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Boyfriends and injecting: the role of intimate male partners in the life of women who inject drugs in Central Java

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The international literature shows that HIV-risk behaviour for women mostly occurs in the context of intimate relationships. Power imbalances in the social, economic and cultural spheres put women at risk. This paper addresses the roles of male partners in women's engagement in drug-use behaviour and drug-related HIV-risk behaviour in Indonesia. Data were gathered through in-depth interviews with 19 women who had injected drugs in the previous month in three sites in central Java. Most of the women had male partners who also injected drugs. Results show that male partners play a significant role in the initiation of drug use, the provision of drugs, injecting behaviour and in the constitution of women injectors' social networks. These findings suggest the need to develop couple-based interventions and to facilitate women-only groups as part of HIV prevention.

Keywords: injecting drug use; women; central Java; HIV risk; intimate relationships

Introduction

According to the 2010 UNGASS report for Indonesia, there has been an exponential rise in the estimated number of people living with HIV between 2004 and 2009 from 193,000 to 333,200 (National AIDS Commission [NAC] 2009), making Indonesia among the countries with the fastest growing epidemics in Asia (UNAIDS 2008). Generally, sharing injecting equipment is the major HIV transmission route in Indonesia (Riono and Jazant 2004; NAC 2009), particularly in Bali, Java, Sumatra, West Kalimantan and South Sulawesi (Ibrahim et al. 2010).

Similarly to other countries (Spittal et al. 2002; Gore-Felton et al. 2003), HIV has been increasing among women in Indonesia. The Indonesian National AIDS Commission's 2009 report indicates that 25% of the 19,973 people newly diagnosed with HIV are women (NAC 2009). This report suggests that the percentage of female injecting drug users who are HIV-infected is 57.14% as compared to 52.14% of men who inject (NAC 2009).

International studies suggest that HIV risk is highly related with contextual as well as individual factors (Estebanez et al. 2001; Choi, Cheung, and Chen 2006; Bryant et al. 2010). Recent studies have uncovered the gender-specific contexts that shape women injectors' vulnerability to HIV and need for drug treatment (Pinkham and Malinowska-Sempruch 2007; Simpson and McNulty 2008). These include power imbalances in social,

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economic and cultural aspects between men and women who inject drugs. Choi, Cheung and Chen (2006) found the same gender norms that applied generally in China also applied in the social lives of women who inject drugs, particularly regarding their intimate relationships with male partners

This paper examines the role of intimate male partners in the lives and drug using practices of women who inject drugs in Central Java, in which these gendered issues of intimacy and power are central. In order to comprehend HIV-risk behaviour in women who inject drugs we must examine the gendering of social context in areas such as: the availability of needles and condoms (McKeganey, Friedman, and Mesquita 1998), the extent of social relationships and cultural meaning attached to them (McKeganey, Friedman, and Mesquita 1998; Rhodes and Quirk 1998; Estebanez et al. 2001; Cleland et al. 2007; Nguyen Tran Lam 2008) and economic pressure (Choi, Cheung, and Chen 2006). Consistent research findings worldwide indicate that women drug users are at risk of HIV particularly within intimate relationships with male partners (Cleland et al. 2007; Higgs et al. 2008; Nguyen Tran Lam 2008). Women who inject drugs are more likely to have male partners who also inject drugs, with whom they inject and share needles. Women who inject drugs not only engage in needle-sharing within relationships with male partners, but also these partners tend to inject them (McKeganey, Friedman, and Mesquita 1998; Choi, Cheung, and Chen 2006; Cleland et al. 2007). This situation is seen by women as an 'expression of trust and mutual support' (Choi, Cheung, and Chen 2006, 1680). Nguyen Tran Lam (2008) similarly argues that 'Sharing occurs on a basis of trust between two partners ... a sense of relative security based on what is perceived as a shared destiny' (128; see also Spittal et al. 2002).

Women drug users face greater stigmatisation than their male counterparts from societies that have greater moral expectations of women, which hinders them from accessing harm-reduction services (Higgs et al. 2008). Bryant et al. (2010) have argued that women may be at greater risk of sharing needles due to their fear of losing custody of their children as a consequence of accessing clean needles (see also McKeganey, Friedman, and Mesquita 1998; Estebanez et al. 2001). Submitting to men's wishes, including occasions where there is a known HIV risk, is also sometimes seen as a way to avoid conflict and even as a sign of a romantic relationship (Bourgois, Prince, and Moss 2004). Putting oneself at HIV risk is 'better' than putting a relationship at risk (Nguyen Tran Lam 2008; Rhodes and Quirk 1998). In sum, there are often differentials in power and control between women injecting drug users and their male partners.

