

Organising AIDS in the borderless world: A case study from the Indonesia–Malaysia–Singapore Growth Triangle¹

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Abstract: *Tropes of borderlessness are pervasive both in discourses concerning the spread of HIV/AIDS and the Growth Triangle, a transnational economic zone that ideally binds together the Indonesian island of Batam, the Malaysian province of Johor and Singapore. This paper considers how the emergence of HIV as a problem in the Growth Triangle, and on Batam in particular, has been framed as a problem to be addressed in context of the nation-state rather than as a transnational problem that demands cooperation across borders. In conjunction with this, it focuses on further attempts to create boundaries around HIV, through the identification of risk groups, the localisation of prostitutes and the distribution of condoms. The paper focuses particular attention on the relationship between Batam and Singapore, and how non-governmental organisations and governments have dealt with HIV/AIDS issues in both places. Furthermore, it problematises these activities by paying ethnographic attention to other forms of cultural and economic logics that often are odds with prevention models. This raises important questions concerning, most specifically, the problems of HIV prevention and cross-border cooperation, and, more generally, the regulation and formation of new kinds of borders in a 'borderless world'.*

Keywords: *HIV/AIDS, Batam, Indonesia, Singapore*

Introduction

While colonial anxiety revolved around fears of contamination as certain (white, European, male) bodies moved into vulnerable places and faced novel contaminating environments and (non-white, non-European, female) peoples, post-colonial anxiety revolves around the contamination of space itself by mobile bodies and motile environments. (King, 2002: 773)

In recent years it has been increasingly noted that HIV does not recognize national boundaries and, therefore – the argument goes – cooperation *between* nation-states is of importance in terms of prevention. For instance, the 1997 Fourth International Congress for AIDS in the Asia and the Pacific in Manila, had as its theme 'Co-operation Across Borders'. Similarly, the 2001 conference programme in Melbourne argued that it is crucial to 'break down barriers', with the first two listed being those between 'people' and 'nations' (ICAAP, 2001).

More recently, the United Nations Development Programme published a report on Southeast Asia entitled 'Towards Borderless Strategies Against HIV/AIDS', in an attempt to generate new forms of cooperation within ASEAN (UNDP, 2002).

Despite these bold statements, most HIV prevention efforts take place *within* national territories. Nowhere is this as evident as in the so-called Growth Triangle that ideally is supposed to connect Singapore, the Malaysian province of Johor and the Indonesian island of Batam, which is part of Riau Province (see Figure 1). In fact, the triangle is more like a 'corridor' (Macleod and McGee, 1996) that joins Singapore with a hinterland that includes Batam – only a 40-minute ferry ride away – and a series of other Indonesian islands, most notably Bintan, Karimun and Kundur (see Figure 2).² Although the links between Johor and Singapore continue to be strong, the relationship between Batam and Johor has not changed significantly since the



Figure 1. Overview of Growth Triangle (Source: Grundy-Warr et al., 1999)

emergence of the Growth Triangle. Because this paper takes Batam as its starting point, it will primarily be concerned with the 'corridor', rather than the 'triangle', and therefore not deal with Johor.

This paper deals with processes of boundary formation, and the logics of its failures, in the context of HIV prevention. The starting point is the boundary between nation-states, and 'citizens' and 'foreigners', but I pay further attention to the forms of linguistic and spatial boundary techniques in HIV prevention projects in Singapore and on Batam, and how individuals respond to them. In the first half of the paper, I offer a short background of the Growth Triangle, and the responses to HIV in Singapore and Indonesia. I discuss how HIV prevention leads to the formation of a series of boundaries that aims to divide various populations from each other in an attempt to control contagion. These include the separation of 'risk groups' from the 'general population' – more specifically the 'family' – and the use of the condom as a boundary mechanism to prevent transmission between the two imagined groups. In the second half of

the paper, I discuss how human mobility and cultural practices disturb these boundaries. In particular, I focus on the how 'dry sex' problematises the sustainability of condom use, and how cross-border mobility by Singaporean male tourists and Indonesian female prostitutes, disturbs the nationalisation of HIV prevention efforts. In conclusion, I point to the importance of creating cross-border initiatives in the context of HIV prevention.

Organising AIDS

Batam has in recent years been identified as a high risk area for the spread of HIV by international agencies such as the World Bank and the United States Agency for International Development (USAID), primarily as an effect of the rapid expansion of prostitution on the Indonesian side of the border, but also, more generally, because of the dramatic population mobility in the region. This has led to increasing international funding for non-governmental organisation (NGO) and government activities in the area. However, despite the recognition that HIV is a transnational problem, there is virtually no cooperation between governments or NGOs across these borders (Lindquist, 2003).

There are at least two reasons for this. First, the problematic relationships between state and civil society in Indonesia and Singapore, as well as the sensitive political relationship between the two countries, do not facilitate cross-border cooperation. Second, the structure of funding and information networks in Indonesia, in particular, means that the attention of local NGOs is turned towards Jakarta rather than Singapore (Lindquist, 2003). For these reasons, the global response to HIV – and the increasing interest in transnational cooperation by international organisations and activists – faces powerful obstacles in relation to the territorial concerns of the nation-state (see also King, 2002: 772–773).

