God’s curse and hysteria: women’s narratives of AIDS in Manokwari, West Papua

Sarah Richards

Centre for the Study of Health and Society, University of Melbourne, Australia

SUMMARY

This article describes the ways in which women in the coastal Papuan (Indonesian) town of Manokwari understand and represent HIV (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome). Having employed focus group interviewing and other qualitative research methods during long-term fieldwork conducted in Manokwari, I argue that my subjects frame ideas about disease aetiology less in biomedical terms and more through a Christian worldview. AIDS is understood to be a fatal ‘disease’ (not disease syndrome) that is sent ultimately from God but that was recently brought to Papua by outsiders to the west. It is thought that people most likely to become afflicted with AIDS are those who breach Christian codes of conduct. In particular, women who sell sex, not homosexuals, not men who buy sex from women and not intravenous drug users, are attributed with having the greatest chance of suffering from and transmitting HIV. Even though Manokwari women discussed HIV and the aetiology of AIDS in moral terms, and even though they do not regard themselves as sinful, they nevertheless fear ‘catching’ AIDS, even though this is physically impossible. This fear motivates the scape-goating of female sex workers and the exhibition by community members of distancing behaviours toward people who display clinical symptoms of AIDS.

Introduction

In Manokwari, in Papua (or West Papua), Indonesia, AIDS (acquired immune deficiency syndrome) is considered to be many things. It is a curse from God (kutukan Tuhan), a highly contagious disease, something to be entertained by, a public menace that requires vigilante measures to be taken against it, and a metaphor through which to judge and influence behaviour. In what follows, I will elaborate upon these and other dimensions by exploring Manokwari women’s narratives about HIV (human immunodeficiency virus) and about AIDS, a disease syndrome that, in the ethnographic spirit of this article, will be referred to by the locally used term AIDS. Only three women I interviewed distinguished between HIV and AIDS, stating variations of ‘they are almost the same thing’. No subjects distinguished between the virus (HIV) and its effects (AIDS), indicating that the clustered set of symptoms is the disease called ‘AIDS’ (penyakit AIDS). By focusing on the cultural dimensions of AIDS, this article contributes to research about the ways in which official biomedical definitions travel, in ‘Chinese whisper’ fashion, to the peripheries of the world system, becoming in the process inflected with power relations and communal affect (1-4).

AIDS is always far more than a disease syndrome. It is also an industry that facilitates a proliferation of meanings. Any truth claims produced in laboratories about AIDS are filtered through a complex network of...
relations between donor agencies, organizations and personalities who operate with and under different purposes, motives and constraints, and who seek to uphold certain moralities. Scientifically endorsed information is replete with gaps and inconsistencies, for example, that there is in fact an ‘AIDS test’, and that bisexual men belong to the ‘homosexual’ but not also ‘heterosexual’ category of conventional epidemiology. Knowledge about AIDS is processed through pre-existing cultural frameworks, but then is also reconstructed in local settings in light of the construction and dissemination of biomedically based ideas.

It is important to look at the process by which AIDS comes to be understood in different regions of the world because meanings mediate between information and action and are thus central to a consideration of intervention programs. Lifestyles are not individually chosen and people are embedded in communities that affect (and sometimes effect) their thought and behaviour. This paper is far more greatly concerned with the ways in which cultural frameworks shape the meanings of AIDS than with the ways in which biomedical middlemen (ie, media spokespersons, non-government organization workers, Department of Health staff) create the preconditions for imagining AIDS in particular ways. This latter issue is explored in an upcoming paper by Leslie Butt (5), another cultural anthropologist who works in Papua.

