

**OUR ROOTS, OUR STRENGTH: THE JAMU INDUSTRY, WOMEN'S HEALTH AND
ISLAM IN CONTEMPORARY INDONESIA**

by

Sarah Elizabeth Krier

B.A., Oberlin College, 2000

Submitted to the Graduate Faculty of
Arts and Sciences in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy

University of Pittsburgh

2011

UNIVERSITY OF PITTSBURGH

ARTS AND SCIENCES

This dissertation was presented

by

Sarah E. Krier

It was defended on

July 19, 2011

and approved by

Joseph S. Alter, PhD, Professor, Department of Anthropology

Nicole Constable, PhD, Professor, Department of Anthropology

Martha Ann Terry, PhD, Assistant Professor, Department of Behavioral and Community

Health Sciences

Andrew N. Weintraub, PhD, Professor, Department of Music

Dissertation Advisor: Richard Scaglione, PhD, Professor, Department of Anthropology

Copyright © by Sarah E. Krier

2011

Richard Scaglione, PhD

**OUR ROOTS, OUR STRENGTH: THE JAMU INDUSTRY, WOMEN'S HEALTH
AND ISLAM IN CONTEMPORARY INDONESIA**

Sarah E. Krier, PhD

University of Pittsburgh, 2011

This dissertation demonstrates how discourse surrounding Indonesian herbal indigenous medicine, or jamu, shapes Muslim women's health choices and sexual and gender subjectivities in contemporary Central Java, Indonesia. With jamu being composed mainly of roots from plants, "Our Roots, Our Strength" refers to how jamu creates a space for cultural discourse and practice that enables Muslim women to engage with power in terms of their reproductive and sexual health. Women turn to jamu for their most intimate health needs because, unlike state-supported biomedical campaigns which many women feel are aggressive, political and invasive, jamu: 1) is an informal, grassroots and gendered discourse, 2) supports long-held gender constructions and Indonesian-Islamic belief and medical systems, and 3) supports a holistic view of a woman's health which includes sexuality and pleasure. At the same time, this research reveals the ways in which the jamu industry has made its' wealth off of the creation of women's health needs, particularly in the sale of jamu to "regulate" menstruation and to "satisfy" one's husband through the use of herbal vaginal drying agents, both of which support gender inequality and are assumed biomedically to facilitate infection. While most often criticized as unscientific and dismissed by the formal public health sector, this study points to the need for formal women's healthcare to be invested in understanding the role jamu plays in many women's lives.

This study is based on 15 months of ethnographic research including 116 in-depth interviews and participant observation in Yogyakarta, Central Java, Indonesia, focusing on jamu as a primary health resource for Muslim women by investigating the commercial production, distribution and consumption of jamu in small, medium and large industry contexts. Using jamu as a lens through which to examine the interplay of sex, gender, medicine, religion, and capitalism, this study contributes to anthropological scholarship on the jamu industry; the role of gender, sexuality, and Islam in health culture; the need for religious, sexuality and cultural studies in the construction of public health programs and policies; and the diversity of local religious moralities in the Muslim world.

TABLE OF CONTENTS

PREFACE.....	XVIII
0.0 INTRODUCTION.....	1
0.1 RESEARCH PROBLEM.....	1
0.2 OUR ROOTS, OUR STRENGTH	9
0.3 PRELIMINARY PREPARATIONS AND FIELDWORK IN JAVA.....	14
0.4 OUTLINE OF THE DISSERTATION.....	14
1.0 CHAPTER ONE: WOMEN’S HEALTH AND ISLAM IN CONTEMPORARY INDONESIA.....	16
1.1 ISLAM IN JAVA	16
1.2 WOMEN’S BODIES, GENDER AND SEXUALITY IN INDONESIA	24
1.3 THE POLITICS OF WOMEN’S HEALTH IN CONTEMPORARY INDONESIA	30
1.3.1 Morality and Women’s Health.....	33
1.3.2 Women’s Choices and Viewpoints as Dominant Force: Lessons from the Family Planning Movement	39
1.3.3 Lack of knowledge about reproductive and sexual health	41
1.4 AN INTERDISCIPLINARY APPROACH TO WOMEN’S HEALTH.....	43
2.0 THE JAMU INDUSTRY.....	48

2.1	WHAT IS JAMU?	49
2.2	THE HISTORY OF JAMU, THE HISTORY OF JAVA	55
2.3	METHODOLOGY: ETHNOGRAPHY OF AN INDUSTRY.....	75
2.3.1	Research design and methodology	79
2.4	THE CONTEMPORARY JAMU INDUSTRY	81
2.4.1	Small Industry.....	82
2.4.2	Mid-size Industry	93
2.4.3	Large Industry	99
2.5	CONCLUSION: ETHNOGRAPHIC EXPLORATIONS OF AN INDIGENOUS MEDICINE INDUSTRY.....	105
3.0	CHAPTER THREE: MBOK JAMU, GENDERED HEALTH EXPERTISE AND INDUSTRY: “GO AHEAD AND BARGAIN, I LIKE THE SELLER”	107
4.0	CHAPTER FOUR: WOMEN’S HEALTH ACCORDING TO JAMU	143
4.1	JAVANESE BEAUTY IDEALS, GLOBALIZATION AND PALACE DREAMS.....	148
4.2	REPRODUCTION	165
4.3	SEX.....	190
4.4	JAMU CONSUMER CASE STUDIES.....	216
4.4.1	Zunly	216
4.4.2	Lila	217
4.4.3	Ayu	219
4.4.4	Ratna.....	221
4.4.5	Suyanti	222

4.4.6	Mia	224
4.4.7	Ari	225
5.0	CONCLUSION: JAMU DISCOURSE, SEXUALITY AND POWER	227
	APPENDIX A	242
	BIBLIOGRAPHY	247

LIST OF TABLES

Table 1: Populations Interviewed (N=total number of interviews)	81
---	----

LIST OF FIGURES

Figure 1: Map of Indonesia (Central Intelligence Agency World Factbook: Indonesia 2011)	1
Figure 2: Map of Java with the City of Yogyakarta Highlighted (Central Intelligence Agency World Factbook: Indonesia 2011)	6
Figure 3: A flower store with an old <i>Antangin</i> jamu advertisement, Yogyakarta.	7
Figure 4: A female farmer walks home, Yogyakarta.....	8
Figure 5: Fresh jamu ingredients ready to be prepared into jamu.	51
Figure 6: A selection of packaged medium and large jamu industry products.....	51
Figure 7: Governmental regulations are more stringent the more processed the Indonesian Herbal Medicine.	52
Figure 8: This jamu symbol must appear on the packaging of jamu products according to BPOM regulations.....	53
Figure 9: Herbal Indonesian Medicine classification and uses.....	54
Figure 10: Depending on use and process of manufacture, jamu is classified in each of these ways.	54
Figure 11: Relief at Borobudur Buddhist temple showing a woman holding herbs in the process of healing her patient as others look on, dating to the 9th century.	56

Figure 12: This statue in Yogyakarta depicts a small industry jamu seller leading the charge in the struggle for Indonesian independence.....	60
Figure 13: Hanging outside of a large jamu industry factory, this sign shows the President of Indonesia sipping jamu with his wife. The sign reads: "I love Indonesian jamu."	62
Figure 14: Graffiti art on the street in Yogyakarta translates to: "Be wary of Globalization."	63
Figure 15: Herbs are grown in culture to access growing practices in this government research facility.	68
Figure 16: An employee of the government research laboratory in Central Java conducts research.	69
Figure 17: This cartoon depicts the tension between several jamu producers and BPOM regulation enforcers. Here, jamu bottles and baskets are thrown at the officer, who eventually flees. Cartoon from the <i>Java Post</i> , October 29, 2007.....	72
Figure 18: In this cartoon, a jamu seller runs from a BPOM officer and yells "Raid!" When tired, the officer drinks the seller's "strength" jamu and continues chasing him. Cartoon from the <i>Java Post</i> , October 29, 2007.....	73
Figure 19: More jamu sellers are riding bikes or motorbikes today, but in urban areas "ibu jamu gendong" or "women who carry jamu" can still be found.....	83
Figure 20: Bu Umi, one of Yogyakarta's most famous mbok jamu for babies, stands in front of her jamu cart.	85
Figure 21: Bu Umi's jamu workshop.....	86
Figure 22: Bu Umi combines a selection of ground herbs based on her customer's ailment in a cheesecloth-like material which is then squeezed into the mouth of the baby.	87
Figure 23: A Kiringan jamu seller's bike, with a basket for her bottles.	88

Figure 24: Raw ingredients, all members of the ginger root family, Kiringan.....	89
Figure 25: Mbok Jamu demonstrates how she crushes her herbs in the morning, Kiringan.	90
Figure 26: The jamu recipe kunir asem is typically prepared before mbok jamu leave on their routes. This sweet and sour tamarind based jamu is either consumed on its own or after consuming a dose of bitter herbs.	91
Figure 27: Small and medium jamu industries purchase their raw materials from markets like this popular one in Yogyakarta.....	92
Figure 28: Jamu gohdog for osteoporosis.....	94
Figure 29: A popular mid-size jamu industry storefront in Yogyakarta.....	95
Figure 30: Menu of jamu at popular jamu store in Yogyakarta, ranging in price from 4500 Rp (50 cents US) to 7800 Rp (84 cents US).	95
Figure 31: Women clean the dry ingredients, here a root, in large cement sinks, picking out rotten roots and other debris.	96
Figure 32: Employees crush the herbs using a traditional crushing stone made of volcanic stone. Piles of crushed herbs are place in plastic containers in front of the grinding stone.....	97
Figure 33: Prepared jamu waiting for customers to access this pick-up window, or sit down in the store for jamu and conversation.....	97
Figure 34: A mid-size jamu industry owner displaying photos of patients he has reportedly healed with jamu and healing practice.....	99
Figure 35: The entrance to one of the largest jamu companies after a tour with human relations staff.	100
Figure 36: A large jamu industry production line. Photo courtesy of PT Jamu Borobudur.	101

Figure 37: Extraction machines at PT Jamu Borobudur. Photo courtesy of PT Jamu Borobudur.	102
Figure 38: A large jamu industry employee puts a tray of round herbal pills into a machine that helps condense and shine the product. PT Jamu Simona.....	102
Figure 39: These liquid jamu drinks are a newer product produced by several large jamu industries. Here, there are three varieties: body pains, healthy menstruation and slimming jamu.	104
Figure 40: One large jamu industry travels the country with their "Total Natural Beauty" tour, setting up in malls for 2 - 3 days at a time.	104
Figure 41: As part of the "Total Natural Beauty Tour" beauty pageants for all ages are held. ..	105
Figure 42: A mosaic art piece depicting two mbok jamu on a mid-size jamu industry wall.....	108
Figure 43: A mbok jamu statue in Central Java.....	108
Figure 44: A rice field bordering Kiringan, in the south Yogyakarta regency.	113
Figure 45: A map of Kiringan, with red lines indicating streets.....	113
Figure 46: A Kiringan seller squeezes fresh herbs through the sieve for this fresh jamu tonic.	115
Figure 47: Yanti heads home after seven hours of sales.....	118
Figure 48: After a long day of sales, the jamu basket is lifted off of the bike for the husband to clean.	118
Figure 49: A typical multi-generational gathering in the morning, with women talking as their mbok jamu prepares their orders.....	119
Figure 50: In this cartoon, a mbok jamu sells "jamu kuat" for strength. As a gym patron struggles with his barbells, the mbok jamu lifts the heaviest of barbells with one hand. Cartoon from the <i>Java Post</i> , October 29, 2007.....	126

Figure 51: Mbok Jamu statues at a large jamu industry museum.....	128
Figure 52: A statue of mbok jamu stands at the entrance to the Deltomed large jamu industry in Central Java.....	129
Figure 53: In this stone carving at the entrance to the Jamu Jago large jamu industry factory in Semarang, the history of the jamu industry is depicted through this image of women working together to produce jamu.	129
Figure 54: In this stone carving at the entrance to the Jamu Jago large jamu industry factory in Semarang, the development of the jamu industry is depicted in this image of men and women working in an industrial setting to produce jamu.....	130
Figure 55: A mid-size jamu producer lectures to mbok jamu and other interested women in how to use and grow medicinal plants from a pharmaceutical perspective.....	132
Figure 56: In this health department-sponsored training for mbok jamu, business development strategies for small jamu industries are discussed.	132
Figure 57: Mbok jamu waiting for the television crew to arrive.	134
Figure 58: Mbok jamu and their families line up as the television crew arrives.	135
Figure 59: A mbok jamu statue at village entrance, standing strong in front of building still in repair from the earthquake.	136
Figure 60: At this Seruni Putih jamu collective meeting, the jamu sellers meet an important official from the government to discuss their concerns.	139
Figure 61: One sign of a mbok jamu is her turmeric stained hand, a source of pride in this community.	140
Figure 62: In this cartoon, mbok jamu participate in a new leisure activity, bowling, but with jamu bottles. Cartoon from the <i>Java Post</i> , October 29, 2007.....	142

Figure 63: Three generations of “jamu women” pose pridefully. Discussions about health and marriage through discourse about jamu are frequent in this family.	144
Figure 64: In this upscale jamu spa, women's lives are packaged into five stages, represented here with displays of products appropriate for each stage.	146
Figure 65: These topical products all focus on skin and odor.	149
Figure 66: These jamu products all cater towards weight loss.	150
Figure 67: In this advertisement for the Mustika Ratu large jamu industry, women are told that by using their products and coming to their spa they can have a "Royal Javanese Experience." Mustika Ratu 2008.	153
Figure 68: During a jamu spa treatment, these flowers traditionally used in Javanism ceremonies float in water for a foot soak.	155
Figure 69: Flowers and herbs decorate the beauty cart at an upscale jamu spa. In this herbal facial treatment, jamu and modern salon tools are used.	156
Figure 70: In this advertisement from 1943, a Caucasian woman advertises jamu for stronger and healthier breasts.	158
Figure 71: In this advertisement for breast-enhancement jamu, the Nyonya Meneer large jamu industry states: "With Awet Ayu Cream, my self-esteem GROWS BIG." Nyonya Meneer, 2005.	159
Figure 72: This call for participants for Miss Jilbab Nurani 2008 displays pictures of “successful, beautiful and moral” Muslim women. <i>Nurani</i> 390 VII IV June 2008.	161
Figure 73: In this mid-size jamu industry advertisement for weight-loss jamu pictures a slim jilbab-wearing Muslim woman. <i>Java Pos</i> , April 13, 2008.	162

Figure 74: A bulletin board adorned with photos of "success" babies, those born with the help of a local jamu fertility specialist and her jamu remedies.	166
Figure 75: Nyonya Meneer's "After Childbirth" jamu packet complete with all materials needed for the rigorous 40-day jamu treatment. <i>PT Nyonya Meneer Jamu Habis Bersalin</i>	167
Figure 76: Sirih plant in the yard of a mbok jamu. Most mbok jamu prepare "sirih water" for women to consume following menstruation.	172
Figure 77: This instant kunir asem recipe for women's general health includes sirih and honey.	172
Figure 78: Sirih leaves packaged and sold at a supermarket.	173
Figure 79: This sign reads "Late Period?" listed with a cell phone number, located on a street sign by a stoplight in the center of Yogyakarta.	178
Figure 80: In this supermarket isle, jamu and condoms are grouped next to each other, pointing to jamu's association with sex.	191
Figure 81: It is said that the Sultan would look out the window on the second floor to the pool of palace maidens, choosing several of them to join him in the inner pool area. Water Palace, Yogyakarta.	192
Figure 82: In this bed area of the Sultan's inner chamber, jamu ratus is placed in the three designated areas beneath the bed. Water Palace. Yogyakarta.	193
Figure 83: Ranging in form from pills, tablets, capsules, incense and lotion, these products all facilitate the ideal vaginal state of rapet wangi.	194
Figure 84: In this jamu package advertising <i>Harum V</i> , or Fragrant V, herbs are boiled and the woman soaks her vagina with the resulting tincture.	194

Figure 85: In this stereotypical image, Nyonya Badrijah, a small jamu industry producer from Madura, is pictured on this packet of sex-related jamu.	199
Figure 86: In this advertisement for a Madurese sirih-based feminine wash, women are told: "Please your husband with being clean fresh and tight the natural way. 'Aaah, my husband is so satisfied in the house now!!!!'"	200
Figure 87: Instructions included in the package for Tongkat Madura.	202
Figure 88: In this advertisement for Irex, an erect phallis-shaped red <i>cabe Jawa</i> , or Javanese chili, indicates how the use of this jamu is a "celebration of love."	212
Figure 89: Western body ideals of masculinity also appear to be fusing with local conceptions of masculinity and strength in this jamu advertisement.	213
Figure 90: In two different advertisements for the same product, Jagase, two different notions of gender relations are promoted.	214

PREFACE

Acknowledgments

This dissertation is the result of over a decade of friendships, mentorships, research and teaching experiences in Indonesia, mainly in Java, where I have been surrounded by a diverse population of people from across the archipelago. I am so grateful for my time in Indonesia, a country for which I care deeply.

My research received financial support from a number of institutions throughout the course of the fifteen months that I conducted preliminary and dissertation research in Java. For the uninterrupted dissertation field stay to carry out my project, I was awarded a Fulbright IIE Dissertation Fellowship and David L. Boren Graduate Fellowship during the 2007 – 2008 academic year. Preliminary research during the summer of 2006 was supported by the Department of Anthropology at the University of Pittsburgh and the Henry Luce Foundation in collaboration with the Graduate Center for Cultural and Religious Studies, Gadjah Mada University. The University of Pittsburgh's Provost Development Fund Fellowship made it possible for me to devote my full-time energy during the early stages of writing the dissertation. The University of Pittsburgh's Women's Studies Program has served as a warm and inspiring home from which to finish this document. My graduate school career was made possible with the constant guidance and support of my advisor, Rich Scaglione. Thank you for your mentorship and for la famiglia. Thank you, as well, to my committee members: Richard Scaglione, Nicole

Constable, Joe Alter, Andrew Weintraub and Martha Terry. Also, a special thanks to Phyllis Deasy for all the amazing things you pull together daily.

In Indonesia, I am extremely grateful for the producers, sellers, consumers, non-consumers and stakeholders of jamu who made time for me and welcomed me into your factories, offices, stores and homes. I am thankful to all of the organizations in Yogyakarta who assisted me throughout this endeavor, especially PKBI-DIY. The PKBI-DIY community is so inspiring to me and I appreciate your tremendous support over the years. The University of Gadjah Mada community has also helped me considerably with this research. Nelly Paliama and the crew at AMINEF made life so much simpler through skilled negotiation of bureaucratic mazes. To all my dear friends in Yogyakarta: thank you for your support and friendship.

Finally, I would like to thank my friends and family who have been there for me through every stage of this long process. Nona Rosna, I could not have done this without you. You have taught me so much and I've had so much fun with you over the last 13 years. Nona Ingrid, I am so grateful for our friendship and fun adventures together. You are my sisters and I love you. Joel, Audrey and Jasper: thanks for your love and support. Rachel, I could not have gotten through the ending stages without your love, patience and amazing coffee-making skills. Mom and Dad, thank you for always believing in and being there for me. I could not have done this without you.

Editorial notes on linguistic notation in the dissertation.

One hundred and fourteen of the 116 interviews were conducted in *Bahasa Indonesia* and translated into English by the author. For Indonesian or Javanese words that appear more than once throughout the dissertation, I italicize the word only the first time it is used, after which I use normal font. Please refer to Appendix A for a complete glossary of Indonesian terms and acronyms used throughout this dissertation. Pseudonyms are used for all informants except for

several of the large jamu industry executives who requested that their names, companies and products be made explicit. All photos in this work were taken by the author unless otherwise noted.

0.0 INTRODUCTION



Figure 1: Map of Indonesia (Central Intelligence Agency World Factbook: Indonesia 2011)

0.1 RESEARCH PROBLEM

Cultural anthropological investigation in contemporary Indonesia has thus far focused on women's health and sex in terms of reproduction, HIV/AIDS and homosexual/transsexual issues, with only a few anthropological studies focusing on the diversity of medical options in contemporary Java (Boellstorff 2005a, 2005b; Crisovan 2006; Dwyer 1999, 2001; Hull 2005;

Hull and Widyantoro 2009, 2010). Many of these discussions revolve around the fact that as the world's fifth most populous nation, Indonesia has been home to the third largest national fertility control effort since the 1970s. A project of Indonesia's second president Suharto's New Order, Indonesia's birth control movement is hailed as a great success in international public health circles for both "dramatically increasing numbers of birth control 'acceptors' and effectively combining family planning with local cultural, especially Muslim, values" (Dwyer 1999: 40). Some Indonesian women's health advocates disagree, however, and highlight how this movement left a legacy of aggressive and invasive public health implementation that offered women little choice and even less room for education and discussion about their most intimate health needs. These critics suggest that the increase in numbers of contraceptive users resulted from the state tactics of injecting "an array of pills and parties, advertisements and incentive plans, surveys and statistics, persuasions and often times coercions into Indonesian public culture" (Dwyer 1999: 1; see also Juliantoro 2000; PKBI 2008). This "contraceptive revolution," therefore left many Indonesian women distrustful of and angry with the Indonesian health department and its funders, with many of these women turning to traditional medical systems and Islam for healing rather than the biomedical options available to them. While affecting the success of women's health initiatives today, this distrust is seen in recent accounts of polio immunization campaigns in which Indonesian mothers refused the vaccine, fearing it would make their children sick or that the vaccine represented "poison" against Islam from the West (Hajaj 2005). Women's important role as "health-keeper" for her family becomes clear here.

As numerous medical anthropologists have asserted in their studies of the body politic and stratified reproduction, when bodies are targeted for development and offered biomedical therapies, contraceptives, nutrition or hygiene, "these technologies of progress are assumed to

work in the same way on all bodies regardless of their context in culture or history” (Dwyer 2001: 19). These formal health campaigns addressed women’s health as reproductive health, viewing women as demographic mother units separated from their sexuality and social context. This campaign built its power in serving heterosexual married couples limiting their fertility, excluding those who fall outside of this category, including unmarried women, sex workers and queer Indonesians. This strategy leads to dangerous health repercussions, especially in terms of sexual health and pleasure.

Exploring how Indonesian women construct themselves as modern Muslims through their interactions with family planning initiatives, medical anthropologist Leslie Dwyer shows that, despite the absence of notions of sexuality and passion in formal reproductive interventions:

Women attempt to place their desires outside of the state’s control by using contraceptive ‘acceptor clubs’ and religious group meetings officially ‘about’ family planning to discuss other issues of concern to them, including lack of sexual fulfillment; methods of keeping a husband from taking another wife; or ways to gain a prospective partner’s interest. (1999: 43)

Similar to Pieterella van Doorn-Harder’s (2006) work in East Java, Dwyer points to how women take control in these discourses, using the opportunities of women’s meetings to learn from each other about more than family planning, but also about sexual health and pleasure. Interestingly, public health officials with the family planning campaign complained that one of the major challenges in implementing the family planning program was that women preferred getting information from each other, rather than from the appropriate biomedical experts. The connections between women’s health, sexuality and power become clear here, with sexuality acknowledged merely as the commonsense cause of overpopulation by formal healthcare experts.

While population planners applauded their programs' ability to combine family planning with local cultural and religious values, the influence of Islam and gender roles in women's health policy, activism and women's individual choices is largely ignored in formal biomedical public health research. In 2004, I asked the director of a local women's health nongovernmental organization (NGO) in Central Java what kind of research she needed to help work towards women's health justice in her community. When discussing what she thinks are the biggest challenges facing women and their reproductive, sexual and mental health in Indonesia today, without hesitation she responded, "We need to understand how sex is talked about in the context of Indonesian Islam." While she and the majority of her health workers are Muslim, she explained that: "I'm not *that* kind of Muslim," pointing to the fact that Islam is not a unified notion in Indonesia, with a diverse array of interpretations and practices.

This women's health activist believes that Muslim women's rights to "attain a high standard of sexual and reproductive health, make their own decisions regarding marriage, motherhood, contraception and sexuality free of coercion, discrimination and violence are encompassed by the basic principles of Shari'ah (Islamic law)" (Anwar, Datin and Shuib 2003: i). In addition, Islam has a strong history of encouraging the use of medicine, biotechnology, and therapeutic negotiation and agency in the face of illness and adversity (Inhorn and Sargent 2006). Yet, many Muslim women, like many non-Muslim women, lack the power to express views on their reproductive and sexual health. This lack of power has a direct impact on the physical, emotional and psychological well-being of women, and in result, the entire family (Anwar and Abdullah 2000). Muslim women are often observed to be further hindered in their quest for claiming rights over their own bodies and their sexuality by alleged religious dictate. One of the most pressing examples of this faced by Indonesian women's health workers is the prevalent

gender role of *melayani suami*, or serving one's husband in order to be a good Muslim wife, a belief some people claim originates in the Qu'ran. Women's health workers today are faced with little information on how exactly Muslim Indonesians talk about and address their reproductive and sexual health concerns, a silence which stems from: 1) cultural norms about public expressions of sex, 2) distrust among Muslim women of biomedical state-run health interventions, and 3) the current political battle in contemporary Indonesia about how closely public morality and conduct should follow more fundamental interpretations of Islam. There is an urgent need to move beyond this silence in addressing contemporary Indonesia's greatest public health challenges, including infant and maternal mortality, HIV infection, adolescent marriage, domestic abuse and marital rape.

This research views women's bodies, health, sexuality and religious context not as separate entities but as dialectically interwoven to affect women's health and well-being. This dissertation demonstrates how discourse surrounding Indonesian herbal indigenous medicine, or *jamu*, shapes Indonesian Muslim women's health choices and sexual and gender subjectivities in contemporary Indonesia. *Jamu* refers to herbal therapeutic substances indigenous to Indonesia used for health and beauty promotion and curative purposes. While *jamu* is used throughout the archipelago, it is most strongly associated with Java. Since Central Java is believed by many to be home to the *jamu* tradition, I chose the central Javanese city and surrounding area of Yogyakarta, the Yogyakarta Special Region, as my ethnographic focus (see Figure 2).



