I Wayan nangis (My little one is weeping):

A study on STDs perception among rural Balinese men

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Preface

Conducting an anthropological study among my own people (friends and relatives) in Duda in Karangasem, Bali, was a unique learning process. I never thought that I would learn so much from the daily way of life which used to be my everyday life as one of the villagers. I was like a blind person when I arrived in the village. I didn’t know who to contact and how to bring up the issues of STDs into an appropriate conversation with my friends and family.

For helping me through this, I thank my father (I Cenik) and I Gusti Taman whom I consider as local anthropologists for their artful way in opening the path for my study, by understanding the study goals and showing me how to “talk” (ngejang rao) to my own people. Also a great thanks to my dear aunt, Ni Made Buki, and uncles Wayan, Ketut and Rindi, and my cousin Parwata, who helped me with living accommodation and taking care of my son during the data collection. I owe so many valuable rao (messages) to all my tukang ojek and lontar reader respondents in Duda.

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I can say sincerely that this thesis is for you.

I Made Setiawan
Amsterdam, 17 August, 2000
1. Introduction

1.1 Social Setting: the Balinese Banjar

The island of Bali, one of the 27 provinces of Indonesia, lies just east of Java. While about one-third of the 3 million population is urban, most Balinese live in villages that are accessible by transportation means and only a small proportion live in isolated areas. In Bali, the definition of a “village” requires clarification. An extended family system acts like a social organization, which is called Banjar (Eiseman, 1995: 72), generally made up of approximately 100 family units. There are 5062 banjar in Bali. Collections of various numbers of geographically and socially associated banjar form an association called desa, which is generally translated as village, and there are 667 desa in Bali. Groups of desa form 51 sub-districts (kecamatan), which are in turn grouped to form districts (kabupaten), of which Bali is divided into eight.

Bali Hindu is the predominant religion in the island, accounting for about 95% of the population. The caste system is also operative in Bali, the four main castes being as in India: Brahma (priestly caste), Ksatria, Waisya and Sudra. The majority of Balinese are of Sudra caste, myself included. All Hindu Balinese are obligated to be members of a banjar. Active membership is one’s passport to legitimacy and social acceptance locally, and access to traditional rights and privileges. Someone without banjar membership would, for example, not be allowed to participate in the village temple ceremonies, would not have access to a Brahma priest to officiate at family rites of passage rituals (Manusa yadnya), or access to a cemetery for burial or cremation of the dead. With these rights also come the responsibilities of attending meetings and contributing your time for village projects, such as for building additions to a temple or cleaning up and helping with decorations and offerings before and after ceremonies. Failure to contribute in these ways will result in fines.

All over Bali, banjar organizations frequently break up due to rifts between members. Some small group of members may split from the larger banjar and form a smaller one, usually as a result of some personal dispute between influential figures in the banjar. Most commonly, these disputes are related to a power struggle, usually starting with a small disagreement, not openly discussed at the
Banjar meetings. This will be followed by many other disagreements until it will eventually erupt at a meeting or gathering of members and lead to an open small fight. This will lead to talk among groups of members at local coffee stalls or in the market, with silence taking over when a member from the opposing side appears. Such a situation may last for a year until all the banjar members affiliations are clear with regard to the dispute, until a break up of the banjar becomes inevitable. At this point, either the minority or the dominant side will call a meeting to announce their withdrawal from the banjar, or the dismissal of the dissident members.

The local government of Bali is aware of the power and influence of banjar organizations among the people of Bali. A lot of government services are conducted via banjar meetings and communication channels. During the time known as the New Order (Orde Baru, or ORBA) under Suharto's government (1965-1999), the provision of these services was implicitly linked to the requirement for the banjar members to vote for the ruling political party (GOLKAR). Most of the banjars in Bali were obliged by GOLKAR to conduct election campaign events (gebyar GOLKAR) to ensure the success of GOLKAR in the national elections. Usually, when a banjar break up occurred, the government would side with the dominant faction. For some transitional period, the smaller unit would exist without recognition from the government. During this period, marginalization of the members was often very severe. Relatives who took different sides in the dispute didn't communicate at all, and those in the marginalized break-away group were barred from participating in the religious events and other activities.

My family is from the desa (village) of Duda, in the east of Bali. Before I was born, they experienced such a split from the larger banjar in 1967. Nine family units, including my father's family, broke off membership from the Banjar Jangu. Six other family units of Brahmana caste from another banjar then joined these nine to form a smaller banjar, called Darmakarya. For more than 20 years all of members of the nine families from Jangu were subjected to political marginalization. The situation was made worse by the fact that the majority of the nine family heads were supporters of the then-opposition party, PDI (the Indonesian Democratic Party, which is now in power in Bali, since the election in 1999). Until the early 1990s, the Government excluded us from participation in their political campaigns and also social services. Naturally, government and the majority of villagers
from Banjar Jangu regarded us as “non-loyalist”. Being among these “non-loyalists” thus impacted all aspects of life, including economic. Non-loyalists were denied access to any government civil servant jobs (pegawai negri), considered the most stable and decently paid occupation.

1.2 Recent Political and Economic Developments in Bali

Towards Democracy

For the last 30 years during the ORBA, the province of Bali has been a key location for the power struggle between two major political parties. Golongan Karya or GOLKAR, as Indonesia’s ruling party, enjoyed the support from the central government and military. On the other side, PDI, the Indonesian Democratic Party, was the party of youth, and also of the older people who were loyal to Sukarno (Indonesia’s first president, 1945-65, who was half Balinese). At every five-year term party election since 1971, GOLKAR always came out with the majority of representative seats in the parliament, maintaining its grip on central government and power. According to most Balinese, this result did not reflect the real power and support in the community and they suspected vote fixing by GOLKAR.

Supporters of PDI, the losing party during ORBA, were labeled as anti-development and anti-establishment. However, the majority of Balinese continued to support PDI. In other areas of Indonesia, with the only exceptions of East Java (headquarters of the biggest traditional Muslim organization in Indonesia, Nahdatul Ulama) and Jakarta (a strong base for two opposition parties, the PPP which is a fundamentalist Muslim party, and PDI), the Indonesian government infamously used the military and paramilitary to implement its political repression of any opposition. The minimal political coercion in Bali during ORBA can be attributed not to the lack of opposition but to the presence of the tourism industry there and the need for the Indonesian government to maintain a good international image. There are approximately five thousand expatriates living in Bali, and about a million tourists visit every year.
The political tables turned after the 1999 national election which removed Habibie, Suharto’s deputy, from power, after he took over when Suharto stepped down in 1998. In Bali, PDI-P (the New PDI, transformed into PDI-Perjuangan, or the Indonesian Democratic Party of the Struggle) won the majority of seats at all levels in government. In fact PDI-P, under the leadership of Megawati Sukarnoputri, won a national majority, prevailing in many provinces. Megawati is now the country’s vice president.

Cockfighting (Tajen)

The victory of the Balinese grass roots support for PDI-P motivated the revival of many traditional activities. One of them is cockfighting (tajen), which was severely criticized during the ORBA as an illegal form of gambling. Traditionally, a tajen event has always been accompanied by a set of inside-arena traders, dagang dayang. These traders sell base (sirih leaf), cigarette, tobacco and other small items, snacks and refreshments. In the past dagang dayang were also identified as the “easy women”. They were the equivalent of the present term pelacur (prostitute) now. One of my key informants, Taman, a well respected man of higher caste in his 60s, told me, “My older brothers had so many experiences with this dagang. My uncle told me a story that he used to take one of the dagang every time he went to tajen, it didn’t matter if he won or lost. He took them for amusement. That was the old culture” (Taman 9/6/00).

However, according to Taman’s nephew, nowadays this dagang dayang culture is not the same as before. They have been replaced at tajen by male traders. But apparently tajen is still closely associated with pre-/extra-marital sexual relations, via the other local female traders (dagang) i.e., attendants at local shops, coffee shops. Taman’s nephew’s opinion was confirmed by two other villagers, who are also cockfighting fans. They also reported that some of the cockfighting fans from Duda have dagang mistresses in other villages, and said that this situation was because the women are lured by the money that gamblers (bebotoh) sometimes earn in tajen.

The amount of money on the betting in tajen depends on the size of the game. A local tajen in banjar may involve a total of Rp.500.000 (over US$50) put up by some 50 local participants. But a village
scale *tajen* could involve a billion Rupiah of money in the circulation (over $100,000). This kind of money is possible because some famous *bebotoh* from other villages or districts of Bali come for the event. The famous *bebotoh* in Bali are mainly people who have a lot of money from various businesses. They may be successful men in the tourism industry who go to *tajen* as a hobby. They may be high ranking government officers (civil servants, military and police). And the most popular rich gamblers are the people who just sold their land at high prices due to the rush of wealthy buyers from other islands of Indonesia who moved to Bali following the national political riots in other parts of the country.

It is a common knowledge that big winners in *tajen* are always the most popular persons among both men and women. Everybody associated with *tajen* tries to benefit from their winnings in some way. "It is easy to earn Rp.100,000 (US$10) in the *tajen* from asking some big winner but eventually that money will be lost again there" said one of the interviewees (Y, 9/6/00). At the *tajen* events, other than money issues, the local *bebotoh* will pass on information about newly arrived women in the nearest brothels, or the local easy girls (pretty traders, or *dagang jegeg*).

**Tourism, Business and the Commercial Sex Industry**

Tourism has been the backbone of the local economy in Bali for the last twenty-five years. In Bali, four major tourist resorts (Nusa Dua, Kuta, Sanur and Ubud) contribute most of the local revenues and at the same time present Indonesian diversity of culture to the outside world. In conjunction with the tourism business, physical infrastructure in Bali is relatively advanced compared with most of the other provinces in Indonesia. Due to foreign investment in the garment and craft industries and in fisheries, which has helped to further the local economic development and provide work opportunities, there has been increasing intra-island migration (from villages to the urban and tourist areas) and inter-island migration (from the neighboring island provinces). The commercial sex industry in Bali has sprung up in proximity to the tourist resorts (Sanur, Nusa Dua, Kuta and Lovina on the northern part of the island), along the western highway to East Java, and in the capital city, Denpasar. Hence, tourism in Bali is praised for its economic development, and despised at the same time due to suspicion of causing moral degeneration in relation with sexual behavior.
1.3  HIV/AIDS and STDs in Bali

In 1987, a white man found sick with AIDS was the first HIV/AIDS case in Bali, and in fact, in the whole of Indonesia. Soon after that, an Indonesian person with AIDS was also recorded in Bali. AIDS prevention efforts and studies were concentrated among groups that were exposed to the tourism industry (personal communication, Dr. Parwati, 1991). Studies were carried out in Bali by the government, non-governmental organizations (NGOs) and the Faculty of Medicine at the local university regarding the prevalence of Sexually Transmitted Diseases (STDs) and high-risk sexual behavior, to indicate the risk for HIV/AIDS transmission (as of June 2000, there have been 61 HIV/AIDS cases found in Bali). These studies have been followed up by NGOs and government agencies with efforts to distribute information on safe sexual behavior, targeted mainly at protecting various population groups, but very much concentrated on the urban and tourist areas. The information distribution was expected to improve knowledge, attitudes and practices related to HIV/AIDS transmission, with the ultimate objective of changing sexual behavior toward safer level.

Fajans, et al. (1994) conducted a study among the domestic clients of commercial sex workers in urban areas in Bali. He found a significant number of Balinese Hindu clients and also some who live in rural areas. Apparently, almost 45% of the informants were from rural areas in Bali (N= 401), and 20% mentioned that they continued having sexual intercourse, with CSWs or their other partners/wives while they were experiencing STD symptoms.

A small prevalence study conducted by Susanti and Patten in 1998 on reproductive tract infections and STDs among rural women in a western Balinese district (N=312) found significant STD levels: *Chlamydia trachomatis* 5.6%; *Trichomonas vaginalis* 15.1% and 0.7% gonorrhea. One percent (3) of the women had other partners (past 3 months), while 13.5% of the women reported infidelity by their husbands, and 36.9% were “not sure”. Some 10% of women said they noticed their husband had symptoms in the past 3 months. Only 3.2% use condoms as family planning method, and 9.3% of the their husbands travel for their jobs (military/driver/sailor) (Patten and Susanti, 2000, in press). From the number of infidelity and “not sure” answers, it seems that about half of the couples in the village are possibly susceptible to STDs/HIV transmission.
The above-mentioned study was conducted using a Women’s Health Mobile Clinic run by a local foundation called Sehati. Dr. Susanti, the medical director of the mobile clinic project and one of my informants, is the leading expert on rural women’s reproductive health in Bali. More recently, (April-June 1999) she took the mobile clinic to the same sub-district where I conducted my study, in Selat, Karangasem. By December 1999, the Mobile Clinic had collected data during services provided to rural women in all 8 districts of Bali. Dr. Susanti’s data from tests for vaginitis, showed that between 6.5% and 22.7% of rural women have the STD trichomoniasis (average of districts, 13.6%), while on average 5.1% have candidiasis and 40.9% have bacterial vaginosis. Tests for syphilis and for cervical diseases (gonorrhea or chlamydia) were too expensive to do for all women in all districts. In the sub-district of Selat in particular (where my own study was conducted), the Mobile Clinic data show a prevalence of 17.2% trichomoniasis (among 290 women) (Susanti, 2000). In our interview, Dr. Susanti also told me that she is aware of the contributing factors of men’s extra marital sexual practices. From her experience of talking with her clients, she feels that such practices generally occur in relation with an unhealthy household situation. A common practice of men physically abusing their wives may create disharmony in the family, which will lead the men to make excuses for finding sexual partners outside of marriage, by visiting brothels, and coffee stalls with easy women (dagang jegeg). Susanti also suspected that polygamy, and multiple extra-marital sexual partners among villagers also play a part in STD transmission.

Dr. S.: “The situation is so complex, it is easy but also difficult. Like in Petang, they told me that nobody works outside the area. So I thought, there will be no STDs. Before, I also heard that some study on chlamydia was conducted in this area, and the data was not published. So I never heard the results. Apparently, the community is involved in extra-marital sexual affairs among themselves, it’s known as ngogo (graping) with their neighbors. So they don’t have to go far for other women.”

Q: “Mitra (affairs/mistresses)?”

Dr. S.: “Ya, they did it in their teba (back yard/garden) when one of their partners was not at home. Sometimes they tease me when I ask then, ”Doc, you just pretend not to know”. They said, “caris hiburan” (looking for amusement).”

Q: “Who said this? The women?”

Dr. S.: “Yes, the women. It really depends on our approach. If we could guyon (joke around) with them, then they will say everything. We had to talk kanan-kiril (left and right, round and around)” (Susanti, 28/5/00).
Rural economic growth also contributes to the extra marital sexual practices by men. Many villages in Bali also do well with various sources of income. There are villages known to be best on agriculture, tourism, horticulture, garment, and handicrafts. In some villages, which are flourishing economically and don't have commercial sex workers, husbands go to some far away brothels in groups by chartering cars. This kind of sexual activity is generally known and fairly common in some of the villages (Susanti 28/5/00, Taman, 1/6/00).

1.4. Village setting: Desa Duda

Geography and economy: Salak, Sand and Stone

Duda is a village located in the most eastern district of Bali, Karangasam, and in Selat sub-district. It has approximately 20,000 inhabitants, constituting more than 20 banjars. Geographically, it lies in the valley between Agung volcano (the highest mountain in Bali, 1342 mtr.), and the south hill that shields the village from the sea to the south (the Lombok Straits and the Indian Ocean). Duda is a fertile land with volcanic soil and a high volume of rain per year. The land is used mainly for rice cultivation and plantation of snake fruit (salak). Duda has been famous all over Indonesia as a major salak producer, and Balinese salak are known as the best in Indonesia. Duda is emerging as the main salak market in Bali.

The last mount Agung eruption in 1963 also brought more economical resources for the village. Sand mining and other materials for concrete and construction work in the city are also supplied from the near by areas. The mining requires large amounts of man power to work in the lahar river, to load the sand into the trucks, and also to work as drivers and assistants to deliver concrete materials to the city. The sand mining operates 24 hours a day. Commonly, the drivers and their assistants are required to wait for long periods for the loading of their trucks. Because of this resource, in Duda there are many truck owners, drivers and assistants. Besides the volcanic sand, the eruption also produced hard black volcanic stone for which makes good raw material for carving. Historically, only people from Duda carved this type of hard stone in Bali. Nowadays, with the economic boom from the tourism industry,
there is a large demand from all over Bali to build bigger and better temples and houses, decorated
with these black stone carvings. This demand is another major input for the Duda economy. In Duda
there are about 50 workshops of black stone carvers spread along the main street. Each workshop has
at least ten men working in it. In my observation, the cost of living in Duda is relatively expensive
compared to other villages in the eastern region of Bali (the poorest part of Bali). The everyday wage
of construction workers in Duda is equivalent to that for similar professions in the city. In one day an
unskilled construction worker in Duda makes between Rp.20.000 (approx. US$2) and Rp.35.000.
Meanwhile the day wage of similar workers in the city averages Rp.20.000.

Local politics: Banjar Bencingah and exploitation of women

I chose to work mainly with the community from Central Duda, adjacent to the area where I am from
in Duda, which is called Jangu. The community I worked with from Central Duda were mainly from
the neighboring banjars of Banjar Bencingah and Banjar Tengah. In fact, unlike most banjars in
Bali, these two banjars cannot be geographically separated - they overlap and their members live
amongst each other. As the work progressed, I found it interesting that all of the tukang ojek in Duda
are members of Banjar Bencingah. They are all from Sudra (lowest) caste. According to information
from lontar readers, there are no upper caste members of this banjar. Meanwhile, Banjar Tengah
consists mainly of higher caste members (Brahmana, Ksatria and some Waisya) and some Sudra land
owners.

Literally Bencingah means the front yard of the palace. All three residences of the higher castes are
called palace (griya for the Brahmana, and puri or jero for Ksatria and Waisya). Historically, Selat
(the sub-district) was one of the small kingdoms in east Bali. Then the region was ruled by the
Ksatria with authority and wealth, the Brahmana by religious power and wealth, and the wealthy
Waisya. Duda, as one of the villages in Selat, also had its high caste rulers. In Duda, there are two
palaces of the Ksatria, called Puri Delod (the south palace) and Puri Daja (the north palace), and two
Waisya palaces called Kanginan and Kawan (East and West). Meanwhile the Brahmana’s palaces
are all over the village. Prior to this study, it never crossed my mind to question why so many of my
Sudra caste childhood friends from Duda have blood relatives among the Brahmana, Ksatria and
Waisya castes. During the study, I found out that all of the members of Banjar Bencingah are the followers of the higher castes. Every palace has numbers of followers. In the past, the followers were called people who “submitted their lives to the higher castes” (matungguang awak). These people became followers for many reasons. A common reason was the inability to pay their debts and so they sought refuge and safety with some influential figures. Only the members of the three higher castes could provide this kind of protection. In return, the submissive, low caste people were granted a place to live in the palace area and used as servants (pengayah). The main landowners in Central Duda are of Ksatria caste.

According to Taman, the pengayah were subjected to mistreatment both within and outside of the palace grounds. Pengayah puri (palace servants) were seen as lower than ordinary peasants. One of the mistreatments was sexual exploitation of the women pengayah by the higher castes in Duda. Many of the pengayah women were also subjected to illegal marriage type relationships, living with men without any legal or formal religious marital procedures. Therefore there are now many Sudras in Banjar Bencingah with high caste fathers. Being sexually mistreated by the masters, the pengayah women were also seen as women who could be bought by anybody with money. The increasing number of the pengayah within the palaces’ grounds, including the children resulting from the relations between pengayah women and higher caste men, lead the three higher castes to form Banjar Bencingah to accommodate these people and their descendents. This happened in many places, not only in Duda, and everywhere these banjar are named Bencingah. Up to this present day, people from Banjar Bencingah still endure this stigma. For example, if a woman from Banjar Bencingah married a man from another banjar, she has to be spiritually purified (prastita) with special offerings. Such a ceremony is a sign of disgrace, that the woman is not considered equally spiritually human. Or if a woman married into this banjar, then she was considered as degrading herself and she may be cast away or disowned by her family. In practice, it’s plain to see some consequences, such as the people from other banjar refuse to take any of the wedding cake from married couples associated with Banjar Bencingah.

Break-ups in relationships between men and women in Duda have never been a taboo concept. In the past, the women had the power to decide with whom they wanted to live together for economical
reason and closeness with the power holder, the Brahmanas and Ksatria (two upper castes). However, the nature of relationships has been shifting from these types of illegal arrangements to formal marriages under the Indonesian law. Under this law, I found that in Duda, men are now holding the power to determine the relationship. Men are openly able to have extra marital sexual relationships. However, there are no more women who have changed husbands more than three times, freely picking up men for the next partner. Some informants mentioned that extra marital sexual relationships could be the cause of separation or divorce these days.

The marriage law from the Indonesian government, supported by the Hindu religious authorities in Bali, disregards all local (village based) customs. It has strongly enforced from the beginning of ORBA (New Order, since 1966). Since then, the various forms of upper caste men's patronization over lower caste or pengayah descended women has declined. It resulted in some changes in Duda. Among other things, there are now fewer astra (illegal children from mixed castes relationships), and fewer sexual affairs between higher caste and other village men with women from Banjar Bencingah, who are considered not as spiritually clean as people from other banjar, according to my aunts and uncles. Having any sexual relation with them, especially if it forces one into marriage, will degrade one's spiritual status. Men from higher castes and non-Banjar Bencingah members started to look for partners from their own castes, their own banjar or other villages.