All the women whom I interviewed were educated and had acquired information about AIDS from reputable sources. Nevertheless, no-one held the biomedical view that HIV can only be transmitted through contact with infected blood and body fluids as all interviewees were certain that one could ‘catch’ AIDS through mere physical proximity to a sufferer. The fear that AIDS was highly contagious was itself highly contagious, and to reduce anxiety the women held firm ideas about how you could get and avoid AIDS. I was told that AIDS is inflicted upon those who deviate from church-sanctioned sexual behaviour. Consistent with this logic, it was thought that to prevent AIDS one must follow the blueprint for Christian sexual expression or at least come to know the physical and moral health of a potential lover. Female sex workers are considered to deviate the most from ideal Christian behaviour and are accordingly blamed for the spread of AIDS. Aside from being morally righteous, the study participants believed that one can avoid getting AIDS by not sharing the social space of or use any object used by a person sick with it. In other words, concern about contagion led to clear social and physical boundaries being erected around suspected carriers and between them and the putatively uninfected.

The paper begins by discussing briefly the location of my research, the sources of the data, the people interviewed and the sources of information about AIDS to which they had access. The ways in which AIDS is culturally constructed by Manokwari women in terms of ultimate versus proximate causes, modes of HIV transmission and the syndrome’s effects on the body are described. I then consider the implications of these aetiological assumptions for prevention and cure. A story told by a housewife about a relative who is said to have died of AIDS leads into the second part of the paper, which explores the twin concerns of fear of AIDS and the moral castigation of sex workers. These metaphysical concerns will be considered in light of the voices of the women interviewed, none of whom are known to be HIV antibody positive or to engage in monetized sexual exchanges.

**AIDS on the horizon: site, subjects and sources of information**

The century-old town of Manokwari is located on the northeast coast of the Bird’s Head peninsula in Papua. Papua, or West Papua, was formerly known as Irian Jaya; in 2001 the then President of Indonesia, Abduhraman Wahid, changed the name to Papua as a gesture of goodwill towards the
Papuans, who desire greater political control of their land. Just over a year ago, however, the national government split Papua into three provinces, an act that was not recognized by many local officials and that has unleashed many political tensions. In conformity with local usage, the term ‘Papua’ will be used throughout this paper, and should not be confused with the former colonial administrative unit of the same name in now independent Papua New Guinea.

Manokwari has about 50,000 inhabitants (6). This population ebbs and flows between villages and other towns in Papua and beyond, a dynamic that is embodied in people on the streets who are coloured all shades of brown and whose hair can be both straight and exhibit all degrees of kink. Manokwari is a pretty town built at the foot of a foliage-covered hill that leads to a clear blue inlet, with the Arfak mountain range providing a majestic backdrop.

Official estimates are that Manokwari contains no more than 1% of Papua’s total number of HIV-antibody-positive cases. At the time of writing this article, there are no reliable figures for mortality from AIDS (7). Such estimates as there are are dubious considering that Papua is a region limited in the resources necessary for generating reliable health data. For instance, the health workers who are expected to collect and report statistics are poorly trained, receive a low wage and so, not surprisingly, lack motivation to undertake ‘extra’ work such as statistical reporting. Considering that estimates of HIV antibody seropositivity are usually conservative, and that there is a high degree of mobility of people between Manokwari and other towns in which estimates of HIV and AIDS are higher, such as Timika, Merauke and Jayapura, it is reasonable to assume that the actual figures for Manokwari are somewhat higher than reported.

Manokwari exhibits the same kind of cultural and demographic conditions as do other Papuan towns in which there is a higher rate of seroprevalence. Like all towns in Papua, in-migration from both outside and inside the province is on the rise, challenging the capacity of local infrastructure as well as altering existing sexual ideals and practices and perhaps creating them anew. As Gilbert Herdt (8:3) notes, “as people migrate, the rules of sexual behaviour change, opening new avenues for sexual encounter, but also exposing the person to enhanced risk of HIV and STDs”. Despite the real threat of social disruption, insensitivity exhibited by the Indonesian government toward Papuan moralities (9) has blunted its approach to the AIDS issue’. While there is a thriving non-government organization (NGO) scene in Manokwari, there are no NGO workers in Manokwari to date who are targeting HIV/AIDS.