Figure 2: Map of Java with the City of Yogyakarta Highlighted (Central Intelligence Agency World Factbook: Indonesia 2011)

Daerah Istimewa Yogyakarta (DIY), the Yogyakarta Special Region, is located near the southern coast of Java within the province of Central Java, with the Indian Ocean to the south and the active volcano, Mount Merpai, to the north (see Figure 3). This region is composed of the city of Yogyakarta, the capital of the province, and four regencies: Bantul, Gunung Kidul, Kulon Progo, and Sleman. Colloquially, the DIY region is referred to as “Yogyakarta.” Its’ population in 2003 totaled over 3 million people in an area of 1,230 square miles, making it home to some of the highest population densities in the country. Ethnically, the Javanese comprise 99% of the population (Ministry of Religious Affairs Yogyakarta, 2011). Yogyakarta is the only province in Indonesia that is still governed by a pre-colonial monarchy, the Sultan of Yogyakarta, who serves as the hereditary governor of the province. Yogyakarta is known as a center of classical Javanese fine art and culture. It is also known for its numerous institutions of

higher education, with Yogyakarta's educational institutions attracting Indonesians from across the archipelago.

I chose Yogyakarta as the site of this study because it offered several advantages: 1) it continues to be a center of both traditional and modern jamu practices, 2) it offers close proximity to both rural and urban contexts, important for analyzing discourse surrounding jamu in diverse socioeconomic contexts, and 3) it contains Indonesian Muslim communities diverse in belief and practice. After four years of previous work experience in Yogyakarta, I had strong local support and fluency in *Bahasa Indonesia*, the lingua franca of Indonesia, which greatly facilitated my fieldwork. In particular, my previous work with the Indonesian Planned Parenthood Association and Gadjah Mada University allowed me access to valuable informants, libraries and support resources.



Figure 3: A flower store with an old *Antangin* jamu advertisement, Yogyakarta.



Figure 4: A female farmer walks home, Yogyakarta.

This study finds that discourse about jamu empowers Muslim women in Central Java by mediating their sexual and reproductive health realities. While jamu is often criticized as unscientific and ignored by the formal public health sector, my study reveals how discourse concerning jamu inspires a unique social arena and language of gendered expertise and health education. Rather than dismiss this medical tradition as the formal healthcare system does, I explore how Javanese Muslim women learn, conceive and negotiate their health choices in terms of jamu. By examining the discourse about women's health and sex that works in engaging this population, I propose to learn from these discourses in order to address Indonesia's most urgent sexual and reproductive health rights and concerns. Understanding women's preferred sites of health interaction and how they define efficacy in terms of medicine is important in the development of health interventions to address Indonesia's most pressing contemporary public

health concerns. Exploring how women's bodies and health is framed by formal health discourse, informal jamu discourse, and the powerful mass-marketed jamu discourse is essential in disseminating effective health promotion and education in Central Java.

0.2 OUR ROOTS, OUR STRENGTH

Jamu is a fundamental part of Indonesia's indigenous socio-medical healing system that has been used across the archipelago for centuries and continues to have a significant presence, particularly in Java. Popular jamu forms include: thick infusions of herbs, spices and fruits prepared by boiling them in water, capsules, tablets, stones, soaps, pastes and lotions. While rooted in a medical system in which concepts of health, illness and curing are based on a Sufi Muslim worldview, the use of jamu is not an explicitly Islamic practice and is employed by Indonesians in every socioeconomic level of Indonesian society (Woodward 1985, 1989, 2010). Despite being one of Indonesia's most persistent practices, jamu has received scant attention in anthropological and public health literature. This absence reflects jamu's position outside the formal biomedical healthcare system, with traditional medicine like jamu critically positioned within contemporary Indonesia as in opposition to science.

While few in number, anthropologists and behavioral health scientists have conducted important research on local healing systems in Indonesia and Malaysia. C. Geertz's (1960), Woodward's (1985), and Laderman's (1992) anthropological work points to the magical and Islamic nature of this healing system, of which jamu is one element. More than two decades ago, Afdhal and Welsch (1988) and Jordaan (1988) offered two important essays on the larger contemporary jamu industry's history and political economy. Additionally, Ferzacca (2001)

devotes one chapter of his book on local healing to jamu, focusing largely on the state's regulation and interest in this medical tradition as cultural heritage with development potential. Critical medical anthropologist Margot Lyon's (2003, 2005) two short essays on the embodied politics of jamu offer important analyses of the popularity of jamu today as symbolic of social change and the political economy of post-Suharto Indonesia.

My study builds on these important works in studying how Indonesian Muslim women engage with the jamu industry and its discourse in addressing their most intimate health concerns in Indonesia's contemporary context. This dissertation focuses on the commercial production, marketing, selling, distributing, purchasing and consumption of jamu in small, medium and large industry contexts. Jamu is traditionally associated with small industry contexts and *mbok jamu* or "Ms. Jamu" who most often produce jamu in their homes, selling it door-to-door or in the market. The male-dominated medium and large jamu industry consists of over 700 companies, including 20 major powerhouses. The industry is thriving, with domestic and international sales increasing steadily since the beginning of the economic crisis in 1997. Many people turn to jamu due to its affordability, local production, and cultural acceptance to address a diversity of community health problems (Berman, Ormond and Gani 1987; Boomgaard 1993). In addition, the price of conventional pharmaceuticals is very high since they use a high percentage of imported raw material (Lyon 2003). At the same time, there is a trend among the middle and upper classes to turn "back to nature" in addressing ones' health. Every level of the contemporary jamu industry is taking advantage of this nature campaign in the production, selling and consumption of jamu in Indonesia, identifying this "back to nature" campaign with "back to jamu."

While used by both men and women, jamu is traditionally considered women's wisdom that supports a woman throughout each stage of her life. Women turn to jamu to 1) treat a variety of reproductive/sexual health needs, including the treatment and prevention of vaginal infections and sexually transmitted infections (STIs), the regulation of menstruation, and pregnancy care, 2) enhance beauty, and 3) boost sexual performance. While women's use of jamu serves as the foundation for this medical system, it is the popular belief that jamu ensures a harmonious home and sex life that fuels the thriving jamu industry today. Discourse about jamu prospers in contemporary popular culture in the forms of popular jokes and songs, jovial discussions between women in the market and in neighborhood streets, and between men sitting at jamu carts at night, in addition to powerful market-driven discourse about jamu in the form of television commercials, popular sex comedies, billboards, magazine articles and websites that advertise jamu as a celebration of love serving to revive marriages.

This study finds that women turn to jamu for their most intimate health needs because, unlike state-supported biomedical campaigns which many women feel are aggressive, political and invasive, jamu 1) is an informal, grassroots and gendered discourse, 2) supports long-held gender constructions and Indonesian-Islamic belief and medical systems, and 3) supports a holistic view of a woman's health which includes sexuality and pleasure. With over fifty percent of all jamu currently sold for the enhancement of sexual health and performance, public discourse about jamu is one of the most open discourses about sex to be found in contemporary Java. Within a dynamic contemporary political and cultural context where pornography, family planning and sex education in schools are debated because of fears that such discourse would promote sexual lasciviousness, jamu gives women the discursive space to express their own voices about sexuality and power.

This dissertation also illuminates the gendered industry dynamics of jamu. While popularly regarded as the roots of this indigenous medical tradition, roots which help ground the modern industry, the small industry mbok jamu are at the same time stigmatized by the industry, the formal healthcare system and the academy for their lack of knowledge about health, medicine and sanitation. Yet, Indonesian Muslim women continue to trust these women with their most intimate health concerns and consider them experts in gendered health expertise. While such criticisms point to complexities of gender, power and legitimacy inherent in the commercialization of jamu, this dissertation argues that the emergence of medium and large jamu industries actually strengthens mbok jamu home industries through these women's engagement in large industry-supported "trainings" and through marketing jamu on a mass scale. This fun, modern and sexy medium and large industry jamu discourse contributes to the "back to nature, back to jamu" movement and expands these women's consumer base locally. Further, mbok jamu self-traditionalize their medicine practice as a form of resistance to modern economic and political power.

While this study points to the cultural efficacy of jamu, at the same time it reveals the ways in which this industry has made its wealth from the creation and commodification of women's health needs, particularly in the sale of jamu to "regulate" menstruation and to "satisfy" one's husband through the use of herbal vaginal drying agents, both of which support gender inequality and possibly infection. Critical medical anthropology offers important tools in balancing an investment in cultural relativism with cultural critique. It is through this balance that an understanding of women's preferred sites of health interaction can be achieved, insight which is essential in addressing public health concerns. The increasingly visible and female-targeted discourses about jamu hold much potential in terms of sexual and reproductive health

advocacy by simply creating a language through which women can communicate about their most intimate health needs.

“Our Roots, Our Strength” refers to the important role jamu, both a deeply *rooted* tradition and a substance mainly composed of *roots*, serves in facilitating Indonesian Muslim women’s health understandings and behavior. This study focuses on how women define their bodies and health needs in their own terms and offers a new type of women’s health empowerment which moves beyond the exoticification of women’s bodies and “traditional beliefs.” This research constitutes an important next step in population and public health studies and practices by focusing on Indonesian Muslim women as social actors who engage in discourse surrounding jamu about women’s health issues and sexuality (Inhorn 2006) and by centralizing culture as a critical force in health promotion by acknowledging how health knowledge, beliefs and actions are produced and interpreted (Airhirenbuwa 1995). Through studying the commercialization of jamu, this research points to the powerful implications that this process has for women’s health, women’s bodies and gender roles. Using jamu as a lens through which to examine the interplay of sex, gender relations, medical systems, religion, and capitalism, this research contributes to anthropological scholarship on the relatively unexplored Asian medical system of jamu; the mass marketing of health products from the perspective of advertisers and distributors; the role of gender and sexuality norms and Islam and in “health culture”; the need for religious, sexuality and cultural studies in the construction of public health programs and policies; and the diversity of local religious moralities in the Muslim world.

0.3 PRELIMINARY PREPARATIONS AND FIELDWORK IN JAVA

My understanding of the jamu industry and women's health in contemporary Indonesia is shaped by thirteen months of fieldwork in Indonesia from October 2007 to October 2008 and two months of preliminary research in the summer of 2006. It is informally informed by four years of work with a local non-governmental organization (NGO) focusing on reproductive and sexual health in Central Java. From my own experiences working with women's health issues in both the U.S. and in Indonesia, I understand the challenges inherent in tackling health issues that have overtones of morality, privacy and gender differences. Motivated and inspired by these experiences, this research illustrates how Indonesian Muslims talk about, learn and address their sexual and reproductive health needs by investigating both public discourse about jamu and women's private everyday discussions of these products. This public discourse about jamu provides a primary site to elucidate the cultural and religious constructions of Muslim Indonesian women's health issues, knowledge which is extremely relevant for health education efforts, social policy and social change in the Muslim world.

0.4 OUTLINE OF THE DISSERTATION

The first chapter introduces the politics of women's health and Islam in contemporary Indonesia, concluding with my interdisciplinary approach to women's health, a perspective framed theoretically by critical-interpretative medical anthropology, public health and feminist and queer gender analysis. Chapter 2 introduces the reader to the history of jamu, the contemporary jamu industry and the methodology I engage to study this diverse industry

comprehensively. Chapter 3 focuses on female small jamu industry sellers, mbok jamu, and their role as experts in women's health within the larger jamu industry. Chapter 4 highlights the most popular uses of jamu by women through the introduction of specific products, popular discourse and consumer case studies. Chapter 5 concludes by critically evaluating the idea of jamu as empowering.

1.0 CHAPTER ONE: WOMEN'S HEALTH AND ISLAM IN CONTEMPORARY INDONESIA

This study is rooted in the belief that focusing on social context, including gender roles/expectations, religious beliefs, political economy and power, is essential in understanding how women conceive of and act on their health and well-being. Working through the plethora of anthropological and non-anthropological academic sources that have focused on Indonesia's vast archipelago, this chapter introduces Indonesia's contemporary condition as it relates to issues of sexuality, gender, women's health and Islam. I begin with a brief section introducing the practice and study of Islam in Indonesia, outlining how my study engages with this dynamic and powerful religious tradition. Next, I trace the historical construction of sexuality in Indonesia through the study of discourse addressing sexuality. I then introduce the greatest challenges in advocating for women's health in contemporary Indonesia. This chapter concludes by highlighting the interdisciplinary theoretical constructs that inform my study of women's health and Islam.

1.1 ISLAM IN JAVA

Before delving into a discussion of contemporary Java, I offer a short history of this diverse republic as a starting point. It is important to remember, however, that such general

information cannot “entirely represent or predict the creative ways in which people experience and use a landscape, nor the ways terrain outside the map’s borders exerts influence on what happens within them” (Dwyer 2001: 28). While fossilized remains suggest that the Indonesian archipelago was inhabited over a million years ago, most people of Indonesia today are of Malay origin, descending from much later migrations from South-East Asia that began around 4000 BC. The Malays spoken of here were part of the Austronesian expansion characterized as “the premier seafaring peoples in the world, discovering most of the far-flung islands of the vast Pacific Basin” (Scaglione 1999: 221). Other parts of Indonesia were inhabited by the Non-Austronesians, or Melanesians, beginning around 50,000 years ago, with communities of this origin living in most eastern Indonesian islands today.

In 1945, Indonesia proclaimed its independence after an extended Dutch (1602-1942) and brief Japanese (1942-1945) occupation. The fight for independence helped in the creation of a nationalist identity (Anderson 1983; Stoler 1991, 1992). The first president of independent Indonesia, Sukarno, proposed the national ideology of *Pancasila* to promote a respect of diversity within a nationalist framework, seeking to: “...lay the foundations for revolutionary unity by restoring the sort of spiritual balance of power that the events of the previous hundred, and even twenty, years had destroyed” (Geertz 1968: 85). *Pancasila* refers to five principles including the principles of nationalism, humanism, democracy, social justice and monotheism. Indonesia’s democracy is not secular, a reality pointing to the power of the country’s founding ideology. A core tenet of *Pancasila* is that Indonesia is grounded in a belief in one God, and that it is the public duty of the government to promote religion.

President Sukarno worked for over 20 years to hold the young nation together in the context of Communist and Islamic mass movements, conflicts in the military and regional separatism:

Sukarno's forceful anti-Western rhetoric and role in the formation of the Non-Aligned Movement helped sustain his rule until economic and political paralysis culminated in the bloody events of 1965-67, when an attempted coup and the murder of six generals provided a pretext for then-Major General Suharto to seize power and eliminate the Indonesian Communist Party: it is estimated that over half a million people died. (Boellstorff 2005: 17)

In contrast to the founding father, Indonesia's second president, Suharto, and his New Order Regime (1965-1998) aggressively pursued a policy of economic development and insertion into the global capitalist economy. Guided by Western-trained economists, Suharto "launched programs that boosted rice production, expanded the nation's decrepit transport infrastructure, lifted literacy rates from 40 to 90 percent of the population, and implemented one of the developing world's most successful family planning programs" (Hefner 2000: xiii). Accompanying these growths were an increasingly skewed distribution of wealth and a burgeoning urban consumer culture (Brenner 1996, 1998). Disparities in education and income levels are found throughout Indonesia, with inequalities most significantly seen in rural regions where more than 80% of Indonesia's population resides (Oetomo 1991: 120).

Through intimidation, surveillance and domination, Suharto's New Order created a hierarchy of knowledge that gave more legitimacy to the state's than to the people's local knowledge (Hooker 1999). One powerful example of this can be seen in the New Order's recognition of only five faiths (Islam, Protestantism, Catholicism, Hinduism, and Buddhism) as legitimate options for its citizens, a restriction which denies the diverse and widespread practice of local belief systems. In Central Java, local Javanese religious belief systems remain popular

(Ishadi 2011; Woodward 1985, 2010). The state's relationship to Islam during both the Old and New Order was also one of control: "the state has attempted to maintain a delicate balance, acknowledging and in certain respects encouraging Islam's religious and cultural influence among the population while restraining its political influence by alternately co-opting and suppressing potential sources of Islamic political power" (Brenner 1996: 676). The economy grew over the New Order's 30 year-rule until the Asian financial crisis of 1997- 1998 drove the economy to collapse, leading to Suharto's ousting in 1998 and the creation of a nascent democratic republic. The post-Suharto "reform" era has seen unprecedented press freedoms and a resurgence of civil society.

Indonesia is the world's largest archipelagic state, made up of 17,508 islands, six thousand of which are inhabited. It is home to over 245 million inhabitants, with the Javanese comprising the largest ethnic group with over 60 percent of the country's population (CIA 2011). While most Indonesians have traditionally learned their native language, the local language of their island/region, as their first language, a Malay trade language known as *Bahasa Indonesia* was chosen as the national language. While the use of this national language is mandated in all public schools, organizations and governmental departments, adherence to this rule is weak, especially the further one gets from Java.

Indonesia is the largest majority-Muslim country in the world, with over 80 percent of its population identifying as Muslim. Indonesia is *not* an Islamic State, however, as its legal system is not based on Islamic law nor is there a "monopolistic fusion of religious and political authority" (Hefner 2000: xviii, see also Ishadi 2011). Nevertheless, in the last ten years the Muslim majority of voters and governmental officials assure that Islamic views have a strong influence on state policy. Contemporary Indonesia is home to an increasingly public and political

Islam, with the political elite in post-Suharto Indonesia tending to represent military, nationalist, reformist and religious constituencies. “Chaos, rapid changes, great successes, and daunting challenges mark the past fifty years of Indonesian history....In those times of great adversity and heady success, Islam was consolation, strength and stability” (Van Doorn-Harder 2006: 24).

The study of Islam in Indonesia has received quite a bit of attention in scholarly studies (Beatty 1999; Geertz 1960, 1968; Hefner 2000; Woodward 1989). Although Muslim traders first traveled through South East Asia early in the Islamic era, the earliest evidence of Islamic populations in Indonesia dates to the thirteenth century in northern Sumatra (Hefner 2000). Other Indonesian areas gradually adopted Islam, making it the dominant religion in Java and Sumatra by the end of the sixteenth century. For the most part, Islam overlaid and mixed with existing Hindu-Buddhist and animistic cultural and religious influences, shaping the predominant form of Islam in Indonesia, particularly in Java. Clifford Geertz’s famous work *Islam Observed* points to this idea of Indonesian Islam as “syncretistic, reflective, multifarious, and strikingly phenomenological” (Geertz 1968: 20). While Geertz laid the groundwork for the study of Islam, later scholars assert that Geertz applied “too narrow and ‘modernist’ a perspective on Islam that he ended up identifying many of the practices and beliefs of Indonesian Muslims as ‘Hindu-Buddhist’ rather than as subaltern streams of Southeast Asian Islam” (Hefner 2000: xix). Geertz is blamed for the assumption that Islam is a minority or superficial element, a “thin veneer,” in Indonesian culture (Hefner 2000). Scholarly studies are beginning to give voice to these criticisms and to the rapidly changing Islamic discourses and practices in contemporary Indonesia with works about civil Islam, Sufism, Islamization, Islamic resurgence, popular Islamic culture and public Islam aiming at elucidating the interplay of Indonesian Islam with

democratic, religious and global forces (Hefner 2000; Luckens-Bull 2005; Weintraub 2011; Varisco 2005).

Most Muslims in Indonesia follow the basic tenets of Islam practiced by one-seventh of the world's population, initiated by one's surrender by confession that there is one God (Allah) and Muhammad is his Prophet. The tenets of Islam are taken from the Quran and the hadith. The Quran is believed to be the word of Allah as revealed to the prophet Muhammad during the years 610-622 CE. The hadith are "the collections of short narratives...told by people who knew the Prophet personally during his lifetime and which, handed down through the ages, describe some act or saying of the Prophet which is to be taken as a guide" (Geertz 1960: 121-122). Because the hadith are believed to be reported by men other than Muhammad, many Muslim followers do not accord them the same degree of respect or authority as the Qu'ran.

In contemporary Indonesia, the nature and practice of Islam is fluid and diverse. Most scholarly and journalistic writings on Indonesian Islam in Java point to two main currents, one characterized as traditional and the other modern. *Nahdlatul Ulama* (NU) is a mass organization based in East Java and is popularly described as traditionalist, village-based, and accepting of local cultural practices. Many NU members' lives are centered around religious schools known as *pesantren* which serve as the source of social values. *Muhammadiyah* is considered the modernist organization founded in Yogyakarta in 1912, and "devoted to cleansing Islam of local practices (such as making offerings at graves, praying to ancestors for blessings, or consulting healers for magical cures) deemed to be accretions of a true Islam. Muhammadiyah is generally described as urban-based, bureaucratically modern, and progressive in its viewpoints about education, science, and health care" (Dwyer 2001: 41). Both of these groups have become

known in the Muslim world for their moderate interpretation of the Qu'ran in both theory and practice.

Since the 1970s, Indonesia has been experiencing an Islamic “resurgence” (Hefner 2000). Hundreds of new Islamic organizations, many of which are local branches of international organizations, have been appearing since the 1980s, but especially since the fall of Suharto’s New Order regime in 1998. In light of recent world events and the resulting media coverage depicting a war between Islam and the West, Islam in Indonesia is seeing an even more vigorous revival, with fundamentalist groups growing in number and strength and new movements developing among youth proclaiming Islamic and Arabic roots. To counter these more fundamentalist trends many young moderate Muslims actively disseminate moderate and tolerant Islamic thought throughout the republic. While this struggle is occurring all over the Muslim world, it is particularly evident in Indonesia, making the archipelago fertile ground for discussions about the dynamic nature of religious interpretation and practice. In addition, the recent interest and focus on global Islam is leading to increased interest in the diversity of Islam, with popular, political and academic attention turning to Indonesia to refute common stereotypes of Islam as Middle Eastern, radical and terrorist. At the same time, the moderate nature of Indonesian Islam is questioned, with moderate leaders in Indonesia being criticized for not condemning radical elements, a silence which analysts say has its political advantages. These moderate leaders are attracting criticism for their role in the powerful battle against pornography and other vices, a battle over moral standards investigated throughout this study. Facing all of these projects is the challenge in explaining the complexity of Indonesia and Islam without being too reductive. As with any religion, levels of faith, adherence to rituals and teachings, and interpretations of those teachings differ across individuals. Within this context, anthropologist

Leslie Dwyer argues for “the importance of contemporary scholars of Indonesia to trace links forged between gender, religion, power and space at a time when boundaries – including those of bodies, nation, and religious community – are under debate in the name of ‘the modern’” (Dwyer 2001: 10).

This study took place in Yogyakarta and Central Java. In this community, over 90% of members identify as Muslim, a growing number of political elite tout their Islamic faith as their guiding principle in leadership, and the purchase of all things “Islamic” is a growing consumer trend. In this community, women make decisions regarding their health, weighing multiple factors, including their religious convictions and the vibrant contemporary mediascape which offers access to popular discourse. At the same time, women’s access to education about their bodies and health needs is greatly constrained by religiously driven morality movements that hold the control of women’s bodies and sexualities at their core. While not all of the informants in this study are Muslim, the majority are. An important distinction that will be useful in this dissertation revolves around Susan Blackburn’s work with Indonesian women and political Islam (2008) and Nilufer Gole’s work with public Islam where “Muslim” refers to religious identity and in contrast, “Islamic”/“Islamist” refers to “social movements through which Muslim identity is collectively re-appropriated as a basis for an alternative social and political project” (Gole 2002: 173). Islam in this dissertation, therefore, refers to the diverse historical, political and cultural contexts in which this research takes place, as the majority faith of this research’s informants, and the effects this majority religion has on public policy and health services in contemporary Indonesia.

1.2 WOMEN'S BODIES, GENDER AND SEXUALITY IN INDONESIA

Since the spread of Islam to Java in the 13th century, discourse about sexual norms and gender roles as derived from the teachings of Muhammad have fused with Hindu/Javanese traditional beliefs to form a complex web of expectation. Saskia Wieringa points to the role of women in Javanese society as largely defined in the *kodrat wanita*, a religiously-inspired code of conduct based on women's intrinsic "nature." The traits inherent in this discourse are generalized to empower men as rational, virile protectors of both the micro and macrocosms, with women less rational, more emotional and more worldly or material. Women's sexuality and their moral status are the responsibility of men to protect since women are seen in these codes as being more susceptible to animalistic lust (S. Wieringa and Blackwood 1999 *see also* Brenner 1996, 1998, 2001; Ong 1995; S.Wieringa 1999). Having been legitimized and reinforced in Indonesian society over time, these traits are considered natural with resistance to the *kodrat* by women seen as a potential source of global destabilization (S. Wieringa 1999 *see also* Brenner 2001). Although Islam is often singled out as the strongest force shaping a patriarchal culture, Pieterella van Doorn-Harder (2006) finds that the majority of Muslims she interviewed in East Java see the idea of women's inferiority to men deriving from the pre-Islamic Hindu culture that later fused with Islam. Nevertheless, the Javanese ideological declaration that men are better able than women to control themselves echoes Arab-Islamic gender ideologies of male and female nature positing men as innately more capable than women of controlling their passions and instincts (Brenner 2001: 143).

Literary studies of Javanese manuscripts point to how pre-modern Javanese culture produced literary discourse that linked the sexuality of women and men to spiritual and political power (E. Wieringa 2002) and in some cases treated sexuality both graphically and profanely

(Florida 1995, 1996). Edwin Wieringa (2002) focuses on one Javanese manuscript from the 1930s, the *Serat candraning wanita*, or the “Book of descriptions of women,” as an example of a branch of literature specifically dealing with sexual matters in Java. He asserts that the heart of Javanese erotology is sexual fulfillment within marriage, to enjoy sex not for its own sake, but for procreation. Such descriptions are in sharp contrast to the so-called “loose morals” of which nineteenth- and twentieth-century colonial observers accused the Javanese population (E. Wieringa 2002). Another manuscript, the *Serat Centhini*, the ultimate source of which is said to have been the Prophet Muhammad’s instructions to Fatima and Ali, takes great interest in almost all forms of sexuality. Wieringa finds that Malaysia may have functioned as an intermediary in transmitting Arabic erotica to Indonesia; an indicator of this might be the occurrence of Malay-language commentaries in Javanese notebooks on female physiognomy and erotic lore explaining how to strengthen the penis and to make a woman experience great pleasure (E. Wieringa 2002: 440). Interestingly, the term ‘etiquette of sexual intercourse’ which is used to denote the science of sexuality itself, is a literal translation of Arabic. While in the Arab-Muslim world this kind of literature was primarily categorized as belonging to the field of medicine, in Java it “incorporated elaborate philosophical mystical speculations that associated sex with procreation and hence with the mystery of divine Creation in general” (E. Wieringa 2002: 440).

