanazawa 1997). These authors highlight the importance of understanding the nature of values that motivate human behaviour. There are two major categories of determinants of individual behaviour in rational theory, that is, values and their derived preferences and institutional constraints. Understanding values is, therefore, a focal point in explaining human behaviour, as values are commonly assigned to actors by assumption in rational choice theory, with wealth maximisation as a typical assumption because wealth is highly tradable (Hechter & Kanazawa 1997). Yet, their decision-making mechanisms are contested, although

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the values and preferences held by actors are known.

This led some theorists to posit that actors are forward-looking maximisers as subjective probabilities are assigned to various future states of the world and determine, based on available information and best estimates of what the future holds, decision-making processes (Hechter & Kanazawa 1997). Other theorists posit that individuals adjust their decisions on the basis of the past outcomes associated with their choices, and are, therefore, backward-looking adaptive learners (Macy 1993 as cited in Hechter & Kanazawa 1997). In contrast, other theorists argue that decisions emulate those made by their neighbours who are doing well and, therefore, individuals are sometimes sideways-looking cultural imitators (Heckathorn 1996 as cited in Hechter & Kanazawa 1997).

Feminists in many disciplines contend that rational choice theory uses concepts informed by patriarchal assumptions, which is why they were hesitant to engage with the theory (Driscoll & Krook 2011). Feminist political scientists share the opinion that rational choice theory denies women's rationality and, therefore, consider the theory as often sexist (Anderson 2001 as cited in Driscoll & Krook 2011). Feminists also claim that the experiences, biology and social roles of men are assumed to be the norm in critical choice theory, which is, therefore, androcentric because women are considered a deviation from the norm (Cudd 2001 as cited in Driscoll & Krook 2011). Western ideas about rationality since the Age of Enlightenment, according to feminist philosophers, have tended to exclude women from the exercise of reason, as exemplified by Kant (1991 as cited in Driscoll & Krook 2011) and Rousseau (1987 as cited in Driscoll & Krook 2011) who declare that women are closer to nature than men and are, therefore, incapable of reason. As for feminist economics scientists, features attributed to the rational agent, definitions of "economics" that exclude or overlook non-market activities, and deference to normative views of gender relations that justify gender inequalities, are the three issues upon which their critiques are based (Driscoll & Krook 2011).

Sen (1999:189) notes that the agency aspects are finally beginning to receive some attention, as rights, aimed mainly at the free agency of women, are now regularly featured in the agenda of women's movements. In her view, women are now seen as active agents of change because women are the dynamic promoters of social transformations that can alter the lives of both women and men. Therefore, women are no longer seen by both women and men as the passive recipients of welfare-enhancing help, which led women's agency to be an important focus in feminist perspectives.

In sociology, feminist critiques articulate two sets of concerns. Feminist work in psychology shows that women are socialised in terms of their connections with others while men are socialised as autonomous actors. Drawing on this work, England (1989 as cited in Driscoll & Krook 2011) highlights the assumption of "a separate self", as opposed to "an emotionally connected self". In England's (1989 as cited in Driscoll & Krook 2011) view, rational choice models that assume a separate model of self, prohibit altruism or actions done from the desire for social approval. These models fail to recognise the possibility that tastes may change as a result of individuals' interaction with others. They also ignore that people often lack the necessary information and cognitive abilities to make correct calculations because the role of empathy and connection in making comparisons of utility is overlooked (Driscoll & Krook 2011).

Rational choice theory was especially crucial for understanding the reasons for Indonesian women being vulnerable to HIV and AIDS and seeming to be attached to domesticity rather than to wage employment. These insights sensitised the researcher to pay attention to the expression of values and their derived preferences by the participants in this study. In addition, the role played by institutional constraints was another important matter that directed the researcher's data-generation. Feminist critiques against rational theory also led the researcher to probe the women participants' decision-making processes in order to understand how they exercised reason, and the factors underlying their rationality. Questions guided by this theory included why it was important for the

women to assume the role of domestic carer, by exploring their perceptions of their role in the family and in society. Insights from this theory were also vital for understanding the reasons working women quit or kept their employment after they married, as well as the intention of working single women as regards their anticipated post-marital occupation.

According to MacKian, Bedri and Lovel (2004), an interdisciplinary approach to both the methods used and the theories developed is an important feature in the study of health-seeking behaviour (HSB). HSB as a tool, however, has not been sufficiently utilised nor sufficiently theorised although much of the development literature continues to reflect an interest in HSB (MacKian *et al* 2004). These authors argue that the exploration of the wider relationship between populations and health systems development stands little to gain from HSB although HSB remains a valid tool for rapid appraisal of a particular issue at a particular time. What is needed, in their view, is not a tool to describe how individuals engage with services, such as that offered by HSB, but a tool for understanding how populations engage with health systems. The above theories led to questions exploring the participants' perceptions about what "being sick" meant, under which circumstances they decided to seek professional help and where they went to have their illnesses treated. Questions also probed their perceptions about HIV and AIDS. While studies have explored perceptions of sickness, these mainly concern working people. The work of Nice (2008), for example, deals with changing perceptions about sickness and work. She argues that there are lessons to be learned from research about the need to change expectations and attitudes among several sets of stakeholders. Fylan, Gwynn and Caveney (2012), through a series of focus groups with general practitioners, explored the views of these physicians on a possible new support service to help employed people who are off sick from work to return quickly and prevent them from falling out of paid work. The apparent lack of interest in studying perceptions of sickness among people who are not working may be due to the general assumption that this group of population has little value in terms of economic contributions. As Argawal (1997) argues, domestic work is often seen as less valuable than work that is physically

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or monetarily more visible.

According to MacKian *et al* (2004), although the methods used to study HSB draw on a mix of health psychology and qualitative as well as quantitative methods in sociology and are thus multidisciplinary, the theoretical frameworks that can be brought to bear on studies of HSB have not been rigorously explored. Given that attempts to alter individual behaviour have met with limited success, the study of theoretical frameworks may help scientists to move beyond the traditional health promotion which focuses on behaviour change (MacKian *et al* 2004). With the acknowledgment of the social determinants of health as equally, if not more, significant factors in one's health-related behaviour, focus has shifted away from blaming individual behaviour for various illnesses. As Richards, Reid and Watt (2003) argue, emphasis by doctors on "unhealthy" behaviours may deter patients from seeking medical care; therefore, taking into account the health beliefs and the socio-economic context of individuals, lifestyle advice should be given.

MacKian *et al* (2004) also suggest that the growing bodies of literature around the concepts of reflexivity and social capital should be appreciated and explored in terms of how they may complement HSB studies. They pinpoint two dominant approaches: the development of "pathways models" of HSB and studies of "determinants" of behaviour. The first describes a series of steps an individual takes, while the second highlights factors that influence that journey. These two approaches are found in the literature on HSB and utilisation of health service in developed and developing countries. For example, pathway models tend to leave out other possible influencing factors as they concentrate on the information that an individual may be processing during an illness episode, such as the pathway model developed by Fabrega (1974 as cited in MacKian *et al* 2004). Other pathway models may underplay the social context in which social agents act, as they assume that individuals are autonomous when making choices or decisions, such as the pathway model developed by Dingwall (1976 as cited in MacKian *et al* 2004). Furthermore, a distinction between studies that emphasise the end-point and those that emphasise the wider process is highlighted. The former is

concerned with utilisation of the formal system or health care-seeking behaviour, while the latter is associated with HBS (MacKian 2001 as cited in MacKian *et al* 2004).

Models investigating the different determinants of HSB include the following: those that categorise influencing factors on utilisation based on population characteristics, health care systems and the external environment, such as Andersen's (1995 as cited in MacKian *et al* 2004) model; those that focus on the individual's health behaviour and adoption of the sick role, such as Kasl *et al*'s (1996 in MacKian *et al* 2004) model. However, the impact of social networks on decision-making processes is ignored because their model focuses on individual health behaviour (MacKian *et al* 2004). Categorisations based on geographical, social, economic, cultural and organisational factors can be broken down to illustrate the types of empirical measures frequently used: namely, informal, infrastructure, and formal, which are the three spheres of influence (MacKian *et al* 2004).

While blaming illnesses on individuals' behaviour is now a fading practice, the above discussions bring to the fore the necessity to account for the "determinants" of behaviour and, therefore, the diverse factors influencing that journey. These concern in particular economic, social and cultural contexts leading to that behaviour. While this view is coherent with complexity theory, which underlines the importance of distal factors (to be discussed in greater detail in the following chapter), it appears conspicuous that no reference is made to the "political" determinants of health-related behaviour. The idea that health issues need to be brought into the political arena to advance population health has in fact been part of mainstream public health for the past decade (Mackenbach 2014). However, as Mackenbach (2014) contends, most of the effects of politics on population health are not immediately visible in routinely collected data and are, therefore, difficult to demonstrate convincingly. While experimental studies are unfeasible, observational studies of the effect of collective decisions (politics, in his view, can loosely be defined as the process of making and executing collective decisions)

are liable to similar biases as observational studies of the effect of individual decisions. The difficulty lies in a limited control for potential confounding variables, such as national characteristics that determine people's health-related behaviours, in particular cultural values that are, therefore, usually ignored (Mackenbach 2014).

The exploration of various determinants in the participants' health-related behaviour, and their decision-making processes were thus important parts of this study. This was made possible, among others, by probing the participants' perceptions about various issues deemed likely to explain their behaviour. In this way, this study also attempted to answer Mackenbach's (2014) call to reconstruct the causal pathways leading from politics to health, in order to understand women's vulnerability to HIV and AIDS.

There is now growing recognition of the need to regard the realities of health care-seeking behaviour in a more thoughtful way, and to recognise that traditional and unqualified practitioners relating to some health problems should be recognised as an important resource in developing countries (Ingstad 1990 as cited in MacKian *et al* 2004) and perhaps "the main providers of care" (Rahman 2000 as cited in MacKian *et al* 2004). Therefore, efforts to reduce health inequalities should address these in addition to the provision of medical services, in order to be adequate (MacKian *et al* 2004). This was particularly relevant for Indonesia, given the increasing use of traditional medicine in this country (WHO 2001), often referred to as "alternative" treatment. According to a survey conducted by the Ministry of Health in 1995, there has been a more than twofold increase in the number of practitioners of traditional medicine in Indonesia, from 112 974 in 1990 to 281 492 in 1995 (IMOH 1995 as cited in WHO 2001). As a matter of fact, 45 per cent of Indonesia's population uses traditional medicine, 70 per cent of which is in rural areas (WHO 2001). Traditional medicines are locally referred to as "*jamu*", which are divided into two categories:

1) Traditional medicines produced by individuals or by home industries which do not need to be registered

2) Traditional medicines produced and packed on a commercial scale, which must be registered and licensed before they may be sold

This is stipulated in the *Health Law Number 23 of 1992* (Hukumonline n.d.(e).)

Factors that enable people to or prevent them from making "healthy choices" in either their use of medical care and treatment or their lifestyle behaviours appear in the second body of work, rooted especially in psychology, which looks at health-seeking behaviours more generally (MacKian *et al* 2004). That behaviour is best understood in terms of an individual's perception of his or her social environment underlies this assumption (MacKian *et al* 2004).

On the whole, two assumptions that are central in classic health promotion: namely, that health is influenced by behaviour and behaviour is modifiable (Conner & Norman 1996 as cited in MacKian *et al* 2004), are the basis of the models discussed by MacKian *et al* (2004) above. According to MacKian *et al* (2004:139), the downfall of these models is that the individual is viewed as a "*rational decision maker, systematically reviewing available information and forming behaviour intentions from this: 'I know, therefore I act*". These models ignore the sense that people are rooted in social contexts that affect the way information is processed and acted upon in a far more complex manner (MacKian *et al* 2004). The above ideas guided the inquiry into exploring whether social norms are also determinants in the participants' behaviour and decision-making processes, as they may act as a barrier to individual autonomy or free agency.

The use of the lens of social capital has been suggested in order to untangle and analyse the way in which social forces interact in development processes (Woolcock 1998 as cited in MacKian *et al* 2004). Forms of social capital mobilised by development agencies in poverty relief programmes, such as in Latin America, are often centred on the role of women (Molyneux 2002). Control over family values by the state or prevailing socio-religious groups may constitute an important feature in Third World countries, including Indonesia, where marriage remains a widely contested issue (Bedner & Van Huis 2010). According to

MacKian *et al* (2004), social structures, interactions and systems are emphasised in a framework of social capital, as well as the theoretical tool of reflexivity that helps to uncover how this is played out for particular people. HSB can be a more useful concept for health policy and planning if it is understood in this manner, for it would highlight those individuals and groups that lack the benefit of being embedded in supportive networks or enable the visualisation of where formal institutions may need to nurture informal networks (MacKian *et al* 2004). These discussions led the researcher to explore women's perceptions about motherhood and equality feminism, and bring to light the necessity to highlight the role of the state through the women's narratives as it is a vital determinant in health outcomes, given that these are largely determined by health policies.

By developing our understanding of how "*populations engage with health systems, rather than using health seeking behaviour as a tool for describing how individuals engage with particular services*", it is possible to build on HSB and to move the agenda into a more holistic dimension (MacKian *et al* 2004:144). Interestingly, the holistic approach and other conceptual frameworks suggested for health problems by MacKian *et al* (2004) are, in fact, in line with complexity theory which posits that the whole is greater than the sum of its parts. This reflects the importance of accounting for distal factors in the analysis of any phenomenon. Complexity science provides a particular way of viewing many systems that are only partially understood by traditional science and is seen as revolutionising how we see the world, although new as a paradigm as applied to health care (Zimmerman *et al* 1998).

4.3   THEORIES OF BARGAINING POWER

Theories of bargaining power are central in this thesis because bargaining is a prominent feature in domestic power relations. Inquiry into the participants' perceptions of their relations vis-à-vis their husbands was critical, given that this study sought to gain insights into women's vulnerability to HIV and AIDS, as well

as their choices between wage employment and domesticity.

Dependence and the tactical, subjective nature of bargaining power are the basis of theories of bargaining power (Bacharach & Lawler 1981). Bacharach and Lawler (1981) critique the theory against insights gained from earlier studies of bargaining and negotiation that identified principles for effective negotiation, such as Chamberlain's (n.d. as cited in Bacharach & Lawler 1981) work on labour relations, and Zeuthen's (n.d. as cited in Bacharach & Lawler 1981) work on game theory. For Bacharach and Lawler (1981), power is a central feature of bargaining and negotiation. They suggest that knowing how people who bargain perceive, use and manipulate power, is the best way to understand bargaining, given that "bargaining" is a process of managing impressions and manipulating information. This means that the understanding of how different images of bargaining power lead to different levels of concession can be gained by the use of social-psychological data. To illustrate this, Bacharach and Lawler (1981:28) describe possible concessions that may arise from bargaining between the union and management:

1) If the union's Pmax[22] is greater than its estimate of management's Pmax, then the union will expect management to make the next concession
2) If the Union's Pmax is lower than management's Pmax, then the union will make the next concession
3) If the Pmax of both are equal, both will make a concession. Experimental research in a variety of contexts indicates that actors often match their opponent's tactics – threats often lead to counter-threats, cooperation to cooperation, and concessions to concessions

Building up punitive capabilities as a means to reduce the tendency of parties to use punitive tactics and to facilitate concession making is a core premise in deterrence theory (Bacharach & Lawler 1981). While there is no single version of deterrence theory that is universally accepted, the underlying idea is that people will commit crimes to the extent they are more pleasurable than painful (Stafford &

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[22] Pmax refers to maximum power.

Deibert 2007). According to these authors, some severe and swift legal punishments increase the pain for crimes and, thereby, can deter people from committing them. By contrast, proponents of the spiral model, often referred to as "conflict spiral theory", claim that the prescriptions associated with deterrence theory often lead to vicious cycles of reciprocated conflict (Zagare & Kolgour 1998). As shown by Bacharach and Lawler (1981), the likelihood of parties using punitive tactics in a way that inhibits serious bargaining may be increased by building up punitive capabilities. By citing research data, these authors demonstrate how the positive consequences of punitive capabilities can be maximised when people are engaged in bargaining, as specified by deterrence theory, while the negative consequences can be minimised, as described by conflict spiral theory.

Furthermore, based on the assumptions that
1) Power is the essence of bargaining,
2) Bargaining is a process of tactical action (tactical action links potential power and bargaining outcome),
3) Bargaining power is subjective power,

Bacharach and Lawler (1981) present a "dependence" theory of power, in which dependence refers to the degree that parties have a stake in the bargaining relationship while dependence relationship is not constant or fixed. Negotiators, they claim, bargain about the nature of their dependence on one another. This was an important insight undergirding this study, in that it guided the inquiry into the participants' perceptions about unpaid domestic work in the context of their relationships with their husbands, in order to understand how their respective roles were negotiated, particularly in terms of the image of family harmony that women are said to bear the burden of defending at any cost (Munir 2005).

Considering that the material and the ideological are embodied in gender relations, bargaining power is a topic featured prominently in the literature on domestic power relations. In this regard, Argawal (1997) suggests that gender relations are revealed in ideas and representations, such as different abilities, desires, attitudes

and behaviour patterns ascribed to women and men, as well as in the division of labour and resources between women and men. Therefore, the various factors affecting domestic bargaining power must be recognised (Argawal 1997).

While women's bargaining position may be enhanced by their earnings, women's overall bargaining power in society is also increased by their relatively good level of education relative to their male partners (Koolwal 2005 & Orrefice & Bercea 2007 as cited in Mabsout & Van Staveren 2010). Bargaining power is also influenced by age differences between marital or domestic partners (Friedberg & Web 2006 as cited in Mabsout & Van Staveren 2010). In some studies, women's unpaid workload is significantly lowered by a lower gender wage gap in the local labour market, while women's bargaining power is not affected by their absolute level of earnings (MacPhail & Dong 2007 as cited in Mabsout & Van Staveren 2010) and reduces domestic violence (Aizer 2007 as cited in Mabsout & Van Staveren 2010). Bargaining power is also affected by other extra-household variables, such as more gender-aware divorce laws which are associated with a lower incidence in domestic violence, married women's suicide, and the number of women murdered by their partners (Hoddinott & Adam 1998 & Stevenson & Wolfers 2006 as cited in Mabsout & Van Staveren 2010). Two main insights emerge from these studies. First, women's position is enhanced by individual access to and control over resources. Second, household variables and extra-household variables appear to matter as well (Mabsout & Van Staveren 2010). These theoretical insights further guided the researcher to look into matters that bear on the women participants' bargaining power, such as their perceptions about their role and that of their husbands in the family and in society, their source of income and whether they lived in their own houses or stayed with relatives. Perceptions of extra-household variables that might affect their bargaining power were also investigated, including divorce, domestic violence, commercial sex work, and polygamy.

Insofar as the domestic sphere is concerned, however, women's type of work, assets, earnings, or level of education often has little impact or even a negative

impact on their decision-making power and wellbeing despite the factors that seem to positively impact on women's bargaining power in society (Mabsout & Van Staveren 2010). For example, the higher women's income, the lower men's contribution to household expenditures and the higher the share of income that men spend on personal consumption, were shown in studies from sub-Saharan Africa (Bruce & Dwyer 1998 & Odebode & Van Staveren 2007 as cited in Mabsout & Van Staveren 2010). These discussions led to inquiries into the participants' type of work, earnings, and level of education which might also affect their decision-making power and wellbeing.

Mabsout and Van Staveren (2010) suggest that gendered institutions in society, or gendered structures of constraint that have an advantage for men as a group and which generally limit women's behaviour more than men's, may overrule women's individual level bargaining power (Folbre 1994 as cited in Mabsout & Van Staveren 2010). Again, this view reflects principles of complexity theory which highlights the importance of distal factors. Such a view is also apparent in the observations of Argawal (1997) and Mabsout and Van Staveren (2010) as discussed below. These insights further guided the researcher to look into the possible influence of social norms on the participants' behaviour and decision-making processes, as well as the factors that appeared to shape social norms through the participants' narratives. This entailed the exploration of their perceptions of their *adat* and religious beliefs.

Quoting Sen (1981 as cited in Argawal 1977), Argawal suggests that assets owned by a person, such as food and health care endowment, and the exchange possibilities through production and trade that determine the consumption set available to a person with given endowments – termed as the exchange of entitlement mapping – are two factors that are determinants in a woman's bargaining power within the domestic sphere in relation to subsistence needs. Although factors such as norms and perceptions also affect bargaining power independently of the fall-back position, these are significant in determining a person's fall-back position because they would affect his or her ability to fulfil

subsistence needs outside the family and in light of the premise that "*the greater a person's ability to physically survive outside the family, the greater would be her/his bargaining power over subsistence within the family*" (Argawal 1997:9). These understandings led to questions addressing the participants' main concerns in the face of a possible divorce, especially whether these were mainly financial, given the likelihood that many participants were not employed and were, therefore, financially dependent.

Few factors beyond earned or unearned income are specified in the literature while few qualitative aspects of power are explored. According to Argawal (1997), how resources are bargained for is also a significant factor, as these determine a person's bargaining power with regard to resources, as well as communal support systems, social norms and institutions, and perceptions about contributions and needs. Therefore, keeping in mind that factors affecting fall-back positions do not carry equal weight, it is important, in Argawal's (1997) view, to analyse fall-back positions as they determine intra-household bargaining power.

Mabsout and Van Staveren (2010) used models to study women's position in Ethiopia. One of these shows that the variation in women's decision-making power is in large part explained by institutional level. The multilevel model helps to explain the paradox: it is likely that improving individual/household level bargaining power is not very effective in increasing women's bargaining outcomes when most of the bargaining outcome is determined at the institutional rather than at the individual or household level (Mabsout & Van Staveren 2010). Another model discussed by these authors shows that being older actually decreases women's decision-making power as demonstrated, for example, by the coefficient for the interaction term for age in ethnic group with very unequal norms. On the other hand, women's contributions to household expenditures in such unequal ethnic groups show a contradictory effect between the categories of no contribution, less than half, and equal contribution to household expenditures (Mabsout & Van Staveren 2010).

Argawal (1997) highlights the determinant role of social norms in bargaining processes and how differences in individual perceptions about needs and contributions, and the pursuit of self-interest, affect outcomes. Men may be favoured in terms of quantity and quality of food in norms that define how family food may be shared. In patriarchal societies like Japan, parents' calculated decisions to invest more in their sons' education rather than their daughters' explain partly why gender inequalities persist in that country. In Japan, parents are financially dependent on their sons in their old age because there is no reliable social security system in that country (Brinton 1993 as cited in Hechter & Kanazawa 1997). This may not be entirely true today because long-term care insurance for older people was established in Japan in 2000 as a result of women's organisations that took advantage of a declining fertility and the political concern about an ageing society to mobilise for such insurance (Williams 2010). By investigating various types of *adat* and religious beliefs through the participants' narratives, the researcher also explored whether dependency on children in old age also prevails in Indonesia. This entailed, among others, exploring whether the women used part of their income to support their parents or relatives. As Karner (2011) argues, *"moral obligation"* may play a significant role in intra-family transfers. Although this argument was specifically associated with the 1998 financial crisis, during which intra-family transfers may have been significant to households' ability to cope, it was nonetheless an important insight guiding the inquiry.

In Argawal's (1997) view, when social norms ideologically construct women as dependents and men as breadwinners, they restrict women's earning possibilities and job options, and weaken women's intra-household bargaining power over goods. Women's bargaining power and possibility of exiting marriage are also affected by social norms, given that women's exit options and possibilities or remarriage would depend on the social acceptability of divorced women as well as on women's perceived ability to earn wages outside marriage (Argawal 1997). Finally, how household members should conduct themselves is defined by social norms. In many societies, assertiveness among men and boys is more accepted

than among women and girls (Argawal 1997). Among women, assertive older women are more acceptable than assertive younger ones, and assertive mothers-in law are more tolerable than assertive young daughters-in-law. Therefore, women's ability to bargain is affected by the cultural construction of the appropriate female behaviour (Argawal 1997).

In Argawal's (1997) opinion, the outcome of bargaining may also result from implicit differences in bargaining power, not necessarily from an explicit process of negotiation between parties. A considerable bargaining power may be implied when one party can get a favourable outcome without open contestation. While a greater bargaining strength is possessed by women who participate in decision making as opposed to those who are excluded, whose interest prevails in the decision made or in final outcomes is revealed in relative bargaining power. A study by Schmidt (2012) exploring the relationship between women's intra household bargaining power and child health outcomes in Bangladesh reveals that female participation in decision making about child health care, daily needs and large household purchases, are aspects in bargaining power that are associated with larger child height-for-age z-scores. This suggests that children in families where their mothers have decision-making authority have a positive correlation with child health outcomes (Schmidt 2012). Exploring the participants' perceptions about their children's wellbeing was, therefore, an important part of the inquiry.

In the household bargaining literature, bargaining can be defined as a threat, that is, beyond the bargaining power derived from income and exit options that each partner has (Mabsout & Van Staveren 2010). Three more dimensions of bargaining are described by Mabsout and Van Staveren (2010): First, objects of bargaining are often not up for negotiation, for example, whether the husband marries a second wife, or the division of unpaid labour. Second, men's and women's preferences are affected by beliefs and expectations and are, therefore, not just exogenously given. Sen (1990 as cited in Mabsout & Van Staveren 2010) refers to these as "adaptive preferences". Third, some forms of bargaining may be more effective than others and tend to vary by gender, as shown in bargaining

agency, which reflects how the bargaining is done. Men, for example, tend to bargain more aggressively than women because women have often been socialised as not demanding explicitly what they want, meaning socialised into submissive and indirect modes of communication and negotiation (Mabsout & Van Staveren 2010).

In gender studies, the concept of "doing gender" has helped to explain the overwhelming influence of gender norms, beliefs, and practices (West & Zimmerman 1987 as cited in Mabsout & Van Staveren 2010). "Doing gender" refers to masculinity and femininity that are expressed in the often subtle social activities by men and women in their everyday lives, which reassert their adherence to their respective sex categories: namely, male or female. Doing gender, therefore, is "*a means of legitimating one of the most fundamental divisions of society*" (West & Zimmerman 1987:126). This explains why women accept male authority over household decisions, do all housework on top of a paid job, or accept domestic violence, although they may have high earnings or be well educated (Mabsout & Van Staveren 2010). Insights from the above discussions led the researcher to investigate in what way the participants were doing gender, keeping in mind West and Zimmerman's (1987) claim that doing gender is unavoidable, insofar as a society is partitioned by essential differences between women and men and placement in a sex category is both relevant and enforced. Consequently, an interesting question to address was whether the women were doing it "consciously". The above theories also guided the inquiry into exploring how the participants negotiated the division of unpaid domestic work insofar as they were also active agents in the public arena.

A woman's gender or race may lead to her contribution being undervalued. Although the tasks they do require equal amounts of skill, men's work may be defined as "skilled" simply because of their gender, while the work that women do may be labelled "unskilled" (Argawal 1997). Domestic work is often seen as less valuable than work that does not provide monetary gains or is less visible, not only by family members, including the women themselves, but also by policy-makers.

Therefore, the visibility of the work may also influence perceptions about contributions (Argawal 1997). In Latin America, for example, the terms of women's participation in poverty relief programmes are rarely questioned although women are often central to the forms of social capital that development agencies mobilise in such programmes (Molyneux 2006). Since women are seen as less motivated by self-interest or because of their social connectedness in family and neighbourhood ties owing to their responsibility for the domain of social reproduction, they are assumed to be naturally predisposed to serve their families or communities (Molyneux 2006). Women are, therefore, often targeted for voluntary work as a consequence for naturalising the work that they do. Such work is taken for granted and is assumed to be cost-free not only to the women but also to the development projects concerned, because it is seen as a natural extension of their responsibilities for the family or community (Molyneux 2006). Women's intra-family bargaining power may thus be increased by their entry into waged labour in two ways: indirectly by increasing their claims' perceived legitimacy, and directly by strengthening their fall-back positions (Argawal 1997).These discussions further make for the necessity to investigate the nature of women's contributions to their families and their perceptions about such contributions, and to relate these to their decision-making processes as regards being domestic carers or paid workers.

As pointed out by Argawal (1997), perceptions about needs do not always correspond to actual needs. While men's needs are generally acknowledged as distinct from those of their families, women's needs are often assumed to be subordinate to or synonymous with the family's needs. The needs of women and girls may also be perceived as less relative to those of men and boys, because the work of men or boys is perceived to be more valuable than that of women and girls (Argawal 1997). Perceptions about abilities are also defined by gender and race, and may lead to discrimination in hiring and payment practices (Argawal 1997). Moreover, according to Argawal (1997), although social norms relate to customs that are established, incorrect perceptions could be institutionalised as social norms. Perceptions may affect bargaining power independently of norms, although

norms are influenced not only by perceptions. Like norms, perceptions may, therefore, be subject to contestation and be changed (Argawal 1997). A significant question raised by Argawal (1977) is whether women's subordination is due in part to their being more altruistic than men or to their wrong perception of their true self-interest, as discussions on coalitions within household or the possibilities of bargaining on behalf of others are not common.

4.4 BIOSOCIAL PERSPECTIVES ON THE EMERGENCE OF GENDERED SOCIAL ROLES

Understanding biosocial perspectives on gender roles was necessary to undergird this study in light of the enduring debates on the definition of gender, the social factors or practices that construct gender, and the nature of gender construction itself. As discussed in the previous chapter, these debates are in large part due to the nature-nurture issue which remains highly contentious in the psychology of gender. Biosocial perspectives on gender roles are reviewed in this section, while social perspectives on gender roles are described in the subsequent section.

The theories of Wood and Eagly (2002) take an evolutionary psychology perspective that associates current sex differences in behaviour with the different reproductive pressures that they maintain, and highlights sexual selection pressures. Evolutionary psychologists consider that sexual selection pressures, which shape psychological sex differences, have emerged from an asymmetry in the sexes' parental investment (Wood & Eagly 2002).

Thus, Wood and Eagly (2002) maintain that society has specific expectations for women and men in terms of traditional gender roles that in turn produce social behaviours such as, for example, nurturing roles for women and being the provider for men. There are biological and social antecedents for traditional gender roles. For example, biological factors such as the physical attributes of men (physical strength) and women (fecundity and lactation) determine traditional roles inside and outside of the home which in turn lead to gendered expectations about

provider roles and care-giving roles. This gendered division of labour allocates more power and status to men than to women (Wood & Eagly 2002). The power and status of the male gender role encourage dominant and agentic characteristics such as assertiveness and rational thinking. The female gender role is associated with nurturing and being emotional and communicative. The gendered social roles are sometimes integrated with a person's self-concept and such internalisation means that the person acquires specific skills needed for that social role (Eagly & Wood 1999).

Biosocial perspectives on gendered behaviour and roles posit that hormonal changes in particular, which are part of biological processes, are involved in the performance of social roles. Wood and Eagly (2002) support this argument by referring to research that has demonstrated the role played by testosterone levels in males in athleticism, competitive behaviour and responses to insults. Wood and Eagly (2002) conclude that a biosocial perspective that gives priority to the interaction between the bodily specialisation of each sex and the attributes of societies' economy, social structure, and ecology, provides a good understanding of the origins of sex differences. Sex differences based on cross-cultural evidence which informs the psychology of gender in several ways, are reviewed by these authors. In light of the evolved attributes of the human species, the social and ecological structures affecting men and women within a society, and the development of experiences of the sexes, the biosocial model of Wood and Eagly (2002) treats behavioural sex differences as repeatedly constructed or emergent.

The evolutionary psychology theory seems to suggest that gender roles are immutable and, therefore, women should be content with their lot. Kuhle (2012), however, claims that evolutionary psychology is not a discipline that views pernicious behaviour as immutable or excusable, as it merely seeks to understand the information-processing mechanisms underlying our psychology. In his view, evolutionary accounts of psychological sex differences are not taken into consideration in Eagly and Wood's (2002) biosocial constructionist evolutionary theory. He hypothesises two common misunderstandings of evolutionary

psychology as the underlying cause for feminists' reluctance to acknowledge that evolution has left different fingerprints on men's and women's bodies and brains: namely, (1) *the myth of immutability*, which is evidenced when one erroneously concludes that "if it's evolutionary, then we can't change it", and (2) *the naturalistic fallacy* which is demonstrated when one illogically concludes that "*if it's evolutionary and hence natural, then it's okay and hence good*" (Kuhle 2012:41). He concludes that as long as equity feminism adheres to gender feminism and is unwilling to acknowledge evolved psychological sex differences as evidence, the conflict between evolutionary psychology and feminist psychology will persist, although evolutionary psychology is compatible with equity feminism. In Kuhle's (2012) view, since equity feminism has no a priori stance on the origin or existence of differences between sexes, feminist psychology needs to evolve by embracing it. Historically, despite a focus on common topics, feminist scholarship and evolutionary psychology have tended to be entirely separate endeavours (Buss & Schmitt 2011).

Beyond the work of Wood and Eagly, others have also highlighted evolutionary factors in gendered behaviour. Buss (1996 as cited in Buss & Schmitt 2011), for example, advances a hypothesis about the origins of resource-control, which is one component of patriarchy. Gender differences in the motivational priority attached to resource acquisition were created by men's co-evolved mate competition strategies to embody what women want and the co-evolution of women's evolved mate preferences for men with resources. Men's failure to succeed in mate competition is often associated with men's failure to obtain resources that were part of what ancestral women sought in mates. Men have competed with other men to acquire resources that are needed to make them attractive to women, and this is part of men's strategies of mate competition, which has been demonstrated over time and across cultures (Buss & Schmitt 2011).

Goldberg (1993) emphasises the universality of three main institutions in all societies: namely, patriarchy, male attainment and male dominance. In "*Why men rule*" (originally entitled "*The Inevitability of Patriarchy*"), Goldberg (as cited in

Carlson 2007) argues that matriarchy is not established as a social norm because "suprafamilial authority is *always* overwhelmingly male". He claims that neuro-endocrinological differences between men and women are the underlying reason for male suprafamilial authority. Carlson (2007) moreover argues that the "family wage" regime has been destroyed by equal pay statutes, as breadwinning fathers who were considered the "head of household" are today no longer rewarded; but it seems that the patriarchs simply craft another strategy when a previous one for the suppression of women fails. As Walby (1990 as cited in Carlson 2007) observes, women do not lose their subordination to other patriarchal structures and practices, although they may lose their own individual patriarch. Patriarchal structures include welfare benefits by the patriarchal state and "the patriarchally structured labour market". In Carlson's (2007) view, women have only two practical options: either the conventional husband who is a private patriarch or the welfare state which is a public patriarch that provides public housing, day care subsidies and eventually puts many men or boys in jail. While a private patriarch is compatible with health, happiness, wealth creation, and political liberty, the public patriarch is a sure path to the servile state (Carlson 2007). The final question he asks is which patriarchy women will choose, as there is no third way here in his opinion.

Goldberg (1993) is strongly opposed to the belief that gender identity is merely socially constructed. In terms of the idea that an act of social will is believed to enable the hereditary to be overcome and will produce a non-patriarchal society and that the social is predominant, he believes that many social scientists who are wedded to this idea ignore the fact that the limits of the social are a function of the hereditary. Based on his argument that different hierarchies of "motivation" in males and females are the result of this, the claims and hopes of sociologists are deemed implausible. In his view, gender identity entails a concordance of genetic, chromosomal, hormonal, anatomical, and social development for nearly all people. He also maintains that what matters is the foetal sensitisation of the male nervous system to the relevant properties of testosterone and, therefore, behaviour is not a function of socialisation.

Insights from the above theories are interesting in that they suggest the immutability of gender roles, given that suprafamilial authority is always overwhelmingly male and patriarchy is, therefore, established as a social norm. This led the researcher to investigate the perceptions of women who were brought up in a matriarchal society in order to explore women-ascribed authority in that kind of society.

4.5   SOCIAL PERSPECTIVES OF GENDER ROLES

Biological explanations of gender as discussed above appear too restricting because men and women are mainly viewed as simply enacting their natural sex roles. In other words, distinction between men and women is based on their biological traits, such as their anatomy, hormones, and other physical characteristics. Biological explanations do not account for social and psychological traits which are associated with being a man or a woman. A detailed description of social perspectives of gender roles is thus in order, which is presented below.

Connell (2005:22) argues that sex roles are men and women enacting a general set of expectations attached to one's gender, so that masculinity and femininity are, therefore, internalised sex roles that are the product of socialisation. Such socialisation views on gender can be classified into two main groups (Connell 1985). One group emphasises the role played by attitudes and social expectations in establishing sex roles. The other group presupposes the categories of "women" and "men" and emphasises the power relations between them. In Connell's (2005:47) view, the broad differences presupposed to be innate to the character traits and behaviour of men and women which account for natural masculinity/femininity are almost entirely fictional.

According to Carrigan, Connell and Lee (1985 as cited in Demetriou 2001) "the notion of an overall social subordination of women" is not a conception that can be

formulated in the language of role theory. In Connell's (1995 as cited in Demetriou 2001) opinion, the problem begins with sex role theory's conceptualisation of the relationship between normative and standard behaviour, meaning between expected and actual role enactment. Connell (1979 as cited in Demetriou 2001) argues that by conceptualising variations from the normative sex role simply in terms of deviance, the theory is prevented from understanding the element of resistance to power. The sex role theory was, therefore, criticised by Connell for its inability to grasp change (Demetriou 2001). Connell offers not only an account of the problems of the sex role theory, but also a transcendence of them, which is embedded in his concept of *hegemonic masculinity* – a central theme in his "social theory of gender". It is through the formulation of hegemonic masculinity that Connell grasps the possibility of internally generated change (Demetriou 2001).

Hegemonic masculinity is defined as "the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (Connell 1995 as cited in Lusher & Robins 2006). In Connell's (1995 as cited in Lusher & Robins 2006) view, hegemonic masculinity has dominance over subordinate masculinities as well as over women, given that men's behaviour, appearance and conduct are also bound to society's expectations. Connell's (1987, 2005) theory on masculinity seeks to explain the social construction of masculinity which is largely ignored amid the debates on gender inequality. For him, recognising the existence of diverse masculinities does not imply that they exist as alternative lifestyles or a matter of consumer choice, but that one hegemonic masculinity exists. Therefore, hegemonic masculinity is whichever type is dominant at that point in time and one form of masculinity is culturally praised over others at any one time.

Although the establishment of hegemony is largely dependent upon the existence of a correspondence between a successful claim to authority with cultural ideals and institutional powers, the recognising of diversity in masculinities alone is not enough, according to Connell (1995 as cited in Lusher & Robins 2006), because

relations between the different kinds of masculinity also need to be accounted for. His theory posits that gender consists of diverse masculinities and femininities and is structured relationally and hierarchically. According to Demetriou (2001), Connell's originality lies in the argument that the relationships between genders explain the relationships within genders through the formulation of a single theoretical principle. In other words, differentiation and hierarchical orders of forms of masculinity and femininity are the essential basis for the structural dominance of men over women. Therefore, hegemonic masculinity and emphasised femininity are said to be distinct forms of gender practice and culturally praised precisely because they guarantee the reproduction of the relationships between genders (Demetriou 2001).

To fulfil the requirement of Connell's dualism between hegemonic masculinity and non-hegemonic masculinities, Demetriou (2001) introduces the notion of "hegemonic masculine block" based on Gramsci's understanding of the process of "internal hegemony". This notion reflects the idea that the form of masculinity that is capable of reproducing patriarchy is in a constant process of negotiation, translation, hybridisation, and reconfiguration. In his view, masculinity reproduces itself precisely through its hybrid and apparently contradictory content. In order to avoid believing that patriarchy has disappeared simply because heterosexual men have worn earrings, which is basically a trap, one needs to understand hegemonic masculine hybridism. In other words, Demetriou's theory supports arguments, including that of Walby (1990 as cited in Carlson 2007), that patriarchal forces will regroup and regain control over women in other ways if women win, thus corroborating Goldberg's claim that patriarchy is inevitable.

The concept of hegemony is probably most associated with Antonio Gramsci, Italian communist activist and political leader, who used "hegemony" to theorise the structures of bourgeois power in Western European states in late 18th and early 20th century (Anderson 1976:5-78) in addition to the necessary condition for a successful overthrow of the bourgeoisie by the proletariat and its allies. For Gramsci, a form of control exercised by a dominant class in the Marxist sense of a

group controlling the means of production is what hegemony is about. As opposed to its base or social relations of production of a predominately economic character, hegemony was for Gramsci a form of control exercised primarily through a society's superstructure (Anderson 1976). Civil society on the one hand and the state or the political society on the other, are the two major levels into which Gramsci split superstructure. In his view, civil society corresponds to hegemony, while the state corresponds to "direct domination or command".

The above perspectives on gender roles and sex roles led to critical ideas that formed the researcher's approach to this study, bearing on the data-gathering methods and data interpretation. In particular, they highlighted the necessity to investigate whether women perceive their role more in accordance with the biosocial perspectives – and, therefore, behave in keeping with their *kodrat* – or the social perspectives. While it may be true that patriarchy is inevitable, it seemed important not only to explore the participants' perceptions about the division of labour at home and in society, but also to determine whether they regard themselves as victims of gender inequality or as active agents of change. To this end, besides exploring the possible influence of social norms on the women's behaviour, it was also necessary to look into attitudes and social expectations as well as power relations between the participants and their husbands as these are touted as fundamentally determining sex roles.

4.6   FEMINIST THEORY AND WOMEN'S ALTRUISM VERSUS THE PURSUIT OF SELF-INTEREST

Given that the familial relationship in Java is said to be one of moral obligation, with harmony, respect, mutual deliberation and cooperation as the four cultural concepts that are central to the governance and maintenance of the family (Adamson 2007), it was important first to explore whether women, particularly those representing the Javanese ethnicity, suppress their individual interests for

the sake of harmony. It was also necessary to investigate whether the moral hierarchy within their family stresses the wellbeing of the collective through the enactment of social roles and obligation. In order to do this, the inquiry was guided by feminist theories and insights gained from the literature about altruism and self-interest, as discussed below.

Folbre (2004) suggests that the history of capitalism is often couched in terms of the pursuit of male self-interests while the female pursuit of wealth gained legitimation slowly until the second half of the twentieth century in capitalist countries. While the advance of individualism was mediated and slowed down by ideologies of gender, an important episode in the evolution of individualism was exemplified by early feminist efforts to claim women's rights to the pursuit of sexual self-interest as reflected in the fight for contraception described by Folbre (2004). In Folbre's (2004) view, what might be called a moral division of labour has accompanied the economic division of labour by sex for a long time. The cultural construction of femininity as a set of traits centred on ideals of love and care for others was equally important, although explicit state regulations restricting women's economic autonomy were apparent throughout much of the history of the West. For Folbre (2004), masculinity was associated with self-interest as femininity was associated with altruism.

In orthodox neoclassical economics, things culturally and cognitively associated with masculinity are more generally considered more central than things associated with femininity; autonomy as more characteristic of economic life than social connection; and reason as far more important than emotion (Nelson 2009). Such biases have been shown to be related to certain automatic processes in the brain, as suggested by contemporary neuroscience research. Ways of overcoming or getting beyond them were, therefore, suggested by feminist scholarships, such as through research programmes in "happiness" and "interpersonal relations" (HIR) (Nelson 2009).

According to Nelson (2009), a number of exciting advances with respect to

economic orthodoxy was made possible by economic research projects on HIR. These research projects challenge the purely rational and purely autonomous "economic man", which is the basis of the traditional neoclassical model. The fact that human decision making does not follow strict rules of logic has been famously pointed out by psychologist Daniel Kahneman and his colleagues (Nelson 2009). The development of flesh-and-blood bodies with brains and nervous systems explains the cognitive processes developed over evolutionary time, which are the basis of decision making (Nelson 2009). Rather than what abstract axiom, obeying agents would do – if they existed – evidence on what real, embodied human beings do is used in behavioural economic approaches (Nelson 2009). How different areas of the brain participate in decision making and react to experiences is shown by brain scans based on functional Magnetic Resonance Imagery (MRI) or similar machines that are being used for such purpose, as pointed out by Nelson (2009).

Likewise, the idea that "economic" is purely rational is questioned by happiness research. According to Bruni and Porta (2007 as cited in Nelson 2009) happiness is closely related to phenomena such as felt satisfaction with life and experienced affect which play a leading role. Insights about less-than-perfect rationality are gained, for example, when we are forced to re-examine what we mean by "best", once we can no longer simply assume that choices lead to the best outcomes. How outcomes of choice are distinguished from the achievement of wellbeing, or how "decision" utility is distinguished from "experienced" utility are, therefore, important points in happiness research (Van Praag 2005 as cited in Nelson 2009).

The newer and smaller field of economics of interpersonal relations has also led to important developments (Nelson 2009). People are now considered deeply social creatures instead of the autonomous monads assumed in neoclassical theory. In this respect, the discovery of "mirror cells" in the brain (Iacoboni 2008 as cited in Nelson 2009) to justify opening this new frontier in economics reflects recent advances in social psychology and neuroscience (Nelson 2009).

In Nelson's (2009) view, orthodox theory is neither consistent with the findings of many other fields nor with lived experiences, although it is conceptually simple and elegant. Research programmes in HIR are not only intellectually compelling; how we live may also change as a result of the potentially important implications of such research. Whether by shifting personal and social resources away from material-using, carbon-emitting activities and towards more relationships and more pursuits of enjoyment one would be made better off, are some of the questions that could not be asked within the old paradigm (Frank 2005 & Pugno 2008 as cited in Nelson 2009).

The problem, however, is that some of the habits of thought have not completely disappeared (Nelson 2009). Drawing on neuroscience and feminist theory, Nelson (2009) explains the persistence of certain partial views, that is, the undeserved, high status of topics and assumptions associated with masculinity and "hardness" which have for a long time been unquestioned. As a discipline, she says, archaic dogma, including biases of a "masculinist" variety, should have been rooted out if a truly scientific, open-minded, systematic and investigative approach to the world was the goal, instead of historically spending too much time resisting becoming "soft". One may, for example, identify "*variants including voracious greed, reasonable self-care, expanded or enlightened self-interest, mutual reciprocity, utilitarianism, interdependent utility, the common good, justice, compassion, agape, and outright sacrifice*", within and between categories of "self-interest" and "altruism" (Nelson 2009:12).

To understand what altruism is, upon review of various literatures obtained from diverse disciplines, Piliavin and Charng (1990) assert that altruism is part of human nature, as supported by the data. Altruism is defined differently by various writers but as far as socio-biologists are concerned more generally, behaviour is altruistic if it benefits the recipient more than the actor. Although definitions vary, they do not mention motives and share an emphasis on the costs to the altruist (Piliavin & Charng 1990). Psychologists' definitions, on the other hand, emphasise intentions and the amount of benefit or cost to the actor (Krebs 1987 as cited in

Piliavin & Charng 1990). For Sober (1998 as cited in Piliavin & Charng 1990), to have a mind is a prerequisite for having motives. An act is altruistic if it is or appears to be motivated out of a consideration of another's needs rather than one's own, although the intention to benefit the other need not be *consciously* formulated by the actor for an act to qualify.

Discussing the possibility of more than one type of altruism, Piliavin and Charng (1990) argue that there may be mechanisms both for "vernacular altruism" and for "evolutionary altruism". The former, according to these authors, although it may have some hereditary components, is more common and would be more complexly developed, while the latter would be very primitive, leading to the "anachronistic anomaly", that is, impulsive responding in emergencies in which the victim is seen as part of a "we". In the evolutionary sense, "altruistic" applies to *traits* (Joyce n.d.). If and only if it benefits another at some cost to the individual is a trait evolutionarily altruistic. In this case, benefits and costs are understood in terms of reproductive fitness (Joyce n.d.). In the vernacular, the application of "altruism", which is a psychological term, depends on the motives with which an action is performed. Since it benefits another, such a trait has been selected (Joyce n.d.).

In Joyce's [n.d.] view, as long as the outcome is not his or her ultimate motive, a person's action remains altruistic even if the other individual receives no benefit and even if that person benefits from the action. If a person acts to benefit an individual with the ultimate motive to further the other individual's welfare which promises in turn to benefit him or her, then his or her action is selfish, not altruistic. Piliavin and Charng (1990) indicate that there is a causal relationship between empathy and prosocial behaviour, as shown consistently by empirical studies. However, that the prosocial behaviour is altruistically motivated is not necessarily demonstrated by the relationship. For example, either sympathy or aversive arousal such as personal distress or sadness, which are distinct emotional states, may be produced by the arousal vicariously induced by grasping another's situation. However, the empathy-altruism prediction was found to be consistently

supported by empirical studies (Batson *et al* 1981, 1988, 1983 as cited in Piliavin & Charng 1990). While personal distress does not confirm the hypothesis, this confirms the hypothesis that sympathy evokes altruistic motivation to have the other's need reduced.

The above theories led the researcher to investigate whether the women's decision to be full-time housewives was actually altruistic or selfish, keeping in mind that a person's action is not altruistic but selfish if he or she acts to benefit an individual but his or her ultimate motive for doing so is that furthering the other individual's welfare promises in turn to benefit him or her. This was done, among others, by exploring the women's perceptions about their children. The above theoretical insights also further guided this study to look into the women's perceptions as regards unpaid domestic work, in order to determine whether their decision making was based on reason or emotion, on autonomy or social connection. Given that human decision making does not follow strict rules of logic, the above insights also led to the exploration of the participants' perceived happiness and the role of felt satisfaction and experienced affect which are said to play a leading role in happiness. Insights from the above theories also guided this study to investigate women's participation in decision-making processes concerning household matters.

The concept of care has broadened over time and the construction of meaning in care relations is a subject of interest in many studies in light of the decreasing supply of family caring resources which has led to a crisis in care in many developed countries, especially on the European continent. This, in large part is due to the fact that many women are no longer available to care, as they either wish or are compelled to be involved in the labour market (Daly & Lewis 2000). For Williams (2010), care policy is not only a national issue but a global concern, largely owing to the exploitation of a migrant workforce (mainly women) which raises dilemmas about how gender equality is framed and understood by policy makers, and the future of European work/care reconciliation policies. In her opinion, the transnational movement of women between poorer and richer regions

into care and domestic work in private households is an asymmetrical solution "*to women's attempts to reconcile their time crunch problems with on-going gendered responsibilities for care and housework responsibilities*" (Williams 2010:21). While the necessity to understand the circumstances of care in the North and in the South is brought to the fore, how far these gendered responsibilities may be altered by either socialised or commodified care is now exposed (Williams 2010). In developing countries, care needs and rights have even greater importance in many ways, as poverty and pressure on women to join the labour force have been heightened by a lack of social security, the application of neoliberal policies to ensure external debts payment and the associated destruction of local economies (Williams 2010).

According to Daly and Lewis (2000), care giving has never been a movement firmly going in one direction as it has shifted over time between the realms of paid and unpaid work. In the view of early Scandinavian feminist analysis of social policy, the entry of women into the service of the welfare state, such as working in schools, day care centres and old people's homes, is a form of "public patriarchy" as women were replicating in the public sphere the work they had traditionally carried out in the home (e.g. Siim 1987 as cited in Daly & Lewis 2000). More recently, Peng (2008 as cited in Williams 2010) claims that labour market restructuring has led to "*a situation that suggests that commodification of women's labour may in fact do more harm than good for women*". Others, however, saw this as an unequivocal gain (e.g. Kolberg 1991 as cited in Daly & Lewis 2000). Amid the debates, care was maturing as an academic concept. It was made to embrace relations of class and race in addition to those of gender, for example, by including non-kin forms of home-based care (Graham 1991 as cited in Daly & Lewis 2000) and by addressing how care involves the interface of the welfare state and private agents (Leira 1992 as cited in Daly & Lewis 2000).

While an increasing differentiation of the term is manifested in the development of the concept of care, this is seen as ambiguous and contested, partly because such a concept is in danger of losing its core meaning (Daly & Lewis 2000). These

authors, therefore, suggest the heuristic category of "social care" since there must be a way of retaining the capacity of the concept to reveal women's lives' dimensions while capturing societal arrangements around personal needs and welfare. For Daly and Lewis (2000:285), social care is a multidimensional concept including (1) care as labour; (2) care within a normative framework of obligation and responsibility; and (3) care as an activity with financial and emotional costs extending across public and private boundaries which entails the analytic question of how the costs involved are shared among individuals, families and within society at large. Based on the three-dimensional approach, Daly and Lewis (2000:285) define social cares as "*the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out*".

Change, in the context of care, in which the demographic, economic and social factors are implicated, explains why care is becoming increasingly problematic for societies and states, as the supply of care has decreased while the demand is rising (Daly & Lewis 2000). The crisis of care as experienced by practically all European societies has led to certain tendencies concerning care in particular welfare states. In the Scandinavian states, for example, care is collectivised for the elderly and children, with locally-organised services funded from taxes made available on a universal basis. On the other hand, although there is a considerable variation among countries from the middle and south of the European continent, these countries appear to favour privatisation of care (Daly & Lewis 2000). While in the Mediterranean countries care tends to be privatised to the family, in Germany, care undertaken outside the family is seen to be most appropriately a function of voluntary service. In France, the voluntary sector plays a minimal role, while only care for children is collectivised (Daly & Lewis 2000).

The varying significance of care historically with respect to how public policy has approached this issue has not been widely acknowledged according to Daly and Lewis (2000). Liberal feminism, for example, defines dependency in a one-

dimensional way while, historically, this has not been seen as such (Offfen 1992 as cited in Daly & Lewis 2000). In social Catholicism, according to Daly (1999 as cited in Daly & Lewis 2000), giving and receiving care is part of normal reciprocity between individuals whose inherent qualities are embedded in various social relations. Social policies are constructed to enable the family to ensure their caring functions which are seen as normal and appropriate, given that family solidarity is understood as a readiness to care for one another (Daly & Lewis 2000). Such is no longer the case today, as issues of gender are rendered considerations for welfare state policy in their own right, where these issues have assumed a direct and prominent place. Welfare state policy is put on the defensive by the social and political engagement around gender equality and, given that women have come to be defined increasingly as paid workers, policies are obliged to consider how they affect female paid and unpaid labour (Daly & Lewis 2000). In response to the crisis experienced by nearly all welfare states as a result of population ageing and the decreasing availability of private unpaid care, what is offered as a public service, who qualifies for cash assistance in terms of care, and how much private familial or private market sectors must retain care, are issues that are increasingly redefined by welfare states (Daly & Lewis 2000). The dilemma, according to Daly and Lewis (2000), is that care may be degraded if it does not attract a monetary value, but it may also be degraded if it does, since the monetary value involved is small. Discourses on choice which accompany care reforms in France also raise a dilemma around the question of what is regarded as the proper way to care for children, which reflects different cultural preferences. It is argued that policies risk reinforcing the inequalities inherent in gendered assumptions and socio-economic constraints if policies are created to support what parents want but, on the other hand, they risk producing policy prescriptions that have no relevance to people's lives or ineffective policy if they do not attempt to meet the diversity of preferences (Williams 2010).

Debates about the crisis of the welfare state and its legitimacy brought issues around care to the fore, leading to obligations, rather than rights, being emphasised and translated into policy, to the effect that parental responsibilities

and encouragement of responsibility of the care of elderly relatives are enforced (Daly & Lewis 2000). In the opinion of these authors, efforts to promote obligations within the family and to boost employment have clashed in terms of lone mothers, while feminist notions of ethic of care have not necessarily been privileged by the rediscovery of the importance of trust, commitment and obligation. It is remarkable, in their view, that only women and the private sphere have been accused of selfish individualism, which has been aggravated by the welfare state services restructuring during the 1990s and the gendered separation of the public and private spheres. More importantly, "*care is central to the ideological debates about contemporary relationship between individuals, families, markets and welfare states*" (Daly & Lewis 2000:295). In their opinion, the state assumes a central role when one starts from the position of social care, but at the same time, it acts as an agent of change. Just as care creates new dilemmas for welfare states, these play a crucial role in mediating the dilemmas that are rooted in the growing demand for care while the supply is diminishing (Daly & Lewis 2000). The contemporary challenge, therefore, is "*to raise the political, economic and social value of care*", which involves redistributing and shifting responsibility, power and control "*from families to the state, from mothers to fathers, from care providers to those receiving care and support, and from richer to poorer nations*" (Williams 2010:23).

The above discussions are important because they bring to light various complex problems that are associated with women's participation in the public sphere, and the crucial role the state may play in attempts to resolve various dilemmas concerning care. Insights from the above discussions led the researcher to look critically at how the women perceived their role as housewives which entailed caring for their family members around the clock. This was important given that care's intrinsic features as a form of work needed to be addressed, taking into account that health and social care always brought together people whose conditions and contributions were asymmetrical. It was thus necessary to consider the relations of production that organised care, through which care could be thought through, given that care was regarded as complex, collective labour. It

was, therefore, also interesting to investigate at what cost the women were willing to ensure the wellbeing of their family and, by extension, the community, through the enactment of social roles and obligations.

4.7   SUMMARY

The adoption of an economic perspective in sociology has led to an understanding that various aspects related to social domains may also be viewed in terms of economic rationality (Foster 1993). Gary Becker was most prominent in bringing an economic perspective to the sociological literature. This theory does not appeal to many feminists, however, because it uses concepts informed by patriarchal assumptions. Woman's agency emerges as an important focus in feminist perspectives because, as Sen (1999) argues, women are now viewed as active agents of change, not as passive recipients of welfare-enhancing help.

Health-seeking behaviour (HSB), according to MacKian *et al* (2004), is a tool that is over-utilised and under-theorised. Overall, two assumptions central to classic health promotion are the basis for the models discussed in these authors' study, that is, "*health is influenced by behaviour, and behaviour is modifiable*" (Conner & Norman 1996 as cited in MacKian *et al* 2004). For health policy and planning, HSB would be a more useful concept. The point made by these authors is that there is a need to move the agenda into a new and more holistic dimension – a concept that is in line with complexity theory which posits that the whole is greater than the sum of its parts.

The lens of social capital has been suggested as a way to understand the interaction between social forces and the development process (Woolcock 1998 as cited in MacKian *et al* 2004). Many studies show that forms of social capital that development agencies mobilise in poverty relief programmes are centred on the role of women. However, unlike in Western countries, women's activism in Latin America, for example, never enthusiastically embraced "equality feminism"

(Molyneux 2002). This may be the result of a strong identification of women with their family responsibilities and motherhood considered as the core female role. Control over family values by the state or prevailing socio-religious groups may thus constitute an important feature in Third World countries, including Indonesia where marriage remains a widely contested issue (Bedner & Van Huis 2010).

Bargaining power is a topic often featured in the household literature because gender relations embody the material and the ideological. Cognisance, as argued by Argawal (1997), must be given to the various factors affecting bargaining power and are central in bargaining outcomes, particularly those that are outside the realm of analytical specifications in most discussions of household bargaining and treated as exogenous. Many factors are known to influence bargaining power. Bargaining power is also affected by factors such as norms and perceptions (Argawal 1997). While incorrect perceptions could be institutionalised as social norms, social norms relate to customs that are established. Although norms are influenced not only by perceptions, bargaining power may be affected independently of norms. Thus, perceptions may be subject to contestation and changed, just like norms (Argawal 1997).

Biosocial perspectives on gendered behaviour and roles posit that hormonal changes, which are part of biological processes, are involved in the performance of social roles. Behavioural sex differences are treated as repeatedly constructed or emergent in their biosocial model. According to Kuhle (2012), as long as feminist psychology adheres to gender feminism and is unwilling to acknowledge evolved psychological sex differences as evidence, evolutionary psychology and feminist psychology will conflict. He claims that since equity feminism has no a priori stance on the origin of existence of differences between the sexes, feminist psychology needs to evolve by embracing it. Other researchers have also highlighted evolutionary factors in gendered behaviour, such as Buss (1996 as cited in Buss & Schmitt 2011), who advances a hypothesis about the origins of resource control, which is a component of patriarchy.

A number of authors claim that patriarchy is inevitable. Goldberg (1993), for example, is strongly opposed to the belief that gender identity is merely socially constructed. In fact, in his opinion, what is relevant is the foetal sensitisation of the male nervous system to the pertinent properties of testosterone; therefore, behaviour is not a function of socialisation. He argues that matriarchy is not established as a social norm because "suprafamilial authority is *always* overwhelmingly male". This, according to Goldberg (1999 as cited in Carlson 2007), is due to the differences between men's and women's neuro-endocrinology. Supporting this hypothesis, Walby (1990 as cited in Carlson 2007) argues that women are subordinated to the welfare state and the patriarchally structured labour market, which reflect patriarchal structures, although women may lose their own individual patriarch. Therefore, Carlson (2007) pinpoints the conventional husband, who is a private patriarch, or the welfare state, which is a public patriarch, as two practical options for women.

In contrast to the above views, Connell (2005:22) claims that masculinity and femininity are internalised sex roles that are the product of socialisation. Such socialisation views on gender can be divided into two categories: one which emphasises the role played by attitudes and social expectations in establishing sex roles, and the other which presupposes the categories of "women" and "men" and emphasises the power relations between them. Thus, for Connell (2005:47), the broad differences presupposed to be innate to the character traits and behaviour of men and women that account for natural masculinity or femininity, are almost entirely fictional.

Hegemonic masculinity is defined by Connell (1995 as cited in Lusher & Robins 2006) as the configuration of gender practice. It is through the formulation of hegemonic masculinity that Connell grasps the possibility of internally generated change whereas he criticises the sex role theory for its inability to grasp change (Demetriou 2001). Hegemonic masculinity is whichever type is dominant at that point in time, as one form of masculinity is culturally praised over others at any one time.

According to Folbre (2004), what might be called a moral division of labour has long been linked with the economic division of labour by sex. For Folbre (2004), masculinity is associated with self-interest as femininity is associated with altruism. However, Nelson (2009) argues that between and within categories of "self-interest" and "altruism", there are many variants.

A decreased supply of care in a context where demand for care is rising has led to a crisis of care in practically all European societies (Daly & Lewis 2000) and to a global concern with respect to care policy (Williams 2010). In developing countries, poverty and pressure on women to join employment have been magnified by lack of social security, the application of neoliberal policies to ensure payment of external debts and the associated destruction of local economies. Therefore, in many ways, care needs and rights have even greater importance in these countries (Williams 2010). the contemporary challenge is "*to raise the political, economic and social value of care*", which involves redistributing and shifting responsibility, power and control (Williams 2010:23).

Married women constitute one of the largest groups of people living with HIV in Indonesia and women in this country are now the most vulnerable group to HIV infection. The purpose of this study was to gain a better understanding of contextual factors that lead to the heterosexual transmission of HIV and the vulnerability of women in stable relationships/marriages to HIV, in order to offer informed solutions to the problems affecting HIV and AIDS prevention, care and support policies in Indonesia. Such policies, so far, have failed to bring the epidemic under control despite numerous short-term interventions, mobilisation of various social movements and large amounts of funding, especially before the global recession. The underlying causes of the limited success of such policies have not been explored, as researchers have mainly focused on the proximate barriers that prevented the policies' smooth implementation, while the interacting distal factors were neglected.

Based on in-depth interviews with 28 women from various ethnicities, the researcher believed that this study filled some of the gaps in understanding such distal factors, particularly those which appear to contribute to the vulnerability of women to HIV infection, and played a critical part in shedding light on the reasons for many women choosing domesticity rather than a career.

In this chapter, various theories pertaining to gender and health-seeking behaviour were reviewed. In the following chapter, the readers will find discussions on complexity theory and a rationale for such a theory.

CHAPTER 5: COMPLEXITY THEORY

5.1   INTRODUCTION

The view that reductionist analysis and traditional scientific insights are insufficient to understand a class of phenomena from various disciplines has led to the birth of complexity theory (Newell 2008; Zimmerman *et al* 1998). In the researcher's opinion, gender differences in human behaviour stand to gain further understanding through the lens of complexity theory, with its emphasis on nonlinearity, self-organisation, and emergence (Medd 2001). This view is supported by Walby (2004) who argues that sociology has much to gain from complexity theory because it is associated with large-scale processes that involve connections and changes, such as globalisation. Rather than using a set of definitive constructs, complexity theory offers concepts for analysis that are in parallel but non-identical contexts. For example, the diverse processes of social change resulting from the process of globalisation can be better understood through the lens of complexity theory because:

> Complexity theory offers a new vocabulary to grasp issues of change, so that simple notions of uni-directional impact are replaced by that of mutual effect, the co-evolution of complex adaptive systems in a changing fitness landscape, as well as by concepts to capture sudden, nonlinear processes of rupture, saltation[23], and path-dependency.
> (Walby 2004:16).

Complexity theory, with its emphasis on emergence, brings to the fore the necessity to explain science, including social science, by nonreductionist interpretations (Walby 2004). To understand the unstable and dynamic processes of change, the concept of system needs to be revised, and this is facilitated by complexity theory (Walby 2004). In her view, the rejection of analysis in terms of the parts of a system is a key implication of the system/environment. Instead of

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[23] Saltation refers to an abrupt or sudden transformation more associated with chaos (Harvey 2001 as cited in Walby 2004)

assuming that the different temporal and spatial reaches of economic, political and cultural systems neatly overlap, these can be flexibly analysed through complexity theory; therefore, the nature of the connections and linkages involved in large-scale processes such as globalisation can be better conceptualised (Walby 2004).

Before proceeding any further, it seems useful to examine briefly a number of sociological perspectives that are relevant for discussions on complexity theory, as follows:

1) Positivism

Riley (2007) suggests that positivism can be interpreted in at least three different ways. Firstly, it can refer to a commitment to social evolution, secondly it can denote an articulated philosophical tradition (logical positivism), and thirdly it can reference scientific research practice, commonly described as methodological positivism (Steinmetz 2005 as cited in Riley 2007). Methodological positivism, in turn, can refer to three concepts. Firstly it refers to an epistemology where covering laws are used to identify scientific knowledge. Secondly it refers to the type of ontology that favours observable objects. Thirdly it is linked to "*self-understanding of scientific activity in which science is independent of the reality it describes*" (Steinmetz 2005 as cited in Riley 2007). From 1945 to early the 1970s, positivist accounts were dominant in history and sociology, although not in anthropology (Keane 2005 as cited in Riley 2007). In fact, during that period, the dominant pole of the social scientific field in sociology was a positivist conception of science (Riley 2007) which implies concepts of mechanism, causality and explanation (Brante 2001).

2) Realism

While positivism is said to have "*mysterious connotations and general vagueness*", for which years of burdensome philosophical studies are needed, Brante (2001:187) claims that "*realism does not have these implications*". In his opinion, realism has all of the tenets compatible with a common sense view and is therefore not counter-intuitive. Ontological assumptions, in particular

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"*that sociology has an object existing outside of sociological discourse*" underlie the use of realism, while the epistemological position implied in realism is that social reality is partly accessible, allowing a valid but imperfect knowledge about it (Brante 2001:187). According to Reed (2008), "*realism emerged as a compelling epistemology for social science*". Reed (2008) points out that realism has two subsections, naturalistic realism and critical realism.

3) Postmodernism

While postmodernism, arguably, arose as an architectural movement, Lyotard is the most explicit philosophical postmodernist (Agger 1991). Lyotard claims that one can only tell small stories about the world from heterogeneous positions of individuals and social groups, not large stories (Agger 1991). Being suspicious of totalising perspectives on history and society (or "grand narratives"), Agger (1991) calls for a postmodern social theory that can account for group affiliations and multiple perspectives on class, race and gender. Foucault faults Marxist class analysis as relying on simple dualities, and argues instead that power can be found everywhere, among the disenfranchised as well as among the wealthy (Agger 1991). Postmodernism rejects the possibility of a universal social science. A postmodern social science is thus possible, according to Agger (1991), through creative extrapolation from new ways to view the sociocultural world, although postmodernists reject the project of science.

Young (1991 as cited in Morcol 2001) claims that chaos theory provides a theoretical context for a postmodern science. Morcol (2001), however, argues that chaos and complexity theory remains grounded in the scientific tradition while calling for a modified reductionist classical model of science. In contrast to postmodernism which rejects scientific and empirical methods, he points out that complexity theory still offers generalisations about social and natural phenomena while questioning the Newtonian notion of universal laws (Marcol 2001). Marcol (2001:104) recognises the difficulty in drawing analogies *"between the implications of complexity science and postmodernism*", but contends that the respective

assumptions of these two perspectives, both explicit and implicit, "*are anchored in different ontologies and epistemologies*" and different methods.

The potential significance of the differences between various interpretations of complexity theory is also pointed out by Medd (2001 as cited in Walby 2004). However, Walby (2004) argues that, despite their divergence, the Santa Fe and Prigogine schools of complexity and chaos theory should be considered complementary rather than opposing (Harvey 2001 as cited in Walby 2004). Medd (2001) adds that an important point of reflection is that complexity considers the impossibility of complete observation. In a sense, then, according to Medd (2001), complexity asks how one should deal with ignorance in the world. Unless the observer can "repeat the system" and build a model as complex as the system itself (Cilliers 1998 as cited in Medd 2001), it is ignored. The implication of this lack of awareness is that observers cannot observe themselves in the processes of observing. As Luhmann (1994:132) explains, "*real observers observe the real world in the world. Therefore, observers must be observable for other observers, and so on*". Thus, the central questions for Luhmann, according to Neves and Neves (2006), are how complexity can be observed and who is the observer that is observed? Luhmann (1994) notes that in physics, everything that can be observed is observed by physicists and their instruments; however, their observations are themselves physical and therefore change what is being observed. To demonstrate that the act of scientific observation alters the phenomenon being investigated as it intervenes in the process of observing, Prigogine (1997 as cited in Walby 2004) uses nuclear physics as an example of a scientific discipline that recognises this.

Luhmann (1994:133) claims that the same phenomenon occurs in sociology. He says: "*sociology changes its object in the very act of observation*", which implies that "*sociology can no longer view itself as an independent observer that could enlighten or criticise society from the outside*". In his opinion, the paradoxes of self-observing observer are impossible to resolve by means of classical epistemology and two-valued logic, although self-observations may provide a

more adequate guide to sociology than the ambiguous discussions about postmodernism. It may be the case that the self-observations Luhmann alludes to include strong traditions of self-critique and awareness as researchers, as seen, for example, in auto ethnographic research methods, since he claims that "*as a science and, as a social system, sociology is also an internal observer of whatever system it participates in*" (Luhmann 1994:133). Auto ethnography refers to "*a way of giving voice to personal experience for the purpose of extending sociological understanding*" (Wall 2008:38). While in such research methods the observer observes him/herself observing, the question that comes to the fore is: who is the observer who observes the observer in the process of observing him/herself observing? Even in this context, therefore, observation remains "incomplete", thereby corroborating Luhmann's claim that observation is "always" incomplete. In any event, according to Luhmann (1994:133), "*sociology can no longer use the distinction between Subject and Object, as if sociology was the Subject and society, or the social system of science, the Object*". In fact, only objects can be subjects according to the current deconstruction of metaphysics, and these refer to observers observing observers (Luhmann 1994).

Luhmann (1994) notes that major sociological theories have always emphasised one or the other perspective (positivist or critical), yet without being able to ignore the other. Sociology is interested in latent structures as part of the notion that "*social reality is not what it seems to be*" (Luhmann 1994:126). As a result, based on the positivist/critical distinction, attempts at building a unified theory of society had led into the paradox of treating appearance (latent structures) and reality (manifest structures) as "*one and the same thing*" (Luhmann 1994:126). An interesting question he asks is how sociology has managed to deal with the questions "What is the case?" and "What lies behind it?" "*without reducing them to one another and without considering their paradoxical unity*" (Luhmann 1994:128). Since what lie behind the facts can no longer be the true divisions and categories of Being, "*it must be the distinctions drawn by an observer*" (Luhmann 1994:132).

Luhmann first conceives of complexity in relation to its object of analysis, that is,

the world, and then *"begins to accept complexity as a concept of observation and description"* (Neves & Neves (2006:5). The presence of an observer who observes complexity is therefore necessary. For Luhmann, the "world" constitutes the highest unit of reference and represents the ultimate boundary. It is not a system because it is not distinguishable from its environment, and cannot be considered an environment because it lacks a presupposed interior that does not belong to that environment (Neves & Neves 2006). However, the environment is always more complex than the system, while all of the systems and their respective environments are encompassed in the world (Neves & Neves 2006).

Furthermore, Luhmann (1998 as cited in Medd 2001) notes that social life is an "ecology of ignorance" in which complexity is produced by social actors in an attempt to deal with complexity – thus repeating cycles of new ignorance produced in the act of "trying to know". Robinow (2004), who discusses Luhmann's essay entitled "The Ecology of Ignorance", interprets this to mean that we, reflexive modern beings, find ourselves in a situation of "systemic ignorance", where some of this ignorance is produced knowingly, while other is not. Complexity demands new conceptual forms to approach the universe where phenomena are understood in terms of probabilities (Neves & Neves 2006). Put in another way, the future is "*a mere possibility*" (Neves & Neves 2006:3). This is corroborated by Robinow (2004) who contends that this ecology of ignorance is related to the form we have given to the future, which we cannot know about. In this regard, since complexity theory deals with reconstructing as well as predicting social phenomena, whereas forecasting is not customary in sociology, it can be said that complexity theory "adds" to social sciences. While Medd (2001:57) opines that complexity theory needs to begin to address Luhmann's question: "*How is ignorance dealt with*?" Robinow (2004:3) argues for a "*reflexive acknowledgment that partial and permanent ecologoy of ignorance is the social and political ecology in which we live, labor and discourse*".

Moreover, on the basis of Luhmann's work, Neves and Neves (2006) note that social sciences reached a crisis point last century. Apparently, the first

formulations of early 20th century physics, in particular Heisenberg's Theory of Uncertainty, Einstein's General Theory of Relativity, and Prigogine's Theory of Dissipative Structures were at the root of this crisis (Santos 2000 as cited in Neves & Neves 2006). Thus, "*the paradigm of order, symmetry, regularity, and the intellect's adequacy to the things*" encountered a quagmire owing, to a large extent, "*to the reflectivity of this way of thinking, which looks at itself and discovers its own limits and weaknesses*" (Neves & Neves 2006:3). Consequently, the new universe that emerges from these formulations is "*founded on bases radically opposed to those of modern sciences*" (Neves & Neves 2006:3). In this new universe, the observer who builds internal differentiations to explain complexity thus plays a central role. As Luhmann (1994 as cited in Naves & Naves 2006) points out, "*without the observer, there is no complexity*" - which therefore led to the concept of "second order observer". This means that through distinctions, Luhmann reflects on the extent to which "*the observer is able to divide the unit of a multiplicity* (that is, complexity) *into elements and relations*" (Neves & Neves 2006:9).

In this regard, since qualitative research is a "situated activity" in which the observer is placed in the interviewees' social world (Denzin & Lincoln 2003), the researcher thus assumed the role of "second order observer". More specifically, when she analysed and interpreted the data collected in the qualitative phase of her study, she in fact observed the observations of her various respondents in order to identify the distinctions made by the systems to observe. The researcher did not *"observe 'facts' but how the systems operate to access the facts of the environment in accordance with its structure*" (Naves & Naves 2006:5). Identifying irregularities was therefore of greater interest to the researcher rather than establishing generalisations, as it could show the extent to which she was able to divide the complex phenomena under investigation into various complex systems and observe their interactions with the environment.

The crisis Luhmann refers to in sociology obviously also encompasses feminism which is unable to deal with the complex social problems and phenomena

currently faced with, despite its attempts to diversify its tendency to homogenise all women. Through postcolonial feminism, for example, Connell (2015) argues that issues including violence, power and the state, and identity, are reshaping the agendas of feminist theory, leading to an alternative structure of knowledge that has the potential to reshape feminist theory globally as well as its connections with practice. On her part, Lewis (2002) addresses a number of positions on postcolonial theory, gender, colonialism and imperial culture, based on the work of various authors. In particular, she speaks of feminist Orientalism through the work of Deborah Cherry (2000 as cited in Lewis 2002) who honourably explores the relationship between the colonies and female subjectification. The modelling of alternate white femininities is made possible by Cherry's account of British women's art in the 19th century which looks at how a physical space was provided by imperialism. Cherry (2000 as cited in Lewis 2002) also shows how the conceptualisation of a modern individual self for British feminists is structured by feminist Orientalism.

As Luhmann (1994:126) notes, a radical change in sociology occurred when "*interdisciplinary discussions about theories of self-referential systems, autopoietic system closure, the second-order cybernetics of observing systems, and constructivist epistemology and information processing*" took place. Interestingly, through her study on ecofeminism, Cudworth (2005 in Rigby 2005:128) receives harsh criticism for blowing the whistle on academic foul play by "*allegedly endorsing a biologically essentialist understanding of gender difference*". Incidentally, Cudworth uses the perspective of complexity theory when applying a multiple systems approach to the analysis of distinct forms of social domination which are often overlapping and interpenetrating (Rigby 2005). Inspired by Luhmann, Cudworth (2005 as cited in Rigby 2005) argues that society consists of self-organising systems that are not teleological and fractured, and is interactive with other systems as well as the environment. Therefore, she claims, there cannot be one foundational system of domination. Also reflecting the perspective of complexity theory, Cudworth (2005 as cited in Rigby 2005) argues for a transdisciplinary orientation on the grounds that "*ecologism and feminism cannot*

be adequately addressed within the limits of any one domain of knowledge" (Rigby 2005:129).

Marra (2015) further supports the use of complexity theory, specifically for the evaluation of gender equality. Her aim is to posit, from a theoretical perspective, that the exploration of inscrutable dimensions of unequal gender relations and the imbalanced distribution of time between care and paid work is made possible by the use of complexity theory and to argue, from a normative perspective, that through the acknowledgment of family, socioeconomic and institutional patterns that may pave the way towards greater gender equality, evaluation can contribute to social equity. Yet, the selection of methods is often obscured by value conflicts and the power dynamics that influence knowledge production on a larger scale, although various methodologies are available (Maynes *et al* 2008 in Weber and Castellow 2012 as cited in Marra 2015). Despite this, a focus on cooperation as a key dimension of gender equity is given by Marra (2015) owing to the constitutive aspects of relations of mutual support and cooperation between men and women in social structures, which are reflected in individuals' images of the world (e.g. Kahneman 2003; North 2005 as cited in Marra 2015). She contends that the ongoing debate within society at large and within the evaluation community in particular may be strengthened if evaluators' practice of gender equality and cooperation encompasses key dimensions of complexity thinking. It is her hope that, in this way, social norms, ingrained preconceptions, as well as stereotypes that impede greater gender cooperation in households and in society may be overcome, at least to some extent.

The above accounts suggest that despite its attempts to de-homogenise feminism, feminist theory still struggles to transcend reductionism. In fact, the idea of complexity appeals to Luhmann due to its ability "*to overcome the cause-effect relation, the concept of totality, so dear to the classics*" (Neves & Neves 2006:5). While feminism may greatly benefit from the application of complexity theory (which encompasses both positivist and critical perspectives) to gain more than a shallow grasp of complex social phenomena and problems, it appears that there is

some resistance among sociologists to embracing complexity theory and to using it in analysis. Arguably, this is because by deconstructing complex phenomena that are dear to feminism into various complex systems and by investigating their interactions with their respective environment, oftentimes "*social reality is not what it seems to be*", as Luhmann (1994:126) contends.

For the Santa Fe School, finding order where others thought there was none was a priority (Walby 2004). While others saw phenomena as merely chaotic or random, they found patterning in phenomena. The work by Cilliers (1998 as cited in Walby 2004) and DeLanda (2000 as cited in Walby 2004) on the one hand and Byrne (1998 as cited in Walby 2004) on the other, reflect this division into two schools of thought in the social scientific appreciation of complexity theory (Walby 2004). While Cilliers and DeLanda emphasise the unknowability of the world, Byrne defends realism by showing that complexity theory supports the deterministic nature of the world – which constitutes a modernist argument – and claims that complexity accounts are foundationalist (Walby 2004). In Walby's (2004) view, complexity theory allows theorists to transcend these old divisions, given that any polarisation of view between realism and postmodernism is now misplaced.

A significant contribution in theorising intersectionality[24] in social theory and the philosophy of social science was made by Walby (2007) in a more recent article. Given that the necessary toolkit for a paradigm shift in social theory was provided by complexity theory, Walby (2007) proposes an alternative route through the insights of complexity theorists inspired by Marx, Weber, and Simmel, rather than via Durkheim and Parsons (who inspired Luhmann). Her article focuses on a major issue in social theory, which is the theorisation of simultaneous multiple social inequalities. The intersection of gender with class is important, but so are those that involve ethnicities, nation, religion and other complex inequalities (Walby 2007). One of the complications of theorising simultaneously multiple complex

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[24] This is a relatively new term to describe an old question in theorisation of the relationship between different forms of social inequality (Walby 2007).

inequalities, Walby (2007) argues, is that, at the point of intersection, these can also change one another; therefore, it is insufficient to treat them merely as if they are to be added up. The challenge for Walby (2007) is to place such inequalities at the centre. She claims that approaches to the analysis of intersectionality in social science can be divided into two types, although there are at least five of these. The first type utilises some concept of a social system. The second type rejects concepts of a social system. Since the notion that parts must be nested within a whole is rejected in the second type of intersectionality, the reduction of one set of social relations of inequality in favour of another is also rejected (Walby 2007). Therefore, the concept of a social system needs rethinking because it is necessary to address this central issue in social theory, given the importance of adequately theorising the ontological depth of intersecting multiple systems of social inequality (Walby 2007).

Following the above introduction to complexity theory, a detailed description of the tenets of complexity theory is presented under subheading 5.2. Reasons for using a perspective informed by complexity theory in this study are described in section 5.3. This leads to the conclusion of this chapter.

5.2   THE TENETS OF COMPLEXITY THEORY

Below, the tenets of complexity theory are presented in four sub-themes: namely, a time-line for complexity theory and its relevance for sociology; its major contemporary tenets; critiques against complexity theory; and its application in empirical or policy research.

5.2.1 A time-line for complexity theory and its relevance for sociology

Complexity theory distinguishes between the complex and the complicated. The difference is outlined as follows:

> Although a complicated system might have many components, the relationship among those parts is fixed and clearly defined. If it were carefully dismantled and reassembled, the system would work in exactly the same way. However, there exist some forms that cannot be dismantled and reassembled, whose characters are destroyed when the relationships among components are broken. Within these sorts of *complex systems*, interactions of components are not fixed and clearly defined, but are subject to on-going co-adaptations.
> (Davis & Sumara 2006 as cited in Newell 2008)

Newtonian scientific principles, the most dominant metaphor of which is the machine, have led to existing models of economics, management and physics (Zimmerman *et al* 1998). In this view, machines can be explained in reductionist terms by understanding each part separately. This reductionism also informs canons of probability research in social and behavioural health sciences that are closely aligned with a biomedical search for universal or highly generalisable results. This focus, according to Livingood, Allegrante, Airhihenbuwa, Clark, Windson, Zimmerman and Green (2011:527), has resulted in "*false dichotomies of research versus practice, practice guidelines versus professional judgment, objective measurement versus subjective perceptions of health, and individual versus family or other collective health considerations*". Complexity theory, in contrast, is highly paradoxical because both sides of many apparent contradictions are true (Zimmerman *et al* 1998).

In Phelan's (2001) view, in line with Walby's (2004) observation, complexity has developed new methods for studying regularities, which is why it is a new science rather than a new approach for studying the complexity of the world. Complexity theory differs from traditional sciences since it introduces a new way to study regularities instead of focusing on simple causal relationships. It posits that *complex* effect is a consequence of *simple* causes. The main tenet of this new science posits that complexity in the world arises from simple rules that are, however, different from those of traditional science (Phelan 2001). These rules, according to Phelan (2001), are "generative rules", in the sense that they help to predict how a set of artificial agents will behave in their virtual environment over time by including their interaction with other agents in the analysis. For this reason,

it is impossible to predict a particular outcome for every state of the world, unlike traditional science which is theory-laden. The key consists in finding a set of generative rules that can mimic real-world behaviour, as this may help scientists to predict, control, or explain systems which were previously unfathomable (Phelan 2001). In Phelan's opinion, the challenge for complexity theory is thus to reconcile computer models with real-world data.

The realisation that "artificial" societies, in which collectivities or organisations can be directly represented and the effect of their interactions observed, can be created, has led to a breakthrough in computer simulation (Gilbert 2004). This development reveals the following possibilities: the use of computer proxies in experimental methods on social phenomena; the study of emergent social institutions as a result of individual interaction; and the formalisation of dynamic social theories through the use of computer code. Gilbert's (2004) study shows that complex and dynamic social phenomena can be better stimulated by the use of agent-based models, which are also effective in demonstrating the effect of individual agents' action on the emergence of social institutions, thereby providing a stronger method of analysis. His study shows that multiagent-based models are quite flexible depending on the particular needs, and agents can be represented as simple or very complex.

Since this study is concerned with social issues, including health, it appears useful to discuss the relevance of complexity theory in sociology and why a perspective informed by complexity theory in sociology will help to bring to light various social issues which previously seemed incomprehensible. In this regard, Tornberg (2011) suggests the use of *aspect modelling*, which is another way of viewing complexity theory modelling of social systems. From this perspective, according to Tornberg (2011), complexity theory modelling is viewed as an explorative and hypothesis-generating enterprise, constituting a complementary tool relevant for theory development. Through a case study with the purpose of further developing the theoretical framework Multi-Level Perspective (MLP), Tornberg (2011) is able to provide new research directions for MLP as well as answer open research

questions put forward by MLP scholars regarding the potential impact of globalisation. This shows, as a result, how complexity theory methods can be applied as a complementary method to understanding social systems from a sociological perspective. Most importantly, he argues, the use of complexity theory in sociology should not be discarded as methodological individualistic or reductionist because the general scepticism toward complexity theory methods in the sociological inquiry is without merit and based on single actual applications, rather than on an informed evaluation of the potential and constraints of complexity theory. On the contrary, the increased complexity in sociological theories points to the need for new methods that can handle nonlinearity and how interactions between many mutually dependent, heterogeneous elements can lead to emergent phenomena that are not possible to analyse and predict simply by understanding the underlying components (Tornberg 2011).

Alexander (n.d.), who examined the work of David Byrne and Sylvia Walby, argues that an accessible complexity theory for sociology is made possible through the successful translation of scientific insights into this field by both writers. This is demonstrated by the transfer of complexity theory metaphors and concepts to sociology and social theory, including the related concerns, debates and research. Problems and issues already established within social research and social theory are engaged with complexity theory in the work of both writers. The need to treat models as constructs is shown by Byrne who also highlights the fact that awareness of the ontology dimensions is reflected in the models created by sensitive quantitative analysts. Quantitative data may thus be interpreted in terms of complex systems dynamics, which is how complexity theory contributes as a complement to this project. In the work of Walby, on the other hand, complexity is engaged at the metaphorical and conceptual level, leading to a viable conceptual framework for social theory made possible by complexity theory, which is built upon her careful analysis of system thinking.

That being said, attempts by sociologists to communicate with complexity scientists are nonetheless bound to create problems and misunderstandings

(Alexander n.d.). First and foremost, the enormous range of models and modelling techniques complexity scientists are concocting requires that sociologists be familiar with these, while also being intelligently sceptical about them. Although, in Byrne's view, the implication of the different techniques of mathematical modelling, agent-based modelling and stochastic and statistical modelling for sociology is uncertain, it is equally challenging for sociology to reorient quantitative knowledge in order to take account of these developments within complexity (Alexander n.d.). In his view, the fact that these new techniques need to be examined within frameworks that take into account the considerable achievements of qualitative research methodology constitutes an additional challenge, as such methodology has consolidated over the same decades. Another problem pinpointed by Alexander (n.d.) is that natural scientists are reluctant to recognise qualitative research or social theory as a valid method of investigation which, therefore, leads to the scientific embeddedness of complexity theory. Nonetheless, he acknowledges that the pioneering work of Byrne and Walby shows that it is possible, despite the difficulties and pitfalls of this endeavour.

While insights from the transdisciplinary complexity theory are important for sociology, Walby (2004) points out that core issues in classic sociological theory are in fact addressed by complexity theory. These include not only the concept of system, but also the tension between general theory and explanation of specific phenomena, and emergence, which is the relationship between micro- and macro-levels of analysis. However, sociology needs to develop its vocabulary of concepts in such a way that large scale, systemic phenomena can be better understood, especially in an era of globalisation (Walby 2004). These include co-evolution of complex adaptive systems, fitness landscapes, and path dependency (Walby 2004).

5.2.2 Major tenets of complexity theory

Durie and Wyatt (2007) list some of the features of complex systems in which the notion of "system" is used in its widest sense. This notion is meant to denote any

group of entities or phenomena, among which there are associations, or which display some form of arrangement or organisation. A system is complex if

- it is composed of many elements which interact dynamically and *nonlinearly*.

- the behaviour of the system as a whole cannot be predicted from, or reduced to, the parts of the system in isolation, owing to the constitutive role played by the relations between the parts in the system, which are said to be *emergent*

- the feedback loops affecting the system are both *negative* and *positive*

- it is *open*, and therefore interacts dynamically with its environment. As a result, system and environment tend to *co-evolve* with each other

- it has a *history*, which influences the present behaviour of the system (in other words, the system demonstrates *path dependence*)

- *self-organisation* within the system tends to occur when the system is *far from equilibrium*, or at the edge of chaos (the region in which the phase transition occurs between the ordered state of a system and its chaotic state)

- it is able to explore *adjacent possibles* (an adjacent possible consists of all those molecular species that are not members of the actual, but are *one reaction step away from the actual*. Once an adjacent possible has been actualised, it will in turn have its own set of adjacent possibles) (Durie & Wyatt 2007:3-4).

Durie and Wyatt (2007) attempt to answer the question whether complexity theory can offer grounds for the potential transferability of learning gained from case studies addressed in their research in other areas suffering from the effects of health inequalities. They argue that the creation of the conditions to enable communities to develop their own processes of regeneration is the single most important point, given that regeneration cannot be imposed on communities from the outside. This is shown by the limited success of external public health interventions in generating positive health outcomes for communities, and by the small impact of partnerships and partnership working on communities. According

to Durie and Wyatt (2007), the concept of "empowerment" has been used as an alternative to imposing change, in a way that local communities are able to bring about change themselves. However, power is not a gift which can be bestowed upon a community, just as change cannot be imposed from the outside. Complexity theory can help explain how a process of empowerment can occur within a deprived community by conceptualising empowerment as a consequence of self-organisation within the community (Durie & Wyatt 2007).

Complexity theory also enables the understanding of the conditions which allow self-organisation to occur (Durie & Wyatt 2007). Bifurcation points act as a condition for self-organisation, which means that the effect of bifurcation points is to destabilise the system. In this way, the conditions for the transformation of relations within the system are created (Durie & Wyatt 2007). Although bifurcation points also cannot be foisted onto systems, it may be possible to work to create conditions which may make such bifurcation points more likely to occur. This, for example, can be done by creating the conditions to enable people to act, by making them see that things cannot carry on in the same manner any longer and have to be changed. Similarly, the creation of new relations and the emergence of new behaviours are made possible by work that is done locally. This would involve close collaboration with people who have both local knowledge and the trust of the community to work with residents and agency workers, in order to create new behaviours as a result of the new relations that would have materialised. The specificity of place can also be understood and addressed through the lens of complexity theory. It is the particular nature of a local area that defines the nature of the decline in the health of that area and how the regeneration of that area can occur. The specificity of a particular local area explains why the success of regeneration of one community cannot simply be transferred to and duplicated in another community (Durie & Wyatt 2007).

Haynes (2008) highlights four types of change over time in organisational systems proposed by Dooley and Van de Ven (1999 as cited in Haynes 2008) which may be usefully applied to understanding policy systems. They are:

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1) Random change: the plotted dependent variable is independent of other variables and so it is subject to random fluctuations that cannot be attributed to causal influences.

2) Periodic change: the plotted dependent variable shows a constant and predictable fluctuation in its own behaviour.

3) Instability: the plotted variable is interdependent with a small number of other variables and is determined by this relationship. New patterns emerge in its future state as a result of this relationship.

4) Complex change: the plotted variable is interdependent with a large number of other variables and is determined by this relationship, with a tendency towards some stability in this complex relationship over time (Haynes 2008:406).

According to Underwood, the three key implications in the social sciences provided by complexity are the following:

1) A realistic awareness that sociological phenomena often cannot be forecast because of self-organisation within these phenomena

2) The behaviour of all living organisms can be steered only to a moderate limit because they are self-steering within certain limits

3) The continuous emergence of new levels of organised complexity within society (Underwood 2000 as cited in Phelps & Hase 2002:2)

Gatrell (2005) argues that, in general, the success of complexity theory in the health sciences is not yet assured, although any attempt to introduce new theoretical perspectives into the under-theorised field of health geography should be welcome. In biology, for example, a reductionist molecular approach continues to prevail (Thrift 1999 in Gatrell 2005), while regression-based methods, which are reductionist in nature, are still largely used in many of the geographies of health and constitute the basis for randomised controlled trials in medical and health research.

5.2.3 Critiques against complexity theory

A social system was considered complex from the very beginning – in fact, for August Comte, the "father" of sociology, society is regarded as the most complex level of reality (Pabjan 2005). The concept of a system, according to Pabjan (2005), indicates that society is an entity which is ruled and kept from collapsing by its intrinsic social forces. The complexity of a social system may thus be explained by the dynamic or static aspect of a system (Pabjan 2005). In her view, the main reason the systemic approach to society has been strongly criticised in sociology is due to the use of organic analogies and psychological terms to describe specific social phenomena. Pabjan (2005) further argues that many phenomena explored through the dynamic as well as the static approach to a social system can actually be analysed in both perspectives. The first includes phenomena such as equilibrium, relations of the elements, conflict, development etc., while the second encompasses notions such as structure, social control, individuals, institutions, and collective actions.