Nowadays, the descendants of the pengayah in Banjar Bencingah have to do any kind of work they can find, since they don't have any capital to start a business with. The majority of them start with cockfighting. As there are many other activities associated with cockfighting – card games, ball games, trading around the arena, rooster handling (e.g., tying the small dagger to the rooster’s leg and handling them during the fight when the owners can’t do it themselves). One respondent told me the following:

"Before I didn’t do anything. As you know, most of the people from Central Duda, we earn our living from tajen (cock fighting). I had a motorbike, so I thought I could use it to make money, so I decided to work as ojek [motorbike taxi driver]. ...None of the people in Duda has inherited any land. In Duda, only the higher castes own the land. Some work on other people’s land as tenants. Even the land where the houses stand are not owned by the people, but by the Ksatria caste. We are only allowed to stay there, and build the house. All the land in Central Duda are owned by Ksatria."
Thanks to the ojek work, we now have access to some additional family income.” (J, 4/6/00).

Other respondents confirmed this lack of capital and income among the residents of Banjar Bencingah. When I asked about his experience as a gambler and cockfighting fan (bebotoh), another respondent said, “Bebotoh from Duda, most of them go to tajen (cockfights) without money. So in tajen they will ask to borrow from anybody to start with” (Y, 9/6/00).

In the late 1970s to the late 80s, two high ranking public Brahmana figures were from Duda – the governor of Bali and the director of Bali Central Bank (BPDB: Bali Development Bank). During this time, many people from Banjar Bencingah and other parts of Duda sent their children to the city to study. They were sent to live in the large households of the two successful local Brahmanas and other upper castes, to study and also to serve (ngayah), as their older generation did to the higher castes in the village. The upper castes provided them with free places to stay and food and this also lead to future working options through connections. However the parents from the village always visited with monthly supplies and money for the children. And in the village, the parents also acted as servants for the high caste relatives who lived in the village. The parents were required to work on the land of the higher caste villagers, and to help with all religious affairs. Meanwhile, according to one of those who had this experience of living in the city in the household (known as Geria) of one of the rich Brahmanas, they also had other reasons for living in the city. “For those who lived in the city, I think 90% are like me,” he said, “For example, A and B used to live in Geria. If you lived in Geria, and were from Duda, then your agenda is only keketo.” (R, 2/6/00). Keketo means “that thing”, referring to relations with easy women or prostitutes.

**History of STDs in Duda**

Historically, since the 1950s and through the 1970s, Duda has had outbreaks of STDs. I was told specifically about more than twenty local cases of what is known as perana disease (genital disease). The elder villagers suspect that the disease was caused by the men’s mobility due to cockfighting, rural-urban travelling tradesmen, the tour of the local traditional music orchestra to other islands (Lombok and Java) in 1930s, and also the availability of local women offering “free sex”. In the past,
many women from Banjar Bencingah in Duda were famous for having many sex partners. One of my senior informants spoke with me about this:

"...Wherever the Banjar Bencingah is, they always have a high prevalence of this disease. In this banjar the term 'free sex' was really happening... Those women, if they want someone, they will marry this guy, even though they already had another husband. So they had a husband or pemitraan (partner), but any man could add up to her collection of partners, and the existing husbands couldn't do anything about it. The power was in the women's hands. So these women had many men. They were free. If for example a husband was mad at her conduct, she would just send him away. "I want to be with this man," she will tell him. If there was a man who wanted to pay her more, naturally she will go with that one. Money was the key. Whoever had money, then they could have her." (Taman 1/6/00)."

Local commercial sexual practices were well recognized by the community in Duda (and also sub-district Selat). Now and then during preparing the offerings for my son's 210 day rite of passage ceremony, the older generation of men and women in my village (Jangu) chatted about this. They referred to some male characters in the past as "stick in the dark" (tungked peptengan), a local label for men who liked to have indiscriminate multi sexual practices (see Chapter 5.1, re: transmission). Some villagers are also familiar with other "slang" expressions associated with perana disease, such as "strung up in bed" (meganzung), and "grinning at the wall" (ngejitin tembok) from the pain of trying to urinate (see Chapter 4.2, re: metaphors and imagery). They know about this by way of the past experiences of male friends or relatives.

In the neighboring village of Selat, in the 50s, there were sisters famous as the "golden pubic haired women" (teli mabulu emas). These women were famous for their wealth acquired from commercial sexual practices. Many Ksatria men from Duda lost their money and land by giving it to these three sisters as described by two respondents in the interview excerpt below:

PK: Yes that lady who was famous with the name golden haired vagina (teli mebulu emas). I heard stories from a man who heard stories from another man who had sexual relations with that lady. She is dead now. This guy was telling the story during rembuk-rembuk (a hanging out session)... I saw [that lady] when she was already...80 years old. She didn't have children. She was very rich with land and fields.

Taman: The story that she was the lady with golden haired vagina was because of her wealth.

PK: When there was a marriage ceremony, we went to visit the married couple. So there we talked about how marital relations... So the talk then touched the subject on
sex, then the older people came up with the information about sex in the past... about extra marital sex (memitra)... about this particular lady and her two sisters. The older people talked about their sexual experiences with them. And about the life of gambling, she was famous as a person that men could borrow money from. She was so beautiful, so many men were attracted to her. Anybody could sleep with her as long as they could pay for it.

Q: There was no element of force?

PK: Not that I heard. Because she was so beautiful, so it was so expensive to sleep with her. Probably a night or some nights in a row she had to be paid with golden coins. And the longer the men wanted to stay with her, I heard it that she demanded land certificates.

Taman: ...the golden lady in Selat, she was very famous with her black magic power (leyak). I remember my uncle used to say, “that lady is so powerful, so many men have knelt in front of her” (dadi cundang/loser in the battle). I remember it very well when my extended family (Ksatria Caste) decided to fight her with magic too for the reason that so many of our family had been defeated and lost their possessions to her. So then, a male dukun was invited from Sidemen to fight her. Now, her family is one of the richest with land in Selat. (Taman and PK, 21/6/00)

Nowadays, with the economic development in Duda from salak fruit, stone carving, and the mining of construction materials, men have more money and time to spend on entertainment, such as cockfighting (tajen) and gambling, and drinking. From some of the interviews, it was clear that these events in Duda also play a role in men’s extra marital sexual practices. In Duda alcohol consumption is seen as a contributing factor of men’s visits to brothels. There are two palm wine (tuak) and local spirit (arak) drinking groups in Duda. Two of the interviewees indicated that cockfighting fans and tukang ojek sometimes get a bit tipsy in the drinking stalls and end up visiting the nearby brothel, 15 km away from Duda. (see Chapter 3). The opening of the biggest salak fruit market (pasar) in the village at 1:00am, while it is still dark, is also a concern among the villagers for the possibility of sexual disease transmission (see Chapter 5.2).

From an interview with the local male nurse who has been working in Duda and the neighboring villages for 25 years, I also learned how common extra marital sexual relationships are among male and female villagers, and how polygamy contributes to this. In his practice hours, he had some visits from women who had co-wives and had been sexually neglected by the husband. These women came to him either seeking abortion or for symptoms of genital discharge or pus. This nurse told me that women with co-wives are very prone to commit extra marital sexual relation. Unfortunately,
most of the men that these women found in the village to have an affair with are the ones who regularly practice extra marital sex, including visits to brothels. The nurse described some cases:

For example I know one woman [who came to ask me for contraception] the injectable method (depot provera). She was married to a guy who had many other wives. I know the husband didn't really pay attention to her. She came to me asking for contraceptive injection with a reason that she wanted to increase her body weight. What should I do, should I reject her? She is legally married. And I think it is her right to have some hubungan (sexual affair), because she is only human. With this woman, I know her family situation and I also know who she saw at that time.

Oh ya, I have an interesting case of people coming for abortion help. A married women came to me to ask for help for an abortion. When I asked her why, she said, "I will be dead if they find out that I am pregnant". When I checked her situation, I found that she had other co-wives, and her husband probably never had any hubungan (sexual relations) with her anymore so she had to look for some [sex] outside [marriage]. So I told her to go to the doctor. Now I know that she doesn't have a child from that pregnancy. I think we in Bali are so hypocritical with this situation. What I said is the reality but nobody wants to talk about it openly.

...One male patient told me that he never went for keketo [that type of thing]. He mentioned that he only did it at home with his wife. So I asked him to bring his wife to check up with me. When I asked her if she ever had some illness like this, she mentioned that she had, an illness which made it hard to urinate. So I told them that both of them have to be treated and take the medication.

It was so difficult to deal with this kind of disease. I didn't know how to tell them that they had a sexual disease. If I told them honestly, they might disappear and not come back for the follow up check up. And I was also afraid what I said might create problems in the family. The women might be left by their husbands, especially in the case of polygamy. Or the women might leave the husband. (I Getas, local nurse, 10/6/00)

Apparently it is well known that both women and men have affairs, and the local nurse also described how young village men go to look for girls in the city (see Chapter 3.4):

What I know in this village, so many of the young men went to the city to look for cewek and when they got back here to the village they had sex with the local women, wives or girlfriends. No men will admit this if we ask them directly, but we live in the village together, we know everybody's business (I Getas, local nurse, 10/6/00).

The increasing availability of pornographic materials in Duda is another growing concern for most of the elderly. In Duda and also other villages in Bali, video CD rental places provide pornographic discs for certain members. However, almost every young man in the tukang ojek (motorbike taxi driver) base knows how to get this material (see Chapter 5.2, re: prevention).
CHAPTER 2: Methods

Note: The native anthropologist

First I need to give some explanation of my own position as a “native anthropologist,” doing field work in my own home village. I was born and brought up in this village when I was a small child and have regularly visited during my life, as this is where my parents, uncles, aunts, and other relatives and childhood friends live. However, I have lived away from Duda in the capital city of Denpasar, since I was six years old, staying with uncles and aunts while I went to school, and subsequently living in a rented room in Nusa Dua, a tourist resort area, while I went to college and also worked at a hotel, for 3 years. After this, from 1991 to 1996, I worked with an AIDS prevention organization, as an outreach worker, trainer and drop-in-center manager, and in 1998-1999 I worked as founder/director of an organization for harm reduction or AIDS prevention among injecting drug users. Therefore, I have had extensive working contact with “target groups” for STD/AIDS information distribution, such as construction workers, “gigolos”, gay male sex workers and female sex workers, street youth, and substance abusers, among others, and I am experienced with talking with all types of people about sexual issues and behaviour. Thus, it should be made clear at this point that I have my own prior knowledge both from my work experience and from my position as a Balinese male growing up in both rural and urban areas, about sexual matters and how they are viewed and talked about in Bali.

In coming back to my village to do this field work, I was forced to confront the aspects about myself which would define my status and acceptance in the village, and maybe affect my work. I have always been somewhat of an unusual case in the village, as the son of the only divorced couple, since my parents divorced the same year I was born. I was coming back to stay in the village for an extended period (one month), which I had not done since I left as a small child. Also, I was coming back to Bali having lived in Europe for one year with a foreign wife and our baby, which the villagers knew about since we held our wedding there more than one year before. In some ways I needed to reacquaint myself with the village and my friends, relatives and acquaintances there, and the village way of life, with the aid of my father, I Cenik. This process of re-familiarizing myself with the village influenced the exact methods I used for my fieldwork, including incorporating the ideas of my
key informant and other people about the selection of respondents and how to arrange and conduct the interviews and discussions. Therefore, some of my findings, during the observation period and my early informant interviews, are necessarily described here in the Methods section.

In terms of my manner of communication as a native anthropologist in this village in Bali, I found myself developing a particular style, a manner of conducting myself and conveying my intentions and my sincerity, both verbally and non-verbally. A very polite humble tone and choice of sentences, and a natural smile of sincerity were part of this style, which came about naturally. These were important gestures to show the villagers that I was serious, and to show my humility about my lack of knowledge about the recent village situation, since I have not lived there. I often referred to what my told me on our first meeting in Denpasar: It is important to give a sincere impression that you acknowledge their importance and knowledge. Finally, all interviews, discussion groups and participant observation were conducted in my mother tongue of Balinese, including three levels of address, high (polite), middle and low (familiar), with use of some Indonesian terms commonly used now in Balinese.

2.1 Arrival and Adjustments

The short period available to conduct the fieldwork in Bali came to an end with both successes and failures. I personally suspected it was an impossible task to do. Various difficulties arose, which affected my fieldwork plan and approach, my schedule and my informants, but in the end did not limit my ability to attain sufficient data.

First, my fieldwork was delayed due to my baby son’s need for emergency hernia surgery a day after we arrived in Bali. We were forced to stay with relatives in the capital city of Denpasar (over 60km from the fieldwork site, more than 2 hour drive) for the first 10 days for my son’s recovery.

More importantly, I found out that the field (my home village in eastern Bali) was already different from a year before. During my proposal writing in Amsterdam I didn’t know that my extended family members in Bali had become split in their opinion about some ancestral issues and recent
illnesses in the family. Recently two uncles, two cousins and one niece have suffered from some intestinal illness. It is suspected by parts of the family that my father, I Cenik, and his wife (my stepmother) and her brother have used witchcraft to cause the illness. I became personally involved in the situation when we arrived and my baby son also had his serious intestinal problem. Witchcraft is a very serious and personally devastating accusation in Bali. I did not believe it, but managed to distance myself from the main issue and avoid making enemies of those who believed the accusation.

During the first 10 days in Denpasar, those family members who believed the accusation, were strongly opposed my intention to work in the village and take my son there. They feared that the first grandson in the family would suffer further illness. This whole situation had significant impact on my plans because of my intention to work in the village and to work with family members, specifically to recruit one of my uncles, I Ketut, and my father, I Cenik, to be key informants. Both of them are very respected manuscript readers in the area. However, I found that they were on opposing sides of the dispute.

On my arrival, I was expecting that my father and aunts and uncles from the village would come to see their first grandson, especially since we had to take him to the hospital for 24 hours. I also hoped to talk about my research plan. However, due to the dispute and my earlier decision to stay with relatives in Denpasar who had taken sides (against my father) in the dispute, nobody came for a few days. On the day we returned from the hospital, uncle Ketut arrived to see my son. During his visit we talked about the possibility of he and my father helping me to conduct my fieldwork. I mentioned my intention to do some interviews with some of his lontar (old manuscript) readers group, and I specified that my study goal was to explore the rural men’s perception of STDs. However, he avoided the topic, saying that the coming five weeks were busy for him. He had just been appointed the clan leader, and he had his first assignment - to write down the clan temple rules. Therefore, I realized that my uncle did not feel comfortable to help me, and I put all of my hopes on my father, who has strong connections with another lontar reading group.

Finally, four days later I Cenik showed up to see both of his grandchildren - mine and my younger sister’s babies. Initially, he said that he wanted to clarify the date of his grandson’s 210 day rite of passage ceremony. However, I told him I was not really interested in talking with him about religious
ceremonies for my son - I had already decided how to deal with the ceremonies in collaboration with my cousin and the ceremonies for his daughter, my niece. It hurt my father's pride not to be asked to host separate ceremonies for his first grandson (my son), and the situation was tense. However, I mentioned that my plan in coming home was to do field work for my thesis. When he saw that I was serious, he sincerely offered his help in anything he could do, saying, "What can I do for you in relation with your study?" (Nah, apa dadi ane bapak tulungin unduk pelajahan caine?).

2.2 Key Informant

With this offer, my father, I Cenik essentially agreed to be my key informant and assistant. I immediately tried to explain more to him about my intentions. It was difficult to find words at the beginning to mention the topic of STDs. I started by asking if he still remembered the Kaki Pucung rhyme, the one he used to teach me when I was small. So I sang it again for him:

\begin{quote}
Kaki pucung manumadi dadi kaung,
Grandpa Pucung died, reincarnated as a male boar,
\textit{Sai kaundangan, maan baas pipis.}
Frequently, he is invited to inseminate, paid with a lot of money and rice,
\textit{Palit lisik bungute mausam-usam.}
Mouth full of food, but the penis is damaged
\end{quote}

(Folk-song from village of Duda, Karangasem, Bali)

For a while he was silent thinking about the rhyme. Then he asked me what was the relation between the song and the study. He finally got the idea when I mentioned that the last line of the rhyme has some relation with my study. "I never thought that this rhyme would have some value to be studied, I almost forgot about it," he said. I asked him further if it would be possible to talk about the theme of the rhyme with his manuscript (lontar) reader friends. He said, "It won't be any problem". He said he would ask them to meet with me and that he was sure that they would be pleased to help. He also assured me that he knows all the \textit{tukang ojek} members, the local "motorcycle taxi" drivers. "One thing that you have to do is to come over and say that their help is needed (tulunge lakar buatang)," he advised me.
It was an advantage for me that I am from the village where the study was conducted. Despite the delay for my son’s operation, and the family dispute, somehow the situation in the village was still conducive to start the observation. Apparently, the unfortunate circumstances helped to open up the paths to find the right first key person for the study. The number of relatives who came to and from the village visiting my son in the week after the surgery was serving as a media to distribute the information about my plan to come home to do a small study. There are 10 of uncles and male cousins who are capable of helping to contact some key informants and core informants. It was I Cenik then (my father) who first understood the context of the old rhyme in the community. Adding up to his understanding, he was the one who came up with an interest to know more about what the rhyme had to do with my study.

From the time I wrote the study proposal there were always doubts about how to talk about STDs with I Cenik, whom I had already identified as a potential key informant. The matter of immorality, asking the elderly about something they can’t speak of, is very sensitive, for there are no suitable (fine) words to discuss immoral issues (Taman, 28/5/00). However, advantages were there for researchers who have strong hold of the field in terms of relatives and friends. In my case, I had all those advantages on my side. I have a father who told me “I want to help you because you are my son, firstly, and also I want to learn about what you are doing, secondly” (Cenik 28/5/00). I also have many relatives – uncles, aunts, cousins, brother, second-cousins and so on - still living in the village where I conducted my study. The relatives collectively filled the function of spreading news of my arrival and my general intentions (e.g. doing research, collecting data) to people in the village before I came, and preparing a room in a house to stay in, and other daily assistance during my fieldwork. My family is known to everyone in the village. My old friends were as helpful as my family. The fact that I spent the first 5 years of my life in the village, and regular visits since then, means I have friends throughout the village. In the end, I mainly worked with my father, my childhood friends and my father’s childhood friends.

It was a relief to hear the interest from my father, whom I will call by his name, I Cenik, as in “I also want to know about what you are doing”. It was from this that I found the courage to break the
barrier of awkwardness to ask him about the issue of STDs. I referred him back to the last line of the rhyme ("Mouth full of food, but the penis is damaged"). I asked him a few questions:

1. Would it be possible to study the topic of men who had experiences like Kaki Pucung in the rhyme?

2. Will people talk about things related to genital diseases (penyakit kelamin)?

Indeed, I Cenik thought about a local way to get the topic discussed and about how to make people talk about it. He quoted the Balinese philosophy that things have to be discussed in the context of "place, time and circumstance" (desa, kala, patra). "And in addition to the philosophy is language - how to pack the message (bahasane apang makuliti/the language has to be wrapped with manner)," he and his friend, Taman, added (28/5).

I realized that finding the right key informant on the first week was the biggest step during six weeks field work. I Cenik is well connected with the two different groups of community members I was aiming to approach. He has his lifetime of experiences dealing with all kinds of gambling – cock fighting (tajen), dice type of gambling (kocok, kompyang), rolling ball type of gambling (bola adil), and other card games (ceki, domino, etc.), and also in the village he is one of the senior Balinese manuscript-reading teachers. He reads with a group of friends, lead by his friend Taman and himself, and the group is known as "the people who know" (anak ane nawang), due to their reading. The manuscripts contain religious teachings that underlie the Balinese way of life. It is written and spoken in old Balinese and old Javanese languages that most Balinese don’t read and speak. Naturally, the reading group don’t go to the gambling scene (Taman 28/5) to avoid an ambivalent judgement from the larger community. However, as an individual, I Cenik is still a fan of cock fighting in the village. His hobby – so he calls it - gives him access to groups in the community who are fans of all kinds of gambling, including the tukang ojek, the motorcycle taxi drivers. Therefore, my choice to use I Cenik as the first key informant was right to serve the purpose of access to the target community.
2.3 Participant Observation

Participant Observation in the General Community

During the participant observation period, it is important to introduce to the community some general ideas about myself and my intention to stay in the village for a few weeks, and that I am studying. It is important to be as open as possible, both for ethical reasons, and also for better data — the community will be more open with me if they feel that I am honest about my intentions. However, more detailed information about the topic of my study had to be introduced later and differently with each group or individual. The role of the key informant in this process was significant. The news about one of their village members who studied abroad and wanted to stay in the village for a month traveled fast through in the village (partly due to news that I had a foreign wife and baby). My plan to stay in the village for a month created curiosity among villagers since usually any villagers who left for a long time would never come back to stay for more than a week.

Living in the village with some touches of western lifestyle — e.g. using a cool box to keep milk and other food — had me doing extra errands than the rest of villagers. My routine of buying ice every morning at 9 or 10am — the time when the villagers were taking rest from their very early work (from 3 or 4 am), gave so many opportunities to socialize. Some villagers were just coming back from the market and some tukang ojek were taking their break in the coffee stands (warung) which I passed on my way. After 5 days in the village, the villagers were used to my presence.

