Culture, local construct of masculinity and HIV-risk practices among young male IDU in a slum area in Makassar, Indonesia

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Abstract

This study explored the social context of HIV-risk practices among young male injecting drug users (IDU) in a slum area, commonly named *lorong*, in the city of Makassar, South Sulawesi, Indonesia. HIV-risk practices are defined as risky injecting practices such as the sharing of needles and other injecting equipment and unsafe sexual practices i.e. having multiple sexual partners and low level of condoms use. Employing qualitative approach, in-depth interviews were conducted with 21 young men (aged between 15 to 29 years) who were recruited in several hanging out spots in the *lorong* as well as participant observation aimed to document the lived experience of young men in this locale. The interviews and participant observation revealed the crucial role of socio-economic deprivation in the *lorong* and the intersection of *Siri'* (a local concept of dignity and esteem) and *Rewa* (a local construct of masculinity) as well as participation in gangs in stimulating young men in this area to be engaged in HIV-risk practices. These intersections push many members of the *lorong* to be involved in risky drug use and drug injecting practices as well as unsafe sexual practices that render them vulnerable to HIV infection. Furthermore, risky drug use and unsafe sexual activities that potentially leads to HIV infection is not an isolated behaviour and must be understood in the social context of the *lorong*. I argue that to be more effective, the individualization of risk that characterize the existing harm reduction programs in Makassar need to be complemented with wider community based programs that address socio-economic deprivation in the *lorong*. Additionally, harm reduction programs in the *lorong* should be cognizant to the cultural and structural constraints hindering young men in this locality to apply safer drug injecting practices and safer sexual practices.

Introduction

With more than 17,000 islands, with 33 provinces and with and estimated 245,452,739 people by 2006, Indonesia is the fourth most populous nation on the globe (Indonesian Bureau of Statistics/BPS, 2007) and the most populous Muslim-majority nation (UNDP, 2007). Indonesia has a relatively young population and it is estimated more than half of the nation's population is aged between 12 to 30 years (BPS, 2007). Furthermore, the population is increasingly urbanised with nearly half of the population living in urban areas (BPS, 2007; UNDP, 2007). Like other developing countries in Asia, Indonesia is challenged with the increased HIV epidemic among its young people.

Increasingly, the two main routes of transmission of HIV in Indonesia are through risky injecting practices and unsafe sexual contacts with a shift from 'low prevalence' to 'concentrated prevalence' in which HIV cases are less than 1 percent prevalence in the general population but more than 5 percent prevalence among vulnerable groups such as injecting drug users (IDU), sex workers and their clients as well as men who have sex with men (MSM) (Reid & Costigan, 2002; UNAIDS, 2005; UNAIDS, 2007).

With regard to drug use, a national survey conducted by the Indonesian National Narcotics Board (INNB) in 2004 found that approximately 13 million people (six percent of the total population) had consumed illicit drugs at least once in their life time, and 2.2 million (one percent) used drugs on a regular basis (INNB, 2005). The vast majority of those who use drugs in Indonesia are young people, aged between 15 to 30 years old (INNB, 2005). Furthermore, it was recently estimated there are between 145.000 and 170,000 IDU in Indonesia (Pisani, 2006). Other estimates have put the number of IDU in the country at between 600,000 and one million (Reid & Costigan, 2002). IDU now represent the biggest number of new HIV cases in highly affected populations (Indonesian Ministry of Health, 2007). Street grade heroin *(putaw)*, crystal methamphetamine *(sabu-sabu)* and benzodiazepines *(koplo)* are the most common substances injected by drug users in Indonesia (Padmohoedojo, 2005; Reid & Costigan, 2002). However, some studies indicate that *putaw* is the most popular and the most frequently injected in many cities in the country (Padmohoedojo, 2005; Pickless, 2006; Pisani, 2006).

In South Sulawesi province, the South Sulawesi Commission on HIV/AIDS (2008) reported 1,687 people living with HIV/AIDS, with injecting drug use the mode of transmission for more than half these cases. Makassar, the capital, has the highest HIV infection rate in South Sulawesi. Like HIV data at national level, these data are likely to be an underestimate of the actual number of HIV/AIDS cases due to the poor quality of surveillance and because of the many high-risk situations for HIV infection in Makassar, including widespread prostitution, low levels of condom use and self-treatment of sexually transmitted infections (STI) as well as large-scale drug use, drug injection and risky injecting practices. Poverty, unemployment and social disconnectedness in many slum areas in Makassar are also regarded as high-risk situations for drug use and HIV epidemics.

Several studies have demonstrated a relationship between urban poor neighbourhoods, socio-economic marginalization and the prevalence of risk behaviours such as violence and delinquency, especially male delinquency (Goodey, 1997; McIlwaine & Moser, 2001), drug use and drug dealing (Seddon, 2006; Mayock, 2005) and risky sexual activities (Rivers, Aggleton & Ball, 2006). The intersection between socio-economic marginalization, masculinity, drug use and HIV-risk behaviours has been also addressed (Barker, 2005; Bourgois, 2003; Collison, 1996; Quintero & Estrada, 1998). However, most of these studies were of urban slum areas in the developed world. Few have explored the social context of risky drug use and risky sexual practices in developing countries (McKeageney, Friedman, & Mesquita, 1998; Rhodes, Singer, Bourgois, Friedman & Strathdee, 2005) and limited have done so in Indonesia. The present study fills this gap by exploring the social context of HIV-risk behaviours among young male IDU in a slum area in Makassar.

I take as our setting the slum area in Makassar commonly named *lorong*. Makassar is the capital of South Sulwesi province, the biggest city in eastern Indonesia. The Bugis and the Makassar are two major ethnic groups in the province in which Islam is the major religion. Most people in the chosen *lorong* (the site of the study) are Buginese and Makassarese though there are other people there from different ethnic groups such as Javanese, Torajans, Indonesian Chinese or people with mixed ethnic background.

The existence of slum neighbourhoods such as *lorong* in Makassar is not unique. With some geographical and socio-cultural differencies, comparable areas can be found in many developing or even developed countries. The *lorong* can be compared to the slums called *favela* in Rio de Janeiro, Brazil (Barker, 2005), poor neighbourhoods in Colombia and Guatemala (McIlwaine & Moser, 2001), slums in the area of Footscray in Melbourne or Cabramatta in Sydney, Australia (Maher, 2002), or the ghettos in many big cities that are usually inhabited by the Latinos, popularly called *barrio*, and by African-American in the United States (Bourgois, 2003). Chambers (1983) categorises these environments as 'clusters of disadvantage', emphasising the severe socio-economic deprivation that interact to create various kinds of vulnerabilities.

The term *lorong* literally means narrow corridor. However it is also widely used to refer to the slum areas in many big cities in Indonesia, including Makassar. Narrow and complicated corridors linking clusters in the slum and densely populated areas are typical of the physical nature of the *lorong*. The *lorongs* which provided participants in this study are located between two major roads in the city where there are many government offices and business buildings. There is a clear contrast between buildings in both roads and the slum area behind them. The neighbourhood is widely known as dangerous, indicated by frequent group brawls, high incidence of delinquency and crimes as well as high prevalence of drug use, including drug injection.

Most people in the neighbourhood work in the traditional market as traders, helpers of the traders, porters, *becak* (pedicab) drivers, *pete-pete* (public transport) drivers, selling newspapers and other cheap goods. However many people work outside the area as clerks, lower rank government employees, and teachers. There is considerable

illegitimate income-generating or underground activities among young people in the *lorong*, such as selling *ballo'* (local palm wine), or *kupon putih* (local lotto), dealing drugs, shoplifting and thieving.