In the last decade, discourses and practices surrounding HIV prevention have become increasingly globalised and are framed by international organisations such as UNAIDS and USAID in terms of 'human rights' (Poku, 2002). According to USAID, for instance, 'HIV/AIDS prevention touches on the most sensitive social and cultural mores, those related to



Figure 2. Super Monalisa *jamu* packaging

sexuality. Human rights, advocacy, empowerment and choice are all issues critical to the development and implementation of sustainable HIV/AIDS programs and policies' (USAID, n.d.). In contrast, the Indonesian and Singaporean governments have been more concerned with issues of control rather than rights. In both countries a 'medical discourse' of HIV/AIDS has developed, which is primarily 'concerned with symptoms and depersonalized "seropositives"; generally subdivided into various forms of risk groups, for instance, 'prostitutes' or 'homosexuals' (Seidel, 1993: 176). On the level of discourse, this often creates tensions between discourses of control and exclusion and discourses of rights and empowerment (Seidel, 1993), primarily between local NGOs funded by international donors, and government. On the level of practice, however, NGOs in Indonesia – and in Singapore – are rarely in explicit opposition to government (e.g. Clarke, 1998; Tanaka, 2002).

King (2002: 764) has noted that 'one of (the) key functions' of public health

has been to protect its citizens against threats perceived as having an external origin, particularly infectious diseases carried across national borders. Public health has thus been 'international', and closely allied with ideologies of national security and international commerce.

In other words, to a certain degree, the international nature of public health has been about creating more efficient boundaries around national space and its citizens, thereby facilitating cross-border commerce and economic development. This is not denying the authority of global flows of knowledge and particular international institutions, but public health is regulated through the state, or organisations that work within the jurisdiction of particular states.

It is, therefore, helpful to consider HIV prevention in Indonesia and Singapore in relation to the post-colonial state's 'project of legibility' (Scott, 1998), which is a 'narrowing of vision' (Scott, 1998: 11) and a 'condition of manipulation' (Scott, 1998: 183). James Scott has

argued that as the modern state emerged, new forms of 'state simplification' – forms of classification ranging from standards for taxation to notions of citizenship – were developed to help the state 'see' its territory and subjects, thereby making them legible. At stake in these projects of legibility is the victory of space over time, in which people are supposed to be located in their 'proper' places (De Certeau, 1988; Lefebvre, 1991: 23).

Along with the increasing demand for order, however, disorder emerges as a 'natural and inevitable liability' (Mitchell, 1988: 79–80); in fact, 'state-imposed normality makes permanent transgression inevitable' (Lefebvre, 1991: 23). It is this relationship between the formation of order and the boundaries associated with it, and the emergence of disorder and the transgression of these boundaries, that is at the heart of this paper. People do not stay in place, disease does not respect borders, and, as a result, commerce is not without friction.

The Growth Triangle

In 1990, Singaporean Prime Minister Lee Kuan Yew and Indonesian President Suharto met on Batam. This symbolised not only the emergence of an international Growth Triangle, but also the shift of Singapore's economy into 'post industrial world city mode' (Macleod and McGee, 1996). Through this agreement, Batam became a site where Singaporean capital and inexpensive Indonesian labour would create comparative advantages in an export-processing zone within close proximity to Singapore. The transformation of Singapore into a regional 'information hub' and global city (Sassen, 1991) depended on the relocation of low-level manufacturing, and other services, from Singapore to places such as Batam. Just as importantly, the growing ease with which Singaporean citizens and capital were allowed to move into Batam came along with an increasing closure of the Singaporean border to Indonesian citizens through tighter immigration controls. In other words, the emergence of a transnational economic zone depended on the existence of a border to keep Indonesian labour in place.

Along with this formal model of development, since 1990 there has been a dramatic increase in prostitution on the Indonesian side of the border.

Karaoke bars, discos and brothels cater primarily to Singaporean men, but also to the large numbers of male migrants and other mobile populations that pass through Batam and other islands in the Riau Archipelago. The economy of the night has developed together with the economy of the day.

Singapore is a global hub for tourism and business, with among the busiest airports and container ports in the world, whereas on the other side of the border the population of Batam has increased from 3000 to 600 000 in 35 years, most of them Indonesian migrants in search of wage labour in the booming economy. Increasing investments, migration and tourism transformed Batam almost instantaneously from a backwater into a booming frontier area with hundreds of factories. Approved foreign investment increased by five times between 1988 and 1990 and the value of exports increased by almost 50 times between 1989 and 1995 (Smith, 1997). Since the advent of the Growth Triangle the number of tourists entering Batam has increased dramatically, from 60,000 in 1985, to 580,000 in 1990, to 1,125,000 in 1997 (BIDA, 1998).

However, contrary to Japanese business guru Kenichi Ohmae's (1995) claim that this is an example of a new 'region state', the Growth Triangle has not led to a major crisis of the nation-state (see also Grundy-Warr *et al.*, 1999: 425). Although there have been changes in economic relations between Singapore and Batam, in particular, in other spheres there is little or no co-operation. Although laws have been changed on Batam to facilitate foreign direct investment, and ferry transportation has improved significantly, HIV prevention is an obvious example of a transnational issue that has *not* led to co-operation. In the borderless world only particular forms of communication are deemed significant, and new borders and forms of regulation that emerge as unanticipated forms of exchange haunt the nation-state. As Hardt and Negri (2000: 136) put it, 'the age of globalisation is the age of universal contagion'. As boundaries break down new forms of anxieties emerge. These are dealt with, however, primarily within a system of international relations that gives primacy to the nation-state, rather than the discourse of borderlessness and economic complementarity (see Figure 3).