Research has also found that women injectors are more exposed to economic pressures or poverty, are more likely to be financially dependent on men to obtain drugs and are often pressured to engage in sex work by their partners to pay for drugs for both of them (Choi, Cheung, and Chen 2006; Silva, D'Oliveira, and Mesquita 2007; Wechsberg et al. 2008). Being financially dependent also caused these women to be submissive and exposed to violence (Wechsberg et al. 2008). On the other hand, some literature suggests that women who inject drugs were not entirely dependent on men, especially in terms of obtaining drugs and sterile needles (Taylor 1993; Bryant et al 2010).

However, despite growing numbers of studies of women injecting drug users, few have focused on the role of intimate male partners and the range of power relationships experienced by women who inject drugs with their male partners, particularly in low-income countries such as Indonesia (Pisani et al. 2003; Ford et al. 2007; Pisani 2006; Indonesian Department of Health, Indonesian National AIDS Commission, and Family Health International 2007; Davis, Triwahyuono, and Alexander 2009; Nasir and Rosenthal 2009). An exception is a study conducted by several NGOs in eight cities in Indonesia,

including Yogyakarta, in 2007 that identified the specific needs and problems faced by women in the drug circle (Anon 2007).

Gender and culture in Javanese society

The Javanese are the largest ethnic group in Indonesia. For a long time, Javanese society has also been associated with communality, the willingness and capacity to accept (*nrima*), harmony (*rukun*) and tolerance, self-control, patience, calmness and mutuality (Geertz 1961; Jay 1969; Hawkins 1996; Guinness 1986; Handayani and Noviyanto 2004; Mulder 2006). The Javanese attempt to maintain a harmonious society by constraining their personal interests.

Many studies have focused on Javanese women and their roles in society (Abdullah 1997; Brenner 1995; Geertz 1961; Handayani and Novianto 2004; Smith-Hefner 1988; Stoler 1977). The literature has depicted women in Java as second-class citizens while men dominate the world (Abdullah 1997). Women are expected to act in certain 'proper' ways in order to show obligation to their parents and husbands. Javanese proverbs and idioms about women include: *konco wingking*[1], *macak-masak-manak*[2] and *swarga nunut, neraka katut*[3]. In addition, during the New Order era,[4] women's roles in advancing the economic development of the country were known as *panca dharma wanita*:[5] 'as a wife and associate of her husband, the educator and cultivator of the younger generation, the controller/regulator of the household, as a worker who adds to family income and as a member of community organisations, specifically women's organisations and social groups' (Berman 1998, 33; see also Sunindyo 1996; Suryakusuma 1996). In this model, Indonesian women's identity is bound to their affiliation to men. As Jacubowski (2008) states, 'Central to New order gender ideology was the concept of the family, which sought to limit women's autonomy' (90). Enforced at the state level, this ideology of the ideal woman has been accepted as something natural, allotting men and women to different roles in different domains to in order to maintain so-called societal harmony (Berman 1998). As Suryakusuma (1996) has argued, it 'casts female dependency as ideal' (98).

Handayani and Novianto (2004) have argued that this prevailing view of Javanese women as not having the right to exercise power is a result of a historical belief that traditionally Java was ruled by a male-dominated court, hence it is impossible for Javanese society to accept gender equality in the present day in both the domestic and public spheres. However, other studies have shown that the view of Javanese women as inferior to men misrepresents Javanese women (Brenner 1995; Smith-Hefner 1988; Handayani and Novianto 2004; Stoler 1977), who they show play a prominent and important role in society (Brenner 1995; Geertz 1961; Handayani and Novianto 2004; Jacubowski 2007). Lombard (2000 [1996]) portrayed women in Javanese and Malay society as playing a more active and dynamic role than women in other Asian countries. A woman in Javanese society can work outside home or take part in religious, social and political life, as long as she maintains her role as care giver, educating and socialising Indonesian future generation. Handayani and Noviyanto (2004) have pointed out that women in Javanese society also displayed a high degree of *sumarah*[6] and *sumeleh*[7].