It is customary to “ask and answer questions in the street” (mecapatan) about your comings and goings. There were two usual answers I learnt to use, as suggested by I Cenik. First, “I am going there/here” (merika/meriki) without specifying the direction or place to go. And second is “just to hang out” (nganggur). According to the discussion with the lontar readers at Taman’s house, giving unspecified answers to people is based on the consideration of the visible and invisible worlds (sekala and niskala). It was important for other people to get some answer in the visible world, for the sake of social courtesy. However letting many people know where we were going or what we wanted to do might invite bad wishes from others (keneh jelek). The bad wish may be sent via niskala in the form of black magic to ruin the agenda (Taman and I Cenik 28/5).
Apparently, the two answers we mainly used were very well suited with the local political situation in Duda. A long dispute (since the anti-communist massacres in 1966) between the Brahmana (priestly) and the Ksatria castes in Duda has split the whole community into several factions. Here it will be sufficient to say that the dispute is based on the fact that the Brahmana have always held the political power and been the main land-owners. Taman, my father's friend, and co-head of the lontar reader group, is from the Ksatria Caste. He was involved from the beginning of the dispute. He is not popular among the Brahmana in Duda, or with other Ksatria who later took sides with the Brahmana. Most of the tukang ojek sympathize with the Brahmana side. My extended family (and most of the villagers) are not of caste, but most of my family are close to Taman because in the past he has protected us from the Brahmana. The Brahmana had ordered the villagers to work for them (unpaid) building a large house, and my family refused. The Brahmana powers had my family expelled from the banjar, the community organization, and even threatened to kill us in 1967, and Taman provided my family with bodyguards. Even now, in the village of Duda, to be seen communicating with somebody from a rival faction leads to rumours and affects your ability to communicate effectively with the other factions. Therefore, rather than answering questions in the street about where I am going specifically, it was very useful, for example, to just be able to answer, "I'm going over there", rather than, "I'm going to see Taman".

Participant Observation Among Lontar Readers Group.

My uncle Ketut's reluctance to participate in the study, leader of a lontar-readers group, was related to the dispute between Brahmana and Ksatria. My original intention was to work with both lontar reader groups in Duda, Ketut's and I Cenik's. However, Ketut's group (although Ketut is my father's brother) is closely affiliated with the Brahmana, while I Cenik's reader group is associated with Taman, the Ksatria, and has a "gray" (unclear) background (latar belakang abu-abu). Certain people in I Cenik and I Taman's group were infamous as cock fighting fans, rebellious in their youth, and for their radical interpretation of lontar. Their interpretation of lontar raises questions about the power over religious matters that is held by the Brahmana.
Besides the political sensitivities, my original intention to work with two groups who did a similar thing (lontar readers) was sensitive for other reasons. Another uncle mentioned that to compare two groups’ information might be seen by both groups as trying to stir up the situation (ngadukang). Ketut, I Cenik and Taman had a long history of working together until Taman and Ketut had a dispute. I Cenik remained close to Taman. With this on-going local political dynamic, I had to choose only one group to work with. In doing this, I had to consider that I needed my father as my key informant. There was also the consideration that I Ketut had told me he was very busy this month, that he had seemed uncomfortable with my request to work with him, in addition to the fact of the previous dispute with Taman, and the on-going family dispute (described above in section 2.1). Therefore I made a preliminary decision to work with I Cenik and Taman’s group, instead of Ketut’s group, given that I must accept that am not politically neutral, as the son of I Cenik.

Taman and I Cenik’s group consists of many people who were marginalized by the larger community for their conduct in the local political arena. Taman himself with 15 other people were recently dismissed from their memberships in the big traditional community organization (banjar). Taman has been notorious in challenging the power of the Brahma caste in every aspect of life in Duda. His house became a headquarters for young men who got frustrated by the Brahma’s authority in distributing jobs among villagers. For ten years from the late 70s and 80s, Bali’s governor was from Duda, and he was a Brahma. During that time the Brahma in Duda enjoyed unlimited authority to play political games. There were a number of Banjar break-ups. Both Taman and the Brahmanas were always involved. For the last 30 years there have been both silent and open fights between the two, the Brahma always came out with bigger followers because they could afford to find work in the city for the villagers. Meanwhile, Taman was only an elementary school teacher who had two illegitimate sons with a lower caste woman (a common law marriage), a daughter who is married to a lower caste man, and his oldest son from present wife (with the same caste) was known to be a regular visitor of brothels in Java and Bali, and finally his other son from the present marriage was an activist of a local AIDS prevention NGO.

Taman was informed by I Cenik about the study plan to find the reflection of the “Kaki Pucung” rhyme in the community before the first meeting. At the beginning of our first meeting during the
observation period, Taman uttered his confusion over the study goals (tetujon melajah). He himself came up with the interpretation of I Cenik’s message that there could be two goals: 1) “the need to have the readers interpret the rhyme and other similar folk songs and manuscripts”; or 2) “to have a dialog with other lontar readers with a theme of genital disease” (Taman, 1/6). Hearing his opinion that discussing about some rhymes, folk songs and manuscripts would not bring out enough information on the disease, I then asked him how to run an informative dialog about genital disease in such a group. At the end of that meeting on 1 June, Taman said that he would think of how to bring up the issues of genital disease (for which he suggested the term Perana disease) with the group, and in the meantime we should meet often so that he could hear all about the study goals.

Taman’s invitation to meet often “in the village way” (to meet with or without appointment) in his house (5 minutes walk from ours) opened up opportunities to do observation and discussion with other reading group members who happened to drop by. The group members come to Duda from all over Karangasem, the district of east Bali, with different intentions. Some drop by simply because they have been caught in the rain (membon) while near to Taman’s house. Age difference was one issue which gave some obstacles for me to ask the group members about perana (genital) disease - all 10-15 members are younger than Taman, who is in his mid- to late-60s, but still older than me (age 31). Taman was very aware of this and other obstacles, and always made an effort to help me as much as possible. If I was there when some reading friends came over, Taman always introduced me and then tried to involve them in a discussion of perana disease, mainly starting by asking if they have heard of it. Also, he would invite me over from my house via messenger if some of his group members showed up.

Taman also thought that to start the conversation and to explain about something called “a study” would be difficult for a stranger like me. He agreed to become the person to bridge the age, unfamiliarity and sensitivity gap between me and his group members. During all meetings with his group members, Taman always introduced me as the son of I Cenik who did study on perana disease in the village of Duda. The introduction was then followed by I Cenik pleaded to his colleagues that their help was needed (kabuatang) for his son as “something to take home” for study purpose (beke luas). None of the meetings with Taman’s group which I attended were ever used as a reading
session, but rather as a discussion forum about *perana*. They also had a lot of questions for me about life outside of Bali, and I was happy to return their help with some information about my experiences. Taman stressed it very often that the reading group meetings may serve as a discussion group for any kind of issues or information exchanges.

**Participation Observation in the Cockfighting Arena**

Before moving to the village, I made one preliminary visit on the day of a relative’s wedding. There was a small event of cock fighting - about 50 people - outside of the wedding ceremony arena. Indeed, I had expected there would be a cockfighting event. I found that some *tukang ojek* from Duda Central were also participating. Being a male guest in the wedding ceremony it was natural to take part in the associated events, and one of them is cock fighting.

The cockfighting arena was a good opportunity for some effective socializing. I was very aware that I would be questioned about why I came back to the village. Indeed, there were questions about my baby, about life abroad, and about my plan to stay for a while in the village. To answer the last question was difficult. It was not a matter of stating some sentences of my study goal. A “local answer and a local way to deliver” were needed. It took some time to convince some of the villagers with an answer that, “I’ll be here to learn how to live in the village”. The villagers probed for more explanation, but in that arena, it was not yet the moment to mention the topic of STDs or my intention to do research. Bringing up the fact that I only spent first five years of my life in the village satisfied them, and it was true that I wanted to re-learn village living.

Besides having general social contact with the villagers, the objective of the observation period lead me to also approach people in different ways most conducive to getting information and identifying informants. For example, I had would leave the actual cockfighting arena to stand on the roadside near the entrance in order to be noticed and be approachable for any “person to be learnt from” who was about to enter, and to give me easier access to the people if I wanted to approach them in a less crowded area. Also, to show my sincerity and humbleness with my lack of recent knowledge, during
some conversation with the villagers in the cockfighting arena, I asked some questions about the betting system, the characteristics of roosters and also the general rules.

In the case of the first observation on the day of the wedding (28/5), some of the tukang ojek who came to gamble at the cockfight in Jangu had already heard from the key informant about the intended study. Some tukang ojek questioned me, “I was told that you will need me some of these days”, or “I heard you came home to look for data”. I was not sure how the key informant had introduced the subject of “research” and “data”. It was worrying initially to know that people had been pre-informed about this, and not only about my intention to come and visit, because the image of research and data are somewhat suspicious among the villagers. Apparently some of the tukang ojek and other villagers had some experience with studies conducted by the government during the New Order (1966-1998). I had emphasized to my father not to say too much about my intentions in the field. I wanted them to hear it only directly from me, in my words, using my methods. However, I later found that my father had only mentioned the word “data”, without mentioning my topic, or explaining the meaning of my intention to seek “data”.

**Participation Observation Among Tukang Ojek**

The tukang ojek base (areas where they wait for passengers) was about 15 minutes walking distance from my house. It was a small hut with four concrete pillars near to a main T-junction in Duda (with the road to Pegubugan). The T-junction where the base is located is a public transport stop for passengers going to northern Duda. I mainly walked to the base. On the way, very often other villagers stopped me simply for some conversation. The conversations were mainly exchanging information. There were very useful for gathering some more information about the current gossip in the village, entertainment, or national politics. From their side, the villagers would ask me about the prices in Holland, what was it like to be on an air-plane, if there is rice to eat abroad, and so on.

The participation observation among tukang ojek began after one of them came to my house to be interviewed because he had been told by the key informant (I Cenik) that he was needed (kabuatang). This particular interviewee during the interview mentioned that basically all tukang ojek had known
about my intention “to learn how to live in the village”. And invited me to hang out (ngangur) at their base anytime. When I first went to hang out with tukang ojek, they made jokes about my idea of “learning to live in the village,” saying it was nonsense and a useless thing to do. Even with the invitation from the tukang ojek leader and other senior members, it was awkward to be there, trying to claim some space to sit. For more than 5 minutes the other tukang ojek gazed at me with suspicion. I tried to look around to recognize any faces from my childhood, but I did not know any of them. The tukang ojek who happened to be there were all younger than me. I first broke the silence by asking if any of the members there had seen some other tukang ojek members whom I knew, and they answered. My confidence and ability to give acceptable answers to all their questions helped to break the ice and feel comfortable to stay and smile. These members knew me, and had heard about me (as the son of I Cenik, and about my marriage to a foreigner) so they began to ask me some general questions about my family.

During my sessions of “hanging out” in the tukang ojek base, which sometimes lasted 2-4 hours, they kept on mentioning that their life is “too simple but difficult (gampang-gampang sulit)”. They meant life is simple (gampang) since they only had to wait for passengers, who were usually dropped there from public transport, and them take them to their destinations. It was difficult as they said that the income from ojek is only sufficient to cover daily expenses.

In the morning observation, tukang ojek were busier than at other times. This is because people came from the market and needed to get back home as fast as they could. The tukang ojek generally passed their time waiting for passengers by talking without any specific topics (“ngomong kangin-kauh”/talking east and west - Joni and Gelur). As if everything and anybody that moved near their base was meant to be a topic of discussion. When any young and known as easy or “bad” girls (nakal) passed by, some of these tukang ojek yelled “fuck you tonight” (katuk nas ne nyancan) and the others cheered with whistle and whoops. In front of the ojek base, there were always rows of more than five fighting roosters in their bamboo cages, owned by one of the ojek members. Most of the tukang ojek patted and talked about these roosters and other topics. There were also friends of tukang ojek (besides passengers) who came to the base. These friends also determined the topics of the talk. Some came
with the news of a cock fighting event, some others talked about other types of gambling, or last night's soccer result (from the on-going Euro 2000 championship).

It was particularly interesting when some of these friends were more senior than the tukang ojek themselves. It seemed that the younger tukang ojek submissively let the senior ones determine the topic. For example, one day a senior and higher caste man, a regular visitor to the base, came over and brought up the topic that 90% of men in Duda were having extra marital sex relation when they went to the city. With this initiation, the rest of younger tukang ojek started to mention the villagers they knew in that category. The presence of an authoritative figure in the base made me decide to interview one of these senior tukang ojek.

It also turned out that my time spent hanging out in the base provided an opportunity to confirm information given during a previous interview with one of their members. While the tukang ojek waited for passengers, they talked about friends and fellow ojek members, as well as tajen and other gambling events. I didn’t have to ask for information about individual people since the tukang ojek regularly talked about each other in a form of gossip. It took almost five weeks before I felt that they were comfortable to engage in this type of gossip in front of a relative stranger like me.

However, the tukang ojek were resistant to accept anything from me in return for letting me to hang out and talk with them. The plan to buy coffee or cigarettes for them did not work. Most of the time during the sessions, some coffee and snacks were provided by the tukang ojek. They said, "you are not home often, and it is just coffee, maybe some day you can offer us something bigger".

2.4 In-depth Interviewing

Sampling
I found that a combination of two purposeful sampling techniques – extreme case and typical case sampling - was the appropriate sampling method to be applied in Duda. With regard to extreme case sampling, in the village there were two extreme groups of men that I assumed would have different
ways of communicating about the issues of sexuality, STDs, promiscuity and other related issues. The _tukang ojek_ group communicated the issues free from any linguistic and social norms. The members of this group had ages ranging between 20 to 40 years. Meanwhile the _lontar_ (manuscript) readers group, ranging in age from 40 to 60 years old, spoke under social and linguistic norms. Concentration on the two groups—each with 5 to 10 members—produced sufficient information on how STDs, sexuality and extra-marital sexual relations were communicated at the different levels. The two groups interacted in the general community through the social events, such as temple ceremonies, cockfighting, etc. It will be interesting to figure out how they make their influence on the public perception of STDs, sexual behavior, and treatment seeking.

The typical group included three people who spoke about their experiences with symptoms such as pain on urination and pus from the penis. I brought up the issue of how these three people experienced having STDs, in terms of how they sought treatment, communicated about the illness or whether they felt any stigma from others villagers. The key informant also provided comparison information.

In addition, meeting with the local health practitioners was essential. Two medical practitioners provided information on numbers of STD cases in Duda and their personal opinions on the disease circumstances there. These two, in addition to one traditional medicine peddler, played a key role in shaping the rural medical epistemology.

In-depth interviews were conducted with key and core informants. A set of topics was used to guide the interview flow. Three main types of ethnographic questions were used to gather information: structural, descriptive and contrast questions (ARH 1994: 167). In interviewing rural men, a short list of open-ended structured general questions were addressed, to gather a set of topics. These issues then were re-addressed to the interviewee using a general, experimental or even contrast question form, to clarify the information. A tape recorder was used for detailed information documentation. Only one interview with a traditional medicine peddler (_Dagang obat_) was conducted, in Indonesian mixed with East Javanese dialect, and the rest are conducted in three different levels of Balinese (colloquial, formal, and fine formal). Probing and yes/no questions were not very useful, and could
be very misleading, since there was a tendency to answer with "ya, ya", in agreement with whatever I suggested — i.e., rather than taking the time to give their own description or explanation, they would just agree with mine.

We (Taman, I Cenik and I) came up with a terminology for in-depth interviews as “asking for words/lessons” (nunasingidih raos). Taman and I Cenik thought that using the right expression when making an appointment with the core informants was very important. By using this expression, it fit the position of the core informants as persons who were needed for their help. And at the same time it also gave the honest impression of the lack of information on the researcher’s side.

**Health Practitioners**

*Dagang Obat* (traditional medicine peddler)

I interviewed one *dagang obat* in Denpasar. I looked for a potential interviewee at Satria central bird market, which has always been known as a place where these types of peddlers gather. The market seemed different from a year ago. There were some physical improvements in the arrangement of the bird and other animal cages, precious stone peddlers, and traditional medicine sellers. There were only two medicine stalls in this market when I visited. In one day of observation there, I happened to meet with one *dagang obat* who was willing to talk about the disappearance of *dagang obat*. According to him, it is because they have been based there so long, the community are not so interested anymore. To get business, he said, they have to travel now, or work in other ways.

I found it was easy to develop rapport with the two *dagang obat* at their stalls in the bird market that day. They were basically ready with any information about all products at their stalls. The first *dagang obat* was willing to be interviewed, but then one real crowd-pulling person showed up. He introduced himself as a healer, and a trader of amulets and other curious goods. At first, he offered to sell me an old keris (traditional knife with magical powers), but the other *dagang obat* told him that I was interested in information about treatment for genital disease (*sifilis*). He agreed to be interviewed in his house as I suggested for confidentiality reason.
The interview with him actually started on the way to his house as I gave him a lift on the back of my motorcycle. It was necessary to ask him how long he had been doing the work. This *dagang obat* was a very outspoken person. He sometimes gave more information than the question required. In some cases, his information generated further questions but sometimes they also lead us away from the topic of STDs to other topics. When this kind of sidetracking happened, it was hard to find a way to interrupt and guide the interview back on track, as it would have been offensive to cut him off too frequently.

**Medical researcher on rural women's reproductive health.**

In Denpasar, there lives a nationally very well known female doctor, Dr. Inne Susanti, who does a lot of studies on women's reproductive health. Most recently she has focused on rural areas, using a mobile clinic, operated via her NGO Sehati. I met her frequently when I lived in Bali (before leaving for this course), via the HIV/AIDS prevention NGOs network and via my wife who worked with her. We met on the first day of my fieldwork trip (due to my son's illness) and she agreed to be interviewed later about her latest findings, which included a client sample of women treated in Selat-Duda. Dr. Susanti was well prepared with useful information about women's reproductive health situation in the rural areas in Bali. On the day of the interview, she had a report with tables of her findings, which she gave me a copy of. However, she emphasized that her formal findings didn't directly cover rural men's sexual behavioral or disease diagnosis.

**Village male nurse in Duda**

When I wrote the proposal, I neglected to include this male nurse (I Getas) as a potential informant. He has been a very close friend of I Cenik, through good and bad times, since 1977. These days, they visit each other's house on a regular basis (about once a week). I Getas came to visit I Cenik and to see me and the family while we were based in the village. He was informed by I Cenik that I had come to do some research on "diseases like syphilis" (*penelitian penyakit sejenis sifilis*). I Getas invited me to come to his house to talk more about it, based on his 25 years of experience as the only village nurse in Duda.
The interview in I Getas' house was also attended by I Cenik, who opened the conversation by saying "Now, give my son and yours too, something for his journey" (Nah jari baang matu panake bekel luas). During the interview, I had to address him with fine formal Balinese language, as a child speaking to the respected elderly, even though he is only in his late 40s. And surprisingly, he also answered with fine Balinese. I Cenik also participated, adding some more information using language appropriate for their level as close friends, which lead I Getas to also respond in colloquial level Balinese, which was easier for me to understand.

**Typical case respondents (men who had STD experiences)**

There were three interviewees in this group. For two of the interviews, I Cenik was also present. The first interviewee, "Gu" was a man in his 70s, and took place on 2/6/00. I Cenik selected this person to be interviewed because in the past he learnt martial arts, gambling, and also they were travelling companions, therefore he knew that this man had experience of genital disease in his past. The news about the possibility of an interview with this man came to me from my aunt who went to the market in the morning and heard it from the man's son, who is the market manager. The message said “If I Made needs my father, let him come early at 9 this morning” (Yen I Made muatang gurune, tekin kone semengane jani jam 9). At 8 in the morning I Cenik was already waited to accompany me. He said he also got the message from his wife who met the market manager.

I Cenik started the interview using language as if he was talking to his guru (teacher, mentor), addressing him with a very fine formal Balinese language. He said “I am coming here now with my son who wants to learn about your past, which included your notorious youth, your healing experience, medicine for perana disease, and your personal experiences with the disease”. I was very startled by how directly I Cenik could bring up a question like that in front of this man’s two grown up sons and his wife, who were also present. There were some objecting looks thrown at me by the two sons. However, I Cenik kept on reminding the man about what they did together in the past and also some of his illness experiences. As the conversation flowed between the two old travelling companions, I tried to insert some questions based on the interview guidelines. By the end, the sons also helped with probing questions, based on their father's information.
The second interviewee, "N", was selected by Taman, and took place on 9/6/00. He is one of Taman's nephews who lived outside of Duda and happened to be at his house. A messenger was sent to call me over. The messenger accidentally met I Cenik on the way, so both of us went together to Taman's house. The interviewee was in his late 30s. I looked up to him when he was a young rebellious man in the village. So, a lot of time at the beginning of the meeting (more than 1 hour) was spent on talking about his experience of joining the notorious gang in Bali, jail experiences, and the political fight against the Brahmana which led him to serve a 6-month sentence in jail. The long discussion was inevitable because Taman was deeply involved in the same dispute, as described earlier (Participant Observation).

A signal by adjusting my sitting position (altering one leg to the other in lotus position) was picked up by Taman, who then switched the topic to focus on the reasons why I was there to meet his nephew. The nephew very openly expressed his willingness to share his experiences of being infected by a genital disease (which he called sifilis). He thought that information about his experiences might have some use for other people, especially the younger generation. However, he said that he would only talk to people that he trusted, someone who would write it in a responsible way for the public information. Furthermore, he said that he would talk openly to any person approved by Taman, but he also expected some information in return. Having Taman and I Cenik present during the interview turned out to be an advantage, for they didn't hesitate to ask some very direct personal questions, such as: "you have experience?" and "you were one of those who intentionally infected other people?". I could not have asked these questions so directly to an older person at a first meeting.

The final typical case interviewee, "B", was a childhood friend of mine, in his early 30s. I interviewed him because he other interviewees often mentioned him as being the worst case in the village with regard to experience of genital disease (sifilis). His family (father and brothers) was famous as the village band of thieves. However, he and I were very close friends when we were small. Since then, I have always spent some time with him every time I visited the village for different purposes over the years. However, I never had any idea that he had experience with genital disease. It wasn't difficult to get him to talk about these experiences. I directly asked him if what I
had heard from other friends about his experience with genital infection was true. He presented his experiences very chronologically, allowing me to apply my question guidelines.

