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According to the official June 1994 report, the number of people with HIV and AIDS in Indonesia is 226. This is a cumulative figure since the first AIDS case was officially reported in Bali in 1987. Although the figure may be considered small, there is no guarantee that Indonesia is safe from the spread of the disease.

Surveillance efforts in the country have been minimal, mostly because of technical constraints. Only 700,000 people have been screened in six years out of a population of 179.2 million, and most HIV surveillance have been designed to identify cases in "high risk groups", rather than to monitor the spread of the virus within the larger population. Thus, many professionals believe that in this most populated country of Southeast Asia, there could almost be 50,000 cases of HIV (Blowfield, 1994).

AIDS, however, is no longer something hidden from society. It has almost become a "popular" topic to discuss in the mass media, although myths and stereotyping still occur in the news. Reports on AIDS still tend to be sensational, especially when cases are found among

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women sex workers, gay men, or celebrities; whereas community leaders and governmental officials perceive it as a problem caused by sexual behavior not in line with societal and religious norms.

The construction of images on AIDS is definitely influenced by reports on newspapers, magazines, radio and television. And since AIDS is not fully understood by many officials, community leaders, and even health professionals, journalists frequently report their own interpretation of the disease.

Sciortino (1994) reports that there have been several shifts or "cycles" in reporting about AIDS by the Indonesian press between 1983-1993. During the first cycle (1983-1986), AIDS was considered to be non-existent. Although the University of Indonesia and Cipto Mangunkusumo Hospital found three HIV-infected persons with symptoms of AIDS in 1986, it was largely passed over in silence and no information was provided by newspapers to the general public². AIDS was simply "not our problem" at that time. Even leading national newspapers such as *Kompas* known for its good, "responsible", non-sensational reporting, described that AIDS was nothing to worry about in Indonesia.

The denial of AIDS presence in Indonesia was complemented by other reports on AIDS as a foreign disease. When people were struck by news about gay men with AIDS in New York, San Fransisco, and Paris, or by the death of popular movie star Rock Hudson, it was seen as a distant, foreign or "white" disease (*penyakit orang bule*), often with moralistic tones condemning their "free behavior" and "decadent morality".

In 1987, the first and second cases were officially reported. AIDS was no longer a distant

² The first case in 1987 was actually the first "officially reported case".

disease; it has now "entered" Indonesia. However, the first person who died of AIDS was Dutch, and the second Canadian (both died in Indonesia), which only reinforced the image that AIDS is a white disease, and that traditional Indonesian culture is strong enough to make Indonesians immune from the dangers of this "immoral" disease.

Since both cases were found among foreign gay men --who assumingly have had intercourse with Indonesian men-- a shift took place in the media's perception of AIDS carrier from (male) foreigners and their (male) Indonesian partners to Indonesian gay men in general. This also includes *waria* (transvestites), common to Indonesian cultures.

The latest shift which still applies today, is that AIDS is a "prostitute's disease". In November 1991 the nation was shocked when two HIV-positive female sex workers were identified during testing by the Ministry of Health in Surabaya. This broke the assumption that AIDS is a homosexual disease, but gave way to a new, emerging stereotype that only female prostitutes spread the virus. Very rarely would the media report about the possibilities that male clientele could transmit HIV to these women.

The media coverage emphasizing "high-risk groups" and their chances of being infected with HIV has led many Indonesians to perceive that "well-behaved" men or women are resistant towards HIV. Although the first paradigm --that AIDS is non-existent-- has disappeared, the others remain similar. It is no longer something not to be talked about. People do talk about AIDS, but how they discuss it remain unchanged. Religious groups still preach that we should refrain from amoral practices such as promiscuity. Officials and community leaders proudly claim that Indonesian cultural values will protect us from AIDS, thus one should avoid practicing Western way of life.

In view of the increasing number of HIV positive and AIDS cases in Indonesia, it is not clear whether these paradigms promote an understanding of AIDS which will enable Indonesians to take necessary preventive measures. Many Indonesians believe that *"because I am not gay, I am not a foreigner, I am not promiscuous, I do not shoot drugs, I am not a prostitute, therefore I am safe"*.

Epidemiological studies in other countries have shown that the spread of HIV usually occurs within geographic areas with populations characterized by high-frequency sexual-partner exchange and/or high contact with blood through injecting drugs. The spread is usually followed by a diffusion of infection from "vulnerable" populations to those whose risk is "less obvious" (PATH, 1993). This is probably happening at present in Indonesia.

Just recently the Government of Indonesia released the Indonesian National AIDS Strategy (June 1994). The National Strategy explicitly describes that AIDS can and will affect Indonesians. Although the number of cases in Indonesia is relatively minimal, we should be aware of the increasing numbers of infected people, the distribution of the disease (14 out of 27 provinces in a course of 3 years), and that it is increasingly affecting more women compared to men. AIDS is also reported to be transmitted mostly through heterosexual behavior (63%) in Indonesia.

The National Strategy also describes that many of those infected are of productive age (15-49 years) which will affect national productivity and income. The costs for health care will heavily increase in the future, and will cause major losses in the national budget which might delay the process of National Development.