Methods

Data for this study were collected in three cities in Indonesia between February and April, 2010. Two of the cities are in Central Java Province and the third in Yogyakarta Special District. Before the data collection process, the study team consulted widely with non-governmental organisations, the National AIDS Commission, primary health centres,

prisons, the police and community organisations of drug users and people living with HIV and AIDS, both at national and local level. As women who inject drugs – particularly in Java and generally in Indonesia – are much hidden, participants were recruited through outreach workers from three non-governmental organisations in two cities, as well as the local branch of the National AIDS Commission in one city.

Inclusion criteria were: being female, being aged 18 years or older, having injected drugs within the previous month and having been living in one of the study sites during data collection period. While some quantitative data were collected through a survey, in this article we concentrate on the data gathered by in-depth interviews to gain deeper sense of women's experience in injecting drugs and their HIV-risk behaviours in their social, cultural and economic contexts.

Ethical approval was obtained from both the University of New South Wales and Universitas Gadjah Mada Ethics Committees. Interviews were done in public spaces (e.g. cafés, hotel rooms, hotel restaurants and respondent's food stalls) and private spaces (e.g. the houses of respondents and of outreach workers). The interviewers were early-career researchers and supervision was undertaken by senior researchers. At the time of each interview, the respondent was asked to give informed consent after receiving information about the purpose of the study. Interviewers also asked respondent's permission to record the interview. All respondents agreed to this. Interviews lasted from one to two hours. Upon leaving the interview, respondents were reimbursed for their expenses (phone credit, travel etc.) and time (approximately IDR 50,000/, equivalent to AUD 5.2 at the time of writing).

All interviews were transcribed verbatim and then translated into English. Each interviewee was given a pseudonym and the transcripts de-identified to ensure confidentiality. English version transcripts were coded. Data analysis was based on a grounded theory where 'conceptual framework is not generated from a prior hypothesis, but from the data itself' (Persson and Richards 2008, 802).

Results

The study population comprised 19 women from central Java. The average age was 25, ranging from 19 to 36 years old, and most of the women were well educated. Seventeen women were Javanese, while the rest were of mixed ethnicity. The women had been injecting drugs from between 3 months and 15 years, with an average of 4 years. Six women were married and lived with their husbands and one was widowed. Others who were single lived in boarding house – alone, with a friend or with a boyfriend – or in their parents' house. Four women had children. Most women had a job, either casual or permanent, which included fashion design, shop and factory work and sales promotion. Two women partly earned money through sex work. Three women were engaged in university study at the time of interviewing. Of the 15 women who had boyfriends or husbands, most partners injected drugs. These male partners played a central role in these women's lives, particularly in their drug-using, as we will show.

Initiation

Most of the women interviewed in this study began using drugs when they were very young: 5 women started when they were 15 years old and younger, 11 women began using drugs when they were older than 15 but below 19 years old and only 2 women initiated when they were older than 20. More than half of them started with non-injected-drugs, mostly

marijuana, amphetamines and tranquilisers. However, they quickly moved to injecting – most commonly street heroin.

Consistent with other studies, more than half of the women interviewed here were introduced to injecting drugs by their male partners:

> I was given *shabu*[8] [by my first boyfriend], 'so that you can be happy, let you spirit, happy, you'll be fresh'. It was the first time I used, that's why I was taught how to use it. (Bunga, 27 years old)

> It was from my husband ... so, he liked to inject in front of my eyes ... 'what are you doing, mas?' 'yeah, this can make you feel good dear,' he he he, then I tried to use it ... I injected drugs in front of him also. Well 'why this guy always left behind his stuff, and he seemed different after he got outside the bathroom.' Finally he injected in front of me, then I started to use after. It made me addicted, but not really addicted. (Indah, 27 years old)

Rather than willingly trying injecting drugs, some of the women said that they started injecting drugs by reluctantly giving in to their male partners' wishes. Some women stated that their male partners linked injecting drugs to their own intimate relationship, for example as proof of love or forgiveness:

