FROM PIETY TO POLICY

ISLAMIC PIETY AND HIV/AIDS KNOWLEDGE PRODUCTION IN INDONESIA

by

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From Piety to Policy: Islamic Piety and HIV/AIDS Knowledge Production in Indonesia

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With a population of more than 255 million, Indonesia is home to more Muslims than any other country in the world, but it is a secular state with five officially sanctioned religions. Beginning in the late 1980s, Muslim aspirations and Islamic revivalism have taken a central position in the country and the nation has increasingly become an Islamic society.

Within this changing political and cultural landscape, HIV/AIDS entered the public discourse in 1983. The HIV epidemic in the archipelago is concentrated among injecting drug users (IDU), sex workers, their clients, their clients' partners, and to a lesser extent, men who have sex with men. Although national HIV prevalence is still low (0.16%), there has been a rapid increase in reported cumulative AIDS cases, making the epidemic in Indonesia one of the fastest growing in Asia. Despite the shift in news about the disease and the medical breakthrough over the past thirty years, HIV continues to be highly stigmatized and perceived as a "sinful disease".

To understand the persisting discourse and how knowledge about HIV/AIDS is produced and disseminated in Indonesia, it is necessary to look at how the dominant Islamic values embedded in the society's vernacular and official rhetoric shape and condition the way people think about HIV/AIDS. Building on Foucault's (1980) theory on the production of knowledge and Mahmood's (2005) politics of piety, in this project I analyzed two public policies, namely Broadcast Guidelines and Regulations and The Global Fund Funding Policy, shaping HIV/AIDS

knowledge production in Indonesia. In addition, I examined three organizations, which through their everyday activisms exercised resistance against public perception of HIV/AIDS.

Using textual analysis, participation observations and interviews, what this project demonstrates is that agency emerges through an analysis of the particular concepts that enable specific modes of being and effectivity. Every institution examined in this project showed that what may appear to be a case of passivity or docility in the context of HIV/AIDS knowledge production in Indonesia is a form of agency or a capacity for action that specific relations of subordination create and enable.

To Barb Cardell

My sister from a different mother

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GLOSSARY

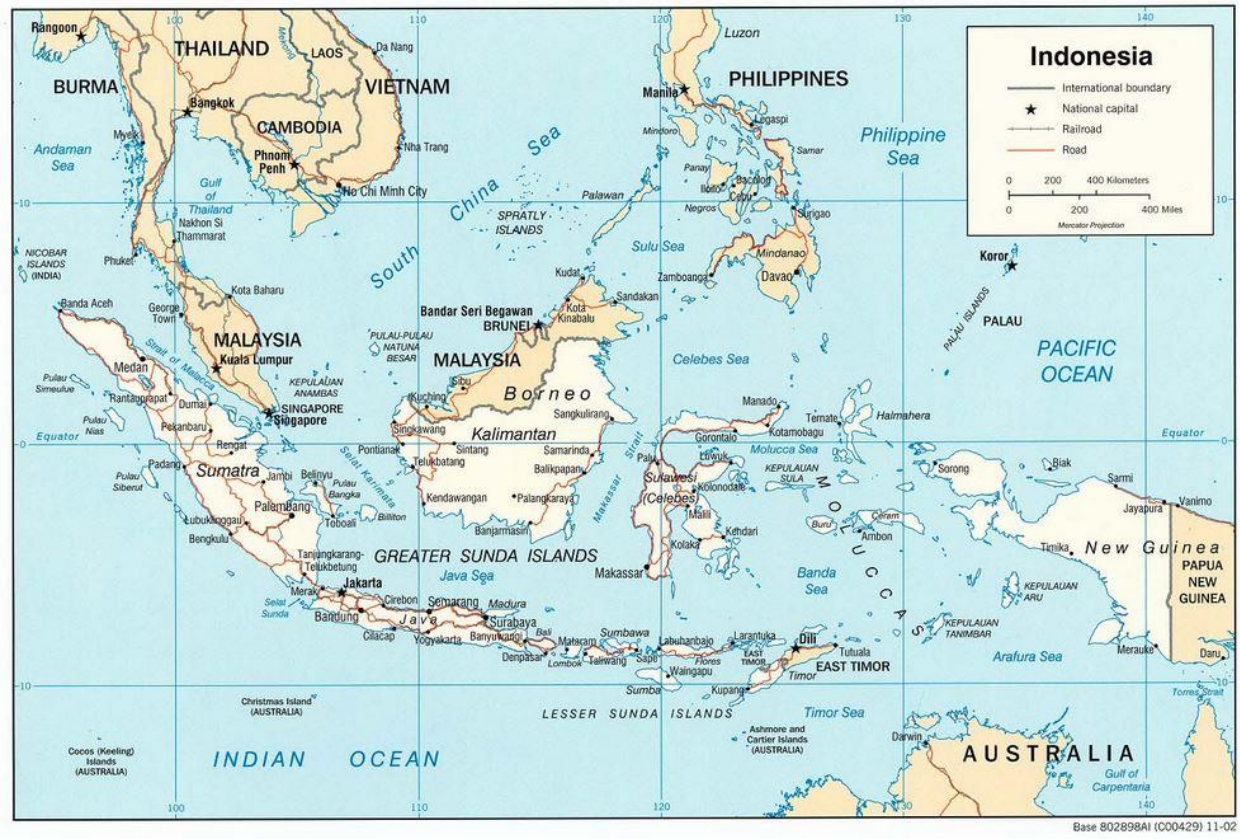
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CCM	Country Coordinating Mechanism
FPI	Islamic Defenders Front
GFATM	the Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IAC	Indonesia AIDS Coalition
IDU	Injecting Drug User
ITE Law	Electronic Information and Transaction Law
Khatib	a person who delivers the Friday sermon
Kiai	Islamic scholars and community leaders
KPI	Indonesia Broadcasting Commission
LGBT	Lesbian, Gay, Bisexual and Transgender
LKNU	Nahdlatul Ulama Healthcare Institute
MoH	Ministry of Health
MPR	People's Consultative Assembly
MSM	Men who have Sex with Men
NU	Nahdlatul Ulama
PBNU	Nahdlatul Ulama Executive Board
PDI	Indonesian Democratic Party
Pesantren	Islamic boarding school
PKB	the National Awakening Party
PKI	Indonesian Communist Party
PLWHA	People Living with HIV/AIDS
PR	Principal Recipient
SR	Sub-Recipient
TB	Tuberculosis
TVRI	Indonesian State Television
Umat	the Islamic community
UN	United Nations
UNAIDS	United Nations Programs on HIV/AIDS
UNDP	United Nations Development Program
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organization

CHAPTER I

INTRODUCTION

> "There are more Indonesians on this planet than people of any other nationality with the exception of Chinese, Indians and Americans. Indonesia is home to more Muslims than any other country, but it is a secular state with five officially sanctioned religions. It has one official language and 736 unofficial ones. Nothing in this magnificent, chaotic nation is simple. That includes HIV."
>
> (Pisani 2008: 44)

Figure 1: Map of Indonesia



Source: http://www.lib.utexas.edu/maps/middle_east_and_asia/indonesia_pol_2002.jpg

Pisani's quotation, taken from her book, The Wisdom of Whores: Bureaucrats, Brothels and the Business of AIDS (2008), succinctly summed up the country. Like almost all countries in the world, Indonesia is convoluted, and it is even more so when it comes to HIV/AIDS. The country, located in South East Asia, has a population of more than 250 million and close to 90% of the people are Muslims. Similar to other lower-middle-income countries, Indonesia faces the dual challenge of communicable and non-communicable disease morbidity and mortality. The HIV epidemic in the archipelago with more than 17,000 islands is concentrated among injecting drug users (IDU), sex workers, their clients, their clients' partners, and to a lesser extent, men who have sex with men. Although national HIV prevalence is still low (0.16%), there has been a rapid increase in reported cumulative AIDS cases, making the epidemic in Indonesia one of the fastest growing in Asia (SEARO 2007).

Since the beginning of the Common Era, what came to be Indonesia, had assimilated Hinduism, Buddhism, Chinese commercial technologies, Islamic mysticism and political philosophy, and a host of other influences. In the modern era, the country was further transformed by the Dutch colonial capitalism, state bureaucracies, print culture, intra-Asian diasporas, Islamic reform, and national liberation movements (Hefner 2000: xvii). Liddle (2003) wrote that modern Indonesians are divided by religion, ethnicity or regionalism, and social class. From the moment that independence was declared in 1945, religion has been a central source of conflict in the country. Thus it is a necessity to take into account the major role religion and public piety have in framing the way Indonesia society perceives HIV/AIDS. However, few studies have adequately examined the intersection between public piety and HIV/AIDS. Most of these studies place religion in the background, as a setting, without critically analyzing how the dominant Islamic values embedded in the society's vernacular and official rhetoric shape and condition the way

people think about HIV/AIDS. To fill in the gap in the literature about the disease in Indonesia, in this dissertation I will look at the intersection between Islamic piety and the knowledge production within the context of HIV/AIDS in Indonesia. But first, I am going to look at how the mass media, in particular the news print, introduced the discourse of the disease to the Indonesian public in the early 1980s. The news articles that I will discuss in the following sections are selected to show the development of the print news coverage of HIV/AIDS in Indonesia. It will not provide a thorough understanding of the mass media portrayal of the disease, but it will provide a snap shot of how the stories about the disease are told in Indonesia.

Media Coverage of HIV/AIDS in Indonesia

News about Acquired Immunodeficiency Syndrome (AIDS) reached the public discourse in Indonesia when it was first featured in Kompas, a national newspaper with the highest circulation in the country, in August 12, 1983. The title of the news brief was: Hongkong: Homosexuals in Hongkong are banned from donating blood for fear of AIDS infections[1]. The 34-word news snippet was placed on page nine of the newspaper and did not receive much public attention. The next day, another news about AIDS was published in Kompas. This time it was in the science section on page four and the news was much longer. It covered information about the impact of AIDS to the body, its mode of transmission, the people who had it and most importantly, the fear of the disease:

> "AIDS is truly scary. It destroys our immune system, making us easy targets for numerous illnesses, including several types of cancer. Unfortunately, there is no

[1] Kompas newspaper is written in Indonesian language. In this paper I translated all quoted articles (both headlines and contents of articles) to English.

> cure for this disease and 75% of people living with AIDS die within two years. Even though the cause remains unclear, it is confirmed that AIDS is transmitted through sexual intercourse. Having multiple partners increases a person's chance in getting the disease… The disease was first detected in 1979 in a gay man, who now makes 71% of people living with AIDS. The rest are Haitian (17%), haemophiliacs or people with a disorder that keep their bloods from coagulating (1%), and others (11%)." (Kompas 1983: 4)

The quote above portrayed AIDS as a terrifying and deathly sexually transmitted disease that spread among those who are promiscuous, gay, and foreign. These people were perceived as "the others" who were different from the rest of "us". Sontag (2003) discussed this idea of "othering" in "AIDS and Its Metaphor." According to her, the sexual transmission of this disease has made many people believe that HIV is a calamity that people bring to themselves, especially since AIDS is understood as a disease not only of sexual excess but of perversity.

Early period news about AIDS revolved around the idea of protecting the society's moral ground and resisting the so-called western values to permeate the country. A public discourse on AIDS as a foreign and perverted disease was slowly built through continuous media exposure during the beginning of the epidemic. Kompas, perceived as the trusted source of news by many Indonesians, had an important role in shaping the discourse on AIDS by publishing news briefs and interviews such as the one quoted below:

> "Dr. Santoso Cornain, an immunology expert from School of Medicine, University of Indonesia says that the reason AIDS has not been found in Indonesia is because homosexuality is still considered an anomaly by our society, unlike in Europe/the U.S where the number of homosexuals are large. 'Since we know that promiscuity is the cause of AIDS transmission we need to continue using our good moral judgments and keeping our guard so that we are not following the trend to become homosexuals,' said the doctor."
>
> (Kompas, August 10, 1985: 4-5)

The interview with Cornain captured the popular sentiment at that time. Not only were people living with AIDS perceived as "the others," who were promiscuous and who did not possess good moral judgment, but they were also seen as threats, who might contaminate "us" with their

sinful acts. This moral-based approach on AIDS became the dominant discourse; moreover, this discourse was endorsed by those who are perceived as health experts. Even the Health Minister at that time, Dr. Suwardjono Suryaningrat was quoted in Kompas saying that he was quite certain Indonesia would be spared from the disease as long as people continued to lead a pious life.

When the first person diagnosed with AIDS was found in Bali, Indonesia in 1987, panic began to spread and the headline news at that time captured this sense of anxiety: "News About AIDS Surprised the Head of Health Department in Bali" (April 4, 1987), "By 1991 AIDS will Attack More than 100 Million People in the World" (March 19, 1987), "What to Do in the Face of AIDS" (January 22, 1988). According to the news, the first two people who were identified were both male tourists in Bali: one was from Canada and the other was from the Netherland. The third person was a male sex worker, also in Bali, and the rest were transgender sex workers in Jakarta, the capital city of Indonesia.

News coverage on AIDS was incessant in the late 1980s and early 1990s. Almost every day Kompas published more than one story about the disease. The high frequency of AIDS related news had made it a notorious disease. Moreover, since its modes of transmission were blood, semen and vaginal fluid, and the people who had it were either foreigners, sex workers or drug users, AIDS was marked as the "sinful disease".

When Human Immunodeficiency Virus (HIV) that caused AIDS was identified in France in 1986 and the first antiretroviral drug, AZT, was approved by U.S Food and Drug Administration (FDA) in 1987, news coverage on AIDS began to shift. The medication provided a sense of hope not only for the people living with HIV/AIDS, but also to the general public. The knowledge that having HIV was not equal to death sentence had slowly changed the way the virus is portrayed in the newspaper:

> "Zidovudine or AZT has gotten U.S Food and Drugs Administration (FDA) approval as a medicine to fight AIDS… The use of AZT for people living with HIV that have not showed the symptoms of opportunistic infections may help prolong their life and stall the development of the virus" (Kompas, March 11, 1990: 3).

In the early 1990s news on HIV/AIDS was more focused on the high cost of the new medicine. According to Kompas, AZT cost $2,200 per year or around IDR 3.4 million (based on the currency exchange rate at that time), an extremely expensive price for a medicine. For quite a long period Indonesia had trouble getting AZT, as reported in the news. It was only in late 1990s when WHO included HIV medications, known as Highly Active Anti-Retroviral Therapy (HAART), in their list of essential medicines that they began to be available in some clinics in several big cities in Indonesia. Even today it is estimated the supply of free medicines that are provided in these clinics can only reached less than 30% of people living with HIV/AIDS (PLWHA) (Ministy of Health Report 2014).

In addition to a focus on the search for a remedy, news about HIV/AIDS in early 1990s featured an increased number of women living with HIV/AIDS. Unlike HIV positive Injecting Drug Users (IDU) and male and transgender sex workers who were accused of bringing the calamity to themselves, these women were not blamed for their HIV status. Most of the early news on HIV positive women focused on the mode of transmission:

> "It seems easier for men to pass HIV to women than for them to get HIV from women. Due to the form of vagina, women are more prone to be infected with HIV. The chance for women to get HIV by having vaginal intercourse with men is twice more likely than for men to get the virus. However, that does not mean that men cannot be infected by positive women." (Kompas, December 1, 1990: 1)

The news was more neutral in giving technical explanations on the mode of transmission for women and why women, more so than men in a heterosexual relationships, are prone to the infection. As the tone of HIV/AIDS news started to change, so did the frequency of the news

coverage. HIV/AIDS related issues no longer became the headline news. The intensity of the stories slowly declined between early 1990s and 2000.

In the early 2000s news about HIV/AIDS in Kompas slowly shifted. What used to be written as a calamity has changed into a manageable disease. This is actually in line with news writing about HIV/AIDS in many countries around the world (Brodie, Hammel, Brady, et al 2004). Advances in antiretroviral treatments have dramatically increased the life span of those infected with HIV to such a degree that it is now treated by health professionals as a chronic, but manageable condition (Burgoyne, Rourke, Behrens & Salit, 2004).

Not only did news of HIV/AIDS take on more positive tone, but it also started to emanate compassion for PLWHA. These people, particularly housewives who were HIV positive, were portrayed as a marginalized and vulnerable group that needed to be supported:

> "Women are not only more vulnerable to HIV/AIDS infection; they also face greater risks of violence and discrimination when they are infected by the deadly virus. The percentage of women living with HIV/AIDS in Indonesia has been rising steadily. In 1989, women made up only 2.5 percent of people in the country living with HIV/AIDS, but by 2009 the figure had jumped to 25.5 percent. As of December 2009 data from the Health ministry showed that of 3,525 women with HIV/AIDS, 1,970 were housewives, 604 female sexual workers and 366 regular employees." (Kompas, March 10, 2010, p. 20)

According to the newspaper, these women were not promiscuous. Instead they were innocent victims of their husbands' promiscuity. This portrayal is in line with Imelda's (2011) ethnographic work that showed how these HIV positive women reworked their identity from sinful and immoral women to innocent and devoted mothers. As a result, what was once considered as a virus for women without morals is now seen as a "disease of devoted housewives." Kompas helped in framing this rhetoric of a "disease of devoted housewives" buy running stories supported by statistics showing that most women who were HIV positive in Indonesia were in fact not sex

workers. Instead, they were housewives who mostly have never had sexual intercourse other than with their husbands, and thus they were seen as victims of their husbands' infidelity.

In addition to showing compassion when writing news about the HIV positive housewives, Kompas also showed compassion in their stories about Injecting Drug Users (IDUs). In a feature story about Herudjar Koesmayadi and his organization, for instance, Kompas chose a tale of atonement: a community with a dark past trying to do good and give back to their community through arts and sports:

> "The old saying 'what doesn't kill you makes you stronger' rings true for Deradjat Herudjar Koesmayadi, a recovering drug addict who is also the poster boy for Rumah Cemara, a shelter for marginalized people in Bandung. For the 31-year-old, life began, ironically, when he was diagnosed with HIV 11 years ago. Heru, as he is affectionately known, found about his HIV status after he entered a drug rehabilitation center that required him to have a medical check-up…. Heru believes that a change from within is a change of energy, which is reflective and transcendental. With this in mind, he made peace with his troubled past. And after three years in rehab, Heru, together with four friends, founded Rumah Cemara. The objective of the community-based organization is to improve the quality of life of society's outcast –HIV positive people, drug addicts and the homeless—through education, arts and sports." (Kompas, November 29, 2011, p. 21)

Many stories about Heru and Rumah Cemara were published by Kompas and other national newspapers, especially after he and the organization that he help established was able to participate in the Homeless Soccer World Cup in Paris, France in 2011. During summer of that year Heru and Rumah Cemara had many exposures in the mass media. They used the opportunity to ask readers to support their cause and to not see them as outcasts but as a part of the society. As Heru said in an interview with Kompas, "In the long run, we would like the society to treat us as normal human beings –neither discrimination nor privilege is needed. We would like to change the prevailing mindset that we are a useless, sinful bunch."

The changes in news coverage of HIV/AIDS in the most established newspaper in the country probed me to ask this question: If the media coverage of the disease has shifted, why is it

that the public discourse on HIV/AIDS remained the same? Why is it that on Wednesday, September 30, 2010 Indonesia's Communication and Information Technology Minister, Tifatul Sembiring, thought that it would be acceptable for him to write AIDS stands for "Akibat Itunya Ditaruh Sembarangan" (or what you get for sticking your penis just about anywhere) and to publish it on his twitter account? Twitter has become a popular social media in Indonesia with close to 20 million users. His tweet made headline news the next day on several national newspapers and was featured on a U.K on-line newspaper, the Telegraph. Many Indonesian public figures, journalists, scholars and activists used their twitter accounts to criticize Sembiring for making such an offensive remark. The minister responded by tweeting back that the tweet was meant to be a joke, and that he tweeted the joke using his personal twitter account. He also clarified that he did not come up with the joke; he was only quoting former Health Minister, Sujudi, who had reportedly created the joke to make AIDS acronym easier to remember.

It is crucial to understand that this tweet, which gained widespread attention from the public, was actually a part of a series of Sembiring's tweets on HIV and AIDS. According to the national newspaper Jakarta Globe, the minister first tweeted about HIV/AIDS in June 2010 when he linked the country's rising rate of infections to growing access to pornography, which he said led to increased promiscuity and transmission of the virus. Moreover, he also tweeted about how perverted sex acts and homosexuality were causing the spreading of AIDS. This tweet was then followed by another tweet in which he cited the Quran, the holy book of Islam, and wrote "Allah smites homosexuals with rocks from a burning land."

As the former chairman of the conservative and Islam-based Prosperous Justice Party (PKS) established in 1998, Sembiring resigned from his position as the party head when President Yudhoyono appointed him to be the Communication and Information Technology Minister in

2009. What intriguing about his tweets is the fact that based on the Presidential Decree 75/2006 a Communication and Information Technology Minister is automatically a member of National AIDS Commission (KPA), the principal agency responsible for the development and implementation of National HIV/AIDS strategy in Indonesia.

The dissemination of inaccurate information about HIV/AIDS occurred quite frequently during the past decade. Almost every year there is a case, which involves a public figure giving a controversial statement about the virus, which then triggers protests from PLWHA. The latest incident occurred in February 3, 2015, when the Minister of Trade, Rachmat Gobel, said in an interview with a news portal that wearing second hand clothes will put people at risk in contracting HIV. He made this comment to discourage his fellow citizens from buying second hand clothes because these clothes entered the Indonesian market without paying any tax. Later, after numerous protests from HIV/AIDS community, he apologized and said that his statement about used clothes and HIV was not true.

Changes in News, Persistent Rhetoric

There is no doubt that there are numerous explanations for the persistent rhetoric. The one that I formulated early in my study is based on two classic media studies theories. When news about HIV/AIDS began to shift to a better and more positive coverage, its news worth has decreased. As a result, news about HIV/AIDS was no longer worthy of the front page. Instead it has shifted and rewritten as a human interest story placed mostly in the middle or at the last few pages of the newspaper.

One of the most significant concepts in understanding the relationships between the media and how important certain issues are to consumers is the concept of the 'issue attention cycle' (Downs, 1972). According to Downs, modern publics attend to many issues in a cyclical fashion. A problem 'leaps into prominence, remains there for a short time, and then, though still largely unresolved, gradually fades from the center of public attention' (1972: 38). Originally applied to understand social issues in the 1960s and environmental issues in particular, issue-attention cycle has also been found to be extremely important in explaining the relationship between domestic and foreign policy decisions, and the media and the level of public interest in certain issues (Cohen, 1963; Iyengar & Kinder, 1987; Walker, 1977). I argue that 'issue attention cycle' theory is also applicable to news coverage of HIV/AIDS in Indonesia.

The issue-attention cycle is divided into five stages which may vary in duration depending upon the particular issue involved, but which almost always occur in the following sequence: the pre-problem stage, alarmed discovery and euphoric enthusiasm, realization of the cost of significant progress, gradual decline of intense public interest, and the post-problem stage. Arguably these stages describe not only the portrayal of HIV/AIDS issue in Kompas, but are also indicative of wider public opinions towards issues associated with the danger of this infectious disease. In Indonesia, the pre-problem stage and the alarmed discovery stage occurred around early 1980s to late 1980s. At this stage, AIDS news was almost always placed at the front page, and due to the way the issue was framed at that time, stories about AIDS tend to be sensationalized. The early stage is also a formative period for the public's early understanding of the disease.

Euphoric enthusiasm on the significant progress of AIDS research and gradual decline of intense public interest fall under the middle stage of HIV/AIDS news coverage in Kompas. This, I would argue, happened around the early 1990s to late 1990s when news about HIV/AIDS are

still considered important, but slowly began to fade to the middle part of the newspaper –and mostly placed in the health section.

The post-problem stage started much later in the early 2000s (and it is still going on). This period witnesses many medical breakthroughs in HIV/AIDS treatments and the formation of HIV/AIDS movement in Indonesia. Unfortunately, more than 20 years have passed since news about AIDS first came into public discourse, and as a result the attention cycle has decreased significantly. Even though news about HIV/AIDS is still featured in Kompas, it has now moved to the later part of the newspapers. Stories about HIV/AIDS are mostly written as human interest stories (such as stories about Heru and Rumah Cemara) or they are written as news briefs about another breakthrough in the medical world.

The 'issue attention cycle' combined with Katz (1957) two-step flow, I would argue, provide a good explanation why the public rhetoric of HIV/AIDS remains unchanged despite the shifts in HIV/AIDS news coverage. Katz, Lazarsfeld and his collaborators suggested that messages from the media first reach "opinion leaders" who then pass on what they read or hear to followers who look at them as a source of guidance and social confirmation, thus making the flow of information to "two-step-flow." In the U.S, Katz's theory has been criticized and deemed inapplicable, particularly in today's modern era when information can be accessed by everyone and everybody has his/her own opinion on almost all issues.

However, I would argue that Indonesian society is different from the U.S. As a community based society, seniority is still deemed important even in the present day. Moreover, even with globalization and advanced technology, information is not as readily available as in the U.S. Only people with means have access to information, and a large part of those who have access still rely on their religious leaders, the elders, and their trusted peers to help them make sense of the

information they received from the media. This condition enables "opinion leaders" to assert certain amount of power on knowledge distribution in the country.

Because HIV/AIDS news worth was never as high as in the 1980s, only people who are interested in the issue would read carefully and look for updates on news. The rest would rely on their knowledge of the virus when it was still published on the first page. As a result, the knowledge of HIV/AIDS that Indonesian opinion leaders have is still the outdated knowledge about the danger of the disease and not the more recent knowledge about HIV/AIDS. This entails the persistence of the public knowledge on HIV/AIDS and provides an explanation why after several decades HIV and the people who are living with the virus are still condemned and stigmatized.

Though my initial analysis provides one way to understand the issue of persisting rhetoric on HIV/AIDS in Indonesia, the explanation did not take into account the nation's dominant religious discourse nor did it contextualize the disease within that pervasive discourse. Framing studies about social aspects of HIV/AIDS vis à vis the public piety in Indonesia is key because since the late 1980s and even more so today Muslim aspirations and Islamic revivalism have become a significant aspect of the nation. It is necessary, therefore, to look back at how Islamic piety takes form in this heterogeneous country and how the discourse shaped the society's understanding of HIV/AIDS.

Deconstructing the Title

My interest in HIV/AIDS production of knowledge in Indonesia began with the history of the discourse production. I wanted to understand how knowledge about the disease has been disseminated and why is it –despite the shift in news about the disease and the medical

breakthrough over the past thirty years— HIV/AIDS continues to be heavily stigmatized? It is difficult to have a conversation about it without using the term a "sinful disease".

To understand the issue better and to fill in the gap in HIV/AIDS research in Indonesia, I focused my research on the intersection between public piety and the disease. However, I was having difficulties deciding what aspects of public piety I could look at to show how crucial religious beliefs are in shaping the discourse on HIV/AIDS. I thought it was key for me to go to Jakarta, Indonesia, to do some preliminary research, in addition to reading more literature on HIV/AIDS. In my mind, by gathering more information and meeting HIV/AIDS activists in Indonesia, I would have better ideas about my research topic.

I went to Indonesia in 2010 with two things in mind: First, I wanted to gather data from Kompas newspaper and to find out how HIV/AIDS have been portrayed in a national newspaper with the largest circulation in the country since 1969. The paper, considered to be the trusted source of information by more than two millions readers, was first established in 1965 and it positions itself similarly to The New York Times. It was also one of the first newspapers in Indonesia to introduce AIDS to the public discourse in 1983. Most of the early public knowledge of HIV/AIDS came from the print media, and since Kompas is a trusted source of information for many people in Indonesia, it quickly became the authority in creating public discourse on HIV/AIDS and remains a key player at a national level. I have discussed the gist of my findings from reading close to 500 HIV/AIDS related articles in Kompas from 1983 to 2010 at the beginning of this chapter. Those articles provided me with better understanding of how the disease was presented in the news print.

