“SAKIT SALAH JALAN”

Sexually Transmitted Illness: Perceptions and Health seeking behaviour among the Dani men, in Wamena, Jayawijaya District, Papua Province, Indonesia

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Section 1. Introduction

Introduction

In 1987, first Acquired Immune Deficiency Syndrome (AIDS) case was detected in Denpasar, the province of Bali, Indonesia. Thereafter this epidemic slowly spread to other provinces. In 1993, the first six Human Immune-deficiency Virus (HIV) sera-positive cases were diagnosed in Merauke, Papua province. Then this infection spread to other places. After seven years, almost all the capital of district in this province had HIV/AIDS cases. Before 2000, 297 cases had already been detected in this province with two million inhabitants. This number is proportionally very high if compared with other provinces: Jakarta, with a population of around eleven millions only has 315 cases (Directorate General Communicable Diseases Control & Environmental Health, Ministry of Health, Republic of Indonesia: 2000).

Wamena is the capital of Jayawijaya district, Papua Province. In this city, the first HIV case was recorded in mid May 1999. Four sera-positive Dani Papuan individuals were found among forty five male samples within the age group twenty and thirty (Data Kantor wilayah Departemen kesesehatan Irian Jaya: 1999). This sera-positive finding alarmed the highland area. Wamena is the development centre of the highlands and the Sexually Transmitted Diseases (STDs) prevalence among the Dani men is quite high, especially genital discharge. As a result of newly found presence of HIV sera-positive people, the STD problem has become more complicated and more dangerous, as the spreading of the deadly virus can be fast in combination with STDs.

Many factors influence patients' treatment decision-making. Quality, accessibility, and availability of services form one group of factors (Ward et al. 1997 in Mertens et al. 1994). Apart from these, the folk notions or local perceptions about STDs also play an important role in seeking treatment. For example, the local terminology such as sakti salah jalan\(^2\) refers to STDs.

\(^1\) Sexually Transmitted Diseases are caused by microbial agents which are passed on from person to person at the time of intercourse (Latif 1988). This term is a biomedical term

\(^2\) 'Sakti salah jalan' literally means 'illness caused by taking the wrong way' which has an element of stigma attached to STDs. Usually this emic term is used by lay people to address to gonorrhoea with complaints like painful urination and milky discharge. The term may also refer to other STDs with other kinds of discharge, various type of genital sore or
To cope with the problem of STDs, understanding local perceptions is a vital requirement. We also need to know more about people's health-seeking behaviour. Delay in seeking and obtaining a diagnosis and treatment can facilitate continued transmission and greater probability of an adverse disability. With the understanding of this health seeking behaviour, STD control could be done more effectively (Ward 1997). Many studies have shown that the rapid and effective management of STDs is one way of reducing the transmission HIV infection (Latif 1998).

The main aim of the study was to explore the perception and health seeking behaviour among the Baliem Dani men (20-29 years) regarding the STDs. This study also describes practices that may lead to STDs. With an understanding of their local perceptions and health seeking behaviour, better interventions can be designed, and more appropriate health promotion messages can be made. To achieve these objectives, my questions are what are the local perceptions of the Dani men about STD's and different forms of treatment? If they get STD's, where do they seek treatment? And why do they choose that place?

The findings of this study are reported in six sections, the first section details the need for the study, the statement of the problem, the objectives and research questions. The second section outlines the methodology, the study design, the sampling, the data collection techniques and a brief description of the study area. The third section describes the case study, the fourth outlines the major findings that are described in terms of the perceptions of STDs and in the fifth section outlines health seeking behaviour of those with experience of genital discharge. The sixth and the final section briefly summarise the study and present the major conclusions and recommendations.

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boils, and genital ulcer with or without pain.

3 Health seeking behaviour is any activity undertaken by individuals who perceive themselves to have a health problem or to be ill, for the purpose of finding an appropriate remedy (Ward et al 1997:21)

4 Baliem Dani men is Dani people who live in Baliem Valley
Background information

Jayawijaya is one of the least accessible districts in the West Papua Province of Indonesia. The district encompasses a large mountain range spanning the length of the island with treacherous mountains, mud, fog and rain. The size of the district is about 52,916 km². In 1996 the population was around 426,414 inhabitants. It means the population density was about 8.06 people per km² (Hartono 1999:19). The district consists of twenty-eight sub-districts and more than 576 villages (Data Dinas Kesehatan Jayawijaya 2000). Only around ten percent of people live in urban areas. Several tribal groups such as the Dani, Yali, Eipomek, and Ngalum inhabit the district. This mountainous district requires communication to be mainly by air. To support their works, around hundred small airstrips were built by Christian missionaries. The other transportation is by road. Only six sub-districts have a road connection with Wamena, the capital of Jayawijaya.

After a thirty-five minute flight from Jayapura, the capital of West Papua Province, over the Membramo river and the Pass Valley, the aeroplane will touch down at Wamena. The Wamena airstrip is only 900-1000 metres, so only aeroplanes with propellers can land on this airstrip. Wamena is located in the Grand Valley of the Baliem River. The valley is surrounded on all sides by 2,500-3,500 metres (8,000-10,000 feet) high peaks. Besides being the administrative centre, Wamena is also a business centre and a famous tourist destination. Although Wamena is the capital city, it is actually a sub-district in a rural area, with a densely populated village (the administrative centre) surrounded by twenty-eight small villages.

In Wamena sub-district around 28,210 Dani people live (BKKBN 2000). Dani is a general term for a group of closely related Papuan cultures and languages in West New Guinea, including the Yali (or Eastern Dani), the Western Dani, the Southern Dani, and the centrally located Grand Valley Dani. The Grand Valley Dani calls themselves as a Baliem people or Dani lembah (valley Dani.) The western Dani also calls as Dani gunuing (mountain Dani). There are perhaps 100,000 Dani speakers in all. Although some Dani were contacted by European expeditions just before and after World War I, continuous outside contact did not begin until the 1950s (Heider 1979). Almost 80 percent of the people are Grand Valley Dani who stay in a honai, a traditional round hut without
electricity.

The Dani community is a patrilineal community, who practises postpartum sexual abstinence and polygyny. Basically postpartum sex is a taboo or prohibition which was placed on sexual activities for all women who had a nursing child. In actual practice that meant a period of sexual abstinence which extended from some time prior to birth (possibly the 6th month of pregnancy) up until after the child was weaned which could be three to five years of age. Among the polygynous marriages some are actually co-residential, polygynous households, but many of the wives insist on quite separate residences in different compounds. Men who want to marry still have to pay bride price consisting of pigs, cowries and money (Heider 1979; Hayward 1980).

This Dani never form large hamlets, but prefer to live in scattered sili (traditional settlement compound) near their gardens. Clusters of sili hold two to five families and form settlements bound by clan ties. Each sili having roughly rectangular shape is surrounded by a fence and at one end stands a domed men's hut, the pilamo, which serves as the focus of much clan-based ceremonial activity. The honai has two types the pilamo (men's hut) where the men, and older boys, spend the night, and ebe-ae (the family huts) where the women, their daughters, and young sons spend the night. Although men usually sleep together in the men's hut, they do sometimes regularly visit their wives in the family hut and sleep there. Several round family huts, each a scaled-down version of the honai, line the other side of the compound. On yet another side stands a long, rectangular cooking shed (humila) and covered pig stalls (wam-dabula).