The Indonesian National AIDS Strategy lists the basic principles as follows:

1. The national effort to control HIV/AIDS should be carried out by both the community and the government.
2. Approaches to control HIV/AIDS should reflect religious and cultural values.
3. Activities will aim to strengthen welfare of the family unit and traditional social support systems.
4. Prevention should focus on educational efforts to reinforce behavior which does not facilitate HIV transmission.
5. Every person has the right to accurate information.
6. Policy, programs, services and activities should promote and preserve the dignity and self-respect of people with HIV/AIDS.
7. Informed consent should be obtained prior to pre-test and post-test counseling, which are strictly confidential.
8. Laws and regulations to support the National Strategy should be ratified.
9. Service would be provided to people with HIV/AIDS without discrimination.

How are these strategies implemented? AIDS had already become "part of Indonesian society" in 1987, but public reaction has not been encouraging. Government officials still debate on the dangers of the epidemic. Some have reacted by suggesting quarantine for HIV-infected people and mandatory testing for foreigners entering the country. Earlier this year U.S. basketball celebrity, Earvin Magic Johnson, was denied entry on so-called immigration grounds. Minimal knowledge about AIDS among public, health workers and government officials, as indicated in several studies funded by the National Epidemiology Network (1992), poses a huge

challenge to AIDS prevention work.

Since the Indonesian socio-political structure is mainly paternalistic, or top-down, in nature, the National Strategy would best serve its purpose if the implementation begins with top-level officials and policy makers at the central and provincial level. The best approach according to Hendrata (personal communication, July 1994) is to present the dangers of AIDS in a non-threatening manner, by using development arguments and not direct behavioral descriptions or other "sensitive" issues. In other words *"Let's talk about AIDS, not sex, or promiscuity or condoms, or cultural values..."*.

Presentation of facts without using direct behavioral descriptions would help policy makers look at AIDS from a macro level. For a developing country like Indonesia, AIDS would definitely have an impact on national development. By presenting the basic facts of this disease (such as *"it kills"*, *"anybody can get it"*, *"we have it in Indonesia"*), policy makers should become aware of the cost and benefits (if any) of this disease, and they should be mobilized to act on a macro level after raising awareness that *"they can do something about it"*.

What will happen in the Year 2000 (6 years from now!) with the increase of the epidemic? Can we prevent the increase of numbers? How? In what ways? Are we now using the right approaches towards prevention? Will blaming others prevent the spread of HIV? What will happen if our national resources or budget were to be channeled towards treatment of people with AIDS, instead of other development priorities?

It is heartening to know that many community groups and non-governmental organizations have addressed the problem of AIDS in Indonesia and made strong efforts in the

field of prevention. Many of them, if not all, have utilized a "trial-and-error" approach in terms of communication strategies. To whom are we targeting these materials? Is AIDS culture free, or should we use culturally-appropriate educational and communications materials? Can we use materials from North America, Australia, or Europe, and translate them into Indonesian? What is the best media? How can we use television, radio, and printed media to spread the message to Indonesians?

Another fact that cannot be ignored in terms of finding the best communications strategy and approach is the diversity of this nation. Indonesia is so diverse with its 13,667 islands and 25 major ethnic/linguistic groups (and 200 minor ones), and a variety of lifestyles, that when we think about AIDS communications strategies and approaches for Indonesians, we should also raise the issue of *for which Indonesians?*

The following are a few examples of approaches which have been used in Indonesia since the late 1980s, when the level of awareness towards the danger of AIDS gradually increased in Indonesia.

I. Scare tactics:

This approach has always been used by governmental agencies, just as it had been used for drug abuse prevention. Even though it might be effective for certain groups of people, ultimately most people will not feel compassionate towards people with AIDS.

Pelita Ilmu, a group targeting its program towards high school students have used this tactic, but with a milder tone, by using slogans such as "*Beware of AIDS. Don't let it capture your future*". The slogan apparently does not stand alone; it is part of a very comprehensive

training program for peer leaders in schools, and the Foundation can claim that to a certain extent it has been successful in Jakarta.

2. Religious approach:

Most Indonesians are religious, and AIDS activists are aware that the religious approach can be effective in Indonesia. The only objection is that some groups tend to emphasize moralistic values, by blaming the West or victimizing those indulging in "sinful behavior".

Some religious groups, however, are fully aware that it is now time to act. A Buddhist foundation, Yayasan Dharma Pembangunan, for example, describes compassion as an important value in the Buddhist faith, and thus compassion, rather than blame, should be central to religious approaches. Several Islamic leaders are now enthusiastic in attending training seminars. And representatives of the five major religions in Indonesia have occasionally held dialogues with AIDS activists to seek a better way in approaching AIDS.

3. Special target groups:

Acknowledging that society-at-large is diverse, some groups have given more attention to the so-called high-risk groups. Lentera, a voluntary group in Yogyakarta, has been successful in their outreach program. They have produced printed materials targeted to specific groups such as gay men, tour guides, gigolos, sex workers, and students. They do not hesitate to use colloquial language, slang (such as youth slang, gay slang) or even street language in describing AIDS. Similar to that is Yayasan Indonesia Sejahtera, which in 1992 developed printed materials and posters in the Balinese language, targeted to the locals, and in English for foreign tourists.

