

BASE-LINE REPORT SAN! GDP - INDONESIA

(November 2007 - March 2008)

Reported by: Core Research Team

List of Abbreviations:

CRT	Core Research Team
DC	Data collectors
GN	GAYa Nusantara
LBK-UB	Humanitarian Institute of Interfaith
LRP	Local Research Partner
MP	Monitoring Personnel
MW	Mitra Wacana
PI	Principle Investigator
PIC	Person in Charge
SI	Syarikat Indonesia
SP	Solidaritas Perempuan

EXECUTIVE SUMMARY

STOP AIDS NOW! responds to the increased vulnerability of women and girls to HIV/AIDS through the Gender Development Project (GDP). Coordinated collaboratively in The Netherlands and in each project location, the GDP brings together community-based, nongovernmental, and faith-based organisations working on HIV, human rights, women's empowerment and poverty reduction in Kenya and in Java and Papua, Indonesia. As part of the Project, the organisations take up local level HIV prevention strategies and interventions that promote egalitarian gender based attitudes, behaviours and norms and women's rights.

SAN! has integrated a research initiative in the GDP in Kenya and Indonesia, specifically Java, to help determine the impact of the Project on the women and girls benefiting from the local activities the Project supports. SAN! commissioned Ms. Endah Triwijati, Lecturer on Sexuality, Gender and Health at the Faculty of Psychology of the University of Surabaya, Indonesia, to carry out the research initiative in Java. An essential first step in this research initiative has been the baseline study. It provides an essential reference point for the evaluation of the Project. Six partner organisation in the SAN! GDP in Java were involved in the baseline study

To start with, the baseline results show different results with regard to the common idea of women's persisting acceptance towards stereotype gender roles. The numbers of those who have tendencies to accept, compared to those who are not accepting the stereotype gender roles are equal, while those who have strong acceptance and strong rejection are very limited in number. Yet, if we look at the figures carefully, the pattern of response depends on the context the beliefs apply for. To those related to domestic issues, the majority of the respondents believe that doing chores and providing meals for the family is the main responsibility of a woman more than that of child rearing, that traditionally in Javanese culture is the responsibility off all family members. Most of the respondents believe that the presence of the father is not important to the life of the children.

Meanwhile, for the issues related to their reproductive life, the respondents' opinions are equally divided into those who think that pregnancy prevention is purely women's responsibility and those who think that it is not. Most respondents do not agree with the idea that the decision to have children should be an agreement between man and woman.

The tendencies to refuse public opinion about the dominant role of men to decide when to have sex is also shown. The refusal becomes higher when it is confronted with the belief that most men have natural characteristic to be polygamous. On the other hand, the majority of the respondents also refuse the belief that women have greater sexual needs than men. They also refuse the idea that women who bring condoms with them are women who are "*gampang*" (easy). Those who strongly disagree are respondents of GN that consists of women who work as escort girls and college students; as well as the respondents of LBKUB that consist of religious leaders.

The majority of the respondents refuse a public opinion that sometimes perceives violence against women as tolerable. Even so, there are still some women who think that gender based violence is acceptable. Only groups of escort girls and college students do definitely disagree with that idea.

The similar responses are shown in their attitudes towards power relations between women and their spouses. From their experience, those who feel that their spouse is having greater control

over their life are not greater in number than those who feel that they have an equal relationship. But it is still, those who have control over themselves are the least.

The majority of the respondents feel that their activities with their spouses are not working as they expected, even though the majority feel that they have a greater role in the decision making process. These respondents feel that they have the freedom to express their ideas. This is interesting because even though the decision belongs to women, but what they are thinking and what they are expressing do not always mean that those are the things that they want.

The majority of the respondents think that their spouses are controlling over their social relationship with others and their mobility, more than over their appearance. Some women think that it does not matter but others feel that it is disturbing. And yet, since the majority of women prefer to have a spouse who can discipline them, it seems that the meaning of discipline here is not strongly related to the way of disciplining.

With regard to the power relation within their sexual-romantic relationship, respondents generally feel they are in an equal relationship. Especially in the matter of sexual relationships, even when most of the respondents say that it is based on agreement between them, respondents who think that it is the spouse who is the decision maker are greater in number than those who think that it is themselves who are in that position.

When we look specifically on the intensity of using condoms, the picture is somewhat different. Those who does not want to use it are relatively greater in number that those who do want to. A lot of questions rose regarding their own belief about using condoms. About 40% of the respondents are questioning whether they will feel comfortable with condoms or to ask their spouse for using condoms. Besides that, they are questioning whether condoms will fulfil their need of having safer sex. Those who feel that the decision to use a condom is out of their own control are even greater in number. In addition, more respondents think that using condoms is difficult for them, and even more others are still questioning this.

Apparently, based on the sexual experience with their spouses, the majority of respondents has never used condoms. Clearly, the sufficient knowledge about HIV does not influence the higher degree of frequency in using condoms. As we know, among the respondents, those who have knowledge of HIV are greater in number those who do not.

Regarding the process, as the integral material is part of the SAN! GDP, the person in charge (PIC) and the data collectors (DCs) of each organization see the research project positively to give them feedback for each intervention program. The meeting with the PICs and the data collectors of each local research partner (LRP)¹ had resulted an important agreement. Some LRPs have shown their effort to gather the required data. However there are some conditions related to internal and external coordination of the organization (and the beneficiaries) and some tendencies not to stick to research principles that caused the research not to go entirely as planned.

To keep up with those conditions and in order to maintain the quality of data for the end-line research, we initiated to carry out a pre-end-line workshop to refresh their research skills (especially for the focus group discussion (FGDs) and in-depth interview skills) and to renew the supervisory agreement. Monitoring personnels who assist DCs to collect data are given more roles to ensure the process is carried out in the right way. In this baseline study they monitored the process at random and not in all stages of the process. In end line, they will monitor all processes of data collection, including the FGDs and indepth interviews.

I. INTRODUCTION

STOP AIDS NOW! is a partnership of five Dutch donor organisations: AIDS Fonds, Cordaid, Hivos, ICCO and Oxfam-Novib. As part of its efforts to contribute to improving the HIV policies and programs of its partners—through increased knowledge of successful strategies, interventions and practices— STOP AIDS NOW! takes up pilot projects on specific policy themes of relevance to the HIV pandemic. The Gender Development Project (GDP) focuses identifying promising approaches for transforming gender based attitudes behaviours and norms to address the rapid spread of HIV among women and girls in Kenya and Indonesia. The primary beneficiaries of the GDP are women and girls aged 15-60 years. Family members (spouses/partners, brothers, and parents) are secondary beneficiaries. The idea behind this choice of secondary beneficiaries is that the benefits of the interventions will spread beyond the individual women participating in the GDP activities to family members. In addition, several of the organisations participating in the Project directly take up GDP activities with the men and boys in the lives of the women and girls whom the groups target.

Coordinated collaboratively in The Netherlands and in each project location, the GDP brings together community-based, nongovernmental, and faith-based organisations working on HIV, human rights, women's empowerment and poverty reduction in Kenya and in Java and Papua, Indonesia. As part of the Project, the organisations take up local level HIV prevention strategies

¹ in a 3-day training to build perspective, to define the aim of the research, to build the data collecting capacity, and to set up schedule for data gathering, as well as its supervision

and interventions that promote egalitarian gender based attitudes, behaviours and norms and women's rights.

STOP AIDS NOW! is partnering with 15 organisations in Java to implement small scale activities around the themes of gender, HIV/AIDS and human rights. The aim of the partnership is to transform gender attitudes, behaviours and norms as a means to reduce women's risk of acquiring HIV. SAN! has integrated a research initiative in the GDP in Java, to help determine the impact of the Project on the women and girls benefiting from the local activities the Project supports. SAN! commissioned Ms. Endah Triwijati, Lecturer on Sexuality, Gender and Health at the Faculty of Psychology of the University of Surabaya, Indonesia to carry out both pre- and post-intervention evaluations with six of the local partner organisations: Rahima, Solidaritas Perempuan, Syarikat Indonesia, LBK-UB, Mitra Wicana and Gaya Nusantara. The specific objectives of the research study were to collect, analyse and present baseline and end line information on:

1. Gender based attitudes, perceptions and beliefs on issues affecting women and girls;
2. The sexual and/or romantic relationships and power between men and women;
3. Forms of violence and how families and communities respond;
4. Intentional and actual condom use by women and girls; and
5. HIV/AIDS knowledge.

In line with these objectives, the specific tasks of the research team was to:

- Train representatives from the implementing organisations to equip them with skills to train others to conduct focused group discussions and administer questionnaires.
- Review and adapt with the representatives from the implementing organisations the qualitative and quantitative tools provided by STOP AIDS NOW! for data collection, and translate them into appropriate local languages.
- Provide light supervision during the qualitative and quantitative data collection exercises for both baseline and end line phases.
- Carry out the analysis of baseline and end line data.
- Draft baseline and end line reports.

2. HIV/AIDS in Indonesia

According to the World Health Organisation (WHO) classification on HIV/AIDS, Indonesia is at the "concentrated stage."² The factors contributing to the spread of HIV include a widespread sex industry, high prevalence of sexually transmitted infections (STIs), low rate of condom use, rapid urbanisation, high rate of population migration, occurrence of premarital and extra marital sex, needles and health equipment that are not sterile, and more recently injecting drug use (IDUs).

² This part is basically cited from Susanti, 2006, Women and HIV/AIDS, Rights and Realities: Monitoring Reports on the Status of Indonesian Women's Sexual and Reproductive Health and Rights, ARROW – Ford Foundation Piper, N. and Yeoh, B.S.A. 2005. "Introduction: Meeting the challenges of HIV/AIDS in Southeast and East Asia", Asia Pacific Viewpoint. Vol. 46, No. 1, April 2005, pp. 1-5, cited by Esti Susanti, 2006, Women and HIV/AIDS, Rights and Realities: Monitoring Reports on the Status of Indonesian Women's Sexual and Reproductive Health and Rights, ARROW – Ford Foundation

In Indonesia, three different categories of women are affected by HIV/AIDS and each category faces a set of issues and problems unique to the group: sex workers, women whose partners are either intravenous drug users or clients of sex workers and, single-female teenagers

The issues of gender inequality and poverty, are at the root of feminisation of HIV/AIDS. A culture which esteems men having multiple sexual partners as a sign of both economic and sexual prowess also puts women at a disadvantage with regards to contracting HIV/AIDS. An increasing regional dependence on migrant labour increases interactions and women's vulnerability.

Cultural norms relating to sexuality, beliefs on HIV/AIDS, and attitudes about condom-use, define how HIV/AIDS is perceived in Indonesian society, which in turn impacts transmission patterns and levels. Cultural taboos restrict discussions on sexual matters in public or private, yet this is starting to change in some instances. In the 1970s contraception was not openly discussed, but with the support of religious leaders, the taboo surrounding contraception has been broken and attitudes and behaviours have changed.

Cultural norms dictate that sexuality is strictly defined as existing only within marriage. Sexual and reproductive health services are mainly aimed at married people and focus on reproduction, which marginalises young, unmarried people. However, actual behaviour deviates from this. At the same time, since Indonesian society is patriarchal, male infidelity is condoned, and thus actual behaviour deviates from the cultural norm. Data from behavioural surveillance studies indicates that more than half of men with high mobility have purchased sex within the last year, most of them married.

Many beliefs on HIV/AIDS impact transmission. For example there is the idea that HIV/AIDS is a disease that only affects foreigners, homosexuals, prostitutes, and people who have free sex.³ This is related to the fact that people often take a moralistic stance on the disease and thus do not want to believe that it also affects heterosexuals, non-sex workers, and women. There is also the notion that HIV/AIDS will not spread as swiftly as it has in other high-prevalence countries because Indonesia feels it is 'different.'