Second, I wanted to get to know the people who were working on HIV/AIDS related issues in Indonesia. I thought that it was important to not only look at the structure that produced and

shaped the discourse from top down, but also at the people on the ground, who are shaping the discourse from the bottom. These include physicians, HIV/AIDS activists, government officials, non-governmental organizations (NGOs) workers, and other stakeholders. I was lucky to find that the people whom I met during my preliminary fieldwork were very friendly and welcoming. They also did not hesitate to introduce me to their colleagues who were working on the issue. Unfortunately, my visit to Jakarta in 2010 was relatively short, less than 30 days, so I used the opportunity to meet with as many people as I could and to establish a good rapport with them. I wanted my new acquaintances to remember me, so that when I was back in Jakarta the following year I would be able to pick up what I had left and started to get to know them better. I have been going back every year since then. I spent five months in Jakarta and Bandung, a city in West Java, in 2012, but it was not until 2014 that I was able to formulate my research project.

Through numerous conversations I had with a diverse community comprising of people with various backgrounds, I was made aware that public policies would be an excellent choice to see how the dominant Islamic values embedded in the society's rhetoric shape and condition the way people think about HIV/AIDS. I was also made aware of grassroots organizations and physicians who were very creative in finding ways to assert their agency despite the complex situation. They were working hard to disseminate knowledge and awareness about the disease and eliminate HIV/AIDS related stigma within a cultural system that limits their movements. These ideas that I had from having multiple conversations with my research subjects became the foundation for this dissertation.

Since I am interested in looking at the dynamics of structure and agency within the discourse production of HIV/AIDS in Indonesia, I chose to build my research on Foucault's (1980) theory on the production of knowledge and Mahmood's (2005) politics of piety. I decided to use

these two theories because I want to show how power works in shaping the HIV/AIDS discourse in Indonesia and how agency takes place within that particular context. Both Foucault's and Mahmood's understandings of structure and agency provide the most suitable tool to dissect the dynamics of the production of HIV/AIDS knowledge in Indonesia. Mahmood wrote that the meaning of agency "must be explored within the grammar of concepts within which it resides" (2005: 34). Her notion of agency is actually taken from Asad's idea. She quoted him when she wrote that the meaning of agency should be kept open "within semantic and institutional networks that define and make possible particular ways of relating to people, things, and oneself." (Asad 2003: 78). Agency indeed should not be limited to only one notion, which is to resist against oppressive and dominating operations of power. It can take that form, but there are other forms as well, and these forms must be observed within their contexts. Mahmood's nuanced notion of agency fits well with the complexity of the situation in Indonesia.

Foucault's idea of power shaped Mahmood's project in Politics of Piety, and it is not a coincidence that I too build this research on his theory of knowledge and power. In his later works, Foucault saw power as a relationship between individuals where one agent acted in a manner which affected another's actions (Philp 1985: 74), thus it was not something delegated to the human sciences from the body traditionally seen as the central repository of power: the State. Even though Foucault would later discuss about how power worked in relation to bio power and governmentality, it is important to highlight his view of power as an inherent feature of social relations, since power must exist whenever we acted in a manner, which would affect the way that others acted. Because of this, power relations were always potentially unstable and potentially reversible –I may limit your choice of actions, but your actions may equally limit mine (Philp 1985: 75).

Foucault also wrote that power is not equal to domination. However, the human sciences in modern society –through their claims to knowledge and expertise— had transformed these unstable relations into general patterns of domination: "We are subjected to the production of truth through power, and we cannot exercise power except through the production of truth" (Foucault 1980: 93). I believe that his conception of power in relation to knowledge and therefore, truth, to be one of his strongest analysis of the modern society. It is unsettling at the same time because we are made aware that there is no absolute truth other than the one that power creates through knowledge. In formulating this idea of power, Foucault addresses his primary concern to aid the destruction of Western metaphysics and the sciences of man (Philp 1985: 68).

In his concept of bio power, Foucault pays close attention to a new political form of power that has been continuously developing since the 16th century. This political structure is the state, which most of the time is seen as a kind of political power that ignores individuals and only focuses on the totality of a class or a group among citizens, but according to him, it is actually both an individualizing and a totalizing form of power (Rabinow 1984: 14). With the Renaissance new links between the state and the individual gave rise to a new type of political reflection. In the mid-16th century a series of treatise on the "art of government" began to appear. They are not concerned with traditional nature of the state, but they "spoke directly of the governing of households, souls, children, a religious order, etc. As the fostering of life and the growth and care of population becomes a central concern of the state –articulated in the art of government, a new regime of power takes hold, one that Foucault calls as bio power.

In his analysis, bio power arises as the result of the combination of two elements, namely human species and the human body. For the first time human species becomes the object of systematic, sustained political attention and intervention; at the same time the human body is seen

as an object to be manipulated and controlled. The aim of disciplinary technology, whatever its institutional form is to forge a "docile body that may be subjected, used, transformed and improved" (Foucault 1975: 198). The forging of a docile body is done in several related ways, through drills and training, standardization of actions over time and through control of space.

It is through these gradual growth and consolidation of knowledge and practices that the State began to colonize and to transform their activities, with the result that State power mutated into its current disciplinary and normalizing form. Disciplinary technologies –the joining of knowledge and power—is unquestionably linked to the rise of capitalism. For Foucault it is among the preconditions of modern capitalism. Furthermore, he underlines the importance of normative order as an essential component of the regime of bio power, for "a power whose task is to take charge of life needs continuous regulatory and corrective mechanism… such power has to qualify, measure, appraise, and hierarchize, rather than display itself in its murderous splendor… it affects distributions around the norm… (the) juridical institution is increasingly incorporated into a continuum of apparatuses (medical, administrative, and so on) whose functions are for the most part regulatory" (Foucault 1978: 144).

Moreover, it is from the human sciences that we have derived a conception of society as an organism which legitimately regulates its population and seeks out signs of disease, disturbance and deviation so that they can be treated and returned to normal functioning under the watchful eyes of one or other policing systems (Philp 1985: 76). For Foucault, state power is the end point of analysis since it is built up from numerous individual exercises of power consolidated and coordinated by the institutions, practices and knowledge claims of the 'discipline.' As Philp puts it, "Without these knowledge-claims the coordination of power relations into patterns of domination could only be temporary and unstable."

It should be quite clear by now how Foucault ties in his conception of power with knowledge and truth in the modern day society in order to show the different modes by which human beings are made into subjects. His interest in unmasking the operation of power in order to enable those who suffer from it to resist led him to conduct study of the depressed, the incarcerated and the mad. It is through the study of the abnormal that Foucault is able to shine in his description of what we have done to ourselves by doing the horrifying things to them. To show, as Philp (1985: 77) wrote, that we have made ourselves mad, sick and delinquent by seeking to treat madness, sickness and delinquencies of others. This, in my opinion, is not only a sharp analysis of our society, but also of how power works among us.

I would argue that Foucault's choice to study those who resist the subjugating effects of power has led him to form a certain analysis, a certain perspective in looking at how society works. It was mostly through his study of the sick, the delinquent, the mad men and the hysterical women that he arrives at his descriptions of power. I chose to use Foucault's theory of power precisely because of his stand on the subject. I think his perspective of power fits well with my analysis on HIV/AIDS as a "sinful disease" that is heavily stigmatized in Indonesia.

Organization of the Thesis

I structured the chapters of this dissertation around the two big themes: the policies and the movements of on the ground. I also include a critical literature review and a discussion on method in Chapter II. With the pervasive Islamic piety in Indonesia, most public policies are a manifestation of the Muslim aspirations. In the first part of this project I am going to show how the existing policies in communication and the health sector express these dominant values and

beliefs in the society, and how in turn they shape the knowledge disseminated to the public. The communication policies that I am going to analyze in Chapter III are found in Broadcast Guidelines No.02/P/KPI/03/2012 and Broadcast Regulations No.01/P/KPI/03/2012 published by Komisi Penyiaran Indonesia (KPI) or Indonesia Broadcast Commission. Both policies regulate broadcast content based on age group, and according to these guidelines and regulations any messages that have sexual content can only be aired after 10 pm. Since HIV/AIDS is seen as a sexually transmitted infection, any prevention messages related to the disease cannot be broadcasted before 10 pm, making it difficult for public health messages to be disseminated to the target audience, who are mostly teenagers and young adults.

The other policy that I am going to discuss in Chapter IV is the Global Fund funding policy. As the biggest donor for HIV/AIDS prevention and treatment in Indonesia, Global Fund has signed a contract to provide US$692 million in cash to help fight HIV/AIDS, Tuberculosis, Malaria and to strengthen the health system in the country. Around 34% of the total funding goes to HIV/AIDS, while the rest is disbursed to the other two diseases and health system strengthening. Of the 34% that amounts to US$237 million, around US$ 12.9 million is allocated to Nahdlatul Ulama (NU), the largest and most influential Islamic organization in Indonesia, to promote HIV prevention. The decision to disburse the funding to an Islamic organization is a strategic one. As previous research on the field has demonstrated (Hasnain 2005), reaching out to faith-based organizations in a country where religion is key to the everyday lives of the society may make a difference in the prevention of the disease. However, without strategic guidelines and a strong monitoring and evaluation, it is hard to measure the success of programs created under the idea of a strong partnership with religious organizations; particularly when the modes of HIV transmission are

mostly through sexual contact and injecting drug use, which are against the values of Islamic organizations.

For the second big theme, I am going to examine three organizations, which through their everyday activisms rework what it means to be HIV positive. The three organizations that I will discuss in Chapter V are Indonesia AIDS Coalition (IAC), Angsamerah and Rumah Cemara. IAC is a community based organization established in 2011 that strive to promote transparency, accountability and civil participation on AIDS response in Indonesia. Working closely with key population in the country, IAC advocates health policy makers to eliminate HIV/AIDS related stigma and discrimination and to champion the rights of People Living with HIV/AIDS (PLWHA).

Angsamerah is a private health care organization that provides health care services specializing in reproductive and sexual health. It offers a safe space for PLWHA and others who are looking for physicians to treat them professionally and who do not judge them based on their sexual partners or HIV status. In addition to opening up a clinic at a prestigious area in Jakarta that caters to high-end clients, Angsamerah also offers a clinic in a red-light district that provides health care services for sex worker and middle to lower-middle income clients.

Rumah Cemara is a grass root organization founded on January 1, 2003 by five recovering injecting drug users (IDUs) who are HIV seropositive. The organization uses a peer intervention model where a seropositive client will be paired with a seropositive case manager to help achieve its mission to increase the quality of life for PLWHA and IDUs in Indonesia. In 2006 Rumah Cemara gained public attention through its creative activities in arts and sports to engage the general public to decrease discrimination towards PLWHA and drug addicts. Its popularity increased further when, in 2011, its football team was invited to represent the country at the international tournament called The Homeless World Cup (HWC) held in Paris, France. Since

then, Rumah Cemara has been sending its team to participate in the annual HWC, which is held in different city every year across the globe, through crowdfunding.

Finally, in Chapter VI, I will conclude by summarizing the main arguments raised in the preceding chapters that represent an original contribution to the study of HIV/AIDS in Indonesia. In the concluding chapter, I argued that what may seem to be a symbol of civil society's victory in promoting free and independent media as well as advancing the public interest in the case of KPI can actually be interpreted as a paradox of subjectivation. While what may seem to be a story about a colossal waste of money in HIV/AIDS funding turned out to be much more complex than that. At the end, what this project demonstrates is that agency emerges through an analysis of the particular concepts that enable specific modes of being and effectivity. Every institution examined in this project showed that what may appear to be a case of passivity or docility or even freFerrym in the context of HIV/AIDS knowledge production in Indonesia is a form of agency or a capacity for action that specific relations of subordination create and enable.

CHAPTER II

LITERATURE REVIEW, THEORETICAL AND METHODOLOGICAL FRAMEWORK

Introduction

This dissertation is based on textual analysis of two policies and interviews I had with twenty-five HIV activists, non-profit workers, physicians, journalist and government officials who work or used to work with HIV/AIDS related issues in Indonesia. I went on several trips to Indonesia from 2010 to 2013 to get to know the potential interview participants. During this preliminary fieldwork, I spent a significant amount of time talking to HIV/AIDS activists in Indonesia to build a good rapport. I was invited to attend their meetings, introduced to their non-governmental and governmental partners and also to the health experts who were working in this field. Spending time with these activists provided me with opportunities to meet other researchers who were doing studies on HIV/AIDS and who generously shared their contacts with me. Moreover, the multiple conversations that I had with them provided me with the idea to examine a number of policies shaped by the notion of Islamic piety in Indonesia. The conversations also inspired me to focus on the three institutions, which in their own ways help shape the discourse of HIV/AIDS in the country.

The purpose of this research is to examine HIV/AIDS knowledge production in Indonesia and the role that Islamic piety play in shaping this knowledge. My research looks closely at how piety conditions people's perception of this infectious disease. By building on interdisciplinary approach to understanding piety and the knowledge production (Alief 2003, Asad 2003; Glisenan 1982; Ibrahim 2011; Jones 2010; King 1999; Mahmood 2005), I explore how socialization

processes and relations of power occurring in specific historical contexts shape Islamic religious formations in Indonesia and articulate the notion of public piety.

In this chapter I will provide a literature review of the research that has been done in the field of health communication and the sociological study of mass communication to help situate this project and provide a background information of Islamic piety in Indonesia. I will also discuss the theoretical and methodological framework that shape this dissertation. I will begin by contextualizing my research within the field of health communication and the sociological study of mass communication. Next I will explain the theoretical foundation that leads to my research on knowledge production of HIV/AIDS. I will explore two ideas of power from Foucault and Bourdieu that produces knowledge and explain how those theories can be appropriately applied to the knowledge production of HIV/AIDS related stigma. Then I will provide a brief history of the Islamic piety in Indonesia. Finally, I will explore two different types of research methods in media studies, namely quantitative and qualitative research, and provide reasons for my preferred method.

On Health Communication and Medical Sociology of Mass Communication

Researches in health communication and medical sociology have flourished in the last few decades. As the names convey, both fields are interdisciplinary by nature as they analyze social aspects of health issues. In this section, I start by explaining each field of study and the role of mass communication research plays in each field. I then explore the type of questions each field is interested in and how each go about investigating the issues and finding explanations to answer its

questions. Later I discuss specific examples on HIV/AIDS research done by scholars from health communication and medical sociology.

The literatures that I use as examples paint a picture of the significant role of mass communication in health communication. This, I have to admit, is a bias on my part, as a scholar of media studies. Fortunately, my bias is within reason. Since media studies is a part of the discipline of mass communication, the important role of media is acknowledged by the Handbook of Health Communication (Thompson, Dorsey, Parrott, Miller 2003) as seen in the chapter dedicated on media. Unfortunately, similar treatment cannot be found in the handbook of medical sociology (Pescosolido, Martin, McLeod, Rogers 2011). I argue that it is not because scholars of medical sociology do not see mass media and textual analysis of the media as important. Rather, as social scientists they prefer to do surveys and field research to find out of how meanings of certain health issues are constructed and circulated. In some cases, studies about public's perception of health issues in the mass media are considered as jumping off point to understand the larger phenomenon of a certain health issue (Hilton, Hunt, Langan, et al 2010). An exception is made beginning in the late 1990s and early 2000s when another form of media, the internet, started to gain its popularity as a significant site to study health related issues due to virtual health campaigns and activisms that have flourished in this virtual space.

This gap in literatures of HIV/AIDS and the mass media from a sociological perspective draws me into my proposed research project for my dissertation. Looking at the mass media from this perspective provides a way to understand how HIV/AIDS is understood by the modern society in the world's largest Muslim-majority country. My argument in choosing this perspective is best expressed through Garnham's words:

> "The central question underlying all debates about the media and how we study them concerns the way in which and the extent to which humans learn and thus how through time identities are formed and actions motivated. Once we see the media this way it becomes obvious that questions about the media are questions about the kind of society we live in and vice versa." (2000: 5)

In other words, studying the media of a particular society means we are analyzing that society; how it functions, how knowledge is produced and how power is articulated.

Health Communication

It is hard to pinpoint when exactly the precise "origin" of health communication is. Viswanath (2008) claims that the evolution could be traced to campaigns in public health to promote hygiene and immunization in the eighteenth and nineteenth centuries, persuasion studies during and after World War II, and the development communication campaigns in the 1970s. However, according to Thompson (2003) it was quite recent that health communication officially became a subfield of Communication and established its own division at the International Communication Association (ICA) in 1975. It takes a decade later for a division of the same name to become a part of National Communication Association (NCA).

The early scholarships of health communication focused mostly on interpersonal aspect, specifically on diagnosis, cooperation, counsel and education (Castello 1977). Even though the field has now broadened its research interest by bringing in a rhetorical or narrative perspective and taking into account media issues and health campaigns, the four aspects of interpersonal communication, particularly doctor-patient interaction issues, remain significant in the field. This is reflected in literature reviews and chapters that are covered in the Handbook of Health

Communication (Thompson, Dorsey, Parrott, Miller 2003) and also in the health communication section of The International Encyclopedia of Communication (Donsbach 2008).

What then are the distinguishing features of health communication? Other than it is highly interdisciplinary in its nature (Morris 1998, Thompson 2003) and that it studies the generation, creation and dissemination of health-related information and their effects on different publics (Viswanath 2008), Babrow and Mattson (2003) argue that there are four characteristic tensions that mark health communication as a significant subdiscipline. These four are tensions between body and communication, science and humanism, idiosyncrasy and commonality, and (un)certainties and values, expectation and desires. The interplay of body and communication is illustrated in the processes by which physical sensations and diseases are conceptualized and labeled. Culture shapes how people label their physical states, and they react to and treat illnesses differently depending on how they are labeled. The second tension is the one between science and humanism. This tension has many manifestations as it appears in debates about biomedical versus biopsychosocial models and "alternative" versus "traditional" therapies. The debate between ontological and holistic models of disease and illness reflects the basic tensions between idiosyncrasy and commonality in health communication. The tension is also manifested in the distinction between affirming the personal meanings of an illness and affirming our common humanity in perceiving a disease. Much recent theorizing about health communication has emphasized that uncertainty pervades illness experiences and communication about health and illness. A subset of that work (see Babrow 2001) further suggests that the meaning of uncertainty in general depends on the values at stake. Moreover, this theorizing recognizes that our evaluation of whatever is at stake depends on how we formulate and manage uncertainty. In health

communication, therefore, values force the rearticulation of (un)certainty and (un)certainty compels the rearticulation of values (Babrow 1992, 2001).

Now that we have an idea on the issues that health communication is interested in, the next question is how do health communication scholars analyze these issues. In other words, what are their methods? Who or what are their subjects of studies? The answer naturally varies according to which tension each scholar chooses to analyze and which historical tradition within the field of communication he/she is in. Craig (1999) argues that there are seven historical traditions within the field of communication: rhetorical, semiotic, phenomenological, cybernetic, sociopsychologic, sociocultural and critical. I am laying out Craig's argument to point out that some of these traditions (rhetorical, phenomenological, and critical) are interested in questions that can only be answered through the use of qualitative approach, while others (semiotics, sociopsychologic and sociocultural) may be more flexible in the type of questions they are interested in and thus they are able to utilize both the quantitative as well as the qualitative approach.

According to Craig (1999) the rhetorical tradition theorizes communication as a practical art of persuasive discourse. Within health communication rhetorical theory has great implications across the spectrum of public deliberation over health care policies of every sort. Moreover, it is "well suited to studying characteristic tensions in health communication" (Babrow and Mattson 2003: 48) such as the tension between reason and emotion (Bitzer 1981, Craig 1999), expectation and desire, and between scientific and humanistic orientations (Harter, Stephens and Japp 2000). Semiotics on the other hand problematizes individual signs and meanings and therefore has important implications to study the tension that arises between communication and the body (Knuf and Caughlin 1993). Phenomenology challenges the semiotic notion that intersubjective understanding can be mediated only by signs (Stewart 1995, 1996), as well as the rhetorical notion

that communication involves artful or strategic uses of signs. Instead, the phenomenological tradition theorizes communication as dialogue or experience of otherness. Communicative understanding begins "in prereflexive experience arising from our bodily existence in a shared lifeworld" (Craig 1999: 138). An example of how phenomenology contributes to health communication and health care practice can be seen in Mattson's (2000) research that argue for a more sensitive and open relations between health care providers and patients as opposed to imposing preconceived understanding of health and illnesses.

In the cybernetic tradition, communication is theorized as information processing – processing that allows systems to function (or to malfunction). Communication involves encoding, transmission, and decoding. Theories in the cybernetic tradition are suited to studying characteristic tensions in health communication (Donohew and Ray 1990), particularly tensions between communication and the bodies. Moreover, as pointed out by Babrow and Mattson (2003), family system theories (Bochner and Eisenberg 1987; Whitchurch and Constantine 1993) are applicable to the tension between idiosyncrasy and commonality as can be seen in different studies on how a member's illness stresses the family system (Boss 1999; Northouse and Northouse 1998).

According to the sociopsychological tradition communication is a "process in which the behavior of humans expresses psychological mechanisms, states and traits and, through interaction with similar expression of other individuals, produces a range of cognitive, emotional, and behavioral effects" (Craig 1999, p. 143). This tradition has implication for all four distinctive tensions that mark studies of health communication. However, the most obvious implication is related to the tension between (un)certainty and values. A numerous studies illustrate this point: for example, theories of health beliefs (Mattson 1999), risk (Friedman et al., 1999), fear (Berger 1998), and compliance (Burgoon, Birk and Hall 1991).

Sociocultural tradition views communication as "symbolic process that produces and reproduces shared sociocultural patterns" (Craig 199: 144). In other words, shared systems of beliefs, values, language, political economy, and various other institutional arrangements make communication possible. Even though the sociocultural tradition is relevant to the four distinctive tensions in health communication it has particular significant implications for the tension between scientific and humanistic assumptions, values, aspirations, and limitations. Cross-cultural studies, especially, reveal the difficulties of reconciling the perspective of Western medicine with that of "traditional" healing as in the case of Fadiman's (1997) study of epilepsy among Hmong immigrants in the United States.

Lastly, critical theorists and researchers try to uncover the material practices and hegemonic ideologies that distort communication. Ray's (1996) collection of essays on communication and disenfranchisement offers numerous examples of the application of critical theory to health and illness:

> "Through interactions with the family, friends and institutions, and from the mass media, definitions of acceptable identities, behaviors, topics of discussion and acceptable expectations are made clear as to who 'fits' where in American society, who controls the resources, who makes the decision and who sets the social standards." (p.xvi)

In short, it is interested in uncovering the power that works in American society and in analyzing the tensions that build between agency and structure, between society and individual. Like the other six traditions Craig (1999) identifies, critical theory is highly relevant to the various distinctive tensions in health communication, such as the tensions between scientific and humanistic assumptions and values and between idiosyncrasy and commonality (Bullis and Bach 1996).

Craig's seven historical traditions above provide a window to the landscape of the field of communication in general and health communication in particular. It is a field that is heavily influenced by the humanities (as in the case of rhetorical, semiotic and phenomenological tradition) as well as the social science (sociopsychological, sociocultural and critical theory). Within an interdisciplinary field of health communication these traditions tend to blend as can be seen from the literatures published in its flagship journal: Journal of Health Communication. Although the journal has a tendency to prefer a more quantitative research on health issues in communication studies and thus carries with it a positivist strain, it also publishes qualitative studies in the sociopsychological and sociocultural tradition.

As much as I find studies published in the journal to be informative, practical and useful, many of them are not critically engaging. Moreover, they tend to neglect socio-historical aspect and the issues of power in order to answer more urgent questions (such as what works, what does not work and how to make it work) in health care prevention that utilizes mass media. This approach can be seen more clearly in the next section where I describe and analyze literature of HIV/AIDS in health communication studies of the media.

Literatures of HIV/AIDS in Health Communication

Over the past two decades, mass media have been used as a tool in health care prevention against HIV/AIDS (Liskin 1990; Myhre and Flora 2000). Although there have been theoretical debates on how and why mass media communications influence behavior, there is empirical evidence showing that the mass media can be used for attitude and behavioral changes associated with HIV/AIDS (Bertrand, O'Reilly, Denison, et al. 2006). In the early stage of the HIV epidemic,

many countries used mass communication to raise awareness of HIV/AIDS, its transmission routes, and methods of prevention (Myhre and Flora 2000; Oakley, Fullerton and Holland 1995). In the late 1980s and throughout the 1990s, mass media intervention programs focused on behavioral change that limit risky behavior and promoted safer sex. More recent mass media intervention programs have expanded to address more HIV/AIDS related issues, from prevention to treatment to care and support (McKee, Bertrand, and Becker-Benton 2004). The target audience of most mass media campaigns has been the general public, especially youth (Bertrand et al. 2006).

HIV/AIDS campaigns in the mass media utilize various channels of delivery (Myhre and Flora 2000). Those that employ television appear to be most cost effective as television broadcasts reach the majority of the population. Television campaigns usually produce the strongest impact on HIV/AIDS awareness, transmission knowledge, interpersonal communication and behavioral change, as opposed to campaigns using other channels, such as radio or print media (Chatterjee 1999; Keating, Meekers and Adewuyi 2006; Sood and Nambiar 2006). The effectiveness of interventions is influenced not only by the type of channel of delivery but also by the level of exposure to media messages. For example, a study of an HIV/AIDS mass media campaign in Kenya (Agha 2003) revealed a dose–response relationship. The result showed that a higher intensity of exposure to the campaign media led to more favorable outcomes such as safer sex, higher perceived self-efficacy in condom use negotiation, and higher perceived condom efficacy.

One of the desired effects of mass media interventions is an increase in knowledge about HIV/AIDS. In India, Valente and Bharath (1999) found significant improvement in responses to 12 HIV knowledge questions among their study's intervention group that watched an educational theater performance that included HIV/AIDS topics. Milleliri and colleagues (Milleliri, Krentel and Rey 2003) found significant increases in knowledge of HIV transmission among Gabonese

high school students after they read a comic book about condom use. In a study in China that incorporated educational videos and radio broadcast, the intervention group showed significant increases in knowledge of modes of HIV transmission (Xiaoming, Yong, Choi, et al. 2000). Since higher HIV knowledge has been shown to be significantly associated with safe sex behaviors (Meundi, Amma, Rao, Shetty and Shetty 2008), Li and colleagues (Li, Rotheram-Borus, Wu et al. 2009) argue that educating the general population about HIV is an important strategy in the control of the HIV epidemic.

As can be seen from the above literature review on the utilization of mass media in HIV/AIDS prevention in health communication, the media are seen as a tool to disseminate knowledge about HIV/AIDS channels of transmission. In the long run these researchers are hoping to show that media are in fact useful in motivating people to change their behaviors and thus lead to a decrease in new cases of HIV infection.

Even though, as I have stated before, these studies are very useful, particularly from public health perspective, they do not put much emphasis on the confluence of biomedical and sociocultural, the material and the symbolic. From a social construction perspective, the work of health communication scholarship is to unpack the sociocultural sources of symbolic usage in health care. As Sharf and Vaderford (2003) argue, people often accept a certain notion of health or illnesses as natural and inevitable without considering how meanings emerge from contextual and political sources in ways that mold health believes and behaviors, clinical judgments and organizational routines. Unfortunately many literatures on HIV/AIDS in health communication do not bother to analyze the issue using a social construction perspective nor does it bother to look at the production of knowledge about HIV/AIDS itself. I see this as an opportunity to contribute to a rich scholarship of HIV/AIDS in health communication.

Medical Sociology

Similar to health communication, medical sociology is a relatively new sociological specialty. It came of age in the late 1940s and early 1950s in an intellectual climate much different from sociology's traditional specialties (Cockerham 2007). Specialties like theory, social stratification, urbanization, social change, and religion had direct roots to nineteenth-century European social thought. These specialties were grounded in classical theory with major works by the subdiscipline's founding figures. However, sociology's early theorists did not pay much attention to the idea of health and medicine because it was not considered as an institution that shaped society. A rare exception is Émile Durkheim's Suicide (1951 [1897]), which is sometimes claimed as the first major work in the field. Medical sociology appeared in strength only in the mid-twentieth century as an applied field in which sociologists could produce knowledge useful in medical practice and developing public policy in health matters (Cockerham 2007). In a way medical sociology shares similar history with health communication as both come from a tradition of applied research, though as it evolves it is more apparent how both develop their differences and form their distinguished features.