_Tukang ojek: motorbike “taxi” drivers_

There were five _tukang ojek_ who had been informed by I Cenik that they were needed (_kabuutang_) for some data collection. I Cenik selected these five based on his familiarity with them, and his personal knowledge or guesses about their extra marital sexual affairs. Some of the _tukang ojek_ owed I Cenik some favors, in term of material (money and material for religious offering) that I Cenik had helped them with from his own income generated from his _salak_ (snake fruit) plantation and clove trees. However, the final selection of interviewees from among the _tukang ojek_ was mainly determined by my impressions during my sessions at the base, in addition to two names selected by I Cenik. Following is a brief description of each man and his attitude to the interview.

The first interviewee “K”, 40 years old, I selected based on my familiarity with him as a friend of the family. He is known as a tricky truck driver, who always takes advantages of his bosses. He had three wives, and still has two. During the interview, he avoided mentioning that he had genital disease experiences, which was in contrast to the general community’s opinion about him. He is believed to have of AIDS because of his drastic weight loss and breathing problems.

“R”, in his mid 30s, came to my house because I Cenik told him I needed him for data collection. Besides mentioning that he was happy to help, he also said that he was in debt to I Cenik for fruit and other offering materials for his wedding ceremony. He then spread the news to other _tukang ojek_ about my need for data. (2/6/00)

“I”, 35 years old, was also my selection, after confirming with I Cenik his reliability as an informant. He is a very important political figure in the east Bali region. He is one of the master mass organizers. During the last political campaign for national election, his party (PDI) won. He is very important at the grass roots level. He is not a representative in the local parliament, but he is extremely influential to the people through _tajen_. His small sea food restaurant is frequented by the leaders of the region. He agreed to be interviewed because of “R”’s encouragement that he should help me. The interview was conducted at night in front of the bank building (hidden from public view) after his busy working hours. This person only gave information that would not discredit him as a political figure. He avoided mentioning his frequent experiences with genital disease and a number of extra marital sexual affairs. This information only came out when he joined the group discussion among _tukang ojek_ a week later (see below). (4/6/00)

“Ge”, aged 33 years, was a close childhood friend of min. He came to my house to be interviewed. He agrees to participate because he was happy to help me as a friend with whatever he knew. He was known as a heavy drinker and a hard working person in the village. He worked for the sub-district cooperation in the construction department and sometimes did _ojek_ too. He was very
aware about the recording during the interview and asked me to turn off the recorder when he mentioned about other tukang ojek sexual behavior and genital disease experiences, for confidentiality purposes. (6/9/00)

“Y”, aged 32 years, was also a close childhood friend, chosen for interview by I Cenik. He agreed to be interviewed after his work hours based on I Cenik’s suggestion. His main job is house builder, but he sometimes did ojek too. The interview took place by a river-bank while waiting for his ducks to feed on the leftover rice in a newly harvested rice field. He was happy to help because he believed he also would learn something by being an interviewee. In the interview he was also very aware of the recording and asked me to turn it off any time he mentioned about other tukang ojek or villager’s sexual conducts (9/6/00)

**Lontar (traditional manuscript) readers**

There were four interviewees in this group:

- The first interviewee was I Cenik himself, who also acted as the key informant of the study. He is my father in his early 60s (see “Key Informant” section above).
- Second was Taman, co-leader with I Cenik of a lontar reader group, in his 60s (see also Participant Observation among lontar readers, above).
- Third was Taman’s nephew, “N” (see the typical case in-depth interview).
- Fourth was one of Taman’s disciples, “PK”, in his early 40s. He agreed to be interviewed after being informed by Taman about my study goals. He said that he had a lot of stories about older people’s “free sex” behavior in the past. He hoped his stories would be of some use in my study.

### 2.5 Focus group discussions

Focus group discussions (FGD) were held with both the tukang ojek and the lontar reader groups. The topics of cockfighting, extra/pre marital sex and STDs were discussed at both FGDs. Each group approached the discussion differently. The lontar readers called it a dialog (diskusi), while the tukang ojek group called it a “useful hang out session” (nganggur meguna). The recorder was only used among the lontar readers due to a shortage of tape.
Tukang ojek group discussion (26/6/00).

The meeting date was set up a day before. The ojek leader told me just to come at 9 am to meet everybody. He said, "That time is best because passengers are fewer and the tukang ojek are basically resting". He also mentioned "It is difficult to arrange a certain time to have a semi-formal meeting". He didn’t know how to tell them to meet for a discussion. "The best way is just to come and talk at the spot", he said. When I arrived at the base at 9 am, no one was there. I expected that some tajen was going on somewhere. I waited for about 1 hour. Finally nine of them arrived at the same time. They said they just came from tajen in the north of the village. They agreed to stay for at least one hour to participate in the “hang out and learning” (nganggur sambil melajah)

Each participant had different characteristics:

Participant 1 (P1), 35 years old and married, was known as one of the serious, smart boys at school and helpful person since he was a kid. He is respected by most people in Duda. 
P(2), also in his mid 30s, was one of the first villagers who went to Java as a truck driver’s helper. He was married twice but now he only lives with his Balinese wife in Duda. He doesn’t work for a trucking company anymore. He used to talk about his visit to brothels in Java.
P(3) is single, about 29 years old, and was one of my classmates in elementary school. Ten years ago he was one of the notorious boys in the east region of Bali together with his brother P(6). 
P(4), 40 years old, was brought up in East Java. His occupation is cockfighting gambler, going from one tajen to another. He doesn’t do any other work. He is married to a Javanese woman, no children. 
P(5), 35 years old, is married with three children. He is a big fan of tajen. He was also famous for being a “bad boy”. Once, he was jailed for some fight in a tajen arena, for stabbing another gambler with taji (small dagger for the rooster to kill each other). 
P(6), 33 years old, is married with 2 children. This is the same person as “J” above, who gave an in-depth interview. 
P(7), 25 years old and married, is known as the “mad man” in the village. His body and face are full of tattoos. He was in jail for some fights in tajen. 
P(8), 25 years old, is married with one child. He is a pure tukang ojek. He doesn’t like tajen. He liked to ask questions that made the other tukang ojek listen. 
P(9), 25 years old and married with one child, was loud and frank in asking and answering questions.

For almost one hour, these men interrogated me about the life abroad. One of the things that they asked was about free sex in the west, i.e., whether that means that people have sex everywhere. This topic apparently allowed me to clarify my intention to meet with tukang ojek that day. Some of the tukang ojek had known that I was coming home to do research and they already had an idea about my
goals (talking about STD among rural men). There were three questions I addressed, in the order given below:

- Did anybody know about penyakit menular seksual (STD).
- What about condom use?
- Why do Balinese men go the prostitution?

In answering those questions, tukang ojek used street slang for everything associated with sexual behavior, diseases and names of genital parts. The discussion also created an open and “safe” forum for the participants who had experiences with genital infection to talk about it. One even reminded another about his disease experiences and the treatment they sought for it. At the end of the meeting, two of them asked what they should do since they had experience with STDs, “Do we need to clean our blood (cuci darah)?” they asked. And some asked for reading materials about STD and AIDS, or if possible for an informational presentation for people like them in the village.

_Lontar reader group discussion (23/6/00)_

Taman organized the date for the FGD and selected the participants. A previous plan to meet had been cancelled due to an invitation for the group to read _lontar_ at a cremation ceremony. Taman said that his selection of 5 participants, in addition to himself and I Cenik, was based on criteria of outspokenness during dialog. He selected members of his _lontar_ reading group from all corners of Duda, in order to bring in opinions and knowledge from all over Duda. The dialog _diskusi_ was held in Taman’s house.

Fine formal Balinese language was used during the discussion. I Cenik also advised me to wear traditional clothing to participate in this special occasion, out of respect for the participants. Taman made a brief opening for the dialog and then let me state my objectives, followed by I Cenik making a plea to the participants, his fellow readers, to help his son: “Please help my son by giving him something to take away on his journey” (_nggih tulungin je pyianak tiyange, icen ipun bekel luas_).

Taman took control of the discussion overall. He was the only person who could make others speak up with their opinions. Taman would ask me to present the questions and then he rephrased them for the participants. There were some silences when Taman didn’t rephrase the questions. His way of
looking at other participants was his body language to convey an order or invitation to speak. Taman would prompt me to ask new questions each time the previous ones had been discussed at length.

2.6 Data processing and analysis

Some steps in data processing and analysis were applied to the information gathered during observation, interviews and FGDs:

1. Translating and transcribing phase: I cleaned up the information, transcribing (in English) only that which corresponded somehow with my specific objectives. This activity allowed me to check if all objectives\(^1\) are covered.

2. Putting the data in corresponding order with the research questions\(^1\): The cleaned up information was grouped based on the themes covered by the research questions.

3. Context and confounding factors will also be identified in order to reduce biases. This phase may also serve the flow of circular process of the study.

\(^1\) See Annex
CHAPTER 3: Risk Behaviour: Ngisinin Lega (Pleasure seeking)

3.1 JUMIWA = Judi, Minum, Wanita (Gambling, Drinking, Women)

Most of my informants were active cockfighting fans or bebotoh. Gossiping about women and sex among the cockfighting fans is common and it is generally known that this kind of talk goes on, on their way to the events or while tending the roosters. The talk may be about women from the brothels, dagang jegeg (the pretty sellers at local drink and food stalls), or affairs with local women. One of the informants mentioned that it is natural that the fans’ discussion will spread to many other topics of entertainment. Entertainment is called ngisinin lega, or may be called buduh (obsessed with something) and the word for gambling, momotoh, is short for momone tohin which means “feeding the negative desire”. The word bebotoh, used for gamblers or cockfighting fans, derives from this also, but could also be used for fans of other types of entertainment, including fans of chasing women.

The tourism industry and accompanying economic development has generated various direct and indirect impacts, from the cities to the villages of Bali. Some villages have become major tourist destinations such as Ubud, Nusa Dua, Tenganan and a few others. Suddenly having a lot of money for some of the villagers was a big change. Some conversation with relatives in the city made me recollect expressions that some friends used to say about how villagers or the Balinese “nouveau riches” deal with their money. Some acronyms were made for them: UBUD (one of the most famous tourist destination) stands for Uang Banyak Untuk Djudi (Much money for gambling) and JUMIWA is for JUDI, MINUM, WANITA (Gambling, Drinking, Women). Literally, the word jumiwa in old Balinese language means triumphant.

From the interviews, informants mentioned various entertainment forms that men in Duda practice regularly or on the daily basis, such as drinking, demen ngalih teli (woman chasing), and tajen (cockfighting), in addition to the standard melali (hanging out, visiting) and memancing (fishing). For the purposes of this study, I will discuss the first three kinds of entertainment, which represent the main high risk behaviors of men from Duda, in relation with STDs.
3.2 Tajen (cockfighting)

Besides the fact that cockfighting is rich with sexual expression, the event itself is also considered to be one of the major causal factors of genital disease in Duda, both now and in the past. In the past, cockfighting was strongly associated with sexual relations between dagang dayang (female snack/tobacco sellers) and the gamblers, as illustrated by this story from Taman about his uncle:

Let's be fair, the old people who liked to do those kind of things, like my uncles, they seemed to be very proud of what they did. They used to tell me also a lot of stories about their sexual exploits. It could be when we were at home after dinner, or during a reading session... they told me, "It was different when I was young, sometimes when I had a promise to meet with one woman, as soon as she opened the door, I did her straight away, no words needed". Or they said, "I prepared myself by not wearing any underwear, so it will be faster". For me, the old people were so vulgar in their sexual story telling. ...Another story from my uncle was 'When I was in Shanti for tajen, I lost all my money, I was so mad at myself then I saw one of the women of cock fighting (dagang dayang), so I took her to the garden and belulangan (stripped/skinned her off) and did her there.' (Taman, 21/6/00)

And at the present time the gamblers have the expressions nyambilang and nyaruang. The idea of nyambilang, or doing two things at the same time, is part of the nature of gamblers, momotoh or bebotoh. Winning in the cockfighting can be a trigger to start thinking about doing other things. This is eloquently described in the following two interview quotes:

Q: What about tajen, does it have any relation with sexual behavior?
N: Very possible. If we look at the word bebotoh (gambler). It stands for momone tohin (following negative desire). And the momo (desire) is not only limited to tajen. What I can think of is that when the gambler won in the tajen, then all sorts of ideas may come forward. One of them is looking for a partner outside of marriage, for example, having an affair with someone else's wife. Because of money we could feel powerful. From my experience as bebotoh in Tabanan, I know most of the bebotoh have seseplan (another person). (N, 9/6/00)

[The bebotoh like to] drink tuak (palm wine) ...And then they went to Abian Sowan (a brothel area). First they drink, they will be spanengsieler (drunk), and the consequence is going to Abian Sowan. ...In the village we are familiar with the term bebotoh lua (crazy about women) and bebotoh tajen (crazy about cock fighting). And these two are really not separable. And this bebotoh lua, their money is spent on expenses for women, what I meant as women are WTS (prostitutes). It is not about good women in the community. (Y, 9/6/00).

Nyaruang means disguised intention. It is a common strategy used by some of the gamblers from Duda. One may say they are going to some event such as a cockfight far from the
village, but in fact they intend to visit brothels on the way. This was described by one of the *tukang ojek* respondents:

Oh, that is not *memitra* [having an affair]. That is looking for *sundal* (prostitute). We have a lot of [men like that] here in Duda. Almost every *bobotoh* (gamblers) like *ngisinin lega* (to get some amusement).... Men here will go to Karangasem and Badung for that kind of thing. They will say that they went for *tajen* but they also *ngibur* (getting some entertainment). It doesn’t matter whether they win or lose in *tajen*, but it will be more likely if they win to go for *hiburan* like that (J, 4/6/00).

### 3.3 Metuakan (Drinking alcohol)

Palm wine (*tuak*) and local spirit (*arak* 50-60% alc) are the two most consumed alcoholic drinks in Duda. The drinks are locally produced as Duda has a lot of palm trees which could be tapped for the wine all year. In Duda there are a number of family run distillation houses that transformed the palm wine into *arak*. There are two drinking stalls in Duda where men gather after certain activities. However, drinking may also happen in the homes on a daily basis and on the cockfighting premises during the event, as alcohol is sold by some peddlers. From my interviews among the *tukang ojek*, I found out that some of them visit the nearby brothel as a result of drinking together after work. One such respondent told me the following:

The good time [as a *tukang ojek*] is when we earned enough in a day. Sometimes we celebrate it by drinking at night. Some of my friends there, as soon as we finished drinking, they went straight to Abian Sowan (brothel in Karangasem, 25 km away). They go looking for WTS (prostitutes) and then they come back home and sleep as if nothing happened. ...These friends ...they are both unmarried and married. There are about 7 of them who like to do such things. ...Now my friends don’t do that anymore unless they are drunk. It doesn’t matter when they are drunk, if it 8pm they will go there. Sometimes the older generation around 55 years old also join in, they go in a group. Sometimes 5 or 6 people at once. Some only like to go with them but didn’t participate in sexual practice. So that guy then will joke about other friends who went into the rooms. (Y, 9/6/00).

Another *tukang ojek* informant had a similar story:

Yes, I like *metuakan* (drinking) but I never do such a thing (go to prostitutes). My drinking friends like to do that when they are drunk. I don’t think they will do it when they are *sadar* (sober/aware). (Ge, 6/6/00).
From an observation, I also found that drinking occurs among some teenagers. This group picks up the habit from their seniors, mostly those who had spent some time living in the city. The young men who once lived in the city brought back their drinking habit to the village, gathering together in the afternoon and drinking. These kinds of gatherings apparently also serve as the orientation period for the young village boys who start to think about a future life in the city. In these gatherings, there is some discussion about whom to know in the city for security protection. Some of the experienced men talk about their friends in these discussions as people who are easy going, adventurous, and fun. Drinking, gambling, gang fighting and sleeping with women are some of their activities. One of the ojek informants told me about his activities and his friends while living in the city:

[While in the city] ... for entertainment, just like other young men, I watched movies, or met with other guys in Puputan Square (Denpasar city center, open square field). There we met to talk. And now it is forbidden to do that. Young men can't gather there anymore...Yes, those [dog killers] were the people that I hung out with. But their headquarters is somewhere else. They only met in the square after they did it. And their other activity is drinking. (Y, 9/6/00)

Many men from Duda are familiar with the Denpasar based association of men originally from Karangasem. During my sessions of hanging out with the tukang ojek or the lontar readers for observation and discussion, I was frequently asked if I had any contacts with some of the infamous characters in the city. The youth at the ojek base were really delighted to hear some news about how these people are now in the city, Denpasar. This association of people mainly work in transportation, roosters supplying, and street food stalls. The association members in Denpasar are mainly men who have trained in martial arts, and never hesitate to use physical force to achieve their goal. The senior members always mentioned that it was important to know these people since they are from Karangasem, and they can provide some help if other people from their home region have difficulty in the city streets (di jalan). This kind of discussion seemed to be so popular among some of the Duda youth that they aim to work in the city in the future.

Apparenty, drinking, fighting, gambling and knowledge about brothels are very common among the Karangasem-originated association in Denpasar. Most of the members of the association base themselves at the major public transport terminals. They hang out as the passengers board the buses and minibuses and wait for departure. They are in charge of regulating the transport shifts at the terminal and protect the drivers if any disturbances occur. And they also bridge the gap of
communication between the police and drivers or others. It is not necessary for men from Duda to be members of this group when they are working in the city. However, knowing them lends a certain status as a well-connected person. During more than ten years of familiarity with this association in Denpasar, I found that men from Duda adopted the habits of most of the association members, such as drinking alcohol, eating dog meat, gang fighting, and visiting brothels. One of the brothels in the city has pimps mainly from Karangasem. I often heard the members using the expression biasa di jalan meaning “that is normal for life in the streets”, when referring to gambling, visiting brothels, drinking, and fighting, as well as sharing cigarettes. “If you don’t know at least how to drink, then the street is not for you,” they often told me.

3.4 Demen Ngali Teli (Woman Chasing)

Demen ngali teli (literally: likes to chase cunt) in many ways cannot be separated from the habits of alcohol consumption and cock fighting in Duda, as discussed above. However, the behavior of having multiple sexual partners also has other explanations of its own.

From my interviews with the tukang ojek and other villagers who had experiences with brothel visits, they all implied that the starting point for their multi-partner sexual behaviour was a curiosity to know about brothels, mostly when they were still young. There are plenty of opportunities for young men in Duda to feed their curiosity about brothels, by listening to the discussions in the village among the more mature villagers about their sexual habits in the city. Witnessing men in Duda discussing about sex and disease during one of my observation sessions, I could see clearly how this could feed young curiosity minds. In some of the hanging out discussions, men discussed the increased satisfaction from intercourse with teliti megambir (intercourse when the vagina is dry from using some kind of herbs), or having experience with a variety of women from all over Java and North Sulawesi (known as clear skin women) as sexual partners. I observed that the enthusiastic descriptions of their experience with prostitutes from the mature men was clearly of great interest for the younger men present, who may then think about trying to live this kind of lifestyle one day if they have the
opportunity. The respondent quoted below even gave his estimate of the prevalence of this type of behaviour among the mature adult men like himself:

...Men at my age mid 30s to early 40s, probably about 40% [like to go to brothels] out of probably 60 of us [in Central Duda]. Most of them are now living in Denpasar. (N, 9/6/00)

I tried to question some of my respondents about why they or their friends like to go to prostitutes. Those men who visited the brothel, and experienced the services from the wanita nakal (naughty women) found it hard to resist the temptation to revisit. One respondent told me about his own case, because he felt that young people should be warned about the dangers, the temptations of prostitutes:

...Why do I like that kind of thing? I come from a good family, I have wives. This is probably important to know for the safety of young people in the village. ...It started from being curious, and the way the nakal women treated us was so great, much better than our wives. As we arrived in the brothel, they are very sweet-talking. They are full of hugs and kisses. But the wife at home is full of frowns. This kind of service in the brothels was the main attraction to keep on coming to visit. Once we feel these women service, it is hard not to go back again. They are really good. (N, 9/6/00)

Another respondent told me, “They say that going to the brothel is just a matter of sexual satisfaction. They talk about how they like a slim body, or slightly plumper body. They joke about that all the time...” (Yande, 9/6/00). These issues of sweet talk, hugs and kisses and different types of women’s bodies clearly filled the sexual gap that they don’t have at home. Sweet talk between husbands and wives in a village like Duda is very rare or never occurs, according to my general knowledge as a villager. In the city and among more affluent couples it is more common to call each other “mama” and “papa”, or “yayang” (darling). But I know from talk with friends, not only during this study, and also from observation when I worked on a ship, that this kind of romantic and caring atmosphere and sweet talk is found in every brothel in Indonesia. And having experience with a variety of women with different body types and from different parts of Bali, or from Java and other islands also fits the famous expression among Balinese men, as quoted by one of the interviewees: “It’s fine once in a while to look for snacks away from home, when we eat rice everyday. Everyone is like that.” (J, 4/6/00).

Peer pressure plays a role for young men in acting on their curiosity. Association with the gang in Denpasar, with drinking mates, or other friends apparently facilitates men in Duda to conduct
pre-extra marital sexual affairs. One interviewee told me a personal story: "I got married in 1983, but before that I have already had experience with nakal women. On my wedding day, right after the ceremony, I was picked up by friends with a jeep, we went straight to Pesanggaran (a brothel in Denpasar, 70 km away)" (N, 9/6/00). This is not the only story I heard about men in Duda going to visit brothels in groups, often following a drinking session. However, group trips to brothels also has some local explanation. In Duda, there is an expression “when I was young and strong..” (dugase iyang nu truna). The expression is used as the justification for the young men to conduct anything out of the norm. Informally, the local norms is that it is fine for young men to try alcohol, sexual adventure or travelling so that when they are old they won’t need to do it anymore. Some of my interviewees expressed this, describing their exploits when they were young, saying that they don’t do that kind of thing any more. One tukang ojek who had previously been a driver, mentioned that he used to take men from the village in groups to visit brothels in Denpasar.

