Edited by:
ROBERT T. FRANCOEUR, Ph.D., A.C.S.
and
RAYMOND J. NOONAN, Ph.D.

Associate Editors:
Africa: Beldina Opiyo-Omolo, B.Sc.
Europe: Jakob Pastoetter, Ph.D.
South America: Luciane Raibin, M.S.
Information Resources: Timothy Perper, Ph.D. & Martha Cornog, M.A., M.S.

Foreword by:
ROBERT T. FRANCOEUR, Ph.D., A.C.S.

Preface by:
TIMOTHY PERPER, Ph.D.

Introduction by:
IRA L. REISS, Ph.D.
THE CONTINUUM Complete International ENCYCLOPEDIA OF SEXUALITY

Updated, with More Countries
Contents

HOW TO USE THIS ENCYCLOPEDIA ........................................ viii

FOREWORD ........................................................................... ix
Robert T. Francoeur, Ph.D., A.C.S.

PREFACE ............................................................................. xi
Timothy Perper, Ph.D.

AN INTRODUCTION TO THE MANY MEANINGS OF SEXOLOGICAL KNOWLEDGE ......................................... xiii
Ira L. Reiss, Ph.D.

ARGENTINA ........................................................................... 1
Sophia Kamenetzky, M.D.; Updates by S. Kamenetzky

AUSTRALIA ........................................................................ 27
Rosemary Coates, Ph.D.; Updates by R. Coates and Anthony Willmett, Ph.D.

AUSTRIA ............................................................................. 42
Dr. Rotraud A. Perner, L.L.D.; Translated and Redacted by Linda Kneucker; Updates by Linda Kneucker, Raoul Kneucker, and Martin Voracek, Ph.D., M.Sc.

BAHRAIN ............................................................................... 59
Julanne McCarthy, M.A., M.S.N.; Updates by the Editors

BOTSWANA ........................................................................... 89
Godisang Moookodi, Oleosi Ntshebe, and Ian Taylor, Ph.D.

BRAZIL .................................................................................... 98

BULGARIA ............................................................................ 114
Michail Alexandrov Okoliytski, Ph.D., and Petko Velichkov, M.D.

CANADA ............................................................................... 126
Michael Barrett, Ph.D. Alan King, Ed.D., Joseph Lévy, Ph.D., Eleanor Maticka-Tyndale, Ph.D., Alexander McKay, Ph.D., and Julie Fraser, Ph.D.; Rewritten and updated by the Authors

CHINA ................................................................................. 182
Fang-fu Ruan, M.D., Ph.D., and M. P. Lau, M.D.; Updates by F. Ruan and Robert T. Francoeur, Ph.D.; Comments by M. P. Lau

COLOMBIA ....................................................................... 210
José Manuel Gonzáles, M.A., Rubén Ardila, Ph.D., Pedro Guerrero, M.D., Gloria Penagos, M.D., and Bernardo Usoech, Ph.D.; Translated by Claudia Rockmaker, M.S.W., and Luciane Raibin, M.S.; Updates by the Editors; Comment by Luciane Raibin, M.S.

COSTA RICA ................................................................. 227
Anna Arroba, M.A.

CROATIA ............................................................................. 241
Aleksandar Stulhofer, Ph.D., Vlasta Hirsl-Hecej, M.D., M.A., Željko Mrkić, Aleksandra Korač, Ph.D., Petra Hoblaj, Ivanka Ivkane, Maja Mamula, M.A., Hrvoje Tiljak, M.D., Ph.D., Gordana Buljan-Flander, Ph.D., Sanja Sugast,ordan Bosanac, Ana Karlovic, and Jadranka Mimica; Updates by the Authors

CUBA ............................................................................... 259

CYPRUS ............................................................................. 279
Part 1: Greek Cyprus: George J. Georgiou, Ph.D., with Alexos Modinos, B.Arch., A.R.I.B.A., Nathaniel Papageorgios, Laura Papantoniou, M.Sc., M.D., and Nicos Peristianis, Ph.D. (Hons.); Updates by G. J. Georgiou and L. Papantoniou; Part 2: Turkish Cyprus: Kemal Bolayer, M.D., and Serin Kelâmi, B.Sc. (Hons.)

CZECH REPUBLIC .............................................................. 320
Jaroslav Zvérina, M.D.; Rewritten and updated by the Author

DENMARK .......................................................................... 329
Christian Graugaard, M.D., Ph.D., with Lene Falgaard Eplov, M.D., Ph.D., Annamaria Giraldi, M.D., Ph.D., Ellis Kristensen, M.D., Else Munck, M.D., Bo Mohl, clinical psychologist, Annette Fuglsang Owens, M.D., Ph.D., Hanne Risør, M.D., and Gerd Winther, clinical sexologist

EGYPT ................................................................................. 345
Bahira Sherif, Ph.D.; Updates by B. Sherif and Hussein Ghanem, M.D.

ESTONIA .......................................................................... 359
Elina Haavio-Mannila, Ph.D., Kai Haldr, M.D., and Osmo Kontula, Ph.D.

FINLAND .............................................................................. 381

FRANCE ............................................................................. 412
Michel Meignant, Ph.D., chapter coordinator, with Pierre Dalens, M.D., Charles Gellman, M.D., Robert Gellman, M.D., Claire Gellman-Barroux, Ph.D., Serge Ginger, Laurent Malterre, and France Paramelle; Translated by Genevieve Parent, M.A.; Redacted by Robert T. Francoeur, Ph.D.; Comment by Timothy Perper, Ph.D.; Updates by the Editors

FRENCH POLYNESIA .......................................................... 431
Anne Bolin, Ph.D.; Updates by A. Bolin and the Editors
SRI LANKA .................................................. 972
Victor C. de Muncy, Ph.D.; Comments by Patricia Weerakoon, Ph.D.

SWEDEN .................................................... 984
Jan E. Trost, Ph.D., with Mar-Briht Bergstrom-Walan, Ph.D.; Updates by the Editors

SWITZERLAND ........................................... 995
Prof. Johannes Bitzer, M.D., Ph.D., Judith Adler, Ph.D., Prof. Dr. Udo Rauschfleisch Ph.D., Sibyl Tschudin, M.D., Elizabeth Zemp, M.D., and Ulrike Kosta

TANZANIA ............................................... 1009
Philip Setel, Eletheru Mwageni, Namufi Mndeme, and Yusauf Hemed; Additional comments by Belinda Opiyo- Omolo, B.Sc.

THAILAND ............................................... 1021
Kittiwat Jod Taywaditep, Ph.D., Eli Coleman, Ph.D., and Pacharin Dumronggittigule, M.Sc.; Updates by K. J. Taywaditep, Ryan Bishop, Ph.D., and Lillian S. Robinson, Ph.D.

TURKEY ............................................... 1054
Hamdullah Aydin, M.D., and Zeynep Gülcüş, Ph.D.; Rewritten and updated in 2003 by H. Aydin and Z. Gülcüş

UKRAINE ............................................... 1072
Tamara V. Hovorun, Ph.D., and Borys M. Vornyk, Ph.D. (Medicine); Rewritten and updated in 2003 by T. V. Hovorun and B. M. Vornyk

UNITED KINGDOM OF GREAT BRITAIN and NORTHERN IRELAND .................................. 1093

UNITED STATES OF AMERICA .................. 1127

VIETNAM ........................................... 1337
Jakob Pastoetter, Ph.D.; Updates by J. Pastoetter

WEB SITE UPDATES ...................... 1363
Added by the Editors after the manuscript had been typeset

GLOBE'S ENCYCLOPEDIA OF SEXUALITY, A PERSPECTIVE LIFE CYCLE OF GENDERS, A GLOBAL TRENDS: SOME FINAL IMPRESSIONS ......................... 1373
Robert T. Francoeur, Ph.D., and Raymond J. Noonan, Ph.D.

CONTRIBUTORS and ACKNOWLEDGMENTS ..................... 1377
Compiled by Robert T. Francoeur, Ph.D.

INDEX .................................... 1405

For updates, corrections, and links to many of the sites referenced in these chapters, visit The Continuum Complete International Encyclopedia of Sexuality on the Web at http://www.SexQuest.com/ccies/. Readers of CCIES are invited to submit important news items or reports of findings of new sex research being done in any of the countries covered here, or any other country in the world. We will try to keep the SexQuest CCIES website updated with your help. Send items in English if possible, with appropriate citations, to Raymond J. Noonan, Ph.D., CCIES Editor, Health and Physical Education Department, Fashion Institute of Technology, 27th Street and 7th Avenue, New York, NY 10001 USA, or by email to rjnoonan@SexQuest.com.
Special Pricing Just for Users of CCIES at The Kinsey Institute Website!


$195/£100 plus $4.50/£9.50 S&H (save $55 US/£30 UK!)

The 1,436-page, 1.5 million-word, single-volume *Continuum Complete International Encyclopedia of Sexuality*, edited by Robert T. Francoeur, Ph.D., and Raymond J. Noonan, Ph.D., with contributions from 280 scholars on seven continents, contains 60 countries and 2 extreme environments:

- The 31 countries published in volumes 1–3 (1997), updated & revised: Argentina, Australia, Bahrain, Brazil, Canada, China, Finland, French Polynesia, Germany, Ghana, Greece, India, Indonesia, Iran, Ireland, Israel, Japan, Kenya, Mexico, Netherlands, Poland, Puerto Rico, Russia, South Africa, Spain, Sweden, Thailand, Ukraine, United Kingdom, and United States
- Plus the 17 countries and places published in volume 4 (2001), updated & revised: Austria, Colombia, Croatia, Cyprus, Egypt, Iceland, Indonesia, Italy, Morocco, Nigeria, Outer Space, Papua New Guinea, Philippines, Portugal, South Korea, Turkey, and Vietnam
- Plus 14 new countries and places: Botswana, Bulgaria, Costa Rica, Cuba, Denmark, Estonia, France, Hong Kong, Nepal, Norway, Outer Space/Antarctica, Sri Lanka, Switzerland, and Tanzania

Come see our other titles at: http://www.continuumbooks.com.

Special pricing available only with this page. Print it out and take it to your school or local library and encourage them to add CCIES to their collection.

---

ORDER FORM

SHIP TO:

Name: ________________________________
Address: _____________________________________________________________
City: __________________ State: _____ ZIP: __________

BILLING INFORMATION:

☐ Enclosed is my check/money order, payable to Continuum; or

☐ Please charge my: ☐ Visa ☐ Mastercard ☐ AmEx

Card Number: _______________ Exp. Date: __________

Signature: ____________________________ Telephone: _______________________

ORDER DETAILS:

<table>
<thead>
<tr>
<th>Author/Title</th>
<th>ISBN</th>
<th>Special Price</th>
<th>Quantity</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francoeur/Noonan: Continuum Complete International Encyclopedia of Sexuality</td>
<td>0826414885</td>
<td>$195/£100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Add $4.50 first book; $1.00 each additional book/£9.50 in U.K.) Shipping

(NY residents please add 8.375% sales tax; PA residents please add 6% sales tax) Sales Tax

TOTAL

CU59
Indonesia
(Republik Indonesia)

Wimpie I. Pangkahila, M.D., Ph.D.* (Part 1)**
Ramsey Elkholy, Ph.D. (cand.) (Part 2)

Updates by Robert T. Francoeur, Ph.D.

Contents

Part 1: National and Urban Perspectives  533
Demographics and a Brief Historical Perspective  533
1. Basic Sexological Premises 534
2. Religious, Ethnic, and Gender Factors
   Affecting Sexuality 535
3. Knowledge and Education about Sexuality 536
4. Autoerotic Behaviors and Patterns 536
5. Interpersonal Heterosexual Behaviors 537
6. Homoerotic, Homosexual, and Bisexual Behaviors 538
7. Gender Diversity and Transgender Issues 539
8. Significant Unconventional Sexual Behaviors 539
10. Sexually Transmitted Diseases and HIV/AIDS 541
11. Sexual Dysfunctions, Counseling, and Therapies 543
12. Sex Research and Advanced Professional Education 543
References and Suggested Readings 543

Part 2: The Orang Rimba Indigenous Forest People  544
Demographics and a Brief Historical Perspective  544
1. Basic Sexological Premises 545
2. Religious, Ethnic, and Gender Factors
   Affecting Sexuality 547
3. Knowledge and Education about Sexuality 548
4. Autoerotic Behaviors and Patterns 548
5. Interpersonal Heterosexual Behaviors 548
6. Homoerotic, Homosexual, and Bisexual Behaviors 551
7. Gender Diversity and Transgender Issues 551
8. Significant Unconventional Sexual Behaviors 551
9. Contraception, Abortion, and Population Planning 552
10. Sexually Transmitted Diseases and HIV/AIDS 552
11. Sexual Dysfunctions, Counseling, and Therapies 552
   A Postscript on the Dugum Dani 552
References and Suggested Readings 553

Part 1:
NATIONAL AND URBAN PERSPECTIVES

WIMPIE I. PANGKAHILA and
J. ALEX PANGKAHILA

Demographics and a Brief Historical Perspective

A. Demographics

Located in the archipelago southeast of Asia along the equator, Indonesia comprises some 13,700 to 17,000 islands (depending on who does the counting). While only about 6,000 are inhabited, the island of Java is one of the most densely populated areas of the world. Besides Java, Indonesia includes four other major islands: Sumatra, the largest and most western of the Indonesian islands, Kalimantan (most of Borneo), Sulawesi (formerly Celebes), and the “Paradise Island” of Bali, as well as the western half of the island of New Guinea, formerly known as Irian Jaya. Indonesia’s total area covers 741,100 square miles (1,919,440 km²) and is roughly three times the size of the state of Texas.

The mountains and plateaus on the major islands have a cooler climate than the tropical lowlands. In the eastern island of New Guinea, the mountain peaks may be snow-covered. The Indonesian archipelago lies southeast of the Asian mainland. Straddling the equator, Indonesia’s neighbors are Malaysia to the north, Papua New Guinea to the...
east, Australia to the south of its western islands, and the Indian Ocean to the west. Situated in a part of the “ring of fire,” Indonesia has the largest number of active volcanoes in the world. Earthquakes are frequent. The “Wallace line,” a zoological demarcation, divides Indonesia, marking the separation of Asian and Australian flora and fauna.

In July 2002, Indonesia had an estimated population of 231.32 million. (All data are from The World Factbook 2002 (CIA 2002) unless otherwise stated.)

**Age Distribution and Sex Ratios:** 0-14 years: 30.26% with 1.05 male(s) per female (sex ratio); 15-64 years: 65.11% with 1 male(s) per female; 65 years and over: 4.63% with 0.78 male(s) per female (2000 est., The World Almanac and Book of Facts 2000)

**Life Expectancy at Birth:** Total Population: 68.63 years; male: 66.24 years; female: 71.13 years

**Urban/Rural Distribution:** 36% to 64%

**Ethnic Distribution:** Javanese: 45%; Sundanese: 14%; Madurese: 7.5%; coastal Malays: 7.5%; Minahasans, Balinese, Dayaks, Timorese, Papuans, Chinese, Arabs, Indians, Europeans, and other: 26%. Indonesia has more than 300 ethnic groups, most of which are very small minorities. Some very small ethnic groups still live in the jungles where they maintain their traditional cultures. Part 2 of this chapter examines the sexual culture of the indigenous hill tribe of the Orang Rimba. Each ethnic group has its own culture and language. Fortunately, there is one Indonesian language as a national language, so that people of the different ethnic groups, with the exception of small geographically isolated peoples, can usually communicate with each other.