Figure 3. View of Singapore skyline from Indonesian side of the border (photograph by author)

HIV/AIDS in Singapore

In recent years, HIV/AIDS has become an important policy issue for the Singaporean government. Estimates suggest that there were a total of 3400 cases of HIV in Singapore in July 2002.³ Prevention is framed primarily in terms of abstinence or avoiding extramarital sex, and promoting condom use is a sensitive issue. It is, for instance, illegal to use the word 'condom' in advertising campaigns.⁴ The advertisement below could be seen in 1999 at the World Trade Center ferry terminal near the ticket booths for Batam. A man in a business suit is pictured together with a number of building blocks showing pictures of his family members. The caption underneath reads:

I don't want to lose everything I've built. I'll admit there are temptations when I travel or entertain, but it's not worth risking everything for AIDS – the odds are it will catch up with you.

This image should be understood in relation to the discourse of 'Asian values', which the Singaporean government has explicitly attempted to promote during the 1990s. 'Communitarian' values identified as 'Asian', are juxtaposed with 'western' liberalism and the social ills associated with it: unemployment, divorce, drug use and a weak work ethic, to name a few. HIV/AIDS can be added to this list. The fundamental difference identified is the primacy of the family vis-à-vis the individual in Eastern societies (Wee, 1997: 80). Several authors have pointed out that this 'family' is explicitly patriarchal, and may even

be referred to as a kind of 'state fatherhood' (Heng and Devan, 1995).

In government discourse – and the official figures that they produce support this – it is primarily travelling men infected outside of Singapore, who are the major source of HIV/AIDS, and thereby a threat to 'Asian values'. Although drug use is increasingly being tested at the borders,⁵ people infected with HIV/AIDS can still pass through immigration without being noticed. For Singapore, the formation of the Growth Triangle as part of an Asian hinterland, has not only created a new regional economy, but also apparently released the desires of Singaporean men.

In recent years, men who have tested positive after giving blood have had their name and photograph published in the newspaper. For instance, in one case (*Straits Times*, 16 April 2001), a Singaporean man who was found to be HIV-positive when he donated blood was sentenced to 15 months in prison for not revealing that he had had unprotected sex with prostitutes on Batam. The production of fear through the mass media becomes a mechanism for regulating desire, and thereby contagion.

In a decision that reinforces the government's basic premise that HIV enters the country from the outside, the Singaporean parliament unanimously passed a law making it compulsory for all foreign workers to take an HIV test (*AP*, 4 September 1998). Notably, this was legislated the same day that stiffer penalties were passed for illegally smuggling migrants into the country, at the height of Asian economic crisis.

It is also significant that no foreigners are included in the official statistics, and thereby

excluded from any form of official narrative of HIV/AIDS in Singapore. HIV thereby becomes a national problem that is concerned with the exclusion of 'foreigners' and the control of its citizens. However, NGO sources reveal that the number of foreigners who have tested positive and been deported is more than double that of Singaporean citizens.⁶

In this context, the politics of sexuality and associated discussions concerning human rights are displaced (Chua and Kwok, 2001: 110–111). It is significant that buzzwords such as 'empowerment', which are connected to global human rights discourses (e.g. Mann and Tarantola, 1996), are never found in material produced by government or Action for AIDS, the main NGO working on these issues. As has already been noted, the solution to the spread of HIV has been identified by the government as one of control rather than rights (see also Seidel, 1993). The lack of international organisations dealing with HIV/AIDS in Singapore merely serves to reinforce this divide.

HIV/AIDS in Indonesia and Batam

During the last decade, there has been much debate in Indonesia concerning the imminent arrival of an HIV/AIDS epidemic. As of June 2001, there were officially 1572 cases of HIV and 578 cases of AIDS, extraordinarily low figures in a country of over 200 million inhabitants, and even less than the official number in Singapore. Debates surrounding the estimated number of people infected with HIV are highly contentious, but a recent report suggests 120,000 cases (Indonesian National AIDS Commission, 2001). Surveillance results continue to show low prevalence rates and Irian Jaya is the only part of Indonesia where an epidemic appears to have developed. More recently, the explosive growth of intravenous drug use, particularly in the Jakarta region, has been a source of great concern (Indonesian National AIDS Commission, 2001).

After Irian Jaya and Jakarta, the Riau Archipelago – and Batam in particular – has the highest official rates of HIV in Indonesia. Of the cumulative HIV/AIDS cases in Indonesia, Riau Province has slightly less than 10%, the overwhelming majority of which are concentrated in Batam and neighbouring islands, which

have less than 0.5% of the total population of Indonesia (Indonesia AIDS Homepage, 2002).