Ann Stoler’s work with colonialism points to the powerful dynamic between gender, sexuality and political power, asserting that Dutch colonial power was based in large part on creating and managing racial categories through the surveillance of and discourse about sex (Stoler 1991). Studies of Javanese court histories of the late nineteenth century illustrate how, in a supposed attempt to change the sexual image of Indonesian women as sexual partners to their Dutch colonizers, the gender roles of Indonesian women as “good” wives and mothers who

“serve” their husbands began to take hold (Anderson 1990; Stoler 1991, 1992, 1995; Florida 1996; E.Weiringa 2002). Studies of modern Indonesian literature further this theme, pointing to the avoidance of passion and sex in modern literary works, which many assume represents Islam’s influence in quieting the public expression of sex (Aveling 1969).

In the last two decades, the study of women, gender, sexuality and modernity in Southeast Asia has become a popular topic of anthropological research (Errington 1990; Karim 1990; Peletz 1996; Tsing 2005), and points to: 1) the ways in which women’s sexuality is constructed, transmitted, and used as a form of control (Ong 1995; Suryakusuma 1996), and 2) the complexities in studying “woman” or “feminine” when in most cases such categories exist as essentialisms not produced by women themselves (Sears 1996; Brenner 1998; Dwyer 1999). The politics of sexuality in Indonesia have long been symbolized by popular controversy about sexuality.

Under Sukarno’s rule from 1945 – 1965, women were incorporated into the struggle for nationalist independence and were encouraged to have active roles in public life, including in the political domain (Blackwood 1995a: 135). Through her work with the Minangkabau of Northern Sumatra, Evelyn Blackwood discovered that: “Postcolonial states actively create (or reconstruct) and promote formulations of gender compatible with the perceived needs of development and definitions of womanhood are consciously forged through state ideologies” (Blackwood 1995a: 126). Resulting from this nationalistic call for participation, many women’s organizations were formed including *Gerwani*, an abbreviation of *gerakan wanita*, or women’s movement; the women’s organization of the communist party of Indonesia, and *Kowani*, an abbreviation of *Kongress Wanita Indonesia*- the Indonesian women’s congress (S. Wieringa 1999). In the demise of Sukarno’s Old Order in 1965, however, New Order ideology falsely portrayed

Gerwani women as involved in a sex orgy. As punishment for allowing such behavior, five Generals of the Old Order who had served as guards during the events were murdered. The imagery of sexual degeneracy among Gerwani women was intended to highlight the necessity for men to control women to protect their own virility, hence power, and to maintain the well-being of society. Discourse such as this, together with the new president Suharto's New Order institutionalism, served to restrict the political role and involvement of women (S. Wieringa 2003).

During Suharto's New Order rule all state policies and programs were modeled on the all-pervasive Pancasila national ideology, with organizations such as the *Dharma Wanita*, the mandatory organization for the wives of civil servants that assigns women a rank based on that of her husband, helped to reinforce this patriarchal state policy (Suryakusuma 1996). Following the five pillars of Islam and the five pillars of the national ideology, Suharto's New Order developed the *Panca Dharma Wanita*, or the five responsibilities of women which mandated that a woman must: "(1) support her husband's career and duties; (2) provide offspring; (3) care for and rear the children; (4) be a good housekeeper; and (5) be a guardian of the community" (Sunindyo 1996: 125). Women were offered a place as participants in the process of nation-building by becoming guardians of family morality and national development through the acquisition of fertility-controlled bodies (Dwyer 1999).

The Islamic model of appropriate gender roles, "corresponds to and validates the model set forth by the Indonesian State...In the Qur'an, the man is said to be the ruler of the people of his house and the woman the ruler of the house of her husband..." (Blackwood 1995a: 138). As can be seen in the larger governance of Indonesia, through the synchronization of religious and nationalistic paradigms, women's roles were homogenized through proscriptions of acceptable

ways of being (Ong 1995). The sexual politics of the control of women's sexuality was the crux of New Order military authority, as Indonesian anthropologist B.J.D. Gayatri asserts: "the Indonesian government maintains a tight control over sexuality... the institution of marriage is the only approved context for sexual relations, outside of which sex is only practiced by men and prostitutes" (Gayatri 1996: 91). Such "approved" sexualities have important implications for women in contemporary Indonesia, with the state pushing the stereotype of women as radically sexually different from men (Suryakusuma 1996).

While state imposed discourse attempts to standardize sexuality and gender appropriate experiences, the subsequent spectrum of lived genders and sexualities illustrates ways in which these gendered, nationalistic and religious discourses can and are negotiated. Anthropologists have offered much to the discussion of alternate sexualities and gender roles throughout the archipelago. Brenner's work in Central and East Java in the 1980s and 1990s discusses *nafsu*, or desire, as radically different from common stereotypes of women's uncontrollable animalistic lust: "Many Javanese men and women seem to take it as a given that men have an innately greater desire for sex than women, and that this desire is extremely difficult for them to suppress" (Brenner 2001: 143). Such conceptions therefore challenge the earlier gender ideals of men's ability to master their passions. Anthropological work with transgendered, transsexual and gay male communities in Indonesia (Anderson 1996; Boellstorf 2005; Errington 1990; S. Wieringa 1999), in addition to the few sources on lesbianism (Blackwood 1995a,b, 2007, Gayatri 1998, S. Wieringa 1999), point to the importance of maintaining strict gender dichotomy within these communities, with "enacting the gender that is appropriate for one's sex first with the heterosexual paradigm less problematic than enacting the 'wrong' gender" (Blackwood 1995).

While few in number, ethnographic studies focusing on Muslim women in contemporary Indonesia tend to focus on urban Javanese middle/upper class women. Such studies depict these women as agents playing significant roles in local religious culture and societal change, whether by reinterpreting sacred texts about husband/wife relations to fit contemporary contexts (LKIS 2002; Van Doorn-Harder 2006), engaging in family planning movements (Dwyer 1999, 2001; Ferzacca 2001, 2002), or by engaging in economic activities, an involvement which some Javanese Muslim women justify because they believe themselves to be less susceptible than men to the “vicissitudes of passion” (Brenner 1995, 1998, 2001; Dwyer 2001). While Suharto’s New Order policies greatly affected women in Indonesia, Kathryn Robinson argues that Indonesian women had direct effects on the New Order and will continue to affect Indonesia’s democratic future:

For just as the influence of familist ideology ran beyond gender to underpin state power, so could the burgeoning of official and nonofficial discourse about women’s rights toward the end of the New Order be seen to carry wider political implications. In this context, the question for the future was not only what democracy might have to offer to Indonesian women, but it was also what the women might offer democracy. (Robinson 1999: 261)

Women’s bodies have and continue to serve as stages for the dominant discourses of power and piety at play in Indonesia. While most of the previous studies on gender and sexuality only mention women’s health briefly in terms of family planning, they indicate how issues of modernity facing Muslim women in contemporary Indonesia are sometimes expressed, if not experienced, in terms of health and sexuality. The following discussion will integrate these academic works into the public health realities facing women in contemporary Java.

1.3 THE POLITICS OF WOMEN’S HEALTH IN CONTEMPORARY INDONESIA

As the most populous Muslim-majority country in the world, with over 200 million people professing the faith of Islam, Indonesia is home to a diverse and dynamic Islam in which local practices and beliefs combine with Arab-Islamic teachings. While waves of radical Islamic fundamentalism have appeared over the last 200 years in western Indonesia (Eliraz 2004), the prevalent notion of a moderate Indonesian Islam was aided by the state’s de-politicization of Islam. Since the downfall of Suharto’s 32 year regime in 1998, however, there are fundamentalist and progressive Islamic voices, women’s voices and explicit voices of the market generating a broad spectrum of social changes in post-Suharto Indonesia (Dwyer 1999, 2001; Hefner 2000; Lukens-Bull 2005; Van Doorn-Harder 2006). While it is perhaps too early to describe Indonesia’s contemporary condition as democratic, freer elections, relaxation of press censorship and an increasingly visual political Islam point to an “emergent” democracy.¹ In acknowledging women’s health experiences as a product of and in dynamic tension with social, religious, political and economic forces, the implications that Indonesia’s contemporary condition has for women’s health are substantial.

Indonesia continues to struggle with serving the greater women’s health needs of its population with infant and maternal mortality, HIV infection, adolescent marriage, domestic abuse and marital rape as some of contemporary Indonesia’s greatest public health challenges. Compared to neighboring countries, Indonesia showed high infant and maternal mortality levels throughout the 1990s, including the period prior to the financial crisis in 1997. Data suggest that

¹ The increased media freedoms of post-Suharto Indonesia include a new press law (1999), the granting of four new television licenses (2001-2002), the legalization of cable television, and the expansion of radio and the internet. Media expansion does not necessarily translate into a democratic society, however, as ownership of television stations remains largely in the hands of the state, the Suharto family and their associates (Weintraub 2008).

health indicators in Indonesia improved at a slower rate than would be consistent with Indonesia's per capita economic growth (Elmendorf, Edwards and Pisani 2005). The National Demographic and Health Survey (DHS) showed an infant mortality rate (IMR) of 67 per 1000 live births in Indonesia in 1987, declining to 46 in the 1997 DHS and 35 in 2002. While this represented a quite substantial decline, mortality still remains high compared to similar countries in the region. Maternal mortality in Indonesia is still the highest in Southeast Asia, reaching 307 per 100,000 births (for comparison: in Singapore six, Malaysia 39, Thailand 44, and Philippines 170 per 100,000) (Elmedndorf, Edwards and Pisani 2005). The high infant and maternal mortality rates are most likely related to nutrition and current laws and policies that do not support safe abortion practices, and the social acceptance of adolescent marriage leading to pregnancy among young girls who are not yet sufficiently developed to support healthy pregnancies. The Director of the Indonesian Health Department for the Yogyakarta Special Province gives the following explanation for these rates:

First, outside factors emerge which are hard to manage...Social and economic problems also become barriers for helping pregnant women and nursing mothers. We are late in providing health services to detect women at high risk and these issues are usually complex and require time to handle. Not to mention if you are in Kalimantan or Papua. It is clearly infrastructure, health resources, and location which lead to this lateness in detection. (Interview, July 24, 2008, Yogyakarta)

There is no doubt that socioeconomic factors play important roles in women's access to healthcare. Since the economic crisis of 1997, health activists have reported that the number of women with unmet needs has increased drastically because the government has failed to meet the need for affordable contraceptive devices (Perkumpulan Keluarga Berencana Indonesia 2008).

Most public health and medical anthropological research on women's health in Indonesia refers to the formal health care that occurs within and/or is supported by the government and the

biomedical health system. Formal women's health care in contemporary Indonesia takes the form of state-run medical clinics and organizations, in addition to a successful network of non-governmental health services. Publicly owned health centers, *puskesmas*, serve as the fundamental biomedical health care delivery unit and are numerous and widely distributed throughout the country. Ideally each *puskesmas* is staffed by a physician, one or more nurses, a midwife and perhaps a public health officer to handle vaccinations, and serves a population of about 30,000 (Elmendorf, Edwards and Pisani 2005). Low utilization of publicly provided health care in Indonesia is explained in part by low levels of government funding and correspondingly low quality of care. With per capita annual public and private spending each of about \$7, Indonesia allocated less than 1.5 percent of its gross domestic product (GDP) to health in the early and mid-1990s, less than China (3.8 percent, public spending \$9) or the Philippines (2.4 percent, public spending \$10) (Elmendorf, Edwards and Pisani 2005).

Why does Indonesia continue to struggle in improving women's health? The following sections will investigate three interacting and complex factors that pose the greatest challenges to women's health care in contemporary Indonesia, including:

- 1) the issue of morality in an ethnically diverse and culturally mixed society, which manifests itself in the illegality of contraception for unmarried couples and extreme stigma regarding sex education and abortion;
- 2) a continuing failure to see women's choices and viewpoints, as informed and constrained by gender roles, indigenous and religious belief, as the dominant force in determining reproductive/sexual behavior and health; and
- 3) the lack of basic sexual and reproductive health knowledge among women *and* men (Adioetomo 2005; Dwiyanto 1993; Dwyer 1999, 2001; Hull 2005).

1.3.1 Morality and Women's Health

Women's bodies, sexuality and health have long been the center of religious and political debates in Indonesia. Biomedical birth control was not initially supported by Indonesia's founding father because of its association with "moral laxity" of the West and as "cultural inventions designed to secure the West's imperialist domination" (Smith-Hefner 2006: 146). Sukarno was sensitive to family planning in fear that his involvement might exacerbate divisions in his constituency, especially in terms of religious sensitivities (Hull 2005). To Sukarno, the family existed as the main pillar of society, the strength of which depended on the health, education and welfare of the mother. Sukarno saw mothers with several children as models of strength, beauty, and resilience symbolic of the independent nation (Hull 2005). Despite his reservations, international pressure eventually led Sukarno to help in the formation of the NGO *Perkumpulan Keluarga Berencana Indonesia*, or the Indonesian Planned Parenthood Association (PKBI), in 1957 to decrease maternal mortality through the introduction of biomedical contraception into the archipelago. Unlike his predecessor, Suharto regarded population control as imperative for Indonesia's long-term development. Not long after coming to office in 1966, Suharto established the *Badan Kesejahteraan Keluarga Berencana Negeri*, or the National Family Planning Board (BKKBN), and instituted a program for the mass distribution of modern contraceptives.

Today, BKKBN remains the formal governmental body responsible for women's health with its mission to "promote small, prosperous and happy families" (Interview with BKKBN-DIY, April 8, 2008, Yogyakarta) While seen as essential for development, Suharto's commitment to population control and BKKBN's advocacy did not escape Sukarno's original concern with morality. BKKBN is constrained as a state body in following the law for family

planning, which states that it must serve married individuals in birth spacing, support family's economic stability, and promote morality. BKKBN builds its power in part on being an agency that serves "good citizens," that is, heterosexual married couples limiting their fertility, health advocacy that ignores all those people falling outside of this category. In addition to family planning, BKKBN is also in charge of the governmental response to the HIV and AIDS crisis which is emerging quickly and violently throughout the archipelago. BKKBN's focus on "good citizens" is further daunting in this context, with condoms for fertility limitation purposes provided only to married heterosexual individuals. This narrow vision has dangerous repercussions in a dynamic and diverse country where lived experience varies greatly. As medical and feminist anthropological scholarship has shown, when governmental health bodies serve to "promote and protect morality," people's most basic rights to health care are undoubtedly jeopardized.

Indonesian women's health NGOs have historically served a critical role in addressing controversial health needs. The Indonesian Planned Parenthood Association (PKBI) is by far one of the most organized and successful women's health NGOs. Today PKBI has 40 clinics in 25 cities and strives to create a home-like setting for women's health care that is peaceful and safe, where women and their health concerns come first. My associations have been for the most part with the Yogyakarta branch of PKBI, referred to as PKBI-DIY. Respected internationally for its dynamic and comprehensive health advocacy programs, PKBI-DIY provides leadership training and development for activists, promotes the right of every person to make personal decisions regarding the full range of reproductive and sexual health choices, engages in legal and policy research, and educates the public on issues of public health and welfare, including reproductive and sexual health. Lentera Sahaja is one of PKBI-DIY's divisions, which focuses primarily on

HIV/AIDs, STIs and unwanted pregnancy prevention. Some of its programs include peer sex education programs, a hotline for teenagers, and counseling and support groups for sex workers, homosexuals, transsexuals and pregnant unmarried women. The Center for Sexuality Studies is another division that conducts research on reproductive and sexual health in Yogyakarta and works with other organizations to create a reproductive health journal and bulletin. The PKBI-DIY community is composed of a group of Indonesians that is willing to confront very controversial issues and to accept and address the needs of women, sexually active youth, homosexuals, transsexuals and sex workers and to work with them.

Similar to the way in which Sukarno supported the Indonesian Planned Parenthood Association to test out the murky moral and nationalistic waters of family planning in Old Order Indonesia, NGOs continue to assume primary roles in meeting Indonesia's most controversial women's health needs. Not surprisingly, the governmental workers distinguish themselves from PKBI in terms of morality: "We differ in terms of morals. Publicly there are no differences but the core is different. PKBI doesn't talk about the prosperity of the family. PKBI is more about rights. But, we are able to work together" (Interview with BKKBN-DIY, April 8, 2008, Yogyakarta). PKBI-DIY reaches out to those most marginalized; it practices social activism which leads to this organization's reputation at BKKBN as "not concerned with morals" and more concerned with "rights."

With a strong legacy of the Indonesian state concerning itself with "promoting and protecting morality" through women's health advocacy, it is not surprising that a dynamic battle has been taking shape in Java over the last decade concerning public Islam, morality and conduct. One of the most contentious debates involves the conservative Islamic minority that has been advocating for more restrictive laws in the State Penal Code, initiating intense public debate

on the role of the state in questions of sexuality and morality throughout the archipelago (Blackwood 2007). Beginning in 2002 under former President Megawati Soekarnoputri, Indonesia began debating an Anti-Pornography Bill proposed by the Indonesian Legislative Assembly. Under President Susilo Bambang Yudhoyono in 2006, the bill was re-raised in hopes of protecting Indonesian society from moral degradation. This ten-year long debate has thus far involved discussions, legislation, violence and organized protest about what the public should be exposed to in the media, what kind of clothing women should wear, and how much affection couples should display in public. The bill provides for heavy prison sentences up to ten years or paying penalties up to one billion rupiah (US \$1,000). Things considered pornography and “porno-action” would be allowed only for the needs of education and medical treatment with permission from the government. The law passed in parliament in a less extreme form in 2008. The popularity and controversy of this bill show that in the years since the fall of President Suharto, the power and influence of political Islam is growing. This controversial policy continues to affect women’s health advocacy by further stigmatizing sex and discourse around sex.

Women’s health organizations like PKBI struggle to understand how men and women address their sexuality, sexual health and reproductive health needs in their own terms, within the dynamic context of contemporary Indonesian Islam. The more modernist and fundamental interpretations of this religious tradition have always proven to be challenges for PKBI’s work. Several PKBI health workers have been publically criticized while doing reproductive and sexual health education advocacy in the community. While teaching about condom use to a group of Muslim women in a neighborhood in Yogyakarta, one woman asked: “What does Islam say about this?” Other comments included, “Where is that stated in the Qur’an?” or “We don’t need

to know about AIDS. We are good Muslims.” Throughout the year, but most intensely during the fasting month of Ramadan, PKBI undoubtedly starts receiving threatening phone calls declaring raids in the name of Allah. One of these threats was realized on November 11, 2000, when approximately 100 members of the PKBI community were chased and beaten with sticks by a young fundamental Muslim group chanting “In the name of Allah” at an HIV/AIDS outreach event organized by the Lentera Sahaja’s Gay Men Support Group. The group of young men who did the beating were taken into police custody and released several hours later. Despite this traumatizing event, PKBI’s programs and projects kept on going as scheduled. In reaction to that event, PKBI hosted several discussions on violence and homosexuality for the public. Another example took place in 2003 when a young college student published inaccurate data in local and national publications claiming research results that showed 98% of Yogyakarta’s college-age women were no longer virgins (Wijayanto 2004; see also Champagne, Alvania and Crisovan 2002). The public response was dramatic, with reports of parents from all over the country forcing their children to leave Yogyakarta and talks of searches for young women who were still on the street after 9 pm. Both PKBI and the female university population were furious. PKBI hosted a panel discussion with the researcher, their director, and other public health experts. The inaccuracy and hidden religious agenda of this young man became clear through this discussion, as did his faulty methodology based on such as statements as: “I can tell if a young woman is a virgin by looking into her eyes.” In providing reproductive and sexual health services, PKBI must navigate these powerful nationalistic and moral debates in engaging Indonesian Muslims about their most morally-contested health concerns.

The intense debates about morality, Islam and women represent competing discourses of morality, modernity, individualism and sexual rights which struggle for dominance. Such debates

point to how sexuality is more visible, sharply contested and overtly politicized in post-Suharto Indonesia. According to feminist anthropologist Gayle Rubin in “Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality” (1984), contemporary conflicts over sexual values and erotic conduct have much in common with religious disputes of earlier centuries. Rubin uses rich historical data to illustrate periods of “sex panic,” periods when “the state, the institutions of medicine, and the popular media have mobilized to attack and oppress all whose sexual tastes difference from those allowed by the currently dominative model of sexual correctness” (Rubin 1984:3). Similarly, Indonesia’s emergent democracy is young, unstable and fragile, leading to a strong concern with matters of sexual purity. In reaction to the euphoria of the 1998 reformation, post-Suharto morality crusaders believe that immoral behavior is on the rise because of increased media freedoms, globalization, urbanization and modernity (Soebagijo 2008). While seen as causing immorality, these forces of media and modernity have simultaneously allowed for discourses of sexuality to gain a stronger voice in contemporary public discourse as can be seen in the well-publicized and politicized debates over the proposed pornography bill.

Public discussions of morality are taking place within new media contexts with powerful players assuming positions emblematic of a certain type of moral stance and where people with competing visions of morality are vying to capture the hearts and minds of the greatest share of the Indonesian population: “The stakes in this quest for moral supremacy appear to be increasing, in that morality has become, to an ever-greater extent, a profoundly political issue in Indonesia” (Brenner 2005: 2). Policies on women’s health and morality show that legislation in Indonesia is governed by deep-seeded myths and fears about women’s bodies, sexuality and gender roles.

1.3.2 Women's Choices and Viewpoints as Dominant Force: Lessons from the Family

Planning Movement

Issues of family planning in Indonesia are associated with women, who make up the majority of consumers of both family planning education initiatives and family planning products. Despite this, women's own choices and voices are most often silenced, a reality that ignores how these women are informed, empowered and constrained by gender and socio-religious belief systems. The continuing failure to acknowledge women's health choices as the dominant force in determining reproductive and sexual behavior and health can be seen best in the local reproductive justice movement led by PKBI activists in which, instead of proclaiming the iconic "two kids are enough" family planning motto, harshly criticizes the "successful" family planning movement with the motto: "thirty years [of the family planning movement] are enough!" (Hull 2005; Julianoro 2000). Many women share accounts of invasive health advocacy, with health care professionals sent to their villages not welcoming their own opinions or education about the contraceptive devices they were being forced to use. Some women tell stories of women running to the rice fields to hide from forced Depovera shots or intrauterine device (IUD) insertions (Interview, BW, May 27, 2008, Yogyakarta). This critique is not limited to Java, with the aggressive and invasive tactics of this movement reaching far throughout the archipelago. One of my first experiences with this critique came while living in Bali during college where I volunteered with Dr. Inne Susanti and her NGO *Yayasan Sehati*. While different islands received other forms of birth control during the population control movement, many women in Bali were strongly encouraged to have the IUD inserted. This form of contraception must be removed within five years. Since many of the more marginalized women did not have a regular healthcare provider, and midwives were not trained in the maintenance and removal of

these devices, Dr. Susanti regularly found Balinese women who had never had these devices removed after over twenty years. These women were suffering from dangerous pelvic infections and other conditions from their prolonged use of the IUD. In response to this, Dr. Susanti and her NGO traveled throughout the island offering free pelvic exams, consultations and lectures on women's health. Another common tactic utilized by the formal family planning movement was the placement of stickers on the front windows of a family's house indicating what type of birth control was being used in that household. Forty years later, the legacy of these aggressive, invasive and dangerous health promotion tactics continues to create challenges in women's health advocacy throughout the archipelago.

While population planners applauded their program's ability to combine family planning with local cultural and religious values, the influence of Islam and gender in women's health policy, activism and women's individual choices has been largely ignored. The failure of family planning to effectively combine with Muslim values can be seen in a quote from one of Leslie Dwyer's informants, a nineteen-year-old university student who was trying to live a more orthodox Islamic lifestyle:

Your body does not belong to you. It does not belong to the government. It belongs to God. Therefore you have to take care of it, continue along with it the way it was given to you. I don't believe in putting things in your body that are not natural, that do not come from God. (2001: 46)

Exploring how Indonesian women construct themselves as modern Muslims through their interactions with family planning initiatives, at least a third of those Muslim women interviewed by Dwyer believed only the rhythm method to be permitted by Islam, even though they were aware of government statements to the contrary. These women's concerns echo Muslim women's voices from other developing world contexts as expressed in the International

Conference on Population and Development in Cairo in 1994, which asserted that the cultural relativity professed in these meeting's goals might reinforce constraints in the matter of reproductive health and women's rights in Muslim communities (Anwar and Abdullah 2000).

Another example of this movement's failure to acknowledge local cultural beliefs revolves around the two kinds of birth control recognized by international development experts and state planners: modern, technological methods of contraception developed in Western laboratories and "indigenous" methods of birth control including birth spacing and herbal remedies. As Dwyer states:

Culture, power and history are seen as immaterial to biomedical contraception at the same time they are conversely viewed as either things to be overcome or as 'factors' to be manipulated in the case of 'indigenous' fertility regulation. In these kinds of narratives, local meanings of sexuality, bodies, reproduction, health, gender or development itself are reduced to environment: a static, timeless state that can be overcome only by an 'evolutionary' advance to 'objective' biomedicine. (1999: 34)

Led by a powerful community of Indonesian women's health activists, population planners in Indonesia are beginning to recognize the need to move away from repressive manipulations and instead identify women's choices and viewpoints and recognize women's rights to the control of their own fertility, sexuality and pleasure.