According to Pabjan (2005), the applicability of complexity theory in sociology is an issue that is not fully explored, especially when theory is confronted with empirical data. Building a theory is, therefore, easier than applying it to practice, owing to the multidimension inherent in a social system (Pabjan 2005). Empiricism – often referred to as logical positivism – posits that "*any 'scientific' theory must make explicit links between theoretical terms and observation terms*" (Phelan 2001:122) and, therefore, "*all significant discourse about the world must be empirically verifiable*" and "*all assertions of a scientific theory are reducible to assertions about phenomena in the observation language*" (Suppe 1977 as cited in Phelan 2001). It is, therefore, especially ironic, according to Phelan (2001), that logical positivism lacks the strength to enforce the concept of verifiability. However, while logical empiricists admit that empirical testing cannot be used to verify general laws as conclusively true, they claim that through multiple empirical tests accumulated under various circumstances and conditions, a law can be gradually confirmed (Malhotra 1994 as cited in Phelan 2001).

Constructivism, on the other hand, is critical of science that it regards "*as an especially privileged and elitist way of knowing*", and attacks the notion that science is objective (Phelan 2001:128). This means that the demarcation between science and non-science is irrelevant, because "*labelling something as science is simply a political gambit to gain power and status over other ways of knowing*" (Phelan 2001:129). Hence, constructivists seek to remove the basis for its claim as a privileged way of knowing by unmasking the lack of objectivity in science. According to Hacking (1999 as cited in Phelan 2001), however, it is not clear whether the constructivists are opposed to the practice of science or to the ideology of science.

Ironically, according to Phelan (2001), a working definition of science is missing, as there is a clear absence of consensus on such a definition. In his opinion, the rise and the popularity of post-positivist worldviews such as feminism and post-modernism are the immediate cause of the confusion, since these worldviews have sought since the early 1960s to remove science from its position as the supreme arbiter of truth, rationality and objectivity. The contemporary debate on science vs pseudo-science which, in fact, is a 2000-year-old debate among mainstream philosophers about the nature of reality, tends to obscure the ongoing debate among philosophers of science about the nature of science (Phelan 2001). Therefore, in order to ensure that the field remains progressive, it is of utmost importance for complexity scientists to expose fraud and self-deception. In other words, complexity scientists should reject "*other ways of knowing*" (although learning or understanding can be derived from "*other ways of knowing*") because complexity theory specifies a "*particular way of knowing*", not "*anything goes*" (Phelan 2001:135). In sum, because science is "good", and pseudo-science is "bad", complexity studies should become more scientific (Phelan 2001).

In the opinion of Stewart (2001), social processes are too complex and particular to be rigorously modelled in complexity terms and, therefore, the study of society may gain little benefit from complexity theories. Moreover, theories of social

complexity are inadequately developed, as shown by the following typical weaknesses in the literature on social complexity as described by Stewart (2001):

1) Complexity theory is sometimes used in alliance with systems theory as a general and dominant meta-theory for the social sciences and leads to a reductionism in social studies that is associated with lack of expertise in the field being studied. This reductionism is because one already knows quite a lot about self-steering systems, such as women or men, and is aware that the "nature" of this system involves "*knowns and unknowns of history, language, family, personality, ideology, and education";* and *"that there may be factors that cannot be identified in advance*" (Stewart 2001:330). Bringing the methodologies and models from one discipline or skill into another can also be clumsy and rooted in reductionism if it is done without taking into account the existing disciplinary debate. The point is that theorists cannot make major generalisations without engagement in the debates concerning the fields they are studying and without recourse to the particularities of the relevant social fields.

2) The myth that quantifying social processes in mathematical terms can be useful persists. A number of theorists wrongly infer that the "*small random disturbances from outside the model in question*" (Saperstein 1997 as cited in Stewart 2001) are caused by processes of deterministic chaos entering into deterministic systems, in order to explain unpredictability of real-world events. A mathematical account of the combined result of chaotic processes is impractical because chaotic processes are mostly unpredictable. Phenomena that take form within linguistic fields, emotional imaginaries, academic debates, and the ebb and flow of social struggle, such as the growth of middle-class narcissism, cannot be dealt with by chaos theory as such a theory relies on variables that are determinate and definable in relation to each other. Chaos theory is of little use among phenomena that are symbolically constituted, although it can indicate the route to post-positivism.

3) The meta-biological, organics (and organismic) model of social systems is

often used uncritically. Insofar as society is regarded as a complex system with its own self-steering strategy and exerting downward causation, theories of complex systems have a great weakness when applied to society. Although Parsonian functionalism continues to enjoy some support, there is strong criticism of "*the idea of an overall, coherent social system*" (Stewart 2001:333). Although some societies may be more systematic than others, there are inter-societal systems and the biological and physical images of system must be dropped (Giddens 1984 as cited in Stewart 2001). For Lyotard (1984 as cited in Stewart 2001), to conceive society as a "*unified totality*" is tantamount to "*paranoia*" of reason, a term he borrowed from Horkheimer. Furthermore, Laclau and Mouffe (1985 as cited in Stewart 2001) argue that there is no underlying principle fixing or constituting the whole field of differences; therefore, society is not a valid object of discourse.

4) A limited range of social philosophies that are each subject to ongoing social debate has led to the birth of theories of social complexity. As complexity approaches enter social debates, they have taken on their side a variety of cultural positions, philosophical positions, sociological theories, religious traditions, and political positions. Aspects of the new theories have at the same time been incorporated into various interests within these social fields as tools of their own strategies. However, most complexity theorists have allied themselves with philosophical approaches. Taken together as a group, studies on complexity theory sit astride instrumentalism and enlightenment naturalism, which are two traditionally antagonistic philosophic traditions.

The following basic principles for the study of social complexity are described by Stewart (2001). They reflect his attempts to magnify arguments about the limited role of complexity theories for society's studies and to justify "*a perspective that sees roles for finite rationality and nonlinear modelling as well as encounter, practical immersion, and silence with regard to material and symbolic high complexity*" (Stewart 2001:341).

1) The human horizon: Human beings have the ability to grasp the world in a specific human way, and to relate to many high complexities that do not affect the net outcomes of mass processes. While ordinary language is deeply engaged with and adapted to the complexities of the physical and social world, an account of ordinary language with specific terms is necessary to describe the complex, heterogeneous, and multifarious social realm.

2) Untraceable causative templates: Some of the history of each situation and happening can be retraced together with some of the structure of organic organisational templets, such as DNA or McDonalds franchises, but large parts of the causative templets are irretrievable while others are lost in current processes. Processes in general are forced through the lenses of human linguistic and interpretation, which do not reflect complete templeting in order to allow *"high complexity, approximation, and the construction of physical, psychological, and discursive zones of relative order"* (Stewart 2001:342).

3) The terrain of particularity: While society is responsive to useful description, description of phenomena is always presented in specific instances that do not follow from generalities. It is these particularities that are in evidence to people, since evolution differentiates onward massive particularities. In turn, more and more refined particularities, massive events, and persistent structures, are produced by evolutionary differentiation of matter and life. While a wide variety of phenomena can be denoted via meaningful proposal references, "*useful analytic and modelling processes can be pursued, including many of reducible complexity*" (Stewart 2001:343).

4) Incondensable complexity: Many facets of society are in practice unknowable owing to particular processes that are incalculable. However, when some of the causes of a situation can be established, its complexity can be characterised, and even condensed, "*depending on the relation of what is known to what is unknown*" (Stewart 2001:344).

5) Unquantifiable phenomena: Biographical accounts and artistic experience

are some human processes with large domains that cannot be meaningfully quantified. However, a phenomenological perspective can help to bracket complexity, which is conceived in terms of relations between measurable objects, in which it is clear that modes of perception are not limited to observation, analysis, and synthesis. While phenomena are not always usefully measurable, "*complexities in this dimension are better appreciated through hermeneutic approximations, through narrative, and to some extent through postmodern discourses of alterity and difference, of singularities and the unpresentable*" (Stewart 2001:345).

6) The social reduction of complexity: The orderly aspects of society could be sought in factors that reduce complexity if an overall pattern of the immediate life world of experience and action is too complex. For example, a lower and more manageable level of complexity can be developed, as mass societies with large populations will have lower average connectivity among the social actors than a small society or social grouping, other things being equal.

7) Contingent systems, society as environment: More contingent, yet analytically accessible concepts are argued for. Systemic perspectives should be retained as hypotheses, and supported by empirical and theoretical justification. "*Societies are more usefully seen as forms of containing environmental systems rather than as organismic systems*" (Stewart 2001:346). A complexity model of enduring social institutions and other human-made social phenomena that take into account the cultured nature of many social institutions could be developed, and a notion of a semi-system is necessary for various social phenomena. Although there may be leaderless social systems that are self-steering at times, most of these lack autonomy in certain respects.

In the opinion of Paley and Eva (2011), there is a tendency in health care to objectify the idea of a complex system, which is basically an abstraction. They argue for three principal theses:

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1) To refer to complex systems or to invoke complexity is to offer a form of *explanation* – the system being referred to complexity theory is not a physical entity or a group of entities, but an abstraction. Taking a conceptual "slice" through a vast tangle of structures and processes can be justified by the relations between explanandum and explanans, and the nature of the explanans. In this way, a fuzzy set of interacting elements can be isolated and the abstracted network thus identified as a *complex adaptive system* (CAS) can be conceived. In recent systems literature, apart from a few exceptions, the idea that a system of any kind is an abstraction is seldom noted. There are two connected errors in the manner contributions to the health literature typically proceed. Researchers deduce policy implications after identifying some particular structure as a CAS. The errors lie first in the designation of something as a CAS "*without the evidence provided by an explanandum-plus-complexity-explanans; second, the reifying of the concept of a 'system' by identifying it arbitrarily with an organisation, or an ill-defined segment of an organisation*" (Paley & Eva 2011:271). Authors offer either no justification for the CAS designation, or else a checklist of CAS "features", instead of complexity explanation evidence.

2) In the context of social sciences, *social mechanisms* constitute one member of a family of explanations to which theoretical literature associates. This is a form of explanation that complexity represents. The typology to which "social mechanisms" belong, distinguishes three types of explanation in social science, that is, covering-law (logic-based), statistical explanations (variable-based), and mechanism-based explanations. Covering-law explanations, which reflect a positivist recourse to formal logic, defer rather than provide explanations, to the effect that, often, the locus of explanation is shifted from the individual case to the generalisation. The difference between logic-based explanations and variable-based explanations is that the former is deductive while the latter is inductive. In variable-based explanations, the explanation is realised in association between independent and dependent variables whose values are distributed in a

sample, not in a logical link between two premises and a conclusion. Individual and environmental "determinants" are represented by the independent variables and some measure of association can be used to estimate the extent of their influence. In some genres of qualitative research in which "influencing factors" are delineated, however, variable-based explanations can also take a looser analytical form. Incompleteness of variable-based explanations has thus led to the introduction of *mechanism-based* explanations, which are designed to fill the information gap between "input" (the independent variable) and "output" (the dependent variable), termed as a "black box" by Boudon (1998 as cited in Paley & Eva 2011). By detailing the mechanisms and interactions that lead from one to the other, the input is connected to the output.

3) The application of CAS explanations to the social world can be problematic because people are intentional beings, which means that they are often aware of the connection between individual behaviour and collective outcomes. Since "often" does not imply "universally" – a fact referred to as "unintended consequences" – the applicability of CAS explanations to organisations depends upon this fact. In other words, if applied to social structures, complexity theory terminology may create pitfalls for the unwary, because of human intentionality, especially with respect to "self-organisation". A CAS self-organises without any particular direction, plan or purpose, because the creation of structures is simply a consequence of the behaviour of individual elements obeying local rules. This can be misleading if imported to the human world, because people are not capable of organising themselves without a leader giving them directions. When people discuss things and plan a strategy together, for example, this is not self-organisation. It restores the connection between order and design which complexity thinking disrupts. The core of a CAS is that people do not share goals and do not have meetings. Therefore, "b*ringing intentionality back into complexity theory rather misses the point*" (Paley & Eva 2011:273). In fact, to refer to complex systems is to cite a class of explanation which is part of the "mechanisms" family, which constitutes a

species belonging to the "unintended consequences" type, along with other similar forms of explanation. In other words, "*a CAS explanation specifies rules followed unilaterally at the local level by individual agents who thereby unwittingly create complex structures, thus severing the default link between order and design*" (Paley & Eva:274).

Instead of overemphasising complexity, Paley and Eva (2011) offer a deflationary account which, they insist, is not the same as a reductionist one. Although modest, their explanations are nonetheless sufficiently revealing to elucidate initially opaque circumstances, with practical implications that are also modest. These authors point out that little change can make a big difference, for example, by routinely making explicit referrals to community services and by encouraging rehabilitation staff to accompany consultants on their rounds. These proposals are also more cost-effective as opposed to "deficiency" explanations that usually entail more money, more staff, more programmes of education.

The point of the above discussions is that the help of the better of existing social theories and studies is necessary to interpret social phenomena in terms of CAS; otherwise, social processes are far too complex for complexity theory to deal with or significantly enlighten. The basic principles for the study of social complexity proposed by Stewart (2011), as detailed above, are therefore useful to solve this problem. These principles are based on his understanding that it is possible to gradually construct a more adequate theory of social complexity that is conscious of its horizons, and this could become an aid to the social theories in which it will be immersed.

5.2.4 Application of complexity theory in empirical or policy research

In recent years, interest in complexity thinking gained significant grounds in many fields, including education (Newell 2008); business (Tucker, Furness, Olsen, Mc Guirl, Oztas & Millhiser 2003); policy evaluation (Haynes 2008); public health (e.g.

Livingood *et al* 2011; Durie & Wyatt 2007); and sociology (e.g. Tornberg 2011; Byrne 1998; Walby 2004).

In education, Davis, Simmt and Sumara (n.d. as cited in Newell 2008) propose that the classroom collective as the locus of learning in school, rather than the individual student, may be more fruitful to investigate. Individuals or groups of individuals are still thought, generally, as those holding control, power, and authorship of knowledge with respect to curriculum, a text, or a teacher, which may constitute final authority for what are considered suitable truths for a class. Complexity science changes this, as it focuses not on a centralised source of authority, but on the possibility of the collective becoming the arbiter of the correctness of the knowledge produced by the system. Newell (2008) states that emergence is not something that can be imposed from the outside because it is a bottom-up phenomenon that occurs within a complex system. This corroborates the opinion of Durie and Wyatt (2007) that bifurcation points can only be steered to a moderate extent by external controls. Also in line with the argument of Durie and Wyatt (2007), Newell (2008) suggests that one may nurture or facilitate the conditions that give rise to emergence. Davis, Simmt and Sumara (n.d. as cited in Newell 2008) use the term "occasion" to describe this attempt to initiate change. They argue that complexity can sometimes be occasioned although it cannot be managed or scripted into existence.

Among challenges for the application of complexity science in education, Newell (2008) mentions the following: (1) Since complexity science is open and encompasses many aspects of educational research, it risks saying nothing new about education. It is, therefore, necessary for complexivist education researchers to look at the new insights complexity science might generate, instead of only looking at how it brings together previously developed theories. (2) The question is, therefore, whether educational research can move to the practical instead of being stuck in the descriptive. In other words, how advice about teaching can be formulated based on the characterisation of learning generated by a particular investigation. Complexity science can offer practical advice about transforming

learning systems only if it is successful in encompassing the range of activities and concerns in educational ventures. (3) The absence of a vocabulary to frame complexivist teaching is problematic, given that language and concepts to match practising teachers' sensibilities and intuitions are not offered by complexity science. Such teaching is not discussed in specifics of what should be done but in terms of what it is not. (4) Ethical dimensions are involved in the occasioning of emergent behaviours in classroom collectives. While the questions of what is and what could be are addressed by complexity science, the question of what "should" be is not. It is not clear how the reapportionment of power, as a result of decentralised control and dispersion of authority that are necessary conditions for emergence, will actually impact on the individual agents of the collective. For Newell (2008), the social collective known as a class is an example of the Aristotelian adage "the whole is greater than the sum of its parts", which means that merely understanding the components is not sufficient for understanding the whole.

Since complexity science suggests that the focus should be on the level of complex organisations at which a particular theory is most fruitful, the question a researcher needs to ask is not "*Where does learning occur*"? but "*What level of emergence is the current focus?*" (Newell 2008:15). The contribution of complexity thinking to educational research, according to Davis and Sumara (2006 as cited in Newell 2008) is in providing a means to address deep similarities found in some disparate and seemingly oppositional theories and research focus. The bridging capabilities of complexity science in educational discourse are demonstrated by "*the constructivist theories of personal meaning making, the constructionist perspectives on the role of social context in learning, and the role of power structures in education discussed in critical constructivism*" (Newell 2008:15).

Despite the caveats, Newell (2008) argues that complexity science in educational discourses offers an intriguing and generative metaphor, which is introduced by the concept of the class as a complex adaptive system. This may change the way educators regard their roles in the classroom and the view about learning and

teaching from complicated to complex.

Tucker *et al* (2003) discuss how complexity theory may be useful in business. According to these authors, the realisation that much exploratory work in business needs to be done came to light following attempts to stimulate the effects of environmental complexity changes. Such work is meant (1) to demonstrate the universal rise of complexity and (2) to identify the contributing factors in this environment. Their study is, therefore, aimed at determining whether it is possible to identify universal factors that increase complexity, based on a method that involves brainstorming, hypothesis formulation, and interviews and analysis. The following two points were established. First, a trend toward increasing environmental complexity through the 20th century was revealed by studying the history of management theory. This was further corroborated by current efforts to measure complexity. Second, globalisation and the increased use of technology have driven complexity higher, irrespective of whether the output of a business was homogeneous or heterogeneous. According to Tucker *et al* (2003), increased interdependencies and the proportion of incorrect possible choices for each correct choice are the results of these universal environmental impacts.

As regards policy evaluation, Haynes (2008) pinpoints two key limitations with reductionist approaches to this type of evaluation. First, the policy process is a cyclic and evolving process rather than a tidy linear pathway, which makes it problematic to determine exactly when a given policy starts and ends. Second, any subjective value base and debates about problem definition that is often entangled with issues of policy evaluation are ignored in such approaches, as these tend to claim a managerial objectivity. Policy evaluation is, therefore, about how people interpret the policy environment and how wider social changes are perceived to be connected with this environment, rather than about the measurement of empirical facts (Barnes *et al* 2003 as cited in Haynes 2008). According to Haynes (2008), a policy evaluation method based on complexity theory is located somewhere between positivism and post-structuralism. He argues that a new approach that takes into consideration the complex interaction

between policy structures and actors/agents is promoted by complexity methodology which is based on the philosophical use of selected methods. He contends that a unique account of a methodological "middle ground" is offered by complexity, while much work done previously in the philosophy of the social sciences positioned a methodological approach between positivism and post-structuralism.

Complexity recognises that social actors are often constrained by social structures, but also acknowledges that individuals' action, though small in power, can lead to unpredictability as far as future organisation and representation of structures are concerned (Haynes 2008). He, therefore, concludes on the necessity for a whole systems analysis informed by a time series perspective for the evaluation of policy processes based on complexity theory. In contrast to periods of relative stability when many actors modify the overall system change through their interactions, complexity in policy process is illustrated by periods of rapid change when a few factors have a high impact on the course of events (Haynes 2008). In his view, complexity theory emphasises more the occurrence of instability and change and the evolving of attractors.

In the public health sector, an applied social and behavioural science approach similar to that of engineering is proposed instead of a research approach that presumes to identify universally applicable interventions that practitioners are expected to implement "with fidelity" in highly controlled trials (Livingood *et al* 2011). The debate concerning the "added value" of complexity theory for health care research is addressed in Durie and Wyatt's (2007) study. Policy makers and researchers are increasingly concerned about the nature of evidence relating to the effects of interventions on health inequalities and on appropriate explanatory frameworks, in light of the current emphasis on public health and health inequalities (Macintyre 2003; Mackenbach 2003 as cited in Durie & Wyatt 2007). According to Durie and Wyatt (2007), the outcome will be determined by the context in which the public health intervention is implemented; therefore, any positive or negative outcome occurring as a result of an intervention should be

realistically evaluated. In their view, sets of dynamic interactions in a given context that may be receptive to interventions and have the potential to trigger processes of change, can be identified by adopting complexity theory, and would provide a means for designing future interventions. The enabling conditions and the significant events and interactions are thus identified by Durie and Wyatt (2007) through the use of complexity theory in their study, which leads to the formation of these enabling conditions to allow the regeneration process to occur.

Furthermore, much of the complexity inherent in public health and preventive medicine is reflected in the recognition of social determinants in health outcomes. As noted by Livingood *et al* (2011), the greatest potential to reduce disparities in health outcomes among ethnic and racial groups may be realised if policy changes are directed at these social determinants. Barabasi (2002 as cited in Gatrell 2005) notes that the complex universal puzzle may be conceived in terms of pieces of the puzzle that connect most events and phenomena as a result of their interaction with a tremendous number of other pieces of the puzzle. However, some notion of what the "system" is that is under observation, which is in some way "complex", needs to be identified (Gatrell 2005). Haynes (2008) argues that former models of change should be revisited by policy analysts as policy evolution may be more characterised by instability on account of complexity theory's interest in the relative instability in systems.

Despite increased interest in complexity theory methods in sociology, according to Tornberg (2011), the application of such methods still holds a peripheral existence within mainstream sociology. This, in his view, is due in part to a strong focus on the distinction between social and natural systems as well as a lack of connections from complexity theory models to existing theories. In Byrne's (1998) view, since the procedures and methods of both quantitative and qualitative social investigations are already being done, doing social research in a complexity informed way is to think somewhat differently about those. The quantitative case, which is more straightforward, presents a series of snapshots of the UK society which describes individuals and households. This allows for the examination of

exact dynamic change over time. How people's lives change within a changing world can also be seen from accounts of the history of national and regional systems within which individuals are located within households. Furthermore, analysis of time orderable data performed based on logistic regression and log linear procedures is attractive because it is a way that allows for the handling of statistical interaction. Interactions can thus be seen as signs of complexity's presence in general, instead of generating models that seek to describe the determinants of outcomes and writing interactions as terms in those models.

As for the possibilities of qualitative analyses, while Byrne (1998) recognises that assertions of these are more speculative, the perspective of emergent order in qualitative data sets may be useful because computer-based analysis of qualitative data is based on procedures that are inherently founded on relational data bases. For example, in the work of Callaghan (in progress at the time as cited in Byrne 1998), a reflexive return to informants to assess their views about qualitative descriptions of change processes was made possible when a sample of young adults in Sunderland was interviewed twice, that is. when they were 18 and when they were 23. Byrne (1998) highlights the point that the data are time ordered, as it is necessary for examining processes of change, and these are absolutely essential elements in the approaches being suggested in the study. In complexity, the use of a perspective which prioritises whole system emergent properties is necessary when engaging in the analysis of social and political change (Dale & Davies 1994 as cited in Byrne 1998). Otherwise, one's work would just be adding up to the collection of linear models, whereas one "*must explicitly reject the individualistic fallacy of almost all causal modelling in sociology*" (Byrne 1998:70). When doing complexity, Byrne (1998) argues, one must begin with a holistic statement, which means that interrelationships between the social and the natural must be included. Causation is complex in the social world and in much of reality, including biological reality, because outcomes are determined by multiple causes which interact in a non-additive fashion. Therefore, the sum of the separate effects does not necessarily equal the combined effect.

Savage (2009) reminds us that sociology emerged out of an encounter with history and cultural disciplines on the one hand, and the natural sciences on the other, in the late nineteenth and early twentieth centuries. Attempts to show that social sciences had their own area of jurisdiction, therefore, involved a process of settling terms with both these powerful and institutionalised bodies of experts. According to Abbott (2001 as cited in Savage 2009), sociology has disappeared from the public mind because sociologists have focused on causality alone while renouncing articles of pure description, whereas description is what the public wants. Furthermore, Abbott (2001 as cited in Savage 2009) critiqued the idea that dependent variables can be separated from independent variables, and the use of regression methods to compute the relative causal importance of independent variables, which are inherent in the "general linear model". These methods can only establish correlations between variables, that is, a post-hoc attribution that there are causes leading from one to the other, while a conception of causality based on an account of process is what he wanted. As Abbott (2001 as cited in Savage 2009) argues, causality must be construed through processes of emergence, in temporal terms, on which basis linear quantitative models have failed. An important point Savage (2009) highlights is that the sociological descriptive demands a more radical reworking of established divides in sociology because it cannot be contained within established methodological and theoretical divisions. In contrast to the natural sciences in which research tools are available to create ever more "exact" observations, social scientists end up studying "*the mess of complex social encounters*" (Savage 2009:163). This, in his view, explains why causality appeals to sociology, as it allows showing that social science observation is sufficient to generate causal analysis although it cannot match that of the natural sciences. Savage (2009) claims that social sciences remain at present sandwiched between the sciences and the humanities, the complex relationship of which explains the challenges encountered by the sociological descriptive. Savage (2009) suggests a modest path for sociologists, which requires their recognising the need to act as situated agents, not as Olympian beings who pass judgments on the social world from the outside, and accepting all the compromises and imperfections this entails. There are some differences

between the inscription devices of natural scientists and those of social scientists. According to Savage (2009), those of the natural sciences are wedded to the auratic, while those of social scientists are where mundane descriptions evoking ordinary transactions are the material of the new social, such as websites or CCTV cameras in shopping malls. Having the "best kit" is, therefore, a fundamental key upon which the thresholds of scientific description depend (Savage 2009). The terrain on which sociology should operate is "the diagrammisation of society", that is, the mechanical reproduction of social figures, which is the issue in these environments. The task of sociology, therefore, is that of subjecting to critique and analysis, those impressive visuals using powerful computers or a comprehensive database which is routinely produced.

In sociology, society is commonly assumed as a complex system because society is treated as a complex system by most great sociological theories, whether explicitly or implicitly (Pabjan 2005). The "complexity turn" in sociology, however, which is deemed most exciting, only occurred in the last decade, marked by the integration of the tools of complexity theory in the work of a number of highly influential sociologists (Castellani & Hafferty 2009:viii). These sociologists have created a new, international, post-disciplinary, highly mobile, intellectual community devoted to the study of Sociology and Complexity Science, called SACS for short.

5.3   A RATIONALE FOR COMPLEXITY THEORY IN THIS STUDY

The researcher wishes to inform the readers that she came to be aware of complexity theory quite by accident in the late 2000s. She was diagnosed with stage-3 breast cancer in 2009. After undergoing a series of medical interventions (surgery, chemotherapy and radiation), her doctors were unable to advise her on what to do *specifically* to prevent a relapse which, at the time, was deemed probable with odds exceeding 50%. These doctors only suggested a healthy lifestyle (which, by the way, had been the researcher's way of life long before her

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diagnosis) and prescribed hormonal pills (which, incidentally, may lead to other cancer) for the subsequent five years.

This led the researcher to turn to "alternative" treatment. This treatment is principally a detoxification method based on nano-technology called "*Balur*", which was invented *not* by a physician, but a scientist with a PhD degree in Physical Organic Chemistry whose expertise also included molecular biology and quantum physics. Owing to this invention, many late stage cancer patients have been able to enjoy a longer, better-quality life, since the early 2000s. They are freed from painful relapse episodes, albeit not "cured" in the strict sense of the word. The researcher was surprised to find that the treatment was actually not specifically targeted at parts of her body where cancer developed but at her whole body. In simple terms, the inventor of *Balur,* Dr Gretha Zahar (2011), explained that her treatment was based on "complexity theory". It entails procedures that are aimed at strengthening the whole network of cells in one's body (given, she explained, that cells do not function in isolation and, therefore, influence one another) in order to enable the "system" to fight the bad cells. The researcher has thus successfully avoided a relapse for the past five years despite not taking hormonal medication, and a recent pet scan confirmed that the cancer cells in her body have remained inactive. The researcher realised the extent to which the compartmentalised nature of disciplines constituted a tremendous barrier to achieving breakthroughs in many fields, particularly in the field of health. As Montuori (2013) aptly puts it, human beings are very good at creating categories, but these often lead to their to being trapped in them. It appears that, in the health field, cancer sufferers may be put at a great disadvantage by this division.

The medical establishment, in the meantime, has stubbornly refused to acknowledge the potentials of *Balur* for treating cancer on the grounds that its claims are unfounded in the absence of evidence generated by clinical trials. While scholars such as Schwandt (2009) have called for the avoidance of scientism suggested by the idea of setting up any given method as a gold standard for producing evidence, randomised controlled trials obviously continue to be

regarded as such, especially among medical professionals. Yet, as long as doctors continue to consider health as their exclusive domain and turn a blind eye to potential health solutions offered by other disciplines, it is likely that the medical field will continue to block possible contributions from other disciplines. This is where transdisciplinary cooperation has the potential to achieve breakthroughs much sooner in the health field. As Montuori (2013) maintains, the problem now is not the accessibility of information, but how to organise that information, turn it into knowledge, and how to use that knowledge wisely.

Intrigued by complexity theory, the researcher[25] began reading literature on the subject and became increasingly sensitive to the "micro-macro disconnect" she often observed around her. She noticed a general tendency to associate problems with their direct causes while ignoring possible indirect causes. This attitude may perpetuate existing problems because these may be rooted in remote, seemingly unconnected events which are not always obvious.

While examples are numerous, the researcher would like to mention one particular incident that profoundly affected her. She was struck, back in the late 2000s, by the strong optimism expressed by various members at *aids-ina*, including HIV and AIDS experts, about bringing the HIV and AIDS epidemics under control quickly, whereas by then, so few people in Indonesia had been tested for HIV – in fact, fewer than 500 000 by 2010, according to IMOH (2010b). While it was clear that the lack of testing was associated with a lack of motivation compounded by the widespread HIV and AIDS stigma (Lyn & Wulandari 2011), a correlation between these and a lack of education about safer sex (including the risks of unprotected sex, such as HIV and AIDS) and, in turn, between this and national HIV and AIDS policies, appear to have been unnoticed. In hindsight, the fact that the so-called "HIV and AIDS policies" bear their own label and are produced by their own specific institutions (the National AIDS Commission in cooperation with the Ministry of Health) may have been a significant part of the problem because this

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[25] The researcher was involved in debates over *Balur* with a number of doctors at a group discussion on the internet called *desentralisasi-kesehatan* (http://www.desentralisasi-kesehatan.net), of which she is a member.

leads these policies to not being viewed in the context of "education" which lies under the auspices of a separate institution: namely, the Ministry of Education. As mentioned in the literature review, discussing sex is taboo in Indonesia (Jacubowski 2008; INAC 2007:10) and sex education is not taught in schools.

At policy level, short-term HIV and AIDS strategies, rather than sustained systemic innovations, were generally implemented. Yet, as Wilson (1995 as cited in Fourie & Foller 2012) suggests, societies should apprehend infectious diseases in their evolutionary and ecological context and respond to that context rather than only formulating short-term responses. Furthermore, a policy change, Marshall and Marshall (2007 as cited in Fourie & Foller 2012) argue, is a key feature of social resilience. This means that if a state is unable to identify and evaluate policy alternatives, allow for policy change as well as the related mobilisation of adequate resources, a challenge to the regime will lead to its collapse rather than enhancing its sustainability. While short-term measures may be effective for tackling diseases that spread quickly and lead to high rates of morbidity and mortality, such as Dengue fever, other diseases that are long-term evolving remain in general impervious to such interventions, most especially AIDS which, according to Professor Roy Anderson of Imperial College London (De Waal & Whiteside 2006 as cited in Fourie & Foller 2012), could have an epidemic curve of 130 years.

While the researcher's aims in this study are as described in the previous chapters, in a broader sense, her aspiration was to gain further insights into "another worldview" offered by complexity theory, in order to gain a better understanding of how human beings make sense of the world and why they behave the way they do. Although the results of this study are certainly not to be generalised and will probably be inept for explaining all behaviours, the perspective informed by complexity theory used in this study should also provide answers to questions that emerged in the researcher's personal life. Despite tons of work and significant hurdles encountered along the way, the researcher engaged in this study with great enthusiasm as it was bound to open up new possibilities for making a difference in the lives of others and in her own life as

well.

The researcher, therefore, wishes to express her gratitude to UNISA, and more particularly to her supervisor, for accommodating her wish to take up complexity theory in her inquiry and allow the application of such a theory in her study. This consent is not unjustified. As the researcher has a Master's degree in sociology, this implies that she has a fair understanding of social theories and studies. As Stewart (2001:353-354) argues, "*people involved with social complexity will have to be sociologically literate and should be engaged in the debates concerning the particular field and local area with which they are dealing*".

A review of literature on Indonesia's background in Chapter 2 brings to light the dynamics at play in the multidimensional transformation currently affecting the lives of the Indonesian population following the collapse of the 32-year New Order regime in 1998. The end of the Soeharto era marked the beginning of Indonesia's transition to a democratic state, in which wide socio-economic gaps remain a huge challenge throughout the sprawling archipelago despite over a decade of massive changes which saw public services moved from centralised to regional systems since 2001. Amid the revival of the Islam movement on the one hand and the revival of *adat* on the other, many are grappling with various social impacts and uncertainties brought about by the political and cultural transformation process.

HIV and AIDS have emerged as significant health problems among the many social impacts Indonesia's diverse ethnic groups are currently struggling with. Indonesia's HIV and AIDS policy is now especially at issue, considering that past and current prevention efforts have failed in scaling-up HIV testing while the epidemic continues to spread among the population. While few people have been tested, an increasing number of women have become infected with HIV, making this group of population the most vulnerable group.

 Furthermore, as Byrne notes:

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> Every PhD student in everything should get to grips with the "chaos/complexity" programme, not for reasons of fashion or even legitimate career building but because this is the way the world works and we need to understand that.
> (Byrne 1998 as cited in Gatrell 2005)

Understanding the "interaction" of the parts in order to understand the whole is a key concept in complexity theory, as the inability to understand the whole through an understanding of the parts is acknowledged (Phelps & Hase 2002). As these authors point out, although recent action research literature provides indications that this may be beginning to occur, few researchers have drawn an *explicit* connection between action research and complexity theory.

In Phelps and Hase's (2002) view, both the researcher and the participants in action research are provided with a vehicle that allows them to seek and share meanings constructed from shared experience. The construction of new knowledge on which new forms of action can be based is, therefore, the intended result of action research. Since members of the context are central to the research process, and action contributes to knowledge while knowledge alters action, this constitutes a cyclical process. In this manner, it is acknowledged that both agent interaction and the schemas of these agents are critical in processes of change (Phelps & Hase 2002).

By asking a set of "complex" instead of "complicated" questions, this study was meant to identify the best possible ways in which the current national HIV and AIDS policy may be enhanced, in view of the fact that Indonesia's epidemic is presently one of the fastest spreading in Asia. The researcher proposed a number of measures aimed at effectively combating the epidemic by drawing on complexity theory which posits that "*massive interventions may have insignificant results and small interventions may have massive results*" (Phelps & Hase 2002:2), thereby creating "emerging" systems. "*Emergent global complex system behaviour thus involves the aggregate behaviour of individual agents*" (Phelps & Hase 2002:4).

As Wilson (1995 as cited in Fourie & Foller 2012) aptly puts it, it is critical for societies to remain responsible and adaptable to the emergence and impact of pandemics. To this end, Western societies and states (certainly she did not mean to exclude non-Western) need to move beyond too strict and exclusive a focus on surveillance, as surveillance has tended to become the be-all and end-all of securitised response to epidemics, especially since 9/11. Surveillance should not become a goal in itself; it should be part of a larger process of which the overall aim is to improve the human condition and to remain responsive to the challenges posed by pathogens and other systemic shocks (Wilson 1995 as cited in Fourie & Foller 2012).

By arguing from the vantage point of complexity theory, the researcher was able to suggest improvements for national policy based on the understanding that a new, "emerging", more effective, system of prevention and treatment will arise from the big "differences" generated by the "small" changes in the way HIV and AIDS programmes are put into practice. This appears especially timely in light of the anticipated implementation of a social health insurance for the entire population in 2014, as mandated by the *National Social Security Law* (SJSN) passed in 2004. This constitutes part of the health care system reform initiatives (Balasubramanian, Bartlett, Yadav, & Seth *et al* 2011). These suggestions, however, needed first to be approved by a panel of HIV and AIDS experts before their submission to the Indonesian authorities, in particular the AIDS Commission and the Ministry of Health which are the main two stakeholders in the national HIV and AIDS policies.

5.4   CONCLUSION

In this chapter, a detailed description of complexity theory, which emphasises the importance of nonlinearity, self-organisation, and emergence (Medd 2001), as well as co-evolution, fitness landscapes and path dependency (Walby 2004) was

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presented, as well as the critiques against this theory. Despite the difficulties and pitfalls of using a perspective informed by complexity theory in sociology, a number of scholars have shown that it is possible, particularly because sociology is concerned with the connections and changes involved in large scale, systemic phenomena (Walby 2004).

While in social studies notions of system and environment need to be modified (Stewart 2001) and concepts in complexity theory are to be translated into those relevant for sociology (Walby 2004), a researcher using a perspective informed by complexity theory in a sociological study must take the warnings seriously. Among other things, she must remember those outlined by Paley and Eva (2011) as discussed above. More importantly, the researcher must be able to demonstrate a sound knowledge of social theories and studies, and be able to translate concepts in complexity theory relevant to her study, or she may fail to avoid the pitfalls and come up with work that "*reflects a polymorphous, contextual, contingent, labyrinthine, dramatic and political face to social complexity*" (Stewart 2001:323).

Finally, it should be noted that this research was not conceived as a feminist standpoint study, but as as an exploration of gender issues in a way that accounts for multiple intersectionalities as well as irregularities, coherent with the perspective informed by complexity theory. For this reason, feminist theory was not strongly emphasised, as this would have entailed a different methodology.

In the following chapter, the methods used to answer the research questions as described in Chapter 1 are discussed. This will lead to discussions on the results of this study as detailed in Chapters 7 and 8.

CHAPTER 6: RESEARCH METHODOLOGY

6.1 INTRODUCTION

Methodology denotes the philosophical framework and the fundamental assumptions of research (Van Manen 1990 as cited in Creswell & Plano-Clarke 2007). It is defined as the framework that relates to the entire process of research. According to Du Plessis (2012), the general approach used by a researcher to explore or examine the chosen research problem is referred to as methodology. While meanings in natural science are defined with great precision by researchers, concepts in social sciences are often recognised as based on non-quantifiable phenomena that cannot be "pinned down", such as opinions, values, traditions, cultures, and rules (Clarke 2005).

In this chapter the research design is described in detail, including the data-gathering methods and limitations, and the recruitment process of the research participants. This is followed by a description of the data analysis and interpretation, and ethical considerations, leading to a conclusion of the methodology used in this study.

6.2 RESEARCH DESIGN

This chosen research approach is descriptive and exploratory. This study is descriptive because information is collected to describe situations as they exist without manipulating the research environment as one might do in an experiment (Basic Research Designs [BRD] n.d.). Burns and Grove (2003:201) suggest that a descriptive research design is employed when the researcher wishes to "*provide a picture of a situation as it naturally happens*". This makes a descriptive research design ideal to describe current practices, to judge existing policies and practices

and to develop theories.

A study is exploratory if it does not use an earlier model as its basis (Arteology 2007). This study, therefore, also fits the description of "exploration" because it involves research that is meant to provide detailed descriptions of a situation in which little information is available. Discovering and generating theory is, therefore, a prime concern in an exploratory research approach. In the context of social sciences, exploration may be seen as a perspective, "*a state of mind, a special personal orientation toward approaching and carrying out social inquiry*" (Stebbins 2001 as cited in Davies 2006:110). The above methodology was chosen as the best strategy to achieve the stated aims of this study, which are to investigate the advantages and disadvantages of current (and possibilities for future) HIV and AIDS policies that address the vulnerability of women and are in pace with the Indonesian context and changing epidemic.

The research design has three phases designed to answer the research questions and objectives:

6.2.1 Phase 1: Interviews and discussions with stakeholders leading to testing solutions via a Delphi technique

This phase encompassed personal interviews with practitioners (in the government, the academic and the NGO sectors) dealing with various issues related to HIV and AIDS. The focus of these interviews was on identifying major issues that are effective (on the one hand) and problematic (on the other) in Indonesia's current HIV and AIDS strategy.

Government officials identified as potential interviewees included representatives from the National AIDS Commission, the Ministry of Health and UNAIDS/WHO. Information obtained from these discussions was analysed and summarised. This yielded a list of potential solution strategies, the details of which are given under

subheading 6.2 in this chapter. The various solutions deemed possible to enhance the current HIV and AIDS strategies were sent electronically to a panel of 24 (purposefully selected) HIV and AIDS experts. Despite the risks involved, the Delphi technique was chosen as part of the methodology because it is an efficient way for obtaining consensus among a group of people deemed knowledgeable about issues of interest which are often shrouded in uncertainty and difficult to be evaluated objectively (Pill 1971). Equally important, the Delphi was deemed a resourceful method to assist in the achievement of the study's objectives, given that feedback from experts who were not residents of Jakarta was also required.

Thus, using a Delphi technique, the researcher strived to establish group consensus on which policies needed to be revised and how. This culminated in online discussions between the 23 HIV and AIDS experts (one panel member eventually dropped out) for a period of 3,5 months. Identities of the panellists were kept anonymous during the discussions so that they could not be influenced by their knowledge of who gave what scores at each round of the Delphi, although the names of all the participating experts were communicated to the panel prior to the start of the first round. For the purposes of the thesis, all 23 experts gave consent that their identities be revealed in the final presentation of the findings.

The 23 participating panellists were:

From universities:

1. Prof. D.N. Wirawan,(MPH), Udayana University
2. Prof. Budi Utomo, (MPH), University of Indonesia
3. Prof. Irwanto, (PhD), Atma Jaya University
4. Dr Pandu Riono, (MPH, PhD), University of Indonesia
5. Dr Yanri W. Subronto, (SpPD, PhD), Gadjah Mada University

From government institutions:

6. Dr Kemal N. Siregar, (MPH, MA, PhD),Secretary of the Indonesian National AIDS Commission

7. Dr Siti Nadia, (M. Epid), National AIDS Program Manager in the Indonesian Ministry of Health

From international institutions:

8. Mr Cho Kah Sin, (MA, CAS), Country coordinator of Indonesia at UNAIDS

9. Dr Oscar M. Barreneche, Medical Officer for HIV/AIDS & STI for the World Health Organization

10. Dr Janto G. Lingga, (SpPD), National Professional Officer, ART and Clinical Monitoring at the World Health Organization

11. Dr Claudia Surjadjaja, (DDS, MPH, MSc, DrPH), Executive Director of the ALERTAsia Foundation

12. Ms Suzanne Blogg, (MPH), Monitoring and Evaluation Adviser at the HIV Cooperation Programme for Indonesia

13. Mr Danny Yatim, (MA, ED.M.), Media and Communication Adviser at the HIV Cooperation Programme for Indonesia

14. Dr Marcia Soumokil, (MPH), Governance Advisor for Kinerja-USAID

From civil society (including those representing NGOs and other non-state interest groups):

15. Mr Chris W. Green, an individual expert and co-founder of the Spiritia Foundation (an NGO dedicated to HIV and AIDS issues)

16. Mr Daniel Marguari, (S.Sos), Chief Executive of the Spiritia Foundation

17. Dr Dede Oetomo, (PhD), member of the executive board of the Gaya Nusantara Foundation

18. Dra. Esthi Susanti H., (M.Si), Executive Director of the Hotline Foundation

19. Mr Husein Habsyi, (SKM, MH Comm), Assistant Manager of the Pelita Ilmu Foundation

20. Ms Linette Collins, an individual expert who has previously worked as HIV

Advisor to AusAID in the Australian Embassy in Jakarta, and now works as a consultant on AIDS in Jakarta

21. Mr Maesur Zacky, (MA), Regional Director for the Family Planning Association Indonesia – Yogyakarta (Perkumpulan Keluarga Berencana Indonesia – DIY)

22. Mr Octavery Kamil, (M.Si), Researcher at the HIV/AIDS Research Centre of the Atma Jaya University

23. Mr Samuel Nugraha, Executive Director at Addiction Recovery Community Association (Perkumpulan Komunitas Pemulihan Adiksi)

The above research participants formally agreed to have their names revealed as they are noted experts in the field and were therefore deliberately chosen to partake in the Delphi exercise. A challenge posed by this phase of data gathering was the relative imbalance between the diverse experts, which may have impacted upon the data generated in this portion of the study. Furthermore, although the panel largely consisted of high ranking participants, many of them, in fact, started out in lower levels of organisations or institutions and moved up through the ranks, commensurate with their working experiences. Since expertise is built on experience, individuals without sufficient experience in their field were not considered "experts" and, therefore, were excluded from the panel.

The Delphi technique is a research method that depends on the opinion of individuals who are presumed to be knowledgeable in their particular fields and expert at what they do (PHORUS 2009). According to Mackway-Jones & Carley (2012), it involves the participation of a panel of experts to investigate complex issues based on a series of statements, often referred to as "objectives". Within the last decade, the Delphi method has been widely used to enhance decision-making processes, especially in health and social research (Hasson, Keeney & McKenna 2000 as cited in Hart *et al* 2009). It is a means of measuring consensus (Van Teijlingen *et al* 2006 as cited in PHORUS 2009). In cases in which randomised controlled trials are difficult to conduct, decisions often rely on expert consensus studies as a practical alternative (Hasson *et al* 2000 as cited in Hart *et*

al 2009). This methodology enables the respondents to interact virtually and reflect on their responses before posting their comments, thereby allaying any fear of "snap" judgment. As it allows discussions to be conducted online, the Delphi technique is a solution to geographical challenges.

The researcher conducted three rounds of discussions among the panel of experts. A total of 48 statements was presented in the first, covering the HIV and AIDS-related topics as discussed in the literature review, presented under the following 5 main categories:

      (1) Prevention policy targeting the general population

      (2) Prevention policy targeting specific population groups

      (3) Treatment policy

      (4) Policy to facilitate HIV and AIDS interventions

      (5) Policy to enhance the coordinating task of the AIDS Commission

As the panellists were invited to suggest additional objectives, these were integrated into the list, bringing the total to 100 statements in the second round. In the third round, 3 objectives were split into two each, bringing the total to 103. Since all statements were regarded as "critical", those to which no consensus was found in the second round were re-presented in the third and final round, for final scoring.

6.2.2 Phase 2: A qualitative, descriptive study using face-to-face interviews with 28 women

To become more experienced in the phenomenon one is interested in is one of the major reasons for undertaking qualitative research (Trochim 2004). In Denzin and Lincoln's (2003:4-5) words, qualitative research is a "*situated activity*" in which the observer is placed in the interviewees' social world. A series of representations is drawn from this observation of the social world, which include field notes, interviews, recordings, and memos to the self. An interpretive, naturalistic

approach to the social world is involved at this level of qualitative research, meaning that things are studied in their natural settings, in which the qualitative researchers attempt to make sense of the meanings people bring to them in order to interpret the phenomena they are dealing with. Moreover, the studied use of various empirical materials that describe meanings in individuals' lives, routines and problematic moments are also involved in qualitative research. Therefore, a wide range of interconnected interpretive practices is used by qualitative researchers in order to gain a better understanding of the phenomena under investigation (Denzin & Lincoln 2000:5).

The researcher used a phase of qualitative interviews to gather data rich in the experiences and interactions of women with respect to the research problem. Data collected through these interviews enabled the researcher to add depth and detail to an understanding of the phenomena under investigation.

Face-to-face interviews were conducted with women purposefully recruited according to certain selection criteria (see below) – to gain insights into the meanings that these women brought to issues such as

- working inside and outside the family
- women's domestic roles
- women's financial independence
- family, motherhood, child care, marriage, divorce and polygamy
- prostitution
- gender equality
- women's intra-household bargaining power and decision making
- women's health-seeking behaviour
- HIV and AIDS
- community gatherings such as *pengajian* and *arisan*

6.2.3 Phase 3: Synthesising the data from Phase 1 and Phase 2 through the lens of complexity theory

The lens of complexity theory was used to systematise information related to HIV and AIDS obtained from discussions with the experts and interviews with the women respondents in this study with the view to suggesting ways in which the national HIV and AIDS policy may be improved.

Complexity theory posits the nonlinearity of causal effects, which implies the necessity for accounting not only for proximate but also for distal factors when a particular phenomenon is under investigation, since causes are multiple and impacts are not unidirectional while mutual adaptations occur at every level. Coherent with this theory, factors contributing to HIV infections are likely to be found not only at the level of individuals, but also at the level of interpersonal, social, and institutional intersections, which implies that everything is linked to everything else (Barabasi 2002 as cited in Gatrell 2005). Arguably, complexity theory gravitates towards "methodological localism" (Little 2009 as cited in Paley & Eva 2011), which means that there are no autonomous social forces because these are the result of interactions between socially situated individuals who form a collective. To refer to complex systems, according to Paley and Eva (2011:269), "*is to offer a non-intentional explanation for order, structure, and patterns of behaviour*".

Furthermore, complexity theory postulates that "complex" instead of "complicated" questions need to be asked in order to answer complex problems, given that social systems are probably the most complex systems humankind has to deal with, keeping in clear view that there are regularities even in chaos. While complex systems imply unpredictability, complexity theory posits that "tiny" changes can generate "big" differences. Therefore, through this study, the researcher aims to identify the small changes in the way HIV and AIDS programmes in Indonesia can be implemented in the future, which are expected to produce massive results in the outcomes of the national HIV and AIDS epidemic.

6.3 DATA COLLECTION TECHNIQUES

In this section, data analysis and interpretation of the Delphi technique and the qualitative data are described.

6.3.1 Data-gathering for the Delphi technique

The researcher conducted a pre-data-gathering exercise through interviews with various stakeholders in Indonesia's HIV and AIDS prevention programmes. Experts included representatives from domestic and international institutions, local NGOs, as well as academics. The results of the interviews were analysed, summarised and added to the researcher's notes to form a final list of topics for the Delphi exercise.

A total of 27 invitations was issued by email to potential panel members, 24 of whom returned confirmation of participation. At the onset, therefore, the panel of experts was made up of 24 people, but one person eventually dropped out as he was not able to contribute to any of the three rounds. According to Hsu and Sandford (2007), quoting a number of authors, a Delphi panel generally consists of fewer than 50 members but most Delphi studies have been conducted with the participation of 15 to 20 experts. According to these authors, a sample should not be too small or too large. If it is too small, it may not be considered an adequate representation of judgments regarding the issues under discussion. If it is too large, low response rates may be obtained and large blocks of time are required. These are the drawbacks inherent in the Delphi technique. The researcher decided to form a panel of 20 to 30 members as this size appeared large enough to adequately represent the judgments of a range of HIV and AIDS experts, and yet small enough to keep the panel intimate. The researcher was most concerned with potentially high attrition rates and low response rates, but the end results did

not disappoint considering that only one respondent failed to contribute to any of the three rounds, while participation rates were 95,7 per cent in the first round, 82,6 per cent in the second round, and 73,9 per cent in the third round. Thirteen members contributed in all three rounds, nine members in two rounds, and one member in only one round.

The use of the Delphi technique in this study was meant to reach consensus among the experts on a number of statements that might facilitate the reformulation of the national HIV and AIDS policy. The researcher was aware that important topics could be overlooked because the Delphi method can only explore the areas raised by panel members. The compilation of a list of HIV and AIDS-related topics by the researcher, to which information from the pre-data-gathering interviews was added was, therefore, designed to avoid this. At the onset, the researcher compiled a list of 48 objectives/statements which was presented to the panel of experts in the first round. The statements were divided into the five main themes mentioned earlier.

Three rounds were conducted to complete the Delphi study, which took three and a half months to complete. A deadline of two weeks for sending replies to the researcher was set for each round. The questionnaires were made available in English and in Indonesian so that each panellist could choose the version he or she felt most comfortable working with.

In the first round, the panellists were asked to score the original 48 objectives on the initial list in order of urgency using a five-scale value ranging from "highly urgent" to "highly trivial". Following Turoff's (1970) advice, the researcher carefully defined the above scales so that there was some reasonable assurance that the panellists could compatibly distinguish between the scale elements. Each objective was accompanied by background notes to clarify why it was important to be included on the list. In this round, the panellists were also invited to suggest additional statements, if needed, accompanied with background notes.

At the end of the first round, the criteria to determine consensus were defined as follows:

1) If at least 75 per cent of responding panellists score a 1 or 2 on a particular objective, there is consensus *in favour* of the objective.

2) If at least 75 per cent of responding panellists score a 4 or 5 on a particular objective, there is consensus *against* the objective.

3) For all other situations, there is *no consensus*.

The results obtained in the first round were ranked using the Analytical Hierarchy Process (AHP) which is a decision-making approach to data analysis based on multi-criteria that embrace relative measurement of intangible criteria, introduced by Saaty (1977 and 1994 as cited in Triantaphyllou & Mann 1995). Many researchers are interested in using AHP mainly because the method has nice mathematical properties and obtaining the required input data is rather easy. Complex problems may be solved by using this tool as a decision support (Triantaphyllou & Mann 1995). Based on AHP, the local value average scale is used with following interpretations:

(1) Local value average > 0.7 indicates high urgency

(2) Local value average 0.4 – 0.7 indicates medium urgency

(3) Local value average < 0.4 indicates low urgency

To illustrate the above technique, in the first round, for example, Objective 2.10 (To make condoms widely available) was given a score of 1 by 17 panellists and a score of 2 by 5 panellists (1 = highly urgent, 2 = urgent).

Based on AHP scale, the value of each score (1 to 5) used in the Delphi exercise was computed. A score of 1 has a value of 1, while a score of 2 has a value of 0,518. The number of scores obtained for the above objective were then multiplied by their respective values and added up, resulting in a local value of 19,29 as demonstrated below:

$$17 \times 1 = 17$$
$$5 \times 0{,}518 = 2{,}59$$
$$17 + 2{,}59 = 19{,}59$$

To calculate the local value average of the objective, the local value obtained above was then divided by the number of scores, resulting in a local value average of 0,890, as follows:

$$19{,}59 : 22 = 0{,}890 \rightarrow \text{high urgency}$$

In line with the interpretations used in this study, a local value average > 0.7 indicates high urgency. As Objective 2.10 obtained a local value average of 0,890 (which incidentally was the highest among the proposed objectives), it was, therefore, considered highly urgent. The results were presented to the panellists as an Excel spreadsheet, as shown in table 6.1 below.

Table 6.1 (below) is a partial list of the results of the first round, in which a total of 48 objectives was submitted for scoring. The objectives were ranked in decreasing order of urgency (as shown in the last column in table 6.1). Objectives shown in a dark grey background (as shown in the first column in table 6.1) were those in which consensus was reached. It was interesting to note that although a number of objectives obtained a high local value average indicating medium to high urgency, such as Objectives 2.11 (To make clean needles available in all *puskesmas*) and 1.3 (To train teachers to teach sex education to their students using government budgets), consensus in terms of urgency was not necessarily achieved.

Table 6.1: **Urgency ranks in decreasing order presented to the panellists**

Objectives	5 0.069	4 0.135	3 0.267	2 0.518	1 1	Local Value	Local Value Average	Urgency Order
2.10	0	0	0	5	17	19.59	0.890	1
3.12	1	0	1	8	12	16.48	0.749	2
3.9	0	0	1	10	11	16.447	0.748	3
3.8	0	2	3	4	13	16.143	0.734	4
3.5	0	1	1	9	11	16.064	0.730	5
2.11	0	0	6	4	12	15.674	0.712	6
4.3	1	0	4	6	11	15.245	0.693	7
3.2	0	2	3	6	11	15.179	0.690	8
2.9	0	0	5	7	10	14.961	0.680	9
2.1	0	0	4	9	9	14.73	0.670	10
1.3	0	0	6	6	10	14.71	0.669	11
4.4	0	1	4	8	9	14.347	0.652	12
4.6	0	1	4	8	9	14.347	0.652	13

In the second round, scoring in scales of urgency was requested for those objectives in which no consensus was reached in the first round as well as for the additional 52 objectives suggested by panellists. Also, the panel was requested to rank all the objectives in order of feasibility and desirability based on a five scale value: namely,

- Highly feasible
- Feasible
- May/May not be feasible
- Not feasible
- Highly unfeasible. Those who decided to change their initial scores were asked to specify their reasons

The researcher then analysed the ratings. This resulted in the objectives again being ranked in order of urgency using the AHP. Whether or not consensus was reached in each of the three parameters was again specified in the corresponding columns. Failure to obtain consensus was due to a broad distribution of scores (experts' votes are spread approximately equally among four or more of the five

scale values) or polarisation (experts' votes on a particular objective are divided between "feasible" and "unfeasible").

In the third round, three original objectives were divided into two each after comments from the experts were reviewed; therefore, final voting was required on the newly developed objectives in addition to the objectives upon which no consensus was reached in the first or second rounds. At the end of the Delphi exercise, absolute consensus was reached in 44 out of a total of 103 objectives. One objective was rejected while 43 objectives were accepted (see Appendix 1). Partial consensus (consensus in only some of the three parameters) was observed in 38 objectives (36,9 per cent); while 21 objectives (20,4 per cent) were left without any consensus in any of the three parameters.

Mackway-Jones & Carley (2012) warn that although consensus may be reached in the final round of discussions, some panel members may have altered their views in order to draw the process to a close, which means that consensus does not necessarily mean true agreement. Based on the significant increase in consensus in terms of urgency (from 32 per cent in Round Two to 69,9 per cent in Round Three), it appeared that the panellists changed their views to obtain absolute consensus (consensus in urgency, feasibility and desirability) on a larger number of objectives. On the other hand, according to Mackway-Jones & Carley (2012), a so-called consensus generally entails compromises, especially if the process involves a group of individuals with differing values, perceptions and experiences.

The researcher soon realised that a simple statement might in fact suggest different meanings to different panellists. Since scores tended to reflect the panellists' individual perceptions of the statements, perception building – which, in many cases, entailed statements reformulations – conducted during the entire exercise played a crucial role and contributed a great deal to the achievement of a greater consensus by the end of the third round. Consequently, the researcher agreed with Mackway-Jones & Carley (2012) that a change of opinion should be regarded as a constructive attempt – and even a positive contribution – to reach a

consensus, rather than a fallacious agreement.

Interestingly, according to Hasson and Keeney (2011), achieving consensus is not the objective of all Delphi techniques. For example, structuring and discussing the diverse views of the "preferred future" is the aim of the Policy Delphi. The Delphi technique has been defined in many ways, but all definitions agree that the achievement of agreement on particular issues among a group of experts is the purpose of the technique. There is a broad range of interpretations of the technique as most definitions attempt to encompass the ever-adapting Delphi process in one sentence. However, "*the generic aim of the approach is to determine, predict and explore group attitudes, needs and priorities*" (Hasson & Keeney 2011:1696).

6.3.2   Data-gathering for the qualitative interviews

A qualitative data-generating technique generally involves intensive face-to-face interviews with individuals from a small sample of the population to explore their views on a particular phenomenon or situation (Boyce & Neale 2006). This method was chosen because the researcher wanted detailed information about a person's perceptions and thoughts in order to understand her behaviours, and to investigate new issues. As noted by Boyce and Neale (2006), interviews offer a more complete picture of the phenomena under observation as they often provide context to other data.

The researcher discovered that the respondents had a lot to say about many topics and seemed happy to discuss their opinions and lived experiences, which would not have been captured adequately in a quantitative study. The choice of a qualitative method for this study was, therefore, justified. All the interviews were conducted in Indonesian. They were tape-recorded to enable accurate transcription of the respondents' statements. After transcription, the texts were translated into English.

The researcher recruited research participants through known social gathering places and by referrals as far as women with specific inclusion criteria were concerned. At the beginning of each interview, the researcher distributed informed consent forms. Although for many respondents participation in a study of this kind was a new experience, most did not ask questions about the Informed Consent form, which the researcher explained as some sort of a testimony that they were willing to participate voluntarily in the study, and signed them quietly after confirming verbally that they had understood what the study entailed. The fact that it was a new experience for many suggests that the participants' accounts were likely to be more "genuine" rather than rehearsed, although it also often implied more time to be allocated for the interviews as many of them spoke at length, sometimes without addressing the core questions, which then needed to be repeated.

The researcher did her best to make all encounters as informal as possible, ensuring that the respondents felt comfortable responding to questions and prompts. In most cases interviews were conducted at the researcher's office, making it possible for her to play the hostess by offering drinks to the participants. In some cases, interviews took place at a coffee shop, again making it possible for the researcher to create a relaxed atmosphere and to offer food and drink.

Each interview session lasted an hour and a half on average, with some reaching as many as two hours or more.

The list of the main questions also contains a questionnaire relating to the research participants' personal characteristics (see Appendix 2). Some respondents were hesitant to state their monthly incomes on the form but complied after the researcher explained that it was merely for statistical purposes. It was interesting to note that many research participants were not sure how to respond to the question on their ethnic backgrounds, for which the Indonesian word *"suku"* was used. It should be noted that this kind of question is never asked in any official

application form one has to deal with on a day-to-day basis. Since most research participants were long-time residents of the capital city, their confusion might also be due to the fact that they seldom thought of themselves in terms of their ethnicities and simply considered themselves "Indonesians".

The list of items in the interview schedule for the qualitative interviews was revised after the first few interviews to include specific questions for women who married young, for those in polygamous and contract marriages and for women from Aceh. Most women seemed pleased to talk about their lived experiences, often completely disregarding the length of time they spent responding to the researcher's questions and prompts. As some prompts often led to more questions, the researcher generally could not get to the end of her list quickly but was glad that the discussions yielded important data for her research. An interview could thus easily stretch to a couple of hours, but few second interviews were necessary, as additional data, when needed, were generally collected by phone or through texting.

All interviews were tape-recorded and the researcher took methodological notes and recorded her reactions, ideas and thoughts while listening to the participants. After each interview session, the researcher transcribed the data from the tape-recording and her notes, and translated them into English. Coding started right after the first interview. Although coding of the data and notes tended to be very open in the beginning, they were increasingly focused on emerging themes. The researcher kept comparing her data as the study progressed, looking for similarities and differences between individual participants; between women of different age groups, socio-economic, religious and ethnic backgrounds; between married and single women; between home-centred and working women; and between women in polygamous, contract and conventional marriages.

6.4 ISSUES OF RELIABILITY AND VALIDITY

Many debates surround the concept of validity and objectivity in social research, partly because social behaviour is complex but especially because validity is difficult to define. Traditionally, validity was about the extent to which the object of research was accurately reflected in the study (Feldman 2003 as cited in Rooney 2005). This type of validity, more specifically, was also about whether the research instruments used were appropriate to gather the necessary data in order to answer the research questions (Black & Champion 1976 as cited in Rooney 2005). The assumption in such positivist accounts was that objective scientific knowledge could be produced, and the researcher's goal was, therefore, to capture an objective reality of "truth" accurately (Hammersley 2000 as cited in Rooney 2005). However, as ontological and epistemological frameworks changed, criteria for validity also changed (Rooney 2005). This occurred because it was no longer deemed possible to produce objective knowledge through research, which is why factors such as credibility, believability and reliability are now included (Cohen *et al* 2000 as cited in Rooney 2005).

Regardless of the research design, a vital aspect of research is nonetheless attention to rigour throughout the process (Hasson & Keeney 2011), and this is also applicable to the Delphi technique. According to Hasson and Keeney (2011), there are three key assumptions upon which claims are made that the Delphi technique provides face validity and evidence of content: (1) A decision made by a group is assumed to be more valid than a decision made by an individual. (2) Expert opinion from the "real world" is the basis of the process, providing confirmative judgements on the subject. (3) With a combination of an open first qualitative round in a classical Delphi study, the process allows experts to generate scale items, and the continual succession of rounds provides them with the opportunity to review and judge the appropriateness of the scale. In reality, however, certain features in a Delphi sample may influence results (Hasson & Keeney 2011). For example, the level of expertise and agreement which the experts possess and the number of experts in a sample may influence validity

(Rowe *et al* 1991 as cited in Hasson & Keeney 2011). Also, a bias may occur from the outset, stemming from unambiguous, broad statements that may be created by a traditional first round (Marchant 1988 as cited in Hasson & Keeney 2011).Taking this advice to heart, the researcher discovered that many statements in the first round did not achieve consensus because they were deemed "too general" by the panellists and, therefore, needed to be made more specific. For example, Objective O-3.11, originally referred to "To make ARV drugs available in an increasing number of *puskesmas* nationwide" and was rephrased to "To make ARV drugs available in an increasing number of *puskesmas*, *where there is demand*".

6.4.1 Rigour and data quality in the Delphi phase of the study

The appropriate measurement and the continuing modifications form two key examples of methodological and contextual challenges to establishing rigour in a Delphi study as pinpointed by Hasson and Keeney (2011). First, transferring measurements of reliability and validity which are aligned with quantitative approaches to qualitative methods, in which the attainment of trustworthiness is associated with the interpretive perspective, is problematic (Hasson & Keeney 2011). Second, a further dilemma is created by the continual modifications to the technique, which makes the process of testing rigour difficult (Hasson & Keeney 2011). Although guidelines have been suggested to test the quality of the Delphi research to help ensure reliability, Hasson and Keeney (2011) argue that their application is uncertain because replicability, reliability and validity are hindered by the huge discrepancies in application, design, administration and analysis. They insist that variance exists within each design group, and each Delphi design has differing aims and different uses depending on the situation, with many specific target participants and administration requirements. The researcher concurs that replicability in Delphi is practically impossible, in particular because perceptions and beliefs among individuals within a group tend to vary a great deal, although each may be dealing on a daily basis with the same issue, such as HIV and AIDS,

and may be an expert in that field. Also, because perceptions – especially perceptions of feasibility – are "fleeting" emotions, it is quite possible that on a given day, a Delphi panel member may feel that a particular objective is feasible but on another day, unfeasible.

6.4.1.1 Triangulation

Triangulation basically refers to gathering and analysing data by using more than one way (Curtin & Fossey 2007 as cited in Carlson 2010). For example, data may be collected in different ways such as through observations, interviews, questionnaires, and archival data. Data may also be collected from different people or groups, from different places, and at different times (Creswell & Miller 2000 & McMillan 2004 as cited in Carlson 2010). The idea behind this is that the interpretations and conclusions drawn from the various data sets are likely to be trustworthy if researchers can substantiate them with one another. A third type of triangulation involves both qualitative and quantitative design to explore the same subject, which is referred to as triangulation of method (Curtin & Fossey 2007 as cited in Carlson 2010). In this study, the researcher gathered and analysed data relating to HIV and AIDS from various practitioners/stakeholders in HIV and AIDS prevention, from a panel of experts during the Delphi exercise and from 28 women respondents through in-depth interviews, in order to be able to substantiate the data.

6.4.1.2 Member checking and other evidence evaluation measures

Member checking refers to participants checking or approving particular interpretation of the data they have provided to the researchers (Doyle 2007 & Merriam 1998 as cited in Carlson 2010), and often takes place only once with the verification of early interpretations or transcripts. Commonly, participants are asked to verify the accuracy of transcripts or particles from the narratives they contributed during interviews. In this study, the researcher often described to the

participants what her conclusions were about particular topics and asked them whether their experiences or opinions had been correctly interpreted. She continually scrutinised the accuracy of interpretation and made sure that the participants' perspectives were conveyed coherently and meaningfully.

For the Delphi method, the researcher asked two members of the panel to check the face validity of the list of panel experts. The researcher acted as sole moderator of the result summaries as these were graded and calculated according to the same system as explained under subheading 6.2.1. The moderator, according to Scholz and Tietje (2002), is a coach who masters idea and case analysis moderation, project management, and/or group techniques, and thus promotes the efficiency of the group process. In the opinion of these authors, synthesis moderation starts from the assumption that the members of the study team and the case agents involved share a common interest in a better understanding and promotion of the case. As a matter of fact, this was the case in this study, given that all the Delphi participants were HIV and AIDS experts and were concerned about enhancing the national HIV and AIDS strategies.

Mowbray, Holter, Teage and Bybee (2003) note that fidelity measurement has become increasingly significant in Delphi studies because of the current emphasis on evidence-based practices. Fidelity is about the extent to which the protocol of a programme is followed by the delivery of an intervention. In their view, however, details on the construction of a valid fidelity index are seldom provided by published studies using fidelity criteria. Blakely *et al* (1987 as cited in Mowbray *et al* 2003) mention the pioneering work of Hall (unpublished) in which social programmes are described as consisting of a finite number of components and fidelity is defined as the proportion of programme components that is implemented.

Based on this definition, it can be said that the Delphi phase in this study fulfilled the fidelity criteria given that all the components described by Turoff (1970) – which were used as the basis for this phase – were implemented. These

components, referred to as "objectives", included putting forward all possible options for consideration; estimating the consequences of any particular option; and examining the acceptability of any particular option. How these objectives were met is described in paragraph 6.6.1 below. According to Turoff (1970), any one or any combination of the above objectives can be served by a Policy Delphi.

That being said, some adaptive strategies were nevertheless used in the Delphi phase as these were deemed necessary to achieve greater consensus among the panellists. For example, the researcher systematically sent individual emails to the panellists who gave a low score to a given objective, asking them to clarify their reasons and providing them with more information concerning the objectives being discussed. Occasionally, the panellists might decide to assign a higher score than the ones given earlier as they were able to get a better understanding of the aim of the objectives. The researcher, therefore, agreed with Hohmann and Shear (2002 as cited in Mowbray *et al* 2003) that there is often a legitimate need to take into account local circumstances and resources and the social and cultural needs of local participants when tailoring a programme model, as opposed to Winter's (2002 as cited in Mowbray *et al* 2003) claim that a best practice should be reproduced as faithfully as possible and, therefore, it is a mistake to adapt a successful template.

Clayton (1997 as cited in Brewer 2007) identifies three types of Delphi: conventional, real time and policy. The Delphi phase of this study fits the criteria of "conventional" because the standard format used did not require participants to meet and responses were anonymous although the identity of the other participants was known to the group. The researcher kept the identities of the panellists anonymous during the scoring exercise although each member knew the names of the other participants as they were announced to the panellists prior to the start of the exercise. This way, only the researcher knew which panellists gave what scores and the reasons behind the low scores. As suggested by Brewer (2007), some researchers claim that divergent thinking occurs when individuals or groups are introduced to minority opinions. Anonymity and exposure to a variety of

viewpoints, therefore, contributes to improved creativity and decision making. The Delphi phase in this study was also a Policy Delphi because it involved asking participants for information on which a decision was to be made (Brewer 2007). Contrary to most Policy Delphi, however, consensus was an objective in this study.

On the other hand, Charlton (2004) claims there are currently three distinct forms of Delphi: exploratory Delphi, focus Delphi, and normative Delphi. Based on his definitions, this study fits the criteria of "normative", given that it entailed seeking experts' opinions on defined issues to achieve consensus. In any case, Delphi may be seen less as a method for providing definitive answers but more for structuring group communication (Charlton 2004).

Furthermore, the field of evaluation remains captivated by the qualitative versus quantitative debate in the late 1970s and early 1980s. It is important for the reputation of the practice of evaluation to avoid the scientism suggested by the idea of setting up any given method as a gold standard for producing evidence (Schwandt 2009). As pointed out by Schwandt (2009), evidence generally means information helpful in forming a conclusion or judgment. While evidence per se cannot be wrong or right in some absolute sense, interpretations of it can be flawed. Evidence, therefore, cannot serve as a secure and infallible base or foundation for actions for two reasons. First, whether evidence is conclusive or inclusive is always a matter of interpretation. Second, evidence exists to become obsolete because by nature it is "provisional" (Upshur 2002 as cited in Schwandt 2009). Furthermore, Schwandt (2009) argues that an adequate theory of evidence for evaluation must also take up the question of ethics. Evaluation, he points out, is unquestionably an aspect of policymaking. Try as we may, matters of value, ethics, purpose, or politics cannot be eliminated from policymaking because, by its very nature, policymaking requires making choices that are not reducible to technical issues or value free (Rodwin 2001 as cited in Schwandt 2009). Moreover, evidence has an inescapable moral dimension because it has the power to convince others. Evidence can be reliable or misleading, bring

improvement or deterioration into the lives of individuals and communities (Pellegrino 1999 as cited in Schwandt 2009).

It should also be noted that different experts may have different opinions about how to control the HIV epidemic. For example, despite the mounting HIV infections rates among pregnant women, not everyone would agree to administer HIV testing as part of a routine health test for people who are about to get married, mainly because the general population is still commonly seen as a "low-risk group". In other words, support for or opposition to a particular strategy reflects personal perceptions of effectiveness, consistent with the argument by Upshur (2001 as cited in Schwandt 2009) who points out the influence of perceptions of effectiveness in various decision-making processes associated with the achievement of better health outcomes. As further elaborated by Schwandt (2009), the kinds of discussions associated with talk of evidence such as the attainment of programme and policy objectives, or programme and policy outcomes and their measures, cannot be neatly separated from discourse about the normative intent of programmes and policies. This implies that the eventual implementation of those objectives upon which consensus was reached may not necessarily lead to better results in terms of HIV and AIDS strategies because scientific evidence of effect or outcome is implicated in one's understanding of valued or desired states of being (Upshur 2001 as cited in Schwandt 2009).

Hence, the qualitative phase of this study was a critical component as it provided rich descriptive evidence for evaluation. As argued by Schwandt (2009), evaluative evidence is never exclusively generated by a single methodology or type of data source. First, in evaluation, useful knowledge is that which bears on the question of the value of a given evaluand: a) value is not solely determined by causal efficacy, and b) useful knowledge takes both numerical and non-numerical forms. Second, evidence is clearly not ordered hierarchically, following the paradigm of epidemiology, in terms of research designs or methods (e.g. Hadorn *et al* 1996 & Sackett *et al* 2000 as cited in Schwandt 2009); rather, evidence is "a mediation between the context of its use and the method of its production" (Upshur *et al*

2001 as cited in Schwandt 2009).

In order to establish what credible evidence is in evaluation practice and applied research, Schwandt (2009:16-17) states the following:

1. Deciding the question of what constitutes credible evidence is not the same as deciding the question of what constitutes credible evaluation. However necessary, developing credible evidence in evaluation is not sufficient for establishing the credibility of an evaluation.
2. What constitutes credible, trustworthy, believable, or convincing evidence cannot be decided by method choice alone.
3. There is likely to be considerable payoff for the conduct of evaluation if the account of evidence and its properties (e.g. credibility) is framed in a practical-theoretical way rather than an abstract/general-theoretical way.

Given the above concerns about the character of evidence, the context in which evidence is used, the ethics of evidence, and the kinds of arguments in which evidence plays an import role, this study attempts to answer Schwandt's (2009) call to resolve questions of how we act together in a meaningful way. The success of the proposed HIV and AIDS strategies based on evidence collected in this study depends on several factors. It relies not only on the credibility of the evidence, but also on the government that will likely select which particular interventions are to be implemented, and the target populations themselves, given that health outcomes and risk factors are manifestations of valued or desired states of being (Upshur 2001 as cited in Schwandt 2009).

6.4.2 Rigour and data quality in the qualitative phase of the study

As alternatives to traditional criteria for judging the reliability and validity of quantitative research, the researcher employed the following criteria as proposed by Lincoln and Guba (1985):

6.4.2.1 Credibility

Considering that the purpose of qualitative research is to describe the phenomena of interest from the participants' eyes, the criteria of credibility involve establishing that the results of the study are credible from the research participants' perspective (Reid & Gough 2000). Therefore, the credibility of the results can only be judged by the participants. For Reid and Gough (2000), credibility means authentic representations of experience based on the assumption of multiple realities, no distinction between causes and effects, researcher as instrument and empathetic researcher. In order to satisfy the evaluation criteria of her qualitative study, the researcher employed strategies including persistent observation, peer debriefing, triangulation, referential adequacy and member checking. Rigour in qualitative inquiry, according to Gambrill (1995 in Lietz, Langer & Furman 2006) is not the same as in quantitative inquiry because it does not have to be an inflexible set of standards and procedure. Instead, it should involve engaging in efforts to ensure that findings represent the meanings presented by the participants in order to increase confidence.

6.4.2.2 Transferability

Transferability refers to external validity or generalisability of the results to other contexts or settings (Sinkovicks, Penz & Ghauri 2008). From a qualitative point of view, the person doing the generalising, meaning the researcher herself, is responsible for transferability and for judging its sensibility. To enhance transferability, the researcher described in great detail the research context and the central assumptions upon which interpretations and conclusions of the research were based. Transferability reports the extent to which the findings are applicable to other settings (Hasson & Keeney 2011) or fit within other contexts beyond the study situation based on assumptions of time and context-bound experiences. It is "*not responsibility of 'sending' researcher*" but "*provision of information for 'receiving' researcher*" (Reid & Gough 2000:68). In line with these

authors' suggestions, the researcher's strategies to satisfy the evaluation criteria included purposeful sampling and thick description.

6.4.2.3   Dependability

Dependability corresponds to reliability in positivist research as it is also concerned with the stability of the findings over time (Sinkovicks *et al* 2008). Essentially, it refers to whether the same thing observed twice (with the same methods and the same participants in the same context) will generate the same results (Shenton 2004). Although the same thing cannot be measured twice because measuring twice means measuring two different things, the research process has to be reported in great detail so that a future researcher may repeat the work although he or she will probably not gain the same results (Shenton 2004). Therefore, the researcher must account for the ever-changing context within which research is conducted.

According to Reid and Gough (2000:68), dependability is the "*minimisation of idiosyncrasies in interpretation and variability tracked to identifiable sources*", based on "*assumptions of the researcher as instrument, consistency in interpretation and multiple realities and idiosyncrasy of behaviour and context*". As suggested by these authors, the researcher used mechanically recorded data, low-inference descriptors, triangulation and inquiry audit as strategies to satisfy the criteria for evaluating her qualitative research.

6.4.2.4   Confirmability

This refers to the degree to which interpretations are influenced by the researcher's biases, interests, motivations or perspectives (Reid & Gough 2000) and whether others may confirm or corroborate the results of the study. The qualitative researcher can enhance confirmability through a number of strategies,

such as demonstrating that findings do not emerge from her predispositions but from the data (Shenton 2004); through thick description of the audit process (Reid & Gough 2000) or by describing negative instances that refute prior observations.

A data audit was performed by the researcher after the study, in order to examine whether there was potential bias or distortion in the data collection and analysis procedures. The results of the data audit appear in Chapter 9 in which the limitations of the study are described. Confirmability, according to Reid and Gough (2000) focuses on the investigator and his or her interpretations, which are part of the assumptions in the evaluation of qualitative research. In order to evaluate her qualitative study, the researcher's practices included thick description of the audit process, notebook/memos, and audit trail products, as suggested by Reid and Gough (2000).

6.5   LIMITATIONS INHERENT IN THE CHOSEN RESEARCH DESIGN

It appears that establishing rigour in Delphi studies can always be criticised (Hasson & Keeney 2011). However, this does not mean that a researcher should abandon the drive for achieving scientific respectability of the technique. Hasson and Keeney (2011) pinpoint several options that are available. First, to recognise that the aim of most Delphi studies is to explore ideas or information formulation to obtain consensus by enhancing decision making, not to replicate a Delphi across different timeframes. Second, to accept that Delphi results offer a snapshot of expert opinion at a particular time, for that group, which may be useful to inform thinking, theory or practice, and do not offer indisputable fact (Hasson & Keeney 2011).

A limitation related to Delphi research may be the number and range of participating panellists. Panel size, however, is not always a good indicator of the success of a consensus exercise (Fink *et al* 1984 & Rowe & Wright 1999 as cited in Pearson, Zwi & Buckley 2010). As more variation occurs as a result of a larger

panel, the degree of accuracy and level of generalisability may be diminished. A false consensus can, therefore, occur as participants are often forced to agree without any opportunity to debate the issues (Hasson & Keeney 2011).

Another limitation is that the panellists may neglect the consideration of some issues while over-concentrating on others if the final expert panel is not as diversified as required by the total score of the exercise (Turoff 1970). In line with the author's suggestion, the researcher drew the panel's attention to the neglected issues by adding comments in the results summary sent to the experts at the end of each round.

Panellists may also feel less free to express their honest opinions on sensitive issues. To limit this bias, based on the suggestion by Turoff (1970), the researcher set up a procedure in which individuals could not be identified by the panellists based on their returns, although the list of experts participating in the study was sent to all the participants at the beginning of the exercise in order to emphasise the significance of the exercise to the group.

In qualitative research, low recruitment rates constitute a well-reported disadvantage and, therefore, limit the generalisability of the findings. However, the qualitative research in this study was meant to complement and enrich the data obtained from the discussions with the panellists by giving depth and nuances to lived values found in the respondents' verbatim.

The researcher's subjectivity or biases also limit reliability and objectivity when analysing and writing up her study. Drawing on Mauthner and Doucet's (2003) work, the researcher was reflexive throughout data analysis, memoing and draft write-up, in such a way that her personal values, beliefs and biases such as gender, age, and own socio-cultural background, influenced to a minimum the process or outcome of the study.

The study participants live in Jakarta or at the outskirts of the capital city;

therefore, the generalisability of the findings to other parts of the country will not be known.

6.6   RECRUITMENT OF RESEARCH PARTICIPANTS AND SAMPLING

Two different strategies were followed to suit the two data-generation phases of the study.

6.6.1   Sampling of the panel of experts for the first phase

A list of 27 experts in the field of HIV and AIDS in Indonesia was set up consisting of representatives from various disciplines such as Epidemiology, Public Health, Sociology, Human Rights, and Gender perspectives. Experts were purposefully selected among members of *aids-ina*[26] or contacted via their referrals. They included representatives from the academic sphere, international institutions such as UNAIDS and WHO, government sectors such as the AIDS Commission and the Ministry of Health, and local NGOs. The researcher engaged two experts to comment on the accuracy and validity of the final list of panellists prior to the conduct of the online discussions using the Delphi technique.

The inclusion criteria for the experts were as follows:
1) To be or to have been involved in HIV and AIDS prevention in Indonesia
2) To be knowledgeable in terms of the national HIV and AIDS policies and affairs and of the types of issues involved
3) To be willing to participate in the Delphi process which involves participation both in consensus building and in online discussions

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[26] *aids-ina* (www.aids-ina.org) is a portal for the Indonesian AIDS community which was developed in 2006 from a mailing list started in 1996. This online discussion group includes representatives from NGOs and government sectors, AIDS experts from various disciplines and professional backgrounds, as well as individuals concerned with AIDS.

Potential candidates were considered qualified as an expert if they fulfilled at least two of the criteria below:

- Authored materials related to HIV and AIDS in Indonesia in the form of information leaflets, books, journal articles, books or teaching notes
- Attended and presented their work at meetings, conferences or training
- Were among the top management in their organisations, specifically dealing with HIV and AIDS-related issues
- Were known as respected professionals and/or were active contributors on the online national AIDS discussion board, *aids-ina*

A participant information sheet (see Appendix 3) was sent to them prior to participation and their confirmation of participation and their response to online questionnaires were considered informed consent. As a token of appreciation for their contribution to the online discussions, a small gift was offered to each participant at the end of the exercise.

6.6.2 Sampling of the women for the second phase

A total of 28 women was purposefully selected for face-to-face interviews. Twenty seven of these were women in the age groups of 17 to 40 years, while one was 57 years old.

The women were recruited through known social gathering places or via referrals in specific cases where it might have been difficult to locate them otherwise.

The inclusion criteria for the women were as follows:
1) General inclusion criteria: women between 17 and 40 years old living in or around the capital city of Jakarta from various socio-economic, religious and ethnic backgrounds, occupation and marital status
2) Specific inclusion criteria for groups of women within the sample: women living in polygamous and contract marriages, women who had entered

marriage at an early age, and women who had experienced the *Sharia* law

The minimum age of 17 was selected because it is the age of majority in Indonesia, reflected by the fact that at this age Indonesians are entitled to a national identity card for the first time, although the minimum age at marriage is 16 for women and 18 for men. The maximum age of 40 was selected because it marks a later stage in a woman's reproductive age. Moreover, women in the age span of 17 to 40 years old are known to be most vulnerable to HIV infection because they are regarded as sexually active.

However, the researcher took the liberty of including in her sample one woman who did not fill the above age criteria. This woman – 57 years old – is a second wife in a polygamous marriage and comes from an affluent background. Recruiting women in polygamous marriages from such an economic background is known to be difficult although for reasons that remain unclear. These women tend to not be open about their lived experiences, contrary to women from the lower socio-economic strata. Seizing the opportunity to gain understanding of the views and perceptions of such a woman seemed to justify her inclusion in the sample, as the idea behind this study was to cast a wide net so that even small groups in the population were represented.

As mentioned above, a preliminary questionnaire addressing the personal characteristics of the participants, including age, religion, ethnic background and the range of their family's income, was given to the respondents before the interview, together with the informed consent form.

The sample may not correspond exactly with official statistics on Indonesians' socio-economic or ethnic group backgrounds, but the researcher strived for as much diversity as possible in it. In its final composition, the sample appeared to be reasonably representative of even small groups in the population:
1. Socio-economic backgrounds:
   - 21 women were from the lower or lower-middle socio-economic class

- 7 women were from the upper-middle or upper socio-economic class, 6 of whom employed servants in their homes, ranging from 1 to 3 persons.

2. Religious backgrounds:
   - 25 women (approximately 90 per cent) were Muslim
   - 1 woman was Catholic
   - 2 women were Protestant

3. Ethnic backgrounds:
   - 9 women were Javanese
   - 5 women were Sundanese (note: the ethnicity is Sunda)
   - 8 women were from other ethnic backgrounds
   - 6 women were from mixed-ethnicity

4. To adequately represent women with specific inclusion criteria, the following groups within the sample were established:
   a. 6 women in polygamous marriages, one of whom was from the upper socio-economic category, as mentioned above. As it was also important to have the perspective of "first wives" as well as that of "second wives", women from both categories were specifically recruited
   b. 6 women in contract marriages
   c. 3 women who had married at a very young age
   d. 3 women from Aceh in order to allow the researcher to talk about the lived experience, views and perceptions of women living under *Sharia* law

The researcher ensured that the women were spread, although not evenly, across the three age groups chosen as criteria (youthful women, women in their middle and in their later reproductive age spans). They were divided as follows:
   a. 6 women were from the age group between 17 and 21
   b. 7 women were from the age group between 22 and 30
   c. 14 women were in the age group between 31 and 40
   d. In addition, 1 woman was 57 years old

Furthermore:

- 23 women were married
- 1 woman was a widow
- 4 women were single

Within the sample, only eight women were working outside the family, some on a part-time basis. While the large majority of the respondents were so-called "home makers", some conducted business activities inside the family.

The sampling for this phase of data collection was a purposive, non-proportional quota. The researcher was sampling with a purpose – hence the term "purposive sampling" (Trochim 2006). In nonproportional quota sampling, numbers of participants do not have to match all the proportions in the population. The minimum number of units in each chosen category of the sample was specified by the researcher, that is, socio-economic, religious and ethnic backgrounds, and she simply strived to have enough participants to ensure that even small groups in the population could be discussed, that is, women living in polygamous and contract marriages, women who had experienced the *Sharia* law and women who had entered marriage at a very young age. This method is the "*non-probabilistic analogue of stratified random sampling in that it is typically used to make sure that smaller groups are adequately represented in your sample*" (Trochim 2006:n.p.). The goal in this study was to cast a wide net.

6.7   DATA ANALYSIS AND INTERPRETATION

Below, data analysis and interpretation of the Delphi technique and the qualitative phase of this study are described in detail.

6.7.1   Data analysis and interpretation of the Delphi technique

According to Hasson and Keeney (2011), it is extremely difficult to gauge methodological rigour in the Delphi technique, owing in part to continual

modifications and the ongoing epistemological debate. While the scant studies exploring rigour are mainly experimental, component specific and outdated, Hasson and Keeney (2011) recently discussed the literature on establishing rigour in Delphi studies, that is, reliability, validity and trustworthiness which constitute methodological trinity. The principal forms of establishing rigour presented by these authors include corroborating results with relevant evidence in the field for each Delphi and the application of rigour using both qualitative and quantitative measurements. These authors insist on the application of measures of rigour for both qualitative and quantitative measurements to each Delphi study and the confirmation and verification of its findings in order to help enhance future development and utilisation of this technique.

As mentioned earlier, the Delphi technique is not always about reaching a consensus. In fact, the Policy Delphi, which was first introduced in 1969 and reported the following year, seeks to produce the strongest possible opposing views regarding potential solutions to solve a major policy issue (Turoff 1970). A policy issue, according to Turoff (1970), is one for which there are only informed advocates and referees, not experts. The expert must compete with the advocates for concerned interest groups within the society or organisation involved with the issue and become an advocate for effectiveness or efficiency. Therefore, Policy Delphi is not a mechanism for making a decision but a tool for the analysis of policy issues. With the aim to expose the principal pro and con arguments for all the differing positions that are exposed, it can be given to 10 to 50 people to precede a committee activity. Once the Delphi study has been completed, the results can be utilised by a small workable committee to formulate the required policy (Turoff 1970). According to this author, any one or any combination of the following objectives should be served by a Policy Delphi:

1. To ensure that all possible options have been put on the table for consideration
2. To estimate the impact and consequences of any particular option
3. To examine and estimate the acceptability of any particular option (Turoff 1970:83)

The researcher believed that all the above objectives generic to a Policy Delphi were met in her own study. To ensure that all possible options were considered, the list of objectives submitted for scoring included not only those based on the researchers' own observations, but also the results of her interviews with various stakeholders involved in HIV and AIDS prevention. Suggestions from the panellists in the first round of the Delphi were incorporated into the second round. The impact and consequences of any particular option were then discussed individually with the panel members who gave a low score to a given statement. As for the estimated acceptability of any particular option, this was clearly indicated by the results of the scoring in each round of the Delphi exercise.

According to Turoff (1970), a Policy Delphi is a very demanding exercise for the design team as well as for the participants. The six phases in the process are:

1. Formulation of the issues under consideration
2. Exposing the options, i.e. what are the policy options available to a given issue?
3. Determining initial positions on the issues, i.e. identifying the ones everyone already agrees upon and the unimportant ones to be discarded, and determining the ones exhibiting disagreement among the respondents
4. Exploring and obtaining the reasons for disagreements, i.e. determining the underlying assumptions, views, or facts that are being used by the individuals to support their respective positions
5. Evaluating the underlying reasons, i.e. how does the group view the separate arguments used to defend various positions and how do they compare with one another on a relative basis?
6. Re-evaluating the options, based upon the views of the underlying "evidence" and the assessment of its relevance to each position taken (Turoff 1970:84)

As mentioned earlier, the Delphi technique is about consensus building among a

panel of experts. Owing to differing backgrounds and experiences (despite a common interest in HIV and AIDS), it was understandable that perceptions about various options that were put forward varied among the panellists and led to a wide range of scores and, therefore, for some objectives, to a lack of consensus. The process was, therefore, demanding for the researcher as well as for the panellists because each round entailed individual discussions between the researcher and the panellists who had given a low score to a given statement. These private discussions were meant to clarify the reasons behind the low scores and to find out whether there were alternative solutions they wished to propose for particular issues being discussed. By the end of the third and final round, however, the researcher believed that this study had achieved all the above phases described by Turoff (1970).

Most Delphi studies on policy try to maintain a three- or four-round limit by employing the following procedures:

1. By the monitor team devoting a considerable amount of time to carefully reformulating the obvious issues
2. By seeding the list with an initial range of options but allowing for the respondents to add to the lists
3. By asking for positions on an item and underlying assumptions in the first round (Turoff 1970:84)

In this study, three rounds were conducted, spanning a period of three months and a half. In the first round, based on her interviews with various stakeholders involved in HIV and AIDS prevention and her own observations, the researcher proposed an initial set of objectives to the panel and asked the participants to suggest additional objectives. In the second round, these were integrated into the initial list and submitted to the panel for scoring. An extension of 15 days was necessary to complete the Delphi procedures as the third round had to involve two phases, each of which lasted 15 days. In the first phase, considering the persistent lack of consensus among a good number of objectives, the panellists were asked to reformulate their suggested statements and/or background notes, mainly

because these were wrongly interpreted by the panel. In the second phase, these reformulations were put back on the table for a final scoring and contributed to an increased consensus.

Rating scales must be established for the ideas expressed by the panellists, such as the relative urgency, desirability, feasibility, and confidence of various policies and issues (Turoff 1970). To resolve a policy issue, it is usually necessary to assess both desirability and feasibility, given that a significant number of items may be rated undesirable and feasible or desirable and unfeasible, and may lead to the development of new options. The above scales, according to Turoff (1970), must furthermore be carefully defined so that the individual panellists clearly understand the difference between concepts such as "important" and "very important".

The researcher provided the working definition for the words used in the rating scales, as follows:
1. Urgent   requiring immediate action or attention
2. Trivial   of little value or importance
3. Feasible   possible to do easily or conveniently
4. Desirable   wanted or wished for as being an attractive, useful, or necessary course of action

Furthermore, in each round, the scales were clearly defined. In the first round, for example, the following was specified:

       1 = very urgent

       2= urgent

       3 = may/may not be urgent

       4 = trivial

       5 = highly trivial

Turoff (1970) suggests that panellists should be shown examples of the format of their comments, for example, by specifying that they should be short and specific.

In this study, however, the researcher sent individual emails to those panellists who had assigned low scores in order to obtain their clarification about such scores. Although she did not receive replies from all of them, she was able to understand from those who did reply, why such and such objective was deemed trivial, unfeasible or undesirable and this enabled her to reformulate the objectives or specify certain things in the background notes in the following rounds. As regards the additional objectives, the researcher forwarded the comments from other panellists to those who had suggested them in order to allow the reformulation of their statements and/or background notes.

6.7.2 Analysis and interpretation of the qualitative data

The rationale for showing there is "*agreement between constructs/interpretations and the meanings held by respondents*" was addressed by the researcher (Reid & Gough 2000:67). The researcher followed a grounded theory approach to reduce, analyse and reconstruct the data for the qualitative phase of data-gathering. According to Glaser and Strauss (1967), grounded theory refers to the discovery of theory from data obtained from social research in a systematic manner. It involves the following:

6.7.2.1 Defining a substantive area

The study was about the perspective of the interviewees of the substantive area (the area of interest here being Indonesian HIV and AIDS policy and gender dynamics).

6.7.2.2 Open coding

Data collection and open coding were undertaken simultaneously and continued until conceptual categories become apparent. The main concerns of the

participants in the substantive area were continually resolved by these categories or concepts that are related to each other as a theoretical explanation of their actions.