The women whom I interviewed had all heard about AIDS from formal sources such as books, newspapers, magazines and television, and had heard stories told to them informally by their local pastors, friends, relatives and teachers at high school. Some had seen a film that belonged to a visiting preacher about a little Javanese boy who was forbidden to play with a boy next door who had AIDS. The little boy defied his horrified parents by playing with, hugging and sometimes even sharing a bed with his sick friend. The moral of this story, that AIDS is neither contagious nor spread by touch, was not lost on the viewers but, as we will see, this idea was incompletely internalized. While Church sermons and a single government-sponsored billboard that reads ‘Stop AIDS spreading’ is the nearest thing to AIDS activism in Manokwari, the Civil Servant Wives’ Association (Dharma Wanita) did organize, together with the Department of Health, an AIDS awareness night which many of my respondents attended. In the words of one 40-year-old woman:

“That night, many people turned up. Young, old, straight haired, frizzy haired, we all wanted to learn about this thing called AIDS. I guess because we felt scared. A man projected the facts onto
the wall. The machine he used was really high tech and good and we were all able to know about AIDS."

Aside from all being related to a male civil servant the heterogenous mix of women attending this event were united by their fear of AIDS.

During the 32 months' worth of participant-observation conducted in Papua, I interviewed structured focus groups, 9 of which are reported here. 35 coastal Papuan women between the ages of 14 (admittedly young women) and 55 were recruited by means of 'snowball' sampling, including 3 junior high and 5 senior high school students, 3 nurses, 6 wives of civil servants, 5 unmarried women in their mid-twenties, 3 university students, 3 university-educated NGO workers, 5 elderly women and 2 wives of preachers. All women had either graduated from or were attending high school, were either first- or second-generation Manokwarian and identified strongly as orang kota (city people). Nevertheless, they proudly claimed links to their villages of origin. For most of them, such villages were located on the eastern islands of Biak or Numfor, although some women said their parents and grandparents had come from other areas around the Cenderawasih Bay.

All women relied on cash for their livelihood, and all but 5 had access to money via a relative's monthly government paycheck. For those who could not solely depend upon the wage of a relative in the civil service, money could be generated by selling cakes they had baked, fish they had caught and chickens (and less often dogs) they and other family members had raised. 2 of the women sold vegetables and betel nut grown by and bought from women in local villages. All women regularly attended church, they did not smoke tobacco or drink alcohol, and only the elderly women maintained small vegetable gardens.

The informants displayed remarkable uniformity in their interests, pleasures, aspirations and moralities. For example, they all honoured the ideal that sexual relations should only take place within normative heterosexual marriage. As 16 of the 18 unmarried interviewees claimed virgin status, it can be assumed this ideal is more or less upheld. The importance of virginity was explained to me by 17-year-old Shelley:

“We women have to stay sweet and can’t have sex before we get married because people will talk, they will say, ‘see that girl over there, she plays with whoever’, and then no-one will want you. It’s hard to find someone who is willing to marry you if you are not a virgin.”

The two non-virgins claimed no more than two partners and, like the married respondents, saw themselves as being at low risk of contracting HIV. Unfortunately, this subjective state is at odds with epidemiological findings insofar as monogamy (at least for women) can be quite dangerous (10). One estimate has it that perhaps half of all HIV-antibody-positive women in Africa have been infected by their husbands (11).

Notwithstanding the sizeable number of Islamic Papuans, Christianity is pivotal to Papuan identities, worldviews, social networks and group activities. The particularities of local history have shaped the salience of Christianity in the lives of the study participants. Following the incorporation of this region into the Indonesian nation-state, Christian identities have been central to expression of Papuan unity in the face of the Islamic majority. Moreover, by giving priority to spiritual over political concerns, the church has been an important vehicle in promoting tolerance, patience and peace amongst people who want more control in the region's economic development and who pray for less violence meted out by agents of the nation-state. In Manokwari, Christian identities are especially potent since in 1852 Mansinam Island, only a few minutes' ride away by outrigger canoe,
became the inaugural mission post in New Guinea. Annually, the island hosts a special event that dramatizes how they came to be the ones to first receive the Word and celebrates the belief that they are the most Christian people in Papua. This belief is not limited to local people, as people from Jayapura and Sorong have also expressed the notion that Manokwari is less morally degenerate than where they are from, and several of my friends in Manokwari house teenagers from elsewhere whose parents want to spare them from the drunkenness, truancy from school and prostitution they believe are more prevalent in other towns. The primacy of Christianity in people’s ideal and lived worlds has profound implications for this research as it is the framework through which risk of AIDS is perceived and knowledge of AIDS is constructed.