1.3.3 Lack of knowledge about reproductive and sexual health

The challenges facing women's health advocacy in Indonesia reflect the ways political agendas, morality crusades and gendered patriarchy complicate women's ability to achieve health justice. This injustice takes its most basic and powerful form in the lack of education about reproductive and sexual health among men and women. The Indonesian government maintains a conservative approach towards sexuality with no formal policy on sex and

reproductive health education in schools. However, Indonesian education has always included an important focus on moral training (Smith-Hefner 2006). Even though subordinated in mainstream print and electronic media, pre-marital and extra-marital sexual relationships are common in contemporary Java. However, formal sexual education and services for unmarried Indonesians confront tremendous social stigma and are believed to promote sexual lasciviousness. As a result, many women, both unmarried and married, are sexually active and uneducated about their reproductive and sexual health. In result, many myths about reproductive and sexual health are prevalent throughout Indonesia. For example, some popular myths include: taking the birth control pill dries up a woman's womb, ejaculating outside a woman will not get her pregnant, jumping up and down after receiving sperm will prevent pregnancy, jamu can help prevent HIV infection, and consuming high dosages of menstrual regulation jamu can induce abortion (PKBI 2008a, 2008b). These myths are held and conveyed by men and women, young and old alike. One of the greatest weaknesses of the family planning movement lay in its focus on quantity of participants and not on supporting women's rights to information about contraception, choice in contraception and information about sexual pleasure. Proof of this lies in the fairly common failure of contraception since women don't understand and misuse their methods, resulting in unwanted pregnancies (PKBI 2008a, 2008b). In terms of sexual health, the omission of sex and pleasure from the discussion of women's health in the formal healthcare sector not only further silences and stigmatizes sex, but also leads to the exclusion of large populations of women, including unmarried sexually-active women, queer women and those women engaged in sexual practices for work. Low levels of knowledge coupled with a lack of power to negotiate whether, how, when and where sex takes place, influences vulnerability and protective behavior among married women.

1.4 AN INTERDISCIPLINARY APPROACH TO WOMEN'S HEALTH

Through this introduction the powerful links between gender, religion, sexuality and women's health point to how women's bodies have been and continue to serve as stages upon which dominant discourses of power and piety play out in contemporary Indonesia. As will be discussed throughout this dissertation, the stress of gendered patriarchy and moral movements affects women's health choices greatly, as do the socio-economic challenges facing women in post-economic-crisis Indonesia. Women's bodies and health are framed in formal health care within a rigid framework of political interests. Whether previously in Sukarno's Old Order or today in terms of growing public and political Islam, formal women's health services and policies are most often not negotiated by women themselves. Indonesian Muslim women's dissatisfaction with Indonesia's cutting-edge family planning movement points to the large disconnect between formal biomedical healthcare offered to these women and their own understandings and contexts of health and well-being. Through my analysis of the jamu industry, the danger in this disconnect will become clear as will the ways that Muslim women navigate this divide on a daily basis in their use of jamu. Formal biomedical health discourse frames women's bodies and health in terms of fertility and family planning, with discussions on sex/passion missing. In Dwyer's example, Indonesian Muslim women wanted to use the space provided to them by the family planning movement to discuss openly about their sexual fulfillment. Instead of welcoming this open discussion as a sign of a successful intervention, these "off topic" discussions were seen as detrimental to the success of the biomedical efforts. A legacy of aggressive formal women's healthcare efforts has left women jaded, uninformed and distrustful. Public discourses of sex remain regulated by stressing heterosexual married sex as the norm. Women's roles as health keepers and economic daily household financial keepers puts

pressure on them to make health decisions for the family while often neglecting their own needs. Understanding how women make their health decisions amidst complex webs of power, patriarchy, religion and morality is essential in understanding their health needs.

As a social researcher who is deeply committed to understanding and addressing the eco-biosocial factors affecting health locally and globally, particularly globalization and health disparity, my tools of analysis have developed from interdisciplinary training and hands-on experience working as an anthropologist and public health worker in the U.S. and Indonesia. The relationships I have developed with Indonesian health activists over the last decade have greatly informed my research process, and allow for direct dissemination of my research findings and for future collaboration.

Rooted in anthropological inquiry and guided by training in feminist/sexuality/gender studies and public health, I employ an interdisciplinary approach to the study of women's health in Indonesia. Historically and today, women's health is a dynamic, political, religious and social phenomenon. Anthropology's focus on people's everyday experiences as they relate to others and to networks of power allows important glances at the dynamic, and often competing, discourses of gender, sexuality, health, religion and capitalism at play in contemporary Indonesia. Anthropology's commitment to theoretically-informed ethnographic research allows this discipline to offer much in terms of understanding and overcoming the challenges to women's health from the perspective of women themselves. Ethnography allows for a unique window into women's health that is, "important, timely, and quite different from the women's health agenda currently being promoted within biomedical and public health circles" (Inhorn 2006: 346).

Medical anthropology is the interdisciplinary branch of anthropology that addresses all aspects of health, illness, and disease through formulating and addressing both theoretical and applied problems, with the goal of conducting research that will contribute to the social sciences and to different domains of healthcare (Brown, Barrett and Padilla 1998; *see also* Sargent and Johnson 1996). It examines the relationships between biological and cultural factors that contribute to the epidemiology of disease, the meanings that cultural groups assign to these experiences, along with the healing traditions, healers, healthcare practices and systems in different cultures that have arisen in response. Critical Medical Anthropology (CMA) is particularly important in this study of the political economy of indigenous medical discourse and women's health as it is "concerned in the ways power differences shape social processes, including research in medical anthropology.... and how dominant ideological and social patterns in medical care are intimately related to hegemonic ideologies and social patterns outside of biomedicine" (Baer, Singer and Susser 1997: 26). In particular, Nancy Scheper-Hughes and Margaret Lock's offer the critical-interpretive approach to counter a growing "polemicism between the culturological and political-economic perspectives within medical anthropology" (Sargent and Johnson 1996: xiii). I find their integrated paradigm particularly valuable for my study of Islam, medical systems and women's health in contemporary Indonesia. Further, "critically-interpretive medical anthropologists are confronted with rebellious and 'anarchic' bodies – bodies that refuse to conform (or submit) to presumably universal categories and concepts of diseases, distress, and medical efficacy" (Scheper-Hughes and Lock 1996: 43). Critical medical anthropology reveals such tendencies of biomedicine to view women as demographic "mother" units split off from their sexuality and broader social relations and uses anthropological research to investigate the dynamic interplays of culture, history and health

within diverse contexts (Baer, Singer and Susser 1997; Scheper-Hughes & Lock 1987, 1996; Singer 1998). This study defines reproductive and sexual health and rights in terms of power and resources, the power to make informed decisions about one's health and the resources to carry out such decisions safely and effectively. Since women exist in complex socially mediated contexts, one must weigh the complex factors that come to bear on a woman's decision and constitute its local meaning.

I also consider several feminist and queer theoretical articulations of the body, gender and sexuality in this study. Reading Foucault's "The History of Sexuality," many scholars view sexuality as constituted in society and history, not in purely biological terms. As Correa, Petchesky and Parker (2010) assert: "Sexuality cannot be understood in isolation from the social, political and economic structures within which it is embedded – or without reference to cultural and ideological discourses that give it meaning" (3). As Judith Butler asserts: "It is through the body that gender and sexuality become exposed to others, implicated in social processes, inscribed by cultural norms, and apprehended in their social meanings" (2004: 20). These scholars base their analysis on Foucault's work on the construction of sexuality in particular historical moments,

Sexuality must not be thought of as a kind of natural given which power tries to hold in check, or as an obscure domain which knowledge gradually tries to uncover. It is the name that can be given to a historical construct: not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledge's, the strengthening of controls and resistances, are linked to one another in accordance with a few major strategies of knowledge and power (Foucault 1978: 105-106).

In this dissertation, discourse refers to material and symbolic systems that structure how knowledge is connected to power – who can have it, who is empowered, who is included and

excluded. Through examining jamu discourse as cultural text and phenomenon, this investigation brings to light several examples of the dynamic, and often competing, discourses of gender, sexuality, Islam and capitalism at play in contemporary Indonesia.

This study looks at the dynamic interaction of Islam with jamu and women's health, paying particular ethnographic attention to the relationship of reproduction, intimate relationships and gendered identity in women's use of jamu. Lila Abu-Lughod discusses the project of defining the nature of Muslim Arab sexuality, warning that neither Islam nor sexuality should be essentialized, or taken as things with intrinsic and trans-historical meanings, but should be understood in their specific historical and local contexts (2001: 198). This is especially salient advice for the study of Islam and women's sexuality in contemporary Indonesia. Focusing on the medicalization of gendered bodies, health and sexuality through the lens of discourse about jamu allows for important analyses of gendered social relations, religious revitalization, cultural meanings, social inequalities and capitalist transformation (Constable 1999: 55).

2.0 THE JAMU INDUSTRY

In the first Hollywood film since *A Year of Living Dangerously* (1982) to highlight Indonesia, Julia Roberts' character in *Eat, Pray, Love* (2010), Liz, visits a fresh jamu shop when trying to heal her wounds after a motorcycle accident in Bali. Her female jamu seller, Wayan, dressed in a sarong and man's t-shirt, mixes a paste for Liz to use on her scrapes. While massaging her stiff legs, Wayan exclaims "I can tell by your knees that you don't have much sex lately." We see that miraculously, the next day, her skin is completely healed. One morning after a hard night of Balinese expat beach parties, Liz's new beau brings her jamu to cure her hangover. Later, when experiencing severe stomach pain, Liz returns to her jamu healer and is told that "You sick from making too much sex" and is treated for a urinary tract infection. Wayan and Liz develop a strong healer/patient relationship and Liz eventually raises money through her foreign friends to buy a new house for Wayan and her daughter Tuti. As I watched this film I thought about the important dilemma facing the commercialization of jamu. Are medium and large jamu industry producers excited for the global visibility (Julia Roberts drinking jamu!) or are they concerned with the slightly too magical and traditional representations of jamu compared to their modern herbal pharmaceutical products?

The success of jamu in Indonesia is due to several important processes, all of which interact and feed off each other, as do the tough challenges facing this industry as it develops both domestically and internationally. This chapter begins with a brief introduction to jamu, the

history and political economy of this indigenous medical tradition, the methodology I use to engage with this industry, and concludes with an introduction to the three types of industry studied in this dissertation.

2.1 WHAT IS JAMU?

“What is jamu?” is hard to answer in one breath, and the answer differs from person to person. In this study, jamu refers to herbal therapeutic substances indigenous to Indonesia used for health and beauty promotion and curative purposes. Jamu’s culturally defined meanings have long been worked and reworked, by governmental interests, industry, royalty, religious institutions, and the power of folklore and oral tradition indigenous to Indonesia. To some it is herbal medicine, to others traditional medicine or liquid extraction of herbs, and to many: jamu is jamu. The etymology of the word jamu is also a mystery with different theories linking this term to the Javanese word *djambu* which means to visit in a friendly manner, or to a village in India supposedly named “Jamu.”

Preventatively, jamu has long been revered for promoting health and helping the body remain strong through toning and balancing the body. Curatively, some people believe that jamu can cure all illness while others turn to jamu depending on the type and severity of illness. Interestingly, while people struggled in defining jamu, the majority of my informants clearly distinguished between how jamu and *obat*, or biomedicine, work. Regardless of education level or socioeconomic status, my informants described *obat* as aggressive, attacking “whatever is sick inside of us” and leaving our bodies weaker, in general. These informants view jamu as working slower in curing illness but leaving the body in a stronger state than biomedicine. This holistic

philosophy assumes that while jamu might be administered to address one part of the body, the effects on the rest of the body should also be considered. Much of jamu's contemporary appeal lies in the common belief that jamu has no side effects because it is natural. Others believe that while there may be side effects, they have not personally experienced any or heard of anyone getting sick from jamu. One common belief among my informants is that jamu must be bitter to be effective. Many consumers regard jamu *paitan*, or bitter jamu, as more effective. Some others declare "If jamu is sweet, that is not jamu. If you can't take it bitter, don't drink jamu" (Interview, WS, May 31, 2008, Kiringan). Another common explanation for how jamu works is in balancing of hot and cold, with hot medicines believed to cure cold illnesses and cold jamu recipes used for hot ailments. This symbolic opposition can be contextualized in terms of Greco-Islamic medicine. Such symbolic oppositions "express the character of men and women or human emotions in contemporary Muslim societies, and govern dietary practice and popular thinking about health" (Good and Good 1992: 258).

Jamu's recipes can include over ten ingredients, however most contemporary recipes are composed of four to six herbs for cost and feasibility purposes. In terms of composition, frequently used plants in jamu and their possible biomedical effects include:

Curcumin (*Curcuma longa*) as anticancer, antihypertensive, antidiabetes and immunostimulating agent; andrographolide (*Andrographis paniculata*) as anticancer, antiviral and cardioprotective agent; 1'-acetoxychavicol (*Alpinia galanga*) as anticancer, antimicrobial, antifungal and gastroprotective agent; lignans (*Phyllanthus niruri*) as antiviral and hepatoprotective agent. (Elfahmi 2007: 14)

In contemporary Indonesia, jamu exists in diverse forms, from freshly hand-pounded herbs used to make fresh extractions (see Figure 5) to pills, capsules and sachets with colorful mass-produced packaging (see Figure 6).



Figure 5: Fresh jamu ingredients ready to be prepared into jamu.



Figure 6: A selection of packaged medium and large jamu industry products.

Some popular examples of jamu in contemporary Indonesia include: tiny pills to ensure “lasting beauty” by tightening the skin around the eyes to keep a fresh and healthy look, complete with English instructions; tablets to help keep “the wind” from entering you, a common ethno

psychosis found in Asian medical systems; fresh herb tonics to treat the presence of vaginal discharge and to tighten the vagina; soaps to help counter the smell of a woman's "intimates" especially during and after menstruation; and creams for increasing the size of an erection along with directions concerning the massage techniques a woman should use to apply the cream.

The Indonesian Federal Food and Drug Agency, *Badan Pengawasan Obat dan Makanan* (BPOM), divides jamu into three categories under the overarching theme of Indonesian Herbal Medicine, or *Obat Herbal Indonesia*. Government regulations are more stringent the more processed the Indonesian Herbal Medicine (see Figure 7). At the lowest level of classification is jamu, defined as "Indonesian traditional medicine." The requirements for registration of jamu products are by far the most lenient and rarely enforced. *Obat herbal terstandar*, or standardized herbal medicine, is the next level of classification. These medicines contain raw herbal materials that are up to governmental standards and have been examined in a laboratory for safety and use. *Fitofarmaka*, or phytopharmica, is the most difficult level of classification to achieve in that it requires the herbal medicines to be scientifically evaluated for efficacy in clinical trials with human subjects.

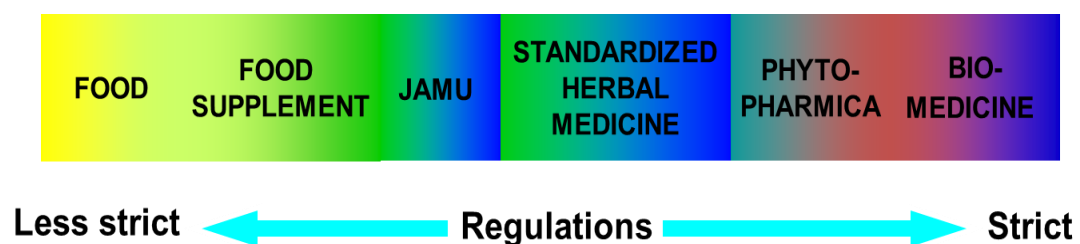


Figure 7: Governmental regulations are more stringent the more processed the Indonesian Herbal Medicine.

Jamu is produced in small or mid-size (*industry kecil obat tradisional* [IKOT]), and large industries, or *industry obat tradisional* (IOT). Small jamu industries typically produce jamu only, whereas mid-size industries produce mostly jamu, in addition to a few standard herbal

medications. Large industries typically produce each of these classifications of herbal medicine, touting one phytopharmica product in their repertoire, which requires high costs and a time-consuming certification process. The difficulty in defining and classifying jamu can be seen in the fact that BPOM has changed its classifications several times in the last 30 years. The mid-size and large industries protest these changes as it often means that regulations change as well. One mid-size industry owner complained about how expensive it is for her business to have to cater towards these changing regulations. For example, BPOM's regulations now require jamu producers to clearly display the "jamu" symbol, as pictured in Figure 8, on all packaging. Previously, simply printing "JAMU" on the packaging was sufficient. Altering the printing on packaging in order to fulfill these new requirements can be quite expensive for smaller companies.



Figure 8: This jamu symbol must appear on the packaging of jamu products according to BPOM regulations.

As can be seen in Figure 9 and 10, the government also struggles with clearly defining jamu. While everyone in Indonesia knows what it is, each person draws the line in a different place between jamu, medicine and cosmetics. Each jamu may be applied in more than one way, depending on need, as lines blur between healing foods, health-giving foods and traditional medicine. This makes it hard to regulate jamu since it can be classified as traditional medicine, food and pharmaceutical at any one time.

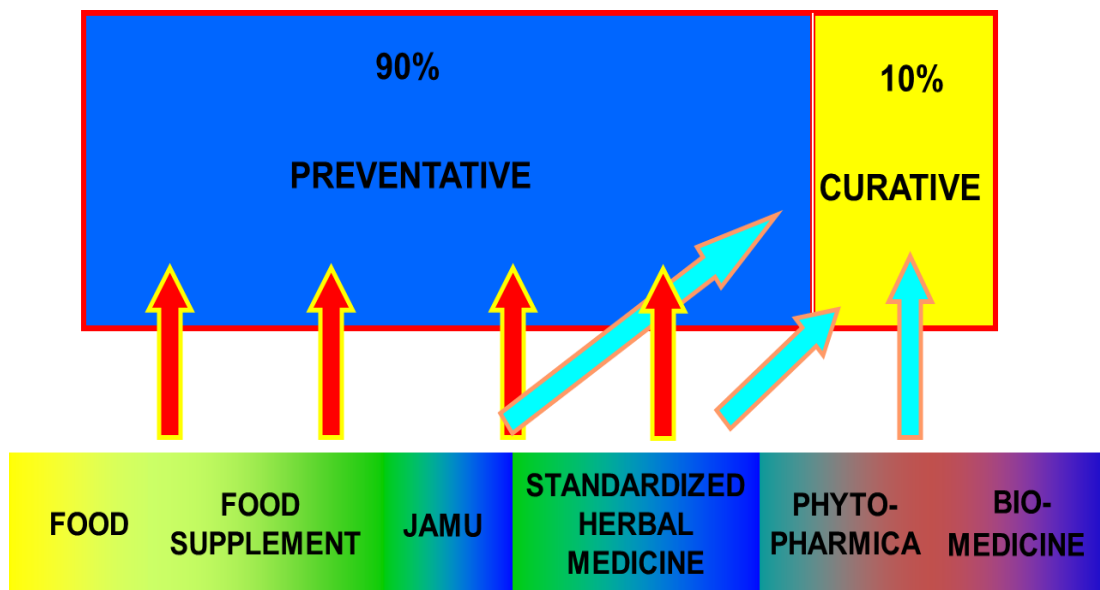


Figure 9: Herbal Indonesian Medicine classification and uses.

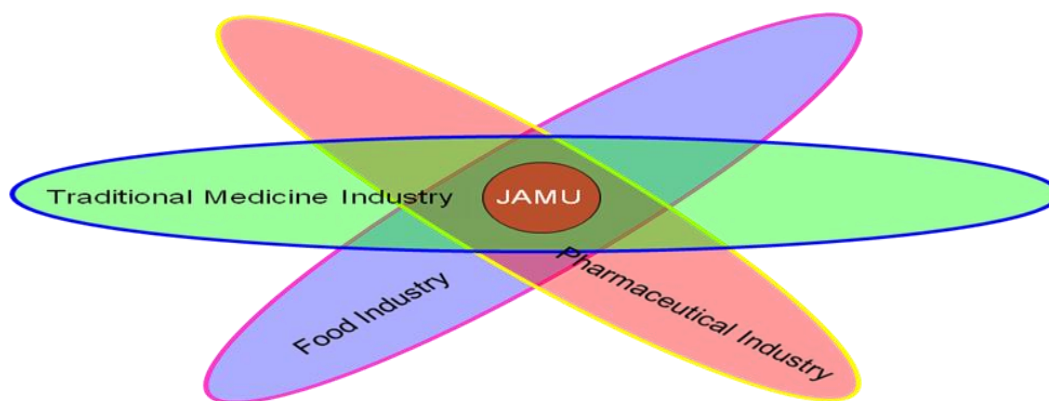


Figure 10: Depending on use and process of manufacture, jamu is classified in each of these ways.

In this study, I consider jamu to include each of BPOM's levels of classification. For example, what the government classifies as jamu, standardized herbal medicine, and phytopharmica are all considered as "jambu" in this dissertation.

2.2 THE HISTORY OF JAMU, THE HISTORY OF JAVA

Whether you are buying jamu wrapped in banana leaves at the traditional market or in colorful packaged boxes at the supermarket, jamu is very much a part of the fabric of Indonesian society and is used by kings, royalty, presidents and the general public down to even humble poor peasants who wish to enhance their health. (Beers 2001: 1)

Since Asian medical systems are embedded in cultural traditions and symbols, they must be understood within the context of history. In stark contrast to the much studied and well documented Asian medical systems of India (Ayurvedic) (Leslie 1992; Nichter 1992) and China (Good and Good 1992; Leslie 1992; Kuriyama 1999), a complete history of Javanese herbal healing has yet to be written. The reasons for this lack of documentation include the tendency of jamu to be an oral tradition, the secrecy about recipes and methods of production largely fueled by commercial concerns, and the general complexity and diversity in jamu practice from village to village and region to region. As the industry grows, and particularly as international markets are more viable, jamu producers are realizing that they need a history to sell their products as “traditional.” In line with this, three of the largest jamu industries tout “Jamu Museums” within their factory walls in an attempt at articulating this history. After visiting all three museums it became clear that these efforts are far more business histories than histories of the jamu tradition itself. One large industry owner even hired a local medical anthropologist in an attempt to write the history of jamu, although he soon took on easier tasks such as marketing. In my study of jamu, I find that the history of jamu is very much the history of the Java. This dissertation traces the linkages of a medical tradition reflective of the powerful forces of development, patriarchy, globalization, nationalism and Islamization. This section outlines the history of the jamu medical

tradition alongside the history of the nation, an important context in which to begin an analysis of the jamu industry in contemporary Indonesia.

Jamu is believed by many people to have originated in the ancient palaces of Central Java which were in regular contact with outside influences from China, India and the Middle East thanks to early trade routes between Asia and Asia Minor (Beers 2001; Jordaan 1988; Soesillo 1992). From the seventh century CE, the powerful Srivijaya naval kingdom flourished, bringing Hindu and Buddhist influences with it. The agricultural Buddhist Sailendra and Hindu Mataram dynasties subsequently thrived and declined in inland Java (Jordaan 1988). People claim that there is evidence of this depicted in a relief at the Borobudur Buddhist temple in Central Java, as pictured in Figure 11. Dating to the 9th century, this relief is interpreted as showing a woman holding herbs in the process of healing her patient as others look on.



Figure 11: Relief at Borobudur Buddhist temple showing a woman holding herbs in the process of healing her patient as others look on, dating to the 9th century.

In pre-colonial early history, jamu is said to have existed as grassroots local practice informed by the powerful trade and Hindu Majapahit palace cultures of Java. The association between jamu and Javanese sultanates greatly aided in the documentation of this medical tradition in the form of ancient texts, poetry and art, and continues to help immensely with the commercialization of this tradition. The *Serat Centhini* is considered the earliest surviving manuscript to mention

Javanese traditional medicine and dates back to the early nineteenth century. Composed of 16 volumes, this manuscript is believed to have been written by court scholars and commissioned by the ruler of the central Javanese kingdom of Surakarta. The *Serat Centhini* is an encyclopedic work written in the form of poetry and song about the spiritual, material, scientific and religious knowledge of Java at that time and contains several examples of recipes for traditional medicines to cure common ailments, from eye infections to impotency (Santoso 2006).

While associating this medicine with Javanese royalty has always served to legitimize it, several of my informants were critical of this history and assert that jamu has always been the medicine of the people. They believe that the jamu produced within the palace walls was done so by skilled jamu producers who had learned their skills outside the palace walls from their mothers and grandmothers. In line with this history, these informants point to an “ancient” history of women making jamu in their kitchens, passing these recipes on to their daughters, relying on their own local gardens for ingredients. Another aspect of this history is believed to involve *dukun*, or traditional Javanese healers, who use jamu as one component in their healing processes.

By the time that Islam and the Greco-Arabic medicine which accompanied it took hold in Java, the Javanese had experienced over a thousand years of exposure to Ayurvedic theories and Chinese medicine, creating a rich indigenous tradition that used ritual, magic, prayer and jamu to ensure the health of its masses (Laderman 1992, 1997; Beers 2001). Carol Laderman touches on some of these historical questions in her discussion of Islamic Humoralism, the ancient theory that health and illness result from a balance or imbalance of bodily liquids, on the Malay Peninsula. She describes how “nothing in legend or history points to a dramatic conversion such as occurred with the adoption of Islam” (Laderman 1992: 272). Over the centuries, Islamic

concepts were used to interpret and reinterpret empirical realities in Malaya, which included both what is now considered Malaysia and parts of Indonesia. But the pre-Islamic aboriginal perspective and other external views of the workings of the cosmos continued to be fundamental to Malay thought and thus radically altered the received theories of Islamic humoralism (Laderman 1997: 282). Laderman describes how the use of magic in traditional Malay belief in terms of abominations concerning piety, prayer and devotion to Islam “protected their healing treatments from the kind of criticism directed at more traditional practices” by combining “modernity, magic, and religious orthodoxy” (Laderman 1997: 341).

Beginning in the sixteenth century, Europeans arrived in Indonesia seeking to monopolize the sources of valuable nutmeg, cloves, and pepper in Maluku. In 1602 the Dutch established the Dutch East India Company (VOC) and became the dominant European power. Following bankruptcy, the VOC was formally dissolved in 1800, and the government of the Netherlands established the Dutch East Indies as a nationalized colony (Boomgaard 1993). Peter Boomgaard discusses how Greiner, a physician who worked in the archipelago in the 1850s and 1860s, emphasized the ‘Arabian’ character of medical theory among the better educated Javanese (Boomgaard 1993). In contrast to the acceptance of magico-religious beliefs in indigenous medical practices, many European medical professionals in the Dutch East Indies Company assumed and respected the idea that every ailment typical for a certain region could be cured by drugs from that region. These health professionals acknowledged the expertise of indigenous healers in these matters but were less impressed with the non-secular aspects of indigenous medical practices (Boomgaard 1993). With most medicine being composed of herbs until the 1930s, VOC doctors were in awe of the native knowledge of plants surrounding them. Interestingly, the wives of these Dutch colonizers played a very important role in documenting

the herbs and uses of Indonesian indigenous medicine in the first books to reference jamu (Soesilo 1992). Family jamu businesses that later developed into the large jamu industries opened their doors as early as 1918. Others joined the large industry in the 1950s, 1960s and 1970s (Jordaan 1988).