Clothing for the Dani is simple, consisting primarily of holim (a penis sheath) for the men, and yokal (a grass skirt) for women. The holim is made from a gourd that is grown in or near the village compound (Heider 1979; Hayward 1980; Muller 1990). In Wamena city, most of the Dani use modern dress. Only in the marketplaces, people with traditional dress are found who come from remote areas. The primary food sources of the Dani are sweet potatoes, which they grow in their gardens and the pigs, which they raise in their hamlets. Other garden produce include taro, yams, ginger, cucumber, gourds, banana, peanuts, corn, sugar cane, a variety of winged beans, and

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5 This province was named Irian Jaya before 2000.
tobacco. In this community, there is a disparity of distribution of work between men and women. Women have to do all the daily chores like cooking, and tending the pigs and children, prepare and tend the plant crops and sell the products in the marketplace. The garden and the marketplaces are usually situated far away from their compound. Many years ago, the main task of men was guarding the families from enemies and wild beasts. Therefore, farming is done by women. There is no longer a threat to their community, but the tradition has been preserved. The men’s work consists of co-operative digging and maintenance of irrigation networks and fences, and occasional hut construction and repair. Nowadays, they are more involved in politics, and ritual affairs. They also have plenty of leisure time that they spend chatting with their fellows. This tradition has created a heavy burden for the women (Heider 1979; Hayward 1980; Muller 1990).

In the past, the trade in the highlands used cowrie shells as the basic trading unit. Traders left the valley with salt from brine springs, pigs and cowries. Status-seeking leaders conspicuously gave pigs and cowries to their followers on ritual occasions. The traditional long-range trade networks died out a generation ago. The current system of weekly markets around the valley, as well as the permanent market one in Wamena, have introduced the Dani into a monetary economy, providing steel axes and more modern needs like candles, matches, cigarettes, and clothing. Shells, sewn on fibre strips of varying lengths for display, are now more often sold to tourists (Heider 1979; Hayward 1980; Muller 1990).

In 1973, the government launched a special education program, known as Program Sekolah Dasar Inpres. This entailed an instruction, based on a presidential decree, to build at least one primary school in each village. Since 1994, the government has been implementing the nine-year education policy, and to build at least one secondary school in each sub-district. The government has also built some senior high schools in few sub-districts. In Wamena, two academic schools were built by a religious organisation. But the illiteracy rate in Jayawijaya district is still quite high especially among women, which is contributed by several factors: the lack of educational personnel, the difficult geographical condition to access the schools, and the multiplicity of tribal languages.

In keeping with the long term National Health Development program, the priority for health
improvement in West Papua province is the creation of a comprehensive primary health care programme. The main constraint of the Primary Health Care program is a lack of trained staff. The provincial infant mortality rate is 64.70 deaths per 1000 live births (Departemen kesehatan RI 1998), but in Jayawijaya district infant mortality rate ninety-eight deaths per 1000 live births (Dinas kesehatan Kab Jayawijaya 1996) which is quite high. Communicable disease and poor nutrition are prevalent as a result of wide-spread poverty and less than optimal use of available food, especially during weaning time, due to different food habits (Davidson 1990).

In Jayawijaya district, the health care system consists of one hospital and twenty-eight primary health centres. Ten of these primary health centres provide ten to fifteen beds for in-patients. Out of twenty-eight primary health centres, only seven are managed by doctors and the rest by nurses. There are also ninety-two sub-health centres and 205 midwives who are posted in the villages. Prominent health problems are malnutrition, diarrhoea, and infection diseases like acute respiratory infection and malaria.

In recent years, Wamena is changing faster than other places in the highland. To increase local people's income, the Bupati of Jayawijaya procured becak (three-wheel vehicles) from Java and made a rule that drivers must be a local indigenous people. This becak is used as a local means of transport in the city, and also to promote tourism. Nowadays, washing car or motor bike is a new income generating activity for young boys. They make artificial dikes for a drainage ditch by the side of the road to get water. With this activity they can earn some money. In the evening, for women, they sell charcoal grilled-corn in the several places.

Since 1989, many activities have been carried out to control STD's and HIV/AIDS. In 1994, the government founded Komite Penanggulangan AIDS (KPA) or a committee for AIDS control at the national level. In 1995, the committee was established at the provincial level and in 1996 at the district level. The provincial committee was run by a governor and at a district level Bupati was in charge. The Bupati is the head of the government at district level. Furthermore a committee has four vice-chairmen from the health department, the social welfare department, the religion department, and family planning. The task of this committee is to make policies, plans, strategies and co-
ordinate HIV/AIDS control programs. In Jayawijaya district, the committee for AIDS control did not work optimally because the members of the committee only had a limited awareness of the threat of AIDS which influenced their interest in the AIDS control program.

Statement of the problem

Sexual transmitted diseases are of great public health concern due to of their high prevalence worldwide, because of their potential to cause serious complications if untreated, and to increase the risk of acquisition and transmission of human immune-deficiency syndrome virus (HIV) infection (Aslatif 1999). STDs complaints can be roughly classified into two common syndromes: genital lesions and genital discharge. Genital lesions can be further categorised into ulcerative diseases such as syphilis, chancroid and genital herpes, or as non-ulcer diseases such as genital warts. Genital discharge is major symptom of gonorrhoea and chlamydia. HIV infection does not fit into this syndrome classification (Howson 1996).

Over the past twenty-five years, gonococcus infection has widely spread among the Dani highlanders. In 1978, a survey on genital discharge in adult out-patients in Wamena showed that 29.7% out of 500 to have gonococcal infection (Subianto 1986). The cases are commonly identified in Health Centres of this area. In lay terminology gonococcus infection is understood as sakit salah jalan. Although a prevention program has been launched, the infection still prevails. In July-August 1998, the Provincial Health department conducted the Irian Jaya STDs Prevalence Study in seven locations in Irian Jaya. The study for Wamena showed 50% of 105 commercial sex workers to be gonorrhoea positive (with culture +/-or LCR), and 36% Chlamydia positive (with Elisa +/-or LCR). From 40 samples, 25% were shown to be syphilis positive (with RPR + TPHA) (Report of Irian Jaya AIDS Initiate Program phase II: 1999). This finding has shown that the spreading of STDs is still a reason for great concern.

The first HIV case in Wamena was recorded in mid May 1999. Four sero-positive Dani Papuan individuals were found among forty-five male samples within the age group twenty to thirty (Data Kantor wilayah Departemwn Kesehatan Irian Jaya: 1999). In March 2000, three new HIV cases
were found. Two male among seventy-four samples and one female among seventy-six samples. This woman is around nineteen years old, and works as a clandestine street girl (Data Kantor wilayah Departemen Kesehatan Irian Jaya: May 2000). With this finding, it can be estimated that the deadly virus will easily spread further to isolated areas in the highland through its highly mobile groups. The Dani population of Jayawijaya district has been increasingly exposed to the outside world over the past decades, which is changing their lifestyle including their sexual behaviour. It has created STD problems. Many different factors can influence the spread of STDs.