The horror of AIDS: modes of transmission, origins, clinical symptoms and cure

Representations of AIDS are always fashioned from cultural specificities that call certain features into salience. In Manokwari, AIDS (not HIV) is considered a new ‘disease’ (penyakit) that kills one quickly. Everyone except the junior high school girls told me that a baby can become infected while in the womb if their mother has AIDS (that is, not HIV). More commonly, people were thought likely to ‘get AIDS’ if they had sex with someone who was infected with HIV, or if they got an injection from a needle or had nicked themselves with a tainted razor used by someone who had AIDS. Five of the women who had attended the above-mentioned HIV/AIDS awareness night stated: “For example, say I have AIDS and we rub sores together, then you get AIDS”.

Transmission is also believed to be possible outside contact with infected blood or other body fluids. A junior high school girl expressed a popular belief when she said: “AIDS can spread if you use something someone with AIDS used, like wearing a shirt, or sitting on a chair, or eating from a plate or sleeping on a mattress that a sick person used”. Opinion was divided about whether mere breath could carry AIDS from those infected with HIV to those uninfected. While all the women had heard this idea, only half believed it to be true. Health workers thought the idea of catching AIDS via breath was going too far, but nevertheless believed that it was possible to contract AIDS if one were coughed on or kissed by a person infected with HIV.

One respondent thought AIDS had come from Papua New Guinea while the rest thought it had spread throughout Papua via HIV-infected male outsiders who had had sex with females prostituted in Merauke. 29 women believed these men to have come from cities such as Jakarta and Makasar and the remaining 5 were certain that Koreans, Thai or Dutch entrepreneurs had brought it to their shores. Unlike the Haitians that Farmer (3) lived amongst or the Papuans (9,12) that Butt interviewed, Manokwari women did not assume conscious agency or conspiracy and laughed at the suggestion that AIDS was somehow man-made. Yet still, it is apparent that the threat of AIDS aggravates ill feelings towards the nation-state because, along with poor migrant Indonesians, inferior-quality goods and other diseases, it is yet another import that is felt to threaten social well-being.

Only 7 subjects could explain how AIDS operated at a somatic level. They mentioned that a germ (kuman) gets into one’s red, and specifically not white, blood. According to local beliefs, red blood circulates all around one’s body and is considered to be a source of one’s strength. White blood, on the other hand, circulates from the womb upwards and is connected to reproduction and mental health. When a womb is not ‘clean’ because of infection or childbirth, white blood is thought to rush to one’s head, making one crazy. AIDS does not make one crazy, just lacking in passion for life, an observation that captures the way that the virus, over time, drains energy from the patient.
In contrast to the sparseness and brevity of physiological descriptions of AIDS, all respondents spoke passionately about the physical suffering it represented. In one sense this is not surprising, considering that people can only 'know' AIDS through eye-witnessing such. However, the morbid pleasures the respondents gained from describing and listening to accounts of how AIDS makes bodies degenerate belied the entertainment value these stories gave my respondents. It was as if stories about people suffering AIDS drew symbolic material from the scripts of horror films, which is plausible when we consider that horror is the most popular genre of film amongst my respondents and horror classics such as *Ghost Ship* and *Friday the 13th* are rented repeatedly and watched with rapt nervousness. Stories about AIDS, like the plots of horror movies, titillate listeners through creating tension between belief and disbelief.