According to Cockerham (2007) medical sociology evolved as a specialty in sociology in response to funding agencies and policymakers after World War II who viewed it as an applied field that could produce knowledge for use in medical practice, public health campaigns, and health policy formulation. The significant amount of funding for research to help solve the health problems of industrial society and the welfare state in the West during the post-World War II era stimulated its growth. Particularly important was the establishment of the National Institute of

Mental Health (NIMH) in the United States that funded and promoted cooperative projects between sociologists and physicians. A significant result of such cooperation was the publication in 1958 of Social Class and Mental Illness: A Community Study by Hollingshead (a sociologist) and Redlich (a psychiatrist). This seminal study produced important evidence that social factors were correlated with different types of mental disorders and the manner in which people received psychiatric care. The book remains a prominent study on the relationship between mental disorder and social class.

At the beginning of medical sociology's expansion, many people in the field did not have firm roots in mainstream sociology (Cockerham 2007). Some even did not possess any training in medical sociology. Many had been attracted to the subdiscipline because of the availability of jobs and funding for research. This situation led Straus (1957) to suggest that medical sociology was divided into two areas: sociology in medicine and sociology of medicine. The sociologist in medicine performed applied research and analysis primarily motivated by a medical problem rather than a sociological problem. Sociologists in medicine typically worked in medical, nursing, public health or similar professional schools, public health agencies, or health organizations like CDC and WHO. Sociologists of medicine primarily worked in academic sociology departments and engaged in research and analysis of health from a sociological perspective (Cockerham 2007).

The division created problems in the United States. Medical sociologists in universities wanted to produce work that satisfied sociologists as good sociology, while sociologists in medical institutions had the advantage of participation in medicine as well as research opportunities unavailable to those outside clinical settings. Disagreement developed between the two groups over whose work was the most important. What resolved this situation over time was a general evolution in medical sociology that saw both applied and theoretical work emerged on the part of

medical sociologists in all settings. Medical sociologists in universities responded to funding requests for applied research, while some of their counterparts in medical institutions, like Strauss, produced important theoretical work.

Based on Cockerham's (2007) observation, between 1970 and 2000 medical sociology emerged as a mature sociological subdiscipline. This period was marked by the publication of two important books, Friedson's Professional Dominance (1970) and Starr's The Social Transformation of American Medicine (1982). Friedson formulated his influential "professional dominance" theory to account for a new level of professional control by physicians over health care service that was true at the time but no longer exists. Starr's book won the Pulitzer Prize and countered Friedson's thesis by examining the decline in status and professional power of the medical profession as large corporate health care delivery systems oriented toward profit entered an unregulated medical market.

Another major work was Bryan Turner's Body and Society (1984), which initiated the sociological debate on this topic. Theoretical developments concerning the sociological understanding of the control, use, and phenomenological experience of the body, including emotions, flourished. Much of this work has been carried out in Great Britain and features social constructionism as its theoretical foundation with Michel Foucault as the leading theorist. His analysis takes the view that knowledge about the body, health, and illness reflects subjective, historically specific human concerns and is subject to change and reinterpretation.

As medical sociology blossomed, it started to attract large numbers of practitioners in both academic and applied settings and sponsored an explosion of publications based upon empirical research. Major areas of investigation included stress, the medicalization of deviance, mental health, inequality and class differences in health, health care utilization, managed care and other

organizational changes, AIDS, and women's health and gender. Moreover, the 1990s saw medical sociology move closer to its parent discipline of sociology. This was seen in a number of areas, with medical sociological work appearing more frequently in general sociology journals and the increasing application of sociological theory to the analysis of health problems. The American Journal of Sociology published a special issue on medical sociology in 1992, and papers on health-related topics are not unusual in the American Sociological Review.

Ultimately, according to Cockerham (2007) what allows medical sociology to retain its unique character is (1) its utilization and mastery of sociological theory in the study of health and (2) the sociological perspective that accounts for collective causes and outcomes of health problems and issues. No other field is able to bring these skills to health-related research and analysis. Today it can be said that medical sociology produces literature intended to inform medicine and policymakers, but research in the field is also grounded in examining health-related situations that inform sociology as well.

Similar argument on the unique character and the importance of medical sociology is voiced by Pescosolido (2011). In his view the complexities in topic, theory and methods continue to be the strength of sociology as a discipline. It focuses on how individuals, organizations, and nations are "selected and formed, liberated and repressed, made sensitive and blunted" (Mills 1959: 7). He explicates his argument by saying that whenever a sociologist looks at a life, a "disease," a health care system, or a nation's epidemiological profile, examining which "values are cherished yet threatened" (1959: 11) is inevitable. As Hung (2004) has recently documented for the SARS virus and Epstein (1996) for HIV/AIDS, the societal reactions to viral pandemics are deeply rooted in social cleavages rather than biological fact, whether this reaction unearthed the racist view of the "Yellow peril" or the homophobic view of the "Gay plague" (2011: 5).

In addition to voicing what he considers as the important contribution of sociological research on health issues, Pescosolido (2011: 7) offers his insight on a series of basic questions that today medical sociologists need to address. First, why do providers and consumers fail to take advantage of cutting-edge science? A frequent complaint expressed by research scientists, payers, and policy makers is that cutting-edge interventions are neither adopted in day-to-day clinical work nor accepted by individuals with health problems who might benefit. Second, why do treatments that have been "proven" to work in randomized clinical trials fail to work in real world settings? A continual frustration of providers is that clinical research fails to take into account the challenges of day-to-day clinical work and does not offer a realistic understanding of the complexities and limitations of providing care. A similar frustration of consumers and advocates is that clinical research fails to take into account the complex realities of the lives of persons who fall ill, especially those with chronic and stigmatized problems. Third, why has health services research not been able to bridge the gap to allow proven clinical interventions to find application to the "real world" needs of consumers, practitioners, payers, and policy makers (Pellmar and Eisenberg 2000)?

According to Pescosolido (2011) each of these requires an understanding of "cultures" – the culture of the public, the culture of the clinic, the culture of community, and of organizations. "Sociological research holds the potential to understand how cultures are shaped; how they are enacted; how they clash or coincide with one another; and how, in the end, cultural scripts facilitate, retard, or even prohibit institutional social change" (2011: 8). Sometimes, these discussions can be reductionist in tone without trying to understand the power of institution and resource as well as the social network structures that hinder innovation. More importantly, these challenges call for a holistic approach to research in which different levels of change, as well as

the individuals in them, are conceptualized as linked and intertwined, with outcomes measured through innovative quantitative approaches and mechanisms observed through in-depth qualitative observations. In no way would such studies exclude the expertise of other scientists; indeed they call for it. However, the multilayered, multimethod and connected approach inherent in medical sociology provides an overarching organizing framework that can facilitate the integration of different interdisciplinary insights (Pescosolido 2006).

The call for interdisciplinary efforts to help answer the questions posed by Pescosolido can also be found in health communication. However, what distinguishes medical sociology from health communication is its pronounced interest in the interplay of power in understanding the conceptualization of health and illnesses. Unfortunately this interest is not articulated as clearly in health communication, which tends to celebrate individual agency and the importance of personal narration (Sharf and Vanderfold 2003). Moreover, unlike the four tensions in health communication that tend to neglect the significance of inequality, medical sociology place ideas of health and health care disparities, fundamental causes (sociologists' baseline concern with power, stratification and social differentiation as labeled by Link and Phelan 1995); and social networks as vectors of social and organizational influence (now renamed "Network Science") front and center.

The strong sense of this tension between society and individual and the implication of embedded inequality in modern society draws me to sociological perspective in analyzing HIV/AIDS. As Mills (1959) puts it: "…the individual can understand his own experience and gauge his own fate only by locating himself within his period….he can know his own chances in life only by becoming aware of those of all individuals in his circumstances" (1959: 5). This 'missing piece' from health communication –though a version of it can be found in the critical

theory tradition of the field—is what I would like to understand better through my own research. However, before I start explaining in details the rationale behind my choice, I would like to briefly discuss the literatures on HIV/AIDS in medical sociology of media.

Literatures of HIV/AIDS in Medical Sociology

There are an increasing number of studies in the sociology of health and illness that focus directly on the media in the early 2000s (Gillett 2003). Most of this research has critically examined mass-mediated messages on a range of subjects, including television's portrayal of health and healthcare (Turow 1989, Bury and Gabe 1994), the depiction of lay people in televised documentaries (Hodgetts and Chamberlain 1999), and the representations of moral panic regarding health (Dew 1999).

Research on HIV/AIDS and the mass media offers a good example on critiques of social institutions by social science scholars. In the mid-1980s, after several years of ignoring HIV/AIDS, the epidemic became a 'newsworthy' topic of consideration in the mass media (Kinsella 1989). At this time, social scientists began to argue that the mass media were misrepresenting those directly affected by the epidemic and thus fuelling a growing moral panic regarding HIV/AIDS (Albert 1986, Bayer 1991, Lester 1992). This analysis was made most convincingly in relation to messages conveyed in the media about gay men and HIV/AIDS (Gronfors and Stalstrom 1987, Watney 1987). The moral rhetoric regarding gay men as deviant became a dominant motif in the way in which people with HIV/AIDS were portrayed in the media –homophobia became the foundation for a more generalized AIDS phobia (Sontag 1989, Patton 1990, Lupton 1994). The policing of gay sexuality through the media was extended to include other marginalized groups (Sacks 1996,

Lester 1992). This critical research indicated that the representation of HIV/AIDS in the late 1980s and mid-1990s prevented mass media institutions from performing a democratic or informative role during a serious health crisis (Lupton 1994, Reardon and Richardson 1991).

Since the early 1990s the HIV/AIDS epidemic in most industrialized democracies has changed dramatically. This transformation has been characterized by Berridge (1992: 45) as a period of normalization 'in which the rate of growth of the epidemic has slowed and public interest and panic has markedly decreased'. Advances in the area of treatments, brought about by the efforts of activists and through the development of more effective medications, have contributed to this process of normalization (Flowers 2001). A significant impact of this trend has been that during the 1990s HIV/AIDS increasingly became defined and understood as a chronic rather than terminal disease. Griffin (2001) has noted a decreasing visibility of HIV/AIDS in the media during this period of normalization as the disease has become less stigmatized and perceived to be less of a public health threat. As a result of this decreasing visibility, the expanding global HIV/AIDS crisis that continued during the 1990s in developing nations has been largely ignored. The mass media failed to draw attention to the situation of those affected by the disease on a global level, including who have been, and continue to be, denied access to treatments and other resources for survival. Research on HIV/AIDS and the media by social scientists has provided a strong critique of institutional representations of the disease and their social and political impact.

In the context of the contemporary AIDS movement in North America, people with HIV/AIDS have developed and sustained their own media projects since the early 1980s. Publications, telephone hotlines, posters, fax, video, television, and radio: all are media that have been used to mobilize those infected and affected, challenge misconceptions regarding the disease, provide practical and useful information, and transform power structures which inhibit an effective

response to the HIV/AIDS epidemic (Juhasz 1995). Media projects have created public forums through which people with HIV/AIDS can share their stories and knowledge and seek out mutual support, education and advocacy.

The use of media to create cultural spaces as a forum for those with marginalized or stigmatized identities has become a common feature of contemporary social movements. Literature on the role of contemporary social movements in revitalizing the public sphere in post-industrial societies provides insight into the trend toward media activism. The foundation for this literature has been Habermas' (1989) writing on the bourgeois public sphere. Feminist scholars, while critical of Habermas, have used his work to understand the process by which social movements create their own public forums as a means of bringing about social change. They argued that organized social networks provide the foundation for the formation of alternative public spheres (Fraser 1992, Felski 1989). This literature on activism and the public sphere has been taken up by scholars in the area of media and communication studies who believe that media activism, in its various forms, can be understood as a response to the failure of social institutions, particularly the mass media, to provide a forum for citizens to address problems and issues of common concern (Downing 2001, Atton 2000).

Health Communication or Medical Sociology: A Rationale behind the Choice

Studies of mass communication in the U.S developed from the sociology department that was heavily influenced by European thinkers and social theorists (Peters and Simonson 2004). As a result, many of the early literatures and foundational texts to study mass media (print, radio, and television) also came from continental social theory. Even though the U.S social scholars such as

Dewey, Mead, Lippman, Blumer developed their own flare in social theory –one that is considerably more liberal than their European counterpart—texts written by Weber, Durkheim, Simmel and much later the Frankfurt School and British Cultural Studies, remains to be key texts in the field of mass communication.

Coming from this tradition, I study the way knowledge about HIV/AIDS in Indonesia is produced. I argue that Islamic piety shapes the way the Indonesian public thinks about the notion of sexual relation and subsequently HIV/AIDS. By using Foucault's notion of power/knowledge I examine the way stakeholders in the field of HIV/AIDS in Indonesia produce and disseminate their knowledge and how that help shapes public understanding of HIV/AIDS. At the heart of my research I am looking at how power and knowledge are intertwined in the discourse production of HIV/AIDS in my country.

My study is not of an interpersonal study as many health communication researchers are interested in nor is it about health campaign. It is about power, stigma, Islamic piety and the media that I analyze using a critical theory perspective. It is much closely related to medical sociology than to health communication, though a certain strain of health communication –particularly one that utilizes critical theory as its lens also shares my research interest.

To quote Mills in my above explanation about medical sociology, whenever a sociologist looks at a life, a "disease," a health care system, or a nation's epidemiological profile, examining which "values are cherished yet threatened" (1959: 11) is inevitable. Foucauldian approach in looking at a "disease" provides me with critical lens to examine the system of possibility for knowledge, the discourse, which enables people to perceive HIV/AIDS. It aims to unmask the operation of power in order to enable those who suffer from it to resist (Philp 1985), as I will discuss further in the next session on power/knowledge and stigma.

On Power/Knowledge and Stigma

Literatures on stigma have never ceased to quote Goffman's (1963) classic work Stigma: Notes on the Management of Spoiled Identity. In his book Goffman draws on research experience with people suffering from mental illness, possessing physical deformities, or practicing what were seen as socially deviant behaviors such as homosexuality. He argues that stigma is conceptualized by society on the basis of what constitutes "difference" or "deviance" and that it is applied by society through rules and sanctions resulting in what he described as a kind of "spoiled identity" for the person concerned (Goffman 1963).

As useful and important Goffman's work on stigma, a more specific understanding of stigmatization, at least as it functions in the context of HIV/AIDS, needs to be formulated. Not only is this key to better understand the work of stigma in relation to HIV/AIDS, but it is also useful to help us as scholars rethink the directions that it has pushed us in our research and intervention work (Parker and Aggleton 2003).

Numerous studies on stigma and HIV/AIDS have misinterpreted Goffman's notion of stigma as a "discrediting attribute" and see it as though it were a thing (Parker and Aggleton 2003). It is important to recognize that Goffman has never meant for stigma to be seen as a static attitude. Instead he conceptualizes it as a constantly changing (and often resisted) social process. This misreading on the notion of stigma has limited the ways in which stigmatization and discrimination have been approached in relation to HIV and AIDS.

One of Parker and Aggleton's criticisms toward numerous studies about stigma and HIV/AIDS is that these studies tend to understand stigma in highly emotional terms---for instance, as 'anger and other negative feelings' toward people living with HIV and AIDS, that in turns "lead

to the belief that they deserve their illness, avoidance and ostracism, and support for coercive public policies that threaten their human rights" (2003: 15). Among studies that Parker and Aggleton's criticize are Herek, Capitanio and Widamana 2002, Blendon, Donelan and Knox 1992, and Crandall, Glor and Britt 1997. As a result of too much focus on emotional terms, much of the empirical research that has been carried out on stigma in relation to HIV and AIDS has tended to focus heavily on the beliefs and attitudes of those who are perceived to stigmatize others. "Public opinion polls and surveys of knowledge, attitudes and beliefs about HIV and AIDS, those affected by the epidemic, or those perceived to be at risk of HIV infection have dominated the research literature" (2003: 15). For example, see Blendon and Donelan 1988, Herek 1999, Herek and Capitanio 1993, 1994, 1997, 1999.

It seems that strategies have been developed to "increase empathy and altruism" and to "reduce anxiety and fear" (2003: 16) primarily by providing what is perceived to be correct information and by developing psychological skill thought to be essential to manage the emotional responses that are unleashed by HIV and AIDS. Different interventions have thus focused on psychological counseling approaches (Ashwort et al. 1994, Hue and Kauffman 1998) and on acquiring 'coping skills' in order to better manage the effects of stigmatization on the part of those living with HIV and AIDS (see Brown, Trujillo and Macintyre 2001).

Parker and Aggleton also point out that even though numerous studies on stigma and HIV/AIDS typically acknowledge Goffman and his work as intellectual precursors, discussion of discrimination are rarely framed in relation to any theoretical tradition. "The meaning of discrimination is normally taken almost for granted, as though it were given or obvious on the basis of simple common usage" (2003: 16). More recent sociological analyses of discrimination,

however, “concentrate on patterns of dominance and oppression that are viewed as expression of a struggle for power and privilege” (Marshall 1998).

Link and Phelan’s (2001) work on stigma and discrimination is one example of a conceptual study that puts emphasis on power. In their conceptualization, stigma exists when the following five interrelated components converge. In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics-to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of "us" from "them." In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. Finally, stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination. Thus, the term stigma can be applied when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold.

For Link and Phelan stigma is entirely dependent on social, economic, and political power as it takes power to stigmatize. In some instances the role of power is obvious. However, the role of power in stigma is frequently overlooked because in many instances power differences are taken for granted, which make them seem unproblematic:

> “When people think of mental illness, obesity, deafness, and having one leg instead of two, there is a tendency to focus on the attributes associated with these conditions rather than on power differences between people who have them and people who do not. But power, even in these circumstances, is essential to the social production of stigma. (2001: 375)

By conceptualizing stigma and discrimination as social processes that can only be understood in relation to broader notions of power and domination, Link and Phelan have moved beyond the limitations of current thinking in this area. They argue that stigma plays a key role in producing and reproducing relations of power and control (2001: 376). It causes some groups to be devalued and others to feel that they are superior in some way and as Parker and Aggleton eloquently express it:

> "Ultimately, therefore, stigma is linked to the workings of social inequality and to properly understand issues of stigmatization and discrimination, whether in relation to HIV and AIDS or any other issue, requires us to think more broadly about how some individuals and groups come to be socially excluded, and about the forces that create and reinforce exclusion in different settings."
>
> (Parker and Aggleton 2003: 17)

This historical approach in looking at stigma means that it is vitally important to keep in mind that stigma arises and stigmatization takes shape in specific contexts of culture and power. Stigma always has a history, which influences when it appears and the form it takes. It is important, therefore, to better understand how stigma is used by individuals, communities and the state to produce and reproduce social inequality (Parker and Aggleton 2003).

Power plays a central role in the thought of Foucault and Bourdieu, and even though Parker and Aggleton (2003) make it seems like both theories are compatible (and even complementary) in understanding stigma, I argue that each theorist has a different conception of what power is and how it plays out in the dynamic of the society. One, therefore, is more suitable and helpful in understanding stigma and HIV/AIDS than the other.

For Foucault, who said that, "the goal of my work during the last twenty years has not been to analyze the phenomena of power, nor to elaborate the foundations of such an analysis. My objective, instead, has been to create a history of the different modes by which, in our culture,

human beings are made subjects," (Dreyfus and Rabinow 1982: 208) power is key to the process of subjectification. In his sense power is not something that one can hold on to, nor is it exercised from one point to another point. It comes from below; it is capillary. In this he formulates descriptions of power that diverges from a more familiar Marxian's concept of power. Many scholars, including Fraser (1981), find his descriptions to be problematic, yet fascinating and alluring at the same time.

Throughout his writings Foucault offers us histories of the different modes by which human beings in our culture have been made subjects (Philp 1985: 67). In his readings of Foucault's works, Rabinow (1984) classifies Foucault's modes of objectification. The first one, according to Rabinow, is dividing practices, in which "the subject is objectified by a process of division either within himself or from other" (1984: 8). Essentially "dividing practices" are modes of manipulation that combine the mediation of science and the practice of exclusion –usually in a spatial sense, but always in a social one. Madness and Civilization: A History of Insanity in the Age of Reason (1965), The Birth of Clinic: an Archeology of Medical Perception (1973), and Discipline and Punish: the Birth of Prison (1975) are three of Foucault's works that illustrate this mode of objectification. The second mode is scientific classification, which arises from the modes of inquiry that try to give themselves the status of sciences. Foucault shows how this mode operates in The Order of Things: an Archeology of the Human Sciences (1970) and The Archeology of Knowledge and the Discourse on Language (1972). The last one, subjectification, concerns with the way a human being turns him or herself into a subject and the process of self-formation in which a person is active. This mode can be seen in The History of Sexuality: An Introduction, Volume I (1978).

Just as his analysis of the different modes of objectification evolves, so does his conception of power. In the later works he sees power as a relationship between individuals where one agent acts in a manner which affects another's actions (Philp 1985: 74), thus it is not something delegated to the human sciences from the body traditionally seen as the central repository of power: the State. Even though Foucault will later discuss about how power works in relation to bio power and governmentality, it is important to highlight his view of power as an inherent feature of social relations; since power must exist whenever we act in a manner which will affect the way that others act. Because of this power relations are always potentially unstable and potentially reversible –"I may limit your choice of actions, but your actions may equally limit mine" (Philp 1985: 75).

Foucault also writes that power is not equal to domination. However, the human sciences in modern society –through their claims to knowledge and expertise— have transformed these unstable relations into general patterns of domination: "We are subjected to the production of truth through power, and we cannot exercise power except through the production of truth" (Foucault 1980: 93). I see his conception of power in relation to knowledge and therefore, truth, to be one of his strongest analyses of the modern society. It is unsettling at the same time because we are made aware that there is no absolute truth other than the one that power creates through knowledge. In formulating this idea of power, Foucault addresses his primary concern to "aid the destruction of Western metaphysics and the sciences of man" (Philp 1985: 68).

In his concept of bio power, Foucault pays a close attention to a new political form of power that has been continuously developing since the 16th century. This political structure is the state, which most of the time is seen as a kind of political power that ignores individuals and only focuses on the totality of a class or a group among citizens, but according to him, it is actually both an individualizing and a totalizing form of power (Rabinow 1984: 14). With the Renaissance new

links between the state and the individual gave rise to a new type of political reflection. In the mid-16th century a series of treatise on the "art of government" began to appear. They are not concerned with traditional nature of the state, but they "spoke directly of the governing of households, souls, children, a religious order, etc. As the fostering of life and the growth and care of population becomes a central concern of the state –articulated in the art of government, a new regime of power takes hold, one that Foucault calls as bio power.

In his analysis, bio power arises as the result of the combination of two elements, namely human species and the human body. For the first time human species becomes the object of systematic, sustained political attention and intervention; at the same time human body is seen as an object to be manipulated and controlled. The aim of disciplinary technology, whatever its institutional form, is to forge a "docile body that may be subjected, used, transformed and improved" (Foucault 1975: 198). The forging of a docile body is done in several related ways, through drills and training, standardization of actions over time and through control of space.

It is through these gradual growth and consolidation of knowledge and practices that State began to colonize and to transform their activities, with the result that State power mutated into its current disciplinary and normalizing form. Disciplinary technologies –the joining of knowledge and power—is unquestionably linked to the rise of capitalism. For Foucault it is among the preconditions of modern capitalism. Furthermore, he underlines the importance of normative order as an essential component of the regime of bio power, for

> "a power whose task is to take charge of life needs continuous regulatory and corrective mechanism… such power has to qualify, measure, appraise, and hierarchize, rather than display itself in its murderous splendor… it affects distributions around the norm… (the) juridical institution is increasingly incorporated into a continuum of apparatuses (medical, administrative, and so on) whose functions are for the most part regulatory." (Foucault 1978: 144)

Moreover, it is from the human sciences that we have derived a conception of society as an organism which legitimately regulates its population and seeks out signs of disease, disturbance and deviation so that they can be treated and returned to normal functioning under the watchful eyes of one or other policing systems (Philp 1985: 76). For Foucault, state power is the end point of analysis since it is built up from numerous individual exercises of power consolidated and coordinated by the institutions, practices and knowledge claims of the 'discipline.' As Philp puts it, "Without these knowledge-claims the coordination of power relations into patterns of domination could only be temporary and unstable."

It should be quite clear by now how Foucault ties in his conception of power with knowledge and truth in the modern day society in order to show the different modes by which human beings are made into subjects. His interest in unmasking the operation of power in order to enable those who suffer from it to resist led him to conduct study of the depressed, the incarcerated and the mad. It is through the study of the abnormal that Foucault is able to shine in his description of what we have done to ourselves by doing the horrifying things to them; to show, as Philp writes, that "we have made ourselves mad, sick and delinquent by seeking to treat madness, sickness and delinquencies of others" (1985: 77). This is not only a sharp analysis of our society, but also of how power works among us.

Foucault's choice to study those who resist the subjugating effects of power has led him to form a certain analysis, a certain perspective in looking at how society works. It was mostly through his study of the sick, the delinquent, the mad men and the hysterical women that he arrives at his descriptions of power; and at precisely this point I would like to introduce Bourdieu's idea of power in relation to modern day society. I find it fascinating to read Bourdieu's analysis of the privilege class and the distinction that separate one class from the others and contrast it with

Foucault's analysis of the sick and the delinquent. I am not saying that there is nothing in common between the two for they share similarities in their critical and analytical nature of their studies, I just find it intriguing that they chose to go in two different paths in studying the same modern day society. I would like to think that it is partly their choice to focus on different facets of society that made them arrive at different conclusions on how power works.

Unlike Foucault who chooses genealogy as his method, Bourdieu's primary concern is not one of conceptual genealogy. He criticizes theoretical theory for emphasizing abstract conceptualization separated of objects of empirical investigation. Through his writings he proposes a sociology of symbolic power that addresses the important topic of relations between culture, social structure, and action. His central underlying concern is the question of how stratified social system of hierarchy and domination persist and reproduce intergenerationally without powerful resistance and without the conscious recognition of their members. The answer to this question, as Bourdieu argues, can be found by "exploring how cultural resources, processes, and institutions hold individuals and groups in competitive and self-perpetuating hierarchies of domination" (Shwartz 1997: 6). Bourdieu even extends his argument to make a universal claim that all cultural symbols and practices embody interests and function to enhance social distinction.

To further quote Schwartz, the focus of Bourdieu's work, therefore, is on how cultural socialization places individuals and groups within competitive status hierarchies, how relatively autonomous fields of conflict interlock individuals and groups in struggle over valued resources, how these social struggles are refracted through symbolic classification, how actors struggle and pursue strategies to achieve their interests within such fields, and how in doing so actors unwittingly reproduce the social stratification order (1997: 7). In other words, the world according to Bourdieu is a never ending struggle over valued resources within a certain field. Not only do

men compete over those resources, but they also compete for a better position in the field, where the battle takes place, that will enable them to accumulate more resources.

Power for Bourdieu, therefore, is the ability to act, to pursue one end and to realize one goal. Unlike Foucault who describes power as something that cannot be acquired, seized or shared; something that one holds on or allow to slip away (Foucault 1978: 94), Bourdieu perceives power as accumulable through the act of accumulation of the four different forms of capitals (economic, cultural, social and symbolic). He believes that if one has greater amount of capital and thus better position in the field then he/she will have greater power to valorize his or her resources since power constitutes the very act of valorizing. That is why power holds a central position in Bourdieu's analysis of the society, because power is a necessity for the reproduction of social hierarchy.

In Practical Reason: On the Theory of Action, he writes:

> "(this) formula, which might seem abstract and obscure states the first conditions for an adequate reading of the analysis of the relation between social positions (a relational concept), dispositions (or habitus), and positions-takings (prises de position), that is, the "choices" made by the social agents in the most diverse domains of practice, in food or sport, music or politics, and so forth….. Social space is constructed in such a way that agents or groups are distributed in it according to their position in statistical distributions based on the two principles of differentiation which, in the most advanced societies, such as the United States, Japan, or France, are undoubtedly the most efficient: economic capital and cultural capital. It follows that all agents are located in this space in such a way that the closer they are to one another in those two dimensions, the more they have in common; and the more remote they are from one another, the less they have in common"
>
> (Bourdieu 1998: 6).