In contrast to Singapore, in Indonesia HIV prevention projects are generally funded by international donors. In the mid-1990s, as HIV/AIDS was increasingly recognized as an emerging problem in Indonesia, large-scale projects were initiated by the Australian government's overseas aid programme (AusAID), USAID and the World Bank. The primary areas allocated to the World Bank were North Jakarta and Riau, with a particular focus on Batam. In the World Bank staff appraisal report (World Bank, 1996), the Riau Archipelago was identified as a high-risk area for an HIV epidemic, not as an effect of epidemiological surveys, but because of the highly transient population.

The bulk of the funding from the World Bank was specified as a government loan and was, therefore, channelled through the Department of Health to local organisations identified as NGOs.⁷ As a result, the number of NGOs increased substantially, many of them organized by government officials working at the Department of Health. Much of this funding was used to spread information and condoms through workshops and outreach programmes to prostitutes.

On Batam, primarily brothel areas and karaoke bars are targeted for health projects by the local government and NGOs. This control occurs through weekly antibiotic shots⁸ and, more recently, through HIV prevention and surveillance efforts. In particular, the increasing funding for HIV projects has intensified NGO interaction with prostitutes. This change was primarily an effect, not of local anxieties, but rather of the World Bank project mentioned above.

When the project ended in 1999, all parties involved admitted that it had been a failure, largely because of corruption and administrative difficulties, and most of the 'NGOs' that had been involved ceased to exist.⁹ There is, however, a different aspect of the project that could also be identified as a failure, namely the lack of any effort to formulate a model of action with regard to the particular border problems in the area.

In an attempt to structure HIV as a problem, a series of 'risk groups' were identified in meetings between NGOs and government officials. These included homosexuals, transvestites, prostitutes,

taxi drivers and motorcycle taxi drivers (*ojek*). There is a well-developed critique of the use of 'risk groups' in the HIV literature (e.g. Watney, 1996: 431–432), which local officials and NGOs are aware of. However, this model continues to be used for at least two reasons. First, it positions HIV outside the 'general population', locating it in marginalised groups and thereby reinforcing moral boundaries. Second, 'risk groups' can more easily be mapped onto particular spaces, creating the illusion of a more – using Scott's term – legible understanding of the problem (see also Porter, 1997: 217).

It is of particular interest that the identified risk groups were all made up of Indonesian citizens, and there was never any attempt to create a programme involving Singaporeans. According to government officials on Batam, targeting Singaporeans would be too sensitive politically. However, as in Singapore, this also efficiently nationalises HIV and creates new boundaries around the problem, something that the constant traffic of people across the border as well as the local meaning of AIDS in Indonesian, (A)ku (I)ngin (D)ollar (S)ingapore, or literally, 'I want Singapore dollars', effectively denies. Although HIV certainly travels as people move, through government and NGO discourses and practices it becomes localized (e.g. Porter, 1997), and thereby legible within the context of the nation-state.

Controlling contagion

As in other parts of Indonesia 'prostitutes' and 'foreigners' are without exception identified as the main source of HIV on Batam, and indirectly this is the case in Singapore as well. During the colonial period, Singapore was a centre for prostitution in Southeast Asia (Warren, 1993), but since the 1960s there has been an increasing state regulation of prostitution, with brothels being concentrated in designated parts of the city.

In contrast, on Batam and surrounding islands prostitution continues to expand, and is extremely complicated and diverse. On Batam there are two quasi-official *lokalisasi*, or brothel areas, but as many as five other brothel villages cater almost exclusively to Indonesian migrant workers, and are not directly sanctioned by the local government. Both female and transvestite

streetwalkers can be found in various places around the island, while male prostitutes catering to men are less noticeable and common. However, the most conspicuous spaces for prostitution are the handful of discos and the dozens of karaoke bars located throughout the main town of Nagoya. To add to the complexity of the situation, a large number of prostitutes also move between Batam and Singapore or Malaysia.

With regard to prostitution, the Indonesian government's policy is one of tolerance, and the act of selling sex is not subject to criminal prosecution (e.g. Sunindyo, 1993: 4). Instead, the state, following in the Dutch colonial tradition, has attempted to localize prostitution in brothel complexes.

On Batam, officials at Depsos, the Department of Social Affairs, the government agency that deals most directly with issues of prostitution, attempt to differentiate between various types of prostitutes. Those within the *lokalisasi* are identified as *Wanita Tuna Sila* (WTS), or literally 'woman without morals', whereas those working in karaoke bars are called *pramuria*, more akin to 'entertainers'. Women working on the street and 'freelance' prostitutes who are outside of the control of pimps are considered 'wild' (*liar*).

In an interview, the head of Depsos on Batam argued that the main problem for the local government was controlling the many *liar* prostitutes.¹⁰ Primarily, he told me, this was a problem of 'order' (*tertib*). His solution, which had also been suggested to me by several other government officials, was the establishment of one large, well-regulated brothel complex, far removed from legal housing areas.

Police raids, or *operasi*, are the most common instruments for localising prostitutes on Batam. Jones *et al.* (1995: 13) write that in Indonesia the

Pressure on streetwalkers... drives lower-class women workers into brothel complexes, where they are controlled by pimps, procurers and the local government and police, but generally tolerated by society.

This follows Kusno's (2000, see also Siegel, 1986) argument that 'the street' emerged as a site of disorder and menace during Suharto's New Order, in relation to the 'ordered',

privileged space of the nation: namely 'the family'. Prostitution is tolerated, but not in public spaces. More generally, it is possible to see how the identification of prostitutes as the main source of infection leads to the attempt to create actual boundaries around this imagined group, by localising them.