Since data analysis involved verbatim responses to open-ended questions, the data were first examined without the application of any filters and without any limitations in their scope to allow for patterns to emerge which might lead to phenomena of interest (Jones, Kriflik & Zanko 2005). When coding was done, a wide variety of information was reduced to a smaller set of attributes with something in common. Then a number was assigned to each initial code and a maximum number of codes to each verbatim response was decided, usually not more than six since respondents rarely provided more than six ideas when answering a question. To allow more flexibility when the data were examined, some detail was retained when coding. The researcher continually compared data, looking for similarities and differences, and sometimes had to collect more data as she proceeded.

As suggested by Borgatti (n.d.), the researcher read each comment made by the participants to answer general questions. These included: "What is this about?" (which led to the discovery of the variable that accounted for the most variation, known as "core variable"). "What is being referenced here?" and "What is happening in the data?".

6.7.2.3   Memo writing

The researcher recorded, in the form of memos, any reactions, thoughts and ideas which emerged from her data collection activities, from the first interviews with the participants to the coding exercise, data analysis, and write-up of her findings. Ideas are fragile and, therefore, were written down as soon possible (Simmons n.d.).

6.7.2.4   Sorting memos and finding theoretical codes

The researcher then obtained an outline of the emergent theory by performing a conceptual sorting of memos, to demonstrate relationships among concepts. More memos and sometimes more data collection often arose from this process. The first draft of the write-up was based on the completed sort and was further polished and refined into a final draft.

6.7.2.5   Reflexivity

In addition to the above, the researcher was reflexive throughout the memoing, data analysis and draft write-up process. A mental process in which the researcher thinks about things by going back over them may be called reflexivity (Tripp 1998 as cited in Phelps & Hase 2002). As Mauthner and Doucet (2003) remark, social science research acknowledges the importance of being reflexive but rarely addresses the difficulties, practicalities and methods of doing it. These authors argue that data analysis methods reflect, and are imbued with, epistemological, theoretical and ontological assumptions. These assumptions include subjectivities, conceptions of research participants, and perceptions about the construction and production of knowledge. Therefore, they are not just neutral techniques. Quoting Boulton and Hammersley (1996 as cited in Mauthner & Doucet 2003) and Mason (1996 as cited in Mauthner & Doucet 2003), they stress the necessity for researchers to reflect on and record their interpretations, and to remember that the validity of their interpretations is dependent on being able to show how they were reached.

Mauthner and Doucet (2003) also demonstrate how research processes and outcomes can be greatly influenced by the ontological and epistemological assumptions embedded within data analysis methods and how they are used, and by more neglected factors such as interpersonal and institutional contexts of research. In other words, when analysing her data and writing up her study, the

researcher acknowledged or took into account fully her subjectivity. First, she was more specific about the ontological, epistemological and other assumptions informing her research, and in particular how she interpreted the participants' accounts of their lives. Second, she was more critical of her accounts and those of her respondents by taking into consideration the conditions and constraints under which they were produced.

6.7.2.6   *Thick and rich description*

Although inter-study replication is not a concern for qualitative researchers, the researcher was concerned with substantiating findings across similar situations over time. Given that corroboration is only possible when there is in-depth understanding of commonalities that may exist among situations, the main functions of thick and rich description are to provide understanding of relevance to other settings. To draw the reader more closely into the narrative to evoke a sense of connection with and feelings for the participants in the study and to increase coherence is another purpose of thick and rich description (Creswell & Miller 2000 as cited in Carlson 2010).

6.8   ETHICAL CONSIDERATIONS

Partly as a result of increased public concern about the limits of inquiry and also as a consequence of change in human rights legislation and data protection, ethical considerations across the research community have come to the fore (Social Research Association [SRA] 2003:7). Responsibility entails the establishment of clear lines of accountability for the redress of grievances, from which no field of human activity can be excused, and bearing in mind the consequences of one's actions upon others. Systems for "research governance" were established as a result of increased concern for accountability. These are ways of discovering and sharing information that are open to the public and are considered to be bound by the highest ethical standards (SRA 2003:7). Ethical

considerations included:

6.8.1 Confidentiality

Some risk of disclosure is always present; therefore, the researcher had to guarantee that all reasonable steps were taken to prevent the disclosure of identities. Research data are not concerned with individual identities. They are not collected to answer "who?" but questions such as "what?", "how many?", "how often"? Therefore, they refer only to specific population, not to a particular individual. The identities and records of research participants were kept confidential, even if confidentiality was not explicitly pledged. The raw data would be destroyed when the result of the studies had been approved/accepted or published. Generally, these are kept for a maximum of five years.

The researcher kept her data stored safely and took the necessary measures to prevent them from being published or released in a form that would allow the disclosure or inference of any research participant's identity. Many methods are available to reduce the risk of confidentiality breach, the first one being anonymity. Therefore, pseudonyms were assigned to respondents, considering that data with no identities are difficult to trace back to individuals or organisations. However, an individual's identity can often be revealed beyond a reasonable doubt by a particular configuration of attributes, just like a fingerprint (SRA 2003:38). The researcher, therefore, ensured that identities could not be inferred from her data.

6.8.2 Informed consent

Informed consent allows research participants to participate or refuse to participate in a study where they will take risks for the benefit of others, based on informed and voluntary choice. This, according to Cahana and Hurst (2008), authorises the researcher to intrude in a person's private sphere. Interest in exploring the quality of informed consent and the strategies to improve the elements of informed

consent is a relatively recent development (Cahana & Hurst 2008). While disclosure, voluntariness, understanding, and decision-making capacity, are generally the main elements of informed consent, the importance of trust and good information in motivating research participation is stressed upon by these authors. A researcher must prove him- or herself worthy of trust and not allow false expectations. Better information to the respondents seems to have a small negative effect on research recruitment and may decrease anxiety.

The informed consent form used in this study was explicit in terms of what was expected from the study, how the respondents' participation would contribute to the achievement of the research objective, and why the research was important (see Appendix 4). It also underlined the voluntary nature of the respondents' participation. The researcher may, in some cases, feel that a sense of duty to participate should be encouraged in order to minimise volunteer bias, "*considering that a subject's participation may be based on reluctant acquiescence rather than on enthusiastic co-operation*" (SRA 2003:29). Nonetheless, consent is considered adequate if it falls short both of full-hearted participation and implied coercion (SRA 2003).

Offering money for research participation may constitute undue influence or coercion which may compromise the voluntariness of the potential research participants' informed consent and distort their judgment. Grady (2010), who explores this issue, argues that a moderate amount of money to compensate for the participants' time or contribution may be an indication of respect, rather than constitute an undue inducement. In this study, the women participants were given Rp. 100 000 (US$ 10) for their participation. Many have in fact refused to receive the money. They said that they did not expect to be compensated and were just glad to be of help, but the researcher insisted that the small amount of money was meant to compensate for the time they had willingly allocated to answer questions in the study.

6.8.3 Permissions

Ethical clearance for this study was sought and obtained from the Ethics Review Subcommittee of the Department of Sociology at UNISA (a copy is attached as Appendix 5).

6.8.4 Provisions for debriefing, counselling and additional information

Although the respondents in this study did not fall into the category of "vulnerable women", the researcher intended to provide for debriefing or counselling sessions for the participants, as sensitive issues might be uncovered during the qualitative interviews with the women respondents, particularly those who were in a polygamous marriage. Only one woman who was in a polygamous marriage needed debriefing.

6.9   PRE-TEST OR PILOT STUDY

Before the actual conduct of the Delphi exercise, the researcher performed a pilot Delphi with the help of friends to evaluate the clarity of her statements. For the qualitative data-gathering method, the researcher conducted a pre-test study involving a couple of women last year, mainly to evaluate the adequacy of her questions and to be able to revise them if necessary.

6.10   CONCLUSION

The aim of this study was to investigate the advantages and disadvantages of current and possibilities for future HIV and AIDS policies that address the vulnerability of women and are in pace with the Indonesian context and changing epidemic. The methodology used in this study comprised three phases: namely, an interview with various stakeholders involved in HIV and AIDS prevention, a Delphi exercise conducted among a panel of HIV and AIDS experts, and in-depth

interviews with 28 women. The researcher believed that the methodology chosen was appropriate, as it enabled her to meet the main objectives of this study, which were as follows:

1) Isolate major issues in Indonesia's current AIDS strategy deemed problematic by various stakeholders involved in the planning and implementation of HIV and AIDS programmes

2) Investigate factors that account for the gendered nature of the current HIV-infection and waged employment patterns by gaining insights in particular into the role of social norms and institutions which may be significant contributors

3) Propose solutions to enhance the current national HIV and AIDS strategy

In the next chapter, the findings of the Delphi phase are described in detail, while those of the qualitative phase appear in Chapter 8.

CHAPTER 7: FINDINGS FOR THE DELPHI PHASE OF THE STUDY

7.1   INTRODUCTION

One of the aims of this study was to isolate major issues in Indonesia's current HIV and AIDS strategy deemed problematic by various stakeholders involved in the planning and implementation of HIV and AIDS programmes. To fulfil this aim, this study comprised two phases: the first phase, namely the Delphi phase, included interviews with various stakeholders involved in HIV and AIDS prevention followed by a Delphi exercise in which 24 HIV and AIDS experts participated. In this chapter, the results of the Delphi phase are described. Those of the second phase will appear in Chapter 8.

Based on her own observations and information collected among HIV and AIDS stakeholders during the pre-data gathering as well as her interpretations of other countries' achievements in controlling their HIV and AIDS epidemics, the researcher intended to view Indonesia's epidemic through a perspective informed by complexity theory in order to identify potential sources of novelty in the form of tiny changes that might generate a big difference to Indonesia's programmes. The strategy was to propose to the government a set of objectives that were likely to create a new, more efficient system of prevention and treatment if implemented at the policy level.

To this end, the Delphi exercise was meant to gain the approval of a panel of HIV and AIDS experts for a set of objectives encompassing prevention and treatment policies intended for the risks groups and the general population, as well as various policies to facilitate HIV and AIDS programmes in the country and enhance the coordination task of the Indonesia National AIDS Commission (INAC).

7.2 RESULTS OF THE PRE-DATA GATHERING INTERVIEWS WITH STAKEHOLDERS

The researcher began gathering data from various stakeholders prior to the conduct of the Delphi exercise in order to complement her information on a number of HIV and AIDS issues previously collected, to ensure that important objectives were included in the list to be submitted to the panel of experts. Communication generally took place face-to-face, mainly in the stakeholders' respective offices, often followed up by emails, prior to the implementation of the Delphi exercise. One expert who was not a Jakarta resident was interviewed by email only.

Some of the stakeholders interviewed were participants in the Delphi exercise and agreed to be named in the thesis as panellists. In reporting the results of the stakeholders' interviews, however, anonymity was maintained and pseudonyms were, therefore, used except for the Minister of Health, as interaction with the researcher occurred at a seminar. Nonetheless, the researcher wished to clarify that most of the stakeholders were high-ranking officials in their respective organisations. They included:

- Prof. Wirasno, lecturer at the University of Udayana and Director of an NGO
- Dr Purwanto, lecturer at the University of Indonesia
- Dr Nafsiah Mboi, Minister of Health in Indonesia
- Dr Sitompul, Indonesian AIDS Commission
- Mr Carrico, UNAIDS Indonesia
- Mr Lewick, Australian Agency for International Development (AusAid)
- Dr Sudoyo, Directorate of Intermediate Studies, Ministry of Education and Culture of Indonesia
- Ms Ichsan, IBI (Indonesian Association of Midwives)
- Dr Novanto, Indonesian AIDS Commission
- Dr Nurul, AIDS and STI Sub-Directorate of DTDC Directorate, Ministry of Health of Indonesia
- Mr Hardianto, Harm Reduction, Indonesian AIDS Commission

The above stakeholders represented various organisations or institutions concerned with HIV and AIDS and were thus expected to provide a diversified view of the epidemic. It is not clear whether their gender may have shaped their standpoint, but gender should not be used as a measure for establishing generalisations or drawing contradictions since this would be a continuation of traditional science and therefore contradict the tenets of complexity theory.

7.2.1. VCT versus PITC, and PMTCT issues

Mr Carrico suggested that HIV testing based on PITC rather than VCT should be conducted among pregnant women in all ANC centres, including *puskesmas*, *posyandu* and among clients of village midwives.

For many involved in HIV and AIDS prevention, unfortunately, "opt-out" testing – a term often used when discussing PITC – remains difficult to accept because this procedure does not require pre-test counselling and only provides post-test counselling to those whose tests come back positive. The fact that PITC is also a testing procedure endorsed by WHO and UNAIDS is often disregarded and such tests are frequently perceived as a violation of human rights because patients are assumed to have been deprived of relevant information before being tested. The topic was intensely discussed at *aids-ina*, which curiously manifested as a public health versus human rights debate[27].

The researcher agreed with Strode, Van Rooyen and Heywood (2005) that framing a debate as "public health versus human rights" is an artificial polarisation that detracts from the key issues. For Indonesia, the main issue was: What is the best way to scale-up the number of people undergoing HIV testing in a country where test uptakes have remained low, with fewer than 0,2% of the population

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[27] These discussions took place for several days in late March 2013 at *aids-ina.*

aware of their HIV status?

Obviously, there could not possibly be only one testing procedure that might be expected to turn into a panacea in a given country. As Austin-Evelyn (2011) points out, testing procedures are not standardised although VCT constitutes the mainstream HIV testing approach. The context in which health care is situated, that is, its environment, resources and philosophy, mainly determines HIV testing (Nel 2010 as cited in Austin-Evelyn 2011). The main problems deterring VCT include stigma and discrimination, lack of knowledge about HIV and AIDS and limited access to VCT centres, which also apply in Indonesia. In Indonesia, levels of HIV and AIDS knowledge in 2011 decreased from the already low rates reported five years earlier (IMOH 2011c), while fewer than 400 VCT centres were available in the country by 2011 (Purnomo 2011).

Limited access to VCT centres may be a major problem in countries with low testing uptakes, but one needs to be aware that barriers to VCT may also include a lack of motivation, for example in Bela-Bela, South Africa (De Koker, Lefevre, Matthys, Van der Stuyft & Delva 2010) as well as a lack of awareness of the risks of HIV. This means that small numbers of people will be motivated to get tested, even if there *are* plenty of VCT centres available. The low figure of people having been tested certainly raises concerns, given that the epidemic cannot not be controlled unless most of those at risk are aware of their HIV status (CDC 2013). The situation is all the more distressing considering that the universal goal now is "getting to zero" (zero new HIV infections, zero discrimination, and zero AIDS-related deaths) – a theme under which World AIDS Days were held between 2011 and 2014 and will be held between 2014 and 2015 (Haghdoost & Kamamouzian 2012), which implies that the epidemic must first be brought under control before a country can be on its way to "getting to zero".

An HIV test is the only health test in the world that requires counselling, and because VCT has been the mainstream HIV testing protocol, many have thus come to view HIV testing without counselling as a violation of human rights. Yet,

VCT itself is certainly not devoid of human rights implications, that is, missing the opportunity to be diagnosed with a treatable disease will lead to death (Strode *et al* 2005). Since the introduction of VCT, notably in many sub-Saharan African countries, increasingly high incidence rates of HIV have been observed (Austin-Evelyn 2011). As argued by Dr Zubairi Djoerban[28] it would take 19 years for a counsellor to get 1 million people tested (non-stop) through a rapid VCT procedure which involved 10-minute counselling. Based on his calculations, no fewer than 1 552 years would be necessary to get one third of Indonesia's population tested.

Furthermore, pre-test counselling requires consent. According to De Cock *et al* (2002 as cited in Strode *et al* 2005), an "exceptionalist" insistence relying on informed consent, which is sometimes described as a Western medical concept, is the main deterrent to HIV testing uptake. These authors claim that routine "opt-out" testing should not require consent or pre-test counselling if all clients are informed that routine testing is part of the package of services which they are voluntarily attending.

Although in a somewhat *ad hoc manner,* HIV routine testing has been increasingly implemented across the world because VCT now acts as a bottleneck that hinders rapidly increased access to treatment (Strode *et al* 2005). This excludes Indonesia, however, where PITC remains limited despite the fact that a regulation on PITC was already introduced in 2007 (Sutriani 2009). As routine testing promises to capture those who do not see themselves as at risk but are vulnerable, PITC should enable a greater number of HIV-infected individuals to be motivated to change their behaviour after knowing their status and to prevent transmission. They will also be able to seek care, support and treatment (UNAIDS 2003 as cited in Strode *et al* 2005). If widely implemented in Indonesia, this method may help to fill the gap, particularly as far as pregnant women are concerned, considering that married women now constitute one of the largest groups of people living with AIDS.

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[28] Dr Zubairi Djoerban, a medical doctor and lecturer at Indonesia University, is well-known for his contribution in the early days of the HIV epidemic in Indonesia. His comments were forwarded to *aids-ina.*

Mr Carrico was particularly concerned about the small number of pregnant women receiving ARV drugs to prevent HIV transmissions to their newborns and the lack of data from ANC centres. He said that by reading reports about Indonesia's programmes implementation, one would be led to think that significant progress had been made, but one would be surprised to find that there were in fact few real data, especially where ANC centres were concerned, as many of them were merely based on estimates.

According to Dr Nurul, the Ministry of Health was preparing a new policy for pregnant women, which entailed providing them with HIV and syphilis tests as part of the standard health screening. However, this would first be implemented in regions with a high incidence of HIV infections. As far as PMTCT services were concerned, only Prong 1 and 2 would be made widely available, while Prong 3 and 4 would be implemented selectively in regions with high incidence rates because, she argued, there were approximately 5 to 7 million pregnant women yearly, which implied a huge increase in costs (mostly for reagents) which might not be justifiable, given that Indonesia did not have a generalised epidemic. Before a pregnant woman could be encouraged to attend a PMTCT programme, however, she must first know whether she was HIV-infected and before she was motivated to be tested, she must be made aware of HIV and AIDS risks.

Discussions with stakeholders about this topic were meant to consolidate the basis for suggesting PITC as part of routinised testing for pregnant women as one of the main objectives to be proposed to the panel of experts.

While the first round of the Delphi exercise was in motion (February 1st to 28th 2013), the researcher learnt that the circular on PMTCT (No. GK/MENKES/001/I/2013) mentioned by Dr Nurul had just been introduced, although it was dated January 2nd 2013. The letter called for the integration of PMTCT services into other mother-and-child health care services as well as into those for family planning. This implies that all women accessing the above

services must be routinely informed about PMTCT. This is a significant move considering that many women remain unaware of the possibility of preventing mother-to-child HIV transmissions, as also attested by women interviewed in this study, as described in Chapter 8. For regions with an expanding [29] and concentrated epidemic, health providers are required to offer HIV testing as part of routine testing to all pregnant women, whereas for regions with a low-level epidemic, such tests are to be offered specifically to pregnant women with STI and tuberculosis (TB). Since HIV tests are to be part of routine testing for pregnant women, one can reasonably assume that these will be based on PITC, not VCT.

The Indonesian Demographic and Health Survey revealed that among women who had a live birth within five years preceding the survey, 96% received antenatal care from a skilled provider (AIDSdatahub 2013). However, while 20% received care from a doctor or an obstetrician, 75% received care from a nurse or a midwife. More specifically, according to Ms Ichsan, 58% of women sought the help of midwives. It is, therefore, interesting to note that the circular on PMTCT only addresses health care providers in *puskesmas* and hospitals while the majority of women are in fact cared for by midwives. In Ms Ichsan's view, this was because doctors wanted to *"take over all the services". S*he explained that the job of physicians had mostly been taken over by specialists, which left them with little to do. So, in turn, they took over the jobs of midwives.

As a matter of fact, through IMOH regulation No. 1464/2010 (IMOH n.d.(c).), midwives were no longer allowed to give immunisation and family planning services such as injections and IUDs, except those who worked for government projects. Such an arrangement did not work out, however, because doctors were not consistently available during working hours. *"They emerge and submerge like submarines,"* Ms Ichsan remarked. To fill the gap, midwives were then asked to give a hand. Since IBI's members were widely dispersed, they were often requested by the government to support various national programmes, such as

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[29] The researcher was glad to note that the word "expanding" was used in the circular despite the Minister's earlier comments - see below).

family planning, TB, *posyandu*, and a new initiative called *Kelas Ibu* (Mother's Class) which involved training of trainers, that is, women who consulted midwives were trained to train women in their communities about pregnancy care (including infections prevention), with the aim of reducing maternal mortality rates. However, Ms Ichsan resented the fact that midwives had to work under doctors' shadow and were given no authority of their own. She commented: *"It doesn't seem fair that midwives have to do doctors' job while doctors get all the credit."*

In 2011, according to Ms Ichsan, there were 240 000 midwives in Indonesia, roughly half of whom were members of the Indonesian Midwives Association (Ikatan Bidan Indonesia [IBI]). IBI had representatives in all 33 provinces, comprising 485 regional branches and 2090 sub-regional branches. So far, no specific programme in HIV and AIDS has been implemented among midwives. Ms Ichsan said she would approve of a regulation that required all pregnant women to be tested for HIV, including those who sought the help of midwives, but expressed concerns about additional costs that might become a burden and the lack of public education about the disease which she believed perpetrated stigma, supporting the claim by Lyn and Wulandari (2011) that stigma in Indonesia has mainly arisen from widespread ignorance about HIV and AIDS.

IBI also provided training for midwives in private practice through a programme called *Bidan Delima*. Although all midwives were under the responsibility of the Ministry of Health, those in private practice did not receive any training from the government. So far, according to Ms Ichsan, *Bidan Delima* only included a small number of midwives in private practice (around 8 000 out of a total of 35 000) but the number was steadily increasing.

Regarding the social health insurance which was expected to be effective nationwide in 2014, Ms Ichsan, interestingly, did not think that the cost of deliveries should be covered under the scheme because women generally planned their pregnancies and were, therefore, expected to have prepared the necessary budget. In her view, offering free deliveries was rather "disempowering".

Upon the researcher's remark that the social health insurance was mainly intended for the poor, she claimed that many people actually *pretend*ed to be poor in order to get the benefits, by providing fake supporting documents which were easily obtainable. While it remains to be seen whether a large proportion of people with means will actually take advantage of the medical coverage designed for the poor, providing low-cost comprehensive reproductive health care services for women which include information about HIV and AIDS and HIV tests based on PITC should be seen as an important step aimed at helping infected women to learn about their status and hence prevent transmissions to their newborns. This is consistent with the argument by Strode *et al* (2005) that failure to do so has human rights implications. HIV test mainstreaming also appears consistent with efforts to normalise HIV and AIDS.

7.2.2 Epidemic classification and HIV and AIDS education for the general population

The reason for epidemics being classified, according to Mr Carrico, was to raise awareness about the danger of not focusing interventions on MARP groups. MARP groups had great potential to spread the disease to the general population, especially in settings in which HIV prevalence rates among the risk groups were 5% or above. Mr Carrico believed that this five per cent threshold which indicated a strong potential for the epidemic to spread outside the risk groups, might have been decided upon by experts on account of the multiplying effect that occurs when the virus begins to spread at this level or above. In the researcher's view, however, despite a focus on interventions intended for risk groups, containing the epidemic within these groups was problematic if the general population was left without any education about HIV and AIDS. It seemed unrealistic to presume that outreach programmes had the capacity to touch "all" members of the risk groups, while interactions among members of the risk groups and those of the general population occurred on a daily basis. Furthermore, many members of the risk groups might already have been "unknowingly" infected and were thus likely to

spread the virus to others, considering that fewer than 500 000 people had been tested in Indonesia (IMOH 2010b) and in light of the significant increase in the incidence of new HIV infections (IMOH 2012). As pointed out by CDC (2013), the HIV epidemic cannot be controlled unless most of those at risk are aware of their HIV status.

Confirming Mr Carrico's remarks about the lack of reliable data in Indonesia, Dr Lewick, on his part, stressed that while data were critical for decision-making, even those from the IBBS survey were insufficient because they did not encompass all the regions. Dr Lewick reiterated that while data on women were obtained mostly through sentinel surveillance, no reliable information was available on men. Many pregnant women were known to be HIV-positive, but the data did not indicate whether their husbands belonged to particular risk groups (such as injecting drug users, clients of sex workers or men who had sex with men). In particular, there was little knowledge about MSM in Indonesia, he said, as was the case in many conservative societies. Since homosexuality was stigmatised, many gay men had wives. To obtain information about these men, one must work through their networks and get them to reach one another. As the government was obviously not well placed to gain information on its own, it was important, he stressed, to work with the networks, NGOs and community-based organisations (CBOs).

Dr Lewick cautioned against a narrow focus on the type of epidemic in Indonesia because, he argued, there were many different epidemics running simultaneously. Based on current information, he concurred that the epidemic in Indonesia was still concentrated, although expanding, because it still occurred among the three main risk groups, that is, IDUs, sex workers and MSM. This was not entirely accurate, considering that married women were now one of the largest groups of people living with HIV in Indonesia. In fact, married women ranked second in terms of new HIV infections in several provinces, such as Jakarta (SP 2011). While the vast majority of the population did not engage in risky behaviour, the situation in Papua was different because, unlike other regions, unsafe sex was the cultural norm there. In Papua, he said, men and women had multiple concurrent sexual partners

and this had led to a generalised epidemic. These comments contradict those of Dr Purwanto who claimed that even in Papua, the epidemic was "not" generalised because there was one factor that was often forgotten, that is, transmissions rarely occurred through casual sexual contacts but mostly as a result of commercial sex. This was the reason, he thought, that the "Save Papua" programme was pointless as it was intended to test everybody in Papua while the epidemic was still mainly driven by commercial sex. The programme was apparently initiated by a former Health Minister, but Dr Purwanto was not sure where the funding came from except that some of it originated from domestic sources. At the time, according to Dr Lewick, an IBBS survey, sponsored by AusAid and USAID, was taking place in Papua, the results of which were scheduled to be released in July 2013.

From anecdotal results, he said, it appeared that prevalence rates were increasing and might already have reached around 4% among the general population. Contacted earlier this year, Dr Lewick mentioned that the report had not been released although preliminary results were available and had been shared with the Minister of Health. Surprisingly, he said, the bottom line of the report indicated that the regional HIV prevalence rate in Papua had in fact remained stable at 2,4%, although rates were significantly higher among ethnic Papuans in comparison with other ethnicities in Papua. In Dr Lewick's opinion, male circumcision apparently played a huge part in the containment of the epidemic, as prevalence rates among circumcised males were close to zero. While the news was good, one cannot help wondering why male circumcision, which appears to be effective in Papua, seems rather impotent in preventing HIV transmissions among men outside of Papua, as these men are generally circumcised owing to their Muslim religion.

Regarding public awareness campaigns, Dr Lewick thought that these should be targeted at certain groups of people, in particular young people. This could be done, for example, by recruiting some good ambassadors (for example, music stars, movie stars, or public figures) who were idolised by young people to act as spokespeople. Otherwise, such campaigns might not be worth the money invested in them, while increasing amounts of funding were needed for treatment.

Dr Purwanto further remarked that people tended to assume that when HIV prevalence rates among risk groups were high, efforts to curb the epidemic among the general population were too late – which might partly explain why the government appeared reluctant to reach out to the general population. Most available studies, he commented, were based on sexual transmissions, particularly in African countries. When the epidemic began to develop in Asia, experts thought that Cambodia's, Thailand's and Papua's epidemics would become generalised but they were wrong. Based on advice from experts, the Asia Commission then suggested a new set of classifications to reflect the state of the epidemic in Asia. According to Dr Purwanto, however, the Asian epidemic type modelling they developed was actually based on Thailand's epidemic modelling, not on Asia's. He strongly disagreed with such a modelling approach in light of Asia's heterogeneity. In other words, there could not be only one type of epidemic modelling applicable to all countries and sub-national regions in Asia. For example, he elaborated, if one talked about the epidemic in Indonesia, one could not only consider Papua's epidemic, and one also could not only consider HIV prevalence rates among pregnant women. Dr Purwanto was willing to wage his career that Indonesia's epidemic would never be anything near the African ones because there was a distinctly different pattern of behaviour among men and women in Indonesia. Here, he said, sexual transmissions tended to stop at women - or their children, but children who were born with HIV did not live long enough to infect others sexually. He argued that Indonesian women generally did not have multiple male sexual partners and were, therefore, unlikely to spread the virus they might have contracted from their long-term male partners to other men. He said, *"You cannot talk about the state of the Asian epidemic unless you also address the related behaviour."* Experts, he continued, later realised that transmission patterns in Asia were different and recognised that the epidemic would never reach Africa's proportions. UNAIDS failed to anticipate this. They did not account for transmissions through IDU, which did not exist in Africa.

Regarding the threshold of 1% used by UNAIDS to distinguish between low level

and concentrated epidemics on the one hand and generalised on the other, Mr Carrico admitted that it had been decided upon arbitrarily at a time when available data were mainly based on the African experience. While a new classification to accurately reflect the state of the epidemics in Asia was presumably being developed by UNAIDS and WHO, he pointed to the four types of epidemic scenarios at national or sub-national levels which had been suggested by these institutions, that is, early, expanding, maturing and declining which, in his opinion, seemed to make more sense. According to these scenarios, Indonesia's epidemic would now be "expanding".

At a seminar on women in October 2012, however, the Minister of Health did not seem to think that words mattered. Her comments to the researcher's suggestion to call Indonesia's epidemic as "expanding" rather than "concentrated" were: "*What's in a name*?" The Minister may have a point, but the connotative meaning of words is certainly no less important than their denotative meaning as it can affect the audience's emotional response. According to Noland, Daley, Drolet, Fetro, McCormack Brown, Hassel and McDemott (2004), two types of meaning can be produced by the mention of particular words: denotative, or referential, and connotative, or representational. The same word may be assigned entirely different connotative meanings by two people because people's previous experience and beliefs can influence representational interpretation of specific words (Osgood, Suci & Tennenbaum 1957 as cited in Noland *et al* 2004). In the researcher's view, the word "expanding" has the potential to emotionally trigger a wake-up call, whereas the word "concentrated", on the other hand, tends to lead to complacency. She agrees with Noland *et al* (2004) that the communicative value of language, under certain circumstances, may be altered and may create significant communicative roadblocks.

Mr Carrico agreed that public education about HIV and AIDS was important, but stressed that when one had a limited budget for prevention programmes, priority should be placed upon interventions for MARP. This view implied that the Indonesian authorities were not totally wrong to assume that there was no urgent

need to reach out to the general population in a country where the epidemic was still "concentrated". He admitted, however, that a lack of education about HIV and AIDS among the general population might lead to the stigmatisation of people living with HIV. Indirectly, therefore, he agreed that this, in turn, might obstruct testing uptakes.

Dr Sitompul, on his part, concurred that reaching out to the general population was important but pointed out that funding for public campaigns was a problem. In fact, as of January 2013, funding from the GFATM would only cover 60% of total programme needs. As a result, while the Indonesian government was committed to taking charge of national ARV costs, there would not be much funding left for programme management and prevention initiatives (such as outreach and peer support groups) that were generally channelled through and run by NGOs. He believed, therefore, that public education about HIV and AIDS should be narrowed down to reach specifically the general population *who are in direct contact with MARP*. The researcher pointed out to him that many people who were living with HIV did not know that they were infected and therefore, those around them, particularly their own families, were also unaware. Such an education, she argued, should be layered to form an "umbrella" education programme that would cover *everybody*, including those who were not aware of their and their families' HIV status. In the end, Dr Sitompul agreed that seeking donors or funding from corporate social responsibility (CSR) for this initiative might be an alternative. It needs to be remembered, however, that while the success – or failure – of such programmes may be measured by the level of enacted stigma among the general population, funders generally only give out funding for initiatives that can be measured by their direct outcomes and which generally cover a period no longer than one year at a time.

A focus on stigma reduction is obviously a critical component of a strategy aimed at scaling-up HIV testing and seems to lurk in the back of people's mind, but perhaps because of the perceived difficulties in obtaining funding for public campaigns, it often fails to be addressed as a policy. Dr Sitompul admitted that

people with leprosy were once stigmatised in Indonesia owing to a lack of knowledge about the disease which led to negative perception. Like HIV and AIDS, leprosy mainly affected poor people. Thanks to public education, such stigma had been greatly reduced although Indonesia currently still had the third highest number of new leprosy cases after India and Brazil (Webadmin 2012). *"Past best practices tend to be forgotten,"* he remarked, stressing that there was no reason to think that a similar programme might not work for HIV and AIDS.

The question now is whether in the absence of foreign or private donors for this initiative, the government will be *willing* to allocate funding for public education campaigns about HIV and AIDS just as it is willing to take charge of ARV costs.

While the results of the IBBS survey in Papua are expected to cast light on the nature of the epidemic in that region, one is led to ask questions regarding the so-called "generalised epidemic" in sub-Saharan Africa because even among the 47 countries which together account for the most heavily affected region in the global HIV epidemic (69% according to UNAIDS 2012), HIV prevalence rates differ widely from one country to another. For example, countries such as Senegal, Niger, Mali, Congo, and Liberia have low prevalence rates ranging from below 1% to below 2%, while Malawi, Zimbabwe, Swaziland and Lesotho, for example, have higher prevalence rates ranging from over 10% to over 20% (Chemaitelly, Cremin, Shelton, Hallet & Abu-Raddad 2012). This leads to the following questions:
- Could it be that the sub-Saharan epidemic in the lower prevalence countries is concentrated around commercial sex as is the case in Papua, which means that the term "generalised epidemic" may also not be applicable there?
- Are cultural sexual norms in the low prevalence countries different from those in the higher prevalence countries?
- If it is true that HIV infections in the higher prevalence countries are spread through casual sex, why does HIV infection not stop at women, knowing that female-to-male sexual transmissions probabilities are much lower than vice versa?

- Are STIs the main risk factor facilitating these transmissions?

While the above issues are not part of the scope of this investigation, the purpose of the above discussions with stakeholders was to examine their views on public campaigns, considering the widespread ignorance about HIV and AIDS despite three decades since the onset of the epidemic. If funding were viewed as the main problem, it seemed important to see whether other ways of educating the general population that would not necessarily require large amounts of funding would be agreed upon by the panel of experts.

Furthermore, It appeared obvious from the above discussions that one must be careful when referring to a "generalised epidemic", particularly in the case of Papua, given that the arbitrary UNAIDS definition based on the 1% threshold might well be misleading. Who, in fact, is the "general population"? It appeared that pregnant women should actually be divided into two separate categories depending on their husbands' risk factors. If their husbands/male sexual partners belonged to the three risk groups mentioned earlier (IDUs, MSM and clients of sex workers), the women would be part of the risk groups, in which case the epidemic would be "concentrated". On the other hand, if their husbands did not belong to any of the three groups (which meant that they might have contracted the disease from casual sex), the women would be part of the general population, in which case the epidemic would be "generalised". While current data were limited, obtaining reliable information about the actual risk factors of the husbands or male sexual partners appeared difficult as these men would probably not tell the truth in a survey, especially if their risk factors concerned homosexuality. While probing through a qualitative study might be possible, one should keep in mind that such an endeavour obviously required large amounts of funding and time.

The fact that Indonesia's official most-at-risk-population (MARP) groups include clients of sex workers, referred to as "high risk men" (HRM) (PEPFAR 2012), is of course logical, but this inclusion appears to complicate matters. Of note, transgendered people, who are locally known as "*waria*", are not included in the

MSM group. Thus, officially, the five MARP groups in Indonesia are:

1) IDUs,
2) female sex workers,
3) MSM including male sex workers,
4) transgendered people and
5) clients of sex workers (PEPFAR 2012)

In light of this classification, one wonders how HRM can be neatly distinguished from men from the general population, as there seems to be a very thin line between casual sex and paid sex. As a matter of fact, men do not necessarily buy sex in brothels or may engage intermittently between paid sex (in or outside brothels) and casual sex. Furthermore, taking into account the results of the qualitative phase of this study, as described in Chapter 8, women in contract marriages do not view themselves as sex workers because they are bound by marital vows. This leads to the question whether men who are involved in contract marriages also share this view and whether these men, in terms of HIV and AIDS prevention, should be considered part of the so-called HRM or the general population. The inclusion of HRM in the "risk groups" category also leads to the question of why married women are excluded. While married women are not considered drivers of the HIV epidemic, they are increasingly accounting for one of the largest HIV-infected population sub-groups in Indonesia. The question here is how to draw the attention of local authorities to this group and make them see that these women, too, need outreach interventions and education about safer sex. Moreover, in light of the high rates of pre-marital sex among female adolescents between 13 and 18 years of age in a number of cities, some of which exceed 50 per cent (Badan Koordinasi Keluarga Berenca Nasional ([BKKBN] 2011), it seems practical and logical for comprehensive sex education to be taught in schools. The above discussions thus strongly support the idea that campaigns about HIV and AIDS and sex education need to reach not only members of the risk groups but also those from the general population if the aim of a national HIV and AIDS policy is to control the epidemic and bring the country on its way to "getting to zero".

7.2.3 ARV drugs and the *Test and Treat* approach

Mr Hardianto said that he recently attended a meeting about ARV during which the local production of generic drugs was discussed. The participants stressed that ARV drugs should not to be regarded as "commodities" because people's lives depended on them. Therefore, in their opinion, it was crucial to address issues related to drug regulations. The document provided by Mr Hardianto which was compiled by the participants of the meeting he attended, stipulated the following:

The three pillars of the World Trade Organization (WTO) agreement which Indonesia ratified through Law No. 7 of 1994 (Hukum.unsrat n.d.) are as follows:
1) Liberalisation of goods
2) Liberalisation of services (The General Agreement on Trade in Services - GATS)
3) TRIPS (Trade-Related Aspects of Intellectual Property Rights) (Hukum.unsrat n.d.).

Patent rights, as stipulated in the TRIPS agreement, tend to drive drug prices up (not only imported but local ones as well because these often depend on imported ingredients), which may impact negatively on the lives of patients, considering that they include "life-saving" drugs. Since prices of patented drugs were 10 to 15 times higher than generic drugs, it was important for the government, according to the meeting participants, to intervene in the interest of the sick. Furthermore, as mentioned in the document, the meeting participants felt that the agreement appeared to favour capital flow from developing countries to developed ones, as 97% of patent owners were from developed countries, while there was no indication that these countries were keen on transferring their technology to developing countries.

For imported drugs, according to the document, three ways to obtain more affordable prices were suggested by the participants of the meeting on ARV:

1) <u>Parallel import</u>: The same drug can be obtained at different prices in different countries. Normally, Indonesia should be able choose to import from countries where such drugs can be purchased at the lowest prices, but the country's own patent regulation (Law No. 14 of 2001) (Acemark n.d.) states that parallel drug imports are subject to legal suits by patent owners, which implies that the government will not intervene in favour of such imports.

2) <u>Compulsory licensing by a local pharmaceutical company</u>: The government may compel and support the production of a number of drugs (for cancer treatment for example) while their patents are still valid if this is undertaken in the interest of a large number of citizens. Unfortunately Indonesia's local pharmaceutical companies do not have the required resources in terms of qualified personnel or advanced technology to make this a viable option at this stage.

3) <u>Compulsory licensing by the government</u>: Indonesia has already done this for 4 ARV drugs through Presidential Decrees issued in 2004 and 2007 (Velasquez 2012), but pharmaceutical firms often stand in the way of such initiatives. Indonesia ratified the WTO agreement though Law No. 7 of 1994 (Hukum.unsrat n.d.) and was thereafter under the obligation to ensure that its own related regulations were coherent with the TRIPS agreement. Indonesia has thus complied through the enactment of amendments and revisions of existing regulations, which led to the issuance of the Trademark Law No. 15/2001 (imansyahputra.com n.d.), the Patent Law No. 14/2001 (Acemark n.d.), and the Copy Right Law No. 19/2002 (UNESCO n.d.), with the main objective to avoid pressures from developed countries, particularly the USA, and to honour international agreements, although generally at the detriment of its national interests.

The participants at the meeting on ARV which Mr Hardianto attended and mentioned to the researcher concluded that "building awareness" about drug accessibility and the WTO agreement was urgent. For example, considering that the Millennium Development Goals (MDGs) treaty had been ratified by all the members of ASEAN (the Association of South-East Asian Nations); one could call

for the local production, supply and distribution of generic drugs by and among the association's member countries. *Kimia Farma* (a major national pharmaceutical company) should be advocated on the critical need for cheaper generic drugs produced locally, and the necessity for the company to consolidate its production capacities in order to be in a position to issue compulsory licences. Of utmost urgency, according to the participants, was an audience with the Ministry of Health, given that a number of ARV drugs produced locally under government compulsory licences expired in 2011 and 2012.

Currently, according to Dr Nurul, most ARV costs are borne by the government as foreign funding (from the GFATM) only amounts to 2 - 5%. The reason the government was willing to take charge of ARV costs was that *"life-saving treatment is a matter of national pride"*, which were the comments of a former health minister quoted by Dr Nurul. Based on public health grounds, she further explained, the government was already planning on providing ARVs in a number of *puskesmas* in 15 cities with high prevalence rates, and the initiative would be progressively implemented in an increasing number of cities.

Regarding paediatric ARV drugs, Dr Nurul insisted that they were also subsidised and, therefore, there was no reason for anybody to be charged their full price. In this regard, Dr Purwanto mentioned that patients might be charged for a component of the paediatric drug prescription because the physicians might have added vitamins or other drugs which were not subsidised.

As for *Test and Treat*, Mr Carrico mentioned that the former Secretary of the AIDS Commission (who is now Minister of Health) was keen on implementing this strategy, which he also seemed to approve of. The researcher remarked that such a strategy might only lead to a "stabilisation" in the number of new infections, as evidenced by the USA where *Test and Treat* had been implemented for almost 15 years (Gardner, McLees, Steiner, Del Rio & Birman 2011). This meant that if the ultimate objective was "getting to zero", *Test and Treat* alone would not be enough. Mr Carrico agreed, but stressed that this would still be an improvement in

comparison with the current situation.

Later, a draft roadmap for *Test and Treat* in Indonesia compiled by the AIDS Commission and the Ministry of Health in cooperation with UNAIDS, WHO and UNICEF, was received by the researcher from Dr Wirasno. This document is now released under the title "Roadmap to decrease HIV-related morbidity and mortality and to maximize access to ARV as HIV prevention" (4shared.com n.d.). Of note, this strategy is often referred to as "Treatment as Prevention" programme at aids-ina[30]. Trials for this strategy targeting key population groups in 13 districts/cities are currently underway. However, a number of problems have arisen. Most detrimental, as discussed at *aids-ina*, is the fact that many HRM and sex workers refuse to come to the laboratories or personally pay for the tests which are required before and after antiretroviral therapy (ART) initiation. Therefore, NGOs often have to cover these costs given that not all citizens are eligible for the now-available universal health insurance, as many do not have an identity card which is a requirement. This applies in particular to sex workers, owing to their high mobility. Another critical problem raised at *aids-ina* is the long-term sustainability of ARV drugs. There are fears for an eventual increase in drug resistance cases if funding for ARV drugs is to be provided by local governments, which may lead to interruptions in the distribution chain because local governments are less experienced than the central government in drug distribution. Other problems include keeping sex workers in the programme, reaching out to HRM and keeping them in the programme, and paying allowances (such as meals and transportation) to the field workers, given that the government does not allocate funding for this particular task in the trials.

Aimed at reducing the number of HIV infections and AIDS-related deaths in Indonesia, the *Test and Treat* strategy has the following specific goals:
1) To increase ART access for people with CD4 counts of 350 or fewer and for pregnant women and patients with TB/HIV and HIV/HBV co-infections regardless of their CD4 counts

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[30] These discussions took place at *aids-ina* in January 2014.

2) To offer ART to key population groups and sero-discordant couples, regardless of their CD4 counts

3) To involve the cooperation of civil society groups and key population groups in the initiative which includes testing, treatment and treatment retention

Arguments for the *Test and Treat* strategy are based on the following:

1) The fact that there was a steep increase in HIV prevalence rates among men who have sex with men (from 5,3% in 2007 to 12,45% in 2011) and among clients of sex workers (from 0,1% in 2007 to 0,7% in 2011) which are thought to contribute to the increasing infection rates among women and men from the general population and clients of sex workers

The document contained mathematical modelling and epidemiological data which support the concept of "treatment as prevention", as they project significant reductions in the incidence of HIV infection (e.g. Dieffenbach & Fauci 2009 in Gardner *et al* 2011)

Figure 7.1 (see next page) demonstrates estimated yearly new infections among the various MARP groups[31] from 2000 to 2025. The trends indicate that over a span of 25 years beginning in 2000 and ending in 2025, rates of new infections increase in all population sub-groups except among injecting drug users (IDUs) where such rates decrease after reaching a peak in 2003. Increases vary from modest [among *waria* (TG) and their clients (TG Clients)], and moderate [among female sex workers (FSW) and their clients (FSW clients) as well as among men from the general population (General Men)], to high (among men who have sex with men (MSM) and women from the general population (General Women) which increasingly accounts for most yearly new HIV infections. Taking into account the above trends, it seems curious that women from the general population, particularly married women, are still not considered part of the MARP groups in Indonesia.

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[31] *Waria* or transvestites and clients of *waria* are not included in the MSM group.

Figure 7.1: **Yearly new infections headcounts, by population sub-groups**
Indonesia 2000-2025
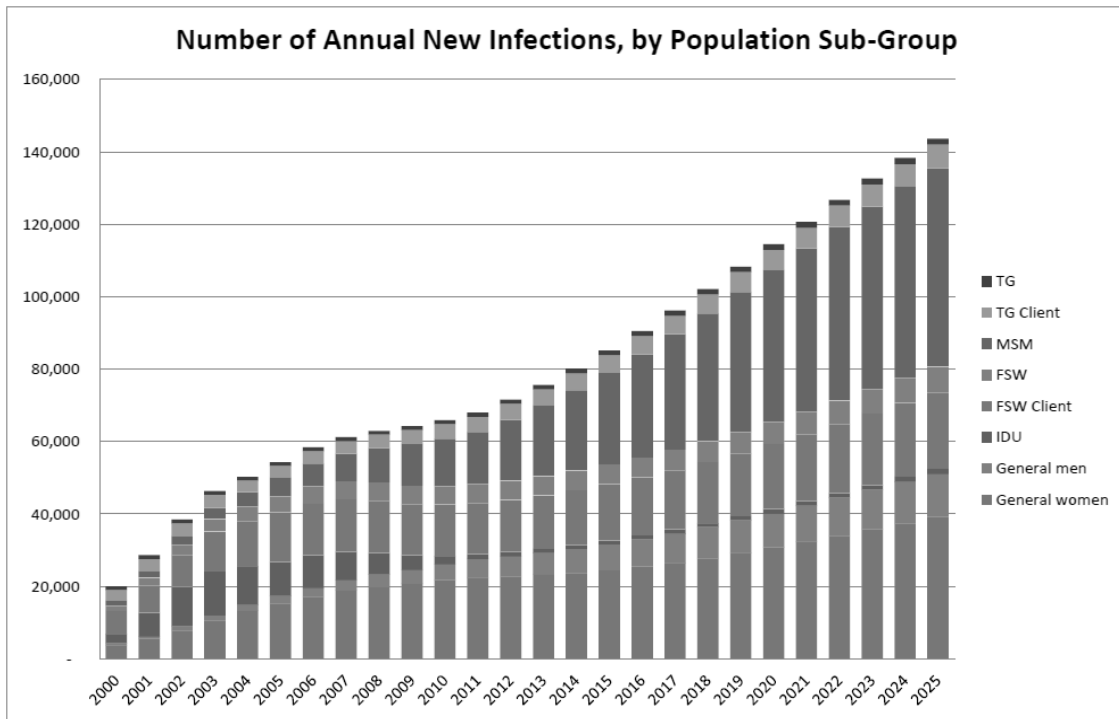
Source: Indonesian AIDS Commission

From top to bottom: TG = *waria*; TG Client = clients of *waria*; MSM = men who have sex with men; FSW = female sex workers; FSW Client = clients of female sex workers; IDU = injecting-drug users; General Men = men from the general population; General women = women from the general population.

2) The understanding that the sooner ART is initiated in an HIV-infected individual, the lesser his or her odds of transmitting the virus to others. According to the draft document, access to ART will be increased by adjusting the criteria for ART initiation and by expanding ART scope. Based on a mathematical modelling, *Test and Treat* is expected to reduce as many as 432 000 to 482 000 new infections cumulatively by 2020 and as many as 1 563 000 to 1 715 000 cumulatively by 2030, depending on the programme's effectiveness (ranging from 40% to 96%).

3) Transmission probabilities according to CD4 counts at ART initiation are

depicted in Figure 7.2 below, showing increasing transmission probabilities as CD4 count levels decrease.

Figure 7.2: **Epidemiologic impact of ART**
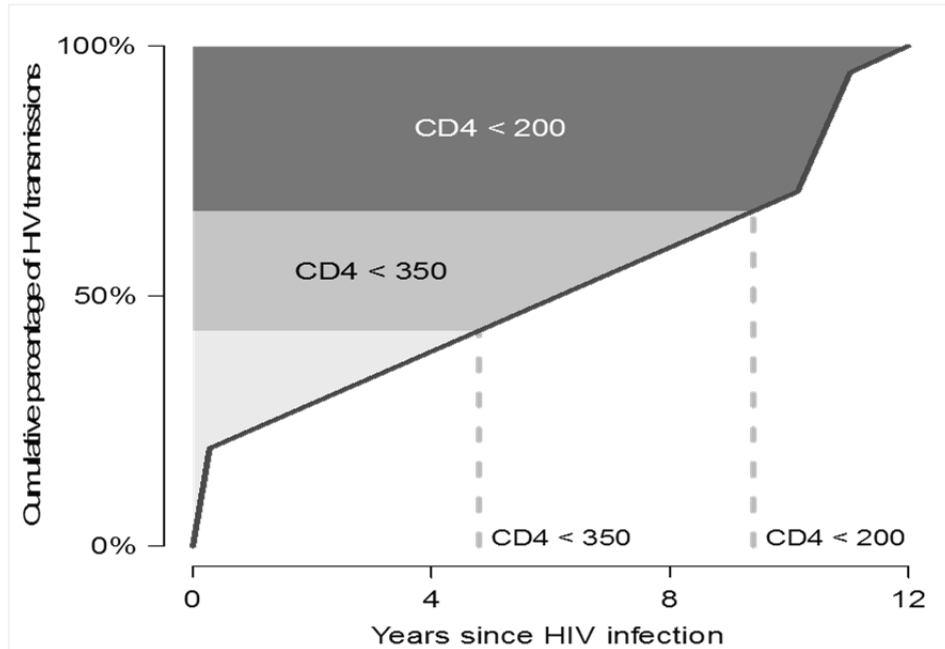
The diagonal line in Figure 7.2 above shows the median of cumulative transmission probabilities which depend on how early an HIV-infected individual initiates ART. The trends emerging from the above graph clearly show that the higher an HIV infected individual's CD4 counts are, the more limited his or her possibilities of spreading the virus to others, hence the rationale for initiating ART regardless of one's CD4 counts.

The Indonesian government's initiative to increase uptakes of HIV testing through *Test and Treat* deserves loud applause as it will help to *normalise* HIV, and this should pave the way for bringing the epidemic under control. However, if the strategy is intended to drastically reduce infection rates and AIDS-related deaths, there are concerns that need to be expressed because reliable empirical evidence to support the strategy at the population level does not exist (Cohen, Dye, Fraser, Miller, Powers *et al* 2012).

First, Figure 7.2 does not account for the high rates of transmission associated with the primary stages of HIV infection (often referred to as "acute infection" phase) which, according to Hollingsworth, Anderson and Fraser (2008), last 3 months after infection. In fact, these authors claimed that HIV is 26 times more infectious during primary infection than during the asymptomatic period, whereas transmission rates 19 to 10 months before death is only 7 times higher than during the asymptomatic period. Of concern is the fact that such high rates of transmission occur while an HIV-infected individual is generally still unaware of his or her infection or, worse, may test negative despite the infection owing to the window period. In other words, transmissions may already have occurred before ART is initiated and this constitutes a serious limitation to the success of *Test and Treat*.

Second, Figure 7.2 is based on the optimistic assumption that patients will achieve high rates of ART adherence and thereby reach an undetectable viral load. While successful HIV treatment requires sustained engagement in HIV care (e.g. Giordano *et al* in Gardner *et al* 2011), around 50% of known people living with HIV are not engaged in regular HIV care even in the USA and other resource-rich settings (Gardner *et al* 2011). More seriously, as mentioned earlier, despite almost 15 years of wide access to ART, only 19% of HIV-infected individuals in the USA have achieved an undetected viral load (Gardner *et al* 2011). This means that the success rate of *Test and Treat* in that country is less than 20%, whereas Indonesia's roadmap's worst scenario is based on 40% effectiveness.

Little is known about the best ways to retain individuals in care over time (Gardner *et al* 2011). With behavioural interventions addressing ART adherence, undetected viral load can at best be expected to be just over 60%. This is shown, for example, in the meta-analytic review by Simoni, Pearson, Pantalone, Marks and Crepaz (2006) of 19 randomised controlled trials on highly active antiretroviral therapy (HAART) adherence. In their study, 62% of intervention arm participants and 55% of control arm participants achieved an undetectable viral load, which

suggests that the likelihood of achieving an undetectable viral load tends to be lower in the control arm compared with the intervention arm. The question remains whether adherence rates will be as high in non-clinical settings.

There are many ways to define adherence. For Rigsby *et al* (2000 as cited in Simoni 2006), electronic data monitoring, "is the percentage of prescribed doses taken within 2 hours of scheduled dosing time over a 1-week period". For Tuldra *et al (*2000 as cited in Simoni *et al* 2006), based on self-report, "it is the percentage of prescribed doses taken in the last month". In the review by Simoni *et al* (2006), to reduce the measurement variance and optimise the comparison of outcomes across studies, two standardised outcome measures were obtained from various authors. One was the percentage of participants with 95% or better adherence – choice of this cut off point is based on the best virological outcomes (Paterson, Swindells & Mohr *et al* 2000 as cited in Simoni *et al* 2006). The other is the percentage of participants with an undetectable viral load according to the assay used in the original research.

Third, initiating ART in HIV-infected individuals regardless of their CD4 counts entails large amounts of funding which, in Indonesia's case, will be taken in charge fully by the government. This means that the *Test and Treat* strategy will result in a serious detriment to prevention campaigns. Knowing that incomplete engagement in HIV care is common even in developed countries such as the USA (Gardner *et al* 2011), issues associated with poor engagement need to be addressed carefully, considering that Indonesia is a country with low resources. Given that ARV drugs are, in fact, drugs that are "life-long", HIV-infected individuals whose CD4 counts are actually high but are requested to initiate ART immediately after testing positive are thus expected to be fully committed to care for a longer period of time than may be necessary. Despite the known benefits of early treatment, predictors of poor adherence should be seriously considered, given that HIV-infected individuals who receive ART intermittently are especially at risk of viral resistance (Parienti 2004 *et al* as cited in Gardner *et al* 2011), and taking into account that poor engagement in care is linked to poor health outcomes, including increased

mortality associated with drug resistance (e.g. Giordano *et al* 2007 as cited in Giordano *et al* 2011).

Betting on the success of *Test and Treat* would thus appear reckless in the absence of empirical data at the population level and in light of the modest results obtained in advanced countries such as the USA. Fortunately, local authorities appear wise enough to plan *trials* of *Test and Treat* before deciding on its nationwide implementation as was done in China, for example, according to Dr Wirasno. Very recently, however, the researcher received information from one of the panellists that *Test and Treat*, locally promoted as Strategic Use of ARV (SUFA) has, in fact, been established as a national programme which will be implemented gradually following trials in the 13 districts/cities. Each expansion phase is to take into account weaknesses discovered during the previous phase and improve accordingly. A circular from the Ministry of Health (No. 129 of 2013) regarding the control of HIV and AIDS and STIs was in fact issued in March 2013 (Spiritia Foundation n.d.) which appears to be the basis for SUFA implementation, although the term "SUFA" is not mentioned in the circular.

7.2.4 Dualism

Dualism refers to overlapping tasks between the AIDS Commission and the Ministry of Health, particularly concerning condom distribution which has long been a concern to the AIDS community.

Dr Purwanto was very critical of the fact that instead of acting as coordinator, the former secretary of the AIDS Commission took over tasks she should have let Ministries do. For example, instead of distributing condoms, she should have encouraged the Ministry of Education to implement sex education in schools and let the Ministry of Health deal with programme technicalities. He also resented the fact that funding from AusAid to the AIDS Commission was used by the former secretary to strengthen the Commission rather than to implement the right programmes, whereas AusAid funding to the Ministry of Health was programme-

based. In his opinion, these two institutions were competing and their tasks overlapped in the process. Dr Lewick confirmed that the Commission was free to decide what to do with the core funding provided by AusAid and USAID under the Partnership Fund, which constituted a small amount of the whole funding dedicated for HIV and AIDS. The rest of the money was programmed through large bilateral aid projects designed by AusAid in consultation with Indonesian institutions, implemented in cooperation with private partners such as the Clinton Health Access Initiative (CHAI), for example, a project for treatment and care in Papua. Another programme funded by AusAid was the HIV Cooperation Programme for Indonesia (HCPI), which covered the whole country and was implemented by an international contractor, in cooperation with the provinces. Dr Lewick stressed that in order for programmes across sectors to be effective, there should be cooperation between the various institutions at the regional level because Indonesia had a decentralised system.

In Dr Sitompul's view, the so-called overlapping tasks occurred as a result of a decision taken years ago by a former Minister of Health. The responsibilities of each of the two institutions were actually clearly specified, that is, the AIDS Commission as coordinating body was in charge of prevention programmes, while the Ministry of Health as technical stakeholder was in charge of technicalities such as HIV testing, medical supplies, etc. Theoretically, therefore, condom distribution was part of IMOH's responsibilities. Dr Sitompul pointed out that there were in fact three kinds of condom distribution: through pharmacies, through health services and through outreach programmes. While condom distribution through pharmacies was ensured by their respective manufacturers, the former Minister of Health was not interested in condom distribution through outreach programmes because, in her view, outreach initiatives were under the AIDS Commission's scope of responsibilities and, therefore, this part of condom distribution was handed over to the Commission.

Dr Purwanto claimed that the former secretary of the AIDS Commission did not aspire to be a coordinator but an *executor* and, therefore, was better off now being

Minister of Health. To be a coordinator meant that one must keep a low profile, make the environment conducive to programmes implementation, and reduce stigma, which, in his view, were not done during her tenure. The reason she was willing to be appointed as secretary of the Commission, according to Dr Purwanto, was that she received large amounts of funding from AusAid and was free to do whatever she wanted with it. Instead of focusing programmes on regions with high HIV prevalence rates, the former secretary encouraged the establishment of branches in all provinces, which was not necessary because some regions with high prevalence rates, such as Jakarta or West Java, did need such programmes, while others, such as Aceh, did not. Dr Purwanto stressed that programmes should be tailored to the region's needs –- it was not one size fits all – and claimed that the local branches generally only copied the national commission's programmes while completely disregarding local contexts.

In this regard, Dr Purwanto also argued that regional regulations called *perda* were equally useless. These *perda* were supposed to encourage regions to have their own HIV and AIDS programmes but, instead, they tended to blame the so-called risk groups. For example, by stipulating punishment for people who had transmitted their disease to others led to conditions that were not conducive to curtailing the epidemic.

Dr Purwanto insisted that Indonesia's HIV and AIDS interventions were donor-driven, not based on rational thinking. This was the reason, he said, for his not being able to fit in an international organisation such as Family Health International (FHI). Dr Purwanto had quit a former job associated with the Global Fund because he felt that funding from this organisation did not have any positive impact on the epidemic, as it was wrongly used. He said, *"Indonesia missed a big opportunity because we failed to select the right strategy."* He criticised the GFATM for willingly providing funds despite the absence of a Monitoring and Evaluation (M&E) system. Reports only stated the distribution of goods purchased with such funds, such as how many condoms had been distributed and where, but the real outcomes were actually unknown, that is, how many condoms had actually been

used. As a matter of fact, he once asked his students to check on a couple of brothels in Riau, Sumatra, and found that condoms were not regularly distributed and supplies were often inadequate. This, according to Dr Novanto, was due to problems in the reporting system, meaning that condom stocks and shortages were not regularly reported.

7.2.5 Non-recognition of HIV and AIDS as an epidemic and anonymous HIV testing

Although the term "HIV and AIDS epidemic" is widely used across the globe, Indonesia does not recognise the disease as such. As explained by Dr Nurul, HIV and AIDS do not fulfil the criteria of an epidemic which is fast spreading and causes high morbidity and mortality rates within a short period of time. More specifically, a disease is considered an epidemic if it constitutes an acute infection and causes high rates of mortality – a 100% increase in casualties compared with normal times. Therefore, she said, HIV and AIDS were considered chronic infections.

However, upon review of Law No. 4 of 1984 (IMOH 1984) on epidemics (which replaced the previous law on the subject), the following statement (translated into English by the researcher) appeared on page 7:

> In the former law, the understanding of an epidemic was based on a disease that is fast spreading, causing large numbers of casualties within a short period of time. Today's condition, however, calls for a rapid decision in the event that a particular disease is found to potentially cause an epidemic, even if it has not spread catastrophically within a community. This means that in order to determine an epidemic within a region, it is not necessary to wait until the disease has spread widely or caused a larger number of casualties.

The above paragraph suggests that HIV *could* be considered an epidemic if it were possible to record transmissions that occurred during the acute phase of HIV infection, as transmissions probabilities during that period would be much higher than during the asymptomatic phase. Unfortunately, this type of transmission

largely remained undocumented because the individuals concerned were generally not even aware of their infection.

Dr Novanto also agreed that HIV and AIDS was not an epidemic and claimed that the international institutions had made a huge mistake by calling them such. He pointed out that people living with the disease would have to be placed in quarantine because that was one measure that was required to be taken when handling an epidemic. The law on epidemic stipulated that controlling an epidemic entailed medical checks, treatment, care, and patients' isolation – including quarantine – which was deemed necessary to keep patients from transmitting their disease to others.

Although raising funding from local governments for HIV and AIDS programmes might be possible if the disease was instituted as an epidemic (as argued by Dr Wirasno), Dr Purwanto was also against the idea of calling HIV and AIDS an epidemic because it was a long-term evolving disease and, therefore, could not be placed under the same category as dengue fever or malaria which spread quickly. However, he seemed glad that there had been a change in willpower among HIV and AIDS authorities, as demonstrated by statements on "getting to zero". In the case of TB, for example, where it was decided for the first time that the disease would be eliminated, change in willpower had led to significant results. Theoretically, the same thing could happen with HIV and AIDS. He said:

> You may get there or you may not, but efforts will be driven in that direction, so it is a good thing. Forget about calling HIV and AIDS an epidemic because you will never have that many people infected by HIV in Indonesia. You do not even have to do anything. If you're dealing with a vaccine, for example, you do not need to give it to everybody. You will succeed eliminating a disease even if only say 80% of the people get vaccines. That's what you call the herd immunity. In Asia, the number of people with risky behaviour is very small. The majority of the population does not behave like that.

Dr Purwanto, therefore, argued: *"HIV and AIDS is a communicable disease that is not communicable."* This, according to him, had made everybody angry. His argument was based on his conviction that HIV was not that easily transmitted; it

was not like gonorrhoea or syphilis, he said. Unfortunately, in his opinion, HIV and AIDS had been politicised in such a way that the underlying concept had changed: it was not "*how to control the disease*" but "*how to get rid of people through HIV and AIDS by creating stigma".* That way, sex workers, MSM, etc. would find themselves marginalised. He added that even doctors were afraid to operate on people living with HIV and AIDS, whereas they would not hesitate to perform procedures on people with Hepatitis B or C. Information about HIV and AIDS had thus been spread to strengthen the stigma attached to the disease, while eliminating stigma should have been the basic job of the Commission, which had not been done. As long as stigma prevailed, he underlined, people would shy away from VCT or HIV testing.

Regarding anonymous HIV testing, Dr Nurul felt that this was not possible in Indonesia's current context because existing regulations prohibited any health tests in laboratories, even for checking one's blood type, to be conducted anonymously. Obviously, making another exception for HIV and AIDS would be especially problematic at a time when the disease was already exceptional as evidenced among others by counselling requirements associated with HIV testing, and normalisation of the disease was being called for. In other words, there were two choices available: either to allow *all health tests*, including HIV, to be conducted anonymously, or to stick with the current regulations which prohibited any anonymous testing.

7.2.6 Issues related to injecting-drug use

According to Mr Hardianto, there was currently one key issue concerning how the Needle Exchange Programmes (NEP) should be conducted which had led to a major division among those involved in such programmes. Since 2008, clean needles had been distributed through *puskesmas* in 19 of the 33 provinces. Compared with the previous years during which needles were distributed through NGOs, there had been a marked decrease in their uptakes by IDUs. Therefore, one camp now wanted the NEP to be handed back to the NGOs, while the other

maintained that the programmes should continue to be run as they were. Based on evidence from Australia, the "pro-NGO" camps argued that IDUs would never be empowered enough to seek pro-actively clean needles at *puskesmas* because IDUs were people who needed to be "constantly coached". In other words, they would never be able to operate as autonomous, rational, persons and to act in their own interests. The "pro-*puskesmas*" camp, on the other hand, believed that IDUs should not be treated as incompetent people and should instead be given the opportunity to become empowered. Especially at a time when the global recession threatened the future of HIV and AIDS programmes, one should be wary about relying on the existence of NGOs in the future, including those dealing with NEP. Mr Hardianto regarded the view of the "pro-NGO" camp as degrading the IDU population as he himself was an ex-IDU.

In terms of HIV and AIDS, however, Harm Reduction programmes, on the whole, were considered to be relatively successful, judging from the significant decrease in HIV and AIDS prevalence rates among IDUs in the past five years.

7.2.7 Issues related to commercial sex and condom use

The high rates of HIV prevalence among married women confirms that sexual transmissions are now the main mode of infection. Attention is thus turned toward unsafe sex in brothels which is thought to be the major source of infections among men who then transmit the virus to their long-term sexual partners. Two central issues appear to have contributed to this situation: difficulties to make clients of sex workers practise safer sex on the one hand and lack of knowledge of HIV and AIDS among the general population on the other. As discussed at *aids-ina*, the reason many clients of sex workers do not wear condoms is not necessarily that they do not know the risks of unsafe sex but that they put pleasure above safety. The sex workers, on their part, tend to comply with their clients' wishes not necessarily because they are not aware of the risks of unsafe sex but because of inequality in gender relations and because most sex workers are selling sex for economic reasons.

One way of forcing clients of sex workers to wear condoms would be to criminalise unsafe sex, more specifically clients of sex workers who do not wear condoms. The strategy was posted at *aids-ina* by an official of the AIDS Commission based on the argument that women had to be protected from men who buy sex and were at risk of contracting HIV and STIs and of passing the infections to their long-term sexual partners. To support the idea, references were made to a similar initiative implemented in Papua (where prostitution is legal) which apparently has led to a significant decrease in new HIV and STI incidence among the sex workers. The official explained that in the proposed scenario, roundups were to be conducted randomly in brothels and those caught during such inspections would be subjected to VCT and STI tests while their identity cards would be withheld until they returned to claim them with an official letter confirming that they had been tested. Clients found with STI would have to pay a fine and the fine would be larger if the men were caught outside of brothels (for example, in bars or hotels). Some members of the discussion group were opposed to the idea of confiscating identity cards, which they perceived as an invasion of privacy, while others were concerned about fining people who were found with STI as it reflected a victim-blaming policy.

The sad fact is that there is no known method to verify safe sex in brothels, particularly in settings where prostitution is illegal, such as in most parts of Indonesia. If the punishment criteria were based solely on HIV infection found upon testing after being rounded up in brothels, HIV-infected clients of sex workers would thus be punished although they might have acquired the disease through other means, such as injecting drug use, and despite the fact that they might have used condoms when buying sex. Nonetheless, the idea of conducting trials of the strategy appeared to receive support at *aids-ina*.

7.2.8 Issues related to sex education in schools

Discussing sex is taboo in Indonesia (Jacubowski 2008; INAC 2007:10). According to Dr Sudoyo, religious norms have put boundaries on government policies. Therefore, local authorities must be careful when implementing policies that may be perceived as legalising acts that are prohibited by the religion. The question, therefore, is how to build common perception among various stakeholders, especially religious leaders, so that sex education in schools can be consensually accepted. In Dr Sudoyo's words: *"We must speak the same language".*

As an example, he cited the Minister of Health's recent initiative to distribute condoms in schools, which backfired because such a move was perceived as a green light for pre-marital sex. He underlined that norms in Indonesia were different from those in the USA, where pre-marital sex was considered an individual choice. HIV and AIDS were largely perceived as associated with immoral behaviour which was condemned by religion, although not all infections were acquired through such behaviour. Information about HIV and AIDS must, therefore, be channelled carefully, for example, through education about reproductive sexual health. Dr Sudoyo was well aware of the risks associated with wide internet access and agreed that formal sex education was better than letting young people seek information about sex from questionable sources, which might be misleading.

In fact, a few months earlier when he was in charge of Intermediate Studies, Dr Sudoyo was in contact with IMOH to discuss the possibility of introducing reproductive and sexual health as a separate subject in the senior high school curriculum (in the previous curriculum, sex education was inserted by bits and pieces into a number of subjects such as biology and physical health but STIs were discussed in terms of their symptoms and infection routes without addressing treatment or prevention methods – in other words, incomprehensively).Sex education, according to Dr Sudoyo, did not necessarily have to be taught by teachers. Experts could be invited to speak to the students. A new curriculum was

introduced in 2013 by the Indonesian Ministry of Education which, at the time, was being reviewed by the public through a specific website. This, he said, would provide an opportunity for stakeholders to submit proposals about various topics, including sex education. Although the Ministry was not obliged to get their programmes approved by Parliament, any change in curriculum needed to be discussed with the legislative body and the *Ad Hoc* Education Committee made up of representatives from various sectors. Private schools, on the other hand, were free to select their own programmes, and most of them probably had already implemented sex education as part of their curricula. Unfortunately, private schools were very small in number compared with public schools.

Dr Sudoyo believed that education began at infancy and that the process of learning actually occurred not only in formal education but also within the family, among friends and within one's environment. He strongly criticised television programmes that were not educative in nature. In particular, he cited soap operas which addressed marital infidelity in a positive way and various programmes that were presented by homosexuals. He feared that those programmes, which were very popular, led to perceptions that it was acceptable to have extra-marital affairs or to be homosexual.

These comments by Dr Sudoyo come across as homophobic, especially if one considers that he has lived in the United States for a number of years. Moreover, they hint at much convergence of opinions among state officials where everybody agrees with everybody. It also seems counterproductive to be concerned about television programmes that normalise homosexuality and extra-marital sexual behaviour instead of suggesting that these can be depicted if combined with modelling of sexual responsibility, for example, consistent condom use. Furthermore, Dr Sudoyo believed that the best education was through religious education which children should receive starting at a very young age. While the researcher agreed that religious education could be a good thing as it helped to shape one's general sense of right and wrong, sex education and religious education were two distinct subjects that needed to be taught separately. It would

be difficult to teach sex education under the banner of religious morality given that condom use, in particular, tended to be viewed negatively within the religious context because sexual acts needing condom use were generally associated with immorality, such as pre- and extra-marital sex. This was to stress that sex education which included condom use as prevention against STIs including HIV and unplanned pregnancy needed to be taught without any association with religious education.

Dr Lewick, on his part, believed that the role of NGOs was crucial to facilitate sex education in schools. In his opinion, staff employed in the health and education sectors should work together. Memoranda of understanding (MoUs) across sectors were of course important to get people at the regional levels to work together, but MoUs alone would not be effective. Dr Lewick mentioned that in Nigeria, for example, the problem of sex education in schools was solved through a three-way partnership between the local education people responsible for the administration of schools, staff employed in the health care services responsible for sexual and reproductive health programmes with a focus on HIV, and an NGO which facilitated the cooperation. The initiative, which entailed sending government health personnel to teach sex education in junior and senior high schools, turned out to be very effective. It also involved peer education among a select group of volunteer senior students, mostly girls, whose responsibility was to keep on spreading the word within the schools. The initiative led to a reduction in STI prevalence rates and a huge drop in unwanted pregnancies.

According to information received at *aids-ina*, the problem with sex education in schools was that teachers did not feel confident to teach the subject because they were reluctant to talk about sex, despite the fact that sex education was already included in the 2006 school curriculum. The question is whether the government would allocate a specific budget for teachers' training or for compensating guest speakers in the event that the proposed module, as discussed by Dr Sudoyo, was approved.

As mentioned earlier, interviews with various stakeholders involved in HIV and AIDS prevention were meant to complete the data previously collected by the researcher based on her own observations, in order to submit an initial list of statements that would be fairly comprehensive to the panel of experts in the first round of the Delphi exercise. The interviews with stakeholders, in addition to discussions at *aids-ina* (of which the researcher is a member), were valuable input as they often reflected personal opinions about how the HIV epidemic should be controlled. This helped the researcher to formulate alternative statements when particular views appeared less inspiring, for example, regarding roundups in brothels and initiating ARV regardless of CD4 counts. The interviews also shed light on specific problems which the researcher then attempted to propose solutions for, in the form of statements, mainly concerning the urgency of sex education for the general public. In order to fulfil one of Turoff's (1970) objectives for the Delphi technique: namely, to ensure that all options were put forward for consideration, the initial list of statements then incorporated suggestions from the panel experts in the second round.

7.2.9 Statements for the Delphi technique based on the pre-data collection interviews

A total of 48 statements was thus formulated for the first round, based on the above interviews with various stakeholders and the researcher's own observations based on data she had collected previously, including discussions at *aids-ina*. Unfortunately, many of these statements failed to achieve consensus, especially those associated with education for the general public, in particular sex education. For example: Objective 1.2 (To require personnel from regional offices of the Ministry of Health to teach sex education in schools), Objective 1.3 (To train teachers to teach sex education to their students, using government budgets) and Objective 1.4 (To organise systematic and periodic mass media campaigns related to sex education, specifically in print media targeted at women and young people, under INAC's coordination), which will be discussed in detail further below.

Failure to achieve consensus on the statements dealing with sex education is obviously of grave concern, given the lack of knowledge about safer sex in general and HIV and AIDS in particular among the general population. The data collected in the qualitative phase of the study presented in the following chapter therefore provide a strong counter narrative.

7.3   RESULTS FROM THE DELPHI TECHNIQUE

The Delphi technique was chosen for the research on HIV and AIDS mainly because it is an online exercise that transcends geographical and time limitations. Thus, participants do not have to be located at a specific place at a certain time in order to contribute.

7.3.1 The panel of experts and the different rounds of data collection

The researcher selected a total of 24 HIV and AIDS experts for her panel. Six were from universities, two from government institutions representing the two main stakeholders in charge of HIV and AIDS programmes in Indonesia. From international institutions, the researcher picked seven participants to represent the Joint United Nations for HIV and AIDS Programmes (UNAIDS), the World Health Organization (WHO) and donor agencies such as the United States Agency for International Development (USAID) and Alert Asia, and HIV Cooperation Programme for Indonesia (HCPI). To represent the AIDS community and NGOs, the researcher selected seven members who were top officials in their organisations and two individuals who were known for their contributions in the field of HIV and AIDS, either as activists or consultants (see Chapter 6 for the list of participating HIV and AIDS experts).

The researcher knew most of the panellists personally, either through previous face-to-face encounters or through online communications, either privately or at

aids-ina. Panellists who were not known to the researcher personally were suggested by other panellists who had confirmed their participation in the Delphi exercise, at her request. Furthermore, considering the critical role of WHO in HIV and AIDS interventions, the researcher felt that a top official from this institution should also be included in the panel. To this end, the researcher sent an email to the WHO representative to Indonesia who then appointed their HIV and AIDS and STI expert to participate in the Delphi.

Before the beginning of the first round the researcher secured the panellists' informed consent through a letter of invitation detailing the procedures involved, to which they were asked to respond by return email in order to confirm their participation. They were informed that their names and professions would be revealed in the thesis but their individual scores and comments would be kept anonymous. Although the procedures were outlined in the letter of invitation, it was not clear to everyone that the panellists were to be given two weeks in each round to fill out and return the questionnaires at their convenience. A number of panellists asked when precisely the online conferences were to be held as they were eager to make sure that they would be available.

A total of 27 letters of invitation were sent out, but confirmation was received from 24 experts. During the Delphi process, one of the 24 members did not contribute in any of the three rounds, stating a busy schedule which often required him to travel out of town (this person is a lecturer in Public Health at the University of Indonesia and also director of an NGO). The panel of experts was notified of this change at the end of the exercise. Although any attrition in a survey is always regrettable, this attrition rate is acceptable in an online study such as Delphi in which low participation rates are normally obtained. As stated by Hsu and Sandford (2007), the potential for low response rates in Delphi exists owing to the multiple feedback processes inherent in and integral to the concept and use of the technique which, therefore, requires an active role on the part of the moderator to ensure as high a response rate as possible.

The positive response rate in this phase of the study can be attributed to three factors. First, the researcher was known to the panellists as an individual concerned with HIV and AIDS issues. Second informed consent was secured. Third, the panellists were passionate about HIV and AIDS and the researcher was able to keep them interested in many issues that were also hot topics within the AIDS community. The positive response to a call for participation did not imply that the researcher was able to simply wait for replies to come in automatically before the due dates. Besides sending emails to remind the panellists of the deadline, she also sent individual emails or text messages to those who had missed the deadline and/or contacted their assistants to ask them to remind their superiors of the deadline.

7.3.2 Results of the Delphi exercise: Round One

The first round of the Delphi exercise started on February 1st with a deadline set for February 15, 2013.

Twenty two replies were received in the first round. The participation rate in this round was, therefore ,95.6%.In this initial round, a list of 48 objectives summing up the results of the pre-data gathering and the researcher's own observations was presented to the panel, with background notes accompanying each proposed objective. The panel was asked to rate each objective in order of urgency based on 5-scale values, that is, 1, 2, 3, 4 and 5, ranging from "highly urgent" to "highly trivial". Consensus was obtained on 18 objectives (37,5%), out of which 17 were in favour of an urgent response and 1 was against, as shown in Table 7.1 (see next page).

As shown in Table 7.1, a total of 18 objectives received consensus in the first round. While 17 objectives were approved (written on dark grey background in the second column), one objective was rejected (written on white background in the second column). The rejected objective dealt with unsafe sex in brothels, that is, "To support trials of the new initiative penalising clients of sex workers found with

STI". The researcher included this objective because this topic was intensely debated at *aids-ina* during the pre-data gathering period and appeared to receive support. As it turned out, the objective was rejected in the first round and, therefore, was not submitted for further scoring in the following rounds.

Table 7.1: **The original objectives reaching consensus in urgency in the first round**

No	Objectives	Urgency Order	Original Objectives Ranked in Decreasing Order of Urgency > 0.7 = High Urgency, 0.4 - 0.7 = Medium Urgency, < 0.4 = Low Urgency
1	2.10	1	To make condoms widely available and ensure adequate supplies
2	3.12	2	To make ARV drugs available in all state hospitals
3	3.9	3	To reinforce understanding of Standard Precautions and Transmission-based Precautions
4	3.8	4	To expand choice of 1st line ARV and produce generic version of 2nd line ARV and other essential drugs
5	3.5	5	To require physicians dispensing non-subsidised ARV drugs to undergo training about ARV drugs
6	4.3	7	To define "basic services" for PLWHA and allow use of government budgets to finance them.
7	3.2	8	To require ARV dispensing physicians to systematically inform patients about availability of subsidised paediatric ARV drugs
8	2.9	9	To implement WHO recommendations to prevent transmissions among serodiscordant couples
9	2.1	10	To require HIV and STI testing to be part of routine health tests for pregnant women at all ANC
10	4.4	12	To allow anonymous HIV testing/VCT and STI testing, offline and online
11	4.6	13	To require that national health surveys include specific indicators related to HIV-AIDS and STI
12	2.6	15	To train midwives as counsellors, using government budgets
13	2.3	16	To implement all 4 Prongs of PMTCT at all ANC
14	2.7	18	To require and provide group sex education sessions for people seeking a marriage licence
15	5.7	19	For INAC to organise periodic meetings of top-officials from all institutions involved in HIV-AIDS programmes
16	5.6	24	To require INAC to publish its financial and activity reports on its website
17	4.2	25	To train existing personnel in puskesmas to act as counsellors
18	2.12	47	To support trials of the new initiative penalising clients of sex workers found with STI

One possible reason for rejecting this objective is lack of efficiency owing to corrupt practices (for example, by buying freedom from test obligations when caught in roundups).

Another possible reason for the rejection of the objective that dealt with unsafe sex in brothels may be related to perceptions of human rights: namely, fear of creating a new stigma targeting men, particularly clients of sex workers, and invasion of privacy, given that the strategy entails confiscating the identity cards of those found with STIs during roundups. As mentioned above, human rights perceptions often obstruct the swift implementation of new health strategies (such as PITC) because people with different backgrounds tend to have different perceptions of human rights and public health matters. For many, the possibility of creating a new stigma among clients of sex workers may be less of a problem than facing a fast spreading HIV and AIDS epidemic with no concrete solution to the problem of unsafe paid sex, seen as a major driver of the epidemic. Also, considering that prostitution is generally illegal in Indonesia, confiscating the identity cards of clients of sex workers caught during roundups at brothels may be barely seen as fitting the criteria of "invasion of privacy", given that these men, after all, are involved in "illegal" activities. Of course, the question is whether a strategy of this kind may drive commercial sex work underground, which obviously would be highly problematic. As the researcher was against the imposition of fines to clients of sex workers in brothels, she proposed an alternative objective in the initial list of statements: namely, Objective 2.13 which stated "To subject actors involved in sex work activities to sex education sessions and anonymous HIV and STI testing, with no penalties involved". This objective, however, did not reach absolute consensus by the end of the third round, although it was consensually deemed desirable.

While capturing the data on an Excel spreadsheet, the researcher sent emails to the panellists who had given low scores to a given objective, asking them to clarify their reasons. These exchanges took place systematically at each round after

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replies had been received. The feedback from the panellists was very useful because it allowed the researcher to gain a better understanding of the issues addressed as well as their individual perceptions. It thus enabled her to reformulate or clarify the objectives and/or background notes in the following rounds.

Based on their input, a number of objectives and/or their background notes were, therefore, rephrased for the subsequent round. In order to address lack of clarity concerning who/which institution(s) should be in charge of the specific tasks, the following were altered:

1) Objective O-5.3: Originally it stated: "To conduct active 'case finding' initiatives under INAC's coordination, involving all its regional branches". It was rephrased to suggest: "To conduct active 'case finding' initiatives involving close cooperation among INAC, NGOs and IMOH, *under IMOH coordination*". The researcher discovered from panellists that it was IMOH and not the AIDS Commission that was actually in charge of case finding.

2) Objective O-5.2: Originally it stated: "To support and promote existing services related to HIV, AIDS and STI that are funded independently of INAC, by linking INAC's website to such online services and by listing such offline services available in the country". It was rephrased: "For I*MOH* to set up data collection mechanism for independent online and offline HIV and AIDS interventions" because this task was also under IMOH's responsibilities.

3) Objective O-1.2: Originally it stated: "To require personnel from regional offices of the Ministry of Health to teach sex education in schools". It was rephrased: "To require health workers to teach sex education in schools under the coordination of *Dinkes". Dinkes* refers to regional offices of IMOH, which are responsible for regional programmes as a result of decentralisation.

In order to clarify that certain regulations or task forces might already exist, but

that they were not yet operating effectively, the following were altered:

1) <u>Objective O-4.5:</u> Originally it stated: "To form a Special Committee made up of independent HIV and AIDS experts in charge of ensuring the efficiency of sex education programmes, including HIV and AIDS interventions, across sectors, the follow-through of various Memoranda of Understanding (MoU) above, and the compliance of INAC (and other institutions involved in HIV and AIDS programmes) with the Law of Public Information Transparency". It was rephrased: "To form a national Special Committee made of independent HIV and AIDS experts in charge of ensuring effective cooperation across sectors, *given that existing Task Forces lack effectiveness*".

2) <u>Objective O-5.1:</u> Originally it stated: "To define the scope of INAC's and the Ministry of Health's tasks/responsibilities in order to prevent overlaps". This was reformulated to state: "*To enforce* existing regulation which defines the scope and the tasks/responsibilities of INAC and IMOH to prevent overlaps".

In order to highlight the rationale behind the objectives, the following were changed:

1) <u>Objective O-3.3</u>: Originally it stated: "To set up the criteria for PLWHA entitled to subsidised ARV". This was rephrased: "To set up the criteria for PLWHA entitled to subsidise ARV, *including the review of current CD4 threshold for ART entry*". Many panellists in their responses to the first round suggested that as many PLWHA were from the lower economic brackets, they might eventually not be able to access ART for free if such criteria were enforced. However, while determining the criteria for "economically underprivileged PLWHA" was important, no less urgent was to review the CD4 counts for ART initiation (currently set at 350 CD4 counts). Considering the limited success of "treatment as prevention" (e.g. *Test and Treat* in the USA), and keeping in mind that more expenses on ARV drugs would mean less government money available for

prevention purposes, there was a need to decide whether priority should be on expanding current ART coverage (approximately 30%) by (1) focusing on expanding outreach and testing initiatives while *maintaining* current ART initiation at 350 CD4 counts, or (2) *revising upward* the ART initiation threshold.

2) Objective O-3.11. This originally suggested "To make ARV drugs available in an increasing number of *puskesmas* nationwide". It was rephrased: "To make ARV drugs available in an increasing number of *puskesmas*, *where there is demand*". The reason for this change was that the earlier formulation was deemed "too general" by the panellists.

3) Objective O-2.11: This originally stated "To make clean needles available in all *puskesmas*". It was rephrased: "To make clean needles *and syringes* available in all *puskesmas where there is demand*".

Based on the results of Round One, the objectives were ranked in urgency using the Analytic Hierarchy Process (AHP), with the following criteria:

- Local value average > 0.7 indicates High Urgency
- Local value average 0.4 – 0.7 indicates Medium Urgency
- Local value average < 0.4 indicates Low Urgency.

As shown in Table 7.2 (below), objectives were ranked in order of urgency based on their local value averages, as shown in the last column. In the first column, objectives on which consensus was reached are written on a dark grey background. To demonstrate the urgency level of each objective, the results are displayed using three different background colours in the remaining columns: white for high urgency objectives (1st through 6th); light grey for medium urgency objectives (7th through 43rd); and dark grey for low urgency objectives (44th through 48th).

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Table 7.2: The urgency level of the 48 objectives submitted in the first round

Objectives	5 0.069	4 0.135	3 0.267	2 0.518	1 1	Local Value	Local Value Average	Urgency Order
2.10	0	0	0	5	17	19.59	0.890	1
3.12	1	0	1	8	12	16.48	0.749	2
3.9	0	0	1	10	11	16.447	0.748	3
3.8	0	2	3	4	13	16.143	0.734	4
3.5	0	1	1	9	11	16.064	0.730	5
2.11	0	0	6	4	12	15.674	0.712	6
4.3	1	0	4	6	11	15.245	0.693	7
3.2	0	2	3	6	11	15.179	0.690	8
2.9	0	0	5	7	10	14.961	0.680	9
2.1	0	0	4	9	9	14.73	0.670	10
1.3	0	0	6	6	10	14.71	0.669	11
4.4	0	1	4	8	9	14.347	0.652	12
4.6	0	1	4	8	9	14.347	0.652	13
1.5	0	1	6	6	9	13.845	0.629	14
2.6	1	0	4	9	8	13.799	0.627	15
2.3	0	0	4	11	7	13.766	0.626	16
3.1	0	2	5	6	9	13.713	0.623	17
2.7	2	3	0	8	9	13.687	0.622	18
5.7	1	0	4	10	7	13.317	0.605	19
2.4	0	2	5	7	8	13.231	0.601	20
3.6	1	1	5	7	8	13.165	0.598	21
3.13	1	1	4	9	7	12.934	0.588	22
5.4	3	0	4	7	8	12.901	0.586	23
5.6	1	1	3	11	6	12.703	0.577	24
4.2	2	0	3	11	6	12.637	0.574	25
1.4	1	0	7	7	7	12.564	0.571	26
5.5	1	1	4	10	6	12.452	0.566	27
3.7	0	2	7	6	7	12.247	0.557	28
1.7	0	1	6	10	5	11.917	0.542	29
2.2	0	3	5	8	6	11.884	0.540	30
5.1	2	0	6	8	6	11.884	0.540	31
2.5	1	0	6	10	5	11.851	0.539	32

Objectives	5	4	3	2	1	Local Value	Local Value Average	Urgency Order
	0.069	0.135	0.267	0.518	1			
4.5	2	2	5	6	7	11.851	0.539	33
1.1	2	0	9	4	7	11.613	0.528	34
3.4	0	5	5	5	7	11.6	0.527	35
3.3	3	2	3	8	6	11.422	0.519	36
5.2	2	2	3	10	5	11.389	0.518	37
2.14	1	1	10	5	5	10.464	0.476	38
4.1	1	2	4	13	2	10.141	0.461	39
2.15	1	2	7	9	3	9.87	0.449	40
3.11	1	1	9	8	3	9.751	0.443	41
5.3	3	1	6	9	3	9.606	0.437	42
3.10	1	4	6	8	3	9.355	0.425	43
1.2	4	5	4	5	4	8.609	0.391	44
1.6	3	2	11	2	4	8.45	0.384	45
2.8	6	5	4	5	2	6.747	0.307	46
2.12	15	2	2	1	2	4.357	0.198	47
2.13	12	1	6	3	0	4.119	0.187	48

The results of the first round were noteworthy for several reasons. First, it was somewhat surprising that the objectives listed below were among those upon which consensus was reached in terms of urgency (as shown in Table 7.2 above):

- Objective 4.4 "To allow anonymous HIV and STI testing offline as well as online". Offline testing meant a conventional HIV test at VCT centres while online testing referred to services offered via the internet, such as www.mautau.com where patients can receive counselling anonymously via chatting and are then tested, also anonymously, at laboratories cooperating with the website. The consensus was unexpected given that the government does not allow any health test to be conducted anonymously, as noted by Dr Nurul during the pre-data gathering phase mentioned above. As argued by Obermeyer and Osborn (2007), social factors show that the services linked to testing are key determinants of utilisation and have a considerable impact on testing. Since testing for HIV is the gateway to treatment, care and prevention, it appears logical that unconventional testing should be made available in order to encourage more people to

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learn about their HIV status and receive treatment. Anonymous testing should, therefore, be considered a potential strategy to mitigate the impact of HIV-related stigma which deters people from getting tested, especially in Indonesia where such stigma has mainly arisen from widespread ignorance about the disease (Lyn & Wulandari 2011).

- Objective 2.6 "To train midwives as counsellors, using government budgets". Consensus on this objective was interesting in that it implied recognising the potential role of midwives in HIV and AIDS prevention, especially considering that the majority of Indonesian women seek the help of midwives, as discussed with Ms Ichsan during the pre-data gathering phase.

- Objective 2.7 "To require and provide group sex education sessions for people seeking a marriage licence". Although it is somewhat expected that a person involved in HIV and AIDS prevention would understand the importance of sex education for the public at large, consensus on this objective was noteworthy because it specifically addressed people who are about to get married. Despite the mounting rates of HIV infections among married women, discussions at *aids-ina* practically never address the need for outreach interventions aimed at people who are about to get married. Hence, the objective served to test the opinion of the experts and the consensus obtained was, therefore, particularly motivating for the researcher.

Unfortunately, consensus in terms of urgency achieved in the first round does not necessarily entail consensus in feasibility in the following rounds. As described further below, many objectives deemed urgent and desirable were often considered unfeasible by the panel. Sadly, perceptions of feasibility are often evanescent while an online exercise such as Delphi obviously lacks the effectiveness of a face-to-face meeting where strategies deemed important can be

argued for more convincingly as their benefits in terms of prevention can be more easily understood.

Second, it was noteworthy that Objective 2.12 "To support trials of the new initiative penalising clients of sex workers found with STI" reached the panel's consensus for its rejection. This implies that the panel was convinced that such a strategy would be ineffective and, therefore, pointless to run trials. The researcher herself personally did not support this strategy because it was part of a victim-blaming policy despite the fact that it was also meant to "teach" clients of sex workers to practise safe sex in brothels. The reason she included this objective in her list of statements was actually to test its acceptability among the experts, considering that such trials appeared to gain the support of many members at *aids-ina*. However, an alternative objective targeting clients of sex workers was also proposed by the researcher in the first round, which also failed to reach consensus, as described in more detail below.

7.3.3 Results of the Delphi exercise: Round Two

Based on feedback from the participants, a number of objectives (and or their background notes) on which no consensus was reached in the first round were reformulated. The panel was informed of the changes, and these were written in red on the questionnaire in the second round.

Nineteen replies were received in the second round, thus rendering a participation rate of 82,63%.The rephrasing manoeuvre produced more consensus in terms of urgency in the second round. As a matter of fact, five more original objectives were agreed upon by the panel, totalling 23 (47,92% of original objectives), which means an increase in urgency consensus of 10,42% compared with the first round, as shown in Table 7.3 below.

Table 7.3: The 23 original objectives obtaining consensus in urgency in the second round

No.	Obj Number	Urg Order	URG Status
1	O-2.10	1	CONSENSUS
2	O-3.12	2	CONSENSUS
3	O-3.8	4	CONSENSUS
4	O-3.5	5	CONSENSUS
5	O-3.9	6	CONSENSUS
6	O-1.3	7	CONSENSUS
7	O-2.9	8	CONSENSUS
8	O-2.1	9	CONSENSUS
9	O-4.3	10	CONSENSUS
10	O-3.2	11	CONSENSUS
11	O-1.5	13	CONSENSUS
12	O-4.4	14	CONSENSUS
13	O-4.6	14	CONSENSUS
14	O-2.7	15	CONSENSUS
15	O-2.6	16	CONSENSUS
16	O-2.3	20	CONSENSUS
17	O-3.3	21	CONSENSUS
18	O-5.7	26	CONSENSUS
19	O-5.6	28	CONSENSUS
20	O-4.2	32	CONSENSUS
21	O-5.2	35	CONSENSUS
22	O-4.1	40	CONSENSUS
23	O-2.12	47	CONSENSUS FOR REJECTION

As shown in Table 7.3 above, five additional original objectives obtained consensus in urgency in the second round. These are written on a dark grey background in the second column. The five newly approved objectives, as shown by a dark grey background in the second column, were:

- Objective O-1.3 (To train teachers to teach sex education to their students and form Task Forces made up of staff from NGOs/institutions involved in HIV and AIDS programmes/volunteers to be sent to schools where there is demand, using government budgets).