It is also commonly believed that sex workers are the main vectors of HIV. Sex workers are often the focus in preventing STIs and HIV. This is problematic because they are often unable to insist that their clients use condoms. The issue of sex work is also difficult to discuss as sex is only

³Gunawan S. and Suesen, N. 1998. "Indonesia". In *Sexually Transmitted Diseases in Asia and Pacific*. New South Wales: Venereology Publishing Inc. pp. 138-149.

supposed to occur within marriage. Condoms, which are key in preventing transmission of HIV, lack social acceptance in Indonesian society, which means that they are targeted mainly at high risk or vulnerable groups. Nonetheless, clients of sex workers view condoms as “messy, ineffective, interfering with purchased sexual pleasure” and thus are seldom used.

This report includes (a) notes from data collection processes and analysis; (b) description of the respondents’ informational backgrounds; (c) description of the gender-based attitudes, perceptions and beliefs towards women’s and men’s role from section 3 of the questionnaire; (d) power in sexual and/or romantic relationship; (e) control in relationship; (f) intentional and actual condom use; and (g) HIV and AIDS knowledge.

3. Data Collection Process: some notes

Data collection was planned to start from January 18 to February 2, 2008. However, the realization took longer than expected. Data from all LRPs were just ready to be analyzed in the first week of March 2008.

We faced some challenges affecting the efficiency and the quality of data collection process. First, we identified that coordination was insufficient in some of the organizations (i.e. between the person in charge and data collectors), which then influenced the preparation in the field like the sample framework and the readiness of the respondents. Secondly, we identified that coordination was insufficient between the organisation and their monitoring personnel (MP).

Poor internal coordination within the organizations has profound impact in the field especially when the targeted group is an institution that has its own rules in giving permits its group members. It happened in one of the organizations that chose two Islamic boarding schools in two different areas to participate. They could not meet the numbers of respondents they targeted, even a month after for the initially planned data collection period. The internal coordination between PIC and DCs is critical as it will influence the necessary process for the DCs to select respondents for prepare the targeted groups.

We also learned that when we worked with an organization which has a national secretariat, special effort should be given to ensure that the representative of the local institution, who carries out the real work in the field, receives the same information as the person in charge (that has a post in national secretariat). We found that insufficient coordination on this matter affects the work of the local data collectors in deciding the sample frame as well as in planning their intervention.

We also need to pay more attention together with the organization involved, to identify other necessary conditions that may hamper the process of data collection, such as the capacity of the staff to interview mothers who bring their children with them to the location. The organization needs to prepare for this situation since it might obstruct the focus of the mothers in answering the questions. The other thing that we learned from the process is that we also need to consider the

weather. One of the organisations was facing a big flood that required them to delay the set date for data collection.

From our monitoring meetings during and after the data collection process we found that the strategy of data collection agreed upon in a previous meeting to maintain the quality of collected data had not worked properly in the field. Some challenges that we faced are:

- Data collectors do not have the freedom to set up schedules for interviews since they want to give beneficiaries to do so. In fact, it creates difficulties to inform the MP about the schedule arranged because the schedules were frequently changed at the last moment.
- Changes were made in questionnaire format A without preliminary notice. This created difficulties to the analysis as an original question was missing. We had inform DCs in the last meeting that any changes made to the format should be communicated to us and should be written in a separate sheet.
- Filling in the questionnaires became priority instead over the process in some cases. For example the same person filled in 2 sheets of questionnaires, and another respondent was assisted by a person other than the data collector. This might end up in a different understanding of the questions addressed
- DCs could not avoid the presence of another party during the data collection process, while realizing the impact of it, because the third party is someone who help them to recruit the respondents

Considering the challenges above , together with our MPs, we decided to change the strategy of data collection process for the end line data collection. The changes are:

- The MPs should play a bigger role in the end line phase: to assist the survey for all respondents, as well as in the FGDs and the In-Depth interview process. They could take over the role as moderator in the FGDs and interviewer in the in-depth interviews if necessary;
 - It is necessary to conduct a refresher meeting among the core reseach team, the monitoring personnel and one of the data collectors of each local research partner to set focus and train skills for the FGDs and the in-depth interviews, as well as to give the MP a bigger role for the FGDs and in-depth interviews.
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4. Data Management

From 101 questionnaires, we decided to drop 13 because the characteristics of the respondents did not meet the required criteria and because Rahima could not meet their original target (20). They could only recruit 11 respondents. The total questionnaires can be analyzed, for each LRP are visualized in the following table:

LRP	Original plan	Table 1. Numbers of Respondents and Reasons to drop Analyzed	Reason to drop
GN	10	9	Respondent was an ex pimp
SP	18	17	Incomplete
SI	14	12	Respondents were too old
MW	20	18	Incomplete
LBKUB	17	21	2 respondents filled in 4 questionnaires; 2 incomplete
Rahima	20	11	Could not meet target

Data input and coding processes took over a month to complete. This period of time was used to get a readable system of coding. Descriptive statistical analysis is used to see the frequencies and inter-variables cross tab. Chi-square was also applied to look carefully at the significance of differences between respondents with previous gender/HIV-AIDS training and those of respondents without previous gender/HIV-AIDS training on some aspects.

5. Background Descriptions of Respondent

Trained on Gender and/or HIV/AIDS

In general, 41% of all respondents in this project did not have experience as participants in gender or HIV/AIDS trainings. 23% of the respondents were trained on both issues.

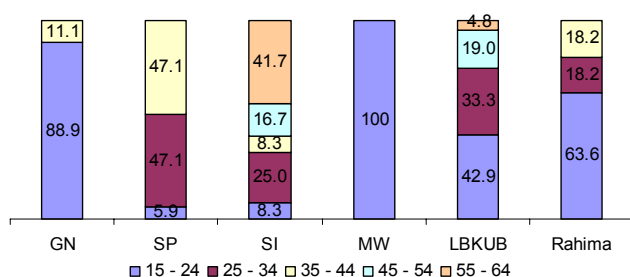
If we look at each organization separately, the biggest proportion of those who have never been exposed to gender and HIV/AIDS issues through trainings were found in SP (52.9%), followed by Rahima (45.5%), MW (44.4%), LBKUB (38.1%), GN (33.3%), and the least found in SI (25%). It will be interesting to see whether the gap between those who have never and those who have ever been trained on one or both issues influence their acceptance toward the intervention delivered to them.

In table 2 we can see the priority of each organization. GN and MW might be keen on providing more HIV/AIDS training than training on

Table 2. distribution respondents experience as participants of training on gender and/or hiv-aids

LRP	ever trained gender	ever trained hiv-aids		Total
		no	yes	
GN	no	33.3%	55.6%	88.9%
	yes	11.1%	0.0%	11.1%
	Total	44.4%	55.6%	100%
SP	no	52.9%	11.8%	64.7%
	yes	5.9%	29.4%	35.3%
	Total	58.8%	41.2%	100%
SI	no	25%	0%	25%
	yes	50%	25%	75%
	Total	75%	25%	100%
MW	no	44.4%	33.3%	77.8%
	yes	5.6%	16.7%	22.2%
	Total	50%	50%	100%
LBKUB	no	38.1%	0.0%	38.1%
	yes	33.3%	28.6%	61.9%
	Total	71.4%	28.6%	100%
Rahima	no	45.5%	0.0%	45.5%
	yes	27.3%	27.3%	54.5%
	Total	72.7%	27.3%	100%

distribution of age of respondents by LRP



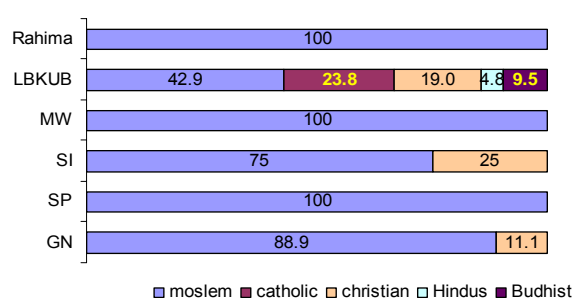
are in their 45-64 years of age (41.3%).

Religious beliefs. Moslems are the majority of respondents (79%). 4.8% of the respondents are Hindus and 9.5% are Buddhists (from the respondents of LBKUB). Christians and Catholics are 17% of all respondents, and those are from GN,

gender training. On the other hand, SI, LBKUB and Rahima focus more on gender than HIV/AIDS.

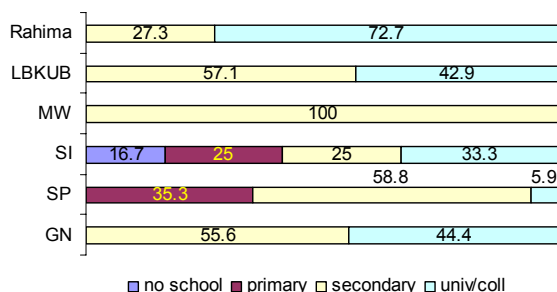
Age. The majority of respondents are 15 - 44 years of age (86.4%). It is shown by the age range of respondents from GN, MW and Rahima. Whilst for SP, SI, and LBKUB, the ranges of respondents' ages are wider. SI has the biggest group of respondents who

distribution of respondent's religion by LRP



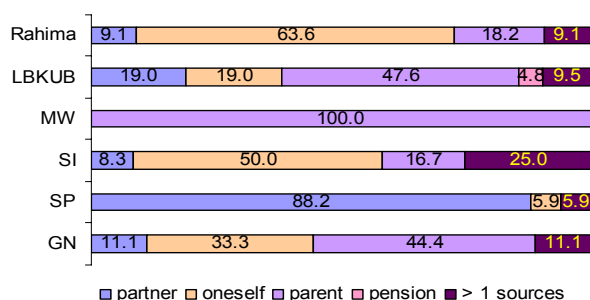
SI and LBKUB. Respondents from Rahima, SP and MW are all Moslems.

distribution of respondent's level of education by LRP



data collection process, to ensure that those who have education and those have no education at all could understand each item both in the questionnaire and also in conducting FGDs in the end line phase.

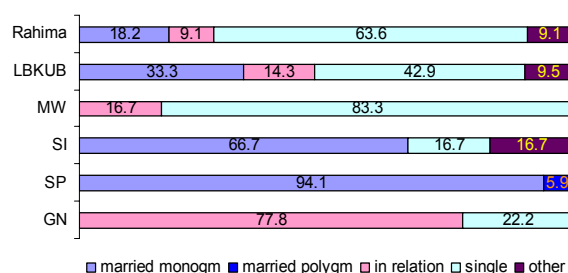
source of income of respondents by LRP



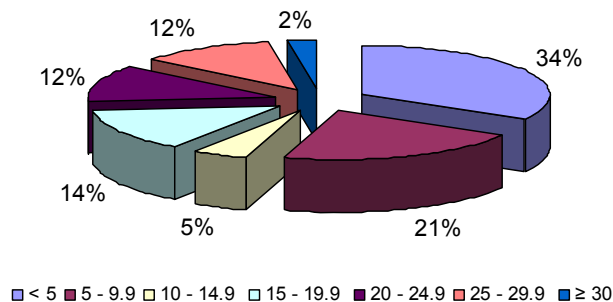
in SP's respondents, 88% of them are dependants for their partner. Yet, independency in this matter is found in more than a half of Rahima's respondents (63.6%) and 50% of SI's. More than one source of income (e.g. from oneself and parents/partners) were held by all, but MW's, LRP's respondents.