(1) Political-economic factors

To develop the Highlands, the government established the so-called "Trans Irian Jaya Highways" passing Wamena, which is the centre of development of the Highlands. These highways will connect Jayapura in the north, Nabire in the west, and Merauke in the south with Wamena in the centre. This work needs a lot of workers who came from other sub-districts, other districts and even other provinces. The presence of so many workers, single or married but away from spouses for such a long period of time may increase unsafe sex.

The government promotes Wamena as an exotic tourist destination, so the Bupati gives permission to make a mock warfare each year in mid August. With the label "Journey to the Stone Ages," the exotic tourist resort of Wamena attracts many foreign tourists, mostly western, who like trekking around the valley (Muller 1990). This business has created jobs for local people who became local guides or porters. Also in order to promote tourism, the Bupati of Jayawijaya procured becak from the Java in order to be used as a local means of transport in the city, with indigenous people as drivers. The tourism development has increased local people's income, making it easier for them to earn money. Some of them, especially young males use their money for entertainment, including the possibility of having sex. Lokobal et al (1997), who conducted an anthropological study on the Dani beliefs, attitudes and behaviour pertaining to sexuality and STD's, illustrated more over that foreign tourists sometimes show pornographic pictures to local sex workers and ask them to perform similar acts with them.
Due to fast economic and tourism development, mobility and urbanisation are increasing with all its related impacts. Better transportation and better roads have opened the isolated regions and facilitated the traffic of goods and people. Two other factors have contributed to the increase of migration to Wamena. First, there are students from remote areas or other sub-districts who come to the city to pursue their education as a result of the nine-year school program. Being far from their family, alone and feeling lonely, and having greater freedom because of lack of social control in the city, these students are easily tempted to expose themselves to sexual activities. In addition to these students, Wamena is also crowded by temporary visitors from surrounding villages or other sub-districts who come to visit relatives or friends who have settled there. Because they come from far-away places and want to make their trip worthwhile, they sometimes stay in the city for weeks or months without anything specific to do but trying to get haphazard jobs. They mostly hang around and possibly get involved in sexual activities. These mobile population groups are particularly prone to activities that place them at high risk of HIV infection.

Women do not enjoy as much benefit from economic and tourism development as men who have more alternatives for employment. Men can work as construction workers, guides or souvenir sellers while women are not seen as fit to do these jobs. Economic dependence on men or lack of sufficient income lead considerable numbers of women to commercial sex. These women who mostly come from other villages or sub-districts, operate in the market and other public places. Due to the difficult geographical conditions and transportation services, many government officials decide not to take their wives to the place of their assignment. They live in remote places in temporary single status for long periods of time. This condition may lead them to get involved in extra-marital sexual affairs, making them more susceptible to STDs.

(2). Socio-cultural factors.

In the Jayawijaya district, Wamena subdistrict has a fast and better economic development than the other sub-districts. It provides some people with cash that they may spend on alcohol and women. According to an anthropological study conducted by Lokobal et al (1997), several Dani people earned a large sum of money from the sales of their land. The study reveals that the money was
spent extravagantly on women and alcoholic drinks. Since 1986, the government has prohibited the sale of alcoholic drinks except to foreign tourists in certain hotels. However, local people have tried to make the beverage themselves using pineapples or bananas.

Economic development has other side-effects promoting risky sexual behaviour, for example through the increase of bride price. As a result, many males have to postpone marriage because the bride price is so high, so several of them take a chance to have sex with a commercial sex worker. Increased mobility has also promoted the spreading of risky cultural practices.

In the district, the *Pesek* dance is very popular, although this dance does not originate from the Highlands. After this dance, it is the custom for men and women to get to know each other and for pre-marital and extra-marital intercourse to occur (see Annex 8). Some traditional practices may have always entailed risks for unsafe sex. In some areas people still live in traditional ways. Some tribes still have a man's hut. In this house, boys ten years or older stay with other older men. This makes the younger boys listen to sexual experience stories. These stories could perhaps activate a boy's imagination about sex and eagerness to try it. Among the patrilineal *Dani*, men pay a bride price which has resulted in higher power of men over women. Thus women may not be able to refuse sexual intercourse even when they know that their partner has a sexually transmitted disease or has been unfaithful.

(3). **Health service factors**

Since 1997, Indonesia has faced an economic crisis. The crisis caused a shortage supply of drugs and condoms. Also limited facilitation and lack of health manpower have made health services far from optimal, especially in the case of STD management and STD surveillance. In the *Wamena* Hospital, there is no blood bank unit. The HIV test is only done in an emergency situation because of the limited availability of test reagents. Also the reagents for syphilis testing for TPHA provided is very limited. AIDS awareness among the health staff is limited as well. Some of them don't even care about universal precautions. A large portion of STD's and HIV infection is not diagnosable because the health staff's knowledge is limited.
Finally, the health care sector itself can serve as a source of HIV infection for both health workers and patients. Due to poor health promotion programs and limited educated people, the awareness about STDs risks and its prevention are still low.
Section 2
Methodology

Study type and study design

As very little information is available on this topic and as the study was carried out on a small scale, it was an exploratory and descriptive study which attempted to achieve insight into the problem by investigating men’s views and interpretations about the problem and how they seek solutions. Besides, the study provided a clear picture of the situation by describing some cases regarding sakit salah jalan. The study uses qualitative methodology. It focuses on perceptions of STDs and on health seeking behaviour.

Study area

The study was done in Wamena-kota village, Wamena subdistrict, Jayawijaya district, West Papua, Indonesia.

Study population and Sampling

Married and unmarried men of the villages consisted of the study population, because they are the population at risk for sexually transmitted diseases. For in-depth interviews in the study, I took informants almost Baliem people between twenty and twenty-nine years of age. I identified them with the assistance of Yasukhogo’s fieldworker or with one villager who has many friends in villages in Wamena sub-district.

For focus groups discussions (FGDs), I chose two villages nearby Wamena, which has a majority population of Baliem people. I asked a head of village to choose members for discussion. For FGD’s among the women villagers, I asked the WATCH to assist. With their assistance, I chose several women and conducted FGD.
Data collection techniques

Data was collected from the end of May 2000 to the beginning of July 2000. Different data collection techniques were used in the study to collect information on different variables and topics. Specific objectives of the study lead to the variables and topics to look at in the study. Different data collection techniques were in-depth interview, key informant interview and focus group discussion (FGD). These different data collection techniques were complementary to each other. Triangulation of different techniques and sources was done to maximise the validity and reliability of data and to reduce the chance of bias.

Nine key informants were interviewed. Three of them were interviewed in Jayapura. There was a Dutch Catholic priest who worked almost thirty years in the Dani community, a university lecturer who did research about Dani community, and a former district medical officer who worked almost twenty years in Jayawijaya district. The other interviews were done in Wamena. They were the head of Wamena hospital, two heads of the health centre in Wamena subdistrict, one senior nurse of a private hospital, one senior staff of WATCH and the lady, director of Yasukhogo. WATCH is a non government organisation (NGO) which has worked for the promotion of women’s and children’s health since 1989, Yasukhogo also is a non-government organisation which is working on HIV/AIDS prevention programs in Wamena.