**Religious Distribution:** Muslim: 88%; Protestant: 5%; Roman Catholic: 3%; Hindu: 2%; Buddhist: 1%; other: 1% (1998 est.)

**Birth Rate:** 21.87 births per 1,000 population

**Death Rate:** 6.28 per 1,000 population

**Infant Mortality Rate:** 39.4 deaths per 1,000 live births

**Net Migration Rate:** –0.21 migrant(s) per 1,000 population

**Total Fertility Rate:** 2.54 children born per woman

**Population Growth Rate:** 1.54%

**HIV/AIDS** (1999 est.): Adult prevalence: 0.05%; Persons living with HIV/AIDS: 52,000; Deaths: < 3,100. (For additional details see www.UNAIDS.org, see end of Section 10B.)

**Literacy Rate** (defined as those age 15 and over who can read and write): 83.8%; (male: 89.6%, female: 78%) (1995 est.); attendance for nine years of compulsory school: 95% (education is free and compulsory from age 6 to 15)

**Per Capita Gross Domestic Product** (purchasing power parity): $3,000 (2001 est.); Inflation: 9%; Unemployment: 15% to 20%; Living below the poverty line: 27% (1999 est.)

Indonesia is a developing country with major problems in the social, political, and economic areas. Most people still have a low-subistence standard of living. However, the small middle- and upper-class populations have a very good standard of life. Some Indonesian businessmen even have their companies in some other countries. This means that there is a wide gap between the poor, as the majority, and the rich, as a very small part of the population. It is estimated that the country will join the developed countries in the near future.

**B. A Brief Historical Perspective**

It is generally believed that the earliest inhabitants of the Indonesian archipelago came from India or Burma (Myanmar). Later immigrants, known as Malays, came from southern China and Indochina. This later group is believed to have populated the archipelago gradually over several thousand years. Hindu and Buddhist civilizations reached Indonesia about 2,000 years ago, taking root mainly on the island of Java. In the 15th century, Islam was spread by Arab traders along the maritime trade routes and became dominant in the 16th century.

In the 17th century, the Dutch replaced the Portuguese as the dominant European power in the area. The Dutch gained control over Java by the mid-1700s, but the outer islands were not subdued until the early 1900s, when most of the current territory of Indonesia came under Dutch rule. On the other side, the Dutch and the Portuguese also brought Christianity to the Indonesian people.

After the Japanese occupation of 1942–1945, nationalists fought four years until the Dutch granted Indonesia its independence. Indonesia declared itself a republic in 1945. In 1957, Indonesia invaded Dutch-controlled West Irian (the western half of New Guinea); in 1969, tribal leaders voted to become part of Indonesia, a move sanctioned by the United Nations.

Indonesia also invaded and annexed East Timor in 1975–1976, as Portuguese rule collapsed. However, this annexation brought many internal social, economic, political, and security problems and tensions in Indonesia’s international relations. After the fall of President General Soeharto in 1998, the transitional president, B. J. Habibie, proposed East Timorese vote on two options: independence or integration as a part of Indonesia. Through a self-determination vote under United Nations supervision in 1999, the East Timorese decided to be independent from Indonesia. The level of unrest and violence remains high in East Timor.

In the same year, the Indonesian people held the most democratic general election to that time to choose the people’s representatives in the Parliament and Assembly. Through the Assembly, Indonesian people now have a legitimate president, K. H. Abdurrahman Wahid, and vice president, Megawati Soekarnoputri, for the period 1999 to 2004. This, however, does not mean that the country has already been freed from its major problems. These economic, political, and security problems are the major problems faced by Indonesians under the new legitimatized government.

1. **Basic Sexological Premises**

**A. Character of Gender Roles**

In traditional Indonesian society, women clearly occupy a lower social status than men. This is still the dominant value in Indonesian culture. The idea that a female’s place is in the kitchen is still easy to find, especially in the villages. The husband-wife relationship is a chief-assistant relationship rather than a partnership.

Nevertheless, the role of women is improving in modern Indonesian society. Many women work outside the home, particularly in restaurants and in garment and cigarette factories, even though their wages are lower than those of males. Many female physicians, notaries, and lawyers are found in modern Indonesian cities. A few women have achieved high political positions as Cabinet and Parliament members. Vice President Megawati Soekarnoputri, elected in 1999 by the people’s representatives in the most democratic general election, is a female.

In modern Indonesian society, the husband-wife relationship is also improving, with a gradual shift to a partnership. Husbands increasingly treat their wife as a partner rather than as an assistant. It is no longer strange to see a husband taking care of his baby while his wife is working outside the home. Unfortunately, this improvement mostly
occurs in well-educated couples, which are only a small part of the population. Furthermore, sometimes the change of the husband-wife relationship results in the disharmony of the relationship, mostly because of the negative response of the husband. For example, the husband will feel unhappy if his working wife’s salary is more than his, or he will get angry if his working wife does not prepare dinner for him (Blackburn 2000; Hancock 2000; Robinson 2000).

B. Sociolegal Status of Males and Females

From the standpoint of national law, males and females enjoy the same rights in schooling and careers. However, in some areas, traditional and cultural laws discriminate against females. Only males, for instance, have a right to receive a legacy from their parents. This contributes to a higher status for males.

Another consequence of traditional values is that parents insist on having a son, even though the government has proclaimed a limit of only two children per family, regardless of sex. Many women come to clinics seeking male-sex preselection, even though there is no method that can give a 100% guarantee of having a male child.

In many families, parents give special treatment to the son over the daughter. For example, parents are more likely to support higher education for a son than they would for a daughter. This is based on the stereotype that females will ultimately end up working in the kitchen, while males, as the chief of the family, will work hard to gain money.

Another more serious consequence of the traditional law is that males feel they have a higher social status, and therefore feel more powerful than females. This effect appears in the relationship between a husband and wife where the husband feels he has power over the wife and acts as a chief in the family. Husbands also feel free to do what they want, including having sexual intercourse with other women.

However, among the Miharg Kabou of West Sumatra, females have a higher status than males. Unlike other regions of Indonesia where the male courts the female, Miharg women court the men (Blackburn 2000; Hancock 2000; Machali 2000; Robinson 2000).

C. General Concepts of Sexuality and Love

Traditionally, Indonesian women connected sexuality with love and engaged in sexual activities only with the males they loved, specifically their husbands. A woman, it was believed, was not able to have sex with a male unless she loved him. In contrast, the traditional view fully accepted males as having sex with any female they liked. In essence, females were only sexual objects, designed for male pleasure.

This traditional view is changing in modern Indonesia. For many, sex and love are easy to separate and are frequently viewed as two different things. Many females, especially among the young, want to engage in sexual intercourse with anybody they like without the necessity of loving that person or without any interest in marriage. This concept, of course, is not well received by the older generation.

This concept change does not seem to occur only in the large cities, but also increasingly in the villages. Some studies performed of the young of the villages showed that there is no significant difference in sexual behavior between the young in the village and in the city. The difference is only in the physical environment and other circumstances that facilitate or permit sexual intercourse. Whether in the city or in the village, the young have the same perceptions about pregnancy, abortion, and family planning. The sexual knowledge and behavior of the young seem to be a new dimension, which is separated from the settings and culture of traditional social organization, family, and religion. The opinion that the village is a traditional and homogeneous community, which holds strongly the cultural and religious norms and is not easy to change, is no longer a reality.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

During the first few centuries of the Christian era, most of the islands came under the influence of Hindu priests and traders, who spread their religion and culture. Muslim invasions began in the 13th century, and most of the area was Islamicized by the 15th century. Today, 88% of Indonesians are Muslim, with Hindu, Buddhist, and both Protestant and Catholic Christian minorities. There is a commendable degree of religious tolerance among the people.

Evidence of the Hindu influence can be found in some large ancient temples, like Borobudur, Prambanan, Mendut, and Kali Telon in Middle Java, and Jago temple in East Java. The temple in Borobudur is ranked by many as one of the seven miracles in the world. Many reliefs in the walls of these temples portray erotic themes. In the wall of the Kali Telon temple, for example, there are relief figures of males and females having sexual intercourse. In the Mendut temple, people can see in relief figures a scene of a male and female petting.

Christian Portuguese traders arrived early in the 16th century, but were ousted by the Dutch around 1595. In the early 1800s, the British seized the islands, but returned them to the Dutch in 1816. After the end of the Japanese occupation and World War II, Indonesia declared its independence from the Dutch.

In the past, conservative religious and cultural values had a strong influence on sexual attitudes and behaviors. For instance, it was taboo for male and female adolescents to walk together in public. A daughter who became pregnant before marriage created disastrous consequences for her whole family.

However, the influence of religious and traditional cultural values has decreased in recent decades, most noticeably since 1980. This decrease can be seen in the fantastic changes in the sexual attitudes and behaviors of the people, especially among the young. The widespread distribution of contraceptives, which the government initiated as a national program in 1970, brought many changes in the sexual attitudes and behaviors of the people.

The incidence of abortion among the young, which is estimated at around one million per year in the whole country, shows that the strength of religious values has decreased in today’s Indonesian society. On the other hand, attendance for all the different religious services is very high.

B. Character of Ethnic Values

Each ethnic group has its own culture and sexual values. The Javanese, Sundanese, Minahasans, and Balinese, for instance, are more “modern” than the Dayaks and Papuans. In general, however, sex is considered something private and even secret. Sex is appropriate only between husband and wife. Women are like maids; they are only for their husbands’ benefit. Wives are subservient to their husbands in everything, including sexual contact.

In a certain Javanese art community of East Java, known as the Reog Ponorogo, some men engage regularly in homosexual behavior, because they believe that they have supernatural powers that will disappear if they have sexual contact with women. These men, known as waroks, take care of young males called gemblaks who are treated as females. Waroks engage in homosexual intercourse with gemblaks instead of with females.
In relation to supernatural belief or culture, in a certain community sexual intercourse is practiced as a part of ritual. Many people, hoping to receive a blessing, visit a cemetery on Mount Kemukus in Central Java. However, to receive the blessing the visitors must fulfill one erotic condition. The condition is that the visiting petitioners have to engage in sexual intercourse with each other. They are forbidden to have sex with their own partners during the visit to the sacred cemetery. The other condition is that the sexual intercourse must be done in seven visits with the same partner. It is hard to imagine hundreds of couples having intercourse in the open air under the trees covered with clothes. This cemetery is still visited today by many people from different places, and the free sex among the sacred cemetery visitors continues to the present.

In certain isolated ethnic groups living in remote areas, there is a custom whereby a man may borrow another’s wife. This custom is based on the fact that the number of females is limited and out of balance with the number of adult males. This custom allows a man to enjoy the other man’s wife for a few days, but after that, he has to bring her back to her husband.

In today’s globalization trends, sexual attitudes and behaviors are changing rapidly in all the cultures of Indonesia. Premarital sex, for example, is now common among adolescents. Even premarital pregnancy is easy to find and, for many parents, it no longer has the disastrous consequences it did only a generation or two ago.

There is a homogenous tendency in sexual perception, knowledge, and behavior, especially among the young, which crosses the ethnic and religious boundaries.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

Sex education is not a priority in the government’s program. Until the year 1999, school curricula did not offer students any education on sexual topics or issues. However, the Department of Education and Culture has recommended a book, About the Sexual Problems in the Family, by Wimpie Pangkahila, as a source of sexual information for high school students. This 152-page text, published in 1988, discusses many sexual problems that occur in Indonesian families as a result of misinformation, misunderstanding, and myths, such as the belief in the harmful consequences of self-pleasuring or the impossibility of pregnancy if sexual intercourse occurs only once a month.

The Indonesian Health Department and the National Coordinating Board of Family Planning have a program for Reproductive Health Education. This program, designed for young people, provides seminars on topics of reproductive and sexual health.

In recent years, some secondary high schools have introduced a small segment of sex education as part of their extra-curricular offerings. Outside experts are invited to talk about sexuality in these seminars. The era of reformation in Indonesia has also changed the policy of the government on sex education. The new government, through the Department of Education and Culture, has legalized sex education for students under the title of “healthy reproductive education.” Now sex education is formally a part of school curricula.

B. Informal Sources of Sexual Knowledge

Despite public reticence about sexuality, the Indonesian people are eager for and need more information about the subject—hence, the popularity of public and semi-private seminars on sexual topics. Many social organizations for young people and women sponsor seminars for their members, with outside experts invited to speak about sexuality. The seminars are not only held in the big cities, but also in the small cities and suburbs.

Some magazines, newspapers, radio broadcasts, and TV stations also have columns or programs in which sexuality and sexual problems are discussed. Readers, listeners, and viewers write or call in asking about some sexual issue or problem they are facing or they want to know about. Television viewers can watch advertisements for condoms every day in the context of HIV/AIDS prevention.

With the advent of cyberspace, some Indonesian Web sites now offer popular sites for dialog about sexuality. The popularity of these sites among Indonesians makes it hard to believe the view of some people that sex is still a taboo topic among the Indonesian people.

4. Autoerotic Behaviors and Patterns

A. Children and Adolescents

Autoeroticism is common among children in the phallic stage of their psychosexual development. Although some parents report that they watch their children pleasuring themselves to orgasm, many parents are afraid when they discover their children self-pleasuring because they believe this to be an abnormal act.

Autoeroticism is also common among adolescents as a way of tension release. One unpublished study by Wimpie Pangkahila found that 81% of male adolescents and 18% of female adolescents aged 15 to 20 years old engaged in self-pleasuring. Most reported using their fingers, sometimes lubricated with a liquid. Some rubbed against a pillow or mattress. Only a few females reported using a vibrator.

However, there is still considerable misinformation and misunderstanding about autoeroticism. Many adolescents still believe that autoeroticism or masturbation may result in various health problems, like decreased memory, erectile dysfunction, infertility, and decreased bone marrow.

On the moral side, many adolescents feel that autoeroticism is sinful. But they continue to practice this sexual activity. Questions about autoeroticism appear very often in many informal sources of information about sexuality, such as seminars, interactive Internet chat groups, newspapers, and radio programs. The questions are usually related to the consequences of autoeroticism for the practitioner’s health.

B. Adults

Autoeroticism is very common among adults, especially single adults. The pattern is the same as among adolescents. The use of sexual accessories, like various kinds of vibrators and doll partners, are becoming common even though these materials are still illegal. No legal sex shop can be found anywhere in the country, even in the larger cities. One sex shop did open early in 2000 in Surabaya (East Java), Indonesia’s second largest city, but the police quickly closed it on the grounds that the sex shop did not have a license from the government and that such shops are contrary to Indonesian culture and morality. It is really difficult to understand such reasoning, especially when this episode triggered a flood of questions in various media—questions, such as “Why close a sex shop? Why don’t the police shut down the prostitution?”