Following the concept of risk environment 'as the space, social or physical, in which a variety of factors exogenous to the individual interact to increase vulnerability to drug use and drug-related harms' (Rhodes, 2002; p.1026), I describe the dynamics of social interaction in the *lorong* and argue that *lorong* could be considered as a risk environment that provides a fertile ground for various risk-taking behaviours. Many of these behaviours are facilitated by misinterpretation on local concept of dignity (*Siri'*), the local ideology of masculinity in the *lorong*, popularly called *Rewa*, and by the existence of gangs in this area. In addition, the socio-economic marginalisation in the *lorong* may create levels of exclusion among many young people that push them to undertake risky behaviours that are aimed mostly to seek excitement and to overcome their boredom as well as to pursue the status of *Rewa*. I argue further that instead of isolated behaviour, risky drug use and risky sexual practices in this environment should be seen in the context of interplay with other risk-taking behaviours.

Recognising the increasing role of risky drug use/injection and risky sexual practices in exacerbating HIV epidemic, the Indonesian government has initiated a process that allows for the provision of harm reduction programs. Several of these programs, designed to increase young people's access toward clean injecting equipment and condoms, have been implemented in Makassar since 2003 but their limited scale (South Sulawesi Commission on HIV/AIDS, 2007) and overemphasis on individualistic behavioural change (Nasir, 2006; Nasir & Rosenthal, 2008) weakens their impact. To be effective, these programs need to be more cognizant of structural and cultural constraints experienced by many young people in the *lorong* to engage in safe drug use and drug injection as well as safe sexual behaviours.

By using qualitative methods to produce stories about participants' everyday lives and the embedding of risks, including HIV-risk, in their environment (Rhodes, 2000), I examine how the social context significantly shapes the organisation of the meanings and practices of sex and drug use.

Method

Twenty one young people in the *lorong* were recruited for semi-structured interviews. All young men who participated in this study were from lower economic backgrounds, were unemployed or underemployed, all of them are IDU, and were recruited in several hanging out spots in the *lorong*. The *lorong* is typical of many other *lorongs* in Makassar, indicated by poor and overcrowded housing, poor hygiene and sanitation, high incidence of crime (group brawl, burglary and pick-pocketing), rampant alcohol and drug use as well as high level of unemployment and underemployment.

Interviews encompassed questions about participants' social world, a history of their risk-taking behaviours including their drug use and sexual practices. Most interviews were

tape-recorded. Four participants refused to be recorded and extensive notes were taken during their interviews. All interviews were conducted in Indonesian, transcribed verbatim and translated into English.

In addition to the interviews, I observed the daily activities of young people in several places in the *lorong* where they typically congregate or 'hang out', such as the *warung* (small shop selling food and other small items), street corners, parking lots and local markets. Data obtained from participant observation provided background information and complemented data resulting from interviews. This is crucial because participant observation allows reflexivity that will enrich and contextualise data resulting from interviews (Grbich, 2003; Marshal & Rossman, 1989).

The interviews with informants were coded and categorized, several time over to create a system of thematic classification (Green & Thorogood, 2004). A process of theoretical validation was undertaken to ensure that the units of classification (themes, issues, concepts) were sensitive to the informants' narratives. As a first step, the interview transcripts and audiotapes were provided to the informants to give them an opportunity to reflect on their narratives and to make corrections or additions in a second brief interview with the first author.

Three stages of thematic analysis were conducted. First, themes were extracted from the transcripts; second, these themes were categorised and organised; and finally, an interpretive analysis yielded a theoretical explanation of the social context of the initiation into injecting drugs.

Ethics approval for the project was obtained from The University of Melbourne Human Ethics Committee. Participants received a plain language statement explaining the study and were informed that participation was voluntary and they could withdraw their data from the study at any time before it was completed. They were assured that withdrawing from the study would not affect services available to them. Participants were assured of confidentiality and no identifying information was collected; pseudonyms have been used in this paper.

I obtained permission to conduct the study from the South Sulawesi Commission on HIV/AIDS and the South Sulawesi Narcotics Board. Coordination with these agencies was a necessary risk management strategy to guarantee the safety of participants and researcher because the Indonesian laws on narcotics and psychotropic drugs are strongly punitive and the legal basis for harm reduction programs in Indonesia is still ambiguous. Coordination was also important to reduce the likelihood of police intervention as many police are not familiar with the Memorandum of Understanding between the Indonesian National Commission on HIV/AIDS and the National Narcotics Board that supports the implementation of harm reduction programs in the country.

Findings and Discussion

Rewa: Becoming a man in the *lorong*

Rewa is a Makassar word that literally refers to braveness or toughness as vital indications of manhood. To be a man in the *lorong* is to be *Rewa*. Despite its significant implication for many social problems, very few studies have explored the local concept of masculinity and its relation to risk-taking behaviours in Indonesia although these behaviours have been identified as important elements of masculinity in other cultures, such as among Latinos in North America (Bourgois, 2003; Dietrich, 1998; Quintero & Estrada, 1998). The masculine nature of *Rewa* which appears in conversations or in mass media portrayals particularly in its relation to the violent and anti-social attitudes of many young men in the slum areas is no exception.

It is worth noting that traditionally the concept of *Rewa* is tightly related the value of *Siri'* (local concept of shame and dignity among Makassarese and Buginese, two major ethnic groups in South Sulawesi) that refers to positive qualities, such as showing courage in defending dignity, earning a lot of money or gaining a high level of knowledge and skills (Mattulada, 1979; 1998). Currently, however, the meaning of *Rewa* and *Siri',* particularly among many young men in urban slum areas, tends to emphasise its negative aspects.

Baddu explained the context and the negative meaning of *Rewa* and *Siri'* among young men in the *lorong*:

> Maybe because it's really hard for many *lorong* boys to demonstrate a good achievement. Many of us are unemployed or just do the odd jobs, go to the bad schools and then drop-out. We are just widely known as good drinker, fearless in fighting and doing any other stupid things. Those are the only things that can make us popular. Those are the only things that can preserve our *Siri',* our dignity. So we're just adapting to feel proud about those bad things. (Baddu, 25 years)

There is a growing body of literature addressed the relationship between masculinity and risk-taking behaviours (Barker, 2005; Bourgois, 1996; Davis, Thomas & Sewalish, 2006; Kaplan & Marks, 1995; Messerchmidt, 1993; Sanders, 2006). Most argue that masculinity is not merely an opposition to femininity but should be understood in its interplay with other factors such as socio-economic class, race, age and sexual preference. In contrast to most men from high socio-economic backgrounds, who are able to fulfill their idealised masculinity through jobs or careers that provide them with good income and high self esteem, many young men from low socio-economic backgrounds who live in poor neighbourhoods express masculinity in different ways (Barker, 2005: Connell, 1987). In this context, the participation of marginalised men in practices such as street fighting, excessive alcohol use and drug use, and risky sexual behaviours, can be viewed as an effort to be considered masculine or real men (Barker, 2005: Kaplan & Marks, 1995).

Cikong relates how, in the *lorong*, this is played out.