Three focus group discussions (FGDs) were held in the selected location to discuss the perceptions and health seeking behaviour on sexually transmitted diseases (STDs). Two FGDs were done among big men and informal leaders in two villages. One FGD was conducted among women villagers. Apart from general information about the different health services that are available in the community, these FGDs helped to cross check the information got from the in-depth individual interviews and the group notions were explored as well.

Fourteen men, five of them married and nine singles who lived in the selected location were interviewed over a period of time. Most interviews lasted between 1 1/2 and 2 1/2 hour. Almost all

WATCH stands for Women And Their Children’s Health
interviews were conducted in Indonesian, and most were tape-recorded after consent for the interview was obtained. In the few instances where informant declined to be taped, the author took detailed notes.

**Data processing and analysis**

The focus group discussions were recorded and relevant notes were made for manual content analysis. When informants permitted it, in-depth interviews were also recorded and transcribed partly for analysis. My notes supplemented with these transcripts were used for the analysis.

**Ethical considerations**

As the topic of study was of sensitive nature, the information collected was kept confidential and no attempt was made to either identify the location or individual informants in the study report. I explained the purpose of the study to the informants from the very beginning and without their consent I did not record or write any information.

During the interviewing of the informants, I found that one informant was suffering from urethra discharge without treatment. After the interview, I went with him to the pharmacy and bought some antibiotics for him.

**Limitation of the study**

Since the study themes were translated from Dani into Indonesian by interpreter, then from Indonesian to English, and sometimes it was not possible to translate keeping all the cultural connotations, so there was a chance of losing the exact meaning. I tried to overcome the limitation by writing particular quotation and terminology in Indonesian along with English translation.
The study involved a selected area in Jayawijaya district, Papua Province. The result of the study should not be generalised for the whole district. But still, my impression suggests that, in spite of the limitation the study would be able to present a representative picture.

Fieldwork experiences

During the fieldwork, I tried to become an anthropology student than a medical doctor. For this reason, I kept my beard growth up, I rented a small room in the community training centre which was located in sub-urban area, I wore a T shirt, and used a blue jeans everyday. For meal, I preferred to choose warung nasi\(^7\) then rumah makan\(^8\). And at that place, I might sit together with a becak driver, a worker, a market porter and had a chance to chat with them. I travelled around Wamena mostly with a becak which I have also an opportunity to chat with the drivers.

Recently in the Papua province an independence issue from Indonesia was a prominent issue. The Papuan National Congress II was held in Jayapura on June 1 until 3, 2000. The independence issue is more strong in Wamena than other places. It caused a feeling insecurity among non Papuan people. Since December 1999, 600 non Papuan teachers were asked to migrate to other provinces.

At that time, I discovered a lot of things due to my status as a medical doctor who is doing research on a sensitive topic. I also feel that the status may have biased my data collection because of my current job as a senior medical health officer in the Papua Province.

Being a senior medical doctor as a researcher in a sensitive research topic gives both advantages and disadvantages. Getting informants is a difficulty, but asking them to share their experience about their private life is easy. Some informants asked medicines to me. After I gave more detail information about my status and my work, they understood and gave a good response.

\(^7\) Warung nasi is a small food stall with cheap food
\(^8\) Rumah makan is a restaurant
I visited all health facilities in centre of Wamena sub-district. I visited *Puskesmas*<sup>9</sup> *Wamena-kota*. I met with head of *Puskesmas* and senior nurses. In this centre, I found that one patient with milky discharge only got penicillin injection four cc, although according to guideline of treatment (Dinas kesehatan Kab. II Jayawijaya 1966) for the patient, penicillin injection should be given sixteen cc as one time dose. I also visited puskesmas *Hom-hom* in Wamena subdistrict. I understood that in this puskesmas too the nurse had a practise of giving low dose of penicillin. Usually they only give penicillin injection five cc, and asks the patient to have rest dose of injection on other days.

*Wamena* has one general hospital with sixty-five beds. In general hospital, I met a director of general hospital and a doctor whom responsible for outpatient department. In the hospital, patient with discharge, will get penicillin injection, sixteen cc. The injection will give in the two injection in the two side of the buttock.

In 1998, one private clinic has operated by *Mula* foundation. The clinic has run mostly by indigenous nurses. Almost the history of disease is carried out in local language. One male senior nurse does everyday services. When I asked about how to treat a patient with milky discharge. For the patient, he will give four to seven times penicillin injection, depend on the symptoms and each injection is 4 cc for one day. For this service, he will charge Rp<sup>10</sup> 4,000,- to Rp. 10,000,- depend on the patient symptoms.

The brothel did not exist in *Wamena*, but in the night in many places can found a female street sex workers. In the afternoon, I travelled a round *Wamena* with guiding of *Yasukhogo*’s fieldworker. We visited several places like Wouma, Map-lima, Lokasi III, Karujaya, Bhayangkara-street, Irian-street, Mulele, Tolikara, Nayak old market, Sinakma traditional markets, and *Jibama* new market. In some places, there are *honai kosong*<sup>11</sup> where an intercourse may take place.

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<sup>9</sup> *Puskesmas* is stands for *Pusat kesehatan masyarakat*. It means community health centre.

<sup>10</sup> Rp stands for *rupiah*, Indonesian currency. June 2000, 1 S = Rp 8200 and 1 NLG = Rp. 3400

<sup>11</sup> *Honai kosong* or empty house. This *honai* is out of sili
With assistance of a female Yasukhogo's fieldworker, I visited one place in the centre of city where seven girls stayed temporary in wooden house. These girls consisted two from Ekari\textsuperscript{12} tribe, three from the western Dani and two other is originate from this valley. Two Ekari girls is growth up in Wamena. Three western Dani came from the other sub-district in the western part of Jayawijaya districts. These two Baliem girls who originate this valley have parents the village nearby. They usually went home once a week. Most of them are below sixteen years, even one of them is twelve years old.

In the evening, I had a chance to observe night life activities around an Nayak old market and several places where female street sex workers have their base of operations. Although at that time, I had chance to attend a pesek dance, because of security reason, I did not attend that event.

Due to result of focus group discussions, in my capacity as senior health officer, I gave health education about the prevention of STDs including HIV/AIDS to participants. The education also included to promote a condom promotion and to demonstrate how to use it.

\textsuperscript{12}Ekari is name of tribe who stay near Paniai lake in Paniai Districts
Section three
Case study

This part of the thesis will deal mainly with the quantitative results of the study. All my informants are Dani people who live in Wamena subdistrict. Most of them are between twenty and twenty-nine years of age and they had experienced sexually transmitted diseases (STDs). Some of them have currently STDs’ symptoms. In this section I present one case study.

LI

He was born twenty-five years ago and grew up in Wamena. He finished his junior high school in Wamena. Three years ago, he married a woman from Pugima. His family paid six pigs as bride price. He has a boy, two years old. Following the traditional rules, he has never had sex with his wife since she could feel the movement of fetus. This postpartum sexual abstinence period is practiced until the child is three years of age. During this period, LI contract sexually transmitted illness13 three times.