If Foucault shines in his sharp analysis of anomalous, then the great merit of Bourdieu's work lies in the demonstration that there is a political economy of culture; that all cultural production –including science—is reward-oriented, and that stylistic preferences are selected and rejected in ways that are analogous to the general notions of investment and search for profits in the economy (Schwartz 1997: 67).

Parker and Aggleton (2003) clearly endorse a focus on the political economy of stigmatization and its links to social exclusion. This is indeed a fine idea and literatures on HIV/AIDS in since mid-2000s have taken this approach as seen in studies about modern marriage, men's extramarital sex and HIV risk in southern Nigeria (Smith 2007); sex, money and intergenerational transformation in Madagascar (Cole 2004); transactional sex in Mandeni, KwaZulu-Natal, South Africa (Hunter 2010); and the intertwining relation between ecology and the "sex for fish" economy in HIV risk in Nyanza province, Kenya (Mojola 2010). By examining the synergy between diverse forms of inequality and stigma, scholars are able to untangle the complex webs of meaning and power in HIV and AIDS-related stigma, stigmatization and discrimination (Parker and Aggleton 2003).

Even though political economy will most likely continue to play a strong role in a broader research and programmatic response to the epidemic, I argue that there is a need for studies about the production of power/knowledge about HIV/AIDS and related stigma, stigmatization and discrimination. Not only because it provides a different take on our understanding of the idea of stigma, but also because there needs to be other interpretations of stigma, which in the case of this research, it is one that takes into consideration the influence of Islamic piety.

On Islamic Piety in Indonesia

For many Western observers, Indonesia is not what first comes to mind when one thinks of the Muslim world. The country is most likely better known for its Hindu-Buddhist temples and the Balinese arts than with the fact that Indonesia is the world's largest majority-Muslim country. Close to 90% of this nation's 250 million of people officially profess Islam as their religion.

Although an earlier generation of Western scholars identified its most distinctive trait as the strength of so-called Hindu-Buddhist survivals, the more distinctive quality of Indonesian Islam has long been its remarkable cultural pluralism (Hefner 2000). According to Hefner, this is because of two reasons. First, Indonesia was never conquered by invading Muslim armies and second, in the early modern the archipelago was organized around a "pluricentric" pattern of mercantile city-states, inland agrarian kingdoms, and tribal groups, which resembled the pluralized polities of early modern Europe.

The variety of states and societies in the archipelago had a profound influence on the subsequent development of Muslim politics and culture. There were always different Muslim rulers, diverse religious associations, and alternative ideas as how to be Muslim. Distributed across more than17,000 islands and three hundred ethnic groups, the Muslim community could have dissolved into a maelstrom of ethno-Islam, in which each community claimed an opposed understanding of religion's truth. At times local Muslim rulers did encourage exclusivity in their profession of faith, however the mainstream tradition recognized that there were different ways of being Muslim.

The pattern of political and ethnoreligious pluralism was put to a test in the colonial era. The Dutch replaced the archipelago's many states with a unified empire. The colonial government placed strict limits on Muslim participation in public affairs, trying to shape Islam into its version of the Enlightenment privatism. Consequently, the colonial government pushed Muslims away from "the corridors of power and out into villages and society" (Hefner 2000: 15).

In the eighteenth and nineteenth centuries a vast network of Islamic boarding school (*pesantren*) spread across the archipelago. The leaders of these schools were suspicious of Europeans and their native allies, and they located their institutions at a safe distance from state

capitals. When the struggle for national independence began in the early 1900s, many Muslims, including pious ones, rejected the notion that Islam requires an Islamic state. Joined by the Christians, Hindus, Buddhists, and secular nationalists, these Muslims advocated a plural and democratic nation-state. Others in the Muslim community, however, insisted that the end of colonialism marked a new age of cooperation with the state. Muslim's ascent into government, these leaders argued, was the answer to their prayers for a deeper Islamization of the state and society (Ramage 1995, Hefner 2000).

By the time Indonesia declared its independence on August 17, 1945, Indonesians favoring a formal Islamization of state faced increasing opposition from most of the military leadership, which had done battle with Muslim separatists; members of other religious groups; secular nationalists and modernizers; the Communist Party and most of the community in Java, the island most populated in the archipelago. Soekarno, the first president of the nation, along with other nationalists designed Pancasila, a statement of universal values using indigenous terms, which all Indonesians could accept as the nation's formal ideological basis. The essential social values of Pancasila was tolerance, particularly in matters of religion. It was created to reassure secular nationalists, both Muslims and non-Muslims, that the new state would not prioritize Islam over other religions. Instead, Pancasila stipulates that while Indonesia is philosophically based on religion, the state does not endorse any particular faith (Ramage 1995: 2).

When Soekarno's leadership was replaced by Soeharto, the new president legitimized his rule and kept Muslims on the periphery by enshrining Pancasila as the ideological pillar of the regime. He expressed Pancasila as an all-encompassing philosophy in life, unique to Indonesia and personified by his government. However, as I will elaborate more in Chapter III, toward the end of his term as President of the nation in the late 1980s, Soeharto used Islam as a vehicle to maintain

his power when support from the military was dwindling. His shift in the politics and his patronage of Muslim activists allowed Islam to have more presence in the public. In place of Islamic attempts to form a legal connection between the government and Islam, an effort for the creation of an "Islamic society" gained prominence within the Indonesian Muslim community in the 1980s. This effort is in line with the larger Islamic Revival or Islamic Awakening that has swept the Muslim world since at least the 1970s. "Islamic Revival" is a term that refers to a religious ethos or sensibility that has developed within contemporary Muslim societies. This sensibility has a palpable public presence, manifest in the vast proliferation of neighborhood mosques and other institutions of Islamic learning and social welfare, in a dramatic increase in attendance at mosques, and in marked displays of religious sociability (Mahmood 200: 3). It was within this context that HIV/AIDS entered the public discourse in Indonesia in the early 1980s.

On Research Method

Both quantitative content analysis and qualitative text analysis have their own strengths and weaknesses. Research methods are not inherently right or wrong, they simply fulfill different purposes. On the one hand, an insistence that any worthy research should follow a purely quantitative logic would simply rule out the study of many interesting phenomena relating to what people actually do in their day-to-day lives, whether in homes, offices, or other public and private places. Similarly, an exclusive qualitative orientation excludes the possibility of understanding and appreciating social trends that are displayed in aggregate numerical data. So, in choosing a method, everything depends on what we are trying to find out. No method of research, quantitative or qualitative, is intrinsically better than any other (Silverman and Marvasti 2008).

In analyzing media texts, a researcher uses quantitative content analysis when he/she seeks to determine the manifest content of published communication by systematic, objective and quantitative analysis (Zito 1975). It is a quantitative method applied to what has traditionally been called qualitative material. What this means is it converts words into numbers that can be measured and counted because in quantitative method data are either number or attributes that can be ordered in terms of magnitude.

Content analysis is used as a research method for a number of reasons. First, it is used when one would like to get a "survey" of some documents or media texts. In fact, a content analysis is a survey designed with fixed-choice responses so that it produces quantitative data that can be analyzed statistically (Schutt 2006). This method was first applied to the study of newspaper and film content and then developed systematically for the analysis of Nazi propaganda broadcasts in World War II, but it can also be used to study historical documents, records of speeches, and other "voices from the past" (Neuendorf 2002: 31-37). In my research about HIV/AIDS in the Indonesian mass media, for example, content analysis will be a very useful tool to study about collocation of HIV/AIDS throughout the years, from the late 1980s to the present. By identifying words that tend to go hand in hand with HIV/AIDS in the media I will be able to point out the formation of HIV/AIDS connotation in the media in a longitudinal study. Moreover, I will also be able to observe whether the collocation has shifted throughout the years.

Content analysis is also useful when there is a hypothesis about some topic that needs to be tested. For example, I want to offer a hypothesis that as research about HIV/AIDS is evolving and people have more knowledge about the virus than they used to be, collocation of HIV/AIDS shifts from words with negative meaning to words with positive meaning. Frequently, researchers

doing content analysis state the problem they want to investigate in the form of hypothesis, to give their research more focus.

As a research method content analysis possess a number of advantages. It is unobtrusive, relatively inexpensive and it can deal with current events, topics that are of interest in the present day. It uses material that is relatively easy to obtained and work with and it yields data that can be quantified (Berger 2000). Last but not least doing a content analysis means less hassle for the researcher because he/she does not have to seek IRB approval, which in most cases can be time consuming and energy absorbing.

Unlike research methods such as interviewing and participant observation, the researcher does not "intrude" on what is being studied and thus does not affect the outcome of the research. In addition, unlike some other research methods, content analysis is relatively inexpensive. It does not cost much to obtain material to be studied. Moreover, this method can be made of topics of current interest –though one still need to be able to put the data in perspective by making historical or comparative content analyses. Another strong point is, the material used to make content analyses is readily available and can be found at good research libraries. Also, the data that is collected from content analysis can be expressed using numbers, which provide detailed information that can be interpreted to gain insights into the mind-set of those who created the texts. And for the researcher, working with texts (and not humans) that has been transformed into numbers means that he/she does not need to seek for approval from IRB, which means less headache.

Like any research method, researchers have to face certain problems when making content analyses. In my experience, the time that is saved from filling in the form for IRB is used in the conceptualizations process when I have to create a codebook–a coding form used by researchers

that carries all the necessary information. In the codebook one can find explanation about unit of analysis used in the research and classification system or system of categories for coding the material. Moreover, content analysis can be a very time-consuming form of research if I have a large amount of material to be analyzed.

Berger (2000) identifies the following difficulties with content analysis, which I found true and useful for researchers who are trying to use this method for the first time. The first problem is determining a representative sampling of the textual material one is interested in studying. If the sampling is not representative, the findings will not be convincing. Sometimes this problem is dealt with by choosing a random sampling of whatever it is that a researcher is analyzing and assuming that a random sampling will provide him/her with a representative sampling or at least one that cannot be argued that there was observer bias in the choice of texts to be analyzed. Moreover, a researcher also has to determine what the measurable units are. With printed text, this is usually done in column inches or square inches or words in newspaper or magazine articles. A researcher can also use television shows or magazine issue. The bottom line is, make sure that the units are standard. Third, a researcher has to figure out how to code the material so that every coder will classify the elements in the texts being analyzed the same way. This matter of coder reliability is important because if different coders code a certain action in a text different ways, the results will not be useful. To obtain testing reliability (or intercoder reliability), operational definitions of the various activities in the text have to be provided clearly. Thus all the actions that need to be analyzed and coded must be classified and operational definitions for each of them must be provided. The simplest way of testing reliability is to have several coders analyze identical content and then compare the results. The researcher looks for percentage of agreement, and naturally the

higher the agreement level, the greater the reliability. Typically, an intercoder reliability level of 90% or higher is considered acceptable.

Another disadvantage of content analysis is the fact that it measures only the manifest content. What it means is that as a researcher I can only examine what is explicitly stated by the texts instead of searching for the latent content or the hidden material behind or between the words. If my purpose is to find the hidden meaning, than qualitative text analysis provides a better tool for this.

A qualitative text analysis provides a pass to get behind the numbers that are recorded in quantitative analysis. It offers an interpretation that can never be judge true or false. The text is only one possible interpretation among many (Patton 2002: 114). From this hermeneutic perspective, a researcher is constructing a "reality" with his interpretations of a text; other researchers, with different backgrounds, could come to markedly different conclusions. This, of course, can be strength or a weakness of the method, depending how one would want to perceive it. Part of becoming a good social researcher is learning that we have to evaluate critically each research study and weigh carefully a significant body of research before coming to a conclusion. We always need to keep an open mind about alternative interpretations and the possibility of new discoveries. As Schutt says, "What is most important for improving understanding of the social world is not the result of any particular study but the accumulation of evidence from different studies of related issues" (2006: 25). Different interpretation in qualitative text research may use different evidence and the accumulation of the evidence is what matters as it enables us to understand a certain issue better.

Berger (2000) argues that there are four prominent methods of textual analysis in media and communication: semiotic analysis, rhetorical analysis, ideological criticism, and

psychoanalytic criticism. Each method has a different focus as it aims to shed lights on different aspects of the texts.

Semiotics –the science of signs—is concerned with everything that can be taken as a sign. For Saussure (1966) the important thing to remember about signs is that they are made up of sounds and images (signifiers) and the concepts these sounds and images bring to mind (signifieds). The relation between signifier and signified is based on convention and arbitrary. Many articles in newspapers and magazines are semiotic in nature in that they attempt to make sense of various objects and phenomena that semioticians would call "signs." Berger (2000) gives an example of an article on Washington Post in 1991 that titled "Everything You Wanted to Know about Specs" that actually is an exercise in applied semiotics. He writes as follow: "Men's glasses got sex in their own right in the '50s, when intellect, alienation, and flaws became sexy in men. The tortured James Dean was seen in glasses. Buddy Holly wore black plastic rims that said, I wear glasses, I don't care if you think I'm handsome or not." These interpretations are semiotic, and the author, Henry Allen, is aware of the science. This type of analysis can be applied to analyze AIDS in the mass media to find out the signifieds that the signifier AIDS is related to. Since according to Saussure's theory the relation is based on convention and arbitrary, it is safe to assume that the signifieds would change as people's perception about AIDS shifts.

Rhetorical analysis used to be confined to speech and to written materials, but with the explosive development of the mass media, rhetorical theory is now also being used to interpret works found on radio, television, film and the internet. According to Medhurst and Benson (1984) there are nine different aspects that a rhetorician can study from mass media. They are: intentional persuasion, social values and effect of symbolic forms found in texts (whether intentionally placed in them or not), techniques by which the arts communicate to audiences, persuasion techniques

used by characters on one another in dramatic or narrative works, Cicero's five rhetorical practices found in texts (the study of how people choose what to say in a given situation, how to order their thoughts, select the specific terminology to employ, and decide precisely how they are going to deliver their message), study of genres or types of texts, implicit theories about human symbolic interaction implied by authors of symbolic works, an ideal for the conduct of communication, and study of what makes form effective (or pragmatics). In relation to my research interest on HIV/AIDS, I think rhetorical analysis can be very useful and applicable in analyzing HIV/AIDS prevention campaign. The rhetorical theory of persuasion combined with Cicero's five rhetorical practices can be a good tool to unpack the messages that those campaign ads convey.

When describing ideological criticism, Berger (2000) mixes different kind of theoretical strains in one big category. Upon closer reading, it seems that he is trying to capture critical theory approach that is interested in tacit power relations and the tension between an individual and his/her society. In my opinion, this critical theory part provides a good example of how qualitative method is different from quantitative method and how each can help inform the other and creates a research triangulation. In critical theory approach context is everything. This historical approach in looking at a particular issue means that it is vitally important to keep in mind that a notion arises and takes shape in specific contexts of culture and power. It always has a history, which influences when it appears and the form it takes (Parker and Aggleton 2003). Moreover, the way power and knowledge works is usually in an implicit manner, thus it is hard to capture the process of how power works using content analysis that can only studies manifest content. For this reason, I decide to use qualitative method instead of quantitative method in my dissertation about the production of knowledge of HIV/AIDS in Indonesia. I find that the qualitative method is more appropriate in helping me find what I am trying to find out.

The last method of textual analysis that Berger (2000) mentions in his book is psychoanalytic criticism that is based on Freud's psychoanalytic theory. The theory tells us that human psyche is divided into three spheres: consciousness, preconsciousness, and the unconscious. The three levels of the psyche (Freud's topographic hypothesis) can be represented by an iceberg. The top of the iceberg, which we can all see, is consciousness. The part of the iceberg five or six feet below the waterline, which we can dimly make out, is the preconscious. And the part of the iceberg, below that line, which cannot be seen, is the unconscious. It makes up most of the iceberg and, it is important to recognize, the human psyche. According to Freud, all of our experiences are stored in the unconscious and have an effect on our minds and behavior. Psychoanalytic criticism suggests that works of art resonate with this unconscious material in our minds. It is likely, psychoanalytic critics suggest, that works of art send messages, in hidden and rather mysterious ways, from the unconscious of creative artists to the unconscious of people who are the audience for their works (Berger 2000: 94). Freud's theory has been applied in numerous media studies. Laura Mulvey's essay "Visual Pleasure and Narrative Cinema" has now achieved the status of a "classic" in critical cultural studies. Using psychoanalytic conceptions of the subject, Mulvey's analysis explores the ways in which cinematic techniques interpellate the viewer as subject and articulate the spectator's "look" at the screen with the intra-diegetic "looks" of a film. At the time of its publication, her article offered a radical tool for analyzing the representation of sexual difference and desire in cinema (Durham and Kellner 2006). Quantitative content analysis is certainly not designed to capture this type of psychoanalytic analysis as it aims for what is subtle and hidden instead of what is blatantly observable by the researcher.

By comparing and contrasting both research methods it is clear that qualitative and quantitative methods are equally useful in understanding social phenomena. How a researcher

frames a research problem will inevitably reflect a commitment (explicit or implicit) to a particular model of how the world works. It is very important, therefore, to fit a research design to a research topic, and if resources allow, research questions can be thoroughly addressed by combining different methods, using qualitative research to document the detail of, say, how people interact in one situation and using quantitative methods to identify variance. As Silverman and Marvasti (2008: xx) put it, "The fact that simple quantitative measures are a feature of some good qualitative research shows that the whole qualitative/quantitative dichotomy is open to question."

CHAPTER III

BROADCASTING POLICIES AND HIV/AIDS KNOWLEDGE PRODUCTION

Introduction

Public policies are shaped by the interaction between institutions, interests and ideas in the policy process. Moreover, to understand how a public policy takes shape, it is necessary to take into account the historical and political conditions of the period that enable the formation of the policy (Walt, Shiffman, Schneider, et al., 2008). This is precisely what I will do in this chapter as I am analyzing the HIV/AIDS knowledge production vis à vis the communication policies in Indonesia. This chapter is animated by the following questions: What are the historical and political conditions that shaped the communication policies in Indonesia? What role does Islamic piety have in informing the policies? How do these policies affect HIV/AIDS knowledge production in the country? What happens when communication policies are designed to enable instead of to disable the dissemination of HIV/AIDS information to the public?

Mass media have been strictly regulated and controlled by the central government since the closing years of the country's first President Soekarno's Guided Democracy (1957-1965). Under Soekarno's leadership, and even more so throughout President Soeharto's government, the Department of Information was in full control of the media. When President Soeharto's resignation was broadcasted on national television in May 21, 1998, marking the end of the New Order government, the Department of Information, once led by the infamous Minister Harmoko, was abandoned. This decision was followed by several major deregulations, which changed the media

landscape significantly. From 1998 to 2002, "over 1200 new print media, more than 900 new commercial radio and five new commercial television licenses were issued." (Lim 2011: 10)

The first step taken by civil society organizations in 1998 was to advocate for legal reform of the Press Law and the Broadcasting Act. These organizations formed a media coalition and held a successful campaign to endorse a new Press Law no. 40 in 1999 and Broadcasting Act no. 32 in 2002. The Act, which stresses media decentralization and emphasizes accountability and transparency in licensing procedures for public service and commercial broadcasting licenses, was meant to democratize the landscape of broadcast media (Lim 2011: 21). At the heart of the reformation was the establishment of the Indonesia Broadcasting Commission (Komisi Penyiaran Indonesia, KPI), an independent regulatory body representing the public interest, and in particular the licensing process. Both legal products were seen as the winning symbol of the civil society's efforts in promoting free and independent media as well as advancing the public interest.

However, just three years after the issuance of the Broadcasting Act, the government passed a series of administrative regulations on private and community broadcasting that defied the spirit of the 2002 Act. Under the 2002 Broadcasting Act, the Indonesian Broadcasting Commission had the right to issue and revoke licenses of broadcasters. But, the control was once again back in the hand of the state under the 2005 regulations.

In 2008 the government passed the Electronic Information and Transaction (ITE) Law that was originally designed to protect business transactions. Its unclear definition of defamation, however, lends itself to be used against individual and groups who express opinion on the internet and social media (Lim 2011: 22). Along with the ITE Law, other new laws that brought new threats to media freFerrym and freFerrym of expression were issued. One of them is the controversial 2008 Pornography Law that criminalizes any sex-related materials deemed to violate public

morality. The law is an expression of public piety based on "Muslim" discourse where most of the debates about content regulation are framed around public morality. Under this law, possessing or downloading pornography is punishable by a four year jail term and a sexually attractive performance can result in 12-years jail. Relying on a vague definition of pornography, this Law also invites members of the public to play a role in enforcing it, which provides a legal basis to recalcitrant groups of Islamic vigilantes such as the Islamic Defenders Front (FPI) to act as a moral police. Broadcasting Guidelines No.02/P/KPI/03/2012 and Broadcasting Regulations No.01/P/KPI/03/2012 issued by KPI that regulate broadcast content based on age group is a derivative of the 2008 Pornography Law. According to these policies, any messages with sexual content can only be aired after 10 pm hindering the airing of prevention and education messages on HIV/AIDS.

In this chapter, I am going to examine how an independent regulatory body representing the public interest like KPI created a set of regulations that control the public based on the notion of public piety. Next, I will discuss how these policies limit the dissemination of knowledge on HIV/AIDS in Indonesia. I will also compare Indonesia's situation to that of Thailand, a neighboring country that has been deemed successful in preventing HIV/AIDS through effective communication with the support of the military and the government. Though it is not a country dominated by Muslims, Thailand is a considerably pious country (almost 95% of the population are Buddhist) with strong family values similar to Indonesia. After discussing about communication policy and HIV/AIDS in Thailand, I will close this chapter by discussing lessons learned from the analysis and recommendations for future actions. But first, I am going to contextualize my analysis by giving a brief history of the New Order government in Indonesia in relation to the role of mass media and the establishment of the Department of Information.

Mass Media in the New Order and the Reformation Era

The New Order was "the authoritarian form of government through which Indonesia was ruled since 1966" (Liddle 1996: 3) until 1998 under President Soeharto. It replaced the leadership of the first President Soekarno's Guided Democracy. Soekarno's years of ruling were characterized by what historians called as charismatic leadership and intense ideological debates. In order to exercise control in the name of restoring order and stability, the New Order effectively barred political activism and even political debates (Sen and Hill 2000: 3).

Major-General Soeharto began to take control of the country on October 1, 1965 when he defeated the coup of army officers led by Lieutenant Colonel Untung. He was able to stamp out the 'Thirtieth of September movement' –as the coup was later named—in less than forty eight hours after it had been launched (Crouch 1978: 100). Over the next thirty-two years, however, Indonesian public discourse was shaped by the production and reproduction of mythologies about the coup and Soeharto's counter-coup.

On October 16 President Soekarno assigned Soeharto as Commander of the Army, replacing Achmad Yani, who was murdered at the coup. Gradually strengthening his grip on the army and effectively placing the politically weakened Soekarno under house arrest, Soeharto became Acting President in March 1967. The Indonesian Parliament appointed him as full President a year later.

The New Order government claimed that the Indonesian Communist Party (PKI) was behind Untung's action. This claim quickly solidified into incontestable 'fact' in the endorsed histories of the New Order (Sen and Hill 2000: 3). It was used to justify the eradication of the Communist Party and all organizations associated with it, such as its youth and women's wings,

peasant associations and intellectual and student groups. In the months following Soeharto's counter-coup, the Army, along with anti-Communist vigilante groups, slaughtered approximately half a million people in what a US CIA report described as "one of the worst mass murders of the twentieth century… one of the most significant events of the twentieth century, far more significant than many other events that have received much greater publicity" (cf. Cribb 1990: 41)

For the next three decades, Soeharto led the country with a harsh control, utilizing the army to squash any rebellions or separatist movements and the department of information to exercise censorship and oversee the flow of information. Moreover, to the very end of his rule, Soeharto continued to rely upon the notion of a 'latent danger' of a 'Communist threat' to justify repression of his opponents, widespread infringement of basic human rights and the suppression of all dissent (Sen and Hill 2000: 4).

With the key policy doctrine of economic development, the New Order managed a period of a robust economic growth (though not without ups and downs) and established links with the global economy. According to Mackie and MacIntyre (in Hall 1994: 9), until 1974 the Army was dominant, but it was experiencing internal problem as some members were competing for control and influence. In 1974, rivalries between two senior military officers and strong disapproval of the senior military's close relationship with Chinese and Japanese financiers fueled the first large-scale civil unrest since the coup in 1966. Anti-government student demonstrations were held around the same time as the visit of the Japanese Prime Minister on January 15-16, and the demonstrations changed to widespread looting and arson. The incident is commonly referred to as Malari (15 January Disaster). For the liberal intellectuals, "1974 was to be the beginning of the end. Since that time the New Order has successfully devoted its energies to controlling the bases of liberal influence: the universities, the press and the civil service" (Robinson 1986: 165).

To many political analysts, the decline of New Order's rule began with the Jakarta riots following the attack on the headquarters of the opposition Indonesian Democratic Party (Partai Demokrasi Indonesia, PDI) on July 27, 1996. The government had earlier intervened in the activities of the PDI, one of two national 'opposition' parties, ousting the elected leader, Megawati Sukarnoputri (daughter of first president Sukarno), and replacing her with a government-backed leader. On July 27, after months of stalemate and government's unsuccessful attempts to isolate Megawati, hoodlums organized by military officers attacked the PDI's Jakarta headquarters to take it over from Megawati's supporters. The attack resulted in "at least two deaths with more than 180 injured, and unleashed a public outpouring of anger and resentment at the New Order on a scale unseen since 1974. The resulting vandalism, havoc and looting spilled down the main boulevards of the capital, and was graphically captured by both domestic and international media" (Hill and Sen 2006: 2).

If political analysts marked July 27, 1996 as the beginning of the end of the New Order government, economists thought the decline began with the Asian financial crisis, which was triggered by the collapse of the Thai financial sector in July 1997. The crisis hit Indonesia not too long after that and caused rupiah to plummet against US dollar (from about 2,500 rupiah in August 1997 to 17,000 rupiah in January 1998). Few companies were able to cope with the crisis and "public confidence was severely undermined by the forced closure of 16 banks on November 1, 1997" (Hill and Sen 2006: 3).

At the beginning of 1998 riots over rising food prices occurred in many cities throughout Indonesia and particularly in Jakarta. Despite this and despite his failure to find ways to get the country out of the financial slump, Soeharto managed to win his re-election for a seventh presidential term in March 1998. He was able to do this because the 'upper house' (People's

Consultative Assembly, Majelis Permusyawaratan Rakyat, MPR) had never ceased to re-appoint him every five years for the past thirty one years. Demonstrations to protest against his re-election swept the country. University students were marching on the street demanding for Soeharto to resign. Clashes between demonstrators and security forces led to deaths around the country, including most dramatically the sniper killing of four students at Trisakti University in Jakarta on May 12, which triggered Indonesia's most extensive riots ever around Jakarta in the days after May 14 (Hill and Sen 2006: 3).

At 9 am on Thursday, May 21, 1998, Soeharto announced his resignation, which was broadcasted live on national and international televisions. In accordance with the constitution, the vice president B.J Habibie assumed the presidency. The resignation was met with euphoria, particularly from the students who were occupying the parliament. Many doubted Habibie's ability in leading the country out of the financial crisis. Moreover, the supporters of the antiNewOrder reform movement (as the coalition opposing Soeharto was called) did not see him as a credible successor who had what it takes to "clean" the parliament and the cabinet, and create an accountable government. The economy was in tatters. Movements seeking independence or autonomy for territories such as East Timor, Aceh and West Papua threatened to fracture the nation.

However, it was under Habibie's presidency that a process leading into the independence of East Timor began. Hundreds of political prisoners all around Indonesia were released, and a long history of centralized control from Jakarta, going back to the colonial era, started to shift as new laws distributed a wide range of legislative and executive authority over political and economic life to local governments at city and district levels. The removal of a host of inoperable

and repressive censorship and licensing laws transformed Indonesia's print and broadcast media into one of the freest in the region (Hill and Sen 2006: 4).