When I was young, sometimes I went west just for that. Sometimes, driving with the station wagon, and all the passengers, all going just for that, from Sidemen Talibeng, when Sanggaran (a brothel in Denpasar) was still open, sometimes 10 passengers chartered the car...That’s what I did when I was young and strong, and so did most of my friends. (K, 2/6/00)

Some of these men who had experiences with multiple sexual partners by visiting brothels also tried to make profit out of their knowledge of brothels. Some pseudo-romantic relationships sometimes developed with the women, allowing the men to get sex for free (Nangtu, 9/6, Balon, 23/6/00). Or they gained trust from the brothels’ managers to transport the women to the villages (acting as pimps) to supply the village men’s demand. One respondent said, “When I was young I also delivered sundal (prostitutes) from Badung to some of my friends here in the village. I remember that one day 10 friends from Perangsari asked me to bring a cewek (girl). So I did.” (J, 4/6, 2000)

One informant said that the prostitutes put a black magic spell on him which made him to come to visit her on the regular basis. However, he also mentioned that his family situation is not conducive for husband and wife sexual relation. They live in a small room (4m²) with all three children. His wife works hard everyday carrying people’s loads (sack of rice, salak fruit) to the market to support the family daily needs. He pities his wife condition so he never asked her to have sex with anymore since she gave birth to their last baby (5 years old).
I don’t know [why I was so insane]. I think the women had put a spell on me. I think every man who pays some attention to this kind of women, they will be put under a spell by them. They will shuffle their cards and mentioned our name. They will do it constantly and as the result, the men will be insane over them. All they need to know is our name. But, I always told them not to use the magic on me. ...I rented a room there for a month, so I sleep and wake up (medem bangun) there. I still pay for that room now. It is Rp.50,000 a month. But most of the time my cewek pays for it, I only paid the rent if I have money. I sometimes go there. My wife had to look for magic power from a dukun (traditional healer) to make me be happy to stay at home. But I think it doesn’t really work. I care so much about her and the children. I also have the same experience in Abian Sowan, here in Karangasem. I used to stay there for months, I didn’t even know when my third son was born. One day after he was born somebody came with a message to me about the birth. So I went back home with presents... (B, 21/6/00).

The profession of men in Duda also determines their exposure to opportunities for risky behavior. One of the most stereotyped "high risk" professions is driver. The Indonesian word for driver is Supir. I was told the common joke by one former driver: "Oh yes, the term "supir" stands for "Suka MamPIR" (likes to drop in). Let me tell you, we stop a lot because we have to cool off the tires, so we buy a coffee." (K, 2/6/00). It is a common knowledge in Duda and other places in Bali that drivers know a lot about commercial sex locations. The community in Duda believes that most of their members who became drivers for trucks and public buses tend to conduct multi-partner sex lives, visiting brothels and dagang jogs along the driving route. Truck drivers are especially stigmatized for this, but there is some basis in fact, as described by the same former truck driver:

For example we would drive west with sand in the back, like to Nusa Dua. Sometimes they will stop in Suwung, around Semawang to look for lontes (hookers). Almost all of my friends stopped there. But I always went straight to the destination. But a long time ago, yes I used to do that too. But while I was driving the truck I stopped doing it. But my friends did ... if there were five of us going west, four of the trucks will stop to look for that ... (K, 2/6/00)

Many men from Duda choose the truck driving profession due to the flourishing prospects presented by the sand and stone mining industries for construction materials - the mines are near to Duda. According to the same interviewee, some drivers may pick up prostitutes for an extended time and even have a sharing system for prostitutes among drivers:

...Now, they can make a lot of money, and they can take the women for two days. They take them from Badung to go melali (just touring around) on the truck route. When we are bored, we take them back. ...When I picked up a cewek (girl) in
Badung and I didn't particularly want her, so I just handed her to another friend. I frequently picked up women to hand over to friends... Yes, lots of them ngajak (have sex, have women) in their trucks, from Badung. If we meet them in the street, they will stop, we penekang (let them in) and then we'll bring them here [to the sand mine]. On the route to Pura (the sand mine), a lot of drivers have cewek next to them, sometimes when we load up in Klungkung, we also ngajak or in Karangasem, ngajak too. So many drivers ngajak cewek (K, 2/6/00).

This driver also described how the long hours and waiting involved in the work of truck drivers are conducive to picking up prostitutes, and that they are readily available at the right locations to target these drivers. He describes the use of prostitutes as a way to keep themselves awake when they have no time to sleep:

...It is their amusement. If they don't do it, they won't be able to stay up at night. Sometimes they have to do two shifts in one day. So they work up to 10-11 at night, and 7 in the morning they have to wake up to load the sand into the truck. For example the mine in Pura, the trucks some time have to spend the night in the mine to wait for loading, waiting in line. It is impossible not to do keketo (that thing) ...it is like obat kiyap (medicine to get rid of sleepiness). A lot of drivers have accidents because of sleepiness. They use day as night and the other way around. When they had to wait in line in Lebih, they will sleep for a while. Sometimes 100s of trucks are in line... it is for entertainment... Yes [there are girls there] (K, 2/6/00)
CHAPTER 4:
Perceptions about STDs: *Perana* (Sickness of the “Soul”)

4.1 Local Terminology for STDs

*Perana* (the sickness of the soul, the genitals) and *Sifilis*

When I talked to I Cenik, my key informant, about my study goal to explore the perception of STDs, he came up with an answer that many of his youth friends experienced *perana* disease in the 50s. I was surprised to find a local term for STD. However, I found that it is an out of date term. Nowadays the young people who experienced the disease don’t even understand the meaning of the word, *perana*. The young people now use the name *sifilis* for all types of genital disease that they have ever heard of or experienced. However, the word *sifilis* was used in the village since the 1970s, therefore older people are also familiar with it.

Both *perana* and *sifilis* have their own semantics system characteristic. Both systems are applied in the community based on the setting of communication. The disease will be named differently depending on desa, kala, patra (place, time, circumstance). It does not depend on the status of the person talking about the disease. A respected religious man may elaborate the disease symptom medically, by using the lowest level of Balinese language. On the other hand, the street people, including *tukang ojek*, may use a very euphemistic word with a joking manner in their description of the disease.

At the beginning, I thought only the *lontar* readers knew this word, *perana*. It is an old Javanese and Balinese word derived from Sanskrit which literally means “desire” or “soul”.

...What we know about is *penyakit perana*. The word *sifilis* is relatively new. *Perana* means soul, and we derive the meaning of the enjoyment of the soul. ...by derivation of all meaning, then *perana* also means genitals. As I told you before, in Bali nobody dares to mention the name of genital parts. To mention the real name is impossible, so we look for words that could imply genital parts. If we look at
perana, literally it means soul. And then perana changed its meaning into genitals (Taman 1/6/00)

Gr. Sifilis, but back then in 1955 it was called perana. Because the organ which was attacked by the disease was the perana (genital). They also called it sifilis back then, but to talk about it in public they called it perana (Discussion with lontar group, 23/6/00)

Apparently, a few non-lontar readers who were teenagers in the 1950s had a similar understanding about perana as genital disease. In some conversation with the non readers, in explaining about the disease they described it by the symptoms they were familiar with, or by the mode of transmission. They had some experiences in seeing other villagers, friends who were infected by the disease. They described the symptoms as “anune sakitange” (he had to bare the pain in that part), celakne beseh amon lengene (his penis was swollen as big as his arm), trus manyuhang nanah kanti ngelimuh (and then he urinated pus sometimes they fainted). The description is always concentrated on the genital part. I also had the similar description from I Cenik when discussed the disease. He didn’t have to use the word perana for the genital part in explaining the disease to me because the setting was a discussion between father and son. However, I noticed that he switched to using the word perana when he addressed the topic to other people. I asked him about this and he said, “That is how we speak about it publicly”. So I switched back to talk with the non-readers, asking them how they knew about the word perana. Apparently, the healers back then introduced the word. “Nak keto orahange teken baliane (that was what the healer called it)” said one of the non-readers.

The nakal (naughty) disease

Nakal is an Indonesian word, which literally means naughty in the sense of childishness. Why is this word use by the villagers to express moral degradation among the villagers? We have the Balinese word which is the literal translation of it, dangkal, but it purely corresponds to the notion of naughtiness of children. Perhaps the answer as Taman mentioned, that it is difficult to find a suitable Balinese word for something related with genital parts (Taman 1/6/00). For some reason, if an adult is addressed with the word nakal, automatically the first meaning interpretation is sexually related behavior. It is currently popular to use the expression wanita nakal for prostitutes in Bali, which may be why this word frequently came up in the interviews.
...It was only labeled as nakal disease. So this disease is something real. If somebody is not nakal toward women, then they won’t have this disease. Or, I never heard that this disease is something could be passed down. It is clearly a nakal disease. And the source of transmission is women. It is always from the women, it doesn’t matter how clean the men are, if they have an sexual intercourse with nakal women who already had the disease, then the men will be contracted. (Taman 1/6/00).

4.2 Local Metaphors and Imagery of STDs

Kalah (defeated) and kena (affected)

In my experience living in working in Bali, I had previously heard the word kalah (to be defeated) used to talk about how men or women compete with each other in intercourse, with regard to the number of times they reach orgasm. However, to apply this expression to disease infection from a sexual relations was new for me. In some of the interviews, the terms kalah and also kena (affected, touched) were used to describe how the infection could transmit due to physical weakness. For example, this respondent said, “That’s the situation, if we ngalih keketo (go for that thing) if we are weak we will be kena, but if we are fit we will never be kalah.” (K, 2/6/00)

Megantung (strung up)

In general, the people in Duda refer to disease including genital disease based on the symptom or the common way that the disease is treated. Megantung is one traditional cure for STD which creates a vivid image of the person lying in bed with feet strung up in the air. Years ago, this was apparently a common scene for the public, the old treatment for the men who had genital disease. The old generation who experienced the disease mentioned that the position megantung helped them to ease the pain during treatment. However, the young generations still describe the genital disease as megantung even though they don’t see any of their friends actually using this method anymore. For most of the younger generation, the word megantung is now associated with capital punishment by hanging. But among the older generation, they still use this word to describe the pain of STD symptoms, as in the following quote from my key informant:

There was a new case of infection in Bukti (a brothel in the North of Bali), about 5 years ago. He is an old man, gesekan (result of peer pressure) of Morag so he
became ill, megantung. His son told me about it. ‘Morag is so shameless to take my
guru to get sundel (prostitute), so he is megantung now, in pain’. (I Cenik, 1/6/00)

I Wayan nangis (my little one is weeping)

This is an expression used by the younger generation in Duda (as represented by my tukang ojek
respondents) to communicate about genital disease. The expression of “I Wayan nangis” is actually
very common in Bali. I heard this expression a lot during my five years of working (1991-1996) in
the HIV/AIDS prevention program in Bali. The expression I Wayan nangis is composed of “I”, the
masculine gender indicator for Balinese male names, “Wayan”, the birth order first name of a first
born child, and “nangis” which means crying or weeping. Balinese men often identify their
genital/penis as I Wayan or nake cenik, the same way they would refer to their child, like “my little
one”. Weeping (nangis) indicates wet, dripping, to imply the common symptoms of STDs. This
expression is mainly used in this way among men who know each other well, in a joking way while
hanging out together. However, as shown by the following quote, the expression may also be used to
tell the doctors about the condition.

...He is a general practitioner. Every time I go there, the first question he asks me is
always about that, because I went there very often for that problem. The last time I
went there was 7 years ago. And the question was like, ‘what’s happening?’ So I
said, ‘I Wayan nangis’ (the little one is crying). ‘Where did you go?’ Then I told
him, ‘I went here and there...’ (N, 9/6/00)

Ngerecek (leaking)

Ngerecek means dripping that flows continuously, and is used to describe any leaking, but also for
STD symptoms. The image of afflicted people with a wet crotch gave rise to the use of this
expression. Use of this word implies the severity of the disease symptoms. The word also adds an
implication of disgust, distaste. Genital disease is largely considered to be dirty on both levels in
Bali, both sekala (the visible world) and niskala (the spiritual or invisible world), because for
symptoms are physically disgusting, and, especially the pus and discharge, also considered to be
spiritually polluting. When the interviewees from both groups (the lontar readers and tukang ojek)
mentioned this word, their faces reflected an expression of disgust.

S: Yes, I know one guy (mentioned name). He told me that he had the disease when
he had a girlfriend from Pegubugan. I remember it, the barangne (penis/thing) had to
be wrapped in plastic because the pus was dripping so badly.
M: Yes the dripping is ngerecek (Lontar group discussion, 23/6/00)
Penunjang pebangunan (up against the wall)

This expression was so commonly used as joking jargon among men when they talk about other people or self-experiences with genital disease. Penunjang pembangunan is an Indonesian language expression which has a double meaning. In official government jargon, it means a supporter of development (ie. National progress). During the 1980s, the Indonesian government used the word pembangunan (development) in every national slogan and campaign. At the same time the government also stressed it very strongly that every Indonesian has to participate in the development, i.e., to be a supporter, thus penunjang pembangunan. However, in Balinese (related to Indonesian) the word penunjang or supporter has a more literal meaning or a support or pillar, while bangunan means building. Therefore, in Bali the slogan penunjang pembangunan conjures up the image of a person leaning against a building as a supporting pillar, and thus came to be used jokingly as a term for men with STD symptoms which make it so painful to urinate that they have to lean against the wall. The word penunjang pembangunan was always in the newspapers, on the radio and other media, but was also used jokingly by the local traditional theater (drama gong) to praise the government and to slander the opposition, equating them to disease ridden STD sufferers. One of my respondents explained this in an interview:

... There was a term for this type of disease - penunjang pembangunan. This is because when we tried to urinate we have to lean against the wall to bare the pain. So officially this disease was labelled as penyakit penunjang pembangunan (N, 9/6/00)

Sakit ngejitin tembok (grinning at the wall disease)

This is another young generation expression for STD (sifilis) sufferers. It is described as grinning at the wall because of grimacing to endure the pain of urination. This expression came into use after the introduction of private toilets in Duda, so that men were now facing a wall rather than peeing in the open. In some conversation during observation this expression was used, even though it was also mentioned that nowadays people with sifilis are not so publicly visible anymore. However, the disease experiences are still talked about while hanging out in the village.
4.3 Local Perception of STD Symptoms

Men in Duda described the symptoms of *peranaisifilis* disease based on their own experiences or what they know or see from their friends. In Duda, there was no private bathroom or toilet until the early 80s (personal recall). The community used to go to the public bathing places (natural springs) to wash themselves, while they used the river for defecation. The public bathing area is where men joke about sex, penis sizes, or any other related topics. Understandably, during that time no village men escaped the attention of the others if anything was seriously wrong with their bodies. Naturally, almost all adult men in the Duda are able to explain the physical symptoms of genital disease of other men in detail. Below I show and discuss the various different symptoms as described by respondents during my field work.

*Berek* (rotten/decaying) and *ngetel* (dripping with pus)

*Berek* and *ngetel* are Balinese words. *Berek* means rotten or decaying. The word is very strong in Balinese, it is used to describe a wound or sore only when referring to people who are not respected because of their misconduct. The word *ngetel* is used to emphasis the symptom of urinating pus (*kencing nanah*). In some observation and discussion, men described this word *ngetel* as the drip of fluid from the dead body (*banyeh*). The interviewees and other men from general public are very familiar with the use of *sifilis* to describe a genital disease with this *ngetel* symptom, even though the disease is probably not syphilis, but perhaps gonorrhea or chlamydia.

*Berlubang-lubang* (full of holes)

Back in the 1980s, a new type of motorbike (Honda GL Pro) was out on the road, powerful and versatile enough for all kinds of road conditions, very masculine looking, and with a roaring loud exhaust pipe. Young men were so attracted by this motorbike. The particular muffler of this motorbike, which has four smoke-holes that produce the strong noise, came to be identified with diseased male genitals. I recall that the local description of a symptom "*berlubang lubang*" or "full of holes" refering to the penis tip started to be used around that time. In general among young men in Bali this description implies that the disease has changed from mild to severe.
The symptoms occurred after I had relations with wanita nakal (naughty women). And then I felt itches, inside the penis. And when I tried to urinate, I would feel itching. If we don’t treat that, it will create swelling in the penis. Within three days, there will be pus coming out. If it is medically treated late, from my experience, then it will become rotten, the penis will become berlubang-lubang. (N, 9/6/00)

Sifilis kulit (skin rashes)

Some of the interviewees are familiar with what they called sifilis kulit. They described that this sifilis is more serious than the ordinary sifilis (ie. with the ngetel symptom, as described above). Many men in Duda and Bali in general have skin problems from fungus and some type of microbes known as kurap or kerek (scabies). However, men with such skin problem will be identified as having sifilis kulit if it is combined with sexual misbehavior, as the following quote shows:

Yes, he had sifilis kulit. He has rashes all over his skin. Particularly around his belly button toward his genital. And he also has lice around his scrotum. The lice look like the inside of acne, from the root of his scrotum hair...Itches, and sifilis, the one which has pus coming out from the penis. Up to this day he still probably has the disease. From his skin, I think he has some disease from his habit. It is covered by a lot of white patches. But he said he never got any sifilis. I don’t believe him. He goes to the brothel so often, he must get it at least once (Y, 6/6/00).

Makutu (lice)

Makutu in Balinese means that some body areas are inhabited by lice (kutu). In relation with genital disease, one interviewee described that the stage of having lice in the pubic hair area is even worse than urinating pus, because they stay much longer and are harder to get rid of them from the genital area. And also the itch is unbearable.

A friend called I Ujung got it. His penis was berek, ngetel (roiton, dripping). So many of them are ngetel. A lot of young friends are ngetel. Ngetel because of rajasinga (syphilis) most of them. Even some had makutu like makelimpit (ticks) (K, 2/6/00).

Maperengkangan (walking with legs wide apart)

In Balinese maperengkangan describes a way of walking with your legs wide apart. The word was used frequently for children who were infected by kerek (scabies) around their groin area. In some discussion with the tukang ojek, they described how they had to walk like those children from holding...
the pain around the groin area and also to prevent the pus from dripping on the legs and causing irritation.

To be infected by the disease called *sifilis...* Everybody will be embarrassed. I was embarrassed when my walk was *meperengkangan* and with *andih kalut* (very terrible smell) (R, 2/6/00).

Another older man described a condition of swollen genitalia. When I asked him if people with the disease could walk to get to the doctor far away, he told me “Not at all. The penis was swollen about this size...(showing his fist)” (Gu, 1/6/00)

*Mata kekuning-kuningan (Yellowish eyes)*

From interviews and observation with *tukang ojek*, the typical case respondents and the *dagang oobat* (traditional medicine peddler) in Denpasar, it was mentioned that a yellowish color affecting the whites of the eyes is an indicator of infection with *sifilis*. This indicator is commonly used in selecting a sexual partner among prostitutes.

...I could see it from their eyes. If their eyes are yellowish and look pale, so this person must have *sifilis...* (Dagang obat, 23/5/00).

...And the signs of the infection in people, especially in women, first their eyes are yellowish, the veins in the eyes show up strongly *bau mulut* (very bad breath), this is general knowledge. If we see nakal women with these kinds of signs, then we know that they have the disease (N, 9/6/00).

*Andih (putrid)*

*Andih* is a Balinese word for a terrible, sickly smell, which could even make you retch or vomit. Generally it is used to describe the odor of fresh blood or rotten flesh. The word is rarely used about a person unless there have some condition that disallows bathing, so that they start to smell. However, this label of odor is also applied toward prostitutes suspected of having genital disease. From some interviews with *tukang ojek*, they said that the smell came from the women's vagina. I found from some interviewees that *andih* is also used to describe the odor from the dripping of pus from the penis (see above quote “R”, re: *Maperengkangan*).
**Mulut bau (Bad breath) and body odor**

The interview quote below is representative of a commonly described symptom of genital disease among female commercial sex worker (CSW), when described by men in Bali. During the hanging out observation with *tukang ojek*, body odor and bad breath were among the most common symptoms that men used to label women as having a genital infection or STD.

...And the signs of the infection in people, especially in women, first their eyes are yellowish, the veins in the eyes show up strongly, and *bau mulut*, this is general knowledge. If we see *nakal* women with these kinds of signs, then we know that they have the disease (N, 9/6/00).

The traditional medicine peddler in Denpasar also mentioned odor, “...And for women it is from their odor. I could feel and smell the air if a woman has the disease...” (*Dagang obat* 23/5/00).
CHAPTER 5:
Perceptions about Perana or Sifilis Transmission and Prevention

5.1 Transmission
The older and younger generations have different expressions they use to talk about genital diseases and transmission. Some of the expressions do not correspond to each other anymore due to the generation gap. The first three expressions are from the older generation (represented in this study by the lontar readers) in which the local manner of language is still very strongly maintained. There are no sexually vulgar words used by this generation. On the other hand, tukang ojek (younger generation) expressed sexually related matters without regard for the local linguistic manner.

*Tungked pepetengan* (stick in the dark): indiscriminate multiple partner sexual relations
In Duda, electricity was introduced in the late 80s. Before that, the village was mainly dependent on kerosene torches and dry coconut leaves for lighting trips at night. Back then, a walking stick was also an important tool for travel after dark, mainly for superstitious belief. A stick was considered a useful defensive against *leyak* (black magic transformation forms). However, in practice the sticks were mainly used to get rid of the black and white striped snakes (deadly poisonous *bandit krait* type of snake) which are attracted to the glow of lights, mistaking them for fire flies.