The first time was last year, he got this illness from a Tiom woman. At that time, he was earning wage as a worker in building construction. For that work, he was receiving Rp 185.000,- He gave Rp. 100.000,- to his wife. He met the Tiom woman in the Nayak market, and had sex at honai kosong nearby. He paid Rp. 15.000 for sexual intercourse. Three days after, he felt pain especially when urinating. Later on he saw white liquid coming out from his penis. He felt very weak. He felt ashamed, so he went to Mula clinic. This clinic is managed mostly by Dani people. In the clinic he got an injection and the nurse gave him thirty capsules for ten days. From the nurse, he knew that his illness was gonorrhea or sakit salah jalan. For this treatment, he paid Rp. 10.000,- He chose this clinic because it is run by his clan.

The second time, he had sex with a Kelila woman whom he met in pesek dance. Due to church consecration in Lagaima Hubi-kosi sub-district, the big-men from that village sponsored this pesek dance event. At that time, he went to this event with his friends. They rent a taxi, each person paid
Rp. 1500. The dance was started at 6.00 am and continued until the morning. For that woman, he bought areca nuts Rp 2000, two packs cigarette Rp 5000,- and one meal Rp. 2500,-. He had sexual intercourse with the woman twice in the grass. The woman asked Rp 25000,-, but he gave Rp 5000 more as a tip. After four days he became ill again He got this illness after four days. He went to Mula clinic. This time, he also had an injection and capsules for five days. He paid only Rp 4500,-.

In April, he had sex with a other Kelila women. He met that woman in the Nayak old market. He brought that woman to an empty honai in his sili. The woman stayed until the morning and he gave her Rp.25,000,-. Because he had have a same experience last year. As he was experiencing the same symptoms he had in the past, He went to the general hospital. There, he got an injection. For this treatment, he paid Rp. 3000,- He chose this hospital, because it was the nearest to his sili.

In his village there is only a female hathale. For his illness, he felt ashamed to ask the hathale. He usually asks hathale when someone of his family got mati-mati ayam or other illnesses.  

13 Illness representative emic term of disease.
14 Hathale is a Dani traditional healer.
15 Mati-mati ayam is metaphor to address an epileptic seizure. The seizure is caused by cysts in the brain due to Taenia solium infection. Some people said it is caused by malaria.
Section four
Local perceptions of Sexually Transmitted Illnesses and its treatment

This section and section five are where the findings from my fieldwork are presented. In this section I will discuss local perceptions of STD. The presentation will cover labeling, causation beliefs, recognition of illness. In addition, treatment and prevention practices will be presented.

Labeling of STI: colloquial terms

Before describing the term, I would like to raise some points about the terminology which I will be using throughout the text. The distinction between STD (sexually transmitted disease) and STI (sexually transmitted illness) is well discussed by various scholars: diseases are conditions constructed in the biomedical discourse and illnesses are indigenous, emic, folk concepts or individual psychological experiences of not being well. (Hahn 1984 in Green 1999:135)

The Dani people talk about sexually transmitted illness with inyomo inyeket oba for women and inyomo inyekul oba for men (inyeket means woman’s external sexual organ and inyekul means man’s external sexual organ). In this region, lay people also use Indonesian words like: sakti salah jalan, sakti gosi (illness of the penis), and sakti kelamin (illness of external sexual organ) to refer to STD in general, but these terms are often used to refer to gonorrhea. The term sakti salah jalan literally means ‘illness caused by taking the wrong ways’ and mostly, educated local people use it. The other last two terms are used mostly by common people.

Beliefs about the causes of STI

All informants and discussion participants believed that sexually transmitted illness are caused by having sex with a street women (commercial sex worker). During the focus group discussion, one big man said:

The cause of the spreading of the illness is to have sex with everyone, people who originated from this valley and also people who came from western Dani (Tiom, Makki and Karubaga). It happens when men have relation with street women.
They also knew that women contracted this illness by having sex with many men. During the focus group discussion which was made with female villagers, one of the participants said:

*Jika seseorang baku naik sembarang ('payak' dalam bahasa Dani), dia pasti akan mendapat sakit kelamin* (If someone has sex with other person [it calls payak in Dani language], he or she definitely will contract this illness).

According to the informants, if they had money, they would have sex with street women. They normally have cash after doing some temporary work like becoming a porter for trekking activities or a becak driver, or becoming a worker in the road or building construction. They also can earn money by selling live stocks. The informants also said that sometimes civil servants have opportunity to have sex with a street women with *tukibon* (*tuki* means intercourse and *bon* means credit). This means that civil servants have a kind of credit: they pay for sexual contacts at the end of the month, when they receive their salary. It happened sometimes that the women went to collect the money from the civil servants, visiting them in their offices. In some occasion they met the wives of civil servants and started a quarrel.

Five of the fourteen informants were married. Two of them had had sex with other women because they were in a postpartum sexual abstinence period. The purpose of this abstinence period is to protect the health of the fetus or the baby. In actual practice that this means a period of sexual abstinence which extended from some time prior to the birth of the child (possibly when the fetus’ movements are felt or from the 6th month of pregnancy) up to when the child is weaned. This can happen when the child is already three or even five years of age (Heider 1979; Hayward 1980). Nowadays, the *Dani* men observe this practice until one month after delivery or until the baby cuts its first tooth.

Almost all informants have sex with western Dani women like Tiom, Karubaga, and Makki. This finding fit with result of Warwer study (Warwer, O. 1998). He found many sex worker come from western Dani. Yasukhogo also found that female sex worker come from western Dani more than from the valley (Yasukhogo 2000)
Recognition of STI

In the focus group discussion, participants stated that people could distinguish between common illnesses and sexually transmitted illness. Usually STI begins with pain in the lower abdomen. The other symptoms are white fluid or milky discharge from the ocus penis, a burning sensation or painful urination, and difficulty urination. Other people recognise as signs of STI one’s strange gait or the emanation of a foul smell or even the presence of many flies around a person.

According to one of the participants in focus group discussion among women villagers, a woman told that she saw a man who uses yokal, because of his sexually transmitted illness. His penis had a big ulcer, due to which it seemed that the penis has almost fallen apart. He can not have sex again.

Many signs and symptoms that the informant ascribed to sexually transmitted infection were obvious and accurate, such as a purulent discharge from the penis and genital ulceration. One of informants reported that he had a scrotal swelling several weeks after having contracted the STI. However, other signs and symptoms attributed to STI by informants are less specific including fever, lower abdominal pain, and headache.

Although informants and discussion participants had heard of gonorrhoea or kencing nanah and syphilis, they could not distinguish between these two diseases. Compared with Liberia, where people have a different name for gonorrhoea and syphilis. (Green, Edward C. 1992:1457)

Consequences

Many of informants have no idea about the consequences of sexually transmitted illness. Few informants understood the complication of sexually transmitted disease. They said that a person would die if he does not get treatment.

In the focus group discussion among the women villagers, one of the participants states that people without treatment, would loss weight, blabber, have itching, irregular menstruation, and sometimes they could even die due to the disease. They also mention that the illness can make a person

\[16\] Yokal is a traditional skirt
infertile, but with adequate treatment, women can be healthy and have a chance to get a baby.