Status and duration of the current relationship. Around 48% of all respondents are in a relationship. 72% of them are in a monogamous marriage, one in polygamous and 30% in a non marriage relationship (romantic and/or sexual). GN respondents are predominantly in a relationship (four of them are escort girls and 3 college students). All SP respondents are married (monogamous 94.1% and one in polygamous). SI respondents are predominantly in monogamous marriages (66.7%), but there are also two singles and two widows. MW's respondents are predominantly singles (83.3%) and three in romantic relationships, Rahima has more various respondents in characteristics: 63.6% singles, 2 married monogamous, 1 romantic relationship; it is similar to those of LBKUB that consist of 42.9% singles, 33.3% married monogamous, 14.3% > in romantic relationship, and 2 widows.

percentage of status of relationships of respondents by organization



distributions of length of periode of relationship of respondents



Length of relationship. From the left graph, the majority of respondents were in a relationship less than 5 years. They are predominantly from GN and MW (all of their respondents are in this category) and Rahima (75% of their respondents). The second largest are those in a 5 - 9.9 year relationship

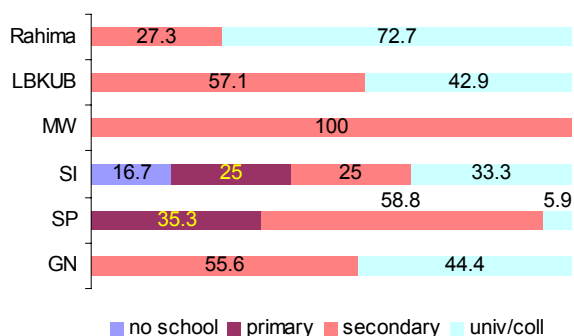
(predominantly from LBKUB and SP). Around 12%-14% are in a 10 years - 29.9 year relationship (from LBKUB, SP, and SI).

Contraception usage. 55.1% of the respondents who are in a relationship use contraception, and from them 4 persons (14.3%) ever use condoms. Of those who are not using condoms, 68% are within a monogamous marriage. These group of respondents and the other are basically prone to be infected with STIs.

Table 3. status of relationship and the type of contraception used

status of relation		type of contraception used							Total
		pill	condom	IUD	Injection	implant	natural meth	Other	
Monogamous	Σ	0	2	10	3	1	1	4	21
	%	0	7.1	35.7	10.7	3.6	3.6	14.3	75
Polygamous	Σ	1	0	0	0	0	0	0	1
	%	3.6	0	0	0	0	0	0	3.6
In relation	Σ	3	2	0	0	0	0	0	5
	%	10.7	7.1	0	0	0	0	0	17.9
Other	Σ	0	0	0	1	0	0	0	1
	%	0	0	0	3.6	0	0	0	3.6
Total	Σ	4	4	10	4	1	1	4	28
	%	14.3	14.3	35.7	14.3	3.6	3.6	14.3	100

distribution of respondent's leve of education by LRP



Levels of education: respondent - partner. The majority of respondents are in/had their secondary (58%) or university level (29.5%). This depicts the characteristics of respondents from GN, LBKUB and Rahima. There are also 10% (or 9 respondents) with primary education (from SP and SI), and 2 others are illiterate (SI).

Similar proportion (with no illiterate respondents) were found in partner's education levels. Compared to their partners, there are groups of respondents who have higher education than the

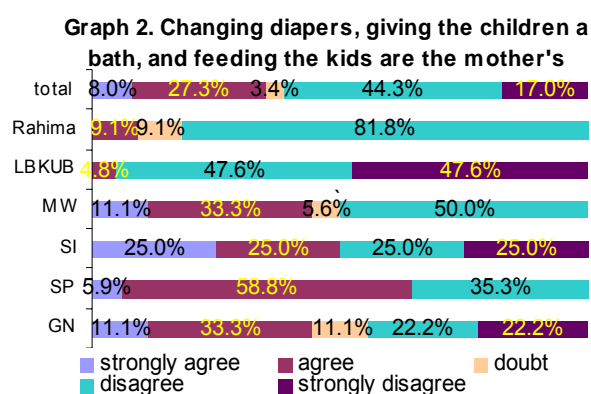
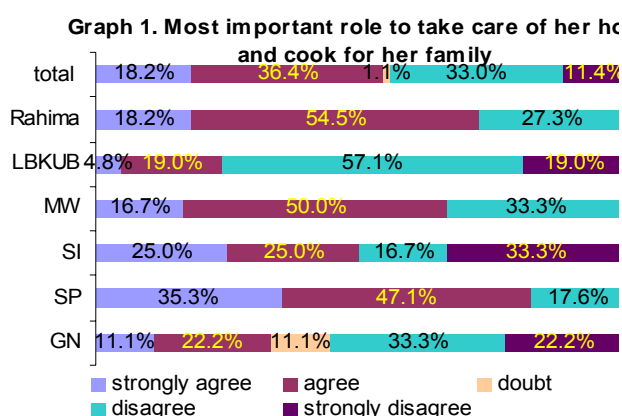
partners (13.7% or 7 respondents), equal level (66.7%), and those who have lower education levels (19.6%). Those who have a higher education level than the partner’s education level are from SP (almost 30% of their respondents) and SI (30% of their respondents). Equal levels of education are predominant in GN (6 from 7 respondents), 35% of SP respondents, 30% of SI’s, 2 out of 3 respondents of MW, 81.8% of LKUB’s, all of 4 Rahima’ respondents. One or two respondents with lower education level compared to their partner were found in each LRP.

6. DISCUSSION

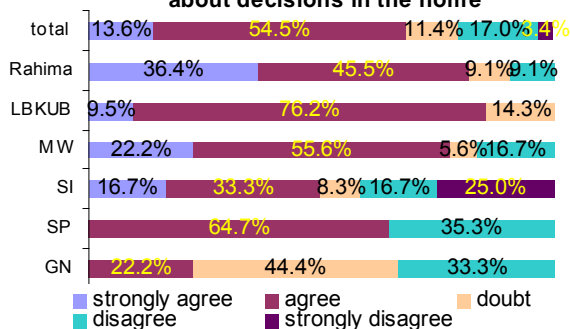
6.1. Gender-based attitudes, perceptions and beliefs

The majority of beneficiaries of all organisations show different attitudes toward traditional gender role stereotypes. There are only one or two respondents in other organisations who strongly agree to it. The majority shows inconsistency in agreeing to the stereotypical role of women/men in their day to day life. This depiction is found in almost all of the respondents, particularly from SP (94%), MW (89%) and Rahima (82%). Smaller percentage are found in GN and LBKUB (56% and 57% respectively). While those who do not agree are found in GN (44% or 4 persons), SI (33.3% or 3 persons), LBKUB (38% or 8 person) and one person in Rahima.

Regarding attitudes towards “women’s domestic role”, respondents across organizations tend to see women’s role more as “taking care of the home and cooking” than “caring for children”. Respondents from SI and GN show a consistent attitude toward those beliefs. However, that is not the case for Rahima’s and LBKUB’s, and somewhat less consistent in SP’s and MW’s respondents.



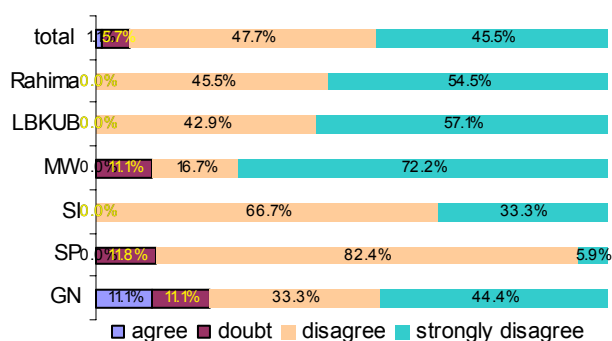
Graph 3. A woman should have the final word about decisions in the home



From the graph on the left, we could see that the idea of women’s position as the final decision maker in the home was affirmed by the majority of respondents in LBKUB (85.7%), Rahima (81.9%), MW (77.8%), and SP (64.7%). Those who are not sure, or not agree to this power position found in the majority of GN and SI.

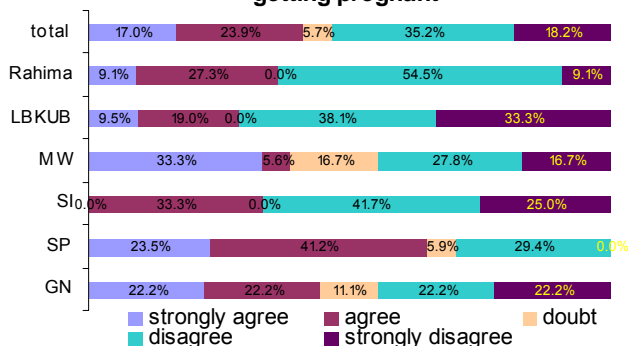
The idea of “father’s role in the home” is not popular for almost all of the respondents in each organization. They discard that idea. There is only one person from GN who agrees; and five persons who are in doubt. They are from GN (1), two from SP and the other 2 from MW.

Graph 4. Attitude toward father’s presents

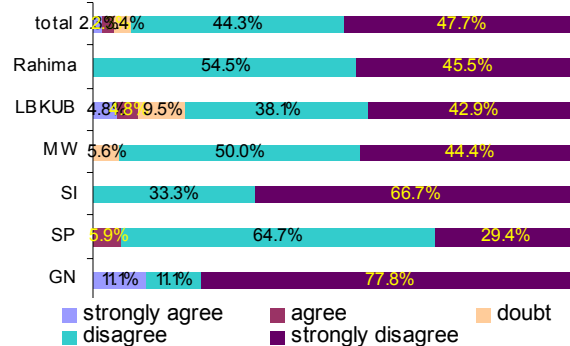


About women’s/men’s role in reproductive live (see graph 5 and 6), those who disagree to the idea that pregnancy is woman’s responsibility are a bit higher than those who are agree (53% to 40%). There are 5 persons who are in doubt. Rejection toward that idea can be found particularly in the majority of LBKUB (71.4%), SI (66%) and Rahima (63.6%). While for GN and MW, the number of respondents who agree and disagree are even. For SP, the majority agrees to the idea.

Graph 5. It is a women's responsibility to avoid getting pregnant



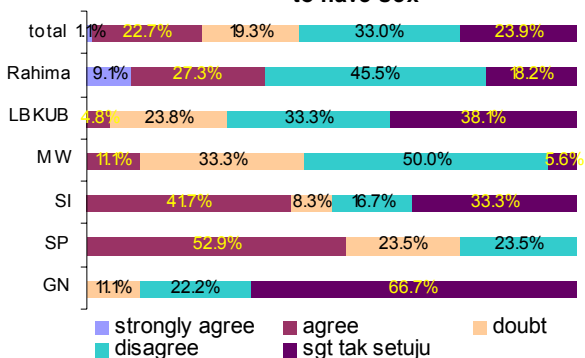
Graph 6. A couple should decide together if they want to have children



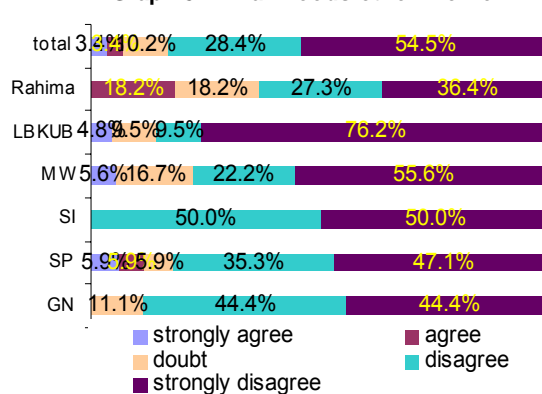
However, an inconsistent pattern shows up with regard to the idea that “A couple should decide together if they want to have children”. Almost all of the respondents (92%) show their disagreement (those who disagree and strongly disagree are equal). Less than 5%, this is only from GN and LBKUB, agrees with this statement.