At the time before there was electricity, the roads in the village were also not paved with asphalt, but still rough. There were generally patches of dung here and there, and maybe even some dead rotting animals, such as small chickens, in addition to left over religious offerings scattered in certain places, which includes flowers, left to decay or eaten by dogs. Such road conditions created the expression of “stick in the dark” for the men who like to grope around at night for women (in Bali, a stick is very common metaphor for penis). The fact that the stick was always covered with different kinds of dirt from night trips was used as a metaphor for multiple sexual partners. The action of poking into a dead animal, dung or flowers, is used to describe indiscriminate sexual intercourse. My key
informant, I Cenik, and his friend Taman, spoke about the “stick in the dark” phenomenon, and how they believe it to be causally related to genital disease:

Taman: “And what is the cause of this disease? Probably because of too nakal (naughty). Back then, the public labeled the people who were contracted by the disease as nakal, as people who like to berganti-ganti (keep changing) sexual partners. Any available women, these men will gasak (crush) them. The conclusion of people back then, if you were tungked pepetengan (walking stick in the dark)...

I Cenik: “...The stick will poke at anything in the dark street, it doesn’t matter if it will stick in shit, dead animals or anything, without considering if it is good or bad, as long as they are women.”

Taman: “So tungked refers to men’s genitals. Because the tungked is caught in the dark, it could poke shit, flowers...”

I Cenik: “...or rotten stuff, even a person who is already known to have AIDS! ...laugh....” (Taman and I Cenik, 1/6/00)

Back in the 1950s and 70s, there were some rich men in Duda who were infamous for their sexual conduct. The men were known as the tungked pepetengan (stick in the dark), because they would have sex with so many women, regardless of the women’s sexual history.

*Salah ngajak nak luh (misconduct with women)*

Women were considered to be the source of perana, that is, that men got it because of their misconduct with women, as described in the following quote from an older respondent.

I don’t quite remember [how many people from this village got this disease], but from Baturiti (60 km away) two of them urinated pus and blood, because of salah ngajak anak luh (mistake with women)....The women were nakal (naughty) when we ajak (were with) them, then it will create perana. ...In Lombok there were some [women infected] but I don’t know where they went for treatment. So, this disease was originally coming from women. (Gu, 1/6/00)

There are two interpretations of the notion salah ngajak nak luh. From some of the interviews with the older generation (even some tukang ojek), it was explained that you could get the disease if you did not choose well which nakal women to have sex with. Men believed that women who had multi sexual partners transmit the disease to men. However, it was also mentioned by the older men that the “wrong conduct” or “mistake” was judged from a moral perspective. During the outbreak of perana in the 1950s and 70s, it was believed by the general public that the practice of having many sexual partners was morally unacceptable. Furthermore, the quote above seems to imply that the perana disease is understood to be created during the intercourse so that the man becomes infected.
The same elderly man, at another point in the conversation, also concluded that men can be the cause of the infection. “The reason why the women got that disease was because they have ngajak nak muani (spent a lot time with men)” (Gu, 1/6/00). However, it is not clear that there is a concept of transmission from an infected person to an uninfected person.

Barang berek, tai (rotten stuff, shit): infected prostitutes

In some level of conversation, men label the women they had extra marital sex with as barang (thing). Moreover, the prostitutes are called barang bangka (dead thing), a very common expression among Balinese men, used at any variety of occasions when the conversation may turn to sexual subject matter (e.g. preparing religious ceremony, hanging out and drinking session in the local drinking stall). They are called “dead thing” because they are available whenever they are needed. Those prostitutes who are considered to be the source of sifilis are labeled as barang berek (rotten stuff) or even as shit. Tukang ojek in Duda said that the smell is like rotten thing or shit therefore they are infectious to have sex with (see Chapter 4, section on local understanding of symptoms, berek).

Wanita nakal (naughty women) and Keketo (that thing)

These expressions are used by both generations, represented by the tukang ojek and lontar readers. The lontar readers used them on a regular basis every time they talked about the prostitutes, the sexual intercourse with them and the extra marital sexual behavior. They used the word keketo and wanita nakal as acceptable euphemisms to talk about this subject. However, the tukang ojek group and the younger typical case respondents only used the word at the beginning of the interviews, and when they became more comfortable talking to me, they were replaced by rougher words, such as lonte (whore), sundel (prostitute), ngatuk sundel (fucking prostitutes), ngalih sundel (extra marital sex). From all discussion and interviews, both tukang ojek and lontar readers believed that the keketo, i.e., the relations with “naughty women”, was the mode of transmission of sifilis.

According to the lontar readers, in the past wanita nakal were Balinese women. The women were possibly from the nearby areas and familiar to the general community. In one interview with a typical case respondent, he mentioned that the naughty women in the brothels are mainly from Java, and are
from Bali too (also mentioned during discussion with tukang ojek on 26/5/00). For some reason, I didn’t hear from tukang ojek generation that women who had extra marital sex with the cockfighting fans (mainly local store attendants) were labeled as wanita nakal. Both generations, agree that wanita nakal are the source of sifilis transmission from having sexual relations with too many men.

...Nowadays, many Balinese women are becoming sundel, some from Karangasem or Klungkung. I never told them that I am from Karangasem too. They told me keep their secret, not to tell their family about what they do in the city in return they gave me money (B, 21/6/00).

**Teli megambir and teli mekap-kap: dry vagina**

During my work experience with STDs and HIV/AIDS issues, I never heard these expressions. I heard that prostitutes use some kind of orally consumed remedies to dry up their vaginas (teki, literally: cunt) since most of the clients prefer dry sex. From a discussion with tukang ojek, this expression came out as they described it as one of the causes of sifilis. Teli megambir (gambir = substance that numbs the skin) and teli mekap-kap (kap-kap = pepper kind of leaf), in particular by creating sores and cuts on the penis that developed into ulcers and urinating of pus. It was said that teli megambir feels like a virgin vagina during the intercourse, and that for this reason women in Java (lontel/prostitutes) washed their vagina with water mixed with gambir or kap-kap before having intercourse with clients.

**Sweaty, polluted clothes**

An interview with dagang obat (traditional medicine peddler) mentioned that clothes could also serve as the means of transmission of sifilis. It is believed by this particular dagang obat that sifilis germs stay in the clothes if there were not properly washed. Therefore he advised all of his clients not to exchange clothes with people they don’t know.

...As I said before, sifilis is not only from sex but it also from cloth, so be careful to lend cloth to other people. It is because different people has different type of sweat. Somebody who has pekah, (smelly and salty) sweat, she or he may have sifilis...(Dagang obat, 23/5/00)

During the discussion with tukang ojek in Duda, this belief was also mentioned by some of the participants.
Dirty blood

Blood is the most common health indicator for Balinese. From my interview with the dagang obat, it was said that blood condition also determines the degree of sifilis infection. There are different types of blood (darah) in Balinese general understanding: darah kotor and bersih (dirty and clean blood), darah merah and putih (red blood and white blood, the holy men's blood). Dirty and clean blood are commonly referred to in Balinese traditional medicine. It is believed that if the color of the blood is blackish it is the sign of dirtiness and it may contain any kind of disease. This local knowledge is popularized by dagang obat who travel all around Bali from one market day to another.

...However sifilis is not only because of nakal (naughty conduct). It is also because of the blood condition. If somebody's blood is dirty, it could contain sifilis disease (Dagang obat, Denpasar, 23/5/00).

Hot taste of chilli: very contagious

One of the typical case respondents mentioned that it was believed by the community in general that perana was a very contagious type of disease, expressed as ngelah-lah, meaning as fast as the taste of hot chili in the mouth. He implies that people were even afraid of airborne transmission, not wanting to see the sick at all.

Q: How did the public feel about this?
A: Nobody dared to come to see the sick, or even to talk to them. People thought this disease was ngelah-lah (Gu, 1/6/00).

More contagious if the symptoms are advanced

One of the typical case respondents mentioned that he made a self-experiment on sifilis by letting the symptoms become severe in order to be more infectious. This respondent wanted to deliberately infect his second wife since he wanted an excuse to get a divorce from her (see also Chapter 7).

Once it was very severe, because I deliberately let it get bad, in order to infect somebody...So I didn't wash it for three days and pus came out then. And I held it another three days and to urinate was really hurt, and then I went to Karangasem berhubungan (to have sexual relations) with my second wife. (N, 9/6/00)

This interviewee is a man who was considered to be one of the tough persons in Duda (jailed for some political reason, a member of strong association, and an expert in martial arts). From my long time acquaintance with the association members, I found they all like to talk about how much pain
they can stand, both from disease or accidents (i.e., motor accidents or stab wounds from gang fights).

They talked about this matter among themselves and with other villagers.

I had pus and itching, once I kept it for 7 days, with pus coming out, I wanted to know how far the disease would go...So I can tell people about it, about the disease consequences. ...If I count it, more than 20 times I had this disease, at least 20 times, I think. (N, 9/6/00)

Public Toilets

From the group discussion with tukang ojek, one of the participants came up with the opinion that sifilis is also transmitted from public toilets or common public places for urination. He said that by waving his penis while urinating (kencing berputar-putar), rather than urinating a continual stream landing in one spot, he could prevent the infection from “climbing up” and infecting his genitals.

When he said this, other men expressed agreement, and others said, “ah, that’s a good idea.” (Tukang ojek group discussion, 26/6/00). From my 5 years of experience in AIDS prevention working with young men with unsafe sexual practices, I heard about this kind of fear of transmission, and this prevention strategy, many times.

“Insect-bite” sensation

One of the typical case respondents mentioned that his experiences of being infected have taught him to recognize the risk of sifilis infection during sexual intercourse without condoms. A sensation like an insect bite is the sign for him that the woman is infected and that the disease has been transmitted. This comment came from one of the typical samples who has frequent experiences with sifilis infection.

It is like this, when I inserted my penis, and then I will feel something like an insect bite. That is the sign that you will be infected. I experienced it so often. So, I know how the disease transmits. When I play (had sex), instantly I will feel the bite and I will pull out ... two days after that kind of incident, I will be ngetel (dripping). It will so painful to urinate. I have to squat to urinate to let it drip (B, 21/6/00).

Again, from my experience, I have often heard this kind of opinion, mentioning a bite sensation as an indication of sifilis risk from an infected woman.
Ilmu hitam (black magic)

The Dagang obat (traditional medicine peddler) interviewee mentioned that sifilis is also possibly transmitted via black magic. He told me a story of a client who came to him in order to confirm that there was some spiritual side to his sifilis infection. From spiritual analysis, the dagang said, it could be determined that the clients (men) had bad habits in dealing with women (e.g. had too many partners), and/or the clients had no compassion for other people. Or they also think having the most powerful magic, so somebody sent some magic from a distance and hurt him.

...Yes, sifilis could be from many sources. Somebody could apply black magic to make somebody get sifilis....I will take the patient into my house and then at night I will try to hear if there is some voice for me to treat this person. Then I will ask the person if they ever had some problem with other people. Or if they ever hurt another person. So to heal this disease, they have to apologize to that person...If I don't get any voice in that night, then the disease is just ordinary one. It could be disease because of sex. (Dagang obat, Denpasar, 23/5/00).

In this quote, the dagang implies that the same disease, sifilis, could be due (wholly or partly) to black magic, or it could be “just ordinary”, meaning only because of sexual relations, with no spiritual component.

5.2 Prevention

The two generations talked about two distinct levels of prevention for sifilis transmission in Duda, individual and communal. The lontar readers (older generation) stressed the value of strong moral enforcement in the past discouraging the larger community from conducting free sex. Tukang ojek (younger generation) mentioned some practical preventive measures for individuals to avoid sifilis infections.

Communal Prevention Methods

Changing the opening time of pasar leyak (the devil market/market open at night)

The lontar readers said that the early opening of the salak fruit market has to be changed from 1 in the morning to later time, in day light. They are concerned that the early opening of the market (while it
is still dark) has been used as a cover for conducting extra marital sex (Lontar group discussion 23/6/00). The following quotes from my respondents described the scene for me:

Maybe now the market also plays some role in the infection in our village. For example pasar Pesangkan which is open from 1 o’clock at night provides a lot of opportunity for extra marital sex. The market is usually already full of people around 12 o’clock. Myself, I’ve seen a lot of men and women coupling in the dark. What I saw, they only sitting together at first and then leave the market to go somewhere. For me that is very risky. For example, your dad’s friend at the market, she was pregnant without a husband. And she was ostracized from her village but her child was cared for by the grandmother. I think via the pasar the spread of sexual disease can start... (Taman, 1/6/00)

I Getas: ...And the most likely scenario for village affairs is at the night time market. The market start too early [when it is still dark]. It must be a talk in the village about the relations among dagang (women traders) and the supir (drivers). It is understandable why supir like to go to the market in the middle of the night [early morning]. I think those relations at night is their fun time. I often heard talk from my patients or neighbors about which woman went with which man.
I Cenik: It is a fact, I am also a night market goer. I saw some woman went with some supir to some dark place with their bemo...
I Getas: That is a well known secret. We all now about what happened, but we don’t do anything about it. (I Getas, local nurse, 10/6/00)

Limiting the distribution of pornographic materials

With the growth of the economy in Duda, many things that five years ago were only available in the city are now also available in the village. Electronic products were one of the hot discussion topics during the period of my study. I observed that only a few people still had black and white TVs. The houses in the village are decorated with tall antennae and some satellite dishes to receive non-government broadcast TV programs. The availability of color TV encourages the villagers to also get other devices, such as VCD (Video Compact Disc) movie players, often to watch pornographic films. According to some of the lontar readers I interviewed and also the village nurse, these days young women and men even watch the pornographic movies together. Therefore the older generation (lontar readers) are concern about the government policy to control the distribution of these materials.

M: ...Now, medical officers are so many and accessible from the community, so sifilis is easily treated, so nobody heard about the ill person. As soon as they fell the itches they go straight to doctors. However, I am worried about the availability of VCD (video compact disk) which are...
Kt: Pornographic...
M: There are so many of them...
S: But after having this discussion here about the possibility of VCD influence, now I am worried about my village. If all people were like me who is so ashamed to look at that kind of thing, maybe it would have no influence. (Lontar group discussion, 23/6/00).

There are so many [pornographic materials distributed in the village]. They try to keep it a secret distribution, but everybody knows where to get them. Here, there are so many from the young generation of men and women who like to watch that stuff. I think this media influenced the young generation to be early sexually mature. (I Getas, local nurse, 10/6/00)

Sex education based on local lontar knowledge

The lontar reading activities is a local method of education. The group practice reading many types of Indian-originated ancient manuscripts (i.e., the Ramayana, Mahabaratha, Tantri, Sutasoma and Bagavad Gita), and also originally Balinese/Javanese lontar (Niti Sastra, Tanakung and many types of warga sari or holy songs). They said that most of the Indian based materials carry many sexual education messages. However, during the practice time, they only read these passages during intervals for some lighter or joking material in between the more religious chapters. They feel embarrassed or awkward to read and recite these materials in front of the larger community during a formal invitation for reading. They are optimistic that in the near future the lontar will not be merely seen as religious related materials but also as art or literature to be explored for practical uses.

...Is that probably Balinese version of sex education? I don’t know. I think we need more than that. I know that in our manuscript Ramayana, there are some verses mentioning when Hanoman (the mighty monkey) arrived in Alengka, he saw the raksasa (giant) having a sexual orgy, they have sex in front of each other (ngisi pada mauukud mejuglaran). So what I could draw from this story is that if we are human then we won’t do raksasa’s behavior. Meanwhile in the Mahabaratha, it mentioned Arjuna’s experiences in the heavens with the angels. There in heaven one of the deities plays as the broker (germol/pimp) to link him with the angels. Some lines go like this ‘Now you will deal with a woman who already has a lot of experiences in dealing with men. She is an expert. She defamed a lot of men (mecundang), so prepare yourself.’ I think the message that this verse wants to tell us is that we have to be careful to deal with this kind of woman. We have to be prepared with paditeng siwo (the person who is an expert in sexuality). There are so many other lines with similar messages. But for us so far it is too difficult to read this verse in public. We don’t want to provoke a bad discussion (Taman, 9/6/00).

Taman: ... I think those of us who read books in the village have to start thinking now what can we do to help. As we read in the book about Arjuna’s wedding where
it was mentioned about the naturalness of enjoying sex in terms of time, place, and the enjoyment itself. And marriage is the legal channel for sexual desire. So it is cited in every banjar’s rules that a newly married couple are not required to participate in village activities for the first three months. The rule allows the couple to enjoy their time. I think the book the Wedding of Arjuna contains sex education which mentioned about sexual limitation, to avoid excess, and also about cleanliness (Lontar group discussion, 23/6/00).

Individual Prevention Methods

Siap tempur/pentas (ready to perform) and terlatih (well trained)

Taking antibiotics as prophylaxis is one of the main STD prevention methods among the younger generation in Duda. The information about this method is passed among them by word of mouth. I noticed that the hanging out session (probably also drinking session) of tukang ojek generation are the media for this particular prevention information dissemination. Clearly, from the hanging out sessions, one more mature adult man preached to the younger ones about preventive methods for sifilis infection, and about other sexual related tricks (enhancement). Below is what he told me in our interview:

...Capsules, super tetra, binotal, and others. This is what people call prevention for these diseases... Those prevention pills are sold in the brothel areas, apotik, but if we want to buy it in the apotik, we have to have a doctor’s prescription. But if we buy it in the brothel, we don’t need a prescription. It is a general knowledge that super tetra is a preventive medicine for sexual disease. And binotal also works the same way. ...this [information] is straight from a doctor... I went to the doctor very often... And the doctor said this is no problem, but if you could, please use this protection, like super tetra and binotal. But even though you use these prevention methods, it really depends on your physical condition. If your condition is not strong, then inevitably you will get it anyway. (N, 9/6/00)

Below is another quote which expresses the same thing, emphasizing that people who don’t use this kind of prevention are ignorant, while those who do are careful, well educated, well trained.

...Binotal is only for prevention before pentas (performing), so we won’t get any disease. So those who are careful use prevention medicine first and then main (play). And for those who are careless and ignorant: main first and then go for treatment. ...No, none of [my friends got the disease]. They are all terdidik, terlatih (R, 2/6/00)
The local nurse also told me about this phenomenon of people asking for preventive medicine:

...Sometimes [clients come to me and say] “give me the medicine first, I will go there tonight”. But I never gave medication like that. I don’t understand these people’s minds, they know that they will get disease, but they can’t stop themselves from doing it. So that’s why the re-infection cases were very frequent.

Q: Did you get a lot of people coming to ask for medicine before go to a brothel?
A: No, not so many of them. I think these people are the most nekat (determined and stupid) who will come to me [for that]. If they didn’t get it from me then they will go to street medicine. They can get super tetra. Sometimes this kind of habit also happens among the medical people (nurses). For example when I had special training from the government in Denpasar with many other nurses, I heard it from some of my colleagues, “with super tetra it will be fine if we went there”.

**AIDS prevention medicine**

This particular information was from one of typical case respondents. He is known to be the most regular brothel-visitor (all over Bali) from Duda. I was not very convinced by what he said about AIDS prevention medicine he got from one of brothel-based AIDS program in Bali, which I am familiar with from my work experience. However, what he said to me is also the information he passed to other villagers.

I am so afraid of [AIDS]. I always mention it to the cewek every time I want to “play”. ‘I don’t want to get AIDS,’ I will say from the beginning. Then they will tell me they don’t have it. But still I am not convinced by the cewek so I go to the canteen to get AIDS prevention medicine. So they will give me the medicine and I drink it. (B, 21/6/00)

**Fitness**

Some Tukang ojek and other men in Duda mentioned that fitness is the real determining factor in whether or not an individual will be infection by siflis. It is believed that physical fitness could help us fight off the germs that cause infection, while weakness, especially combined with being under the influence of alcohol, could make us particularly susceptible, with or without other prevention methods.

It depends on your physical condition, fitness. This is my experience, if the physical condition is weak, when we have relations with nakal women, who are already infected by the disease, you will be easily infected (terkena). It is even worse if the man, before relations, drank alcohol... The worst and the fastest infected is by that way. You can’t do anything if you drink alcohol before relations, even though you have taken some precautions (N, 9/6/00).
...If you like ngalih keketo, if we are physically weak, easily we will be infected. That’s the situation, if we ngalih keketo (go for that thing) if we are weak we will get it, but if we are fit we will never kalah (defeated)... (K, 2/6/00)

In addition to these quotations, I also heard from the tukang ojek that maintaining their physical fitness is very important, such as by doing sports and drinking energy enhancing tonics or traditional remedies, especially STMJ (Susu, Telor, Madu, Jahe: condensed milk, eggs, honey and ginger). Now a popular remedies comes in a package called Extra Joss.

**Partner selection**

There are many common tricks used for preventing STD transmission. Some are described in the quotes below, including avoiding women with bad breath or body odor, choosing the uglier prostitutes and not favorite (most used) women in the brothels, and a certain kind of scented spray commonly used in the brothel rooms to cover the odor of infection, or word of mouth warnings about particular women from friends.

*The beautiful ones and bad breath*

I think I am going to stop doing it. No, I can’t promise that. I will be more careful in selecting the women. If her breath is bad then I will avoid her. I am not like other people when they look for sundel. They all will go for the beautiful one. I won’t do it. I will go for the one who is not so good looking. I have to know who she is. I will chat with her and ask her if she had any experience with the disease. I said to her, ‘did you have experience with this disease’. She said no and, ‘you can smell me to prove it’. Other people always go for the beautiful ones. Because so many people use her, she will have the disease (B, 21/6/00).

*Bad odor masked by scented spray*

Long time experiences with keketo will lead to a sense of disgust. Sometimes their odor was so bad. When they already infected, they smell bad. When the women smell of ... a special air spray, it smells so bad all over the room (K, 2/6/00).

*Word of mouth*

In Karangasem city, back then there were women like that, sundel, two of them were rusak (bad). Uwa anu (an uncle) told me ‘Mang, if you want to look for women, don’t get those particular women, they had the disease sifilis.’ Well, those women were beautiful. (Gu, 1/6/00).
Condom use

Condoms are not a popular option for either family planning or disease prevention among men in Duda. The main reason is the reduced pleasure due to condom use. From the tukang ojek group discussion, it was said that condoms make the feeling of having the penis inside the glove (26/6/00).