Treatment

In focus group discussions, some participants said sexually transmitted illness did not originate in this valley. The illness has spread since the Dutch colonial period. Before that period, husband and wife only have sex at ebae in silimo area. The first case of gonorrhoea was detected among big men after they had travelled to Jakarta in the beginning of Indonesian government in 1963 (Senis, J. 1995).

In 1977, there was a war between the Baliem people and the Western Dani who live in mountain areas (Rumansara et al 1999). Therefore the Indonesian army came from outside for peace keeping. Then the Government provided pigs for a ritual peace ceremony and after that the government banned warfare. During the post war period, the army's presence was maintained for peace keeping. This situation has contributed to economic development in this area. People also have the opportunity to travel anywhere. One participant stated that, after warfare, the women from western Dani came to the valley and had sex with many Baliem people, spreading this sexually transmitted illness among the Baliem. The Baliem people believe that western Dani people, who lost many men in the 1977 war, are taking revenge by allowing their women to travel around.

The Dani people have a traditional healer (hathale). In each clan, there is one hathale. It may be a man or a woman. Since this sexually transmitted illness is new to the Baliem people, it cannot be cured with traditional remedies. To treat the illness, the Baliem people should go hospital or to community health centres
Prevention

For many informants, prevention was an unusual concept. Informants frequently said "I have no idea," or "I don't know anything about that", when questioned about methods of STI prevention. One of the focus discussion participant stated:

To prevent sexually transmitted illness, government has to ban the pesek dance, because during and after this dance, many people have the chance to have sex. Therefore they will contract the illness. The pesek dance also spark off quarrels between spouses and create a lot of social problems. It happens that wives run away with other men or husbands did not return home for several days. Some problems can be solved in the traditional way, by the elder meeting. This meeting usually takes two or more days. There is a kind of judgement, if someone is declared guilty, he and his family must pay a fine, with pigs or money.

Only one informant who finished senior high school has idea about prevention of sakit salah jalan, he said:

To prevent sakit salah jalan, somebody must walk alone and have no contact with female commercial sex workers.

Almost all informants and focus discussion participants never saw a condom. Only two informants ever saw one. One of them saw condoms in the family planning clinic, and he knows that it is a device used to prevent pregnancy. The other informant saw the condom in his uncle's wallet, when they took a bath in the river.

When informants and focus group participants were asked about AIDS, only few people reported they had heard about aisis. They did not know about the symptoms and the consequences of that disease. But they have already understood that aisis could spread through sexual contacts.

17 The Dani pronouns AIDS as aisis
Section Five.
Health Seeking Behaviour

It is explicitly clear from the previous section that men suffering from a sakit salah jalan seek treatment at an advanced stage of illness when they no longer able to cope with the situation. This behaviour depends on their way of explaining, diagnosing and experiencing the physical discomforts. It is noted that in case of illness they have a particular therapeutic choice depending on its expected efficacy. To illustrate the therapeutic choices of the men regarding sakit salah jalan two issues need to be considered: therapeutic options available and utilization of available services particularly for sakit salah jalan and the reasons for which they used these services.

Available therapeutic options

In Wamena, the therapeutic options available are hospital, health centre, private clinic, traditional healer or hattale, and pharmacies

One general hospital with sixty-five beds was built in 1970s in Wamena. The hospital has one specialist in internal medicine and 6 general practitioners. The medical services are open for twenty-four hours. In the morning, outpatient department open from 7.30 until 13.30. Patients must buy a ticket. The ticket price is Rp.3000,- After getting the ticket, the patient can enter the examination room. The room has two beds and these beds are separated by curtains. In that room two or three patients are examined at the same time by doctors. The doctors will give a prescription. The patient buys the medicine in the hospital pharmacy. If the patient is prescribed an injection, he will go to the injection room.

Since in 1991, a public pharmacy was opened in Wamena. Now there are two pharmacies. One is on the opposite side of Nayak old market, and the other is behind the market. Formally, the pharmacies should sell antibiotics and injection drugs only if a doctor’s prescription is presented. However, since around five years, pharmacies have been selling those items illegally to anyone asking for them and having the money to pay.
In Wamena sub-district, there are two puskesmas, one is puskesmas Wamena-kota and the other is puskesmas Hom-hom. Puskesmas Wamena-kota is in the centre of the city. The puskesmas is run by two doctors, one dentist, and twenty-two nurses. In this puskesmas, a patient must buy a ticket at the counter, the ticket price is Rp.1500,- and thereafter he or she can go to the examination room. The room has three tables and six chairs. Behind each table, one nurse will attend one patient. In this puskesmas, two female nurses and one male nurse will collect the history of disease and give a prescription for medicine. The patient will get the drugs in the pharmacy room. If the nurses cannot make the diagnosis, they will send the patient to see the doctor. For sexually transmitted disease, they usually ask extra fee as a fine. The range of the fine is Rp 15,000 to Rp.25,000.

The other puskesmas, Puskesmas Hom-hom is located in rural area. This puskesmas is run by one doctor, and eleven nurses. In this puskesmas, the ticket also is Rp. 1500. The examination room only has one table with one nurse. In this puskesmas, they have already abolished the fine.

According to one key informant who has been working as a doctor for almost twenty years in this highland, at the beginning or in 1981 Puskesmas Karubaga charged a fine of Rp.10,000 to patient who get sexually transmitted diseases. Sending ran the puskesmas. They tried to reduce adultery by fining. In 1985 at the health district working meeting, all the puskesmas's directors agreed upon supporting this effort. However this decision is not enforced by the government. It seems this fine had a good effect until 1995. After 1995, due to lack of drug supply, some nurses from isolated areas bought drugs directly to pharmacies without doctor's prescription. Then people had a chance to buy capsule or injection drug directly. This can happen also due to lack of control from the district health authority and also from the provincial level. Now some puskesmas have already abolished the fine, because the fine was not legalised by the Bupati.

In 1998, one private clinic was opened by Mula foundation. This foundation was established by several formal and informal Catholic leader especially indigenous from this valley. The foundation have an idea to build private hospital. The clinic is run mostly by indigenous nurses. The medical
history is collected in local language. One male senior nurse provides services everyday and patients enter the examination room one by one. Service fee depends on drug costs. The range of fee will be between Rp. 2500,- to Rp. 30.000,-

The Dani community also has a traditional healer. In Baliem language it is called hathale. Each clan usually has someone who becomes hathale. It may be a woman or a man, work in honai adat. If the woman is also able to assist delivery, she will be called hathaluge. (Srini S. et al 1995: 16). In the focus group discussion, one big-man stated:

In our community, we already know eight type of illnesses which originated from this valley. These illnesses are tolilik, alemhat, putho, waksud, yogusam, akaluh, inalokapale, and akhalok (see annex 7: glossary). To cure these illnesses, we usually ask for help to hathale.

Hathale usually treat illnesses caused by ancestors, by supernatural forces, or by magic from the enemy. Hathale uses ginger and some leaves to treat common illnesses like ulcer, fever or headache. If someone gets sick and after treatment from the hospital, does not improve, the family would bring him or her to hathale. The healer will ask the relative to look for a field rat in the forest. The rat, still alive, will be sectioned by hathale who would find out the unusual signs in the body of that rat. This is used as a diagnostic method. Based on this finding, hathale will give the treatment. Then the rat will be put into the running water of the river. This symbolises that the running water can make better circulation for the patient and the illness would subside and finally the patient will be cured.