> Well, actually, in the beginning I didn't want. As a matter of fact, I did try to warn him [boyfriend] and advise him to stop. But, he did it every day. I looked at him as though he really had a good time using it. And I also spent almost every day with people with the same habit. So it just kind of hit me ... but then I continued, because I spent almost every time with people who inject drugs. (Rosa, 31 years old)

> Well actually, I didn't want to before, but he pushed me. He said 'well, you must try this stuff, it is really nice', then I said 'no, I don't want it, I'm afraid'. I was really scared of needle actually. Since I was a little child, I never got injected, even when I was sick. Then he said 'it was nice, it makes you feel light'. He also said, 'all right, if you don't want to try this one, we don't have relationship anymore'. But, the things that made me crazy were that I've been living with him for a long time. He really touched my heart. So, I couldn't leave him. He was also the one who took my virginity. But I didn't really know how it was going to work, how to use drugs. 'I don't understand,' I said. That was what I did before. 'Okay, you just follow me, obey me,' he said. Then I said, 'I don't have money'. He said like, 'leave it to me on how to get money. (Desi, 27 years old)

> First, he was fine. ... But suddenly, when I did a mistake, he said as a symbol of forgiveness, I should inject first. Well, at first, I didn't think that it will make me addicted, but then I got addicted. So then, I inject a lot. (Melati, 21 years old)

In contrast, a few women acknowledged that their initiation into the drug using world was instead a way of showing their reclamation of their male partners' drug-using habit. These women reported that despite their male partner's disapproval of them starting injecting drugs, they continued to inject:

> I was just trying at the first time. I felt angry with my boyfriend, I guess. My boyfriend is a drug user also, I've advised him before but it didn't work. I really don't know what the joy is when he injects himself. So, I tried. ... My boyfriend was angry when he knew I used *putaw* [street heroin]. He was wondering why I went to follow his habit. But, that was due to my anger that I couldn't make my boyfriend stop using drugs. (Sulis, 25 years old)

In these cases, eventually, their male partners accepted this and they continued injecting together.

Injecting with an intimate partner

Most of the women interviewed in this study shared drugs with their male injecting drug using partners. Of the 19 women, only 7 reported never sharing needles during their drug using experiences. Although needle-sharing was not much mentioned by the women, those women who said that they shared needles admitted that their male partners were the ones

with whom they most commonly shared needles. The dependency on men for injecting equipment makes it particularly hard for women to prevent themselves from re-using needles and syringes (Pinkham and Malinowska-Sempruch 2007).

Needle-sharing was commonly reported in a context of a close relationship, where women put more trust in their male partners than in other people. In addition, needle-sharing was also perceived as a mean to enhance intimacy:

> I want one needle only for me. Yeah, I don't wanna share needle. But, it's different if I am injecting with my boyfriend. If I am with him, I trust him. But I don't trust another [friend]. (Desi, 27 years old)

> But it is very seldom if each of us uses our own needle, because he has no relationship any more with other women, I mean no intimate relationship any more with other women, yes. Sometimes we share needle but sometimes I use needle alone, but if I do it with friends, I use my own needle. (Maya, 35 years old)

> If we share needle together, and share needle, it feels like we are really soulmate. (Melati, 21 years old)

Among those who usually shared needles with their partners, two women always got the priority in injecting, when sharing needles with their male partners:

> I get his priority. He injected me first, then he did it for himself … honestly, he really cares for me, although he is a bad guy [*gentho*, *preman*]. (Desi, 27 years old)

> Yeah, I got the first turn, and then he injected himself … it's okay. My man preferred it that way – me first and then him. (Rosa, 31 years old)

Buying drugs

Our findings indicate that it is uncommon for women injecting drug users in this study to buy drugs by themselves, relying instead on their husband or boyfriend. Some of them purposefully dated a drug dealer or male injector in order to stabilise their drug supply. A woman from Solo shared her past experience with us in dating one IDU (who hung out a lot in a drop-in centre) to secure her drug supply. After breaking up with this man, she dated another who was also part of the drop-in centre community, once again to maintain her drugs supply – even if the man had to steal:

> R was a total junkie. He came from a rich family; he could afford to buy drugs every day. That's why I dated him. Everyone there knew that R was my boyfriend; that I dated R, like that. So anything I wanted … I wanted stuff, I wanted drugs, and then I just told R. Whether it's. … Well, R was my boyfriend, already. So, we went together everywhere. Well, we couldn't go away from doing sex. … Well, the share was just like that, so that we could get the stuff … [and then] he was in rehabilitation, brought by his family. Since he was in the rehab center, the family didn't know who I was, right, hehehe. They could not take me to the rehab center, too. And it was also impossible for my family to take me to the rehab center. So, the only way was that I have to date another one. Another junkie. The one, that I thought, was capable to give me drugs, to take care of me. (Dwi, 24 years old)

> I had a boyfriend who was a drug dealer before. Well, I looked for a dealer … so I never have to sell my body to get PT [*putaw*]. I always date the BD [*bandar*/drug dealer], whether it was only a campus dealer or anything else. I dated the BD. That's my target … so I don't have to exchange sex for drugs, no need for that. Why don't I date him? (Nana, 32 years old)

Sometimes dating a man whom the women did not care for was an option to keep getting money for drugs:

> Frankly I was with him only because of material, not because of love. I needed *shabu-shabu* [Indonesian equivalent to *metamphetamine*] so bad, while I didn't know where I could earn money, moreover my siblings were all in schools, one was in a high school, and all needed

> costs. I didn't know where I must look for money, finally I met him, he was the one that gave me all I need, my monthly salary was 4 million [about 480 AUD], not included my other needs. I spent it all, also a house bought by him for me in Godean [the west side of Jogja], I sold it for shabu-shabu. He bought me a Baleno car, it was brand new, I sold it. I kept dating him not because of love, but material, to fulfill my needs, my need and my sibling's needs. (Bunga, 27 years old)

Some of those who relied heavily on male partners to get drugs did not know anything about how to obtain drugs, and these women did not pay for drugs. One respondent even said that getting drugs is 'a man thing':

> My boyfriend, I don't know where he gets the thing; the important thing is he gets it. (Putri, 20 years old)

> I: And do you pool money together?
> R: Well, it is the men's business.
> I: Oh, so they are the ones who …
> R: Organise.
> I: Yeah, what about you, have you ever spend money to buy etep (street heroin)?
> R: Never, always the men do it … I don't know, mbak, that's my man's problem. (Rosa, 31 years old)

> No, I don't collect the money. My boyfriend takes care of anything. I just have it all done. (Dian, 21 years old)

> Well, for drugs, I often get them from B [boyfriend], the money. For example, I say, 'I want to inject,' then he will give to me. Sometimes he gives me money, sometimes he gives me drugs. (Maya, 35 years old)

Inconsistent with other studies where women sometimes engaged in activities like theft to supply their drugs needs, women in this study did not mention being involved in stealing things to manage their financial problems (Taylor 1993; Maher and Hudson 2007). Theft was mentioned as being done only by either their male partners or male friends. However, three women mentioned of getting involved in sex work to earn money, mainly for drugs, and this was supported by their regular partners. This division of labour correspondents with Nguyen Tran Lam's (2008) study of Vietnamese drug users.

Isolation from non-injectors

Some of the women participating in this study had very limited social networks. Only five women had non-injecting friends and maintained good and close relationships with them, while seven others had an extremely restricted social network. Due to the desire to hide their injecting status, most women maintained this close small network, which included only injectors. Men's dominance of social life was clear here – most of these women only socialised with their male partners and/or male partners' friends. Consistent with the findings of Higgs et al. (2008), changes in their social network often happened as these women entered the drug-using world; at this time they began to have more male friends than prior to injecting drugs. Social exclusion from the women's old friends were also evident, either because old friends seemed to avoid spending time with them, knowing these women were injecting drugs, or because these women did not want to spend a lot of time with their non-injecting friends in order to keep their drug use secret:

> Now, I am also not allowed to hang out with them [my friends] anymore … I don't know, perhaps he [boyfriend] feels jealous. Hahaha, because most of them are males. Well, actually, all of them are males … well; I seldom hang out and meet my friends now. I just go out with him [boyfriend]. Sometimes, I go out with my mig33 [mig33 is a mobile web community

> based in Asia which provides wide access to instant messaging, chatting, games and alike] friend, but not kopdar.[9] We only hang out somewhere, in K [name of place] usually. (Putri, 20 years old)

> … and then when I met him my life became somewhat of a chaos, I changed. That's right so I became distant from my hangout friends. Because, I no longer hang out with them, until now, and so automatically I became distant from them, he [my boyfriend] didn't care about them, couldn't care less … so that was it. (Sulis, 25 years old)