> To survive and to be respected in the *lorong*, you need to be *Rewa*. Indeed, you're not a real *lorong* boy if you don't put a brave face against dangers. If you seem weak and fearful, you may be labelled a sissy or even a *kawe-kawe* (transvestite). You may be exploited by stronger boys. Thus, you will loose your *Siri'*. It's a pity if you're poor and you're fearful and you have no *Siri'*. Nothing you can be proud of. Life in this area is too monotonous if you're not *Rewa*. (Cikong, 24 years)

Although there are many young people in the *lorong* who do not engage in risk-taking behaviours, the high visibility of risky behaviours and the domination of public space by risk-taking young men tend to give the appearance of a greater number than there actually are, a phenomenon noted by Bourgois (2003).

The gang in the *lorong*

As commonly found among many young men in urban poor areas, the gang in the *lorong* is a major locus of social interaction as well as an important source of norms and expectation of behaviours. Moreover, involvement in a gang is viewed as currency in the *lorong*. As in other cities, participating in a gang in the *lorong* has advantages and disadvantages for young men (Barker, 2005; Padilla, 1992; Sanders, 2006). On one hand, the existence of many gangs provides an incentive to become *Rewa* and to be respected in this environment. On the other hand, being in a gang facilitates risk-taking behaviours.

All but two participants in this study acknowledged their involvement in a gang. It is worth noting that most gangs in the *lorong* tend to be fluid and loosely structured rather than well organized. The fluid nature of most gangs in urban slum areas in Indonesia differentiates them from the more rigid and often racially determined gangs in the US (Barker, 2005; Hagedorn, Torres & Giglio, 1998; Laidler, Hunt & MacKenzie, 2005; Padilla,1992). In spite of its fluid nature, the gang plays a pivotal role in surviving in the *lorong*.

> The gang is just like an association among close friends, a group to have fun, a group to share something and to protect us from attack or humiliation from other gangs. It's also a group to have parties, a group to defend our territory. There's no rigid structure in the gang. No-one actually can say I'm the leader of this gang. Of course we have respected members in the gang. If you can prove that you share more things for the other members, you'll be respected. (Jaka, 24 years)

Reasons to be involved in a gang vary and include the desire to have fun, to overcome loneliness and to be perceived as *Rewa*.

> Most of us want to be involved in a gang maybe because we need friends. We don't want to be lonely. It's hard to have fun if you're alone. In the gang it's easier to have fun. We can say a kind of brotherhood and we're proud to be in it. We feel we are becoming a real man if we're in a gang, but at the same time there is kind of competition to show that we're the most *Rewa* in the group. The more *Rewa* you are, the more likely you'll be an important member of the gang and gain high prestige in the *lorong*. (Aco, 26 years)

Involvement in a gang provides a sense of identity and security, defining the 'us' and the 'others', as well as functioning as a coping strategy to seek excitement and overcome boredom in the *lorong*.

> It's good to be in the gang. In fact, I feel vulnerable when I'm alone, I feel secure in the gang. The boys from other gangs will think a thousand times to humiliate me because they know I have a strong gang. (Ancu, 23 years)

Just as drinking and partying function as social lubricants or social glue among the members of gangs in inner cities in North America (Hunt & Laidler, 2001; Laidler, Hunt & MacKenzie, 2005), Ancu noted that drinking and partying are crucial parts of the dynamics of social interaction in the gang.

> The exciting part of joining a gang is partying, singing and of course drinking and using drugs. I cannot imagine joining a gang without these exciting things. Without partying, a gang is nothing. Partying is about sharing, about a sense of togetherness. (Ancu, 23 years)

Many informants revealed that their deep involvement in the gang pushes them to participate in riskier anti-social behaviours in the *lorong*, most notably group brawls, commonly with boys from other neighbourhoods.

> It's difficult to avoid participating in a group brawl once you became a member of a gang in the *lorong*. To be *Rewa* also means being wild and ignoring the obvious risks. Frankly, I was very scared to join the fight. Previously I managed not to be involved in the brawls by escaping from the *lorong* when the fights occur but I cannot do that all the time. Many members of the gang started to become suspicious because I always disappeared during the fights. They started to tease me and even alienate me from the gang. I have no choice and I joined them in the brawl. Fortunately we usually drank glasses of *ballo'* mixed with *koplo* (benzodiazepines) before initiating the war. This overcame my fear. (Dullah, 25 years)

It is important to note that young men involved in group brawls in the *lorong* recognise the danger of these activities.

> Nobody says brawling is not dangerous but it's also a kind of adventure and it's exciting. In fact many *lorong* boys are involved in many other dangerous things - drinking, fighting, extorting people or burglary, you name it. All of those activities are risky and against the law. But challenging authority and facing the risk of police arrest or even incarceration or damaging our bodies - those make them more exciting. We gain respect among the boys in doing these dangerous things. But it doesn't mean we don't realise the risks. Indeed, we do. That's the function of a gang, too. Within the gang we rely on our friends' support to watch our back, especially during a brawl. (Jaka, 24 years)

Initiating drug use in the *lorong*

Many studies have addressed the relationship between urban young men's participation in gangs and their engagement in problem behaviours, including drug use (Barker, 2005; Hunt, 2006; Mayock, 2005; Rivers, Aggleton, & Ball, 2006; Sanders, 2006; Seddon, 2006; Zhang, Welte & Wieczorek, 1999). As in other places, it is in the setting of the gang that many risk behaviours among young men in the *lorong* such as smoking tobacco or *chimeng* (marijuana), drinking *ballo'* and other alcohol, taking *koplo*, as well as using/injecting hard drugs like *putaw,* are initiated and maintained. Gang membership facilitates the initiation and maintenance of risk-taking practices, including drug use ans sexual activities. Furthermore, involvement in these activities is a social rather than a solitary practice and gang affiliation for many young men in the *lorong* is considered as an extension of masculinity and an endeavour to seek excitement as well as gain respect.

It is important to note that though all participants in this study acknowledged that *putaw* is their drug of choice and injecting is their favourite route of administration, none of them initiated their drug use with *putaw* injection. All had been involved in using many drugs before becoming *putaw* injectors.

Factors contributing to drug initiation

Factors contributing to the initiation and maintenance of drug use have been classified in three realms: personal, interpersonal and contextual (Kim & Zane, 2005). Personal factors include genetic differences, low self esteem, impulsivity, uncontrolled emotional distress, chronic anger, and lack of future orientation (Newcomb & Locke, 2005). Interpersonal factors include low family bonding and family conflict, peer pressure, peer rejection and peer deviance (Boys, Marsden & Strang, 2001). Finally, the impact of contextual factors such as low educational aspirations, academic failure and socio-economic marginalization has been also addressed (Barker, 2005; Bourgois, 2003; Hunt, 2006; Mayock, 2005; Rivers, Aggleton, & Ball, 2006; Seddon, 2006).

A weakness of this classificatory structure is that categories tend to be regarded as mutually exclusive rather than interconnected (Crum,Lillie-Blanton & Anthony, 1996; Mallett, Edwards, Keys, Myers & Rosenthal, 2003). Crum and colleagues argue that though individual differences may increase the risk of initiating and developing drug use

among youth, this will only occur if the behaviour is approved and encouraged by peers. Most informants in this study reported that their drug initiation was closely related to the nature and dynamics of social interaction within the *lorong,* particularly their desired to be perceived as *Rewa* and their participation in a gang. Like other risk-taking behaviours, drug use among young men in the *lorong* is also considered as a proof of becoming *Rewa*.