'Reformasi' (Reformation) has indeed made possible for Indonesian society to experience and experiment with the notion of freFerrym. However, when it comes to press freFerrym and internet freFerrym, Indonesia's status is classified as 'partly free' by the FreFerrym House Institute—a U.S based organization that conducts research and advocacy on democracy, political freFerrym and human rights. This signals an ongoing struggle of the Indonesian media to remain independent and credible in relation to the increasingly corporatized environment, a more outspoken public, and government's desire to regain control over the media (cf. Lim 2011: 21).

When the New Order period ended, and Abdurrahman Wahid was elected by MPR to replace Habibie, the Department of Information was dissolved by the new president in October 1999 and regarded as inconsequential to the spirit of reformation. The department, established in 1945 by the nationalist government in Yogyakarta, "had been central to the ideological drive of both the leftist Soekarno government and the developmentalist New Order under Soeharto" (Sen and Hill 2000: 8). According to Dhakidae in the conclusion chapter of his dissertation (1991: 342), it was one of the most powerful of the New Order's state apparatus because of its double role as an information and an economic apparatus. The department was key to the economics of the press and television since it controlled the permits required for the production and distribution of printed materials and television programs, and to regulate their supply.

As the head of the department, the duty of the Minister of Information was to oversee its various official functions. Stated in President Decree No. 44 and 45 in 1974, these functions included building the Indonesian national ideology, helping the success of National Development through the Five-Year Development Plans, laying the base of national security and stability, and

ensuring the success of the five-yearly general elections. In line with the New Order's early obsession with order and security, the press was assigned to safeguard national security against internal and external threats, and to be the guardian of the Indonesian national ideology, the Pancasila (Five Principles). These principles are: belief in the one and only God; just and civilized humanity; the unity of Indonesia; democracy guided by the inner wisdom of deliberations of representatives; and social justice for all Indonesians. As the guardian of the Pancasila, the press was to be 'free but responsible' in contrast to the 'liberal' Western press, seen as libertine and irresponsible (Sen and Hill 2000: 53).

Press, as mentioned previously, was not the only medium that was firmly controlled by the New Order government through the Department of Information. Television was also highly regulated for the purpose of promoting national integration, encapsulated in the motto of state television TVRI (Televisi Republik Indonesia): "TVRI weaves together our unity and the union." Television broadcasting began with the help of Japanese expertise and equipment for the purpose of covering the Fourth Asian Games in August 1962. At the beginning, the organizational structure was established under Soekarno Foundation, but the complexity of managing and allocating funds within the larger foundation budget led TVRI to establish itself as a foundation (Kitley 2014: 34). The TVRI Foundation was responsible to the Department of Information for the programming content, but it does not receive any funding from the Department. The Foundation sought revenue from fees for television ownership and advertising. In 1966, the year after Soeharto came to power, TVRI was "brought within the environment" of the Directorate General of Radio, Television, and Film (RTF) in the Department of Information. It started receiving an annual government funding, though the revenue from advertising still made up most of the Foundation income.

Television was not a significant medium at the time of the coup. TVRI only broadcasted programs for three hours in the evening and it had only one relay station outside Jakarta, which is in Yogyakarta, a special district in Central Java (Sen and Hill 2000: 110). The real growth in television began in the 1970s when new regional stations were added. However, those stations were mainly relaying Jakarta programs. In 1976, Indonesia launched a domestic broadcast satellite, Palapa, followed by the more powerful Generation B Palapa in 1983.

The satellite reduced "variations in the broadcast of news and information programs between the regional stations of the TVRI" (cf. Sen and Hill 2000: 110). Moreover, the central government became the sole grant provider for the Foundation and this allowed it to have ultimate say in each program. All programming for all stations was eventually determined by the Jakarta office. The mandatory relay category for the regional stations was only two to three hours a day, but the budgets of regional stations rarely allowed their programming to exceed 15 to 20 per cent of total airtime (Kitley 1992: 71). Thus the television system which emerged in Indonesia, in the shadow of the satellite, was much more centralized than other state-monopolized televisions in India and China (Goonasekera and Holadays 1993: 116).

In November 1988 the first private television channel started a period of trial pay-television broadcasting in Jakarta. By April the following year its transmission had grown to eighteen hours a day. The change from state monopoly to open market over television was a trend in the 1980s, occurring in neighboring countries Malaysia and later in Singapore. In Indonesia, "private television was not so much a paradigm shift towards more democratic or even market-driven media; it was a policy adjustment to a changing mediascape within the framework of central cultural control of the peripheries" (Sen and Hill 2000: 112) This could be seen from the nepotism to ensure that Soeharto's regime continued to hold a monopoly over television stations ownership.

The first private station, RCTI, was owned by Soeharto's third child, Bambang Trihatmodjo. Eighty percent of SCTV's, the second private station, shares belonged to Henri Pribadi, a businessman who was close to Soeharto's cousin, Sudwikatmono, who owned the remaining twenty percent. The third private channel, TPI, was under the ownership of Siti Hardiyanti Rukmana, Soehart's eldest daughter.

With a long history of strict censorship, corruptions and nepotism during the New Order, the Department of Information was dissolved not too long after Soeharto's government ended. From 1999 to 2002 Indonesia saw a burgeoning of the mass media market with "over 1200 new print media, more than 900 new commercial radio and five new commercial television licenses were issued." (Lim 2011: 10) following deregulations over press, radio and television. However, in 2001, when Abdurrahman Wahid was impeached by the parliament and Megawati Soekarnoputri, the daughter of the nation's first president, took over the presidency the department was reinstated. This time it took on a new name: Department of Communication and Information.

Under Megawati's presidency the government passed a Broadcasting Act of 2002. The Act, which stresses media decentralization and emphasizes accountability and transparency in licensing procedures for public service and commercial broadcasting licenses, is the result of years of advocacy by different civil society organizations to debunk the old Press Law and the Broadcasting Act. It was meant to democratize the landscape of broadcast media (Lim 2011: 21). In addition to advocating for legal reform, the organizations, which then formed a media coalition, were also successful in advocating for the establishment of the Indonesia Broadcasting Commission (KPI), an independent regulatory body representing the public interest, and in particular the licensing process. The new regulations and the establishment of KPI were seen as

the winning symbol of the civil society's efforts in promoting free and independent media as well as advancing the public interest.

However, just three years after the issuance of the Broadcasting Act and a year after Susilo Bambang Yudhoyono won the Presidential Election, a new set of regulations was issued that placed the control back in the hand of the state. Under these new regulations the government has the right to once again issue and revoke licenses of broadcasters, while KPI acts as an advisory body that provides recommendation to the Department of Communication and Information on the issuance and revoking of licenses. Despite its lesser functions, KPI continues to hold an authority to issue Broadcasting Guidelines and Regulations and to monitor the day to day practice of the broadcasting industry.

KPI and the Pious Nation

The Broadcasting Act of 2002 and of 2005 define broadcasting as "a message or a series of messages in the form of voice, images, or sounds and images, graphic works and characters, whether interactive or not, which can be received via a broadcast receiving device." These include radio, television, advertisement and public service advertisement. Moreover, article 3 of the Broadcasting Act of 2002 Number 32 states: "Broadcasting is held with the purpose of strengthening the national integration, building the character and the identity of a devout and pious nation, educating the nation, promoting general welfare in order to build a society that is independent, democratic, equitable and prosperous as well as to develop the broadcasting industry in Indonesia."

The notion of broadcasting as an instrument to build the character and the identity of a devout and pious nation is a legacy of the New Order. Kitley (2014: 6) wrote that under the New

Order, "'Indonesian culture' is a discourse of policy and power that interpellates its subjects across many aspects of their lives, such as religion, language, their roles as women or men, their involvement in development, their relationships with state authorities, their attitudes toward foreign culture, and their understanding of nation history." In parts, therefore, the national culture project blurs into the national political project, but Indonesia, where ideology penetrates so pervasively, this blurring is inescapable (Schlesinger 1991).

A single ideology that pervades almost every aspect of political discourse, and the one used to frame the role of mass media in Indonesia is Pancasila. It legitimizes political behavior of not only the government, but of the government critics as well. Since the declaration of Pancasila as the formal ideological basis of the nation in 1945, it has become a significant part of political and ideological debate. The essential social value of Pancasila was tolerance, particularly in matters of religion. It reassured secular nationalists, both Muslim and non-Muslims, that the new state would not prioritize Islam over other religions. Instead, "Pancasila stipulates that while Indonesia is philosophically based on religion, the state does not endorse any particular faith. This political compromise implied that government would respect the religious diversity of its citizens" (Ramage 1995: 2).

It is important to note that Indonesian Muslims, comprising close to 90% of the country's 250 million population, are heterogeneous. According to von der Mehden (1986), Indonesia is a nation of Muslims divided in their understanding of what is entailed in being an adherent to that faith. Thus, Indonesian Islam is "far from monolithic in its adherents' interpretation and practice of faith and in terms of how, or even whether, Indonesian Muslim express their political preferences through Islam" (Ramage 1995: 16). In his seminal study on Islam in Indonesia, Geertz argued that Indonesians are divided into several aliran (translated literally as "streams" and defined

by Geertz (1959: 37) as "comprehensive patterns of social integration"). The most important distinctions in aliran are santri and abangan. Santri refers to devout/practicing Muslims while Abangan are nominal/non practicing Muslims who consider Islam as a syncretism of the pre-existing Hindu, Buddhist, and Javanese religious beliefs. Some scholars have argued that with significant changes in Indonesian society in the last five decades –industrialization, Islamic cultural revival, and urbanization—these distinctions have become less relevant. There remains, however, a distinction today in an increasingly pious society, between devout and nominal followers of Islam (Bawesdan 2004: 670).

According to Bawesdan (2004), proponents of a secular state were split into two camps regarding the relationship between "Muslim" aspirations and the sustainability of Pancasila as Indonesia's political philosophy. Bawesdan used the terms "secular-exclusive" and "secular-inclusive" to discern the two camps. Secular-exclusive refers to the view that strictly excludes any Islam-inspired agenda, and secular-inclusive refers to the view that an Islam-inspired agenda is welcome to the extent that it corresponds with and does not contradict Pancasila. This categorization is helpful in analyzing contending views among secularists in Indonesia.

The secular-inclusive camp perceived Pancasila as compatible with Islam; therefore, "Muslims" should not pursue the establishment of an Islamic state but the development of Islamic society. Nurcholish Madjid, the former leader of the Islamic University Students Association (Himpunan Mahasiswa Islam, HMI) was the figure behind this view and he was a vocal proponent of separating the state from Islam. He argued that "the development of Islamic society should be considered in exactly the sense that [the] United States is a Christian society imbued with Judeo-Christian values" (Ramage 1995: 80). This camp also claimed that it is natural and legitimate for

Muslims to expect the government to reflect the moral values of Islam while maintaining its non-religious-based state (Bawesdan 2004: 675).

The secular-exclusive camp shared the secular-inclusive view of the compatibility of Pancasila and Islam but perceived the development of Islamic society and the accommodation of Islamic moral values and Muslim aspirations by the government as the beginning of Islamization of the state. Such actions threaten the existence of both the secular state and tolerance toward minority groups (religious and ethnic). This secular-exclusive view was promoted by Abdurrahman Wahid, the first president elected after the end of New Order and the former General Chairman of Nahdlatul Ulama (NU), the largest non-governmental Islamic organization in the world.

By the late 1980s, after Pancasila had already become widely accepted by Islamic organizations, Soeharto began shifting his politics from secular-exclusive to secular-inclusive. There are some possible explanations for Soeharto's willingness to accommodate Muslim interests in his last decade of presidency. Ramage (1995: 78) argued that his attitude was based on both Islamic acceptance of Pancasila as the nation's ideology and the fact that he needed Islamic support to compensate for decreased backing from the armed forces. There was also an important personal reason, which was that he may genuinely feel closer to religion. Many Indonesians believe it is natural that as a person ages for him or her to become more religiously devout.

Soeharto's shift and the establishment of the Indonesian Muslim Intellectuals' Association (ICMI) with B.J Habibie as the head polarized the political stage along the lines of Bawesdan's two camps. On one side, secularist leaders of the Indonesian Armed Forces, political parties, and the bureaucracy, as well as a large number of activists for democracy, who believed in the secular-exclusive idea, formed a mild opposition toward Suharto's shift and his patronage

of Muslim activists. On the other side, Muslims in the bureaucracy, members of political parties, and the ICMI leadership, who believed in the secular-inclusive idea, supported Soeharto. The latter group stayed on Soeharto's side and succeeded in nominating B. J. Habibie, who became vice president and eventually, president after Soeharto resigned in May 1998 (Bawesdan 2004: 676).

In place of Islamic attempts to form a legal connection between the government and Islam (which had been a core issue for a minority in the Islamic movement for decades), an effort for the creation of an "Islamic society" gained prominence within the Muslim community in the 1980s. Nurcholish Madjid (cf. Ramage 1995) argued that Muslims realized that Indonesia was increasingly an Islamic society and that "from 1985 [Muslims] began to find out even Pancasila could accommodate their religious interests." In an interview with Ramage in 1992, Madjid said:

> "We begin with something very symbolic, like doing the Friday prayers, not only in the offices, but in the bank, in hotels, everywhere—that begins in the mid-1980s. Then there is such a gesture from all politicians to say, very symbolically, 'assalamu'alaikum' [Arabic greeting for "may peace be with you"]. More and more Islamic nomenclatures are used. And despite its superficiality, symbolism is very important, especially to those people who don't question much about the system because they cannot question, so instead symbolism functions very well."
>
> (cf. Ramage 1995: 80)

Madjid's statement that people cannot question the system is indicative of the "success" of the New Order in eliminating critical voices from public discourse. He argued that because Muslims could not turn to political activity in the New Order, they naturally expressed their faith culturally and symbolically. In the Reformation era, these Muslims and their leaders, who embraced Pancasila, believed that without formal adoption of Islamic Law or Syariah in the Constitution and formal Islamic political parties, Muslim aspirations can be fulfilled by the state. The focus is no longer on how to bring Islam into the foundation of the state, but how to bring Islamic values to the state policies. This departure shows that Muslims have become more

pragmatic in their politics by focusing more on the policy level than on the state's philosophical foundation (Bawesdan 2004: 678).

I argue that based on Bawesdan and Ramage's studies of politics in Indonesia, the Broadcasting Act of 2002, which led to the establishment of KPI, as well as Broadcasting Guidelines No.02/P/KPI/03/2012 and Broadcasting Regulations No.01/P/KPI/03/2012 issued by KPI are policies that embrace Pancasila and express "Muslim aspirations" to create a devout and pious nation. Even though KPI is an independent regulatory body representing the public interest, it remains the product of its era, shaped by the legacy of New Order ideology and the increasingly pious Islamic society. The public interest that it represents is that of the dominant Muslims in Indonesia.

As the symbol of civil society's victory in promoting free and independent media as well as advancing the public interest, KPI exhibits what Foucault calls the paradox of subjectivation. Or as Mahmood (2005: 17) explains, "the set of capacities inhering in a subject –that is, the abilities that define her modes of agency—are not the residue of an undominated self that existed prior to the operations of power, but are themselves the products of those operations." Such an understanding of power and subject formation encourages us to conceptualize agency not simply as a synonym for resistance to relations of dominations, but as a capacity for action that specific relations of subordination create and enable.

In KPI case, even though it is perceived as free and independent, it is still the product of the existing operations of power, thus its capacity to imagine a just and free broadcasting system is within specific relations of the dominant ideology. This, I believe, is the reason KPI chose to create a broadcasting guideline that complies with Pancasila and Muslim aspirations and more specifically one that strives to build a devout and pious society. A compliance with Pancasila and

Muslim aspirations means certain aspects of life are going to be heavily policed and sexual activity is at the top of the list.

The Broadcasting Guideline of 2012 issued by KPI has a section with five articles (article 18 to 22) that discusses about sexuality. In article 18 titled "Prohibition of Sexual Scenes" KPI discusses in detail its definition of sexual scenes, which include kissing on the lips and/or the illusion of the action; certain body parts such as thigh, bottom, and breasts in a close up or medium shot; erotic body movement and/or dance; nudity and genitals; sexual violence; the sound of sexual activity; sexual activity or copulation; and obscene words. Article 19 covers the subject of premarital sex, abortion and rape. It states that any messages that justify premarital sex and abortion due to premarital sex must not be broadcasted. The same also apply to any messages that justify rape. Article 20 is about sexual content in songs and music videos, while article 21 discusses sexual behaviors. The last article in this section is the most problematic article for HIV/AIDS prevention. According to the article, "Broadcast programs containing a conversation or a discussion about sexual issues must be presented in a polite, careful and scientific manner. Such program must have a medical practitioner or a psychologist and can only be broadcasted from 10 pm to 3 am local time." This article becomes the basis for TV and radio stations to deny airing public service advertisements on HIV/AIDS and covering talk show about the issue before 10 pm.

The inability to disseminate knowledge about HIV/AIDS to the general public using the most popular mass medium (figure 2, 3) during prime time could be a good reason for the constant rise of HIV infections rate in Indonesia these past two decades (figure 4). After all, television campaigns usually produce the strongest impact on HIV/AIDS awareness, transmission knowledge, interpersonal communication and behavioral change, as opposed to campaigns using other channels, such as radio or print media (Chatterjee 1999; Keating, Meekers and Adewuyi

2006; Sood and Nambiar 2006). The effectiveness of interventions is influenced not only by the type of channel of delivery but also by the level of exposure to media messages. For example, a study of an HIV/AIDS mass media campaign in Kenya (Agha 2003) revealed a dose–response relationship. The result showed that a higher intensity of exposure to the media campaign led to more favorable outcomes such as safer sex, higher perceived self-efficacy in condom use negotiation, and higher perceived condom efficacy.

Figure 2: Percentage of Indonesian population with media related activities

	2003	2006	2009	2012
Watching TV	84.94	85.86	90.27	91.68
Listening to Radio	50.29	40.26	23.5	18.57
Reading Newspapers	23.7	23.46	18.94	17.66

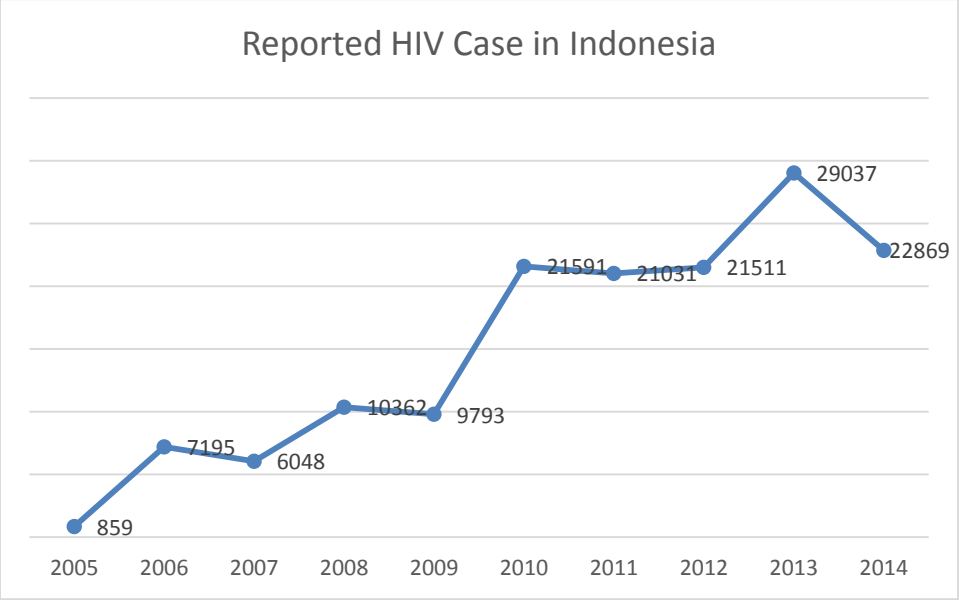
Source: BPS (*Badan Pusat Statistik*) or Statistics Indonesia (2014), Indikator Sosial Budaya (population sampling: Indonesians over 10 years old),

Figure 3: Weekly media use frequency for news

Media	2006	2007	2009
Televison	95	97	97
Radio	50	44	35
Newspaper	22	17	16
Internet/Online	2	3	4
SMS	6	5	9

Source: InterMedia, 2010.

Figure 4: Reported HIV case in Indonesia from 2005 to 2014



Source: Indonesia Ministry of Health (MoH), 2014

Thailand's Success Story

In South East Asia, a country that understands the significance of mass media, particularly television, to disseminate knowledge about HIV/AIDS and the important role that public policy have to enable it is Thailand. Within a short period, lasting only from February 1991 to October 1992, a total of 20 months, the country was able to reduce the infection rate by half among the Royal Thai Army. From 1991 to 1993, a tenfold reduction in STD incidence occurred among Army recruits, along with a drop in the number of visits they paid to sex worker. Condom use in brothels rose to more than 90 percent, and STD rates dropped by 90 percent (Ainsworth et al., 2000).

There were two reasons for this amazing success rate. The first one is the stance that the interim government led by Prime Minister Anand Panyarachun took to control the epidemic. After seven-year period of denial, the Thai government finally launched an all-out AIDS control program under his command and it became "a national priority at the highest level" (cf avert.org, 2015). Second is the appointment of Mechai Viravaidya as the head of Tourism, Public Information and Mass Communication Department, and the National AIDS Prevention and Control Program by the interim government (Singhal and Rogers 2003: 100). He launched a massive public information campaign on AIDS, ensuring that messages about AIDS aired every hour on the country's fifteen television networks and 488 radio stations. Moreover, he also required every school to teach AIDS education classes (cf. avert.org, 2015).

The first case of AIDS in Thailand occurred in 1984, the patient was a gay man who returned to Thailand from abroad after the death of his long-term partner. A year later, a 20-year-old Thai man working in a gay bar in Bangkok, the capital and largest city in Thailand, was diagnosed with AIDS. He had had multiple sexual partners of both sexes, including Thais and Europeans (Beyrer, 1998). Just like in Indonesia, initially the epidemic was perceived as a foreign (farang) disease, one that was not a threat in a society with strong family values. This view did not last for long.

The epidemic passed through six waves in Thailand. The first wave consisted of infected men who have sex with men (MSM), followed over time by injecting drug users, female prostitutes, the male clients of these commercial sex workers, the wives and partners of these male clients and finally their children. From 1988 to 1995, at least 600,000 Thai men became HIV-positive (Beyrer, 1998).

Viravaidya's active involvement with the epidemic began in 1989 after returning from a year as a visiting scholar at Harvard Institute for International Development where he studied the nature of the HIV/AIDS epidemic and its impacts on economic development. He began holding "Condom Nights with Mechai" in Patpong red-light area, a main cent for commercial sex work in Bangkok. Attracting a large crowd by using loudspeakers, he invited passersby to blow up a condom and win a T-shirt. He also arrange for Captain Condom, a Harvard MBA student dressed in a Superman costume to tour Patpong Bars, encouraging safe sex (Singhal and Rogers 2003: 103).

In December 1990, Viravaidya was invited to brief the Thai Cabinet of Prime Minister Chatichai Choonhaven on Thailand's AIDS epidemic. He called for total mobilization: "If AIDS prevention and control is to work, it must be multisectoral. It is not a medical problem. It is a behavioral problem and any institution that can affect behavioral change must be involved," (D'Agnes 2001: 336). He also asked for the Prime Minister to become chairman of the National AIDS Committee, but the Prime Minister did not take any actions to minimize the epidemic.

A military coup led by General Sunthorn Kongsompong, Supreme Commander of the Armed Force, and General Suchinda Kraprayoon, the Commander-in-Chief of the Army charging took place in February 1991. The junta who named itself the National Peace Keeping Council (NPKC) charged Chatichai's government with corruption and therefore needed to be dissolved. Until a new general election was held in March 1992, they appointed a civilian, Anand Panyarachun, as an interim Prime Minister. Panyarachun, a former diplomat, was a safe choice for NPKC because he did not have any military connections and he had good reputation as a hard worker (Singhal and Rogers 2003: 101). Without any pressure nor concerned with its political

popularity or being re-elected, the interim government of the Panyarachun administration began to work.

When he was appointed as a Cabinet Minister in the Panyarachun government in 1991, Viravaidya's first step was to encourage Prime Minister Panyarachun to serve as chair of the National AIDS Committee, with the minister of public health as the committee's deputy chairman. This structure ensured that all government ministries would participate in the campaign against AIDS and "provided a strong statement about the degree of political will assigned to the AIDS epidemic" (Singhal and Rogers 2003: 105). Viravaidya also increased the AIDS budget in Thailand from $2.5 million in 1991 to $48 million in 1992. The largest part of the budget (96%) came from the Thai government rather than from international donors, and a substantial share of the budget was allocated for prevention.

During the interim government, the military was in control of radio stations and television networks. However, this did not deter Viravaidya from approaching the Generals to discuss about the importance of broadcasting news and disseminating knowledge on HIV/AIDS. He was able to persuade the Generals to let him have access to both media by telling them about the virus and how it could affect the health of the military members who are known to be regular customers of commercial sex workers. With the permission from the military, Viravaidya was able to launch a campaign for AIDS prevention and ordered the 488 radio stations and the 15 television stations in Thailand to provide free air time to broadcast 30-second AIDS spots, one every hour. Ogilvy-Mather created the prevention spots and other messages pro-bono. To compensate for the time given to public service advertisements, the broadcasting stations were allowed to sell an additional 30 seconds of air time for commercial advertising each hour. This massive AIDS communication

activity amounted to 73 hours of radio time and two hours of television time per day. The media were flooded with HIV/AIDS related messages.

Government employees in all ministries were given HIV/AIDS training. Teachers incorporated AIDS education into the curriculum for primary and high school students. Even first graders were exposed to AIDS education (Phoolcharoen, 1988). A version of a popular game, Snakes and Ladders, was created to teach about the epidemic. Under Viravaidya's leadership, every effort was given to AIDS prevention. It was an all-out communication campaign intended to curb the spreading of AIDS.

Also, during this period, policies stigmatizing PLWHA were repealed. The mandatory reporting of the names and addresses of AIDS patients was abolished. Furthermore, a draft bill enabling the police to incarcerate a PLWHA was repealed. Viravaidya made efforts to minimize stigmatization against the disease and PLWHA, and that their rights were given attention. Some critics of his aggressive approach to AIDS prevention feared that AIDS control program would scare away international tourists. Instead, the number of tourists increased from 2.5 million to 10 million under Viravaidya's watch (Singhal and Rogers 2003: 106).

It is worth to note that in retrospect, such an information overload may have had some negative consequences, particularly when some of the prevention advertisements used fear to stop people from having unprotected sex. There needs to be a more in-depth study on the public service ads that were run during Viravaidya's leadership as a Cabinet Minister and head of the National AIDS Prevention and Control Program to understand what kind of messages that those ads tried to convey. However, by focusing on the kind of communication policies passed by Panyarachun's government with the support of the Military Generals, we have better understanding of how a high intensity media campaign on HIV/AIDS not colored by moral values but geared towards public

health could lead to more favorable outcomes such as safer sex, higher perceived condom efficacy, less stigmatization on the disease as well as PLWHA and substantial reductions in new HIV infections (Ainswort et al., 2000: 1).

Summary

In his analysis of power, Foucault came to a conclusion that power is not equal to domination. However, the human sciences in modern society –through their claims to knowledge and expertise— had transformed these unstable relations into general patterns of domination: "We are subjected to the production of truth through power, and we cannot exercise power except through the production of truth" (Foucault 1980: 93). When he later developed his concept of bio power, Foucault pays a close attention to a new political form of power that has been continuously developing since the 16th century. This political structure is the state, which most of the time is seen as a kind of political power that ignores individuals and only focuses on the totality of a class or a group among citizens, but according to him, it is actually both an individualizing and a totalizing form of power (Rabinow 1984: 14). Through gradual growth and consolidation of knowledge and practices State began to colonize and to transform their activities, with the result that State power mutated into its current disciplinary and normalizing form.

My analysis of The New Order era showed during Soeharto era the state had for the most part successfully controlled the people using Pancasila as its ideological tool. However, when the economy crashed and his grip on the military was declining, the Indonesian people seized the moment to resist and take control of the government. What could be seen later was not a full reformation, instead it was a gradual shift that in parts still embraced the New Order ideology

while at the same time trying to create something new that was unique to the Reformation government.