- Objective O-1.5 (For INAC to support and promote online and offline HIV and AIDS services, including independent ones, through its website, and improve quality and promote own website).
- Objective O-3.3 (To set up criteria for PLWHA entitled to subsidised ARV, including the review of current CD4 threshold for ART entry).
- Objective O-5.2 (For IMOH to set up data collection mechanism for independent online and offline HIV and AIDS interventions).
- Objective O-4.1 (To train existing personnel at state hospitals to act as counsellors and provide consultations for other diseases).

The increase in consensus suggests that panellists may have changed their opinion about the urgency of the objectives as some of these and/or their background notes were reformulated based on their feedback.

In the second round, 52 additional objectives proposed by panellists were added to the list, all of which were given an initial score in urgency of 1 or 2 by the respective panellists. At the end of the second round, consensus in urgency was reached on 8 of these objectives (15% of additional objectives). In this round, objectives on which no consensus was reached in the previous round were again ranked in order of urgency (including the additional objectives in the event the panel did not agree with the initial scores assigned by the suggesting panellists). Overall, consensus in urgency was reached on 32 objectives out of a total of 99 (as one objective was rejected in the first round) or 32,32%.To differentiate between original and additional objectives, a code preceding the objective number was given to each objective, that is, "O-" for original objectives and "A-" for additional objectives.

The objectives were also scored in order of feasibility and desirability in the second round, based on the 5-scale values mentioned above. In terms of feasibility and desirability, consensus was reached respectively upon 33,33% and 75,76% of total objectives.

Table 7.4: The panel's consensus in the second round

No	Objectives Number	Local Values Average	FEASIBILITY Consensus Status	DESIRABILITY Consensus Status
1	O-2.10	0.890	CONSENSUS	CONSENSUS
2	O-3.12	0.749	CONSENSUS	CONSENSUS
3	O-2.11	0.744	CONSENSUS	CONSENSUS
4	O-3.8	0.734		CONSENSUS
5	O-3.5	0.730		CONSENSUS
6	O-3.9	0.726	CONSENSUS	CONSENSUS
7	O-1.3	0.719		CONSENSUS
8	O-2.9	0.713	CONSENSUS	CONSENSUS
9	O-2.1	0.703	CONSENSUS	CONSENSUS
10	O-4.3	0.693	CONSENSUS	CONSENSUS
11	O-3.2	0.668		CONSENSUS
12	O-2.4	0.666		CONSENSUS
13	O-1.5	0.656	CONSENSUS	CONSENSUS
14	O-4.4	0.652		CONSENSUS
15	O-4.6	0.652		CONSENSUS
16	O-2.7	0.644		CONSENSUS
17	O-2.6	0.639		CONSENSUS
18	O-5.1	0.631		CONSENSUS
19	O-2.3	0.626		CONSENSUS
20	O-3.3	0.625	CONSENSUS	CONSENSUS
21	O-3.6	0.624		CONSENSUS
22	O-5.5	0.612		CONSENSUS
23	O-5.4	0.609		CONSENSUS
24	O-5.7	0.605		CONSENSUS
25	O-2.5	0.581		CONSENSUS
26	O-5.6	0.577	CONSENSUS	CONSENSUS
27	O-1.7	0.572		CONSENSUS
28	O-3.13	0.561	CONSENSUS	CONSENSUS
29	O-4.2	0.553		CONSENSUS
30	O-5.2	0.527		CONSENSUS
31	A-1.1	0.518		CONSENSUS
32	A-1.2	0.518		CONSENSUS
33	A-1.4	0.518		CONSENSUS
34	A-1.5	0.518		CONSENSUS
35	A-1.6	0.518		CONSENSUS
36	A-1.7	0.518	CONSENSUS	CONSENSUS
37	A-1.9	0.518		CONSENSUS

No	Objectives Number	Local Values Average	FEASIBILITY Consensus Status	DESIRABILITY Consensus Status
38	A-2.1	0.518	CONSENSUS	CONSENSUS
39	A-2.10	0.518		CONSENSUS
40	A-2.11	0.518	CONSENSUS	CONSENSUS
41	A-2.12	0.518	CONSENSUS	CONSENSUS
42	A-2.13	0.518	CONSENSUS	CONSENSUS
43	A-2.14	0.518		CONSENSUS
44	A-2.15	0.518		CONSENSUS
45	A-2.16	0.518		CONSENSUS
46	A-2.17	0.518	CONSENSUS	CONSENSUS
47	A-2.3	0.518	CONSENSUS	CONSENSUS
48	A-2.5	0.518	CONSENSUS	CONSENSUS
49	A-2.6	0.518		CONSENSUS
50	A-2.7	0.518		CONSENSUS
51	A-2.8	0.518	CONSENSUS	CONSENSUS
52	A-2.9	0.518	CONSENSUS	CONSENSUS
53	A-3.1	0.518	CONSENSUS	CONSENSUS
54	A-3.2	0.518	CONSENSUS	CONSENSUS
55	A-3.3	0.518	CONSENSUS	CONSENSUS
56	A-3.4	0.518	CONSENSUS	CONSENSUS
57	A-3.6	0.518		CONSENSUS
58	A-3.7	0.518		CONSENSUS
59	A-3.8	0.518	CONSENSUS	CONSENSUS
60	A-3.9	0.518	CONSENSUS	CONSENSUS
61	A-4.1	0.518		CONSENSUS
62	A-4.11	0.518	CONSENSUS	CONSENSUS
63	A-4.12	0.518	CONSENSUS	CONSENSUS
64	A-4.14	0.518	CONSENSUS	CONSENSUS
65	A-4.2	0.518	CONSENSUS	CONSENSUS
66	A-4.3	0.518		CONSENSUS
67	A-4.4	0.518	CONSENSUS	CONSENSUS
68	A-4.5	0.518		CONSENSUS
69	A-4.7	0.518	CONSENSUS	CONSENSUS
70	A-4.8	0.518		CONSENSUS
71	A-4.9	0.518		CONSENSUS
72	A-5.1	0.518		CONSENSUS
73	A-5.2	0.518		CONSENSUS
74	O-3.11	0.470		CONSENSUS
75	O-3.10	0.432		CONSENSUS

As shown in Table 7.4 above, consensus in desirability was reached on 75 objectives, while consensus in feasibility was obtained on 33 objectives. The above table also shows objectives on which absolute consensus was reached by the end of this round, as indicated by the dark grey background in the second column, totalling 19.

It was somewhat surprising to find that roughly three quarters of the objectives were deemed desirable by the panel while considerably fewer were considered feasible. This implies on the one hand that these objectives were considered potential strategies to be included in national HIV and AIDS policy and, on the other, that there were strong doubts about their feasibility for various reasons as described below under sub-heading 7.4.

To some extent, the results of the second round of the Delphi exercise highlighted the influence of perceptions of feasibility on perceptions of urgency and suggest that the way statements and or their background notes were formulated, play a significant part in the achievement of consensus among the participants.

A number of panellists expressed concerns about the huge number of objectives to be rated in the second round, cautioning the researcher that this might lead to less attentive reading of the background notes or careless rating without careful consideration because of the amount of time demanded by the longer list. The researcher concurred that this was a potential problem but had to go ahead as planned, given that the Delphi rounds were already in motion. While she did not anticipate such a high number of additional objectives from the panellists, the researcher had actually reduced their number significantly after the objectives were analysed and organised according to their main themes. Some were integrated into original objectives as they simply offered further clarifications to the original statements, while others addressing the same themes were merged and grouped under the same statements. In spite of this, the actual number of additional statements remained high and it appears that the longer list of

statements did have a negative impact on the participation rate in the third round.

In addition, while the questionnaires in the first round only contained 48 objectives and were sent to the panel under a Word format, with background notes written under the list of objectives, Excel spreadsheets containing 100 objectives were used in the second round. In these Excel spreadsheets, the background notes were provided next to the objectives, separated by empty boxes in which the participants were required to assign scores. While this strategy largely facilitated data analysis based on the statistical results obtained in this round, it also required the panellists to constantly navigate from left to right and back again during the scoring exercise, because the spreadsheets spanned the width of two pages and, therefore, did not fit in the screen's field of vision. This may have been tiring and also contributed to a lower rate of participation in the second round.

7.3.4 Results of the Delphi exercise: Round Three

Seventeen replies were returned for the third round, thus yielding a participation rate of 73,9%. Although such a participation rate is still considered good in comparison with other Delphi studies, such as the one conducted by Hanafin and Brooks (2005) in which a response rate of 72% was obtained in their third round, it was clear that many panellists were getting tired of the exercise as shown in particular by the very late arrival of a good number of replies. While this study duly fulfilled the fidelity criteria as discussed in Chapter 6, one of which was to ensure that all possible options had been put forward for consideration, the inclusion of a great number of additional statements suggested by the panellists did require more time for scoring and appears to have generated a negative impact on the response rate.

Owing to the short time left to reformulate the list of objectives and their background notes as a result of the late arrival of a number of replies, the researcher had to divide the final round into two stages. In the first part of the third round, the results of the second round were sent to the panellists but they were not required, at this stage,

to assign scores because a number of objectives suggested by the panel (which did not achieve consensus in the second round) were yet to be reviewed by their authors. In this first part of Round Three, therefore, these authors were invited to reformulate their objectives and or background notes, taking into account other panellists' feedback which was forwarded to them. As they were given two weeks to submit their revisions, the Delphi exercise had to be extended for this length of time. In the second part of the third round, the revised list of objectives and background notes was submitted to the panel, this time for final scoring.

In Round Three, a total of 103 objectives was on the list, given that three objectives were split into two each. These were:
- Objective O-3.8 which was split into O-3.8a "To expand choice of first line ARV drugs" and O-3.8b "To produce generic versions of second line ARV and other essential drugs".
- Objective A-4.6 which was split into A-4.6a "To revise Ministry of Home Affairs' regulation regarding grants in order to enable INAC and its regional branches to access grants continually" and A-4.6b "To form a national Task Force in charge of formulating strategies to ensure sustainability of HIV and AIDS programmes".
- Objective A-1.4 which was split into A-1.4a "To require the Ministry of Education to include sexual/reproductive health in elementary and junior high school curricula, introduce HIV and STI into reproductive health/science curriculum in junior high school" and A-1.4b "To require the Ministry of Education to provide sex education to junior high school and high school students, in the form of extra-curricular cases".

However, scoring was performed on 102 objectives as one had already been rejected in the first round. A number of additional objectives deemed "unclear" were revised following the suggestions of the panellists, but changes mainly concerned background notes. These included:

- Objective A-1.5 "To include prevention in the national social health

insurance to be effective in 2014".

This objective was deemed ambiguous by panellists because they were not sure what was meant by "prevention". The researcher requested the panellist who formulated this objective to give examples of prevention in her background notes such as "health screening tests", but instead she chose to send a long narrative to explain why prevention was preferable to cure by citing problems associated with high curative costs that arose in France and Canada where prevention was not covered by social health insurance.

- Objective A-1.6 "To recognise Sexual Health as a key concept based on evidence – rather than marital status – in existing public health system".
In the background notes, the panellist wrote that the concept of sexual health based on biological, psychological and social facts needed to be recognised. Although it was obvious that the panellist was concerned about the lack of access to sexual health care services by single individuals (contraception, for example, was only available to married people), others said this was unclear. Referring to the background notes, they pointed out that marital status was widely recognised as part of one's social life, whereas sexuality tended to be viewed solely through a medical lens. In other words, the panel seemed to hold the view that sexual health was to be treated as is: namely, based on marital status regardless of biological, psychological or social backgrounds. The panellists also expressed concerns that if sexuality was considered as part of sexual orientation, it might lead to sexual relations stereotyping, as it was easier to identify risks associated with particular sexual behaviour (such as homosexuality). Although the researcher explained to the panellist by email why the statement had been misunderstood by the panel, and despite the changes she brought to her original statement, in the end, this objective failed to achieve consensus in feasibility.

At the end of Round Three, absolute consensus (consensus in all three parameters –_ urgency, feasibility and desirability) was reached on 44 objectives

(43%). Of these, 43 objectives were accepted while 1 objective was rejected in Round 1 (and therefore was not rated in the following rounds). Compared with the results of Round Two in which absolute consensus was reached on 19 objectives out of 100 (19%), there was an increase in absolute consensus of 24% at the end of Round Three.

Figure 7.3: **Comparing absolute consensus obtained in Round Two and Round Three**
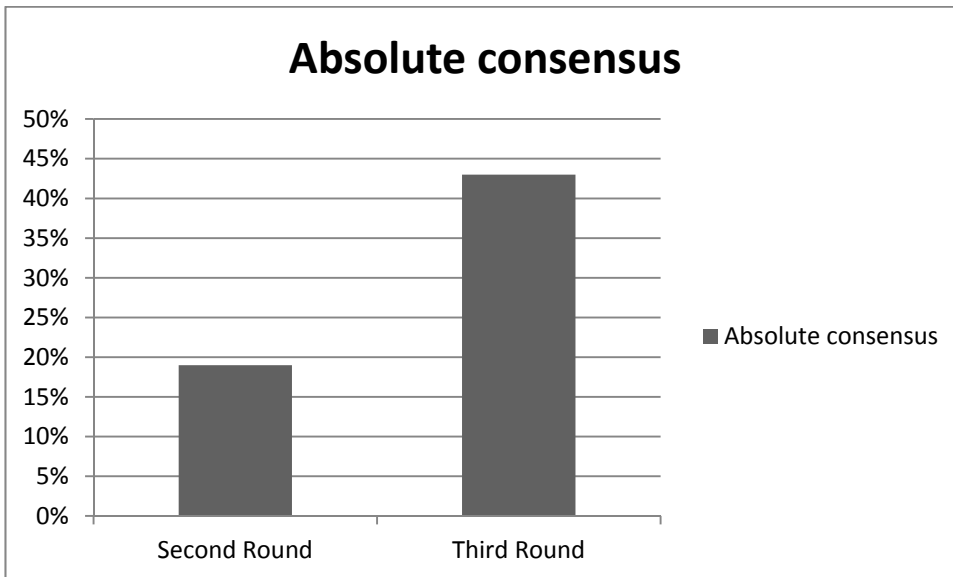
As shown in Figure 7.3 above, a significant increase in absolute consensus was evident in the third round (43%) compared with the result in the second round (19%).

In the third and final round, increases in partial consensus (consensus in some of the three parameters) were also obtained, most notably in terms of urgency where the percentage had more than doubled compared with that of Round Two. The significant increase in urgency ranks obtained in Round Three (69,9% compared with 32% in Round Two) was most determinant in achieving higher absolute consensus in the final round.

- Urgency : 69,9% (70%) in Round Three vs 32% in Round Two
- Feasibility: 45% in Round Three vs 33% in Round Two
- Desirability: 76% in Round Three vs 75% in Round Two

Figure 7.4: Consensus obtained in Round Two and Round Three
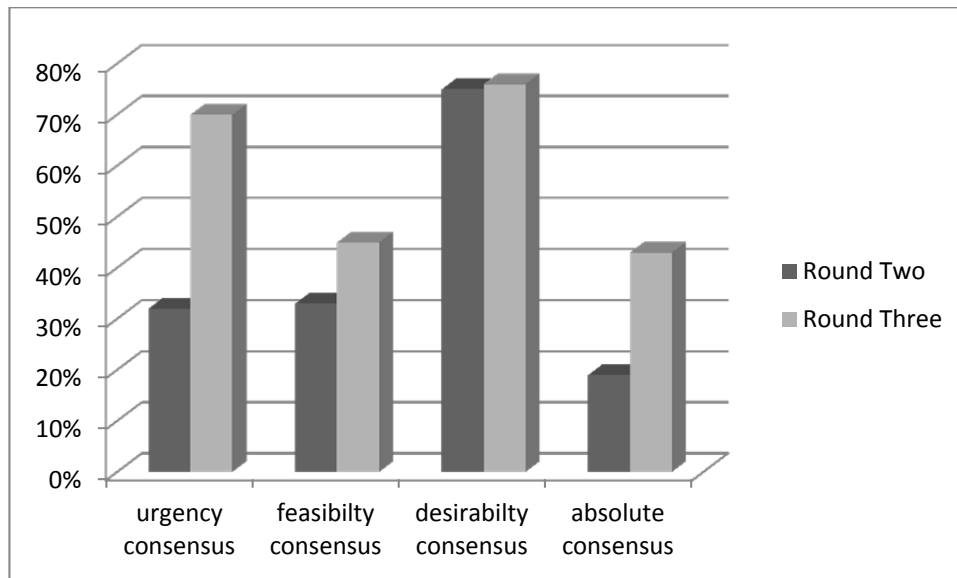
As shown in Figure 7.4 above, the most significant increase obtained in the third round concerned consensus in urgency, as shown by the first set of two columns (70% in the third round versus 32% in the second round). This increase led to more than double the achievement of absolute consensus by the end of the third round, as shown by the last set of two columns (43% in the third round versus 19% in the second round). While increase in desirability consensus, as shown by the third set of two columns, was modest (76% in the third round versus 75% in the second round), increase in feasibility consensus, as shown by the second set of two columns, was significantly higher (45% in the third round versus 33% in the second round).

The following sums up the results of Round Three:
1) Absolute consensus was reached on 44 out of 103 objectives (42,72%), including one objective which was rejected in Round One.
2) Partial consensus was obtained on 38 objectives (36,89%).
3) As many as 21 objectives (20,39%) were left without any consensus.

At the end of the exercise, the panellists were given small gifts in the form of a pen from a well-known brand, engraved with their names.

7.4   ANALYSIS OF THE RESULTS FROM ALL OF THE ROUNDS

The overall objectives as suggested in the Delphi and submitted to the panel for scoring can be divided into the following main categories:
1) Prevention policy targeting the general population
2) Prevention policy targeting specific population (or risk) groups
3) Treatment policy
4) Policy to facilitate HIV and AIDS interventions
5) Policy to enhance INAC coordination task

Although rephrasing objectives and or background notes helped to some extent to clarify the aim of the objectives and hence led to absolute consensus on a large majority of objectives at the end of the third round (43%), many objectives were left with partial consensus or no consensus at all. It was obvious that perception building, which formed the basic foundation for consensus building during the Delphi rounds, was not an easy task, essentially because the exercise was conducted over the internet. This finding corroborates the opinion of the participants in the Delphi study by Hanafin and Brooks (2005), who point out the following three specific issues in respect of the lack of face-to-face interaction:

1) Incomplete understanding of the rationale of others (difficulties in understanding why other experts did or did not prioritise particular indicator areas, and lack of understanding of the rationale behind the project which

made it difficult to rank the dimensions and indicators)

2) Lack of group effects (absence of dialogue and discussion and anecdotal discussion and interaction about grey areas and value-laden areas which would have led to healthy debate and discussion)

3) Differing understandings of key stakeholders (as key terms and concepts were understood differently by different participants, a general agreement about a particular area would have been facilitated by a face-to-face interaction). This, therefore, also supports the necessity for perception-building throughout the conduct of the exercise in order to reach greater consensus among the participants

Reflecting differences in perceptions of which aspects of prevention and treatment of HIV and AIDS should receive the most urgent attention, 52 additional objectives suggested by panellists were included in the list in the second round. These objectives were given an initial score of 1 or 2 by their authors to demonstrate to the researcher the urgency the panel awarded to these proposed objectives. However, when these added "urgent" objectives were exposed to the entire panel in subsequent rounds, only 4 of these objectives reached consensus in urgency.

To some degree, perceptions of feasibility appeared to influence urgency scores. In the first round, for example, it seemed that consensus in urgency was not reached on a number of objectives owing to the panel's perceived unfeasibility of the statements. Panellists might feel that although these objectives needed to be incorporated in the national HIV and AIDS strategy, they might be seen as unlikely to be implemented for various reasons described below, thus leading to a low score in urgency. In other words, because those objectives were deemed unfeasible, they were, therefore, seen as not urgent. As evidenced by the results in Round Two, consensus in feasibility was not reached on such objectives. Below are examples of objectives that did not reach consensus both in urgency and feasibility at the end of Round Two:

1) Objective O-2.4 "To train midwives to administer HIV and STI tests to

pregnant women in regions with increased incidence, using government budgets". Perceptions of unfeasibility appeared to be associated with doubts that the government would be able to allocate funding for such training at a time when less international funding was available for HIV and AIDS interventions. As mentioned earlier, ensuring the availability of ARV drugs appeared to be the government's priority, at the detriment of prevention interventions.

2) <u>Objective O-1.7</u> "To continuously expand the reach of HIV and AIDS programmes in the workplace in state and private companies and NGOs". Despite mounting HIV infection rates among various population sub-groups, many continued to hold the view that the HIV and AIDS epidemic was not a main concern as far as the general population was concerned. This view was supported, among others, by the dearth of public campaigns about HIV and AIDS through the mass media. As mentioned in Chapter 2, local authorities did not consider campaigns of this kind appropriate for countries with a relatively low HIV prevalence rate. Requiring the government to call for an expansion of HIV and AIDS programmes in state and private companies and NGOs might, therefore, appear unfeasible. In addition, corporations might be seen as favouring programmes that were designed to increase the profitability of their businesses, while NGOs might be viewed as more keen on fighting exclusively for their specific causes, such as environment, poverty, etc.

3) <u>Objective A-1.1 </u> "To make 'morning after pills' contraception widely available in drugstores". While these pills might offer a solution for decreasing the incidence of abortions in Indonesia which were estimated at two million per year (e.g. Sedgh & Ball 2008; Utomo *et al* 2001 as cited in Utomo & Utomo 2013), perceptions of unfeasibility appeared to be associated with concerns that the wide availability of such pills might affect the already low use of condoms in Indonesia. As it was obviously more practical to take pills after unprotected sex, it was feared that couples might be driven to take fewer

preventive measures, which would be highly detrimental to HIV and AIDS prevention efforts, considering that contraceptive pills did not prevent HIV and other STI transmissions.

Probably as a result of the reformulation of particular objectives and or background notes and the inclusion of additional objectives in the list at the beginning of the second round, a number of approved original objectives gained higher urgency ranks at the end of the second round. For example (see changes written in italic):

1) Objective 2.11 "To make clean needles *and syringes* available in all *puskesmas where there is demand*" ranked 6th in the first round and 3rd in the second round. In the first round, the objective stated "To make clean needles available in all *puskesmas*". The reformulation of the statement in the following rounds clarified that this objective concerned not only clean needles but also syringes, and that these were to be made available specifically in *puskesmas* "where there is demand". As a result, the panellists might have considered the indicator more likely to be accepted by the authorities, as it was more cost-effective to focus on those *puskesmas* where there was evidence of high rates of HIV infections among IDUs rather than making clean needles and syringes available in "all" *puskesmas.*

2) Objective 1.3 "To train teachers to teach sex education to their students *and form Task Forces made up of staff from NGOs/institutions involved in HIV AND AIDS programmes/volunteers to be sent to schools where there is demand*, using government budgets" ranked 11th in the first round, 7th in the second round. Originally, the objective stated "To train teachers to teach sex education to their students and allow the use of government budgets for such training". By clarifying that this objective entailed forming task forces which would be sent to schools "where there is demand", the indicator might have appeared more likely to be approved by the authorities, given that it was more cost-effective than providing such training in all public schools. In retrospect, however, the researcher wondered how "where there

is demand" was interpreted by the panellists, that is, whether it was associated with regions where there was evidence of high rates of abortions or regions where teachers were not comfortable teaching sex education. As no clarification was provided at the time, it was reasonable to assume that scoring was based on different understandings.

On the other hand, a number of objectives that were deemed feasible by the panel in the second round did not reach consensus in order of urgency in the same round. For example:

1) Objective O-3.13 "To make ARV drugs available in an increasing number of *puskesmas* where there is demand, nationwide". Although this strategy was in line with efforts to normalise HIV and AIDS, making ARV drugs available in an increasing number of *puskesmas* might not have been viewed as urgent, given that most *puskesmas*, especially those in remote areas, were not equipped with the proper facilities to store ARV drugs. In other words, this indicator might have been seen as cost-ineffective, considering that it entailed the purchase of refrigeration equipment which would bear heavily on the government's budget. Besides, the government had already provided almost all state hospitals with ARV drugs at no cost, as attested by the NGO "ODHA Berhak Sehat" (ODHAberhaksehat n.d.).

2) Objective A-2.1 "To review barriers to expanding testing and treatment at national and district levels, particularly concerning laws and regulations". To review barriers did not necessarily mean to eliminate them. While a simple review of barriers was rather easy to do and therefore feasible, eliminating these barriers was a completely different story. For example, while it was known that most clients of sex workers did not use condom when buying sex[32], how to make them wear condoms was a nagging problem that had not been solved. Perhaps because there were doubts about solving

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[32] Discussions concerning low condom use among men who buy sex, which is a main concern in terms of HIV and AIDS prevention, regularly take place at *aids-ina*, with the most recent ones dating in January 2014

problems such as this, a simple review of barriers was considered ineffective as a strategy. Therefore, the statement failed to reach consensus in urgency although it was deemed feasible.

The above objectives, therefore, were examples of objectives in which perceptions of feasibility did not appear to influence perceptions of urgency, as opposed to those mentioned above in which a correlation between feasibility and urgency was observed.

3) Objective A-2.3 "To set up a system enabling the provision of post-exposure prophylaxis for victims of rape and sexual violence". In this case, it appeared that for some panellists it was simply a matter of priority. Many explained that their low urgency scores meant that a particular objective was not necessarily viewed as trivial although it was ranked lower compared with others. Perceptions about which objectives were more urgent than others seemed also to have been influenced by the panellists' personal preferences. What emerged from the feedback from panellists, therefore, was that perceptions of "urgency" varied a great deal among them. Naturally, personal sense of urgency is associated with perceptions about the HIV and AIDS epidemic itself.

As discussed earlier, different experts have different opinions about how to control the epidemic. For some, HIV and AIDS interventions should still focus on the risk groups, based on the assumption that this strategy, if successful, might prevent the spread of the epidemic to the general population. This implied that, as far as they were concerned, the right time had yet to come to normalise HIV and AIDS. For others, HIV and AIDS exceptionalism, which was influenced by the vocal involvement of members of affected communities in the science and politics of AIDS activism (De Cock & Johnson 1998), had proven to have yielded limited success and, therefore, HIV and AIDS should be treated like other infectious diseases.

It is generally understood that a person's background (education, profession, social status, etc.) may influence one's perspectives (Hanafin & Brooks 2005). Differences in perception and opinion among the panellists appeared to be specifically associated with perceptions of human rights and a personal sense of right and wrong; various policies concerning sexual transmissions of HIV (condom use and commercial sex work, people who are about to get married, and discordant couples); PITC and PMTCT; perceived ineffectiveness or unfeasibility; and personal conviction about how to control the epidemic.

1) *Perceptions of human rights and a personal sense of right and wrong*

Four matters relate to the broader issue of rights and moral decision making: namely, condom use and commercial sex work; reproductive health services for couples about to get married; health care services for discordant couples; and a choice between PITC and VCT. In addition, certain statements regarding the burden of responsibility for health care services also relate to human rights matters. In this regard, Objective A-4.15 "To disband INAC and transfer responsibility to strengthened HIV coordination section in IMOH, reporting to Minister" failed to achieve any consensus. The reason for this was that most panellists understood that this objective would imply that outreach programmes would cease to exist, resulting in serious health outcomes for many people living with HIV who would then miss the opportunity to be treated for a disease that was no longer life-threatening. Consistent with the argument by Strode, Van Rooyen and Heywood (2005), this objective has human rights implications because outreach programmes are generally recognised as a potential strategy to inform target audiences that HIV and AIDS are now treatable. Again, perceptions of human rights varied among different individuals. Other panellists, on the other hand, appeared to understand that the disbandment of INAC was not meant to be an overnight process as it obviously had to wait for the HIV coordination section in IMOH to be ready for the transfer of responsibilities. In their view, therefore, outreach programmes did not necessarily have to cease immediately.

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Another example was <u>Objective O-2.12</u> "To support trials of the new initiative penalising clients of sex workers found with STI", which was rejected in the first round, probably because the panellists regarded it as stigmatising.

This brings to the fore the dilemma that health experts are often faced with: namely, how to reconcile differences in perceptions of human rights in order to reach a general agreement about specific interventions that are likely to be more effective. This is not to say that more effective measures necessarily entail a violation of human rights, but to stress that different perceptions in human rights matters are a potential barrier to the swift implementation of new strategies. For example, as discussed above, debates concerning VCT versus PITC are still ongoing despite the fact that the government has already decided to apply routine HIV testing among pregnant women, as evidenced by IMOH circular No. GK/MENKES/001/I/2013 issued early last year.

The researcher concluded that the panellists' understanding of human and patients' rights played a crucial role in the Delphi exercise and affected the panel's perceptions regarding the feasibility of the objectives. Although most objectives were deemed desirable in Round Two (75,76% of total objectives), differences in the understanding of human rights appeared to be in large part responsible for non-consensus in feasibility. Mainly, this concerned the following policies:

2) *Policy about condom use and commercial sex work*:

> <u>Objective O-2.13</u> suggested "To subject actors involved in sex work activities to sex education sessions and anonymous HIV and STI testing, with no penalties involved". This objective was proposed as an alternative to Objective 02.12 which stated "To support trials of the new initiative penalising clients of sex workers found with STI" which was rejected in Round One.

The objective failed to achieve consensus on all three rounds. It appeared that this occurred because round ups in brothels were perceived as a violation of privacy. One panellist went as far as suggesting that it would be preferable to close the brothels down altogether. This, coming from an HIV and AIDS expert, was certainly surprising, considering the common understanding that closing down hot spots was counter-productive because such a move was likely to drive commercial sex work underground and thereby complicate health outreach initiatives. Such comments might also imply a more general view that commercial sex work was unlikely to be addressed via a formal state initiative as it was illegal in most parts of the country. In a way, issuing regulations about commercial sex work would mean recognition of commercial sex activities by the government.

Clearly, the apparent confusion among the panellists about prostitution issues reflected that of the HIV and AIDS community which in turn was manifested through many postings at *aids-ina*, of which the researcher is a member. There seemed to be a general feeling that unsafe sex in brothels should be controlled on the one hand, but also reluctance for the government to issue regulations related to commercial sex work on the other.

3) *Policy targeting people who are about to get married*

While the increasing high rates of HIV prevalence among married women should have been taken as a wake-up call to start implementing prevention policies among young people who generally did not receive comprehensive sex education, including those who were about to get married, none of the policies intended for this target group achieved absolute consensus.

While Objective O-2.7 "To require and provide group sex education sessions for people seeking a marriage licence" failed to obtain consensus

in feasibility, <u>Objective O-2.8</u> "To require people seeking a marriage licence to test for HIV and STI" was left with no consensus in any of the three parameters, as shown in Table 7.5 below.

Table 7.5: **The final consensus status of objectives O-2.7 and O-2.8**

Objectives Number	Local Values Average	Urgency Order	URGENCY Consensus Status	FEASIBILITY Consensus Status	DESIRABILITY Consensus Status
O-2.7	0,644	37	CONSENSUS	NO	CONSENSUS
O-2.8	0,401	80	NO	NO	NO

Table 7.5 (above) shows that objective O-2.7 achieved consensus in urgency and desirability, while objective O-2.8 failed to obtain consensus in any of the three parameters by the end of the third round. It was interesting to note that while Objective O-2.7 was considered reasonably urgent (i.e. exhibiting a local value average of 0,644), thereby reflecting the panel's general view that sex education was vital for people who were about to get married, Objective O-2.8 obtained a much lower local value average (0,401), thereby reflecting some degree of hesitation on the part of the panellists in terms of its urgency.

The panel expressed concerns in their feedback that a regulation requiring such tests before marriage would bring about more harm than good for the following three reasons. First, such tests were considered mandatory because they entailed social sanctions for those who refused to comply with the regulation. The policy was viewed as potentially leading to a greater number of unregistered marriages because couples might decide to get married anyway although without a proper licence. This was possible, given that many people considered a marriage to be perfectly legal as long as the religious requirements were fulfilled. Second, as HIV and AIDS were still

highly stigmatised in Indonesia owing to widespread ignorance about the disease (Lynn & Wulandari 2011), it was likely that if one partner tested as HIV positive, the couple might call off their marriage plans instead of practising safer sex and getting the infected partner treated. For many, it seemed that letting couples infect each other was less problematic than imposing a regulation which might, on the one hand, offer the opportunity to be treated (if found to be HIV-positive) but, on the other, bring marriage plans to a halt. Third, HIV testing entailed additional costs that less-privileged people would have to bear in order to obtain a marriage permit. This again seemed to indicate that moral reasoning and human rights perceptions played a significant role in the panellists' scores.

4) *Policy targeting discordant couples*

Objective A-2.4 "To implement mandatory HIV testing among discordant couples" did not achieve any consensus, probably because the word "mandatory" threw the panel off despite their common understanding of the urgency to prevent transmissions among discordant couples. The panellist who suggested this objective was unfortunately not in a position to reformulate his objective or his background note. The problem of discordant couples. however, seemed to have been covered by Objective O-2.9 "To implement WHO recommendations to prevent transmissions among sero-discordant couples" which achieved absolute consensus, as shown in Table 7.6 below.

Table 7.6: **The final consensus status of objectives A-2.4 and O-2.9**

Objectives Number	Local Values Average	Urgency Order	URGENCY Consensus Status	FEASIBILITY Consensus Status	DESIRABILITY Consensus Status
A-2.4	0,510	71	NO	NO	NO
O-2.9	0,713	19	CONSENSUS	CONSENSUS	CONSENSUS

As shown in Table 7.6 above, Objective A-2.4 failed to achieve consensus in urgency, feasibility, as well as desirability. The lack of consensus was somewhat expected, given the general understanding that no mandatory HIV testing shall be conducted for individuals on public health grounds, consistent with UNAIDS/WHO (2007) recommendations which only support mandatory screening for HIV and other blood borne viruses of all blood intended for the manufacture of blood products or blood transfusion. On the other hand, Objective O-2.9 obtained absolute consensus. The above example strongly suggests that the way statements were formulated played a fundamental role in the Delphi results. Although both objectives basically addressed the same idea, that is, to prevent HIV transmissions among discordant couples, it was clear that the use of the word "mandatory" in Objective A-2.4 was responsible for the panel's negative response. The use of the word "mandatory" by the panellist who suggested the objective was also the reason for both objectives not being merged into one statement in the second round despite their common theme. More significantly, this result again demonstrated the significant role of human rights perceptions in the achievement of consensus among the panellists.

5) *Policy about PITC and PMTCT*

Although the term "PITC" was not specifically mentioned in <u>Objective O-2.1</u> "To require HIV and STI tests to be part of routine testing for pregnant women", it was assumed that such testing would be understood as mainly based on PITC procedures, because routine testing implies routine "opt-out" testing (De Cock *et al* 2002 as cited in Strode *et al* 2005), a term often used to describe PITC. While the majority of the panel approved the policy – in fact, absolute consensus was reached upon this objective in Round Two – ratings were not unanimous, as shown in Table 7.7 below.

Table 7.7: **Statistical results from the analysis of objective O-2.1**

Parameter	Scores					Round	Panellists	Minimum Consensus	Panellists giving a score of 1 or 2
	1	2	3	4	5				
Urgency	17	5	0	0	0	1st	22	17	22
Feasibility	5	10	3	1	0	2nd	19	15	15
Desirability	13	4	1	0	1	2nd	19	15	17

Table 7.7 (above) demonstrates the statistical results of Objective O-2.1 obtained in the first and second round, which led to absolute consensus. The results show that ratings in feasibility and desirability were not unanimous. While most panellists approved the objective's feasibility (15 gave a score of 1 or 2) and desirability (17 gave a score of 1 or 2), as shown in the last column, a small number of them deemed the objective unfeasible or undesirable. Indeed, three experts were not sure of its feasibility and one expert thought it was unfeasible. In terms of desirability, one expert expressed doubts while one expert thought it was highly undesirable.

Table 7.7 also shows that consensus in urgency was achieved for this objective in Round One. Based on the definition of consensus used in this study, a minimum of 17 panellists giving a score of 1 or 2 was required to determine consensus, as shown in the 5th column. In this round, 22 panellists gave such scores, as shown in the last column, thus confirming consensus. In this round, scores were unanimous. All the participants in this round seemed to agree that the objective was urgent (5 panellists gave a score of 2) and even highly urgent (17 panellists gave a score of 1). However, because the term "PITC" was not specifically mentioned in the objective, it is possible that this may have been overlooked in the first round.

Consensus in feasibility and desirability was obtained in Round Two, in which 19 panellists contributed. Based on the definition of consensus used in this study, a minimum of 15 members giving a score of 1 or 2 was required to determine consensus in this round, as shown in the 5th column. In this round, 15 and 17 panellists respectively gave such scores, as shown in the last column, thus confirming consensus.

A small number of panellists were strongly opposed to this objective because they were concerned about the unnecessary stress the women would have to go through if their tests came back positive but later turned out to be false positive. Making the women wait under extreme duress for a couple of days for the results of the confirmation tests to come back was deemed unacceptable. On the other hand, if the confirmation tests eventually validated their infection, the women might be exposed to abuse by their husbands and family and the harmony of their households would be compromised.

While the Delphi exercise was taking place, the researcher received information from one of the panellists that a circular about PMTCT had recently been issued by the Ministry of Health. She then obtained a copy of the regulation from the Ministry of Health official who was a member of the panel, that is, circular letter No. GK/MENKES/001/I/2013. It appeared that the regulation helped to achieve absolute consensus at the end of Round Three for a number of objectives which were related to pregnant women, such as Objective O-2.4 "To train midwives to administer HIV and STI tests to pregnant women in regions with increased incidence, using government budgets" which, in the second round, only received consensus in terms of desirability. The background notes were revised to clarify that a regulation about PMTCT was already in place but that the government's initiative would not achieve great success if midwives were left out of such programmes because the majority of Indonesian women used the help of

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midwives (AIDSdatahub 2013).

For the small number of panellists who did not support this objective, subjecting pregnant women to undue stress while waiting for their confirmation tests to come back, or to possible abuse by their husbands in case these tests validated their infection, was inadmissible, despite the rising HIV infection rates among this group of women. The above statistics again suggest that perceptions of human rights vary among the panellists, as reflected in their scores, and this, in turn, influences consensus. The divergence in ratings for this objective also suggested that human rights perceptions might be associated with one's sense of priority or personal conviction. As argued by Carlson and Listhaug (2007), perceptions are also influenced by individual-level factors such as political allegiance and gender in addition to human rights conditions within a country. In this study, however, the question of political allegiance was not addressed. While the study by Carlson and Listhaug (2007) discusses divergence or convergence between mass perceptions and expert assessments, this study showed that even among experts, perceptions of human rights might vary. For some, for example, freedom (from possible repression) might be considered most important. For others, health might be a more pressing issue in Indonesia's current context.

6) *Perceived ineffectiveness or unfeasibility of particular strategies suggested in the objectives*

The researcher felt that perceptions of ineffectiveness or unfeasibility of particular objectives had somewhat contributed against the achievement of absolute consensus for those objectives. This seemed to support the argument by Upshur (2001 as cited in Schwandt 2009) who point out the influence of perceptions of effectiveness in various decision-making processes associated with the achievement of better health outcomes. Given that such perceptions were a major factor influencing the results of

the Delphi exercise, the researcher thought it appropriate to address the matter under this specific subheading. Below are some examples:

Objective O-1.2 "To require health workers to teach sex education in schools under the coordination of *Dinkes"* was deemed impractical because people at the regional offices were not trained to teach adolescents nor would they have the time to offer such education services. A number of panellists insisted that teachers needed to take responsibility for teaching young people about reproductive health matters. This of course is easier said than done. Given that sex is a topic that is taboo in Indonesia (Jacubowski 2008; INAC 2007:10), it seems unreasonable to require teachers to take responsibility for teaching a subject that they too probably consider forbidden, without giving them any help. In fact, this objective was an alternative to Objective O-1.3 "To train teachers to teach sex education to their students and form Task Forces made up of staff from NGOs/institutions involved in HIV-AIDS programmes/volunteers to be sent to schools where there is demand, using government budgets" which also failed to obtain absolute consensus because it was deemed unfeasible.

Objective 3.1 "To set up a national monitoring mechanism involving a system of sanctions and incentives under the Ministry of Health's supervision in order to ensure the availability of doctors in remote areas and make health care services accessible in those areas" was deemed ineffective. It was not clear why the objective achieved no consensus at all given that the lack of doctors in remote areas remained a critical issue and was still being discussed among health experts. Giving incentives to doctors working in remote areas was, in fact, one among many solutions proposed by these experts. It was possible, however, that the idea of giving out "sanctions" turned the panellists off, considering that doctors working for the government were said to be underpaid in comparison with teachers or members of the military (jpnn.com 2012). One should understand that rights normally go hand in hand with obligations. If incentives were to be

implemented, so should sanctions, because in the absence of a balance between rights and obligations, one cannot expect health care services to function as they should. As noted by the World Bank (2008b), for example, close to 40% of doctors were found missing from their posts during working hours, with no valid reasons.

With regard to Objective A-1.9 "To educate the public about circumcision in regions with low male-circumcision rates such as Papua and Bali", panellists were concerned that such an education programme might lead men to avoid practising safer sex under the misguided notion that a circumcised male had a lower probability of contracting HIV during sexual encounters. Although the panellist who formulated the objective had revised his background notes to clarify that the education campaigns would not be introduced as "HIV and AIDS prevention" but as "a health measure to prevent cancer", the objective did not achieve any consensus by the end of the third round, as shown in Table 7.8 (see next page).

Table 7.8: **Statistical results of the analysis of Objective A-1.9**

Parameter	Scores					Panellists	Minimum Consensus	Panellists giving a score of 1 or 2
	1	2	3	4	5			
Urgency	4	5	5	1	2	17	13	9
Feasibility	4	5	5	1	2	17	13	9
Desirability	4	6	5	1	1	17	13	10

As shown in Table 7.8 above and based on the definition of consensus used in this study, a minimum of 13 panellists giving a score of 1 or 2 was required to determine consensus in the third round (as shown in the 4th

column). The number of panellists participating in this round was 17 (as shown in the 3rd column). However, only 9 panellists gave a score of 1 or 2 in terms of urgency and feasibility and 10 panellists gave a score of 1 or 2 in terms of desirability (as shown in the last column).

As for <u>Objective A-1.1</u> "To make 'Morning after pills' contraception widely available in drugstores", panellists claimed that these were emergency contraception and expressed concerns that the wide availability of such pills would cause people to rely on their use and compromise safer sex behaviour. In other words, the policy was viewed as potentially driving condom use even lower because people might assume that women could always take "morning after pills" in case of an unwanted pregnancy. Although this objective was deemed desirable, it did not reach consensus in urgency or feasibility. Also reflecting concerns about unsafe sex was <u>Objective A-2.2</u> "To include the provision of 'morning after pills' contraception in the PMTCT package of care" which did not reach consensus in any of three parameters, as shown in Table 7.9 below.

Table 7.9: **The consensus status of Objectives A-1.1 and A-2.2 in Round Three**

Objectives Number	Local Values Average	Urgency Order	URGENCY Consensus Status	FEASIBILITY Consensus Status	DESIRABILITY Consensus Status
A-1.1	0,520	68	NO	NO	CONSENSUS
A-2.2	0,491	74	NO	NO	NO

As shown in Table 7.9 above, objective A-1.1 only reached consensus in terms of desirability, while Objective A-2.2 did not reach any consensus.

Furthermore, <u>Objective O-2.13</u> "To subject actors involved in sex work activities to sex education sessions and anonymous HIV and STI testing,

with no penalties involved," failed to achieve any consensus because it was deemed ineffective and unfeasible. First, condom promotion was considered ineffective because condom use had remained low despite condom accessibility. Second, the panellists were sceptical about any empowerment programme among sex workers because condom use was mostly determined by their clients who did not seem to heed the risks of unsafe sex and were moreover difficult to reach. Third, as mentioned above, the government appeared unlikely to issue regulations about commercial sex. Fourth, religious leaders were known to be against any programme perceived as encouraging pre-marital or extra-marital sex. Therefore, although many might agree on the urgency to promote condom use, especially among people with risky behaviour such as clients of commercial sex workers, changing the minds of religious leaders so that they approved of such programmes was deemed unfeasible. Fifth, anonymous HIV and STI testing was not deemed possible in the context of current health regulations.

Finally, Objective A-2.16 "To hold pimps and brothel owners – instead of female sex workers – responsible for HIV and AIDS and STIs", Objective A-2.14 "To require local governments to clarify their positions on brothels and implement '100% condom use' among sex workers and their clients in all brothels" and Objective O-2.15 "To formulate and promote an Act of Conduct among 'hot spots' in the country to support the fight against sex trafficking" which failed to achieve absolute consensus or reached no consensus at all, clearly reflected the panel's scepticism about the government's will to address the delicate issue of prostitution which was also involved in sex trafficking. The lack of absolute consensus for Objective A-2.14 in particular further supported the general view that the government was indecisive as far as commercial work was concerned. Despite understanding the urgency of promoting safer sex in brothels, reluctance to recognise commercial sex activities by issuing formal state initiatives seemed expected on account of the illegal nature of prostitution in most

parts of Indonesia and the fact that most Indonesians considered prostitution as "immoral" (Asia Finest 2006).

Furthermore, although <u>Objective A-2.16</u> above would appear desirable given that female sex workers were generally blamed for spreading HIV and AIDS and STIs, the panel was doubtful that local governments would dare to issue such regulations, especially on account of the presidential elections scheduled for 2014, which would generally be followed by changes in many high-ranking posts for which the support of religious leaders and organisations would be needed. The panellist who suggested the objective insisted in his background notes that such a policy was feasible as it was already implemented in Bali, but no consensus in feasibility was reached among the panellists, as shown in Table 7.10 (see next page).

Table 7.10: **Statistical results from the analysis of objective A-2.16**

Parameter	Scores					Panellists	Minimum Consensus	Panellists giving a score of 1 or 2
	1	2	3	4	5			
Urgency	7	7	1	1	1	17	13	14
Feasibility	3	8	2	3	1	17	13	11
Desirability	4	9	1	2	1	17	13	13

As shown in Table 7.10 above, consensus for Objective A-2.16 was obtained in urgency and desirability. In accordance with the definition of consensus used in this study, a minimum of 13 panellists giving a score of 1 or 2 was required to determine consensus (as shown in the 4th column), given that 17 panellists were participating in this round, as shown in the 3rd column. Therefore, consensus in urgency and desirability was reached for

the objective, as 14 and 13 panellists consecutively gave such scores, as shown in the last column. The above table also shows that consensus in feasibility was not reached as only 11 panellists gave a score of 1 or 2 for this parameter, as shown in the last column.

Many other objectives were also deemed unfeasible and ineffective on account of Indonesia's corrupt system (corruption in this case does not refer to embezzling funds but to not fulfilling one's official responsibilities or doing personal business during office hours) which led to concerns about potential abuse in the implementation of the policies. For example:

- Objective A-4.6b "To form a national Task Force in charge of formulating strategies to ensure sustainability of HIV and AIDS programmes". Some panellists also felt that there were many task forces already available and they had not proven to be effective. They also felt that the government might not be able to provide allowances (for example, for transportation purposes) for the task force members, whereas attendance rates were likely to be low if such allowances were not made available.

- Objective O-5.7 "For INAC to organise periodic meetings of top officials from all institutions involved in HIV and AIDS programmes". Participants also felt that it would be very difficult to gather top officials for this purpose as many did not feel concerned about HIV and AIDS although their institutions might be involved in such programmes. Some suggested that some top officials might come to the first meetings but then would delegate staff members from lower echelons as time went by, in which case no decisions could be made, especially because these staff members were more likely to have a very limited knowledge of HIV and AIDS.

- Objective 5.1 "For INAC to ensure active involvement of universities, research institutions, professional associations, in HIV and AIDS programmes, under its coordination with support from all ministries

concerned". Besides the general feeling that coordination meetings such as these would not be effective, INAC was probably also seen as having too much on its hand, given that the HIV and AIDS epidemic had continued to spread despite numerous interventions and significant funding since the appointment of its first secretary in 2006 through a presidential decree, that is, No. 75 of 2006 (Spiritia Foundation n.d.(a).).

- Objective O-3.6 "To set up a national ARV committee or ensure that existing Task Force is effective". A number of panellists suggested that such a committee actually already existed but did not function properly for unclear reasons. It was, therefore, possible that the unfortunate experience had led many panellists to be sceptical about forming new committees such as the task force in charge of formulating HIV and AIDS strategies mentioned above. In short, tasks forces and meetings were in general deemed ineffective especially if they involved the participation of government officials/civil servants on a regular basis. As stated by one panellist: *"They would come once or twice in the beginning and then send someone else in their place, and finally disappear altogether from meetings."*

For the above reasons, the four objectives, therefore, failed to achieve absolute consensus, as shown in Table 7.11 below.

Table 7.11: **Consensus status in the third round**

Objectives	Local Values	Urgency Order	Urgency	Feasibility	Desirability
A-4.6b	0.638	40	NO	NO	NO
O-5.7	0.605	52	CONSENSUS	NO	CONSENSUS
O-5.1	0.637	41	NO	NO	CONSENSUS
O-3.6	0.531	66	NO	NO	CONSENSUS

As shown in Table 7.11 above, none of the above objectives achieved

consensus in feasibility. Objective A-4.6b, which suggested the establishment of a national committee in charge of HIV and AIDS strategies failed to obtain consensus in any of the three parameters, while partial consensus was obtained for the other three objectives. Objective 5.7 obtained consensus in urgency and desirability, while Objective O-5.1 and O-3.6 only achieved consensus in desirability.

7) *Personal conviction about how to control the epidemic*

Panellists appeared to agree that treating HIV like any other disease would reduce stigma and discrimination. Objective A-4.1 "To initiate efforts to 'normalise' HIV so that it is treated as other disease" achieved absolute consensus. Supporting this, Objective A-4.4 "To integrate HIV and AIDS prevention and treatment in the *puskesmas* Comprehensive Care Programmes, using government budgets" was also approved on all three counts, as shown in Table 7.12 below.

Table 7.12: **An illustration of absolute consensus obtained for objectives A-4.1 and A-4.4**

Objectives	Local Values	Urgency Order	Urgency	Feasibility	Desirability
A-4.1	0.775	9	CONSENSUS	CONSENSUS	CONSENSUS
A-4.4	0.885	6	CONSENSUS	CONSENSUS	CONSENSUS

As shown in Table 7.12 above, both Objectives A-4.1 and A-4.4 achieved absolute consensus in the third round and both ranked "highly urgent", as indicated by their respective local values of > 7, as shown in the second column.

However, Objective A-4.15 "To disband INAC and transfer responsibility to strengthened HIV coordination section in IMOH, reporting to the minister"

did not achieve consensus in any of the three parameters. These incoherent results were due, apparently, to differences in the perceived understanding of "normalisation" itself. Normalisation, according to De Cock & Johnson (1998), refers to treating HIV and AIDS like other infectious diseases for which early diagnosis is crucial for appropriate therapeutic and preventive measures, as opposed to the exceptional manner in which the disease has been treated since the recognition of the first AIDS cases in 1981, which led to the term "HIV and AIDS exceptionalism". Although disbanding INAC would seem to be a logical step in line with efforts to "normalise" HIV, the objective was not approved because of the human rights issue mentioned above and because panellists seemed to imagine that INAC's disbandment would occur overnight, before IMOH was even ready to take over its responsibilities. Besides, a number of panellists also had reservations about letting IMOH run HIV and AIDS programmes by pointing to corruption practices within the ministry. INAC, on the other hand, was viewed as a more transparent institution. Other panellists remarked that as long as UNAIDS continued to exist, so would INAC and similar institutions all over the globe.

Thus, for some panellists, normalisation entailed an "all out" initiative to make HIV and AIDS a disease to be treated as any other, while for others, efforts to normalise HIV had to be given boundaries in such a way that they concerned specific areas only and not others, in line with the continued existence of the "AIDS establishment". No doubt, opposing views such as these have contributed to perpetrate HIV and AIDS exceptionalism, as more than fifteen years have passed since scientists such as De Cock and Johnson (1998) called for normalisation of the disease. It also seemed clear that for some, normalisation entailed human rights implications and this again brought to the fore the question of personal conviction in terms of how the HIV epidemic should be controlled on the one hand, and which rights were the most important for each individual on the other.

The fact that <u>Objective A-4.1</u> above reached absolute consensus did not mean that all the panellists were in favour of normalising HIV. For a small minority, normalisation of HIV was illogical because, as one panellist put it *"HIV and AIDS are clearly exceptional diseases."* One wonders whether such an opinion was the result of "HIV exceptionalism" which was the mainstream thought until very recently, or whether it was based on vested interests, as one's job might well be on the line if HIV and AIDS were treated like any other disease and institutions such as UNAIDS and INAC ceased to exist.

Thus, many objectives did not reach absolute consensus for the above reasons despite their reformulation or clarification in their background notes. Although a lack of consensus was generally attributed to a wide distribution of scores, it was interesting to note that even among objectives in which consensus was reached, the range of scores also tended to be wide, with ranks including a 4 or 5, again reflecting the wide range of perceptions among the panellists.

By the end of Round Three, as mentioned earlier, only one objective had been rejected (Objective O-2.12), which occurred in the first round. The 43 objectives which achieved absolute consensus were as follows:

1) <u>Prevention policy targeting the general population</u>:

- <u>Objective A-1.7</u> "To systematically develop creative and explicit programmes intended for the public to reduce stigma and discrimination practices towards MARP".
- <u>Objective O-1.6</u> "To require that 'HIV and AIDS Programmes in the Workplace' be integrated into 'Workplace Health Programmes'".
- <u>Objective O-1.5</u> "For INAC to support and promote online and offline HIV and AIDS services, including independent ones, through its website, and improve quality and promote own website".

2) Prevention policy targeting specific population groups:

- Objective O-2.6 "To train midwives as counsellors, using government budgets"
- Objective O-2.5 "To train midwives in remote areas where there is demand in antiretroviral prophylaxis for pregnant women using government budgets"
- Objective O-2.4 "To Train midwives to administer HIV and STI tests to pregnant women in regions with increased incidence, using government budgets"
- Objective O-2.3 "To implement all 4 Prongs of PMTCT at all ANC"
- Objective A-2.11 "To strengthen efforts of Ministry of Justice and Human Rights, MOH and Ministry of Social Welfare to respond to HIV and TB in prisons and among recently released prisoners"
- Objective A-2.17 "To increase HIV testing among key populations, especially among 'hot spots', based on district estimates"
- Objective A-2.9 "To ensure that key population groups have access to public, health and social services"
- Objective O-2.10 "To make condoms widely available and ensure adequate supplies"
- Objective O-2.11 "To make clean needles and syringes available in all *puskesmas* where there is demand"
- Objective A-2.13 "To increase support/technical assistance for current national MSM prevention and care programmes so they can achieve their aims"
- Objective A-2.3 "To set up a system enabling the provision of post-exposure prophylaxis for victims of rape and sexual violence"
- Objective O-2.9 "To implement WHO recommendations to prevent transmissions among sero-discordant couples"
- Objective O-2.1 "To require HIV and STI testing to be part of routine health tests for pregnant women at all ANC"
- Objective A-2.8 "To systematically ensure availability and adequate supplies of good-quality HIV and AIDS and STI materials intended for key population groups"
- Objective A-2.6 "To develop national policies to support NGOs in distributing

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needle syringes to IDUs"

- Objective A-2.12 "To ensure that government health workers provide patient-friendly services, particularly for MSM population groups"
- Objective A-2.5 "To build a communication system to convince national and local security apparatus not to constrain Harm Reduction, in particular the Needle syringe programmes considered most effective to reduce HIV transmissions among IDUs"
- Objective O-2.14 "To issue regulation to exempt sex workers from any fine in regions where brothels are legal such as Papua"

3) Treatment policy:

- Objective A-3.8 "To strengthen efforts to integrate the response to TB and HIV"
- Objective A-3.3 "To set up a system to develop, update, print and distribute guidelines on ART and related topics, so that all health care professionals and the community are swiftly aware of changes and developments, including availability of new drugs/formulations, and ensure community involvement in guideline development"
- Objective O-3.13 "To make ARV drugs available in an increasing number of *puskesmas* where there is demand, nationwide"
- Objective A-3.2 "To continually monitor levels of adherence to ART, using proven methods, and regularly report results"
- Objective O-3.12 "To make ARV drugs available in all state hospitals"
- Objective A-3.6 "To scale-up access to ART for all key population groups regardless of CD4 counts"
- Objective A-3.1 "To encourage the involvement of pharmacists in support of adherence through provision of information, and correction of prescription errors"
- Objective A-3.9 "To develop policies related to diagnosis and treatment of viral hepatitis"
- Objective O-3.9 "To reinforce understanding of Standard Precautions and Transmission-based Precautions"

- Objective O-3.3 "To set up criteria for PLWHA entitled to subsidised ARV, including the review of current CD4 threshold for ART entry"

4) Policy to facilitate HIV and AIDS interventions:

- Objective A-4.2 "To strengthen national disease surveillance and reporting in order to provide a trustworthy basis for decision making"
- Objective A-4.1 "To initiate efforts to 'normalise' HIV, so that it is treated as other diseases
- Objective A-4.4 "To integrate HIV and AIDS prevention and treatment in the *puskesmas* comprehensive care programmes, using government budgets"
- Objective A-4.12 "To include training in HIV and STI epidemiology, diagnosis and treatment in curriculum of all medical and nursing schools"
- Objective A-4.11 "To require transparent and in-depth evaluations of the use of government budgets in the conduct of HIV and AIDS programmes"
- Objective A-4.14 "To clarify the tasks and responsibilities of the Maternal Health Directorate of IMOH as leading sector/coordinator for national PMTCT programmes"
- Objective O-4.3 "To define 'basic services' for PLWHA and allow use of government budgets to finance them"
- Objective O-4.6 "To require that national health surveys include specific indicators related to HIV and AIDS and STIs"
- Objective A-2.1 "To review barriers to expanding testing and treatment at national and district levels, particularly concerning laws and regulations"
- Objective O-4.1 "To train existing personnel at state hospitals to act as counsellors and provide consultations for other diseases"

5) Policy to enhance INAC coordination task:

- Objective O-5.6 "To require INAC to publish its financial and activity reports on its website"
- Objective A-4.7 "To systematically evaluate performance of INAC and its

regional branches, involving participation of all parties concerned"

The final results obtained in Round Three showed that absolute consensus mainly concerned basic policies which the panel appeared to have no real difficulties in approving once the aim of the objectives was made clear to them. It was disappointing to see that very few objectives targeting the general population were approved, which showed that the panel remained confident about successfully preventing the epidemic from spreading to the general population despite significant increases in HIV prevalence rates among pregnant women. Although it remained unclear whether these women were actually part of the general population or the risk groups – or both – one might not really know any time soon as it was highly doubtful that comprehensive data about these women and their sexual partners would be obtained in the near future. The reliability of the data eventually collected and used as evidence would still be questionable, given that only qualitative data gathering methods had the capacity to determine more accurately the actual risk factors of the husbands (which were time consuming and costly and, therefore, unfeasible) and taking into account the thin line between casual sex and paid sex.

The fact that the proposed objectives about sex education in schools (Objectives A-1.4a, A-1.4b and O-1.3) received partial consensus or none at all was particularly frustrating because sex education would have been a highly cost-effective way to provide information about safe sex to young people. This was further aggravated by the lack of absolute consensus as regards prevention policy targeting people who were about to get married (Objectives O-2.7 and O-2.8), which implied that Indonesia's young generation would be left to seek information about sex from questionable sources, as they had in the past.

Interestingly, other objectives that were somewhat more complex or outside current mainstream, were also approved. These mainly concerned task-shifting strategies such as Objective O-4.1 "To train existing personnel at state hospitals to act as counsellors and provide consultations for other diseases"; Objective O-2.6

"To train midwives as counsellors, using government budgets" and <u>Objective O-2.4</u> "To train midwives to administer HIV and STI tests to pregnant women in regions with increased incidence, using government budgets". To some extent, this appeared to reflect the panel's favourable view for task-shifting which obviously offered potential for a more efficient way to treat HIV and AIDS as it was cost-effective. More significantly, the above consensus implied recognition of the necessity to include midwives in HIV prevention efforts, which was of course a relief, given that a large proportion of Indonesian women continued to seek the help of midwives.

More significantly, in terms of the Delphi exercise, the above results also seemed to reflect the panellists' eagerness to achieve higher consensus by approving objectives that they admitted as likely to improve current HIV and AIDS prevention and treatment programmes. These mostly concerned objectives which received higher scores in urgency in the third round, thus leading to a higher number of absolute consensuses.

As regards treatment, many objectives concerning ARVs failed to be approved; for example, <u>Objective O-3.8a</u> "To expand choice of 1st line ARV drugs" and <u>Objective O-3.8b</u> "To produce generic versions of 2nd line ARV and other essential drugs" despite the split performed on the original objective. The first objective did not achieve absolute consensus because it was deemed unfeasible, probably owing to the government's limited budget and, therefore, there was no urgency in pursuing it. Regarding the second objective, panellists felt that this might not be cost-effective because it would be cheaper to import drugs, for example, from India, and given that generic drugs already produced locally were expensive. Panellists mentioned corrupt practices concerning locally produced non-subsidised ARV drugs which were launched in the market in 2011, ahead of the planned schedule in 2013. This, apparently, occurred as a result of vested interests on the part of a former secretary general of the Ministry of Health who was also a commissioner at the pharmaceutical company, *Kimia Farma*. Worse yet, these generic drugs were sold to the public at lower prices than to the government, indicating possible foul

play. It seemed logical, therefore, that Objective O-3.8b above did not reach any consensus, although this contradicted the former Minister of Health's claim that *"life-saving treatment is a matter of national pride"*, as quoted by Dr Nurul.

Regarding non-subsidised ARVs, Objective O-3.4 "To officially announce availability of non-subsidised ARV drugs in the country, as these are 'already' being sold in the country" failed to achieve any consensus because, in the opinion of many panellists, physicians in private practice tended to omit sending reports to the government regarding HIV patients under their care and were not trained in handling ARV side effects. Although Objective O-3.5 "To require physicians dispensing non-subsidised ARV drugs to undergo training about ARV drugs" did not achieve absolute consensus – which would appear inconsistent with the above view – it was clear that most panellists were opposed to the distribution of ARV drugs outside government channels.

However, while concerns about corruption were reflected in several objectives, the results obtained in this regard were incoherent. For example Objective A-3.4 "To examine real benefits, including economic, of local 'manufacture' of ARVs compared with importation with assistance from CHAI and develop an evidence-based and sensible medium-term strategy for ARV supply" failed to achieve absolute consensus. A possible reason for this was the cost involved in such a study which the government would have to bear while there was limited funding available. On the other hand, Objective A-4.11 "To require transparent and in-depth evaluations of the use of government budgets in the conduct of HIV and AIDS programmes" and Objective O-5.6 "To require INAC to publish its financial and activity reports on its website" were consensually approved in all three parameters, supporting the general view that HIV and AIDS interventions must be unfettered by corrupt practices.

Objectives addressing wider access to Methadone Maintenance Therapy (MMT) services (Objectives O-3.11 and O-3.1) also failed to achieve absolute consensus because they were deemed cost-ineffective. Moreover, panellists felt that this kind

of therapy needed to be performed by skilled counsellors and were not sure that those in most *puskesmas* or state hospitals would be up to par even if they had received proper training. Concerns about drop outs, continued use of heroin while MMT only served as a fall-back plan when heroin was not available, were voiced. Consistent with these concerns, Objective A-3.7 "To transfer MMT services to selected pharmacies to ensure access to MMT outside working hours and allow clients to follow normal routines" was also deemed unfeasible. Besides, pharmacies were viewed as profit-oriented and would not be interested in taking on such services.

Interestingly, Objective A-3.6 "To scale-up access to ART for all key population groups regardless of CD4 counts" was approved on all three counts. This raises concerns that future prevention strategies will largely rely on "treatment as prevention" at the detriment of outreach programmes which may cease to exist if no CSR funding becomes available and the government cannot come up with the necessary budgets after the departure of foreign donors. The situation is all the more frustrating given that the government, through IMOH circular No. 129/2013 (Spiritia n.d.(b).) mentioned above, has already decided to initiate ART among those found to be HIV-positive, "regardless of CD4 counts". The government appears optimistic in anticipating the results of *Test and Treat* trials in the thirteen districts/cities. As shown in the worst scenario of the roadmap document, an effectiveness of at least 40% is expected, whereas such confidence appears unfounded in light of the low success rate of such a strategy in the USA (less than 20%) and in the absence of such data at the population level in developing countries. However, Objective A-3.2 "To continually monitor levels of adherence to ART, using proven methods, and regularly report results", which also achieved absolute consensus, should serve as a warning sign for revising the above policy in the future if data eventually demonstrate low levels of adherence among the risk groups.

Nonetheless, one good thing associated with *Test and Treat* that may be anticipated is the uptake of HIV testing associated with such a strategy which,

hopefully, will contribute significantly to normalise HIV in such a way that it is soon treated like other diseases.

7.5   CONCLUSIONS FROM THE DELPHI PHASE OF THE STUDY

The pre-data gathering in the form of interviews with various stakeholders was an important step because it helped the researcher to complement her own observations about many problems associated with prevention and treatment of HIV and AIDS and allowed her to compile a fairly comprehensive list of objectives to be submitted to the panel of experts.

The Delphi experience was interesting in that it showed the feasibility of such an online method to reach consensus. However, although the Delphi technique has the advantage of transcending time and geographical limitations, it also has restrictions because online communication is much less efficient than face-to-face conferences. Reaching consensus is about perception building. Because the exercise was conducted online, it demanded that texts be written as clearly as possible and yet as short as possible given that there were many objectives to be reviewed and ranked by a panel of professionals who each had a very tight schedule. Although all the panel members were HIV and AIDS experts, they came from different backgrounds. This means that individual perceptions tended to vary a great deal among them. To some extent, the rephrasing of objectives and/or background notes helped to achieve more consensus, particularly when it simply involved clarifying the aim of the objectives or pointing out that such and such objective were logical steps in line with a particular regulation that had already been issued by the government. One's sense of right or wrong – often associated with one's understanding of human rights – perceived ineffectiveness or unfeasibility of particular strategies and personal conviction about how to control the epidemic, came out as the most difficult obstacles to overcome during the perception building process.

As mentioned in the literature review, Zimmerman *et al* (1998) claim that a

perspective informed by complexity theory allows a view of countries' achievements in HIV and AIDS prevention and treatment that focuses on the sources of novelty, that is, as opposed to systems that are stuck in less than optimal interventions or solutions, a "new" system can be produced as a result of tiny changes that make a big difference. The Delphi exercise was meant to gain the panel's approval for those tiny changes in the form of objectives that promised to generate a big difference if implemented at the policy level. The strategy was then to propose the set of approved objectives to the government in the hope that they would be turned into regulations and implemented nationwide. Of course, there was little guarantee that the government would accept all the objectives approved by the panel, although this was made up of some of the best HIV and AIDS experts in the country. However, the researcher had hoped that most crucial objectives would achieve absolute consensus so that the list proposed to the government would be reasonably comprehensive, that is, covering policies not only intended for the risk groups but also for the general population. As it turned out, many crucial objectives failed to be approved by the panel.

Reflecting on discussions about the credibility of evidence as elaborated in Chapter 6, it appears obvious that matters of value, ethics, purpose, or politics cannot be eliminated from policymaking because, by its very nature, policymaking involves making value-laden choices that are not reducible to technical issues (Rodwin 2001 as cited in Schwandt 2009). The process of selection of HIV and AIDS strategies proposed in this study occurs not only among the panel of experts in the Delphi exercise but also among government officials who will likely pick which strategies are to be implemented nationwide. Furthermore, perceptions of effectiveness influence such a process at each stage, as they are common in various decision-making processes related to better health outcomes (Upshur 2001 as cited in Schwandt 2009).

It was particularly frustrating to find that the above crucial objectives included prevention policies targeting the general population, notably sex education in schools and sex education for people about to get married, which may have been

determinant sources of novelty to produce a new, more efficient system of prevention and treatment in Indonesia. This was further exacerbated by the fact that "treatment as prevention" appeared to have gained the panel's support as well, which implies that Indonesia's future policy may largely be based on this approach, given that *Test and Treat*, locally promoted as SUFA, has apparently been established as a national programme, while results of the trials in the 13 districts/cities are yet to be forthcoming. Ultimately, valued or desired states of being are reflected in risk factors and health outcomes at the level of the population, as argued by Upshur (2001 as cited in Schwandt 2009).

In this chapter, the results of the first phase of the study were described. In the following chapter, the readers will find the results of the qualitative phase of the study. In the final chapter, Chapter 9, the results obtained in both phases of the study are interpreted through the lens of complexity theory.

CHAPTER 8: FINDINGS FROM THE QUALITATIVE PHASE OF THE STUDY

8.1 INTRODUCTION

One of the main objectives of this study was to investigate factors that account for the gendered nature of the current HIV-infection and waged employment patterns by gaining insights into the role of social norms.

The data collected in this phase of the study confirm women's limited knowledge about HIV and AIDS although they were all familiar with the term. The fact that many blamed women for the spread of the virus is coherent with incomprehensive understanding of HIV and AIDS, while the many instances of unplanned pregnancies support the need for public education about safer sex. It is of course ironic - and sad - that women are currently excluded from the MARP groups in Indonesia, which implies that despite their vulnerability to HIV, women must for now remain in the periphery of the country's prevention programmes. Furthermore, although polygamy and contract marriages obviously pose potential gendered risk factors for women becoming infected with HIV, these risks, in fact, are faced by all women in general, whether they are in an abusive relationship or not, married or single. Interestingly, the women in the study not only expressed support for HIV testing as part of requirements for pregnant women, but also for such testing as a requirement for obtaining a marriage license.

While married women now constitute one of the largest groups of people living with HIV in Indonesia (IMOH 2012), fewer Indonesian women have joined the workforce than women in most South-east Asian countries. According to the World Bank (2013), Indonesia's rate of female participation in the labour force was estimated at 51 per cent in 2012, as opposed to that of Vietnam, Myanmar and Cambodia, for example, where such rates were as high as 73, 75 and 79 per cent respectively in the same year. While statistics on Laos were unavailable, ASEAN

(Association of South-east Asian Nations) countries with rates of working women below 60 per cent included Singapore (59 per cent), Brunei Darussalam (53 per cent), the Philippines (51 per cent), and Malaysia (44 per cent). Therefore, beside the Philippines and Malaysia, Indonesia was among South-east Asian countries with the lowest rates of female participation in the workforce.

Of note, Indonesia shares a common feature with Brunei Darussalam and Malaysia, that is, a major Muslim population. While there are disparities in the rates of female labour participation among the three countries, this study focused on exploring the possible influence of social norms, including Islam, on such rates in Indonesia.

Indonesia's population is made up of diverse cultures, with the Javanese constituting the major ethnic group. The rise of Soekarno to Indonesia's first presidency in 1945 was seen as a victory for the Javanese culture as he was of Javanese origin (Dzuhayatin n.d.). This victory was further enhanced by the appointment of General Soeharto, another Javanese, as acting Head of State in 1967 and Indonesia's second president a year later. For more than half a decade, the Javanese culture flourished and *kejawen* – the syncretistic beliefs and traditions of the people who live mainly in Central Java – became the most dominant in this country (Van Bemmelen & Grijns 2005:105).

To what extent *adat* also played a part in shaping women's perceptions about their role in the family and in society clearly needed to be explored in order to understand why many Indonesian women were not participating in the workforce.

In this chapter, the results of the qualitative phase of the study are presented. The chapter begins with a description of the profile of the sample, followed by the in-depth interviews with the women participants, and concludes with the interpretations of the qualitative phase of this study. The main themes presented in this chapter address the main ideas emerging from the transcribed interviews, the implications of social norms based on *adat* and Islam, polygamy, and contract

marriages.

8.2   PROFILE OF THE SAMPLE FOR THE QUALITATIVE PHASE

In this study, a total of 28 women was interviewed. Except for one participant who was 57 years old, the sample consisted of women between the ages of 18 and 40. Most of these interviewees were Muslim, while one was Catholic and two were Protestant. Approximately half of the Muslim participants wore the veil. Nine of the women were Javanese, five were Sundanese, while the rest represented other ethnic groups: namely, Betawi, Aceh, Minangkabau, and Flores, as well as mixed ethnicities. Although all the respondents live in or around the capital city of Jakarta, they came from various ethnic backgrounds. This means that the women formed a geographically representative sample, enabling the researcher to speak about diverse *adat* and culture that are constitutive in the Indonesian population. Most of the women were married, while one was a widow and four were single.

Defining and categorising social class has never been a straightforward undertaking as demonstrated by disagreements among scholars and policy analysts about how social classes can be defined in ethnic, economic, religious or political terms (Kuipers 2011). Although Indonesia is clearly a highly stratified society and sensitivity to prestige or status is pervasive, identifying an upper class is as difficult as defining a lower class (Kuipers 2011). This also applies to Indonesia's middle class which constitutes an assortment of different groups. According to Kuipers (2011), the notion of the middle class is invoked by outsiders and analysts but rarely defined, even by Indonesians themselves. In his opinion, middle-class Indonesians are not characterised by "*a common political vision, a set of economic interests, ethnic identification, or even income levels*" (Kuipers 2011:115).

This, however, may not be entirely true as current national statistics indicate that Indonesia's middle class, based on their income levels, was 30 per cent in 2011

and growing (Politik Indonesia 2011). Among a population of over 237 million in 2011, a little over 108 million received regular incomes either as an employee or a business person. While the majority, that is, 60 per cent, had an average yearly income of US$ 2 284, only 10 per cent had an income averaging US$ 14 198 per year and 30 per cent received a yearly income averaging US$ 5 356.

Based on the above definition and the monthly income as stated on the forms which were filled out by the participants during the interview sessions, 12 women were situated in the lower economic brackets, thus representing the lower class; 11 others may be categorised as middle class, while the remaining 5 as upper class.

Below are the participants' profiles, which have been grouped, based on their ethnic backgrounds, as shown in the graph below.

Figure 8.1: Spread of the research participants
according to their ethnicities (N=28)
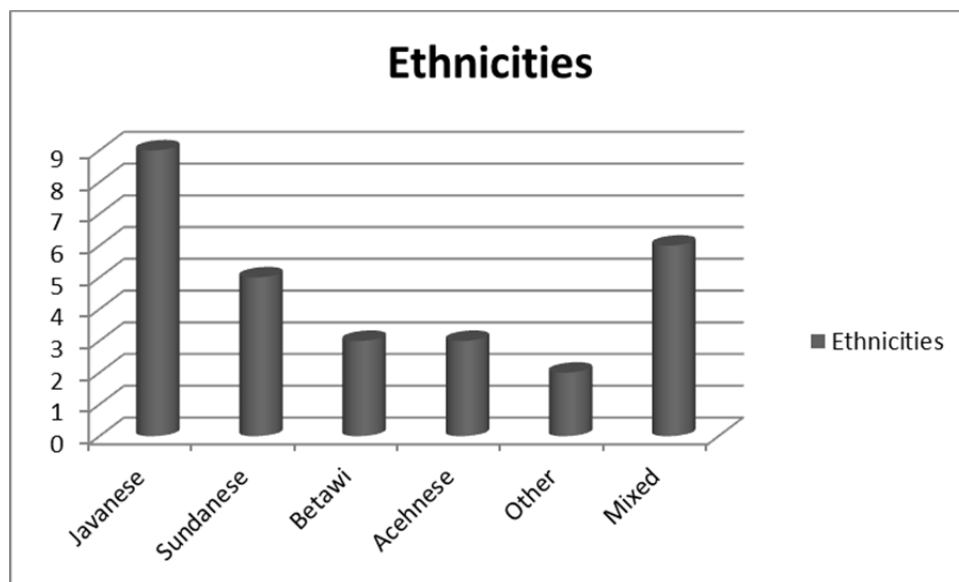
As shown in Figure 8.1 above, 9 women represented the Javanese ethnicity, 5 women represented the Sundanese ethnicity, while the Betawi and the Acehnese

ethnicities were each represented by 3 women. Other ethnicities: namely, the Minangkabau and Flores, were represented by 2 women, and 6 women were from mixed ethnicities. In total, 28 women participated in the qualitative phase of the study.

8.2.1 Participants representing the Javanese ethnicity (9 women)

8.2.1.1 Wati, who wore the veil, was a 40-year old widow with two children. She came from Central Java, had a senior high school level of education and was married to a Javanese man who had a degree in economics and who worked as a civil servant. Her husband died of lung cancer a few years ago, leaving two children (a 13-year-old daughter and an 8-year-old son). Wati stopped working shortly after she married. At the time of data gathering, she was running a small business to supplement her income from her husband's pension fund.

8.2.1.2 Harti was a 37-year-old, married woman with 3 children. She also wore a veil, was from Central Java and had a nursing diploma which she obtained after a 3-year programme. Her husband was also Javanese. He had a Master's degree in economics and was a civil servant. The couple had 3 children, 2 sons (9 and 6 years old), and a daughter (3 years old). Harti worked as a nurse but quit her job after her marriage to be a full-time housewife. However, she managed a play group which she owned in partnership with Melati (see description below).

8.2.1.3 Melati was a 39-year-old married woman with 1 adopted child. She wore a veil, was from East Java and had a diploma in management which she obtained upon completion of a 3-year programme after graduating from senior high school. She was married to a Betawi man with a Master's degree in Management who worked for a private company. Melati had no children of her own but had adopted a daughter who was 13 years old. She had extensive working experience but, at the time of data gathering, taught part-time at the play group she co-owned with Harti.

8.2.1.4 Siska was a 39-year old married woman with two children. She also wore a veil. Siska was from Central Java, was a university graduate, had married a Javanese man who had also attended university and worked as a web designer. They had two sons, aged 4 and 2. Siska was a career woman but had stopped working after her marriage.

8.2.1.5 Darti was a 37-year-old married woman with 2 children. She wore a veil. Darti was from East Java but was born in Jakarta. She was a high school graduate, married to a man from East Java who studied economics and worked for a private company. The couple had 2 sons, aged 9 and 5 years. Darti had some working experience as a machine operator but had been staying home full time since her second pregnancy while selling kitchen wear through her network.

8.2.1.6 Lana was a 31-year old married woman with 1 child who had had a contract marriage and wore a veil. Lana was a senior high school graduate and had been married 3 times. Her first marriage fell apart and the couple divorced. Then she entered a 2-year contract marriage, which ended a couple of years later. Unintentionally, she became pregnant while in the contract marriage and her daughter was 3 years old at the time of data gathering. Lana was married to a Betawi man who was a university graduate and worked for a private company. This third husband was almost 25 older than Lana. She had some working experience but was a full-time housewife at the time of data gathering.

8.2.1.7 Alysa was a 30-year old, married woman with 1 child and at the time of data gathering she was in a contract marriage. Alysa had completed her senior high school education and worked as a waitress. She was married to a Sundanese man who was serving a prison sentence. At the time of data gathering, Alysa was in a contract marriage with a businessman in his fifties, apparently of Chinese origin. She was living with her mother and her 7-year-old daughter and worked as a café waitress.

8.2.1.8 Nadia was a 57-year old, married woman with 1 child and 2 grandchildren. She was a second wife in a polygamous marriage. Nadia held a university degree and first married a Minangkabau man, but the marriage was short-lived as she found out that he was already married. The couple separated a few days after their marriage but the divorce proceedings were only completed after the birth of her daughter who was now a grown-up woman, married with two children of her own. Nadia then entered into a second polygamous marriage, this time intentionally. Nadia was a career woman but stopped working 4 years before the data gathering took place.

8.2.1.9 Andika was a 31-year-old, married woman with 1child. At the time of data gathering she was the first wife in a polygamous marriage. Andika wore a veil. She was from Central Java and had completed her senior high school education. In 2001, she married a Betawi man who was also a high school graduate who was an *ojek* driver[33] but later found employment with a courier company. This man then married a second wife 3 years prior to this study without asking Andika for a divorce. However, he supported Andika financially and she, therefore, did not work. At the time of the study, Andika lived with her 11-year old daughter and her mother.

8.2.2 Participants representing the Sundanese ethnicity (5 women)

8.2.2.1 Avi was a 20-year old, married woman with no children who, at the time of the study, was in a contract marriage. She had completed junior high school and migrated from Banten in West Java. She entered a contract marriage with a 45-year-old man from Sumatra, who was a university graduate working as a manager for a car manufacturing company. Avi worked as a waitress at a discotheque.

8.2.2.2 Qori was an 18-year-old, married woman with 1 child. She had completed junior high school, but her education was interrupted by an unplanned pregnancy.

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[33] An *ojek* driver transports paying customers on a motorcycle.

She married the father of her child, a Javanese man with a senior high school level of education who worked as a mechanic. At the time of data gathering, Qori lived with her parents-in-law and was unemployed.

8.2.2.3 Ana was a 25-year-old married woman with no children who was in a contract marriage and wore a veil. She had completed senior high school. In 2011, she entered into a contract marriage with her line manager, Tony, a Chinese man in his late twenties who was already married and had children. The contract was set for 3 years. At the time of the interviews Ana was unemployed.

8.2.2.4 Dira was a 25-year-old married woman with 2 children and was a first wife in a polygamous marriage. Dira did not complete her senior high school studies. When she turned 20, she married a Sundanese man who was selling perfume on a free-lance basis. The couple had a son, but this husband absconded when Dira was pregnant with their son although they had never been formally divorced. In 2008, Dira married a Javanese man, also a junior high school graduate like her first husband, who worked as a salesman at a construction material store. This second marriage resulted from an unplanned pregnancy. With her second husband, Dira had a daughter who was 3 years old at the time of data gathering, while her older 5-year-old son went to live with his grandmother. Dira had worked as a housemaid but was unemployed at the time of the interviews.

8.2.2.5 Rossa was a 19-year-old married woman with 1 child and was a first wife in a polygamous marriage. She had interrupted her senior high school education to give birth to her daughter. She married the father of the child, a Sundanese man who had a high school education and who worked as a courier for a private company. This husband was often away from home for extended periods. At the time of the interviews, Rossa was unemployed and lived with her parents and her 5-month-old daughter.

8.2.3 Participants representing the Betawi ethnicity (3 women)

8.2.3.1 Nunung was an 18-year-old married woman with 1 child. She had completed her junior high school education but had an unplanned pregnancy while still at school and married a Betawi man. This husband had a senior high school level of education and was employed by a private company. Nunung had never been employed.

8.2.3.1 Nelly was an 18-year-old married woman with 1 child. Although Nelly completed senior high school, she married at the age of 17. Her husband was a Betawi man who had a senior high school level of education and worked for a private company. Nelly fell pregnant shortly after her marriage and gave birth to a baby girl who was a few months old at the time of the interviews. Although Nelly worked, she had quit her job when her daughter fell seriously ill. She intimated to the researcher that she intended to find employment again soon.

8.2.3.3 Fanny was a 33-year-old married woman with 2 children who was in a contract marriage. After completing senior high school, Fanny married a Javanese man who then left for a job in Malaysia soon after the birth of their second child and then severed all ties with his family. While working as a sales promoter for a clothing company, Fanny entered into a contract marriage with a Chinese man (Teddy) in his fifties who was a manager at a car production company. At the time of the interviews Fanny stayed in a house that Teddy had rented for her and was no longer employed. Her two sons lived with Fanny's parents.

8.2.4 Participants from Aceh (3 women)

8.2.4.1 Emma was a 40-year-old married woman who had 4 children and who wore a veil. Emma held a university degree in economics. She was married to a man from Aceh, also a university graduate, who worked for a mass media company. Emma was a civil servant, working for the Aceh-Jakarta liaison office

located in the capital city but was also involved in activism when not on duty. She had 4 sons, ranging in age from 4 to 18 years old.

8.2.4.2 *Farah* was a 26-year-old, single woman who wore a veil. Farah was a university graduate enrolled in a Master's programme in Jakarta. She was an activist at a student organisation with a focus on women's issues, for which she obtained an achievement award in 2012, at the time of the interviews. Farah worked part time at a manufacturing company in Jakarta while staying active in the student organisation.

8.2.4.3 *Ratih* was a 31-year-old married woman with 2 children who wore a veil. Ratih obtained her degree in socio-political science and married an Australian man who was assigned by the Australian Embassy to an Indonesian institution. She had 2 sons, aged 1 and 3 years old. Ratih was also an activist. She worked full time at an NGO in Aceh. At the time of the interview, Ratih had had to scale down her work at the NGO to part-time involvement as she had moved to Jakarta.

8.2.5   Participants representing other ethnicities (2 women)

8.2.5.1 *Maria* was a 30-year-old single Catholic woman from Flores. After obtaining her university degree, she taught children with special needs for a couple of years and at the time of the interviews was employed as a child therapist. She was engaged to a Javanese Muslim man who had a university degree and who was also a therapist at the same clinic, but generally assigned to work in other cities. At the time of data gathering Maria resided at the house of the owner of the clinic.

8.2.5.2 *Ossi* was 24-year-old, veil-wearing single woman from Minangkabau. She held a degree in economics and had enrolled for a Master's degree in Jakarta. She was very active in a students' organisation based in Jakarta, as a representative from Sumatra

8.2.6 Participants from mixed ethnicity (6 women)

8.2.6.1 Saskya was a married 31-year-old mother of 3 from a Batak and Minangkabau background. Saskya was born a Muslim, but married a Protestant man from Batak, and later adopted her husband's religion. She was a senior high school graduate and worked as a therapist. Her husband, also a senior high school graduate, was a musician working at various clubs and cafes. Saskya lived in a rented house with her family.

8.2.6.2 Laura was a 35-year-old married mother of 3 with mixed Java and Batak ethnicity. She had completed senior high school and was a Protestant from birth as her Javanese mother, who was originally Muslim, had adopted her husband's religion. Laura married a Javanese man who was a Muslim. Her husband adopted her religion a few years after they exchanged vows. The couple had 3 children, that is, a 15-year-old daughter and 2 sons, 13 and 7 years old. Laura lived in a rented house with her family and worked as a secretary for a private company.

8.2.6.3 Esthi was a 40-year-old single, veil-wearing woman who identified herself as having mixed Sundanese and Palembang origins. Esthi held a university degree in accountancy and worked for an oil and gas company. Esthi's parents had both passed away but she lived in their house with her elder sister.

8.2.6.4 Dahlia was a 19-year-old married woman with no children from Javanese and Sundanese background. At the time of the interviews, she was in a contract marriage. Dahlia had completed senior high school and entered into a contract marriage with a 34-year-old man from Sumatra who was an assistant manager at a state-owned company assigned temporarily to Jakarta. She had quit her job as a waitress in a karaoke bar and at the time of the interview was unemployed and living in a house that her husband had rented for her.

8.2.6.5 Nuryati was a 26-year-old married mother of 1 from Sundanese and Betawi ethnicity. She was the first wife in a polygamous marriage. Nuryati had completed senior high school but had an unplanned pregnancy. She married the child's father, a Javanese man who had a senior high school level of education and worked as a security guard, while she worked as a waitress. The couple were married in 2009 but her husband left for Kalimantan and never came back. At the present time, her son was 3 years old and Nuryati worked for a printing company. She lived with her parents and brothers and sisters.

8.2.6.6 Reza was a 33-year-old married mother of 3 who self-identified as being both Javanese and Aceh. She was a second wife in a polygamous marriage. Reza had completed only junior high school as she had had an unplanned pregnancy. She married the father of the child, a Sundanese man who had a senior high school level of education and worked as a security guard at a local bank. In the past Reza had worked as a cashier at a billiard room, but at the time of the interviews earned an income by doing laundry for other people, sometimes also providing massaging services. She lived in a rented house with her 3 children.

8.2.7 Summary overview of the women research participants

The above biographical details reveal the following main ideas:

(1) Most women had a low number of children. This was interesting given Indonesia's fast-growing population since the collapse of the New Order regime which was praised for its successful family planning programme (Wiryono 2009). Indonesia's political shift to a democratic and decentralised system had apparently brought about neglect for family planning programmes, which were no longer intensively campaigned for by the central government, as these were handed over to local governments.

(2) There were a number of unplanned pregnancies which interrupted the women's further education and seem to have influenced their employment

possibilities. An unplanned pregnancy is but one possible outcome of unprotected sexual intercourse, while becoming infected with HIV or other STIs is another possible outcome. These women were not promiscuous by any means, but seemed to have fallen pregnant while at school and then married the father of their children.

(3) Working women quit their jobs when they marry, although they could have kept their employment before giving birth to their first child.

(4) There were a few instances of absent fathers and husbands. These men were either already married or went on to marry other women and often left without explanations.

(5) The women who became unintentionally pregnant carried their pregnancies to term. Although they seemed aware that their life was about to change as a result of the unplanned pregnancy, none had an abortion.

(6) Most of the women seemed to have been unable to hold onto gainful employment when they married or became mothers. This was somewhat expected, considering that they had often dropped out of school or were unable to obtain further education, as they assumed domestic responsibilities soon after they were married.

(7) Contract marriages tended to occur with husbands that were from different backgrounds than the women, and who were often much older than the women.

The main traits and diverse landscapes of vulnerability described above led to the following considerations:

(1) Although an unplanned pregnancy may not necessarily result from ignorance about safer sex, there is no doubt that most unplanned pregnancies result from inadequate knowledge about safer sex, which suggests that sex education must be taught to young people, so that they may fully comprehend the risks involved in unprotected sex in order to be able to take preventive measures.

(2) Since older people, men in particular, also appear indifferent about safer sex, campaigns about HIV and other STIs through the mass media are also

necessary so that the public at large may also understand the risks involved in unsafe sex and contribute to curbing the HIV epidemic.

(3) While unprotected sex may lead to unplanned pregnancy and or transmissions of HIV or other STIs, unplanned pregnancy may also deprive women of better employment opportunities as a result of dropping out of school or inability to obtain further education. It appears that this is also an important message that needs to be driven home among young women in particular, so that they may fully grasp the possible serious long-term implications of engaging in unsafe sex.

(4) The fact that none of the women with unplanned pregnancies decided to have abortions suggests that the number of unplanned pregnancies in Indonesia may be substantial, given that the number of abortions is estimated at 2 million yearly, often under unsafe conditions (Sedgh & Ball 2008). This also suggests that pre-marital sex may be widespread and increasing.

(5) The large number of unplanned pregnancies suggests that the availability of "morning after pills" may be useful. Unfortunately, it also supports the Delphi Panel's concerns that the availability of such pills may potentially drive couples to engage in more unprotected sex, as mentioned in the previous chapter, which, therefore, warrants further investigation.

(6) Quitting one's job upon entering marriage implies that women may have internalised their role in accordance with the New Order state ideology which promoted a unitary woman's role as wife and mother (Kuswandini 2010), and suggests that such ideology continues to prevail in the post-Soeharto era, institutionalised as part of social norms.

Considering women's vulnerability to unintended pregnancy as well as to STIs including HIV which emerged from the above discussions, it appears urgent that universal access to reproductive and sexual health care services be implemented in Indonesia, as well as sex education in schools, given the significant role of social norms which appear to perpetuate women's disadvantageous position in society.

8.3 THEMES AND SUB-THEMES EMERGING FROM THE TRANSCRIBED INTERVIEWS

The in-depth interviews with the 28 respondents in this study revealed various ideas that are described below. Given that one of the aims of this study was to gain insights into social norms which appear to influence women's behaviour, it was important to explore the nature of these social norms and how they influence women's vulnerability to HIV and AIDS and their choices between a career and domesticity. Sub-themes are presented in a particular sequence to address the implications of *adat* and religious issues – first upon women's perceptions about various topics associated with domestic life (in particular gender roles in the family, marriage, problem of divorce, prostitution, employment versus domestic work, motherhood, women's ideal jobs, polygamy and domestic violence) and second, upon women's perceptions about topics that are more specifically related to Islam, such as the veil, *aurat*, the Qur'an and the hadiths.

8.4 IMPLICATIONS OF SOCIAL NORMS BASED ON *ADAT* AND ISLAM

Social norms based on *adat* and Islam appear to play a major role in women's decision-making processes, and suggest that they be addressed as a main theme in order to lay the ground for understanding the situational context and provide insights into how they appear to contribute to women's vulnerability to HIV and other STIs, as well as influence their choices between work outside their homes or being domestic carers.

8.4.1 Adat, religious issues and their implications for understanding gender roles in the family

An individual's personal growth and development can be greatly influenced by their early adolescent years (Eccles 1999). According to Eccles (1999), important developmental advances that establish children's sense of identity occur between

the ages of 6 and 14, during which children become self-aware, competent, independent, and involved in the world beyond their families, reflecting steps toward adulthood. Influences such as formal education and informal education in the context of family and domestic life, therefore, play an important role in shaping young people's sense of good and bad, right and wrong.