The brief Japanese was beneficial for the development of the modern jamu industry. With limited access to outside resources, the Japanese realized the future of a “United Asia” depended on Asian medical systems. The Japanese started the first organization for medium and large jamu industry owners based in Jakarta and regularly highlighted jamu products in local publications (Jordaan 1988). One example of this is found in the Japanese publication “New Java” from 1943 with a cover illustration promoting a “Strong United Asia.” In one advertisement for a type of jamu, “Ovahormon” women are told that through consuming this jamu they will become the “strong and fierce women” needed in the development of a “united” Asia. The Japanese invasion and subsequent occupation during World War II ended Dutch rule, and encouraged the previously suppressed Indonesian independence movement. Many of my informants remember stories about independence taught to them in school of mbok jamu transporting important messages and even weapons in their baskets, hidden by bottles of jamu. In Figure 14, a jamu seller recognizable by her baskets aggressively leads the way towards the new nation in this statue commemorating the revolutionaries in Yogyakarta.

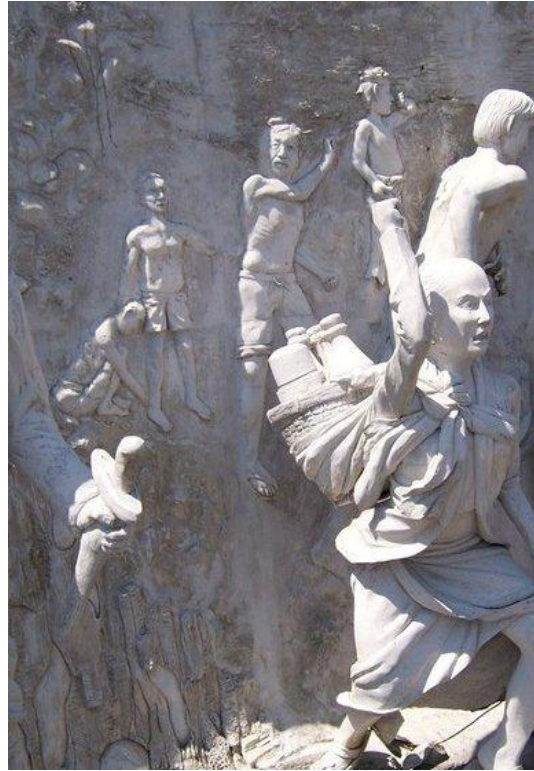


Figure 12: This statue in Yogyakarta depicts a small industry jamu seller leading the charge in the struggle for Indonesian independence.

With these historical facts are hard to prove, it is likely that jamu producers and sellers were providing for the health needs of the revolutionaries throughout their violent independence struggle. In August 1945, nationalist leader, Sukarno, declared independence and was appointed president. In December 1949, when in the face of international pressure, the Dutch formally recognized Indonesian independence. While the Dutch and Japanese relied on the development of jamu to support the discourse of strong colonies, Indonesia soon turned to the potential of jamu to help build its new nation. Indonesia's first two presidents' "heightened attention to and willful manipulation of representations of the past and the traditional" became essential to their political rhetoric (Ferzacca 2001: 40). Sukarno was an outspoken supporter of jamu, a fact that many joke had something to do with his love of women, and therefore, his need for "strong" jamu in the bedroom. Beyond his personal needs, Sukarno saw jamu as essential in providing for

the young nation's health and also for symbolizing the new nation. During the Old and New Orders, the first large jamu industries started to emerge in Central Java producing jamu in pill and tablet forms. Throughout the late 1980s and 1990s, the number of mid-size and large jamu industries exploded, reaching 700 by the late 1990s (Lyon 2003).

Jamu's association with Java and the Indonesian nation-state further solidify its power as a political tool. Since Indonesia's independence, not just jamu but all things Javanese continue to be reproduced as the identity of the nation-state: "situating traditional medicine with the other 'veritable icons' of Javanese culture, therefore, establishes its authenticity and cultural heritage and imbues medicine as both a medium and instrument of Indonesian political organization" (Ferzacca 2001: 41). Mass media campaigns for jamu which point to Javanese cultural and political dominance are some recent examples of the state's use of this industry to support social politics. Equating jamu with the indigenous art forms of *gamelan* and *batik*, Jaya Suprana, CEO of one of Indonesia's first large jamu industries and outspoken jamu advocate, asserts:

Jamu is often proudly considered as one of the artifacts of Indonesian national culture from the field of health care like no other in this world. Jamu's acclaim draws from the same breath as batik or gamelan as artifacts of a culture noble, exquisite, and exalted, resulting in prestige and a role that needs to be raised up not only for social life in Indonesia, but outside the country as well (Ferzacca 2001: 41).

The mention of "outside the country" is important in understanding large jamu industry priorities. In my interview with Suprana he proudly mentioned how he had helped write a pamphlet about jamu for Prince Charles' visit and how he told Hillary Clinton about jamu while she enthusiastically sipped it during her recent trip to Jakarta.

One example of the politics of jamu can be seen in Figure 13. Hanging outside of a large jamu industry factory, this sign shows the President of Indonesia sipping jamu with his wife. The sign reads: "I love Indonesian jamu."



Figure 13: Hanging outside of a large jamu industry factory, this sign shows the President of Indonesia sipping jamu with his wife. The sign reads: "I love Indonesian jamu."

Another recent example of the politics of jamu involves Malaysia, Indonesia's neighbor to the north, whose extensive middle class helped fuel the large Indonesian jamu industry's growth throughout the 1970s and 1980s. In the last decade, however, Malaysia has started to support the development of its own large jamu industries. This reality frustrates many of the large Indonesian jamu industry owners who are concerned not only for the loss of their largest export consumer base, but also because of Malaysia's insistence that jamu is its indigenous healing system, too. Since both contemporary Indonesia and Malaysia formed Malaya, Malaysia has just as much authority as Indonesia in calling its indigenous healing system "jamu." Bringing jamu into the middle of some pretty interesting and quite dramatic cultural politics involving Malaysia and cultural property rights, Irwan Hidyat and his large jamu industry, Sidomuncul, launched a media campaign explicitly challenging Malaysia and claiming jamu as Indonesian, as depicted in a magazine advertisement for its *Tolak Angin* jamu product. With popular actors Agnes Monica, a young pop icon, and Butet Karisina, a comedian, selling one of Sidomuncul's most popular products, this advertisement and the commercial associated with it directly mimics Malaysia's recent tourism campaign "Malaysia: Truly Asia" with the phrase "Indonesia is 'truly Indonesia.'" This advertisement points to jamu's placement as cultural icon among traditional Indonesian cultural activities like the Sundanese music of Western Java, dance, batik, and stone jumping. The dynamic relationship between jamu and discourse of nation-state points to the

ways medical systems are intimately related to power and politics of culture. This example shows how jamu is being instrumentalized in the name of the modern Indonesian nation-state.

Consumers are responding to this nationalistic call for “claiming” and taking pride in such traditions and view their consumption of jamu as a way of preserving their cultural heritage: “When I drink jamu my body becomes healthy, and I also help preserve Indonesian culture by using the age-old secrets of my ancestors, by using Indonesian materials and not using materials from outside, there is a feeling of pride with using jamu” (Interview, RH, May 10, 2007, Yogyakarta). These contemporary debates symbolize a growing critique of the effects globalization might have on Indonesia’s local culture, as seen in Figure 14 of graffiti art on the street in Yogyakarta that translates to: “Be wary of Globalization.” This concern for the effects of globalization helps fuel jamu’s success today. The sentiment here of using local natural products points to a growing “back to nature” movement, as well. Large and mid-size industries are profiting from this movement by promoting “agro-tourism” through trainings on making jamu and tours of “organic” herb gardens where participants can “find a balance spiritually, physically and morally” through learning more about and consuming jamu.



Figure 14: Graffiti art on the street in Yogyakarta translates to: "Be wary of Globalization."

Indeed, one of the most powerful repercussions of considering traditional medicine an essential resource in the case of development is that in practice “developing traditional medicine” translates to the “biomedicalization” of this indigenous medical system. This dynamic was furthered by the emergence of large jamu industries which built their businesses off the differentiation of their modern jamu from small industry fresh jamu by critiquing the practices of mbok jamu and dukuns for their lack of biomedical training. The increased accessibility and recognition of biomedicine as developed medical science in global, developing Indonesia has led to the rejection of jamu as traditional, backwards and unscientific by the national biomedical healthcare system. In practice this means that instead of viewing biomedicine and jamu as complementary healing systems preferred and used by Indonesians, these systems are considered to be in opposition to one another. The majority of consumer informants were never asked by their physician about their use of jamu, with the only exceptions being a few women who had been asked during pregnancy by their doctors about their jamu consumption. In line with this, a few medical doctors and formal healthcare employees would, behind closed doors, mention that “actually, I do consume jamu,” a reality they felt contradicted their obvious loyalty to their biomedical professions. Similarly, Yani, a mbok jamu in Yogyakarta, described how she has several biomedical doctors as clients: “Even doctors buy my jamu, usually for headaches. Can you believe it? They have to consume my jamu three times a day to cure their headaches which most likely come from high blood pressure” (Interview, YM, February 8, 2008, Yogyakarta). I find that this mutually exclusive perception that those who believe in biomedicine do not support jamu, and vice versa, is not usually realized in consumer practice. The majority of my informants bridge this divide in their consumption of both jamu and biomedicines. The only exception to this that I encountered in my research came from several female small jamu industry producers

who spoke with suspicion about the unknown components of biomedicines. One popular and elderly seller, Bu Umi recalled: “I once received pills from the hospital. Even though they are supposed to be for health, I threw them in the river. I don’t trust them. I prefer jamu” (Interview, February 8, 2008, Yogyakarta).

Large jamu industries are critical of the current president, Susilo Bambang Yudhoyono’s (known as SBY) loyalty to jamu in the ways he has navigated the biomedicine/jamu divide. In our interview, large industry producer Jaya Suprana mentioned how he had recently asked for support from the president in declaring a national jamu holiday. The motivation for this request is to use the president to help “patent” this tradition so that jamu is globally associated with Indonesia, not Malaysia. Other ideas included making it mandatory for public servants to drink jamu on Fridays, modeled after a recent trend of “Batik Fridays” where governmental employees are required to wear batik shirts in honor of this indigenous textile art tradition. Given the Indonesian state’s history of celebrating its cultural traditions and the popular Malaysian debate, Suprana and his fellow large jamu industry owners lobbied President Yudhoyono to declare this holiday at an upcoming international symposium on the benefits of the popular jamu ingredient *temulawak* in Bogor. While to the outsider this might seem like a given – why not have a jamu holiday? – the decision facing the president is quite complex. What would it mean for the president to celebrate in public this “unscientific” medical tradition, especially in his attempt to develop Indonesia? How do pharmaceutical interests inform this decision? In the end, the president did not announce a jamu day. Instead, he announced his intention to focus on *temulawak* as the “national root” of Indonesia. Biomedical research had recently been published citing the efficacy of this root in alleviating hypertension and the president hoped to support *temulawak* in becoming a super root like ginseng in Korea and *rauwolfia* in India.

The business dynamics of the large jamu and pharmaceutical industries, and the ways the government is implicated in them, attest to this biomedical/indigenous medicine divide. Despite the recent increase in sales, the large jamu industry's annual profit makes up roughly 10% (2 trillion rupiah across 650 companies) of the pharmaceutical industry's annual profit (20 trillion rupiah across 260 companies) (Sinaga 2003). Large jamu industry executives hope this will change into a situation similar to that in China, where traditional medicines garner much larger profits than modern ones and see their project as rejuvenating the strength and belief in jamu locally, promoting jamu as a reliable and accepted option within the national healthcare system. Medical anthropologist Steve Ferzacca argues that in order to compete with chemical pharmaceuticals, jamu needs to be highlighted for its compliance with state projects of regulation, development and nationalization: "There is already a precise calculated effort by the republic of Indonesia Department of Health to build a jamu industry in order to develop the forms of traditional Indonesian medicine into one new standardized form recognized by pharmaceutical experts all over the world" (Ferzacca 2001: 40). Interestingly, some of the most influential large jamu producers join the pharmaceutical companies in criticizing the state, seeing the state's power as detrimental to their business goals. Atje and Hapsari argue that the Indonesian government uses the pharmaceutical industry as an instrument for its social politics. As the largest buyer of medicines on the domestic market, the government wields considerable power in influencing the pricing of the medicines and the success of both industries (Atje and Hapsari 2006).

Not all large jamu executives believe that biomedicalizing jamu is the answer. When asked about what he thinks about the Indonesian Food and Drug Safety Administration's (BPOM) new classifications introduced earlier in this chapter, Jaya Suprana responded:

Well, very bad. I hate the new classifications and fight them. This is for me neo-imperialism in medicine because I believe that every nation and culture has their own traditional medicine and health philosophy. We cannot make health universal because health is social, culture, spiritual, intellectual and even industrial property. So for me our BPOM is a national traitor because they cater only to western medicine and pharmaceutical companies. They do not believe in jamu. But, so you see, before the westerners came to Indonesia we were a healthy people strong enough to become *nusantara*. I do not say that our culture is superior, no, but our culture is not inferior (Interview, May 18, 2008, Jakarta).

Suprana does not believe that jamu and biomedicine should be evaluated on the same universal scale and views these debates as “neo-imperialism in medicine.” While he notes that “we were a healthy people strong enough to become *nusantara*” in showing support for the efficacy of Indonesian health philosophy, I find this conversation relevant as it relates to the complex challenges facing women’s health advocacy, the biomedical versus the indigenous/non-western, in Indonesia today.

One major challenge facing the development of jamu is the limited amount of funding available for the research and development of herbal medicines. Rachmat Sarwono, CEO of the large jamu industry Jamu Borobudur in Semarang, critiques:

The government should support the development of our industry. Not to mention the globalization era and the free market so that investments from abroad are going to excel. If not, Indonesia with its great diversity of plants will lose in terms of the herbal medicines it makes use of. Indonesia is home to over 30,000 types of plants and 940 are types used for medicinal purposes. (Interview, September 15, 2008, Semarang)

While the government has a research institute active in Central Java, its research capacity is quite minimal. In Figure 15 and 16, herbs are grown in culture to access growing practices and a researcher test a jamu product in this government research facility. Nonetheless, this governmental research body and local universities often team up to conduct laboratory research. In a mid-size industry development activity, an industry is allowed to work with local university

pharmacy and medical labs to conduct research necessary to support their products achieve standardized herbal medicine status.



Figure 15: Herbs are grown in culture to access growing practices in this government research facility.



Figure 16: An employee of the government research laboratory in Central Java conducts research.

The larger industries are the frontrunners in the area of research and development since they are aware that lack of research greatly limits their international export potential. Since the larger industries usually can afford to work on only one potential phytopharmica product at a time, they rely on research conducted on herbal ingredients in labs worldwide to help in supporting their products. In one recent project, researchers from Indonesia and the U.S. worked together on investigating ginger, turmeric and chilies for antioxidant properties, helping to contribute to scientific literature on these herbal medicines. Without biomedical efficacy results, producers with international aspirations are often faced with impossible-to-achieve regulations on their products. Related to this are the low availability and poor quality of raw herbal materials used in the production of jamu. While some producers want to save money by using poorer quality ingredients, the larger issue revolves around the lack of financial incentives for farmers since herbs are not cash crops. The government research laboratory is currently working on supporting local herb farm collectives to help combat this challenge, yet the larger industries are

calling for more government support “to provide materials and guidance to the farmers so the industry can know that these medicinal plants are more hygienic and better quality” (RS, May 17, 2007, Semarang). Neighboring Southeast Asian countries are joining together to help with research and development issues regionally. In the initiative ASEAN 2010: Asian Harmonization in Traditional Medicine, countries from the ASEAN region strived towards research of all herbal products scientifically before 2010 and help with import requirements for herbal medicines crossing local borders. One opportunity for larger jamu industries is in the production of plant extracts with more optimal active herbal substances and dietary supplements.

The greatest challenge facing the development of the jamu industry today revolves around the “*jamu palsu*” or “fake jamu” controversy. Over the last several years there have been a few cases of medium-size jamu industries mixing herbs with chemical compounds. Consumers assume that these products are composed of herbal ingredients and consume them up to multiple times a day. The mainly mid-size industries responsible for these cases have large markets outside of Java, making the impact of these unregulated medicines greater and harder to manage. The image that jamu products contain chemicals, *bahan kimia obat* (BKO), greatly impacts consumer trust and belief in the safety of jamu both domestically and internationally. This controversy was by far the most popular headline about jamu during my fieldwork, with newspaper articles, editorials and internet stories booming throughout Indonesia’s mediascape. Most of my informants mentioned this controversy in our conversations, and several described graphic and gory photos depicting “moon-face” – apparently a condition caused by taking “fake jamu” which manifests in a swollen round face – were spread on the Internet and through local media.

Medium and large industry sales have decreased as society starts to equate factory-produced jamu from medium and large jamu industries with chemicals and biomedicine. The repercussions of this controversy on the jamu industry affect global sales, as trust of the international market towards jamu Indonesia is very low. One large jamu industry owner mentioned that when he goes to herbal medicine exhibitions outside the country, it is common for people to think jamu has synthetic chemical ingredients. The large jamu industry blames the medium jamu industry for this situation, a sentiment which has greatly affected jamu industry dynamics. The larger jamu industries are calling on the government for stricter policies for those using chemical ingredients in products and for the development of laws that equally evaluate every product on the market (including medium-size industries), not just for the larger industries.

While these laws do exist, enforcement of them is a different story. With the recent boom in medium-sized industries, the food and drug administration faces a challenging task. The most notorious “fake jamu” production area is in Cilacap, Central Java, about a three-hour car ride from Yogyakarta. With a struggling local economy and populated by mainly working class Muslims, the jamu industry producers of Cilacap have been receiving frequent media attention for their verbal, and physical, rejection of governmental regulations on traditional herbal medicine. My interviews were filled with stories of “the Cilacap jamu mafia” who would reportedly chase the official government vehicles, and the officers inside, out of their villages with sticks. This was not the reception I received, thankfully, when visiting their medium-size industry collective office for an interview. Harshly criticized by the large industry, these small business owners thanked me for considering their opinions in my research. Our conversations largely revolved around the struggles they face as small businesses in what they believe is a system that favors big business. Notions similar to Java Suprana were also raised in terms of

biomedically regulating jamu, except that these medium-size producers linked the large industry with neo-imperialistic medicine, not just the government.

This controversy is illustrated in the following two cartoons from a popular daily newspaper, *Java Post* (see Figures 17 and 18). The first cartoon depicts the tension between several jamu producers and BPOM regulation enforcers. Here, jamu bottles and baskets are thrown at the officer who protects himself with a shield. Depicting a radical fantasy of the people, the jamu seller prevails as the officer flees.

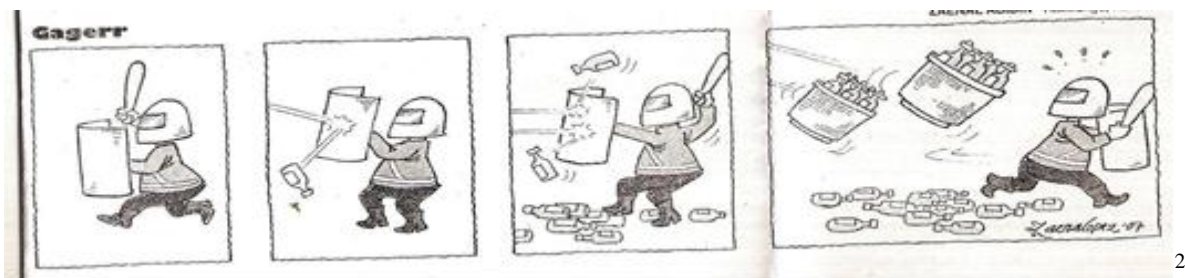


Figure 17: This cartoon depicts the tension between several jamu producers and BPOM regulation enforcers. Here, jamu bottles and baskets are thrown at the officer, who eventually flees. Cartoon from the *Java Post*, October 29, 2007.

Indonesian humor is highlighted in the second cartoon where a jamu seller runs from a BPOM officer screaming "Raid!" When tired, the officer drinks the seller's "strength" jamu and continues chasing him.

² To gauge contemporary debates about jamu I was lucky to come across an entire comic strip section of the popular and respected newspaper *Java Post* early in the fieldwork. One research method was to show these cartoons to informants, asking for an explanation.



Figure 18: In this cartoon, a jamu seller runs from a BPOM officer and yells “Raid!” When tired, the officer drinks the seller's "strength" jamu and continues chasing him. Cartoon from the *Java Post*, October 29, 2007.

While the larger industries are worried about how to alleviate this situation, small industry jamu sellers who produce fresh jamu are profiting from this controversy. Consumers trust and have confidence in this jamu because the ingredients are all, often quite literally, on the table. The components of jamu in the more modern and biomedical form of tablets and pills are harder to distinguish, and in the context of this controversy, lead to fear and distrust. The controversy of “fake” jamu is severely affecting the contemporary appeal of jamu and is

diagnostic of the larger socio-cultural contradictions inherent in the modernization and commercialization of jamu in Indonesia's contemporary context.

The history of jamu is complex and debatable and the future will undoubtedly be no different. When studying the contemporary jamu industry, Levi-Straus's process of bricolage is important in understanding how traditional healing practices have adapted and continue to adapt to changing social and religious conditions. In his book chapter "The Javanese Dukun: Healing & Moral Ambiguity," anthropologist Mark Woodward focuses on traditional Javanese healers, mostly male dukuns, whom he finds very active in the commercialization of jamu. Woodward asserts that dukun have kept traditional healing "up to date" and in sync with increasing levels of functional rationality, biomedical developments and the increasingly global and Muslim contexts in which Java and Yogyakarta are located. Woodward asserts that "Javanese notions of health, illness and healthcare are constantly evolving and bricolage is among the processes through which hybrid, traditional-biomedical systems emerge" (Woodward 2010). In this traditional-biomedical system, jamu as "commodity" is extremely important. Jamu is being commoditized in order to be legitimized to an increasingly cosmopolitan audience, connected to the "back to nature" and "buy local" global movements, and being labeled as Islamic healing practice in opposition to western biomedicine. The jamu industry is also marketing itself as in line with Islam. In several interviews jamu producers reflected on how the philosophy behind jamu is the same as the philosophy of healing in Islam, where Allah is believed to have asserted that all diseases are curable and that God has prepared the medicines for the curing of all diseases in nature. Mooryati Soedibyo asserts:

Indonesians who believe in God and his powers understand the mythology of jamu in people's lives. God created human beings and provided for their physical health and welfare. According to ecological concepts, nature is meant to prolong life, and life depends on how people use their senses and instincts. Instincts teach us that if there

is darkness there must be light; if there is disease there must be a cure. (Beers 2001: 26)

In this way, both religion and the natural world are harnessed in the production, marketing and consumption of jamu. While there is a growing disjunction of jamu and biomedicine at the levels of industrial production and governmental regulation, jamu consumers complicate this divide on a daily basis. The focus of this dissertation is on how Javanese Muslim women navigate this hybrid traditional-biomedical system of healing in negotiating their reproductive and sexual health needs.

The dynamic relationship between jamu and Indonesia's history points to the ways medical systems are intimately related, produced and influenced by power, culture and religion. The anxieties challenging the contemporary jamu industry are symbolic of the state of the nation as a whole, of how people understand their place in the shifting terrain of the complex processes of modernization, globalization, Islamization, biomedicalization. One large industry executive described his goal for the industry as "lifting the dignity and sophistication of the masses in developing traditional jamu to become modern without losing the tradition of it" (Interview, RS, September 15, 2008, Semarang). As these debates show, while its association with Java helps jamu gain cultural power, the "traditional" nature of jamu limits its political and biomedical importance. From this history we learn that the roots of jamu run deep in Java, and its adaptability attests to its strength.

2.3 METHODOLOGY: ETHNOGRAPHY OF AN INDUSTRY

Kleinman defines the anthropology of a health care system as:

a system of symbolic meaning anchored in particular arrangements of social institutions and patterns of personal interaction including patterns of belief about the causes of illness, norms governing the choice and evaluation of treatment, socially legitimated statuses, roles and power relations, interactional settings and institutions (Kleinman 1980: 24).

This dissertation focuses on jamu as a system of symbolic meaning in contemporary Indonesia. Anthropological studies of Indonesian indigenous healing consider jamu as less important than the healer's, mainly male dukun, abilities and tend to focus on Javanese healing performance as magic, fetishism, spiritual forces or animism (Geertz 1984; Woodward 1985, 2011). In addition, in the limited documentation of this tradition, the essential role of mbok jamu has all but been ignored. This dissertation contests this omission, paying tribute to the important roles played by women in this medical tradition and contemporary industry. Traditional anthropological approaches to "traditional" medicine are inadequate in studying the modern jamu industry: "processes of influence and change are under way; medicines are constantly being re-interpreted, channels of distribution are transformed, 'traditions' are re-worked" (Whyte and Van Der Geest 1998: 10). I relied heavily on the small body of literature in the area of pharmaceutical anthropology to guide my methodological design, particularly in terms of understanding jamu as social and cultural phenomena that are most effectively studied by following their "life cycle" from production and marketing to selling, distributing, prescribing, purchasing, consuming and efficacy in local and large industry contexts (Van der Geest 1996; Whyte and Van Der Geest 1988). Through pharmaceutical anthropology we have the opportunity to confront our ethnocentric notions of medicines as simply 'natural' substances with biochemical properties. We may correct the bias which has led anthropologists to study 'exotic' phenomena and the therapeutic practices of experts, while neglecting the seemingly familiar and prosaic activities of lay people (Whyte and Van Der Geest 1998: 11).

Medicines belong to the domains of pharmacology and biomedicine, while anthropology has concerned itself with the more spiritual aspects of healing – the symbols, rituals and conceptions which are not only exotic but clearly cultural. One of the challenges of the present situation is to confront Western notions of the naturalness of medicines and to place the study of medicines squarely within the cultural science of medical anthropology (Whyte and Van Der Geest 1998: 10).