Stereotypical beliefs related to men’s sexual role and their “innate polygamous tendency” are rejected by the majority of respondents across the organizations. The idea of “the active role of men

Graph 7. it is the man who should decide whether to have sex

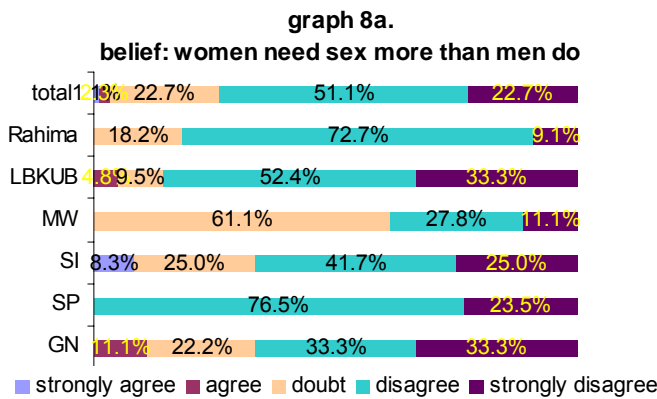


Graph 8. A man needs other women



to decide whether to have sex or not” is opposed by more than half of all respondents. They mostly come from GN (88.9%), LBKUB (71.4%), and Rahima (63.7%), though one-third of Rahima’s respondents agree to that idea. The acceptance to the idea mostly comes from SP’s and SI’s respondents. While for the belief about male’s polygamous innate-tendency, 1 or 2 respondents from each Rahima, LBKUB, MW, SP and GN agree and/or doubt about it, though the majority do not agree (see graph 7 and 8)

A similar response is seen when the issue is about “women need sex more than men do”. Almost three-fourth of the respondents disagree to that perception. This response is predominantly found in SP (100%), LBKUB (86%), Rahima (82%), SI and GN (66%), While in MW’s high school respondents, the majority (61%) are not sure if it is true. This doubt is also found in 2 or 3



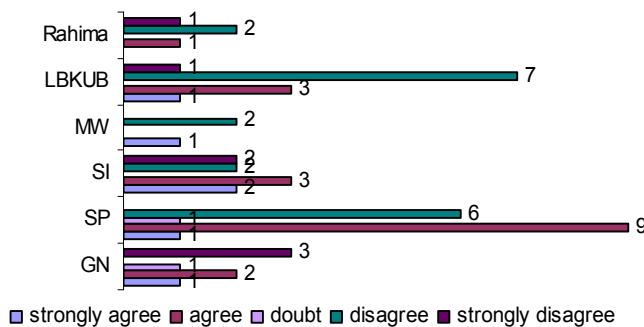
respondents in each organization. Yet there is one respondent in each GN, SI and LBKUB who believes that women need more sex than men.

6.2 Sexual and/or Romantic Power Relationship

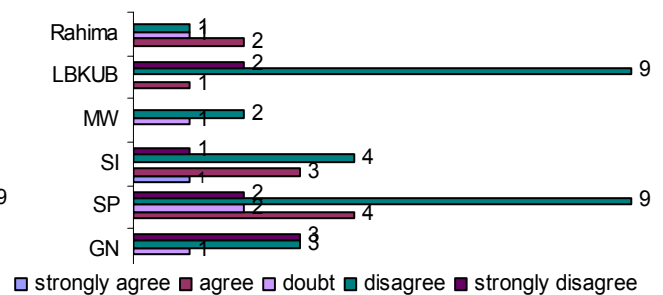
Based on the respondents' experience about their relationship, the common response to statements related to the unequal power relationship between partners is 'not sure' whether they could accept it or not. Yet if we look at their attitude towards a particular situation, the responses are quite diverse.

When we look at who has the power, the following is the trend we found. If the statement implies "the power/control is in the partner's hand" most of the respondents did not agree with that. For

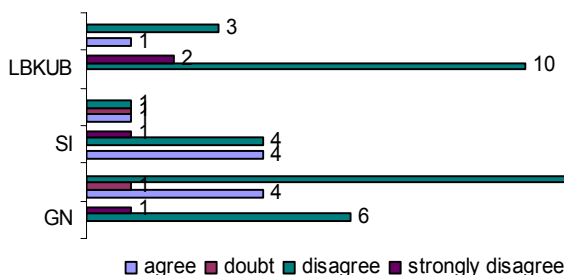
Graph 9. My partner tells me who I can spend time with



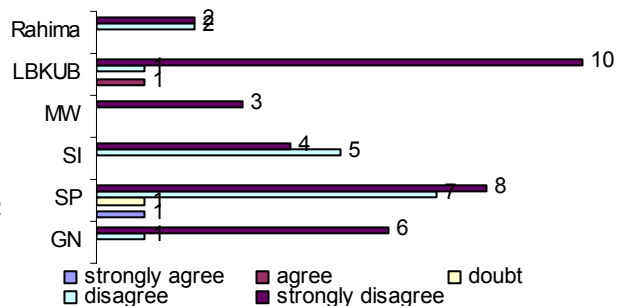
Graph 10. My partner won't let me wear certain things



Graph 11. When my partner and I are together, I am pretty quiet

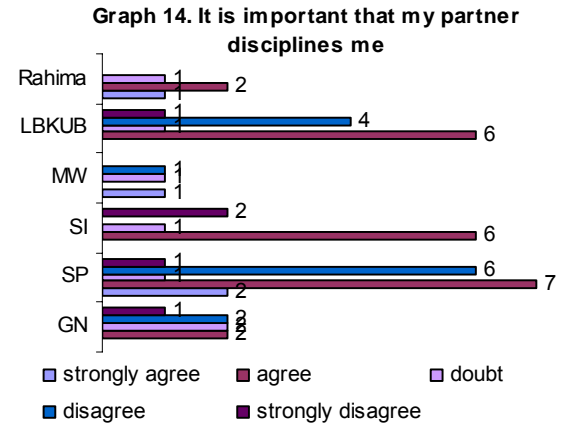
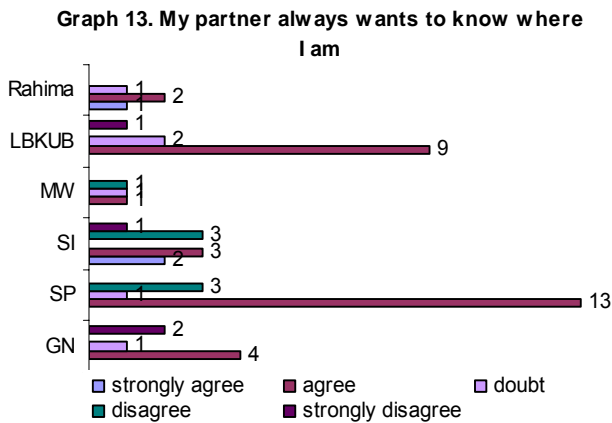


Graph 12. When I do some thing that my partner doesn't approve of, he hits me

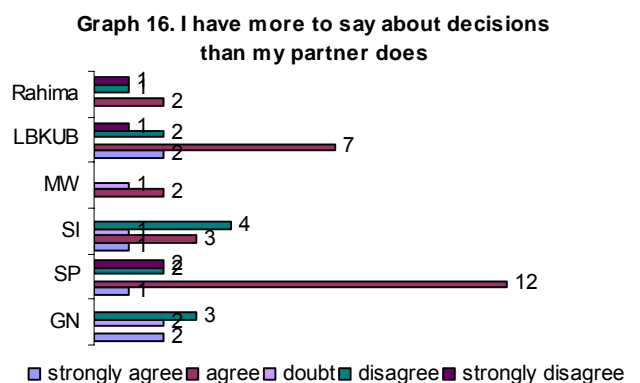
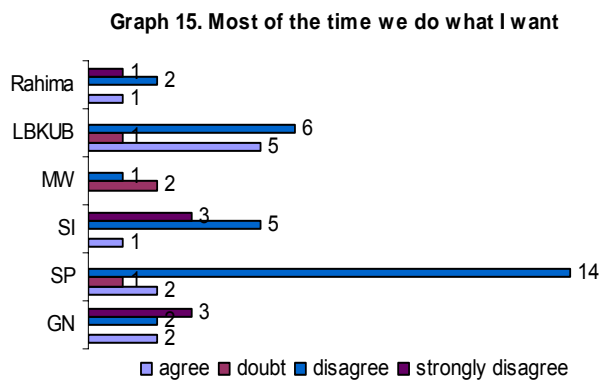


example, when it touches issues related to controlling "social relationship" (graph 9), except from SP, respondents disagree to that. Similar response of rejection is found across organisations when it is about controlling "what I should wear" (graph 10), or "make me quiet" (graph 11). This is even much more when it comes to violence (graph 12). However, the majority of SP's and LBKUB's respondents agree with the statement that 'my partner always wants to know where I am' (graph

13). For other organizations the picture is more diverse. The idea that a “woman should be disciplined by the partner” (graph 14) entails more diverse response. Although the majority of respondents across organizations agrees to this belief, with the exception of GN, those who feel uneasy are more than the previous one, particularly in SP and LBKUB.

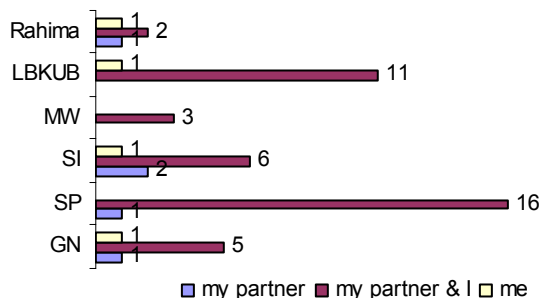


And yet, the idea of “having a sense of power” (graph 15 and 16), brings inconsistent responses. The majority of respondents, across organizations, recognize that most of the time their activities with the partners do not follows their wishes. Only a small number of respondents could stand with their wants, particularly those in LBKUB (graph 15). When it touches the issue of “the role in decision making”, the picture changes slightly. The majority of respondents agree that they are the

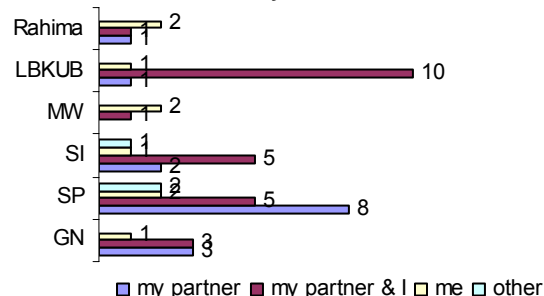


ones who are more involved in decision making (graph 16). This experience is recognized particularly by those in LBKUB, and SP. In other organizations the proportion is about even, like in SI.

graph 16-1. Who usually has more say about what you do together?

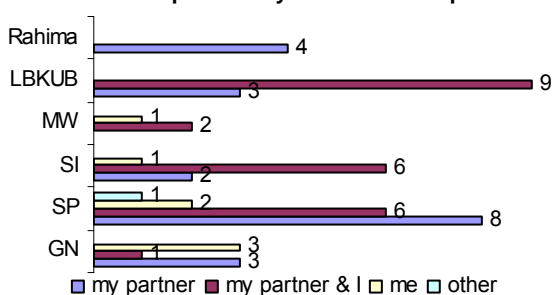


graph 16-2. Who usually has more say about how often you see one another?



When the decision is about “what to do together”, respondents saw it as something that they decide equally together. The initiative to see one another (graph 16-2) is also more on what they decide together, although compared to the previous (graph 16-1), those who said that that is more on their partners’ initiative are found more in SP and GN, and likewise for “her own initiative” (9 out of 52).

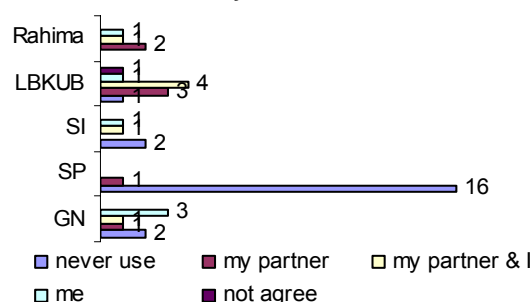
graph 17. In general, who do you think has more power in your relationship?



When respondents were asked in a reflective way about the power relation they have in their relationship (graph 17), the majority recognizes that power is more with the partner (38.5%), or shared equally (46.2%). Less than 15% (7 out of 52 respondents) see themselves having more power in the relationship.