Utilization of the available health services regarding sakit salah jalan.

After the illness identification, men try to reduce pain and suffering by using some remedies suggested by others. They usually like to stay submerged in the river water, but in general, informants who have already experienced sakit salah jalan purchase drugs from pharmacies. They

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18 Honai adat is the house where the sacred rituals take place and sacred things are kept
understood this illness needs a biomedical treatment. Some of them, buy an injection drug in the pharmacies. They usually buy one flacon of penicillin powder, one bottle of water solution, and one disposable syringe. Then they ask someone to give them the injection, usually a nurse. One informant stated:

When I get this illness, I feel unhealthy and I only stay in my honai. Then I ask my friend to buy drug for injection with the needed equipment and also ask him to give me the shot. I know that my friend is an elementary school teacher, but I also know knew that he has a lot of experience in giving injection. He learned when he worked in isolated area. At that time, his brother who works as a puskesmas nurse taught him how to inject. And he helped his brother to manage patients who need injection.

Some informants stated that they were ashamed to go to the health care facilities. In the facilities, they he must enter an examination room with other people, sometimes of different sex. In puskesmas, they may be interviewed by a female nurse. Sometimes informants have difficulties to explain their symptoms. They usually tell that they have a lower abdomen pain. Sometimes health care providers have a judgmental attitude when giving attention and advice. The informants said they attend the health facilities to receive drugs, not advice. For advice, they will go the pastor or priest.

In general, informants try to get the cheaper treatment. They buy capsules and injection drugs at pharmacies. Then they ask someone to give then the injection. They think that services in the hospital are very expensive. Only few informants did not care about the cost of treatment. They went to Mula private clinic and to have an injection once a day for five up to eight days, depending on their symptoms. Each injection, they must pay Rp 2500,-. Sometimes the clinic charged them Rp 30.000,- for four injections.

Few informants mentioned accessibility as an important factor in choosing a course of treatment. On the contrary, several informants stated that they would prefer to be treated far from their place in Wamena to avoid in recognition in their community, but they usually went to the originate village or place where they could get treatment from someone they know. This person usually is their
relative or clan. One informants stated:

I feel more comfortable to get treatment in Mula clinic, because there are *orang kami*\(^{19}\) and they also speak our language so I can describe my symptoms very well.

All informants look for biomedical drugs to treat their *sakit salah jalan*. After treatment, if the symptoms still persist, they will think this illness is an unusual illness. May be it is caused by having sex in *tanah wesa* or a sacred place. To treat this kind of illness, they need help from *hathale* and with the support of the landowner. First the patient must make confession and then invite landowner. For a week, *hathale* use *lokop*\(^{20}\) and blow that leaves in front of his penis every day. During that a week, the patients must stay in their *honai*, they are not allow to take bath or to expose themselves to water. They must eat a sweet potato without washing it.

\(^{19}\) *Orang kami* means our people.

\(^{20}\) *Lokop* is one kind of leaves.
Section Six.

Conclusion and Recommendations

In this section, I draw my main points and answer to my research questions. Also in this section, I would like to place following recommendations for policy makers of Jayawijaya district on the basis on my findings.

Conclusion

The Baliem people uses *sakit salah jalan* to refer to sexually transmitted illness. They use this term to describe sexually transmitted diseases. For them, *sakit salah jalan* is one condition caused by having sex with many partners. They only knew the word gonorrhea and syphilis, but they cannot distinguish differences between these two diseases.

The Baliem people understood that *sakit salah jalan* is not originated from this valley, so to cure this sexually transmitted illness, people who get this illness has to seek biomedical treatment. In general, they prefer to buy capsules and injection drug in pharmacies. They think that it is more expensive if they seek treatment in *Puskesmas* or hospital. They must pay fine for this illness. After the biomedical treatment fail, they usually ask help to *hathale*.

I think *hathale* still has an important role in the Baliem community. He can diagnose the illness, give treatment and also give advice.

Recommendation

In the era of AIDS epidemic, the accessibility and quality of services provided in the formal sector must be improved, so that one can expect a shift in health care seeking behaviour away from the informal sector to formal sector (Mugriditchian, 1995:251). Mertens mentions that the quality and accessibility of services clearly plays role in attracting people with, or at risk of STD (Mertens et al. 1994, in Ward et al. 1997 : 19)
Jayawijaya district have many factors to support the spreading of this deadly virus. So in this situation, district government must take emergency action to improve STD prevention program, STD case management and STD surveillance system.

KPAD$^{21}$ Jayawijaya should make a master plan for STDs/AIDS control. The emergency meeting should be conducted by KPAD II Jayawijaya. For this meeting, they must invite all big-men, formal and informal leaders. In the meeting, Bupati should explain the whole STD/AIDS situation in Jayawijaya district especially in Wamena. Bupati should also provide factors that can contribute the spreading of these diseases. One of the factors is the pesek dance, so Bupati with support of all big-men and informal leaders should ban this dance or make some regulation regarding this dance.

To prevent STD, people should be involved in education programs. The head of Puskesmas should facilitate focus group discussion on STD topic in each village. The local government must give special attention to all hathale, and big-men. They must have a comprehensive knowledge about STDs/AIDS. Therefore they should be trained in STD prevention program including AIDS. If the big men aware the AIDS threat to his clan or tribe, the big men will make most appropriate action to reduce HIV spreading.

To improve STD case management, government should provide good STD clinic in Wamena. In this clinic, people who have STD can have treatment and counseling free of charge. Because experience from Nairobi, introduction of fees was followed by reduction in attendance of 60% among men and 35% for women (Alder 1996: 86). All puskesmas should have a same fee for all kind of diseases. Fine should not be allowed for STD patient.

To control drugs distribution, district and provincial health authority must increase their guidance to all pharmacies and all pharmacies should also participate in STD/AIDS prevention campaign.

$^{21}$ KPAD stands Komisi Penanggulangan AIDS Daerah, it means district committee of AIDS control
To make the STD prevention program effective, a similar study among Dani women on perception of STD and health seeking behaviour should be conducted.
Annex 1. Reference:
14. Howson, Christopher P. et al (eds) 1996 *In her lifetime: Female, morbidity and mortality in Sub-Saharan Africa*, Board on International Health, Institute of Medicine, Natural Academy of Science. pp. 242 - 73


Annex 2: Problem Analysis Diagram

Sexually Transmitted Diseases: Perception and Health Seeking Behaviour among the Dani Men in Wamena, Jayawijaya District, West Papua Province, Indonesia

Socio-cultural factors

Unsafe Sexual Behaviour

MEN GET STD

Health Seeking Behaviour

Willingness to Use

Availability of services

Folk notions on signs, symptoms and causes

Accessibility of services

Quality of services

Cost

Provider attitude

Transport

Drugs availability
Legenda
- - - - BATAS NEGARA
- - - - BATAS KABUPATEN
- - - - BATAS KECAMATAN
○○○○ IBUGOTA KECAMATAN
○○ PERWAKILAN KECAMATAN
SUNGAI
[ shaded] LOKASI PENELITIAN