However, some drug shops still sell those sex accessories illegally, and people can buy from them.

Masturbation among married men or women is practiced in certain situations, like when they stay apart from their partners, if they cannot reach orgasm by sexual intercourse, or if the partner is not able to engage in sexual intercourse for some legitimate reason. Some wives practice masturbation directly in front of their husbands after they have had sexual intercourse without reaching orgasm. A
few of them use vibrators or other sexual accessories, whereas others do not want to do it in front of their husbands. The result is that the husbands often do not know that their wives are not reaching orgasm by intercourse and are relying on masturbation for this.

Even though autoeroticism is very commonly practiced among both adolescents and adults, many people still believe that autoeroticism is morally wrong and will result in harmful physical and mental consequences.

5. Interpersonal Heterosexual Behaviors

A. Children

Sexual exploration and sex rehearsal play are common among children as a natural part of their psychossexual development. However, many parents are afraid of such behaviors, believing that the child is suffering from some sexual abnormality or that this behavior will result later in life in some sexual abnormality. Some parents bring their children to psychologists to find out whether their child has had actual sexual intercourse.

Many adolescents are afraid of not being virgins because they had sex rehearsal play a long time ago during their childhood. Some of them even come to the clinic to make sure that they are still virgins. Others seek answers to their questions about childhood sexual rehearsal play and virginity from the dialog columns on sexuality in the newspapers.

B. Adolescents

Puberty Rituals

Some ethnic groups, especially in the remote areas and among tribal people, have ritual ceremonies for adolescents. These ceremonies differ greatly from one ethnic culture to another.

In certain areas, there is a ritual ceremony for the female on the occasion of her first menstruation. This ceremony is actually a way to inform the community that this young female now has become an adolescent and is ready to marry. In one area in East Nusa Tenggara province, male adolescents have to practice sexual intercourse after they are traditionally circumcised. For practical reasons, these male adolescents tend to practice with sex workers. With the unhealed penis cut, this practice, of course, can result in transmission of STDs. This practice also poses a high risk factor for the transmission of HIV/AIDS. However, these ceremonies are no longer practiced in most modern areas of Indonesian society.

Premarital Sexual Activities and Relationships

Premarital sexual activities are still generally considered taboo. In general, older persons and parents oppose all sexual activities engaged in before marriage. However, during the past decade, there has been a change in sexual attitudes and behaviors among adolescents. Some small studies in a few Indonesian cities reveal a growing trend among adolescents to engage in premarital sexual activities, such as necking, petting, and even intercourse.

These sexual activities are also becoming common among adolescents in the villages and suburbs. Today, there is no significant difference in sexual perception and behavior between the young in the big cities and the villages.

However, knowing that parents and the older generation oppose premarital sexual activities, young people hide their activities from them. On the other hand, parents frequently give their children more opportunities to be alone with their boy- or girlfriends, and many adolescents take advantage of these opportunities for sexual activities.

In their sexual activities, oral sex is becoming popular among adolescents. There are at least two reasons why adolescents prefer oral sex. First, with oral sex they can avoid the risk of premarital pregnancy. Second, the female feels secure, because oral sex leaves her hymen, a mark of her virginity, intact. A few adolescents engage in anal sex for the same reasons.

Unfortunately, the changes in sexual behavior, which tend to be freer today than in the past, are not accompanied by any increase in sexual knowledge. Most adolescents have many questions about their sexual lives and experiences, which, if expressed, bring negative responses from the older generation, who still believe that such questions are not appropriate for adolescents to inquire about. However, it seems that the general public tends to be more permissive of these changes. Of course, the lack of sexual knowledge results in some negative personal consequences for adolescent life: feelings of guilt and anxiety, unwanted pregnancy, abortion, and STD transmission.

[Update 2003: Alarmed by increasing teenage pregnancies in the 1990s, the Indonesian government started planning to incorporate sexuality education into courses such as biology. Similar concerns prompted NGOs, supported by the United Nations Population Fund (UNFPA), to train peers to provide reproductive health information and services to reduce the rate of unwanted teen pregnancies. UNFPA expanded its information and education materials to reach parents, policymakers, and community leaders, as well as teenagers. Under the theme “Having sex before marriage is not appropriate among youth,” specific messages stress such issues as: “Responsible relationships between boys and girls,” “The world of youth is free, but there are limitations,” and “Youth must get correct and clear information about sexuality.” The UNFPA and its cosponsors program use regional newspaper columns, a question-and-answer book on the 100 most-asked questions about adolescent reproductive health, leaflets, posters, stickers, calendars, and T-shirts, as well as radio and television talks for youth (UNFPA 2000). (End of update by R. T. Francoeur)]

C. Adults

Premarital Courtship, Dating, and Relationships

Dating and premarital sexual relations among adults are very common in modern Indonesian society. The culture requires a particular kind of courtship when a couple wants to marry. In this courtship, the parents and family of the male approach the parents of the female to make the arrangements. In some ethnic groups, a courtship document is signed when presents, such as cows, buffaloes, gold, and jewelry, are given. For many people in these groups, this custom is very expensive, because they need to save enough money to buy the presents for courtship. Presently, this custom is still practiced among certain ethnic groups, particularly those who live in the areas where they have little contact with outsiders. This custom actually implies that the male has bought and now owns the female.

However, traditional courtship customs are no longer practiced by people who live a modern lifestyle, especially those who live in big cities far from their original area. It is much more practical for them to abandon the traditional customs of courtship, which are both expensive and impractical. The simpler courtship custom of modern Indonesians calls for the parents of the young man to visit the parents of the young woman and agree to their children courting, but without expensive presents.

Sexual Behavior and Relationships of Single Adults

Self-pleasuring is a common sexual behavior among single adults, even though it is not allowed by religious and
moral values. Sexual relationships among male and female single adults are also taboo. However, some data show that many couples engage in sexual relations before they marry. A 1991 study by Wimpie Pangkahila suggested a rate of 53% for urban couples. Another unpublished study of rural, pregnant women found a premarital intercourse incidence of 27%.

This incidence is now believed to be much higher because of more-liberal relationships, between single adults and adolescents as well. The term “the other man or woman” has become very popular in the last few years. It is no longer a surprise if somebody is said to have a relationship with an extramarital partner.

Many single adult males have sexual contact with prostitutes. Prostitution exists in many places in Indonesia, whether it is legal or illegal. The range of services comes in various classes from low/cheap to high/expensive (see Section 8B, Unconventional Sexual Behaviors, Prostitution, below).

**Marriage and Family**

India has had a marital code to regulate marriages since 1974. The law requires that a marriage be performed in a religious ceremony and then be registered in the civil act office for Christians, Buddhists, and Hindus. The marriages of Muslims are registered in the Muslim Religion Affairs Office.

Generally, marriage in Indonesia involves the families of both partners. It is uncommon for a marriage to be conducted without involvement of the families of both spouses. In case the families cannot agree for whatever reason, there are two choices for the couple. Adult couples who insist on marrying can arrange their own marriage. The other choice is to delay or cancel the wedding. Couples who insist on marrying even though their families do not agree usually attempt to repair their relationships with their families.

Divorce is prohibited in Christianity. However, Christian couples who want a divorce may apply to a state court for a civil divorce. In Islam, Hinduism, and Buddhism, divorce is allowed for certain reasons, mainly infertility and adultery on the part of the wife.

In some areas, the incidence of divorce is very high because of financial problems, family conflict, and infidelity. For example, in Lombok Island (West Nusa Tenggara Province) there are many young widows with or without children. Of course, this becomes a serious social problem in the society.

Extramartial intercourse is common, especially among males. Many married men seek prostitutes or have sexual relations with single or married women. Extramarital intercourse is also found among married women, but at a lower incidence than among husbands. Although married women do have sexual relations with single and married men, most people consider this as very bad and unacceptable behavior. In a typical, double moral standard, extramarital sex by males is considered something usual, even though it is forbidden by religion, local morality, and law.

**Sexuality and the Physically Disabled and Aged**

Most Indonesians believe that sex is only for physically normal and young people. Most feel uncomfortable when a disabled or aged person still thinks about or expresses an interest in sexual activities. A disabled young woman wrote her complaint and protest in a newspaper because she was discriminated against by a dating and marriage service. The manager of the organization had refused her membership because she was a disabled person. The male manager mentioned that nobody would be attracted to a disabled female.

Even though there is discrimination against disabled persons, marriages do occur between disabled persons, or between disabled and able-bodied persons. Some disabled and many aged people do come to sexual clinics with their sexual problems for counseling and treatment.

The misinformation that sexual intercourse should not be performed after menopause may lead a male with a postmenopausal wife to seek sex with another woman—prostitutes included. Erectile dysfunction is the most common sexual complaint of older males. On the other hand, pain during sexual intercourse is the most common sexual complaint of older females.

**Incidence of Oral and Anal Sex**

Generally, Indonesians do not accept fellatio, cunnilingus, and anal sex as foreplay or sexual outlets. Most people consider these behaviors as abnormal or sinful. On the other hand, many people do engage in fellatio and cunnilingus, but not with their own spouses.

Many men seek out prostitutes only for fellatio, because their wives refuse to engage in it. Some women do like to have cunnilingus, but refuse to perform fellatio for their husbands. Still, many couples enjoy both fellatio and cunnilingus as a part of their normal sexual activities.

Fellatio and cunnilingus are becoming popular among the new generation as a sexual alternative to vaginal intercourse, and as foreplay as well. Generally, they decide to practice fellatio and cunnilingus after watching this behavior on pornographic cable television or on videocassettes. Very few couples engage in anal sex.

### 6. Homoerotic, Homosexual, and Bisexual Behaviors

#### A. Children and Adolescents

Homoerotic and homosexual activities are not common among Indonesian children, although some sexual exploration involving exhibiting the genitals is known to occur. Some children who experience homosexual experience with adults may be drawn into long-term homosexual behavior, but no data are available on the various outcomes of child-adult same-sex experiences.

Some adolescents engage in homosexual activities as a sexual outlet, while others engage in this activity for material gain as homosexual male prostitutes. In one Javanese society of traditional artists, known as Reog Ponorogo, some adolescents engage in homosexual activities to serve adult males who are believed to have supernatural powers (see Section 2B, Character of Ethnic Values).

#### B. Adults

In general, Indonesians consider homosexuality and bisexuality as abnormal acts forbidden by morality and religion. Despite this taboo, thousands of adults engage in homosexual and bisexual relationships. An organization called the Functional Group for Gays and Lesbians exists, with branches in some of the larger cities. This organization also publishes a newsletter/bulletin to help homosexual persons keep in touch and build support.

Most gays and lesbians, however, hide their orientation and activities, because they know that most people oppose homosexual behavior. Only very few male homosexuals want to be open and frank about their sexual behavior. Some homosexual males hide their sexual orientation by marrying a woman for social status and conformity. Their wives only learn that their husbands are homosexual after the marriage occurs. Some of these marriages end in divorce, but some others remain intact for social or religious reasons.

Some men gradually discover their homosexual orientation during adolescence or early adulthood. Others may be
drawn into a homosexual lifestyle, because they had homosexual experience during their childhood. Some engage in homosexual behavior strictly for profit as male prostitutes, and then discover that they have a homosexual orientation.

Since same-sex marriage is illegal, homosexual persons are limited to living-together arrangements and cohabitation without legal sanction. In terms of socializing, some of the larger cities offer places where homosexual persons can gather and meet each other. Sexual outlets among homosexuals, lesbian, and bisexual-oriented adults include oral sex, anal sex, and mutual self-pleasuring. Some lesbians use vibrators or other sexual accessories. But, unlike male homosexuals, lesbians are much less obvious in this society.

7. Gender Diversity and Transgender Issues

There are no precise statistics on the incidence or sexual lives of gender-conflicted persons. It is commonly assumed by professionals in the field that there are thousands of male transsexuals in Indonesia. Banci, a slang term, and waria, an abbreviated combination of wamunt (female) and pria (male), are popular terms for gender-conflicted persons in Indonesia. In Surabaya, the capital city of East Java, Perkumpulan Waria Kotamadya Surabaya, the Association of Waria in Surabaya, provides numbers with support, education, and career training as beauticians, artists, or dancers. These skills, they hope, will allow waria to support themselves and avoid a life of prostitution. Support groups also provide information about HIV/AIDS prevention.

In modern-day Indonesia, people can see many transsexuals working as beauticians, dancers, or entertainers. However, on the other hand, many of them also work as low-class prostitutes. This gives all transsexuals a negative image in the eyes of the wider Indonesian society.

Only a few male transsexuals, usually well-known artists, can afford to have surgery to change their sexual anatomy. The average cost for such surgery is the equivalent of 30 to 40 times a lower-class worker’s monthly income, about US$2,000 to US$3,000.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Child Sexual Abuse, Incest, and Pedophilia

There is no research on child sexual abuse, incest, or pedophilia in Indonesia. What is known about these issues comes from reports in the newspapers detailing some incidents of coercive sex involving children. Legal penalties exist for persons convicted of child sexual abuse, incest, and pedophilia. The social response to these acts is very negative, and the perpetrators are viewed as criminals.

Many street children, whether female or male, experience child sexual abuse. Many male street children are sexually abused by female lower-class prostitutes, who believe the myth that anyone who has sexual intercourse with children or adolescents will remain young.

Incest usually occurs among poor and uneducated families, although this may be a myth. The housing situation of poor families with a single bedroom facilitates the occurrence of incest. Some cases of incest come to public attention when the victims become pregnant and the perpetrators cannot hide the incident. Neighbors and family normally become angry and physically abuse the perpetrator when they learn of such incest.

In the last few years, as the terms pedophilia and sex tourism have become common in Indonesia, knowledge of the incidence of sex with children is increasing. The victims are children of poor families in the villages, while the perpetrators are foreign tourists from other countries. Parents of the children do not object to the foreign tourists who visit their family and offer to help their children. Frequently, the parents agree when the tourists want to bring the children to the city.

It is reported that the organizers are members of an international syndicate of promoters of pedophilia. A video of pedophilia involving Indonesian children is reported to be widely available in many countries.

However, it is necessary to study whether the tragedy inflicted on the children of poverty-stricken families is really the result of paraphilic pedophilia or whether it occurs more because of the belief that sexual intercourse is safer with children who are assumed to be “clean,” free from STDs including HIV/AIDS.

Sexual Harassment

Even though there are no significant data about sexual harassment, it is believed that it is a common occurrence in Indonesia. Many women who work in factories or offices, or walk along the street, suffer from a variety of sexual harassments, although few women realize they are victims of sexual harassment. Conviction on a charge of sexual harassment may result in three to six months in prison.

Fortunately, in recent years, some women leaders have been trying to educate women, teaching them that sexual harassment is illegal and that women have the right to prosecute those who engage in it.