Studying the commercial production of traditional medicine calls for innovation in approach in order to address the diverse settings of production, selling and consumption of these medical traditions. In contemporary Indonesia, jamu is produced in diverse forms and defined in diverse ways. In situations of pharmaceutical pluralism, Western and indigenous medicines provide contexts for one another. People understand the one in relation to the other. This dissertation complicates the traditional dichotomy of “indigenous” versus “biomedical” medicine. According to the Encarta English Dictionary, the term pharmaceutical is related to drugs, “involved in or related to the manufacture, preparation, dispensing, or sale of drugs used in medicine.” Jamu is a pharmaceutical because it is prepared, dispensed and sold as drugs.

While ethnopharmacology concentrates on ‘indigenous medicines’ of the Third World people, pharmaceutical anthropology is concerned with the co-existence of Western and indigenous medicines and with the issue of how each affects the perception and use of the other (Whyte and Van Der Geest, 1988: 3).

Pharmaceutical anthropology touches the heart of general anthropological constructions of the body and processes of the commercialization of medicine. This approach emphasizes the symbolic and material context of medicines, meaning the variety of cultural meanings and social relations within which medicines exist in a given time and place. In this dissertation I am not as interested in the biochemical properties of jamu, but in jamu’s culturally defined meanings in the context of Muslim women’s lives in contemporary Indonesia. Jamu as medicine is a substance, a commodity, which is believed to contain a power to transform the human condition. The need of

this commodity – the need for women to consume jamu – is culturally constituted. This dissertation moves beyond the biomedical standards which measure the effects of medicine by showing how the efficacy of jamu is culturally constructed with biological, social and cultural dimensions.

One of the greatest challenges to this study revolved around the fact that in the medium and large industry contexts, the production, selling, and consumption of jamu is often multi-sited. While home to a plethora of local and medium-sized jamu industries, Yogyakarta is not home to any large jamu industries. As a result, women in Yogyakarta who prefer “large-industry” jamu consume jamu from large industries originating from outside this region. In order to investigate the large jamu industries fully, I traveled to those industries most preferred by the consumers of Yogyakarta. In-depth interviews and participant observation were carried out in these factories located throughout Central Java and in these industries’ central offices in the country’s capital of Jakarta.

A multi-sited approach provides multiple viewpoints on a social text or practice. One important example of such a multi-sited approach can be found in Lila Abu-Lughod’s study (2005) of the politics of television in Egypt. Abu-Lughod is acutely aware of the multiple situations, knowledge, and abilities of Egyptian viewers, as I am of the various actors involved in the jamu industry. She researches both the elite urban intelligentsia who produce serials and the viewers from socially disadvantaged groups, namely peasants from Egyptian villages and female domestic servants in Cairo. The contrast between the intended messages of the melodramas and the audiences’ various interpretations of those messages points to the complex and always partial process of top-down nationalist social projects. Another example can be seen in Page West’s book on conservation in Papua New Guinea (2006), in which she weaves together the various

interests of the Gimi people with conservation workers who visit and conduct research in the area, and the NGOs with headquarters in New York City that manage the project. West's "multi-sited" ethnography succeeds in showing how the differing goals and expectations of these actors cause disappointment for all involved.

2.3.1 Research design and methodology

I used multiple ethnographic research methods for this study in order to synthesize rather than analyze jamu as herbal medicine "in the sense that they place them together with relevant ideas, historical processes and social relations, rather than separating them into constituent 'natural' elements'" (Whyte and Van Der Geest, 1988: 9). Participant observation was carried out: 1) by visiting traditional markets and urban stores where jamu is sold, 2) through accompanying jamu women on their routes, 3) by attending meetings of regional jamu seller organizations, and 4) by visiting small, medium and large jamu industry factories and offices. Participant observation is usually regarded as the most important tool in the working anthropologist's toolbox. It involves living in a local community, interacting in whatever ways one can, and observing the situation. The idea is to be an insider and an outsider both:

As an insider, one should try to grasp 'the native's point of view' about medicines, the particular cultural meanings and type of social transaction that seems 'natural' to the people involved. As an outsider, one should attempt to 'de-naturalize' medicines by translating, and comparing those conceptions and arrangements to others (Whyte and Van Der Geest 1998: 9).

Participant observation enhances other forms of data collection, such as interviews. As H. Russel Bernard (2002) states: "Whatever data collection methods you choose, participant observation maximizes your chance for making valid statements" (Bernard 2002: 335). These activities

allowed me to better understand the discourse surrounding jamu, women's health and Islam created in these interactions and exchanges.

Throughout the course of 13 months of fieldwork, I personally conducted 116 qualitative, open-ended, semi-structured interviews, almost all of which were conducted in Bahasa Indonesia, as seen in Table 1.³ These interviews were conducted in formal sit-down question-and-answer sessions with a prepared set of questions based on the informant being interviewed. Executives from medium and large jamu industries were interviewed about their products, production statistics, contemporary women's health issues and marketing strategies. I interviewed mbok jamu to understand their roles as informal community health educators in the public sector, their opinions on contemporary women's health issues, Islam and the larger jamu industry. Jamu consumers were interviewed to further understand women's experiences with these products and more generally, their health choices and knowledge. I also interviewed government stakeholders to better understand their role in the promotion, regulation and development of the jamu industry, in addition to their opinions on women's health issues, Islam and education in contemporary Java. Biomedical doctors and pharmacists were interviewed to illuminate their opinions on jamu as healing practice and their opinions on women's health issues, Islam and education in contemporary Java. Health activists and scholars were interviewed to investigate the various activism surrounding women's health education, Islam and empowerment occurring in contemporary Java through the work of nongovernmental organizations, in addition to their opinions on jamu.

³ Most Javanese speak Javanese, the local language of Central Java, as their first language. My inability to speak Javanese hindered my research capability to some extent, but for the most part those living in the Yogyakarta region are familiar with *Bahasa Indonesia*.

Table 1: Populations Interviewed (N=total number of interviews)

<i>POPULATION</i>	<i>N</i>
Large Industry Producers	11
Medium Industry Producers	14
Small Industry Producers/Sellers	11
Government Stakeholders	11
Biomedical Doctors and Pharmacists	9
Health Activists and Academics	9
Religious Leaders	6
Consumers	45
TOTAL	116

Historical research was conducted in the palace and regional libraries of Yogyakarta about jamu and Indonesian Islamic sexuality and cosmology in order to better situate jamu within Indonesia's cultural historical context. The context of pharmaceuticals is not only that of the local community. National cultural contexts also provide settings for the distribution, use and understanding of medicines. In order to examine these contexts, other methods were used such as the examination of popular written material including popular jokes, advertisements, commercials, prime-time soap operas, popular films, local prayer books, magazine articles, samples of jamu and the instructions included with these products. These material media are analyzed for the ways they serve as educational tools, depict gender roles, and frame jamu as a health and religious product.

2.4 THE CONTEMPORARY JAMU INDUSTRY

This section will help distinguish between the types of industries with which I engage in this study: small home cottage jamu industries (*industri rumah*), mid-size jamu industries

(*industry kecil obat tradisional* (IKOT)), and large jamu industries, (*industry obat tradisional* (IOT)). For each type of industry I introduce some examples of industry and the major characteristics common for each.

2.4.1 Small Industry

The Yogyakarta Special Regency is home to a diverse small jamu industry. In fact, it is hard to calculate how many small industries exist since there are so many, and no one is really responsible for overseeing them. At any time of day in Yogyakarta, small industry jamu is never far away. Small jamu industries follow very lenient regulations in comparison to other levels of industry, a reality that shields them largely from contemporary jamu politics. Almost all small industry producers are women who produce and sell jamu door-to-door, in the market, and in street stalls. Their businesses are based in their homes and make up the majority of the small jamu industry. Traditionally, small jamu industry sellers carry their jamu in bottles on their backs in woven baskets. More jamu sellers are riding bikes or motorbikes today, but in urban areas “ibu jamu gendong” or “women who carry jamu” can still be found (see Figure 19).



Figure 19: More jamu sellers are riding bikes or motorbikes today, but in urban areas “ibu jamu gendong” or “women who carry jamu” can still be found.

They are known by a few different names in Java – *Mbok/Mbak/Mbok Jamu* (Mrs./Miss./Ms. Jamu); *Ibu Jamu Gendong* or in Javanese, *Bakul Jamu Gendong* (women who carry and sell jamu). While throughout this dissertation I will refer to these women as *mbok jamu*, a term which translates to “jamu woman” in Javanese, these women’s customers call them by name and consider them close friends. Most everyone I spoke with told stories of their favorite sellers. In Yogyakarta, there are several “famous” *mbok jamu* who attract long lines of faithful customers from the moment they open their road-side stall. As I will elaborate in the next chapter, these women are icons in this community and shrewd business women excelling at their trade. In fact, the lucrative nature of this business has attracted young women from rural areas, known for their skillful jamu production, to the larger cities. In Yogyakarta, four women from a rural area outside of the neighboring city of Solo rent a house in the city and sell their jamu in the dense student-packed neighborhoods on old motorbikes. *Mbok jamu* serve as informal

community health consultants important to women and men in most every corner of Java, and impressively in some of the furthest corners of the archipelago.

Many mbok jamu follow in their mother's, mother-in-law's or grandmother's footsteps in becoming jamu producers, with jamu characterized as *turun temurun*, or passed down from ancestors over centuries. Many sellers explained how with this inheritance comes both prestige and high expectations from their family. Several mbok jamu mentioned how nervous they were their first day of selling, concerned that their consumers would not be satisfied. Small industry producers typically provide jamu for a diverse clientele, while others focus specifically on children and babies. *Bu Umi's* industry is housed in the front her family's home in a neighborhood on the southern outskirts of the city, where she lives with her husband, son and his family (see Figures 20 - 21) (Interview, February 8, 2008, Yogyakarta).



Figure 20: Bu Umi, one of Yogyakarta's most famous mbok jamu for babies, stands in front of her jamu cart.



Figure 21: Bu Umi's jamu workshop.

Bu Umi, 75, helped her grandmother and mother sell jamu throughout her childhood, taking over the business from her mother in 1975. Bu Umi typically sells her jamu from 9:30am to 5pm every day. While she readily prepares a full range of popular jamu recipes for her clientele, Bu Umi specializes in jamu for babies, or *jamu cekok*. As seen in Figure 22, while her (usually screaming) customer waits, Bu Umi combines a selection of freshly ground herbs based on her customer's ailment in a cheesecloth-like material. This bundle is then squeezed and the resulting liquid is poured into the mouth of the baby.



Figure 22: Bu Umi combines a selection of ground herbs based on her customer's ailment in a cheesecloth-like material which is then squeezed into the mouth of the baby.

Bu Umi's expertise and her physical embodiment of "tradition" have attracted the interest of large jamu industries. In 2000, Bu Umi was featured in a television commercial for an arthritis jamu product from a jamu industry in the Central Javanese city of Cilacap, and in 2007 she was featured in a television commercial for the large jamu industry, Sido Muncul. While Bu Umi holds quite critical opinions about the instant jamu that the larger jamu industries produce, her recent celebrity is a source of pride for her family.

Most small jamu industry producers make around one hundred jamu doses for each selling day. While it seems like the morning might be the most popular time for jamu consumption, my research found transactions to be taking place at any time of the day, as these women's expanding markets show. Most women work eight to ten hour shifts, or until their jamu runs out. Others sell door-to-door in the mornings and settle in a stationary space, like a night

market or on the side of the street, for the afternoon or evening. While I conducted five interviews with other small industry producers, the majority of my focus was on the village of Kiringan. All of the mbok jamu in this village make *jamu segar*, or fresh jamu. This refers to liquid extractions of herbs that are usually produced by hand in the kitchens of its sellers, or in Kiringan, in front of the customer on their bike baskets (see Figure 23).



Figure 23: A Kiringan jamu seller's bike, with a basket for her bottles.

Those mbok jamu who make their jamu at home before selling it carry it in plastic, or less commonly, glass containers, from baskets carried on their back, the back of bicycles, or from stands in the market. Kiringan prides itself in 100% fresh jamu, the women make everything from scratch. Other mbok jamu buy industry-produced jamu in bulk, add water, and sell as “fresh.” Others prepare some of the popular fresh jamu varieties while bringing instant varieties for less asked about ailments. The traditional process involves grating, scraping, crushing, mixing and cooking, usually boiling. The grating and scraping sometimes occur the evening before, when sitting with the family or neighbors.

In Kiringan, the production process begins with the crushing of raw materials (see Figure 24). These mbok jamu either have their husbands run their more popular ingredients to the communal crushing machine in the village, while others use the body-length mortar and pestle they likely inherited from their relatives (Figure 25). The jamu recipe *kunir asem* is typically prepared before mbok jamu leave on their routes (Figure 26). This sweet and sour tamarind based jamu is either consumed on its own or after consuming a dose of bitter herbs. In Kiringan most sellers prepare enough jamu to serve 100 people, storing the most popular varieties in 1.5 liter plastic soda bottles. While debated among toxologists, most sellers say that this fresh jamu can be stored in the refrigerator for several days.



Figure 24: Raw ingredients, all members of the ginger root family, Kiringan.



Figure 25: Mbok Jamu demonstrates how she crushes her herbs in the morning, Kiringan.



Figure 26: The jamu recipe kunir asem is typically prepared before mbok jamu leave on their routes.

This sweet and sour tamarind based jamu is either consumed on its own or after consuming a dose of bitter herbs.

Most of the small industry jamu producers in the Yogyakarta region buy their herbal ingredients from the herb section at the largest traditional market in the center of the city, smaller corner stores that carry the essentials, or directly from herbal farmers who distribute normal orders to long-time sellers when coming into the city from their farms in the surrounding mountains. In Central Java, elevation and cooler temperatures yield the best herbs. Bu Sam owns the largest herbal ingredient stand in the Beringharjo market and sells not only to local jamu producers but also has regular large orders from herbal health clinics in Yogyakarta and as far as Cirebon and Jakarta, cities in Java's western region (see Figure 27). While her day in the market starts at 4 am, she returns home every day at 4pm to her house in the western outskirts of the city to open her own jamu stand.



Figure 27: Small and medium jamu industries purchase their raw materials from markets like this popular one in Yogyakarta.

As will be explored in the next chapter, mbok jamu discourse includes word of mouth, a rich cultural tradition celebrating these women, and consultations with consumers. Small jamu industry sellers facilitate a rich tradition of discursive bodily practice involving the body, spirituality and health. While this is the cheapest and most basic discourse of the jamu industry, it is incredibly powerful and effective in facilitating some of the most important conversations and bodily practices that women have about their reproductive and sexual health.

2.4.2 Mid-size Industry

The mid-size jamu industry (IKOT) consists of over 600 companies. In Central Java there are over 200 mid-size industries and in Yogyakarta, 48. Like small jamu industry producers, many mid-size producers inherit their businesses from family. Mid-size industries have been experiencing quite a boom in the last several years, with many companies opening and focusing on one or two products. One producer asserts this is because of the length of the economic crisis and the potential business opportunity in the world of jamu. Many mid-size jamu industries are housed in buildings adjacent to their homes, in storefronts or in consultation spaces. Some of these mid-size industries have niche markets both in Java and on other islands, and also sell their products through neighborhood medicine stores.

Whereas mbok jamu produce “fresh” jamu that is consumed the same day, the mid-size and large industries produce jamu with long shelf lives. Even though instant jamu is considered as far more modern than fresh jamu, the production process of one popular form, jamu sachet, is surprisingly simple. First all ingredients are crushed and blended together, usually using a blender or larger crushing machine. This substance is then mixed with bags of sugar and cooked in a large wok until the liquid is absorbed. This process explains the intensely sweet taste of sachet jamu which is appropriate for the central Javanese palate. The appeal with this variety of jamu is that it is ideal for the “modern person” on the run. Instead of waiting around for a mbok jamu to go by, simply add water to these sachets of powder and go. My research points to this tendency, with many informants mentioning that to wait for a jamu seller is not practical in their busy lives.

Another popular form of mid-size industry jamu is referred to as *jamu gohdog*, as pictured in Figure 28. This mid-size industry product involves some preparation. The bags are

composed of dry herbs. Consumers follow directions for herb ratios and boil herbs in water for several hours at a low temperature. The gritty, warm, thick herb infusion is then consumed. Consumers say this at-home production process allows them to feel like they are healing themselves, building a strong resilient body by drinking jamu. The pile of herbs in this photo is what I was sent home with when asking for a months' worth of jamu gohdog for the prevention of osteoporosis.



Figure 28: Jamu gohdog for osteoporosis.

Most mid-size jamu industries produce five to 40 products. Other mid-size jamu industries produce fresh jamu on a mass scale, as can be seen in this popular Yogyakarta mid-size jamu store, pictured in Figure 29. In this store customers can order one of the more popular items listed on a menu hung on the wall (see Figure 30) or ask for more unusual recipes to be prepared to suit their needs. “Jamu Telor” refers to jamu with an egg, with fresh duck eggs often served in fresh jamu mixtures, a practice believed to support strength. Jamu at this industry ranges in price from 4500 Rp (50 cents US) to 7800 Rp (84 cents US).



Figure 29: A popular mid-size jamu industry storefront in Yogyakarta.

JAMU TELOR	
SEHAT PRIA TELOR	Rp5500,-
SEHAT PRIA TELOR MADU	-6500,-
SEHAT PRIA TELOR ANGGUR	-6500,-
SEHAT PRIA KOMPLIT	-7500,-
GALIAN PUTRI TELOR	-5500,-
GALIAN PUTRI TELOR MADU	-6500,-
GALIAN PUTRI TELOR ANGGUR	-6500,-
GALIAN PUTRI KOMPLIT	-7800,-
BERAS KENCUR BIASA TELOR	-4500,-
BERAS KENCUR KERAS TELOR	-4800,-
BERAS KENCUR KERAS TELOR MADU	-5800,-
BERAS KENCUR KERAS TELOR ANGGUR	-5800,-
BERAS KENCUR KOMPLIT	-6800,-
WATUKAN KOMPLIT	-7500,-

Figure 30: Menu of jamu at popular jamu store in Yogyakarta, ranging in price from 4500 Rp (50 cents US) to 7800 Rp (84 cents US).

The jamu production process at this industry begins with women cleaning the dry ingredients in large cement sinks, picking out rotten roots and other debris (Figure 31). Then, employees crush the herbs using a traditional crushing stone made of volcanic stone. Piles of crushed herbs are then placed in plastic containers in front of the grinding stone (Figure 32). The jamu ingredients of specific recipes are then boiled and strained. The prepared jamu is then set aside for customers to access at a pick-up window, or to enjoy while sitting down in the store (Figure 33).



Figure 31: Women clean the dry ingredients, here a root, in large cement sinks, picking out rotten roots and other debris.



Figure 32: Employees crush the herbs using a traditional crushing stone made of volcanic stone. Piles of crushed herbs are placed in plastic containers in front of the grinding stone.



Figure 33: Prepared jamu waiting for customers to access this pick-up window, or sit down in the store for jamu and conversation.

In terms of industry dynamics, there is definitely a sense of being the “little guy” in comparison to large industries, contributing to a somewhat strong sense of camaraderie among these mid-size industries. These industries are constrained in having to follow relatively complicated and expensive regulatory practices and tax procedures. At the same time, BPOM is

struggling to oversee all of these new businesses, a reality contributing to the “fake jamu” controversy. One example of this can be seen in a few different “How to Start Your Own Mid-size Jamu Industry” training programs offered by mid-size industries. I attended one jamu industry training course that taught the basic steps for starting your own industry, including lessons on navigating laws and regulations, basic recipes and production strategies for jamu and an introduction to the herbal ingredients most used in the production of jamu. During this training course the basic ingredients of the most popular jamu recipes were introduced for participants to become familiar with. Several participants from outside of Java traveled for hours to take this course, pointing to the lucrative jamu market across the archipelago.

While many IKOT owners are business driven, I find that several mid-size industry owners in Yogyakarta have practiced traditional healing for many years. Speaking to Woodward’s recent work (2010) with male dukun, these traditional healers are able to legitimize their stigmatized healing practices by forming mid-size jamu industries. These industry owners typically have full time respected jobs as professors, doctors, bankers, yet they have a following of consumer patients who call them on their cellphones for instant guidance. In Figure 34, Pak Sri, a mid-size jamu industry owner, displays photos of patients he has reportedly healed with jamu and healing practice.



Figure 34: A mid-size jamu industry owner displaying photos of patients he has reportedly healed with jamu and healing practice.

Mid-size jamu industry discourse involves socializing at stands on a daily basis, stopping by for “to-go” jamu to take home, or in health consultations involving multiple therapies, not just jamu. This discourse is localized and often quite simple found in local newspapers, tabloids and by word-of-mouth.

2.4.3 Large Industry

The large jamu industry (IOT) consists of over 20 companies, with twelve of these located in Central Java. Most large jamu industries started as mid-size jamu companies, growing in size and strength over several years. Many large industry executives live in Jakarta where their company’s central offices are, with homes in Central Java near their factories. My research with

large jamu industry producers involved factory tours with large jamu executives or human resources staff (see Figure 35). I also conducted interviews with executives in their headquarter offices in Jakarta.



Figure 35: The entrance to one of the largest jamu companies after a tour with human relations staff.

Large jamu industries resemble pharmaceutical companies in terms of production, using foreign machines to produce their “instant” jamu in the form of sachets, pills, drinks, capsules, tablets and extracts. They export internationally, with the largest markets in Malaysia, Taiwan and Saudi Arabia. These companies are on the offensive, setting the agenda for the development and commercialization of jamu. While competition is a reality, there is a strong sense of camaraderie among large jamu industry owners in their mission to develop jamu and lobby for government support.

Jamu Borobudur is one large jamu industry in Central Java that graciously allowed me access to photographs of their production process (see Figure 36 and Figure 37). Rachmat Sarwono opened this industry in 1978, producing its first products based on recipes from books

on medicinal plants. At the beginning of their business, they produced pills and powders, adding capsules to their repertoire in the 1980s. In 2003 they opened an Extraction-Evaporation-Drying Plant with machines from Germany. PT Jamu Borobudur produces around 500 kilograms of pills per day, two million capsules per day and six tons of dry extract per month. Its local market comprises 80% of its sales, with the export market reaching 20%.



Figure 36: A large jamu industry production line. Photo courtesy of PT Jamu Borobudur.



Figure 37: Extraction machines at PT Jamu Borobudur. Photo courtesy of PT Jamu Borobudur.



Figure 38: A large jamu industry employee puts a tray of round herbal pills into a machine that helps condense and shine the product. PT Jamu Simona.

The majority of the large jamu industries are owned by Indonesians with ethnic Chinese heritage, a fact that some believe makes them more efficient in producing and selling herbal medicines given their connection to the complex healing traditions of China. Several

contemporary large jamu industry executives inherit their businesses from their fathers, growing up in the jamu business. Other producers have been building their own businesses for the last twenty years. Other large industries have recently transitioned from mid-size industries after steady growth or the production of a top-selling product that lifts their industries into this category. Like most mid-size industries, the majority of large jamu industries are owned by men. The two most successful female large jamu industry executives own jamu companies famous for women's beauty and health remedies. Most other large jamu industries produce between forty and one hundred jamu products for a wide range of preventative and curative health conditions.

Large jamu industry discourse is powerful and widespread in the form of commercials, magazines, product packaging, newspaper articles, radio commercials and policy debates. While some of these industries sell their products through small jamu industry mbok jamu, offering them deals if they use their instant jamu, the majority of large jamu industry sales take place in pharmacies, drug stores, malls, supermarkets and industry-owned jamu stores/kiosks. The liquid jamu drinks pictured in Figure 39 are a new product produced by several large jamu industries. Here there are three varieties: body pains, healthy menstruation and slimming jamu. One large jamu industry travels the country with their "Total Natural Beauty" tour, setting up in malls for 2 - 3 days at a time. They host beauty pageants and sell their products (See Figure 40 and 41).



Figure 39: These liquid jamu drinks are a newer product produced by several large jamu industries.
Here, there are three varieties: body pains, healthy menstruation and slimming jamu.



Figure 40: One large jamu industry travels the country with their "Total Natural Beauty" tour,
setting up in malls for 2 - 3 days at a time.



Figure 41: As part of the "Total Natural Beauty Tour" beauty pageants for all ages are held.

2.5 CONCLUSION: ETHNOGRAPHIC EXPLORATIONS OF AN INDIGENOUS MEDICINE INDUSTRY

The world of jamu today reflects the diversity and complexity of contemporary Indonesia. As a health care system, jamu's symbolic meanings are deeply rooted in diverse arrangements of social institutions and personal interactions from production, selling to consumption. Medical anthropology is useful here in moving beyond the exotification of traditional healing practices towards understanding the dynamic industrial contexts of indigenous healing systems today. This ethnography of an indigenous medicine industry and a health discourse requires stepping out of finite spaces, following the production, marketing, sale, regulation and consumption of these medicines from where they originate to where they are

consumed. Whether freshly prepared by your neighborhood jamu seller, or purchased in an air-conditioned mall, the commercial production of jamu inspires a vibrant discourse throughout this archipelago. In addition, the role of female small jamu industry sellers in jamu industry dynamics has largely been ignored, with these women not considered part of this “modern” industry. In following the life of jamu and how women interact with this health practice, however, these women must be highlighted for their strength, resilience and keen business sense. The next chapter will do just this, focusing on the essential role these small jamu industry producers play in the larger jamu industry.

3.0 CHAPTER THREE: MBOK JAMU, GENDERED HEALTH EXPERTISE AND INDUSTRY: “GO AHEAD AND BARGAIN, I LIKE THE SELLER”

Mbok jamu are some of the most prominent Javanese cultural icons today, with jokes, songs, folklore, evening soap operas and the popular stone statue which stands proudly in front of many towns and villages famous for their jamu tradition (see Figures 42 and 43). One common question I receive in response to my research topic among Indonesians is whether or not I believe the future of mbok jamu is grim. Would mbok jamu survive in the shadow of large pharmaceutical-like jamu industries whose friends, the Jakarta celebrity, help sell their shiny packaged goods? Enhanced with an in-depth ethnographic case study of Kiringan, Bantul, Yogyakarta, this chapter addresses this question and investigates these Muslim women and their small jamu industries, striving to better understand their roles and experiences in Indonesia's contemporary context. How do jamu women negotiate their positions as trusted and valued community health consultants throughout Indonesia? What do the larger jamu industry executives, governmental officials and the formal medical practitioners think about these women? What do consumers and fellow mbok jamu think? What is the meaning of Islam in these women's lives and business practices? Arguing that mbok jamu exist in as the cornerstone of the modern jamu industry, this dissertation reveals how these women's roles are shaped and reworked across domains of biomedicine, industry and nation. Mbok jamu continue to exist as

trusted health advocates in their communities because of the empowering social health arenas they inspire and because of their ability to self-traditionalize themselves and their jamu practices.