In Indonesia, as probably in many other societies, parents convey beliefs and traditions to their children in the form of offering advice[34]. Most of the female research participants in this study confirmed that they had received such advice from their parents and that they perceived this as something positive. As shown by the transcripts below, the advice imparted by parents mostly related to issues of family life, the subjugated role of women and respect for husbands, for example:

> **Fanny** (Betawi): They [referring here to her parents] used to say that I should take care not to bring shame on the family.
>
> **Rossa** (Sundanese)**:** My parents kept reminding me that I should date decent people, should take them home to meet them.
>
> **Darti** (Javanese): My parents said that when I have disagreements with my husband we should not do it in front of the children. We should do it in the bedroom and settle the problem so that the children do not suspect anything.
>
> **Wati** (Javanese): What I remember from my parents' advice is '*mendhem jero mikul dhuwur',* which means that we should cover up our husband's shortcomings and show off only his good side. Unconsciously we may be telling our friends about our husband's shortcomings, and maybe even bad-mouthing his parents. We should not talk bad about our husbands.
>
> **Esthi** (Palembang/Sundanese) My mother said that a mother's success or failure in educating her children is evaluated from whether or not her children's houses were clean. For example, if the bottoms of pans are black, it means that the mother has failed to educate her children well … A girl must be able to do everything – cook, sow, dance, engage in business – although she is not expected to excel in any of them. In short, a girl must be able to stand on her own feet, must be able to fix things on her own, without asking the help of others, such as to sow back a button on a piece of clothing … My mother was the leader of our household, so everything was done according to her standards … When people ask me where I am from, I always tell them that I am from Palembang.

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[34] The researcher is unable to provide formal references for this, but she is of Javanese origin and grew up in Indonesia, where giving advice to children is a common practice, even today.

Fiorina (Acehnese) mentioned an aspect of her *adat* which she admired, although this was not conveyed in the context of parental advice. She said:

> If case of a fall out between village people, the peace process is extraordinary. Say you and I are fighting and some people know about it. The matter will be brought to the attention of the head of the village and prominent personalities who would then act as mediators until the problems are clear and we shake hands.

While many of the research participants spoke about similar pearls of wisdom passed on by their mothers, Wati and Esthi described experiences that were specifically associated with their *adat*. It was clear from Esthi's comments that she felt a strong affiliation with her mother's *adat* rather than with that of her father who was Sundanese. The mention of "engaging in business" among the skills that a girl should acquire was particularly interesting as it suggests the necessity for a woman to be financially independent. Esthi's mother contributed actively in supplementing her husband's income, while Esthi herself had been working since she graduated from university. Esthi's reference to a mother's role as educator of her children was particularly significant as such a perception was also evidenced through comments from other participants as reported below. Women's roles as educators of their children is cited as one of women's primary roles in the New Order state guidelines issued in 1989 and which have remained unchanged (Dzuhayatin n.d.).

As for Wati, it was interesting that she interpreted the Javanese proverb as a wife's obligation to maintain the good reputation of her husband, whereas such advice is generally given to children so that they hold their parents in the highest regard by overlooking their failings and exhibiting their virtues. This was the first indication that women may have internalised their roles as submissive wives but, on the other hand, also suggests that women are the ones defending the respectable status of their family in society.

Some of the participants did not particularly care about their parents' advice, while

others expressed some reservations about taking such advice to heart as they were not always in agreement with the inherent message. For example:

> **Lana** (Javanese): My parents stopped giving me advice because I never paid attention … I know it's bad to be rebellious to one's parents, you may be damned"

> **Saskya** (Minangkabau/Batak): I think it's good that parents give advice to their children, but my parents seldom gave me any because I never told them when I had problems.

> **Ratih** (Acehnese): It's good for parents to give advice, but most importantly, besides giving advice, they should provide space for their children so they can express themselves.

> **Harti** (Javanese)**:** Advice from parents are good as long as they don't contradict your opinion … my mother always said that I was too harsh with my children … she said that times have changed, that I should not educate my children the way I was educated.

Other reasons for not embracing their *adat* were also mentioned, which supported Harti's comments quoted above regarding old traditions that were considered out-dated.

> **Melati** (Javanese): I'm a practical person, so to me *adat* is not convenient. … when I was small, I didn't mind to go through *adat* rituals but as I grew up, well, I guess because I'm a practical person, I became impatient … not because they conflict with Islamic teachings as I didn't know much about these at the time.

> **Siska** (Javanese)**:** When I was young, even when we didn't agree with our parents' advice, we had to say yes … *tata krama* is so tedious … I didn't like that, I would get old real fast [if she had to abide by the rules]. I'd rather rebel against it.

Tata karma refers to personal conduct or behaviour according to an accepted standard of appropriateness. It is often associated with the Javanese tradition which stresses the importance of showing respect for older people and people with a higher social status. Such etiquette is also observed within the family, where each member is required to behave appropriately when interacting with one another.

As comments quoted below show, Javanese women were opposed to a number of their own *adat* rituals:

> **Wati**: The bad side of *adat* rituals is they are often *musrik* [practising idolatry or polytheism] … they violate the religion …we have these rituals called *ruwatan,* not only for children but also for adults. You pray for them, you give them a bath of flower water on certain dates, usually the night before the first of Suro [Javanese calendar where each month has 36 days]. It is scary. When my husband died, we conducted a wake on the 3rd and 7th day of his death, but not on the 40th day because that was when I learned [that it was a violation of Islam], and also on the 100th day … there was conflict because we were both Javanese, our extended families wanted the rituals, but I said '*What benefit do we draw from that? Do we get more benefit or harm?*' … We must ask ourselves whether we can afford them. If we can't, why force them? We could use the money for more useful things … besides; they are not part of Islam teaching.

> **Harti**: People used to burn incense on Thursday nights. They put offerings on their new car … but in my family we didn't perform Javanese rituals … not even on the occasion of my 7-month pregnancy and we didn't celebrate *tedak siten* [a ritual that takes place when a child is 8 months old, with the aim to make him/her an independent individual]. Thank God, we do things according to Islamic rules … we don't do things that are not based on religious rules.

> **Melati**: [In my family] there were rules to follow even to determine where to buy a house … My grandfather came to check various locations until we found this one. He said: '*Girl, if you live here, your life will be harmonious until you both grow old*', which seems to be true … because whenever my husband and I disagree on things and we each act according to what we think is right, we never force our opinion on each other … my husband is from Betawi and he doesn't care much about those things, but he didn't mind … For funerals, my family also sticks to the rituals, such as organising a wake on the 7th day, building a *kijing* [an external shell attached to a grave] after a certain period …But as I grew older, I decided that I would do rituals only as long as they don't conflict with Islamic rules … I figured that it was probably Allah's way to protect me, to keep me from violating Islamic rules.

> **Darti**: I'm from East Java, so we tend to be more abrupt [than people from Central Java] … but we do Javanese rituals such as cutting baby's hair, *"tedak siten",* giving flower baths [for women who are about to get married], celebrating 7th-month pregnancy … My grandfather used to give a bath to his *keris* [a prized asymmetrical dagger], and give offerings … My neighbour too sometimes …but in my opinion, these rituals violates the Islam religion.

The rituals described above by the participants were part of *kejawen*. It was interesting to note that such a tradition was strongly condemned by women who

were themselves Javanese, while the Javanese *adat* about inheritance, as discussed below, was not viewed negatively despite its incompatibility with the *Sharia* law. The real Javanese law is actually equal share (Lev 1996 as cited in Robinson 2009), while the Islamic law on inheritance gives sons twice the amount offered to daughters, as stated in the Qur'an (Surah An-Nisa verse 11). Wati, for example, said:

> In my family, inheritance is divided equally among the children … in my husband's family too … that's fair enough … although I haven't received mine yet.

Inheritance among the Javanese is divided equally among male and female descents, in accordance with the prevailing *adat* bilateral system which encompasses both patriarchal and matriarchal traditions (Suryadinata, Nurvidya & Ananta 2003). Probably, *kejawen* was considered a religious violation because it was seen as a challenge to the fundamental principle of Islam which is belief in the oneness of God. The Javanese *adat*, on the other hand, is oriented towards other forces than God, as it bears influences from animism and dynamism which have long been adopted by the Javanese and are considered the original religions of the Javanese people (Pye, Franke, Wasim & Ma'sud 2006).

For women who were married to men from other ethnic groups, adaptations between different forms of *adat* often proved to be problematic. For example:

> **Laura** (Javanese/Batak married to a Javanese man): I still prioritise the advice of my parents, even after I was married because my husband is not perfect in their eyes … so usually I take decisions on my own, without asking him … he complained that I didn't consult him on things, and asked me why … I simply said because I knew that he'd say no.

> **Melati** (Javanese married to a Betawi man):I think it's good that my father kept on giving me advice after I was married, but I didn't always agree … my husband always accepts silently the advice from his parents, without any protest, even if he doesn't agree. My in-laws always give advice, but their advice is often wrong because they are based on misunderstandings. I think they should get the problems straight first before giving advice … but I felt I was bound by religious beliefs and *adat.* I couldn't blame my husband, so I kept quiet.

Dira (Sundanese married to a Javanese man)**:** I'm not really aware of the Sundanese *adat* … I only know that where I come from, we are not rough … well, maybe not soft like the Javanese, but not that rude … that's why I find it surprising that my husband who is Javanese is so rude. I think he is more like a Batak [laughter] … when we fight he always hits me … I wish he would listen to his parents …parents are everything, don't you think? Not taking advice from parents will bring you bad luck … until now, now that I have two children, I keep seeking my mother's advice, not my husband's, although he is the one who provides for my family.

Andika (Javanese married to a Betawi man): There were many restraining rules in my family …we had to observe *"tata krama"* all the time, always speak and behave politely … my husband didn't like that. He complained that there were too many rules. He didn't fit among my family … he was used to living among a family that didn't follow rules, doing what they wanted.

It was interesting to note that in all the above cases, adaptation problems related to inter-*adat* marriages involved the Javanese culture. In Dira's case, it was possible that her Javanese husband may have lost touch with his original *adat* as he had been living in Jakarta; but it was also possible that his family did not come from the *priyayi* strand which symbolises the ideal image of the Javanese. As for Melati, it appeared that she was referring to the Javanese proverb *"mendhem jero mikul dhuwur"* which she internalised, like Wati, as a wife's obligation to maintain the good reputation of her husband.

As shown in the above transcripts, there is not one given response for women. They are caught in the pull of old traditions and the shifting gender dynamics of their changing Indonesian social worlds. Walby's (2007) theorising on intersectionality may help to understand this phenomenon as the intersection of multiple complex inequalities consists not only of that of gender with class, but also of those with ethnicities, nation, religion and other complex inequalities. These, according to Walby (2007), are to be included in the centre rather than the margins of social theory because at the point of intersection, they can also change each other and, therefore, it is insufficient to treat them merely as if they are to be added up. Thus, complexity theory enables multiple systems of inequalities in the same space or institutional domain as it allows the rejection of the notion that a system must saturate its territory (Walby 2007).

Women representing non-Javanese ethnic groups were also asked to speak about their traditions. While women representing the Betawi and Sundanese ethnicities were not able to provide specific examples of their *adat*, those representing other ethnic groups provided interesting insights from their experiences, as detailed below.

The Minangkabau – often referred to simply as the Minang – in West Sumatra is home to the largest matrilineal people in the world and the main matriarchal society in Indonesia. According to Hand (n.d.), the Minang are often regarded by anthropologists as matrilineal, as assets including land and property are passed down through the female line of the family. In addition, since women are seen as heads of the family, many observers consider the Minang as a matriarchal society. Most Minangkabau are orthodox Muslims. Those who leave Islam are generally disowned by their family and their neighbourhood, and sometimes even lose their jobs (Joshua Project n.d.).

Two women in this study were associated with the Minangkabau *adat*. While Ossi was a pure Minangkabau, Saskya was born from a Minangkabau father and a Batak mother.

Ossi (aged 24 years) grew up in a small town in West Sumatra and at the time of the interviews lived in a boarding house in Jakarta to pursue her Master's degree programme. She was very active in a students' organisation as a representative from Sumatra. She said:

> A woman in Minang is called *Bundo Kanduang* which means her house is her palace. She symbolises the resident and ornament of her palace, [a place] where her husband and children can come to lament … without her, the house would be empty, colourless … but to deserve being called "*Bundo Kanduang*" a woman has to be exemplary in behaviour and conduct, must understand her religion, and must be educated, so she can act as the protector of her husband and children if there are problems. Only girls receive inheritance. Boys don't get any. But there are two kinds of inheritance: *harta pusaka tinggi* [higher inheritance] and *harta pusaka rendah* [lower inheritance]. Higher inheritance refers to family wealth that is handed down from generation to generation, such as

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rice fields, plantations, and so on, which may only be passed down to girls. Lower inheritance refers to wealth that has been acquired by the parents. This may be passed down to girls as well as to boys.

Bundo Kanduang which literally means "biological mother" refers to a wise female Minang leader who is responsible for preserving the Minang culture as exemplified in the Minanga Tamwan era (Minanga was a Malay kingdom which is said to have existed between the years 645 and 682). It personifies the Minang and is also a title given to female leaders of their families, either as a queen or a king's mother.

The above transcript shows that matrilineal traditions continue to hold a solid place among the Minang, which demonstrates women's extraordinary power in safeguarding a culture despite points of conflict with Islam teachings. As Ossi confirmed, only women in this society are entitled to the family's most valuable assets, whereas in Islam, although women are also entitled to inheritance, men receive a larger allocation than women, at a ratio of 2 to 1, as mentioned earlier.

As a Minang, Ossi clearly had a high regard for her *adat*. However, she expressed concerns about some traditions that no longer made sense to her.

> We are not allowed to marry someone from our ethnic sub-group. Some have violated the rule, but in general there are sanctions from *ninik mamak*, who is highly respected and very powerful. Sanctions may take the form of an eviction. But times have somewhat changed. People who have been ostracised go away for a while and then come back, or they marry outside the Minang land … The prohibition to marry someone from the same ethnic sub-group is bad … it can lead to adultery … there are countless ethnic sub-groups in Minangkabau. In the old days when there were few families around and people were very close to each other, that was understandable … but now such a prohibition is not relevant because there are many families … in Padang Pariaman, a woman has to buy a husband. It can be a burden to the woman because if she is not rich she can't marry the man of her choice.

Ninik mamak are the people responsible for the wellbeing of the members of their tribe. *Ninik* means "head of tribe", while *mamak* means "uncle". Pregnancy outside wedlock is considered to bring great shame. If an unmarried woman becomes pregnant, *ninik mamak* will intervene. They will interrogate the young woman for

weeks on end regarding which man she had sexual intercourse with, where, how many times, until she confesses who impregnated her. The man will then be summoned and required to take responsibility by marrying her. However, if the man does not confess, the matter is brought to a higher council's attention and he will be asked to provide evidence that he has never engaged in sexual relations with the young woman. In such a trial, according to Ossi, men usually tell the truth.

Saskya (aged 31 years) grew up in Padang, West Sumatra. She was born a Muslim and considered herself a Minangkabau although her father was a Batak. She came to Jakarta when she turned 20 and later married a Protestant Batak. She explained that she and her husband would have willingly married according to Islam had her family supported their marriage plans. However, her parents were unresponsive when she announced the news to them by telephone, and did not even bother to speak to her boyfriend. The couple then went to see Saskya's uncle who lived in Jakarta. She said:

> My uncle said "*Getting married? It's sinful to even touch each other!*" And he left us just like that. I thought there was no hope … my parents suggested I find somebody else, a Muslim, to marry … they didn't mind too much that he was from another ethnic group but if he was Muslim, my family would have accepted him … So we brought the problem to his family. I told my boyfriend to tell them that we each would keep our own religion, but his family insisted that we marry the Protestant way … my husband gave in, maybe because he felt sorry for his mother who had been wanting him to start a family … I asked my family to come to the wedding, but they said it would cost a lot of money … probably it was just an excuse, I guess they just didn't accept the wedding … you know how Padang people are about their religion.

Saskya's comments implied that while non-Muslim traditions such as those concerning inheritance were acceptable and upheld by the Minang, marrying a non-Muslim was generally frowned upon. She shared with the researcher her conviction that it was not permitted for Muslims to reject their faith and adopt another religion. However, for many couples, inter-religious marriages often implied that one partner would adopt the religion of the other which, incidentally, also happened to Saskya. Although she and her husband had planned to keep their own religion, Saskya finally decided to adopt the Protestant faith to avoid

confusing their children.

Interestingly, while Saskya and her husband underwent a religious marriage some years previously, their *adat* marriage was performed much later as they had to save up money to cover the high cost of the rituals. According to Saskya, *adat* marriage is a must for Batak people. Otherwise they would not be recognised as Batak by their own family. Before such a marriage could take place, Saskya had to acquire a Batak family name referred to as a *marga*. In order to do this, she had to adopt a Batak woman as her mother and only then was she able to use her adopted mother's *marga*.

The adoption ceremony itself was costly, but without a *marga*, her husband would not be able to take care of his mother's funeral should she pass away. As the eldest son, these responsibilities were regarded as his. For Saskya, who came from a matriarchal society, marrying a man from a patriarchal culture was an interesting experience, as there were clashing traditions between the two. Regarding inheritance, she said:

> In my family, inheritance is intended for female descendants, but if they want to share some of it to their brothers, it is okay. In the old days, the elder daughter received a bigger share than her sisters but now inheritance is divided equally among daughters. In my husband's family, inheritance is intended for the male descendants, particularly the eldest son and the eldest grandson. This grandson also receives part of his grandfather's inheritance. In fact, he obtains special privileges as he is a figure the family waits for. The name of this grandson will be used as the name of the grandparents. If his name is Budi, for example, the grandparents will be referred to as Opung Budi which signifies the grandparents are Budi. This name will be written on their tomb, not their own name … so our cultures are totally opposite.

Of particular interest was that Saskya abandoned the religion of her upbringing for the sake of her children. This confirmed the view that a mother will willingly make any sacrifice for her children – a matter to be dealt with in greater detail further on in this chapter. For Saskya, embracing a new religion was not as simple as she thought initially, particularly during the early years of her marriage. She explained:

> For 20 years I was a Muslim. I was more educated in Islam than my brothers and sisters … I knew how to recite the Qur'an… in the beginning I was confused every time I wanted to pray … I was already baptised as a Protestant, so should I call God Allah?... but I became enlightened … I was inspired by a particular client. She chose not to have a religion, but she believed in God … there was a problem in her family, which made her question religions. She said '*I have decided I would not have a religion. What is important is to believe in God. Religions are just a means to communicate with God'* … I understood that we embrace a religion because we happen to be born in a particular environment. I was born in Padang, so I was Muslim. If I was born among Protestant people, I would be Protestant … so I felt better. I thought it was okay if I said Allah even when I was in church... so in the end I became universal … all religions are the same, I believe in the God who is in my heart … all religions teach you good things … if there are violations, that is simply the doing of individuals.

Clearly, religion – rather than *adat* – may be a potential obstruction in mixed marriages. A number of other research participants were married or soon to be married to men from different ethnic backgrounds and different religions. Their comments also highlighted the difficulties posed by such marriages, especially as far as parents and extended families were concerned, as discussed below:

Laura (aged 36 years) was born from a Batak Protestant father and a Javanese Muslim mother. She was declared a Protestant at birth as her mother had already adopted her husband's religion by then. Laura eloped with her Javanese boyfriend who was a Muslim because she knew that her parents would not consent to their marriage. The problem, according to her, was due not only to an inter-religious relationship but also to her boyfriend's lower social status. The couple travelled to her boyfriend's hometown in Central Java and were married according to the Islam religion *"for the sake of formality and to speed things up"*. She could not use her original identity card because it stated that she was Protestant. In order to obtain a marriage licence Laura, therefore, sought a fake, temporary identity card that listed her religion as Muslim. When the couple returned to Jakarta, Laura confessed to her parents. They were very angry and accused the couple of bringing shame to the family. Then her mother sent them to Balikpapan to live with Laura's elder sister for a while to keep their union secret from the extended family. After residing in Balikpapan for 3 months, the couple returned to Jakarta. By then Laura was

pregnant, her husband was unemployed but she managed to find employment. In her case, her husband left his religion and adopted hers. She said:

> I took my husband to church once. But after I gave birth to my daughter, he decided to convert to Protestantism although I didn't ask him to … he said he dreamt about Jesus twice and after the second time he told me he wanted to go to church again, but he hid the bible inside a black shopping bag so our neighbours couldn't see. Eventually they found out [that he was going to church] and accused him of selling out his religion … our neighbours were Muslim, mostly from Sundanese or Betawi origin ... they said that Muslim people who reject Islam for another religion would go to hell"

Apostasy is a difficult issue for most Muslim people. In addition, the state aggravates the problem. The law and administrative processes make it very difficult to register an inter-religious marriage (Library of Congress n.d.). According to *Law No. 1 of 1974* (IMOE n.d.(a).), every marriage must be registered according to the regulations of the legislation in force, while the implementing regulations state that non-Muslim marriages must be registered with the Civil Registry Office and Muslim marriages must be registered with the local Office of Religious Affairs (Library of Congress n.d.).

Just before the *Law of Marriage* was passed in 1974 (Library of Congress n.d.(a).), there were debates regarding whether there should be separate laws for different religious groups or one unified law for all religions. The bill that was introduced in 1973 stirred controversy on account of its restrictions on polygamy and acceptance of inter-religious marriages, which were strongly criticised by Muslims. An amended statute was then enacted in 1974, which permitted polygamous marriages and excluded the provision allowing inter-religious marriages.

Furthermore, following the implementation of *the Compilation Law of 1997*, a Muslim man was prohibited from marrying a non-Muslim woman and a Muslim woman was prohibited from marrying a non-Muslim man (Library of Congress n.d.). Only a marriage based on the *Islamic Law* in the *1974 Marriage Law* (under Article 2, Verse 1) is deemed legal (IMOE n.d.(a).). In 1983, a Presidential Decree

instructed the Civil Registry to refuse to formalise marriages involving Muslims (Butt as cited in the Library of Congress n.d.). In 1984, guidance to marriage registry officials at the Office or Religious Affairs was issued by the Ministry of Religion, stating only marriages between Muslims could be registered (Butt as cited in the Library of Congress n.d.).

Maria (aged 30 years) from Flores spoke of her tradition as opposed to that of her fiancé who was Javanese. She said:

> My *adat* taught me about daily conduct – how to communicate, how to behave when we meet people, including those from different ethnic groups … my future husband and I are from different religions and from different traditions that are rather opposite. Where I come from, we are rather loud and direct, whereas my future husband comes from a region where people are soft-spoken, where *tata krama* plays a leading role. What I learnt from my *adat* has allowed me to adapt as I entered a different tradition. I enjoy being in a different cultural environment. It doesn't change my character. It taught me that my *adat* is not the only one that's good. … Where I used to live, houses were far apart, so people generally speak loudly. When we find ourselves in a different environment, we may forget and continue to speak loudly. This can be misinterpreted as anger … this may be rooted in our rituals, which involve dancing and screaming aloud.

Maria and her boyfriend intended to marry in 2014. A few months after she started dating her boyfriend, she called her mother in Flores to tell her that she was in a serious relationship. She said:

> My parents were shocked. They said "*Can't you find somebody else who has the same faith as you? Don't you meet people at church? Don't you get together with other people?*" I said "*Since I was in school and since I started working, I've always gotten together with friends of Muslim faith and I get along with them.*" … It took almost a year for my parents to accept that my future husband was a Muslim. I kept trying to convince them … In the beginning they wouldn't even talk to him on the telephone … Around 6 months later they finally spoke to each other, my parents gave him advice … and around 8 months later they started to accept him. I told them that I was thinking about my age, I wanted to get serious with him … I broke up with so many boyfriends before … my parents were particularly worried that Suseno would have more than one wife because his religion permits it … they were also afraid I wouldn't get along with him and would end up with a divorce … they are still worried until now, they keep asking if Suseno is really serious about me.

Clearly, non-Muslim people also consider inter-religious marriages as problematic and, for women like Maria, the assumed close association between Islam and polygamy was a significant concern. Interestingly, the Islam religion actually does not forbid such marriages. In fact, verses in the Qur'an discuss a freedom that God affords all people. For example: "*For you your religion, and for me my religion*" (Surah Al-Kafirun verse 7).

On the practical side, it is understandable that most couples would prefer not to engage in such marriages as obtaining a marriage licence is complicated on account of the current *Marriage Law*. In order to overcome such difficulties, inter-religious couples in the past often had to get married abroad or to go through two different weddings (Jawad n.d.) locally. For example, one based on the Protestant religion through a christening ceremony in church, and another one based on the Islam religion where the couples must recite the two-sentence Islamic creed "*There is no God but Allah, Muhammad is the messenger of Allah*", in order to declare belief in God's oneness and acceptance of Muhammad as God's prophet. For some, this solution was difficult to accept and even intimidating because it often entailed embracing a religion against one's will.

Two decades ago, however, a programme which offered a way out for inter-religious couples was initiated by the Paramadina Foundation to facilitate the official registration of their marriage without compelling the adoption of Islam (Jawad n.d.). Unfortunately, such a programme was never widely publicised because, as explained by Nurcholis Majid, Muslim scholar and founder of the foundation, *"This is not something that needs to be broadcast, but a solution to a problem."* (Jawad n.d.). The foundation received a number of subpoenas as well as invitations to public debates, but its proponents stressed that the aim of the foundation was to foster better inter-religious relationships within society. After Nurcholis Majid passed away, the foundation ceased to provide such services, owing apparently to continued pressures from Muslim hard-liners.

Nonetheless, Maria and her boyfriend were able to consult a former staff member of Paramadina who assured them that they would still be able to register their marriage officially without Maria having to adopt the Islam religion. Like Saskya and Laura, Maria planned to keep her religion. Only time will tell whether she or her future husband will keep to their decision. As seen above, Laura's Muslim husband ended up adopting her Protestant faith, while Saskya finally decided to leave Islam and adopt her husband's Protestant faith.

The above transcripts suggest the following interpretations:

(1) Women generally have a high regard for their parents, in the sense that the opinions of their parents matter although they may disagree with them. However, this may cause a moral dilemma for the women as they often find themselves torn between their parents and their husbands.

(2) Parents' advice often conforms to local social norms which stress women's place in the domestic sphere, as exemplified by Esthi's comments. Although Esthi's mother was considered head of her household and things were run according to her standards, she also internalised the domestic sphere as her own.

(3) Parents' advice tends to stress women's subjugated role in the family. Women are expected to place the interests of their husbands above their own, as described by Wati, for example.

(4) Women's comments, in particular those of Melati and Siska, clearly reflect a battle between *adat* and the shifting dynamics of their changing social worlds, for example, regarding *tata karma* which is highly regarded by the Javanese but which the women thought was wearisome if applied in their everyday lives.

(5) While the intersection of old traditions with the shifting social contexts produces internal clashes within women, Islam appears to complicate matters by bringing about points of conflict with *adat*, in particular for the Javanese, as can be seen in the comments by Wati, Harti, Melati and Darti. Interestingly, these women appear to cherish Islam rather than their own *adat*, as they chose to abandon specific rituals that they interpreted as violations of the Islam religion.

(6) However, a number of old traditions continue to prevail despite points of conflict with the Islam religion, such as regarding inheritance as described by Saskya, which will be discussed in more detail further on. While Saskya was not of Javanese origin, Wati, who was Javanese, also spoke positively about Javanese inheritance rules which were implemented in her family despite being at odds with Islamic teachings.

(7) Forms of *adat*, in particular the Javanese, appear to present some hurdle in inter-*adat* marriages as exemplified by Maria's and Laura's accounts. While Maria was from Flores and about to marry a Javanese man, Laura was of mixed ethnicity and married to a Javanese man. Despite problems in inter-*adat* marriages, however, those related to inter-religious marriages appear to be more significant.

To sum up the above points, women from various ethnic groups who live in Jakarta are caught in the pull between old traditions and the shifting dynamics of their changing social worlds and responded to their situational contexts according to what they perceived as right or wrong. To some extent, it can be said that the intersection of Islam with *adat* rituals causes internal conflicts within the women, particularly those of Javanese origin. The fact that some old traditions are abandoned while others continue to prevail despite points of conflict with the Islam religion may also be explained in terms of complexity. Complexity theory addresses the nature of emergence and demonstrates the importance of non-reductionist explanations of science, including social science (Walby 2004). As Walby (2004) argues, complexity theory facilitates the revision of the concept of system to understand the unstable and dynamic processes of change.

8.4.2 Marriage and the roles of husbands and wives

Women's marital status was regarded as the context that would chiefly contour their reproductive health needs. It has already been mentioned that being in a heterosexual relationship and preferably a marriage was seen as something desirable and a mainstay of an acceptable role for adult females. In this study, four

research participants were single and working. While Maria was already engaged, the other three women were not in a relationship.

> **Esthi** (40) Sundanese/Palembang: I'm satisfied with what I do [referring to her employment status] but not totally because I'm not married yet. I think I would be more useful and the quality of my life would be enhanced if I were married ... I would like to achieve that but I wouldn't do things out of my way, I have no deadline to meet … if that happens, it would be great.

> **Farah** (26) Acehnese: I believe in *jodoh* because people try to get married and things sometimes happen, the future husband passes away or something … I saw tragic things like that happening to people around me, which led me to believe that the husbands-to-be weren't their *jodoh* ... Maybe God wants us to do things first for other people … because after we are married, we won't be able to do much for other people, we would have a lot of responsibilities … I would like to be a complete woman so I can be exemplary for other women … I would like to be financially independent, educated, but married … being married to me is part of being exemplary … many women are financially independent, they have a good career, they are well educated, but they are not married …if you're a complete woman, it's nice to talk to other people … many women would want to be like us … They would be inspired to get empowered, so they can be like us.

> **Ossi** (24) Minangkabatu: To be married is important. I want to get married and have children. I want to be a mother.

Clearly, single women aspire to being married, as shown by the above quotations from the interviewees. Farah's reference to a married woman as being "complete" confirmed the perceived understanding that an unmarried woman was "incomplete". While Esthi and Ossi did not seem to feel any pressure about their single status, for Farah, being single was particularly burdensome. She said:

> I have a lot on my mind, mainly because I'm not married. People associate career women or highly educated women with being single … Frankly I feel pressurised, especially when I go back to my hometown where my friends are already married and have children. People gossip about me … single women are viewed negatively, and that puts a lot of pressure on you … to me, *jodoh* and marriage should not be associated with age or education. I believe that the right timing has just not come for me.

From the biographical data presented earlier on in this chapter, it can be seen that

many women stop working when they get married. While some women quit their jobs at the request of their husbands, others apparently do so on their own volition. This seems to reflect perceptions that being a married woman entails taking on domestic responsibilities which automatically become hers as soon as she enters a marriage, thereby suggesting that the New Order's vision of women's unitary role as wife and mother continues to persist in the post-Soeharto era. The women were asked how they would feel if their future husbands forbade them to work for a salary. While only Maria, who was already engaged, knew that she would be able to continue working after her marriage, the other women had thought out a strategy to handle such a possibility.

> **Esthi** It wouldn't matter because I'm anticipating it … I am among those who believe that when you are highly educated, your diploma is not intended only for making money, but also for educating your children … it would be a noble thing to do ... it's not wrong for a husband to forbid his wife to work, as long as he can provide for the family.
>
> **Farah**: If a woman is married, it is understood that her husband is financially established. If not, things wouldn't work out. They would be having a fight every day. So yes, a woman can stay home if all her family's needs are provided for by her husband. Otherwise, she would have to work.
>
> **Ossi**: If forbidden to work, a woman should negotiate. She may be able to accept it if she has very young children or is still breast-feeding. She can agree to not be a working woman, but as long as she is not obliged to stay home the whole day, because this may also cause a rift with her husband. She would feel bored, and would welcome her husband with an unhappy face.

For the sake of the family, Esthi and Farah were prepared to give up their careers, which was surprising as both women were successful in their line of work. It was also clear, however, that the perceived role of a husband as leader of the family is tied to his ability to provide financially for the family, which thus fits with the perceived role of a wife who stays at home full time in order to take care of the children.

Interestingly, the issue of unpaid domestic work was not considered by the women. Sen (1999) argues that, sometimes, deprived women cannot even clearly

assess the extent of their relative deprivation and that the very nature of family living, which means sharing a home and leading joint lives, requires that the elements of conflict must not be explicitly emphasised. If the purchase and exclusive use of consumer durables such as cell phones are part of common consumption patterns shared by middle-income Indonesians (Kuipers 2011), the women, who each have a cell phone with them, cannot be described as "poor" or "deprived"; and yet, they appear unaware that they may actually be deprived of the opportunity for gainful employment after marriage. As a result, they play down elements of conflict which may arise in their families, although perhaps unintentionally.

On the other hand, women's neglect of the issue of unpaid domestic work appears consistent with Munir's (2005) view that women bear the burden of defending the image of the family harmony at any cost. This, in turn, seems to fit with the four cultural concepts that are central to the governance and maintenance of the Javanese family: namely, harmony, respect, mutual deliberation and cooperation (Adamson 2007). Given that the participants are not all of Javanese origin, this also implies that the state ideology of the New Order regime (which drew out and promoted these Javanese principles through state programming) continues to prevail among the Javanese as well as the non-Javanese in the post-Soeharto era.

In terms of bargaining power, the findings appear to corroborate the view of Mabsout and Van Staveren (2010) that bargaining can be defined as a threat, which implies that it is well beyond the bargaining power derived from income and exit options that each partner has. For example, a number of dimensions of bargaining are pointed out by these authors. Two of these are: (1) the objects that are considered to be bargained over, for example, the division of unpaid labour that is often not up for negotiation, and (2) men's and women's preferences are not just exogenously given but affected by beliefs and expectations, which Sen (1990 as cited in Mabsout & Van Staveren 2010), therefore, refers to as "adaptive preferences".

Among the very young women who were married and unemployed, the notion of the "ideal" married woman who was a full-time mother and domestic carer was well established, for example:

> **Nelly** (18) Betawi: A wife must take care of her family, especially her children. When they cry, she must be able to stop them from crying and when they need her, she must be there. But when her husband needs her, she must also be there … A husband has to provide for his wife and children. He must not let go of his financial responsibilities.

> **Qori** (18) Sundanese: An ideal wife is one who can take care of the household, serve her husband well, and take care of the children. A husband must be able to provide for his family and make his family happy.

> **Nunung** (18) Betawi: A wife must obey her husband, care for him, care for the children and love them … a husband must love his wife and children.

The above three participants were young and also married at a young age. Qori's and Nunung's marriages were prompted by unplanned pregnancies. This corroborates the argument of Utomo and McDonald (2009 as cited in Utomo & Utomo 2013) that more young people are now engaged in pre-marital sex although rates of early marriage among Indonesian women in the 1990s have significantly decreased as a result of extended schooling. Nelly, on the other hand, decided to marry because she believed she had found her *jodoh* although her parents, at first, disapproved of the marriage. She intimated to the researcher that she was sure of making the right decision because her husband was several years older than she and had a well-paying and secure job.

All the above quotations from the interviews, as well as some given below, convey the idea that these women had internalised the notion of a subservient wife. This perception was also prominent among women in contract marriages. For example:

> **Dahlia**: A husband has to provide for his family. He loves his wife and family, cares for them and makes them happy and feels fulfilled. A wife has to obey her husband. She has to be able to cook because if her

husband is satisfied, he would not have extra-marital affairs.

Alysa: A husband takes responsibility, is able to lead and protect his family, and is able to go through life with his wife, in sadness or in happiness. A wife has to be able to maintain harmony in the family, give guidance to her husband so he doesn't go astray, and be his follower.

Fanny: "An ideal husband is faithful, provides for his family, and loves his wife and children. A wife must be able to fulfil her husband's needs physically and psychologically, obey him, take care of the children.

Lana: A husband needs to understand his wife … to be kind... An ideal wife would obey her husband … She has to obey him because he is the one who earns a living. If the wife works and the husband does not, that could be a problem … but even if the wife works, she still would have to obey him … sometimes, when a wife makes more money than her husband, they would get into fights … so an ideal wife is one who obeys her husband.

Avi: A husband must provide for his wife … must be faithful to his wife and family … A wife must get meals and drinks ready for her husband, she must give him a massage if he's tired, get his clothes ready when he has to go to work, take care of the house, clean up ….

Women in polygamous marriages also shared the same perceptions. For example:

Nuryati: The husband is the leader of the family. He has to provide for his wife and children and manage the family's finances … A wife has to obey her husband.

Dira: A wife must be able to make her husband happy; she has to help him carry out his duties, take good care of her children.

Andika: He has to be a good leader to his wife and children. He doesn't have to be rich; you can always make money … Psychological fulfilment is more difficult to get … A wife has to obey her husband; she has to take care of the household and the children properly.

Yet, there was no resentment among the women in assuming the role of a subservient wife. They seemed to have completely surrendered to the idea simply because they believed it was the right thing to do.

Among women in the older age groups who were also married but employed (either in a professional capacity or as entrepreneurs), the responses were more

subtle, but the main message remained the same:

> **Emma** (Acehnese, employed): A husband is the leader of the family. Without his permission, we wouldn't be able to work … no woman can be a leader, which is why a woman must comply with her husband's wishes ... I think it's fair that a woman cannot be the leader because the husband takes responsibility, so it's normal … Unless the Qur'an says that it is the wife who must take responsibility of the family ... A husband is obliged to give money to his wife, but a wife is not obliged to give him money. That is what the Qur'an says … so his salary is for me and my salary is for me … In Aceh, the responsibilities of a husband and a wife are clearly defined. In general, child care is the responsibility of the wife, because if the wife takes care of the children, the husband can do other things. In Java, you see men carrying a baby, but never in Aceh. But men in Aceh may cook or give a bath to the children … I think the division of labour is fair because it is based on habits.

> **Harti** (Javanese, entrepreneur): An ideal wife is one who can uphold the responsibility that her husband has handed to her as a mother, to take care of the children.

> **Laura** (Batak/Javanese, employed): At home I do 100 per cent of the domestic work, but I'm happy about it, I don't mind ... I don't protest because it is my responsibility. The role of a wife is to take care of the household, the husband, the children, and to be home. Frankly, if we only relied on my husband's salary, we wouldn't have enough to support three kids … You can say that my job is ideal because I work from Monday to Saturday, my working hours are fixed, I'm off on Sundays and on holidays, so we can have time for our family … if a woman doesn't need money, she should stay home and be a housewife, take care of her husband, her kids.

> **Saskya** (Minangkabau/Batak, working woman): An ideal wife is one who accepts her responsibility and *kodrat* as a wife and mother ... one who can satisfy her husband, take care of the household, the children, and possibly also help him financially.

Among single women, perceptions about the role of a husband and that of a wife were similar:

> **Farah** (Acehnese): An ideal husband is one who takes responsibility for his wife, his family and his parent's family … he is knowledgeable, religious, and of course he has a good job … I'm an activist, but when I get married, I don't want to be the one who takes the lead… no, I don't want that.

> **Ossi** (Minangkabau): My future husband has to be of the same faith as I am. He must know how to pray because he will be my leader, he must be

polite, well behaved, he doesn't have to be excessively rich but must have a good job, must have an established life because we have to think about the children that we will have, to ensure their education … I think the current division of labour is fair. To earn a living is the responsibility of the husband according to my *adat*. Girls can work but they are not obliged to.

Maria (Flores): A husband's main role is to provide for his family, be the leader of the family and set a good example for his wife and children, while a wife's main role is to raise her children, take care of her husband, family and her household.

Esthi (Sundanese/Palembang): The main task of a husband is to earn money for his family, to be the decision maker and leader of the family. The main task of a wife is to take care of the household, the husband, and the children.

Irrespective of their religious backgrounds, their age groups, their ethnicity, their marital status or profession, the general theme which emerged was that a man is considered to be head of the family and the breadwinner, while a woman is in charge of raising the children and taking care of the family and the household. This is in line with notions passed down to these women from their parents and is also coherent with the New Order state ideology. As demonstrated below, this view also corresponds with Islam teachings. The Qur'an says:

Men are guardians over women because Allah has made the one of them to excel the other, and because they (men) spend of their wealth. So virtuous women are those who are obedient and guard the secrets of their husbands with Allah's protection. (Surah An-Nisa verse 5).

Clearly, women unquestioningly surrender to notions of the ideal, subservient wife which, apparently, do not solely originate from old traditions passed down to them from their parents, but also from religious beliefs as shown in *Surah An-Nisa* quoted above. In this regard, complexity theory postulates that simple notions of unidirectional impact should be replaced by notions of mutual effect, the co-evolution of complex adaptive systems in a changing landscape, as well as by concepts to capture sudden, nonlinear processes of rupture, saltation, and path-dependency (Walby 2004). The multiple forces shaping the women's understanding of their roles can thus be seen as such a complex adaptive system.

On the other hand, the fact that women seem to aspire to achieve the status of the ideal wife implies that they are likely to overlook possibilities that their spouses or future spouses may not fit the criteria of the "ideal husband" in terms of their intentions or their physical health. In other words, given the perceived obligation to obey their husbands, women may assume that their husbands or future husbands are "perfect" in every sense of the word, including their health and, therefore, contracting HIV or other STIs from these men or becoming unintentionally pregnant may be considered a remote possibility.

8.4.3 Notions of the ideal marriage and problem of divorce

It has been mentioned that women's marital status was regarded as the context that would chiefly contour their reproductive health needs and how notions of the ideal wife may contribute to women's vulnerability to HIV and STIs. Furthermore, the women were asked to describe their ideas of what constituted an ideal marriage. Among most of the Javanese women, harmony between the couple was considered essential, for example:

> **Darti**: When arguments between the couple can be kept to a minimum. People are nice to each other when they are dating, so when they are married they should only have small fights. The marriage does not have to be totally harmonious because you get hurt when a problem arises.

> **Melati**: An ideal marriage would be like mine, where we each can just be ourselves … I kiss my husband's hand, we kiss on the lips … trusting, loving, respecting each other.

> **Wati**: Each of the partners needs to understand the other, accept each other's shortcomings as well as strong points … respecting, appreciating and completing each other.

> **Siska**: Taking and giving, respecting not blaming each other, open to each other … I don't like lies. If I don't like something I want to say it. I want to be accepted as I am … but Javanese generally like lies and that is why I don't want to act like a Javanese.

While Siska implied the importance of harmony, she seemed to view gentleness, often associated with the Javanese, as signifying insincerity or two-facedness.

Keeping harmony among the Javanese generally entails avoiding direct confrontations and acting as if one was in agreement, consistent with the familial relationship in Java which is one of moral obligation consisting of four cultural concepts that are central to the governance and maintenance of the family, one of which is harmony (Adamson 2007). It was, therefore, particularly interesting that such an opinion came from a Javanese woman who had grown up in a deep-rooted Javanese family.

Regarding the notions of an ideal marriage, Harti's answer came as a surprise. She said:

> There is no such thing. I came to know my husband after we were married.

She explained that she had never thought of the principles of an ideal marriage as she and her husband had gone through *ta'aruf*, that is, an Islamic concept which means to make someone's acquaintance with the specific aim of seeking a life partner. In Islam, according to her, dating is not recognised. It is perceived as sinful because it generally involves a young man and woman looking at each other for long periods of time, being alone together and touching each other. While dating implies momentary pleasure, *ta'aruf* is designed to inspect one's potential life partner in terms of his or her family background, and view of life. The marriage may take place if both sides are in agreement, but only a short lapse of time is allowed to pass between *ta'aruf* and the wedding day. Despite the uncommon circumstances of her marriage, Harti said that she had no regrets as she and her husband had not had any major problem until then.

Among the Sundanese women, with the exception of Avi (who was in a contract marriage and who confessed she had no idea what an ideal marriage was), harmony was clearly also considered an important component of a happy marriage. Their comments implied that arguments between husbands and wives should be avoided. Rossa (in a polygamous marriage) for example, said:

A couple should be open to each other, trusting each other.

Ana (in a contract marriage) learned from her husband the important role a wife can play in keeping a marriage harmonious. Her comments were as follows:

He complains a lot about his nagging wife … I gather he would not have done this if his marriage [with his real wife] was harmonious.

Dira, also in a polygamous marriage, said that her dreams about an ideal marriage were shattered. Dira's first husband remarried while her current husband was keen on gambling and was abusive. She said:

I wanted a husband who is honest, loving, understanding … but look what happened … My first husband left me and my second husband is like this … everything fell apart …

Among women representing other ethnic groups or mixed ethnicity, honesty between couples emerged as a main theme:

Maria (Flores): A couple should complement each other, sharing, always together in sickness or in health, in good times or in bad times, willing to love the family for life, till death do them part.

Ratih (Acehnese): The husband and the wife must be equal. To me, being open to each other is very important … nothing matters when a couple cannot communicate … after a year or two, one may become bored, which is normal, or doesn't feel comfortable anymore, so there is no guarantee. To be in love forever is bullshit to me [laughter].

Saskya (Minangkabau/Batak): When the husband or the wife doesn't have extra marital affairs, the children have no problem, their education goes smoothly … financially they are okay … when a husband has an affair, he should be frank about it. He should tell his wife that he doesn't love her anymore, rather than having her find out about it… they can try to find a solution, get a divorce maybe, figure out what to do about the kids … but this is just talks. I don't know what I would do if that really happens … it's easier said than done.

Nelly (Betawi): There must be understanding between a husband and a wife … because that will ensure a long-lasting marriage, no need for divorce. No need to get upset if you don't have enough money, but the wife must understand.

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> **Esthi** (Palembang/Sundanese): A couple should be supporting each other, striving to fulfil each other's wishes in order to maintain harmony in the household. Differences should be considered an opportunity to make family life even better.

The above comments imply that understanding and communication are key components in a harmonious marriage. For Saskya, disloyalty might even be excused, as long as her husband was honest about his betrayals. While Saskya admitted that she might not be ready to face the possibility of a divorce, Maria referred to a marriage that would last until death, which might be explained by the fact that she was a Catholic. On the other hand, Ratih, who was Muslim, seemed prepared to face such a possibility, as she was already sceptical about an everlasting love.

Other women had different ideas about the ideal marriage. For example:

> **Farah** (Acehnese): An ideal marriage is when no one is forced into it. There has to be some emotion involved … You have to feel comfortable … [In an arranged marriage] you may not even want to sit with your husband for an hour, let alone spend your life with him for many, many years, until you die.

> **Ossi** (Minangkabau): A marriage based on Islam … loving, respecting, understanding each other … feeling safe, peaceful, healthy, no conflicts … supporting, reminding each other, striving to make a decent living, keep on trying...

Nonetheless, it was clear that all the women were aspiring to a long-lasting marriage. It, therefore, came as no surprise that many of the research participants held negatives view about divorce. For example:

> **Emma**: Parents who are about to get divorced should think of their children's wellbeing, their future … If the children are able to choose and if they choose to be with their mother, the mother should not forbid her ex-husband to visit or communicate with the children because there is no such thing as an ex-mother or an ex-father … it is wrong if a mother forbids a father to see his children. These days people tend to prioritise their ego or their emotions.

> **Fanny**: Children who are close to their fathers may be confused, not sure

whether they should live with their mother or father, their studies would be affected.

Qori: The woman must first think of the children. Who will have their custody? She would worry about this because if her husband ends up with the children's custody, she may not be able to see them… As a single parent she may become jealous of her friends.

Ana: A divorce will affect the children, especially if they are very young. Their friends will surely ridicule them.

As shown by the quotations above from the interviews, the main concern for the women was the possible negative impact of divorce on children, as also mentioned by the participants below:

Laura: Children are a priority … their psychological state when they see their parents divorcing. I asked my son what happens if my husband and I divorced. He turned away, crying, but didn't want to show me that he was sad …

Saskya: A divorce has to be settled amicably … Who will take care of the kids? If the mother has custody over the children, will the husband be willing to give alimony? Can he come and visit the children? … Children will be most affected. They will be wondering where their mother or father was, while they see that their friends next door were with both their parents. They would feel inferior, and that would affect their character as well as their life.

Children being affected psychologically by their parents' divorce and exhibiting an inferiority complex was also mentioned by Wati who was a widow, as she had lost her husband to lung cancer. She said:

Children would not have a father figure … parents should not be selfish. They may have money but may be unable to ensure the children's psychological well-being … my husband died and my son feels inferior because he doesn't have a father … when my children attend gatherings with other children of their age, they stay quiet, they become passive … it's really difficult.

She added:

For his birthday I asked my son what he wanted. He said: "*I want a father.*" So, jokingly I said to him: "*Ok, let's go to the mall and shop for a new father*". That made him laugh.

However, many women felt that if couples were unable to resolve their problems, a divorce might be justified.

> **Rossa**: If a husband and a wife can't overcome their differences, well, they should get divorced.
>
> **Nadia**: A divorce would be fine because you wouldn't want to force things. If a husband does things just because he is obliged to, not because he wants to, I think it's useless. If people can't find a way out of their problems, I think a divorce is called for.
>
> **Esthi**: I have seen divorce cases that have led to better things. A divorce is sometimes preferable. If a couple doesn't get along anymore, it can bring bad influence for the children … having children is a big responsibility.

Women in this study who expressed their wish for a divorce were mainly those who were in polygamous marriages. This topic is discussed in greater detail further on in this chapter. While gender roles in the family have been described in detail above, it is also important to understand women's perceptions about commercial sex work, considering that most men who transmit their HIV infection to their wives are said to have contracted the disease from paid sex.

8.4.4 Commercial sex work

While a harmonious, long-lasting marriage was established as the aspiration of almost all of the female interviewees, commercial sex work was regarded as a major threat. However, some participants expressed their understanding of the possible reasons that may have driven women to be prostitutes, such as Nelly as quoted below.

> **Farah** (Aceh): One good thing about the *Sharia* law is that brothels are now closed.
>
> **Saskya** (Minang/Batak): I'm a wife so I don't like prostitution. I don't know why those girls sell sex … Instead of selling sex, they should do other work if they can. Some prostitutes may think it's easy work, easy money and they enjoy it too … it doesn't make sense to say that you're a prostitute for financial reasons.

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Melati (Javanese): Prostitution is regrettable. Women who sell sex don't always do it for economic reasons. They need to attract attention by doing bad things. A director in my company protested when entertainment places had to be closed during the fasting month. He asked: "*How will the girls eat?*" I said: "*If you don't go to those places, those girls wouldn't be prostitutes*" He said: "*But if they don't work, they cannot eat*", I said: "*Why can't they sell chillies?*" I can't accept prostitution. Why be a prostitute when you can do other work? I don't think God would turn a deaf ear if you tried hard enough to find a decent job. Girls should refuse to be prostitutes. Women have to be strong… but not all prostitutes sell sex for economic reasons. Sometimes they are just proud to be a prostitute.

Nelly (Betawi): If it is the fate of some women to be prostitutes, why should we think badly about them? We don't know the kind of needs they have. They must have a good reason for being a prostitute. Maybe they are the breadwinners; maybe they have to take charge of everything. We have to be understanding. Not everybody is born rich; some have to start from the bottom. Those who are impatient may engage in the wrong path because they want to accumulate money fast … if they were willing to try hard, they wouldn't have to be prostitutes … so I don't personally agree with prostitution but if your fate has been determined that way, we cannot interfere.

While the issue of destiny has been debated through the ages by philosophers, the concept of pre-destiny, as referred to by Nelly, is pervasive in Indonesian society. In almost every religion, references are made to the nature of destiny (Ahmad 1996). On the one hand, destiny is portrayed as predetermination by God of everything. On the other hand, destiny plays practically no role in what man decides and does as he acts upon free will. In Islam, according to Ahmad (1996), although the laws of nature reign supreme and nothing is above their influence, there is no evidence to indicate that a man's life is pre-ordained and that he has no choice or option to choose between good and bad, right and wrong.

Like Nelly, a number of participants mainly associated prostitution with financial aspects, although other possible reasons were also mentioned:

Maria: I think they do it because they need the money. They may be forced to do it. If they didn't have financial needs, I don't think they would do such work.

Reza There has to be a good reason for being a prostitute. Maybe you're

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not satisfied, maybe you need money, or maybe you're stressed out because you are not happy with your husband, and want to vent your anger that way.

Reza revealed to the researcher that she had worked as a commercial sex worker for some years. As is discussed later on in this chapter, contract marriages were generally regarded as similar to commercial sex work (e.g. The Jakarta Post 2011b), but women in contract marriages did not consider themselves as sex workers and viewed prostitution negatively.

Clearly, while the women held a negative view of prostitution, the possibility that their own husbands might have engaged in commercial sex work was not considered. This suggests that women had absolute faith in their husbands and were, therefore, vulnerable to STIs including HIV.

8.4.5 Virginity

A National Survey of Family Growth conducted in the USA in 2002 found that 95% of those interviewed had had pre-marital sex (Jayson 2006). For many Indonesians, it is still important for young people – male and female – to remain virgins until their first marriage. In fact, a proposed addition to the Penal Code on Adultery was submitted last March to Parliament. If passed, single people who engage in pre-marital sex may face up to a 5-year jail sentence (Gates 2013). Although adultery is a criminal offence in Indonesia, so far only married couples are targeted.

Most women in this study said that keeping one's virginity until a first marriage was still important; although some admitted it had become increasingly difficult.

> **Ossi**: We get all kinds of advice from our parents. Every time my mother calls, she always reminds me to keep myself safe … I have to refrain from having sexual contacts outside wedlock. She said that if I can't hold back anymore, I should tell her. She said: "I*f you get pregnant, you can't come home"* … I don't think she meant it though … she is just concerned about me … because I'm not married and I'm far away from her.

Farah (Aceh): Virginity is important to me because that would make me different from others. So I agree that a woman should keep her virginity until she is married.

Saskya (Minang/Batak): I think everyone should try to keep their virginity although it's not very realistic in today's world. What I hate is that men often demand that their wife be a virgin. They should ask themselves whether they are also virgins. They are selfish if they complain that their wife is not a virgin. It's not fair. Virgin or not, what counts is the heart.

Harti (Javanese): Pre-marital sex is a big sin. A woman must keep her virginity. If she becomes unintentionally pregnant, what can she do?

Emma (Acehnese): Of course virginity is important. If a woman is a virgin, she will be appreciated by her husband and she has more self-esteem. But with men we cannot prove anything. Therefore we have to know a man well before we marry him. We have to find out about his past so we can be sure … it depends on the women whether or not to accept to marry a man who is not a virgin. I would not have agreed to marry my husband if I knew he wasn't a virgin. But other women might.

Ossi's comments reflected both her concerns to uphold her tradition as well as her anxieties that she might not be able to honour it. In Minang as in many other places in Indonesia, a woman is expected to be a virgin at the time of her first marriage. For Emma, it was also important that a man keep his virginity until vows are exchanged for the first time, although verifying a man's virginity was not a simple matter. As for Saskya, the fact that she did not keep her virginity despite her belief that women should be virgins at marriage showed that keeping such an ideal has become a challenge in a world where pre-marital sex is becoming a norm. Saskya lived with her boyfriend before they were married and had an unplanned pregnancy. The couple decided to marry after all.

It seemed important to address the theme of virginity or sexual abstinence before marriage in order to gain insights into the extent to which women understood the risks of unprotected sex, considering that comprehensive sex education is not taught in schools. According to a survey on sexual reproductive health conducted in Indonesia in 2007 among young people, 3,6% of those aged 19 years or fewer and unmarried had a sexual partner (Benedicta 2012). The main reasons for girls to engage in pre-marital sex were: (1) it just happened (38,4%) and (2) they were

forced by their partners (21,2%). Among the participants in the survey, 1% had an unplanned pregnancy, 60% of whom went through an abortion. By 2011, as mentioned earlier, rates of pre-marital sex among female adolescents in a number of cities have increased considerably, some exceeding 50% (BKKBN 2011).

While these numbers are smaller than those in the United States mentioned earlier, the fact that a number of respondents in this study experienced unplanned pregnancies despite common convictions that unmarried people should remain sexually abstinent, corroborates the necessity for providing sex education in schools as well as sexual and reproductive health services to everyone, regardless of their marital status. This supports the importance of recognising the concept of sexual health based on biological, psychological and social factors instead of on marital status, as proposed by one of the panellists in the Delphi exercise which, unfortunately, failed to reach absolute consensus, as described in Chapter 7.

8.4.6 Personal freedom and decision making

For the women who participated in the study, talk about maintaining a harmonious marital relationship did not only include thoughts on how this kept a husband happy, but also how it impacted on the couple's children. The research participants narrated this obligation of wives and mothers as something that obviously required some sort of sacrifice as it also implied giving up some amount of personal freedom. However, when the researcher asked follow-up questions regarding their perceptions of women's personal freedom, the following insights were gained:

> **Siska** (Javanese): I'm a free woman but under control … my husband doesn't impose restrictions on me … but I am conscious that I am a wife … I am no longer young, no longer single … I want to go away sometimes, but I keep thinking about the children … they would cry when they get up and don't find me … what if I went away for days? They are my priority.

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> **Emma** (Acehnese): My husband allows me some freedom but I have to be aware of what this freedom means … it doesn't matter to him what time I go to the office or come home from the office, but he has to know, I have to tell him where I am. There are rules. So I am free but with certain rules.
>
> **Fanny** (Betawi): I'm free and not free at the same time … I'm free to go wherever I want, I have money, but if he calls I have to rush home, if he's there I have to be there too, I can't go anywhere"
>
> **Harti** (Javanese): My husband gives me freedom to do what I want … to work or to do things, as long as I don't neglect the children.

As seen in the above quotations from the interviews, the women regarded their freedom as curtailed and bound by unspoken rules of subjugation to their husbands. For these women, freedom and responsibility were considered the two sides of the same coin. Harti's comments were particularly interesting in that she had quit her job as a nurse at her husband's request, so that she could take care of the children. She said:

> Rather than cause a conflict with my husband, I willingly quit my job when my elder son was 2 years old.

This relative loss of freedom and the unspoken willingness to take up the full burden of domestic work and child-caring was not narrated as necessarily a negative experience. Instead, some of the research participants equated this to love. As Nadia explained:

> Freedom is relative … a woman without love, with no one to love and not being loved, can do anything … she's free.

Single women also narrated the idea of a restricted freedom or a freedom that was temporary:

> **Esthi** (Sundanese/Palembang): I think I'm a free woman in the sense that there are times when I had to do things according to my parents' wishes and there are times when I can do whatever I want … I call that a responsible freedom.
>
> **Maria** (Flores)**:** I think that for now I'm a free woman … because I can still do what I want … after my marriage this may change because I will not be

living on my own anymore. I will be living with my husband, so I think there will be some limitations to my freedom … but getting married is still the best step I can take to make my life a better one … all this time I have been doing things according to what I think is right, but when I'm married, my husband will guide me and perhaps I will learn that I don't always make the right decisions … I'm sure I will follow his advice, at least some of it … I will no longer act based on my own decision only.

Ossi (Minangkabau): I'm free but bound … bound to my parents... My mother lets me stay in Jakarta, she doesn't know what I actually do here … when I think about bad things, I remember her advice, so therefore I'm free but bound … I am also bound to my religion … if I do bad things, I would be a disgrace not only to myself but also to my family and all the institutions I am involved with … I'm also bound [to my culture] as a Minang.

Some of the women lamented a loss of freedom, such as:

Laura (Javanese/Batak): I don't think I'm a free woman … My status as a wife and as a mother puts restrictions on my freedom … I have responsibilities.

Nuryati (Sundanese/Betawi): I'm not really free because I live with my parents, so I have to follow their rules. And I have a son. I have to take him with me when I go out. If I leave him behind, I keep wondering whether he's had his lunch. … So there are boundaries … Before you're married, before you have children, you are free to go anywhere, you don't have to think about the house … maybe I can be freer later when my kid is in school.

Dira (Sundanese): I don't feel free … Everything is restraining me … I can't do this, I can't do that, I can't work … I'm totally bridled.

It is important to take into account that Nuryati is a first wife in a polygamous marriage, while Dira is divorced and currently in an abusive relationship. Nuryati was obliged to live with her parents as her husband had remarried, which meant that she no longer received financial support from him. As for Dira, her husband forbade her to find gainful employment although they had very little money. The loss of freedom was narrated as something worse when the woman was forced to stay with parents, as was the case with Nuryati, since this appeared to bear negatively on her decision-making power.

This is consistent with the argument of Argawal (1997) who claims that bargaining power is influenced by various factors such as women's earnings, the age

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difference between partners and a relatively good education compared with their partners', rather than that of Mabsout and Van Staveren (2010) who point to studies showing that women's work, assets, earnings, or education have no impact and sometimes even have a negative impact on their decision-making power, because the influence of culture generally has an advantage for men as a group and limits women's behaviour more than men's (Fobre 1994 as cited in Mabsout & Van Staveren 2010).

The quoted narrations of personal freedom and power in marriage reflect an extremely complex picture of marital power, as other factors operate that affect the power balance beyond economic power and financial freedom. This seems to signal that marital roles and power positions are dynamic, influenced by various factors such as women's age, marital arrangement, and the stability of the relationship. Complexity theory would be greatly useful for understanding them in terms of their interaction, coherent with Walby's (2007) theorising on intersectionality.

8.4.7 Employment versus domestic work for women

Given women's perceived primary role as caretaker of the household which has already been established, it was important to explore the research participants' views of women who devote themselves full time to domestic and child care, particularly because most of them were in such a position. As expected, most participants had a positive view of full-time housewives. For example:

> **Emma** (Acehnese): Women who stay home are as valuable as women who work because they are in fact also working. They serve the family, they are also busy from morning till evening … preparing meals for their children, getting them ready to go to school, bringing them there and picking them up … they may also be working online[35] at home.
>
> **Qori** (Sundanese): I'm satisfied to be a housewife but I wish I could work for a salary so I can help my husband make a living for our daughter. I can't do that now because she is still a baby, so I can't go anywhere, I can't leave her

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[35] Working online refers to selling products or services over the internet.

behind.

>**Avi** (Sundanese): It's good to be a housewife. What's important is doing a *halal* (permitted by the religion) job. I would prefer to be a housewife.

>**Reza** (Javanese/Acehnese): You'd want to stay home if you had enough money, just taking care of your husband, your kids, the house … I don't have enough money so I have to work, whether I like it or not … [but] the job must be close by [my home] and should not involve long hours so I can be with the kids.

However, in order to be regarded as a woman who successfully embraced the role of a full-time housewife, conditions needed to be fulfilled. The research participants noted the following:

>**Ossi** (Minangkabau): I don't regard housewives negatively, but it's too bad for a woman who doesn't have children to be unproductive … a woman should work while she can, in order to get experience.

>**Harti** (Javanese): If a woman has to work, she has to find a job that fits with her responsibilities as a mother; she cannot just let her maids take care of her children.

>**Ratih** (Acehnese): Women are capable … they are given freedom to take care of their homes … when you talk about the home, people generally only focus on domestic affairs, but in Aceh, when a woman is in charge of her home, it is understood culturally and traditionally that she is the owner of the home. This means that she can make decisions about the home … I mean the household in a wider sense, including the children … So, although the husband provides for the family, the wife has the power to make decisions about other substantive matters … she is not just a manager but also owner of the home.

>**Saskya** (Minangkabau/Batak): If the husband makes enough money, it's okay for the wife to stay home. I would be willing to be a housewife if my husband made enough money … who wouldn't want to be a housewife? You'd just ask money to go to the beauty parlour, buy clothes … I would (laughter) … Even when I was young I liked to earn my own money … leaving home is a risk that goes with working outside the family … if I could choose, I would choose a working place where I'm allowed to take leave when I have to, because I'm a mother … I admire career women... who wouldn't want to be a career woman? … But many of them neglect their families … The problem is when you have very young children. You'd have to ask other people to take care of them. Once the children are grown up, it's okay to work.

Ratih's comments are particularly interesting given that she represented the Acehnese ethnicity. The view that women in this part of Indonesia may have authority in their home has seldom been noted, as various articles have instead

emphasised discrimination against Acehnese women in terms of their obligation to wear the veil (e.g. HRW 2010). Portraying these women as mere victims of patriarchal practices reflects a reductionist analysis which the researcher avoided by applying complexity theory in her thesis.

Saskya's comments that career women neglect their children seem unfair as she was working full time. When probed, she explained that her husband worked later evening shifts as a band player at a café in order to be at home to take care of the children while she was on duty during the day. As far as Saskya was concerned, it appears that it was acceptable for a woman to be working as long as her husband could take care of the children, which implied that these were not left in the care of other people. As regards career women, Saskya clearly assumed that they would focus entirely on their jobs and would not give sufficient attention to their children even when they were not at work. This implied that "outsiders" would be caring for their children around the clock, as day care does not exist in Indonesia.

This view was interesting in that Saskya, who was Indonesian, seemed reluctant to entrust the care of her children to a servant or nanny who, no doubt, would be Indonesian as well. Such reluctance would make more sense if it came from Western families living in Indonesia, given that cultural norms of Indonesian child care may go against the way they expect their children to be raised. For example, as stated in Living in Indonesia (LII n.d.), parents in Western societies tend to encourage independence in small children, while in most Indonesian families, there is a cultural predisposition towards creating dependent relationships within the family. Children are thus totally dependent on the parents and in old age the parents become largely dependent on the children (LII n.d.). It seems that Saskya had internalised the mother-as-sole-and-best-carer-for-her-own-children message and might be saying these things to appease her own feelings of guilt for having chosen to work as well as be a mother. In retrospect, however, it is also possible that Saskya regarded the presence of an outsider as a threat to this child-parent dependency. She said:

> Children will continue our generation … our hope is that when we are old, they can take care of us … children are God's blessings we should be thankful for … people with no children feel empty.

Saskya expected her children to take care of her and her husband in their old age, which might well have been her reason for not wanting outsiders to take care of her children, as it was possible that they might grow to be more attached to the servant or nanny than to their own parents.

Like Saskya, Harti who had given up her job as a nurse, did not have a positive view of career women:

> I think career women are out there to satisfy themselves. They work from morning to late evening for their own satisfaction although their earnings also benefit their family.

It thus appeared that for some participants, "career women" and "working women" bore different meanings. Furthermore, the idea of leaving the care of children to other people, even their own relatives, was a great concern for Saskya as discussed above, as well as for a number of other participants. For example:

> **Wati** (Javanese): I wanted to keep on working but couldn't find a job that could fit my life. I did try to work but it didn't work out, for example when I left the children with the servant, there were always problems … my children got sick, especially my son, and the maid couldn't handle it … having a working mother has psychological effects on children because they are left on their own, they get lonely. That too influences their development.
>
> **Darti** (Javanese): My husband didn't want me to work because he didn't want our children to be raised by a servant ... When my elder son was one-year old, we let him stay at my grandmother's house. He grew very close to her. He cried when she had to go out, and didn't care much about us when we were around.

The above quotations from the interviews appear to support Adamson's (2007) view that "the career woman" is largely regarded as a symbol enacting the double burdens that a contemporary woman must carry. They also suggest that career women perceive themselves as abandoning the moral education of their children and the sanctity of their family by leaving their home to work. This is consistent

with the vision of the moral and political order of religious and political agents and interests that have strategically used the above symbol to impose such a vision (Adamson 2007).

A couple of respondents, however, held strong views against women who did not work:

> **Maria** (Flores): In my opinion, a woman who doesn't work does not get respect from her husband or family. She is not appreciated. Her environment is limited because she doesn't socialise enough. She only goes back and forth between her house and her neighbours. She can learn by working, learn to know a person from a different cultural background. A woman who works in the informal sector also has a limited horizon. If she does business, she only knows about achieving financial targets, only deals with a small number of people, so she lives in a small world. Her life would be monotonous; she would know only a few people.

> **Nuryati** (Sunda/Betawi): It's not so good for a woman to stay home, especially now that everything is so expensive. Your husband's earnings alone are not enough, you have to help … My boyfriend prefers that I work, so I can also help him ….You wouldn't want to ask money just to buy sanitary napkins or face powder, it is better that you work too, so you can buy things, you can give money to your parents, you don't have to ask your husband.

Nuryati was in a polygamous marriage because she was still formally married to her husband as she could not afford the divorce proceedings although her husband, who had remarried, had agreed to a divorce. She was at the time of the interview involved in a relationship with another man. While Maria's reservations about women who stayed home were related to a lack of respect, Nuryati's were linked to financial dependence. Maria and Nuryati were both employed women, which implied that they were aware of the importance of being financially independent. Financial freedom, however, was mentioned by only a small number of respondents. For example:

> **Nelly** (Betawi): Even if my husband earned enough, I would still be working because I want to have my own money, to have some savings, not only count on his earnings.

> **Nadia** (Javanese): Sometimes I feel sorry for women who stay home … now I still feel sorry for myself … if I need additional money [from her husband], I am

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too proud to ask, although I could … I tell myself now I can only ask, whereas before I had my own money … he asked me whether I spent up the money he gave me and I got offended. I told him: "*Just check the expense report*" … but he said: "*I was only asking what you spent it on, if it's gone, it's gone*," and I said: "*Don't ask*" and got mad at him. Then he said: "O*kay, from now on you don't have to tell me, just tell me if you need more, don't be embarrassed because now I provide for you, I was the one who asked you to quit your job.*"

Yet, despite the perceived limitations inherent in the role of a full-time housewife, Nadia admitted some advantages of being one. She said:

I really enjoy myself now, I have more time to myself, more time to do things I couldn't do before, like painting, go to yoga classes … I do all that to fill my time.

On the other hand, Harti, who previously worked as a nurse, expressed some regrets about leaving her job although she seemed to have come to terms with her current situation:

I intended to continue working, but had to let go of that … sometimes, when I see friends from the university, I feel inferior … they have good jobs … but that passed when I realised that it was a thought I had to keep away from.

The fact that Harti had left her employment at the request of her husband – not on her own volition – implies that she unquestioningly assumed the role of a submissive wife and willingly placed the interests of her family above her own. As pointed out by Adamson (2007), suppression of individual interests for the sake of harmony allows that equal obligation may stem from very different and possibly unequal roles of men and women, considering that gendered roles in the family reflect a hierarchy of social position and purpose. In addition, Harti's comments appear to corroborate Mulder's (1994 as cited in Adamson 2007) claim that a woman's working outside the home may be seen as threatening her relationship with the men in her domestic environment because public economic power, as opposed to private, is regarded as breaking down a key relation of obligation upon which family is based.

Furthermore, in Islam, gratitude is an important theme. According to the religion,

when one worships Allah, one is automatically placed among the grateful, which implies that a true Muslim will not manifest any discontentment despite being in an unfortunate situation. This notion appears to support the concept of "surrender" as discussed in the section about polygamous marriages further on in this chapter.

8.4.8 Motherhood

It has already been suggested in the sections above that motherhood was valued by the research participants and narrated as something that required sacrifice from women, for example, to care for younger children and to retire from employment. Most research participants said that working in the formal sector might not be such a good idea for a mother. For example:

> **Ratih** (Acehnese): Work in the formal sector – I exclude jobs in NGOs – certainly has implications for women who are already married or women who have children. Some companies do not grant maternity leave … they are profit-oriented and do not pay attention to the needs and wellbeing of their employees. So of course it is easier for single women to work in the formal sector.
>
> **Maria** (Flores): Working in the formal sector entails obligations vis-à-vis an institution. We may be penalised if we don't fulfil certain obligations, such as a cut of the salary or the number of leave days we are entitled to. For a married woman, such a job requires good time management between work and her family and I think that one of these is bound to lack sufficient attention from her, especially if the woman has children … She has to juggle her time … This doesn't apply to men, so the role of a woman is much more demanding than a man's.
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> **Ossi** (Minangkabau): A woman who works in the formal sector may have to neglect her children because she is not allowed to bring them to the office … after giving birth she has to go back to work while her baby may still be breastfeeding … it's a dilemma because what happens if women don't work? We need to work.
>
> **Esthi** (Sundanese/Palembang): If is not a problem even for a woman who is married or has children. At the company I worked for, the management quite understood women employees' problems. For example, if their servants are not available, they can bring their children to work.

Esthi may have had positive experiences of women working in the formal sector, but these experiences were not shared by all the research participants. As

mentioned by Ratih, most companies were profit-oriented and few would allow a policy that would appear "unprofessional".

All the research respondents agreed that children were blessings from God to ensure the future of their generation. While those who were single or married with no children expressed their wishes for motherhood, no one had regrets about motherhood:

> **Ossi** (Minangkabau, single): Being a mother is the noblest task. The most important role of a mother is rising children … even when the child is still in the womb, she has to give positive feedback from the outside … a woman produces future generations, that's why it is said that a good woman makes a good country … if we educate our children well, they will become good people … women are the ones who start life, a child is always close to his mother … when the child becomes a wife or a husband, when they enter the working world, society, the community, the country, will also bet the benefit, therefore being a mother is very meaningful … A mother needs to be well educated. Otherwise, how could she educate her children?

Women's role as informal educators of their children emerged as a strong theme in Ossi's comments quoted above. Informal education refers to education that women give to their children at home that may include learning skills such as reading, writing, and counting, or assisting them with their school work. However, religious values and observance as well as social skills (good behaviour in society) appear to be the core component of such an education, as shown by the participants' comments quoted below. While it has been mentioned that the women aspired to the role of the "ideal" married woman who was a full-time mother and domestic carer, many participants stressed the importance of ensuring informal education for their children at home, which sometimes implied that they themselves needed to be well educated:

> **Esthi** (Sundanese/Palembang, single): If a woman prefers to stay home full-time, I think it is a good decision, especially if she is well-educated. I would highly prize such a woman because it means that she dedicates her education to the good of her family … she wants to give the benefit of her education to her family.
>
> **Harti** (Javanese, married): It's good to be a full-time home maker, but you need to be productive … not necessarily earning money, but you should not

stay home just to take care of the children, you should for example get a better education, more experience.

Wati (Javanese, widow): the success of parents in educating their children is measured by whether or not they become well-behaved people … if the parents are highly educated, say they are professors, doctors, etc. but their children are bad, they behave badly and do not know ethics, I think it is a failure … it means that the parents do not take responsibility for their children.

Farah (Acehnese, single): To be a mother is a difficult task … that's why a mother has to be educated. She has to be smart because she has to educate her children … therefore education for women should not have limitations … if a woman is stupid, this will affect her generation.

Ratih (Acehnese, married): Being a mother is everything …. It is sort of a revolution in my personal life … it changed me… I wanted to uphold certain values I believed in … by having children, I was able to implement those values which other people may not believe in … for example, boys are not supposed to be in the kitchen, they should be playing outside, while girls should be washing the dishes …. With my son, I can be more open about those things. He can also be in the kitchen helping me.

Women's education was deemed important as the women appeared also to have internalised their role as informal educators for their children. While formal education was generally intended for a promising career – and a good salary that went with it – it was clear that for a number of research participants in this study, women's formal education was mainly for the benefit of their children. In Wati's case, providing informal education for her children was also for her own benefit, but this was viewed in the context of the "afterlife". She said:

Did you know that if a woman dies while giving birth, it is *jihad?* [Struggle in the way of Allah]. She goes straight to heaven … if we educate our children well and they become pious Muslims, we are promised heaven … but it if turns out later on that our children grow up to be bad children, even if we are already in heaven, we would be pulled out of it by our legs…

Furthermore, motherhood was also associated with a sense of responsibility, and with some sacrifices that mothers must be willing to make. Such sacrifices were, however, outweighed by the perceived benefits of having children.

Esthi (Sundanese/Palembang, single): I'm sure children are God's mandate … we have to educate them well, as they will continue our generation … they are

the fruit of our mandate … if they become good people, they will spread goodness to others, and it will be the result of our education to our children … Having children means responsibility.

Maria (Flores, single): To be a mother you have to be ready physically and mentally, committed to helping the children all the way, unlimitedly … A mother must be willing to sacrifice anything and everything for her children and family under any circumstances. In my opinion, a woman who enters marriage must be ready for motherhood.

For other participants, their comments reflect "emotion work" that women have to do in the family. In order to render their feelings "appropriate" to a situation, according to Hochschild (1979), individuals often have to work on inducing or inhibiting them. Therefore, Hochschild (1979:551) argues that emotion is often subject to acts of management and thus, "*the emotion-management perspective draws on an interactive account of emotion*".

Emma (Acehnese, married): All kinds of emotions are involved in motherhood … happiness, worries about the children's future, their education, whether they will be successful."
Laura (Javanese/Batak, married): My children are my assets. If they are successful, they will bring me pride. So I don't mind working hard for them, as long as they can be in school and become successful people.

Fanny (Betawi, in a contract marriage): It means so much to have children …
If you're sad and your children hug you, you're happy … if you're tired, once you are close to your children, you no longer feel tired.

Dahlia (Javanese/Sundanese, in a contract marriage): It would be nice to have children … even if we had a difficult life, having children would make us happy.

The above comments reflect the women's attempts to manage their feelings in order to feel positive about what they do. They tend to downplay their negative feelings, such as sadness or feeling tired, and prefer to look up to the emotional value of parenthood or the reward they expected in terms of their children's future success.

Among women in a polygamous marriage, the idea of raising children was also linked to sacrifices that they made willingly:

Dira (Sundanese): Our sacrifice as a mother is to take care of the children completely … I even had to borrow money from a loan shark for the payment of my son's school fees, without informing my husband … what else could I do? I couldn't bother my parents. I wouldn't.

Nadia (Javanese): I lived as a single mother for over twenty years, raised my daughter alone I had to let go of my wishes for my daughter She was studying business administration in Australia but when the financial crisis occurred, I couldn't finance her studies any more, so she had to come home and find a job.

Nuryati (Sundanese/Betawi): A mother has a big responsibility. If her children are sick, she has to stay up … I took a day off when my son was sick because I was tired, and I was penalised

Not being able to work outside the family, doing odd jobs or borrowing money was also mentioned as a mother's sacrifice.

Harti: I guess being at home all the time, not working outside the family - that is a sacrifice.

Siska: We sacrifice our ego for our children … if I have to make a big decision; I have to think about how my children would feel … my son cried when he knew that I was having a fight with my husband, although we weren't shouting at each other … I don't want to make them feel depressed.

Qori: I wish I could work so I can help my husband earn money for the child. I can't do that now because my daughter is still a baby, so I can't go places, I can't leave her behind.

Reza: A mother has to make so many sacrifices … children are entrusted to us by God temporarily. We have to take good care of them … we have to sacrifice everything for the life of our children … since they are born until they are grown-ups, make sure they get an education … I do any work patiently and I don't mind … it doesn't matter if I don't eat, as long as they can eat… I'm the back bone of my family.

Rossa: Once you have children, you have to take care of them, you can't go out anymore, and all you do is take care of them.

Andika: You have to prioritise the children … you have to be willing to do anything, so they can have a good education … a woman can be a father and a mother, she can earn money and take care of her kids … men usually can only earn money, they can't take care of their children.

Wati: We have to place our children's needs above our own, needs that are educative in nature, not fulfilling their wishes just for the sake of spoiling them … we have to make priorities … if our income is minimal, we also shouldn't force ourselves to fulfil our children's wish and then pressurise our husbands, but we can try to reduce other expenses, cut down on the

groceries, come up with nutritious dishes instead of eating out, so we can use the money to buy what our children want … we have to be smart about that.

Ossi: A mother has to make a lot of sacrifices – time, emotion … giving birth, being there when the children wake up during the night … it's a cultural thing … a woman thinks in those terms, it's difficult to change … a woman has to make more sacrifices than a man … when a married woman has no children she is afraid, ashamed, she becomes a victim of her feelings … her neighbours would be asking why she didn't have children, they would be wondering whether she was able to conceive. She also worries that her husband would remarry.

For Saskya, who was employed as a therapist on a full-time basis, on the other hand, working outside the home was a sacrifice. She said:

To be working is a sacrifice … even though I'm a working woman, I'm still a mother so I need to take care of the household even when I'm tired or sleepy … I can't sleep during the day like mothers who stay home.

Despite those sacrifices, it was clear that the women had no regrets because they regarded the care of their children as their priority. This again supports the view that women willingly place their children's welfare above their self-interest. Women are even willing, according to Kelly's (2009) study on domestic violence among immigrant Latino women, to manage abuse from their husbands in order to protect and provide for their children. Since motherhood was central in a woman's life, as shown by the above quotations from the interviews, it was understandable that a married, childless woman would also consider herself "incomplete". Melati, who had no biological children, spoke of her experience. She said:

Having a child is like achieving a masterpiece … like in a career, we have particular targets … I used to think in terms of logics. I have money, I have consulted specialists, there was nothing wrong with me medically, so logically I could have children … but I came to think that things are actually not very logical… My elder sister told me that God probably doesn't think that I need to have children, which may be why I don't have any of my own … I finally decided to stop trying ... A child is not a barometer to measure happiness.

Melati appeared to have come to terms with being unable to conceive when she

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decided to adopt a daughter a few years earlier. Nonetheless, it was clear that having children was important for the women. According to Bennett (2012), the fear of never having a child to call their own is at the core of women's fear of not becoming mothers, in light of the negative social meanings and consequences associated with childless women in Indonesia. Perhaps this was another reason for Melati having adopted a daughter.

8.4.9 Women's ideal job and happiness

It has been mentioned that women aspire to the status of "the ideal woman" which entails taking care of their children, husbands, and households. Being an ideal woman, however, often deprives women of opportunities for gainful employment. Considering women's perceived role as caretaker of the household and educator of their children, it was a little surprising that participants in this study aspired to run small businesses as this would allow them to earn money, thus helping their husbands financially, while ensuring that their households ran well. For example:

> **Nuryati** (Sundanese/Betawi): I'd like to have my own business … when you're a working woman you have to come to work on time, your boss would get angry at you (if you're late) … if you have your own business, you can decide for yourself, even when you're married you can still take care of the household.

> **Wati** (Javanese): I want to do some business so I can still watch my children. I want to earn more money but without leaving the children… now I sell products through my network but I'd like to rent rooms to people while I also live in the house.

Others spoke positively about a full-time job but implied that the formal sector was not always suitable for women:

> **Laura** (Javanese/Batak, married): I think I have an ideal job … I work from Monday to Saturday; the working hours are fixed, on Sunday we're off, also on holidays, so we have time for the family.

> **Emma** (Acehnese, married): An ideal job is one where one has authority, can make decisions, be the number one … but there are great challenges because often we have to fight other women … I wish I could change the mind-sets of these women so they can think positively.. Women should be

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supporting each other. For example, if women think that such a person is great, smart, how can we make them want to be smart like her, instead of trying to identify her shortcomings? … That's what's difficult to change- jealousy

Maria (Flores, single): A job in an office or a big corporation, or a bank, where education has a value … where salaries are based on the level of education of the employees, would be ideal … but working as a therapist, I feel that although I have obligations, there is a good measure of tolerance as things are done as a family [not business-like]. Here, salaries are based on seniority and skills. .. I think every job has its positive and negative sides.. People who have a salary that is commensurate with their education may not necessarily be happy. What I earn may not correspond with the level of my education, but I enjoy my work because I feel happy/comfortable doing what I do A big salary may involve a lot of stress and this is not good for our life. It may disturb us emotionally and may become a burden.

Farah (Acehnese, single): Ideally, in my opinion, a woman should work as a teacher or a lecturer … a teacher only works half a day, so she can spend the rest of the day with her family ... when I see my friends who work as teachers, it looks like they have an organised life, they come home at two in the afternoon and they can be with their families … whereas I'm an activist, we don't have fixed working hours, we have to attend meetings at odd places … if doesn't work if you're in a relationship…[laughter].

As shown in the above transcripts, irrespective of their current marital status, women appear to aspire to employment that will not be too demanding on their time and, most importantly, will allow them to play the role of "the ideal wife" while earning money. Happiness, like freedom, is a matter of individual perception. Most participants said they were happy or believed that they were, including those in a contract marriage, as discussed further below.

While the family is said to be the centrepiece of the Javanese society where children are taught to respect their elders and secure social harmony and other virtues valued among the Javanese (Antlov & Hellman 2005:11), it appears that this was also true among participants representing non-Javanese ethnicities. The main source of happiness for many participants in this study was their family, particularly their children. For example:

Laura (Batak/Javanese): I'm happy because I can make my children happy … it's so wonderful … my children's happiness is the most important thing for

me … what makes me happy is my children.

Ratih (Acehnese): When I became a mother I decided I would not work full time any more. It was of course a difficult decision, but I don't regret it, I don't think it was a wrong decision … it was a decision I took fully conscientiously and without any coercion … I am happy that as a married woman and a mother, I can uphold the values of a family which I believe in.

Nelly (Betawi): The first thing a wife would want is to have a baby. Once she has a baby, she is very happy because she has a 'toy' of her own, she doesn't need to borrow other people's babies.

While the central role of children in women's life was again highlighted in the above quotations from the interviews, two participants said they were unhappy. For example:

Ana (Sundanese, in a contract marriage): I'm unhappy because I am lying to my parents. I am keeping a secret from them. The most important thing for me is to make my parents happy.

Reza (Javanese/Batak, in a polygamous marriage): I have never been happy. I am only happy for my children.

Reza's comments implied a link between unhappiness and polygamy. While the discussion below will reveal that most of the participants in polygamous marriages were burdened by various problems, participants who were not in such marriages also made comments supporting the general assumption that a polygamous marriage is not a happy one.

8.4.10 Polygamy and domestic violence

As discussed in the literature review, polygamy remains relatively common in Indonesia and appears to be increasing (Nurmila 2009 as cited in Parker 2012). As a result of a negotiated compromise that removed the provisions most offensive to Islamic interests, polygamy is not prohibited in the 1974 *Marriage Law* (IMOE n.d.(a.).) although restrictions are imposed on such practices (Brenner 2011).

Most women in this study expressed strong views against polygamy, mainly

because they resented the idea of sharing a husband with another woman. For example:

Melati (Javanese): I don't condemn polygamy. If I were faced with such a prospect, I would allow my husband to do it, but without me. He can engage in polygamy but after he divorces me. I'm a spoilt person. I would be disgusted if I had to share my husband with another woman … him having sex there and having sex with me … it's disgusting.

Qori (Sundanese): It can't be a good thing. It can't be good to be one of somebody's wives … People will talk about you; your neighbours will be asking how come your husband is seldom home and suggest he may be doing this or that … everyone will think negatively.

Darti (Javanese): I don't like it … sharing your husband with somebody else? … no, I wouldn't feel comfortable with that.

Saskya (Minangkabau/Batak): One man is for one woman … I don't think there are women who are sincerely willing to share a husband … Letting a husband have sex here and there … as if there is no other men in this world … better live alone or get divorced.

Nunung (Betawi): I would feel sorry for the first wife because her husband would have to share his income with two wives. So the first wife may not receive enough and her husband probably seldom comes home … Poor children …

Maria (Flores): I don't agree with polygamy. Even if a man says he will be fair, I'm sure that one of the wives will be victimised. It's not fair because why should a man get more when one wife is enough? Basically it simply means that he can't be satisfied by only one wife.

Ossi (Minangkabau): There is nothing good about polygamy … no matter what; I would never be able to accept it. I would be suffering. I am Muslim, but I don't agree that polygamy is allowed in Islam. It is stated [in the Qur'an] that a man can have more than one wife if he can be fair. If not, just one. So, actually, Allah doesn't allow men [to have more than one wife] but reminds them … there is a verse in the Qur'an that says '*no matter how much a man strives to be fair, he cannot be'.* So it is not a religious command … Allah himself said that a man cannot be fair, which means he can only have one wife … Religious teachings are good but sometimes they are wrongly interpreted. People say that polygamy is allowed, but they understand the Qur'an by bits and pieces they don't understand the whole thing.

Ratih (Acehnese): Of course I don't agree with polygamy … talking about polygamy is talking about violence against women … I am still not convinced until today that a man can be fair. How do you measure fairness? If one wife gets 100 000 Rupiah, and another wife gets the same amount, it doesn't necessarily mean that it is fair … it is impossible for a man to be fair, so polygamy should not be allowed… to me if a man engages in polygamy, he

creates a new problem for himself. He puts himself at a disadvantage economically. The more children he has, the more money he will have to spend. It seems that having one wife is already complicated, let alone two wives … I don't think there is any woman who is willing to share a husband … I don't even think there is any man willing to share a wife… if a woman is in a polygamous marriage, I believe she doesn't only think in religious terms, she must also be thinking in financial terms … I'm sure of that.

While Qori was more concerned about what other people might think if one was in a polygamous marriage, which she thought was a disgrace, the above transcripts highlighted two major concerns relating to polygamy, that is, sharing marital sex with other women and a husband's fairness in economic terms towards his wives. As Ratih pointed out, fairness is not measurable. A woman with children obviously requires a larger amount of money than a woman with no child.

Interestingly, Ossi, who was clearly knowledgeable about the Qur'an, was able to cite a particular verse which implies that God actually does not believe a man may be fair towards his wives. The verse reads as follows:

> And you cannot keep perfect balance between wives, however much you may desire it. But incline not wholly to one so that you leave the other like a thing suspended. And if you amend and act righteously, surely Allah is most forgiving and merciful (Surah An-Nisa verse 130).

It was also interesting that Ratih mentioned financial reasons for being in a polygamous marriage. As is revealed further below, polygamous marriages do not always entail financial benefits.

While it was a little surprising that negative comments about polygamy came from women in such marriages, particularly those who were engaged in polygamy against their will, women in contract marriages also held a negative view of polygamy, as is described further on in this chapter. This view was particularly interesting as most women in contract marriages were actually also in polygamous marriages, as also discussed further below.

Nonetheless, a small number of Muslim participants held a more favourable view

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of polygamy because they believed that there were more women than men in the world. This is consistent with the claim by Smith-Hefner (2009) that despite its exaggeration, belief in a significant imbalance in the number of men in relation to women still prevails in society and constitutes an argument often cited by polygamy advocates. While such an argument may have been true during Prophet Muhammad's time, as many men died during the war, current sex ratio for the total population in Indonesia is 1 (CIA 2012 as cited in Social Institutions & Gender Index [SIGI] 2012). For example:

> **Esthi** (Sundanese/Palembang):I think there are more women than men … There are rules governing polygamy according to my religious beliefs. Polygamy is allowed but there are conditions. A man must be fair [between the wives]. Can a man be fair? No, he can't. Therefore it is an abstract concept. Only God can be fair. Not men. The Qur'an itself says that if a man cannot act fairly, he should get divorced. Allah doesn't like divorces, but if people hurt each other, then they are allowed … if everybody in a polygamous marriage is satisfied, then no problem.

> **Wati** (Javanese): I think it is okay because first, it is stated in the Qur'an, and second, there are more men than women … a friend of mine was single, she met with a married man who had a problem because his wife could not conceive. He doesn't want to divorce his wife, but if his wife and the other woman can agree to live in a polygamous marriage, it is ok. But even if they didn't agree, I think a man has the right to have more than one wife … in the past I would not have agreed if my husband said to me that he intended to marry another woman, but my opinion has changed … I got this knowledge recently … it's not fair, is it? [Laughter]

The "recent knowledge" Wati referred to was in connection with the *pengajian* sessions she regularly attended. Unlike *arisan* which was generally viewed negatively by the participants as it is often associated with women gossiping, most participants held a favourable view of *pengajian* which most said they had attended. For example:

> **Farah**: It's good because it broadens your knowledge.

> **Esthi**: It's very useful. It allows us to improve our knowledge and to meet new friends.

> **Harti**: It reminds us to stay on the right path. It helps to keep your spirits up when you're down.

> **Wati**: If you have problems you may find a solution through *pengajian*. You don't have to expose your problem, but often the discussions revolve around problems we are faced with.

As Qur'anic verses are often seen as ambiguous, Muslim people generally attend *pengajian* sessions in order to gain a better understanding of their meaning. Few would suspect that the views of the *ustadz* who lead these sessions may be biased or even untrue. Many do, therefore, accept their interpretations at face value as *ustadz* are considered to have a better knowledge of Islam, as also implied by the participants' comments in the interviews. This corroborates the argument of Argawal (1997) that incorrect perceptions can be institutionalised as social norms. However, Argawal (1997) also claims that, although norms are influenced not only by perceptions, these may affect bargaining power independently of norms. Like norms, she argues, perceptions may be subject to contestation and change.

Melati (who has no biological children) was one of a few participants who doubted the impartiality of *ustadz*, as she felt strongly that the quality of *pengajian* depended very much on the *ustadz* who led the sessions. When speaking about her own experience, she sounded irritated. She said:

> I was told that a household is blessed if it is complete, which includes having children. Without children, you can't go to heaven because being childless creates problems … An *ustadz* should look at the religion from all sides"

Although Melati clearly disagreed with the *ustadz*, the fact that she adopted a child suggests that she also believed that a household without children is incomplete, as already discussed above. Furthermore, according to the *Marriage Law No. 1/1974* (IMOE n.d.(a.).), having a wife who is unable to conceive is one of the approved reasons for a husband to engage in polygamy, as mentioned earlier. This, according to Amnesty International (AI 2012), implies that it is a woman who is to blame should a married couple not have children – which is a medically unfounded assumption – and stigmatises couples who are unable to become or decide against becoming parents, either temporarily or permanently. This was probably

another reason for Melati and her husband deciding to adopt a child.

Regarding domestic violence, two of the women in the polygamous group experienced alleged abuse from their husbands, although for Reza the abuse was unrelated to polygamy as such. Reza's husband became abusive during her second pregnancy. Her narrative demonstrates the control her husband exerted over her and their children and how she turned to her faith for comfort. She said:

> I almost killed myself ... he said I should sell our babies … when I was eight months' pregnant with my second child, we had a fight … he hit me, kicked me in the stomach, kicked my head with his shoe on … I told my father right away and he summoned my husband. He told him: *"If you don't like my daughter any more, you should divorce her, don't torture her like this."* He said: *"I'm sorry; I will never do it again."* But he did. He even burnt me with a cigarette butt … He gets violent when he's angry … even in front of his friends … when I asked him for more money he would say: *"Do you think you're my only wife?" He* punched me until I turned black and blue … I wanted to report him to the police but didn't know how … and then I carried out *istighfar[36]*. I decided there was no need to report him. God will avenge me.