Rape

As with other forms of sexual coercion, there are no significant data on the incidence of rape in Indonesia. Rape incidents perpetrated by an acquaintance, boyfriend, or stranger, and rapes that end in murder are sometimes reported. However, most rapes reported to the police do not end up in a court trial. One of the reasons for this is to protect the victim from public embarrassment in the mass media. Another reason is that the punishment for rapists is considered to be very light.

Marital rape is not reported in the news media, although some wives in counseling or therapy do report being raped by their husbands when they refuse to have sexual intercourse. However, none of the wives want to report this to the police, because they never realize that it is a rape if done by a husband to his own wife. Some wives, however, resist their husbands and threaten to divorce them when forced to have sex against their will. [Update 2003: Indonesia has no law on marital rape, despite considerable debate between religious and legal experts on the subject (Idrus 2000). (End of update by R. T. Franoeur)]

Some taxi passengers are raped by the drivers, and have ended up being murdered. According to the confessions of the taxi drivers, at the beginning they only wanted to rob the passengers, but this in the end resulted in sexual arousal, assault, and murder. Some wives and their daughters become the victims of gang rapes perpetrated by robbers when they are discovered at home during a robbery.

B. Prostitution

Prostitution is widespread and occurs in many locations from small to large cities, even though it is often illegal. In some jurisdictions and cities, where prostitution is illegal, the law may prosecute either the prostitutes or those who manage the business of prostitution.

In a few large cities, prostitution is legal. Many prostitutes (“sex workers”) of different ages, from adolescence to middle-aged, can be seen. The sex workers are not only local or Indonesian females. There are also some foreigners
working as prostitutes. They are divided into different groups based on their appearance, with low-, middle-, and high-class categories. The price of sexual services offered by the sex workers varies, depending on the class determined by their managers. It varies from only 25,000 Rupia (Rp.) (US$3) to Rp. 3,000,000 (US$400) for a short time and one coitus.

Beside legal and illegal prostitution, there is also a hidden prostitution. This is a form of prostitution concealed in another business, such as a massage parlor, beauty parlor, or karaoke place. In terms of STD transmission, this sort of prostitution is worse because the masseuses, the beauticians, or the karaoke escorts do not feel that they are prostitutes; on the other hand, the male customers do not feel that they have had sexual intercourse with sex workers. As a result, many males are unknowingly infected with STDs after they have intercourse with masseuses, beauticians, or karaoke escorts.

Childhood prostitution is often supported by wealthy tourists from the Middle East, Europe, Japan, and other countries, but it is not the extensive problem it is in neighboring nations, like Thailand, Cambodia, Myanmar, and Vietnam. The increase of childhood prostitution is related to the myth that children are “clean” and free from STD infections.

In a few large cities, male sex workers also operate. Their customers are widows, women of middle age or older, and female visitors from foreign countries. Some of them operate quietly as masseurs providing special services for women.

In certain tourist areas, such as Bali, some foreign tourists end up marrying a sex worker whose services they originally sought for pay.

C. Pornography and Erotica

In keeping with our conservative Indonesian tradition, pornography is illegal throughout Indonesia. However, it is not difficult to find “blue” or hardcore video material. Some people sell pornographic books, magazines, and pictures, despite being illegal. People, including adolescents, can easily rent pornographic videos and videodisks in many rental places for a low price because so many of them are illegal copies.

Police have caught some criminals who illegally produce or import copies of pornographic video material. However, the illegal business never stops, and people can always rent or buy such hardcore video materials. There is no protection for adolescents from pornographic materials, so they can rent or buy it easily. The video renters/sellers do not feel a moral responsibility to protect adolescents from the effects of the hardcore materials they sell.

In the era of cyberspace, it is much more difficult to protect adolescents from pornography, because it is very easy to access pornographic Web sites. In big cities, there are many places where people can gain access to the Internet and no one can control this access to pornographic Web sites on the Internet.


A. Contraception

Indonesia has a national program promoting contraception to help married couples plan their families. This program addresses only married people, and not adolescents or unmarried adults. Information on contraception is provided through women’s social organizations, newspapers, and radio and television broadcasts.

In 1970, the government began providing free contraceptives at public health centers. In 1988, with an improving economic situation and people recognizing the need for family planning, the government gradually began reducing its support, encouraging people who could afford them to obtain contraceptives from physicians in private practice or midwives with reasonable fees. The poor can still obtain free contraceptive services at public health centers where the only charge is for an inexpensive admission ticket.

The most popular contraceptives are the oral hormonal pill, hormonal injections, and IUDs. Women have to be examined by a physician before they can obtain a prescription for oral hormonal pills, but renewal of such prescriptions is not limited. Hormonal injections and IUDs are administered by doctors or by midwives. The other contraceptives are hormonal implants and tubectomy. As for males, acceptance of contraception is very limited. There are at least two reasons for this resistance. First, perceived male social superiority results in males not accepting their responsibility for contraceptive decisions and use. Second, there are only two alternatives in choosing male contraceptives, condoms or vasectomy. Condom users account for only about 5% of the total number of contracepting men and women.

Despite the limiting of contraceptive information to married women, some adolescents and unmarried women also use contraceptives. They are available in pharmacies (apothe caries or chemists), and include the condom and vaginal film (tissue). Often the hormonal pill can be obtained without a physician’s prescription.

In general, the people do not agree that unmarried people should have access to and use contraceptives. Thus, there is no formal education in the schools about contraceptives for adolescents. Sexually active adolescents and single adults have only informal sources of information about contraceptives: newspapers, television, radio programs, and seminars sponsored by interested social groups. As a result, not many adolescents understand how to prevent unwanted pregnancies. They do not even understand how to estimate their fertile period. However, with the government agreement on sexual education as a part of the curriculum in the schools, adolescents will have access to complete information about sexuality, including contraceptives.

B. Teenage (Unmarried) Pregnancies

Unmarried pregnancies are not uncommon, but data are nonexistent. What little information is available from routine clinical statistics simply documents the number of unmarried pregnancies in different years. Unpublished data from one urban clinic, for instance, reported 473 unmarried pregnant women seeking aid in 1985-1986, a second clinic served 418 pregnant unmarried women in 1983-1986, and a third clinic reported 693 unmarried pregnancies in 1984-1990.

These reports provide only raw data with no perspective, and the frequency and incidence of unmarried pregnancies are much higher than these few studies indicate. Likewise, there are no data that would allow one to compare the incidence of unmarried pregnancies in the cities and rural areas. However, the incidence of abortions performed illegally by medical doctors or traditional healers suggests that unwanted pregnancies are not uncommon, either in the cities or in the rural areas.

Of course, not all unwanted pregnancies result in abortion. Some pregnant adolescents are forced to marry even though they do not want to. The unwanted babies born by unmarried adolescents or young adults that are taken care of in orphanages also indicate that unwanted pregnancies are not uncommon. Some unwanted babies are left by their mothers in the clinic after delivery. Others are simply left in front of somebody’s house to be rescued.
Based on an estimated one million teenage abortions a year, and the fact that not all unmarried pregnancies result in abortion, it is believed that the actual number of teenage unmarried pregnancies is well over a million a year.

C. Abortion

Abortion is illegal throughout Indonesia, except in rare medical cases to save a mother’s life. It is impossible to obtain any realistic number of abortions performed in Indonesia, simply because it is illegal. However, many abortions are performed. In addition to abortions performed illegally by medical doctors, abortions are also performed by native or traditional healers, who use traditional methods that are often unsafe and result in complications. One such method uses the stem of a coconut tree leaf, which is inserted into the uterus through the vagina and cervix. This method, of course, is very risky, because it is not sterile and the healers do not understand the sexual anatomy. Some deaths are reported after abortions by native healers because of uterine rupture, bleeding, or infection.

Some doctors are caught by the police because they perform abortions in their clinics. A few of these cases were reported in the news media when police found many dead fetuses buried in the yard of a clinic or in plastic bags thrown into the garbage bins or dumps.

It is estimated that around 2.5 million abortions are performed each year throughout Indonesia, for both married and unmarried women. Of these, around one million are abortions performed on teenagers.

D. Population Programs

The success of Indonesia’s national program of family planning was recognized in 1989 when the United Nations gave its Population Award to the president of Indonesia. Efforts are being made to achieve zero population growth in the near future.

These efforts are particularly important considering that the island of Java is one of the most densely populated areas of the world with 2,100 persons per square mile (2.6 km²) and over 100 million people on the island of 51,023 square miles (132,149 km²). By comparison, the states of New York, North Carolina, and Mississippi are each roughly the same size as Java, but have only 18, 6.6, and 2.5 million people, respectively.

One important effort is to increase the participation of males in family planning. Up to now, their participation is very low. The involvement of males in family planning is only 6% of the contraceptors because of various factors. The male superiority is one of important factors that inhibit males accepting responsibility in family planning. Most males are not interested in using either condoms or vasectomy.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Although no survey and reliable clinical reports are available, it is the clinical experience of the authors and their colleagues that sexually transmitted diseases are common among Indonesian adolescents and young adults, indicating that the taboos against premarital sex are not observed. The incidence is highest among those between ages 20 to 24, and lower among the 25- to 29-year-olds and 15- to 19-year olds. As would be expected given the social customs, the incidence among males is higher than it is among females. The most commonly reported STDs are nonspecific urethritis, gonorrhea, ulcus molle, and genital herpes. Syphilis is no longer common, although it appears to be increasing in recent years.

Transmission of STDs is caused by unsafe and high-risk sexual behavior, including intercourse with sex workers. The use of condoms is not popular among males who are involved in high-risk sexual behavior.

Treatment for STDs is available at all health clinics throughout the country. Some years ago, the government sponsored a program to reduce the spread of STDs by providing prostitutes with penicillin injections. Unfortunately, the program is no longer available.

Currently, sex workers have taken the initiative in preventing STD transmission. However, their effort is often medically unsound because it is only based on misinformation from friends or other lay people. The most popular method employed by sex workers is consuming an oral antibiotic after sexual activity. The other is irrigating the vagina with antiseptic. These methods, they believe, can prevent STD transmission, including HIV/AIDS. On the other hand, the customers also believe that if the sex workers do not have any visible signs of an STD, they are not at risk of being infected even though they do not use a condom.

The prevention efforts by the government and non-governmental organizations (NGOs) focus on providing information in seminars and the mass media, including the newspaper, radio, and television.

Some informal studies of STD prevention have found that most Indonesians do not understand well the nature and character of STDs. The obvious question, then, is whether the strategy and/or technique of prevention efforts have to be reevaluated, and probably even changed.

B. HIV/AIDS

The first case of AIDS found in 1987 in Denpasar (in Bali) was a Dutch visitor. This incident scared many people, including the hotel staff where he stayed and the hospital staff where he was treated a few days before he died. Fortunately, in revealing that HIV/AIDS was indeed present and active in Indonesia, this incident raised the awareness of many Indonesians, including doctors and government official.

Until the end of 1987, there were only 6 cases of HIV/AIDS reported in Indonesia. Thereafter, this incidence has increased rapidly as reported by the Indonesian Department of Health (see Table 1). In the first two months of the year 2000, 103 new cases were reported, suggesting the start of an exponential increase, with perhaps a tripling of cases to about 600 for 2000. The cumulative number of HIV/AIDS cases until February 2000 was 1,146, consisting of 853 cases of HIV positives and 293 cases of AIDS. However, it is believed that the real number of HIV/AIDS cases is much higher than the reported number. The real number of HIV/AIDS cases is estimated around 100 to 200 times greater than the reported number (Indonesian Department of Health 2000).

The 1,146 cases of HIV/AIDS reported as of February 2000 are spread throughout Indonesia’s 23 provinces. These involve 679 males and 412 females, with the sex of 55 patients unidentified. Most of the HIV/AIDS cases in Indonesia resulted from heterosexual contact. Most of those infected

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
<th>Year</th>
<th>Cases</th>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>7</td>
<td>1992</td>
<td>28</td>
<td>1996</td>
<td>137</td>
</tr>
<tr>
<td>1989</td>
<td>7</td>
<td>1993</td>
<td>113</td>
<td>1997</td>
<td>118</td>
</tr>
<tr>
<td>1990</td>
<td>9</td>
<td>1994</td>
<td>87</td>
<td>1998</td>
<td>200</td>
</tr>
<tr>
<td>1991</td>
<td>18</td>
<td>1995</td>
<td>89</td>
<td>1999</td>
<td>225</td>
</tr>
</tbody>
</table>

Table 1 Incidence of AIDS in Indonesia, 1988-1999
are between 15 and 39 years of age (Indonesian Department of Health).

Sex workers are believed to be one source of infection transmission, but the freer sexual behavior among today’s people has also become a prominent factor. In the early years of HIV/AIDS transmission in Indonesia, it is estimated that some HIV-positive foreign tourists who came to popular tourist centers like Bali introduced the virus through sexual contact with sex workers or local people.

Prevention efforts have been provided for some groups of people, such as sex workers, both female and male, people who work in the tourism industry, university and high school students, long-distance truck and bus drivers, women leaders, and religious leaders. These efforts involve providing information, education, and training on how to reduce the spread of AIDS, and include blood tests for HIV infection. Campaigns to popularize the use of condoms are now conducted through the mass media, including newspaper, radio, and television. However, it is not easy to make people aware and encourage random use if they engage in high-risk sexual intercourse.

The classical belief that using condoms inhibits the joy of sex is still fixed in the mind of almost all Indonesian males, as well as females. The simple distribution of condoms to sex workers does not solve the problem. Most males seeking sex workers do not want to use condoms because of the classic myth of inhibiting pleasure. Sex workers are in a very weak bargaining position, so they do not have enough power to refuse the customers who do not want to use condoms. If they insist and refuse the customer who does not want to use a condom, they will have to answer to their manager, and this could lead to further difficulties. No one seems to know what policy could best convince those who have sex with sex workers that condoms are a must in today’s world. Indonesia very much needs a national policy to encourage men frequenting sex workers to use condoms, or to press sex workers not to do their job if the customer does not want to use a condom. If such a policy is not found and implemented effectively, Indonesia faces the distinct likelihood of an explosion of cases of HIV/AIDS in the near future.

[Update 2003: Indonesia faces a national health disaster, which belies its reputation as the world’s largest, and quite conservative, Muslim community—an epidemic of IV-drug use that suggests needle sharing will soon upsurge unsafe sex as the most common method of contracting HIV (The Age 2003).]

[According to Henry Yosodiningrat, a Jakarta lawyer and member of the government’s National Narcotics Agency, “This is an extremely serious issue for us. It’s a threat that could kill an entire generation. There’s not a school or district anywhere across the country where drugs are not used.” In January 2003, Broto Wasiso, head of the Health Ministry’s committee on drug control, and a member of the national HIV/AIDS control board, agreed that IV-drug use “is a national emergency as far as controlling the spread of HIV/AIDS is concerned.” In February 2002, a report by Melbourne’s Macfarlane Burnet Institute for Medical Research and Public Health estimated that there were between 1.3 million and two million IV-drug users in Indonesia, with up to one million of these injecting. Some local estimates put the number of users at four million—about one in every 50 Indonesians.