I was told that people who had AIDS suffered from fever, from rolled back and sunken eyes, from scabbed yellow skin and/or ulcers and from open sores that oozed green pus or else became covered with white fungus. One woman related how a man dying of AIDS had visited her preacher-father to receive prayers from him and when her father came home, her family members were overwhelmed by the stench: “AIDS got into his shirt and mum screamed that he had to take his shirt off and throw it outside. The AIDS must have really got into his shirt though, because even after soaking the shirt for days, it still smelt”. Of the myriad evocative details elicited, the one constant was that people who have AIDS become skeletal (*tulang saja*). Lacking in passion, they felt no desire to eat and/or could not eat because the sores in their mouth or cracked lips made eating too painful. While weight loss features as a sign of AIDS in scientific and clinical literature, seeing the outline of bones through skin has particular cultural currency in Manokwari.

Despite the availability of Javanese television programs and magazines aimed at a female audience, local ideals of beauty are nevertheless far removed from the impossibly thin 'modern' look. As in many parts of the world outside Euro-America, Papuans hold a plump body as the aesthetic ideal, symbolic of fertility, prosperity and good fortune (13). I once asked an older woman if she was proud of her daughter. “Of course I am”, she replied, “She’s fat”. Even fashion-conscious younger respondents prefer a curvy to a waif look and the only cosmetic surgery known to them is an injection that makes larger buttocks, thighs and breasts. The deathly thin 'AIDS sufferer' is the acute inverse of the aesthetic and social ideal and a message about God’s power against the wayward.

Aside from one woman who had heard that there were Chinese doctors who had a miraculous herbal remedy, others apprehensively said that there is no cure for AIDS. An older informant said “AIDS, it is a wicked (*jahat*) disease. It can’t be treated with medicine”. The gravity of this realization cannot be overstressed. Papuans in Manokwari have little to no faith in their body’s ability to fight disease but do have a great deal of faith in both western and traditional medicines. It may not be treatable by medicine but the respondents believed that it may be treated by prayer since as God can inflict AIDS upon someone, God is thought also to have the power to cure. The Pentecostals are believed to have a superior ability to cure and non-Pentecostal pastors and priests are known to send people displaying symptoms of AIDS to them. In the words of the wife of a (non-Pentecostal) preacher, “And God spoke to Daniel and told Daniel here is a plant for Papuan people to cure their AIDS. And He showed Daniel the way”. Daniel is a charismatic Pentecostal preacher who urges HIV-infected people who come to him to reveal and repent their sins and then pray before they drink the water in which the (unidentified) plant has been steeped. Unlike in New Ireland Province (1) and Botswana (14), church leaders in Manokwari use herbs more than holy water.
in curing rituals. Combining prayer with the ingestion of medicine has been a common practice at least since missionaries first arrived. Like Richard Eves (1) found in the context of the Lelet Pentecostals in New Ireland Province, revealing sin is an important component of the curing ritual. However, unlike the Lelet, in Manokwari AIDS is understood within a moral more than an apocalyptic framework.

The cultural meaning of affliction and the moral logic of prevention

Manokwari women understand AIDS as being caused by and related to two generally unseen phenomena – microbes and sex – that are unified and controlled by the agency of a higher force: the Christian God. Of the 17 people in town believed to ‘have AIDS’, 3 were ‘innocent children’, while the other 14 had each transgressed the boundaries of legitimate sex, that is, sex between two people whose union has been blessed in a church and who are loyal to God and faithful to each other. While sex within marriage is the moral norm in most, if not all, parts of the world, Papuan women in Manokwari especially pride themselves on sexual loyalty to their husbands and chastity prior to marriage. When a woman does fall pregnant outside marriage, much social effort is channelled into redressing this ‘problem’ and an ideal outcome is to see the woman become a wife before she becomes a mother. Timing of the wedding is less important than the wedding itself and local salons regularly rent special bridal gowns for women who are in their last trimester of pregnancy. Parents who are unmarried get a second chance to have their sexual behaviour symbolically sanctioned by attending the mass wedding services held every few months by the churches in town. As Levi-Strauss might have said, ‘raw’ sexuality that has been ‘cooked’ by a wedding and contained within monogamous marriage is Godly.