I think condoms have been promoted in the last 5 or 6 years. I saw it in the brothel and in some hotels, some posters here and there encouraging us to use condoms, but I know a lot of us disregard it. I myself, honestly, I didn’t use condoms, because of the different feeling (rasa), it doesn’t feel good if I use condoms (N, 9/6/00)

Therefore the local condom promotion, mainly targeted at prostitutes or family planning clients, seems to be having little impact so far in Duda, as these quotes show.

I heard that some use [condoms]. They got them from the family planning program fieldworkers. (Ge, 4/6/00)

A thousand times they show it on TV [about condoms], but nobody has any fear, the show keeps on going on. (K, 2/6/00)

I rarely heard men talking about using condoms. But I heard so many single women have condoms in their wallet now. So they already ready for preventing sexual disease, so basically they are ready tempur (to go to the battle). Condom use is very rare in the village. But other types of contraceptives are largely used. (I Getas, local nurse, 10/6/00)

One person mentioned that he even manipulated the free condom distributed from a brothel-based AIDS prevention program and clinic in Denpasar by pretending to be a pimp, asking for large supplies and then selling them for profit. The quote below is indicative of his attitude:

No I never use [condoms]. Since I learnt this thing for the first time, I never used them. Once I used them. It didn’t feel good. I have so many brands of condoms. I even sell them...At the clinic in the brothel] they also told me to use condoms. And I told them that it doesn’t feel good and I also feel disgusted to handle condoms. They were very eager to persuade me to use condoms, but I never use them. I never really go to brothels that often ...They have [clinic] staff all over the brothel. They come to tell people about the disease and also conduct some workshops (penataran). They asked about where I am from and many other things. They took note of my identity card. They also asked me about disease, and when I said I still have it they took me for check up and treated me... [They gave me] Ampicillin and super tetra - the strong one. (B, 21/6/00).
His attitude reminded me of many comments on sifilis infection among the young men, expressing that they prefer having treatment than prevention, since most STDs they experience are curable and treatment is very affordable (one can buy antibiotics in the street or go to an STD specialist repeatedly). This person regularly goes to the brothel-based clinic to treat his STDs. While there, he hears the STD/AIDS prevention information, he even accepts boxes of condoms, which he later sells, but he never uses the condoms and is clearly only taking advantage of the free treatment services and an opportunity to profit. The possibility of an incurable, fatal STD, i.e., AIDS, does not seem to have really been accepted or understood yet, despite exposure to information materials and campaigns.

**Prevention to avoid malu (embarrassment)**

Sifilis is also known as a malu (shameful, embarrassing) disease. It is a malu disease when your current affliction becomes public knowledge, even though among trusted peers or friends, infection can be a matter for open joking and comparison. Nevertheless, preventing this malu feeling for some young men becomes a motivation for preventing infection. To this end, some young men took precautionary measures, including medication before sexual intercourse (see siap tempur), while others just choose to get their medical treatment in other regions, not to the local nurse or doctor.

And even though we did that kind of thing, the sense of malu (embarrassment) was still there. It is like a thief, we would never let ourselves be caught red-handed...To be infected by the disease called sifilis will make us embarrassed in front of our friends. So in order to avoid the chance of infection, prevention is very important. Everybody will be embarrassed. I was embarrassed when my walk was meperengkangan (walking with legs wide open) and with andih kalut (terrible smell). So prevention is very important to prevent embarrassment (R, 2/6/00)

...Also this kind of disease is a malu (shame) disease, so if any of the villagers here got it they will go to Denpasar (60 Km) or Gianyar (30 Km). They are afraid the news will travel around (I Getas, local nurse, 10/6/00).
CHAPTER 6:
Local Health Seeking Behaviour and Treatment of Perana or Sifilis

6.1 Medical treatment

The finding from this chapter refer to the period from 1975 to present. According to the local male nurse interviewee, sifilis in Duda has been a common disease among his clients, especially in the 1970s and 80s.

Back then, there were so many, maybe hundreds [of sifilis cases], that covers all my 25 years working here. For example back then, one guy came for treatment and some years later he came back again. He told me ‘I went there again’... the re-infection cases were very frequent. Back then it was a normal situation in the village. I remember that some guys passed out trying to endure the pain. Now with the doctors availability and their sophisticated medicine, people don’t have to go through that pain (I Getas, local nurse, 10/6/00).

Another respondent sheds light on the experiences of the clients of this nurse, with the following story:

...I remember that one day 10 friends from Perangsari asked me to bring a cewek (girl)... three days later eight of them had kencing nanah (urinating pus)...[They all went to] a nearby male nurse. He gave them injections and they were all cured (J, 4/6/00).

Medical practitioners and doctors are more available in Bali now than 20 years ago. In every Community Health Center (Puskesmas) in the rural areas, there are at least two general practitioners to deliver services to the sub-district community. In Duda, there are two supporting branches of Community Heath Centers (Puskesmas Pembantu) with regular visits from the two doctors from the Puskesmas. The doctors, mid-wives and the nurses also have their own private practices after hours.

...I am a nurse...the government doesn’t have enough doctors to cover the rural area, so they let us nurses to administer injections and do examination too. But I could see now that my service will no longer be needed, as more doctors are becoming available (I Getas, local nurse, 10/6/00).

Furthermore, some specialist doctors are also available in every district capital public hospital. In Karangasem district, there is one hospital that provides a range of health services on a smaller scale than the central public hospital in Denpasar (the capital city of Bali). According to a nurse in Duda,
there is a unit of Dermatology and Venereology (*Kulit dan Kelamin*) at the Karangasem district hospital with specialist doctors. Duda is located close to other district capital, Klungkung, which has an even better equipped district hospital. (In Bali, Karangasem has the least equipped district hospital because of its geographical location on the eastern most tip of the island, according to the nurse, I Getas).

The fact that hospitals/health centers doctors and other medical practitioners have their private practices (usually at their homes) after working hours gives a lot more freedom for the *sifilis* clients to seek medical treatment. For young men from Duda, the habit of using modern medical services for *sifilis* treatment has widely growing. Some even developed familiarity with the medical practitioners due to the frequency of re-infection.

I went to the doctor very often. ... He is a general practitioner. Every time I go there, the first question he asks me is always about that. Because I went there very often for that problem. The last time I went there was 7 years ago. (N, 9/6/00)

Nowadays, in Duda seeking medical help very much depends on the familiarity and trust with the person who administers the treatment. Even though doctors are accessible, some *sifilis* clients still used the medical practitioners with whom they have a long standing client relationship, including doctors or nurses further away and one local healer who administers modern medications. Some men went to see doctors in Klungkung or other places because many friends went to them.

[Doctor in] Paksabali [in Klungkung, 20 km away from Duda]. That doctor is famous among young guys here for treating this kind of disease. He is considered to be an expert on every kind of infectious disease. He is just a general practitioner. People go to him for that kind of treatment because of some belief beyond medical logic. Just a matter of trusting his ability to cure, that’s enough. (Ge, 4/6/00)

.. From here, I haven’t had any patients [recently], but I heard a lot had experience with this disease. They probably went some where far so nobody here would know about it. Also, remember that patients with this disease, they don’t care about medication price. As long as they are cured, they will pay for it. The pain is too much. They are already *meggantung* (strung up in bed from pain). (I Getas, local nurse, 10/6/00)

Since the reporting of the first HIV/AIDS case in Bali 13 years ago, many researches and organizations have studied and applied intervention methods for AIDS prevention all over the island. Besides street level outreach and condom distribution, there are also programs that provide free STD
treatment and HIV testing services. One particular program runs such clinics at a few prostitute localisations in the Denpasar area (Badung), serving mainly prostitutes and their clients. One of the informants has apparently become a frequent client at one of these clinics.

... I went to the doctor...in Badung, there is special doctor there in the brothel....it was for free, right in the brothel, there is one clinic in Lumintang brothel. I always get my treatment there. (B, 21/6/00)

During our interview, he mentioned how he took advantage of the project by giving false information and getting as much as benefit from it as possible, including taking the free condoms and selling them for profit at a brothel in Karangasem. He never, uses the condoms, he says, seeming to prefer medical treatment to this kind of prevention, despite exposure to STD/AIDS information at this clinic (see also Chapter 5.2, re: condoms).

Buying sifilis medication in the drug store (apotik) is very common for those who have had experience and frequent re-infection. Some types of antibiotics are also available at some brothels, sold by medicine peddlers who base themselves there. One interviewee implied that medication prescription could be obtained just by mentioning the disease is sifilis (genital disease) without any etiological diagnosis.

These findings indicate the level of misinformation and misunderstanding about the biology of STDs and treatment that exists in the community, supported and fed by some healers and even some doctors. Although generally an STD should be treated based on a medical diagnosis, often requiring laboratory testing, and certainly requiring a physical examination, yet people have become used to buying medications without any of these clinical or laboratory procedures, merely by using the local term sifilis and perhaps mentioning the main symptoms. In relation with this issue, I have had input from one study supervisor involved with the Baseline Study of STDs and HIV among selected populations in Bali, South Sulawesi and Kupang, a study by Australian A.I.D.'s “Indonesia HIV/AIDS and STD Prevention and Care Project”. She told me about her interview in 1999 with one of the top Balinese STDs specialists, with both a private practice and head of the Dermatovenereology Unit at a hospital in Denpasar, who explained some issues around the STD problem in Bali. Apparently, few clients go to the affordable public facilities at the hospital, since they are seen as lacking privacy, confidentiality and good facilities. Instead they go to expensive
private practices (often run by the same doctors at their evening practice after their official job). In either case, they mainly do not want to be examined or questioned in any depth about the problem. He insisted that they also do not want to hear about the need for laboratory tests and waiting for results. They simply demand immediate treatment, and if they don’t get it they will go to another doctor. This means that these specialists don’t use their diagnostic skills and are forced to give out potentially ineffective medication, or risk losing patients (personal communication, JH Patten). However, another interpretation is that these doctors are simply taking the easy way out, not bothering to find a way to make the patients listen and understand, therefore perpetuating a dangerous system of misuse of antibiotics and lack of accurate diagnostic information, besides a lost opportunity for patient education, if seen from a public health point of view. The following quote gives an idea of this type of client, who just sees the doctor as a means to an end, the provider of the prescription which is necessary to get the drugs he wants from the pharmacy (apotik).

Q: Where did they go for treatment?
A: Straight to the apotik...but we have to get a prescription first from a doctor, any doctor. If we don’t have the prescription they won’t give the medicine (K, 2/6/00).

In Duda, there is one local medical healer, the widower of a trained paramedic. He was previously the helper for his late wife, in delivering babies and administering some common treatments. According to the male nurse I interviewed (10/6/00), back in the 1950s the government set up a program for health services delivery to the rural community. Some local villagers (one of them was this man’s wife) were trained to help nurses and doctor (who were very rarely available) in administering injections which had been prescribed by the doctor or nurses. These trained people actually didn’t have any authority to make a diagnosis themselves, they simply received a loaded syringe from a doctor or nurses to inject to the ill persons at community based treatment programs. However, these people became known as healers and some of them continued to administer treatments even after the program had finished. In the case of this local medical healer in Duda, he doesn’t have any medical training at all. He is familiar with medicine brands simply from helping his late wife, but he is accepted as a healer by association. Over the last 30 years this healer has been the most popular health practitioner in Duda. It is generally believed that he has some supernatural powers that override his lack of formal training.

People went there [to the medical healer] for injections and also for pills. So they don’t have to go out of village for treatment. (Y, 9/6/00)
6.2 Traditional Treatment

Traditional Balinese Treatment Manuals

In Duda, traditional treatments for sifilis were mainly applied during the outbreak in the 1950s when doctors were not accessible. Then, the traditional healers (balian) played a major role in treating sifilis. The treatment was based on Balinese traditional medicine manuals, and magic oil inherited from the ancestors. There were three manuals mentioned, namely: Meong Garong (Wild Cat), Usadha Cui (Dirty Treatments) and Usadha Bali (Balinese Health Manual). As told by three different informants, the three manuals give different prescriptions and recipes for treatments. In Bali only the healers have the access to the Balinese-healing manual. And the healers addressed the disease based on what they read in the manual.

I have it in a book somewhere... The book is called Usadha Cui (dirty treatments). And this book also talks about dry sperm, and how to treat it, and also other things which people are familiar with as impotence or lemah syahwat, the medicine and the cause are mentioned there (N, 9/6/00 – healer and son of a healer).

However, from one discussion with tukang ojek and an interview with one of the younger men from the typical case sample, there are some traditional treatments still applied based on word of mouth information among friends and men they met in the brothels.

The Meong Garong manual was kept by a family of the oldest person from the typical case study, but it has now been lost. He was known as healer, and also as a person with frequent personal experience of sifilis infection.

Q: ...what was the medicine for sakin perana?
Guru: Pahang nyuh (coconut flower bud), gandan jagung (cornhusk) and pamor (lime stone)...[I learnt it from] an old book, I had it before I left for Lombok...Everything was mentioned in that book. ...[One month] treatment with paangan nyuh and other medicine [cornhusk and lime stone]. After everything was burned, mixed with water and then put it in the new clay pot. We will drink the drips that come through it...
[The first two weeks] it will be totally cured [the pus disappeared]. I used the medicine consistently. I strained it with a brand new clay pot... for its water and drink them a glass or two every morning, about 5 o’clock.... Yes, early in the morning, before I ate anything. Before I even spat. Actually, the morning saliva is medicine too... urination became fluent, and kaange in the penis (the stones that clog it) disappear (Gu and family, 2/6/00).
Besides applying the treatment based on the manual, this person also possessed magic oil which he and the villagers in Duda believed to have power to protect one from all kinds of threats, physical and black magic, and also cure people from any kind of disease.

There was a married couple from Buleleng [who came to me for treatment]. Before, when I used to have the magic oil, I only had to draw a cross on their forehead and they were healed... as soon as they urinate, the magic of the oil will disappear... that oil was applied at the same time as the paangan nyuh. (Gu, 2/6/00)

According to Taman, the leader of the lontar reader group, the Usadha Bali Manual mentions how to treat perana/sifilis. He still has the manual that his late father left him (his father was one of the great healers, a religious leader, leader of lontar readers group and also a traditional Balinese architect). Taman doesn’t use the manual anymore, he doesn’t trust its accuracy to cure current medical diseases. He doesn’t practice healing. However, he still believes that the manual has functions for spiritual healing.

...We don’t have the concept of biological cause. In our Usadha, it only mentions the treatment. Among other things, for the men’s sifilis—pus urinating—daun piduh (kind of leaf, like clover), mix it with uyah areng (salt mixed with fireplace soot), and then drink it (Taman, 1/6/00).

I mentioned the prescription above to the healer who had the Meong Garong manual. The man said that the prescription from Usadha Bali is more general. The remedies are not particularly for perana disease, but only for particular symptoms (i.e., the blood and pus urination) which could be from another type of disease. Therefore, one could also use other substances which have similar properties, as mentioned in the quote below.

Q: Some also said daun piduh and uyah areng?
A: That was for urinating pus and blood.
Son2: Daun piduh is a leaf to treat wounds, it is similar to the isep nanah (pus sucker weed) and isep getih (blood sucker weed) (Gu and the family, 2/6/00).

**Self-treatment for perana/sifilis using word of mouth therapies**

Besides treatment from healers, many informants also talked about self-treatment with traditional remedies, either they mentioned that they treated themselves, or they had experience of seeing other people who were infected. Back in the 1950s, according to I Cenik, the perana sufferers from Duda and Jangu treated the disease with the leaves of saksak menedi weed (demon saksak leaf). He
described that many men used to search for these leaves on the riverbank. I also mentioned these remedies to the Moeng Garong healer and, he said it was not as good as his prescription from the manual.

Q: In Duda I heard they use saksak leaves?
Gu: That leaf, some took that treatment also. Saksak memedi

Q: This medicine is the same?
Gu: They are the same but saksak leaves nuut daging (depend on body condition/allergic). Some people's body may not accept this treatment and cause body damage. But the medicine I mentioned before suited a lot of people, including me...In the past, that medicine was the most potent one. In the morning I will take a glass of it, and soon I will urinate fluently. As soon as the urination is fluent, the pain is less. (Gu and family, 2/6/00).

Another person with sifilis experience mentioned that his wife had to make him a remedy, boiled kumis kucing (cat whisker) plant with a pinch of salt. He said that his wife learnt it from the neighbor. She was told that urination problems were mainly cured by drinking kumis kucing remedies. This knowledge is from the government program in encouraging the community to use the land by cultivating it with medicinal type of plants (turmeric, cat whisker plant, ginger and others). However, he also sought medical treatment from doctors.

Yes, [my wife] knows about this. She even helped me to find the medicine, she gave me kumis kucing (cat whisker plant). She had to find money to get the [antibiotics].
(B, 21/6/00)

From the discussion with tukang ojek, one of the participants also came up with some remedies to treat sifilis that he got from a Chinese healer (sinse) in Java. He used buah nguda juice (young betel nut/arenga nut) to treat his symptoms (Tukang ojek group discussion, 26/6/00).

Treatment for tick infestation

Some tukang ojek informants mentioned ticks (other mentioned lice) as a main problem among them.

It itches badly around the groin area, and creates the sense of disgust to have them.

... his ticks sometimes went up to his belly button, they are not like lice. They look like chicken ticks but flat, and the head went under skin. They went to the body hair root, and into the skin. So it is hard to scratch it, or get rid of it. If we want to get rid of them, put WINGS (washing detergent cream) over it and then touch it on the hot stone and the tick will be off. (K, 2/6/00)

Meanwhile, from the tukang ojek discussion group, one of them also had a problem with lice and had another way to get rid of them. Instead of using washing detergent, he used toothpaste. He shaved
his pubic hair and then applied the paste and left it for 24 hours to dry. The next step was peeling the dry toothpaste off - along with the outer layer of the skin. And then, he reapplied the paste on the raw skin for another 24 hours. This mechanism had to be done at least three times and eventually got rid of the lice. At the end of the treatment, his genital area was red with new skin. Everyone he knows with the same problem uses a similar treatment, he said (Tukang ojek discussion group, 26/6/00)

_Megantung_ (lying in bed with feet strung up in the air)

This kind of treatment is very commonly mentioned by the villagers (also by people from the city), supposedly to relieve the pain of the _sifilis_ symptoms. The treatment became so well known that even though it is no longer applied, the word is sometimes still used to label the symptoms (see Chapter 4.2, local metaphors and imagery).

_Magetep_ (amputation)

This kind of treatment is commonly talked about in Bali. Mostly it is used to warn people about the worst consequences of having sexual relations with prostitutes. During the study, I heard informants mention about some cases of penis amputation due to severity of _sifilis_. The penis was totally rotten from untreated pus urination so it had to be cut off. Both _lontar_ readers and _tukang ojek_ mentioned this information. However, no body ever had seen any evidence of the case.

_Sifilis_. [the disease I had was] call _sifilis_. I am lucky that the pus came out. If not it might have to be amputated (_magetep_). That's what I heard. If the dirt managed to come out of the penis, that is a good sign. Someone in Klungkung, was amputated because of having sex with whore (_sundel_). A driver told me so that his brother was _magetep_. I was told by this driver that his brother died, from the amputation, and he warned me to be careful. (B, 21/6/00)

_Dagang obat_ traditional remedies and healing intuition

I thought it was important also to find out about _sifilis_ treatment offered by traditional medicine peddlers (_dagang obat_). Satria bird market in Denpasar is the biggest birds market in Bali and has cockfighting events on a daily basis. It attracts many gamblers from all over the island who come to bet and to look at some rare species of birds sold in the market. The _dagang obat_ base themselves there to reach this market of buyers, and the visitors like to watch the _dagang obat_ attractions (like magic shows and snake displays) they use for selling their products. I interviewed a popular _dagang_
obat from Satria. He mentioned his experiences in treating people with syphilis with his remedies that he inherited from his grandmother, based on Islamic teaching. His clients are not limited to Muslims only, many Hindu Balinese also come to seek syphilis treatment from him.

[Healers like us, who did not go to school] are working based on what we meditated and then administering the medicine according to the voices we heard. So now those [trained] healers are good at theory, but they are not good at their intuition. ...We [him and the relative] handled this [syphilis] case with traditional medicine which contained the straight and big temu ireng (black turmeric), 7 of these. And then temu tis (male turmeric, according to the Javanese) also 7. And then shallots which grow as a single clove, also 7. We grated these materials, mixed them with water and he drank the juice. Don't forget to add the egg yoke. Before taking this medicine, you have to take a lot of water so your body is loosened. It is not permitted to eat hot food (with chillies), soy sauce (kecap) and also no seafood. Reduce the rice consumption. Eat more fruit, papaya and apple [for vitamin supply]. (Dagang obat, 23/5/00).
CHAPTER 7: 
Socio-economic and Cultural Factors which Contribute to the Spread of Perana or Sifilis, and Stigmatization of Sufferers

7.1. Contributing Factors for Urban-Rural Infection

To initiate a divorce

Starting with the beginning of the tourism industry boom in the early 1970s, village men have been going to try and make a living in the city, and often they come back to the village with wives from different parts of the island or country. Many of these wives managed to place themselves as superiors even over the higher caste and the spiritually clean Sudra (lowest caste) family members. Some of these outsider women (from other parts of the island) came from stronger economic backgrounds than the men from Duda. Clearly this has created friction. Most of the marriages have lasted, but some have ended in divorces. From the story of one respondent, we can see how in his searching for a way to divorce his second wife, he eventually resorted to using sifilis infection as a way to get his wife and her family to initiate divorce proceedings, which he apparently could not directly initiate himself:

...Once [the disease] was very severe, because I deliberately let it get bad, in order to infect somebody... My wife. I wanted to separate from her. She is my second wife. As you know I was converted to Islam before. It was so difficult to separate peacefully, I feel kasihan (pity) for her, I can't be frank with her to leave. Once I tried crashing her car deliberately, it didn't work. I was trying to provoke her family's anger so I will have a reason to leave. I tried so many other things but she won't let me go. So I had to try this mean way and I always treated her illness.