With regard to condom usage (graph 18), extreme results are found in SP. Different to the beneficiaries of other LRP, we found that the majority of SP respondents never use condoms. According to the SP data collector, most of their beneficiaries do not have enough knowledge about contraception and its various methods, including condoms. Two of GN respondents said that they don’t use condoms, because they never have sex with their partner.

graph 18. Who usually has more say about whether you use male condoms



From the following table we can see the possible implications of power relationships in influencing who has, at the end, more to say about the usage of condoms. It is quite unlikely for a woman to ask her partner to use a condom if he has no interest to use it. However, if he wants it, regardless of the woman’s voice, they will use a condom. It is rarely found that a couple of which the male partner is said to have the power, will use a condom because the woman urges it

Table 4. The possible implication of power relationship in the couple to the decision to use condom

In general, who do you think has more power in your relationship?	Who usually has more say about whether you use male condoms?					Total
	never use	my partne	my partner & I	me	not agree	
GN my partner	2	-	-	1	-	3
	-	1	-	-	-	1
	-	-	1	2	-	3
SP my partner	7	1	-	-	-	8
	6	-	-	-	-	6
	2	-	-	-	-	2
	1	-	-	-	-	1
SI my partner	1	-	-	-	-	1
	1	-	1	1	-	3
LBKUB my partner	1	1	-	-	-	2
	-	2	4	1	1	8
Rahima my partner	-	2	1	1	-	4

In terms of sexual relations, the initiative usually comes from the partner or from both. An initiative that comes from the woman is uncommon.

A rough picture of the possibility of condom use among sexually active respondents, can be found below. It is quite unlikely for the majority of respondents to have safer sex, as most of them depend on the partner's willingness to use a condom.

graph 19. Who usually has more say about whether you have sex

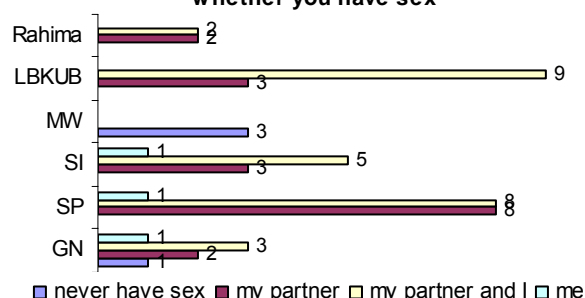


Table 5. possible association between the power to have sex and the use of condom

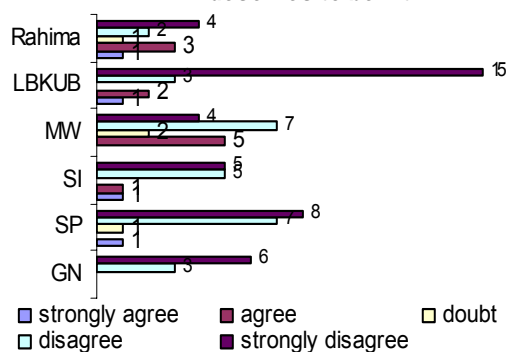
Who usually has more say about whether you have sex?	Who usually has more say about whether you use male condoms?					Total
	never use	my partner	my partner & I	me	not agree	
GN never have sex	1	-	-	-	-	1
	-	-	-	2	-	2
	1	1	1	-	-	3
	-	-	-	1	-	1
SP my partner	8	-	-	-	-	8
	7	1	-	-	-	8
	1	-	-	-	-	1
SI my partner	1	-	-	-	-	1
	1	-	1	-	-	2
	-	-	-	1	-	1
LBKUB my partner	-	-	1	-	1	2
	1	3	3	1	-	8
Rahima my partner	-	1	-	1	-	2
	-	1	1	-	-	2

6.3 Attitudes that may justify violence in relationship.

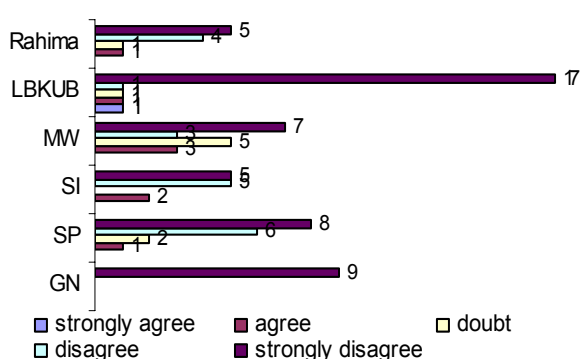
If we look at the response towards beliefs that could justify incidents of violence in interpersonal relations, such as “there are times when a woman deserves to be hit” and/or “that a woman should tolerate violence in order to keep her family together”, and/or “it’s ok for a man to hit his wife if she won’t have sex with him”, the majority of respondents in each organization tend to disagree with these beliefs. However, it is only GN respondents who show consistent rejection, while a small number of those from SP, SI, LBKUB, Rahima and MW are still in doubt, or agree or strongly agree to those beliefs.

Significant differences are found between those who have had some training/discussion in gender-HIV/AIDS and those who never participated in any gender-HIV/AIDS training. LRP’s need to give more attention on this matter.

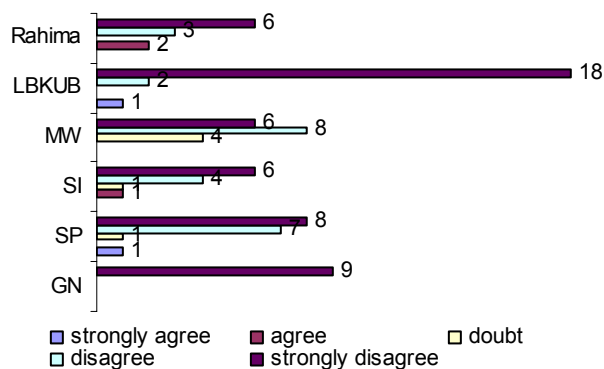
graph 20. There are times when a woman deserves to be hit



graph 21. A woman should tolerate violence in order to keep her family together

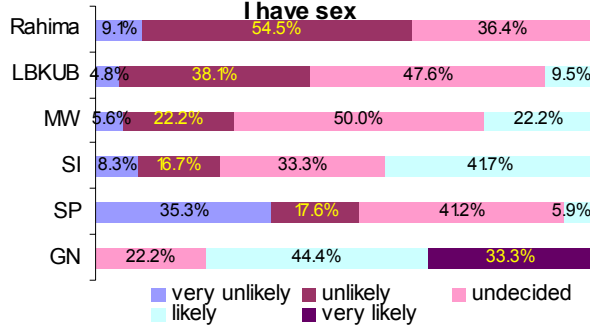


graph 22. It is ok for a man to hit his wife if she won't have sex with hi



6.4 Intentional and actual condom use

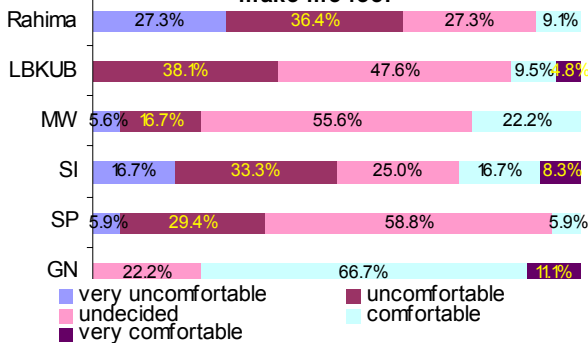
Graph 23. I intend to use a condom when I have sex



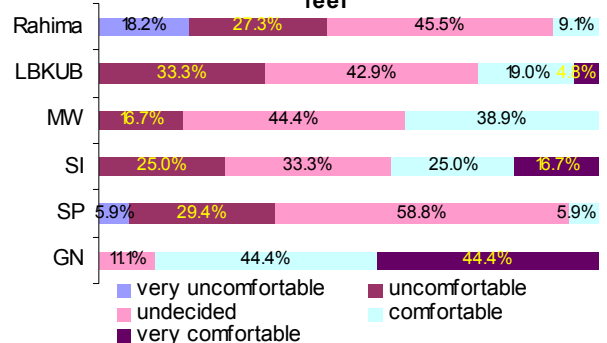
Condom usage is something that is quite far from the majority of respondents' mind across organizations. It is true except for GN which contrasts to Rahima, LBKUB and SP. Most of Rahima's respondents come from an Islamic Boarding School which is quite strict in exercising their Islamic rule. Resistance seems quite strong in SP, Rahima, and LBKUB (graph 23). The idea of using a condom is something uncomfortable for

almost one-third of all respondents, except those from GN (graph 24). Resistance based on this perception can be seen from Rahima, SI, and LBKUB. Moreover, the idea to encourage one's

graph 24. I think using a condom would make me feel

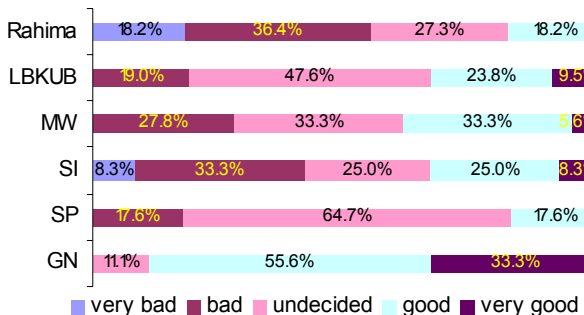


graph 25. I think encouraging my sexual partner to use a condom would make me feel

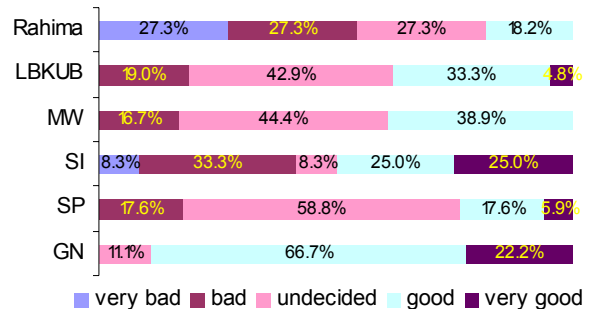


sexual partner is something difficult for a number of respondents, particularly from Rahima, followed by LBKUB, SP, SI and MW as it is not only makes them feel uncomfortable, but they also feel that they conduct a bad thing (graph 26 and 27).

graph 26. I think using a condom would make me feel

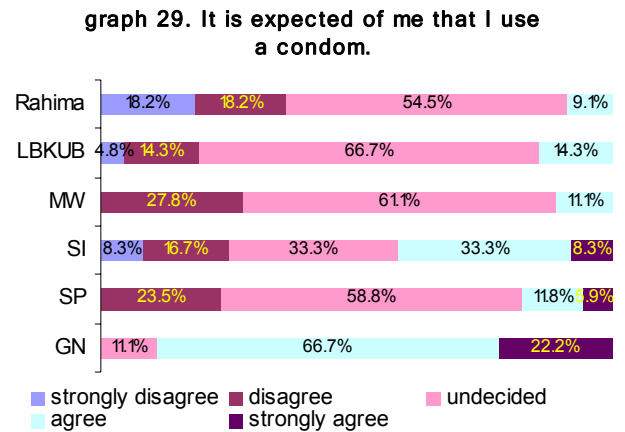
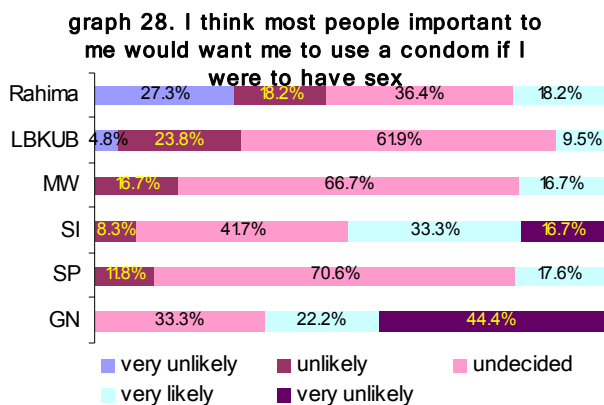


graph 27. I think encouraging my sexual partner to use a condom would make me feel I have done