Given the moral framework in which Manokwarians cognize AIDS, the only prophylaxis for AIDS is sexual abstinence or, if married, practising ‘righteous’ sex, however difficult this ideal may be to live up to. Younger, unmarried respondents said that if one is to have non-marital sex, one must at least have it with the ‘right’ kind of person and this can be determined by inspecting his or her physical and moral condition. In the words of a 24-year-old, unmarried vegetable seller:

“If you really like someone then you have to look out. You need to have a good look at their skin and find out what kind of a person they are, do they just play with women? You have to look out for men that smell bad, you know, because they don’t wash. AIDS makes your body uncomfortable and so it feels awful to wash.”

Maintaining good personal hygiene and having faith in your partner’s fidelity figure highly in ideas about preventing AIDS in many parts of the world, especially Papua New Guinea (15). In contrast to the findings of Butt et al. (9), the Papuan respondents in this study had a high level of awareness about condoms and knew that they could help prevent STDs but no-one would dare consider using them because they were tidak enak (not comfortable). Reducing sexual sensation may be the conscious reason for the unpopular status of condoms but in a place where AIDS is seen as the mark of sin, to request a condom is to question, if not attack, the moral character of one’s lover. Aside from, but related to, the idea that condoms are seldom used between ‘trusting’ lovers is the notion that in Papua, where people conceptually link children to clan strength, condoms are antithetical to highly valued reproductive aims (16).

The personalistic view of God as the ultimate cause of AIDS is remarkably resilient considering that people also believe that AIDS can be ‘caught’ by being in the wrong place at the wrong time. Cognitive dissonance between personalistic and fatalistic outlooks was reduced somewhat through distinguishing between people who
get 'struck by' (kena) and spread (menyular) AIDS, and people who 'catch' it (dapat) from these spreaders. The path of transmission was commonly thought to travel from promiscuous women to wealthy men (bos bos) who cari di luar, literally, 'search outside (marriage)', and then go on to infect their wives and, due to its perceived highly contagious nature, their children too. In this moral hierarchy, 'innocent' children who have become infected via their immoral father or from dirty blood left on a hospital needle or during a blood transfusion are at the top, while women who sell sexual services are at the bottom. According to this moral logic, several respondents mentioned that the more 'innocent' the infected person, the greater the chance that God will respond to her or his prayers to be cured.

A life of wrongdoing: a tale told about a man who was the victim of God's vengeance

Many themes so far discussed are refracted through the following story that was narrated by a 43-year-old housewife who attended the funeral of the protagonist:

“A relative of mine had AIDS and died a few months ago. He was a rich man high up in the civil service and, although married with children, he liked to take women (bawah cewek). He even went to bars on Sunday instead of going to church. At first we thought he was sick with malaria. We went to visit him at the local hospital and he had fever and aches and pains, just like when you have malaria. Then they took him to Java because they suspected he had AIDS. You know, they've got better machines and doctors in Java for checking. He then came back and we weren't allowed to visit him. We heard that he slept all the time and didn't eat. Those who saw him also said that white fungus had covered his sores and he was skin and bones. When he died we went to his house and cried together – after all, he was family. On the third day we Christian people are supposed to gather at the house of the deceased and pray together to thank God for everything he has provided. But you know, hardly anyone turned up. I went in the morning and helped cook, but by the middle of the day I left and didn't return. Later on I asked how the rest of the day went and the older sister of the man who died told me that ‘hardly anyone came’ as she guessed that they were scared of getting AIDS. She was right. We didn't come because we were scared of getting it from the seat he used to sit in, the plate he used to eat from . . . After he died the hospital staff burned everything that he used in his room, his mattress, chairs, tables, plates, everything. And things in his house were burned too, and the gutters were washed with Bayclean [a brand of bleach]. I heard that his wife and children now also have AIDS, although I think someone told me that his wife is better again now.”