Since AIDS was --and still is-- a major concern within the gay community worldwide, several gay and lesbian groups throughout the country have always integrated AIDS education in their programs. KKLGN, the umbrella gay organization, have not only provided sufficient information on AIDS prevention and behavior change, but also acts as an advocacy group for marginalized Indonesians, such as gays and lesbians, sex workers, and *warias* (Octomo, 1993). Meanwhile IPOOS, the Jakarta-based gay organization, utilizes their theatrical and dance performances to promote awareness of safe sex and HIV risk reduction.

Realizing that women are more vulnerable towards HIV --also due to cultural factors (Stevenson, 1994)-- the Women's Studies Program of the University of Indonesia has organized several focused group discussions to seek the best approach in developing information and prevention programs for Indonesian women. This is still at an early stage, resulting in printed materials targeted towards women.

4. Hotline services:

In 1993, the University of Indonesia, Cipto Mangunkusumo Hospital, and Prambors, a popular radio station, set up an AIDS Hotline, which basically provides recorded information on AIDS for the general public in Indonesian, English, and Japanese. The hotline, however, has not updated its information and provides limited time for each caller.

Hotline Surya, which provides general telephone counseling services, has also designed an AIDS hotline section, complemented by their AIDS outreach program in Surabaya.

Mitra Indonesia, based in Jakarta, started its operation in December 1993, and is the only hotline specifically designed to provide AIDS information and counseling services to the general

public. The hotline is serviced by 18 "live" volunteers, unlike the other hotline with recorded information.

5. Peer counseling:

Another approach for spreading information on AIDS is peer counseling. A group of medical students of Atma Jaya University, Jakarta, initiated an AIDS Counseling Training Program, and plans to set up a Student AIDS Information Center providing services to college students in the Greater Jakarta area. It is too premature to be able to mention about the work of this group, but it is heartening to know that they are progressing.

5. AIDS Awareness Week:

Si Kancil, a non-profit group consisting of professionals from the advertising industry, who are concerned about social issues, has creatively organized a major event last year in Jakarta, the 1993 AIDS Awareness Week (*Pekan Peduli AIDS 1993*), in conjunction with the World AIDS Day. The AIDS Awareness Week provided information to the young through poster, photograph and book exhibits, film screenings, distribution of pamphlets, musical shows, as well as inviting professionals, scholars, artists, journalists and celebrities to give talks during his one-week event. Although the attendance was less than expected, the national media coverage was successful. More people became aware of AIDS, and the theme "time to act" became a reality. To the advantage of each organization, involvement in this event had also become a major public relations scheme.

Si Kancil is now organizing a similar event for World AIDS Day 1994, simultaneously

in three major cities, Yogyakarta, Jakarta, and Bandung. Other groups have shown interest that there is a possibility that the planned event might expand to other major cities.

To date, no evaluation studies have been conducted to find which approach serves best for Indonesian society. Many of these approaches are targeted locally, and most of these groups are basically "doing their own thing", operating on a trial-and-error basis.

However, these organizations are establishing strong networks among themselves, and being aware of the power of mass-media in providing correct information to Indonesians, they are constantly building bridges with the press. *Lentera*, for example, organized a workshop for journalists in reporting responsible news on AIDS. Some leading magazines, such as *MATRA*, a men's magazine, now has a regular column on AIDS. The AIDS Foundation of Indonesia has a regular program with a popular radio station in Jakarta. Many other radio stations are beginning to follow this scheme.

Despite these promising activities on AIDS communication by AIDS organizations vis-a-vis the media, there are still major challenges for the future in Indonesia. First, AIDS to date is mostly a concern among middle-class Indonesians in urban areas. Since the majority of Indonesians live in rural areas, we need to find the best approach (or approaches) for targeting prevention in these areas. Irian Jaya, a remote province in Eastern Indonesia, for example, has the second highest incidence of HIV/AIDS cases in the country, and yet very few prevention programs are implemented in the area.

Second, a nation-wide sex educational program needs to be developed, where AIDS awareness can be integrated. Since sex seems to be a taboo subject, schools can develop such

programs without having to explicitly name it "sex education" (Oetomo, 1993). If, however, schools cannot develop good quality sex educational programs, perhaps AIDS organizations and the mass-media could design an appropriate scheme targeted towards young Indonesians.

Third, although the literacy rate in Indonesia has increased amazingly in the past 20 years, Indonesia basically is a traditional oral and visual culture. It remains questionable whether printed materials are effective in communicating facts about AIDS towards the larger Indonesian society. Television, which now reaches the whole archipelago, is a popular media and should be utilized as a means to spread information on AIDS. Other forms of traditional performing arts (e.g. *wayang*, shadow plays, *dangdut* musical shows) should also be taken into account. However, what information needs to be communicated, and how AIDS information is to be packaged for a diverse audience should still be discussed further.

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