Quintero and Estrada (1998) argue that a shared concept of masculinity is influential in shaping the motives and pattern of drug use among young men, and aggressive masculinity is commonly categorised as a predictor for drug use. Socio-economic deprivation, particularly high levels of unemployment in slum areas in inner cities, aggravates this masculinity. Kamal and Aco eloquently stated the significant role of the environment in the *lorong*, particularly the role of *Rewa* and engagement in a gang, for their initiation into drug use.

> Of course not all boys in the *lorong* use drugs. Like other areas, there are some good boys here who don't use drugs, or just use drugs rarely, but there are many boys like us who use drugs heavily. You need to be blinding your eye here if you want to stay out of drugs, because you can see many boys use drugs. You also need to be deaf, because most boys keep talking about drugs. But that's not easy especially if you have a strong desire to be accepted in a gang and to be considered as a *Rewa* boy. (Kamal, 22 years)

> It's hard not to be involved in risky activities like using drugs if you grow up in the *lorong*. Once you go out to the corridor and socialize with your friends in a gang, you'll hear people talking about drugs most of the time. You must be not normal if you're not curious. Talking about drugs, using drugs and get stoned are just like everyday meal for *lorong* boys. (Aco, 26 years)

It is in the gang setting that various and complex contributing factors for drug initiation such as satisfying curiosity, fulfilling a sense of rebellion or sensation-seeking, longing for pleasures and excitement, alleviating boredom, and attaining peer status and respect, are situated. Nevertheless, it is important to note that many informants blur the distinction between peer influence and their own curiosity.

> Like other boys in my *lorong*, I started to use drugs when I became involved in the gang. Initially, I just drank many kinds of alcohol if we have a party with the boys. But you know, most of them also take *koplo* like Rohypnol or Mogadon. At the time I was curious and really keen to try it. They look so relaxed after taking that pill. So when one of the boys asked me if I'd like to try, I just take it happily. I can say that I was the one who decided to use it. That's why I don't blame my friends. They don't really give me pressure to use drugs, they just offer it. It is me who says yes or not. (Codding, 21 years)

Nennong emphasised how boredom in the *lorong* facilitated his initiation into drugs and maintenance of his drug use.

> Life in the *lorong* is quite boring. So usually we started to provoke each other if someone has enough money to buy some liquor or to buy some *koplo*. It depends on our mood and the conditions. If we want to fight with another gang we usually drink alcohol, but if we just want to relax we try to buy *koplo*. (Nennong, 29 years)

The participants' motives for using drugs are consistent with functional and symbolic reasons proposed by Paglia and Room (2005), although there was a tendency to blur the distinction between these two sets of reasons. Functional reasons encompass rebellion or sensation-seeking, providing pleasure, alleviating boredom, facilitating social bonding, attaining peer status, or as an escape/coping. Symbolic reasons for drug use include an expression of solidarity with a group or to demarcate social boundaries.

> Smoking *chimeng* is just cool and gives us a good laugh. We feel more connected each other when we smoke together, drink or taking *koplo* with the boys. We feel that we're really close to each other. We even frequently resolve small conflicts between us just by sharing *chimeng* or drugs or just by drinking together. (Dullah, 25 years)

Different drugs, different reasons

Many informants in this study remarked on the different effects of drugs. Alcohol is mostly used for partying and for reducing fear as well as increasing aggressiveness during group brawls. In contrast, using *koplo*, smoking *chiming* and injecting *putaw* occur mostly to get high and to feel relaxed. Though some participants acknowledge that they have used 'party' drugs like ecstasy (*inex*) or crystal methamphetamine (*sabu-sabu*), these drugs are not favoured the *lorong* boys.

> We can say that *putaw, chimeng* and *koplo* are the favourite drugs among most of gang's members in the *lorong*…..*Inex* and *sabu* are just additional. We use *sabu* or *inex* just if some of us by chance have them. … In fact, most of us have used other drugs before we ended up as *putaw* injectors. (Cikong, 27 years)

> Alcohol, *koplo*, *chimeng* are the most favoured drugs among *lorong* boys especially those who are involved in a gang. Many of us have used *inex* and *sabu* but merely to satisfy our curiosity. These aren't our drugs. These are the drugs among rich boys. You need to go to the disco to really enjoy them. And of course you need much money and good clothes to go there otherwise you look weird in there. *Putaw* is also very popular among many *lorong* boys. It's because *putaw* is quite cheap and you can inject it and enjoy it for everything. You don't need to go to the disco to enjoy *putaw*. You can enjoy the nod of *putaw* even in the side of a smelly gutter in the

> *lorong*… *Putaw* is the most suitable drugs for the *lorong* boys particularly the *Rewa* boys because you have to be brave to inject it. That's why many of us gradually become *putaw* injectors (Muhlis, 29 years)

These accounts support previous studies that have indicated that different drugs tend to be used for different reasons, as well as the existence of local categorization of drugs within a certain drug subculture (Collison, 1996; Hunt, 2006; Mayock, 2005; Moore, 1994; Sanders, 2006). More specifically, the narratives of Muhlis and Cikong showed that many young people in the *lorong* have been involved in risky drug use practices before becoming problematic *putaw* injectors that lead them to be more vulnerable for HIV and other blood borne viral (BBV) infections. In addition, several studies have indicated the common practice of the sharing of needles and other injecting equipments among drug injectors in the *lorong* (Nasir, 2006; Nasir & Rosenthal, 2008; South Sulawesi Commission on HIV/AIDS, 2007).

Sharing as a cultural phenomenon

It is worth mentioning that as in other communities, informants in this study acknowledged the vital role of sharing in their daily lives, which is not exclusively limited to the sharing of drugs, needles and other injecting equipment, but also to the sharing of everyday stuff such as food, cigarette and cloths. In his classical book, The Gift (1925), Marcel Mauss elaborated the pivotal role of sharing, gift giving and reciprocity in the dynamics of human social relationship. Mauss indicated that sharing activities as one of a very basic human needs. The centrality of sharing culture is crucial to be taken into consideration to understand the underpinning reasons of the sharing practices among injectors, including the sharing of drugs, needle and other injecting equipment.

In public health perspectives, the sharing of drugs, needles and other injecting equipment is simply categorised as risky practices. However among many injectors these activities may be seen merely as necessities, a norm and a part of wider sharing culture that they apply on regular basis. Furthermore, in the context of drug injectors, the sharing culture becomes more vital since most of them experience marginalisation from the mainstream society that pushes them to be more interdependent. In an ethnographic study among injectors in working class neighbourhood in the city of Rotterdam in the Netherlands, Grund (1993) lucidly explained that:

> Addicts share many valued things such as housing, food, money, clothing and childcare. Often they help one another with daily problems associated with the addict life where sharing first the broader context of coping with craving, needs of human contact and the hardship of life on the margins of society. In this context the sharing of drugs serves as strong symbolic binding force (p.383)

In addition, sharing and gift-giving are central in the communalistic nature of most societies in Southeast Asia, including Indonesia (Errington, 1989). A few studies have

addressed the vital role of generosity toward families, neighbours, friends and guests among Buginese and Makassarese (Errington, 1989; Mattulada, 1979). According to Mattulada, generosity and sharing practices are closely related to the local concept of dignity (*Siri'*) among the Bugis and Makassar ethnic groups in South Sulawesi and therefore it is not surprising if the label of *Sekke'* (stingy) is considered as a big shame.