Some women admitted that there was more connectedness in having a male partner who also injected as they felt more comfortable and less inferior because of the similarities they share with their male partners:

> But a junkie girl, like me, can't be confident with those who are not junkies. There is a sense of inferior, scared of not being accepted. I have friends who are not junkies, but we don't have same understandings. (Dwi, 24 years old)

> Maybe because we are husband and wife too. So my friends may feel 'her husband used drugs too, relax!' Things would be different if I used drugs while my husband did not. They would have to hide. But the case is both of me and my husband use drugs. (Nana, 32 years old)

Inequality and power

Most of the women interviewed did not explicitly say that men dominated their relationships. They felt they had an equal position in their relationships with men. Nevertheless, some women admitted to feeling that their social standing was lower than that of their male partners. Some preferred to avoid conflicts by submitting to their male partners' requests (e.g. to not use condoms or to share needles):

> Yes, when I am with my boyfriend. If I am with him I have to say yes to him. If not we will have a very big fight and he will force me to do what he wants. Like that, I have to always say yes to him. (Icha, 22 years old)

> Well, I just follow the way he wants it, not using any condom. … Well, yes [I insisted him to use condoms]. … But rather than being in a fight, I don't want that. So, better for me not to use it, it's okay. Well, rather than being too long, it's better not to use it. But we anticipate it, of course. He ejaculates outside, or I pee after that. If he ejaculates inside the vagina, I'll pee. That's all. … Well, [when I urge him to use condoms], he just says, 'what's wrong with you? Don't be too hard,' then that's what I do. … What else can I do? (Ita, 22 years old)

Although only a small number of women experienced physical domestic violence, many mentioned avoiding conflicts to maintain their relationship with male partners. A sense of inferiority was implicit amongst these women. One woman reported that she was reluctant to ask her husband to have an HIV test, even though she felt that he may have been HIV-positive:

> Sometimes I think like that, 'have you have sex with another person other than me?' he said, 'no I do it with you only' … yeah, I didn't think like that … yeah because I don't know him before, then I try to erase that kind of thinking out of my head, even his words is not a guarantee … [I never take the test because] I am so confused, I'm afraid of hurting his feeling … I don't want to fight over that; one of us has to admit defeat. (Indah, 27 years old)

One of the women also expressed her concern about not being able to refuse her male partner who asked to have sex as a proof of love:

> C: Yeah, because normally boys will say 'If you love me, please give me a proof, that you want to have sex with me,' boys loved to do that …
> I: As a woman, what do you do?
> C: Well, I just can't say, yes or not, if I say yes, we have sex, and if you do not, break up will be the risk that you have to face. (Icha, 22 years old)

Two women discussed violence when dating their previous partners, while another two admitted experiencing it with their current partners. This is not limited to physical violence, but also other kinds of violence (e.g. psychological) (see Wechsberg et al. 2008):

> How should I describe my husband? He worked at the café, a bodyguard in that café, like security in that café, a bodyguard who sent the drunkard visitor out. He had a very cruel world, went home at night. He asked me to wait for him until he went home, so sometimes he worked hard. As a matter of fact, it was not that hard because the activity was simple. He slept in the morning, worked at night until 3 am. Sometimes, he asked me to wait for him. He was cruel, liked to slap, and full of jealously. We always fought, fought, fought and I was being hit over and over again. It can be said as domestic violence. Nowadays, he should not hit me that hard. There are so many stories about domestic violence but we should see the position. I have been acquainted with this situation, so I will not report him to police. I kept silent but I was rotten inside. I wanted to rebel because I was really depressed. What I used to think about husband and wife is, 'can I be free from the marriage bond?' After the marriage, he became my husband, where should I run away? I was so paranoid, and I was so afraid, definitely afraid if I run away from him. I was OD [*Over Dosis* as the Indonesian term for overdose] and wanted to end my life. (Dwi, 24 years old)

Discussion

Our study findings show the complexity of the role intimate male partners play in women drug injectors' lives. It is argued that risk behaviour is socially organised (Rhodes and Quirk 1998). Rhodes and Quirk inferred that it is important to conduct 'analyses which view risk behaviour as the product of a constant interplay between drug users' social relationship and lifestyles' (167). Getting involved in drug-using does not occur in a vacuum. These findings are consistent with much of the international literature. Studies have shown that having a male partner who also injects drugs not only initiated women into injecting drugs, but also maintained their drug-using habit (Higgs et al. 2008; Nguyen Tran Lam 2008). Maintaining a relationship with a drug-using partner also encourages an equal share of drugs between partners (Rhodes and Quirk 1998; Nguyen Tran Lam 2008).