Dira, whose husband was also abusive, had other reasons for staying in a polygamous relationship. She said:

> For little things he would hit me. Sometimes with a shoe, other times with a broom … I want to leave him but I don't want to have a failed marriage for the second time ... I have stayed put, thinking that he would change, but now that my daughter is 3 years old, he has not changed. … My parents are tired of hearing about my abuse … they once said I should just file a complaint at the police station but I feel sorry for him …. Besides, if he goes to prison, who is going to provide for my daughter? … It's difficult to be a woman. If I get divorced, people will be gossiping about me. My neighbour has such a big mouth. So I never go out, I just take care of the children …

Thus, for Dira, the prospect of losing her husband's financial support and perceived stigma associated with divorced women were strong deterrents for a divorce. Although changing expectation toward marriage or increasing options

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[36] The meaning of *istighfar* is to plead to God that no human weakness shall be manifested. It is believed that God shall safeguard the supplicant against his or her natural weakness and bestow upon him or her power, knowledge and enlightenment (Ahmad 1979).

may lead some women to postpone or even avoid marriage, marriage in Indonesia remains a desirable state for most women (Situmorang 2005). As a result, being a divorced woman or a single mother carries social stigma. While Dira's husband did not make enough money, gambled away the household's meagre income and gave her Rp 20 000 (US$ 2) a day, she was not allowed to work. The researcher further probed this issue, but Dira was not sure why her husband forbade her to work, although she thought that it was a matter of pride. She believed that having a working wife was regarded as implying that a husband did not provide sufficiently for his family. Whereas such perceptions might be present, it was also evident from the narrations that husbands in these unions exerted complete control over their wives' activities both inside and outside the home. The researcher does not wish to leave the impression that there is a greater incidence of domestic violence and abuse in polygamous unions than in monogamous ones, but the data collected from the interviews suggested that most women in polygamous marriages seemed to have little autonomy and stayed in such marriages despite financial problems, tensions with other wives and abuse, as further discussed under sub-section 8.5 below.

Two participants said that domestic abuse should be reported to the authorities. For example:

> **Siska** (Javanese): If that happened to me, I would go to the police. I don't tolerate violence or anything that has to do with abuse or violence. I would revolt if the person who enacts violence is my own brother. Violence can be physical and non-physical. Intimidation is also a form of violence. I wouldn't spend my life with a husband who says mean things to me or abuse me physically.

> **Ratih** (Acehnese): They must report it to the police and then ask themselves whether they still want to be with their husbands. If not, they'd better get divorced. If yes, they must make a choice consciously. So, what's important is to make a choice consciously … because it's difficult to change characters… violence is about character too because it tends to happen over and over again … I've heard it said that where you're hit by your husband, you will not be touched by the fires of hell [laughter] … I'm serious. A husband is head of the family, he is an exemplary figure, so women must listen to their husbands … a lot of people believe that, which is why many women keep quiet.

Farah (Acehnese) believed that such a belief stemmed from wrong interpretation. She said:

> There are no bad influences from Islam, except wrong interpretations. People say that men can beat their wives as long as the beating does not leave any marks, as mentioned in *Surah Anisa*. In my understanding, a beating, therefore, should not cause pain because pain is also a mark. So within such a context, a man cannot beat his wife … we should also think about polygamy in those terms … so it's a matter of interpretation … another interpretation is men are allowed to hit their wives if they are annoyed, but not on the face (laughter) … it is also said that women, when they sleep, should not turn their back to their husbands but husbands are allowed to do that. It's not fair; it should be the same thing. As far as I'm concerned, whatever is being compelled to widows or women in general, also applies to men.

Farah was referring to the second part of *Surah An-Nisa* verse 35, which reads as follows:

> And *as for* those, on whose part you fear disobedience, admonish them and leave them alone in their beds, and chastise them. Then if they obey you, seek not a way against them. Surely, Allah is High, Great. (Surah An-Nisa verse 35).

The above verse, like many others, is open to a wide range of interpretations. Other respondents preferred to examine each case of violence against women objectively. For example:

> **Ossi** (Minangkabau): I don't blame women who are abused, and I don't blame the men either. I prefer to examine the real problem. If a wife behaves properly, the husband would not do that … sometimes it is due to a lack of understanding about the religion. All religions teach good things. If a woman experiences abuse, she has to tell her parents quickly, not keep quiet. She should not worry about what her parents would say what her neighbours would say, or be afraid of being cast out. She tends to take actions that she thinks are good but may not be to her benefit. She should discuss it with her husband, and tell her parents. I'm sure the problem can be settled, but outsiders should not know. .. I think a woman can also bring the problem to the attention of the National Commission of Human Rights or the police. We have to examine each case. A woman can also be wrong. If a rape happens, we cannot automatically blame the men. Maybe the women were also responsible, maybe they were drunk, maybe they did things that incited those acts of violence.

> **Wati** (Javanese): We have to examine why the husband does what he does to his wife … we have to do some introspection … unless that happens after we have improved our behaviour, but if the problem is with the husband, we

have to report him or end the marriage if necessary … If he can't change, it's not good for the children as well … First there should be discussions between the couple or they may seek counselling before reporting the abuse to the police.

Others, still, said that it was up to the women how to handle domestic violence. For example:

Andika (Javanese, in a polygamous marriage): It depends on the women. If they can live with that, they can maintain their marriage, but if not, they will rebel … My sister in law was experiencing domestic violence. Her husband, who is an *ustadz*, was abusing her. Only recently, when he shoved her to the wall until she broke her teeth and nose, did she have the courage to report him to the police … Two days later, her husband and my husband, who are brothers, signed an agreement in which her husband promised to never abuse her again … Thank God the incident didn't happen again."

Nuky (Javanese, in a polygamous marriage): They must get out of the house; get out of their husbands' life. Must. Once it happens, that's it. If you let it, it will reoccur.

Melati (Javanese): If a woman experiences violence from her husband, she should retaliate so that her husband would be afraid to hit her again … Domestic violence occurs because of what we do sometimes … perhaps the husband was having a problem but the wife doesn't show understanding …

Farah (Acehnese): It depends on the degree of the abuse, but they must first discuss it with their families, that's the best thing to do. A lot of women keep quiet and then they show up black and blue.

Esthi (Sundanese/Palembang): They should consult … they should not let it happen passively … the problem needs to be solved, although not necessarily by divorcing. They should seek the advice of their parents, ask them to give advice to their husbands, do something, before deciding on a divorce.

Deny (Javanese): They should report to the parents. But if the husbands continue to be abusive, they should ask for a divorce.

The talk about domestic violence as exemplified by these quotations underscores the notion that women bear the burden of defending the image of the family as a harmonious unit at any cost (Munir 2005). It is also clear that for many participants, the opinion or advice of their parents continues to play an important role, even in their adult lives.

The above comments underscore the incongruence between the kind of self-assertiveness, autonomy and independence asked of a female victim of domestic abuse on the one hand, and the value of the family as a collective that should be kept intact and not spoken about negatively on the other hand. This reflects complexity in terms of making a decision that does not fall under the either/or logic, as it is obvious that the women were confronted with the necessity to negotiate between their self-interest and the wellbeing of their family.

8.4.11 Gender equality

It has been mentioned that women in this study did not mention the value of unpaid domestic work – a burden which many of them wholeheartedly assumed soon after their marriage. Few participants, other than those who were involved in activism, were familiar with the term "gender equality", let alone the principles underlying the ideology. Many thought that women in this country did not have equal rights with men, but some were not sure whether such principles were applicable in Indonesia, where taking care of children was widely perceived as women's primary role.

> **Farah** (Acehnese, activist): In practice, gender equality is not applied yet in this country although there are regulations. Fulfilling the 30% women quota [in the legislative body] yes, but not in other fields, especially private companies. When applying for a job, for example, women candidates must be single, whereas men are not imposed such restrictions. So it's not fair … I have friends who are both in the legislative body (husband and wife). When they have meetings in the evening, the husband would tell his wife to go home to take care of their kids, whereas she was also supposed to attend the meetings.

> **Wati** (Javanese): I don't think that men and women have the same rights in Indonesia. But I believe that it is better for women to stay home. Women do not have the same physical capabilities as men … People have different orientations. For some, the aim of life is to accumulate wealth. For others, children are their priority. We can't measure gender equality based on Western concepts because we have a different vision… Our informal education may also have affected our opinion. Parents used to say that girls do not have to be highly educated because they will end up in the kitchen. But parents may have said that because they had financial constraints, so

they had to prioritise their sons' education.

Harti (Javanese): I don't agree that men and women should be equal. In my opinion, a woman should spend most of her time at home rather than outside the house. According to the religion, if a woman goes out she has to be accompanied by a *mahram (*non-marriageable men) … well, I still go out alone sometimes but I try to minimise it. If a woman wants to work, her job must fit around her responsibility as a mother. She can't just let her servants take care of her children. She is accountable not only to her husband or her children but also to God.

Emma (Acehnese, working woman and activist): There are efforts [to attain gender equality] … if not yet achieved, then it should be … Women can do the same thing as men, but as long as they don't neglect their *kodrat* as a woman.

Ossi (Minangkabau, activist): I don't disagree with the principles of gender equality, but I wouldn't take them literally. What I want is for women to be educated so they can understand their role. Don't tell them to be equal with men because they would be confused. They might make the wrong assumptions. I think there is gender equality in Indonesia. Women can work, they can be involved in politics … but I don't agree with the 30% quota because if equality is what you want, there is no need to determine such a quota … Even 30% is difficult to fulfil because women are not ready. I was recently offered by 3 different political parties to be their legislative member because they could not fulfil the quota requirement. Women are not psychologically ready to be in the legislative body. So don't ask this or that, but get them ready so they can enter those fields … Some women want equality but they are not willing to do things that are usually done by men. Women often want to be given the same position as men. I think what they actually need is to be recognised as women, not to be discriminated against. For example, if men and women are equal, can a woman climb a coconut tree? Can she carry heavy loads? … So just appreciate women. Women generally want to stress their differences. For example their softer side, including me … They want to maintain their position as a woman. If they don't work, probably that's because they are happy with how things are going on with them. It would be difficult to change their culture. But challenge comes only from a small group of women. Not all of them.

It appeared, from the above quotations from the interviews that gender equality as it was understood in the West was not a well-received notion among the participants, even among those who were activists. This corroborates the argument by Adamson (2007) that the concepts of gender and feminism, considered by many Indonesians as Western ideologies, are associated with concerns that globalisation and Western-style modernisation will lead to the breakdown of the family by encouraging women's agency. Furthermore, the generally perceived women's unitary role as wife and mother also made it a little

surprising that few women in this study had heard of the term "gender equality".

The transcripts below about the division of labour at home and in society show further that men and women were not perceived as equal, but that such inequality was expected as the participants believed that there were innate characteristics for men and women that were fixed and could not be changed (referred to as *kodrat*), which correspond to men's and women's perceived respective responsibilities. This finding corroborates the view of Yuliandrasari and McGregor (2011) that the idea of *kodrat* has become a set of norms dictating the behaviour of women and men, and that social sanctions are imposed upon those who act against their *kodrat*. These authors further argue that the media continues to emphasise the negative impact of denying women's *kodrat* while providing choices for Indonesian women to conform to the idea of the modern woman.

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> **Wati:** Division of labour is actually not fair, but I know that the household is the responsibility of a wife, while a husband's is to earn a living. He is of course tired, so that's okay [if he doesn't help out with domestic chores]. If the wife works, the family is better-off financially so they can hire servants; but the wife must still manage the household.
>
> **Melati** (Javanese): Because it's clear that earning money is a husband's responsibility, I feel that it is my responsibility to take care of the household. Besides, it's a hobby of mine to take care of the house.
>
> **Emma** (Acehnese): In Aceh, the responsibilities of a husband and those of a wife are clearly defined. In general, child care is the responsibility of the wife. In Java you see men carrying babies, but not in Aceh … I think division of labour is fair because it is based on habits.
>
> **Ossi** (Minangkabau): Division of labour may not be fair but I think it is okay. I don't mind cooking so I don't consider that as discriminating. Most Minang women would not complain about this although some feel obligated. They think that if they don't do this or that, their husbands may buy sex or get involved in extra-marital affairs.

As seen above, the participants' perceptions about the division of labour were consistent with notions of the ideal wife and husband as promoted by the New Order regime. Although considered somewhat unfair, the current division of labour was generally deemed acceptable. Only few expressed the wish for change. For

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example:

> **Siska** (Javanese): I wish men would also do domestic chores. Even if we have servants, we should still do some work. I still cook and help the servants; I don't just lay back and let them do all the work. I wish my husband would do that too, not just give orders. But he's Javanese. He considers that servants must be subservient. I'm not like that because I was educated differently. My father always said that if we can do the work ourselves, we should do it. So it's a matter of education (they received at home) … My husband is a grown up man, he has a wife, but he still wants to be spoon-fed.

For some women, a seemingly positive point in being responsible for the household was that they were in charge of the family's finance and were often the main decision maker in matters relating to the household. For example:

> **Laura** (Javanese/Batak): I decide on the day-to-day stuff. On specific things, decisions are taken with my husband. For example, when a relative needs money from us.

> **Harti** (Javanese):My husband gives me money and I manage it.

> **Nelly** (Betawi): I make all the decisions. My husband doesn't interfere. He is only concerned about working, eating, sleeping, and taking care of our daughter.

> **Qori** (Sundanese): I decide about the household's expenses but most other decisions are made together. We make suggestions to each other and decide together.

It was interesting to note that, although not all the women quoted above were from Javanese ethnicity, they managed their households and controlled spending in a way that is customary among Java's matrifocal families. In such families, the woman is believed to have "more authority, influence and responsibilities than her husband" (Geertz 1961 as cited in Robinson 2009 & in Adamson 2007). This implies that influences from the Javanese culture have penetrated others, although some forms of Javanese *adat* may have been abandoned as they are regarded as violations of the Islam religion.

While social norms resulting from the intersection of *adat* with the Islam religion as

well as the implications they bear on women have been discussed in detail above, the following sub-themes focus more specifically on topics associated with the Islam religion.

8.4.12 Wearing the veil

It seemed that probing the participants' perceptions about the wearing of the veil (locally known as the *jilbab*) was important, mainly because this study sought to understand the influence of the Islam revival movement on the women based on their lived experiences. Other reasons included establishing whether the wearing of the veil still meant the same thing for women after the collapse of the New Order regime, as it is said that Islam's appeal to veiled women is about critiquing the gender ideology of the corrupt authoritarian government as well as rebelling against local gender ideologies (Brenner 1996 as cited in Jones 2007); exploring whether it is still a method employed by women to demonstrate that pious practices can be used to control their bodies (Rinaldo 2008b); and investigating whether veiled women are mere victims of patriarchal interpretations of the religion, as widely perceived.

As mentioned in the literature review, the *Sharia* law has been enforced in the province of Aceh as a result of the decentralisation process which offered more authority to regional governments. One aspect of the *Sharia* law that has been highly contested by human rights groups is the law imposing dress codes on its citizens, which proves a great deal more restrictive on women than on men (HRW 2010).

While most women in this study were against a regulation that would require Muslim women to wear the *jilbab* (a veil bound tightly around the head so it covers head and neck without letting any strand of hair be seen), the three participants from Aceh covered their heads when they came to the interview. Emma and Farah wore the *jilbab*, while Ratih wore a scarf loosely tied around her head. It was

interesting to see that even in Jakarta, where women are not required to wear the veil, these women kept their heads covered. What were their reasons?

> **Farah**: Wearing the veil has a particular meaning for me … I feel pretty when I wear it [laughter] … I feel safe when I wear it … maybe because I have been wearing it since I was young … so I don't feel safe if I don't wear it.

> **Emma**: If you are used to wearing the *jilbab* since you are young, you would not feel comfortable taking it off when you grow older … I started wearing it since I was 17 … My parents didn't tell me to wear it, they only told me to get educated about it … when I see a woman wearing the *jilbab*, I tend to think that she is a pious Muslim … but a woman who wears the *jilbab* must also behave properly …she has to show it, act accordingly … in Islam it is clear when a woman has to start wearing the veil, but it really depends on each person.

> **Ratih**: To me, wearing the veil is a personal choice. You'd wear the veil if you feel safe wearing it … anything that is forced upon you will not lead to good results …some people wear it only because they are afraid of being arrested … it should be done through education … if you talk about Islam, you are not just talking about how to dress … many people in Aceh still engage in corruption, sexual harassment, sexual violence… Is that part of *Sharia*? So why fuss about how a woman should dress, about forbidding dancing or straddling motorbikes? …so to me, there are more urgent things to be done, which are also part of *Sharia*... it's about political interests … If religion is made as a part of the law, it also acquires a political nature … religions should be left to each individual.

Clearly, wearing the *jilbab* can feel natural for women who grew up in a society where covering their heads was the norm for women and, therefore, had become a habit. However, regional regulations on dress codes may directly discriminate against women, in intent or impact, or against minority groups (Komnas Perempuan n.d. as cited in AI 2012), given that other women living in Aceh, for example, may not have had the same upbringing as the participants cited above and, therefore, may not have acquired the habit of covering their heads, or may have come from other regions where wearing the veil was not the norm.

Comments among non-Muslim women regarding the wear of the *jilbab* by Muslim women were as follows:

> **Saskya** (Protestant, former Muslim): It's okay for women to wear the *jilbab*; it

makes them feel safer, for example in public transportation, compared to women who wear sexy clothes. But there are bad girls who wear the *jilbab*. If you wear the *jilbab*, you have to behave accordingly, because your bad actions would discredit women who wear it.

Laura (Protestant): It would not be good to implement such a regulation because this is not a Muslim country. It's useless to force women to wear the *jilbab* if it doesn't come from their heart. It would be hypocrite.

Maria (Catholic): To me, it's very good for women to wear the *jilbab* because it covers parts of their body that have a sex appeal. But if a woman wears the *jilbab*, she must behave accordingly … a lot of women wear the veil but they don't behave accordingly … you have to be psychologically ready to wear it because your attitude, your behaviour must correspond to your image. You have to adapt your behaviour to fit the image you project.

Clearly, the idea that one's appearance should conform to one's behaviour was common among the non-Muslim women. However, Muslim women who did not wear the veil also shared this perception:

Fanny (Betawi): I'm not ready to wear it. If you're a Muslim, you have to be ready to wear it, but I'm in a contract marriage. It wouldn't be right for me to wear it. Later, when I have a proper job.

Alysa (Javanese): Not everybody looks sophisticated wearing the *jilbab*. It's better to be not wearing it but well-behaved, rather than wearing it but behaving badly. I would agree with the regulation but I'm not ready to wear a *jilbab*. You have to act in accordance with what is implicitly required when wearing the veil.

Avi (Sundanese): A lot of people wear the *jilbab* but it is just a mask… there are women who wear the *jilbab* and then at night they go to a discotheque and take it off … These days you seldom find decent people … I don't agree with such a regulation. If you can't behave accordingly, it's better not to wear a *jilbab*.

The participants quoted above were women in contract marriages. It was interesting to note that, to some extent, they admitted to being in an "improper" situation on account of their status as contract wives, which they perceived as at odds with their vision of women wearing the *jilbab* and its implications. Ana, quoted below, is the only woman among this group who wore a veil. Unlike other participants in such marriages, she did not have morality issues. She was wearing the *jilbab* simply because it was a habit she had acquired when she was young.

She said:

> I wear it because I don't feel comfortable when I don't wear it … wearing it was part of my education when I grew up. My mother was also wearing it … I wasn't allowed [by the management of the restaurant] to wear it when I was working as a waitress, so I wore it to and from the restaurant … I would agree with the regulation but not everyone would … women are now influenced by the Western culture … teenagers now wear hot pants.

Ana's comments, therefore, supported those of the Acehnese women who said that wearing a veil was a matter of habit one acquired when growing up. For these women, therefore, it was a cultural issue rather than a religious one.

Morality issues associated with the veil were also prominent among women in polygamous marriages:

> **Dira** (Sundanese): I wouldn't agree to such a regulation… what's the use of wearing the *jilbab* if you're not morally pure? It would be very bad to wear the veil as a mask … pretence …

> **Rossa** (Sundanese): If a woman wears the *jilbab*, you'd think she's a good person, praying 5 times a day … sometimes women wear it only because they want to. I wouldn't agree to the regulation because it's useless to wear *the jilbab* if your heart is not ready.

> **Nadia** (Javanese): I think a lot of women wear the *jilbab* because it is a fashion trend… or they want to give the impression that they are pious. Many friends of mine wear the *jilbab* but they take it off when they go to Bali. What do you think of that? … I don't judge them though … I can see that in Jakarta more and more women are wearing it … they say that when you have entered menopause, you don't have to wear it any more, but I don' understand why … why wear it in the first place? … Unless you want to cover your greying hair. It is of course a woman's right to wear it, but there's no guarantee that such a woman is better than me.

> **Reza** (Javanese/Acehnese): A *jilbab* is not a guarantee [of good behaviour]… not everyone wearing the *jilbab* is a good person. I want to wear one when I'm ready, when I can do it whole-heartedly, not only as a mask. That would be a sin. I wouldn't agree to such a regulation because if you sincerely want to wear it, you have to do things sincerely too. Otherwise it would be useless.

> **Nuryati** (Sundanese/Betawi): A lot of people wear the *jilbab* as a mask… You are not supposed to cover only your *aurat*, but also your heart… I want to wear the veil but my heart is not ready … my heart is tainted. It would be

useless to wear the *jilbab* as a mask. I wouldn't like that. The *jilbab* must represent your actions and your heart … I wouldn't agree to such a regulation. It would cause pros and cons … baby girls may be obliged to wear the veil whereas they wouldn't even understand why …

Aurat refers to body parts that are to be hidden from public view. This word often came up during the discussions about the veil and will be discussed in more detail below.

Andika and Lana (quoted below) were the two women in polygamous marriages who wore the veil. They said:

Andika (Javanese): The *jilbab* keeps us away from evil men. After I was separated from my husband, I did not get respect from some men, they would call me in the middle of the night, commenting that I haven't had sex for a while and asking me to have sex with them … but that has changed now … The regulation would be good for those who agree with it. You may be a Muslim but not agree with it … it's okay to wear it if you feel comfortable.

Lana (Javanese): I wear the *jilbab* only when I'm outside the house … because it keeps me cool from the heat … I still can't wear it when I'm home, when I have to do the laundry … I wouldn't agree to the regulation because it has to come from your heart, otherwise you'd be playing the *jilbab*.

The above comments from Andika reflect somewhat common perceptions in Indonesia that women victims are considered the responsible party in the sexual violence they experience, thereby perpetuating the impunity of the criminals (Komnas Perempuan n.d. as cited in AI 2012). Among the women who wore the *jilbab* and were not in contract or polygamous marriages, comments regarding such a regulation were divided and even among those who agreed, most were aware that the regulation would not be acceptable to everyone. The women were also asked to clarify their reasons for covering their heads.

Wati (Javanese): I felt I had done a lot of mistakes, committed sins, and God has given me a warning. I lost my second child … After I covered my head, I was able to restrain myself, my yearnings, my desires … For example you go shopping and buy things that are not useful. Sometimes you buy them just because you can afford them. That in Islam is forbidden … I did not listen to my husband, did not pray 5 times a day … now I'm ashamed of that because I wear the *jilbab*. It helps us to not do bad things, to correct our behaviour … it

also allowed me to select friends who have a good influence on me … things have become better ... I would agree to the regulation because the Qur'an says that women must cover their *aurat* ... If God has instructed women to cover their *aurat*, there must be a purpose. The objective is to make Muslim women identifiable and to keep us safe from irresponsible men … men may want to touch girls who wear sexy clothes which reveal their breasts. This kind of clothing is actually demeaning for women but women are sometimes strange. They are proud to show off part of their bodies that should be hidden.

Harti (Javanese): I wear the *jilbab* since I graduated from high school. I read a lot of books and understood that it is an obligation for Muslim women … I refused to wear it when my elder sister told me to … The veil shows that I am a Muslim and so I feel obligated to be a better person… people who wear the *jilbab* must behave accordingly … I would agree to the regulation because it would mean that the government has understood it is an obligation for Muslim women … some women may not want to wear it, but once the regulation is effective, it would help them to be better people, better Muslim women.

Darti (Javanese): My husband asked me to wear the *jilbab*. I started wearing it when I was pregnant with my first child, when I was working the night shift … I didn't want to in the beginning, but I did it for the sake of our family's harmony … besides, the Qur'an also tells women to cover their *aurat*. I would continue to wear it because it has now become my own intent.

Melati (Javanese): I would agree to the regulation but not everybody would respect rules. The Qur'an says that everyone is given a choice in life. Wearing the *jilbab* must come from one's heart. I can tell my family or my children that wearing it is compulsory, but if you don't want to wear it, that's your business. My father used to say '*You can lie to me but not to God*' ... but the *jilbab* is not a barometer to measure whether or not a person is good. Many women wearing the *jilbab* get pregnant outside the wedlock … they don't have a good understanding of Islam.

Siska (Javanese, former Protestant): Something inside me told me that I should wear it. My husband says it's a religious obligation for Muslim women. Many of my Muslim friends don't wear the *jilbab*, but it is up to each of us … I'm a newcomer in Islam, whereas they have been Muslim since they were born… I was afraid I made a bad decision [wearing the *jilbab*]. I wondered why I have been facing more temptations since I wore it. There were times I felt like taking it off … I guess it is a test for women who wear the *jilbab*, not just me. Wearing the veil is supposed to make u closer to God, but in fact it is meant to make us even closer to God.

Ossi (Minangkabau): It is a religious requirement and I feel comfortable wearing it … In Minang we are required to wear a scarf to cover our head, whereas a *jilbab* is required in Islam… [But] I am not a fanatic, it is okay if women don't wear it, and it's their individual rights. I would never tell people to wear the *jilbab*. It's one's right to decide… it's between us and God. It's an individual responsibility.

> **Esthi** (Sundanese/Palembang): I wear the *jilbab* since I was 30. I had to travel a long distance and felt that I had to do something [to keep me safe]. My father was in a car with 6 relatives and the car ran into a bus, killing everybody except my father. So I thought that unexpected things may happen during my trip. If something happened during the trip and I had to face up to God, I would already have fulfilled my religious requirements… [But] the regulation [requiring women to wear the *jilbab*] would be problematic… If the government issues such a regulation, it means that it has adopted the *Sharia* law. Therefore the government will have to implement the *Sharia* law in its entirety, not just about the *jilbab*.

Clearly, for many participants, in particular those representing the Javanese ethnicity, reasons for wearing the *jilbab* were mainly religious. This appears consistent with the view that veiling is a method used by women to demonstrate how they attempt to discipline their bodies through pious practices (Brenner 1996 as cited in Rinaldo 2008b). This bodily discipline, according to Brenner (1996 as cited in Rinaldo 2008b), can be seen both as a rebellion against local gender ideologies and the gender ideology of the Soeharto regime. While it is clear that wearing the veil is no longer about critiquing the gender ideology of the New Order government, whether it may be seen as a rebellion against local gender ideologies is not that evident.

The idea that the *jilbab* also serves to distinguish Muslim women from non-Muslim is also interesting, in that it suggests that women are proud to show off their Muslim identity by covering their heads. Probably, this is because the ideal Indonesian woman, according to Rinaldo (2011), is portrayed as intelligent, moral and on the religious side she is *shalehah*, which means modest, pious, and obedient to Allah.

Below are comments from the Acehnese participants regarding the *Sharia* law which requires women to wear the veil as part of their Muslim wear. All these women were working women.

> **Emma** (40): Acehnese women have traditionally worn a scarf around their head, but after the implementation of the regulation, all women are required to wear the *jilbab*.

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Farah (26): From the religious point of view, it is not such a good thing because there are disagreements about the veil even among Muslims … to me it is a cultural issue. As you know, Acehnese women are assumed to be wearing the veil although during Sultan Iskandar Muda's time, women weren't covering their heads. But culture ... and stigma … formed the view that if you're an Acehnese woman, you must be wearing the veil, whereas this, in my opinion, was actually never a requirement ... most women in Aceh were wearing the veil before the regulation, but the regulation became a problem for those who weren't covering their heads because they were not used to it. They were forced to wear the veil… the government went too far. The regulation should have only stipulated "appropriate wear" and we, as Eastern people, would have understood that.

Ratih (31): The regulation actually stipulates "Muslim wear". Since covering the head is part of Muslim wear for women, the veil therefore became mandatory … but it has led to multiple interpretations. Some people thought it meant that you are not supposed to wear body-hugging clothes … if you wear jeans, of course they would fit tightly, but if you're skinny, the jeans would not look so tight … so, how do you measure that?... these multiple interpretations have spurred mass brutalism … many Muslims think they know best about how to interpret the regulation, so this is quite worrying … it has led to a high degree of intolerance in society.

"Muslim wear" was thus imposed on everybody in Aceh and those coming into Aceh, including foreigners. Lately, however, Emma noticed that some Acehnese women no longer covered their heads or wore only a scarf around their heads, which seemed to imply that the regulation was beginning to be loosely implemented. However, according to Ratih, a number of women who were not wearing the veil were still arrested during sweeps, and this also caused confusion because these women were not treated equally. Some were sent to the *Sharia* Council or to the *Sharia* police station, while others were let go after having been lectured. She said:

It creates restlessness … Some people would think it is okay not to wear the veil because others who were caught not wearing it were let go, while other people would judge women based on how they were dressed. They would say to a woman: "*Why are you dressed like that? Where do you think you are?"* … so it is the female body that is at stake.

While the regulation on the mandatory wear of the *jilbab* by women in Aceh was seen as discriminatory mainly because even non-Muslim women were obliged to

abide by the rule, Ratih's comments above reflect concerns about discriminatory practices associated with the inconsistent implementation of the regulation and the way the regulation appeared to incite men to judge women in terms of their dress.

More significantly, the above comments show that veiled women were not always mere victims of patriarchal interpretations of the Islam religion, because wearing the *jilbab* could also be seen as a cultural choice women might have made.

8.4.13 *Aurat* – the Qur'an and the hadiths

In the above discussions, wearing the *jilbab* as fulfilling the Islamic dress code for women was established, as well as the women's perceptions of its moral implications. A large majority of the women stressed that being veiled was in conformity with the religious obligation to cover their *aurat*. Discussing how women perceived the meaning of *aurat* seemed important because of its implications on their perceptions about their sexuality, since the logic behind covering one's *aurat* was the perceived necessity for women to deter sexual advances or even unwanted desires from the opposite sex. While there is no equivalent word in English, *aurat* is understood as parts of the body that should not be shown in public according to the Islam religion. The Qur'an describes *aurat* as follows:

> And say to the believing women that they restrain their eyes and guard their private parts, and that they disclose not their natural and artificial beauty except that which is apparent therefore, and that they draw their head-coverings over the bosoms, and that they disclose not their beauty save to their husbands, or to their fathers, or the fathers of their husbands or their sons or the sons of their husbands or their brothers, or the sons of their brothers, or the sons of their sisters, or their women, or what their right hands possess, or such of male attendants as have no sexual appetite, or young children who have no knowledge of the hidden parts of women … (Surah Al-Nur verse 32).

It is clear that female sexual organs must be covered; yet the Qur'an does not specifically mention other body parts that are also to be concealed. Perceptions about *aurat* vary even among Muslim populations. In Saudi Arabia and many countries in the Arabian Peninsula, for example, most women wear a *niqab* or

cadar which is a cloth that covers their face as part of a veil, leaving only their eyes exposed.

According to Nisa (2012), face veiling was visible in Indonesia from the 2000s when the involvement of female students in factions of the *Salafi* movement became obvious. While members of *Salafi* communities are mostly students in well-known state universities, rather than in Islamic state universities, this purist movement is mainly inspired by the Saudi style of Islam (Nisa 2012). For Nisa (2012), the women's capacity for exercising a specific type of religious agency and their struggle to reconstruct their religious identity are revealed in their lived experiences and the process of negotiation with respect to wearing the *cadar*.

On the other hand, the above Qur'anic verse is specific as regards men that women are allowed to show their *aurat* to. These men are generally referred to as *mahram*, meaning "non-marriageable men". In Islam, there are two groups of people in society, that is, *mahram* and *non-mahram* (Rashidian 2007). *Non-mahram* or "men or women with whom an Islamic adult person can marry", according to Rashidian (2007), is the most determinant factor of social character formation in an Islamic society. It has created a culture which influences not only dress code but also a variety of social behaviours.

Considering that the above verse specifically mentions covering head and bosoms while the "private parts" of a woman that are to be kept hidden from public view are not explicitly defined, it was little surprising that the women's answers regarding the definition of *aurat* were not uniform. Many specifically referred to the face and the hands as body parts that were not part of *aurat*. For example:

> **Harti**: *Aurat* is parts of the body that should not be shown, that other people should not see … Only the face and the hands can be seen by other people.

> **Melati**: *Aurat* is parts of the body that should not be shown. For women, the face and the hands are not part of her *aurat*. When we do our prayers, our *aurat* should also be covered. We dress nicely when we go to work, so why should we dress less appropriately when we are meeting with God?

Wati: *Aurat* refers to parts of our body that can become bad for a woman if they are shown … That's why God wants us to cover them … rapes happen to women who don't cover their *aurat* … *Aurat* excludes our faces and hands.

Darti: *Aurat* is our body.

While for Darti there is no differentiation between body parts and her body, Wati's comments quoted above again reflect perceptions that women victims are considered responsible in cases of sexual violence they experience (Komnas Perempuan n.d. as cited in AI 2012). Similar comments appear again below. When asked why she thought women in Saudi Arabia were covering their faces, Harti said:

> Well, it depends on individual perceptions, but according to the Qur'an, women's body parts that may be shown to the public are only the face and the hands.

From Wati's interview, the discussion about *aurat* and women's religious devoutness elicited the following response:

> That's why I said the Qur'an is our life guideline, it has to be read. Otherwise we wouldn't know and our life would be a wreck … Say you buy a washing machine. If you don't read the instructions, it will break pretty quickly. Same thing with the Qur'an. Everything is written there. If you don't read it, you wouldn't know the rules of life, you wouldn't know whether the way you live your life is right or wrong.

It was of course curious that the above participants seemed absolutely sure that specific instructions concerning *aurat* were written in the Qur'an, while they are not. Other participants referred to sex appeal when describing *aurat*. For example:

> **Siska:** *Aurat* refers to parts of the body that have a sex appeal.

> **Esthi:** *Aurat* is parts of a woman's body that can incite certain emotions in men if they are uncovered, and can lead to bad things … parts that have a sex appeal. In my opinion the face does not have to be covered because it is where our five senses are located. These are human body parts that have a specific function, the eyes to see, the nose to breathe, the mouth to speak …

but there are limitations. Although these may be uncovered, we have to ensure they are well-behaved.

Esthi's reference to "well-behaved" body parts should be interpreted to mean "in a restrained manner". For example, according to Islamic beliefs, when a man sees a beautiful woman, he is supposed to lower his gaze (Quran.com n.d.). A man may not look at a beautiful woman's face for a long time or for a second time as he may become aroused.

While much of what is written in the Qur'an appears to be open to interpretation, most Indonesian Muslims refer to the *hadiths* [37] for such interpretations. The *hadiths* are a collection of alleged rituals and oral traditions of the Prophet Mohammed that was recorded after his death. For a Muslim, they constitute a secondary document after the Qur'an (Meherally 2001). The *hadiths* are associated with controversies and criticism, mainly because they were crystallised into written form only after two hundred years of transmission and circulation. This has raised questions both from modern Western scholarship and from Muslim circles with respect to the historicity and authenticity of the hadiths (Esposito 1998; Malik n.d. as cited in Meherally 2001). By the ninth century, the number of traditions had grown into hundreds of thousands. They included forgeries by factions involved in political and theological disputes and pious fabrications by those who believed that their practices were in conformity with Islam (Esposito 1998), although each *hadith* is said to have been tested for authenticity and recorded only after it was proven reliable, while those considered inauthentic were discarded.

To the question of whether they agreed with various *ustadz*'s statements that the correct practice of Islam is based on both the Qur'an and the *hadiths*, participants answered as follows:

> **Wati** (Javanese): Of course I agree. Islam is based on the Qur'an and the *hadiths* … The Qur'an says that the Prophet is the most exemplary believer.

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[37] *"Hadith"* literally means an account or a report (Meherally 2001).

He practised Islam based on the Qur'an and God's revelations [while] the collection of *hadiths* describes what Prophet Mohammed used to do. These were written by the Prophet's closest friends. We have to believe that they have correctly described the Prophet's actions … because their faith level is much higher than ours.

Emma (Acehnese): I agree [with the statement] but the Qur'an is our primary reference.

Farah (Acehnese): Islam is flexible. Its sources are not only the Qur'an and the *hadiths* but also *qiyas* and independent reasoning of *ulemas.*

Of note, all the above participants wore the *jilbab*. While Wati's comments reflected a total faith in the *ustadz*'s statement, those of Emma and Farah implied some disagreement. This was particularly interesting in that Emma and Farah came from a region where the *Sharia* law is implemented. This seemed to suggest that as far as they were concerned, the *hadiths* do not hold a particularly fundamental importance in Islam as opposed to other sources, although the *hadiths* are considered to be the basis of the *Sharia* law. According to the Constitutional Rights Foundation (CRF n.d.), the Qur'an is not viewed as a book of law as few of its verses are devoted to legal issues.

Given that the *Sharia* law was often referred to in the above discussions, it seemed important to gain further insights into the Islamic law by exploring perceptions about its implementation in Aceh among the three participants in this study who represented this ethnic group.

8.3.14 Perceptions of the *Sharia* law

Sharia is an Arabic word meaning "the right path" which refers to traditional Islamic law (CRF n.d.). According to Uddin (2010), however, the meaning of *"Sharia"* remains unclear despite attempts to legislate aspects of the law. Literally, *Sharia* means *"way to a watering place"*, and consists of a set of divine principles that provide social, moral, religious and legal guidance by regulating a Muslim's relationship with God and man (Uddin 2010:603). As mentioned earlier, Aceh is

Indonesia's only region where the *Sharia* law is currently implemented. The Islamic law took effect in 2009 and includes an increasing number of rules. As also mentioned in the discussions about the veil above, it was clear that the three Acehnese participants in this study wore the veil because they felt comfortable wearing it, which implies that they would continue to cover their heads despite being in a region where the *Sharia* law is not in effect.

To the question "Do you agree with the *Sharia* law?" the participants responded as follows:

> **Emma**: The regulation makes sense, but it should not be mandatory because Indonesia's population is heterogeneous. It should not be used to punish people who don't comply. Education [about wearing the jilbab] should start within the family.

> **Farah**: It is not the *Sharia* law itself which is problematic, but its implementation. The implementation makes the law look like it violates human rights. A relative of mine and her boyfriend were arrested for *khalwat* (unmarried couple in close proximity - a crime under the Sharia law[38]).They were brought to the village council, forced to take a bath and forced to get married that same night. They were both senior high school students. So the implementation was wrong. They shouldn't force under-aged people to get married. The marriage didn't even last a year … how can very young people have a stable marriage? The man who initiated their arrest later raped my relative after she got divorced and then he ran away. Imagine the psychological burden she had to endure …so the implementation of the law is very subjective … it leads to many violations

> **Ratih**: To me that is not a solution for Aceh's problem. The Acehnese don't want that. What they want mainly is prosperity, peace … Will the *Sharia* law bring that to them? If the answer is yes, people would certainly agree with it … Judging from what you see, the dress code for example, yes, women are discriminated against … there was a big poster which said *Women who wear tight clothes are evil* … that was crazy … if you look at the bigger picture, the whole Acehnese society, people with civil rights, are actually affected …but in practice, mostly the poor are affected … just check which socioeconomic backgrounds those who got arrested for *khalwat* or those who received whip punishment are from.

As indicated by Farah's comments above and those of Ratih below, the perception

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[38] The Acehnese bylaw No. 14 on *khalwat* passed in 2003 (AI 2012) prohibits being alone with someone of the opposite sex who is not a marriage partner or relative, with caning as punishment

is that the implementation of the *Sharia* law is often arbitrary. For example, forced marriages are imposed upon those caught violating the bylaw on *khalwat*. This appears to support assertions by the Acehnese participants that it is the "implementation" of the *Sharia* law and not the law itself, which is problematic. This makes Ratih's concerns about multiple interpretations of the law which lead to various arbitrary actions clear. Ratih admitted that many, like her, disagreed with the implementation of the *Sharia* law but explained why it was difficult for Acehnese people to reveal their disagreement openly. She said:

> **Ratih**: Some people have protested against the law but … religion is a sensitive issue. It is not like a military issue… It would be okay to say that we disagree with the military way [to handle a problem]. Legally and formally there is no problem with the law … but its arbitrary interpretation presents many challenges … a person who doesn't pray five times would get angry if somebody mocks Islam … because on his identity card it says that he is a Muslim, so he relates strongly with his existence as a Muslim ... so yes, many disagree, but very few people would say frankly that they don't agree with the *Sharia* law ... because they would be considered anti-religion … so it would backfire. That is the problem … as I said before; the implementation of the *Sharia* law has created new problems in society. It has led to intolerance … it is dilemmatic.

It was clear that while many Acehnese might in principle agree with the Sharia law, its arbitrary implementation was considered problematic, especially for women. Dress code, for example, reflects a desire to control women's sexuality, to objectify women and deny their personal autonomy and, therefore, can be a manifestation of underlying discriminatory attitudes (AI 2012). Insights gained from the above interviews suggest that the role of the state is a significant factor in the balance of gender equality and a decisive factor in terms of whether or not, ultimately, Islam revival will prove detrimental to women's condition in Indonesia.

8.4.15 Reproductive health matters

How social norms based on *adat* and Islam appear to influence women's perceptions on various matters relating to the family have been discussed. How social norms may also particularly influence women's perceptions of reproductive health matters also needs to be explored. All the women in this study were familiar

with the term "HIV and AIDS" but none had comprehensive knowledge of the disease. Many mentioned having seen on television that increasing numbers of married women and children were being infected with HIV. While all mentioned sexual transmissions as a mode of infection and alluded to "naughty women" as vectors of the disease, few talked about injecting drug use. For example:

> **Esthi**: I don't remember much about HIV/AIDS … I can't imagine that a husband would do things that may harm their wives … I guess those husbands must have contracted the disease from sexual relations with infected people … I don't really know … How can they do such a thing? It just doesn't make sense … if they knew they were infected, they should have prevented passing the disease to their wives.

> **Ossi**: Frankly I'm worried about seeking a life partner … The more one is educated, like those top officials, the less they behave properly … I heard that they have a lot of mistresses … maybe they got the disease from them, maybe they also buy sex.

Esthi's comments clearly reflect misguided assumptions that an HIV-infected individual was necessarily aware of his or her disease. In light of the absence of sex education in schools and considering the paucity of educative information about HIV and AIDS in the media, it seemed understandable that people who were not knowledgeable about HIV and AIDS would assume that some individuals intentionally transmitted HIV to their sexual partners. A number of women also held the view that a person with HIV would "look dirty", in the sense that some physical symptoms would be apparent. For example:

> **Nelly**: Why wear a condom? … If you're clean and don't think that you have the disease, leave it at that. Why go to a doctor to check whether you have the disease? … it's okay not to know [that one partner is infected] … but if you think you don't have the disease, why should you be afraid of being tested?

In this regard, Lyn and Wulandari (2011) claim that there is widespread ignorance about HIV and AIDS among the general public in Indonesia. Thus, it was hardly surprising that none of the participants knew about the possibility of preventing mother-to-child transmissions. After being informed of PMTCT, however, all said they would agree to a regulation requiring pregnant women to be tested.

Regarding a possible regulation requiring the use of condoms among newly married people before they were tested for HIV and found out about each other's HIV status, some agreed it would be a good idea, but had some concerns.

> **Maria**: Men may take it the wrong way if their wives suggest HIV tests for both of them. Probably they would not agree because they feel that they have never engaged in risky behaviour.

> **Farah**: If it is for health reasons, I think it would be good … it's time … pre-marital sex is rampant. … If a good girl gets married to a man who is infected, it is a big loss for her … The use of condom among married couples is not a problem.

Others were supportive of a regulation requiring people who were about to get married to be tested for HIV:

> **Ratih**: The use of condom should be part of sex education … People should be tested before getting married, not only for HIV but other sexually transmitted infections as well.

> **Saskya**: Yes, I would agree to such a regulation. If one partner is infected, the couple can decide what to do, go on and get treated or stop it right there … I think it's okay to stop it right there rather than engage in something that may end badly.

> **Laura**: I would agree because we don't know what our partner did in the past … but if one partner turns out to be positive, there won't be any wedding. Why would anyone wish to marry an HIV-positive person?

While it seemed clear that, for these research participants, the idea of a regulation requiring HIV tests for people who were about to get married might be acceptable, the efficiency of the regulation as well as the possibility of cancelled marriage plans following a positive result needed to be thought through. This corroborated the opinion of one of the Delphi panellists who was against such a regulation because he saw more harm than good coming out of it.

Some people may be able to get around the regulation by obtaining illegal marriage licences, while others may settle for unregistered marriages. On the

other hand, this regulation would constitute an outreach intervention targeting women who are now one of the most vulnerable groups to HIV infections, and may provide a solution for reducing HIV prevalence rates among married women. As mentioned earlier, married women are one of the largest groups of people living with HIV in Indonesia but are not officially recognised as part of the MARP groups. This leads one to wonder whether such a denial is actually attributed to the incapacity of HIV and AIDS experts to come up with specific interventions for women, including married women who are not yet pregnant. It is a delicate matter because coming up with an intervention targeting married women in general would imply recognising the necessity to reach out to the general population, while this is at odds with the opinion of most HIV and AIDS experts who continue to claim that the epidemic is containable within the risks groups if interventions are focused on these groups.

Other participants were not sure whether an HIV test or condom use among newly-weds was a good idea. For example:

> **Nelly**: Why should people be tested if they have never engaged in sexual contacts?
>
> **Emma:** Couples should see for themselves whether it is necessary for the man to wear a condom. If they think it's safe, they don't need to use protection. If the wife is worried, the husband should wear a condom … but it's difficult because the husband may be embarrassed to reveal his sexual past to his wife. She would be asking a lot of questions … if the husband is open about his past and the wife accepts, then it's okay to wear a condom.

Nelly's comments clearly reflected her assumptions that people who were about to get married would tell each other about their prior sexual experiences and that none would lie about it. This naivety may be attributed to her young age as she was 18 at the time of the interviews. Emma, on the other hand, understood that men might not be open about their past sexual experiences. At the same time she seemed to assume that whatever men might tell their wives or wives-to-be would be accepted by the women as the truth. This apparent trust in men, particularly by women who were about to marry, further supports concerns mentioned earlier that women, because they aspire to the status of the ideal wife, are likely to overlook

possible non-ideal qualities in potential husbands. Furthermore, when asked which diseases they thought presented the most serious health problems for women, participants mainly referred to diseases relating to sexual reproductive organs, particularly breast and cervical cancer, but none specifically mentioned HIV and AIDS.

According to Ossi, however, a regulation requiring people who are about married to be tested for HIV is already in effect in Minang. She said:

> Before we get married we have to go through a health screening. We are brought to the hospital where we get tested and receive injections. Two days before the religious ceremony, we get an education about how to bathe properly, how to have sex properly, including the prayers that go with it. People are generally embarrassed because everything is discussed openly. We have to answer many questions - about our ethnicity, our age, etc. So far nobody has been found with HIV … but if there were such cases, the public wouldn't know about it. If a marriage is cancelled because of that, other reasons would be cited. But if a man is found with HIV, he would not be allowed to get married, except if his future wife is willing to marry him despite his disease. I myself wouldn't be willing even if I was in love with my future husband because there is no cure for AIDS … it may bring a lot of harm, not only to me but also to the children ... I'm really afraid of HIV/AIDS … I'm afraid even to be close to a person living with HIV.

Stigma is known to be closely associated with a low knowledge of HIV and AIDS and this, in turn, is linked to misconceptions about the disease (e.g. Bekele & Ali 2008). None of the women, including Ossi, said they would stigmatise HIV-infected individuals and all asserted that they would give them support. However, Ossi's comments above showed the opposite. While Siska's comments, as quoted below, reflect fear of contamination rather than stigmatisation, ignorance about HIV infection routes may come out or be interpreted as stigmatisation. In any case, the close relationship between stigma and ignorance was brought to the fore.

> **Siska:** A relative of mine has AIDS. She got it from her husband who was a drug user and passed away. She slept over here once. After she went home I threw out the towels she used, the clothes she borrowed from me, the toothbrush, the toothpaste …

> **Harti:** In Islam, God decides who your partner is. A good woman is intended for a good man. A bad woman is intended for a bad man. If a woman has

been infected with HIV by her husband, it means that both of them are not good people … basically it is a matter of wrong behaviour. So I would refer back to religious teachings if you asked me why a woman should deserve an infected husband.

While Harti used her interpretation of religion to explain why a wife would have contracted HIV from her husband or *vice versa*, she could not reply to a follow-up comment by the researcher suggesting that this logic would imply that an HIV-infected baby deserved its fate for also being "a bad person". This did not make sense to Harti's understanding that Islam regards every child as born sinless and pure or that the Qur'an does not recognise the concept of original sin (Khan 1997). More importantly, her comments showed ignorance about HIV and AIDS, which implied that she would probably stigmatise people living with HIV as she seemed to have internalised the disease as something they "deserved". This shows the close relationship between ignorance and stigma and the vicious circles that these create, leading to the perpetuation of the epidemic mainly rooted in lack of HIV testing initiatives. Hence, the relevance of information about HIV and AIDS and safer sex in general for the general public was established.

Alysa, who was in a contract marriage, mentioned that she and her husband were tested for HIV before they were married. She said:

I told him to get tested a few days after I did … you know, being a foreigner and all …

Clearly, Alysa assumed that foreign individuals might be particularly at risk of being infected with HIV. It was, however, surprising that she confessed to not knowing much about the disease (except that it was communicable and transmissible to children), although she had attended pre- and post-test counselling. This implies that VCT, which emphasises counselling before and after testing, is not necessarily of a better quality than PITC where patients only receive written information about HIV and AIDS unless they are found to be infected, in which case they would be entitled to a post-test counselling. Alysa said she consulted a doctor for such a test following advice from a friend.

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Summing up the above discussions on reproductive health matters, the participants' narratives from the interviews quoted above underscore inadequate understanding of HIV and AIDS among women, corroborating the view of Lyn and Wulandari (2011) that ignorance about the disease is widespread in Indonesia. While it seems clear that various interventions implemented so far among the risk groups have had a limited impact, as evidenced by the spread of the epidemic outside these groups, it is also clear that the general population is left with practically no information about the risks of unprotected sex, including HIV.

8.4.16 Illness and health-seeking behaviour

In order to move into a more holistic dimension of health, MacKian *et al* (2004) argue that understanding how people engage with health systems is important, rather than describing how individuals engage with particular services by using health-seeking behaviour as a tool. The respondents were, therefore, asked what "being sick" meant to them in order to understand how they engaged with health systems. Most of the women described "being sick" as a state in which a person is unable to do his or her routine activities. For example:

> **Dira**: When somebody can't do anything – can't walk, can't get up from his bed … Sick people have a different aroma.

> **Nadia**: I think you get sick when you have a lot on your mind. You wouldn't be sick if you were happy. I get a migraine when I have a problem.

A number of participants expressed concern about the government's limited efforts to inform the public about serious health matters, such as HIV and AIDS, about which they confessed not knowing much about despite plenty of news about growing numbers of married women who had been infected. However, encounters with health education interventions might prove to be a disappointing experience for some, as they were deemed ineffective. For example:

> **Farah**: The government should give more information to the public. From

what I've seen, it is not really serious about it. They have outreach programmes, but they never make sure whether the recipients have drawn real benefits from them. For example, I attended a programme about cervical cancer organised by one of the Ministries in a woman's prison. But the environment wasn't conducive … there were many women but they were busy talking to each other. The programme lasted 2-3 hours and then that was it. .. It would have been better to give the women books so they can read them in their own time, or put up posters with a vulgar drawing of genitals so that people pay attention… Television programmes would be good … but the government always makes believe that it doesn't have the money … They are all corrupt.

All the women mentioned the need to see a physician in case of an illness, but not necessarily every time or immediately. For example:

Fanny: I would just take a rest if I can still tolerate the discomfort, because I try not to consume chemical drugs. But if I don't feel better after a day, I would go to the doctor.

Nadia: I would wait two days, if I still don't feel any better or if I have a fever I go to the doctor.

Rossa: You don't have to see a doctor if you're not seriously ill, you can buy drugs over the counter.

Although shamans or traditional healers, locally known as *dukun,* were believed to have spiritual powers and were in general viewed negatively by the participants, some gave them the benefit of a doubt.

Dira: I have doubts [about the healing capacities of *dukun*]. Believe it or not.

Ossi: We should see a doctor when we're sick because a healer can only guess. They have probably tried their method several times, succeeded, and then they think they have the answer, while a doctor would run tests. In the village, when I had a headache, itches, etc., I went to see an old woman. Sometimes I was cured… maybe because I had faith and God allowed it, but scientifically it is difficult to prove. It's not logical but I have experienced it.

Nadia: I went to this healer in Bali and my sinusitis went away, also my migraine. I mean I don't get it as often as I used to. I decided I would believe [in such a healing method] and tried it … well, actually there is a medical solution, which is taking medicines all the time, spraying your nose before going to bed. But I wanted to reduce their use …

While financial problems are generally the main reason for not consulting

physicians, such problems have been resolved for most Jakartans since Joko Widodo was elected to the gubernatorial post in late 2012. Jakarta citizens are now entitled to receive free medical services (The Jakarta Post 2012b).

On the other hand, many had a favourable opinion of alternative treatments, although it was understood that medical diagnosis or treatment should not be excluded.

> **Esthi**: I believe in alternative treatment. I think a person should see a doctor first to get a diagnosis. If you can complement medical treatment with alternative treatment, why not?

> **Saskya**: Not only doctors can cure you. There are alternative treatments as well.

> **Emma**: Some people get cured by alternative treatment, others don't. It depends on the illness. I would get medical treatment first. Even my parents who live in remote areas would go to the doctor first. Alternative treatment is good as a complement.

> **Maria**: Illnesses that can't be cured medically may be treated by alternative therapy. Alternative treatment is not necessarily bad, but it depends which kind we're talking about. An alternative treatment that is widely accepted because it has evidence of its success is fine. I don't agree with alternative treatment that involves mysticism, because it may affect other patients, you can become possessed. An illness that is not serious to begin with may become serious. We don't know the real intention of the healer. If he intends to heal, the patient may get better but if not, the patient can be in a worse condition.

> **Ossi**: Alternative treatment that involves herbal concoctions makes sense. It does not involve mysticism.

Women in this study understood the need to consult a physician in cases of more serious illness, which appear to be facilitated by the free medical services offered by Jakarta's new governor, but which are now also available nationwide thanks to the implementation of the social health insurance as of 2014. Furthermore, the above comments corroborate the view of MacKian *et al* (2004) that it is necessary to regard the realities of health care-seeking behaviour in a more thoughtful way, among others by addressing traditional and unqualified practitioners in addition to

the provision of medical services, in order to reduce health inequalities. Traditional and unqualified practitioners relating to some health problems should be recognised as an important resource in developing countries (Ingstad 1990 as cited in MacKian *et al* 2004) and perhaps "the main providers of care" (Rahman 2000 as cited in MacKian *et al* 2004).

8.5   WOMEN IN POLYGAMOUS MARRIAGES

Data obtained from participants in polygamous marriages on the one hand and from those in contract marriages on the other are presented under separate sub-sections, as specific questions were addressed to each of these groups of women.

As mentioned earlier, one of the aims of this study was to investigate factors that account for the gendered nature of the current HIV-infection and waged employment patterns, by gaining insights into the role of social norms and institutions, which have been described in detail above. Given that polygamy in Indonesia appears to be widespread and increasing (Nurmila 2009 as cited in Parker 2012), it also seemed important to gain insights into the lived experiences of women who were involved in marriages of this kind.

The lack of reliable data on polygamy makes it difficult to confirm or refute Nurmila's (2009 as cited in Parker 2012) opinion, as many polygamous marriages are unregistered. While polygamy is legal in this country, the law discourages polygamy and restricts its practice, notably by requiring a written consent from the first wife (Bedner & Van Huis 2010). However, many Muslim men engage in illegal polygamy by keeping their additional marriages secret and, therefore, unregistered. In fact, not only polygamous marriages but marriages in general are often unregistered, as well as divorces.

According to Bedner and Van Huis (2010), many marriages remain unregistered although the *Marriage Law Number 1 of 1974* (IMOE n.d.(a.).) stipulates that

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Muslims in Indonesia have a legal obligation to register their marriages. In an effort to tackle problems related to unregistered marriages, a bill on Muslim marriages drafted in 2008 proposed to "criminalise" unregistered marriages, but such a document has not been published (Van Huis & Wirastri 2012).

In 2010, the government announced another draft bill which was to be debated in Parliament that same year (Rachman & Saraswati 2010). The bill was intended to amend the marriage law by fining or jailing men who failed to register their marriages in order to skirt polygamy restrictions. Many men apparently remarried without the consent of their first wives, thus violating the polygamy laws. Failure to register marriages would be subject to a maximum fine of Rp 6 million (approximately US$ 600), that is, six times the current amount (Rachman & Saraswati 2010). Until today, however, the bill has not been passed. As for divorces, studies show that it is mainly women in second marriages who do not go to court to divorce. Divorces are often unregistered because there is little to gain from registration (Bedner & Van Huis 2010).

Under this theme, the characteristics of the sample and the biographical sketch of the women in this group are described in detail, as well as their perceptions about polygamy. At the end of this section, the major findings of this study on polygamy are revealed.

8.5.1 Characteristics of the sample

In order to gain insights into polygamy, six women in polygamous marriages were included in the overall sample of women. Five women were still in such marriages, while one had had such an experience. Four participants were "first wives" and two were "second wives". While the first wives entered polygamy unwillingly, the second wives engaged in such marriages voluntarily.

The age range of the women was between 19 and 57 years. Only the 57-year-old participant was a university graduate. While two others were senior high school

graduates, the rest had only obtained junior high school diplomas or had been in a senior high school but had not completed their studies. The 57-year-old woman was the only one with an upper income bracket while the rest had monthly incomes lower than the Jakarta minimum wage of Rp. 2 200 000 set in November 2012 by the local government (The Jakarta Post 2012c).

8.5.2 Biographical sketch of the participants

Below is a biographical sketch of the research participants, all of whom were Muslim. With the exception of Nadia, the women were relatively poor. While most of these were not working, those who were – whether informally like Reza or formally like Nuryati – earned little money.

8.5.2.1 Nuryati (26 years old, Sundanese/Betawi) was a first wife with one child. She was a senior high school graduate. She met Lukman when she was working in a coffee shop and married him in 2009 as a result of an unplanned pregnancy. Before their child was born, Lukman left for a job in Kalimantan and became unreachable. Nuryati learned from Lukman's sister that he had remarried in Kalimantan, a fact which he confirmed much later by telephone. He also forbade her to contact him again. Lukman had agreed to a divorce but Nuryati was not able to engage the divorce proceedings because she didn't have the money. At the time of the interviews, she and her son were living with her parents and her other siblings.

8.5.2.2 Andika (31 years old, Javanese) was also a first wife with one child and a senior high school graduate. She was the only participant wearing the veil in this group. Andika married Totok in 2001 but the couple ceased to live together three years before data gathering. Her husband had remarried and yet refused to divorce her by arguing that he still loved her. Totok continued to provide for Andika although she received less money than she used to. She was living with her mother and her 11-year-old daughter.

8.5.2.3 Reza (33 years old, Javanese/Acehnese) was a second wife with three children and was a senior high school graduate. She had met Yoyok, who was a security guard at a private bank, when she was working as a cashier at a billiard place 15 years earlier. Following her detection of an unplanned pregnancy, Yoyok demanded that Reza abort the child as he was already married. However, Reza refused and, instead, asked him to take responsibility by marrying her. Yoyok agreed but only after Reza's father intervened. Reza, therefore, entered a polygamous marriage knowingly and had three children (from Yoyok) who lived with her in a rented house. Reza had not had sexual intercourse with her husband for the previous five years as he rarely came for a visit and had become increasingly abusive. As Yoyok did not provide financially for her on a regular basis, Reza earned her living by doing laundry for people and by providing massages.

8.5.2.4 Rossa (19 years old, Sundanese) was a first wife with one child and a junior high school graduate. Following an unplanned pregnancy while still in high school, she married Udin. Their marriage was short-lived as Udin remarried, although he never confessed this to Rossa. Besides financial issues, Rossa did not engage divorce proceedings because her parents were against the idea of having a fatherless child in the family. At the time of the interviews, she and her baby were living in her parents' house. She was unemployed and received money from her parents.

8.5.2.5 Dira (25 years old, Sundanese) was a first wife with two children and was a senior high school graduate. At the time of the interviews, Dira was married to a second husband, whom she married following an unplanned pregnancy. Owing to financial constraints, she was not officially divorced from her first husband who had married another woman he had impregnated. Dira was, therefore, in a polygamous as well as a polyandrous marriage. She had a year-old son from her first marriage and a three-year-old daughter from her second marriage. She had some working experience as a domestic worker but at the time of the interviews was a full-time housewife.

8.5.2.5 Nadia (57 years old, Javanese) was a second wife with one child and the only participant in this group with a university degree and from the upper income category. Nadia came from a wealthy family as her father was a high-ranking official at the Ministry of Foreign Affairs. She married for the first time at the age of 20 following an unplanned pregnancy. Soon she discovered that her husband was already married. She was, therefore, unintentionally a second wife in a polygamous marriage. Although Nadia and her husband lived together for only four days, the divorce proceedings were completed only after their daughter was born, to ensure that she would have a normal birth certificate. Nadia feared that in the absence of a marriage certificate, her daughter's birth certificate would state either "born out of wedlock" or "illegitimate" – a common practice among children born of unmarried women. In 2001, Nadia entered another polygamous marriage, this time intentionally. Her second husband, Fauzan, was a successful businessman, also from Padang, who was a childhood friend. At the time of the interviews, Nadia lived in a big house that her husband had bought for her, and had invited her daughter, who was married with two children, to live with her.

The following main ideas emerged from the above biographical details:

1) Unplanned pregnancies were common among this group of women, and these led to polygamous and polyandrous marriages.
2) The men who fathered children with these women tended to be absent and failed to take up roles as devoted husbands or fathers. In practice, these couples lived separately although they were not officially divorced. In this regard, Cammack (n.d.) suggests that the actual number of divorces may exceed official numbers as there are many instances of men's unauthorised repudiation of their wives.
3) Most of the women were senior high school graduates but were unable to hold onto gainful employment and were relatively poor.
4) First wives were engaged in polygamy against their will, merely because their husbands remarried without their consent, and this appears to contribute to the

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high number of illegal marriages in Indonesia

5) Second wives, on the other hand, purposefully engaged in polygamy, although for various reasons.

The above points support the idea that sexual reproductive health services for women regardless of their marital status need attention and again highlights the need for sex education in schools as well as for education about safer sex for the public at large.

8.5.3 Perceptions of polygamy

It has been mentioned that most participants in this study held a negative view of polygamy, mainly because they resented the idea of sharing a husband with other women. As discussed above, first wives in this study were forced into polygamous marriages because their husbands remarried without informing them and thus without obtaining their consent. Unsurprisingly, therefore, these women also held a negative view of polygamy:

> **Nuryati**: It's shameful … the first wife is always short-changed … I was happy when we were dating … but after my husband had a good life, he married another woman… Is there really a woman who would be willing to share her husband with somebody else?

> **Andika**: It's shameful especially because he was my own choosing. I can't show my parents that I made the right choice. They were against the marriage because my father is a real Javanese; he didn't want me to marry a Betawi. On top of that, my husband came from a broken home, his parents divorced and his father remarried. Members of his families were involved in drugs, some got jailed … but I loved him.

For these women, polygamy appeared shameful because it implied a failed marriage. For Andika, a failed marriage was also a matter of pride as it proved that she had chosen the wrong man. This was interesting as most people in Indonesia believe in the concept of *jodoh*, which is a pre-determined soul mate (Said & Jamilin 2009). For Nuryati, the idea of sharing a husband with other women was particularly unacceptable. This view was also shared by Rossa who said:

> A woman would never share her husband willingly with another ... A woman always wants to be the only wife in a long-lasting marriage.

As for Dira, who had experienced a polygamous marriage, polygamy was a form of violence against a woman mainly because it was something that was "done to her" without her consent, trapping her in a situation from which she was not able to escape, as she did not have the financial means to divorce her husband formally. She said:

> Polygamy is bad because we have to share our husband with other wives. It's violence against women.

As first wives' marriages are generally officially registered, it came as no surprise to the researcher that these women considered themselves to be the "rightful" wives and would not hesitate to confront second wives if necessary. For example:

> **Andika**: I know his [second] wife; I even had a fight with her. I threatened her that if I ever saw her again with my husband, I would run her over with a motorcycle or throw mercury liquid on her face. She said that she was just friends with my husband … so neither she or my husband has admitted that they were married.

> **Nuryati**: I had a fight with his [second] wife over the cell phone. She texted me once, asking who I was. I said "*I'm Totok's wife.*" She then wrote: "*I'm his wife.*" I dialled the number and told her: "*I am the rightful wife and I can sue you.*" But she said: "I can sue you too because I'm also his rightful wife."

Nuryati, of course, had no idea why her husband's second wife had said that she was his rightful wife. It would seem that this man had used a fake identity card to suggest that he was single so that he could register his marriage with his second wife.

As suggested above, first wives held negative views of polygamy, which was somewhat expected, considering that most of them did not foresee that their husbands would marry other wives. However, second wives also held negative views of polygamy, although it seemed that they came to terms with their situation, probably because they intentionally engaged in polygamy. For example, one

second wife explained:

> **Nadia**: Sometimes I'm jealous … I would call him for an urgent matter but he would not pick up the phone, although 10 minutes later he would call me back but I was able to overcome my feeling … I know it was a risk I had to take and I took it when I was ready …as long as I don't cause trouble to his other home and please don't let them [his first wife and their children] ever call me … I never ask him about his other family unless he talks about them … when he has to go home, I just consider that he is out of town.

> **Reza**: According to my religion, a polygamous marriage is not a good thing, but maybe he is my *jodoh* … although I am suffering, I live my life whole-heartedly, patiently

As a second wife, Nadia also spoke about her experience of being confronted by her first husband's first wife:

> I agreed to marry Fauzan on the condition that his wife would never find out about our marriage … because I know what it's like. My [first] husband sent his wife to my house and I had a terrible confrontation with her. I apologised to her because I really didn't know he was already married … I said to her: "*If you're his wife, why aren't you living together? Why is he staying with his mother? … Why have I never seen you together?*" … I dated him for 9 years! … I guess he was a great liar.

When asked why, in her opinion, Fauzan asked her to marry him, she said:

> Fauzan said we should marry so that our relationship is legal in the eyes of God.

8.5.4 Reasons for entering or staying in a polygamous union

The women quoted different reasons for entering into polygamous unions, such as being deceived about the marital status of their suitors, unplanned pregnancies, financial need and romantic love. For Reza, it was the prospect of having a child outside wedlock that prompted her to enter a polygamous marriage. She said:

> He wanted me to get an abortion. He didn't want to marry me because he was already married, but I said: "*Never mind, don't let my parents find out, tell them that you are willing to take responsibility.*"

Reza's concerns should be seen in context. Indonesian birth certificates are not normally issued in the absence of a marriage certificate. More importantly, the fact that her marriage was registered although Yoyok was already married, points to the problems inherent in a system in which it is possible to obtain a marriage licence by showing a fake identity card in which one's marital status is stated as single.

As far as Nadia was concerned, her reason for willingly entering a polygamous marriage was that she felt safe being with the man she married and her single mother status made it difficult for her to find a suitable marriage partner. She said:

> I dated many men but didn't find the right one. I ran into men who harassed women … The last one I was in a serious relationship with and planned to get married with, wanted my daughter to live with my mother … It made me angry. I thought what was the use of being married? I'd rather be alone. I continued to work until I graduated. From then on I was dating various men until I found this one. He was the best, the wisest among them. He wasn't emotional. He said: "*I can't promise anything except that I will always be with you until we both grow old. Forever. Whether as a friend or a husband, it's up to you. But if you find someone better, I leave it to you to decide".*

In the section above, the women's financial dependence on their husbands was touched on. This became a recurrent theme in the interviews. As Butler (2012) claims, it is common for poor young Indonesian women to enter into commercial sex work after a failed teenage marriage. Reza confessed to the researcher that she worked as a prostitute shortly after she was married as her husband did not provide enough for her family. She said:

> I made a mistake. I worked as a call-girl for 6 months. Not every day. At the most three times a week … I told the men I was a widow … But I realised it was a big sin… I had a husband but I lied about him … I felt sorry for the kids because I fed them with sinful money … thank God I don't do that any more … my parents never knew what I did.

Aside from a search for financial support (which turned out to be unfulfilled in these polygamous unions anyway), five research participants married the men

following unplanned pregnancies. Two women confessed knowing that unprotected sex might lead to unplanned pregnancies but did not use protection. As Nuryati and Reza explained:

> **Nuryati**: I sort of knew how to prevent pregnancies but I was in love with him and he seemed to like me, so we didn't really think about prevention, although we knew about the risks.

> **Reza**: I can't say that I didn't know … I guess I wasn't thinking.

According to the survey on sexual health among young people conducted in Indonesia in 2007, 34% among those who were involved in pre-marital sex cited "it just happened" as their reason for engaging in sexual intercourse (Benedicta 2012). While there may be reasons other than a lack of knowledge about safer sex for unplanned pregnancies, poor knowledge of safer sex was quoted by Rossa:

> I didn't expect to get pregnant because I didn't menstruate regularly … I never received sex education so I wasn't sure that having sex could lead to pregnancy.

The above transcripts, therefore, support the urgent need for sex education in schools, as proposed by the researcher to the Delphi Panel which, unfortunately, was deemed unfeasible by the experts.

Although knowing how much a husband's marriage to another woman might be hurtful, Nadia went ahead and married Fauzan consciously, and assumed the role of a second wife. Her reason was romantic love:

> Ever since he bought a house for us, he's practically there all the time … We go to the movies together, we go places, we eat out, and even on New Year's Eve he's with me. The only time he is absent is the first day of *Eid*, but he would come in the afternoon. So I never feel alone. I never feel that I'm a second priority to him. In fact I'm his number one.

Bruni and Porta (2007 as cited in Nelson 2009) claim that phenomena such as felt satisfaction with life and experienced affect play a leading role in perceived wellbeing and happiness. However, for four of the respondents, happiness was not

to be found in their marriages, but instead in motherhood, ending their marriages or finding another relationship:

> **Reza**: I have never been happy … I can only be happy for my children, they are the most important thing in my life.

> **Nuryati**: I'm happy because I'm free from him now. I don't think about him anymore … Besides, I have somebody else. It feels good to be with him. I hope he is my *jodoh*.

> **Andika**: I was unhappy at first as I thought about my marriage which ended this way … But I'm getting over it, especially now that I have a special friend … but I still love him [her husband].

> **Dira**: I guess I'm happy … My children make me happy.

8.5.5 Perceptions of motherhood in a polygamous union

For most women in this study, as discussed earlier in this chapter, motherhood has a special meaning. This is also the case among women in polygamous marriages, who regard their children as their chief concern when discussing their perceptions about divorce. For example:

> **Andika**: if I had to lose my husband, fine, but I can't lose my children.

> **Dira**: If parents have to get divorced, poor kids … I would work because I couldn't expect anybody to give me money … But if I work, who will take care of the children? I couldn't let my parents take care of them because they are old.

> **Nuryati**: Children must be a priority … I'd have to work so I can fulfil their needs.

> **Reza**: If I could get divorced, I would have less on my mind. I would feel relieved because I would not have to depend on him. I could be free to do what I want … but if I do get divorced, I wouldn't want to start a new family. I would continue to work so I can make my children happy and watch them grow into adulthood.

The above narratives again confirm the importance of motherhood to women, including those who were in polygamous marriages, consistent with the widely perceived women's primary role as wife and mother.

8.5.6 A summary of the findings

Contrary to the findings by Nurmila (2009 as cited in Parker 2012) who notes that some women believe that polygamy is a "religious rule", none of the women in this study were engaged in polygamous marriages for such reasons. In fact, women were often forced into such marriages because their husbands remarried secretly without obtaining their consent. Many polygamous marriages were, therefore, illegal and unregistered.

Although women are entitled to file for divorce as a result of *the Compilation of Islamic Law* introduced by the government in 1991 (Bedner & Van Huis 2004), first wives in polygamous marriages in this study had to remain officially married, although in practice they lived separately from their husbands, mainly owing to the high cost of divorce proceedings. While this may explain in part why many divorces in Indonesia are also unregistered (Cammack n.d.), weak law enforcement emerges as a primary cause for the practice of polygamy as well as polyandry which is illegal. This suggests that polygamy may be widespread and rising (Nurmila 2009 as cited in Parker 2012) while there may be more cases of polyandry in this country than generally presumed.

There are instances of domestic violence which are not reported to the authorities, although the women are aware that domestic violence is a punishable crime. While reasons for staying in an abusive relationship differ among different participants, a 2009 study from an Indonesian NGO reveals that police officials tend to require a civil marriage certificate from a domestic violence victim who reports violence by her partner, which includes, in practice, women who are not officially married (AI 2012). Many women in this group, therefore, fall under this category and are unable to report their abuse.

Previous studies maintain that more young people are now sexually active outside

of marriage (Utomo & Utomo 2013). Among sexually active female students, 32% report having been pregnant and most resorted to induced abortion to end their pregnancies (Diarsvitri, Utomo, Neeman & Oktavian 2011 as cited in Utomo & Utomo 2013). Although unplanned pregnancies were common among the women in this group, none, however, experienced induced abortion.

On the other hand, unplanned pregnancies led to marriages which soon fell apart. While unmarried girls who become pregnant may face the threat of expulsion from school or discriminatory treatment (AI 2012), reasons for choosing marriage over abortion may be that abortion is illegal in Indonesia and unmarried people are excluded from sexual and reproductive health services. In this regard, both the *Population and Family Development Law* (*Number 52 of 2009*) (Harvard 2009) and the *Health Law* (*Number 36 of 2009*) stipulate that access to such services may only be given to legally married couples (AI 2013).

The above findings bring to light the consequences of limited policy responses in sexual and reproductive health and again highlight the necessity for implementing comprehensive sex education in schools. Currently, the government has in place various information programmes on reproductive health for adolescents but there are substantial gaps in what is covered by these programmes (AI 2012). Information on contraceptive methods, such as condom use, for example, is not included, for fear of being viewed as promoting promiscuity. As argued by Stewart (2013 as cited in Utomo & Utomo 2013), the decline in adolescent birth rates in Indonesia slowed or even reversed after 2000 while adolescent birth rates declined in the rest of the developing world between 1990 and 2000. Despite the declining trend in the age-specific fertility rate for women aged 15 to 19 years in Indonesia (Statistics Indonesia and Macro International 2008 as cited in Utomo & Utomo 2013), sizeable disparities among provinces, regions, and socio-economic segments continue.

8.6   WOMEN IN CONTRACT MARRIAGES

While the issue of polygamy in Indonesia is frequently addressed in literature and the above discussions are meant to provide further insights into polygamous marriages, there is a great paucity of research on the issue of contract marriages (e.g. Jacubowski 2008). The concept of "contract marriages" may sound odd as it implies a fixed-term relationship while a marriage is generally understood to be a life-time commitment. Islam condemns sexual relations and preliminary acts of physical love outside of marriage. This includes dating, having mistresses and experimental living together (Imailllah 1996). Islam also condones a form of prostitution called *mut'a* which means "contract marriage".

Traditionally, a contract marriage would last three nights, after which couples may decide whether to continue or separate. However, it is also said that the legality of *mut'a* may have been the result of a Qur'anic verse (Surah An-Nisa verse 24) misinterpretation owing to a lack of understanding of the Arabic language (Al-Islam.org n.d.). It is not clear whether such a practice has been revoked or has in fact never been religiously sanctioned. In any case, the topic continues to be debated among Muslims.

Puncak, a resort area in West Java, is known as a hub for contract marriages between foreigners, particularly from the Middle East, and local women (The Jakarta Post 2011b). In fact, one particular village, Warung Kaleng, was dubbed "Arabic village" as it accommodated many Middle-Eastern tourists. A contract marriage commonly lasts one week at a price of up to Rp. 50 million (approximately US$ 5 000) to be split among the bride, her middleman and the pimp. The wedding is generally performed by an off-duty cleric from the local office of the Ministry of Religious Affairs. In 2007, the local authorities began to conduct raids which were aimed at restoring the village's reputation. Contract marriages have since declined, and rates have gone down to Rp. 3 million (approximately US$ 300) (The Jakarta Post 2011b).

While rates of contract marriages in Puncak may be declining, such marriages continue to exist in parts of Indonesia where foreign individuals work on short-term assignments (Chao 2005). According to Chao (2005), women's rights activists have called on clerics to denounce such practice on the grounds that contract marriages were religiously sanctioning prostitution.

Understandably, considering the manner in which contract marriages are generally described in newspapers, it would seem that these marriages are some sort of commercial sex work.

In this section, the characteristics of the sample are described, followed by the biographical sketch of the participants and a detailed report of their perceptions of contract marriages. The major findings emerging from the in-depth interviews with this group of women are presented at the end of this section.

8.6.1 Characteristics of the sample

To gain insights into contract marriages, six women in such marriages were included in the overall sample of women. Five were still in such a marriage, while one came to the end of her contract marriage a couple of years before data gathering. All the women admitted that they entered such marriages for financial reasons. Although none of the marriages was officially registered, the religious conditions sanctioning marriage were fulfilled. Most weddings were performed by *Ustadz* (Islam teacher), while some were conducted by a cleric.

The age of the women ranged between 19 and 33 years. Most stated a monthly income which fell under the middle income range category, while one participant could be classified as being financially well-off. This participant was also the only one with a junior high school diploma while the rest were high school graduates. All the women had some working experience in the formal sector but, at the time of the interviews, many were staying at home full time.

8.6.2 Biographical sketch of the participants

8.6.2.1 Alysa (aged 30 years, Javanese) had one child, and reported an income in the upper-middle income bracket. Alysa was married to Yulius, a man in his thirties and, at the time of the interviews; her daughter was seven years old. Her husband was caught dealing drugs and was sentenced to six years in prison, where he was expected to serve another four years. Alysa found employment as a café waitress and met Lufan, a businessman in his fifties. Lufan actively pursued Alysa following a series of meetings. Alysa said that she always brought her daughter along to these early dates with Lufan, because she "*felt guilty having a good time without her daughter".*

Alysa was not sure of Lufan's ethnicity, or even of his nationality. She said that he looked Chinese but spoke with a heavy Javanese accent. Alysa told Lufan that she was married and that her husband was in prison. Lufan also confessed that he already had a family. Lufan met Alysa's family and later proposed to marry her contractually. Interestingly, Alysa and Lufan have not actually signed a contract, although the terms of their arrangement were discussed before the marriage and mutually agreed upon. These included a period of four years, during which Lufan was to provide Alysa with a monthly allowance and a piece of land. Alysa considered her marriage as "*sort of official*" though temporary, and had kept her job as a waitress. As Alysa was still married to Yulius, she was, therefore, also in a polygamous as well as a polyandrous marriage.

8.6.2.2 Dahlia (aged 19 years, mixed ethnicity) had no children. Shortly after graduating from high school, Dahlia obtained a job as a waitress at a karaoke bar. It was during one of her shifts that she met Agus, a 34-year-old client who was the assistant manager at a state-owned company, assigned temporarily to Jakarta. Although Agus propositioned Dahlia, she refused to have casual sex with him because she was in a committed relationship with someone else. As Agus persisted in pursuing her, Dahlia agreed to a consensual relationship that was "*somewhat official*". Dahlia suggested a contract marriage to Agus, and he agreed.

She alleged that she was sad to have to break up with her boyfriend, but explained that he was not able to support her financially. Agus was not forthcoming about his life, but Dahlia knew that his wife was in Palembang, Sumatra. The contract marriage was set for two years during which time Agus was to support Dahlia financially, including a rented house. One condition of the contract was that she was not allowed to fall pregnant.

8.6.2.3 Avi (aged 20 years, Sundanese) had no children and was the only participant from the upper income category. Avi was a waitress at a discotheque when she met Erwin. The couple went on a number of dates and finally Erwin offered her a contract marriage. He did not give her specific reasons, but Avi suspected that he was already married. Avi finally agreed to this, quoting greater financial reward as the reason, and kept her job at the discotheque. The combined income she received from her contract husband and from her job thus placed her in the upper economic bracket. Avi's contract marriage was set for three years, during which time Erwin would provide financially for her. Like Dahlia, she was not allowed to become pregnant. Erwin visited her only once a week, sometimes only once every two weeks. Avi thought about quitting her job but decided against it as she *"had plenty of time on her hand and did not wish to waste any of it"*. Keeping her job also meant that she was able to earn extra money to send to her family in the village.

8.6.2.4 Ana (aged 25 years, Sundanese) had no children and was one of two participants in this group who were wearing the veil. She was from the lower-middle income category. Ana met Tony at a restaurant where she was working as a waitress. In fact, Tony was her boss, a man in his late twenties. Tony offered to marry her contractually. In the three-year contract, it was stipulated that Tony was responsible for providing Ana with a monthly allowance and a rented house, specifically mentioning that upon its expiry, Ana would no longer have any right to claim for anything. The wedding took place in the absence of Ana's parents as she did not tell them about her contract marriage. Her parents lived in Bogor, West Java, and had no idea that she was in such a marriage. Like Avi, Ana also kept

her job because she wanted to have her own money.

8.6.2.5 Fanny (aged 33 years, Betawi) had two children. Like Alysa, Fanny was already married when she entered a contract marriage. After the birth of their second child, her husband left for a job in Malaysia as the company which employed him went bankrupt, and disappeared after sending her money a couple of times. Fanny found a job in sales promotion at a clothing store. A friend offered to introduce her to a man who was interested in a contract marriage. Teddy, a Chinese man in his fifties, worked as a car showroom manager. He told Fanny frankly that he was married and had a grown-up son, but Fanny had no idea where his family lived.

The marriage was performed in the presence of her close friend, her friend's parents and her neighbours. The three-year contract stipulated a monthly allowance and a rented house that Teddy was to provide for Fanny. Unlike Dahlia and Amelia who were not allowed to fall pregnant, Fanny was the one who insisted that she would not wish to fall pregnant during the contract, as she was worried that her husband might show up unexpectedly. Like Ana, Fanny kept her contract marriage hidden from her parents who lived in West Java. She had to quit her job after the marriage because Teddy did not allow her to work. As Fanny had remained officially married to her previous husband, she was, therefore, also in a polygamous as well as a polyandrous marriage.

8.6.2.6 Lana (aged 31 years, Javanese) had one child and also wore the veil. She came from the lower-middle income category. At the time of data gathering, Lana had been married three times. Her first marriage fell apart because her husband was unfaithful and they divorced. She then entered a contract marriage, which was over by the time of the interviews. A few years earlier, while Lana was working at a fast food restaurant, her friend offered to introduce her to a 50-year-old Javanese man who was looking for a contract wife. This man, Joko, was interested in a contract marriage because his wife was sick and apparently was not able to satisfy him sexually. For her part, Lana did not mind entering such a marriage because

she was traumatised by her failed "real" marriage, but on the condition that Joko's real wife would never find out about her.

After Joko promised that he would keep their marriage a secret, Lana agreed to marry him. In the beginning, Lana's parents were against the marriage but later admitted that it was economically favourable. Lana's parents finally agreed, but on the condition that Joko buy her a house. Joko concurred and a two-year marriage contract was drawn up, in which it was stipulated that Lana would also receive a monthly allowance. Lana had an unplanned pregnancy which Joko accepted. Shortly after she separated from Joko, Lana remarried for the third time. This time her marriage was official, like her first one. She had agreed to marry this man because he was able to accept the fact that she had been in a contract marriage.

The above biographical data reveal the following main ideas:

1) Despite narrations that spoke of romantic love and ardent pursuit by the men, all of these contract marriages were entered into for sexual reasons by the men and for financial reasons for the women.
2) The men were generally older and already married but seldom spoke about their other lives, which was acceptable to the women as they too wanted their contract husbands to keep their relationships secret from their real wives.
3) The men were from other regions or even from other countries, which appears to be their main reason for seeking a sexual partner while in Jakarta.
4) The women were employed and many did not have children when they entered a contract marriage.
5) Most of the women met their husbands through their work, while some were introduced to these men by friends.
6) Women in contract marriages may in fact be in polygamous as well as polyandrous marriages.

The above points again highlight the need for comprehensive sex education in schools, as women who are involved in contract marriages are generally young and likely to be ignorant about how to prevent unplanned pregnancies as well as STIs including HIV, while they are likely to have more than one sexual partner over the span of their life.

8.6.3 Perceptions of contract marriages

Since contract marriages are generally portrayed as a form of prostitution (e.g. The Jakarta Post 2011b) because they involve monetary transfers in exchange for sexual services, it seemed important, first of all, to establish what the reasons were for women to engage in such marriages. They said:

> **Dahlia**: At first my parents didn't agree, but we had money problems. So, rather than sell sex, our neighbours would talk badly … I lived with my parents and my younger brother. I have to provide for them all … so this is how I do it.

> **Ana**: I prefer to think of it as a means to help my parents.

> **Avi**: Rather than being a prostitute, better be in a contract marriage … my neighbours are like that … big mouth … they'd be thinking bad things … they already talk bad about me because I work in a discotheque. I come home early dawn … but I have to earn a living for my family … they live in the village, they always call me to tell me that my brother or sister needs this and that … what else could I do? I don't get enough money from my salary. I have to pay rent and daily things.

> **Alysa**: I'm so thankful that he is such a good person … Rather than commit adultery, I chose to enter a contract marriage.

> **Lana**: A friend at work lived a glamorous life, always having a good time, going out at night, whereas I stayed home all the time … she offered to introduce me to this older man who was interested in a contract marriage … I said why not, I had a husband once but it didn't work out … I was traumatised by real marriages… to change our life, we need to make sacrifices first.

It is clear, from the above transcripts, that the women's basic reason for entering a contract marriage was financial, thereby confirming general assumptions that, from

this angle at least, contract marriages and prostitution share common aspects. However, the women in this group did not regard contract marriages as prostitution. In fact, they explained the difference between a woman in a contract marriage and a prostitute, as follows:

> **Fanny**: If you're a prostitute you keep changing sex partners, whereas we only have one … prostitution is viewed negatively … going out at night time … the clothes you wear …

> **Ana**: In a contract marriage we are with one person only.

> **Avi**: A contract marriage is better than prostitution … what if you get pregnant and he doesn't want to take responsibility? … I prefer to be in a contract marriage but I don't want to get pregnant, except when I'm in an official marriage … I don't know if it is sinful to be a prostitute but who cares, I'm not one.

> **Dahlia**: I wouldn't get into prostitution, better be in a contract marriage because we have sex with only one person … when you're a prostitute you keep changing partners, you can get STDs, *gonorrhoea* … that would be a problem, right? It would damage our organs … it's wrong to sell sex. Why not get married or something?

> **Lana**: Prostitution is a moment thing … when you're satisfied, that's it … when you're in a contract marriage, and you abide by the religious rule

> **Alysa**: A friend offered to get me a job at a discotheque as a call girl … sometimes she makes 4-5 million Rupiah (US$ 400-500) a night, but I said no … better work at the café although I don't make that much… better do things that are *halal* [permissible according to the Islamic law] rather than *haram* [not permissible according to the Islamic law] … because I have my *hajj* family to consider.

The women were clearly adamant about getting the message across that they were not prostitutes. They associated prostitution with various problems ranging from sexually transmitted infections to unplanned pregnancies. Furthermore, while prostitution was often considered shameful by the women, they were not always sure whether a contract marriage was also a sin.

> **Dahlia**: In my opinion, it's somewhat sad and also shameful ... shameful because when the contract is over, he will automatically leave me. The

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neighbours will be asking … so that would be embarrassing.

Lana: It may be sinful but I'm already in it, so I move on … I guess it's sinful because we take away somebody's husband … his household may fall apart if his wife finds out … so it's like wrecking somebody's household… but it's like an official marriage, so it's okay to do it, no problem … not so bad …

Ana: It's a sin [awkward laughter] … but what can you do? It's good for my family … it would be embarrassing if people around us knew, if we socialised …"

Fanny: Of course it is [sinful] … it is also somewhat shameful … when the neighbours ask, sometimes I tell them he's a relative … or a friend … nobody would find out.

Avi: I don't know … I would get a headache wondering about that … if people want to gossip, let them … what counts is I'm in a contract marriage with him, I get money from him and he fulfils all my daily needs. .

Only one participant was certain that in her own mind, a contract marriage was not a sin:

Alysa: No, it's not sinful because the aim is to get a livelihood … it's not like prostitution and it's not shameful because it's kind of official, although only for 4 years.

The above transcripts show that for some of the research participants it was important to maintain a good image. For others, a contract marriage simply meant gainful employment. Interestingly, as the transcripts below show, most women viewed polygamy negatively, while many of them were actually in polygamous marriages. Most participants noted that fairness towards their wives was a condition for men to engage in polygamous marriages.

Alysa: If the husband can be fair then its fine, but that rarely happens … I wouldn't cause shame to my family by engaging in polygamy … my neighbour was in a polygamous marriage …the first wife came over to her house and lashed out at her.

Avi: I think it's bad because one already has a wife. If he has another one, how can he provide financially for her? … His wife would be asking for this and that, he'd be in trouble and they would get into a fight.

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Lana: "That would be a sin … It is quite forbidden by the religion … it's crazy, we're talking about sex maniacs (laughter) … I would never do it. I will never share a husband again.

Fanny: I think it's bad … because the first wife is hurt … even if the man can be fair, it's still bad.

Ana: Fair or unfair, I don't agree with polygamy … back in the day the Prophet had several wives; but these days, if a man has three wives, how can he provide financially for them all? … I feel sorry for those women. That's why I don't agree … it's not really about fairness or unfairness … it would hurt if we had to go through that.

It was interesting that none of the participants in this group realised that they were in fact also in polygamous marriages. It was also curious that, according to these research participants, wives in polygamous marriages were assumed to know each other and to have accepted the idea of sharing their husbands. It would seem that the secrecy that surrounded their contract marriages made these arrangements more acceptable to them than polygamous unions. This suggests that perceptions of polygamy differ among different individuals.

Unlike most participants in polygamous marriages, women in this group generally appeared contented with their lives, probably because of the financial gain and secrecy related to these short-term contracts.

Lana: I get more good than harm out of it … my house is far away from where his wife is, so we can go out together anywhere and nobody suspects anything.

Alysa: I have no financial burden … other women in contract marriages may not be free to do things, but it's different with me … he lets me keep my job, allows me to be in contact with whomever I want, including my husband, and even my in-laws.

Fanny: The good thing is I get money every month.

Avi: He's a good man … he cares about my family. He always asks about my parents and even calls them sometimes … my parents wish he would marry me, but he doesn't want to … I don't really know why. Maybe he

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already has a wife."

The narrations did reveal some regrets about these arrangements that ranged from the self-induced secrecy to the preclusion of a more permanent arrangement, for example:

> **Lana**: I'm afraid his family would find out … I care about him but not fully because he already has a wife … I wouldn't know what to do if I came to really care for him, he's somebody's husband, I'm only a contract wife.

> **Fanny**: I worry that my husband's family would find out … if I don't hear from my husband, I may extend the contract for another 3 years … or one year … The difficult thing with him [her contract husband] is that he's old [laughter].

> **Dahlia**: Sometimes I have regrets, sometimes I'm glad … I'm glad because I can help my parents so they don't have to take charge of my younger brothers' and sisters' education … but why am I in a marriage that's not official?

> **Avi**: My friends are already officially married. I'm the only one in a contract marriage … if he doesn't want to continue the contract, well, I will accept it. I will have to find another. I'm still young anyway … this is a temporary thing. I wish it could last forever.

> **Alysa**: You often feel lonely in a contract marriage … I guess that's the risk.

For others, still, their contract marriage appeared to have fostered mutual emotional feelings, engendering some sort of longing among the women.

> **Ana**: I grew to care about him … he grew to care too ... sometimes he would text me but I would get worried … he had a family, what if they found out? He said they wouldn't find out … he always contacted with me, always texted me when he was in China, asking how I was … I wish I could be in a serious relationship with him but that's not possible, he already has a family … I'm afraid to get married [with somebody else] … I worry that no one would accept me. When you're about to get married you have to be open [about your past], right?

> **Alysa**: We seldom get together … he only comes to see me twice a week … but I have agreed to that from the beginning. I have never asked for more… I just accept it … Allah is so good to me, to my daughter, my family … he's willing to provide for all our needs, ensure a good life for us … but soon the 4 years will be over … what will I do

without him? … I don't want to expect things, if he is my *jodoh* and our contract is extended, I will accept. But if he doesn't want to extend it, what can I do? I will just be thankful … I think I care about him but I keep thinking … I shouldn't feel like this … Maybe his children won't allow him to remarry.

The main regret associated with a marriage contract was thus that it was temporary. Again, the above narratives highlighted the marital imperative among Indonesian women, even among those in a contract marriage who aspired to assuming the role of a real wife in a real marriage.

8.6.4   A summary of the findings

Contrary to information in the media (e.g. The Jakarta Post 2011b), the women's narratives revealed that contract marriages might in fact last many years and might even be extended. Although the participants engaged in such marriages for financial reasons, emotional feelings often developed between the couples, contrary to general assumptions that they were devoid of mutual love or care as contract marriages were portrayed as commercial sex work. For some, the prospect of breaking up at the end of the contract became a painful anticipation.

Furthermore, this study showed that women in contract marriages were often also in polygamous marriages as the men they were involved with were generally married. This further corroborates Nurmila's (2009 as cited in Parker 2012) claim that polygamy is widespread and growing, although it remains difficult to estimate its prevalence, owing to a lack of data. The in-depth interviews also revealed that women might also be in polyandrous marriages because they were often engaged in contract marriages while they were not officially divorced from their real husbands.

Although contract marriages are sexually oriented, participants in contract marriages did not perceive themselves as prostitutes. In fact, all the women condemned prostitution, which they considered a disgrace. While the participants acknowledged a contract marriage as one that was not "real" and somewhat

shameful, they believed that their marriages were in conformity with the Islam religion, supporting women activists' concerns that contract marriages religiously sanctioned prostitution, as reported by Chao (2005). In Islam, a marriage is considered legal when an exchange of vows has been performed between the groom and the bride's father or, in his absence, a man who has been appointed to represent her, in the presence of two witnesses (O'Connell 2010). Contract marriages are unregistered as they are often illegal polygamous marriages, but probably also because they are temporary.