> Junkies are not too different from other people...Yes, we're junkies, but just like other people we don't want to be called *Sekke'*…We want to be respected as well as respecting our friends…That's why we share if we have something surplus…..Sharing cigarette, share cups of coffee, something like that… (Gogo', 24 years)

Advantages of sharing

Avoiding the label of *Sekke'* is not the only reason for sharing in the junkie community. Indeed, sharing also has some advantages and plays a pivotal role as a survival strategy since most of informants in this study are unemployed and thus do not have a regular income to support their everyday life as well as to finance their drug dependence.

As mentioned above, sharing can earn respect and function as social lubricant among *putaw* injectors. Furthermore, sharing is also an important part of gaining respect and achieving the status of *Rewa* within a gang in the the *lorong*. *Rewa* therefore is related not just to the initiation of drug use and drug injection career (Nasir & Rosenthal, 2008) but also to the practice of sharing among people in the *lorong.* Achieving the status of *Rewa* and avoiding the label of *Sekke'* are two sides of the same coin.

> It can be said that the willing to share something you have is a very important thing to be accepted and to be respected in the gang. You cannot be a member, let alone a leader of the gang, if you're *Sekke'*. In fact, being *Rewa* is not just about being tough and fearless but also being generous and supportive to other members of the gang… Yes, most of us are not rich people… You know, many of are even poor but that doesn't justify to be *Sekke'*…It's a real shame to be labelled as *Sekke'* in the *lorong*. You cannot maintain your *Siri'* in the *lorong* if you are *Sekke'*. We just like naturally share many things….just like sharing cigarettes, shoes, pants or shirt, you name it…. (Ambang, 22 years)

Again, the relationship of sharing and masculine ideology is not just typical among *putaw* injectors in Makassar but can also be found among Latinos and African-American injectors in many cities in North America (Bourgois, 2003; Quintero and Estrada, 1998). The ideology of machismo among Latinos emphasizes the crucial role of *Respeto* and the role of sharing to achieve such status. In addition, sharing among friends within a gang is considered as a cool thing among African-American (Bourgois, 2003).

As indicated above, the limited resources among most young men in the *lorong* naturally facilitate the practice of sharing. Furthermore, the practice of sharing plays a key role as a

survival strategy in the daily life of many young people living in the *lorong*, including in financing their dependency to *putaw*. It is within the context of limited resources that pooling money to buy a bag and some bags of *putaw* and giving *palappasa' cinna* (Makassarese word referring to the practice to give a very small amount of *putaw* to alleviate the pain of withdrawal symptoms to those who have no money to pool to buy *putaw*) are common practice among many injectors in the *lorong*.

> Cunding : You'll just suffer a lot if you have a *Sekke'* reputation in the *lorong*. People will avoid to pool money with you to buy *putaw*. It's like a punishment. Without pooling you'll suffer a lot. Most of us have no regular income to finance our addiction to *putaw*. I can say that pooling frequently help us to overcome the pain of *sakaw*. If I have Rp. 7000 or Rp.10,000 (Rp. 10000 is equivalent with US $ 1) and I'm not labelled as *sekke'* it's not too difficult to find two or three friends within a gang to pool money and we can buy a bag of *putaw*. We can share that *putaw*. It's really helpful especially when you suffer from sakaw.
>
> Sudirman : What will happen if you have no money at all to pool?
>
> Cunding : Again if you're not a *sekke'* person, some friends who did a pool to buy *putaw* may help you. It's not rare they'll give you *palappasa' cinna*, particularly if they know you're very sick of *sakaw*. If you're *Sekke',* nobody care to give you *palappasa' cinna.* They'll simply say, you face the music. (Cunding, 19 years)

The relatively cohesive and interdependent network among heroin injectors, seen through sharing, pooling and helping to give a taste for those who suffer from witdrawals, has been reported by some commentators (Grund, 2005; Moore, 2004). Power argues the crucial variable that promotes the binding relationship among drug users is the common need to maintain the supply of the drug. However a stronger tie is frequently found among heroin injectors, usually indicated by the daily need to procure heroin, than those among stimulant-users group in which sporadic bingeing was more common. In addition, Grund (1993) maintains the "almost universal code sharing" among heroin injectors and the common experience of the pain of withdrawal symptoms further facilitates the practice of pooling, sharing and helping practice among this community:

> 'Helping' with *betermakertje* (a little dose to ameliorate withdrawal) is a common motivation for drug sharing. The term "helping" is an everyday expression referring to the revered rule of aiding a fellow user who is in withdrawal. Likewise, drugs are frequently brought together and subsequently shared by frontloading (p.80)

It is apparent that the practice of *patungan* (pooling) and *palappasa' cinna* reported by some informants in this study have many similarities with the practice of pooling and *betermakertje* in among heroin injectors in Grund's study. Nevertheless, as will be explained later in the next section, though pooling money to buy *putaw* could be

considered as one aspect of the advantage of sharing culture among many *putaw* injectors in the *lorong,* it is also apparent that this pooling culture frequently contributes to risky injecting practices such as the sharing of needles or other ancillary paraphernalia. Therefore, it is justifiable to conclude that sharing culture has both benefits and costs. On the one hand, it plays a crucial role in survival, but on the other hand it pushes many *putaw* injectors to apply risky injecting practices.

Disadvantages of sharing

In spite of some advantages of sharing as explained above, there are also some disadvantages or even risks due to the sharing practices among *putaw* injectors. Many informants in this study indicated the urgency to maintain a delicate balance between giving and receiving or between avoiding label of *sekke'* and the threat of being exploited because of their generosity. Safri said:

> Just be cautious to someone who has exploitative character. If you're careful, you'll know who is the exploitative. There's always someone who'll exploit you by just taking something from you and never give anything. To a person like this you have to be assertive. In fact all members of the gang have to be assertive by excluding someone like this from the gang. This is a part of junkie games, you know. You have to be skilful to keep the balance. (Safri, 25 years)

One of the most disadvantageous aspects of the sharing culture among *putaw* injectors is the sharing of needles and other injecting equipment that can rapidly facilitate blood-borne viral infections, including HIV infection. The sharing of drugs, needle and other injecting paraphernalia was reported as having frequently occurred since the initiation of the first injection. Again, this is a common phenomenon not just among *putaw* injectors in Makassar but also among drug injectors in many places worldwide, even in the cities in developed countries such as in the United States (Bourgois, 2003; Quentero and Estrada, 1998), in European countries (Grund, 1993; Grund, 2005; Mayock, 2005; Rhodes, 2002), as well as in Australia (Crofts et al., 1996; Fitzgerald et al., 1999; Moore, 2004). Nevertheless, it is important to view the sharing of drugs, needles and other injecting equipment not as an isolated practice but as an integral part of wider sharing practices among drug injectors.

In the context of the present study, addressing the reciprocal nature of sharing is crucial since the sharing of everyday good like cigarette, coffee, food, cloths as well as the sharing of drugs, needles and other injecting paraphernalia, also functions as one of a range of survival strategies among *putaw* injectors who are marginalised from the mainstream society.

The first injection and the sharing of injecting equipments

Most informants in this study reported their sharing of needles and other injecting equipment since their first *kipe'* (injection). Again this is not surprising since studies have

indicated that the risky injecting behaviours are common among people who initiate first hit (Crofts et al, 1996; Kermode, et al., 2007; Lankenau et al., 2007). Crofts and colleagues reported that only 50% of their sample did not share needles or syringes, and only 30% did not share the cooker or the place to mix and dissolve the heroin with water. Different from Crofts' Australian study in which with most of informants (77%) reported amphetamine as the first drug injected, all but one informant in this study initiated their first injection with heroin. An explanation for this difference is that in the *lorong* in Makassar amphetamine is not perceived as a drug of choice (Nasir & Rosenthal, 2008).