PETA WAMENA KOTA
Skala : 1. 10.000

Keterangan:
1= Hotel Baliem
     Jln. M. H. Thamrin
2= Hotel Istanpa Baliem
     Jln. Trikora
3= Hotel Maranu
     Jln. Trikora
4= Hotel Naryak
     Jln. Gatot Subroto
5= Hotel Trendi
     Jln. Trikora Wamena
6= Hotel Ancorek
     Jln. Ambon
7= Hotel Srikandi
     Jln. Hom-Hom
8= Losmen Syamri Jaya
9= Kali Baliim

Sumber : Kantor Camat Wamena Kota
Annex 5. List of Informants

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
<th>Marital status</th>
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<td>21</td>
<td>SMP</td>
<td>porter</td>
<td>unmarried</td>
</tr>
<tr>
<td>2</td>
<td>NT</td>
<td>23</td>
<td>SD</td>
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<td>married</td>
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<td>SH</td>
<td>24</td>
<td>SMA</td>
<td>teacher</td>
<td>unmarried</td>
</tr>
<tr>
<td>4</td>
<td>DU</td>
<td>28</td>
<td>illiterate</td>
<td>farmer</td>
<td>married</td>
</tr>
<tr>
<td>5</td>
<td>DTH</td>
<td>22</td>
<td>illiterate</td>
<td>farmer</td>
<td>unmarried</td>
</tr>
<tr>
<td>6</td>
<td>LL</td>
<td>28</td>
<td>SMA</td>
<td>farmer</td>
<td>married</td>
</tr>
<tr>
<td>7</td>
<td>JW</td>
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<td>BK</td>
<td>22</td>
<td>SMA</td>
<td>farmer</td>
<td>married</td>
</tr>
<tr>
<td>9</td>
<td>MK</td>
<td>21</td>
<td>SD</td>
<td>porter</td>
<td>unmarried</td>
</tr>
<tr>
<td>10</td>
<td>NW</td>
<td>27</td>
<td>illiterate</td>
<td>farmer</td>
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<tr>
<td>11</td>
<td>MH</td>
<td>20</td>
<td>SD</td>
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<tr>
<td>12</td>
<td>SL</td>
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<td>14</td>
<td>LI</td>
<td>25</td>
<td>SMP</td>
<td>farmer</td>
<td>married</td>
</tr>
</tbody>
</table>

SD = elementary school  
SMP = Junior high school  
SMA = senior high school
Annex 6. List of abbreviations and acronyms

AIDS : Acquired ImmunoDeficiency Syndrome
HIV : Human Immunodeficiency Virus.
GD : Genital Discharge
LCR : Ligase Chain reaction.
RPR : Rapid Plasma Reagin
STDs : Sexually Transmitted diseases
TPHA : Treponema Pallidum Haema Agglutination

Ahkalok(Dani) The illness of woman sex organ
Akaluh(Dani) Sudden ulcer, without a clear cause.
Alemhat (Dani) A illness have relation with the heart
Inalokapale(Dani) The illness of the throat
Patho (Dani) The body have cramps. People cannot make movement.
Tolilik (Dani) is means illness with seizure symptom like a dying chicken (epilepsi). It is caused by malaria.
Waksud (Dani) The big belly is caused by magic
Yogusam(Dani) Stomach ache is caused by eating a wrong food during initiation ritual
Annex 8. THE "PESEK" DANCE

First coming into existence in the mid 1980's, the pesek dance originated from a combination of three dances: the edai, yospan, and the disco dance. The edai dance has originated in the Dani culture, which used to be performed to celebrate victory or the killing of enemies in the inter-group conflicts or wars. Performed without any instruments, the dance was done in two successive days by groups of male dancers who took turns dancing. The name edai also refers to the song sung during the dances. Its lyric portrayed historical events, heroism and mutual cooperation among the Dani ethnic group members. Unlike the edai which was danced as a heroic symbol of victory, the yospan was a social dance for young boys and girls performed at sandy coastal areas (Herder 1979).

Along with the development process of the inner highland and the extinction of inter-group conflicts, the Dani's heroic edai dance was influenced by the incoming yospan from coastal areas and disco dances from out of the province. These three dances mingled into the contemporary pesek dance, which serves as a medium of social interaction and folk entertainment. Everyone can participate in the dance, regardless of their social status. The lively and dynamic music makes the audience happy, cheerful and in high spirit. Because of its social and economic values to enhance local tourism, the dance was strongly supported by local government.

To perform this dance, they need quite a big space enough for people to move around. They usually use a school yard or playing ground, a church yard or a sport ground. Ideally, it is performed on a sandy ground. Lasting from evening to sunrise the next morning, this dance is open to everyone to take part. Special music and special song need to accompany the dance. The music is played by a band of usually four or eight people who play with a tifa, a guitar, and a bass guitar. The tifa is a traditional coastal drum of Papuan which is made of a piece of wood. They make a hole in the trunk and close one side with the dried skin of a monitor lizard or a snake. The guitar and bass guitar are locally made using rubber strings. The music has static beats at four counts dominated by the tifa with dynamic beats and intervals. The songs are in the local language, with lyrics associated with love, dating, and sex.
The Pesek dance is performed by a group of 16 or 20 or more people. It starts with people standing in row, two by two like a 'Polonaise' dance. The dancers move around and make a big circle following rhythms of the song. With the rhythm in four counts, the dancers make four steps, then stop to make hand and foot movements. And then the dancers continue to walk four steps etc. The hand movements have many variations; for example, it resembles a hand waving or an arm preparing to throw a spear. The foot movements have many variations too, such as foot stamping or foot rubbing against the sandy ground. The body follows the hand and foot movements in an erotic way. After several hours dancing, they may get influenced by the eroticism of the dance and the romantic surrounding, stimulating them to go to the bush and have sex there. Then they will go back to the arena and dance again with different partners. They may repeat having sexual intercourse with different partners in the same night.

The dance is very popular, and everyone from any social status can take part in it without feeling uneasy. People will come from far away to attend this event. Why is this event so popular? One of the reasons may be because the Dani men have much leisure time and also because some of them are in the period of postpartum sexual abstinence. The dance was also favoured by soldiers, policemen and other government officials who were on single status because of their assignment. These officials have to live away from their wives and families who remain outside the district or province for months. For them, the pesek dance is an opportunity where they can find sexual partners. It seems, therefore, the dance can be another outlet for sexuality; however, the deadly virus of HIV may easily be transmitted.

As earlier mentioned, the government supported this contemporary dance. In addition to attracting tourists to come to the highland, the dance was also meant to strengthen social bond which could be conducive to development. However, when it turned out to be used by the dancers to have sex with different partners, which may facilitate the transmission of STDs, and many quarrels happen among families, religious leaders raised their protest appealing the government to ban it. So in 1990's the dance was banned.
The *pesek* dance actually was no longer officially permitted by the government; but people still sought permissions from the sub-district police or army by bribing them certain amount of money. Because of its attractiveness to local people, the dance was used by some local religious groups to raise funds to support their activities. In such an event, the organiser can benefit from the sales of snacks and drinks.