Figure 42: A mosaic art piece depicting two mbok jamu on a mid-size jamu industry wall.



Figure 43: A mbok jamu statue in Central Java.

Most everyone I spoke with throughout this research process smiled when reflecting on “their” mbok jamu – whether she forced jamu down their throats as babies, supports them throughout their pregnancies or lives next door. Mbok jamu are known to be characters since, like any seller, their charisma and appearance are important in attracting and maintaining customers. My friend and I started frequenting our mbok jamu, Bu Wiro, over a decade ago on our way home from work in the evenings. Bu Wiro sets up in front of her house from about 4pm until 10pm, with a short stool, a large table with all of the ingredients and a few benches for waiting customers. She is in her 80s, although no one knows her exact age, and only speaks Javanese, a sign of the older generation of women who did not learn Bahasa Indonesia in school. She is famous throughout the city for her extremely bitter jamu, and for harshly criticizing those who wince at the bitterness or those brave enough to ask for sugar.⁴ She also likes to make fun of men who ask for sexual endurance jamu, although she gladly mixes these recipes for them and they keep coming back for more. She counts generations of families as her regular clientele and has enough street credibility to attract referrals for good authentic jamu. Unlike the younger mbok jamu who most often win you over with their kindness, big smiles and small talk, the older mbok jamu appear to have earned their right to tone it down a bit. Bu Wiro is the boss, take it or leave it. These early jamu experiences with Bu Wiro made me wary about gaining entrée into the mbok jamu community. I had heard that mbok jamu were quite hesitant to share much with researchers for fear that their secret recipes would be discovered and shared. These were indeed the initial roadblocks I encountered during my early fieldwork months. Then I found the village of Kiringan.

⁴ Many jamu purists believe that jamu must be bitter to be jamu. The more modern larger industrial interpretations do not follow this philosophy, however, much to the dismay of women like Ibu Wiro.

Kiringan is a rural farming village located in the southern Bantul district of Yogyakarta, roughly 30 kilometers to the south of the city, and is home to a majority of mbok jamu. There are about 160 families in this village and 113 of the families are jamu makers and sellers. I came to Kiringan for the first time with my friend Nurfina, a feminist activist and professor at a local university, who had received a call for help from the village head of Kiringan shortly after the devastating earthquake of May 31, 2006 that killed nearly 6000 people throughout Central Java. With Kiringan located only a few kilometers from the epicenter of the earthquake, three of Kiringan's mbok jamu and over a hundred of their consumers had been killed. Most of the homes in the area crumbled to the ground during this natural disaster and most of the jamu women's equipment had been damaged or destroyed as well. After several months of not producing jamu in the aftermath of this tragedy, the mbok jamu of Kiringan started to hear requests from their consumers, their neighbors, to start selling jamu again. In the midst of such tragedy these community members wanted their mbok jamu to return to their regular jamu-selling routines. This request points to the use of jamu in this community as a way to help bring a sense of regularity, health and well-being to one's life. The economic strife of this time also contributed to this community desire for jamu, yet several mbok jamu recount how their consumers even offered to pay more per dose to help pay for their damaged supplies. In response to this "call to duty," the mbok jamu of Kiringan called Nurfina for help in getting their businesses back on their feet.

Nurfina happened upon this village prior to the devastating earthquake in her study of Muslim women's leadership and business practices, although the women of Kiringan prefer to point to Nurfina's interest as a result of having a grandmother who made jamu in her hometown in Central Java. The power and mysticism in this idea is alive and connected to the concept of

turun temurun, or to pass knowledge down through the generations. After receiving the call for help, Nurfina was able to garner United National Development Program (UNDP) funding to help in the establishment of a jamu sellers collective (*koperasi*) called Seruni Putih, consisting of 112 women (Interview, Nurfina, January 8, 2008, Yogyakarta). Since the women from this village ride bikes with jamu to cover several kilometers every day, bikes and stainless steel cooking equipment were also supplied with these funds. The Seruni Putih jamu collective continues to meet on the seventh day of every month.

I had heard of this village from a few different taxi drivers in reference to earthquake damage and from two of my early consumer interviewees whose neighborhood is served by the women of Kiringan. Kiringan is known as one of the only mbok jamu communities in the Yogyakarta area, making it a perfect small industry case study for my research. This village is home to a majority of Muslim women who produce and sell jamu to thousands of mainly female customers every day. Over my fieldwork period, Kiringan received much publicity in the form of news clips, television program specials, international development programs, academic research and newspaper articles all focused on this tiny mbok jamu majority village. Despite what they like to believe, however, Kiringan is not the only village of its kind. Over my fieldwork I heard about several villages in Central Java famous for their jamu. Kiringan's press coverage has caused some stirs and jealousy in some of these other communities and Kiringan's mbok jamu themselves. Why is the jamu industry favored over other local industries? Why did that television station come directly to that seller's house for filming? What will people say when they see that seller using those older-looking bottles? Kiringan provided me with a perfect setting to study the interplay of jamu with gender, religion, cultural tourism, development and power.

How exactly this village became a “jamu majority” is a bit of a mystery. Even the eldest residents remember it to have “always been this way.” Others reflect that the mbok jamu majority started with a few women at a time, likely two or three generations ago who were able to support their families with their jamu sales. Neighbors started noticing how well these women did for their families. Women started learning the tricks of the trade from fellow sellers, who might be their sisters or in-laws or mothers. Through the years more and more women saw the potential to contribute to their family’s income while still being able to be home in the early mornings, afternoons and evenings for family. In Kiringan, the devastating earthquake brought these women together to work as fellow mbok jamu, supporting their family and community. Kiringan’s village head, one of a small majority of female village heads in Java, is complimented for leading the development of her jamu community as well as rebuilding their village after the earthquake.

The drive into Kiringan was always a beautiful one. Driving south from the city of Yogyakarta towards the Indian Ocean, with twists and turns through rice fields, I was convinced that the incredibly bumpy road leading into the village would flatten my motorbike tires every time. The village is surrounded by rice fields, nestled on a powerful river that many believe was the source of the earthquake (see Figure 44 and 45 below). A narrow meter-wide bridge goes over the river, and in the afternoons there is a line of mbok jamu bikes waiting to come home from a day of selling.



Figure 44: A rice field bordering Kiringan, in the south Yogyakarta regency.

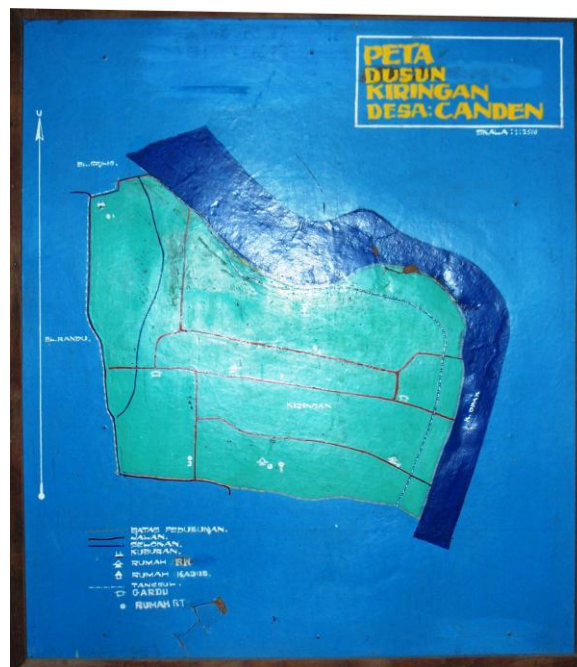


Figure 45: A map of Kiringan, with red lines indicating streets.

Most of the men in Kiringan are farmers or construction workers, while the women are mostly jamu makers and sellers. Almost all of the mbok jamu have stayed in the village for years

and several for many generations. Most of the mbok jamu are of low education, not higher than junior high school. Eighty percent of Kiringan's mbok jamu graduated from elementary school, 18% middle school and 2% from high school (Faraz 2007). The mbok jamu range in age from 21 to 60, with the majority between the ages of 21 to 40 (Faraz 2007). Almost all jamu related activities, starting from preparation of raw materials, processing and boiling the jamu, to packaging and selling the products are done by women. Women are also the main decision makers in jamu production, such as in providing, buying and selecting raw materials, taking part in the collective credit programs and marketing as well as financial management of jamu production. A few men (husbands) also take part in the production process of jamu, such as in the grating or crushing of medicinal plants and cleaning equipment after a long day of work. Recent innovations in the production process have included the use of production facilities such as grating machines, stainless steel pans, gas cooking stoves and reusable plastic bottles. To reach a wider area to sell jamu, the women use bicycles with their jamu baskets positioned on the back. The jamu sellers ride their bicycles around five to 30 kilometers every day.

All of the mbok jamu in Kiringan are Muslim, and under the pan of jamu on their bicycles, they always keep prayer clothes for praying. When the call for prayer sounds from mosque to mosque, as it does five times every day, these sellers stop along their route for prayer, usually joining one of their customers in their home. These women's use of jilbab, or head covering, depends on where they are and who they are with.⁵ On their routes, most mbok jamu wear traditional cloth jilbabs or jilbab "hats" that cover the hair yet allow more movement. When receiving formal guests at collective meetings, the mbok jamu all wear their most formal jilbabs.

⁵ *Jilbab* refers to the wide variety of head coverings worn by Muslim women in Indonesia. Brenner offers an insightful discussion of the burgeoning popularity of the jilbab in her 1996 article "Reconstructing self and society: Javanese Muslim women and the 'veil.'" *American Ethnologist* 23(4):673-697.

When no formal guests are present, most mbok jamu go without a head covering within their village streets.

The mbok jamu of Kiringan are presently well known throughout the region for their pressed fresh jamu that is sold door-to-door. In Figure 46, a Kiringan seller squeezes fresh herbs through a sieve for a fresh jamu tonic. Some other mbok jamu prepare certain types of jamu from scratch, selling packaged kinds.



Figure 46: A Kiringan seller squeezes fresh herbs through the sieve for this fresh jamu tonic.

The mbok jamu of Kiringan come to their customers, rather than customers coming to them, making them “ibu jamu gendong,” or women who “carry” jamu. This term refers to the traditional iconic jamu woman with a basket full of jamu bottles positioned on her back, tied into place with a strong piece of material, usually batik. While most of the women of Kiringan now use bicycles with a basket positioned on the back to transport their jamu (see Figure 47), a

change that expands their market considerably, the more traditional style is still very popular in urban settings where a seller must walk through narrow alleys to reach her customers.

I shadowed two different Kiringan mbok jamu, Bu Wulan and Bu Yanti, during my fieldwork, accompanying them in their daily preparation and on their selling routes by bike. Both of these women sell their jamu in the morning, leaving their homes around 5 am and returning when their jamu sells out, typically around 1 pm. Each of sellers charge 1,000 rupiah, around ten US cents, per serving of jamu, usually selling around one hundred servings per day. While I think they might have had some anxieties about having this big American *bule*, popular slang term for Caucasian foreigner, riding with them along their routes, it soon became clear that the absurdity of having me along helped them sell their jamu more quickly. Once other mbok jamu learned of this, I received several invitations to *ikut*, or come along. Most sellers in Kiringan have their own customers, but this seems to be quite fluid in practice. Since most of these sellers make enough money to only sell jamu three to five days per week, customers often have two or three favorite sellers whom they alternate between. On selling days, mbok jamu are on the move constantly. Because of this, both Wulan and Yanti were concerned that I would be too tired to accompany them on their normal routes.⁶ I learned very quickly that expert mbok jamu very rarely need to shout jamu to get customers. Instead, customers expect their mbok jamu, look for her during their morning chores, and ever-so-faintly call out as she passes. I was continually impressed with mbok jamu's ability to hear these calls and subsequently and abruptly stop their bicycles to serve their consumers. Other times, mbok jamu enter a consumer's house to either call them outside or to deliver pre-ordered jamu. Once a week, Wulan delivers several liters of

⁶ Despite my attempts to reassure them that I'm in good health and fit, both women would regularly mention that they had cut their normal routes short when I was with them.

the popular jamu tonic *kunir asem* to college students leaving Kiringan for their dorm rooms in the city who want to take their preferred “hometown” jamu with them.

Wulan became a mbok jamu after moving to Kiringan from a neighboring village with her husband, a native of Kiringan who farms and makes cemetery headstones, a thriving business after the earthquake. She was drawn to the jamu profession for financial reasons and asked her in-laws, a family of mbok jamu, for help in learning the trade (Interview, May 31, 2008, Kiringan). For many women in Kiringan, the ability to achieve financial independence is one of the greatest motivating factors for their career choice. As Wulan explained: “By selling jamu, I don’t have to wait for my husband to get paid.” After several selling days, Wulan would pridefully stop to buy fried chicken heads, a treat that Wulan’s son adores, or visit the leader of her neighborhood *arisan*, women’s group, to pay her dues. Similarly, Yanti explained:

We work alone, supported by our families. We are able to send our children to school, even teacher training school and high school. My neighbor sells her jamu and her husband stays at home with the small children. The husband is the one who takes the children to school. The husband works in construction but sometimes has no work. The wife is the one who pays for her children to go to school and to support her family. She supports three children, her entire five-person family, and can still pay the jamu collective’s monthly dues. (Interview, June 9, 2008, Kiringan)

While Yanti has two grown children who live in other villages, she supports herself and her husband with her jamu sales. Yanti started selling jamu at the age of 14, an unusually young age for mbok jamu. She was *masih gadis*, or still a young girl, and unmarried. Yanti learned the jamu trade from the second wife of her grandfather and for the first eight years of her business she sold her jamu on foot, not by bicycle. Yanti’s husband was one of her customers, and today he plays an important role in her business. Yanti’s husband wakes up with her at 3am to help prepare her jamu basket, and after a long day of sales, Yanti’s jamu basket is lifted off of the bike for the husband to clean (see Figure 48).



Figure 47: Yanti heads home after seven hours of sales.



Figure 48: After a long day of sales, the jamu basket is lifted off of the bike for the husband to clean.

From my experiences shadowing Wulan and Yanti I could sense that they are very proud of what they do. To be a mbok jamu is prestigious in this rural community, although every other jamu seller has something to say about that seller, or that village's seller, or larger industry jamu. Mbok jamu are regarded by many people in contemporary Java as examples of tradition, medical

wisdom and Javanese gender ideals, serving everyone from the Sultan to factory workers. Mbok jamu have garnered this reputation because they have gained the trust of their customers, largely women, who often confide their most intimate health concerns with these sellers. Mbok jamu receive countless wedding invitations,⁷ are often of the first people to know of a woman's pregnancy or family tragedies throughout their selling area, and in general, know a large amount of gossip pertaining to their selling area and fellow mbok jamu from their daily interactions with customers. The picture below depicts the informal multi-generational health conversations facilitated through jamu that occur on a daily basis throughout Java (see Figure 49).



Figure 49: A typical multi-generational gathering in the morning, with women talking as their mbok jamu prepares their orders.

In this interaction, the mbok jamu stops her bike for two older women and starts preparing their jamu. One of the older women calls for her granddaughter to join them and soon the others

⁷ Many mbok jamu complain of too many wedding invitations, as the Javanese custom of giving a gift of money for the newlywed couple adding up during the wedding season for these sellers.

appear. Mbok jamu typically facilitate the dialogue that follows.⁸ While these conversations often consist of neighborhood gossip, or what in the world this foreigner is doing studying jamu, they most often include conversations about whatever health issues are being treated at that moment with jamu. Women's health topics are the most common topics of inquiry among Yanti and Wulan's clientele. Many women complain that their vaginas feel *gatal*, or itchy. I asked Wulan if her customers felt embarrassed to talk about such stereotypically private concerns, and why she thinks that this is such a common ailment. She replied:

Women are not embarrassed with women. It is very normal for them to talk to me. Usually if they already have children, they'll say "my husband is like this" or "like that." They aren't embarrassed. They all come together and I tell them that women who already have husbands, their bodies break down. If you drink jamu regularly you can clean anything that is dirty. Like it or not, if women have a husband that is how it is. I give them jamu and they feel better. Some women say "Bu, after we have sex I feel sore." I then make them a certain type of jamu. Others say "I haven't menstruated." I make them a recipe and after that they menstruate. Late menstruation is common. Women also ask about jamu for tightening their vaginas. They aren't embarrassed. (Interview, May 31, 2008, Kiringan)

Another mbok jamu, Yani, sells jamu in a market in the south of the city and explained that her customers not only talk to her about health issues but also life issues:

Usually our bodies are sick because of our thoughts. She has a problem at home, so her thoughts surround that and that affects her body. She tells me her situation and I say "you must have a lot of thoughts. If you have too many thoughts, rest." If at night she cannot sleep, I give her jamu so that she can sleep well. If she rests enough her thoughts will relax and she'll wake up fresh. (Interview, July 15, 2008, Yogyakarta)

Another example of mbok jamu's role in providing a social arena where Muslim women can express their health concerns can be seen in Yani's experience in providing jamu for late menstruation:

⁸ In Kiringan, Javanese, the local language in Central Java, is used in these conversations. Since my Javanese language abilities are quite limited, I would ask the seller after these exchanges about the topics that were discussed.

Once a university student came to me. Her boyfriend worked as a photographer in a studio. Maybe because their relationship was too close, she was already pregnant. Her menstruation was two weeks late. I said “if you drink this and you don’t menstruate, then your pregnancy has been determined from above.” She came back the next week and said she had not menstruated. I gave her advice and more jamu: “I’ll only give it to you two times. If you still do not menstruate, then you and your boyfriend are destined to have this child.” After several months she came again. She said that she had yet to menstruate and that she had not married yet. (Interview, July 15, 2008, Yogyakarta)

Whether it be a rash, a newly menstruating girl, unwanted pregnancy, marital problems or trouble with breastfeeding, mbok jamu listen to their consumers intensely and never appear to be in a hurry. In these interactions, mbok jamu fulfill the popular Javanese saying that “*sehat itu nyaman*” – health is peace, trust and comfort. In their interactions with their consumers, these small jamu industry producer-sellers create a sense of peace, trust and comfort in their customers, empowering their communities and their own businesses.

Mbok jamu discourse is gendered, with men very rarely approaching a group of women with their mbok jamu. The fact that the seller is a woman is very important, as Wulan explained: women are not embarrassed with other women. When asking Yanti’s husband why he does not sell jamu himself despite the fact that he contributes greatly to preparation and cleaning of his wife’s jamu, he laughed and responded: “That would not work. Jamu sellers have to be women. That is how it is” (Interview, June 9, 2008, Kiringan). The gendered nature of jamu lends itself well to intimate health conversations about sex, reproductive health, love and marriage, topics that are rarely discussed between men and women, and in formal health interactions, in contemporary Indonesia. Unlike formal healthcare interactions, mbok jamu consider sex as an important health, gender and family issue. As a result, their conversations are open to such topics. This holistic approach to women’s health allows mbok jamu’s consumers to feel comfortable and empowered in their daily interactions with them.

In response to what she feels her role is within her community, Yanti explained: “I’m like a traditional doctor. My customers come to me and tell me their problems, and I give them advice and jamu” (Interview, June 9, 2008, Kiringan). Wulan explained that she and her customers are friends who share their experiences in their health interactions: “We are all very close. We all share our experiences. If I am sad, they help. If they are sad, I help” (Interview, May 31, 2008, Kiringan). Some people might not consider traditional jamu sellers as health experts but mbok jamu are some of the most important women in the informal health medicine sector in Java, serving as primary healthcare counselors in their communities:

Women have always been healers. They were the unlicensed doctors and anatomists of western history. They were abortionists, nurses and counselors. They were pharmacists, cultivating healing herbs and exchanging the secrets of their uses. They were midwives traveling from home to home and village to village. For centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor to neighbor and mother to daughter. They were called “wise women” by the people, witches or charlatans by the authorities. Medicine is part of our heritage as women, our history, our birthright. (Ehrenreich and English, 1973: 3)

This research finds that discourse about jamu is one of the most effective discourses teaching gendered lessons in Indonesia, especially as related to sex. Anthropology’s work with expertise is useful in this discussion in understanding what makes expertise and experts recognizable to those within expert communities and the non-experts with whom they interact (see Carr 2010; Jones 2009; Zhan 2001). Mbok jamu are recognizable as experts to their non-expert consumers, and to a lesser extent, by their jamu industry peers for their ability to gain the trust and business of over a hundred women a day. They are also recognized for their expertise in promoting “proper” femininity and masculinity through the sale of jamu, and for facilitating a holistic health consciousness in their community. In her essay “Better Women: The Cultural Politics of Gendered Expertise in Indonesia,” anthropologist Carla Jones focuses on the

popularity of courses training feminine comportment in Indonesia and finds that “femininity – as well as the female form that is expected to embody it – are both the object and subject of expertise, thereby revealing the ideological justifications that expertise can generate” (Jones 2010: 270). While her work focuses on courses that teach new Western-inspired notions of femininity for which there is an increasingly popular market, the general structure of these courses resemble jamu’s gendered lessons in assuming

...that the self can be turned into an object of analysis, both a physical body and as an individual personality. They also presume that individual drive combined with acquisition of technical knowledge about behavior can create a more successful, well-to-do, and content person. (Jones 2010: 270)

Gendered health expertise is embodied and performed through the use of jamu in contemporary Indonesia. Like the discourses of femininity that Jones studies, the ideal “jamu woman,” a woman who regularly consumes jamu, is one who engages with “technical knowledge” about jamu, inspired by her individual drive to be a good woman, wife, lover, mother, neighbor, and citizen.

One distinction between the expertise that Jones studies and jamu expertise is in financial accessibility. The courses that Jones studies require high fees which contributes to the exclusivity of the new “modern” feminine expertise. While the larger industries provide expensive options for jamu spa treatments, overall, jamu expertise is very affordable for the majority of socio-economic classes. Interestingly, some of the few mid-size and large jamu industry female executives achieve gendered health expert status, as well. Martha Tilaar, a powerful large jamu industry owner, like her small industry colleagues, radiates gendered health expertise. She might be chauffeured around Jakarta in a black Mercedes Benz and shares a hair stylist with the President’s wife, but she has created a successful jamu business like the rest of the mbok jamu.

Martha successfully engages with feminine expertise through her use of jamu, which along with her keen business expertise, allows her to successfully market her jamu to the upper classes, the suburban Javanese women who live in mainly urban cosmopolitan areas and the upper class social elite.

While the characteristics of jamu as gendered health expertise in Muslim Java will be explored in the following chapter, mbok jamu are seen as the “experts” in this gendered realm, successfully fulfilling ideal standards of femininity, including sexual prowess, through their production, and assumed use, of jamu. Mbok jamu’s gendered health expertise is harnessed and reproduced in the sale of jamu, and according to several of my informants, fuels teasing and sometimes harassment towards them: “Ya, mbok jamu are beautiful. They maintain their bodies and skin through jamu. This is why men tease them” (Interview MS, August 15, 2008, Yogyakarta). The lyrics of the popular Javanese *campur sari* song “E Jamune” speak to the common perceptions surrounding jamu sellers, including the sexual undertone of jamu. The video of this song is even more telling, with an attractive young woman posing provocatively throughout:

E JAMUNE

Composed by: Andjar Any Sung and Performed by: Waldjinah

Male Customer (MC): Hey young lady, come over here, what are you selling?

Female Jamu Seller (FJS): *If you drink it, your body is healthy and strong.*

MC: Young lady, young lady. Come over here. I want to buy some.

FJS: *Please, please. The bitter one or the sweet one?*

MC: The sweet one, along with a smile from the seller.

FJS: *Be careful for what you wish for. You would be foolish.*

MC: No, no way I’m wrong. I’m not sick. If my muscles are sore and I’m feverish, it’s easy to cure. But if I am longing for someone, what is the jamu for that?

FJS: *Cabe puyang can cure fevers*

MC: Young lady, young lady, I’d like more of the cabe puyang jamu.

FJS: *Please, please. Promise that you won’t try to bargain the price.*

MC: Go ahead and bargain. I like the seller.

FJS: *Don’t be like that, it’s not good. We’re not a good match, you are sick.*

MC: How am I sick? What if I sell the jamu? My jamu has special qualities. Try to guess, what kind of jamu? You don't know? I can only make one kind, love jamu.

FJS: *Papaya jamu, healthy body. Forever.*

MC: I'd like more papaya jamu.

FJC: *Jamu papaya, people live well.*

MC: Of course it is all good, because I want to date the seller.

FJS: *Don't be like that, you worry me. If you are like that you will get in trouble.*

MC: Who will be angry? There is only me and you. Don't you understand that I have fallen in love with you?

FJS: *Beras kencur, an unfortunate body becomes lucky.*

MC: Miss, miss. I'd like some more beras kencur

FJS: *Please, please, it is as sweet as grapes.*

MC: For me the sweet one is you

FJS: *Is what you say true? I'm just kidding. Don't talk too loud.*

MC: It's true that loud isn't good. The best way is slow but sure.

Here, the male customer flirts with the jamu seller, saying that it is fine for her to ask for a higher price since "I like the seller." Jokes and humorous banter are common among jamu sellers and their male clientele, often revolving around sex. Mbok jamu often facilitate a fun, light, sexy and flirtatious banter with their male clients, as *jamu kuat*, or "strong" jamu is most often the biggest seller for them. This type of jamu is strongly associated with male sexual potency. One mbok jamu in Kiringan explained that despite common requests for jamu kuat and other sex-related jamu, she doesn't offer them because the recipes require too many hard-to-find and expensive ingredients. When customers ask her for these recipes, she replies: "If I made jamu kuat, you would be too strong!" or "If made jamu to tighten your vagina, nothing would be able to go in it!" (Interview, YS, June 14, 2008). A humorous commentary on mbok jamu and jamu kuat is expressed in the following cartoon (Figure 50). In this cartoon a mbok jamu sells jamu kuat to gym patrons. As a gym patron struggles with his barbells, the mbok jamu lifts the heaviest of barbells with one hand.