While it is true that most of our respondents initiated their drug-using career within an intimate relationship context, it does not imply that women are never active initiates (Bryant and Treloar 2007). As some respondents admitted, they started injecting drugs as an act of protest against their male partners' drug using habit. Bryant and Treloar argued that as using drugs is commonly seen as a masculine behaviour, initiating a drug using career without the interference of men is a way of representing oneself as equal to men. Nevertheless, our study findings point more to the interplay between emotional feeling and initiation of drug-using. For the majority of the women in this study, starting to inject drugs was merely a choice to prove their loyalty and love to their partners so that she felt closer to him. Few others initiated using drugs when partners refused to cease drug-using, in order to show dislike but at the same time also loyalty. Thus, 'both ride on the same boat'. If the boat shall crash, then let it be.

Being in a social relationship, one needs trust, commitment, acceptance and shared recognition among other things (Rhodes and Quirk 1998; Loxley 2000; Nguyen Tran Lam 2008). In a drug-using relationship, these needs play a role in how one understands what constitutes risk. Studies conducted in other parts of the world have discovered issues about romance-based violence, 'assumed safety', pragmatic and fatalistic practices (Rhodes and Quirk 1998; Loxley 2000; Bourgois, Prince, and Moss 2004; Choi, Cheung, and Chen 2006; Nguyen Tran Lam 2008). Not only does needle-sharing and unsafe sex occur for practical reasons, but they are also construed in a context of trust, love and commitment that a woman has with her male partner. Trust grows stronger as the relationship runs longer. Indah, a 27-year-old woman who has one son with her husband who also injects

drugs, said to us that suggesting an HIV test to her husband implied her lack of confidence to him. Securing a relationship with her husband outweighs her management of HIV risk. This strategy was also found in a context of needle-sharing and sex without condom. Notions of trust, acceptance and shared recognition were also present in the way these women chose their social networks. Social networks with people who also inject drugs were preferred because of the shared understanding on how the drug-using world works.

As Taylor (1993) suggests, not all women who inject drugs are dependent, submissive and passive compared to men. There is evidence in our study that a number of women demonstrated assertiveness in refusing partner's wishes to share needles or to have unprotected sex:

> I read it somewhere if we use a shared needle we can be infected with HIV, I can ask for a personal needle. … Sometimes when he [boyfriend] has no money, he asks me [to share needle], but I try hard not to use a shared needle, personal. I use a personal needle. Although it is my boyfriend, I don't want to share, he is still someone else. (Putri, 20 years old)

> I don't wanna lose control. Maybe there is a little possibility for junkie to get pregnant. I mean, because we're not fertile anymore. But I don't want to, I have to use condom also. That's important. I don't want to have sex, if my boyfriend does not use it. (Sulis, 25 years old)

It was clear from our findings that the women who showed greater level of assertiveness were more independent in financial terms and had greater economic control over their lives than others. In addition, they had longer experience in drug-using career:

> So, although I am an injecting drug user, I want to show that I can produce something, can be productive. So, people won't say anything to stigmatise me because 'oh, Nana can earn money herself. She doesn't make trouble for anybody else.' And even though I am HIV-positive, I can still afford the money, I don't trouble people. And even though I am HIV-positive, still can afford to earn money. (Nana, 32 years old)

> Because they don't take any part … I buy drugs using my own money, and I never ever butt into their business, I couldn't care less, 'I never butt in your business so don't butt into mine, something like that. (Sulis, 25 years old)

Conclusion

In this study, male partners were found to play a big part in the initiation of the women's drug use. Male partners supplied them with drugs and provided clean needles and condoms when women, for reasons such as shame, could not obtain them themselves. Women's social circles were limited to their partners and his male friends. Although women in the study were introduced to harm-reduction services mostly by their male partners, men also contributed to women's risk behaviours, namely needle-sharing, inconsistent condom-use or not being tested for HIV.