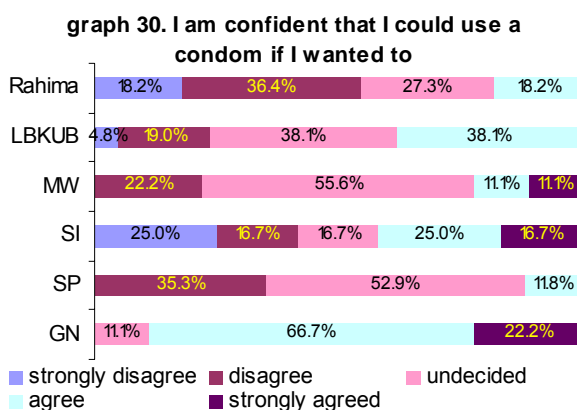


However, to some respondents the feeling about themselves is perceived as worse than the feeling of asking their partner. The resistance to use condoms that is based on the self image that they could think of may not be very strong for quite a number of respondents in each organization as

they are not sure how would they feel. And yet, compared to those who think they will feel good, those who don't is much higher, particularly for respondents from Rahima, and SI (graph 26). Some resistance is also felt by several respondents if they would encourage their sex partner to use condoms. This is particularly true for Rahima and SI. Those who have no problem with that are

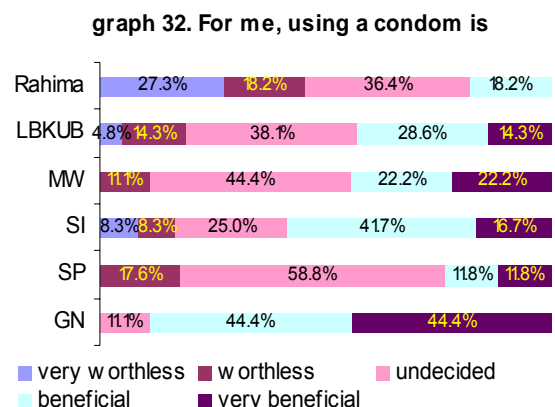
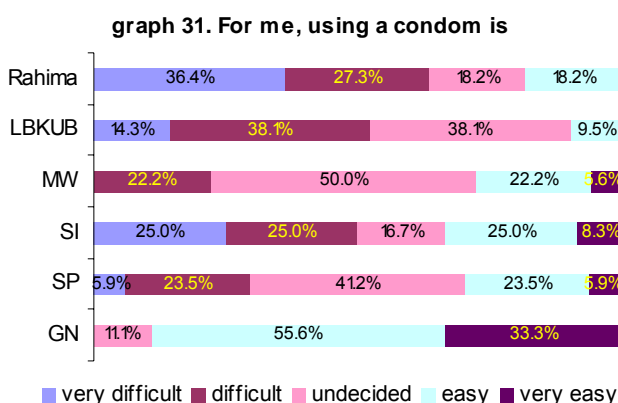


from GN (graph 27). For some respondents, particularly from Rahima and LBKUB, support or pressure to use condoms is something that should not be expected (graph 28 and 29)..

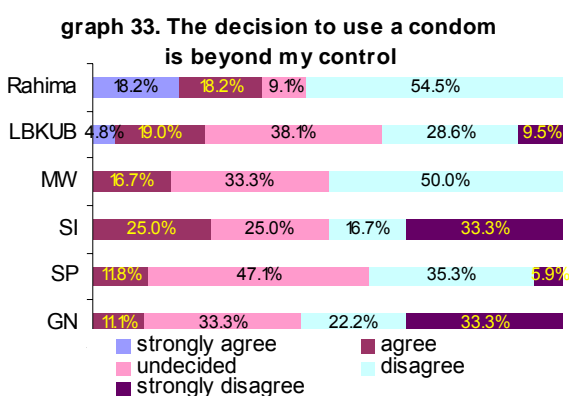


The confidence of the availability of condoms when needed is greatest among GN respondent. In other organizations, differences are found among respondents within each organization particularly in SI, MW and LBKUB (graph 30). A similar response is found in relation to the difficulties that they might find if they want to use condom (graph 31). A big gap on this matter is found between GN and

Rahima. For GN's respondents this is not something difficult to do. Yet, this is a totally different case for those of Rahima.



The value of using condoms is something that is not really clear for a number of respondents in each organization. The biggest number comes from SP (58.8%), and followed by MW 44.4%, then Rahima 36.4% and LBKUB 38.1%, then SI (25%). While the majority of GN sees it as beneficial, the majority of Rahima don't.



Apart from that, having no control over their own body which might hinder the possibility of using a condom is found in a number of respondents in each organization. The biggest number of this type of group is found in Rahima, although more than 50% have exactly opposite perceptions. Respondents who are not sure about this, around one third, are found in each organization, except Rahima

The majority of respondents rarely has sex. In each organisation, those who have not had sex for the past six months are over 50%, except for GN (44%), Among those who have had sex in the past six months, 90% of them are somehow in unsafe sex. But those who are having unsafe relations are about 37,9%, as it shown in the following tables.

Table 6. In the past six months, approximately how many times did you have sexual intercourse?

	never	1 - 5 x	6 - 15 x	16 - 25 x	> 25 x	Total
GN	4	3	1	1	0	9
SP	10	7	0	0	0	17
SI	7	3	1	0	1	12
MW	18	0	0	0	0	18
LBKUB	14	5	1	1	0	21
Rahima	9	2	0	0	0	11
Total	62	20	3	2	1	88

Table 7. How frequently did you use a condom during sexual intercourse in the past six months

	N/A	almost never	rarely	frequently	almost always	Total
GN	0	0	2	1	2	5
SP	2	5	0	2	0	9
SI	1	2	0	2	1	6
LBKUB	0	6	1	0	0	7
Rahima	0	2	0	0	0	2
Total	3	15	3	5	3	29

Table 8. In the past six months, did you ever have sexual intercourse without a condom?

	never	ever	Total
GN	1	4	5
SP	5	4	9
SI	3	3	6
LBKUB	2	5	7
Rahima	0	2	2

Total	11	18	29
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6.5 HIV/AIDS knowledge

Knowledge about indicator of people with HIV and AIDS is presence in 20% of all respondents. Almost 50% have a false understanding, found among the majority of GN's and LBKUB's respondents. The majority of respondents from SP and SI confess that they don't know anything about HIV and AIDS.

Table 9. A person can look healthy and yet is infected with

	disagree	agree	don't know
GN	77.8%	11.1%	11.1%
SP	11.8%	23.5%	64.7%
SI	33.3%	-	66.7%
MW	44.4%	44.4%	11.1%
LBKUB	71.4%	9.5%	19.0%
Rahima	45.5%	27.3%	27.3%
Total	46.6%	20.5%	33.0%

Regarding the knowledge about ways of HIV transmission, there are few respondents who think that one can be infected by touching a person living with HIV/AIDS. Sharing cups are tagged by more people as another way one can be infected. In contrast, sharing of syringes or razor blades were seen by the majority as bringing no risk. Almost all respondents are aware that a pregnant woman can pass HIV on to her unborn baby (table 10).

Table 10. Knowledge about the ways in which HIV can be infected

	infected with HIV by greeting or touching a person living with HIV and/or AIDS			One can get HIV by sharing cups with people who have HIV and/or AIDS			One can get HIV by sharing syringes/ razor blades with people who have HIV and/or AIDS			A pregnant woman can pass on HIV to her unborn baby		
	disagree	agree	don't know	Disagree	agree	don't know	disagree	agree	don't know	disagree	agree	don't know
GN	100.0%	-	-	66.7%	11.1%	22.2%	88.9%	-	11.1%	11.1%	88.9%	0.0%
SP	47.1%	17.6%	35.3%	52.9%	11.8%	35.3%	58.8%	5.9%	35.3%	-	76.5%	23.5%
SI	58.3%	-	41.7%	16.7%	16.7%	66.7%	50.0%	8.3%	41.7%	8.3%	41.7%	50.0%
MW	77.8%	5.6%	16.7%	44.4%	38.9%	16.7%	100.0%	-	-	5.6%	88.9%	5.6%
LBKUB	61.9%	9.5%	28.6%	52.4%	9.5%	38.1%	90.5%	-	9.5%	-	81.0%	19.0%
Rahima	90.9%	9.1%	-	36.4%	54.5%	9.1%	100.0%	-	-	-	100.0%	-
total	69.3%	8.0%	22.7%	45.5%	22.7%	31.8%	81.8%	2.3%	15.9%	3.4%	79.5%	17.0%

Table 11. Only prostitutes, homosexuals and people who do drugs get HIV

	disagree	agree	don't know
GN	100.0%		
SP	29.4%	47.1%	23.5%
SI	41.7%		58.3%
MW	72.2%	11.1%	16.7%
LBKUB	71.4%	14.3%	14.3%
Rahima	36.4%	45.5%	18.2%
total	58.0%	20.5%	21.6%

The majority of respondents in each organization, except those from SP and Rahima, however knows that not only prostitutes or drug users are in risk of getting infected with HIV (table 11).

The majority of respondent across organizations still have a lack of knowledge about keeping good in

physical condition and condom usage as ways of prevention,

It also shows that the majority have a lack of basic knowledge related to the development of HIV (incubation phase) and there is no significant difference between those who have knowledge about its treatment and who don't.

Table 12. Keeping in good physical condition can prevent the development of AIDS from HIV

	disagree	agree	don't know
GN	55.6%	0.0%	44.4%
SP	52.9%	0.0%	47.1%
SI	41.7%	16.7%	41.7%
MW	72.2%	11.1%	16.7%
LBKUB	76.2%	0.0%	23.8%
Rahima	45.5%	18.2%	36.4%
total	60.2%	6.8%	33.0%

Table 12. Most people with HIV immediately show signs of being sick

	disagree	agree	don't know
GN	44.4%	55.6%	0.0%
SP	11.8%	41.2%	47.1%
SI	16.7%	25.0%	58.3%
MW	27.8%	55.6%	16.7%
LBKUB	19.0%	52.4%	28.6%
Rahima	0.0%	72.7%	27.3%
total	19.3%	50.0%	30.7%

Table 13. Condoms reduce the risk of getting the HIV

	disagree	agree	don't know
GN	77.8%	11.1%	11.1%
SP	47.1%	5.9%	47.1%
SI	50.0%	33.3%	16.7%
MW	55.6%	27.8%	16.7%
LBKUB	71.4%	0.0%	28.6%
Rahima	45.5%	18.2%	36.4%
total	58.0%	14.8%	27.3%

Table 14. There is a cure for HIV and/or AIDS

	disagree	agree	don't know
GN	22.2%	22.2%	55.6%
SP	29.4%	23.5%	47.1%
SI	16.7%	8.3%	75.0%
MW	38.9%	27.8%	33.3%
LBKUB	14.3%	19.0%	66.7%
Rahima	54.5%	9.1%	36.4%
total	28.4%	19.3%	52.3%

7. Summary

Based on the previous descriptions, we can draw a conclusion as follows. Among the six organizations in the baseline study, those who show the strongest refusal to the gender roles stereotypes are GN (consists of escorts girls and college students) and LBKUB (consists of religious leaders). Meanwhile the groups of respondents who show their acceptance towards the gender roles stereotype are SP (consists of women workers), SI ('65 victims group) and younger respondents of MW. The respondents of Rahima who are religious teachers are equal in numbers for those who accept the gender roles stereotypes and those who do not.

Regarding the issue of power in relationships, the respondents of GN show their strong refusal to inequalities in a relationship. It is similar to the respondents of LBKUB. The respondents of SP have a tendency to accept inequalities in a relationship while for the respondents of MW and Rahima the conclusion is somewhat difficult to generalize since the respondents are very limited in

number. We can only say that they probably are equal in number in those who accept and do not accept the inequalities in relationships.