When KPI as the result of the Reformation was established, it was seen as the victory symbol of civil society's success in promoting free and independent media as well as advancing the public interest. However, what we would see later was actually an example of Foucault's paradox of subjectivation. What I meant by this is that even though KPI is perceived as free and independent, it is still the product of the existing operations of power, thus its capacity to imagine a just and free broadcasting system is still limited within specific relations of the dominant ideology. This is especially true because though as an institution KPI may seem free and independent, their members are actually appointed by the Parliament, which as an institutional body still carries the trainings and education of the New Order era. A consequence of this paradox of subjectivation is a broadcasting guideline that complies with Pancasila and Muslim aspirations and aims to build a devout and pious society. The effects of this guideline to HIV/AIDS prevention are significant.

After analyzing the communication policies in Indonesia, I compare it with the ones in Thailand to show how big of a difference communication policies can make in reducing the rate of new infections and stigma about the disease as well as increasing knowledge about HIV/AIDS. It was estimated that around 200,000 HIV infections would have occurred from 1993 to 2000 in Thailand had it not been for the national prevention campaign initiated by Viravaidya with the full support of Panyarachun and the Military Generals. Viravaidya's success was perhaps most importantly due to his ability to institutionalize the AIDS control program by building political will and a continuing commitment to eradicating the epidemic. His role in Thailand's prevention

activities is key, but the country's success entailed much more, including the participation of countless other government officials, NGO's and an entire nation that was willing to act.

For Indonesia to follow the success of Thailand, there is a lot that need to be done. First, the country needs a leading figure like Viravaidya who has a position of political power and who is willing to put in a tremendous effort to reduce the number of new infections, create a successful prevention campaign and ensure free access to HIV/AIDS medications. Second, his/her actions need to have a total support from the government, particularly from the President as the head of the nation, and also from his/her cabinet. Third, the efforts to eradicate new HIV/AIDS infections should be framed beyond the discourse of morality and away from the Islamic piety discourse. This, no doubt, is a difficult homework for the country, but one that I strongly believe is visible.

CHAPTER IV

LET'S BRING IN THE MUSLIMS
ISLAMIC PIETY AND HIV/AIDS FUNDING POLICY IN INDONESIA

Introduction

> "Two things were getting in the way –ideology and money. In the AIDS industry, we have too much of both." (Pisani 2009, 269)

While in the previous chapter I discussed how Islamic values are embedded in the state's communication policies, in this chapter I am focusing my analysis on how the Islamic moral values and public piety affected HIV/AIDS funding policy in Indonesia. I am interested in looking at how power dynamics between the Indonesian government, non-governmental organizations and the Global Fund as a prominent donor are shifting due to the availability of a large amount of funding for HIV/AIDS programs. I am also going to discuss how the prominent presence of Islamic piety in Indonesia led to the appointment of Nahdlatul Ulama (NU) as a Principal Recipient for an HIV/AIDS prevention grant of close to US$13 million. Lastly, I will analyze how a faith-based organization such as Nahdlatul Ulama (NU) negotiates discourses surrounding HIV/AIDS while at the same time maintaining its Islamic values and integrity as the nation's largest Muslim-based organization.

Many public health and public policies experts are critical of HIV/AIDS donors' funding mechanism, which can be ineffective and wasteful (Bisma, Brugha, Harmer, et al., 2009; Pisani 2008; Sucipto and Iksan 2009). Moreover, through imposing implementation conditions to the countries they are helping, these donors distorted national priorities and distracted coordinated efforts by the governments to strengthen health systems (Brugha, Donoghue, Starling, et al. 2004; Grace 2004; World Bank 2004; McKinsey 2005; Stilman and Bennett 2005). As one of the major

donors in health sector, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM or the Global Fund) aims to support programs that reflect local priorities and fit within existing country structures, but in practice the extent to which this occurred varied widely (Stillman and Bennett 2005). In Uganda, for example, GFATM rejected the country 2002 Round One cross-cutting systems-strengthening proposal and required the government to break it into disease-specific components (Donoghue, Brugha, Walt, et al. 2005). In response, the government established a discrete project management unit, a distortion of its own policy of channeling all funds to support a coordinated national health sector strategy. This type of intervention does not only happen in Uganda, but also other countries, including in Indonesia, which I will discuss further in this chapter.

According to Pisani (2008: 273), there are three basic conditions that HIV/AIDS donors tend to impose to the countries they support. First, each country has to show that there are HIV positive people on the project design team. Next, these countries have to show that government is in partnership with "civil society." Lastly, they need to be able to show that they are being inclusive of "vulnerable groups." Though the reasoning behind this set of conditions is admirable, it also created a number of new problems, and key among them is tokenism, which I will discuss further in the next chapter.

Despite their interventions on the national policy and priorities for health, these donors rarely ask for a concrete outcome of their funding. Most non-governmental organizations (NGOs) and governments funded by donors do not need to show that the programs they created have been successful in preventing new infections. They can be deemed a success for doing what they said they are going to do, such as building a clinic, or training nurses or distributing leaflets to 400 out

of the nation's 160,000 injecting drug users (IDUs) (Pisani 2008: 288). The result of a lack of clear outcome can be a waste of time, energy and efforts without much real work being accomplished.

In this chapter, I will begin my analysis by providing a background information about the Global Fund and Nahdlatul Ulama. Then I will discuss how the large amount of funding provided by the Global Fund changes the dynamics of the healthcare system in Indonesia, particularly on HIV/AIDS. I will also discuss how the pervasive Islamic piety had led GFATM to invite NU to take part in a fight against AIDS, and how NU negotiated its position as the largest Muslim-based organization in the country in order to disseminate knowledge about HIV/AIDS. I will close this chapter by discussing lessons learned from the analysis and providing recommendations for future actions.

A Global Health Initiative to Save the Developing World from AIDS

The Global Fund to fight AIDS, TB and Malaria was established in January 2002 based on the United Nations' appeal for a global AIDS and Health Fund. It was intended to attract, manage, and disburse resources worldwide to control the three diseases, which had a disastrous effect in poor countries, particularly in sub-Saharan Africa. It was also meant to introduce a new funding mechanism based on partner country leadership. Thus, in theory it is the country, not GFATM, that proposes what will be done, and it then decides whether to finance those activities. At both the global and country levels, the Global Fund is designed to work through partnerships involving different sectors, such as government, NGOs and the private sector. These are referred to as "multi-sectoral partnerships." The key significance of this is that when the Global Fund states that it is funding activities chosen by a "country," its relationship is not just with the government

of that country, but also with other stakeholders. Moreover, the funding that GFATM provides is additional to the existing funding, and it will not simply take the place of existing funding.

The Global Fund is an independent organization, governed by a board of eighteen voting and five non-voting members and supported by a secretariat of around seventy staff in Geneva, Switzerland (Brugha, Donoghue, Starling et al., 2004). By 2014, GFATM board has expanded to twenty voting and eight non-voting members, subsequently the number of staff was also increased to over 400 to keep up with the demand of the expansion of its programs (globalfund.org, 2015). Countries apply for fund support by submitting proposals, which are reviewed by a technical review panel of independent experts and considered for approval by the board. By January 2013, GFATM has signed a total amount of more than US$16 billion for HIV/AIDS alone, making it the largest donor for HIV/AIDS in the world.

Funding for HIV/AIDS across the globe a couple decades ago was not as lavish as it is now. In 2000, the annual spending for prevention and treatment programs in the developing world was around one billion U.S dollar (Ferriman 2001: 1082). Then HIV started climbing the charts, as a cause of death across developing and developed countries as well as a controversial global issue. With the rise of new HIV infections on the horizon, in April 2001 at an African leaders' summit in Abuja, Nigeria, United Nations (UN) Secretary-General, Kofi Annan, called for a significant increase of funding for the developing countries. He suggested a "war chest" of US$7 to 10 billion to be spent annually on a global campaign against AIDS. A few weeks later, UN announced that a new Global AIDS and Health Fund would not only target AIDS (as had first been suggested), but would also address tuberculosis (TB) and malaria.

Both diseases were added to the list because TB, once a forgotten disease, has come back with the spread of HIV, particularly in resource-poor nations. It is also the leading cause of death

for those living with AIDS in those nations. And while highly effective treatments for malaria have been introduced in the last decade, pockets of resistance to the new generation of medicines and resistance to the insecticides used to protect families from malaria have started to develop in tropical and sub-tropical regions of the world.

In June 2001, Kofi Annan opened the UN General Assembly Special Session (UNGASS) on AIDS in New York. This was the first time a UN meeting was devoted to a public health issue. During the UNGASS, representatives of all 189 members of the UN signed a Declaration of Commitment on HIV and AIDS. The meeting concluded with a commitment to create a fund for a global campaign against AIDS, TB and Malaria (Garmaise 2009: 9). A transitional working group was soon formed to develop a framework for how the Global Fund would be structured and operated. Only three months after the organization was established in January 2002, the Global Fund Board approved the first round of grants to 36 countries.

The Global Fund provides money to finance a wide range of activities related to the prevention of the three diseases, and to the care, treatment and support of people infected with, or affected by, the diseases. This includes operational research to improve service delivery. However, it does not support basic science and clinical research aimed at testing or demonstrating the safety and efficacy of new drugs and vaccines. In addition to providing grants for prevention and treatment of HIV/AIDS, TB and malaria, GFATM supports a wide array of activities designed to strengthen the health care delivery system, but it does not support large-scale capital investments, such as building hospitals.

The governing, administrative and advisory bodies of the Global Fund consist of the Partnership Forum, the Global Fund Board (or "the Board"), the Committees of the Board, the Coordinating Group, the Secretariat, the Office of the Inspector General, the Technical Review

Panel, and the Technical Evaluation Reference Group. The Board, as mentioned previously, is responsible for the overall governance of the organization, including approval of grants. Its voting members include seven representatives from developing countries, one representative based on each of the six World Health Organization (WHO) regions and one additional representative from Africa. In addition to these seven representatives, there are also eight representatives from donors and five representatives from civil society and the private sector (one representative of an NGO from a developing country, another of an NGO from a developed country, one representative of a private foundation, and one representative of an NGO whose members are people living with HIV/AIDS or from a community living with TB or malaria).

The eight non-voting members of the Board consist of the Board Chair, the Board Vice-Chair, one representative from the WHO, another from the Joint United Nations Program on HIV/AIDS (UNAIDS), one representative from the Partners constituency, one representative from the trustee of the Global Fund, one Swiss citizen who is authorized to act on behalf of the Global Fund to the extent required by Swiss law, and the Executive Director of the Global Fund.

The Board Chair and the Board Vice-Chair are elected for two-year terms and they serve until the appointment of their successors. In addition to chairing Board meetings, the Chair also has an important advocacy, partnership and fund raising role. In June 2013, Dr. Nafsiah Mboi, the Minister of Health of Indonesia at the time and former head of the National Commission for AIDS Prevention, was appointed as Chair of the Board. It was the first time a representative from Indonesia became the Chair and she serves until June 2015.

With the large amount of funding that GFATM planned to disburse to developing countries and with its lack of presence in those countries, negative effects on donor harmonization were reported in the early years of its operation. There were many disagreements with the Global Fund

partners about their respective roles and responsibilities (McKinsey 2005). An early synthesis of studies compiled by the Global Fund reported little harmonization between the organization and pre-existing planning and funding mechanisms (GFATM, 2004). Later, Wilkinson et al. (2006) reported variable experiences of the Global Fund across different countries. While it supported donor harmonization and alignment efforts in Cambodia, Nigeria and Namibia, it was reportedly undermining these efforts in Sri Lanka and Cameroon, through requiring separate reporting systems with associated transaction costs.

In Indonesia, the Global Fund programs started in 2003, not long after Indonesia began to decentralize the government authorities in 2001, which impacted the health care system. In the post Soeharto era, central government has overall regulatory function but responsibilities for planning, financing and distribution of services lie with the local government (World Bank 2008). A case study of the Global Fund programs from 2003 to 2007 in Indonesia showed that these programs were highly vertical and centralized, which were in contrast and sometimes in conflict with the decentralized nature of the Indonesian health system (Desai, Rudge, Adisasmito et al., 2010). Despite these conflicts, the Indonesian government continued to apply for grants and was successful in securing multiple rounds of Global Fund funding, accumulating an approved grant of close to US$700 million (Figure 4, 5). This equates to an annual average disbursement of US$19.91 million to TB, US$19.75 million to HIV/AIDS and US$16.5 million to malaria for the past twelve years (Figure 6). The Global Fund funding is particularly important to the country since the government contributes only around 30% of funds for AIDS programs and the remainder comes from bilateral donors and GFATM (Desai, Rudge, Adisasmito et al., 2010).

Figure 5: The Global Fund Grants Overview in Indonesia

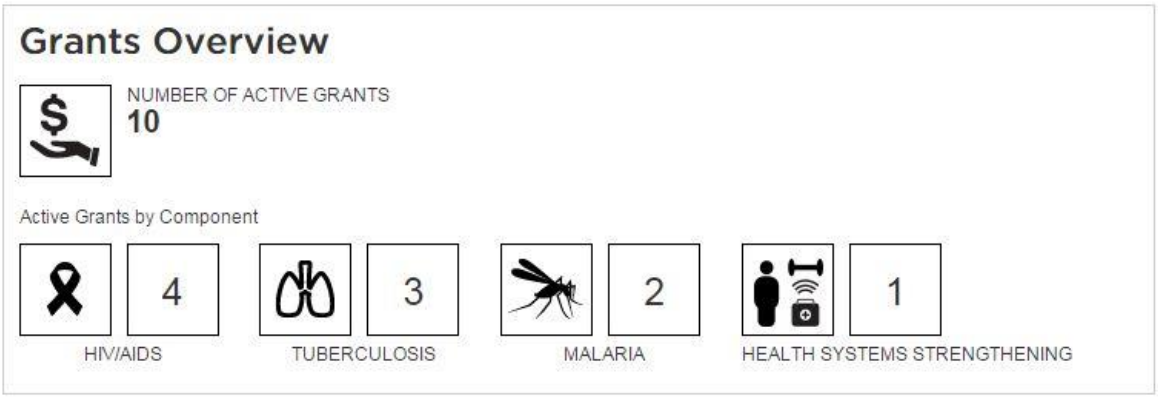


Figure 6: The Global Fund Funding by Disease Component in Indonesia

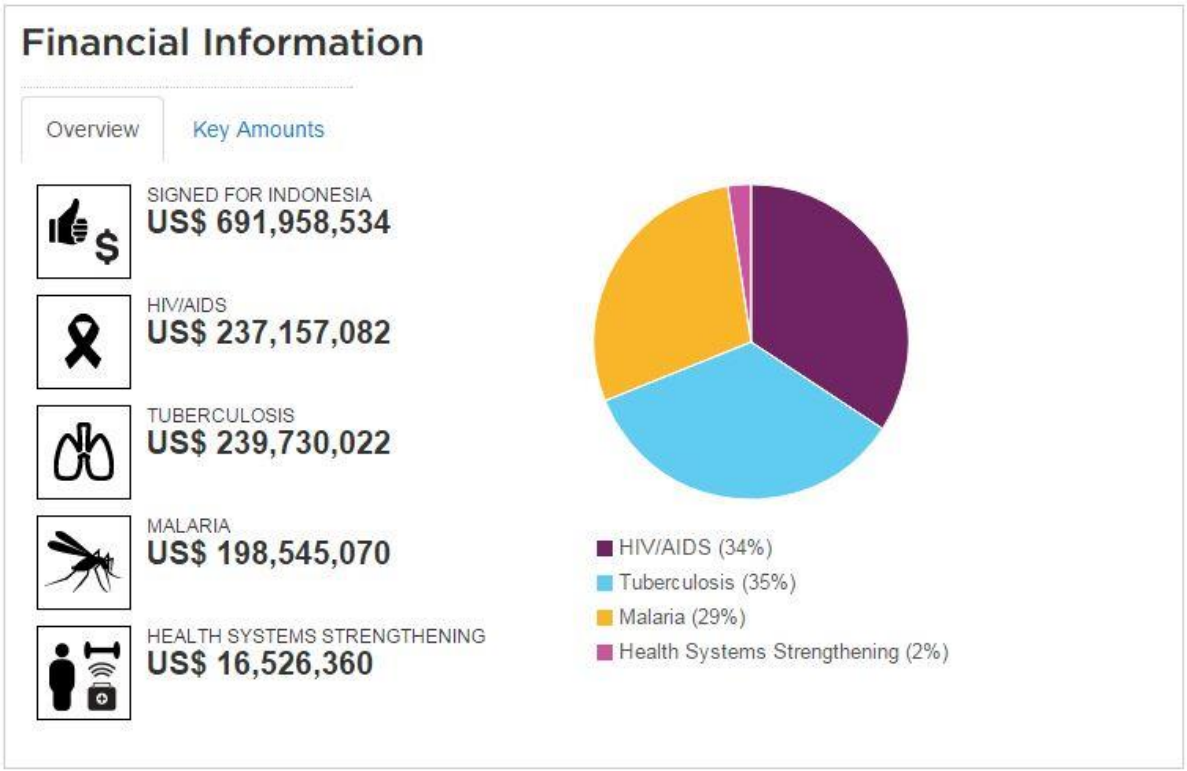
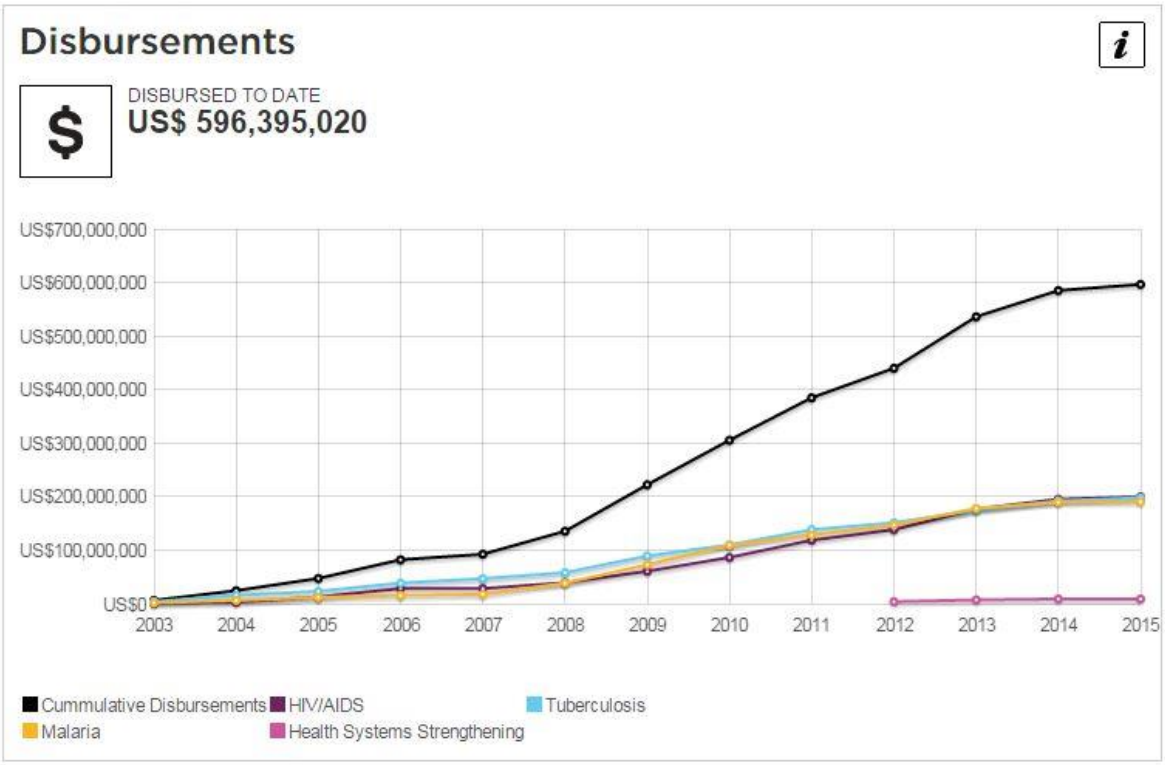


Figure 7: The Global Fund Funding Disbursements in Indonesia from 2003 to 2015



Source: www.globalfund.org

In 2008, GFATM suspended its funding to Indonesia due to concerns about governance and also because of conflict of interest (Desai, Rudge, Adisasmito et al., 2010). The Global Fund had four grants in Indonesia at the time of the audit (December 2006) managed by two directorates of the Ministry of Health as Principal Recipients (PR). The two directorates were the Directorate of Directly Transmitted Disease (DTD) and the Directorate of Vector Borne Disease Control (VBDC). The total grant portfolio was US$131 million with $75 million disbursed through December 2006. The Directorate of DTD was managing two HIV/AIDS grants and one TB grant, while the Directorate of VBDC was managing one Malaria grant.

The audit work focused mainly on the Directorate of DTD, and a limited audit work covering receipt grant funds and a review of the internal control system was also carried out at the

Directorate of VBDC. In addition to auditing the two Principal Recipients, three sub-recipients (SR) consisting of Jakarta Provincial Implementing Unit (DKI Jakarta), YSA Foundation (a local NGO) and the Ministry of Manpower and Transmigration, were reviewed. These SRs were all recipients of Global Fund funding through the Directorate of DTD at the Ministry of Health. At the time of the audit, grant implementation was behind schedule.

The audit found that there was a conflict of interest involving YSA Foundation. Apparently, the foundation was owned by the representative of the Directorate of DTD, and it received sub-grants with a total of more than $1.2 million. This showed that there was a lack of transparency in the procedures to select YSA Foundation as a sub-recipient. Moreover, the head of Country Coordinating Mechanism (CCM) received incentive allowances from the Ministry of Health, which were not in line with program related expenditure. Also, incentive allowances or salary supplements paid to civil servants involved in grant implementation or monitoring were excessive and unreasonable when compared to salary scales in the nation.

It is worth to note that this type of issue is not only found in Indonesia, but it is also found in other countries, mostly in Sub-Saharan Africa (i.e. Sierra Leone, Uganda and Zimbabwe), which received hundreds of millions of dollar from the Global Fund. Biesma, Brugha, Harmer, et al. (2009) wrote that GFATM-imposed priorities and funding decisions reflected country's system weaknesses. While I do not disagree with their observation, I also think that having a better monitoring and evaluation system from the Global Fund would reduce the possibilities for conflict of interest and noncompliance with grant agreement clauses. A report on the lesson learned from the country audits published by GFATM in 2009 showed that the Global Fund did not currently have in place mechanism to 'police' and enforce compliance with grant agreement clauses. The report, however, recommended sanctions be imposed for continued failure to meet the conditions,

which was precisely what The Global Fund did to Indonesia for the period of one year, from 2008 to 2009. The funding suspension caused many programs to stall and led workers to leave their jobs. Fortunately, even though GFTAM suspended funding for almost all programs in Indonesia, an exception was made in treatment for People Living with HIV/AIDS. During the suspension, the Global Fund did not cease funding for treatment so that PLWHA could continue accessing free medications. The decision was key since the effectiveness of Antiretroviral Therapy (ART) relies on patients' adherence to the medicine.

As a consequence of the temporary suspension of Global Fund funding in 2008, there was generally increased awareness of good governance practice within the Ministry of Health. Moreover, driven by the strong advocacy of the HIV/AIDS community, the government of Indonesia has agreed to allocate budget to cover up to 95% of HIV treatment. However, the absence of GFATM funding for one year was a hard period for many HIV/AIDS stakeholders. Concerns regarding sustainability of the programs along with reports of shifting of government resources to other diseases or non-disease programs highlighted the need for an exit/sustainability strategy at both the national and local level (Desai, Rudge, Adisasmito et al., 2010). The temporary suspension also demonstrated how reliant the Government of Indonesia is on external funding, particularly on GFATM, to help run their HIV/AIDS programs.

Nahdlatul Ulama and the HIV/AIDS Outreach Programs

Since it was first established, GFATM has been a proponent of faith-based organizations (FBO) as key partners in its governance and implementation. FBO representatives have served as members of Country Coordinating Mechanisms (CCM) and as beneficiaries of Global Fund grants,

both as Principal Recipients (PRs) and Sub-Recipients (SRs). By 2010, the disbursements of the Global Fund to FBOs increased to $645,080,571, which represents about 5% of the total grant. While the percentage appears to be at a similar level compared to previous reports on grant disbursement to FBOs, due to the large volume of Global Fund disbursement, this amount represents a seven fold increase in volume of funding disbursed to the FBO sector through the Global Fund since 2006. A Global Fund report published in 2010 notes that 99 out of 128 CCMs (77.3%) with active Global Fund grants had at least one representative from an FBO. In addition to funding, resources allocated to FBOs in the form of drugs, commodities, and other supplies and equipment are quite significant, particularly in sub-Saharan Africa.

In Indonesia, the Global Fund began allocating funding to FBOs in 2012 by bringing in Nahdlatul Ulama (NU), the largest and most influential Indonesian Islamic organization with a membership of around 50 million, as a Principal Recipient. The grant was meant to help the country with HIV/AIDS outreach programs in priority districts in 21 provinces. The total grant signed by the Global Fund was close to US$ 13 million. With that amount of money, the Global Fund expects NU to establish or strengthen community based drug dependency treatment centers, provide standardized minimum outreach service package (which includes information, education and communication materials, distribution of condoms, needles and syringes, and referrals for voluntary counseling and testing), and conduct psycho-social and peer group support activities for PLWHA. With the persistent dominant discourse of HIV as a punishment from God leading to a conceptual dichotomy between “good/pure” and “bad/impure,” it is fascinating to look at how NU navigates the danger water that is HIV/AIDS in Indonesia. Moreover, many of the activities that GFATM demands from NU, such as condoms, needles and syringes distributions, requires the organization to act inconsistently with their moral values.

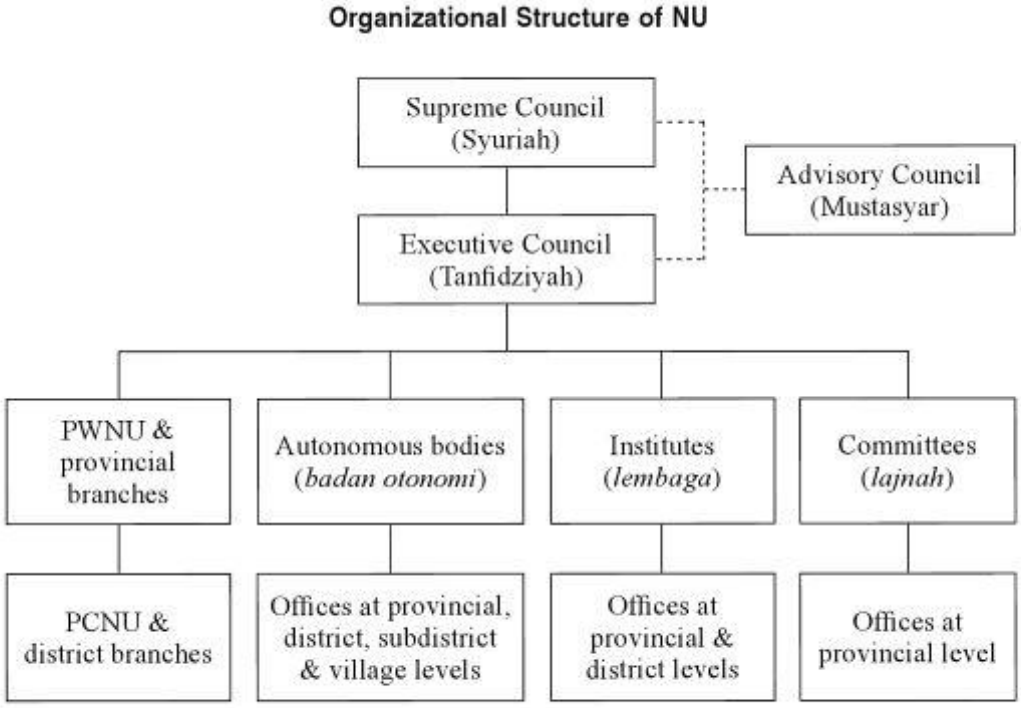
Founded in 1926, NU was originally established as a purely social-cultural organization primarily concerned with educational and spiritual well-being of the members of the Muslim community. The organization typically (if simplistically) is identified as "traditionalist" in its theology. It participated as an independent political party from 1952 to 1973 and then until 1983 as a faction within the PPP (the New Order's forced fusion of pre-1973 Islamic political parties). For various reasons, including manipulation of Islamic politics and parties by the Soeharto government, as well as internal organizational disputes over doctrine and politics, a progressive NU faction won control of the organization at its 1984 Congress (Ramage 1995: 55). At the Congress, the progressives, led by the late Abdurrahman Wahid and Achmad Siddiq succeeded in convincing the membership that NU should withdraw from formal participation in party politics and return to its original 1926 charter as a purely socio-cultural organization. It would redirect its energies away from national politics and channel them towards educational, cultural, spiritual and economic activities designed to improve the situation of the Muslim community.