The results of this study indicate that women who inject drugs have different issues and experiences than their male counterparts. Intimate partners play a big part in women drug users' lives and women's HIV-risk behaviour is likely to occur within intimate relationships. Therefore it is important that these are tailored into HIV-prevention interventions. Interventions that involve couples may be the answer. Encouraging Javanese cultural values of consideration of others in the prevention of HIV in the context of intimate relationships could also be an important step. As we show in our study, older more experienced women who are financially independent gained more control in their lives including negotiating safe use and safe sex. Thus, it could be helpful to develop peer-education programs with women such as these, to encourage younger women who inject drugs to foster the same assertiveness and negotiation skills in safe use and safe sex.

Notes

1. *Konco* = friend, *wingking* = back (refers to a kitchen in a Javanese house where the kitchen is usually in the back). It refers to a woman's place – in the kitchen, doing domestic work.
2. *Macak* = dress up/ put make up on, *masak* = cook, *manak* = give birth – the proverb refers to three women's duties; dressing up, cooking and giving birth.
3. This proverb means a woman will follow her husband to heaven or hell. Whether she is a good or bad woman depends on her husband.
4. The New Order (*Orde Baru*) era is the period of 32 years when Suharto was in power as President for Indonesia. The term itself was coined by the former President himself to distinguish his leadership period from that of his predecessor, Sukarno. Often, New Order was associated as 'a bureaucratic polity, neo-patrimonial, corporatist, and bureaucratic-authoritarian' (Suryakusuma 1996, 94). It is also characterised by the strong political power of the military. The downfall of Suharto in 1998 was then referred as Reformation era.
5. Roughly translated as women's duty.
6. Briefly, this means confident and conscious surrender to life.
7. Briefly, this means submitting to someone's fate, but not in a negative or fatalistic way.
8. Methamphetamine.
9. *Kopdar* is an abbreviation of *kopi darat*, means a social gathering with friends from online social networks, such as mig33 in this case.

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Résumé

Selon la littérature internationale, les comportements à risques liés au VIH parmi les femmes se manifestent principalement dans le cadre des relations intimes. Les déséquilibres du pouvoir dans les sphères sociales, économiques et culturelles exposent les femmes à ces risques. Cet article aborde le rôle joué par les partenaires masculins dans les comportements de consommation de drogues et les comportements à risques liés au VIH inhérents à cette consommation, parmi les femmes en Indonésie. Les données ont été collectées pendant des entretiens en profondeur conduits avec 19 femmes qui s'étaient injecté des drogues au cours du mois précédent, dans trois sites du centre de Java. La plupart des femmes avaient des partenaires masculins qui s'étaient eux aussi injecté des drogues. Les résultats montrent que les partenaires masculins jouent un rôle significatif dans la phase initiale de la consommation de drogues, la fourniture des drogues, les comportements de consommation de drogues par injection et la constitution des réseaux sociaux des femmes qui s'injectent des drogues. Ils suggèrent la nécessité d'élaborer des interventions centrées sur le couple et de faciliter la mise en place de groupes de parole ne rassemblant que des femmes dans les actions de prévention du VIH.

Resumen

En la bibliografía internacional se muestra que las conductas de riesgo de contagio del virus del sida en las mujeres ocurren sobre todo en el contexto de las relaciones íntimas. Los desequilibrios de poder en las esferas social, económica y cultural ponen a las mujeres en situación de riesgo. En este artículo abordamos qué funciones desempeñan las parejas masculinas para que las mujeres participen en conductas relacionadas con el consumo de drogas y conductas de riesgo del VIH relacionadas con las drogas en Indonesia. Se recabaron datos a partir de entrevistas exhaustivas con 19 mujeres que se habían inyectado drogas durante el mes anterior en tres lugares de Java central. La mayoría de las mujeres tenían parejas masculinas que también se inyectaban drogas. Los resultados indican que las parejas masculinas desempeñan un papel significativo en el inicio del consumo de drogas, el suministro de drogas, las conductas de inyectarse y en la constitución de redes sociales de mujeres drogadictas. Estos resultados indican que es necesario desarrollar programas basados en la pareja y facilitar grupos formados exclusivamente por mujeres como parte de la prevención del virus del sida.