Meanwhile, in sexual-romantic relationships generally respondents feel that they already have an equal relationship, except for respondents of LBKUB. At LBKUB there are one or two respondents who feel that their spouse are more definitive. This picture is more obvious for the respondents of SP who are women workers.

If it is related to the intention of using condoms, among those 6 organizations, only the escort girls and college students show their strongest intention. In other groups, the intentions tend to weaken especially among the group of religious teachers. This while high school respondents of MW show an average intention of using condoms in their future sexual relationship.

Among those respondents who had a relationship or who are in one, condom usage is relatively limited. Certain groups of respondents, women workers, religious leaders and religious teachers, indicate not using condoms. Hence the possibility to be infected by HIV is the same.

Meanwhile, in terms of the basic knowledge about HIV, the difference among the six groups of respondents are blatant. The group of escort girls and college students have strong knowledge of HIV. The group of High schools students are showing the same qualities. The '65 victims group, religious leaders, religious teachers and women workers show a wide range of HIV knowledge, from having very little to the fairly enough knowledge about HIV.

Appendix Preparation of Base Line Survey

I. PREPARATION

A. Adjustment of Measurement Tools

Three measurements have been adjusted, in terms of its wording so that they were more readable and contextual. The team adds 2 questions in the survey questionnaire: one question in part I about whether the respondent ever had been trained about HIV and AIDS, and one in part II about female condom. Where as for FGD, we add questions about community attitude toward people with hiv-aids and initiatives that have been done in that community to change the attitude for FGD.

B. Constructing training curriculum and modul

The curriculum and modul were wrote by the team and an invited expert on women's reproductive rights from the university of Surabaya. It tooks about two weeks to work on this phase, which include deciding expert to give "conceptual perspective related to women's human rights, particularly sexual and reproductive rights; and the issues around women and hiv-aids".

C. Kick Out Meeting (KOM)

1. The Aims are

- Building rapport between the research team and the local research partners (LRPs)
- The CRT to have better understanding about the LRP's project activities, their addressed issues and their targeted populations
- To discuss the work plan

We decided to change the way we held the meeting which originally was planned as visitation to each LRP. We realize that it is important to build common understanding and commitment to have a more standardized process and yet still contextual to the condition of each LRP. To be able to do so, we then decided to invite the PICs to come to a two days workshop in Surabaya on 21-22 December 2007.

2. Participants:

The participants of the meeting were the person in charge (PIC) of each LRP, the monitoring personnels (MP) and core research team (CRT). PIC from Syarikat Indonesia and Mitra Wacana came on the second day. Eventhough we had sent the formal invitation letter and its detail agenda two days before the workshop, both of the PIC thought the first day which started in the afternoon was not use to discuss crucial matters.

The total participants were 15 (see the list of the participants of KOM on the Appendix 1)

3. The Summary:

Day one:

- The Principle Investigator (PI) from the CRT starts the meeting by presenting an overview of the background, the aims, the organization and the work plan of the research (see the details as attached file).
- When the PI opened the discussion session, the PIC of the Solidaritas Perempuan (SP) expressed his reluctances to the organization of the research.
- He criticized the usage of the term “monitoring personnel”. For him that term indicates the unequal power relations between LRP and CRT wherein the CRT is more in power position to evaluate the work of the LRP. Yet, after a long discussion with the PI, which were also reconfirmed by the other PICs, that seemed had no such hesitancies, he could see that that naming was actually not meant as what he thought.
- He expressed the urgency to send the draft of final report to the LRP before hand it in to the International Coordinator of SAN!GDP. For him, this process is in alignment with the principle of ‘participative action research’ which SP used to used by SP. He could discuss the result with the research provide him some space to discuss the result with the targeted group and even to change the answer if the member of the group wants it..

Day two:

- The aim of the first session is to bring a better and clearer understanding for CRT about the LRP’s project activities. For that each LRP had a set of time, sequentially, to describe their planned project and to have session for question and answer afterward. The CRT addressed a strong suggestion to GAYa Nusantara to spent more effort to increase the number of their participants as they need to prepare the mortality rate during the intervention. The PIC of GN argued that it is nearly impossible for them to add more participants for it will bring a big financial consequence for GN.

Table 1. Summaries of project activities of each LRP

LRP	Aims of Project	Project Activities	Duration of time	Primary beneficiaries
GAYa Nusantara (GN)	To provide participants with proper knowledge on gender and human rights so that they can become “resource person” in their peers	Training Monthly discussions with the team Consultative meeting	February - August 2008	5 college students 5 escort girls
LBK-UB	To build proper understanding about HIV and AIDS, and its prevention	Disseminating information on Gender and HIV-AIDS, Training of Trainer, Public Campaign on	November 2007 - August 2008	30 religious mass org. leaders across religion (women and adolescence girl) in Sukohardjo, Wonogiri, and Boyolali

		Condom usage, Publishing a book on HIV-AIDS for religious leader		
Rahima	To provide proper understanding on gender equality, women's rights and HIV-AIDS for women Islamic teachers	Training on gender equality concepts , women's reprod. health, in Islaic perspective Monitoring	February - July 2008 in Jakarta and Depok	Islamic women teachers from Islamic Boarding Schools
Solidaritas Perempuan (SP)	To build migrant women & their families proper understanding about their vulnerability to HIV-AIDS, the strategy to face their vulnerability,	Distribution of IEC media in 3 villages @ 200 explr: Kampong discussion about migration & HIV-AIDS Community radio broadcast: HIV-AIDS and migrant women	February - July 2008 In Bojonegoro, Krawang, Cianjur	Migrant women and their families
Syarikat Indonesia (SI)	To raise communitis understanding about Human rights within issues of HIV-AIDS and reproductive health problems	Performance of traditional cultural play (ketoprak) in each area, Children theatre and public discussion among housewives	February - August 2008	Mother/daughter survivors of '65
Mitra Wacana (MW)	Raising the awreness of students from marginalized high school (small & private school)	FGD to 30 students from 10 schools Disemination of their reflections using "wall magazine" & broadcast them weekly thru community radio	December 2007 - May 2008 In Bantul and Sleman	Student with apparent activism

- The session two is aimed to clarify matters that could affect the quality of data collection of each LRP. Those are the number of respondents, the schedule for data collection and its location, as well as to set the minimum criteria for data collector .

Table 2 . List of number of respondents, schedule and location of research of each LRP

LRP	Σ RES	SCHEDULE	LOCATION
Gaya Nusantara	10	Baseline <ul style="list-style-type: none"> • survey : January 14-20, 2008 • monitoring: January 15, 2008 End-line <ul style="list-style-type: none"> • survey : October 13-17, 2008 • FGD : October 18, 2008 (2 groups) • in depth interview: October 20, 2008 • Monitoring: October 18, 2008 	Surabaya
LBK-UB	25	Baseline <ul style="list-style-type: none"> • Survey : January 14-20, 2008 • monitoring: January 18, 2008 End-line <ul style="list-style-type: none"> • survey : October 13-17, 2008 • FGD : October 20 & 23, 2008 (3 groups) • in depth interview: October 21, 2008 • Monitoring: October 21, 2008 	Boyolali
Rahima	25	Baseline <ul style="list-style-type: none"> • survey : January 21-27, 2008 • monitoring: January 23, 2008 End-line <ul style="list-style-type: none"> • survey : October 20-27, 2008 • FGD : October 29 & 30, 2008 (2 groups) • in depth interview: October 30, 2008 • Monitoring: October 29, 2008 	Jakarta

Solidaritas Perempuan	15	Baseline <ul style="list-style-type: none"> • survey : January 21-27, 2008 • monitoring: January 23, 2008 End-line <ul style="list-style-type: none"> • survey : October 19-23, 2008 • FGD : October 25-26, 2008 (2 groups) • in depth interview: October 26, 2008 • Monitoring: October 25, 2008 	Bojonegoro
Syarikat Indonesia	25	Baseline <ul style="list-style-type: none"> • survey : January 14-20, 2008 • monitoring: January 18, 2008 End-line <ul style="list-style-type: none"> • survey : October 13-17, 2008 • FGD : October 19-23, 2008 (3 groups) • in depth interview: October 23, 2008 • Monitoring: October 21, 2008 	Jogyakarta
Mitra Wacana	15	Baseline <ul style="list-style-type: none"> • Survey : January 14-20, 2008 • monitoring: January 18, 2008 End-line <ul style="list-style-type: none"> • survey : October 13-17, 2008 • FGD : October 19 & 22, 2008 (3 groups) • in depth interview: October 19, 2008 • Monitoring: October 21, 2008 	Bantul

Criteria of Data Collector:

To be able to conduct a more contextual training, it is important for CRT to understand the capacity of data collectors from each LRP. From the discussion held, we found that there were PICs who were not aware of the importance of having minimum standard criteria to select their data collectors as it could influence the quality of the data. The CRT then suggested them to recruit data collectors which fulfill the following criteria:

1. to have ever participated in gender/sexuality training
2. to have ever involved in a research project or ever conduct interview and or observation
3. to have ever conducted a group discussion as a facilitator
4. to have basic knowledge on HIV and AIDS

The PIC was asked to give information regarding the capacity of their data collector. The following is the summary

Table 3. List of the quality of the data collectors of each LRP

LRP	DATA COLLECTOR's QUALITY
Gaya Nusantara	Only one of the DCs has ever involved in a research, she has some basic knowledge on HIV- AIDS, she expressed her organization need for gender training
LBK-UB	Only one of the DCs has ever involved in a research, she has some basic knowledge on HIV- AIDS, she expressed their need for gender training
Rahima	One of the DC has some experience doing research on women issues, and has been trained about gender by Rahima, yet lack of detail knowledge on HIV-AIDS
Solidaritas Perempuan	Has some experience on doing PAR, and trained on basic knowledge on gender
Syarikat Indonesia	Has some experience on doing gender research, has some knowledge on Human Rights issue and basic knowledge HIV-AIDS
Mitra Wacana	Staff on research division, has some knowledge on Human Rights and Gender, as well as HIV-AIDS.

It was also agreed that the aims of the training sessions are two. First, it is to sharpen data collectors' knowledge, sensitivity and skills to generate data as needed by the specific purpose of the project of their organization under the SAN!GDP. Second, it is to set up technical arrangement for the research, including the procedure of data collection, its schedules, as well as technical arrangement and schedules for monitoring the data collection.

The KOM was closed with a commitment that the PIC will make sure that they will choose DC that fulfill criteria mentioned above. Apart from that, PIC will also make sure that their DCs have some understanding about the organizational specific purposes of the projects, second s/he has some experience on social research fieldwork. Third, they had received general overview from the PICs about this evaluative research. It was also identified that three out of 6 LRPs are involved as one of the data collectors. They are GAYa Nusantara, Syarikat Indonesia, and LBKUB.

C. Training Report

The training process is divided into five main sessions. The first session is the introduction which aimed to provide general background as well as to set the position and the aims of the evaluative research regarding the individual LRP's project. The second is used to clarify the aims, the characteristic of respondents of each LRP and their project time line. This session provides time to the CRT to contextualize the overall process of research. The third, is to familiarize the participants with basic concepts used as the perspective of conducting the research. The fourth part is the process of strengthening the skills and revising the assessment tools (e.g., survey, FGD, and in-depth interview). The fifth session is to set up the schedule and to discuss about the technical aspects of administering the survey, fgd and in-depth interview, as well as the monitoring and supervision of data collection processes.

The following is the description of the result of each part.

1. Introduction:

The Principle Investigator give an overview about

- The aim of the research project: the PI informs all of the LRPs that this research is meant to provide feedback about the effectiveness of the intervention arranged for its primary and secondary beneficiaries;
 - The organization of the research project which consist of the CRT as the research team coordinator, the monitoring personnels (MP) who provides assistance to the data collectors during the base- and end-line research phases as well as to takes notes of the process of data collection; the person in charge (PIC) and data collectors (DC) of the Local Research Partners (i.e., 6 NGOs), as well as the position of International Coordinator of SAN!GDP and Koalisi Perempuan Indonesia as the national coordinator. Here, PI underlined the
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importance of developing a good teamwork between MP and DC to ensure the quality of the research outcome. The trained DCs are allowed to recruit new personnel and provide them with certain qualities as DC.