This tale is saturated with moral condemnation of the main character for snubbing good Christian family values. He spent the family income on prostitutes, on the holy day no less, and by directing his desire outwards, he brought a disease in, spreading it to his ‘innocent’ wife and children. While there are many unsettling themes in this tragic story the two most disturbing are that sex workers are the source of AIDS and that community members, including health workers, respond hysterically in the presence of people believed to be suffering from it.

Scape-goating and fear: the driving forces shaping responses to the threat of AIDS

In his book about the ways in which Christians in the USA speak about HIV/AIDS, Palmer (17) argues that it is used to metaphorize boundaries between Christians and others. In Manokwari, Christians also use AIDS to metaphorize boundaries, not between Christians and others but, rather, between righteous and less than righteous Christians. Although my informants knew that anyone, regardless of spiritual
adherence, could get AIDS, they preferred to talk about the Christians they knew or suspected had developed it. As a metaphor, AIDS is invoked to comment on the character and to negotiate the reputation of others within the Christian community. In effect, AIDS-as-metaphor coerces people into acting with moral integrity, and being suspected of ‘carrying’ AIDS is to be suspected of failing expected gendered behaviours and of transgressing normative sexual practices.

Though AIDS is symbolic ammunition fired off to prevent men from visiting sex workers, gendered double standards are apparent as AIDS is more often invoked to comment on a woman’s than a man’s public behaviour. Maria (aged 42), for instance, told me, “They say that she has AIDS but I don’t believe it. She is a good girl, she is always in her house, helps her mum, doesn’t go out much”. On the other hand, Ruth (aged 29) speculated: “I have heard that a Serui woman has caught AIDS. I am not surprised God has done this as she was not content (tenang) in her house, she was always travelling about”. Premenopausal women who travel too much (terlalu banyak jalan jalan) are accused of neglecting their domestic duties and, it is implied, engaging in pre- or extra-marital sex. The line between acceptable degrees of and too much travel is highly contested on the temporary social terrain that questions just how modern can a woman be without becoming in the process un-Christian. Even more than the amount of travel, it is the style in which a woman travels that speaks volumes about her moral-physical health. A woman leaving the house in a halter-neck, or a tight or a low-cut top definitely breaches community tolerance and is likely to be called a ‘bad girl’ (perempuan nakal), the local term for ‘prostitute’.

AIDS is often perceived as rightfully afflicting certain people (18). In Manokwari, the primary people transmitting HIV are not believed to be homosexuals (19), members of a particular ethnic group (3), traditional war enemies (20) or foreign white women (20) but, rather, female sex workers. Sex workers (not their clients) are seen to comprise the highest-risk group insofar as by indulging in and seducing others into immoral sexual activity, they make themselves vulnerable to God’s wrath. Staff at the hospital reiterated that although they are bound ethically not to name names, most people who had AIDS were assuredly ‘bad’ people, such as women who sell themselves (jual diri). Their attitudes reflect the opinion across Papua that sex workers are to blame for the spread of HIV. As the head of an NGO in Timika recently and bluntly stated, “sex workers are spreading the virus” (21). In Agats and Wamena, townspeople have demonstrated to close down brothels and send away their inmates (L. Butt, personal communication). In Wamena, I have heard, women made a pilgrimage from their village to the local parliamentarian’s office at which they slashed themselves with glass to express their outrage at the news that a brothel had been proposed for their village.

Blaming sex workers for the AIDS epidemic has occurred in many places around the world (22). As Holly Wardlow (23) reminds us, in culture areas such as Melanesia, where prostitution is not the oldest profession, moral assumptions about sex work will vary. Wardlow (23) argues that for the Huli in highland Papua New Guinea, the widespread perception of pasinja meri (passenger women/sex workers) as both threatening and despicable is shaped by pre-existing economic templates. As reproduction of the Huli social order still largely depends upon the regulation of the appropriate flow of gifts (such as brideprice) and compensation payments between clans, individuals who exchange sexual services for money undermine the power of those who benefit from the status quo. Wardlow’s structural explanation helps us to understand why sex workers are the nemesis of Papuans, especially in Manokwari, highly value their brideprice economy.