One element of the discourse the progressives produced was an opposition to 'Islamist' politics –a stance that was deeply embedded in the historical modernist-traditionalist conflict coloring intra-Islamic relations in Indonesia for the previous century (Bush, 2009: 1). It is important to note that even though Wahid was the head of NU from 1984 to 1999, his views were not always synonymous with the organization. There were many prominent NU leaders among the kiai (Islamic scholars and community leaders) and a number of senior NU figures, including Wahid's uncle Yusuf Hasyim, who openly opposed many of Wahid's initiatives and statements. Given the size, diversity, and contentiousness of the organization, it is not surprising that some observers wonder if Wahid was representing himself, and not NU (Ramage 1995: 46).

With the fall of Soeharto in 1998 and the upcoming general election in the following year, NU leaders, not wanting to join other political parties, decided to establish The National Awakening Party (Partai Kebangkitan Bangsa, PKB). In 1999, Abdurrahman Wahid stepped down from the leadership of NU to become the fourth President of Indonesia representing PKB. This significantly complicated the position of NU's civil society movement, which had gradually established itself a 'watchdog' role towards the state. However, as mentioned in the previous chapter, Wahid's presidency only lasted for a brief period. Shortly after he stepped down, the events of September 11, 2001 threw Islam into the public spotlight throughout the world, and suddenly, the opposition of NU's civil society movement to political Islam took on a whole new nuance. PKB itself, although splintered, fractious and full of internal rivalries, remains one of the largest Islamic parties in the country, and is a serious player on the national stage (Bush 2009: 199).

Structurally, NU has an Executive Board (PBNU) at the national levels, and boards at the provincial, district, sub-district and village levels (figure 7). Governance is carried out by the PBNU's three councils: the Supreme Council (Syuriah), the Executive Council (Tanfidziyah) and the Advisory Council (Mustasyar). Originally the Syuriah was viewed as the highest governance body within NU, with the Tanfidziyah serving as an implementing body. However, the actual status and power of these two councils reversed over time (Bush 2009: 14). In addition to this formal governance structure, NU has nine autonomous bodies, fourteen institutes and five committees, most of them have branch offices throughout Indonesia's 33 provinces and hundreds of districts.

Figure 8: Nahdlatul Ulama's organizational structure



Source: <http://www.nu.or.id>.

Examples of autonomous bodies include the NU Women's Organization (Muslimat NU), the NU Young Women's Organization (Fatayat NU), the Ansor Youth Group and the NU high school students' association (IPNU and IPPNU). Examples of NU institutes include the NU Healthcare Institute (LKNU), NU Family Welfare Institute (LKKNU) and NU Islamic Preaching Institute (LDNU). Examples of committees include the Astrology Committee (Lajnah Falakiyah) and the Committee for Religious Problem Solving (Lajnah Bahtsul Masail). A complete list of the autonomous bodies, institutes and committees is given in Appendix 1.

According to the Global Fund's documents and the information available in its official website (www.theglobalfund.org), the authorized principle recipient for NU are Imam Rasjidi, the head of NU Healthcare Institute (LKNU), and Wan Nedra Komaruddin, the deputy head of NU Healthcare Institute (LKNU) and one of the many secretaries of NU Women's Organization

(Muslimat NU). With the funding they received from the Global Fund, Rasjidi invited 33 senior *kyai* from across Indonesia in 2013 to formulate an Islamic approach to prevent HIV/AIDS. He also designed a training program for LKNU members so that they would be able to disseminate knowledge about HIV/AIDS to the public. The result of the meeting with the senior *kyai* is published as a pocketbook: "A Guidebook for HIV/AIDS Prevention: A Nahdlatul Ulama Perspective". In addition to publishing a guidebook for HIV/AIDS Prevention, LKNU also published a pocketbook for trained NU members who provide sermon during Friday prayers. According to Rasjidi, as quoted from NU website (www.nu.or.id), the purpose for publishing the pocketbook is to enable NU's *khatib* (a person who delivers the Friday sermon) to discuss about the importance of *jihad* against HIV/AIDS. *Jihad*, though often associated by non-Muslims with unrestrained, unreasoning, total warfare, its literal meaning in Arabic, based on the use in the Quran, is "striving" or "exerting oneself with regard to one's religion" (Cook 2005). The pocketbook would also ensure every *khatib* to have one perspective in framing the disease.

Since both the Guidebook for HIV/AIDS Prevention published by NU and the pocketbook on HIV/AIDS intended for NU's *khatib* are not available online, I do not have access to read them and to provide a close reading of both texts. What I can discus instead is how NU framed the disease in the e-newsletter that it published on its official website and also on LKNU's website. As the NU representative receiving and managing GFATM funding for HIV/AIDS prevention, LKNU is the brain behind the outreach programs in 21 provinces across Indonesia. By inviting senior *kyai* to formulate a plan to introduce HIV/AIDS to the *umat* (the Islamic community), LKNU was making a strategic move to establish credibility and trust. In the meeting with senior *kyai*, it was decided that HIV/AIDS is a health issue affecting not only the sinners but also the innocents, who are a part of the *umat*. Therefore, it is important to engage in a *jihad* against the

disease, to eradicate HIV/AIDS, and to protect the *umat*. This message was published in LKNU's website under the title: "Why NU is involved in the *jihad* against HIV/AIDS".

By framing HIV/AIDS as a disease impacting the *umat*, LKNU is trying to bring HIV/AIDS closer to its community members and to lessen the stigma surrounding the disease. The framing is also useful in bridging the gap between "us" and "them" and in nurturing empathy towards members of the community. Moreover, as an established organization with millions of followers, NU has the ability to shift the discourse of HIV/AIDS from a "sinful disease" to a "health threat to the *umat*". This provides the basis for NU to declare a *jihad* against the disease and to persuade the *umat* to take actions to protect their community.

LKNU's method of choice to shift the framing of HIV/AIDS is through knowledge production. This is done by publishing two guidebooks, formulated and endorsed by senior kiai and NU Executive Board (PBNU), and by conducting workshops to train its community leaders so that they will be able to discuss the disease with members of their community. Working together with the National AIDS Commission (KPAN) and several other NGOs including Yayasan Pelita Ilmu (YPI) and Yayasan Kusuma Bangsa (YKB), known for their established works in the field of reproductive health, LKNU held training workshops on HIV/AIDS across Indonesia.

Though it seems like NU is working hard to change the discourse around HIV/AIDS by promoting inclusivity and eliminating stigma, the HIV/AIDS knowledge it produces leaves room to generate a different kind of stigma. This is mostly due to NU's preference towards one mode of HIV transmission over the other. I will show how NU does this by quoting, rather extensively, from LKNU page on "Why NU is involved in the *jihad* against HIV/AIDS", published on its website:

> "Different from other groups that blame female sex workers as the culprit for the high HIV prevalence rate in Indonesia, we chose not to focus on this. Especially since based on our experience in the field, not everyone who is HIV positive displayed deviant behavior. This is information that not many people in Indonesian society know.
>
> Housewives, for example, are a high-risk group to contract HIV/AIDS according to the Ministry of Health official report. We should not think negatively towards HIV positive housewives because they are not immoral women. They are the victims of their own innocence and their lack of knowledge about HIV/AIDS.
>
> Nourma (not her real name) is a pious housewife. She teaches religion, and she later found out that she is HIV positive because of her husband. This does not only happen to Nourma. Based on the official data, there are thousands of housewives living with the virus and none of them showed deviant behavior."
>
> (www.lknu.org)

NU's strategy to prefer one method of transmission, which is through heterosexual intercourse within a marital institution, is key for its overarching message of *jihad* against HIV/AIDS. By portraying HIV positive women as innocent and devoted housewives and mothers, NU is able to craft a message about the need for a *jihad* to protect "the mothers of our future generation" from "the terror of this plague" (www.lknu.org). The problem with creating a separation between "good" mode of transmission and "bad" mode of transmission is that it does not completely eliminate HIV/AIDS stigma. It only leads NU *umat* to stigmatize PLWHA based on his/her HIV modes of transmission.

Though NU has declared HIV/AIDS as a health issue, by looking at its messages on the website, it shows that NU continues to exercises moral judgment in framing the disease. In a way, similar to my analysis about KPI in the previous chapter, NU also exhibits what Foucault calls the paradox of subjectivation. This means NU capacity to reframe the knowledge production of HIV/AIDS is contained within specific relations of the Muslim aspirations discourse. Thus, despite its efforts to change the *umat*'s perception on HIV/AIDS, NU was not able to rework the knowledge outside the persisting moral views that shape NU's reality.

However, analyzing NU's interpretation of HIV/AIDS only from this perspective means that I overlook the financial incentive that it receives from running HIV/AIDS outreach programs. As much as I argue that Foucault's and Mahmood's theories of power and agency have become the foundation of this study due to my subject matter, I believe that in analyzing NU it is important to also take into account Bourdieu's concept of power. As mentioned in chapter II, Bourdieu's research demonstrates that there is a political economy of culture, and that all cultural production –including science—is reward-oriented. (Schwartz 1997: 67). Moreover, Bourdieu perceives power as accumulable through the act of accumulation of the four different forms of capitals (economic, cultural, social and symbolic). In the case of NU, the organization's involvement in HIV/AIDS programs shows how it utilizes its social capital, derived from respected social standing as the largest Muslim organization in the country, into opportunities to access economic capital. In other words, its efforts to reframe the discourse of HIV/AIDS and produce its version of knowledge on the disease is based on the incentive that it receives from doing the activity.

Moreover, based on the agreement between the Global Fund and NU, the role of NU in the outreach program is not only to disseminate information, education and communication materials to its *umat*, but also to distribute condoms, needles and syringes to high-risk groups. For NU to ask the leaders of its *umat* to distribute the HIV/AIDS prevention kit means it endorses deviant behaviors, a position too risky to take for an established institution like NU. Since the Global Fund does not state explicitly in the agreement that the act of condom, needles and syringes distribution must be done by members of NU, the organization was able to work with other NGOs like YPI and YKB and delegate the tricky task to them. By asking other NGOs to do the work, NU succeeded in maintaining its social standing and preserving its moral values while at the same time accumulating economic capital.

Summary

It was only during the last decade that issues of religion have appeared on HIV/AIDS research agendas (Dilger, Burchardt, van Dijk 2010) despite the importance of religion and faith-based organizations (FBOs) in producing knowledge about the disease and in helping to reduce the stigma surrounding HIV/AIDS. In many Muslim countries, including in a secular country with predominantly Muslim population such as Indonesia, strong moral views on HIV prevail including within the medical profession, giving rise to deeply rooted stigma and discrimination against people with HIV/AIDS and those perceived to be at high risk of infection. This prejudice forces the people most in need of HIV prevention and treatment programs away from services. Many countries and policy makers are unable to separate the public health imperative of sound HIV prevention programs, based on evidence, from private behavior which is at odds with religious teachings. To bridge this gap, donors such as the Global Fund decided to bring faith-based organizations to the discussion table and to ask their support in disseminating knowledge about HIV/AIDS to their *umat*. This action is considered a necessity particularly since in most parts of the world, the HIV/AIDS epidemic has stabilized or decreased; however, of the nine countries where incidence rate has increased more than 25% since 2001, five—namely, Bangladesh, Indonesia, Guinea-Bissau, Kazakhstan, and Kyrgyzstan—have Muslim majorities (UNAIDS report, 2011).

In Indonesia, the Global Fund began providing grant to faith-based organizations in 2012 by bringing in Nahdlatul Ulama (NU) as a Principal Recipient (PR). The fund allocated for NU was close to US$13 million. GFATM's decision to approve funding for NU as a PR is a strategic one because NU has around 50 million members in the country. Moreover, as a Muslim

organization founded in 1926, NU has a long tradition and a strong presence among the Indonesian *umat*. Thus, NU's involvement in HIV/AIDS outreach and prevention programs is expected to carry enormous weight in Indonesia and help reframe the negative discourse associated with the disease.

In my analysis of NU's work in reframing the disease, I found that though it may appear that NU is promoting inclusivity and eliminating stigma, the HIV/AIDS knowledge it produces leaves room to generate a different kind of stigma. By preferring one mode of transmission, which is through heterosexual intercourse within a marital institution, over the other, NU continues to stigmatize PLWHA. Moreover, by continuously framing HIV/AIDS within the Islamic piety discourse, NU exhibits what Foucault calls the paradox of subjectivication, which shows how its capacity to imagine HIV as a disease is contained within specific relations of its dominant ideology. In other words, it is hard for members of NU to imagine HIV outside the Islamic discourse that creates their reality.

Furthermore, I argue that it is important to look at this issue not only from a Foucauldian perspective, but also to take into account Bourdieu's theory of power. Bourdieu perceives power as accumulable through the act of accumulation of the four different forms of capitals (economic, cultural, social and symbolic). In NU's case, the organization was able to maintain its social capital as a Muslim organization while gaining economic capital by framing the disease in a manner that is acceptable by the *umat*.

While I understand the importance of framing HIV/AIDS within the Islamic discourse for NU and its *umat*, I strongly believe there are other possible narratives that can be used to reframe HIV/AIDS. I am referring to narratives that can reframe "the sinful disease" to another identity more acceptable among the Muslim community in Indonesia. One case study in Nigeria (Balogun

2010), for example, showed how the availability of ART helped change the discourse of the disease. In the most populous country in Africa with around half of the population being Muslims, ART is perceived as a medicine that God has sent, while God's 'cure' for AIDS has yet to be discovered through 'divine inspiration' (Dilger, Burchardt, van Dijk 2010). The ideological recognition that since everything comes from Allah, the divine will also send a cure for every disease has led to a more positive view of HIV/AIDS and PLWHA. According to Balogun (2010), this framework was endorsed by Nigerian Islamic scholars and intellectuals and disseminated to the public.

With the free access to ART in Indonesia, it is possible for NU to reframe its message on the disease to be more in line with Nigeria's message. Seeing ART as God's way to help the *umat* will allow Indonesian Muslims to negotiate their understanding of the disease and to step away from perceiving HIV/AIDS as God's punishment to the sinners. Moreover, this framework is based on the concept of compassion and justice, which as some Muslim scholars would argue is the essence of the teachings of Islam. Nigeria's way to reframe the disease within the Islamic discourse provides an example that it is indeed possible to rework the identity of HIV/AIDS within the larger discourse on morality.

For NU to be able to reframe the disease and to disseminate the new knowledge about HIV/AIDS to the public, it needs to be supported not only by its own community, but also by other stakeholders such as the government, National AIDS Commission, health experts, HIV/AIDS activists, intellectuals, journalists and many others that possess the capacity to reshape the story of the disease. More importantly, the effort needs to be supported by the largest donor to fight AIDS, which possesses the economic capital to help change the story of HIV/AIDS in Indonesia.

Pisani (2009), whose book discussed the dynamics between the international donors, the Indonesian government and the civil society in the face of HIV/AIDS epidemic, strongly criticized the lack of demand from the donors to ensure the effectiveness of their grants, which led to "a colossal waste of taxpayers' money" (273). In the case of the Global Fund and NU, I believe it is important for GFATM to hold NU accountable for its involvement in HIV/AIDS outreach and prevention programs by asking NU to reformulate its message on HIV/AIDS and working with the *umat* on the ground instead of asking other organizations to do the work. Otherwise, the Global Fund will continue to support ineffective program whose work only reaffirm the existing stigma.

CHAPTER V

BEYOND PITY AND PIETY
THE REWORKING OF HIV POSITIVE IDENTITY

Introduction

In the previous two chapters I have discussed two institutions that shaped the HIV/AIDS knowledge production in Indonesia: KPI, with its policy to not let any discussions pertaining to sex be aired on television before 10 pm, and Nahdalatul Ulama and its efforts to rework the discourse of the disease among its *umat* by calling for jihad against HIV/AIDS. In both cases, each institution displayed a capacity, produced through specific relations of power within the Islamic piety discourse, to shape the knowledge production of the disease. In this chapter, I am going to focus my analysis on my interviews with the people behind three institutions based in Bandung and Jakarta, Indonesia. Rumah Cemara and Indonesia AIDS Coalition (IAC) are community based organizations comprised mostly of HIV positive people, while Angsa Merah is a private reproductive health clinic. All of them actively rework the meaning of the disease and being HIV positive in order to eliminate stigma and discrimination.

As mentioned in Chapter I, Rumah Cemara is a grass root organization founded on January 1, 2003 by five recovering injecting drug users (IDUs) who are HIV seropositive. The organization uses a peer intervention model where a seropositive client will be paired with a seropositive case manager to help achieve its mission to increase the quality of life for PLWHA and IDUs in Indonesia. In 2006 Rumah Cemara gained public attention through its creative activities in arts and sports to engage the general public to decrease discrimination towards PLWHA and drug addicts. Its popularity increased further when, in 2011, its football team was invited to represent the country at the international tournament called The Homeless World Cup (HWC) held in Paris,

France. Since then, Rumah Cemara has been sending its team to participate in the annual HWC, which is held in different city every year across the globe, through crowdfunding.

IAC is a community based organization established in 2011 that strive to promote transparency, accountability and civil participation on AIDS response in Indonesia. Working closely with key population in the country, IAC advocates health policy makers to eliminate HIV/AIDS related stigma and discrimination and to champion the rights of PLWHA. IAC's works with policy makers allow it to participate at high-level meetings and thus ensure that PLWHA rights are championed in the meetings. At the same time, having spent most of its time attending meetings with government officials, the national AIDS commission (NAC) and donor representative has complicated its position among other community based organizations, which tend to be critical of the role of the government, NAC and the donors.

Angsamerah is a private clinic that provides health care services specializing in reproductive and sexual health. It offers a space for PLWHA and others who are looking for physicians to treat them professionally and who do not judge them based on their sexual partners or HIV status. In addition to opening up a clinic at a prestigious area in Jakarta that caters to high-end clients, Angsamerah also offers a clinic in a red-light district that provides health care services for sex worker and middle to lower-middle income clients. In both clinics, patients can access ART by paying a relatively small administrative fee.

In this chapter, I will analyze how the representatives of each institution understand stigma and discrimination. I will also discuss how their understanding of stigma and discrimination led them to rework the meaning of HIV/AIDS and being HIV positive. Lastly, I will discuss their agency to produce knowledge on HIV/AIDS in a country where Islamic piety is embedded in the everyday life.

Between Perception and Action

Studies on stigma have developed over the years since Goffman published his classic work. According to Goffman, stigma is conceptualized by society on the basis of what constitutes "difference" or "deviance" and that it is applied by society through rules and sanctions resulting in what he described as a kind of "spoiled identity" for the person concerned (Goffman 1963). Though Goffman did not mention power in his theory, it is actually key to understand the concept of stigma. Later works on stigma claim that stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion and discriminations. Thus, the term stigma can be applied when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold (Link and Phelan 2001).

However, the collapse of distinctions between labeling, stereotyping, separation, status loss and discrimination in this all-encompassing definition of stigma can be problematic. The issue here is that the act of labeling and stereotyping does not always result in discrimination, which described by Deacon (2006) as acts that are meant to disadvantage people. According to Deacon (2006), separating discrimination from stigma is useful because it enables us to think about the negative consequences of stigma and to conceptualize responses to stigmatization more broadly.

The idea to distinguish stigma from discrimination is shared by many of my respondents. Ferry, the Executive Director of IAC, is one of them:

> **Interviewer:** How do you define HIV/AIDS related stigma?
> **Ferry:** It is a wrong assumption, a perception that assigns negative labels to people living with HIV.
> **Interviewer:** Is it different from discrimination?

> **Ferry:** Yes. Stigma is only a perception, while discrimination involves an action. In Indonesia, people can be discriminated because of their HIV status. There are people who cannot find a job or those who are fired from their jobs because they are HIV positive. Then there are children who were rejected an entrance to school because these schools did not want to risk other students contracting the virus from the HIV positive children. And there are cases of patients being rejected by hospitals.

Heru, one of the founders of Rumah Cemara, also defined stigma and discrimination along the same line. According to him, "Stigma is only a label. When someone acts based on the label, it is discrimination."

The reason the separation is key for my respondents, however, is somewhat different from the reason that Deacon (2006) proposed. Though my respondents are concerned about the negative consequence of stigma, they are even more concerned about the state's role in protecting the citizens from discrimination. For most of them, stigma occurs at the individual level and therefore the state cannot and should not interfere, while discrimination calls for state interference. Iksan, one of the founders of IAC and the general secretary for OurVoice, a LGBT organization, said during an interview:

> **Iksan:** (Fighting stigma) is tiring and unproductive because it needs to be done at the individual level. This issue is similar to the LGBT issues in this country. Many religious groups say that we are sinners. They can say whatever they want to say, but when they act based on that label, then the state needs to make sure that our rights as citizens are protected.

Iksan's idea of the role of the state was echoed by Ferry:

> **Interviewer:** What do you think needs to be done to help reduce HIV/AIDS related stigma and discrimination?
> **Ferry:** First, we have to find out the source of HIV/AIDS stigma. If, for instance, it is caused by a lack of information, then we will need to educate these people. If it is caused by piety and morality, that kind of people will still exist even until the end of the world. I bet you that we can find people who stigmatize HIV positive people everywhere in the world, even in the most developed countries. It's hard to fight stigma because everyone has his/her own perception, but it is the role of the state to ensure that those different perspectives will not lead to discrimination. (…) The problem with Indonesia, our government is very weak. It does not have a

> system to ensure its citizens are not being discriminated. So, I think the right question to ask is, what has the government been doing? What does it do when its citizens are being discriminated?
> **Interviewer:** Are there any laws in Indonesia that discriminate PLWHA?
> **Ferry**: Here is what I find strange about this country. On paper, there is not a single law that discriminates against HIV positive people; well, except for foreigners who want to work as teachers in Indonesia. They have to pass a HIV test and show that they are negative. Now, despite the lack of law that discriminates PLWHA, discrimination still occurs every day. For instance, the government issued a law banning business entities from asking its future employees to take HIV test to prevent him/her from being discriminated because of their HIV status. However, when a company did that, what did the government do to the company? Nothing. The government is being inconsistent with its own policy.

Ferry's and Iksan's criticism on the absence of state in protecting its citizens, particularly the HIV positive community, from discrimination are shared by my other respondents that I interviewed for this project. Miriam, the founder of Angsamerah, said:

> **Miriam:** Not too long after I graduated from medical school, I started working on HIV/AIDS issues as a researcher and I saw how HIV positive patients were discriminated by doctors in government clinics. They refused to examine female patients who were unmarried because in their mind these patients were not supposed to have intimate relationships. I have a dream to open my own reproductive health clinic because of the experience I had in the field. I want my clinic to provide friendly service to everyone, regardless of their marital status, sexual orientation or their HIV status.

In Miriam's case, not only did the state fail to protect the rights of its citizens, but it also became the perpetrator of discrimination. The state's inability to perform its task led her to imagine a different kind of health care service for HIV positive patients. Before she established Angsamerah in 2007, Miriam worked as a physician for a private clinic in Papua, Indonesia's most eastern province, which has a high HIV prevalence rate. Later, she received a scholarship from the Australian government to obtain a Master's Degree in Public Health at Sydney University. After graduating, she returned to Jakarta and became a Public Health and Sexually Transmitted Infections (STIs) Advisor for Australian Agency for International Development (AusAID). As a STIs Advisor, Miriam's work focused on HIV/AIDS and STD Prevention and Care. Five years

later, she became AusAID Prison Advisor for HIV Program in Indonesia. With the money she saved from her work with AusAID, she started Angsamerah clinic and Angsamerah Foundation. In 2013, she resigned from her job as a Prison Advisor to focus on developing her private sexual reproductive clinic.

The decision to take actions to compensate for the state's failure in performing its task is the driving force behind numerous HIV/AIDS activism across the globe. The AIDS social movements that emerged in the 1980s in North America, for example, started because of the U.S Food and Drug Administration (FDA) bureaucratic inaction and long delays in the clinical trials of AIDS drugs. Self-taught, the AIDS activists learned through the tropes of biomedicine, law, economics, and politics as the epidemic unfolded at an alarming speed (Chan 2015).

Reworking the Meaning of Being HIV Positive

Similar to Miriam and other HIV/AIDS activists throughout the world, the urge to take actions and create changes motivated Heru and Ferry to establish Rumah Cemara and IAC respectively. Both Heru and Ferry are ex-IDUs who are open about their HIV positive status. Heru and his four colleagues started Rumah Cemara in 2003 in Bandung, West Java Province, and since then the community based organization has developed into the largest organization for IDU in the province.

Rumah Cemara provides care, psycho-social support and treatment to IDU and PLWHA. Its main approach for psycho-social support is through peer support group. In an interview in January 2015 Heru said that members of their peer support group has reached close to 5,000

people. Moreover, they also have expanded the number of their offices with two new branches in Sukabumi and Cianjur, West Java.

I visited Rumah Cemara headquarters in Bandung on many occasions during my preliminary research. The headquarters is a large old house located on a busy street north of the city, close to a large *pesantren*, a mosque, and a university. When I first met Heru, who was appointed by members of Rumah Cemara as the face of the organization, we talked in his office and I asked him about the location of the headquarters. I wanted to know whether he considered it risky to choose a place so close from a *pesantren* and a mosque when the organization is working closely with IDUs and PLWHA. Heru said that at the beginning they were also unsure about the location. However, when they started introducing themselves to their neighbors and explaining what their organization was doing and how they were trying to help IDUs and PLWHA, the neighbors seemed to be interested and supportive of having them there. Since then, Rumah Cemara has been in good terms with the *pesantren*, the mosque, and their neighbors in the surrounding area.

When I went to Rumah Cemara in June 2013, it had been more than six months since my last visit. I almost could not recognize the place. What used to be a quite large front yard was converted into a mini food court with around half a dozen vendors selling drinks, food, and snacks. The food court was only half-full, but it was late in the afternoon on a weekday. I stepped into the building and chatted briefly with few staff that I knew, until I saw Heru. He invited me to have tea with him at what he called as "the cafeteria". I made a comment about how surprised I was with the transformation. He laughed and said that it was Rumah Cemara's effort to be sustainable. In addition to the cafeteria, the organization recently opened a motorcycle wash. The reason for their new business operation unit, said Heru, is because the organization did not want to be too reliant

on donors for its funding. They never knew when the donors would pull out their resources from Indonesia, so better be safe than sorry, said he. Besides, by inviting neighbors and members of Rumah Cemara to be vendors at the cafeteria, they were providing an opportunity for them to earn extra cash. Moreover, the cafeteria, which served food prepared by IDUs and PLWHA, became an instrument for the organization to show to public that their members were active beings who were contributing to the society. According to Heru, it was a great way to close the gap between us and them, and to help eliminate stigma about IDUs and PLWHA.

The idea of IDUs and PLWHA as productive members of community is the basis of Rumah Cemara activism. In an interview this past January, Heru said:

> **Heru:** Rumah Cemara is all about collaborating with the society. I want to look beyond stigma and discrimination to make sure IDUs and PLWHA can have opportunities for self-actualization. I do not want us to be known as a group who only care about its own cause; a group that creates a separation from other community based groups. We need to be able to work together with members of other community to create better lives for our society.

Heru has mentioned the importance of making meaningful contributions to the society as a way to eliminate stigma and discrimination on several occasions. He has also emphasized the need to collaborate with all members of society many times. The cafeteria is only one example among numerous other activities Rumah Cemara had done involving the public. The organization was the reason Indonesia was involved in the Homeless World Cup (HWC) to play soccer. They invited people to join their team, collected the fund through crowdfunding to send the team abroad to play at the HWC, and helped the team received exposures by promoting the team and the event through social media such as Facebook and twitter.