All informants in this study reported sharing needles and other injecting equipment when they initiated their first *kipe'*. The unavailability of new equipment, the ignorance of risk, and the unplanned nature of the first injection were mentioned as the factors underlying their sharing practices.

> I did my first *kipe'* around 1998 or 1999….I don't really remember the exact time. But I'm sure that's at the end of 1990s. I did my first *kipe'* with some friends at the *lorong*, and there were only two *insul* (needle) and one cooker, a bottom of coke tin at the time…We just shared all of those stuff…There weren't many information about the danger of sharing at the time…Yaa…I don't know anything about AIDS or hepatitis C at the time and I was just too curious to do my first *kipe'* so I didn't really care about the danger of sharing. (Anggo', 27 years)

The perception that it is not cool to worry too much about the needle, whether it is new or not, during the initiation of first injection was also mentioned by informants as the reason why they did not give serious concern of the cleanliness during their first *kipe'*.

> I didn't really plan my first *kipe'* and when I did it, that's not even my *putaw*. I didn't even contribute in pooling money to buy it. I think it's just rude to ask too many things to our friends who were kind enough to share their stuffs…It's just like being a guest in someone's house, you shouldn't ask too many things, just eat or drink what they have, what they offer. (Aco, 26 years)

It is justifiable to say that sharing practices are considered as the norm among many informants who initiated their first *putaw* injection in the mid or in the end of 1990s in which HIV prevention programs for injecting drug users did not initiated yet in Makassar at the time. Aco confirmed this in his narratives:

> You must be a very smart *lorong* boy if you have detail knowledge about the danger of sharing *insul* at the time. Most of us simply don't know anything about AIDS at the time. Some of us heard about AIDS but at the time we though that AIDS is a disease for *hombreng* (Indonesian slang for homosexuals)…disease for those who like to do *akkamba' tara* (Makassar slang for anal sex) (Aco, 26 years)

The reasons for direct and indirect sharing

As indicated above, many informants in this study reported risky injecting practices since their first injection. In the context of risky injecting practices, Koester (1996) categorised risky injecting behaviours associated with blood-borne viral infections into two major groups i.e. "direct sharing" and "indirect sharing". If direct sharing involved repeated use or the lending and borrowing of a used needle among drug injectors, indirect sharing included the common use of injection-related equipment such as cooker (mixing containers), water, filters, and the use of one syringe to mix, measure, divide, and distribute the jointly purchased drugs. In indirect sharing, the contents of the syringe are shared, not the syringe itself. Several studies maintained that indirect sharing among drug injectors needs to be taken into account since most research in this area overemphasized direct and overlooked indirect sharing (Grund; 1993; Grund, 2005; Koester, 1996). Grund (2005) further advocated the urgency to give more attention to indirect sharing practices due the tendency that many injecting drug users tend to normalise these practices and perceive them as harmless.

Koester (1996) reported that there are various ways of indirect sharing. This includes the sharing or using unclean water, cookers, cotton or any other material used as filter and the reusing of used syringe plungers to stir the drug solution. It also comprises the practice of "backloading" i.e. the drug solution is transferred from a previously blood-contaminated syringe to another and then the plunger is removed from the syringe into which the drug will be transferred and the drug mixture is then squirted into the back the back of the syringe. Indirect sharing also encompasses the practice of "frontloading" in which the drug solution is transferred from one previously blood-contaminated syringe to another by removing the needle on the syringe receiving the solution, and then squirting the drug into the syringe's hub or barrel. It is noteworthy that indirect sharing also includes the practice of squirting the drug solution from previously blood-contaminated syringe into the drug mixing cooker and then drawing it into another syringe as well as the practice of rinsing a used, blood contaminated syringe in water that other drug injectors also use to rinse their own syringes or to dissolve drugs, should be considered as indirect sharing.

All informants in the present study acknowledge that these risky practices are common among *putaw* injectors in Makassar.

There are many reasons reported by informants in this study that drive them to undertake risky direct and indirect sharing. These include ignorance, unavailability of new or clean needles and syringes, lack of money and time to buy new needles and syringes, the reluctance to keep new needles and syringes as they can be used by the police to arrest or to harass them, the need for immediate injection due to the pain of *sakaw* (withdrawal symptoms), unplanned injection, and the practice of pooling money *(patungan)* to score the *putaw*. Instead of being independent, these reasons frequently interacted and reinforced each other to push *putaw* injectors to apply risky injecting practices.

Anca' explained the role of ignorance as the context of direct and indirect sharing.

> I think most of old junkies in the *lorong*, I mean those who initiated to inject in the mid or late 90s, simply don't know the danger of sharing *insul* and all of those stuffs used for injection….No AIDS programs for junkies at the time…Maybe some of us know about AIDS but it must be very superficial…Moreover, even if we know the danger of sharing, most of us just have not enough money for buying *insul.* It seems that most of our money is allocated just for scoring. Most of the boys in the *lorong* may think that buying *insul* is just a waste of money since the price of new *insul* in the chemist is about Rp.5000 to Rp.6000. If you have such amount of money, it's more likely you'll keep it for pooling. The price of one bag of putaw is about Rp.25,000 to Rp. 30,000. So if you have Rp. 5000 and you suffer from *sakaw*, no doubt you'll prioritise to use that money for pooling. (Anca' 28 years)

Another informant, Codding, addressed the nature of unplanned injection and the role of pooling as a push factor for direct and indirect sharing.

> Codding: It's not rare that we do *kipe'* without really plan it. Just like we come to see friends without an intention to do *kipe'* but when we meet them they're pooling money and ask whether I'd like to join them…If I don't have any money to pool but they're kind enough to give me a taste *(palappasa' cinna)* and at the time there were just one or some used *insul,* so we just share. You know, in such circumstance it's just very hard not to share.
>
> Sudirman: Why don't you bring new *insul* to anticipate if a friend offering you free *putaw* or offering to pool?
>
> Codding: Yaa…bringing *insul* is risky. The police may use it to arrest and harass you.
>
> Sudirman: What about other stuff like cooker or filter? Do you try not to share them?
>
> Codding: (laugh)…Previously we didn't even know that sharing those things are risky. We simply don't know about that. In addition, we didn't really think about cooker or filter because the most important thing is *putaw* and *insul.* No one really cares about cooker and filter. We just use spoon, the bottom of a can, the lead of a bottle or anything to mix the *putaw* with water. (Codding, 21 years),

The pain of *sakaw* (withdrawal symptoms) that led many informants to prioritise the necessity to inject as soon as possible was frequently mentioned as the main reason to ignore the risks of direct and indirect sharing. Safri justified these risky behaviours:

> If you suffer from *sakaw,* you're feeling terribly sick. You cannot think and measure the risk. All in your head is just how to do *kipe'* as soon as possible. You don't give a fuck about AIDS, about clean *insul*, let alone about trivial things like cooker or filter. (Safri, 25 years old)

In the context of indirect sharing through the sharing of filters, some informants revealed the reason to just use one filter in order to avoid wasting *putaw*.