Papuans in Manokwari exorcise the morality of Papuan sex workers more than
the morality of male-to-female transsexuals (waria) who also sell sex and the morality of commercial sex workers from other Indonesian islands who work in the sex bars in town. That they focus their emotional energy on the sexual waywardness of ‘our own’ (kami punya orang) reflects local anxieties about threats to Papuan wellbeing and a Christian way of life. Selling sex, in the words of one 52-year-old respondent, was “the greatest sin” (dosa paling besar) and sex workers, in the words of a university student, “are like the rubbish brought here from Makasar” (the capital city of Sulawesi). Papuan sex workers are thought to degrade communal strength and embody the deleterious social influences that emanate from their morally inferior neighbours to the west. Nevertheless, ambivalence often characterizes these moral judgements about prostitution as half of my respondents pointed out that selling sex was a kind of work, too, and that money is both necessary and difficult to acquire. Although many respondents touched on the idea that selling sexual services may be a logical outcome of women’s structural disadvantage in a marginal economy, they showed little desire to further explore the relations of political and economic power.

Mass stigmatization of prostitutes and fear of catching AIDS are resulting in social hysteria in Manokwari. Some of the schoolgirls thought that the police were after a few people who were on the loose with AIDS. A policeman said that physically confining AIDS carriers is not his job but the job of hospital staff. Health workers confirmed that they did indeed isolate AIDS cases or send them to a special hospital in Jayapura. Perhaps not so ironically, the health workers and the three people who went to the funeral of the AIDS victim most clearly exhibited avoidance behaviours so as not to ‘catch’ AIDS. They believed that it was important to maintain distance from the patient, not to use anything the patient might have used and if one had to enter the patient’s hospital room, to wear very long gloves and masks. Most respondents reported that burning clothing and items used by the sufferer and bleaching surfaces with which the sufferer may have had contact were commonly practised to purge the disease from the community after people die.

Conclusions

Concern about contagion can create dramatic urban myths. The same schoolgirls who heard that the police were chasing AIDS patients were certain there was a mantri (paramedic) giving out fatal injections to those with AIDS (this happened, in fact, in Myanmar [24]). This was the fate of one taxi driver who, the mantri feared, would only spread AIDS if he were allowed to live. Fear of AIDS, Fridja (25) reminds us, has two components: perceived threat and uncertainty about how it occurs and whether or not one will be able to cope. For Papuans in Manokwari, vilifying sex workers contains fear by transforming it into anger and disgust. Even the medical workers who are trained and thus seemingly better equipped to understand bodies as being driven by microscopic forces uphold the local moral logic of HIV and AIDS. It is apparent that people are motivated to be critical of what they hear when it comes to facing death from that which is not visible.

In many respects, the ways my female respondents talked about AIDS resembled the rumour-style narratives that Paul Farmer (3) documented on the brink of the AIDS epidemic in a village in Haiti. Farmer, who documented changing conceptualizations of HIV/AIDS over two decades, found that meanings did not inch towards biomedical truth. It can be predicted that in Manokwari, AIDS is likely to remain a metaphor that creates and sustains hegemonies as well as a spectre increasingly capable of producing deeply felt horror and disrupting modes of thought and being. We can already detect rupture between socio-religious ideals and the ways people engage with AIDS. Constructing AIDS as a social justice issue and as one needing to be taken into the hands of policemen and mantris conflicts with
the belief that the Lord protects his flock. Similarly, phobia about attending the funeral of a family member who has allegedly died of AIDS conflicts with the Christian ideal that families unconditionally stick together in times of suffering. The tension between faith in God’s justness and absolute power; the terror felt by the possibility of ‘catching’ this new killer disease syndrome; and the desire to be proactive in combating it are dialectical ones that will surely lead to new cultural configurations.

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