Arguably, the main strategy that government officials and NGOs have employed in this context is to promote condom use in brothel areas and among other 'risk groups'. In 1997, the Indonesian Minister of Health made an unofficial recommendation that condom use should become obligatory in all *lokalisasi*, which in Indonesian media and government discourse often has been represented as the source of infection. Condoms were not, however, to be promoted to the general population. As in Singapore, outside the context of 'high risk' groups the government has advocated abstinence as the main form of prevention for those people 'not yet'¹¹ married, and fidelity for married couples. The boundary that the 'family' constitutes is considered adequate for the control of contagion. Yet another boundary would appear to create confusion.

Intimate contradictions

Usually I don't have any problems with clients and I will do most things they ask, especially if the guy is young and attractive. Since a lot of people are talking about AIDS now, I try to ask him to wear a condom, but sometimes if I am still *tripping*¹² I forget or if he doesn't want to then there is nothing that I can do since I have to think about the money. If I didn't use a condom, I always go to the pharmacy to buy a couple of antibiotic pills that I take afterwards. (25-year-old woman from Java)

For female prostitutes on Batam, sexually transmitted infections (STIs) are a fact of life and they often take various forms of precaution before having sexual intercourse. Prostitutes and men who buy sex commonly take antibiotics in a preventive fashion either before or after sexual intercourse. Sundari, for instance, who works as a freelance prostitute in the bars and discos on Batam, claims that she commonly takes two antibiotic pills before she has sex with a client, since she does not know if he will want to use a condom or not.¹³ Usually she will try to nego-

tiate extra money if he does not want to use a condom, in case she contracts an STI. But she never refuses a client who does not want to use one since she thinks about making money first.

I am not young anymore, and there is a lot of competition. That means that if I tell a client that I want to use a condom and he refuses then I don't have money to pay the rent – much less send any to my children.

As I pointed out above, government officials have suggested making condom use obligatory in all *lokalisasi*, and this policy has been reproduced on Batam. Under the auspices of the World Bank project, several NGOs on Batam have conducted *kondomisasi* projects, aimed at handing out condoms to women identified as prostitutes.

The history of condoms in Indonesia is informative in this context. After the 1960s, as former President Suharto directly promoted the Indonesian family planning programme, contraceptives became a crucial technique for controlling population growth. Condom use had limited success in this context, however, and has historically been associated with prostitution (e.g. Hull, 2003; Piet-Pelon *et al.*, 2003: 235). It was first when HIV prevention programmes emerged in the 1990s that condoms became increasingly sensitive in political discourse, since they were explicitly intended to prevent disease rather than conception.¹⁴ For instance, in 1995 the head of the Indonesian National AIDS Commission claimed on several occasions that condoms are not effective in preventing the spread of HIV, since it was argued that the pores in the condoms are larger than the virus itself (Lindquist, 1996). The use of condoms to prevent disease implies extramarital sexuality, which directly contradicts state ideology, with 'the family' being identified as the basic building block of the nation (e.g. Van Langenberg, 1986; Matheson Hooker and Dick, 1993: 2).

The distinction between the condom as an instrument to control population growth and to prevent disease does not end there, however, but is evident in the actual production of condoms. Although the blue government-produced condom, 'two five' (*dua lima*), is identified as an instrument for family planning, the pink

condom distributed by the Department of Health – and funded by the World Bank – is explicitly marked for the prevention of HIV and other STIs. These distinctions are actually inscribed in the instructions on the packages; the pink condoms are only distributed to ‘high risk’ groups, and are supposed to be free of charge. The power of language is taken seriously – perhaps too seriously – as new boundaries are created.

On Batam, HIV prevention workshops are held by NGOs for members of ‘high risk’ groups, such as female prostitutes. The women are given information about HIV and told that they have to use condoms in order to protect themselves against the disease. Workshops are set up like lectures, with time for questions to be asked at the end of each session.

Inevitably, information and condoms do not travel as intended and the ways they are used or not used must be understood in relation to the particular experiences of women working as prostitutes and the cultural and political economy of which they are a part (see also Law, 2000: 53; Miller, 2002: 2).

Prostitutes targeted by prevention projects make it clear that the main problem related to condom use – one also recognisable from other contexts (e.g. Miller, 2002: 2) – is that the client usually does not want to use one. Thus, in a situation of intense competition, many women choose to accept the client’s wishes. However, a distinction is often made between Singaporean and Indonesian men. Whereas Singaporeans generally want to use condoms, Indonesians do not. Another problem is that most people dislike the condom that is distributed by the government; it is said to be too thick, and does not have enough lubricant. Judging from my conversations with Indonesian men who are sexually active, either in brothels or with their girlfriends or wives, condom use is rare. The reasons for this are not entirely clear. The general responses are, ‘It does not feel as good’, or ‘I am not used to it’, but if pressured many admit that they have never used one. Other potentially important factors are availability and cost. Prices are often inflated, particularly in brothel areas and discos. Furthermore, as Law (2000: 53) has pointed out in the Philippines, there are other reasons for not using condoms, for instance, if the man is a regular client or if there is the possibility of the economic relation-

ship being transformed into an emotional one. Using condoms potentially suggests a lack of trust.