Women in contract marriages are as vulnerable to STIs, including HIV, as those who are officially married, and are also exposed to risks of unplanned pregnancies, given that bearing children is obviously not part of the contractual terms and may in fact be specifically prohibited. In terms of HIV and AIDS prevention, men in contract marriages are part of HRM and are unreachable by current strategies because they do not necessarily conduct their extra-marital sexual activities within brothels or other places associated with prostitution, such as bars and karaoke places. This, therefore, further supports the need for outreach interventions or, in the absence of that, comprehensive education about safer sex for the general population.

8.7   SUMMARY OF THE QUALITATIVE PHASE OF THE STUDY

Various transcripts of the participants' interviews in this qualitative phase of the study show that women's role, as perceived today, remains in agreement with the New Order state ideology which promotes a unitary woman's role as wife and mother. The women's descriptions of what they perceived as the ideal wife and husband totally correspond to the vision of the New Order regime about the role of women and men. The ideal type of woman, as encouraged by the state, is one who is married and preferably a housewife as she is in charge of the household, while men are head of the family and responsible for earning a living. Since unmarried women are believed to be "incomplete", it is understandable that the marital imperative continues to loom large despite the new education and

economic opportunities for women, as demonstrated by the narratives of single participants in this study as well as those of women in contract marriages who aspire to "real" marriages.

This study also found that many marriages stem from unplanned pregnancies. This highlights the lack of knowledge about safe sex among young people, which leaves them vulnerable to misleading information about sex from questionable sources.

For many participants, *adat* plays an important part in shaping their various perceptions, particularly in the course of their childhood and adolescent years, during which they receive advice from their parents. This advice is generally in the form of religious convictions and personal beliefs hinging on traditions passed down from generation to generation. With the rise of an increasingly conservative Muslim mainstream, more and more Javanese traditions are viewed as violating Islam, as they are based on animism and dynamism. While Islam believes in the oneness of God, animism and dynamism are founded on other forces than God. As a result, many Javanese rituals are abandoned.

In contrast, various interview excerpts show that most Minangkabau traditions have been upheld although they are clearly in breach of Muslim principles. The Minangkabau form the largest group of matrilineal people in the world and the main matriarchal society in Indonesia. Despite points of conflict with the Islam religion and although most Minangkabau are orthodox Muslim, *adat* traditions continue to be endorsed, in particular those concerning inheritance and women's authority. Minang women are seen as protectors of the family, thus implying their leadership.

Furthermore, while some *adat* traditions, particularly Javanese, appear to support the above state ideology, the Islam religion may actually play an equally – if not more – significant part in perpetuating perceptions about women's primary role as wife and mother. In Islam, men are said to be guardians of women because men

are created as superior beings. The Qur'an also refers to a virtuous woman as one who is obedient. While many Qur'anic verses are fairly open to interpretations, verse 5 about women's obedience in *Surah An-Nisa*, on the other hand, appears to leave little room for other readings. Understandably, *ustadz* would be geared towards bringing this message home to their audience: namely, during the *pengajian* sessions which most Muslim women in this study have attended. Obedience to one's husband emerged as an important theme in discussions about the perceived role of a wife as well as that of the "ideal wife". While non-Muslim participants also shared common perceptions about women's primary role, obedience to one's husband was not mentioned. Approximately half of the Muslim participants in this study were wearing the *jilbab* but practically all, including those from other religious backgrounds, agreed that it should be worn only by those women who practise Islam according to the religious rules and whose conduct reflects the purity of their hearts.

Inter-religious and inter-*adat* marriages remain a sensitive issue. While the state promotes harmony among different ethnic groups and does not intervene in inter-*adat* marriages, restrictions associated with inter-religious marriages clearly show the strong influence of conservative Muslim groups in state regulations. These also include polygamy which is legal though restricted. In practice, many men engage in illegal polygamous marriages. As demonstrated by this study, women are often forced into such a marriage, thus highlighting other reasons, besides religious, for engaging in polygamy.

Furthermore, contract marriages are generally considered a form of prostitution as they are sexually-oriented and involve monetary transfers. As a result, raids have been conducted in various places in Indonesia where such a practice was known to be taking place. Interestingly, women in contract marriages in this study did not view themselves as prostitutes. In fact, they condemned prostitution which they considered a potential source of sexually transmitted diseases and unintended pregnancies owing to the involvement of multiple sexual partners. Oftentimes, women in contract marriages were also in a polygamous marriage, while women in

contract and polygamous marriages might also, unintentionally, be practising polyandry. Unlike polygamy, polyandry is illegal. Although few women engage voluntarily in illegal polyandry, there may be more cases of polyandry in this country than generally presumed. This is made possible by weak law enforcement which allows for the easy obtainment of fake identity cards on the one hand and leads to many marriages as well as divorces being unregistered on the other.

Moreover, while only 51 per cent of Indonesian women are estimated to be part of the labour force in 2012, a number of women in this study were earning money by engaging in the informal sector, such as working as domestic workers, or running small businesses. This implies that more women may be participating in the national economy but are not recognised for their contributions. Such women view themselves simply as "housewives", as shown on the forms they were requested to fill out at the time of the interviews which, they said, was also stated on their identity cards. Doing business and jobs with fixed and shorter working hours were mentioned as the "ideal jobs" for women as these would allow them to take care of their families while earning money.

In discussions about "freedom", few participants made comments associated with financial freedom. Many alluded to a restricted freedom because responsibility was seen as the other side of the coin which set boundaries on freedom as they understood it. While these restrictions were in general related to their role as wife or mother, it appeared that motherhood was taken to heart, as children were often cited as the source of their happiness.

Few participants were aware of gender equality issues. Most said that they had never even heard of such a term. Considering that the New Order state ideology about women's primary role as wife and mother remains anchored at the base of the women's reasoning, division of labour was considered acceptable though somewhat unfair. Gender-oriented regulations, particularly the 30 per cent quota established in 2008 by Parliament for women's participation as candidates and board members in all political parties, were viewed as incoherent. It was argued

that if men and women were to be equal, regulations should not restrict or favour one sex over the other. While women were viewed as generally unprepared to step outside the realms of the domestic sphere, education was considered a better approach to encourage women's participation in the public domain.

Finally, all of the participants were familiar with the term "HIV and AIDS" but had a limited knowledge of the disease. While most knew that HIV can be contracted through sexual intercourse, none was aware that mother-to-child transmissions can be prevented. Most also said they would not stigmatise people living with HIV but their comments often showed the opposite. This implies that stigma is not perceived as such by those enacting it.

All of the participants were in favour of a regulation requiring pregnant women and people who were about to get married to be tested, but their comments underscored the need for pre-marriage tests to be thought through. If one considers the limited knowledge of HIV and AIDS among the general population, cancelled marriage plans as well as an increasing number of unregistered marriages may be expected as a result of such a regulation, although this would constitute a well-needed intervention to prevent women from being HIV-infected by their future husbands in light of the mounting HIV infection rates among married women.

Last but not least, diseases related to female reproductive organs, particularly breast and cervical cancer were viewed as the most serious health problems for women. The participants were aware of the need to seek a doctor when one falls seriously ill, and were positive about alternative therapy to be taken as a complement to medical treatment. Treatments that involve mysticism were in general viewed negatively, although with the benefit of the doubt.

8.8   CONCLUSION

Despite 15 years of democracy, women's primary role continues to be perceived as that of caretakers of the household and educators of their children, while men are still recognised as heads of the family and the main breadwinners. Such findings confirm the persistent influence of the New Order's conceptualisation of women's unitary role as wife and mother even in the post-Soeharto era, as argued by Kuswandini (2010). The "ideal woman", as promoted by the New Order regime, is a wife and mother although she is also a partner in development (Sudjudi n.d.). Niehof (2003 as cited in Sudjudi n.d.) notes that in family planning programmes during the New Order era, "Indonesian women's roles are constructed within a framework of tradition, Islam, and state ideology". To assume the role of educator of her children, a woman needs to be formally educated. This was another prominent theme that emerged from this study, highlighting the general perception that a woman's formal education was not intended for a career but, rather, for the benefit of her children.

The only group of women who seem to be able to defy this stereotype are those in contract marriages as they are able to remain childless, keep a paying job, and be in a union with a man who provides for them financially without making any further demands. While this may seem to support women's agency or self-interest, women in contract marriages actually aspire to assuming the role of a genuine wife in a genuine marriage, as they are well aware that their contract marriages are not real.

This is interesting in light of the possible (and certainly expected) limitations that a real marriage imposes on their personal freedom, which implies the altruistic nature of their aspirations with respect to their family. This corroborates the argument that the New Order state ideology continues to persist.

While it is also coherent with Moser's (1993 as cited in Sudjudi n.d.) claim that during the New Order era women's role as wife and mother was portrayed through

their altruistic nurturance of their children and their husbands, women's altruism was confirmed by the participants' lived experiences in post-Soeharto Indonesia. At the same time, because women are expected to be a wife and mother, it is understandable that unmarried women believe themselves to be "incomplete", as indicated by comments by single participants in this study. Therefore, the marital imperative looms large among single women and women in contract marriages. This echoes the findings by Smith-Hefner (2009) that Indonesian women are still expected to marry and have children despite the new education and economic opportunities for women.

This study also found that many marriages (of all different types) stem from unplanned pregnancies. This supports the argument of Sedgh and Ball (2008) that large numbers of women have unplanned pregnancies each year in Indonesia and highlights the lack of knowledge about safer sex among the general population, thereby corroborating the urgent need for universal access to sexual reproductive health services regardless of marital status, as well as comprehensive sex education.

In order to understand why the notion of the ideal woman as promoted by the New Order regime persists, complexity theory can be employed.

Complexity theory provides a way of investigating and discussing various social phenomena that lie beyond the realms of reductionist analysis or traditional scientific insights (Newell 2008; Zimmerman *et al* 1998). The lens of complexity theory was used in this study in order to interpret various interactions leading to women's vulnerability to HIV and AIDS and their preference to be domestic carers, which entailed the investigation of a number of social phenomena. Among these were the continued persistence of the state ideology and the influence of the movement on *adat* and Islam revival, which were analysed in terms of their *co-evolution* (interaction) with their environment. This is discussed in depth in the final chapter.

Thus, *adat* appears to play a critical part in shaping women's perceptions, as most research participants confirmed having received advice from their parents during their adolescent years. Such advice confirmed personal beliefs and religious convictions. Respect and harmony were strong themes in the participants' narratives, confirming the assertion by Gordon (2005 as cited in Smith-Hefner 2009) of the predominance of the Javanese culture, thereby highlighting the great influence of this culture upon others.

This is consistent with the opinion of Adamson (2007) who argues that the familial relationship in Java is one of moral obligation founded on four concepts including harmony and respect, which are central to the governance and maintenance of the family. According to Smith-Hefner (2009), the conceptualisation of respect among the Javanese, which implies obedience, is part of a social norm determining appropriate conduct among the young. Asymmetric interactions are, therefore, commonplace, including within the family, as younger people are expected to be respectful to older people.

Various excerpts from the transcribed interviews suggest that the demand to revere elders as a matter of respect and the suppression of individual interests for the sake of harmony may have caused participants to internalise their roles as subservient wives. Another theme that emerged from this study is the notion that women must obey their husbands. This appeared to substantiate the view of Mulder (1994 as cited in Adamson 2007) that suppression of individual interests and maintenance of gendered roles operates as a moral category to balance out potentially negative consequences of individuals demanding more at the expense of social harmony. Moreover, this study corroborates the view by Argawal (1997) that, while social norms relate to customs that are established, incorrect perceptions could be institutionalised as social norms. However, as also argued by Argawal (1997), although norms are influenced not only by perceptions, these may affect bargaining power independently of norms.

Furthermore, the rise of an increasingly conservative Muslim mainstream over the

past two decades saw a growing number of women wearing the veil and participating in *pengajian* sessions. The ideal Indonesian woman is now portrayed not only as intelligent and moral but also as *shalehah* (Rinaldo 2011). Half of the Muslim participants covered their heads, and as many had attended *pengajian* sessions. Considering that the interpretation of Islamic scriptures has often been associated with a patriarchal bias, the role of *ustadz* who lead these sessions is, therefore, decisive in the way religious messages are conveyed to the audience. In Islam, men are said to be guardians of women. It is, therefore, possible that perceptions about women's obedience to their husbands may also have stemmed from such interpretations. Whereas participants from other religions share common perceptions about women's and men's primary roles, none mention obedience to one's husband.

For many Javanese participants in this study who grew up in an environment heavily infused with *kejawen*, many *adat* rituals are now viewed as violating the Islam religion. Islam is founded on the belief in the oneness of God, whereas the Javanese culture is based on dynamism and animism which are oriented towards other forces than God and which are considered the original religions of the Javanese people (Pye, Franke, Wasim & Ma'sud 2006). Many *adat* rituals have, therefore, been abandoned, signalling a decline in *kejawen* predominance in the archipelago. On the other hand, the state ideology of the New Order regime, which drew out and promoted the four Javanese principles of family: namely, harmony, respect, mutual deliberation and cooperation (Adamson 2007) through state programming, continues to prevail among the Javanese as well as the non-Javanese in the post-Soeharto era.

For the Minangkabau, in contrast, who are known as the largest matrilineal population in the world and the main matriarchal society in Indonesia (e.g. Hand n.d.), it appeared that conservative Islam has not brought about dilemmas despite obvious points of conflict with their *adat*. As demonstrated in various excerpts in this study, women in Minangkabau remain sole beneficiaries of the family's most valuable assets, referred to as the "higher inheritance", and are viewed as

protector of the family, thereby implying their leadership.

The divergence resulting from Islam's intersection with the Javanese *adat* on the one hand and with the Minangkabau *adat* on the other, may perhaps be understood in terms of intersectionality. According to Walby (2007), not only the intersection of gender with class is important, but also those with ethnicities, nation, religion and other complex inequalities. While complexity theory offers the toolkit needed for a paradigm shift in social theory, Walby (2007) proposes the theorisation of simultaneous multiple social inequalities, which has become a major issue in social theory. When theorising simultaneously multiple complex inequalities, she argues, it is insufficient, at the point of intersection, to treat them merely as if they are to be added up, because they can also change one another.

Moreover, participants in this study did not view women who stay home full time negatively as they regarded this as beneficial to the wellbeing of children. For many, in fact, children were the source of their happiness. Certainly, this was consistent with the perceived women's primary role, while also confirming Yulindrasari and McGregor's (2011) statement that motherhood remains the prescribed core identity of Indonesian women. Supporting this view further, participants cited jobs with fixed or shorter working hours as the ideal occupations for women, which corroborates the argument of Hakim (2006) that women's jobs revolve around those that can be done on a part-time basis and those with fixed working hours that can be fitted around family life. Hakim's (2006) *preference theory* provides an explanation as to why women at the turn of this century continue to exhibit different labour market circumstances than men. In her view, choice, rather than patriarchy or sex discrimination, is at the core of women's current situation.

There were mixed views regarding women's financial independence emerging from this study. This seems to suggest that earning a living is not seen as women's main responsibility. Since a woman's primary role is seen as caretaker of the family, the notion of gender equality has not been well established among the

research participants. Most of the participants in this study admitted to having never heard of the term "gender equality" while gender-oriented regulations were considered incoherent because they favoured one sex over the other. Many thought that the division of labour was acceptable, though somewhat unfair, considering that the responsibilities of men and women were clearly delineated as far as they were concerned. The strong identification with family responsibilities and motherhood considered as the core of the female role, which were strong themes in this study, are consistent with the findings by Molyneux (2002) in her research among Latino women, suggesting that women in this country, like Latino women, may not share the ideals of equality feminism as understood in the West.

While it remains to be seen whether or not Islam and *adat* revival will prove, ultimately, to be detrimental to women's status in Indonesia, the role of the state, in the meantime, has clearly emerged as a significant factor in the balance of gender equality. Control over family values by the state and prevailing socio-religious groups are still important features in this country, where marriage remains a widely contested issue (Bedner & Van Huis 2010), and the implementation of the *Sharia* law in Aceh clearly discriminates against women, in particular as far as dress codes are concerned.

Moreover, the persistent influence of conservative Muslim groups continues to occur in state regulations. For example, the Compilation Law prohibits a Muslim man from marrying a non-Muslim woman and prohibits a Muslim woman from marrying a non-Muslim man (Butt as cited in The Library of Congress n.d.). In addition, the provision allowing such marriages remains excluded from the Marriage law (The Library of Congress n.d.), thus making it difficult to register inter-religious marriages, as confirmed by the participants' narratives.

While an addition to the Penal Code on adultery aimed at punishing men who engage in pre-marital sex with jail sentences of up to five years was recently introduced to Parliament (Gates 2013), polygamy remains legal though restricted. In practice, many men engage in illegal polygamous marriages as they fail to

obtain the consent of the first wife, which is a requirement. As shown in this study, women were often duped into such a marriage, highlighting weak law enforcement as another reason for polygamy.

Women in Indonesia are known to engage in contract marriages (Jacubowski 2008) but few studies have addressed this issue. These temporary marriages are often portrayed as prostitution in terms of being sex-oriented, short-term and, therefore, devoid of feelings of care or love. In such a practice, according to information in the media, men purchase a bride at a fee that is shared by the bride, her middle-man and the pimp.

Participants in this study who were or had been in a contract marriage, however, did not engage in such a marriage through a pimp (although some were introduced to the men by friends) and did not perceive themselves as prostitutes, probably because their contract marriages were years long rather than a matter of days. In fact, they condemned prostitution. The women in contract marriages were often also in a polygamous marriage because the men they were involved with were married. Women in contract and polygamous marriages might also have been practising polyandry as divorces with previous husbands were often unregistered. Unlike polygamy, polyandry is illegal in this country. These findings further highlight weak law enforcement as a primary cause for unregistered divorces in Indonesia besides few benefits, as argued by Bedner and Van Huis (2010).

One of the main objectives of this study was to explore the reasons for so few Indonesian women participating in the labour force (51 per cent in 2012 according to the World Bank 2013), as opposed to a number of other South-east Asian countries in which such rates were over 70 per cent. While it was true that most married women in this study were not earning regular wages, a good number of them were engaged in informal jobs or running small businesses. However, despite their obvious involvement in the national economy, women in the informal sector as well as those running small businesses were probably not included in the

national statistics as their contributions were not recognised. The fact that their professional status was stated as "housewives" on their identity cards and that the women also viewed themselves as such, might also have contributed to their economic participation being unrecognised.

Moreover, confirming previous reports on the low levels of knowledge of HIV and AIDS among the general population (IMOH 2011c; JICA 2011), the women in this study had a very limited understanding of the disease. Knowledge of PMTCT programmes was poor, although every one of them was familiar with the term "HIV and AIDS". While the stigma attached to HIV and AIDS is closely associated with misconceptions about the disease, these, in turn, are strongly correlated with ignorance (e.g., Bekele & Ali 2008). Although most of the participants said that they would not stigmatise people living with HIV, their comments often showed the opposite, thereby highlighting that stigma may not be perceived as such by those enacting it.

On the upside, the fact that participants in this study were supportive of a regulation requiring pregnant women to be tested confirmed that women would act, as expected, in the interests of their children, as motherhood continued to be perceived as their core identity, as noted by Yulindrasari and McGregor (2011). However, the notion that women must obey their husbands may also have led women to trust their husbands unconditionally, thus contributing to their vulnerability to HIV and other STIs. As a man is perceived as a "superior" person and leader of the family, it appears doubtful that women would suggest the practice of safer sex even if they had some knowledge of risks associated with unsafe sex which, therefore, further supports the urgent need for driving home safe sex messages, in particular among women and female adolescents.

This appears to corroborate the argument of Argawal (1997) that gender relations are also revealed in ideas and representations, such as different abilities, attitudes, desires, personality traits and behaviour patterns ascribed to women and men. In her opinion, therefore, cognisance must be given to the various factors

affecting bargaining power which are central in bargaining outcomes, most particularly those that are outside the realm of analytical specifications and treated as exogenous. While a regulation requiring pregnant women to be tested for HIV may greatly reduce rates of mother-to-child transmissions, women are left vulnerable not only to sexually transmitted infections, including HIV, but also to unintended pregnancies.

Participants in this study were also in favour of a regulation requiring people who were about to get married to be tested for HIV, but allusions to cancelled wedding plans as well as an increasing number of unregistered marriages following such a regulation were possibilities that call for a serious consideration, given the widespread ignorance about HIV and AIDS (Lyn & Wulandari 2011), and the absence of commitment on the part of the authorities to reach out to the general population. Without this regulation, however, it is feared that Indonesia has yet to wait a long time for "getting to zero", considering that current HIV and AIDS strategies are incapable of performing early detection among many HIV-positive people.

Finally, while all of the participants were aware of the need to consult a physician in case of serious illnesses, most were supportive of alternative therapy to be taken in complement to medical treatments. Treatments involving mysticism were in general viewed negatively, although some participants were inclined to give them the benefit of the doubt. These findings are consistent with the argument by MacKian *et al* (2004) that the provision of medical services alone in efforts to reduce health inequalities in developing countries is inadequate, and supports the necessity to recognise traditional and unqualified practitioners as an important resource, as suggested by Ingstad (1990 as cited in MacKian *et al* 2004).

In conclusion, the results of this study highlight the strong influence of social norms, in particular *adat* and Islam, which emerge as critical factors accounting for the gendered nature of women's occupations. While women's unitary role as wife and mother as portrayed by the New Order government is no longer encouraged,

religious beliefs resulting from an increasingly conservative Muslim mainstream appear to have taken over the functions of the former regime in promoting such a role. The state, on the other hand, whose decisive role may determine whether or not the influence of social norms will ultimately prove detrimental to women's condition in this country, is itself under the influence of orthodox Muslim groups, as demonstrated by the religious bias in various state regulations.

Furthermore, as shown by various transcripts in the interviews with women from Aceh, it is clear that the state plays a decisive role in the balance of gender equality as evidenced by the obligation of women to wear the veil in Aceh where the *Sharia* law is implemented. Dress code may reflect a desire to control women's sexuality and underlying discriminatory attitudes, objectifying women and denying their personal autonomy (AI 2012).

Moreover, considering that motherhood remains the prescribed core identity of Indonesian women (Yuliandrasari & McGregor 2011), it appeared logical that most married women would be inclined to stay home full-time or engage in occupations that could be fitted around their family life. However, while the researcher agrees with Hakim (2006) that being a housewife may be considered a matter of choice rather than gender discrimination, it is her conclusion from this study that this choice is strongly influenced by patriarchal values propagated by *ustadz.* The notion that women must obey their husbands raises particular concerns because not only does it negate women's agency and affect their bargaining power, it also contributes to their vulnerability to sexually transmitted infections, in particular HIV, as well as unplanned pregnancies.

While the role of the state is a decisive factor in the balance of gender equality, and the state certainly has the capacity to effect this, it appears unlikely that regulations seen as challenging Islam values will be issued any time soon. Sex education, for example, remains absent from the curricula of public schools. To some extent, this may be attributed to assumptions that such an education may encourage extramarital and premarital sex. The state may also require gender-

neutral preaching in *pengajian* sessions, but such measures are likely to backfire as they may be taken to mean that the government is "anti-Islam", and are certainly not in the interest of many who aspire to top-level posts in the next government, in light of the presidential elections coming up in July 2014.

In the next chapter, the results of the Delphi phase and the qualitative phase of the study are analysed and interpreted through the lens of complexity theory.

CHAPTER 9: CONCLUSION

9.1   INTRODUCTION

With the rate of new HIV infections having increased by 2,6 times between 2001 and 2012, Indonesia is currently facing an "emerging" epidemic (UNAIDS 2013). It is one of only three countries (besides Pakistan and the Philippines) in Asia and the Pacific having to deal with a fast-spreading epidemic (UNAIDS 2013). As a result of growing rates in heterosexual transmissions which have taken over those through IDU (JICA 2011), women are now the group most vulnerable to HIV infection.

As described in Chapter 1, the main objective of this study was twofold. The first was to isolate major issues in Indonesia's current HIV and AIDS policy that are deemed problematic by various stakeholders involved in the planning and implementation of HIV and AIDS programmes. This entails proposing solutions to enhance such policy and to suggest future possibilities, in order to allow the nation-state to control and alter the course of the epidemic before it reaches a generalised level.

The second objective was to bring to light distal factors that may have played a determinant role in accounting for the gendered nature of the current HIV-infection. In doing this, the possible reasons for many women in Indonesia being seemingly attached to domesticity[39] were also explored, given that female labour participation rate in this country (51 per cent in 2012) is lower than that of some other South-east Asian countries, such as Myanmar and Cambodia, that is, 75 and 79 per cent respectively that same year (World Bank 2013).

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[39] Of note, domesticity in this study is based on the definition offered by Williams (2001), i.e. a particular organisation of market and family work, and masculinity and femininity conceptions that support gender roles based on breadwinner/primary caregiver positions, in addition to women's role in the home.

A final objective in this study was to synthesise the findings of both the Delphi technique and the qualitative interviews through the lens of complexity theory. A perspective informed by complexity theory was, therefore, used to translate various social phenomena in terms of CAS (as shown in the words written in italic), the analysis and interpretation of which are presented in this chapter.

Two graphs are presented below that are geared to facilitating understanding of the aims of this study described in the language of complexity theory. It should be noted that these graphs constitute simplified versions of various *co-evolution* processes associated with the social phenomena under investigation and, therefore, do not entirely reflect holism, given that they do not account for the following:

1) "All" *complex systems* in these phenomena (including in particular the social actors)
2) "All" levels of *co-evolution*[40] processes

Figure 9.1 (see next page) illustrates two possible scenarios reflecting *co-evolution* processes of various *complex systems* (represented by each of the circles), which may occur as a result of the implementation of an enhanced national HIV and AIDS policy.

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[40] Of note, *co-evolutions* are often referred to as "*feedback loops*" (e.g. Fourie & Foller 2012), and signify "ongoing co-adaptations" (e.g. Davis & Sumara 2006 as cited in Newell 2008), or simply "interactions"

Figure 9.1: **A visual representation of Indonesia's HIV and AIDS epidemic**
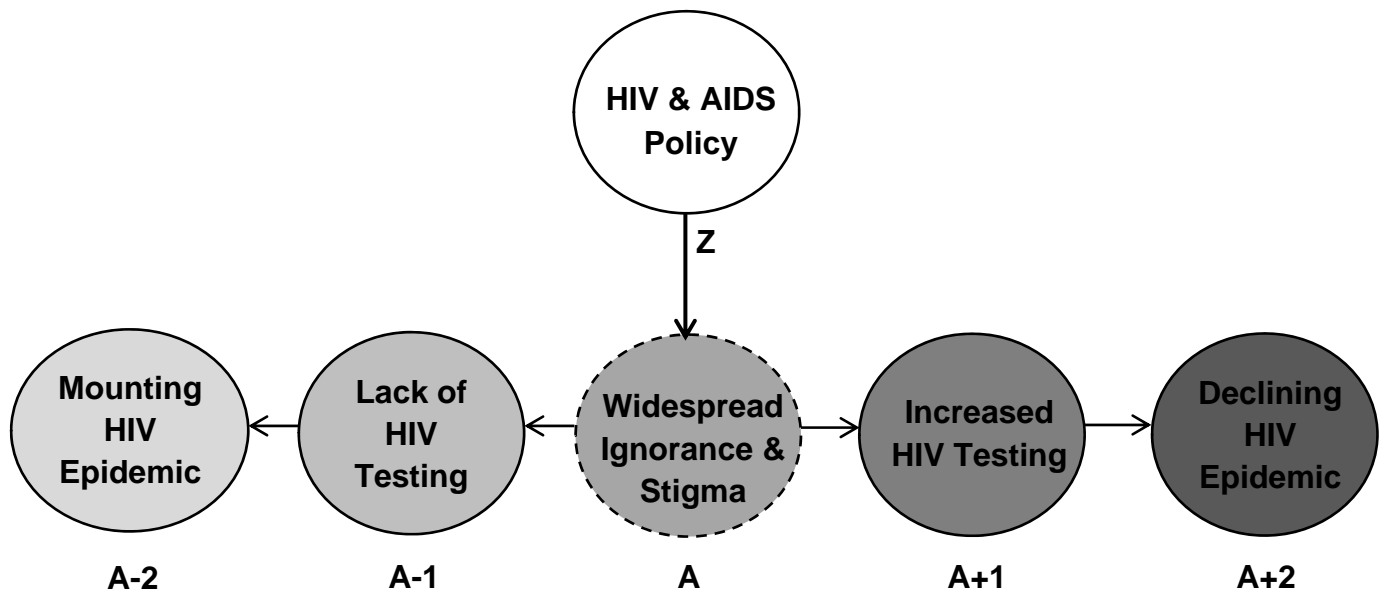
- Each of the circles is a social phenomenon that represents a Complex System (CS)
- Z represents "outside forces" that may steer the bifurcations in A, leading to emergent CS
- A+1 and A-1 are emergent CS
- A+2 and A-2 are emergent CS at a higher level

The first scenario (represented by A, A-1 and A-2) illustrates the possible impact of a national HIV and AIDS policy that does not encompass interventions for the general population. In this scenario, A-1 (lack of HIV testing among the population) is an *emergent* phenomenon which will lead to A-2 (a mounting HIV and AIDS epidemic), which is an *emergent* phenomenon at a higher level. The introduction of such policy will negate the core premises of complexity theory because it does not contain any novelties that are expected to produce "big" differences in terms of HIV and AIDS outcomes.

The second scenario depicts the possible impact of a national HIV and AIDS policy which includes those objectives aimed at the general population that failed to reach absolute consensus in the Delphi exercise. In this scenario, A+1

(increased HIV testing among the population) is an *emergent* phenomenon leading to A+2 (a declining HIV and AIDS epidemic), which is an *emergent* phenomenon at a higher level. The *complex system* represented by Z stands for "outside forces" that may drive the *bifurcation points* inside of A in one direction or another (towards a mounting or declining epidemic). *Bifurcations* are points within a *complex system* that may be steered to some extent from the outside in a particular direction.

The first aim of this study was to identify particular HIV and AIDS strategies (*complex systems*) that might facilitate *emergent* new behaviours, as exemplified here by increased HIV testing among the population, which might lead to the reversal of the epidemic as a result of their interaction processes (*co-evolution*) with the environment (other *complex systems* including the social actors). These particular strategies are expected to steer the *bifurcations* in such a way that they may lead to widespread motivation to test for HIV (*phase transition*) if implemented at the level of policy. This is thus an attempt to predict the emergence of new desired social phenomena, made possible by the implementation of an enhanced HIV and AIDS policy that includes those specific interventions.

Before discussing Figure 9.2 (see page 513), the researcher wishes to point out that the relatively less privileged status of Indonesian women is not only rooted in gender inequality. In addition, gender inequality should not be exclusively associated with women's lack of participation in the public sphere. As gender inequality became a key concept in mainstream political thought, the view that domestic carers are victims of gender inequality also gained currency. As noted earlier, the World Bank (2013) suggests that in 2012, although women's labour participation rate in Indonesia (51%) was *significantly* lower as opposed to that in Myanmar (75%) or Cambodia (79%), it was only *slightly* lower than that in the USA (57%) or the United Kingdom (56%).The very fact that Myanmar's and Cambodia's female employment rates are higher than those in these developed countries should have, in principle, already falsified the claims that Indonesian women are worse off. Based on this study's findings through the lens of complexity theory, it

appears that women's perceived primary role as wife and mother, as promoted by the prevailing *adat*-based New Order state ideology (which defines men as bread winner and head of the family, and women's primary role as that of wife and mother) is a likely phenomenon to account for Indonesian women's vulnerability to HIV and lack of enthusiasm for public participation, as discussed below.

Figure 9.2: **A visual representation of gender equality ideologies, factoring in the national HIV and AIDS policy**
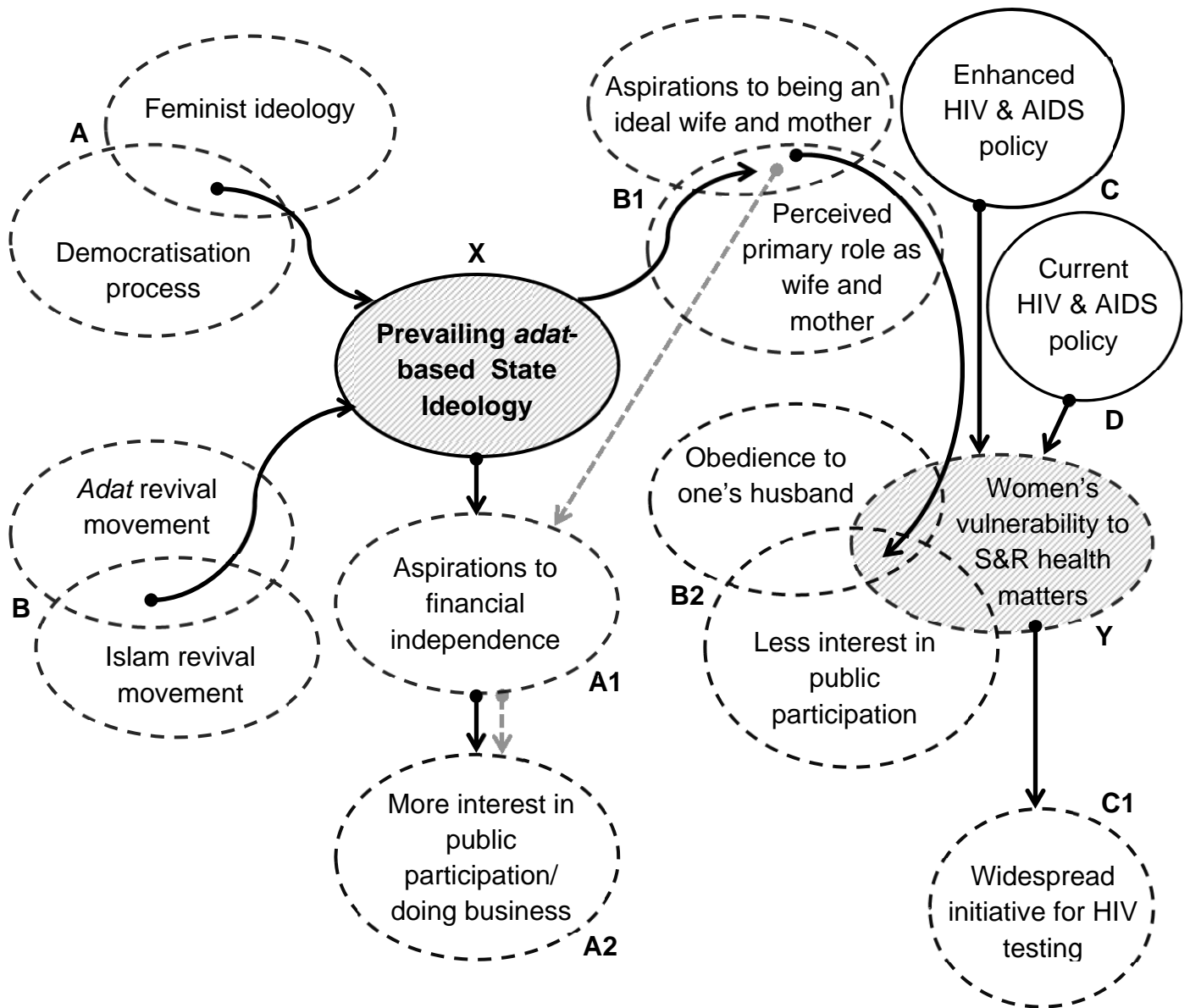
- Each of the circles is a social phenomenon that represents a *Complex System* (CS)
- CS represented by letters A, B, C and D represent "outside forces" that may steer *bifurcations* in CS represented by X and Y, leading to *emergent* CS
- CS represented by A1 and B1 are *emergent* CS
- CS represented by A2 and B2 are *emergent* CS at a higher level
- Grey broken lines depict possible other *co-evolution* processes

: Y (women's vulnerability to sexual and reproductive health matters) is both a CS in which the bifurcation points are steered by C and D, and an emergent CS arising from *co-evolution* with "aspirations to being an ideal wife and mother" and "women's primary role as wife and mother".

Figure 9.2 (above) depicts the prevailing *adat*-based New Order state ideology (X) in which the *bifurcation points* are steered by "outside forces", with two possible scenarios. The first scenario illustrates *co-evolution* processes involving the state ideology and two *complex systems*, that is, feminist ideology of gender equality and the democratisation process as "outside forces" (A), which lead to a new phenomenon, that is, increased aspirations to financial independence (A1), which in turn leads to a new phenomenon at a higher level, that is, increased female participation in the public sphere (A2).

The second scenario reflects *co-evolution* processes involving the state ideology (X) and two other *complex systems*, that is, the *adat* revival movement and the Islam revival movement as other "outside forces" (B), which lead to two emergent phenomena, that is, aspirations to being an ideal wife and mother and perceived women's primary role as wife and mother (B1). These then produce three new phenomena at a higher level, that is, obedience to one's husband, vulnerability to sexual and reproductive health matters, and less interest in public participation (B2).

To avoid betraying the premises of complexity theory, irregularities are portrayed by the broken grey lines. A perspective informed by complexity theory would postulate that *co-evolutions* involving "aspirations to being an ideal wife and mother" and "women's perceived primary role as wife and mother" do not necessarily lead to lack of aspirations to financial independence or less interest in public participation. The grey broken lines show that *co-evolution* involving these two *complex systems* may also lead to aspirations to financial independence and to interest in public participation which may also take the form of running small businesses.

Other c*o-evolution* processes involving the national HIV and AIDS policy as "outside forces" are factored in, in order to highlight the impact of such policy on women's vulnerability to HIV and other sexual and reproductive health matters. In the first scenario, the current HIV and AIDS policy (D) which focuses exclusively on the risk groups magnifies women's vulnerability. In the second scenario, an enhanced HIV and AIDS policy (C) which includes interventions for the general population that failed to achieve absolute consensus in the Delphi exercise, may lead to less vulnerability for women. As a result of this *co-evolution*, it is predicted that women will become aware of the risks of HIV and AIDS and be motivated to test their HIV status (C1), thereby leading to a decline in new HIV infections among women and eventually to the reversal of the epidemic. Awareness of the risks of unprotected sex is also expected to reduce women's vulnerability in terms of becoming unintentionally pregnant.

The second aim of this study was to identify particular *complex systems* (described in the sub-sections below) that may have *co-evolved* with other *complex systems* at lower levels and stirred the *bifurcations points* towards producing women's vulnerability to sexual and reproductive health matters and their preference to be domestic carers (which constitute emergent *complex systems*). This was an attempt to interpret these phenomena in terms of "consequences" stemming from various processes of *co-evolution* at lower levels which led to their emergence.

Thus, the first aim of this study was to *predict* future phenomena, while the second aim was to *reconstruct* earlier states of the phenomena under investigation, based on the current state of the phenomena in both cases as points of departure.

As Heylighen, Cilliers & Gershenson (2006) point out; movements of particles in Newtonian science are governed by deterministic laws of cause and effect. In principle, one can predict the further evolutions of a system under observation if the initial positions and velocities of the particles constituting the system, and the

forces acting on them, are known. Similarly, given its current state, one can in principle also reverse the evolution of a system to reconstruct earlier states it has gone through; the trajectory of a system is, therefore, determined towards the future and towards the past (Heylighen *et al* 2006). While complexity theory also performs these tasks, there is one fundamental difference: predictions of future phenomena resulting from future *co-evolutions* as well as reconstructions of earlier states of the phenomena "cannot" be asserted with certainty or accuracy.

9.2   ANALYSIS AND INTERPRETATION OF OVERALL RESULTS

In this section, the overall results of the research are translated in terms of CAS and are then analysed and interpreted based on a perspective informed by complexity theory. This section consists of two parts. In the first part, the summary of the results of the first phase of the research is presented and then analysed, followed by an analysis of the results of the second part of the study after a brief recapitulation of such results.

9.2.1 Pertinent findings from the Delphi study

The final stage of the Delphi exercise found absolute consensus in only 44 of 103 statements in 3 parameters (that is, urgency, feasibility and desirability). One objective that was rejected in the first round was the one dealing with unsafe sex in brothels. Therefore, the total objectives approved by the panel numbered 43.

The disappointing results arising from a lack of consensus on a large number of objectives were mainly associated with differences in perception and opinion among the panellists. Most determinant were perceptions of human rights, moral reasoning, perceived ineffectiveness or unfeasibility of statements, and personal conviction about how to control the epidemic.

Among the most crucial objectives on which no absolute consensus was reached

were those intended for the general population: namely,

1) comprehensive sex education in schools,
2) information on safe sex through the mass media,
3) reproductive health education delivered in groups for people about to get married,
4) HIV testing as part of the requirements for obtaining a marriage permit.

These objectives, if accepted by the panel of experts and implemented at the level of policy, would have the greatest potential to lead to a significant uptake in HIV testing and to widespread behavioural change which, in terms of complexity theory, would constitute *emergent* phenomena resulting from *phase transitions*.

The fact that these objectives failed to be approved by the panel will thus prevent the achievement of a particular desired *phase transition* which may have been exemplified by widespread motivation among men and women to check their HIV status. Most certainly, this will perpetuate existing vicious circles, particularly those that have developed concerning ignorance and stigma, which in turn will continue to propagate the epidemic, as stigma will remain a strong deterrent for HIV testing. These vicious circles, in terms of CAS, constitute *feedback* or, more accurately, *negative feedback*.

Even if these objectives are approved and implemented at the level of policy, and irrespective of differential exposure to the same prevention strategies, outcomes may not be uniform because the effect of policy on individuals varies, depending on *bifurcations*[41] and choices made along the way (Paina & Peters 2011). In terms of CAS, this is referred to as *path dependence*. Another way of understanding *path dependence* is to regard *emergent* situations as "*contingent*" phenomena, "*whose limits were imposed from behind*" (Dalton 2008:11).

In the absence of those statements that have failed to reach absolute consensus,

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[41] To reiterate, *bifurcations* are points within a *complex system* that may be steered to some extent from the outside in a particular direction.

it is likely that Indonesia's HIV and AIDS policy will continue to reinforce structures that are dominated by a few focal points with a substantial number of links following a power-law distribution which, in terms of complexity theory, are referred to as *scale-free networks*. This means that the devastating effects of *scale-free networks* which are driven by widespread ignorance about HIV and AIDS and their related stigma will be magnified, and this, in turn, will continue to contribute to growing numbers of HIV infections although in a much slower process compared with that in some other disease transmissions, such as tuberculosis.

One aspect of the HIV epidemic (as is the case with most epidemics in general) that has been overlooked is its *non-linearity*. In fact, the changing nature of the epidemic (*fitness landscape)* from IDU- to heterosexually-driven, reflects a *co-evolution* of *complex systems* (including but not limited to ignorance, stigma, unsafe sex, global and local AIDS policy and the individual actors), whereas abrupt or sudden changes (*saltation*), as embodied for example by growing numbers of heterosexual in lieu of IDU-transmissions of HIV, should have been captured and handled with appropriate solutions that become possible when many aspects of complexity are addressed. In other words, interacting direct and indirect factors must be identified and dealt with properly through the implementation of a complex set of interventions to address the problem in its complexity. Central to this is a specific type of social mechanism referred to in complexity: namely, the removal of the default link between order and design (Paley & Eva 2011). This means, as Paley and Eva (2011) explain, that individual agents at the local level follow unilaterally-specific rules in complexity and thereby create *complex structures*, leading to the rupture of such a default link – hence, unpredictability. In other words, solutions to control the HIV epidemic need to be complex because of the unpredictability of *emergent phenomena* resulting from *co-evolutions* of various *complex systems*.

According to Durie and Wyatt (2007), *self-organisation*[42] is contingent upon the role of *bifurcation points*; however, while such *bifurcation points* cannot be foisted onto systems, they can be steered to some extent towards a particular end, the effect of *bifurcation points* being to destabilise the system. In this way, the conditions for the transformation of relations within the system are created (Durie & Wyatt 2007). To illustrate this point, the role of the objectives that have failed to achieve absolute consensus would have been to steer *bifurcation points* to create the necessary conditions to motivate people to get tested for HIV.

Therefore, based on analysis and interpretation of the results of the first phase of this study through the lens of complexity theory, the answer to the first research question is: The national HIV and AIDS policy needs to encompass "*interventions for the general population*", which would include in particular comprehensive sex education in schools and media campaigns focusing on women. Such prevention campaigns do not actually just target women but, more importantly, they promote *the potential role of women* in national efforts to control the epidemic, given that women are the true guardians of the good reputation of their families.

While the results of the Delphi exercise are interesting, they bring to the fore the fact that many commentators and "experts" are either unable or unwilling to see the connection between the micro and the macro. This implies that a reductionist way of looking at the world still prevails. This can be seen in the achievement of consensus on a great number of statements relating to outreach interventions aimed at the risk groups and treatment of the epidemic, while many of those that attempt to address indirect determinants have not been approved. This means that the epidemic continues to be largely and exclusively considered as a biological phenomenon.

As Glouberman and Zimmerman (2002) note, it is important to distinguish between the "complex" and the "complicated". Viewing a problem as complicated often

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[42] In the opinion of Underwood (2000 as cited in Phelps & Hase 2002), "*all living organisms are self-steering within certain limits and their behaviour therefore can be steered only to a very moderate extent from the outside*".

entails devising complicated plans and solutions. The researcher would like to note that this, unfortunately, also tends to make people devise "simplified" interventions that are unable to address the problem in its complexity.

For example, as recently discussed at *aids-ina*, a great number of people living with HIV are found to have defaulted on their ART regimens. Since *Test and Treat* means that ART is initiated among all individuals who test positive for HIV, irrespective of their CD4 levels, many HIV-infected individuals with higher CD4 counts (above 500) who are initiated on ART may fail to adhere to their regimens. The researcher's concern is that the implementation of *Test and Treat* nationwide may lead to greater numbers of HIV-positive persons who are non-adherent. While early treatment may be associated with enhanced health and reduced mortality, the impact of non-adherence and resistance to ARV drugs are grave concerns. Obviously, not only are these associated with deteriorating health and survival, non-adherence and drug resistance would also hinder the achievement of undetected viral loads. The latter is the test of the success of a *Test and Treat* approach.

This example demonstrates that a simplified intervention means that all people living with HIV are treated in the same way, whereas *path dependence* largely determines HIV and AIDS outcomes. An important implication of this discussion is the necessity for the Indonesian government to be critical when implementing an "imported" approach. Instead, paying attention to local context and to the fact that not all people living with HIV are the same, would require differentiated, complex interventions. In other words, the implementation of the *Test and Treat* approach needs to include provisions for CD4 testing also.

Reductionist thinking can be greatly misleading. A reductionist approach may, for example, entail deducing causality or correlation between particular variables while discarding others that may seem irrelevant at face value, yet may actually be the main determining factors. In a parallel point, Dr Gretha Zahar (2011) explained to the researcher that tobacco control, which has been so ardently fought for by WHO, is rooted in the wrong assumption that tobacco is responsible for various

smoking-related health problems. Such a causal link is based on empirical studies showing the correlation between these diseases and cigarette smoking. Yet, based on her own experimental studies, Dr Zahar claims that smoking-related diseases are actually "not" directly associated with tobacco but with free radical gases that are produced in the act of smoking. This is to show that linear causality often misses the point because an indirect yet determinant factor may be thought as irrelevant and hence discarded in the analytical process. She uses complexity theory to explain this.

It should be clear that complexity theory is an answer to critiques against reductionist views of the world. However, while it is relatively easy to pinpoint reductionism in the actions or work of others, avoiding slippages into reductionism remains a challenge. In this regard, Luhmann (1998 as cited in Medd 2001) states that observation is always incomplete, mainly as a result of the impossibility of observing ourselves in the process of observing. In this study, for example, the researcher's observations point to global HIV and AIDS policy as in large part responsible for the growing numbers of HIV infection among women, given that it has failed to come up with effective strategies to prevent such infections. At the same time, local authorities seem equally responsible because they have let themselves be co-opted by international actors to represent their particular worldview which, in this case, entails treating outreach interventions for the general population as irrelevant, based on the argument that Indonesia's epidemic is not generalised.

While the researcher strived to avoid reductionism, she might have fallen into a reductionism trap by shifting individual responsibility onto social determinants: namely, patriarchal structures and institutions as embodied by global and national HIV and AIDS policy. By doing this, she would actually not be countering reductionism. On the contrary, she would be guilty of social determinism. By stripping individuals of their personal influence and responsibility, she would be considering human beings as having no impact or free will. To avoid this, the inclusion of data on the lived experiences of Indonesian women which highlights

their own agency provided a strong counter narrative in this study.

The researcher thus discovered that complexity theory can lead the analyst into a realm of vagueness, of ambiguity, in which all actors appear to be simultaneously performing and lifeless, active and passive, bringing the paradox of complexity to the fore. Of course, these are merely "apparent" contradictions, which nonetheless can be extremely deceiving.

The questions that come forward at this point are: What are the determinants in a person's behaviour and to what extent does each of these influence the *emergent* behaviour? Similarly, to what degree is each factor responsible for *emergent phenomena*, as embodied, for example, by the heterosexually-driven HIV and AIDS epidemic in Indonesia?

Stripping human beings of their agency is a form of reductionism, which is why employing complexity as an analytical lens compels the analyst to consider that explanations of social phenomena must include an account of "rootedness". This rootedness means a contemplation of the lower stratum of society, that is, biophysical *complex systems*, and thereby going beyond the "nature-society" divide (Carolan 2005). This divide is undoubtedly rooted in the same conceptual framework that caused the "nature-nurture" split which has led to contentious debates on the definition of gender over the past decades. These debates have largely arisen from social constructions of gender that do not leave any room for biophysical variables to be part of explanations of social phenomena being investigated, thereby leading to "epistemological myopia" (Nietzsche 1983 as cited in Carolan 2005).

Carolan (2005:5) interprets this to mean "*for 'most' of what exists, it does not see at all, and the little it does see, it sees much too close up and isolated …*" Therefore, while controlling the HIV epidemic entails accounting for social determinants in addition to treating the disease as a biological phenomenon, one also needs to address "*the complex dynamic between socio-cultural and*

biophysical strata" because social processes are a result of many such interactions (Carolan 2005:6), that is, the *co-evolution* of various *complex systems*. Holistic explanations, therefore, appear to propose a better description of all facets of a social system (Allwood 1973) and may potentially contribute to a better understanding of society, keeping in mind that the role of the observer is fundamentally determinant in the interpretation of the phenomena observed.

While the particular worldview promoted by complexity theory will allow for some progress to be made towards the discovery of truths, it places "the observer" in the position of arbiter of truth, because scientific facts do not by themselves explain reality. It is the observer who gives meaning to scientific facts through his or her interpretations. The question now is whether complexity theory is truly sufficient to enable the understanding of all facets of a social system.

9.2.2 Pertinent findings from the qualitative phase of the study

Emphasis on *kodrat*; men's role as breadwinners; women's primary role as wives, mothers and educators for their children; women's obedience to their husbands; ignorance about HIV and AIDS; and unplanned pregnancies, were themes that emerged from the qualitative phase of this study. The New Order state ideology, which promoted a unitary woman's role as wife and mother, continues to prevail despite the demise of the authoritarian government some fifteen years ago. Such an ideology is consistent with the familial relationship in Java, which is one of moral obligation based on four concepts, including respect and harmony (Adamson 2007). The fact that General Soeharto was of Javanese origin may explain why such ideas were embodied in the state ideology, considering that he, too, may have received from his parents advice which was rooted in the Javanese tradition

Although the Islam revival movement appears to have the effect of jettisoning particular Javanese rituals that were viewed as violating Islam teachings, it has not affected women's perceptions about their primary role as wife and mother.

Arguably, this is because widespread patriarchal interpretations of Islam tend to endorse the *adat*-based New Order state ideology. In Islam, men are portrayed as guardians of women because men are created as superior beings. Therefore, men are placed in a position superior to women's in the family and in society. This understanding, furthermore, appears to have led to the idea that women must obey their husbands, which emerged as an important feature underpinning women's conceptualisation of the "ideal" wife, as expressed by participants. Therefore, concepts in Islam tend to reinforce those of the Javanese *adat*, upon which the New Order state ideology was conceived. While women from other religions in this study did not mention obedience to their husbands, it does not mean that such a conception is exclusively rooted in the Islam religion. As shown in this study, obedience to one's husband was not a feature of the ideal wife mentioned by "all" the Muslim participants.

Women's vulnerability to HIV (and other sexual and reproductive health matters, including unplanned pregnancy), may be regarded as emerging from women's perceived obligation to obey their husbands. It does not follow, of course, that vulnerability will lead all women to be infected with HIV or become unintentionally pregnant, with or without an enhanced HIV and AIDS policy that includes interventions for the general population.

There are always irregularities in any social phenomenon, given that irregularities reflect divergences in *co-evolution* processes based on *path dependence*. *Path dependence* is also shown by the fact that the influence of the Islam revival movement has not been uniform throughout Indonesia, as exemplified by the continued prevalence of matriarchal practices in Minangkabau, which are in clear breach of Islamic principles and the *adat*-based New Order state ideology. In fact, women in Minangkabau are seen as protector of the family, thereby implying their leadership role. The fact that women wear the *jilbab* for a variety of reasons, as described by the participants in this study, also reflects irregularities in the world.

Motherhood emerged as an important theme in the participants' narratives, as

children were often cited as the source of their happiness, rather than financial freedom. It does not follow that financial independence was of little importance, given that many women were involved in the informal sector or running small businesses. While unpaid domestic work was not questioned, this was probably because women internalised their role as educator for their children, which necessitated their spending sufficient time with them. Therefore, being a domestic carer may be seen as a choice women may make, based on their understanding of their role as educator for their children, which is part of their perceived primary role in the family and in society. This may explain why women's conceptualisation of the "ideal" job is one that can be fitted around their domestic responsibilities, such as running small businesses or jobs with fixed and shorter working hours.

The apparent widespread practice of polygamy may be considered an emergent *complex system* arising from *co-evolution* processes at lower levels which include the Marriage Law that does not prohibit polygamy (*complex system*), compounded by weak law enforcement (another *complex system*) that allows for many divorces as well as marriages being unregistered (emerging *complex systems*). This has the effect that some women are often forced into a polygamous marriage (emerging *complex systems*), while others may be engaging in this kind of marriage intentionally for religious or other reasons (other emerging *complex systems*) – thus reflecting irregularities. Contract marriages, on the other hand, appear to be an emergent *complex system* resulting from women's aspirations to financial freedom (*complex system* at lower levels). This means that women's perception of their primary role as wife and mother (*complex system* at lower levels) does not necessarily lead to less interest in financial independence (*complex system* at higher levels). This, therefore, also constitutes an irregularity. In sum, irregularities are different consequences that may arise from particular social phenomena, alongside uniformities.

The participants in this study had very limited knowledge of HIV and AIDS (emerging *complex system*) although they were all familiar with the term. It did not come as a surprise to find that those who said they would not stigmatise people

living with HIV, were actually enacting stigma without being aware of it (*complex systems* at higher levels). However, although the women agreed to a regulation requiring an HIV test among people who were about to get married, this should not be implemented while widespread ignorance about HIV and AIDS still permeates, as it might lead to the cancellation of numerous wedding plans and to increasing numbers of unregistered marriages (*complex systems* at higher level).

Finally, the need to seek a doctor (*outside forces*) when one falls seriously ill (*complex systems* whose *bifurcations* can be steered by the *outside forces* in such a way that they may lead to the cure or control of the diseases) was well understood by the women. They pointed out diseases relating to female sexual and reproductive organs, particularly breast and cervical cancer, as the most serious health problems for women. Alternative treatment (*outside forces*) was regarded as a good complement to medical treatment, while treatments that involve mysticism (*outside forces*) were in general viewed negatively, though with some benefit of the doubt.

The most important insight gained from the above results is that exceptions to the rule always exist and should be consistently borne in mind, given that generalisations only focus on central tendencies. Generalisations may be misleading when one attempts to interpret social phenomena in as many of their facets as possible, considering that precious information to answer some of the "whys" in society may actually lie within the variations of tendencies, that is, irregularities, and are waiting to be found.

Below, analysis of the results from the qualitative phase of the study is presented under the following sub-sections: sustainability of the *adat* system; the "war" of gender ideologies and women's attachment to domesticity; and women's vulnerability to HIV and other sexual and reproductive health matters. This is preceded by an analysis of the background of the social phenomena under investigation, in order to allow a better understanding of the researcher's line of reasoning.

9.2.2.1   *Background to the social phenomena under investigation*

While gender equality has emerged as the central tenet in feminism, such equality presupposes women's financial independence as an essential and conditional groundwork for a better status for women, articulated in terms of their participation in the public sphere. However, women's situation in Myanmar and Cambodia should be an indication that such assumptions are unfounded.

Women in Myanmar, according to a women's rights activist quoted by Tofani (2012), perceive their role as being in the family, which leads them to believe that their role in society cannot change. This is of course an interesting statement, considering the current high rates of female employment in this part of the world, despite the fact that Myanmar is a country that is anything but democratic.

In Cambodia, domestic work and care burdens are said to be the main constraints which hinder women's participation in the labour market (Asian Development Bank [ADB] 2013). This is obviously also a strong statement, in light of the current high rates of employment among Cambodian women. More significantly, this shows that the concept of "gender equality" has changed into a biased statement to account for social differences in the world, which may seriously hinder more down-to-earth, and possibly more "real", interpretations of various social inequalities. Perhaps, this is what Nietzsche (1983 as cited in Carolan 2005) referred to as "epistemological myopia".

Studies show that gender equality in terms of women's financial independence does not always make for women's happiness, because happiness or wellbeing is as much about quality as it is about quantity (e.g. Ono 2010). In fact, in comparison with men's, Western women's overall level of happiness has dropped since 1972 (Buckingham 2009), which coincides with the rise of feminism. Decreases in life happiness for women have corresponded to their greater

educational, political, and employment opportunities (Buckingham 2009). It may not have been a coincidence, therefore, that feminism has not addressed women's happiness, but this should not come as a surprise since happiness is regarded as an emotional state, whereas detaching women from their perceived stereotyped emotional nature constitutes a staunch goal of feminism.

The idea of being financially independent was obviously greatly inspiring to Western women and led to their massive entry into the public sphere. In no time, such an ideology became institutionalised as a social norm and being a housewife soon became a kind of embarrassment because it implied that one was not conforming to social desirability. It would have been interesting to see whether more recent statistics on women's employment rates in developed countries, in particular the United Kingdom and the USA, indicate a decreasing trend compared with those in the 1970s and 1980s. Unfortunately, such statistics are not readily available. It would be equally fascinating to observe whether future trends in women's employment rates in the developed countries show a decline in the face of current statistics on women's decreased level of life happiness, both in comparison with men's and with where it was some forty years ago (Buckingham 2009).

With the rise of feminism, many accounts of women's less fortunate condition in developing countries are consistently interpreted through the feminist lens and have led to an injudicious conclusion that all these conditions are rooted in Third World's societal practices that are regarded as discriminating against women. In other words, observations are determined by theory; with gender inequality essentially attributed to women's lack of participation in the public sphere and the labour market, hence their financial dependence, which is regarded as the only explanation for their less privileged conditions. It was assumed that a transformation similar to that which had occurred in the West could bring women in developing countries *en masse* into the public sphere.

Efforts to institutionalise[43] feminist concepts of gender equality were undertaken worldwide, including in Indonesia where gender mainstreaming in national development was introduced through various regulations, such as the presidential decree of 2000 (JICA 2011) and the recent General Elections Commission regulation compelling a minimum of 30 per cent of women's participation in Parliament (KPU 2013). Women in developing countries are expected to conform to the feminist ideology, which implies the necessity to create social desirability. Western feminists understood well that social desirability is contingent upon prevailing social norms.

It follows that it was deemed necessary to turn their ideology into a social norm in the Third World as well, in order to replicate the huge success obtained in the West. In CAS terms, this can be viewed as an effort to steer the *bifurcation points* in order to create a *phase transition* which would allow for the emergence of a social norm based on women's financial independence (emerging *complex system*). However, as discussed in the previous chapter, feminist assumptions of success proved to be inaccurate in Indonesia, as women in this country continue to hold other values above financial independence, in particular being an "ideal" wife and mother, despite the demise of the New Order regime. Logically, this phenomenon should fall under the criterion of "globalisation of culture" since it is concerned with cultural resistance and particular values and judgment Indonesian women bring to what they receive (Demont-Heinrich 2011; Movius 2010). However, the view that women who are not active participants in the public sphere are victims of gender inequality continues to be promoted, in particular by local authorities who clearly take for granted the feminist concept as being universally applicable. It may be said that these authorities have been co-opted to represent the Western feminist worldview, which tends to obscure other sources of social ills.

The possibility that inequality may stem from individual choices is, therefore, overlooked, given that a gender lens necessarily leads to interpretations of

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[43] Whether this is a form of "cultural imperialism" is of course a matter of argument, but if such terms are concerned with unequal cultural flows between developed and developing countries (e.g. Demont-Heinrich 2011), then it necessarily is.

women's less fortunate situations based on their lack of aspirations for public participation.

It appears that the unpredictability of *co-evolution* processes has not been accounted for, whereas irregularities are always to be expected, given that *bifurcation points* can be steered only to a certain extent from the outside (Underwood 2000 as cited in Phelps & Hase 2002), which may also be construed in terms of *path dependence*. The question begging for an answer here is: Which *co-evolution* of which *complex systems* in Indonesia appears to be most determinant in the feminists' failure to institutionalise their concept of gender equality as a social norm? In the sub-section below, the researcher attempts to explain this phenomenon through the lens of complexity.

9.2.2.2 Self-sustainability of the adat system

As shown in this study, the *adat*-based New Order state ideology continues to prevail despite the demise of the authoritarian regime some fifteen years ago. This suggests that the necessary conditions, that is, the *bifurcation points*, were there to allow the *adat*-based New Order state ideology, as a *complex system*, to maintain its existence, because social systems are said to be *self-organising* and *co-adapting*.

Contrary to the *bifurcation points* in the HIV epidemic which have led heterosexual transmissions to being its main driver, the *bifurcation points* in the case of the *adat*-based state ideology, interestingly, did not appear to destabilise the system, and did not lead to a *phase transition* which might have led to the prevalence of feminist ideology. This, possibly, is a consequence of a particular *co-evolution* process encompassing the state ideology and two movements, that is, the movement in the revival of *adat* (*complex system*) and the Islam revival movement (another *complex system*) which entails patriarchal interpretations of the religion. The "stability" of the state ideology may thus be explained not only in terms of *self-organisation* within this *complex system*, but also as a consequence of *co-*

evolution involving the movements in the revival of *adat* and Islam.

According to Durie and Wyatt (2007), *self-organisation* is possible when the system is located at a place in which the *phase transition* occurs between order and chaos or when the system is *far from equilibrium*. This means that the state ideology (*complex system*) appears stable because it is self-*organising*; but while being stable, it is necessarily open to *phase transitions* as it interacts dynamically with its environment, producing *co-evolution* processes that involve both the system and the environment. However, instead of leading to a *phase transition* in which the adoption of feminist ideology of gender equality (another *complex system*) might have been facilitated by the democratisation process (another *complex system*), the *bifurcation points* in the state ideology did "not" destabilise the system. In other words, though the state ideology is *self-organising* (stable) and open to *phase transitions* (unstable), and even if many processes of *co-evolution* did occur, such *co-evolution* has not led to a particular *phase transition* in which Western concepts of gender equality have been broadly embraced by Indonesian women. This confirms the view that both sides of many apparent contradictions in complexity are true (Zimmerman *et al* 1998), and endorses complexity theory's premise that bifurcation points can only be steered to a moderate extent from the outside (Underwood 2000 as cited in Phelps & Hase 2002).

The use of the lens of complexity also shows that gender equality as perceived by the participants is necessarily an *emergent* phenomenon (that is, a new *complex system* at a higher level), given that this has resulted from the *co-evolution* of various *complex systems*, encompassing the New Order state ideology and the environment, which includes various *complex systems* such as the movement in *adat* revival; the Islam revival movement; the democratisation process; feminist ideology; and the individual agents themselves.

9.2.2.3 *The war of gender ideologies and women's attachment to domesticity*

It has been noted that feminism has led to a war between the sexes (e.g. Lasch 1993 as cited in Young 2000) – or so it has been perceived, particularly in the West. It seems that such a war has not been pronounced in Indonesia, probably because the Western feminist ideology of gender equality has failed to create a social norm to which women aspire. As shown by the results of the face-to-face interviews with women from various ethnic backgrounds, Eastern concepts of gender equality continue to prevail, as evidenced in particular by a consistent emphasis on *kodrat*; women's primary role as wife, mother and educator for their children; women's obedience to their husbands; and women's wellbeing that does not link with financial independence. All these factors appear to explain to some extent why many Indonesian women remain attached to domesticity.

In terms of CAS, women's perceived primary role as wife and mother is a *complex system* that has arisen from the *co-evolution* of various *complex systems* at a lower stratum, in which the New Order state ideology and the revival of *adat* and Islam movements are constitutive. Women's preference to be domestic carers, therefore, is a phenomenon at a higher level, resulting from the *co-evolution* of various *complex systems*, one of which is their perceived primary role as wife and mother. It may thus be concluded that women's perceived primary role as wife and mother is one among many emergent social phenomena, such as their perception of gender equality, the emphasis on *kodrat*, and their attachment to domesticity, which have resulted from *co-evolutions* at lower levels.

The researcher may be tempted to suggest that the most likely explanation to account for the difference between Indonesian and Western concepts of gender equality is the "common bond" that each group of women (Indonesian and Western) shares with its own socio-cultural structures. Such socio-cultural common bond is consistent with Durkheim's (1984 as cited in Barretto-Beck 2012) idea of a "collective conscience" or Mead's (1972 as cited in Barretto-Beck 2012)

concept of the "generalized other". Both Durkheim and Mead are speaking of the constraining role of social norms which pressures people into obeying particular social rules, given that social identity acts as a glue that holds people in a particular society together (e.g. Van Vugt & Hart 2004). Of course, it makes sense that individuals in a particular society would conform to prevailing social norms because human beings are either in need of social approval or do not find companions in non-conformity and, therefore, conform to social norms (Allwood 1973). However, by making such an association to the exclusion of others, the researcher would be guilty of socio-cultural determinism. Here again, much of human agency would be reduced to insignificance by ignoring *co-evolution* processes that involve those *complex systems* inherent in each social actor, which would amount to negating the holistic worldview of complexity theory.

Nonetheless, despite its holistic worldview, it appears that complexity theory is yet unable to explain all the components of a social system, arguably because each of these components constitutes a *complex system*, while the results of *co-evolutions* of *complex systems* are to a large extent unpredictable owing to the role of *bifurcation points* and *path dependence*. Still, to be less "deterministic", the researcher must note that she may actually be the one to blame for this lack of explanations because, as a mere human being, she is not endowed with the capacity to identify "all" the *complex systems* that have *co-evolved* or are *co-evolving* to produce the phenomena she is dealing with, or those she is predicting, or to pinpoint "all" the levels of *co-evolution* involved in those phenomena, which make her unable to determine with certainty which particular *co-evolution* of which *complex systems* is most determinant.

Referring to Underwood's (2000 as cited in Phelps & Hase 2002) explanation that all *complex systems* have a limited *self-steering* property while outside forces can only steer them to a very moderate extent, numerous questions arise:

1) Why is it that the New Order state ideology has emerged as the apparent winner in the "war" in gender equality ideologies, thereby defeating Western concepts which represent "outside forces"?

2) In light of the democratisation process that might have *co-evolved* in support of the feminist ideology, would this ideology have prevailed over the ideology of the New Order if

    a. the Islam revival movement had been lacking?

    b. the *adat* revival movement had been missing?

    c. none of these aforementioned had taken place?

3) Is the fact that *both* revival movements[44] occurred in tandem a determinant factor in the sustainability of the New Order state ideology?

4) How should this social phenomenon be fathomed in terms of *complex systems* endowed with a limited *self-steering* property and yet with *bifurcation points* that can be steered, though to a moderate extent?

5) More specifically, is there really a "tipping point" that makes the *bifurcations* sway in a particular direction? If the answer is yes, what or where is it?

It follows that gender equality in Indonesia should not be understood only in terms of feminist theories. Social phenomena are *complex systems* and require that social scientists regard reality as simultaneously emergent, rooted, and stratified, reflecting complex dynamics between socio-cultural and biophysical strata, which is the worldview of "critical realism" (e.g. Carolan 2005). It is interesting to note that this worldview is coherent with that of complexity theory, which regards social phenomena as consequences arising from various interactions. More significantly, this means that, although theories and conceptual frameworks are needed to make observations and to interpret these, *complex systems* must not be determined by existing theories. To put this in another way, given that empirical findings do not always correspond to concepts, and researchers' expectations can be confounded by their theory-laden observations, it should be acceptable to acknowledge that a researcher is still unable to understand social systems in all their facets.

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[44] Of note, the Islam revival movement may have started in Indonesia while the New Order regime was still in power, while the *adat* revival movement was identified only after the democratisation processes were underway.

9.2.2.4 *Women's vulnerability to HIV and other sexual and reproductive health matters*

As discussed in the previous chapter, women aspire to being "ideal" wives and mothers. This constitutes a *complex system* that appears to have emerged from the prevailing social norm which makes women conform to social desirability which, in turn, has emerged from the *co-evolution* of various *complex systems* as described above, leading to the prevalence of the New Order state ideology even after the demise of the authoritarian government.

At some point, however, the *fitness landscape* has changed as a consequence of particular *co-evolutions* that have led to a *phase transition* in which women believe that being ideal wives entails obedience to their husbands. This, in terms of CAS, represents an *emergent* phenomenon at a higher level, which appears to have occurred in tandem with other *emergent* phenomena, such as women's vulnerability to HIV (and other sexual and reproductive health matters), and less interest in public participation.

Why women perceive that it is their duty to obey their husbands may be explained in terms of their husbands being generally older, which implies that women are under the obligation to respect these men, in accordance with the Javanese *adat* upon which the New Order state ideology was founded. To explain why "not" all women believe in unquestioningly obeying their husbands, Walby's (2007) theorising of intersectionality may be useful, as this divergence may be understood in terms of the intersection of simultaneous multiple inequalities, such as gender, class, ethnicities, and education (which each represents a *complex system*) that do not merely add up because, at the intersection point, they may also change each other.

Yet, it remains impossible to determine which particular *co-evolution* may have led to women's perceived obligation to obey their husbands, making it also impossible to explain why the *bifurcation points* do not lead to the same *phase transition* for

every woman who may share the same background and may be constrained by the same social norms. For example, it cannot be assumed that education[45] plays the important determining role in the *co-evolution* process governing a particular direction of the *phase transition*, thereby leading (or not) to women's perceived obligation to obey their husbands. As shown in this study, even educated women may believe that it is their duty to obey their husbands.

Similarly, given that non-Muslim women in this study did not demonstrate such perceptions, one may have been tempted to say that the determinant factor is religion. This, however, would imply religious determinism. There must be exceptions here too considering, in particular, that non-Muslim women were represented only by a small number of participants in this study.

Perhaps, it would be more useful to conceive these unknowabilities in terms of *path dependence.* In this regard, Heylighen *et al* (2006) claim that "*different agents, experiencing different inputs and outputs, will in general induce different correlations, and therefore develop a different knowledge of the environment in which they live*". Arguably, the most determinant factor to account for differences may be the "human mind", as it is obvious that two people cannot possibly share the same mind, other things being considered equal. Yet, the human mind is based on rationality as well as on emotions. Hence, where do emotions fit in decision making? And how are researchers supposed to accommodate emotions, as they are expected to come up with "rational" explanations of the phenomena under observation?

The dominant Western view of philosophy and science, according to Markic (2009), ignores the importance of emotions, which often play a significant role in decision making on unconscious levels, as it interprets decision making as mainly a process of instrumental rationality. Reason became prominent as a result of the age of enlightenment and rationalism, and was later reinforced when the

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[45] Education is considered here as "outside forces", i.e. an interacting *complex system* steering the *bifurcation points*,

requirement that people should act in accordance with reason changed into a statement that people did act in accordance with reason, with the effect that emotions were driven away from serious discussions (Scheff 1992 as cited in Markic 2009). This view led to the negation of impulsiveness and lack of self-control, which are the other side of human behaviour, and to the overvaluation of self-control and awareness of the situation (Markic 2009).

Recent studies, however, show that emotions actually play a significant role in decision making, as demonstrated, for example, by De Sousa (2002 as cited in Markic 2009), who claims that by accepting that emotions are active participants in decision making, one can benefit when dealing with the issue of decision making. Damasio (2003 as cited in Markic 2009) supports this view by asserting the important role of emotional responses and feelings in decision-making processes, not only in laboratory conditions but also in everyday life. Decisions that are made relatively quickly and without conscious thinking are often termed "intuitive", which implies that emotions narrow the decision-making space and increase simultaneously "*the probability that the action will conform to past experience*" (Damasio 2003 as cited in Markic 2009).

On the other hand, Wegner and Wheatly (1999 as cited in Markic 2009) demonstrate that conscious willing of an action can be separated from the action, as evidenced by their finding that people who have a conscious feeling of not owning an action and not being responsible for it, in fact, sometimes are, or vice versa. However, Markic (2009) disagrees that conscious will does not play a causal role. While the experiments conducted by Wegner and Wheatly (1999 as cited in Markic 2009) show that there are situations in which one's experience that one consciously initiates or does not initiate the action, is wrong, it does not mean that conscious intention in general is not causally relevant or is never causally relevant. This means that "*taking a process through which a person makes her decision as purely rational is false*" (Markic 2009:61). In other words, the experience of conscious decision making is basically an illusion.

As it seems clear that decision making also involves particular aspects that are outside the realm of reason, it appears useful to discuss one such aspect of decision making, that is, intuition, which conveys different meanings to different people and which has, until recently, received little scholarly attention.

While there might have been mistrust as regards intuition because it was thought as springing from emotion as opposed to reason, some authors, in fact, claim that intuition does not come from emotion (e.g. Simon 1987; Vaughan 1990; Ray & Myers 1990 as cited in Khatri and Ng 2000). Intuition is not the opposite of rationality; it is "*the smooth automatic performance of learned behaviour sequences*" and, as such, allows us to know immediately what to do because it can often "*short-circuit a step-wise decision making*"(Khatri & Ng 2000: 60). Such ability, however, may be undermined by our attempts to be consistently rational when making judgments and decisions (Raiffa 1968 as cited in Dane & Pratt 2007); whereas, in some cases, ironically, rational analysis may prevent us from "*seeing the obvious*" (Pirsig 1974 as cited in Dane & Pratt 2007). In large part, this may be because most rational-analytical models are based on the assumption of linearity, while intuition "*can deal with systems more complex than those which can be figured out in our conscious minds*" (Parick 1994 as cited in Khatri & Ng 2000).

Other authors, on the other hand, speak of intuition as emotion. Betsch (2011) for example, opines that while intuition, in the traditional religious thinking, is informed by a supernatural power, psychologists offer more down-to-earth interpretations of such emotion. For example, intuition may be understood as a source of knowledge, that is "*what we know without knowing how we learned it*", as an automatic implicit process of thinking, or as a distinct faculty of the human mind (Betsch 2011:4). In fact, intuition is now a concept that has become widely accepted and respected, as indicated by a number of scholarly developments that have occurred (Hodgkinson, Langan-Fox & Sadler-Smith 2008). In light of the diversity of approaches to intuition, the following definition is suggested:

Intuition is a process of thinking. The input to this process is mostly provided by knowledge stored in long-term memory that has been primarily acquired via associative learning. The input is processed automatically and without conscious awareness. The output of the process is a feeling that can serve as a basis for judgments and decisions.
(Betsch 2011:4).

The above definition, according to Betsch (2011), is informed by major theoretical approaches to intuition, reflecting two modes of thinking: (1) a conscious one, whereby the processes are described as rational deliberate, analytic, inferential, or reflective; and (2) a subconscious one, referred to as the intuitive mode, and labelled as "experiential" by Epstein (1991 as cited in Betsch 2011). The experiential mode processes information in an automatic, associative, holistic, nonverbal, and rapid fashion (Betsch 2011).

Clearly, intuition and complexity theory share common characteristics and this suggests that these two concepts are compatible. Not only is intuition more apt for dealing with more complex systems as compared to our conscious mind, owing, probably, to its associative properties, it is also "*a holistic perception of reality that transcends rational ways of knowing*" (Khatri & Ng 2000: 60). As Vaughan (1990 as cited in Khatri & Ng 2000) explains, intuition captures the entirety of a given situation and, therefore, constitutes a "synthetic" psychological function. In other words, isolated bits of data and experiences are synthesised into an integrated picture (Khatri & Ng 2000).

This is further corroborated by a number of authors (e.g. Epstein 1990; Shapiro & Spence 1997 as cited in Dane & Pratt 2007) who state that, because intuiting is said to involve recognising features or patterns (Klein 1998 as cited in Dane & Pratt 2007) rather than making connections through logical considerations, it has been conceptualised as holistic.

Another reason why intuition may serve as a sound basis in decision making is that rational-analytical methods can rarely be used exclusively (Khatri & Ng 2000). This is because, by its very nature, prediction deals with the unknown, whereas only what is known can be measured or calculated (Goldberg 1990 as cited in

Khatri & Ng 2000). To a certain extent, he argues, "*a forecaster has to use intuition in gathering and interpreting data and in deciding which unusual future events might influence the outcome*". Of note, as mentioned before, forecasting is not customary in sociology. Yet, one of the aims of this study consisted of predicting a declining HIV and AIDS epidemic in Indonesia based on specific interventions aimed at enhancing the national policy. In this regard, therefore, the above discussions reinforce the argument that complexity theory "adds" to social sciences.

Obviously, the identification of these specific interventions in terms of distal and proximate factors was a crucial part of the study, which therefore supports the need for and use of intuitive synthesis in the interpretation of data through the lens of complexity theory. As Harper (1990 as cited in Khatri & Ng 2000) contends, information and knowledge are treated as the same in the rational-analytical approach, whereas data are not devoid of interpretation bias and questions of validity, and the sources as well as the ways of obtaining them are not always credible (Daellenbach 1994 as cited in Khatri & Ng 2000). In other words, "*if intuitive synthesis suffers from biases or errors, so does rational analysis*" (Seebo 1993; Harung 1993 as cited in Khatri & Ng 2000). Furthermore, conditions under which the use of intuition is appropriate have been identified by Agor (1990 as cited in Khatri & Ng 2000) as follows: (1) there is a high level of uncertainty in the environment; (2) there is little previous precedent for action in the face of new emerging trends; (3) there are limited or no facts; and (4) there are several plausible alternative solutions to choose from with good factual support for each option - most of which, incidentally, appear to coincide with those encountered in this study.

The above discussions strongly suggest that intuition may thus play an essential role in complexivist thinking, as researchers are expected to come across some unknowability of the world in their attempts to interpret their findings. An implicit message in this argument is that intuition ought to be recognised as a "valid basis" in decision making and acknowledged as "adding to reason" by the scientific

community. In fact, various literatures in psychology suggest that intuitive processes "outperform" analytical processes (Pretz 2008).

The reason why intuition is currently not widely recognised as a solid basis for analysis may be because, for many, analysis is strictly a synonym of rationality. Incidentally, this conceptualisation of analysis conforms to the linear, positivist worldview of traditional sciences, whereas complexity theory posits a holistic worldview. As a result, disagreements continue to thrive as to "*whether intuitive judgments lead to effective decisions*" (Dane & Pratt 2007: 40). Yet, as noted before, intuition is not the opposite of rationality. It seems to make much more sense, indeed, to conceive of intuition as complementary to reason and, therefore, as part of the analytical process that goes on in our mind when making judgments and decisions.

In this regard, Shapiro and Spence (1997 as cited in Dane & Pratt 2007) suggest that intuition should be noted first, while a more thorough analytical assessment of the problem should take place afterwards. Conversely, Agor (1986 as cited in Dane & Pratt 2007) claims that intuition is often used "*after engaging in rational analyses, for the purpose of synthesising and integrating the information gathered and analysed".* The fact is, researchers employing complexity theory in analysis must not only figure out which data are more relevant than others, but also recognise patterns or other connections among disparate data which are to be integrated into a coherent perception of the phenomena under observation. To this end, the holistic, associative properties of intuition have the greatest potential to assist complexivist researchers in figuring out which particular *co-evolution* processes and which specific *complex systems* to focus on, thereby narrowing the space of unknowability.

As a matter of fact, unknowability is also revealed in the case of women's vulnerability (to HIV and other sexual and reproductive health matters, including unplanned pregnancy), which Figure 9.2 illustrates as arising from the *co-evolution* process involving "aspirations to being an ideal wife and mother" and "women's

perceived primary role as wife and mother". This phenomenon could also be interpreted differently, that is, as an *emergent* phenomenon resulting from *co-evolutions* in which obedience to their husbands (or future husbands) is constitutive and, therefore, an *emergent* phenomenon "at a higher level". This is to show that there are possible levels of *co-evolution* for any given social phenomenon and, therefore, more than one possible reality, because there is no way of telling with certainty and accuracy which particular level of *co-evolution* leads to the phenomenon, nor which particular *complex systems* are involved in the *co-evolutions* leading to the phenomenon. In fact, it may be the case that for some women, vulnerability is a *co-evolution* process involving three or more stages, while for others, two or fewer stage(s).

Despite the unknowability in terms of the levels of *co-evolution*, it seems reasonable to consider the strong possibility that women's perceived obligation to obey their husbands is an emerging phenomenon resulting from their "affected respect" to their husbands or future husbands who are in general older (as implicitly articulated in the *adat*-based state ideology), and their aspirations to assuming the role of the "ideal" wife. This internalised respect has the potential to lead women to neglect possibilities that these men may actually "not" be ideal, including in terms of their health or intentions. This would explain why women do not question the likelihood that these men may be infected with HIV or other STIs or that they may become unintentionally pregnant.

Nevertheless, the above discussions highlight the delicate question of "subjectivity" in research. In fact, subjective interpretations are so ephemeral that the researcher may easily switch from one interpretation of women's vulnerability to another, as discussed above. According to Heylighen *et al* (2006), while reductionism has been replaced by systems theory which is scientifically based on holism, postmodern social science and cybernetics (an approach closely related to systems theory) view knowledge as "*intrinsically subjective*" (Heylighen & Joslyn 2001 as cited in Heylighen *et al* 2006). Since these developments have been integrated into complexity science (Heylighen *et al* 2006), this means that

researchers employing complexity theory in analysis would not need to seek objective accounts of reality because they should know that they can never find any, for the good reason that they cannot observe themselves in the process of observing (Luhmann 1998 as cited in Medd 2001).

According to Jefferies (2011), an "objective reality" is one which is "empirically verifiable". In the case of researchers employing complexity, however, empirical facts are seldom verifiable because the phenomena they observe often involve non-quantifiable aspects. Most of the time, therefore, hypotheses also cannot be confirmed. For example, would another complexity researcher wishing to investigate women's vulnerability among a different sample of women, say in West Java, be able to establish with certainty the specific level of *co-evolution* or the particular *complex systems* involved in the *co-evolution* process that led to the emergence of the phenomenon? Obviously not, while he or she may, on the other hand, identify other possible *co-evolution* processes and other possible *complex systems* to explain women's vulnerability.

While complete objectivity in science is impossible (and even undesirable), viewing inquiry as subjective, however, may be seen, according to Agassi (1974), as tantamount to the denial of the intellectual. Therefore, the question remains as to how complexity theory should deal with subjectivity in such a way that this new paradigm is not regarded as denying human rationality while claiming that knowledge is fundamentally subjective.

Since the theme of this sub-section is "women's vulnerability", it would seem appropriate to use this as an example to discuss the question of "subjectivity versus objectivity" in research. Accounts of women's vulnerability may be thought to be objective given the deluge of reports on the growing numbers of HIV-infected women and unplanned pregnancies in Indonesia. However, a postmodernist might point out that women's vulnerability is socially constructed to suit particular social interests because, for one thing, the women themselves, who are said to be vulnerable, do not know that they are. Therefore, as far as these women are

concerned, the statement is "subjective". A realist, on the other hand, might say that if women knew they were vulnerable, the subject of women's vulnerability would not have turned up in the first place, and there would not have been a need for any research at all about this phenomenon because women would have taken preventive measures and would not have acquired the virus or become unintentionally pregnant. A key question embedded in the above thoughts is actually: In whose eyes must the fruits of research be objective? Should they be objective as judged by the researcher, the rest of the scientific community, the research participants or society at large?

Phelan (2001) opines that complexity theory leans towards positivism as opposed to post-positivism in terms of its research agenda. Obviously, it would not be in the best interest of complexity theory to give the idea that this new paradigm denies the thesis of the intellectual, because describing inquiry as subjective is likely to induce incorrect perceptions that all criticism and rational debate are excluded from complexity theory.

Still, given that reality is context-dependent, interactions-dependent, assumptions-dependent and, most importantly, observer-dependent, how can subjectivity be explained in a rational manner? In the researcher's view, to conceive of reality as "objective but not completely" or as "subjective-objective" as informed by the notion of a "participatory worldview" proposed by Heron and Reason (1997), might come out as a desperate attempt to gloss over the complex dilemma. Rather, the possibility of "alternative realities" appears to make more sense.

According to Jefferies (2011:6), the concept of "*unreal, 'theoretical', alternate reality*" has been invented by Bhaskar (1998 as cited in Jefferies 2011), founder of critical realism, who thereby contradicts the notion of reproducing "*concrete objective empirical reality in thought*".

Critical realism has been accused of seeking refuge in metaphysics and metaphors because of its inability to reveal the truth of the world (e.g. Jefferies

2011). Truth, in Jefferies' (2011:5) opinion, is "*the concrete expression of concrete reality in thought, where the idea or notion corresponds to the actual real thing*". However, the point of complexity theory, precisely, is to show that the truth of the world is "unknowable", as already discussed and will be discussed again below. This means that there cannot be universal social laws because possible alternative realities exist, and each of these alternate realities appears plausible, depending on the context, interactions, assumptions, through which the observer interprets social phenomena.

In its core, therefore, complexity theory postulates that social realities cannot exist independently of the observer, which should elucidate why there is always more than one possible scenario to explain or predict any social phenomenon. This appears to the researcher as a coherent argument underscoring subjectivity, based on the understanding that reality cannot be objective for the good reason that there is not "one unified reality" but "several alternative realities", grounded in the notion of "incomplete observations" as a result of the observer's inability to observe her- or himself in the process of observing. The central role of the observer is, therefore, to present these possible alternative realities in a rational manner, informed by intuition. Complexity theory, by proposing several possible scenarios to explain a particular social phenomenon, describes reality in terms of what it "might" have been like. Thus, referring to women's vulnerability, complexity theory can only assist in hypothesising possible *co-evolution* processes that might have led to this phenomenon.

In light of the above discussions and based on analysis and interpretation of the results from the second phase of this study in terms of CAS, the answer to the second research question is: Women's vulnerability to HIV and other sexual and reproductive health matters and their penchant for domesticity appear to be closely associated with their perceived primary role as wife and mother, as promoted by the New Order state ideology. As shown by the transcripts of interviews with women, the New Order state ideology continues to prevail despite the collapse of the authoritarian government. It is not clear, however, whether such

vulnerability is a phenomenon arising directly from women's aspirations to being an ideal wife and mother and their perceived primary role as wife and mother, or from their perceived obligation to obey their husbands. This brings to the fore the unknowability of the specific level of *co-evolution* which may have led to the current phenomenon under investigation.

The perspective informed by complexity theory used in this study also shows that women's lack of enthusiasm in public participation appears to be also strongly associated with their perceived primary role as wife and mother as promoted by the prevailing New Order state ideology. Given that being an ideal wife and mother encompasses the care of children, which includes ensuring their informal education at home, this means that women need to be around their children most of the time.

Since five specific research questions were formulated in the first chapter, while the two main ones have been answered above, the researcher wishes to specify briefly the following, based on analysis and interpretation of the data revealed in both phases of the study through the lens of complexity theory:

Firstly, women can best be protected from HIV-infection despite the country's limited resources by integrating sex education in schools' curriculum and implementing it nationwide, in addition to public information on HIV and AIDS/safer sex through the mass media. For the latter, a concerted effort to collect funding from non-governmental sources (e.g. CSR) and a more efficient management of resources are necessary.

Secondly, most mother-to-child HIV infections can be prevented if HIV testing becomes an integral part of testing requirements for pregnant women and effectively implemented nationwide. Furthermore, since most women acquire HIV infection from their husbands, the suggested HIV testing requirement for obtaining a marriage license should be recognised as a promising measure to prevent women from contracting the disease in the first place, and thereby reducing their

risk of infecting their children. Obviously, such a regulation cannot totally eliminate this risk, as it is possible that some men might have been in the window period when tested for HIV to obtain a marriage license, or may contract the disease after the wedding.

Thirdly, the lived experiences of home-centred women as a particular group in HIV and AIDS prevention and care point to the inability of current policy to address this issue, given that women have a very limited knowledge of HIV and AIDS and safer sex in general, which therefore calls for the implementation of strategies aimed at the general population as discussed above.

While for Phelan (2001), the focus of complexity theory should be on the methods used to search for regularities rather than on defining this theory by what is studied (complex universe), the researcher argues that complexity theory is especially relevant for explaining "irregularities" in terms of *co-evolutions*, that is, "*co-evolutions* involving different *complex systems* produce different phenomena", for example, Walby's (2007) theorising of intersectionality. This is corroborated by Cilliers (2007) who claims that the view of complexity theory as an instrument to uncover fundamental truths about the nature of nature would contradict its own premises since that would be a continuation of traditional sciences which seek for regularities and laws hitherto elusive. Such a view is also supported by Eidlin (2004) who claims that the study of open systems necessarily entails examining irregularities as well as uniformities in social reality, and scientific inquiry would be suffocated by attempts to legislate conceptual uniformity as illustrated by so much positivistic social science.

Furthermore, while the assumption that complexity in the world arises from simple rules is at the core of complexity theory, these rules, however, are "generative rules" that do not predict an outcome for every state of the world (Phelan 2001). Finding a set of generative rules would obviously be most valuable for simulations of real-world behaviour in order to predict, control, or explain hitherto incomprehensible systems (Phelan 2001). In the Indonesian social context,

however, although the findings in the second phase of the study suggest that the simple, generative rules that led to complexity around gender are those promoted by the New Order state ideology (that is, men as breadwinner and women as wife, mother and educator for their children), it does not mean that identifying the particular level of *co-evolutions* or the specific *complex systems* involved in *co-evolution* processes that may be most determinant in the emergence of the phenomena observed becomes a straightforward undertaking. On the contrary, this suggests that researchers must possess not only sound scientific knowledge, but also *intuition* to produce possible *rational* accounts of "social facts". In other words, given that researchers are free, to some extent, to set their own problems and choose the methods of investigation and theories to analyse and interpret their findings, complexity theory may prove particularly useful in enabling rational interpretations of their studies' findings, but intuition is needed to help "narrow down" the number of possible scenarios associated with the phenomena under investigation.

With choice, inevitably comes responsibility. In terms of HIV and AIDS policy, the researcher was faced with a complex dilemma. On the one hand, she believed that education about HIV and AIDS (whether in the form of comprehensive sex education in schools or educative information in the mass media) was likely to interact with other *complex systems* and steer the *bifurcation points* in such a way that women would be motivated to test their HIV status. In this case, such *co-evolution* of *complex systems* would enable a *phase transition* leading to the desired *emergent* phenomenon at a higher level, that is, a decrease in new HIV infections among women. On the other hand, she was aware that among the *complex systems* with which education about HIV and AIDS would be *co-evolving*, women's perceived obligation to obey their husbands was one of them. The question here was: Which *co-evolution* of which *complex systems* will lead to the desired *phase transition*, that is, substantial motivation among women to test for HIV and engage in safer sex? As discussed earlier, *bifurcation points* do not necessarily lead to the desired *phase transition* given that they can only be steered to a moderate extent from the outside.

The researcher was thus, once again, confronted with the unknowability of the nature or location of that particular "tipping point" – assuming that it exists – that would make the *bifurcation points* sway in the desired direction. Nonetheless, while the researcher was unable to produce objective explanations of reality, she would argue that the accounts of social phenomena presented in this study were based on a rational interpretation of her findings, guided by her intuition.

9.2.2.5 Conclusion

The use of a perspective informed by complexity theory in this study was extremely useful for the identification of specific interventions that might constitute "small" changes in the national HIV and AIDS policy. Complexity theory was also helpful in the researcher's attempts to reconstruct women's vulnerability to HIV and other sexual and reproductive health matters, as well as their penchant for domesticity. Complexity theory as an analytical lens enabled the identification of most likely interacting distal factors leading to rational interpretations of the social phenomena under investigation.

The meeting between theory and research in this study impressed on the researcher the importance of recognising the impossibility of understanding social systems in all their facets, or to accurately predict future outcomes relating to social systems. Even accounting for Walby's (2004) theorising of intersectionality, which may be useful in understanding simultaneous multiple social inequalities, it appears that complexity theory has limitations. Part of reality will remain unknowable in spite of the researcher's resolution to regard this as emergent, rooted, and stratified, reflecting complex dynamics between socio-cultural and biophysical strata. As aptly put by Ashby (1968 as cited in Goldstein 2011):

> Another common aim that will have to be given up is that of attempting to 'understand' the complex system; for if "understanding" a system means having available a model that is isomorphic with it, perhaps in one's head, then when the complexity of the system exceeds the finite capacity of the

scientist, the scientist can no longer understand the system …

9.3   LIMITATIONS OF THE STUDY

While any process to establish rigour in Delphi studies may be criticised (Hasson & Keeney 2011), it does not mean that the researcher should abandon the drive for achieving scientific respectability of the technique. Two available options were pointed out by these authors: First, to recognise that the formulation of information or the exploration of ideas to facilitate decision-making processes to reach consensus is the aim of most studies of this kind, and that the replication of a Delphi across different timeframes overlooks such an aim. Second, to recognise that Delphi results offer a snapshot of expert opinion at a specific time, for that particular group, which may be useful to inform thinking, practice or theory, and to accept that they do not offer irrefutable facts (Hasson & Keeney 2011).