[In 1996, Jakarta’s RSKO hospital, which specializes in treating drug addicts, dealt with 2,000 patients; three years later, the number had risen to 9,000. In the process, users are getting younger, with most now between the ages of 16 to 25. The full range of drugs available in the West, and more, is used here. Premium-quality marijuana from Sumatra, ecstasy, heroin, and methamphetamine are offered for sale. Shabu-shabu, a potent new form of methamphetamine that is injected, inhaled, or taken orally, increases the duration and intensity of sex and reduces inhibitions, making users fearless and prone to risk-taking. It is popular among prostitutes and their clients in Indonesia’s massive sex industry and is cheaply produced in backyard factories. There is a caste system among Indonesian drug users. The middle class use ecstasy; poorer people use shabu.

[Despite the growing awareness of the problem, Indonesia faces unique obstacles and some reluctance in dealing with it. “Although the use of illicit drugs is increasing, political conflict, power struggles, and widespread corruption are influencing how the drug-related HIV/AIDS crisis should be tackled,” the Macfarlane Burnet report concluded. A major obstacle in the anti-drug war is a mind-boggling array of other social, economic, and security crises competing for the government’s attention. Then there are too many other pressing health problems: high maternal and infant-mortality rates, malaria, tuberculosis, and a multitude of diseases because of the lack of clean drinking water. All these obstacles are complicated by the free flow of money from the drug syndicates to buy officials, police, and the army. There is also evidence that elements of the underfunded police and military are themselves involved in the drug trade and are willing to fight public turf wars for their share of it. In October 2002, at Binjai in north Sumatra, soldiers in an army airborne unit tied up their officers and attacked police stations using rocket-propelled grenades, mortars, and automatic weapons, killing eight police and civilians. The solders were upset after the police arrested a drug dealer and seized 1.5 tons of cannabis.

[Meanwhile, the East Timor government and the UN have launched an AIDS-awareness campaign on television, radio, and print media, hoping the country can avoid the explosion in HIV/AIDS seen elsewhere in the region. East Timor, newly independent from Indonesia on May 20, 2002, has so far avoided an HIV/AIDS epidemic, but social dislocation, cross-border migration, high unemployment, illiteracy among the rural population, and low awareness about HIV indicate a significant risk. In 2002, preliminary estimates from the Ministry for Health showed the rate of HIV infection at 0.64% of people of reproductive age. Cambodia, Thailand, and Myanmar have HIV rates of more than 1%, according to UNAIDS (Ruters Health, 2002). (End of update by R. Clancyou))]

[Update 2002: UNAIDS Epidemiological Assessment: Until the end of 1998, all HIV/AIDS data collected in Indonesia from all sources indicated that HIV-seroprevalence rates were very low (below 0.1%), even in the highest heterosexual risk groups, such as female sex workers. The exception to this very low HIV prevalence was in Merauke (in West Irian) where relatively high HIV-prevalence rates were reported among female sex workers several years ago.

Starting in 1999 and continuing in 2000, several HIV Sentinel Surveillance sites for female sex workers began to detect increasing numbers of HIV infections, and prevalence rates from 1% to 5% were found in several areas. Although injecting-drug-user populations were not included as a routine sentinel surveillance group, several ad hoc sero-surveys throughout Indonesia, especially in Jakarta, detected sharply increasing HIV prevalence (up to over 35% in Jakarta) among injecting drug users in late 2000. This increasing trend of HIV prevalence can be seen in blood-donor data from the Indonesian Red Cross from 1992 to 2000. In recent years, approximately 750,000 to 1,000,000 blood donors have been screened annually for HIV; a marked increase was seen in 1999 and 2000, probably reflecting the
large increase among injecting-drug-user populations noted during the same time period.

[Indonesia is classified as a country with a concentrated HIV epidemic, primarily among its injecting-drug-user population. At the end of 2001, an estimated 120,000 people were living with HIV/AIDS. The estimated number of AIDS deaths for the year 2001 is about 4,600. Most of these AIDS deaths occurred in or around Jakarta, where the majority of the HIV-infected injecting-drug-user populations live.

The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

- Adults ages 15-49: 120,000 (rate: 0.1%)
- Women ages 15-49: 27,000
- Children ages 0-15: 1,300


At the end of 2001, an estimated 18,000 Indonesian children under age 15 were living without one or both parents who had died of AIDS, (End of update by the Editors)]

11. Sexual Dysfunctions, Counseling, and Therapies

The diagnostic paradigm used by Indonesian sexologists is basically that of William Masters and Virginia Johnson, with presenting cases of inhibited penile erection (erectile dysfunction), early (premature) ejaculation, inhibited (retarded) ejaculation, male and female dyspareunia, inhibited female orgasm, and vaginal spasms (vaginismus).

However, the development in diagnostic tools has changed both the results of the diagnosis and the strategy of care management. With some diagnostic tools, like the erectiometer, Doppler pen, and Rigiscan, a more accurate diagnosis can be achieved. For example, before the new diagnostic tools were developed, most erectile dysfunction was considered to be psychological in origin. But after the development of new diagnostic tools, it is found that most erectile dysfunctions are organic. This finding, supported by the new medicines like sildenafil, has changed the strategy in the management of erectile dysfunction. Now the treatment of erectile dysfunction is divided into three steps: first-, second-, and third-line therapies. First-line therapy consists of sexual or psychosexual therapy, oral erekctogenic agents (primarily Viagra), and a vacuum constriction device. Second-line therapy includes intracavernosal injection and intraurethral application. Third-line therapy is the surgical procedure of penile implant. These advanced treatments are available only to a small minority of Indonesians living in urban centers who can afford them.

A common psychological sequel for males with a sexual dysfunction is a feeling of inferiority with regard to their partner. This feeling is often what brings the male to seek treatment.

Many women, on the other hand, tend to hide their sexual problems and feel shy about seeking treatment. Many married women never have orgasm and never tell their husbands. At the same time, many husbands are unaware or do not even suspect that their wives never have orgasms. Many of them are simply unaware of their wife’s sexual dysfunction even after the wife complains to a sexologist.

Out of 4,135 women who came for consultation at the authors’ clinics for their own or their husband’s sexual problem, 2,302, or 55.7%, have never had an orgasm, and 527, or one in six (12.7%), have experienced orgasm only rarely. Among those who never reached orgasm, 60 (2.6%) experienced dyspareunia, 67 (2.9%) experienced hypoactive sexual desire, and 27 (1.2%) suffered from vaginismus.

The high incidence of sexual dysfunction among Indonesian females is caused by poor communication between husbands and wives, poor sexual knowledge, and male sexual dysfunction. However, good diagnosis and treatment for sexual dysfunctions are available in only a few urban clinics, and are available only to those who can afford it.

12. Sex Research and Advanced Professional Education

A few Indonesian sexologists have finished their education and training in the United States, Belgium, and Australia. Some informal, unpublished clinical studies of sexuality in Indonesia have focused on sildenafil and alprostadil for the treatment of erectile dysfunction, on sexual perception and behavior among the youth in cities and villages, and sexual knowledge, perception, and behavior of STD patients. Some studies are currently in progress, including management of erectile dysfunction using the new medications, and high-risk sexual behavior in relation to HIV/AIDS transmission.

Advanced education on sexuality is available only in the Master Program in Reproductive Medicine at Udayana University in Denpasar, Bali. This program offers sexology lectures and study as a part of the curriculum. As a postgraduate program, it requires a two-year study course in sexology, spermatology, experimental reproductive biology, reproductive endocrinology, embryology, family planning, and infertility management. Instruction in sexology includes perspectives on sexuality, gender and sexual behavior, childhood, adolescence, and adulthood sexuality, sexual fantasy, sexual variation, sexual dysfunction, sexual deviation, and premarital and marital counseling.

The mailing address of this center is: The Master Program in Reproductive Medicine, Udayana University Medical School, Attention: Prof. Winwip I. Pangkahila, M.D., Ph.D., Jl. Panglima Sudirman, Denpasar, Bali, Indonesia.

References and Suggested Readings


UNFPA. 2000 (June 22). Sex before marriage not appropriate for youth, messages tell Indonesian adolescents. UNFPA at work.
PART 2: THE INDIGENOUS ORANG RIMBA FOREST PEOPLE

RAMSEY ELKHOLY

Demographics and a Brief Historical Perspective*

A. Demographics

The Orang Rimba are an indigenous minority population inhabiting the primary and secondary lowland forests of south-central Sumatra, the largest and most western of the Indonesian islands just south of Malasia. Kuhu is the most commonly used exonym by local villagers and the general Indonesian populace, and it is the most common referent found in the anthropological literature (see Van Dongen 1906; Loeb 1942; LeBar 1972; Sandbukt 1984, 1988ab; Persson 1989; Sueto 1992). However, in this title they resent being designated by, as it is a pejorative term connoting “savage” or “primitive.”

They practice a nomadic or semi-nomadic form of hunting and gathering economy, occasionally supplemented with basic slash and burn (swidden) agriculture. Precise population figures are difficult to obtain, but 2,600 to 3,000 are realistic estimates, with the largest subpopularity living in Jambi Province, and nearby another third of the total population concentrated in the Tembesi-Tabir interfluve, where slash and burn agriculture has intensified in recent decades, thus leading to higher birthrates. Significant numbers are also found in South Sumatra Province, while remnant populations and new migrants can also be found in West Sumatra and the Riau Provinces.

Group sizes range from small nuclear domestic units to larger swiddening (slash and burn) camps, which can reach 100 or more persons (Sandbukt 1988a). In cases where residential groups consist of nuclear family dwellings, it is common for two or more kin-related families to consolidate their efforts by sharing game and other wild foods to compensate for their small group sizes. In recent decades, some groups have adopted a more sedentary life, shifting their economic orientation towards subsistence horticulture and rubber tree cultivation and tapping. This has led to higher birthrates among women, but infant mortality remains high, particularly in areas where deforestation has occurred, where they are coping with the transition to sedentism without proper healthcare and hygienic education.

B. A Brief Historical Perspective

For centuries, the Orang Rimba have avoided sustained contact with neighboring agricultural peasantries, preferring to trade only with a select few trusted villagers. Various historical accounts report that in certain areas they had practiced a form of “silent trade,” whereby forest products were traded on the fringes of the forest to be collected by villagers, who would exchange these products with needed goods, such as salt and metal for spear heads and machetes, by placing them in the same spot—both sides never meeting face to face (Boers 1838; Forbes 1885). This form of barter may have been replaced, in some cases, with face-to-face encounters with a Malay intermediary known as tenang or bapak semang. He was seen as a guarantor of their autonomy, and the forest products they forfeited to him (e.g., rattan, damar, “dragon’s blood,” and honey) were often of much greater value than the goods received (e.g., salt, tobacco, metal tools, and clothing), which were to be seen as gifts rather than direct equivalents of the goods offered (Sandbukt 1988b, 112-13). This system lasted until recent years and still persists in some areas, but in a less paternalistic and strictly economic form.

Such extreme xenophobia may have been a response to the fears of slave raiding in past times. According to Sandbukt (1988a, 111) and Marsden (1811, 41), slave raiding on the inter-local level was a real and serious threat to the Orang Rimba until only a few generations ago. Such dangers may have increased with the spread of Islam from the 14th century onwards. In the Islamic faith, it is forbidden to enslave other Muslims. The non-Muslim indigenous populations of the interior, such as the Orang Rimba, were, therefore, obvious targets for slave raids and other forms of persecution (cf. Denatan et al. 1997).

Their long history of avoidance of the outside world is deeply rooted in an ideology, passed down from their ancestors, that envisions the bifurcation of humanity into two types: Malays—who live in permanent villages and follow the dictates of Islam; and the Orang Rimba—who live in the forest and follow the traditions and customs of their ancestors (see Sandbukt 1984). This distinction is the inspiration and guiding principle of their lives, and any crossing or confusing of these two domains would be seen as a breach of the sacred mode of life passed down from their ancestors.

The Orang Rimba identify all that is sacred with the forest and, concomitantly, view many of the Islamic customs practiced by their sedentary village-dwelling neighbors as somehow impure and, therefore, taboo. The coexistence of these two groups, the Orang Rimba and Muslim villagers, is an excellent example of what anthropologists call a “commensal relationship,” two groups who can reside in the same area without competing, because they have independent or different values and customs. Commensality practices perfectly illustrate this. The foods commonly eaten by Muslim villagers, such as goats, cows, buffaloes, and chickens, are foods that are forbidden to the Orang Rimba, whereas certain forest game, such as wild boar, turtle, and snake, foods quite common to the Orang Rimba, are taboo to the Muslim villagers.

The Orang Rimba integrate and associate religion, the supernatural, notions of well-being, subsistence practice, and survival in general with their forest environment. Richly imbued with nurturing and life-giving qualities, their forest world is viewed as a pantheistic totality where a wide variety of deities reside under the auspices of a benevolent and omnipotent Godhead (Behelo). Forest deities are contacted regularly by experienced shamans who, while in trance, are endowed with the special ability to see and communicate with these otherwise invisible beings. Such sacred communication insures protection from physical and supernatural dangers and promotes success in hunting and the general well-being of the group. It also serves to maintain and regenerate the delicate dialectical balance between themselves and the forest, and the sacred mode of life practiced therein.

Despite their rich and complex system of beliefs, they are, nonetheless, considered pagan savages or “infidels” by their Muslim agriculturist neighbors. Moreover, these encompassing agricultural peasantries, along with a continual

*Editor’s Note: Because there are over 300 distinct indigenous ethnic groups in Indonesia, the authors of Part I of this chapter focus mainly on urban and village Indonesians, for various data are not available. Here, in Part 2, Ramsey Elkholy, a sociocultural anthropologist, expands on this picture of sexuality within modern urban and village Indonesians with insights from his fieldwork with the indigenous Orang Rimba hunter-gatherer forest people of Sumatra, Indonesia. For additional insights into the sexual attitudes and behaviors among other indigenous peoples, the reader is referred to the sections on the aboriginal people of Australia and Brazil, Canada’s First Nation People, and the indigenous people of French Polynesia and Papua New Guinea in this volume.
influx of transmigrants from Java, continue to clear Orang Rimban forestland for their slash and burn fields. More threatening still to Orang Rimban environments are the large-scale logging operations that continue in both South Sumatra and Jambi Provinces. These days, many groups camp on the side of logging roads in order to gain easier access to outer-market goods and services. Exchange contacts have also increased and diversified as a consequence of their broadening knowledge of the outside mercantile economy, and they no longer accept the paternalistic relationships with Malay intermediaries whereby “gifts” are received for their labor and forest products. Although they are enjoying greater access to the wider market economy, which has provided them with unprecedented opportunities to amass personal wealth (usually measured in sheets of cloth, gold, currency, and outer-market goods), there are few, if any, Orang Rimba environments that are not somehow threatened by the forces of encroaching development.