From a different perspective, many Singaporean clients appear to distrust the quality of Indonesian-made condoms and bring their own. A number of Singaporean men whom I met in discos or brothel areas claimed that they prefer the English brand Durex, which they claim is ‘safer’ and of ‘higher quality’. ‘On Batam’, one man told me, ‘the expiry date of condoms has usually passed, so we always bring our own’. In Indonesia, there has also been an attempt to distribute a condom of ‘international quality’, Sutra,¹⁵ which is sold at subsidised rates, usually to NGOs, pharmacies, or small shops. Through so-called social marketing campaigns, there is an attempt to transfer the image of the condom into an object that is part of a modern lifestyle. For instance, in one brochure there is a cartoon figure of a condom dressed up in a suit and carrying a briefcase and an umbrella. The caption explicitly claims that using the condom is *modern*: ‘rational, effective, efficient and increasing numbers of people are using it’.¹⁶ However, despite these efforts, once the condoms reach the streets, the subsidy often disappears into the pockets of the seller rather than the buyer.

Another, perhaps more important, reason why condoms are used infrequently is the practice of ‘dry sex’; in which the woman’s vagina should be dry or ‘tight’ during intercourse. Dry sex has been documented in certain parts of Africa (e.g. Civic and Wilson, 1996), but it is rarely discussed in Indonesia, and I have never heard it mentioned in discussions of HIV prevention, except by a limited number of western specialists.¹⁷ Women acknowledge that dry sex is primarily for the man’s pleasure, but, along with the obvious hegemony of sexual pleasure, dry sex should perhaps be situated within wider discourses of ‘women’s health’. A clear explanation also requires a brief look at indigenous medicines.

Traditional *jamu* is widely used by men and women in Indonesia; the term refers to Indonesian indigenous medicines that are usually made of herbal materials such as leaves, bark, roots and flowers.¹⁸ In the mid-1980s, the *jamu* industry controlled an astonishing one-third of the total pharmaceutical market

volume in Indonesia (Afdahl and Welsch, 1988: 163).

One of the effects of many of these medicines, in particular the type called *Sari Rapet*, is that the vagina becomes dry, but this is only considered to be of minor importance; the main use of the medicine is 'to make the body healthy'.¹⁹ The value of dry sex, I suspect, may also be related to discourses surrounding virginity in Indonesia, thereby suggesting that 'tightness' rather than 'dryness' is the significant effect. Throughout most parts of Indonesia women are ideally supposed to lose their virginity on the night of their marriage. One of my informants, a young divorced woman, said that after drinking *jamu* she 'felt like a virgin again'. When I later repeated this description to other informants, many of them agreed.

An example of a *jamu* medicine that explicitly makes this claim is *Super Monalisa Kembali Gadis* (Super Monalisa Back to Virginity; see Figure 4). The product's packaging calls it 'the key to happiness in the household'. According to the package's English translation,²⁰ the aim of the medicine is 'to built a happy and prosperous family... to get the peak of your health, beauty, youthness and a shining and passionate face... the idol of every healthy, modern and passionate family'. Along with this, it has the potential to heal 'diseases'; among these, it claims 'to dry sexual organs that excrete fluids... to clean the uterus after menstruation or birth... to omit itching and stinky smell of the sexual organs which will be able to decrease the passion of the husband... to tighten as well as recover the sexual organs to become soft as in virgins... to increase the intimate of family relation as well as to take pleasure in sexual intercourse without disturbing your health'.

Here the state ideology of the 'harmonious family' is intertwined with notions of male sexual pleasure, ideals of virginity, and general health. In fact, *jamu's* primary use is framed in terms of 'women's health'. Sundari, for instance, claimed that 'I drink *jamu* for my own good, so that I will stay slender and healthy'. Another informant, who was not a prostitute, a young woman in her early twenties who had just married and had a child, said that her mother had suggested that she drink *jamu* so that her husband would be satisfied and not pursue other women. Although I cannot estimate how much

women use them, some of the most popular kinds of *jamu* are those that claim to improve sexual performance (Afdahl and Welsch, 1988: 166). Likewise, many prostitutes admitted that they drank *jamu* so that their clients would be satisfied and come back. Lidya, for instance, said 'If I drink *jamu* I feel like a newlywed again (*penganten baru*), like a virgin again. But if I drink too much and have sex then my genitals (*kemaluan*) hurt'.

Given this paper's interest in this particular border area, it is important to ask about the implications of dry sex and condom use. Many prostitutes told me that Singaporeans and westerners did not prefer dry sex, and several spoke of clients who had even become angry when they were dry because they suspected that they were not sexually stimulated and therefore uninterested. Kartika, a woman in her early twenties from West Java, told this story about one particular client:

We were lying there [on the bed] and then suddenly he got up and said to me, "If you don't want to [have intercourse] then I am not going to try to force you." I didn't understand what he meant or why he was irritated until he explained. It was confusing.

Dry sex also has implications for the spread of STIs and HIV. First, since risk of cuts and sores are more common with dry sex, it facilitates the spread of STIs and HIV. Second, if the woman's vagina is dry, the condom breaks much more easily since the lubricant is quickly used up. Many of the prostitutes I spoke with complained that using a condom was, in fact, often painful.