- The overview of the research methodology, that consists of the sampling frame and its sampling technique, the research method use in base-line and end-line phases

2. Review of LRP's Project for SAN! GDP:

The session is led to clarify the project plan of each LRP. Basically, there is no major difference between what was explained in KOM with what they presented in this session. Additional information from this session was only about the respondent from some of the LRP: GN will recruit their escort girl participants from the same pimp; Rahima's who comes from 2 Islamic boarding school, MW's are only from Sleman sub-urban, and SI's are those who never receive any intervention

3. Overview of the Basic Concepts Relevant to the Research

A. Women's Human Rights and Social Construction of Gender

In this session the resource person highlighted the following issues with the respondents

- The importance of uphold human right as a universal language, in which sexual and reproductive health and rights (SRHR) are part of human rights. It does mean that every human being, women in this regard, is recognized as a sexual being that should be respected its sexual and reproductive life, including the right to make decision about her own body.
- Introducing four feminist principles of SRHR : respect to bodily integrity, personhood, equality, and diversity
- Arenas of SRHR discourses that include practices, identity, and relationship
- What it means by implementing the right to know as one of the SRHR at clinical and public policy level

The discussions session raised examples of the lack of public trust towards women as individuals who are able to comprehend and manage themselves. Questions about the principle of respecting "bodily integrity" showed the need to elaborate the meaning of "the violation of womens' rights" when the women themselves, seems by choice, put herself in a harmful situations for their own body. Those were related to questions around control over the decision making processes to become migrant workers, escort girls, teenage couples who are involved in clearly "unsafe consensual sexual relationships".

The facilitator emphasized the importance to see whether or not the woman is aware of the decision she made about herself. By “being aware” requires the provision of maximum knowledge, free from being controlled by others who use harsh and/or subtle (hegemonic) power. These are unlikely appeared in various faces.

2. Women and HIV-AIDS

The resource person delivered in details informations about:

- HIV-AIDS, means of its transmission and prevention. We found that some of the participants were unfamiliar with female condom,
- Social Stigma and myths about HIV and AIDS
- False representation by the Media
- Issue raised in the World Conference on HIV and AIDS which recognize our failure to fight against HIV and AIDS
- Statistics on HIV-AIDS
- Ambiguous attitudes of Indonesian Government and against HIV-AIDS policy
- Women vulnerable position to HIV-AIDS infection

The majority of questions addressed are about HIV-AIDS transmission and its process. The need of inserting sexuality issues under different subjects such as drug abuse, and using several different approaches was also discussed in this session.

3. The Research Methods

1. Survey Questionnaire and its Administration

The facilitator started the session by reiterates the participants about respondent’s characteristic (i.e., women and girls age range from 15-60 years old) and the importance of considering the ways to keep the same person as respondent in base-line and end-line survey.

The ethical considerations to recruit respondents were given special attention as we were concern to keep the research in alignment with its principle: respecting the rights of the respondents to be voluntarily involved in this research. For that, the facilitator explained the importance for DCs to a) to describe the purpose of the research to the respondents in comprehensible manner; b) to ask the willingness of the respondents to participate in the research and to make sure that the potential respondents understand that their participation is on voluntarily bases. If respondents agree to participate they need to sign an informed consent.

The facilitator also emphasized important characteristics a researcher should exercise during data collection processes: a) be on time and be ready before the respondents arrive, b) use a non-coercive approach: be appreciative to the respondents' attitudes/perspective and be responsive to the respondents' non-verbal language,

The participants were also facilitated to understand and be familiar with the questionnaire by discussing the items one by one. and having a role play with their partner afterwards and role play with try out respondents in the next day. The facilitator starts with giving an overview of the issues-related attitudes, beliefs and intentions of respondents that wanted to be measured. At the same time, participants were also asked to give inputs to make the questionnaire more understandable and contextual.

The followings are technical adjustments based on feedbacks from the role play and try out session:

- New fieldwork assistants can be employed by the data collector, as long as they were trained with appropriate qualification
- Each LRP will write an informed consent that fits in with their project. for their primary beneficiaries who will also be their research respondents
- in case the respondents are illiterate or having difficulties to read the questionnaire, DCs will read the questionnaire for the respondents
- To accommodate respondent's familiarity of terms used in the questionnaire, some possible "difficult/unfamiliar" terms are subject to change
- Two items were added to the questionnaire. An item asked whether the respondent has attended any other workshop about gender, and another item about the usage of female condom
- DCs from Solidaritas Perempuan were allowed to translate the Indonesian version of the questionnaire into Javanese language with particular dialects suit to their respondents. .

2. Interview

During this session, the discussion was focused on the definition of interview and how to plan and conduct an interview. Each LRP is free to focus the issue based on their context.

Some techniques were also discussed: to select respondents, to structure the interview, to make an interview guide, to probe. Participants show their concerned on issues such as the following:

- Building trust with the primary beneficiaries to be able to How to develop trust so that the respondents are willing to be interviewed. Trust can be developed by creating the feeling of safety, if the respondents do not feel of being threatened by the conversation. Non
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threatened topic of conversation for Indonesian people is family. Sensitive issues become topic of conversation after the respondents feel safe and comfortable. Respondents' feeling of involvement in the research can be developed by showing the possible advantages of her/his participation in the research.

- How to interview a person who is far different in age and experience. With that kind of people, it is good for interviewer to take the role of learner. People will be pleased to share their knowledge to other people.
- How to deal with rural people who do not get used to talk about sex? The assumption is somewhat incorrect. A research conducted in Betawi that was using sex as the topic for interview showed that rural people were very welcome to talk about sex, even during Ramadhan. Our middle class perception needs to be changed. However to start the conversation from non threatened topic and gradually move into more sensitive topic is strongly advised in every interview.
- How to deal with people who are very talkative in an interview? Give them some extra time, but soon bring the conversation back to the topic by showing the gesture or body language that the conversation is moving away from the focus.
- How if the interviewee is objected to be tape recorded? We can ask the reason and accommodate the objection by giving them the information about the advantages of being recorded or if s/he is afraid, give her/him comfort. Another way to record the interview process is by taking note during the interview.

DCs were given opportunity to do role play before they do the tryout with their respondents. Some tips are given during the role play. They are:

- Questions are better to be grouped in sequence based on topic and dig the information as deeply as possible.
- Use open-ended questions as much as possible, avoid closed-questions.
- Time scheduled for interview is better to be set by the interviewee.
- How to deal with some difficult interviewees such as emotional, talkative, hostile, and reticent interviewees.
- Sitting position during interview process and eye contact are needed to give emphasize during the interview.

3. FGD

There were three sessions to foster participants's equal level of understanding and skills to conduct FGD. Those were the lecturing and Q-A session, role play session and try out session. The first

was aimed to refresh participant's understanding of what is FGD by highlighting the reason of keeping the group homogenous and optimum number of participant in a group; the aims of FGD (i.e., to capture the richness of participant's opinion - not to get agreement nor to persuade participants - about topics under question, and to collect the range of local terms and expressions that depict patterns of behavior, relations, and illness related to the topics). The session also put forward the importance of the preparation of the moderator, the field note taker, and the MP to optimized their roles; the criteria of selecting primary and secondary beneficiaries as the participants of the fgd; the ethical considerations to get the willingness of respondent to participate in the fgd; criteria in choosing the venue as well as the tools (e.g., tape recorder, flip chart etc.).

Discussion on the process of fgd highlights points covered in the introduction session (e.g., the aim of the fgd, the invaluable opinion of each participant, no right/wrong answer, short description of the discussion sessions, how to analyze the data, confidentiality issues); doing the discussion session; after the discussion end (i.e., moderator, note taker, and observer discuss their notes and make an integrated and comprehensive note about the process).

After discussing the FGD, facilitator review the topics of fgd for which each LRP could choose 2 or 3 that relevant to their project context. Selected topics will be decided during refreshing meeting.

After the break, in role play session, the participant divided into 2 groups. DCs from each LRP were asked to decide themselves who plays as the note taker and as the moderator. Those who play as moderator play their role for 15-20 minutes after one another. Reflections and feedbacks were given at the end of the session.

Try out session was conducted in the next day. Participants were those who have similar criteria with the "true" respondents. They were divided into 2 groups in two separate rooms. In this session DCs were given the opportunity to have very short experience how to start, to moderate and to end the discussion. The situation was technically not so conducive for the try out, as one of the room available was too rigid, and those who play as moderator get into the discussion by turn. After lunch, only a few number of try out participants available to give feedbacks, as some had their own agenda (the time was behind the schedule).

Summary of feedbacks and reflections of the role play and try out sessions are as follows:

- the data collector needs to seriously take the ethical aspect of research into account and integrate it in the preparation and implementation phases.
 - The moderator of the FGD should have competency on the topics, stay attentive and sensitive during the session to be able to lead and keep the fgd on tract, and to keep the atmosphere safe and create a sense of equal opportunity for each participants to express their opinions. They should remember to introduce all the team including MP who play as observer They need to be aware of their personal tendencies which could obstruct the process (always repeating particular words while raising questions and in probing; using difficult words/jargons, or words that could make participants felt put into the corner; to
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jump into their own conclusions which then express it at once); should be aware of their posture in dealing with their secondary beneficiary group

- the note taker who will record the process (i.e., how to record the content of discussion, who speaks what including his/her nonverbal expressions);
- the sampling frame of the primary (PB) and secondary beneficiaries (SB) for the FGD. For PB participants should be those who are potent as agents of change, while for secondary beneficiary participants should cover a range of acceptance toward anything PBs shared,

TRAINING EVALUATION

From the participant:

They are happy with the process and the quality of the training, and found that they could learn a lot and know how to evaluate a project. Critics addressed to the lots of important information and exercises (role play) have to cover in a very short time (3 days, from 09.00 - late night). There was a DC who was also the PIC of one of the LRP feels unhappy because of the feedback given during the training considering her and her friend habit of coming late to the meeting in most session held.

Reflection from CRT:

CRT is aware of the hectic schedule due to the number of material to cover and the different characteristics of the DCs in the matter of research methodology. There are some DCs do not have any experience to conduct a research and do not have any training about gender and HIV-AIDS at all.

Recommendation

- PIC should take more responsibility on choosing their DC. The process should be based on the capacity.
 - The “new” MP for Jakarta was asked to familiarized himself with the issue taken by the LRP
 - Coordination meeting is needed between DCS and MPs so that Mps to be more familiar with the contextual aspect of data collecting process.
 - Suggestion from MP for DC: to be relax and conscious of the quality of the data being collected.
 - The training process need to give more energizer
 - There is an expectation to have supervising consultation during the process of data collection.
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Appendix 2: List of participants (KOM)

NO	NAME	DESCRIPTION
01	Maria Mustika	PIC from Gaya Nusantara, Surabaya
02	Subhan	PIC from LBK-UB, Boyolali
03	Rovi	PIC from Mitra Wacana, Jogjakarta
04	Kusnul H.	PIC from Syarikat Indonesia, Jogjakarta
05	Maman Abdurrahman	PIC from Rahima, Jakarta
06	Thaufiek Zulbahary	PIC from Solidaritas Perempuan, Jakarta
07	Dewi Suchufi S.	Monitoring personnel for Surabaya
08	Renny Anggriana Frahesty	Monitoring personnel for Jogjakarta/Boyolali
09	Sri Sumarsih	Monitoring personnel for Jogjakarta/Boyolali
10	Adi Nugroho	Monitoring personnel for Jakarta
11	Maulizar	Monitoring personnel for Bojonegoro
12	Endah Triwijati	Core Research Team
13	Ayuni	Core Research Team
14	Diana Achmad	Core Research Team
15	Siti Yunia Mazdafiah	Note taker