The process was, I went to look for nakal women, in Lumintang, and deliberately I went for the one who was already infected. So I didn't wash it for three days and pus came out then. And I held it another three days and to urinate really hurt, and then I went to Karangasem berhubungan (to have sexual relations) with my second wife. The next day I went back to Denpasar to treat myself. When I was already healed, my wife's family came to ask me to treat my wife. They never thought it was sexual disease... She had discharge. So I went back home [to Karangasem] with ampicillin 500mg, three tablets. The way to give to her was very concealed. I made remedies from all sort of leaves, and then mixed it with the ampicillin, powdered, for drinking. The next day she could already get out of bed.
I went back to Denpasar, already healed, and her family came to me again, to ask me to come back to Karangasem to live with her, so I did. But I came home with extra baggage (bekal), a disease. It was even worse than before, I could feel it. So when I got home, we berhubungan, and the next day, I left her again to go to Denpasar, to treat myself, and the doctor told me [without a prescription] to buy 7 tablets of ampicillin 500mg, and I took them all. ... But apparently the medicine didn’t work. So I had to go back to another doctor, and that doctor gave me an injection, and then the next day there was some improvement, and within 3 days I was all better.

As for my wife, her vagina became big and swollen and with pus coming out, and bleeding too. They [her family] took her to the hospital in Karangasem. They planned to operate on her, so they needed my consent, and I happened to be at home. In the hospital they asked me if I had relations with cewek nakal (naughty girls), they asked me in front of everybody, and I didn’t know what to say, but I had to say yes. But I told the doctor, ‘when I was young.’ And the doctor just said, ‘oh, ya, ya’. Since that time in the hospital, I decided that I wanted to run away from my wife’s family and from my wife. I told my wife’s family that I was going to go to Java to find work. At that time she was 6 months pregnant. During her pregnancy, she had this disease twice...[Then]...I left her for Java so they never found me again. However, when my child was born I was still there...[Now] I hear she is OK. I keep on monitoring her situation via somebody, they say that she is healthy. I always wonder what that disease will do to her. I don’t know if the disease hasn’t reacted in her body yet or what?...[I never told her about the disease]...but luckily, my first wife never got infected. I didn’t dare to have sex with her during my ill period (N, 9/6/00).

**Pengalu (inter-city traders)**

In the past, pengalu, a type of travelling salesmen, were considered to be the group who were also most likely to commit extra marital sexual affairs during their travels. From Duda, many men went to Klungkung (the next district capital) to sell and buy things to be resold at the local markets. According to I Cenik and an elder informant, there were some pengalu infected by perana. It is also believed that pengalu may have introduced perana to the local wanita nakal from Banjar Bencingah in Duda.

Also here [urinated pus and blood] from banjar Duran, what is his name... Yes he was pengalu. I am sure that pengalu was one of the source. When the pengalu got contracted in the city, and then ajake nake luh (doing it with women) in the village, some time had duman nyilih (to share/borrow). Logically, it is impossible for an isolated mountainous area like our village to be infected, if none of us went out... (Gu, 2/6/00)
Young men who go to seek a living and/or to brothels in the city and return to the village

Nowadays, many young men from Duda live in the city of Denpasar or in the tourist areas around Bali, or have had prior experience like that and have moved back to the village. The young men who had lived in the city mentioned that almost everybody had experiences of visiting brothels, purely as a visitor or some as clients of the prostitutes. Therefore these young men are also seen as potential transmitters of syphilis to the village.

Here in Central Duda, there were so many [men who got infected]. I know all of the people who went there [to brothels]. Even those people who never went to the brothel may be infected. Do you know why? Because those people who stayed in the city or far from the village sometimes when they came home they also brought disease with them. And then these people infected the women in the village... (N, 9/6/00)

...In my life, I never had sex with prostitute. I have visited brothels very often just to do some observation of the brothel situation. I like to see what kind of people went there. When I worked in Nusa Dua, in the back of my room was a brothel. The situation was very bad, kumuh (slum) (Ge, 4/6/00)

All of my informants were married. They also said that many of the married men from Duda went to brothels. Some of these men were suspected of transmitting the disease to their wives and families.

Yes [the wives know that the husbands got infected]... [but] they can't [have sexual intercourse], it hurts. The pain is so much. It has to be healed first, then it will be possible... Yes a lot of [the wives got infected]... Sometimes their children could also be kena. ...Yes here in Pesangkan, a child was kena... [She was three years old] ...urinating blood. ...Now the father died. ...From some illness. He was very keras ngalih keketo (frequent go for that). He died a long time ago. And his child got it also. That is the risk. He was a driver back then and infected his child. (K, 2/6/00)

However, there is also a concern not to infect the wife with the disease by avoiding sexual relations during symptomatic illness. Having an infected wife will be a double economic burden for the family.

I don't dare at all [to have sex with my wife during the illness]. If she was infected, it would be dangerous [no body will work to support our family]. The only thing I am scared of is AIDS. So, now I very rarely go for that thing... (B, 21/6/00)

One other consideration in the practice of young men in going to brothels is that the traditional law in Duda still forbids pre-marital sex. Unless they are married couple, they will not be allowed to stay in
one room at night. However, the law is not strongly enforced by the community. There are many cases of marriage with pregnancy. The villagers somehow manipulated the law into certain degree. Parents of young women may allow their daughter to sleep with their boy friend if some understanding between the two parties (parents of men and the women), the young men and women.

...They were all unmarried. They all had girlfriends in the village, but the easier way to channel their sexual desire is W7S (women with no morals, prostitutes) because they can’t have sexual contact with their girlfriends. [With the girlfriends] I think they are only kissing or just petting (Y, 6/6/00).

7.2 The Economy, Money and Multi-Partner Sex

The economy has always been the main contributing factor for men in Duda to commit extra marital sex. A little bit of extra money earned from hard work (ojek, selling things and doing manual labour) or from winning in gambling/cockfighting, prompts men to go to brothels or have affairs with some girls or women from other villages (see also Chapter 3.2, re: cockfighting). This phenomenon is illustrated further in the following quotes:

Q: Nowadays, based on your observation, how is the driver’s life?
K: They are still the same, they are probably even worse now. ...They are more galak ngalih keketo (crazier about looking for that thing). Back then the money from driving was so little. Now, they can make a lot of money, and they can take the women for two days. They take them from Badung to go melali (just touring around) on the truck route. When we are bored, we take them back (K, 2/6/00).

I think [I stopped going to brothels because] the saturation feeling was already there, and also the economic factor. We all now have grown up children who need money for school. And we have to be responsible for them. And to reduce negative things happening in the family such as fighting with wife for being late and also hearing complaints from our children about my behavior, that really makes me think twice about going there again. I said it to myself that I had enough of this thing. I don’t dare to say that I have stopped completely, I am a human being. ...I think, once or twice I will probably do it again. ...Let me tell you again why I did it before. ...I did it firstly because of economy, I mean I had a bit of extra money. Secondly, I had a lot of disagreement with my wife so the way out to clear my unclear brain is to go to brothels. (N, 9/6/00)

They use the ojek money. For those who are unmarried, they didn’t use their parents’ money to do it. They earn the money themselves and use it for that purpose, for satisfaction. ...[There is a man] I don’t understand about him. He is very poor. And he likes to go to sundel (whore) all the time, and sometime he came home with one. He is married and has a few children. And he was also married to one of the sundel
in Badung, ... As I understand it, their love is ada uang abang disayang, tak ada uang abang melayang (no money no love). (Y, 9/6/00)

Some of the men from Duda also tried to be involved in the prostitution business by selling free distributed condoms from a brothel-based STD/AIDS prevention clinic in Denpasar to other brothels in Karangasem.

I have so many brands of condoms. I even sell them. I sold them in Abian Sowan. Sometimes about 5 boxes. I could always ask them for free in the clinic in Lumintang. I will lie to the staff there that I am a pimp. This is one of the ways for me to make money. When I told them that I had five sundel (whores) then they will give me 5 boxes. And it is Rp10,000 per box. And the sundel in Abian Sowan always send me messages about the condom supply in there. Whenever they are running out, I will go to Denpasar and get them. I will tell them that the women in Abian Sowan are infected by disease.

I have debts everywhere. So every time I made some money I always use it firstly to pay the debts...and buy rice. ...My wife [earns the money for daily needs]. I will give her money or buy some food if I won in the tajen. My wife never asked me for money, she knows that I don’t have any. She accepts whatever I give her. (B, 21/6/00).

Moreover, some also tried to act as pimps by managing some Javanese prostitutes in the brothels or taking them to the villages if there was a request.

...I remember that one day 10 friends from Perangsari asked me to bring a cewek (girl)… three days later eight of them had kencing nanah (urinating pus) (J, 4/6/00)

7.3 Stigma attached to people with sifilis

I observed a phenomenon of stigmatization whereby particularly poor, low caste, marginalized or powerless people are used as discussion examples whenever the topic of sifilis came up, even though there are many other cases of infection that I know about, even among well respected or high caste people. The informants from the tukang ojek group particular liked to talk about one person who had experiences of being infected by sifilis. This person has a history of coming from a shunned family. The father, and all of his three brothers are labeled as the crooks of the village. They steal everything and anything, salak fruit, pigs, chickens and many other things, the villagers said. And, the mother was known to be one of the free sex women in the past. The tukang ojek and other villagers freely
mention his name every time the conversation turned to sifilis. The following quotes from three
different younger generation respondents are all referring to this same local man:

Q: Do you know anybody who got infected in Duda?
K: Yes..., he got it in Abian Sowan, Bandem (K, 2/6/00).

Q: Do you know anybody who has this disease?
Ge: Yes, I know somebody who has a disease because of sexual relations. ...This
guy very often visits pelacurun (brothel) in Denpasar. And he was engaged with one
of the pelacur (prostitutes). Every time this guy has money, he will go to Denpasar
to visit the brothel. And this guy is already married and has children. ...[He had] Itches, and sifilis, the one which has pus coming out from the penis. Up to this day
he still probably has the disease. From his skin, I think he has some disease from his
habit. It is covered by a lot of white patches. But he said he never got any sifilis. I
don't believe him (Ge, 6/6/00).

Y:...[There is a man] I don't understand about him. He is very poor. And he likes to
go to sundel (whores) all the time, and sometime he came home with one. He is
married and has a few children. And he was also married to one of the sundel in
Badung....
Q: Did you hear that this guy ever had any disease?
Y: Yes, he had sifilis kulit (skin sifilis). He has rashes all over his skin. Particularly
around his belly button toward his genital. And he also has lice around his scrotum.
The lice look like the inside of acne, from the root of his scrotum hair (Y, 9/6/00).

I observed that the same phenomenon occurred among the older generation (lontar reader), they
always repeated the name of a different person who also has comes from a poor background as the
example of an infected person with sifilis. The harmony of the village is everybody's concern.
Avoiding discussion about something that goes against the local norms is also seen as the way to keep
the harmony in place. Publicly mentioning some immoral behavior of someone from an influential
family or person may cause big disturbance. Many times the banjars in Duda split up because of
some sensitive issue connected with an influential person.

Some who don't like that, they complain [about men who took prostitutes to the
village] to the village leaders. But the leaders didn't respond well. They said 'well
he likes it so what can we do'. Since then, nobody bothered to complain about this
matter again. So he is still doing it until now. If any villagers want to reserve a
woman they ask him, the next day he will bring one for them. The community
knows about this very well, but they don't want to do anything about it. I think the
community just doesn't want to have problem with others. They want to keep the
community harmony (Y, 9/6/00).
The village nurse made a similar comment about people who have affairs, which he knows from his clients is quite common. He told me the following:

...And also about the affairs, it will be a problem if small people did it. They may be ostracized from the community. But if the big people commit such a thing nobody talks about it or makes an issue out of it. (I Getas, local nurse, 10/6/00)

This indicates again that people with status and power will not be stigmatized even though their behaviour is the same or worse than other people.
Concluding Remarks

STD is clearly not only an urban area issue. Studies using laboratory testing conducted using a women’s reproductive health mobile clinic have found significant levels of STDs in rural areas among married women, including the sub-district of Selat where my study took place: 17.2% trichomoniasis (Susanti, 2000). Another more comprehensive STD study by the same clinic found similar levels of trichomoniasis, and also 5.6% of chlamydia in a western district of Bali, with further indications of up to 50% non-monogamy in marital relationships and 10% reporting recent symptoms noticed in their husbands. This level of infection in of rural areas made me want to look at what was going on, and I chose to look into the issues in my own home village, Selat, Duda. These clinical findings have not been talked about in the village. Even those women who were examined during the study didn’t really understand the outcome of the services provided to the village. Dr. Susanti is a Balinese woman with a serious personal commitment to women’s reproductive health issue, and she told me that her findings among rural women from sub-districts in all eight districts of Bali have also been circulated to some political leaders and people concern with rural women and reproductive health/STD/HIV/AIDS in Bali. However, clearly villagers have not read the findings. It must be acknowledged that talking openly about these issues is very sensitive, especially in rural areas. Although Dr. Susanti gives extensive health information including about STDs and condoms when she goes to the rural areas, and although she explains to STD sufferers that both partners must be treated otherwise the infection can “ping-pong” back and forth between them, still it is difficult to find the right communication vehicle to take the public health message further, when morality is at the center of the issue. Yet it is clear that sexually transmitted diseases, and all of the risk behaviour usually associated with that, are indeed found in the traditional communities in the rural areas of Bali.

Traditional community organizations, or banjar, in Bali frequently break up due to local political issues. I am aware that any issue could be politicized and eventually create local conflict and lead to this kind of break up. Duda is located on very fertile land and has been a site of banjar conflicts since at least 1965, the time of the national communist massacres, which devastatingly affected Bali, including Duda and my own family. The local economy is currently booming, based on mining of construction materials (sand), salak fruit production and a stone carving industry. With it, a
continuous power struggle between the Brahmana and Ksatria castes (two highest castes) remains to this present day. This struggle creates factions among the community in the banjar organization, involving people of all castes. Sometimes it seems that the community lives in the fighting arena of these two higher castes. The community in Duda is continually forced to take sides in the dispute. Duda also includes one particular banjar, Banjar Bencingah, which is made up entirely of all the illegitimate descendants of pre-marital, extra-marital, and of non-legal marital relationships between the high castes and the lowest (Sudra), who were allowed to live on their land in return for services. I found that all of my tukang ojek informants are from the lowest caste and are from Banjar Bencingah. This means that they are all blood relatives of some of the high caste people in the village. Due to their illegitimate status, the members of Banjar Bencingah are not entitled to any land, or higher caste titles. They all live on the land of the higher caste villagers as tenants. With no land, status, or capital, the Banjar Bencingah members have to use any possible methods of making a living and surviving. I have found that, perhaps more often that other groups, these men have to take risks, such as gambling, trading to other cities, or borrowing money from others, in order to make a living. Gambling and trading, and cockfighting in particular, require them to be highly mobile. Many also spent periods of time living in the city, in the estates of some wealthy higher caste figures of local origin. The informants are all agreed that these “social and cultural” activities have played a role in the epidemiology of sifilis infection in Duda (Arnold, D., 1993: 159-199), since many opportunities arise for entertainment, including drinking and going to brothels or seeking local “easy” women.

Apparently, during those periods of illegal sexual ties in the 1950s, there were cases of STDs, locally known as perana or sifilis. Many men from all castes at that time were contracted by a disease with the main symptom being “urinating pus”. There were men known as “walking sticks in the dark” because they were infamous for their indiscriminate sexual affairs. Back in those days, doctors were inaccessible and the disease became known in the village by its primary treatment, “lying in bed with feet strung up in the air” to relieve the pain. I have found that today, “pleasure seeking” with prostitutes is perhaps more popular than ever, given the extra money some people have due to the local economic boom. And to this day, although now people go privately to doctors and nurses, either locally or as far as the capital city of Denpasar, and although bathroom facilities are no longer as public as they were before, still there is broad general knowledge of various slang terms,
metaphors and syphilis transformations (Manhart, et al, 2000). They believe that the symptoms change gradually from urinating pus or blood, to swollen genitalia, to skin rashes, to lice or ticks, to the penis being “full of holes”, possibly accompanied by a putrid body odor, bad breath and/or yellowish eyes, and end with the genitalia amputation or death. The community were “personalistic” (Foster, GM, 1976) in analyzing the disease by putting “naughty” men and women as the source of it. It was surprising to find none of the informants related syphilis as a disease of karma, black magic or even curses of the angry ancestors (except the traditional medicine peddler). Beliefs or understanding about transmission certainly center around “misconduct” with “naughty” men/women, especially prostitutes who look or smell sick, but also include such factors as dirty blood, public toilets, polluted clothing, vulnerability through lack of physical fitness, and sex with women who dry their vaginas. There are strongly held beliefs about the “safe sex” or prophylactic benefits of some antibiotics or other preparations, if taken prior to the “misconduct”, in some cases apparently even suggested by doctors. Condoms, though known about, are clearly very unpopular, often tried only once or never.

I came to this study as a “native anthropologist” with a certain amount of background knowledge, not only about my village, my informants, and Balinese language and society in general, but also with work experience in the area of STD/AIDS prevention, involving contact with people from many “risk groups” in the urban areas. However, I was surprised by much of the new information I learned, and by the sophistication of some of my respondents in telling their stories. There are two conclusions that I can draw from my findings. Firstly, for the older generation (represented by my key informant and the lontar reader group), all their local political problems over changing affiliations and who they can count on to help with their many needs related to religious rituals leads the Duda community to neglect other matters, such as sexual health. The village simply looked at the disease only as a disease of “naughty men and women”. Meanwhile it has clearly spread to husbands and wives and even children of these “naughty men or women.” And secondly, for the young generation (represented by my tukang ojek respondents), it is hard to discuss syphilis issues as a disease of community because it will reflect the bitter history of their social origin as descendants of illegal and exploitative sexual relationships. Having these two opinions, it is clear to me that a “sense of ownership” of syphilis is denied (Muraskin, W., 1988). Hence, to reveal the “layers of the problem” (Geertz, C., 1973: 5-30) and deliver STDs/syphilis is also problematic.
References


I Made Setiawan

ANNEX 1: Objectives and Research Questions

Objectives:

- To determine the underlying factors social, cultural, and economic which make men as transmitters of STD into the rural areas, by having sex with “easy women”, commercial sex workers and transsexual sex workers.
- To define what safe sex is in men’s perception
- To identify the local notions of STDs in terms of symptoms, causes, and how these illnesses would be valued/perceived by the rural way of life. Does rural people attach any stigma for STD?
- To identify the role of traditional healers and nearby medical practitioners in coping with male STD patients in the rural areas, from a treatment (in)efficacy point of view.
- To identify why patients (males) are resistant to be examined by doctors, to have laboratory tests, to wait for the results in order to get the right medication.
- To define the underlying factors of the habit of buying and taking antibiotics or traditional remedies for STDs prevention.
- To identify the awareness and opinion of rural men on the fact that STD infection may lead to infertility in men or women, and painful pelvic infection (PID) or possibly cervical cancer in women.
- To explore whether men who notice STD-like symptoms ever discuss this with their partners.
- To identify perceptions on condom use or other traditional ways of preventing transmission to them or from them to their partners.

Research questions:

- What do the men in the village of Duda think of STDs in term of transmission, prevention, and treatment?
- Which socio-economic and cultural factors contribute to rural Balinese men becoming infected with STD and transmitting it to rural women?
- What are the perceptions of rural Balinese men about STDs, and what imagery and metaphors do they use to express this disease?
- What is the local health-seeking behavior for STD treatment?
- What is the stigma attached for the people who are contracted by STD?
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<th>Key Informant</th>
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| I Wayan Cenik - Age 60            | Dagang Obat (23/5/00) Met at Satria Bird Market, Denpasar | K - Age 40 (2/6/00) Family friend Truck Driver Three wives | Tamann - In his 60s. (1,9 & 21/6/00) 
Friend of I Cenik Leader of Lontar reader group. Ksatria caste. School principle (ret.) Two wives | Gu - Aged in his 70s (2/6/00) Close friend of I Cenik Cockfighting fan | Lontar Readers (23/6/00) 5 participants, plus I Cenik and Tamann |
| Salak fruit farmer                |                                                                                       |                                   |                                    |                                                                               |                                   |
| Duck breeder                      |                                                                                       |                                   |                                    |                                                                               |                                   |
| Cockfighting fan                  |                                                                                       |                                   |                                    |                                                                               |                                   |
| Lontar manuscript reader          |                                                                                       |                                   |                                    |                                                                               |                                   |
| Divorced, re-married              |                                                                                       |                                   |                                    |                                                                               |                                   |
|                                   |                                                                                       |                                   |                                    |                                                                               |                                   |
| Dr. Inne Susanti:                 |                                                                                       |                                   |                                    |                                                                               |                                   |
| (26/5/00) General practitioner and Pathology Specialist. Reproductive health researcher, director of mobile clinic |                                   |                                   |                                    |                                                                               |                                   |
|                                   |                                                                                       |                                   |                                    |                                                                               |                                   |
| I Getas                           |                                                                                       |                                   |                                    |                                                                               |                                   |
| (10/6/00) Local nurse in Duda, practicing there for 25 yr. |                                   |                                   |                                    |                                                                               |                                   |
|                                   |                                                                                       |                                   |                                    |                                                                               |                                   |
| J - Age 33                        |                                                                                       |                                   |                                    |                                                                               |                                   |
| (4/6/00) Tukang Ojek leader       |                                                                                       |                                   |                                    |                                                                               |                                   |
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