Thus, cultural practices connected with *jamu* and condoms potentially generate paradoxes on an intimate level. First, dry sex, which is desirable in sexual intercourse with Indonesian clients or partners, is potentially misunderstood by foreign clients as representing disinterest; thereby making explicit that the relationship is about money not pleasure. Second, HIV prevention efforts pay little or no attention to local practices. As it is difficult to use condoms reliably – because clients frequently do not want to wear one, because dry sex makes it painful to use one, or because of other more complicated emotional reasons – many women must negotiate the tensions between making money from



Figure 4. Advertisement for Hong Kong Bank (photograph by author)

clients and risking the possibility of STIs or HIV infection.

Although debates concerning who should and should not be allowed to use condoms are evident in both Indonesia and Singapore, questions regarding why or why not they are actually used are often avoided. In other words, the focus on issues of control draws attention away from 'local' issues concerning the actual sustainability of condom use.

Across the border

Not only Singaporean men cross the border. Many prostitutes on Batam move back and forth between Singapore, Malaysia and various islands in Riau province, thereby resisting government attempts to keep them in place. By most accounts, the majority of the women who enter Singapore to work without a permit are prostitutes, and they tend to go to one of two areas depending on their linguistic skills. Those who speak only Indonesian choose Geylang in the Malay part of Singapore, the best-known red-light district in the city, where hotel rooms are available by the hour. Many can be found in alleys behind the quasi-official brothels or in a couple of the Malay discos in the area. Those who speak English can find far more lucrative work in the bars along Orchard Road, Singapore's main shopping street, which are frequented by visiting businessmen.²¹

The increasing regulation of prostitution in Singapore has been matched by a rapid expansion in the Malaysian border town of Johor Baru and, more recently, on Batam and neigh-

bouring islands. Brothels in Singapore are kept under government surveillance and officials argue that condom use in these areas is nearly 100%.²² It is not only the lower prices that lure Singaporeans across the border to buy sex, but also the open-ended nature of the interaction. A visit to a prostitute in Singapore is a much more regulated transaction, in terms of both time and money. As one Malay Singaporean man put it

If I go out in Singapore I need 1000 dollars. If I want to sit down with a woman at a disco I have to pay 14 dollars for her drink, seven for her and seven for the boss. If I want to take her out for the night I have to pay 500 dollars. I can't afford that! Here I can come and book a woman for the night for 60 dollars, and do anything I want with her, both inside and outside the club.

This difference also affects the experiences of the prostitutes. Silvia, for instance, has been going to Singapore once every other month for four years. 'I always wear a *jilbab* (Muslim headscarf) when I go and tell the immigration officer that I am going to visit a relative. I always give him the address but I never actually visit him'. The first time she travelled to Singapore she went with a friend, who took her to a disco in Geylang where she has been going ever since.

Sometimes I go to the disco and other times I am on the street. It depends on how much money I have and if there are any people in the club. On the street you always have to watch out for the Anti-Vice, we call them 'ghosts' (*hantu*). If I am on the street my heart always beats faster. Every

day there are raids and you can see the women in the street running in different directions to get away.

It is important to blend in, or to disappear, when the *hantu* approach. Female prostitutes are much more vulnerable to arrest because they work in well-defined parts of the city, most often on the street. Those who are arrested often have their hair forcibly cut before they are deported to Batam. More interestingly, for many, even the experience of doing sex is different in Singapore than on Batam, much less open-ended and more focused on a rapid economic transaction. If you are doing 'short time', Silvia said,

The clients always pay first and it is 'express'. Everyone is frightened, even the clients, since many of them are foreigners working illegally as well, so they quickly finish their business and leave. I always charge \$24: \$5 for the room, \$1 for the condom, and \$18 for me.

On Batam, Silvia works in one of the island's brothel complexes and says that she feels more comfortable there even though she makes far less money. However, while using a condom is the norm in Singapore, she uses them much less frequently on Batam, a statement that resonates with those of other women. When I asked her why that was the case she could only answer, 'that is the way they do it in Singapore'.

In a different context Roger Rouse (1992: 35) has described how the practices of the Immigration and Naturalization Service (INS) in the United States influence Mexican migrants' use of space. The INS commonly targets bars and illegal activities such as gambling and cockfighting; Rouse argues that this influences many migrants to confine their movements between the workplace and home. Moreover, because migrants on the street are more noticeable if they wear cheap clothing or drive old and damaged cars and therefore are checked more frequently (see also Heyman, 1998), this gives many an incentive to become 'good consumers' while diverting attention from themselves as potential illegals.

The seemingly omnipresent Singaporean state structures the experiences of Indonesians working there illegally. Much like Rouse's description of Mexican migrants in the United States, the shadowy presence of the state influences how migrants move through space but also leads

them to form new habits and dispositions. In the Singaporean context, we can see how this affects not only the way migrants walk through the city, or the fear they experience, but also how they act in what appears to be an intimate situation outside the gaze of the state. Although my sample is limited, it would appear that this has real effects on the use of condoms in Singapore. Rather than offering a definite answer, however, I want to raise questions about the force of state power beyond the most obvious attempts at creating legible environments in relation to HIV prevention.