Aside from the destruction of their forests, the Orang Rimba have been under increasing pressures from central and local governments to assimilate. In the 1960s, the Department of Social Affairs (Depsoes) initiated an assimilation campaign in an attempt to settle the Orang Rimba permanently in Malay-style villages and encourage them to practice subsistence agriculture. In coordination with Indonesia’s Department of Religion (Dinas Agama), and occasionally through missionaries—sometimes foreign—attempts have been undertaken with varying degrees of success to convert them to Islam, the nation’s predominant religion. Christian missionaries have also played an active role in persuading the Orang Rimba to abandon their traditional mode of life in the forest and assimilate to Malay ways, which involves taking up permanent residence in or near one of the nearby villages. Since Indonesia’s independence in 1945, most villages have established Government-sponsored primary schools, where Pencasianal national philosophy and modern Indonesian is taught. This has promoted a sense of nationalism and broader regional awareness that is largely absent among the Orang Rimba, who by and large still remain separate geographically and culturally, and continue to see the world from a purely provincial or local perspective.

While the pressures of deforestation and development are causing rapid social changes and challenging the resiliency of their traditional way of life, domestic practices, including gender roles and relations, have remained relatively unaffected, aside from higher incidence of male deflection to local villages where intermarriage is sought. No known precedence has been set for villager males marrying into forest-dwelling Orang Rimban camps. As such, these groups remain ideal contexts for studying traditional internal social dynamics. However, the Orang Rimba’s well-established history of avoidance behavior had, in the past, undermined many attempts at conducting in-depth anthropological investigation, particularly regarding sensitive matters such as gender and sexuality, which require intimate contact on the domestic level and access to women by researchers. The information reported here is based on a field study of close to two years, when the author lived among the Orang Rimba on the domestic level. The demands of local customs necessarily restricted the author’s access to Orang Rimban women.

1. Basic Sexological Premises

A. Character of Gender Roles

The Orang Rimba use kinship categories as the basic societal building blocks of their social organization. Kinship ties determine residential arrangements, distribution of resources, and key social alignments, in effect producing and reproducing their idealational ties and wider social order. Populations who may be separated by hundreds of kilometers will maintain contacts with their near and distant kin, either directly or through intermediaries. Through these “kinship networks,” one enduring cultural type—however dispersed—may be said to exist. Gender relations are equally conditioned and affected by kinship relations and, therefore, kinship affiliation plays a fundamental role in shaping Orang Rimban social values and general modes of behavior.

Postmarital residence is uxorialocal. A male will marry into his spouse’s group and, after an unspecified period of bride-service to his father-in-law, he will remain under his authority and be expected to provide his labor power and moral support indefinitely. He will eventually replace his father-in-law’s position, either by usurping his power when he is physically unfit or too old to make important decisions (e.g., resolving disputes, representing the group and their needs to outsiders, etc.), or when he finally dies. Marriage is normally a strenuous affair for in-marrying males as well as for both families involved. Most family members, fathers and brothers in particular, will fiercely resist any attempts by an outsider male to marry into the family. The outsider male must first gain the family’s trust, and the suitor’s bride-service is aimed at achieving this end. Cross-cousin marriage is preferred over unions with non- or distant kin, as trust has already been established through previous consensual relations between siblings.

An Orang Rimban man will commonly exhibit “macho”-like characteristics, asserting a “don’t fool with me” status to other men. Such a disposition is largely because of the ever-present need to claim one’s rights to women, particularly spouses, but also female children of marriageable age who are increasingly coming of age. The protector of men and women and children. A woman’s role is that of “the protector of women and children. A woman’s role is twofold, that of “the gatherer” of wild food, which includes digging edible tubers, and that of “the nurturer” of the young. While Orang Rimban society appears to be male-dominated in most respects, women often enjoy considerable autonomy and hold considerable political sway over their spouses, particularly when their fathers and male siblings are nearby, where they can voice their complaints and thereby summon their support (see Sandbukt 1988a).

Domestic space is delineated by the male and female domains in their split-level shelters. The upper level is the male domain, where visiting men are welcome to sit, smoke tobacco, and pass the time of day; the lower level is strictly for women and children. The lower level physically marks off a boundary from the rest of the shelter and is strictly off-limits to all adult males except for a woman’s spouse.

These days, collecting forest products for external exchange is increasing, as the Orang Rimba’s ever-growing dependency on outer-market goods, such as cigarettes, coffee, sugar, and rice increases. It is now more common for women to frequent village shops to buy supplies and to sell...
their forest products. In some areas, however, women are still fiercely protected from the perceived dangers of the outer world and are forbidden to enter the village without male accompaniment. In more-rare cases, where traditions still strongly prohibits contact with outsiders, women are forbidden from entering the village altogether.

Labor power is a central concern in Orang Rimban society, and every member, if able, is expected to contribute to the well-being of the group. Even child labor is utilized to its fullest extent. As soon as children can walk, they learn, mostly through imitation, the tasks appropriate to their gender. Girls will look after their younger siblings, fetch water, cook, weave sleeping mats, collect firewood, help clear swiddens, and other household chores. Boys will also help clear swiddens and follow older boys and adult males on fishing and hunting excursions.

Young girls will be expected to take care of and nurture younger siblings, and it is not uncommon for a 7-year-old to spend an entire afternoon looking after younger siblings while her mother is out collecting forest products. On other occasions, they may accompany her on short excursions to dig for edible tubers. At this age, a girl will mix freely with boys, but as she approaches menarche her domestic responsibilities will increase along with her increasing awareness of her sexuality. She will already understand and adhere to the social sanctions regarding excessive contact with males. When she reaches her menarche, and for the remainder of her pre-marriage years, the only men she will interact with will be her male siblings and father. It is not uncommon, however, for an adolescent or young-adult girl to eschew intimate contact even with her male family members, who, following the same code of conduct, may speak to her only when necessary.

Female children are particularly coveted and prized. Aside from helping with household chores, such as cooking, collecting firewood and water, nurturing younger siblings, and various other domestic tasks, they will someday fetch a brideprice or fine, often paid in sheets of cloth. In more recent times, gold and currency have also been used. Female children are also valued for the subsequent labor power of an in-marrying male they will bring. More pressure to be self-sufficient is brought to bear on boys, and they will be encouraged to collect forest products or go fishing at the early age of 7 or 8. As they approach their adolescent years, they will accompany men on hunting excursions and increase their proficiency in forest-product collecting. They will commonly receive their earnings from their mother for safekeeping or for the group’s immediate needs. The logic behind expecting young boys to produce and contribute to the camp’s subsistence base lies not only in their inherent abilities, but also in the recognition that they will provide their labor power during their growing years, but eventually will leave the camp to marry-in to another group. Moreover, they will need such survival skills in order to seek a wife and support a family someday.

Obedience to adults, particularly fathers, is an enduring characteristic of Orang Rimban family life. Unlike most of the world’s egalitarian hunting and gathering societies, where children enjoy great personal autonomy and are expected to respect, but not necessarily obey their parents (Drennan et al. 1997), Orang Rimban children are highly disciplined and are expected to both respect and obey their elders. A child that does not obey a parent is referred to as “evil” (jahat) and, in extreme circumstances, may be subject to physical punishment. This is more common among same-sex parent-child relations. For example, a father will not beat his daughter, and a mother will rarely, if ever, beat her son. More commonly, however, children are scolded verbally to invoke a sense of shame that is especially felt when their behavior is called into question publicly before the scrutiny of the camp.

B. Sociolegal Status of Males and Females

The Adult World

As mentioned above, most of the world’s hunting and gathering peoples are egalitarian in their social organization. The Orang Rimba are an exception in this regard, in that competition between men based on unequal access to women creates distinct inequalities between men. As a result, disputes commonly arise between men over their “rights” to women. Out of the need to protect one’s claims to women, fathers over daughters and husbands over wives, the Orang Rimba have developed strong notions of law and social order. A male’s voice is often oratorical and loud, and their strong sense of law and moral propriety is revealed in the content and character of their speech. In some areas, they have assimilated to an archaic Malay hierarchy, one which the Malays themselves no longer ascribe to, where various ranks provide the authority of a head-ranking headman (tumenggung). These hierarchies most likely served as a mechanism through which they could be governed, however loosely, by the wider rural society, and to extract valuable forest products for external exchange. But they also serve as a legal mechanism through which serious disputes can be resolved. Incumbents are elected to office by their own kinsmen after demonstrating their mastery of formal adat customary law, which is exhibited through a public recital of its precepts. In areas where the Orang Rimba have not assimilated to this hierarchy, marked inequalities between men still persist, mainly as a consequence of uxorial local postmarital residence and the requisite subordination of in-marrying male’s to their father-in-laws.

A deep mistrust between distant or non-kin males regarding access to women is a pervasive characteristic of Orang Rimban social relations. Women are fiercely protected from outsiders, and restrictive taboos on interaction with women by non-kin males are strictly adhered to by all but the southernmost groups. Local residential camps, therefore, are usually comprised of only close kin. Groups with distant or no kinship ties, although cooperating occasionally, perhaps by sharing game or storing foodstuffs for one another, will occasionally suspect each other of wrong doings. The nuclear or extended family, therefore, is the core and basic building block of Orang Rimban social life. Constituting their domestic sphere, it is the fulcrum from which all notions of self and collectivity, as well as relations with others, emanate.

Women are normally regarded as legal minors (Sandbukt 1988ab), but while women are normally subordinate to either their spouse or male relatives, they do often enjoy considerable autonomy within the domestic context, holding considerable influence in private family matters and in the unconditional loyalty they receive from their children. In legal matters, however, in cases of dispute or whenever personal rights are called into question, women are always subordinate either to their male consanguines or affines. Adultery, “wife stealing,” and excessive intimacy with an unwed girl (gadis) are the most serious breaches of Orang Rimban customary law, and severe punishments may be administered by a headman when such transgressions occur. In cases when a headman is not present, a male litigant, perhaps a father or male spouse, will demand payment of a fine outright, as compensation from the accused male. Such fines are commonly paid in cloth, gold, and cash currency. When disputes cannot be effectively resolved by the two parties concerned, a headman or local villager, perhaps a village headman, will
be summoned to mediate. In most cases, the woman involved will not be held accountable. Her actions are more often viewed as a subconscious response to the male offender’s sorcery or “love magic.” Full responsibility, therefore, is brought to bear on the actions of men, while strict behavioral constraints are adhered to by both sexes in order to temper suspicions and prevent such transgressions from occurring.

The World of Children

The legal status of children is called into question when a parent dies. For example, in instances when a mother has died, her brother, rather than her spouse, will claim legal custody of the children, as is prescribed by traditional adat law. This often leads to a dire situation for fathers, who are pressed to either run off with their children or mount a defense against their brother(s)-in-law for custody. Life-long discord between men often results out of such situations, leading to disputes that may never be effectively resolved. “Legally,” however, a widowed male will be required to join the group of a brother-in-law and remain subordinate to him. A man who loses a spouse, therefore, also loses a degree of autonomy over his children and himself if he wishes to remain with his children without fleeing the area.

In cases when a father dies, men, particularly those wishing to acquire a second wife, will often assert their claim to the widowed woman. In such instances, a woman can be taken against her will if her male relatives are unable to ward off such men. This happens when the male siblings are too young or simply unable to effectively assert themselves. Having a second wife increases a man’s prestige and contributes greatly to the labor force, particularly because child-labor is also utilized. Moreover, female children will one day fetch bride-service and the requisite subordination of any in-marrying male. Orang Rimban life, therefore, is highly political, and power relations between men very much hinge on their ability, or inability, to claim and maintain their “rights” over women and children.

In many cases, women are enjoying greater autonomy these days as contact with neighboring village populations increases. They often travel to village markets to buy supplies unaccompanied by men. This would have been unheard of only a decade ago when women were still fiercely protected against the dangers of the outside world. In some areas, the Orang Rimban still maintain such taboos regarding excessive contact with outsiders. In all cases, however, a woman will not travel to the village unless accompanied by another woman or by children. Unwed and newly wed women are particularly restricted from excessive contact with outsiders, and they often do not leave the general vicinity of the camp unless they are deep in the forest. Boys, however, are free to travel as they desire, shifting their residence as personal whim dictates, often without announcement. Only when a male marries will he be obligated to other persons.

C. General Concepts of Sexuality and Love

There is only one word in the Orang Rimba’s lexicon that corresponds to the Western notion of “love” (sayang). While translating literally into the English notion of “pity,” it more accurately connotes empathy and endurance. Often asexual in its usage, it is most commonly used to describe feelings toward children and long-acquainted spouses, particularly where bonds have grown and strengthened throughout the years. Romantic love is a much less articulated notion, most probably because it commonly occurs among young persons and leads to tensions between the two families involved, who must negotiate a solution, such as marriage or payment of fines to the girl’s family in cases where excessive intimacy, which can consist of mere flirting, has occurred. Where marriage is consummated between first cousins, strong bonds may quickly develop through the pre-existing stable relationship between families, particularly in cases where the spouses have been acquainted since childhood.

While the complexion of any relationship is highly contingent on the individual personalities involved, the ability to bear children and perform adequately in household and subsistence-related activities is a necessary prerequisite for both sexes in order to allow a stable union to develop. Both sexes will seek an industrious mate, but in many cases their families will assist, or even determine, their children’s spouse, particularly in the case of females. In the female context, bearing and nurturing children, forest-product and tuber collecting, and general domestic efficiency are highly valued attributes. A barren woman is either divorced or relegated to the subordinate status of second wife. In the male context, good hunters and natural leaders who are brave in articulating the group’s needs to outsiders, thereby politicking effectively, are sought out, and in some cases, are able to marry more than one wife.

Lust is considered a natural inclination among men, but is downplayed in women. Far from embracing a woman’s natural sexual desires, the Orang Rimba see women as innately vulnerable and, therefore, in need of protection against the predation and charms of men. Strict rules prohibiting male-female contact outside of marriage serve to combat or remedy a male’s natural proclivity to seek a female. Although sex is accepted as a human urge, its referent, mengawan, is rarely spoken in the presence of women. Sometimes, a young man’s desire for a woman will prompt him to run off with a girl without the consent of her father, particularly in cases where he either does not wish to perform bride-service, does not have the resources to pay a brideprice, or is simply unable to gain the trust and acceptance of the girl’s family (see Section 5B, Interpersonal Heterosexual Behaviors, Adults, on Courtship and Marriage). Whatever the method of consummation, strong emotional dependencies will develop through the course of a lifetime, and the losing of a spouse is met with uncontrollable weeping that can last for weeks on end. (Keep in mind the hardships and loss of status experienced by widowed men and women discussed above.)

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

Among males, loincloths are worn that cover the genitalia while exposing the buttocks. Women wear wraparound skirts known as sarongs and often go bare-breasted, particularly if they are nurturing young children. No sense of embarrassment is felt by such bodily exposure, because domestic units are comprised of only close kin. However, while in the village to trade, Orang Rimba now adhere to village etiquette and wear Western-style trousers, Indonesian sarongs for women, and shirts. Back in their forest camps, however, they revert back to their traditional attire. Men these days, however, are increasingly wearing short pants, even while in their forest camps.