I called Heru to congratulate him and his team when I heard that Rumah Cemara had succeeded in getting a sponsorship from a national bank on top of the money they raised through crowdfunding to send the soccer team to Paris for HWC in 2011. He was ecstatic and said that he

was so proud of the team and the society cheering for them. People were willing to donate money from their pocket to send these IDUs and PLWHA to go to Paris because the team played soccer, a sport they all knew and loved. The decision to choose soccer was a strategic one for Rumah Cemara, as Heru explained later in our interview:

> **Heru:** Packaging is key for information delivery, and information is key to fight stigma. We need to be able to deliver messages about HIV/AIDS in a way that will interest people. If we are campaigning about HIV using a serious language, it will not be interesting to the public and they will not want to listen to us. Sports and arts are popular. People can easily relate to them. By organizing music concerts and sports tournaments we are able to reach out to the public and distribute knowledge about HIV/AIDS through the events. (…) Our messages are always straightforward and simple. The public does not need detailed information about the disease. They just need to know that they cannot have HIV from mosquito bite or toilet seat and that it is alright to shake hands with PLWHA and share food with them.

It was a victory moment for the organization trying to change the meaning of being HIV positive through activism.

Heru once said to me jokingly that Rumah Cemara chose to make a change and to eliminate stigma and discrimination through sports and arts because it did not have the capacity to talk about policies. For a difficult subject like that, just leave it to Ferry and his team, said Heru. IAC, the organization that Ferry established with his four colleagues, is unique because it is the only organization with a predominantly HIV positive members that focuses on HIV/AIDS related policies. IAC aims to ensure that HIV positive people are represented at the table during policy design and decision making. As Naina Khana, the Director for U.S Positive Women's Network puts it, "If you are not at the table, you are on the menu" (Chan 2015: 7). IAC challenges its members to be able to discuss about HIV/AIDS policy at the table with the policy makers.

In a conversation with him back in 2012, Ferry explained that PLWHA's lives are often decided by policies that were made at the high-level meetings. In many cases, the decision makers did not really understand what was going on in the field. They did not share the urgency of the

issue, and their lives were not at stake when ART was not available. IAC was established to ensure greater participation of PLWHA in policy design and decision making.

On a different occasion, I talked to Iksan about other HIV positive people who were at the table because of the demand of international donors such as the Global Fund. During my stay in Jakarta in 2012 and 2013, Iksan and Ferry took me to several high level meetings with UNDP, UNAIDS, WHO, MoH, and National AIDS Commission. In the meetings, I was introduced to the representatives from sex workers organization, IDUs, and gay and lesbian group who participated actively during the meetings. I asked Iksan what he thought about the possibility for tokenism to occur in this type of meetings. Apparently the issue upset him. According to him, the groups were established so that the government of Indonesia was able to receive funding from International donors, particularly the Global Fund. This was because having high-risk population represented at the table was a prerequisite for receiving grants from these donors. However, not many members of the community have the capacity to discuss policies. As a result, their presence in the meetings was more as an accessory than as active participants.

There were several points that Iksan also highlighted in his complaint about the situation. The first one was the financial incentives that these groups receive. With the funding from multiple grants, members of the groups were able to improve their quality of life. A consequent of this was they began to perceive HIV/AIDS programs as a source of income instead of a movement. In her dissertation, Imelda (2011) looked at two positive women's organization in Indonesia and she found a similar issue. Members of the two organization perceived programs funded by donors more as an income generating activity than a part of the women's reproductive health movement. My finding on NU and the organization's involvement in HIV/AIDS programs is similar to her finding.

The second point was about the inability of these organizations to think of creative ways to engage in HIV/AIDS prevention programs other than distributing condoms and occasionally conducting workshops. Iksan's complaint was directed not only to the community-based organizations, but also to NAC, which in his opinion, was not doing its job as a coordinating institution. According to him, in Indonesia, NAC was only an implementing agency and that its inefficiency in dealing with the epidemic had contributed to the steady rise of HIV rate in Indonesia.

I wanted to know what Ferry thought about Iksan's sharp criticism, and he responded:

> **Ferry:** I have learned so much this past three to four years. We used to bark from the outside, until we decided to enter the system and adopted a critical engagement approach. By doing this, we are able to criticize from the inside. When we stepped into the system, we realized how complex it is, and we cannot just blame one or two people or one or two organizations for not doing their job. True, our NAC is still very weak. They are not coordinating the agencies involved in HIV/AIDS issues. Instead their role has shifted to an implementer. I don't think I need to yell about this anymore. Everyone knows this, so why should I repeat the same message? What we need to do instead is to think about what we can do to improve the situation for the community. I think this is IAC's role; not to say you're wrong, you're not doing your job, or you're incompetent, but to do what's best in this situation and to make sure that at the end everything we do is for the sake of our community.

Ferry and his team have continuously been invited to attend high-level meetings on HIV/AIDS policy. In addition to voicing the needs of the community, particularly in relation to health care and treatment, IAC is also the organization behind AIDS Digital website. Through this website, people can access information on any services related to HIV/AIDS, from where to find support groups, Mother to Child transmission prevention services, HIV test, HIV medications, to clean needles and syringes. The information includes services provided in 33 provinces and 501 cities and towns across the country.

Moreover, IAC also created a group named "PLWHA have the rights to be healthy" (ODHA Berhak Sehat, OBS):

> **Ferry:** OBS was supposed to be a space for people to discuss about HIV/AIDS. It was created to trigger dialogues among people who are pro and against HIV/AIDS. Those who are pro have the knowledge to talk about HIV/AIDS based on facts, while those who are against have the incorrect information. Unfortunately, those who are against HIV/AIDS rarely join the conversation. If they try to join the discussion forum, the pro tends to be unfriendly and dismiss their comments. I admit, this makes it harder for a dialogue to happen. It seems we have become very segregated. We were reaching out to those who are easy to be reached, while we have never had any discussions with the Islamic Defenders Front (FPI), for example.

When I mentioned about NU and its participation as the Principal Recipient for the Global Fund funding, Ferry quickly dismissed the organization by saying that many community members disapproved of the decision to bring NU at the table. According to him, NU was just UNAIDS idea as a CCM member for the Global Fund. "Perhaps they considered it cool to have a Muslim based organization at the table," said Ferry.

IAC and Rumah Cemara demonstrated community active engagement to create changes both within and outside the system. By showing their identity as a community of productive citizens who make a difference through sports, art, technology and policies, they are reshaping what it means to be HIV positive. Gone was the image of sick people lying in bed. Instead, here are the soccer players, the musicians, the business owners, the web designers, the policy advocates, and the community leaders, who are breaking stigma and discrimination and improving the lives of their community despite the absence of state in protecting their rights.

Beyond Pity and Piety

The three organizations that I have discussed are very much aware of the importance of media in shaping the public perception of HIV/AIDS. One of my respondents, Iksan, even said

that stigma around HIV/AIDS was shaped partially by the mass media. According to him, at the beginning of the epidemic, mass media, be it newspapers, radio or television put too much emphasis on the profile of people who are HIV positive, but not so much on methods of transmission. As a result, fear about being in personal contact with infected people and people who are associated with the disease started to spread. Homosexuals, IDUs and sex workers were heavily stigmatized. In terms of the disease prevention programs, they were also identified as members of the high-risk group. Consequently they became the focus of these programs. "By now, they are probably the three communities with the best knowledge about HIV/AIDS," said Iksan.

When asked whether media are still focusing the news on them, he answered:

> **Iksan:** Not really. Lately, with the rising number of HIV positive housewives, media like to use pity to frame the disease. These women are often portrayed as innocent wives who became victims of their husbands' infidelity. (…) In other words, the issue is now framed either through pity or morality.

The problem with this type of framing is that it leads readers/viewers/listeners to continue seeing HIV as a sinful disease. "We cannot have a discussion of HIV as a health problem if we are stuck talking about morality," said Iksan during the interview. For him, the best way to frame HIV is through public health perspective and sociology of health.

Ferry agreed with Iksan. He believes poverty has become the most urgent issue that needs to be addressed when discussing the disease.

> **Ferry:** If someone is poor and she has HIV, it will be much more difficult for her to survive. PLWHA needs to have a good daily intake of nutritious food and a healthy work-life balance. Unfortunately, only people with a certain income level can afford it. That's why government needs to step in and provide social protection for its citizens. We need to push the government to realize its promise for free health care service. So far, the government has been doing a good job by providing free ART for HIV positive community. However, it was only made possible because of the pressure the HIV community gave to the government.

Like Ferry, Miriam too has been dreaming for a free health care service for Indonesian citizens since she started her career as a medical doctor. “Health care should be free and friendly to everyone, regardless of their status. Moreover, reproductive health care should be provided by all doctors and not be a specialty,” said Miriam. According to her, reproductive health intersects with many other specialties, so it is important for these specialty physicians to be able to provide care for patients with reproductive health issues. “This, of course, is a long term goal, but I have taken baby steps to make it happen. I have been inviting my colleagues to discuss the possibility of integrating reproductive health with other specialties.”

Miriam does not only work with her fellow physicians to formulate the best way to provide reproductive health care to public, but she also works with journalists from various media to promote Angsamerah and to educate public about the importance of reproductive health. She and her team are often asked to be speakers at talk shows about HIV/AIDS and other STIs by many publications. She believes in the importance of disseminating knowledge about the disease and in providing care for everyone. Her second clinic, aimed for the lower middle class, began operating in 2013. The clinic, located not too far from a red light district in South Jakarta, was established with the support of a foreign donor to provide health care for sex workers working in the nearby area.

Heru, who has become the face of HIV in Indonesia and received numerous media exposures for his activism with Rumah Cemara, could not stress enough the importance of media in fighting stigma. In line with Iksan, he also thinks that mass media are inclined to evoke the feeling of pity in their writings about HIV positive people.

> **Heru:** On one hand, evoking pity can be good because it shows that people are able to sympathize with us. But on the other hand, I want to show the public that PLWHA can do something not only for himself, but also for others. (…) When the public see

> us as productive beings who are able to contribute to the society, I think it is much easier to change public perception about HIV and PLWHA.

Throughout this chapter, Heru has been consistent in explaining his approach to fight HIV/AIDS stigma and to rework his identity as a HIV positive person. His strategy is beyond pity and piety. He strives to be perceived as equals to HIV negative people.

Ferry, Iksan and Miriam also demonstrate their ability to effect change and to shape the identity of HIV/AIDS through the knowledge they produced. Fery, Iksan and IAC negotiate their knowledge production within the existing system through attending HIV/AIDS related policy designs and decision making, while Miriam worked outside of the system by establishing her own health reproductive clinic. They all started their activism because of the state's inability to provide services the society needed. Unlike organizations that were established by design, IAC, Rumah Cemara and Angsamerah demonstrated the ability to find creative ways to rework the HIV/AIDS identity and a deep commitment to their cause.

Chan (2015) argued that in the HIV/AIDS movements, AIDS community has morphed into a new regime of power. Community based organizations has shifted and become grantees, delegates and partners, competing for funding, leadership and recognition. Without these organizations, HIV/AIDS movement will not have taken its present form. In Indonesia, with its lack of a strong figure to lead the changes, a weak state, and the pervasive Islamic discourse, it may take a while to be able to create a country without discrimination. However, with the continuous efforts by organizations such as IAC, Rumah Cemara and Angsamerah, and the advancement of medical science the goal of these organizations may eventually be reached.

Summary

HIV/AIDS movement in Indonesia is shaped by community based organizations taking actions when the government failed to protect their rights as citizens. My analysis of IAC, Rumah Cemara and Angsamerah demonstrates how these organizations are able to disseminate knowledge about HIV/AIDS and rework the identity of the disease and the people living with the disease through their activism. Central to their movement is the goal to eliminate or at least reduce stigma and discrimination that impede HIV/AIDS prevention and treatment.

Each representative of the organization, whom I interviewed earlier this year, defined stigma as a negative label given to HIV positive people, while discrimination is an action based on the stigma. According to my respondents, not all stigma unfold into discrimination. Since stigma is all about perception, it is harder to manage than discrimination. Moreover, it is the task of the government to protect its citizens from being discriminated.

When the government is not performing its task, the three organizations decided to take actions. IAC was established to ensure greater participation by PLWHA at the policy design and decision making level. Rumah Cemara was built to provide support and care to IDUs and PLWHA. While Miriam founded Angsamerah because she has always wanted to build a reproductive health clinic that does not discriminate HIV positive people, homosexuals, sex workers and single women who are seeking for a reproductive health care.

IAC sees the need to hold every stakeholder accountable for their involvement in HIV/AIDS programs in Indonesia so that programs are run effectively and with the goal to improve PLWHA quality of life. It also sees the need for public to have a space to learn about HIV/AIDS

and to engage in a conversation with people from different background and knowledge about the disease. With that in mind, IAC created OBS.

In addition to providing care and support for IDUs and PLWHA in West Java, Rumah Cemara also organized sports and arts events. These events are used to disseminate knowledge about HIV/AIDS and to introduce PLWHA to the public. Heru, one of the founder of Rumah Cemara, believes that how a message is delivered is equally important as the content of the message. He criticizes the public service messages designed by NAC that are far from appealing. According to Heru, Indonesian society will be interested to know more about HIV/AIDS when it is introduced via an activity they know well and enjoy. Sports and music became the vehicle for Rumah Cemara to introduce the issue to the public, and to let them know that PLWHA are the same as regular citizens who are able to contribute to the society.

Their activities to reduce stigma and discrimination show that they do not use pity nor piety as what NU has been using to frame the disease. By showing their productivity and their ability to create changes from the inside as well as the outside of the system, the three organizations strive to rework the identity of HIV/AIDS and the people living with the disease.

CHAPTER VI

CONCLUSIONS AND RECOMMEDATIONS

The Knowledge Production of HIV/AIDS

This project began with my interest in understanding the knowledge production of HIV/AIDS in Indonesia. The interest is triggered by multiple conversations I had with friends and members of my extended family, who upon hearing that my dissertation research is about HIV/AIDS in Indonesia began to either ask a few questions or share their knowledge about the disease. "Is it true that you can contract it through a mosquito bite?" "I heard that you can get it from toilet seat. That's pretty scary." "After I heard that you can get HIV from having a pedicure, I now choose my pedicure place carefully. I only go to the ones that look really clean." The lack of information was surprising. They were well educated and they had access to information, which led me to assume that they would have known better. I forgot that I too was like them. I did not know much about HIV/AIDS until I began doing research about the disease.

This lack of knowledge about HIV/AIDS triggered me to begin examining one of the most trusted sources of information for many Indonesians: the newspaper, or more specifically, Kompas newspaper. The daily news has the social standing similar to that of the New York Times. Most importantly, when the disease started to appear on the public discourse in the early 1980s, Kompas was around and had a high circulation number. It continues to be a trusted source of information even though its readerships have decreased significantly since the 1980s. In the summer of 2010, I went to Kompas research center in Jakarta, Indonesia, to start browsing through its archive and reading news about the disease from 1983 to 2010.

The articles showed a gradual shift in the framing of HIV/AIDS news from the beginning of the epidemic to the present. What started as an unknown deadly disease has morphed into a manageable disease similar to other chronic diseases such as diabetes, which needs to be continuously monitored and managed with medications. When AIDS first appeared in the newspaper in 1983, it was described as a foreign disease and it was mostly rampant in a very specific group of people like the homosexuals, the sex workers or the IDUs. Then the deadly disease was found in the country leading to panic and terror. When the early ART was available and people stopped dying so quickly, the news on AIDS gradually changed but it no longer had the same news value as when AIDS first came to the public.

The second phase of the epidemic began when the disease was no longer affecting a specific group of people, but has shifted to the public (Singhal and Rogers 2003). In Indonesia, it started when the rate of HIV increased among housewives and children. A more empathetic approach was used to frame these new cases; one that evoke a sense of pity toward the "innocent housewives" who became victims of their husbands' infidelity. Slowly, more empowering stories on HIV started to appear on the news when PLWHA created events, which attracted public attention, such as forming a soccer group and competing at the Homeless World Cup. Other than the occasional stories on PLWHA activisms, stories about HIV would only receive greater attention during International AIDS day on December 1.

Ferry, my respondent and the director of a local community based organization called IAC, told me during an interview earlier this year that based on the most recent survey conducted by the Jakarta government, only 18% of the people they surveyed was able to answer correctly the modes of transmission for HIV. Most of them failed when it comes to mosquito bites, said Ferry.

My early findings on the production of knowledge about the disease encouraged me to go to the field and asked who are the actors involved in producing knowledge on HIV/AIDS in Indonesia? What kind of knowledge do they produce and how do they produce it? And a separate but related question, why is it that HIV/AIDS, despite the large funding that it attracts and the increasing rate of new infections, has never had a large scale prevention campaign in the country?

In media studies, a political economy approach to media and culture centers more on the production and distribution of culture than on interpreting texts of studying audiences. Following this logic, choosing a political economy approach in examining the knowledge production of HIV/AIDS in Indonesia might have been a more likely approach. However, I chose not to pursue the approach because I am more interested in looking at the actor's agency in producing HIV/AIDS knowledge in Indonesia.

This idea may seem counterintuitive, especially since I started my project with the claim that despite the changes in news on HIV/AIDS, stigma still persists. Yet, what I came to realize is that the meaning and sense of agency cannot be fixed in advance. It needs to emerge through an analysis of the particular concepts that enable specific modes of being, responsibility, and effectivity (Mahmood 2005: 15). Viewed this way, what may appear to be a case of passivity and docility from a progressivist point of view, may actually be a form of agency –but one that can only be understood from within the discourses and structures of subordination that create the conditions of its enactment. Mahmood's project on the politics of piety in Egypt came to be because of Foucault's theory of power and knowledge. Both Mahmood and Foucault's theory, as seen in this dissertation, shaped my way of looking at HIV/AIDS knowledge production in Indonesia and enabled me to write this dissertation. In parts where I found a different theory explains a situation better, I used it to provide a more comprehensive analysis of the situation.

I started this project to contribute to the study of stigma and discrimination in Indonesia. This dissertation offers an analysis of how the Islamic piety movement in Indonesia enables Indonesian citizens to make meanings of HIV/AIDS. Most studies about HIV/AIDS in Indonesia disregard the role that religion has in producing knowledge about the disease and see it as just a morality issue. This study shows that in order to understand HIV/AIDS in Indonesia, it is necessary to look back at the history of the nation, its culture, the role of religion, specifically Islam, in shaping the public discourse, and the role of the HIV/AIDS community, who are directly affected by the disease. Without understanding all of this components and how they intersect, it would be a challenging task to address the HIV/AIDS related stigma and discrimination in the country.

The Challenge of the Broadcast Guidelines and Regulations

In Chapter III, I analyzed the role of KPI and the Broadcast Guidelines and Regulations in affecting HIV/AIDS prevention campaign in Indonesia. When KPI as the result of the Reformation was established, it was seen as the victory symbol of civil society's success in promoting free and independent media as well as advancing the public interest. However, what we would see later was actually an example of Foucault's paradox of subjectivation. What I meant by this is that even though KPI is perceived as free and independent, it is still the product of the existing operations of power, thus its capacity to imagine a just and free broadcasting system is still limited within specific relations of the dominant ideology.

This is especially true because though as an institution KPI may seem free and independent, their members are actually appointed by the Parliament, which as an institutional body still carries the trainings and education of the New Order era. A consequence of this paradox of subjectivation

is a broadcasting guideline that complies with Pancasila and Muslim aspirations and aims to build a devout and pious society. The effects of this guideline to HIV/AIDS prevention are significant.

After analyzing the communication policies in Indonesia, I compare it with the ones in Thailand to show how big of a difference communication policies can make in reducing the rate of new infections and stigma about the disease as well as increasing knowledge about HIV/AIDS. It was estimated that around 200,000 HIV infections would have occurred from 1993 to 2000 in Thailand had it not been for the national prevention campaign initiated by Viravaidya with the full support of Panyarachun and the Military Generals. Viravaidya's success was perhaps most importantly due to his ability to institutionalize the AIDS control program by building political will and a continuing commitment to eradicating the epidemic. His role in Thailand's prevention activities is key, but the country's success entailed much more, including the participation of countless other government officials, NGO's and an entire nation that was willing to act.

For Indonesia to follow the success of Thailand, there is a lot that need to be done. First, the country needs a leading figure like Viravaidya who has a position of political power and who is willing to put in a tremendous effort to reduce the number of new infections, create a successful prevention campaign and ensure free access to HIV/AIDS medications. Second, his/her actions need to have a total support from the government, particularly from the President as the head of the nation, and also from his/her cabinet. Third, the efforts to eradicate new HIV/AIDS infections should be framed beyond the discourse of morality and away from the Islamic piety discourse. This, no doubt, is a difficult homework for the country, but one that I strongly believe is visible.

The Global Fund Funding for Nahdlatul Ulama

In Chapter IV, my analysis focused on the Global Fund funding for Nahdlatul Ulama (NU) in Indonesia. The Global Fund began providing grant to faith-based organizations in 2012 by bringing in NU as a Principal Recipient (PR). The fund allocated for NU was close to US$13 million. GFATM's decision to approve funding for NU as a PR is a strategic one because NU has around 50 million members in the country. Moreover, as a Muslim organization founded in 1926, NU has a long tradition and a strong presence among the Indonesian *umat*. Thus, NU's involvement in HIV/AIDS outreach and prevention programs is expected to carry enormous weight in Indonesia and help reframe the negative discourse associated with the disease.

In my analysis of NU's work in reframing the disease, I found that though it may appear that NU is promoting inclusivity and eliminating stigma, the HIV/AIDS knowledge it produces leaves room to generate a different kind of stigma. By preferring one mode of transmission, which is through heterosexual intercourse within a marital institution, over the other, NU continues to stigmatize PLWHA. Moreover, by continuously framing HIV/AIDS within the Islamic piety discourse, NU exhibits what Foucault calls the paradox of subjectivication, which shows how its capacity to imagine HIV as a disease is contained within specific relations of its dominant ideology. In other words, it is hard for members of NU to imagine HIV outside the Islamic discourse that creates their reality.

Furthermore, I argue that it is important to look at this issue not only from a Foucauldian perspective, but also to take into account Bourdieu's theory of power. Bourdieu perceives power as accumulable through the act of accumulation of the four different forms of capitals (economic, cultural, social and symbolic). In NU's case, the organization was able to maintain its social capital

as a Muslim organization while gaining economic capital by framing the disease in a manner that is acceptable by the *umat*.

While I understand the importance of framing HIV/AIDS within the Islamic discourse for NU and its *umat*, I strongly believe there are other possible narratives that can be used to reframe HIV/AIDS. I am referring to narratives that can reframe "the sinful disease" to another identity more acceptable among the Muslim community in Indonesia. One case study in Nigeria (Balogun 2010), for example, showed how the availability of ART helped change the discourse of the disease. In the most populous country in Africa with around half of the population being Muslims, ART is perceived as a medicine that God has sent, while God's 'cure' for AIDS has yet to be discovered through 'divine inspiration' (Dilger, Burchardt, van Dijk 2010). The ideological recognition that since everything comes from Allah, the divine will also send a cure for every disease has led to a more positive view of HIV/AIDS and PLWHA. According to Balogun (2010), this framework was endorsed by Nigerian Islamic scholars and intellectuals and disseminated to the public.

With the free access to ART in Indonesia, it is possible for NU to reframe its message on the disease to be more in line with Nigeria's message. Seeing ART as God's way to help the *umat* will allow Indonesian Muslims to negotiate their understanding of the disease and to step away from perceiving HIV/AIDS as God's punishment to the sinners. Moreover, this framework is based on the concept of compassion and justice, which as some Muslim scholars would argue is the essence of the teachings of Islam. Nigeria's way to reframe the disease within the Islamic discourse provides an example that it is indeed possible to rework the identity of HIV/AIDS within the larger discourse on morality.

For NU to be able to reframe the disease and to disseminate the new knowledge about HIV/AIDS to the public, it needs to be supported not only by its own community, but also by other stakeholders such as the government, National AIDS Commission, health experts, HIV/AIDS activists, intellectuals, journalists and many others that possess the capacity to reshape the story of the disease. More importantly, the effort needs to be supported by the largest donor to fight AIDS, which possesses the economic capital to help change the story of HIV/AIDS in Indonesia.

Pisani (2009), whose book discussed the dynamics between the international donors, the Indonesian government and the civil society in the face of HIV/AIDS epidemic, strongly criticized the lack of demand from the donors to ensure the effectiveness of their grants, which led to "a colossal waste of taxpayers' money" (273). In the case of the Global Fund and NU, I believe it is important for GFATM to hold NU accountable for its involvement in HIV/AIDS outreach and prevention programs by asking NU to reformulate its message on HIV/AIDS and to work with the *umat* on the ground instead of asking other organizations to do the work. Otherwise, the Global Fund will continue to support an ineffective program that reaffirm the existing stigma.

Reworking the HIV Positive Identity

In the last chapter of analysis, I interviewed the people behind three institutions based in Bandung and Jakarta, Indonesia. Rumah Cemara and Indonesia AIDS Coalition (IAC) are community based organizations comprised mostly of HIV positive people, while Angsa Merah is a private reproductive health clinic. All of them actively rework the meaning of the disease and being HIV positive in order to eliminate stigma and discrimination.

My analysis of IAC, Rumah Cemara and Angsamerah demonstrates how these organizations are able to disseminate knowledge about HIV/AIDS and rework the identity of the

disease and the people infected by it through their activism. Central to their movement is the goal to eliminate or at least to reduce stigma and discrimination, which hinder HIV/AIDS prevention and treatment.

Each representative of the organization, whom I interviewed in January and early February 2015, defined stigma as a negative label given to HIV positive people, while discrimination is an action based on the stigma. According to my respondents, not all stigma unfold to discrimination. Since stigma is all about perception, it is harder to manage than discrimination. Moreover, it is the task of the government to protect its citizens from being discriminated.

When the government is not performing its task, the three organizations decided to take actions. IAC was established to ensure greater participation by PLWHA at the policy design and decision making level. Rumah Cemara was built to provide support and care to IDUs and PLWHA. While Miriam founded Angsamerah because she has always wanted to build a reproductive health clinic that does not discriminate HIV positive people, homosexuals, sex workers and single women who are seeking for a reproductive health care.

IAC sees the need to hold every stakeholder accountable for their involvement in HIV/AIDS programs in Indonesia so that programs are run effectively and with the goal to improve PLWHA quality of life. It also sees the need for public to have a space to learn about HIV/AIDS and to engage in a conversation with people from different background and knowledge about the disease. With that in mind, IAC created OBS.

In addition to providing care and support for IDUs and PLWHA in West Java, Rumah Cemara also organized sports and arts events. These events are used to disseminate knowledge about HIV/AIDS and to introduce PLWHA to the public. Heru, one of the founder of Rumah Cemara, believes that how a message is delivered is equally important as the content of the

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As I am writing the conclusion for my dissertation, I heard news from Indonesia that many HIV activists who are seropositive are struggling with the side effects of their HIV medications. Some have developed liver failure, while others have been struggling with symptoms of kidney failure. With the increasing number of activists who are struggling with health issues, the amount of pressure for the government to take actions by providing access to better HIV medications and Hepatitis C medications escalate. However, the response from the government has not been too promising. With numerous other pressing issues that the health department needs to take care, HIV/AIDS related issues are not a top priority.

"It is our job to have our voice heard and to make sure that the Ministry of Health will listen to our urgent needs and take actions," said Ferry. However, with the persisting lack of understanding about the current development of HIV/AIDS on the decision makers' side and the tendency to perceive the disease as a moral issue, the struggle becomes repetitive and tiresome. For the HIV/AIDS activists, this is a challenge that they are willing to take because being silent means letting their lives be in peril.

This research is significant for me personally because it enables me to demonstrate how Islamic Piety is indeed the discourse that enables the HIV/AIDS production of knowledge in Indonesia. By showing how each institution exerts their agency within the existing power relations and analyzed the meanings produced through the relations, this work reflects the need to continue to theorize the intersection between religion and HIV/AIDS discourse production in Indonesia and to look at it as a complex and dynamic process in which cultural, social, economic and historical factors influenced one another.

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