Conclusion

The HIV pandemic has an especially problematic relation with frontiers and boundaries of all sorts. . . . The nexus of HIV transmission across this territory is a metaphor for the globalization of investment, trade, and cultural identity. (Porter, 1997: 213)

Porter's comments on the Thai–Burmese border are equally relevant in the relationship between Batam and Singapore. However, in the particular borderlands that concern us here, it is notable that there is a constant movement of people across the border but literally no co-operation with regard to HIV prevention. In this context, new boundaries are created by governments, NGOs and international organisations alike. This highlights that globalisation not only destroys borders but leads to the reinforcement of old ones, as well as the production of new ones. Globalisation appears to generate both possibilities and anxieties. The concern with creating boundaries around HIV should, I argue, primarily be understood in relation to the Indonesian and Singaporean governments' projects of legibility – in Scott's sense of the word – which are focused on controlling territory and citizens, thereby facilitating other forms of economic intercourse.

However, state attempts at creating legible environments inevitably meets resistance from its subjects (Scott, 1998: 80). Paying ethnographic attention to the individuals who move in this borderland area not only problematises boundary formation, but also highlights other forms of cultural and economic logics that often are in conflict with HIV prevention models and attempts at controlling unintended forms of

transactions in the borderless world. Anyone interested in HIV prevention must pay attention to these tensions.

In this context, state power makes itself felt in different ways on Batam and in Singapore, even in the most intimate of situations. One might argue that the power of the Singaporean state appears to be an efficient tool, not only for economic development, but also for HIV prevention. In the long-term, however, it remains to be seen if control and the production of fear is a legitimate model of prevention in the 'borderless world'. The odds are that people will increasingly cross boundaries, with public health and HIV prevention being left behind, bound by their territorial constraints.

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Notes

- 1 This paper is based on fieldwork conducted between 1997 and 2000, primarily on the Indonesian island of Batam. The research methodology used participant observation, formal interviews and analysis of government and media reports. The primary results can be found in my doctoral dissertation (Lindquist, 2002).
- 2 The total population of these islands is approximately one million.
- 3 See UNAIDS (2002).
- 4 Although condoms are readily available in Singapore.
- 5 In July 1998, the *Misuse of Drugs Act* was amended to allow the Central Narcotics Bureau (CNB) to charge Singaporeans and permanent residents, if they tested positive for drug use upon returning to the country. Previously, those who tested positive could only be referred to a clinic, but after the law was passed the maximum penalty was changed to 10 years in prison and a 20,000-dollar fine. By November the same year 60 people had been charged and 20 cases were pending (*Straits Times*, 8 November 1998). As the Assistant Director of the CNB put it at the time, 'Those people who thought that they could get away with abusing drugs overseas have to think again' (*Straits Times*, 8 November 1998).
- 6 See *Straits Times*, 24 May 2002. See also Ng (2000).
- 7 In this context, it is important to point out that the distinction between 'state' and 'civil society' that NGOs imply is not particularly relevant in this context. Most organizations on Batam are – or at least were, just before and after the fall of Suharto in 1998 – government organized. For a critical review of debates surrounding NGOs, see Fisher (1997).
- 8 On prostitution in Java, Sarawasati Sunindyo (1993: 169) writes that 'the practice of giving weekly penicillin injections is ideological and structural. It is the women's bodies that are perceived as "dirty" and a disease carrier, as opposed to the clients' (men's) bodies'. She points out that this gives the impression that the brothel is 'clean', but misses the point that it primarily is about making money.
- 9 In the context of public discussions concerning *refor-masi* on Batam it was made public that officials at the Department of Health who distributed the World Bank money were asking for 'thank you money' (*uang terima kasih*) from NGOs (*Riau Pos*, 12 June 1998; 17 June 1998; 19 June 1998).
- 10 Interview, Batam, 30 September 1998.
- 11 It is taken for granted that all people will eventually marry.
- 12 *Tripping* refers to the experience of taking the drug 'ecstasy' (Lindquist, 2004).
- 13 Antibiotics can be bought without a prescription at most pharmacies in Indonesia. Taking antibiotics as a form of prevention is common among prostitutes throughout Indonesia (Indonesia National AIDS Commission, 2001: 14).
- 14 On this dual history of the condom – as a tool for contraception and the prevention of sexually transmitted infections – see Brandt (1985).
- 15 Distributed by DKT International, an international NGO that addresses population issues.
- 16 From the brochure, '17 Alasan Pakai Kondom', distributed by DKT (2004).
- 17 The former head of UNAIDS in Jakarta, Dr. George Loth, was the first person to bring the phenomenon to my attention.
- 18 Although recently, the Indonesian Food and Drug Control Agency removed 78 *jamu* drugs from the market, because they used chemical substances (*Jakarta Post*, 23 May 2003).
- 19 A historical study of the 'traditional' *jamu* medicine industry in Indonesia would be informative in regard to these issues. However, to my knowledge, a critical history has yet to be written.
- 20 I am quoting the English passage with spelling and grammatical mistakes.
- 21 *Riau Pos* (29 July 2000) published a report from the Malay Singaporean newspaper *Berita Minggu* that High Road, a well-known area for prostitutes, is often called 'Batam Mini' because of the large number of Indonesian women who work there.
- 22 Interview with Roy Chan, head of Action for AIDS in Singapore, 10 August 1999.

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