Since their introduction in recent decades, brassieres have been commonly worn by women, often with no shirt. In the past, women wore brassieres outside their shirts as decorative attire, ceasing only when local villagers explained the proper manner in which they are to be worn. Orang Rimban women, nonetheless, continue to wear only brassieres without shirts while in their forest camps to provide easy access for breastfeeding an infant.
Children will remain naked until they reach the age of 3 or 4. During these years, they will mix freely with few, if any, behavioral constraints relating to gender. At this early stage in a child’s development, however, a boy’s sexuality will be exalted. This is best exemplified by the playful attention a boy’s genitalia receive from camp members. The foreskin of the penis is often squeezed and the residual odor on the fingertips is smelled with much fervor and delight by all, who will claim it smells “sweet.” A female’s genitalia, however, do not receive such attention; on the contrary, they are rarely, if ever, referred to. A male infant will also receive a kind of “erotic” nurturing from his mother, who will adore and kiss him by smelling or sniffing while breastfeeding, or massage his penis and anus with no inhibitions. Female children, however, do not receive such attention from either parent.

As children grow, maternal bonds weaken and they are encouraged to be independent, both economically and emotionally. They will increasingly seek the company of their age-mates, with whom they will play and venture into the forest to search for food and forest products. They will no longer be permitted to sleep with their mothers, not only in order to encourage independence, but also to discourage incestuous desires in the boys. By the time adolescence is reached, both sexes will be well versed in the particular modes of conduct appropriate to their gender. Boys avoid all contact with young unwed females, while the latter eschew contact with all men.

A girl will cover her breasts during her adolescent years, exposing them once again only after marriage, when she will need to nurture her young. Expressions of female sexuality and displays of femininity are, therefore, systematically discouraged; and whereas only men are held “legally” responsible for their actions, heavy responsibility also rests on women to uphold ideals of purity and chastity, a task which often proves to be increasingly difficult as they come of age and become the temptation for acquisitive young bachelors or older males wishing to acquire a second wife. Should a woman fail in upholding these ideals, a sense of shame and embarrassment will be brought to bear herself and her family.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

The vast majority of Orang Rimba live in geographically isolated areas outside the main network of roads that connect most larger rural villages and towns and, therefore, have little or no access to formal schooling. Only those settled groups that are near roads have access to the primary schools found in nearby villages. Even in these cases, however, attendance is sporadic, as children are often required to help their families with subsistence-related work and/or forest activities. Parents may be unwilling to permit children to attend for fear of enculturating into the “village-world,” where Malay customs and Pencasillian national philosophy are taught. (Recall the Orang Rimba’s staunch opposition to village ways described in the opening section on Demographics.)

In some cases, however, the Indonesian Department of Health (Dinas Kesehatan) has sent healthcare workers to those Orang Rimba settlements that are accessible by road to hand out hygienic supplies and offer advice on contraception and family planning (see Section 9, Contraception, Abortion, and Population Planning).

B. Informal Sources of Sexual Knowledge

As camp life is normally public and informal in nature, unmediated by walls or strong notions of privacy, children are free to overhear whatever they may take an interest in. Young children may overhear or see the silhouettes of their parents making love in the same shelter should they awaken in the middle of the night. As married men will always be on alert for any undue attention or sexual overture towards their spouses, they will rarely discuss matters that are sexual in nature with other married men so as to avoid attracting such attention to her. However, boys and young men may discuss sex among themselves, outside the company of women. While uttering the word mengawan (sex) in the company of females is forbidden, young boys commonly discuss young girls, as well as their own sexuality, among their close age-mates. Masturbation and female anatomy may also be discussed, often playfully, by young males. Girls may have similar discussions, albeit in a less explicit manner.

Almost all sexual knowledge, therefore, is gained in the informal context of the camp, either through overhearing adults or through rehearsals with their same-sex age mates. Such rehearsals or “play” may occasionally lead to homosexual behavior among boys (see Section 6, Homosexual, Homosexual, and Ambisexual Behaviors). While girls may overhear the discussions of older women and are well aware of the process of conception, they are generally less experienced in terms of premarital sexual exploration, because of the considerable pressures they are under to uphold ideals of chastity. It is therefore most probably the case that women learn the techniques of sexual intercourse only after marriage, following the lead of their spouse. This may simply involve assuming the bottom position, as the act of coitus is always performed in the “missionary” position.

4. Autoerotic Behaviors and Patterns

As mentioned above, the genitalia of male infants and children are the object of much playful affection. As male children reach adolescence, and often in their prepubescent stage, they will begin to explore their own bodies and perhaps even the bodies of their male age-mates. Young boys who have developed intimate relations with one another are extremely uninhibited with their bodies in each other’s presence, and it is not uncommon for young boys to touch and comment on the dimensions, size, and general qualities of an age-mate’s penis. At the site where this author collected data for this report, preadolescent and adolescent boys were well aware of which boys could and could not ejaculate through masturbation. And while this was most commonly performed in private, they did not feel any sense of shame or embarrassment when detected by the author of this chapter or their peers.

Among adults, masturbation is looked upon as something natural to the male gender. Women, on the other hand, are expected to live up to the ideals of purity and loyalty to men, and are thus discouraged from showing any expression of sexual enjoyment outside of marriage. It is therefore unlikely that masturbation would occur with anything near the same frequency as found among males because of the behavioral restraints imposed upon them.

5. Interpersonal Heterosexual Behaviors

A. Children and Adolescents

Puberty Rituals, and Premarital Sexual Activities and Relationships

Orang Rimba do not practice any formal puberty rituals or rites of passage. However, when both genders have demonstrated a degree of self-reliance, which for boys includes proficiency in hunting and forest-product collecting—the former a skill required to perform adequate bride-service and eventually feed a family, and the latter as a means of cash income—they will be accorded relative degrees of re-
spect by their elders. An indication that a child or adolescent has reached a level of self-sufficiency may be when she or he has a personal debt recorded in a villager’s debit book. This implies that debts will be paid for products credited (e.g., rice, cigarettes, sugar, coffee, flashlight batteries, etc.) without the help of the young person’s parents. In some rare cases, parents will wait until the child reaches this degree of sufficiency before giving a name.

Other indications that a child has “come of age” might be smoking cigarettes bought with their own earnings with other males, and for girls, covering the breasts with a sarong. This may occur well before menarche is reached, as the girls become increasingly aware of their sexuality and the appropriate modes of conduct incumbent on them. Marriage, however, is the decisive indication of adulthood, perhaps more so for men than women. A woman achieves the full respect accorded to womanhood when her first child is born.

As noted earlier, adolescents and pre-adults are required to adhere to strict taboos on touching or flirting with the opposite gender, and any act perceived as constituting excessive intimacy is grounds for adults to convene in order to discuss the matter and administer a fine to the accused. Because of such fear of punishment, premarital affairs of any sort are uncommon and always secretive. In almost all cases, the male will be blamed for “corrupting” the girl and he will be required to pay a fine (dendo), most commonly in cloth, currency, and occasionally gold. In cases where sex has occurred between the couple, they will be required to marry, but only after the male endures a frenzied beating by the girl’s younger siblings for the shame he has caused her family.

Any sort of premarital sexual activity, therefore, is very rare as it is considered among the most serious crimes in Orang Rimba society, and is punished accordingly. In most cases, men also have no sexual experience with a woman prior to marriage. These days, however, pre-adult males are in increasing contact with local villagers and, in one case that was reported to the author, young Orang Rimba men were beginning to seek the services of prostitutes for “unattached” sexual enjoyment.

B. Adults
Courtship and Marriage

Marriage is rarely consummated as a result of a woman’s personal preference. She may, however, be able to refuse a male suitor, depending on the nature of her relationship with her family and their own position on the matter. In most cases, however, daughters will acquiesce to the wishes of parents, their fathers in particular, as after many years of segregation from males outside the immediate family, they have developed no other ties with men, romantic or otherwise, and, therefore, may see marriage as an opportunity to progress to the next stage in their development. They would rather enjoy the accorded prestige and status of marriage, rather than remain a subordinate member in their cognatic family. In other cases, however, girls may be afraid and apprehensive of leaving the security of their parents’ guardianship to enter into a new and unfamiliar living arrangement with a man. This may be particularly true when girls are betrothed at an early age to a male that they are relatively unfamiliar with or do not have feelings for.

In many cases, marital unions will occur between first or second cousins, most preferably where their parents are siblings of opposite gender. It is considered a mild form of incest (sumbang) when persons descending from same-sex siblings marry. In such cases, the male suitor must pay a fine to the family of his bride. In cases where a woman’s family approves of the union, the father will fix a bridewe price, which will be paid to the father and, in some cases, be distributed to the bride’s male siblings as well.

Loyalty is the most important quality sought in a son-in-law, and the latter’s bride-service is aimed at gaining the trust of the bride’s family. During this period, which can last months or years, the male suitor is scrupulously tested for his honesty and generosity, which he demonstrates by sharing the spoils of his hunting and whatever other resources he acquires, such as coffee, cigarettes, and other products bought with his earnings from forest-product sales. He is also expected not to be “proud” (bangga), which might be revealed through not showing proper respect to the bride-to-be’s family or “saying one thing and doing another.” If he is unable to demonstrate proficiency in subsistence-related skills, including collecting forest products, the male suitor will be thought to be either insincere in his intentions of marriage or simply incompetent in his ability to support a family and, consequently, he will be deemed an unworthy candidate for marriage into the girl’s family.

In many cases, after being refused marriage by a woman’s father, and finding no other welcoming host families, a suitor is pressed to either run off with the girl or express his intentions of marriage to her in private, in an attempt to circumvent the authority of her disapproving family. In such cases, the union may take place, but only after he pays a fine and possibly endures a beating by the bride’s female family members and younger siblings for his unduly intimacy with the girl (Sandbuik 1988b, 114-115). The bride may also be severely beaten by her mother for her defiance and the consequent shame she has brought upon her family.

Payment of a fine is preferred by the host family, as it does not carry implications of bride ownership as does the outright payment of a bridewe price. This type of union, kawin lari (literally, “marrying on the run”), often brings a sense of embarrassment and shame to the family of the groom, but nonetheless occurs with at least the same frequency as arranged marriages. Elopement of this sort may also occur between first cousins where the bride’s family does not approve of the union. In one recorded case, a young man threatened to defect to a nearby village and “enter Islam” if his male cousin, whose father was deceased thereby entrusting him by default with the authority to betroth his sister, refused to give her in marriage. This young man was competing with another cousin and with his own father, who wanted to take the girl as a second wife.

In extremely rare cases where marriage occurs between male villagers and Orang Rimba women, the couple will always take up residence in the village. As such, this sort of marital arrangement is deeply resented by the Orang Rimba, in terms of the loss of a female family member, the lost labor power of an in-marrying male, and perhaps most significantly, in the act of making the prohibited cultural crossing of forest and village domains. Consequently, the family will often break ties with the female defector.

In cases where a woman’s father is deceased and her siblings are either too young or unable to assert themselves with an older, more dominant male, the latter may bring enough pressure to bear on the situation, that the girl will be taken by coercion, and he may simply pay a compensatory fine to her male siblings. Having no father-in-law to provide bride-service for or be subordinate to in an uxorial or residential arrangement, he may simply adopt the new wife to live in his own group. As such, this sort of marital arrangement is highly undesirable to the family of the bride and, concomitantly, is much sought after by Orang Rimba men, as it provides them with a high degree of personal autonomy that would not otherwise be achieved until the death of a father-in-law.
exception. An upper limit of seven wives has been reported, while at one field site in this author’s study, a man was cohabiting with five wives, the fifth wife being an adopted daughter. In most cases, however, monogamy is the most common arrangement.

When a second wife is taken, she must first endure a ritual beating by the first wife for the shame that has been caused to her that her husband would seek another spouse, and to assert her seniority in their new residential arrangement. The new wife is not permitted to strike back or retaliate at any time and she is expected to remain subordinate to the former indefinitely. Their shelters may stand as little as three feet from one another, and the husband normally alternates residence with no fixed pattern; his original wife, however, may be given preference. Should a first wife discover her spouse in the act of coitus or other intimate activity with a second wife, the latter may once again undergo a severe beating for arousing jealousies and her perceived insolence in displaying her affection.

Divorce is not uncommon but becomes increasingly rare after the first child is born. Divorce may be initiated by the family of the bride, often when a husband does not adequately provide for his wife and children, or does not share with or show the proper respect to his spouse’s consanguines, particularly her father, but also her mother and brothers.

If a woman wishes to remarry, she will be expected to wait at least two to three years in order to avoid being perceived as overly eager in her desire to form a union with another man. If she has been proven guilty of adultery in the past, she may be forever stigmatized and forbidden to remarry, in theory at least. If a woman remarries shortly following her divorce, she will be fined 500 sheets of cloth by her ex-husband and may lose custody of her children. A man is expected to abstain from marriage for at least six months, and a lesser fine, perhaps 20 sheets of cloth, must be paid to the family of his first spouse in the event that he remarries too soon.

Wife stealing is a reported occurrence, and in such cases the woman in question may not be held liable (see Section 1B, Sociolegal Status of Males and Females). The “stolen” wife’s family and spouse may prefer rather to accuse the male culprit of enticing or alluring the woman with sorcery or “love magic.” In one instance, a male was known to have “stolen” four wives, all on separate occasions. The putative punishment would have been severe fines or death by the spear of the woman’s male siblings or husband. In this case, purportedly, no male siblings or husbands were courageous enough to seek retribution, and the fearless offender, aside from being banished from the area, was said to only have endured a physical thrashing by the women’s younger siblings. However, if it were perceived that the woman fled intentionally and was willingly cohabiting with another male, she would also be the subject of death threats made by her male siblings, father, and/or husband for her immoral conduct.

Sexual Behavior

Immediately after marriage, a couple will take up residence in the same shelter, but in many cases, sexual activity will not commence until a much later date, when the girl overcomes her initial fear of sex with her new spouse and gradually adjusts to her new residential arrangement. Such a disposition is created by years of avoidance of males, which in many cases has instilled a deeply inculcated sense of embarrassment towards men as well as her own sexuality. This may be particularly true in cases where girls marry at an early age. A newly wed wife, therefore, may require up
to two to three years before she is comfortable with engaging in sexual intercourse.

Occasionally, couples will reside a short distance apart from the rest of the group for the sole purpose of conception. This is particularly so in polygamous marital arrangements, in order to remain out of the purview of other spouses so as not to arouse jealousies. In most cases, because their simple temporary shelters do not contain walls, the couple will engage in sexual activity discretely during the night while others are sleeping or camped a safe distance away. Once children are born, the couple must engage in sexual activity only when children are sleeping, or during their infancy years when they are too young to be aware of their parents’ behavior. Recall the rule prohibiting children, once they reach the age of 5 or 6 from sleeping with their mothers. This also insures that a couple will have sufficient privacy to engage in sexual intercourse in the confines of the small family shelter.