The irony may be that the researcher was actually the one who refuted the results of the Delphi conducted in this study. Given results that do not correspond to the researcher's understanding of what an effective HIV and AIDS policy should be, she would suggest the inclusion of objectives intended for the general population which failed to achieve absolute consensus. This may thus be considered an additional bias to the research, which is discussed further in section 9.4.

A limitation related to Delphi research may be the number and range of panellists available to participate. However, a number of studies have shown that the success of a consensus exercise does not necessarily depend on panel size (Fink *et al* 1984 & Rowe & Wright 1999 as cited in Pearson, Anthony & Buckley 2010). More variation as a result of a larger sample may diminish the degree of accuracy and level of generalisability, which can lead to a false consensus, as participants are forced to agree without any opportunity to debate the issues (Hasson & Keeney 2011). In this study, however, a total of 23 experts participated, of the 24 who initially accepted the invitation. Although they came from different backgrounds, they were individually concerned with HIV and AIDS prevention and

the final number of experts in the panel was not so large that it might diminish the degree of accuracy or level of generalisability. As each expert had the opportunity to agree or disagree with the objectives being debated by assigning scores that reflected his or her opinion more accurately, there was little reason to think that any false consensus might have occurred.

Another possible limitation is that some issues may receive more attention than others if the expert panel finally obtained is not as diversified as it should be (Turoff 1970), which was not the case in this study. The researcher had made sure from the outset that the panel would be diversified by purposefully inviting HIV and AIDS experts from various sectors. She was confident that most would agree to participate, and was glad that her prediction came true, as only three experts failed to confirm the invitation. In line with Turoff's (1970) suggestion, the researcher stimulated consideration of the neglected issues by adding comments for consideration by the group in the letter she sent to the panel at each round, when the results of the previous round were summarised.

The relative imbalance between the various participating experts may have impacted upon the data generated in this part of the study, but priority was given to securing the participation of HIV and AIDS experts from as diverse backgrounds as possible in the Delphi exercise.

Panellists may also feel less free to express their honest opinions on sensitive issues. To limit this bias, and accounting for Turoff's (1970) warning, the researcher set up a procedure in which the panellists could not identify the returns with the individuals involved, although the list of participating experts was provided to the group prior to the start of the Delphi, in order to convince the panel of the significance of the exercise.

Furthermore, because it is the convention in qualitative research to cite the limitations of the study's results to claims of generalisation, the researcher declares the following:

1) Low recruitment rates constitute a well-reported disadvantage in qualitative research and, therefore, will limit the generalisability of the findings. However, the qualitative research in this study was meant to complement and enrich the data obtained from the discussions with the panellists, by giving depth and nuances to lived values found in the respondents' verbatim comments. Furthermore, the use of a perspective informed by complexity theory in this study implies that the focus should be on identifying and interpreting irregularities rather than on establishing generalisations (Cilliers 2007).

2) The study participants live in Jakarta or on the outskirts of the capital city; therefore, the generalisability of the findings (including the generalisability of the irregularities found in this study) to other parts of the country will not be known. However, generalisation may not be altogether meaningful in this study because its implicit aim was to seek to falsify feminist ideology by contradicting claims that women who do not participate in the public sphere are victims of gender inequality. Gender inequality does not account for all social inequalities, as these may be a consequence of choices or, in fact, many other possible reasons. According to Larsson (2009:10), it is extremely important, when possible, to undermine universal claims because "*universal claims are used to delimit human understanding of the possible range of being – i.e. they suppress possibilities and place false limits on freedom*". Naturally, the researcher's line of reasoning presupposed that the feminist concept of gender equality, which is associated with women's participation or lack thereof, in the public sphere, is taken for granted as being true in Indonesia, as evidenced in particular by the introduction of gender mainstreaming in government regulations.

While the thesis uses Indonesia in the title, the women repondents were citizens of Jakarta or live in its surrounding areas. However, since the women came from various ethnic backgrounds and therefore represented different geographic locations, the use of Indonesia in the title seems justified. The sample was purposely selected to satisfy the minimum number of units in each chosen

category and thereby enabled the researcher to discuss even small groups in the population.

The researcher's subjectivity or biases also limited reliability and objectivity when analysing and writing up her study. While aware of the impossibility of producing "objective scientific facts", the researcher was nonetheless reflexive throughout data analysis, memoing and draft writing-up in such a way that her personal values, beliefs and biases such as gender, age, and own socio-cultural background, influenced to a minimum extent the process or outcome of the study, consistent with Mauthner and Doucet's (2003) recommendations. Whether she actually succeeded in doing this is of course for the readers to assess, as she is obviously unable to observe herself in the process of observing.

9.4 STRENGTHS OF THE STUDY

This study demonstrated the feasibility of the Delphi technique to reach consensus among a panel of experts. The technique transcends space and time limitations and constitutes an idea-generating strategy that has advantages over other methods (Needham & De Loe 1990).

Various possible limitations to Delphi were successfully dealt with by the researcher. These include addressing the potential for a diminished degree of accuracy and level of generalisability which may lead to a false consensus as a result of more variation associated with a larger sample of experts participating in the exercise.

As discussed in Chapter 7, the final number of experts in the panel was not so large and, although these experts came from different backgrounds, they were individually concerned with HIV and AIDS prevention. Also, the panellists were free to assign at each round any scores that reflected their opinion more accurately about each of the statements proposed, which, therefore, suggests that a false consensus did not occur in this study. The possibility that some issues may

receive more attention if the final panel of experts is not as diversified as it should be, was also addressed by the diverse backgrounds of the HIV and AIDS experts participating in the Delphi exercise, and the fact that the researcher stimulated consideration by the group of the neglected issues, in the form of comments that she added to the results summaries at each round. The researcher also set up a procedure in which the returns of the questionnaires could not be identified with the individuals concerned, in order to encourage panellists to express their opinions even about sensitive issues.

After completing the Delphi exercise, the researcher was fully confident that the method was practically unreplicable owing to the wide variety of perceptions and beliefs among individuals, even in a common field such as HIV and AIDS. In fact, perceptions are ephemeral to the extent that a Delphi panel member may, for example, perceive a particular objective as unfeasible in a given moment, but as feasible in another moment.

Furthermore, owing to the current emphasis on evidence-based practices, fidelity measurement has become increasingly significant in Delphi studies (Mowbray *et al* 2003) and was, therefore, implemented in this study. Fidelity measurement is defined as the extent to which delivery of an intervention follows the protocol of a programme (Mowbray *et al* 2003). Since all the components as described by Turoff (1970) were implemented, it can be said that the fidelity criteria were fulfilled in the Delphi phase of this study.

However, in light of the critiques against evidence-based practices and policy as discussed further under sub-section 9.5.5 below, it seems that such a concept may not be consistently effective on account of the often questionable nature of evidence itself, and the potential disconnect between evidence and policy. Therefore, the final set of interventions which will be proposed to local authorities will include those that are aimed at the general population, which failed to achieve absolute consensus in the Delphi rounds, but whose relevance was demonstrated in the qualitative phase of this study.

Finally, while Delphi exercise has advantages over workshops which are usually dominated by the most vocal session members who tend to influence the path of the argument (Needham & De Loe 1990), it is at the same time impaired by the absence of face-to-face interactions which are the norm in workshops. In fact, the lack of face-to-face interaction greatly impacted on the achievement of consensus which was hence limited to objectives that did not, in the researcher's view, quite make for the emergence of "new" desired behaviours, whereas these should be the central objective of a national HIV and AIDS policy aimed at controlling and reversing the course of the epidemic.

The researcher ensured rigour in the conduct of the qualitative phase of the study and in the interpretation of results. For example, she undertook member checking by describing to the participants her conclusions about particular topics and asking them whether their experiences or opinions had been correctly interpreted. This was meant to warrant accuracy of interpretations and meaningful, coherent conveyance of the participants' perspectives. Establishing that the results of the study were credible or believable from the perspective of the participants in the research was important because the purpose of the qualitative research was to describe or understand the phenomena of interest from the participants' viewpoints.

Purposeful sampling and thick description were employed as part of strategies to satisfy the evaluation criteria, consistent with the recommendations of Reid and Gough (2000). Also as suggested by these authors, low-inference descriptors mechanically recorded data, triangulation, and inquiry audit as strategies to satisfy the criteria for evaluating her qualitative research were used by the researcher.

Documenting the procedures for checking the data throughout the study, actively searching for and describing negative instances that contradicted prior observations, were also ensured to enhance confirmability. Since confirmability refers to the extent to which biases may influence interpretations (Reid & Gough

2000), the limitations of this study were duly stated in section 9.3 above.

The qualitative phase of this study was a critical component of the research as it provides rich descriptive evidence for evaluation, in addition to evidence obtained from the Delphi phase, based on the understanding that a single methodology never produces evaluative evidence (Schwandt 2009). As Upshur *et al* (2001 as cited in Schwandt 2009) claim, the value of a given subject under evaluation gains relevance from useful knowledge, but evidence is not ordered hierarchically and constitutes mediation *"between the context of its use and the method of its production"*.

However, while the generalisability of findings may be limited by low recruitment rates which are a well-reported disadvantage in qualitative research, the qualitative phase in this study was meant to complement and enrich the data obtained from the Delphi exercise, by giving depth and nuances to the respondents' verbatim accounts regarding their perceptions about various issues relevant to the study, based on the women's lived experiences. This study, moreover, focused on identifying and interpreting irregularities rather than on establishing generalisations coherent with the tenets of complexity theory.

Employing complexity in this study was a most enthralling experience for the researcher, not only because it showed the possibility of translating various social phenomena in terms of CAS but, more significantly, because it made her see with utmost clarity why the concept of objective reality is an illusion, as she became fully aware of the impossibility of complete observations (Luhmann 1998 as cited in Medd 2001).

While generative rules in complexity would be most useful for simulations of real-world behaviour so that they may predict, control, or explain unfathomable social phenomena, these generative rules do not predict an outcome for every state of the world (Phelan 2001). This means that, despite these generative rules, the task of identifying a particular level of *co-evolution* or specific *complex systems* in a

particular *co-evolution* process that is most crucial to understanding the social phenomena under observation, remains a difficult undertaking. It also means that complexity researchers need intuition in addition to sound scientific knowledge in order to produce rational accounts of social truths. The interplay between rationality and intuition is likely to help narrow down the scope of possible scenarios to a given phenomenon, in such a way that researchers are able to present with more accuracy the most likely accounts of social realities.

Realisation of the impossibility of objective reality inevitably brought about the recognition of subjective interpretations of social phenomena, which are necessarily unavoidable on account of the researcher's inability to observe herself in the process of observing (Luhmann 1998 as cited in Medd 2001). Subjectivity in research, however, has been censured because it is seen as excluding all criticism and rational debate, which amounts to the denial of the thesis of the intellectual of mankind (Agassi 1974).

It appears necessary for complexity theory, therefore, to endorse its premises on subjectivity by specifying that it entails a "particular" way of knowing which does not privilege "other ways of knowing" or "anything goes". To this end, the concept of "alternative" realities appears to make sense rather than to conceive reality in terms of "objective but not completely" or "subjective-objective" as proposed by the notion of participatory worldview (Heron & Reason 1997).

Realisation of the existence of possible alternative realities was perhaps the turning point that imparted awareness to the researcher that objective reality is a utopian concept. While complexity theory shares similarities in terms of its worldview with positivism, post-modernism and critical realism, it is nonetheless a distinct scientific paradigm that is *not* like any other science.

Complexity theory offers a particular way of investigating various phenomena, especially those that remain elusive in research using linear approaches (Zimmerman *et al* 1998; Newell 2008). One crucial contribution from complexity

theory is its usefulness for various disciplines in the natural as well as social sciences, which renders interdisciplinary cooperation a concrete possibility. As such cooperation is expected to enable scientists from both groups of the sciences to go beyond the nature-society divide; the achievement of unimaginable breakthroughs in many fields may no longer be a distant dream.

In conclusion, the researcher felt that she had successfully met each of the objectives of this study as stated in Chapter 1. This was made possible by the use of the research methods as described in Chapter 6, while the lens of complexity theory greatly assisted in the interpretation of her findings.

9.5   SUGGESTIONS FOR POLICY

As discussed above, widespread ignorance about HIV and AIDS and their related stigma form vicious circles that perpetuate the epidemic, leading to growing numbers of new HIV infections. One central objective of a national HIV and AIDS policy is thus to address this problem by educating the public about the risks involved in unprotected sex through the dissemination of well-balanced information, in such a way that methods of prevention are well understood yet do not instil undue fear among those who receive the information. The main challenge for policy is to be effective in promoting widespread initiative for HIV testing, given that early detection is key to controlling the epidemic. Therefore, in addition to the 43 objectives which were consensually approved by the panel in the Delphi exercise, the researcher suggests the inclusion of the following strategies intended for the general population, based on objectives that failed to achieve absolute consensus in the Delphi exercise.

9.5.1 Immediate implementation of comprehensive sex education in schools

Given the lack of knowledge about HIV and AIDS – and safer sex in general—

which is reflected in the growing numbers of HIV infection and the high incidence of unplanned pregnancies, as also shown in this study, comprehensive sex education in schools is a necessity and should be taught immediately in elementary, junior and senior high schools, as proposed for example by Objective A-1.4a[46], with of course proper teaching materials corresponding to each level of education.

If the term "sex education" may appear "too Western", then a specific term to describe it may be necessary, as suggested by Objective A-1.3[47]. Furthermore, if the reason that sex education is not yet taught in schools, despite its inclusion in the curriculum, is the teachers' lack of confidence in teaching the subject, then teachers' training should be conducted as suggested by Objective O-1.3[48] or by Objective O-1.2[49]. This is of course a decision to be made by the government, the main goal being to provide young people with the necessary information so they understand the risks of unsafe sex and are empowered to take preventive measures.

As explained in the previous chapters, local authorities appear reluctant to push for the implementation of comprehensive sex education in schools owing to strong resistance on the part of conservative Muslim groups that regard such an education as sanctioning pre-marital sex. Here, the government needs to decide whether the current situation can continue (and let the epidemic spread further) or something has to be done about it soon (and bring the epidemic under control).

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[46] To require the Ministry of Education to include sexual/reproductive health in elementary & junior high school curriculum; introduce HIV & STI to reproductive health/science curriculum in junior high school.
[47] To search for a specific term to refer to "sex education"
[48] To train teachers to teach sex education to their students and form Task Forces made up of staff from NGOs/institutions involved in HIV-AIDS programmes/volunteers to be sent to schools where there is demand, using government budgets.
[49] To require health workers to teach sex education in schools under the coordination of local health offices (*Dinkes*)

9.5.2   Widespread dissemination of information on HIV and AIDS/safer sex, and a focus on women's role in prevention efforts

Various methods of disseminating information on HIV and AIDS as exemplified by O-1.4[50] should be carried out, given that sex education in schools does not cover all age groups in the population. Although the cost of media campaigns may be significant, this type of campaign is among the most effective to reach large audiences, and should be seriously considered given the necessity of informing the public about safer sex, including education about HIV and AIDS. This would strengthen the impact of Objective O-1.6[51] which was consensually approved by the Delphi panel, and should not be difficult to realise, given that most corporations and institutions already have Workplace Health Programmes, into which education about HIV and AIDS could be integrated.

The relevance of targeting women instead of men has often been argued by the researcher at *aids-ina*, on account of the fact that interventions targeting the HRM have not been effective, as men do not always buy sex in obvious places and in light of the fact that many brothels have been disbanded. Also, men apparently do not use condoms not because they do not understand the risks involved in unsafe sex but because they put pleasure above safety, as often discussed at *aids-ina*. Targeting women, therefore, appears to offer a better alternative, given that women bear the burden of defending the image of the family harmony at any cost (Munir 2005), which means that they are more likely to act in favour of what they perceive as necessary in order to maintain the good reputation of their families, which entails preserving their families' wellbeing, including health.

Somewhat unexpectedly, it appears that the researcher's arguments have been taken seriously by members of *aids-ina*, as shown by a number of recent spin-offs:
1) First, funding made available by the GFATM through the National AIDS

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[50] To support systematic & periodic mass media campaigns targeting women & youth on sex education, organised by the Ministry of Education, the Ministry of Communication and Information, with the national AIDS Commission's support
[51] To require that "HIV-AIDS Programmes in the Workplace" be integrated into "Workplace Health Programmes"

Commission, which was initially intended for nationwide media campaigns targeting the HRM, is now used for interventions focusing on women's roles. The researcher duly offered a tag-line which says: "*Make sure your husband/future husband is free of HIV. Check HIV status before it's too late*", which is now shown in campaign posters. She argued that although the message was explicitly addressed to women, it was implicitly targeting men as well.

2) Second, the researcher was asked by the PKBI (the NGO currently acting as principal recipient for the GFATM) to be part of its think tank in order to help build forces to influence the government into focusing on interventions targeting women. In fact, the researcher received a copy of the AIDS Commission Strategic Plan for 2015-2019 and was asked to submit her comments on the proposed draft.

3) Third, the foundation for which the researcher currently works has received confirmation from an oil and gas company that funding from their corporate social responsibility (CSR) will be made available to finance advertisements on national television, with a focus on the role of women in HIV prevention. The script for the advertisements is now being prepared. This illustrates the point that perceptions of unfeasibility can be wrong.

As already noted, most interventions intended for the general population failed to achieve absolute consensus because they were deemed unfeasible by the panel of experts. More importantly, this shows that generalisations, that is, central tendencies which were embodied by the definition of consensus used in Delphi Policy in this study, can be greatly misleading.

4) Finally, although this has nothing to do with interventions targeting women, the researcher was asked by the University of Indonesia to conduct a collaborative research on ART adherence, in order to identify the possible reasons for many patients dropping out of ART and to suggest ways to promote greater adherence among HIV-infected individuals who are on treatment. Now that the Test and Treat approach is under trial in 13 districts/cities and will become part of general healthcare services in

puskesmas, understanding the issue of ART dropout has become an imperative, given that transmissions of HIV can only be prevented if undetected viral load is achieved among patients on ART. The researcher has made numerous comments at *aids-ina* on the potential inefficiency of the Test and Treat approach to control the epidemic if it is implemented in the absence of conventional prevention interventions for the general population.

9.5.3 Other relevant strategies

In light of the fact that married women are most vulnerable to HIV infection, the implementation of Objective O-2.7[52] may be an effective way to prevent potential HIV infection among future brides at a later stage, as these sessions should motivate both women and men to check their HIV status before making their marital vows. Furthermore, it has been noted that young people do not have access to sexual and reproductive healthcare services because only married people are allowed to use these services. Objective A-1.6[53] is, therefore, a solution to render young people more visible in the national health agendas.

As for Objective A-1.2[54], such a service should be made available because people who have recently been made aware of HIV and AIDS risks may not be sure whether they have engaged in risk behaviours or not and receiving prompt and accurate answers to their questions would be useful.

9.5.4 Possibilities for a more aggressive HIV and AIDS policy

As already discussed, a strong political will is currently missing and a sense of crisis appears direly lacking, despite growing numbers of new HIV infections and

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[52] To require and provide sex education in group sessions for people seeking a marriage licence.
[53] To recognise Sexual Health concept based on evidence - rather than marital status - in existing public health system)
[54] To set up a Hotline service (internet, social media, phone, text messages) to answer questions on HIV & STIs, particularly "Am I infected?"

the fact that Indonesia is one of three countries in Asia and the Pacific currently facing an "emerging" epidemic. In the event of the government eventually deciding to implement a more aggressive HIV and AIDS policy, interventions as proposed by Objective 2.8 (To require people seeking a marriage licence to test for HIV and STIs), provide possibilities for early detection and for preventing further transmissions of the disease if implemented nationwide.

As argued by Fourie and Foller (2012), in order to enable change in a timely manner, it is important for a country to get a sense of the threshold limits that apply in a specific context. Responses to AIDS, which are political "best practice", are contingent rather than universal, which means that shunning human rights but enabling effective interventions through the implementation of a strong public health intervention in a specific context at a particular time along the epidemic's trajectory, should be a possibility (Fourie & Foller 2012).

Human rights obviously constitute a sensitive issue which often triggers heated debates and controversies, in large part because they link closely with perceptions. One thing that tends to be forgotten is that one person's human rights are limited by those of another. The suggested HIV testing requirement for obtaining a marriage license is a case in point. While it may be convenient to say that this regulation should not be implemented on the grounds that "the human rights of couples should be protected", avoiding this regulation actually constitutes an attempt to gloss over a complex dilemma: by protecting the human rights of one partner (who may be unknowingly HIV-infected), it is the human rights of the other partner that are forfeited, in particular his/her right to health, that is, to be HIV-free.

The question begging for an answer here is: Which partner's human rights are to be protected? The proposed regulation certainly has merits because it can greatly assist in early detection of HIV and hence prevent further spread of the epidemic, whereas current policy is incapable of doing this. Viewed from this angle, it certainly does not contradict human rights principles as it would help people to

avoid missing the opportunity to be diagnosed with a treatable disease, and hence to be treated.

Furthermore, ignoring the *feedback loops* between ecosystems and social systems by managing them in isolation stifles adaptability, given that the natural/biological is eminently political (Fourie & Foller 2012). Nonetheless, the implementation of a regulation requiring an HIV test among people who are about to get married should take place only after widespread campaigns about HIV and AIDS have been conducted, considering potential cancellations of marriage plans as a result of the still pervasive HIV and AIDS-related stigma, and the strong possibility of growing numbers of unregistered marriages.

9.5.5   Adaptation of the *Test and Treat* approach to local context

The main objective of the *Test and Treat* programme in Indonesia is treatment as prevention. Thus, it is important for the government to keep in mind that the incidence of ART defaults, which are found to be significant, may undermine such an aim. Therefore, ART defaults should be kept to a minimum number by providing CD4 tests to all the HIV-infected people who enrol in the programme and by bearing the cost of such tests on its budget.

According to Haynes, Turner, Redman, Milat and Moore (2014), a more rigorous approach to the use of terminology in research and evaluation is required because researchers need to be precise about the concepts of phenomena under study, in terms of their character and parameter. The terms used in health research in particular need to be described transparently so that their validity can be assessed by others. Revised distinctions and tighter definitions are, therefore, required because, alongside a better understanding of subjects of research, these also become more complex and fragmented (Haynes *et al* 2014). In their process of developing definitions on a number of concepts, among which are "policy" and "research findings", Haynes *et al* (2014: 11) describe four contributing factors to the productivity of their endeavour:

1) An emphasis on functionality – definitions were intended to be purpose specific in order to focus exclusively on the study instead of striving for generalisability
2) Input from a broad range of people with in-context expertise
3) Conceptual definitions should be refined in response to data collection
4) The definitions would not be objective but intersubjective in order to reflect a variety of broadly agreed perspectives instead of providing a factual description (Gillespie & Cornish 2010 as cited in Haynes *et al* 2014)

The provision of CD4 tests for all people living with HIV makes sense in light of
(1) the growing numbers of new HIV infections, especially among women;
(2) the results of the qualitative phase of this study.

However, the above suggestions do not correspond to the evidence collected through the Delphi exercise. This hints at the necessity to address the question of evidence-based practice and policy (EBPP) which is a term that has been criticised as "*naively ignoring socio-political context and the need for negotiated decision-making in a pluralist democracy*" (Greenhalgh & Russell 2009 as cited in Haynes *et al* (2014).

EBPP came about hard on the heels of evidence-based medicine (EBM) which was conceived as a movement and even a "new paradigm" (Hunter 2003; Cohen *et al* 2004). However, there is widespread scepticism concerning EBPP's impact on practice if EBM, which attracted many criticisms, is any guide to the likely fate of EBPP (Hunter 2003; Cohen *et al* 2004). In all policy domains, scepticism on "expert" authority has been expressed by public and lobbying groups, reflecting a decline of public trust in scientists (Hunter 2003). Like EBM, EBPP endorses a "*rational, linear model of how research and evidence are acted upon*" (Hunter 2003:195).

While providing hard data for the purposes of instituting change is not always the main task, providing ideas and arguments that will challenge the assumptions of

policy-makers is sometimes more useful (Hunter 2003). Evidence may not always impact on policy, or other factors deemed more important may overshadow its influence (Hunter 2003). Consequently, the lack of evidence-based policymaking has been highlighted. In this regard, Hunter (2003) recommends that all new policies should be accompanied by a statement of the evidence consulted in their preparation, which entails developing checklists of criteria by which EBPP may be realised. These include systematic, empirical evidence, and cogent arguments. This was deemed important because if policy is developed and enacted on the basis of assumptions or speculations, these, through their constant repetition, may become truisms (Cummins & Macintyre 2002 as cited in Hunter 2003).

Among the main critiques worth noting against EBM is EBM's poor philosophic basis for medicine (e.g. Charlton & Miles 1998 as cited in Cohen *et al* 2004), on account of the misguided belief that scientific observations can be made independent of the biases of the observer, which constitutes one aspect of empiricism. In fact, an evidence-based, rational model of decision making does not correspond to "*the realities of individualised, contextualised practiced, especially nonmedical practice, wherein problems are less well defined*" (Webb 2001 as cited in Mullen & Streiner 2004). A second criticism of EBM is the narrow definition of evidence which excludes important information. Experimental evidence, as embodied by randomised controlled trials (RCT), is elevated by EBM to primary importance over other forms of evidence that may be collected through other methods, such as observational and ethnographic studies, and is deemed better than analysed information based, for example, on qualitative methods (Haynes 2002 as cited in Cohen *et al* 2004). Thus, the narrow definition of EBM has led to critiques against the inability of RCTs and meta-analysis to consistently show their superior reliability compared with that of other research methods; the limited number of questions that EBM can answer; and EBM's failure to provide a means to integrate other non-statistical information (Cohen *et al* 2004).

Likewise, the concept of "evidence-based policymaking" is criticised for a narrowly "evidence-based" framing of policymaking, which is inherently unable to explore

the complex, context dependent, and value-laden way in which individuals and interest groups negotiate their competing options (Greenhalgh & Russel 2009). A third important criticism is that EBM is not evidence-based because it does not meet its own empirical tests for efficacy (e.g. Haynes 2002 as cited in Cohen *et al* 2004). As a matter of fact, there is no compelling evidence that doctors practising EBM provide better health care than those who do not, whereas EBM assumes that it will improve the quality of health care (Haynes 2002 as cited in Cohen *et al* 2004).

EBM began in Canada and the United Kingdom in the early 1990s, and slightly later in the USA, leading to thousands of articles debating, criticising and supporting it (Cohen *et al* 2004). Although EBPP is now most prominent in these countries, it has gained popularity in many northern European countries where governments and citizens increasingly emphasise the importance of outcomes measurement and effectiveness in public services (Mullen & Streiner 2004). EBPP is applied in various disciplines, including social work, social policy, mental and behavioural health, education, and psychiatry (Mullen & Streiner 2004). The way social interventions and clinical treatments have been delivered has experienced many developments and changes as shown, for example, by the introduction of behavioural and cognitive-behavioural therapies (e.g. Lazarus 1971 as cited in Mullen & Streiner 2004). However, despite often incomplete empirical evidence on intervention effectiveness, decisions are nonetheless made every day regarding courses of action to address problems, in particular in public health (Anderson, Brownson, Fullilove, Teutsch, Novick, Fielding & Land 2005).

While decisions on public health based on sound scientific evidence ensure benefits, to find consistencies in a set of findings requires evidence synthesis which combines many studies with different methods and results (Anderson *et al* 2005). EBPP, according to Mullen and Streiner (2004:113), should be considered encompassing "*both evidence-based practices as well as an evidence-based process*". It should be noted that EBP is often described as a decision-making process involving policymakers, managers, or practitioners, which means that

politicians and policy analysts use "evidence" for decision making. In addition, socio-linguistic tools, such as the argumentation theory, have been argued for, as these may help to develop richer theories about policymaking, given their potential practical application in the policymaking process; for example, the quality of the collective deliberation may be improved by enhancing participants' awareness of their own values and those of others (Greenhalgh & Russel 2009). In light of the above critiques, it seems clear that evidence-based practice or policy may not necessarily be effective, owing to the potential disconnect between evidence and policy and the often questionable nature of evidence itself.

The final results of this study inevitably reflect interactions between what the researcher observed, analysed and interpreted, and those *complex systems* that were inherent in her biophysical being. While the researcher was unable to derive value conclusions directly from evidence or factual assumptions, complexity theory, in addition to her expertise, provided her with a means to evaluate situations and to suggest what should be done. In this regard, the researcher felt that the results of the Delphi exercise were disappointing, mainly because they reflected reductionist reasoning, while this was precisely what she strived to avoid by using the lens of complexity in her study. Complexity theory highlights the necessity to avoid any kind of determinism. Therefore, the proposed inclusion of those objectives that failed to achieve absolute consensus should be seen as a way of remedying a perceived "bad" situation. In other words, this initiative is to be regarded as stemming from her best judgments in light of the research process, based on the theories and the methodologies she applied in her study. However, cognisant of the limits social research can offer, the researcher will not argue that the inclusion of those objectives in the national HIV and AIDS policy will necessarily lead to better outcomes.

9.6 RECOMMENDATIONS FOR THE UTILITY OF COMPLEXITY THEORY IN FURTHER RESEARCH

The application of complexity theory in this study showed not only the relevance of

such a perspective in sociology but also the feasibility of translating various social phenomena in terms of complexity, thus corroborating the pioneering work of Byrne and Walby (Alexander n.d.).

Before proceeding to recommendations for future research, it may be useful to argue for ways in which complexity theory might fit into the fragmented epistemology of science.

Agger (1991) suggests that various theoretical perspectives contribute to methodology and concept formation in sociology. Most importantly, Agger (1991: 126) argues in favour of interdisciplinarity in which traditional disciplinary boundaries will become blurred – critical theory, post-structuralism and post-modernism "*are all committed to interdisciplinarity, deconstructing disciplinary differentiation as arbitrary*".

Phelan (2001) argues that complexity science is *not* post-modern science. A post-modern definition of complexity science, as advocated by Richardson *et al* (2000 as cited in Phelan 2001), for example, is based on the logic that infinite ways of knowing about the world is implied in the incompressibility of complex systems. This, in Phelan's (2001:133) opinion, is a totally "*constructivist view that privileges other ways of knowing about the world*", meaning "anything goes", which of course does not correspond to complexity theory.

Complexity theory is valuable for both the natural sciences and social sciences, as it has generated a new and vibrant interaction among various disciplines in the natural sciences, such as physics, biochemistry, biology, and genetics, and in social sciences, such as sociology, health care, management and organisational science (Cilliers 2007). In Phelan's (2001) opinion, however, much of the work in complexity theory has been "pseudo-science", as many writers in this field give the illusion of science, despite the lack of plausibility and supporting evidence (Shermer 1997 as cited in Phelan 2001) by using erroneously or deliberately the symbols and methods of complexity science. Regardless, complexity theory

should help to fill some of the divide between the "hard" sciences and the "soft" sciences, considering especially that most subject matters of investigation in both groups are, in fact, "open systems" which, therefore, also means that "*our scientific knowledge of the world is fundamentally uncertain*" (Prigogine & Stengers 1997 as cited in Heylighen *et al* 2006: n.p.).

Since complexity theory also deals with phenomena that exist beyond empirical reality, which are to a large extent unknowable – and therefore untestable – the question is whether science which is unable to provide general theories that can be consistently empirically verified is necessarily "pseudo-science". This, therefore, takes us to the issue of philosophy underlying complexity theory, given that the answer to this is contingent upon how science is defined. Unfortunately, despite much work in science and large numbers of scientists, a working definition of science is not easily obtainable (Phelan 20010). The direct cause of this state of affairs, in Phelan's (2001:121) opinion, is the rise and popularity of post-positivist worldviews, such as feminism and post-modernism, which have sought to dismiss science as "*the supreme arbiter of truth, objectivity, and rationality*". The lack of a clear consensus on the definition of science has thus led Phelan (2001) to suggest three things that complexity science is *not*: (1) a general systems theory (2) a postmodern science and (3) a set of metaphors or analogies based on resemblance thinking which is a classic sign of pseudo-science.

Complexity science posits a central paradigm based on the multi-agent system, which is a collection of autonomous agents that give rise to a global order as a result of local interactions (Heylighen *et al* 2006). These "*agents are intrinsically subjective and uncertain about the consequences of their actions, yet they generally manage to self-organise into an emergent, adaptive system*" (Heylighen *et al* 2006:n.p). One might ask, of course, whether "the observer", who is obviously part of the system of systems as described by Heylighen *et al* (2006), is included in the above account. If holism is truly a main feature in complexity science, then the observer is necessarily a participant in the *co-evolution* processes of the system of systems, which means that he or she, too, is "intrinsically subjective and

uncertain".

The relatively small impact of complexity on professional philosophy has been termed "strange" by Cilliers (2007), given that complexity theory has been part of a wider intellectual world for the past twenty years. Cilliers (2007) refers to two aspects of philosophy that may explain this. First, complexity theory has resulted from developments in domains that are normally not those of most philosophers, that is, mathematics and computation theory (Cilliers 2007). Second, because philosophy has always been engaged with complex issues, many philosophers may feel that "*the language of Complexity is a banal form of talking about things they have dealt with in a more subtle way for a century or two*", which seems to explain why complexity has rarely been discussed in philosophy and social philosophy (Cilliers 2007:3). However, this state of affairs appears ironic to Cilliers (2007) given that complexity's most important contribution is actually on a philosophical level.

In Cilliers' (2007) view, complexity theory's huge influence is on how results obtained from scientific methods to find truths are interpreted, rather than on the methods themselves. Complexity thinking, which comprises the acknowledgement of complexity as a vital first step, will lead, in Cilliers' (2007) opinion, to a "complexity attitude", meaning that our approach to what we are doing will change fundamentally. However, he stresses that although the complexity attitude may be informed by the findings of complexity theory, these will not be fully determined by it because "*complexity theory would have become the new source of final truth and in the process contradict some of its own premises*" (Cilliers 2007:3-4). He argues that complexity theory has different applications, which are distinguished between "hard" complexity and "metaphorical" complexity, whereby true scientific activity is implied in the first category, while the softer, more interpretative strategies of the social sciences are included in the second category (Cilliers 2007).

Although the language in which to explain a general understanding of complexity

is still lacking and while acknowledging the difficulties in developing a new kind of scientific understanding is necessary, Cilliers (2007) insists that a scientific discourse reinstating an essential reductionism should be avoided.

Clearly, the relevance of complexity theory for both the natural sciences and social sciences emerges as a main theme in the above discussions, as shown by the applicability of such a theory in a wide range of disciplines in both groups of science. Therefore, the science of complexity offers an alternative paradigm that may tackle the problem of interdependencies, which traditional scientific method is incapable of dealing with (Heylighen *et al* 2006). Hopefully, the new exciting interactions between various disciplines in the natural sciences and social sciences will allow scientists to go beyond the divide that has fuelled contentious debates for so many years, centred upon the issue of the philosophy of science.

The researcher strongly believes that the application of complexity theory in the health field, including women's health, will lead to unimaginable breakthroughs. Reductionist and deterministic views in science are still dominant in the medical field, and appear to have largely hindered efforts to identify more appropriate treatments or potential cures for a number of diseases, in particular cancer and HIV and AIDS.

Linear causality continues to prevail in health research and tends to obscure the possibility of recognising indirect factors that may in fact have greater determination in the incidence of diseases. This results in the continued use of inappropriate treatments with known adverse effects. While primary symptoms, for example high cholesterol levels, may be taken care of by the consumption of available drugs, the routine use of such drugs in the long term may lead to diseases, such as liver or kidney disorders. Innovations in health care, unfortunately, are most difficult to achieve for a number of reasons as discussed below.

Despite growing acknowledgement of the relevance of embracing other

methodologies in health research in order to achieve better results, the fact that randomised control trials (RCT) continue to be regarded as the "gold standard" in clinical research undermines the credibility of other research methods in health. In this regard Clay (2010) says that participants in RCTs tend to be a "pretty rarefied population". In Brecker's[55] (n.d. as cited in Clay 2010) view, the "perfect RCT" is designed only with internal validity (the ability to trace causal inferences to the intervention) in mind, while experiments typically involve a trade-off between internal validity and external validity (the generalisability of the results). Here also, Brecker's comments hint at the impossibility of establishing "objective reality" by underlining the fundamental role of the observer in the interpretation of research results.

Despite its strengths, RCT reflects a reductionist view of the world, given that it is based on linear causality. As noted, reductionist interpretations can be dangerous, as also shown in the case of hormone replacement therapy (HRT). Routine acceptance of use of HRT was dealt a fatal blow when the results of the largest HRT RCT revealed that not only increased risk of cancer but also increased risk of cardiovascular disease may result from long-term use of oestrogen plus progestin HRT (Krieger, Lowy, Aronowitz, Bigby, Dickersin, Garner *et al* 2005).

Yet, innovative solutions to problems in health care are necessary, considering not only the soaring cost of health care but, especially, the continued elusiveness of effective treatments for life-threatening diseases, such as cancer and HIV and AIDS. This need is also felt in Indonesia, where the medical establishment continues to largely ignore the potential value of complementary and alternative medicine (CAM), by arguing that it does not provide sufficient evidence to demonstrate its therapeutic benefits. Contrary to the situation in developed countries, CAM in Indonesia does not only cater for the well-educated or the affluent, as it is widely available at significantly more affordable prices than those of orthodox medicine. However, the disregard of CAM by the medical establishment hinders the development of potential cures, such as the *Balur*

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[55] Steven J. Brecker is executive director of the American Psychological Association (Clay 2010).

method invented by Dr Zahar, which was shown to be effective in treating not only cancer, but also incurable diseases such as HIV and AIDS and autism. The fact that complexity theory, upon which *Balur* treatment is founded, is practically unknown in this country, also magnifies the problem, to the effect that demonstrations of the benefits of *Balur* through a perspective informed by complexity theory are largely regarded as "unscientific". Many patients have been successfully treated by *Balur.* The irony is that an "irregular" finding is automatically regarded as unscientific, mainly because it contradicts taken-for-granted truths: namely, that tobacco is responsible for smoking-related diseases. The question here is whether Dr Zahar and her team should be considered "normal" or "real" scientists. As Kuhn implies, normal scientists do not seek to refute the theories of their paradigm, while Popper claims that attempts to refute rather than confirm their theories distinguish real scientists from others (Naughton 2012).

Considering complexity theory's benefits for the interpretation of unfathomable phenomena, the researcher's primary recommendations for future complexity research are in the health field, as may be expected. The aim will be to identify possible distal factors that may be most responsible in the incidence of still inexplicable diseases which remain elusive in research using linear causality methods. The researcher expresses confidence that such studies will lead to the development of effective treatments for incurable diseases and to treatments with fewer adverse effects. Furthermore, Indonesia has a long history of traditional medicine which mainly consists of concoctions of a wide variety of herbal ingredients and plant roots. While their therapeutic values are widely recognised, they lack scientific evidence to establish their effectiveness, among other things, because the quantity needed to treat a particular ailment has never been scientifically measured. The application of complexity theory in such studies will be particularly valuable for understanding the particular ingredient(s) or combination of ingredients that appear most determinant in producing the therapeutic effect, and the reasons for this. Considering that health is in effect not the exclusive domain of physicians, the above recommendations support the necessity for

transdisciplinary cooperation.

As for research in sociology, in addition to the chosen methods and theories, the use of complexity theory is greatly useful for the interpretation of social phenomena hitherto impenetrable, as already asserted by various complexity theorists (e.g. Cilliers 2007; Phelan 2001). Among such phenomena, the exploration of the influence of social norms in Minangkabau will be particularly interesting, as complexity theory may help to identify possible interacting distal factors to explain why the matriarchal tradition has prevailed in that part of the archipelago despite the advent of the New Order state ideology during the Soeharto presidency, the strong influence of orthodox Islam, and the *adat* revival movement. Figuring out which *co-evolutions* of which *complex systems* may be most influential in preserving the matrilineal tradition in Minangkabau would be a fascinating journey.

Another interesting study would be to explore the perceptions of Minangkabau women who are involved in inter-religious or inter-*adat* marriages, in order to explore whether the matriarchal traditions are preserved after their marriages and to interpret the emergent phenomena in terms of *co-evolutions* to explain why or why not these traditions are maintained. Such a study may be rendered even more exciting if it also includes exploring the perceptions of Minangkabau women who are to be married to men from other ethnic groups or other religions, in order to gain understanding of their main concerns in terms of *complex systems* about such marriages, especially whether fear of losing their matriarchal authority after their marriage is among these. A comparison of these *complex systems* with those that are actually *co-evolving* among Minangkabau women already married, will provide great insights into predicting whether or not, or the extent to which, the matriarchal tradition will prevail among future such mixed marriages.

Gaining insights into the reasons conservative Muslim groups consider comprehensive sex education in school as sanctioning pre-marital sex will also be interesting and especially useful. Considering the great obstructions posed by

such perceptions in terms of prevention of HIV, other STIs, and unplanned pregnancies, the findings will greatly assist in the formulation of effective interventions strategies. Moreover, investigating the possible distal factors that have led to weak law enforcement in Indonesia is also an interesting research project, not only because such a phenomenon has contributed to growing numbers of unregistered marriages and divorces, but particularly in light of many social problems in Indonesia, in particular corruption, which remains a great challenge.

In sum, there are many social phenomena that remain elusive and continue to perpetuate a wide range of social problems owing to a lack of understanding of the possible distal factors that may be determinant in such conundrums, which should greatly benefit from the application of a perspective informed by complexity theory.

The list of possible future research in sociology is obviously long, as long as the list of unfathomable social problems that need to be addressed through the lens of complexity, and would not justify being mentioned here one by one. In a broader sense, though, a more holistic view as rendered possible by a perspective informed by complexity theory will, in principle, enable researchers to put things in perspective. This means, on the one hand, that researchers will gain enhanced capabilities to identify interacting distal factors in a way that possible scenarios of the social phenomena they are dealing with may be reconstructed or predicted as accurately as possible.

On the other hand, by doing this, researchers are likely to truly internalise their inability to produce objective accounts of social reality, as it becomes clear that there are always several possible scenarios to any given social phenomenon. With the recognition of such shortcomings, researchers will realise the great extent to which the interplay of reason and intuition matters. Such interplay is expected to assist in the identification of interacting distal *complex systems* and *co-evolution* processes of *complex systems* that are more likely than others to reflect the phenomena under observation. In other words, the interplay between reason and

intuition will help to narrow down the scope of possible scenarios, in such a way that researchers should be able to present more accurate accounts of social phenomena.

9.7   CONCLUSION

In this final part of the concluding chapter, the researcher wishes to add to existing conceptualisations of HIV and AIDS policy, women's vulnerability to reproductive ill health, the role of state ideology in influencing public health policy, gender relations in Indonesia and the role of contextual factors.

9.7.1 HIV and AIDS policy

To address the limited success of current policy as demonstrated by the growing numbers of new HIV infection, this study set out to propose new strategies based on "novel" interventions that might generate "big" improvements in terms of HIV and AIDS outcomes. The overall analysis of the results of this study point to the necessity to inclu de interventions for the general population, especially those focusing on women, given in particular women's perceived burden of defending the image of the family harmony at any cost (Munir 2005). This implies that women are likely to do whatever they deem necessary to maintain the wellbeing of their family, which includes the health of their family, and hence the good reputation of their family.

The objectives that failed to achieve absolute consensus in the Delphi exercise will, therefore, be included as part of the proposed strategies to be submitted to the authorities. This initiative stems from the researcher's best judgments based on the research process and the theories she has chosen, given that the results of the Delphi exercise do not correspond to her opinion about an effective policy to control the HIV and AIDS epidemic.

The potential role of women has been neglected in the current policy, which articulates the particular worldview of international actors who consider that interventions for the general population are unnecessary in the context of a concentrated epidemic. It is certainly ironic that, despite gender mainstreaming in national regulations and the fact that the growing numbers of new HIV infection mainly concern women, the very discrimination against women in terms of HIV and AIDS policy as well as their potential role in prevention efforts have been overlooked. As a matter of fact, the role of women in prevention efforts may well be the tiny difference that will generate big differences in terms of HIV and AIDS outcomes. Enlisting women in prevention emerges as a better alternative compared, for example, to interventions aimed at controlling unsafe behaviour in brothels through the imposition of fines on men found with HIV or other STIs.

As already noted, this intervention, which was suggested by members at *aids-ina*, was rejected by the panel of experts. The various spin-offs arising from the researcher's comments at *aids-ina* concerning the potential – but untapped – role of women in prevention efforts suggest the strong possibility that interventions focusing on women may receive widespread support and are, therefore, "feasible", although this does not correspond with the evidence collected in the Delphi exercise.

Even so, there is no guarantee that an enhanced HIV and AIDS policy that includes interventions for the general population will result in better HIV and AIDS outcomes, given the role of *path dependence* and valued/desired states of being that are manifested in health outcomes and risk factors, as already discussed. Therefore, some unknowability is embedded in the researcher's predictions as regards the impact of such policy on health outcomes.

9.7.2 Women's vulnerability to poor sexual and reproductive health outcomes

Various factors appear to contribute to women's vulnerability in terms of reproductive health matters, in particular widespread ignorance about HIV and AIDS (Lyn & Wulandari 2011) and the absence of comprehensive sex education in schools (AI 2012), but also traditional practices such as early marriage, polygamy and contract marriages (Jacubowski 2008). The results of this study reveal that women's vulnerability may be closely associated with women's perceived primary role as wife and mother as promoted by the prevailing *adat*-based New Order state ideology.

Marriage is a potential source of HIV infection for women, as most unprotected sexual encounters occur within marriages (e.g. Bruce & Clark 2004 as cited in Jacubowski 2008). Moreover, marriage is an important aspect of the Indonesian gender order and is perceived as an obligation for most Indonesians (Jacubowski 2008).

The state ideology is associated with the familial relationship in Java, which is founded on moral obligation rooted in four key concepts, including respect and harmony (Adamson 2007). Respect generally means that younger people are expected to revere older people. Since husbands are usually older than their wives, it is possible that women's perceived responsibility to respect their husbands may have changed into a perceived obligation to obey their husbands, which may have been endorsed by various *ustadz*'s patriarchal interpretations of religion, given that many women attend regular *pengajian* sessions.

While women aspire to assuming the role of the ideal wife, they may overlook the possibility that their husbands or future husbands may not be ideal in terms of their health or intentions. This may have the effect that women become unwary of the likelihood that their male partners may be infected with HIV or other STIs, or that they may become unintentionally pregnant.

Interventions addressing the general population are, therefore, necessary to minimise women's vulnerability, in particular comprehensive sex education in schools and media campaigns focusing on women, given the potential of such interventions to render women aware of the risks of unprotected sex and motivated to test their HIV status as well as that of their husbands or future husbands. However, the ultimate outcomes are to some extent unpredictable owing to the role of *path dependence*, which means that irregularities always occur alongside uniformities.

9.7.3 State ideology

The transcripts from the in-depth interviews with women strongly suggest that the *adat*-based New Order state ideology continues to prevail despite the demise of the authoritarian regime and the ensuing democratisation process which began some fifteen years ago. The results of this study reveal that this may have been facilitated by the *adat* and Islam revival movements, accounting for the widespread patriarchal interpretations of Islam which correspond to the principles of the New Order state ideology.

Borrel, Palencia, Muntaner, Urquia, Malmusi & O'Campo (2013) suggest that gender-based social inequalities are the main contributors to the higher burden of women's suffering. For example, women are more likely to rate their own health poorly, which leads to higher mortality rates (De Salvo *et al* 2006 as cited in Borrel *et al* 2013) despite a higher life expectancy among women. Other inequalities identified by Borrel *et al* (2013) include income, paid work and unpaid work, which are associated with gender inequalities in health outcomes. The results of this study support the possibility that the state ideology may have played a particularly significant role in contributing to the gendered nature of HIV infection and women's lack of enthusiasm in participating in the public sphere, given its emphasis on women's unitary role as wife, mother, and educator of their children. Moreover, it

appears that the current HIV and AIDS policy, which does not include interventions for the general population, may have compounded women's vulnerability in terms of HIV infection, as women remain invisible in the national HIV and AIDS agendas, whereas they have become the most vulnerable group to such infection. The current AIDS policy may thus be construed as an embodiment of patriarchal structures and practices.

Nonetheless, it is also possible that the impact of the state ideology on women's perceptions of their primary role as wife and mother may actually have been limited. It may have been the case that, because Javanese women have traditionally been more attached to their role in the family, including the care of their children, the Javanese *adat* simply grew to articulate such inclination and, therefore, the norms that developed purely reflect Javanese women's "true desires". This may explain to some extent why these norms have remained unchanged despite the demise of the New Order regime. In other words, the New Order state ideology may only have assisted in *spreading* the norms among the non-Javanese. Argawal (1997) argues that while norms are not influenced only by perceptions, incorrect perceptions could be institutionalised as social norms because these relate to customs that are established. Even so, no one can determine with absolute certainty that non-Javanese women did not share such perceptions in the first place and, therefore, the New Order state ideology may not have been *imposed* on society, but simply embodied Indonesian women's true desires. It does not seem unreasonable to conceive, therefore, that even if women's unitary role as wife and mother was not promoted by the state ideology, women might still be attached to their role in the family.

While this may appear to contradict the proposed scenarios in Figure 9.2, such a contradiction is only an illusion because one scenario is actually as likely as another to explain the phenomena under investigation: women's vulnerability and their penchant for domesticity. The researcher's point is to highlight the unknowability of the world, by stressing the possibility of "alternative" realities. To put this in another way, while the researcher's intuition tells her that the prevailing New Order state ideology is a most likely phenomenon to explain women's

perceived primary role as wife and mother, she cannot assert with certainty whether this perception is directly associated with the ideals of the state ideology or with women's true desires which are embodied in the state ideology. However, as mentioned before, the points of departure for the inquiry are the "current state" of the phenomena under investigation. And the results of this study suggest that these may have arisen from women's perceptions of their primary role as wife and mother, although no definite conclusion can be drawn with respect to the origin of the ideals associated with such perceived primary role as promoted by the New Order state ideology.

9.7.4 Gender relations

Gender relations are said to be "unequal", mainly because they place the burden of unpaid domestic work upon women. As historian Jeanne Boydston has documented (Silbaugh 1996 as cited in Williams 2001), even after the advent of domesticity, women continued to do much productive work. The irony, however, is that while women's workload increased, their work ceased to be understood as "work" (Williams 2001) because it was *unpaid*. The researcher set out to understand the manner in which women perceive their role vis-à-vis the role of their husbands in the family and in society, and whether social norms play a significant part in influencing their perceptions about such relations.

As described above, norms appear to impinge on women's perceptions about their primary role as wife and mother. While this also appears to be true with respect to women's perceptions about their role vis-à-vis that of their husbands, it seems that the prevailing gender relations may also be a consequence of women's attachment to their children, to the effect that women have little enthusiasm for actively participating in the public sphere. In other words, the current gender order may have arisen *not specifically* from perceptions about women's inferior position compared with men's, but from women's love for their children, as discussed below.

The gender orders in Indonesia are shaped by Islam, which emerges as a critical point of debate about gender relations in the post-Soeharto era (Robinson 2009). As pointed out by Munir (2005), the perceived understanding of the Islamic law as favouring men over women is a consequence of the deeply rooted patriarchal values of *ulemas* who interpreted the religious texts. While it is possible that misogynistic interpretations of such texts may have led to perceptions that women occupy a position inferior to men's in society, such perceptions may also have arisen from the Javanese *adat* which promotes women's role in the family, given that women are traditionally conceived as primary caregivers and men as breadwinners (e.g. Williams 2001). This means that women, as asserted by the participants in this study, are also in charge of their children's care, which entails ensuring their education at home and, therefore, requires that they spend sufficient time with their children. In today's world, in the West in particular, the feminist concept of the ideal woman as promoted by feminists has become the concept of the "super woman" who is expected to embrace domestic work while maintaining the career goals of the modern woman (Holt n.d.).

While motherhood was often cited by the study's participants as the source of their happiness, the feminist ideal may well be far above the reality of women's lives in the West, as various studies have shown that women's level of happiness in developed countries has decreased in comparison with men's and to where it was four decades ago (Buckingham 2009) when the personal became the political. As Holt (n.d.) argues, it is likely that women will continue to struggle but never attain the feminist ideal. Clearly, these discussions imply that social inequalities are rooted not exclusively in unequal gender relations, or that gender equality is particularly associated with women's participation in the public sphere. However, a crucial question begging for an answer here is whether feminists will eventually concede that happiness may be, after all, as important for women as financial independence.

9.7.5 The role of contextual factors: *Adat* and *Islam* revival movements and *Sharia* law

According to Henley and Davidson (2008), the *adat* revival movement took many by surprise and illustrates the point that forgotten ideas and ideologies can spring back to life dramatically in times of change and uncertainty in a nation's history. A national "communalism" or "collectivism" inspired by the so-called "communal trait" in *adat*, which entails placing the interests of the community above those of individuals, as opposed to Western individualism, emerges as a key element in the construction of Indonesia's new national image (Henley & Davidson 2008).

Pitting the rise of communalism in Indonesia against Western individualism is particularly interesting in light of the fact that there has never been a neat break between what is regarded as traditional and modern in this country, as both aspects of life continue to permeate society. In Western society, on the other hand, as a result of the emergent capitalist order, the political ideology of possessive individualism has led to men's self-alienation, which women's self-renunciation was called upon to remedy (Williams 2001).

In a way, therefore, the rise of collectivism in Indonesia should not have been such a shock for observers. While the participants' narratives provide evidence that their perceptions of their role in the family and in society remain coherent with the ideals of the New Order state ideology, it is less clear whether the movement in the revival of *adat* bears a particular influence on their decision-making processes and whether it has significantly affected the prevailing social norms.

The movement of the revival of Islam was identified in tandem with the *adat* revival movement. However, the Islam revival movement may have started in Indonesia before the demise of the New Order regime, and only became prominent when the democratisation and decentralisation processes were underway, with the introduction of various elements of the Islamic law, *Sharia*, into sub-regional legislations (Brenner 2011). These regulations affect women more than men

because women are subjected to restrictions that are not generally imposed on men, such as the mandatory wear of the *jilbab* (Brenner 2011).

In Brenner's (2011) view, a conservative backlash against cultural liberties and growing fundamentalism, combined with the dynamics of global Islam, was triggered by the newfound freedoms of the post-Soeharto era. Both the Islam and *adat* revival movements were facilitated by these new freedoms, which embody the view that only through the pursuit of radical alternatives will peace, order, and justice, finally prevail (Henley & Davidson 2008).

The results of this study reveal that the Islam revival movement may have impacted the Javanese *adat* more than others, as many Javanese rituals that are seen as violating the Islamic law are increasingly being abandoned. The same cannot be said about the Minangkabau *adat*, as matriarchal practices remain in effect there, as shown by the narratives of participants from this ethnic group. This illustrates the point that irregularities always occur, which calls attention to the necessity to investigate these, given that answers to unfathomable social phenomena may well be found within these irregularities, as implied by complexity theory.

While the results of this study corroborate the strong possibility that Islamic values may have great bearings on social norms which promote women's obedience to their husbands, it is less clear whether the movement in the revival of Islam has contributed to such norms.

Passed in 2009 in the province of Aceh, the *Sharia* law imposes stringent criminal punishment for sexual offences, in particular adultery and fornication (Hamann 2009 as cited in Uddin 2010). While the gravity of punishments has drawn national and international attention, human rights groups have contested one aspect of the *Sharia* law in particular, that is, the imposition of Islamic dress upon its citizens, especially the mandatory wear of the *jilbab*, which is seen as more restrictive on women (e.g. HRW 2010).

The Acehnese women who participated in this study came to the interviews with their heads covered, although the wear of the *jilbab* is not mandatory in Jakarta. For these women, covering their head feels natural because they grew up in a society where such was the norm for women and, therefore, became a habit they acquired at a young age. Wearing the *jilbab*, they said, made them feel safe and pretty. However, the women were against the imposition of Muslim dress on citizens (which necessarily implies women's mandatory wear of the *jilbab*, since covering the head is part of the norm of Muslim women's dress), because not all Acehnese women covered their heads before the implementation of the law, and because there were more urgent matters for the government to attend to, in particular corruption. The women agreed that the *Sharia* law was not only about dressing properly in public but, more importantly, about moral behaviours.

Furthermore, according to the women, the regulation had triggered mass brutalism as a result of the multiple interpretations of "Muslim dress", for example, whether wearing tight jeans would be considered a violation of the law. The regulation had also caused restlessness because women were not treated equally before the law. Some women who were caught not wearing the *jilbab* were punished, while others were released after being lectured by the authorities.

From the religious point of view, the women also thought that the imposition of the wear of the *jilbab* was not a good idea because there were disagreements about the veil even among Muslim people. It would have been preferable, they said, if the regulation had imposed the wear of "appropriate dress", as this would have been clearly understood by people from the East. Perhaps, one important insight from the above discussions was that the mandatory wear of the *jilbab* was generally assumed to be discriminative against women, whereas some women might actually not feel discriminated against, hence the necessity to investigate irregularities.

9.7.6 A final word

Although accounts of social phenomena presented in this chapter appear to reflect holism and to illustrate the complexity of such phenomena, there is some apprehension in the researcher's mind that they actually might not – at least not entirely. In her attempt to produce social accounts through the lens of complexity theory, she may in fact be repeating cycles of new ignorance created in the act of "trying to know", thus corroborating Luhmann's (1998 as cited in Medd 2001) view that social life is an "ecology of ignorance", in which complexity is produced by social actors in an attempt to deal with complexity. Clearly, the human conscience is incapable of understanding the ultimate complexity of the world, and it is within the gap "*between the ultimate complexity of the world and the human conscience*" that social systems interfere and play their role by reducing complexity (Neves & Neves 2006:6),

This has a serious implication for this study, which is the possibility that the researcher's suggestion to include in the national HIV and AIDS policy those objectives intended for the general population that have failed to achieve absolute consensus, may not lead to the emergent "new" behaviours she has predicted and anticipates.

Another crucial implication is the possibility that her interpretations of women's vulnerability to HIV (and other sexual and reproductive health matters) as well as their choices to be domestic carers (as a consequence of *co-evolution* of various *complex systems* she has identified in terms of *emergent* phenomena), may not be fully accurate.

There are at least three things that trouble her, which are the following:

1) The implausibility of accounting for *all* interacting complex systems that have evolved or are simultaneously *co-evolving* to produce the current emergent phenomena under investigation, or *all* levels of *co-evolution*. This

implies that her interpretations in terms of CAS may not be totally accurate because those *complex systems* or those particular *co-evolution* processes that may actually be determining forces may not have been included in her analysis.

2) The impossibility of observing herself in the process of observing, which means, ironically, that her interpretations of social phenomena are necessarily "not*"* holistic.

3) The recognition that her interpretations are subjective, which is a consequence of the impossibility of observing herself in the process of observing, as mentioned in point two. The interacting *complex systems* – those she has identified – are analysed and interpreted through her personal perceptions and understanding of complexity theory, which other complexity scientists may not necessarily agree with. The question here is whether a "subjective" interpretation can be termed "holistic".

Although Walby (2004) suggests that realism and post-modernism should be regarded as complementary when employing complexity in social research, it seems to make more sense to conceive interpretations of social phenomena in terms of CAS as a "continuum", with determinism on one end and holism on the other. While determinism does not appeal to the researcher because this does not correspond to her understanding of what complexity theory is about, she also cannot claim that her analyses and interpretations are truly holistic for the reasons mentioned above. It follows that the accounts of social phenomena as described in this chapter, which are based on the researcher's observations, analyses, and interpretations in terms of CAS, are to be contextualised somewhere in the middle of that continuum.

In conclusion, complexity theory may offer a promise for a paradigm shift in social theory (Walby 2007) by allowing for a different way to look at the world. The use of the lens of complexity in this study has enabled the identification of specific distal factors that may potentially *co-evolve* to produce future desired phenomena at higher levels, and to interpret current phenomena as consequences arising from

particular *co-evolution* processes at lower levels.

For the researcher, personally, complexity theory's most valuable contribution has been its emphasis on "incomplete observation", which gave her absolute confidence that reality *cannot* be objective and, therefore, "objective reality" is a mere utopian concept. Complexity theory has also convinced her that in order to produce rational scientific facts, one also needs intuition.

While these ideas clearly depart from traditional science which emphasises both objectivity and rationality, perhaps this is the wisdom the researcher has found in employing complexity. Another precious insight from complexity theory is that it links structure to agency instead of reducing the differences between these, and, therefore, allows for the investigation of the consequences of their interactions which are obviously not uniform, even within the same society held together by common social norms.

This brings to the fore the necessity to account for the interplay between reason and emotions underlying human agency, which are always part of *co-evolution* processes relating to social phenomena, and the contradiction of the still common view that individual actions are mere products of social structures.

In a broader sense, complexity theory commands an "open mind" towards understanding phenomena in terms of their possible interactions with indirect factors that are not always obvious. To this extent, complexity theory rightly deserves to be hailed a scientific breakthrough, given that broad-mindedness will prevent researchers from making categorical and often inaccurate conclusions based on linear interpretations that are still common in science, as a result of the influence of Newtonian principles.

At the same time, however, the more holistic perspective offered by complexity theory tends to blur boundaries – whether real or imagined – between various entities. This has the effect that no agent in particular appears to play a more

determinant role than others, since agents are "accomplices" in *co-evolution* processes. This implies that each *complex system*, to some extent, is responsible for the phenomena under observation, for these are consequences of such *co-evolution* processes.

It seems that a key message complexity theory is trying to put across is this: The aim of humankind is to find "solutions" for social ills, not to shift the blame onto particular entities, because blame-shifting leads to an impasse, whereas a better world is imaginable only when progressive change is possible. Hence, the challenge for complexity scientists is to identify, without discounting the others, those *complex systems* that appear to play a more fundamental role in the emergent phenomena under investigation, so that appropriate solutions can be formulated.

In this way, complexity theory is laying the ultimate responsibility for producing rational accounts of reality upon the observer. This means that the observer is placed upon a pedestal where he or she assumes to role of the arbiter of truth, for it is the human mind, not the facts, that attempts to give meanings to reality (Eidlin 2004), while the multiple alternative truths that are embodied by every single phenomenon are accounted for. Unavoidably, such efforts are not always successful because, at the same time, complexity theory consistently points to human epistemic limitations, which necessarily undermine the observer's work, however noble it may be.

Therefore, despite its immense merits, complexity theory should not allow us to delude ourselves into assuming that it is a scientific method with limitless capabilities paving the way towards absolute truth, as it may not even be a doorway to "great truths".

"*The greatest enemy of knowledge is not ignorance; it is the illusion of knowledge*"
(Daniel J. Boorstin 1983)

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Objectives Number	Local Values Average	Urgency Order	URGENCY Consensus Status	FEASIBILITY Consensus Status	DESIRABILITY Consensus Status	OBJECTIVES
A-2.11	0.924	1	CONSENSUS	CONSENSUS	CONSENSUS	To strengthen efforts of Ministry of Justice and Human Rights (MoJHR), MoH, and Ministry of Social Welfare (MoSW) to respond to HIV and TB in prisons and among recently released prisoners.
A-2.17	0.924	1	CONSENSUS	CONSENSUS	CONSENSUS	To increase HIV testing among key populations, especially among "hot spots", based on district estimates.
A-2.9	0.924	1	CONSENSUS	CONSENSUS	CONSENSUS	To ensure that key population groups have access to public, health and social services.
A-3.8	0.924	1	CONSENSUS	CONSENSUS	CONSENSUS	To strengthen efforts to integrate the response to TB and HIV.
A-4.2	0.911	2	CONSENSUS	CONSENSUS	CONSENSUS	To strengthen national disease surveillance and reporting in order to provide a trustworthy basis for decision making.
A-1.7	0.899	3	CONSENSUS	CONSENSUS	CONSENSUS	To systematically develop creative and explicit programmes intended for the public to reduce stigma & discrimination practices towards MARP.
A-4.7	0.897	4	CONSENSUS	CONSENSUS	CONSENSUS	To systematically evaluate performance of INAC and its regional branches, involving participation of all parties concerned.
O-2.10	0.890	5	CONSENSUS	CONSENSUS	CONSENSUS	To make condoms widely available and ensure adequate supplies.
A-4.4	0.885	6	CONSENSUS	CONSENSUS	CONSENSUS	To integrate HIV-AIDS prevention and treatment in the Puskesmas comprehensive care programmes (using government budgets), including peer-implemented training of peer groups and reach out programmes to key population groups, in order to avoid separate vertical programmes, while guarding confidentiality of PLWHA with open HIV status, and recognise the benefits of peer support in ensuring retention and adherence.
A-3.3	0.872	7	CONSENSUS	CONSENSUS	CONSENSUS	To set up a system to develop, update, print and distribute guidelines on ART and related topics, so that all healthcare professionals and the community are swiftly aware of changes and developments, including availability of new drugs/ formulations, and ensure community involvement in guideline development.
O-3.13	0.787	8	CONSENSUS	CONSENSUS	CONSENSUS	To make ARV drugs available in an increasing number of Puskesmas where there is demand, nationwide.
A-4.1	0.775	9	CONSENSUS	CONSENSUS	CONSENSUS	To initiate efforts to "normalise" HIV, so that it is treated as other disease.
A-4.12	0.775	9	CONSENSUS	CONSENSUS	CONSENSUS	To include training in HIV & STI epidemiology, diagnosis and treatment in curriculum of all Medical and Nursing schools.
A-2.5	0.760	10	CONSENSUS	CONSENSUS	CONSENSUS	To build a communication system to convince national and local security apparatus to not constrain Harm Reduction, in particular the Needle Syringe Programmes considered most effective to reduce HIV transmissions among IDUs.
A-4.11	0.760	10	CONSENSUS	CONSENSUS	CONSENSUS	To require transparent and in-depth evaluations of the use of government budgets in the conduct of HIV-AIDS programmes.
A-2.12	0.760	10	CONSENSUS	CONSENSUS	CONSENSUS	To ensure that government health workers provide patient-friendly services, particularly for MSM population groups.
O-3.12	0.749	11	CONSENSUS	CONSENSUS	CONSENSUS	To make ARV drugs available in all state hospitals.
O-2.11	0.744	12	CONSENSUS	CONSENSUS	CONSENSUS	To make clean needles and syringes available in all Puskesmas where there is demand.
A-2.13	0.736	13	CONSENSUS	CONSENSUS	CONSENSUS	To increase support/technical assistance for current national MSM prevention & care programmes so they can achieve their aims.
A-1.6	0.736	13	CONSENSUS	NO CONSENSUS	CONSENSUS	To recognise Sexual Health concept based on evidence - rather than marital status - in existing public health system.
A-4.3	0.736	13	CONSENSUS	NO CONSENSUS	CONSENSUS	To ensure effective social support in national programmes intended for economically undeprivileged people, including PLWHA.
O-3.5	0.730	14	CONSENSUS	NO CONSENSUS	CONSENSUS	To require physicians dispensing non-subsidised ARV drugs to undergo training about ARV drugs.
A-2.3	0.730	14	CONSENSUS	CONSENSUS	CONSENSUS	To set up a system enabling the provision of post-exposure prophilaxis for victims of rape and sexual violence.
A-4.6a	0.730	14	CONSENSUS	NO CONSENSUS	CONSENSUS	To revise MoHA Regulation regarding grants in order to enable INAC and its regional branches to access grants continually (including requiring budget codes for HIV-AIDS programmes needing financing beyond 2015 - such as outreach - in order to ensure their sustainability by allowing access to national and regional budgets).
A-4.14	0.729	15	CONSENSUS	CONSENSUS	CONSENSUS	To clarify the tasks and responsibilities of the Maternal Health Directorate of MOH as leading sector/coordinator for national PMTCT programmes.
O-3.9	0.726	16	CONSENSUS	CONSENSUS	CONSENSUS	To reinforce understanding of Standard Precautions and Transmission-based Precautions .
O-1.3	0.719	17	CONSENSUS	NO CONSENSUS	CONSENSUS	To train teachers to teach sex education to their students and form Task Forces made up of staff from NGOs/insitutions involved in HIV-AIDS programmes/volunteers to be sent to schools where there is demand, using government budgets.
A-3.2	0.718	18	CONSENSUS	CONSENSUS	CONSENSUS	To continually monitor levels of adherence to ART, using proven methods, and regularly report results.
O-2.9	0.713	19	CONSENSUS	CONSENSUS	CONSENSUS	To implement WHO recommendations to prevent transmissions among serodiscordant couples.
A-3.1	0.704	20	CONSENSUS	CONSENSUS	CONSENSUS	To encourage the involvement of pharmacists in support of adherence through provision of information, and correction of prescription errors.
O-3.11	0.704	20	CONSENSUS	CONSENSUS	NO CONSENSUS	To provide MMT in increasing number of Puskesmas where there is demand.
O-2.1	0.703	21	CONSENSUS	CONSENSUS	CONSENSUS	To require HIV and STI testing to be part of routine health tests for pregnant women at all ANC.
O-4.3	0.693	22	CONSENSUS	CONSENSUS	CONSENSUS	To define "basic services" for PLWHA and allow use of government budgets to finance them.
O-3.1	0.692	23	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To set up national system involving sanctions and/or incentives for healthcare providers, in particular doctors, to ensure availability of health services in remote areas.
A-2.8	0.689	24	CONSENSUS	CONSENSUS	CONSENSUS	To systematically ensure availability and adequate supplies of good-quality HIV-AIDS & STI materials intended for key population groups.
A-1.5	0.687	25	CONSENSUS	NO CONSENSUS	CONSENSUS	To include prevention in the national social health insurance to be effective in 2014.
A-2.14	0.681	26	CONSENSUS	NO CONSENSUS	CONSENSUS	To require local governments to clarify their positions on brothels and implement "100% condom use" among sex workers and their clients in all brothels.
A-4.8	0.675	27	CONSENSUS	NO CONSENSUS	CONSENSUS	To ensure full participation of all related professional groups, including ObGyn, Paediatricians, Psychologists, Neurologists, Geriatricians, Nurses, Midwives, etc. in implementing an effective mentoring system to support professionals in remote areas.
A-3.6	0.674	28	CONSENSUS	CONSENSUS	CONSENSUS	To scale up access to ART for all key population groups regardless of CD4 counts.
A-4.5	0.674	28	CONSENSUS	NO CONSENSUS	CONSENSUS	To allow use of government budgets to outsource or subcontract HIV-AIDS programmes to NGOs, including peer support groups.
A-4.9	0.674	28	CONSENSUS	NO CONSENSUS	CONSENSUS	To work closely with MoHA to ensure that heads of provinces/districts/municipalities prioritise HIV-AIDS and health-based development programmes.
A-5.2	0.674	28	CONSENSUS	NO CONSENSUS	CONSENSUS	For INAC to involve faith-based organisations to ensure religious leaders' support for HIV-AIDS programmes.
A-3.4	0.671	29	NO CONSENSUS	CONSENSUS	CONSENSUS	To examine real benefits, including economic, of local "manufacture" of ARVs compared with importation with assistance from CHAI and develop an evidence-based and sensible medium-term strategy for ARV supply.
A-1.4a	0.669	30	CONSENSUS	NO CONSENSUS	CONSENSUS	To require MoE to include sexual/reproductive health in elementary & junior high school curriculum, introduce HIV & STI to reproductive health/science curriculum in junior high school.
O-3.2	0.668	31	CONSENSUS	NO CONSENSUS	CONSENSUS	To require ARV dispensing physicians to systematically inform patients about availability of subsidised pediatric ARV drugs.

APPENDIX 1: SUMMARY ROUND 3

Code	Score	Rank	Col1	Col2	Col3	Description
O-5.4	0.668	31	CONSENSUS	NO CONSENSUS	CONSENSUS	To ensure proper conduct of reach out programmes under INAC coordination, with support from MOH.
O-3.10	0.661	32	CONSENSUS	CONSENSUS	NO CONSENSUS	To provide MMT in all state hospitals where there is demand.
A-3.9	0.661	32	CONSENSUS	CONSENSUS	CONSENSUS	To develop policies related to diagnosis and treatment of viral hepatitis.
A-2.6	0.657	33	CONSENSUS	CONSENSUS	CONSENSUS	To develop national policies to support NGOs in distributing needle syringes to IDUs.
O-1.5	0.656	34	CONSENSUS	CONSENSUS	CONSENSUS	For INAC to support and promote online & offline HIV-AIDS services, including independent ones, through its website, and improve quality and promote own website.
A-2.15	0.653	35	CONSENSUS	NO CONSENSUS	CONSENSUS	To support MoSW regulation regarding FSW protection to facilitate HIV-AIDS programmes and the fight against sex trafficking.
A-2.16	0.653	35	CONSENSUS	NO CONSENSUS	CONSENSUS	To hold pimps and brothel owners - instead of FSW - responsible for HIV-AIDS & STI incidence among FSW.
O-4.4	0.652	36	CONSENSUS	NO CONSENSUS	CONSENSUS	To allow anonymous HIV testing/VCT and STI testing, offline and online.
O-4.6	0.652	36	CONSENSUS	CONSENSUS	CONSENSUS	To require that national health surveys include specific indicators related to HIV-AIDS and STI.
O-2.7	0.644	37	CONSENSUS	NO CONSENSUS	CONSENSUS	To require and provide group sex education sessions for people seeking a marriage license.
O-1.7	0.643	38	NO CONSENSUS	NO CONSENSUS	CONSENSUS	To continuously expand the reach of HIV-AIDS Programs in the Workplace in state and private companies and NGOs.
O-2.6	0.639	39	CONSENSUS	CONSENSUS	CONSENSUS	To train midwives as counsellors, using government budgets.
A-4.6b	0.638	40	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To form a national Task Force in charge of formulating strategies to ensure sustainability of HIV-AIDS programmes (such as through CSR funding) beyond 2015, involving active participation of civil society.
O-5.1	0.637	41	NO CONSENSUS	NO CONSENSUS	CONSENSUS	To enforce existing regulation which defines scope of INAC's and MOH's tasks/responsibilities to prevent overlaps.
O-2.5	0.632	42	CONSENSUS	CONSENSUS	CONSENSUS	To train midwives in remote areas where there is demand in antiretroviral prophilaxis for pregnant women using government budgets.
O-2.4	0.630	43	CONSENSUS	CONSENSUS	CONSENSUS	To train midwives to administer HIV and STI tests to pregnant women in regions with increased incidence, using government budgets.
O-2.2	0.629	44	CONSENSUS	NO CONSENSUS	CONSENSUS	To support use of finger prick and/or saliva HIV tests in remote areas where there is demand, with proper education to avoid false positives/ negatives.
A-3.7	0.629	44	CONSENSUS	NO CONSENSUS	CONSENSUS	To transfer MMT services to selected pharmacies to ensure access to MMT outside 'working hours' and allow clients to follow normal routines.
O-2.3	0.626	45	CONSENSUS	CONSENSUS	CONSENSUS	To implement all 4 Prongs of PMTCT at all ANC.
O-3.3	0.625	46	CONSENSUS	CONSENSUS	CONSENSUS	To set up criteria for PLWHA entitled to subsidised ARV, including the review of current CD4 threshold for ART entry.
A-2.1	0.624	47	CONSENSUS	CONSENSUS	CONSENSUS	To review barriers to expanding testing and treatment at national and district levels, particularly concerning laws & regulations.
A-4.10	0.620	48	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To revise current regulation No. 20/2007 from the Ministry of Home Affairs which stipulates that INAC Secretary must be a full-time senior staff (retired civil servant of Grade II/III).
A-5.1	0.617	49	CONSENSUS	NO CONSENSUS	CONSENSUS	For INAC to ensure active involvement of universities, research institutions, professional associations, in HIV-AIDS programmes, under its coordination with support from all Ministries concerned.
O-1.6	0.617	49	CONSENSUS	CONSENSUS	CONSENSUS	To require that "HIV-AIDS Programmes in the Workplace" be integrated into "Workplace Health Programmes".
A-3.5	0.614	50	CONSENSUS	NO CONSENSUS	NO CONSENSUS	To expand ART coverage by increasing current ART entry level from 350 CD4 counts to 550.
A-1.2	0.606	51	CONSENSUS	NO CONSENSUS	CONSENSUS	To set up a Hotline service (internet/social media, phone, text messages) to answer questions on HIV & STI, particularly "Am I infected?"
O-5.7	0.605	52	CONSENSUS	NO CONSENSUS	CONSENSUS	For INAC to organise periodic meetings of top-officials from all institutions involved in HIV-AIDS programmes.
O-1.4	0.601	53	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To support systematic & periodic mass media campaigns targeting women & youth on sex education, organised by MoE/MoCI, with INAC support.
O-3.8a	0.588	54	NO CONSENSUS	NO CONSENSUS	CONSENSUS	To expand choice of 1st line ARV drugs.
O-5.3	0.586	55	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To conduct active "case finding" initiatives involving close cooperation between INAC, NGOs and MOH, under MOH coordination.
O-5.6	0.577	56	CONSENSUS	CONSENSUS	CONSENSUS	To require INAC to publish its financial and activity reports on its website.
O-3.8b	0.574	57	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To produce generic versions of 2nd line of ARV and other essential drugs.
A-2.10	0.572	58	NO CONSENSUS	NO CONSENSUS	CONSENSUS	To build communication system to convince executives and community/religious leaders/faith-based organisations on the need to prevent the HIV epidemic from spreading to the general population.
A-4.13	0.564	59	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To include an additional indicator in the Sexual Transmission Prevention programmes related to the establishment of FSW organisations in each hotspot.
A-2.7	0.557	60	CONSENSUS	NO CONSENSUS	CONSENSUS	To review regulations that require IDUs to provide a referral from a doctor to access needle syringes from pharmacies.
O-5.5	0.555	61	NO CONSENSUS	NO CONSENSUS	CONSENSUS	To integrate under INAC's coordination/supervision all M&E programmes related to HIV-AIDS.
O-2.14	0.553	62	CONSENSUS	CONSENSUS	CONSENSUS	To issue regulation to exempt sex workers from any fine in regions where brothels are legal such as Papua.
O-4.2	0.553	63	CONSENSUS	NO CONSENSUS	CONSENSUS	To train existing personnel in Puskesmas to act as counsellors.
O-2.15	0.538	64	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To formulate and promote an Act of Conducts among "hot spots" in the country to support the fight against sex trafficking.
O-2.13	0.532	65	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To subject actors involved in sex work activities to sex education sessions and anonymous HIV and STI testing, with no penalties involved.
O-3.6	0.531	66	NO CONSENSUS	NO CONSENSUS	CONSENSUS	To set up a national ARV Committee or ensure that existing Taks Force is effective.
O-5.2	0.527	67	CONSENSUS	NO CONSENSUS	CONSENSUS	For MoH to set up data collection mechanism for independent online and offline HIV-AIDS interventions.
A-1.1	0.520	68	NO CONSENSUS	NO CONSENSUS	CONSENSUS	To make "morning after pills" contraception widely available in drugstores.
O-3.4	0.514	69	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To officially announce availability of non-subsidised ARV drugs in the country, as these are "already" being sold in the market.
A-1.4b	0.513	70	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To require MoE to provide sex education to junior high school and high school students, in the form of extra-curricular classes.
A-2.4	0.510	71	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To implement mandatory HIV testing among discordant couples.
O-4.1	0.499	72	CONSENSUS	CONSENSUS	CONSENSUS	To train existing personnel at state hospitals to act as counsellors and provide consultations for other diseases.
O-1.1	0.492	73	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To revise the message under "b" in the HIV prevention formula known as "a, b, c, d, e" to avoid misunderstanding.
A-2.2	0.491	74	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To include the provision of "morning after pills" contraception in the PMTCT package of care.
A-1.9	0.482	75	NO CONSENSUS	NO CONSENSUS	CONSENSUS	To educate the public about circumcision in regions with low male-circumcision rates such as Papua and Bali.
O-1.2	0.431	76	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To require health workers to teach sex education in schools under the coordination of Dinkes.
A-4.15	0.426	77	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To disband INAC and transfer responsibility to strengthened HIV coordination section in MoH, reporting to Minister.
O-3.7	0.410	78	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To push for the acquisition of the WHO prequalification certificate to export products.
A-1.3	0.403	79	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To search for a specific term to refer to Sex Education.
O-2.8	0.401	80	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To require people seeking a marriage license to test for HIV and STI.
A-1.8	0.398	81	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To produce and distribute CDs lasting 5-10 minutes addressing AIDS exposure and containing other supporting information.
O-4.5	0.315	82	NO CONSENSUS	NO CONSENSUS	NO CONSENSUS	To form a national Special Committee made up of independent HIV-AIDS experts in charge of ensuring effective cooperation across sectors, given that existing Task Forces lack effectiveness.
O-2.12			REJECTED	REJECTED	REJECTED	To support trials of the new initiative penalising clients of sex workers found with STI.

APPENDIX 2: INTERVIEW SCHEDULE FOR QUALITATIVE INTERVIEWS WITH WOMEN (English translation)

SECTION A: Consent and information about the interviewee

A consent form must be signed by each participant prior to filling out this form and to answering the questions listed below:

1. Name:
2. Age:
3. Marital status: a) Married   b) Single   c) Divorced   d) Widow
4. Religion/Faith:
5. Ethnic group:
6. Occupation:
7. Education/graduate of:
   a. Elementary School
   b. Junior High School
   c. Senior High School or equivalent
   d. University
8. Family's monthly income:
   a. Up to Rp. 1.5 million
   b. Up to Rp. 5 million
   c. Up to Rp. 10 million
   d. More than Rp. 10 million
9. Husband's/ex-husband's ethnic group:
10. Husband's occupation:
11. Husband's education:
12. Husband's religion/faith:
13. Number of children:
14. Relatives or servants helping in the house
15. Date:
16. Time:

SECTION B: Main questions for the in-depth interviews

1. What did your parents tell you or what did you learn as a child/when growing up about marriage? Probes: role of husband/wife, man/woman, motherhood, divorce? Proper conduct? Respect for elders?
2. In the context of "proper conduct", what were you taught to NEVER do?
3. In the context of "respect for elders", what were you taught to NEVER do?
4. Probing: What do you think about the above advice? Probe reasons for these perceptions.

5. Is your life now any different from the one you imagined as a child/when growing up? In what way?
6. What are the things you are most thankful for?
7. Do you have regrets concerning marriage? Motherhood? Tell me about them.
8. Do you count on taking advice from your "elders" even after you are married? What do you think about that (positive and negative sides)? Probe for examples, concrete stories.
9. Whose advice do you think you should prioritise – your "elders'" or your husband's? Why?
10. Does your husband still take advice from his parents or senior relatives? What do you think about that (positive and negative sides)? Please give examples.
11. If you had to choose to prioritise between your husband and your children, who would you choose? Why?
12. What are the most important things in your life now? Probe – important implies that you would do "anything" for that priority.
13. What are the good influences from your ethnic background? The bad ones?
14. What does waged employment mean to you?
15. What are your thoughts on women who work in the formal sector? Tell me your opinion of career women?
16. What are your views on home-centred women?
17. Is Kartini a symbol for you? If so, what does she symbolise for you?
18. Are you satisfied about what you do now? (Personalise in terms of earlier information given, e.g. being career-centred or home-centred)?
19. If there are things that you would like to change about your current life, what are they? How do you intend to change these things?
20. Do you think that marriage and motherhood demand sacrifices? What sort of sacrifices? From the husband's standpoint? From the wife's standpoint? How do you feel about that?
21. What are women's priorities when considering a divorce? What do you think are the consequences of divorce on the children? The family? Your parents and your husbands'?
22. Tell me what you think about women's "freedom".
23. Do you feel that you are a "free" woman?
24. Do you know what "gender equality" is?
25. Tell me what "happiness" means to you.
26. Are you happy about your daily life? What makes you happy?
27. Tell me what you think about polygamy.
28. What is your understanding of "domestic violence"?
29. What should a wife do regarding "domestic violence"?

30. What are the good influences from your religious background? The bad ones?
31. What does wearing the veil represent to you? What is your opinion of women who wear the veil?
32. Image that the government makes wearing the veil mandatory for Muslim women in Jakarta? How would you feel about that?
33. What does being a "good Muslim" mean to you? (For Muslim participants).
34. What do you know about "HIV/AIDS"?
35. Are you aware that an increasing number of women have contracted HIV from their husbands? How do you think those husbands became infected?
36. What would you say if you were told that married couples should have protected sex when they have not yet tested their HIV status?
37. What should wives do to prevent getting HIV infected?
38. Do you think it is a good idea if there was a regulation requiring couples to test for HIV when applying for a marriage licence?
39. Are you aware that HIV transmission from a mother to her child can be prevented?
40. Imagine that the government makes health screening with an HIV test included a regulation for all pregnant women in Indonesia. What is your opinion of that?
41. If you knew that a woman you are in contact with (your neighbour, a member of your *pengajian* or *arisan* for example) is HIV-positive, how would you behave towards her?
42. Would you say that the division of labour in your household is fair? How so? What would you like to change? How would you change it?
43. Tell me what you think about prostitution.
44. How is expenditure on basic necessities, education and healthcare decided on in your household?
45. Do you always agree on these expenditures? What would you like to change? How would you change it?
46. Who is the "boss" in your household? How do you feel about this? (Probe for opinions).
47. Do you personally bring income to your family? Tell me about what you do. What would you like to change and how?
48. How do you and your husband supplement your family's income?
49. Tell me about the community gatherings you participate in? Do you think that they are beneficial?
50. Are there any things related to community gatherings that you are unhappy about? Tell me about your personal experiences.
51. What is the most serious health problem for women? What should be done about it?

52. What does "being sick" mean to you? Does a sick person need to consult a doctor?
53. What do you think about alternative treatments for illness?
54. Have you ever consulted a shaman?

SECTION C: Closure

Thank you for your participation and patience. Is there anything you would like to add? As discussed earlier, your participation is voluntary. Your identity will be kept absolutely confidential and pseudonyms, instead of your real names, will be used in the written texts. Do you have any other comments about what we have discussed, or about the research as a whole? If you wish, I will be able to give you the conclusion of the interviews translated into Indonesian. I will let you know when it is ready.

APPENDIX 3: PARTICIPATION INFORMATION SHEET

Jakarta, January 14, 2013

Dear Dr/Mr/Mrs/Ms.…

My name is Alita Damar and I am a PhD student in Sociology at the University of South Africa. As an expert in HIV and AIDS, you are invited to take part in a study entitled "HIV, AIDS and gender issues in Indonesia: Implications for policy. An application of Complexity theory".

The study, set to start on **February 1, 2013**, involves a Delphi-technique which is designed to reach consensus among a panel of experts. Approximately 20 experts in HIV and AIDS in Indonesia are expected to participate, but their identities will be kept anonymous during the entire exercise. The consensus will be sought through **online discussions** in order to formulate objectives to improve Indonesia's HIV and AIDS national policy.

For the first round, I will be presenting to you a list of HIV and AIDS-related topics which will appear as headings, followed by their related objectives as sub-headings. You will be asked to review the list and suggest, if needed, additional topics and/or objectives you may deem important to include in our discussions. You will also be asked to rank the objectives in order of **Urgency.**

During the second round, the list of topics will be sent to you in the form of an online questionnaire. This time, you will be asked to rate each objective on the list using a five scale values based on its **Feasibility** and **Desirability**. For example, the five scale values for feasibility will be Highly Feasible, Feasible, May/May not be Feasible, Unfeasible, and Highly Unfeasible. I will then analyse the ratings to develop a summary list of objectives, and determine to what extent there was consensus or polarisation. The objectives will first be grouped on the basis of their feasibility and then sorted on the basis of their desirability. The feasibility of a number of objectives may be indeterminable, either because there was

polarisation (some experts rating an objective feasible while others rated it unfeasible) or a broad distribution (experts voting approximately equally for four or more of the five scale values), or truly indeterminable.

For the third round, a list of objectives that require re-voting because of polarisation on the part of the panel or because there was a broad distribution of voting responses will be presented to you. Original objectives may be combined or divided after comments from all the participating experts are reviewed; therefore, voting will be required on the newly developed objectives.

The three rounds will be completed within three months. Responding to the questionnaires will, however, not take up a lot of your time. The results of our discussions will be communicated to the relevant authorities.

It is with great anticipation that I await your positive reply to this invitation. I am certain that we share common concerns regarding the mounting HIV and AIDS epidemic in this country and the same conviction that our exercise may potentially contribute to the improvement of Indonesia's HIV and AIDS programmes in the future.

If you are willing to take part in the Delphi exercise, kindly reply to this invitation by email. If you have questions about the study you may call me on 0818712371.

I look forward to your participation and thank you for your cooperation.

Sincerely

Alita P. Damar
Email: apelint_77@yahoo.com

Dear Participant

Hello, my name is Alita Damar and I am a PhD student at the University of South Africa (UNISA). You are invited to be part of a study entitled: "HIV, AIDS and gender issues in Indonesia: Implications for policy. An application of Complexity theory". The sample for this study is women between 17 and 40 years of age.

First, however, I want to tell you exactly what participation in this study will entail. Note that participation is **completely voluntary** which means that you can refuse to take part or withdraw your participation at any time without suffering any penalties. There are **no incentives** paid for participation and there may be no direct benefits to you; however, your participation will help us with information that might benefit our knowledge about women in Indonesia. Please note that all information you provide in this study is treated as **highly confidential**. Your name will be known to me only, but in writing up the data, personal identifying information will be removed. This means that **your true identity will remain a secret** and your name and true identity will not be revealed to anyone else or be made public when the data is written up. The only place your name will be recorded is on this information sheet and informed consent form. These sheets are kept in a locked cabinet and your name will never be used in any of the research outputs.

If you agree to participate in the study I shall conduct a personal interview with you and ask you a view questions about your values, perceptions and preferences as regards various issues addressed in my study, such as the family, women's role, polygamy, prostitution, etc. This personal interview will be tape-recorded. All my notes, tape-recordings and transcriptions will be treated as extremely confidential material and I shall keep it securely locked away.

If you have questions about the study you may ask them now or you can call 0818712371.

If you don't have any questions and agree to participate in this study, I will ask you to sign this form stating that I, the interviewer, have informed you of your rights as a participant and that you have agreed to participate in the study. This is the only place where your name will be entered. If you do not wish to sign your name, you may simply mark the space with an 'X'.

Volunteer's statement:

THE STUDY HAS BEEN EXPLAINED TO ME. I HAVE BEEN GIVEN A CHANCE TO ASK ANY QUESTIONS I MAY HAVE AND I AM CONTENT WITH THE ANSWERS TO ALL OF MY QUESTIONS.

I ALSO KNOW THAT:

1   MY RECORDS WILL BE KEPT PRIVATE AND CONFIDENTIAL.

2   I CAN CHOOSE NOT TAKE PART IN THE STUDY, NOT TO ANSWER CERTAIN QUESTIONS, OR TO STOP AT ANY TIME.

3   I GIVE CONSENT THAT THE PERSONAL INTERVIEW CAN BE TAPE-RECORDED.

4   I UNDERSTAND THAT THE INFORMATION COLLECTED FROM VARIOUS VOLUNTEERS WILL BE ANALYSED AND REPORTED ON AS FINDINGS OF THE STUDY, BUT THAT ALL IDENTIFYING DETAILS THAT LEAD BACK TO ME WILL NOT BE DISCLOSED.

5   I UNDERSTAND THAT THE INFORMATION COLLECTED THROUGH THIS STUDY WILL BE WRITTEN UP AS A RESEARCH REPORT AND AS A DISSERTATION AND I GIVE CONSENT THAT MY RESPONSES MAY BE QUOTED AS LONG AS MY TRUE NAME AND IDENTITY ARE NOT REVEALED.

_____   _____   _____

  Date   Name of volunteer   Signature or mark of volunteer

_____   _____   _____

  Date   Name of witness   Signature of witness

Department of Sociology
College of Human Sciences
4 December 2012

Proposed title: HIV and AIDS and gender issues in Indonesia: implications for policy. An application of Complexity theory

Principal investigator: Alita P. Damar (Student number 41943341)

Reviewed and processed as: Class approval (see paragraph 10.7 of the UNISA. Guidelines for Ethics Review)

Approval status recommended by reviewers: Approved

The Higher Degrees Committee of the Department of Sociology in the College of Human Sciences at the University of South Africa has reviewed the proposal and considers the methodological, technical and ethical aspects of the proposal to be appropriate to the tasks proposed. Approval is hereby granted for the candidate to proceed with the study in strict accordance with the approved proposal and the ethics policy of the University of South Africa.

In addition, the candidate should heed the following guidelines:
- To only start this research study after obtaining the necessary informed consent
- To carry out the research according to good research practice and in an ethical manner
- To maintain the confidentiality of all data collected from or about research participants, and maintain security procedures for the protection of privacy
- To work in close collaboration with her supervisor and to record the way in which the ethical guidelines as suggested in her proposal has been implemented in her research
- To notify the committee in writing immediately if any change to the study is proposed and await approval before proceeding with the proposed change
- To notify the committee in writing immediately if any adverse event occurs.

Regards

Dr Chris Thomas
Chair: Department of Sociology
Tel + 2712 429 6301

Open Rubric

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Edit of the thesis: **HIV, AIDS and gender issues in Indonesia**: **implications for policy. An application of Complexity Theory** by Alita P Damar for the degree of Doctor of Philosophy in the subject Sociology at the University of South Africa (supervisor: Professor GE Du Plessis)

The edit that I carried out included the following:

Full language edit: spelling, vocabulary, punctuation, word usage, sentence structure, tense, number, pronoun matches, figure numbers, correct acronyms etc. Referencing check.

The edit that I carried out **excluded** the following:

Content; correctness or truth of information (unless obvious); correctness/spelling of specific technical terms and words (unless obvious); correctness/spelling of unfamiliar names and proper nouns (unless obvious); correctness of specific formulae or symbols, or illustrations; formatting.

LE Voigt

Language practitioner

10 July 2014