> We mostly use just one cigarette filter. We usually don't want to waste the *putaw* by using more than one filter. That's just not our habit. Especially if we just share one bag of *putaw* we have to very careful not to waste the *putaw*… We even don't waste the filter. Sometimes we just keep it for a friend who didn't contribute money for pooling…He can use the filter by put it in the spoon, add a little of water and a turn on a lighter under the spoon. You know there's still a bit of *putaw* in that filter and it can be used as a *pallapasa' cinna* rather than suffering from *sakaw* or *suges* (craving). (Ancu', 23 years)

The common practice of direct and indirect sharing among informants in this study confirmed the survey conducted by Pisani and colleagues (2006) among 650 drug injectors in three cities in Indonesia, Jakarta, Surabaya and Bandung. The result of this survey showed that 85% of the sample reported using needles that previously been used by other people during the last week, 7% reported loading the drug solution into their own syringe from a communal shared syringe. It was also reported that only 7.1% reported not sharing any injecting equipment that might carry a risk of HIV transmission. Furthermore, when asked about the reasons for not using a new needle at their last injection, 65% indicated that carrying needle may put them at risk of police arrest (Pisani, 2006).

The pain of *sakaw* and *suges*

As mentioned above, the pain of withdrawal symptoms (*sakaw*), is a central theme and plays a crucial factor pushing many *putaw* injectors to undertaking risky behaviours. Though many studies indicate different and subjective experiences of withdrawal symptoms from opiate use that do not merely result from the pharmacological effect of the substance and physiological response of the body but are also influenced by the context of use, there is common agreement that the symptoms are extremely painful (Connors, 1994; Hyman & Malenka, 2001).

Despite acknowledging the extreme pain of *sakaw,* interestingly, informants in this study also mentioned that they can actually manage to come off from *putaw* dependence by overcoming *sakaw* through the practice of *menahan* (cold turkey). Compare to overcoming *suges* (psychological craving) many of informants said that overcoming *sakaw* is easier.

> Nobody can say that *sakaw* is not painful. It's really painful. But it won't kill you. You just do *menahan* for five till seven days, suffering from all the pain and uncomfortable things during those days, but in the end you'll be clean. After struggling for days you don't suffer from *sakaw* any longer…You beat it….*Sakaw* won't kill you. Though for those five or seven days you are like in hell…Yaa, you have to become a really tough guy to do that, but most of us can do it…The problem is being clean after doing *menahan* doesn't mean you have no desire to try *putaw* anymore….That's doesn't guarantee you will not *kambuh* (relapse)….No, you know the phantom of *putaw* is still in your head. That's why you keep feeling *suges,* the desire to try it again and again. (Jabrik, 28 years)

Withdrawal symptoms could be categorised as chronic pain (Hyman & Malenka, 2001) that plays a crucial role in creating significant barriers for many heroin injectors to undertake safer behaviours and becoming an everyday obstacle for HIV/AIDS prevention (Connors, 1994). According to Connor, there are two aspects of withdrawal that make HIV prevention a problematic challenge for many drug injectors. The first is that the effort to overcome it is usually weaker than the immediate desire to inject heroin as soon as possible. The second is that the nature of withdrawal frequently stimulates certain level of depression, anxiety and a fatalistic attitude toward risk and reality, including the risk and reality of HIV/AIDS.

Though Connors' account is useful in understanding the role of withdrawal symptoms as a constraint to undertake safer injecting behaviours, many informants in this study experienced both the impulse to get rid the pain and the depression associated with constancy of pain at the same time and these cannot be rigidly separated. The combination of the two frequently led them to undertake risky behaviours such as involvement in crime activities to find money in order to buy *putaw* and to engage in risky injection practice such as sharing needles.

Sex and masculinity

Beside non sexual risk-taking behaviours (involvement ind rug use, crime, violence), sexual risk-taking behaviours are also crucial parts of the lives of many young men in the *lorong*, particularly in their effort to pursue excitement as well as to be perceived as *Rewa* or a real man. Again this is not unique since the relationship between sexual risk-taking behaviours and masculinity has been presented in a range of studies and it seems that most cultures allow men to express their masculinity through sexual exploration as well as sexual promiscuity (Barker, 2005: Bowleg, 2004; Connell, 1987; Quintero and Estrada, 1998; Whitehead, 1997). Moreover, sexual risk-taking behaviours, such as having multiple sexual partners and refusal to use condoms that leads to various sexually transmitted infections, also occurs more commonly among men who come from socio-economically deprived back ground (Whitehead, 1997)

Traditionally, the Bugis and the Makassar men are expected to be risk-takers especially in the context of defending dignity *(Siri')* and in achieving better status, either as a rich man

(to sugi), a courageous man *(to warani)* or a clever man *(to acca)* (Mattulada, 1979). Buginese and Makassarese men are also traditionally tolerated to be sexually adventurous and promiscuous. Though most of Buginese and Makassarese are Muslims, and Islam strongly forbids extra-marital sexual intercourse, it is very common to hear about a Buginese-Makassarese man who has numerous sexual partners and such behaviour is justified as an expression of his masculine identity.

In the *lorong*, sexual adventure plays a key role in constructing perceptions about *rewa* as indicated by Baddu:

> We always compete each other about sex since our childhood…I remember when we were still little boys in the *lorong*, we were still in primary school at the time, we compete who will be circumcised first…Circumcision is very important among us (laugh)…We show our new penis to our friends especially to those who were not circumcised yet….We boasted that we didn't cry during the circumcision though it was painful….Among our friends in the *lorong*, we compete about anything related to sex, including who has experienced sexual intercourse and who hasn't …Who has more sex experience, who has more girl friends…..When I was a virgin, some of my friends teased me that I waste my penis since I just use it to piss (laugh). (Baddu, 25 years)

> Sex and girls are a never ending talk within the gang…We always talk about sex and boast about our sexual adventure….Having sex with girlfriends or with prostitutes are crucial things. The more adventurous you are the more you'll be respected in the gang….I remembered saving my pocket money so I can join my friends to go to a brothel and having sex with a prostitute there ….Honestly, I didn't really enjoy my first sex since I was very nervous and the prostitute that I had sex with is old and ugly. I ejaculated very fast (laugh)….It was definitely a waste my money…But at the time I was very curious about sexual intercourse and I was envious my friends who had more experience about sex than me….I think that's why I wasted my money for that ugly prostitute. (Dullah , 25 years)

Low level of condom use

Confronting risks related to sexual activities, including refusal to use condoms, is closely related to the masculine identity (Whitehead, 1997). In addition, several studies have indicated a negative attitude toward condoms among young men in Indonesia particularly among the clients of female commercial sex workers (Mamahit, 1999; Pisani et al., 2004). All participants in this study also showed negative attitude toward condoms congruent with those previous studies. Muhlis told me:

> Sudirman: You said you didn't use condom in your first intercourse. Tell me more about this?

Muhlis: Yes, I didn't use it.

Sudirman: Why?