In most cases, the male initiates sexual activity. His spouse will normally not refuse him, particularly in polygamous arrangements where time may be divided between wives. In cases where a male has been effectively subordinated to his in-laws, a woman may exercise her power to refuse him or voice her opinion regarding the matter. Also, where couples are first cousins, a considerable rapport may develop, thus creating an arrangement through which mutual compliance dictates their course of action regarding such matters.

Acts of fellatio and cunnilingus are unheard of within traditional modes of sexual intercourse. Coitus is always performed with the man on top and woman on bottom in the “missionary” position. As is the custom in most areas of the Indonesian archipelago, kissing is not performed with the lips but, rather, involves the smelling or sniffing of the nose and facial area. Incidentally, mothers and fathers also practice this behavior in their nurturing of infants and young children.

6. Homoerotic, Homosexual, and Bisexual Behaviors

Male homosexual behavior has been reported in rare instances among adolescent boys and young adult males, whereas it is practically unheard of among married men. The actual form and nature such relationships take is unclear, and in most cases may amount to mere sex rehearsals or exploration. Coitus, however, has been reported first hand to the author by two married men of their engagement in anal intercourse during their adolescent years. After being detected by an adult, they were each fined 20 sheets of cloth and stigmatized for a brief period. As married adults with children, both men recounted the episode with humor and expressed no shame or embarrassment. While no cases are known of married men engaging in homosexual activity, informants claim that this may have occurred in previous generations. They could not recall actual incidents, but claimed that the men involved must have been punished severely, perhaps even killed by the male members of the wives’ families. (Recall that homicide is more commonly threatened and rarely actually occurs.)

Despite the lack of information regarding incidence of female homosexuality, the sense of shame and ideals of purity regarding the female body and sexuality that are so deeply inculcated in a girl during her years of development and throughout her entire life may inhibit any actual lesbian activity from occurring, even if such desires should arise. However, while questioning men regarding the issue, they claimed that such conduct would not be seen as a serious offense, most probably because it does not threaten the delicate balance of power relations between men as do other forms of sexual misconduct, such as adultery.

7. Gender Diversity and Transgender Issues

In the small Orang Rimba population of less than 4,000 persons, incidence of gender-conflicted persons is statistically rare. No cases have been reported of transvestite, transgenderist, or transsexual individuals. Even if such tendencies are harbored in individuals, they may never be realized because of the ever-present pressures to assimilate. Cases of specially gendered persons, such as hermaphrodite, hijra, berdache, xanith, or intersexual, are also unreported.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Child Sexual Abuse, Incest, and Pedophilia

Child sex abuse has not been reported, but informants claim that such occurrences may occur between men and adopted daughters, but never between men and their natural-born children. Purportedly, an offender would be speared or liable to pay severe fines if detected. Pedophilia involving two males, although virtually unheard of, is not considered a serious offense, mainly because the male body is not seen as an object of purity to be coveted. Death, however, is the stated punishment if such an occurrence involved a young girl. Again, it should be emphasized that actual cases of homicide are extremely rare, and it is more commonly the case that only death threats are made, but never actualized in violent action.

Incest taboos are strictly adhered to, and there are no known cases of sibling or parent-child unions or sexual relations. Indirect forms may occur, but are subject to varying interpretations as to whether they constitute actual incest. For example, the above-mentioned instance where a male married an adopted daughter was not seen as constituting incest by the former; but his sons, who were raised with the girl and considered her a natural sister in every way, strongly disagreed. Despite their attempts to prevent the union from taking place, which included a report to the chief of a nearby Malay village, their father insisted he was not committing incest, as the girl was not related to him by blood.

Sexual Harassment and Rape

Incidence of sexual harassment and rape is rare and always subject to interpretation by the parties involved. For example, in the above-mentioned cases where men elope with women in an attempt to bypass the authority of the latter’s disapproving family, the family of the girl may claim that she was carried off against her wishes or while under duress. If the daughter agrees that this was the case—which may be in her best interest in instances where she fears punishment—her family may claim abduction, or even rape, if it can be established that sexual intercourse had occurred. In such instances, the male would be required to marry the girl and pay severe fines, as well as endure a beating by the girl’s younger siblings.

Other sorts of harassment initiated by men towards women will, almost without exception, be interpreted as sexual in nature. In one case observed by the author, an adolescent male was accused of following a girl in the forest while collecting forest products. During a series of meetings between both fathers, which lasted three days, the accused male claimed to have been coincidentally working in
the same area of forest, while his father, knowing well that his son was attracted to the girl and was indeed following her, tried to “settle amicably” by suggesting the two marry. The father of the girl refused vehemently in typical Orang Rimba fashion, and the young male was fined 20 sheets of cloth for a kind of “sexual harassment,” even though physical contact, or even verbal communication between the two, did not occur.


Plant contraceptives and abortifacients are not used and infanticide is unheard of. A postpartum taboo on sexual intercourse is adhered to for several years after a child is born, in order to allow for a sufficient weaning period. During a swaddening cycle, taboos are more lax; hence, when groups revert back to nomadic foraging, a woman may have more children to feed than she can comfortably manage. “Blood money” (bangun) is paid to a woman’s parents if a child is thought to have died of milk deprivation caused by closely spaced pregnancies, which are thought to disrupt an infant’s weaning cycle (Sandbukt 1988ab).

Most groups are inaccessible to the Indonesian Department of Health’s regional and local offices, which deal primarily with neighboring rural village populations. Groups of Orang Rimba living in government-sponsored settlements, or who have settled on their own accord, may be visited by Department of Health nurses, workers, and, occasionally, government bureaucrats. Advice on infant care and family planning is given, and most recently, contraceptive injections have been offered, but widely refused, mainly because of mistrust and disapproval on the part of their spouses, who would prefer that the government not get involved in private family matters. Their visits are seen as mere formalities with distracted objectives. Such meetings involve little or no evaluation and are sporadic with no routine follow-up visits. During these “courtesy calls,” soap, combs, and other toiletries are handed out, which the Orang Rimba find insulting, along with biscuits and cigarettes! For this reason, the Orang Rimba, males in particular, may resent the efforts of representatives of the Department of Health, which they perceive as being insensitive to their true needs.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Not much is known about the incidence and types off sexually transmitted diseases among the Orang Rimba. Male informants can name at least three different classes of sickness attributed to sexual contact:

- **Koreng**, literally “scabies”: symptoms include itching and skin irritation in or near the genitalia. Instances are said to occasionally lead to divorce in cases where symptoms have not dissipated.
- **Sakti bini/sakti laki or sakti koncing**, literally “wife/husband sickness” or “urinating sickness”: symptoms include urinary tract infection characterized by a burning sensation during urination.
- **Buntal**, or “swelling,” which is said to feel like biting crabs. Buntal can infect the urinary tract and eventually lead to erosion, with death in rare cases. A tale was recounted (whether symbolic or literal is unknown) of a man’s father spearing to death his daughter-in-law for allegedly afflicting and eventually killing his son with this disease.

The Orang Rimba employ a limited range of plant remedies, mainly derived from bark, leaf, and root extracts. For venereal disease, however, only bamboo water is used. Normally for the treatment of *koreng*, pulp water is drunk directly from the fillings of a species of bamboo shoot (*ave kurang bamboo*).

B. HIV/AIDS

Interruption of local population villages is rare, and in cases where intermarriages do occur, Orang Rimba will marry into the village rather than vice-versa. Their forest-dwelling populations, therefore, are somewhat pristine, from a genetic point of view. This, coupled with the very low incidence of sex outside of marriage, has rendered their populations relatively safe from the wide range of sexually transmittable diseases that may occur among the surrounding Indonesian populace. There are no reported cases of HIV or AIDS among forest- or village-dwelling Orang Rimba.

11. Sexual Dysfunctions, Counseling, and Therapies

Male impotency is a sexual dysfunction that is rarely reported; but inability to conceive when males do not suffer from impotence may also be considered a form of sexual dysfunction, for which a female spouse will most commonly be blamed. In cases where the woman is known to be fertile, as in second marriages where she has produced offspring during her first marriage, she may seek a divorce on the grounds of her spouse’s infertility. In cases of male impotency, an aphrodisiac is used to induce penis erection. This remedy is a root extract from a species of plant locally referred to as *penyega*, and can be boiled and drunk with water, or eaten directly.

[A Postscript on the Dugum Dani]

ROBERT T. FRANCOEUR [Update 2003]

[In 1938, the Dutch government discovered the people of Dugum Dani living in a fertile valley of the New Guinea mountains. Aside from one basic sexual taboo, the Dani live a free, unpressured sexual lifestyle with a positive view of sex and intercourse. They have only one restriction—that a member of the Wida Dani should never have sex or marry a member of the Waija, although the two clans are friendly. Yet there is little sexual activity among either clan of the Dani at any age.]

[Couples seldom engage in premarital intercourse, not because of any taboo, but because they really are not interested in sexual intercourse. Whatever premarital sex occurs is always between seriously courting couples. When the Dani do marry, they usually delay having intercourse for at least two years until they have established a new residence. (Within the village compound, Dani men and women continue to sleep apart, the men in one hut and the women and children in another. After a child is born, the couple may remain celibate for five or six years before having intercourse again, allowing the mother to concentrate her efforts on raising the child. Others breastfeed their children for several years, and some Dani women still breastfeed hungry piglets if the sow is nowhere to be found, although this is not as common now as when they were discovered 70 years ago. After the death of a spouse or a divorce, a person may wait months or years before engaging in sexual intercourse. There are no taboos against male or female masturbation, but the Dani seldom do it at any age. In all these situations, the society places very few if any restrictions or negative messages on any sexual expression as long as it occurs between two persons in the same clan.]
Generally, Dani women see no advantage in having a lot of children, because their only social function is to care for the pigs, and one or two children per family can easily do that. Often the women will end an unwanted pregnancy by having a skilled friend massage and pummel the uterus, even though inducing an abortion is frowned upon.

The Dani’s low interest in sexual activity does not relate to prohibitions, repression, or a negative attitude toward sex. They live in a “perfect” climate, have a good diet, and no endemic diseases. Their hormonal balance has been found to be normal, as is their fertility rate, considering how infrequently they engage in intercourse. It is also interesting to note that the neighboring tribes do not share the Dani’s lack of interest in sex. Therefore, it can be assumed that this is not a type of behavior learned from other cultures.

Their low sexual activity seems to be a reflection of a generally low-keyed life. They are not an emotional society. They rarely show overt anger or fight. Occasionally, they have ritual battles with other tribes, but the battles, while bravely fought, are usually short, lacking in intensity and excitement. One can conclude that this society invests little psychological or emotional energy in anything they do, a characteristic reflected in their sexual relationships (Gardner & Heider 1974; Lindholm & Lindholm 1981; Sims 2001). (End of update by R. T. Francoeur)

References and Suggested Readings
Critical Acclaim for
The Continuum Complete International Encyclopedia of Sexuality

1. The International Encyclopedia of Sexuality, Vols. 1-3 (Francoeur, 1997)
The World Association of Sexology, an international society of leading scholars and eighty professional organizations devoted to the study of human sexual behavior, has endorsed The International Encyclopedia of Sexuality as an important and unique contribution to our understanding and appreciation of the rich variety of human sexual attitudes, values, and behavior in cultures around the world.

Recipient of the “1997 Citation of Excellence for an outstanding reference in the field of sexology,” awarded by the American Foundation for Gender and Genital Medicine and Science at the Thirteenth World Congress of Sexology, Valencia, Spain.

Recommended by Library Journal (October 1, 1997) to public and academic librarians looking to update their collections in the area of sexuality: “An extraordinary, highly valuable synthesis of information not available elsewhere. Here are in-depth reports on sex-related practices and culture in 32 countries on six continents, contributed by 135 sexologists worldwide. . . . For all academic and larger public collections.”

Picked by Choice (Association of College & Research Libraries/American Library Association) as Best Reference Work and Outstanding Academic Book for 1997: “Although this encyclopedia is meant as a means of understanding human sexuality, it can also be used as a lens with which to view human culture in many of its other manifestations. . . . Considering coverage, organization, and authority, the comparatively low price is also notable. Recommended for reference collections in universities, special collections, and public libraries.”

“Most impressive, providing a wealth of good, solid information that may be used by a wide variety of professionals and students seeking information on cross-cultural patterns of sexual behavior . . . an invaluable, unique scholarly work that no library should be without.”—Contemporary Psychology

“. . . enables us to make transcultural comparisons of sexual attitudes and behaviours in a way no other modern book does. . . . Clinics and training organizations would do well to acquire copies for their libraries. . . . Individual therapists and researchers who like to have their own collection of key publications should certainly consider it.”—Sexual and Marital Therapy (U.K.)

“. . . scholarly, straightforward, and tightly-organized format information about sexual beliefs and behaviors as they are currently practiced in 32 countries around the world. . . . The list of contributors . . . is a virtual who’s who of scholars in sexual science.”—Choice

“. . . one of the most ambitious cross-cultural sex surveys ever undertaken. Some 135 sexologists worldwide describe sex-related practices and cultures in 32 different countries. . . . Best Reference Sources of 1997.”—Library Journal

“What separates this encyclopedia from past international sexuality books is its distinct dissimilarity to a ‘guidebook to the sexual hotspots of the world.’ . . . An impressive and important contribution to our understanding of sexuality in a global society. . . . fills a big gap in people’s knowledge about sexual attitudes and behaviors.”—Sexuality Information and Education Council of the United States (SIECUS)

“Truly important books on human sexuality can be counted on, perhaps, just one hand. The International Encyclopedia of Sexuality deserves special attention as an impressive accomplishment.”—Journal of Marriage and the Family

“. . . a landmark effort to cross-reference vast amounts of information about human sexual behaviors, customs, and cultural attitudes existing in the world. Never before has such a comprehensive undertaking been even remotely available to researchers, scholars, educators, and clinicians active in the field of human sexuality.”—Sandra Cole, Professor of Physical Medicine and Rehabilitation, University of Michigan Medical Center

“. . . a masterpiece of organization. The feat of successfully compiling so much information about so many countries into such a coherent and readable format defies significant negative criticism.”—Sexuality and Culture, Paul Fedoroff, M.D., Co-Director, Sexual Behaviors Clinic Forensic Program, The Royal Ottawa Hospital, Ottawa, Canada

“. . . [a] treasure trove. . . . This unique compilation of specialized knowledge is recommended for research collections in the social sciences . . . as well as a secondary source for cross-cultural research.”—Library Journal, March 15, 2004, p. 64

“. . . a book that is truly historic, and in many ways comparable to the great sexological surveys of Havelock Ellis and Alfred Kinsey. . . . Many works of undeniable importance are intended to speak about human sexuality. But in this encyclopedia we hear the voices of a multitude of nations and cultures. With coverage of more than a quarter of the countries in the world, . . . not only will the Continuum Complete International Encyclopedia of Sexuality remain a standard reference work for years to come, but it has raised the bar of sexological scholarship to a rigorous new level.”—John Heidenry, editor, The Week, and author of What Wild Ecstasy: The Rise and Fall of the Sexual Revolution

For more review excerpts, go to www.SexQuest.com/ccies/.