Muhlis: Because I did it with a prostitute. I paid for it and I just wanted to feel the real sex. Most of my friends didn't use condom either. So, why I have to use it? Using condom isn't enjoyable, is it? It's not a real sex….You cannot really feel the girl if you use condom. Yaa…using condom like using a plastic and it's like a fake sex. I like natural and spontaneous sex, skin to skin contact. Condom is just like a barrier. It makes sex unnatural. (Muhlis, 29 years)

The risk of sexually transmitted infections was normalised among some informants and is considered as an integral part of becoming a man. Seven informants in this study acknowledged that they had suffered a sexually transmitted infection but they normalise it as a common men's disease. Cikong said:

I don't really care about diseases though I experienced *ta'mea ri'ri* (Makassar words refers to gonorrhea) several times. You know a burn feeling when we pee. I know I got this kind of disease from the prostitute but such diseases are just *garring bura'ne* (Makasaar word refers to common or normal disease among men). It's nothing. It's uncool to feel too worry about it. And we know how to cure it. It's simple. We just go to the chemist to buy some *supertetra* (a brand name of antibiotic) take it for two or three days and it's gone. We can also just drink *air perasan lobak* (Indonesian word refers to radish or beet juice) and it will go away. (Cikong, 27 years)

In support of Cikong's argument, Anca' said:

Having diseases like syphilis or *ta'mea ri'ri* are just a part of becoming a man. Many of my friends have suffered from these kinds of diseases…It's just a part of becoming a *Rewa* man. Most of us just took some *supertetra*, and they're OK. You can find *supertetra* everywhere, even in the *warung* at the front of the bars along Nusantara street. (Anca', 28 years old)

Most informants in this study had their first sex with a prostitute in the cheap brothels that are available in many *lorong*. However, having sex with girlfriend(s) is another way to fulfil their sexual desires and to increase their prestige among their friends in the gang. Jaka told me:

Jaka: If you have money and you are a respected member in the gang, it will not be that difficult to find a *pacar* (Indoensian word for girlfriend) or even some *pacar* at the same time (laugh). Girls in the *lorong* like to have partying too…But most of them prefer a date outside the *lorong*, because they don't want to be perceived as bad girls…So if you can take them to the mall to eat or just to do window shopping, you have a chance….If you can

> take them occasionally to watch movies, you have better chance….Or you can go to Tanjung Merdeka (a popular beach among the youth in Makassar) and there are cheap hut there and at the night you can do everything you like there…..
>
> Sudirman: You mean having sex intercourse there?
>
> Jaka: What else (laugh)…It's a pity if you go there with your girlfriend and you didn't do anything. (Jaka, 24 years)

Despite the common dislike of condoms, the data in the present study also indicated a situation where condoms are occasionally used by male informants, particularly as contraception to prevent pregnancy when they have sex with their girlfriends. Dullah said:

> Though I don't like condom but I use it when I have sex with my girlfriend. I don't want to make her pregnant. It will be a disaster if she is pregnant. She and her family will force me to marry her. You know I don't think I'm ready to marry her. That's why I always bring some condoms if I have a date with her. Yaa…just like other people, previously I don't like to use condom. But both of us don't want to be in trouble because of pregnancy so I just try to use it. Now I think using condom is not that bad. In fact, it helps me to make love longer (laugh). (Dullah, 25 years)

Nevertheless, still some informants did not use condoms although they expressed their concern to avoid pregnancy. Instead of using a condom, Ambang applied coitus interruptus and use other methods of contraception to prevent pregnancy:

> I don't like to use condom and not confident to buy it in the chemist. But I always try my best to ejaculate outside my girlfriend's vagina to prevent pregnancy. It's not really fun sex, but I'm really not ready to see my girlfriend being pregnant. After having sex my girlfriend also immediately goes to the toilet to clean herself with a mix of soap and lemon juice. (Ambang, 22 years)

Condom use is rare in the sex scene among young people in the *lorong* within, not only because of strong dislike of condoms, but also due to the frequent accidental nature of sexual intercourse. Codding told me:

> Sudirman: You said that accidental sex sometimes happens among youth in the *lorong*?
>
> Codding: Yaa…sometimes I have sex with a girl who is also a member of our gang accidentally. It occurs not just when we're drunk, but also when we feel so bored and nothing else exciting to do…It's just a normal thing, you know…

Sudirman: Tell me more about this?

Codding: Just like we hang around to kill the time, like borrowing a friend's motorbike and go out from the *lorong,* going somewhere trying to have fun and suddenly we feel an urge to have sex….Once I had sex with a friend in the toilet in a mall when we hang around there….It's just a quick sex…She is actually not my girlfriend… (Codding, 21 years)

Sudirman: Did you use condom at the time?

Codding: (laugh) No…. we didn't think about condom at all at the time…In fact there's no time to get a condom since we didn't really plan to have sex….So I just ejaculated outside her, and she wash her (vagina) soon after we had sex, and then she did squatting many-many times that she believed can prevent pregnancy. (Codding, 21 years)

Conclusion

It has been shown in the present study that the interplay of local culture (*Siri'*) and the pursuit of the status of *Rewa*, the socio-economic deprivation and the dynamics of interaction within a gang in the *lorong* play crucial roles in facilitating risky drug use and risky sexual practices amongst young men in this environment. Moreover, it has been shown that there are structural and cultural factors hindering safer practices among young people in the *lorong*. In the context of Indonesia and Makassar, the *lorong* can be considered as a risk environment (Rhodes, 2002), notably for risky drug injection practices and unsafe sexual activities that potentially leads to risk of HIV infection.

Government and non-government agencies in Makassar that have initiated or plan to initiate harm reduction programs need to review the overemphasis on individualistic behavioural change and take into consideration the intersection of socio-economic deprivation, the culture of *Rewa* in the *lorong* and the power of the gang that pushes many young men to be involved in risky and problem behaviours. Poverty, social inequality, unemployment/underemployment, the desire to be considered *Rewa* and participation in a gang are underlying factors for young men's engagement in risk-taking practices, including risky drug use and unsafe sexual activities and should be addressed through wider community development programs.

As in many other countries, 'risk individualization' characterised most harm reduction programs in Indonesia including in Makassar. However, though individualistic paradigm has dominated harm reduction programs related to drug use/injection and sexual activities (Rhodes et al, 2005), there are growing critiques of 'risk individualisation' in public health (Blackenship, et al, 2006; Bourgois, 2003; Moore, 2004; Nasir, 2006; Nasir & Rosenthal, 2008; Peterson, 1999). Most argue that individual actions, including an individual's response toward risks, are influenced by the cultural, socio-economic and political context. Thus, there is an urgent need to consider structural and cultural

constraints that limit individual capacity to calculate and manage risk (Moore, 2004). Risk behaviours should be understood as being significantly shaped and situated within particular settings and contexts (Rhodes, 2002). In other words, behaviours including risky drug use/injecting and risky sexual behaviours do not occur in a social vacuum (Mayock, 2005: Moore, 2004; Nasir & Rosenthal, 2008; Rivers, Aggleton & Ball, 2006). Rhodes (2002) argues that certain behaviours communicate certain meanings and occur in a certain socio-economic, political and legal context. This can be applied to better understanding the reasons and the underlying factors that push many drug injectors to undertake risky drug use/injecting practices (such as the sharing of needle and other injecting equipments) as well as to engage in risky sexual practices (such as having multiple sexual partners and low levels of condom use).

A growing body of research advocates the urgent need to reduce these structural and cultural barriers to safer behaviours by intensifying the reduction of poverty and unemployment/underemployment among young people and facilitating the emergence of new norms that discourage risky drug use as well as unsafe sexual practices (Hunt, 2006; Rhodes et al., 2005; Sumartojo, 2006). Moreover, these studies address the need for the creation of public policies that address more effectively socio-economic deprivation in slum areas in inner cities to minimise the risk environment for risky drug use and risky sexual practices. The findings of this study provide additional evidence in support of these conclusions.

It is noteworthy that there are several limitations of this study particularly this study recruited young men from low socio-economic background only. Further research is needed to address gender issues and the experience of young drug-using women in the *lorong*. Further research is also required to explore the experience of young men from higher socio-economic background.

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