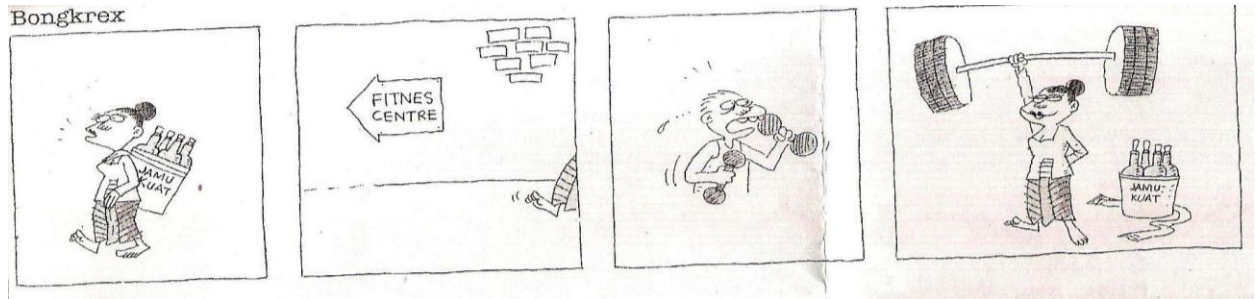


Figure 50: In this cartoon, a mbok jamu sells "jamu kuat" for strength. As a gym patron struggles with his barbells, the mbok jamu lifts the heaviest of barbells with one hand. Cartoon from the *Java Post*, October 29, 2007.

There is also a perception that these women sell more than just jamu, a reality related to Suzanne Brenner's work with female market saleswomen in Solo (Brenner 1998). As one informant commented:

That perception about mbok jamu is based on rumors and politics of the market. It is still strong today. Just look at films that have a mbok jamu in them. She is definitely selling her sensuality as a saleswoman. If a mbok jamu or now a sales promotion girl (SPG)⁹ go into an office, there is still that image and men will often come together and tease her. Especially if the woman is still young, her body is fresh, the thoughts in the men's imagination will make them want to buy her jamu with the hopes of receiving "bonus sensuality." The mbok jamu is just selling jamu, like her mother, to carry on the family tradition, to provide income for her family. (Interview MH, June 24, 2008, Yogyakarta)

In the nongovernmental Institute for Social Transformation (INSIST) organization's documentary about women workers in the public sector, their focus on one mbok jamu working in the eastern island of Sulawesi illuminates prejudices surrounding these women, and the abilities of this stigma to filter throughout the archipelago:

⁹ Sales promotion girl, referred popularly to as SPG, are young women who typically sell cigarettes in urban areas where men congregate. These women have to meet strict and conventional beauty ideals regarding skin color, weight and hair in order to keep their jobs. Because of this, SPG are regarded as beautiful and sexy, and like mbok jamu, prone to harassment.

Not too bad. On the average our net income is 50 - 60,000 rupiah (around 6 US\$) per day, enough for us to buy our daily necessities and the ingredients for the next day's jamu. Actually, we really enjoy selling jamu in Paotere. It's not too far from home, we only need to travel around this complex, and we have a lot of customers! But this doesn't mean that there are no problems. Just now I got mad at a ship's crewman who was bad mannered and asked me if I could also "serve" him in bed! How rude! Yes, that is how it is. We do not know how or from where the idea originated from that we jamu sellers can be invited to date, to bring to the bedroom. Maybe there are one or two people that have done this. But it does not mean that we all are like that. Why in almost every area is there this public notion? Why are young lower class women who work like us gossiped about by all of the people? If they are from the upper class and do things like that, why aren't people suspicious of them? Why aren't they problematized? Rather, their stories become amusing entertainment on television? Why? (INSIST 2007)

Jamu's holistic conception of health as including sexual health and pleasure, in addition to the popularity and marketability of jamu sex discourse, makes mbok jamu especially prone to such stereotypes, and as a result, sexual harassment. Yet, the general consensus among the mbok jamu I interviewed about these rumors concerning their sexuality is that such associations, and resulting harassment, simply come with the territory of selling jamu. As Wulan explained: "I'm tired. Men are reckless and misbehave. Sometimes if they ask me for that jamu [sex-related jamu] after they drink it they make advances on me. But I cannot be mad because they are customers. It is how it is as a jamu seller" (Interview, May 31, 2008, Kiringan). Because they serve a role in their community as people you can talk with about sex, selling jamu for sexual potency and knowledge about sex, they are harassed for their assumed sexual prowess. In this way, mbok jamu's sexualities are commoditized as jamu industry products – bought, sold, and eroticized.

Mbok jamu are physically iconic of Javanese tradition, femininity and sexuality, and as gendered health experts in this indigenous medical system. Every large industry I interviewed claimed personal connections to mbok jamu, in many ways depending on them to legitimize their

connection to this “tradition.” In Figure 51, statues of mbok jamu dressed in traditional Javanese attire in a large jamu industry museum point to these women’s association with the “origins” of this industry. Other examples of this association are seen at the entrances to several of the large jamu industries. In Figure 52, a statue of mbok jamu stands at the entrance to the Deltomed large jamu industry in Central Java. At the entrance to the Jamu Jago large jamu industry in Semarang, the history of the jamu industry is depicted in a stone carving showing women working together to produce jamu (see Figure 53). On the other side of this entrance another stone carving depicts the development of the jamu industry with an image of men and women working in an industrial setting to produce jamu (see Figure 54).



Figure 51: Mbok Jamu statues at a large jamu industry museum.



Figure 52: A statue of mbok jamu stands at the entrance to the Deltomed large jamu industry in Central Java.



Figure 53: In this stone carving at the entrance to the Jamu Jago large jamu industry factory in Semarang, the history of the jamu industry is depicted through this image of women working together to produce jamu.



Figure 54: In this stone carving at the entrance to the Jamu Jago large jamu industry factory in Semarang, the development of the jamu industry is depicted in this image of men and women working in an industrial setting to produce jamu.

Large jamu industries hold competitions to “honor” mbok jamu’s knowledge and more importantly, learn their secrets. Large jamu industries also try to tap mbok jamu’s trusted consumer base by offering instant jamu to these mbok jamu sellers at wholesale prices and by paying for those mbok jamu who move to larger cities from rural villages to go home for the high Islamic holiday at the end of Ramadan. While mbok jamu’s knowledge and image has been used to help the larger industry’s development and growth, this same empirical knowledge and image is criticized strategically in order to advance jamu in the contemporary globalized market.

While at once constructed as the proud roots of an indigenous medical tradition, roots which help ground the booming modern industry, mbok jamu are at the same time stigmatized by the industry and formal healthcare system for their lack of knowledge about health, medicine and sanitation. Perhaps the most institutionalized sign of this is that these women’s home industries are not considered true industries. In fact, no one from the Indonesian Food and Drug Safety Administration to the Health Department is clear on who oversees mbok jamu and the jamu they

produce. In some ways the criticisms of mbok jamu are warranted and the lack of regulations problematic. There are mbok jamu who do not use boiled water in their jamu, or who choose less-than-ideal materials as ingredients. Only one case of death has been reportedly connected to jamu sold by mbok jamu. This occurred in 2005 when one seller mixed her own herbal ingredients with a mid-size industry “fake jamu” product that was unregistered and contained chemical components. This jamu mixture possessed contra-indications for the illness suffered by the consumer, whose condition was affected seriously, eventually leading to death. As a result, the Indonesian Health Department has conducted several mentoring trainings to educate mbok jamu about the ingredients they mix with their own jamu.

The Indonesian Health Department, Indonesian Food and Drug Safety Administration (BPOM) and large jamu industries all support and organize mbok jamu trainings to teach about proper jamu production methods, denying mbok jamu’s empirical knowledge. These organizations see their role as *pembinaan* or guiding the mbok jamu in building and reforming their practices to gain better results through trainings. At one training pictured in Figure 55, a mid-size jamu producer lectures to mbok jamu and other interested women in how to use and grow medicinal plants from a pharmaceutical perspective. In another health department-sponsored training for mbok jamu, business development strategies for small jamu industries are discussed (see Figure 56). Not all female jamu industry producers are ignored or “guided” with the few female mid-size and large jamu industry producers assuming prominent positions within the larger industries. This omission appears to be more in terms of socioeconomic class, a reality alluded to in the mbok jamu’s comment above about lower class mbok jamu and sexual stereotyping. With most mbok jamu representing the lower working classes of Java, the larger more affluent industry assumes a paternalistic stance towards them.



Figure 55: A mid-size jamu producer lectures to mbok jamu and other interested women in how to use and grow medicinal plants from a pharmaceutical perspective.



Figure 56: In this health department-sponsored training for mbok jamu, business development strategies for small jamu industries are discussed.

During my fieldwork, an article was written in a local newspaper about the mbok jamu of Kiringan and their post-earthquake activities. The next day, one of the most powerful large jamu

industry executives drove three hours from Semarang to meet the mbok jamu featured in this story. The mbok jamu were gathered together to meet this distinguished guest. He gave a speech about how important mbok women are for the jamu tradition and how his mbok jamu grandmother inspired his own company and then thanked them for their role in the larger jamu industry. He then presented them with a few of the products he was hoping they would sell for him. These sellers obliged – how could you say no to such a celebrity who had driven three hours to see them? – and disappeared into their dark and silent village to their homes, with this “special modern jamu” in hand.

At the next month’s jamu collective meetings, two younger executives from this large jamu industry joined the mbok jamu to resolve a dispute that had arisen. Apparently the women did not understand what would happen if they were not able to sell the modern jamu that had been given to them. The large industry executives looked exhausted, trying to convince these mbok jamu that selling their products was beneficial to them. In general, and after the executives had left the village, these mbok jamu laughed at this instant jamu and shrugged the suggestion off. “No one wants this modern stuff....they want my fresh recipe.” “This [large industry jamu] isn’t jamu!” Over the months of fieldwork I had the opportunity to see inside the many worlds of the jamu industry. The mbok jamu of Kiringan inspired me with their humor, resilience and hard-as-nails business and work ethic. Their ability to profit from the strength of their roots was equally impressive.

In her dissertation, “Identity and Development in Rural Bolivia: Negotiating Gender, Ethnicity and Class in Development Contexts,” Christine Hippert shows how local people in Bolivia are required to “deliberately accommodate, resist, and/or construct” their own “development identities” in different development contexts. “They employ a variety of subject

positionalities – either forged themselves or imposed on them – on instrumental grounds, so that they sell the community as a good risk for development in order to garner development funding, and for transformative reasons, to engender community social relations” (Hippert 2007: iv). The mbok jamu of Kiringan assume the “development identities” of traditional/uneducated/unsterile/ignorant herb sellers, and make valuable gains for themselves, their businesses and their community.

One essential identity that Kiringan mbok jamu assumed and excelled at representing is that of traditional in their preservation of old fashioned mbok jamu techniques. In newspaper articles and television program clips, the mbok jamu of Kiringan associate themselves with this ancient medical tradition and present themselves as being as traditional as possible. When a television crew came to record some of the mbok jamu and their traditional practice, they dressed in their best batik, set up a table labeling the traditional herbs most used in jamu production, and even brought along the traditional stone and pestle used for producing jamu, even though none of Kiringan mbok jamu use this apparatus anymore (see Figures 57 and 58).



Figure 57: Mbok jamu waiting for the television crew to arrive.



Figure 58: Mbok jamu and their families line up as the television crew arrives.

While the mbok jamu of Kiringan excel at showcasing themselves and their jamu practice as traditional, their role as the bearers of an ancient tradition - and mbok jamu's iconic status in general – must be seen as the product of a very modern sense of what this tradition should be. Kiringan's commitment to identifying this village as a “traditional jamu village” can be seen in the presence of statue of a mbok jamu at the entrance to the village, as pictured in Figure 59 below. Upon request from the mbok jamu, this statue was erected several years ago by a group of university students who were satisfying their university internship requirements by volunteering in this rural village. Interestingly, several mbok jamu referenced this statue as proof of “tradition” in answering my interview question about how long Kiringan has been a jamu village.



Figure 59: A mbok jamu statue at village entrance, standing strong in front of building still in repair from the earthquake.

In line with their traditional status, Kiringan mbok jamu position themselves as in need of empowerment. Nurfina's involvement in this village has supported this development identity in the form of programs of empowerment which focus on entrepreneurship awareness, daily income and institutional strengthening. The collective Seruni Putih resulted from this initiative and remains today as a legally recognized *koperasi*, or cooperative community organization. These empowerment trainings view mbok jamu's financial priorities and contentment with their business status as obstacles in development: "The business sense of these mbok jamu is still limited by their desire to only provide enough for their families, no more than that. Rarely do these women have a desire to expand their industries into something larger" (Faraz 2007: 24). Nurfina's initial observations concluded that the quality and quantity of jamu is low, the types of

jamu sold are monotonous, the process of making jamu is unhygienic, the equipment used is still very simple and not up to standards, and that the mbok jamu lack business skills (Interview, Nurfina, January 8, 2008, Yogyakarta). The Seruni Putih project is part of a larger initiative of women's empowerment at the national level. Through trainings and small investments these funders hope that, "Through several trainings and increased knowledge about good hygienic production processes and business practices, it is hoped that more opportunities and increased work ethic will eventually increase the income and quality of life of the mbok jamu, a community composed of all women" (Faraz 2007: 5). These initiatives recognize that in the business world mbok jamu face challenges as female small business owners with access to credit programs, market information, management and development strategies. Mbok jamu "lack the skills and education" to take advantage of work opportunities that would improve their status as working women in the informal sector. In line with this, the Kiringan development plan involves the Seruni Putih jamu collective producing two new varieties of instant jamu, with this instant jamu signifying development in mbok jamu's business practices. While the majority of the mbok jamu are not interested in these so-called developments, the village head and Nurfina believe that it is an essential step in their empowerment. Discussions about these products and how to sell them speak to the marketing potential of development identities, with debates on whether to label the instant jamu package with "traditional jamu made from a women's collective" as a way of attracting the middle and upper classes to help support these marginalized women in their business efforts.

While the mbok jamu of Kiringan are not entirely buying into the logic of empowerment as professed by UNDP, the Seruni Putih jamu collective represents a community development success in other ways. The members are learning valuable skills and working together with

fellow small jamu industry producers to develop their businesses. In this jamu collective, every member pays monthly dues. Members can then borrow money from the collective to purchase equipment or for family emergencies, such as an unexpected hospital stay, with the collective discussing the use of these funds case by case. Over my fieldwork period, two women used these borrowed collective funds to purchase motorbikes. In an effort to save time and energy, Seruni Putih mbok jamu were trading in their bicycles in hopes of expanding their consumer base by being able to cover more distance on their selling routes. While most members seem critical of this development, mbok jamu on motorbikes will likely gain momentum in the years to come. The monthly Seruni Putih meetings were most often an opportunity for members to come together, a gathering that had never happened before this collective formed. Many members expressed how empowering it feels to join with each other in talking about their businesses, but also in getting to know other women with very similar daily experiences. At this Seruni Putih jamu collective meeting pictured in Figure 60 below, the jamu sellers meet an important official from the government to discuss their concerns.



Figure 60: At this Seruni Putih jamu collective meeting, the jamu sellers meet an important official from the government to discuss their concerns.

By assuming various development identities, the mbok jamu of Kiringan profit from the large jamu industry's celebration of their "tradition" and from the education they receive through large industry and government-sponsored trainings on sanitation and herbal medicine recipes from academic pharmacists, training which broadens their recipe repertoire beyond what they learned from their relatives. In Kiringan, several women showed me their tattered photocopied books of recipes from a training program several years ago. Mbok jamu enjoy and take advantage of this training. Their keen business sense is apparent here in that they are getting exactly what they want: three to four days per week of work and the assurance that their business is secure, with roots growing deep. During difficult economic times and natural disaster, these women's businesses prosper. Through the production and consumption of jamu, roles are shifted, the husbands of Kiringan watch as their wives earn the primary income for their families, and young Central Javanese women engage with power about their reproductive and sexual health through their conversations with mbok jamu. In the photo below (Figure 61), the Seruni Putih

mbok jamu display one sign of a mbok jamu from Kiringan – her turmeric-stained right hand used for pressing her herbs. The Seruni Putih jamu collective facilitates an empowering social and business arena for these small jamu industry producers and instills in them a sense of pride for the role they play in their community.



Figure 61: One sign of a mbok jamu is her turmeric stained hand, a source of pride in this community.

This study illustrates how the emergence of medium and large jamu industries actually strengthens the jamu women’s home industries through mbok jamu’s engagement in large industry and government-sponsored training and through marketing jamu on the mass scale. This discourse contributes to the “back to nature, back to jamu” movement and expands mbok jamu’s consumer base locally. Rather than the typical storyline of big business squashing the local business, the “little” guy and the “big” guy appear to have created an interesting dialectical relationship. Mbok jamu’s knowledge and image has been used to help the larger industry’s development and growth. At the same time, mbok jamu are “educated” in order to integrate them into the biomedical jamu system. “Expertise that positions Indonesian women as central to national change reveals the ways in which expertise is never generic but, rather, addresses

particular subjects in highly specific ways” (Jones, 2010: 270). These uneducated/unscientific and traditional women are seen as “in need” of development, a positionality from which mbok jamu are benefiting greatly. Mbok jamu adopt development identities suitable for their needs and welcome the emerging media to come study their “traditional practice.” Yet, mbok jamu also endure criticisms from the biomedical formal healthcare system, the larger jamu industry and academia for their lack of “true” health expertise. Mbok jamu are manipulated by many powerful forces, yet they are profiting from all the attention. Similar to Woodward’s study (2011) of traditional male healers, mbok jamu engage in the process of bricolage in adapting their “traditional” practices to fill a market niche in their contemporary context. These women are, in some sense, performing an invented tradition, albeit one that fits into a set of discourse and practices that give it a great deal of meaning in the context of modernity. In this dialectical relationship of cultural production, mbok jamu exist as essential actors in the development and commercialization of jamu. The mbok jamu of Kiringan embody the concept “Our Roots, Our Strength” because they profit from their roots and greatly fuel the development of the indigenous herbal medicine industry in Indonesia.

To answer the popular question concerning the fate of mbok jamu: my research indicates that mbok jamu will not be pushed aside. In fact, they might be taking over the large industry market of ingestible jamu if the fake jamu controversy continues to plague the mid-size and large jamu industries. Mbok jamu’s development identity as icons of an ancient medical tradition is an example of how people self-traditionalize as a form of resistance to modern economic and political power. Mbok jamu are not so much bearers of ancient indigenous knowledge as women whose role it is to embody the idea that there is such knowledge in relation to emerging forms of professionalized practice. While mbok jamu are popularly constructed as in contrast to

modernity, mbok jamu are very contemporary rather than traditional, as depicted in the following cartoon of a mbok jamu participating in a new leisure activity, bowling, but with jamu bottles (Figure 62).

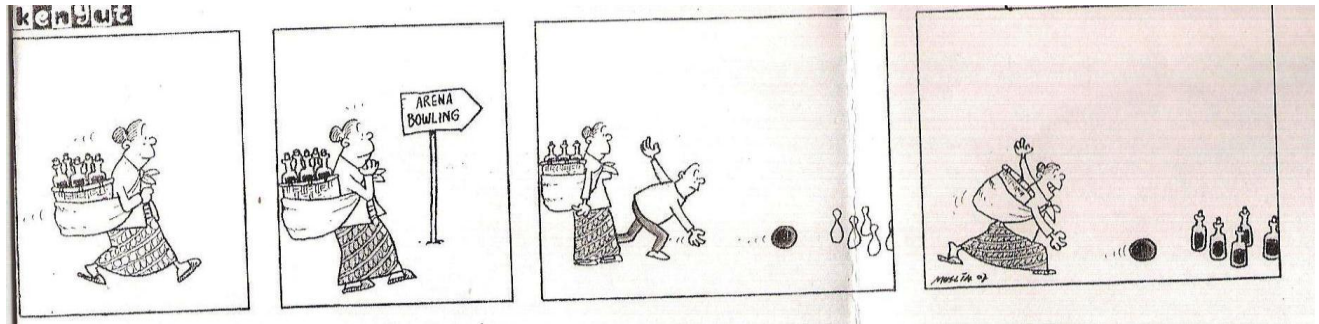


Figure 62: In this cartoon, mbok jamu participate in a new leisure activity, bowling, but with jamu bottles. Cartoon from the *Java Post*, October 29, 2007.

Mbok jamu exist as gendered health experts, symbolizing and selling beauty, reproductive health and sexual appeal in the form of earthy bitter herbs. Sex sells, and the mbok jamu endure, with great pride of their trade, and in their personal connections and contribution to their community. Not unlike the larger industry executives, jamu women are shrewd business women, yet they also serve as important community health advisors and confidants. They foster an environment of trust and calm, humility and humor, and Indonesian Muslim women and men share their most intimate health concerns with them. In this way, mbok jamu facilitate an essential form of sex therapy and health consultancy in their communities, creating a space for cultural discourse through their jamu selling practice that enables women to engage with power in terms of their reproductive health and sexuality. The remainder of this dissertation will focus on the jamu products and discourse they inspire in contemporary Indonesia, with mbok jamu's stories, products woven throughout.

4.0 CHAPTER FOUR: WOMEN'S HEALTH ACCORDING TO JAMU

Jamu is considered by many people to embody a tradition of women's wisdom, secrets and guidance passed down from female ancestors on how to be a good woman, wife and mother. In the past "as part of their marriage trousseau, brides were kitted out with a magnificently decorated, square-or pyramid-shaped box comprising stacks of small drawers full of medicinal herbs" (Beers 2001: 20). This gift, most often given by the bride's mother, is seen as a mother's last symbolic effort to provide a healthy life for her daughter. It is believed traditionally that a new bride was judged by her husband and the community on her herbal medicine skills and ability to care for her family, a belief that continues to support mbok jamu's expert status in society. Almost all of my female informants recalled learning at a young age from their grandmothers and mothers about the proper way to be a woman through the use of jamu. Jamu's focus on good health, beauty, marital harmony, and sex points to the belief that a woman's health and beauty are directly linked with a woman's role as wife and mother. Much like the prestige mbok jamu receive in society for their gendered health expertise, women who regularly consume jamu are respected for taking care of themselves, restraining, controlling and balancing their bodies and spiritual selves through their regular use of jamu. These "jamu women" are also commended for their persistence and patience, with the effects of jamu not happening overnight. In Figure 63, three generations of "jamu women" pose pridefully. Discussions about health and marriage through discourse about jamu are frequent in this family. Many of my informants

referred to the popular saying “*pelan pelan tapi pasti*” – slow but sure – in describing how jamu works. Several informants mentioned that they can easily differentiate between a woman who regularly consumes jamu and one who does not, citing a certain glow and a calm, confident and centered demeanor as signs of regular jamu use. At the same time, women who regularly consume jamu are assumed to be good wives in terms of their sexual prowess with their husbands. Jamu often serves as a primary health system for Indonesians who cannot afford the more expensive biomedical treatments. One informant spoke of a young female friend of hers who was diagnosed with cervical cancer. Since she didn’t have money for a doctor, she started an intense jamu treatment as her only resort. In addition to serving the reproductive and sexual health needs of Central Javanese women, several informants were sure to remind me that women also use jamu for strength and headaches.



Figure 63: Three generations of “jamu women” pose proudly. Discussions about health and marriage through discourse about jamu are frequent in this family.

While it seems that much of the allure and popular use of jamu for women’s health has remained consistent through the years, with women far outweighing men as consumers across

industry lines, the industrialization of jamu and the globalization of Indonesia have led to important changes in this tradition as well. Most importantly, the emergence of mid-size and large jamu industries has led to the medicalization and commercialization of women's bodies, sexuality and health needs in the sale of jamu. Inherent in this process is the pathologization of otherwise normal bodily processes and states, which results in the need for medical and technical management. When talking to jamu producers, both large and small, the mention of jamu's relationship to women is unanimous: women need jamu throughout their life cycle. One powerful example of this is in a marketing campaign shared by the two large jamu industries focusing on women's beauty and health who proclaim "jamu for every cycle of a woman's life."

The Martha Tilaar Group explains its mission as,

We base our concept of holistic beauty and health on the cycle of life in which there are five phases, namely, baby and child, teens, adult, postnatal and the gracious age. Utilizing modern technology and a scientific approach, we harness the benefits of natural products. The result is the creation of products of international quality finely tuned to holistically care for one's beauty and health throughout life. (Martha Tilaar Group 2005)



Figure 64: In this upscale jamu spa, women's lives are packaged into five stages, represented here with displays of products appropriate for each stage.

In this formulation, the stages of a woman's reproductive life cycle are turned from a normal state into a "disease" or "condition" to be managed by jamu (Inhorn 2006: 355). Women are urged to embrace the technical knowledge of jamu in navigating their lives in order to achieve gendered health expertise. This chapter investigates how women's health needs are framed in terms of jamu and how Muslim women navigate these constructions in their use of jamu in contemporary Central Java. This research finds jamu discourse serves to empower women and men in offering a contemporary discourse by which they can communicate about their most intimate, and most politically and religiously stigmatized, health concerns.

The following sections elaborate on the most popular uses of jamu for women by introducing specific products, discourse surrounding these products and producer/seller/consumer perspectives about these products. I interviewed consumers ages 19 – 63. Most of these consumers are women, including third gender *waria*, male-to-female transvestite, and are married, single, divorced, gay, straight and queer. They work as housewives,

domestic workers, students, health activists, academics, sex workers, doctors, pharmacists and politicians ranging in socioeconomic status from lower, middle to high class.

One of my initial assumptions regarding consumer choice was that younger women would prefer more modern packaged and instant varieties of jamu, whereas their mothers and grandmothers would prefer the more traditional varieties prepared by hand by mbok jamu. Among my informants, this assumption proved to be false, with consumer preference based on individual preference and not age or socio-economic status. Some women buy jamu from mbok jamu, others in packaged varieties, a few make jamu themselves at home, and for many their jamu use is a combination of all three. I also interviewed several male consumers to better understand their perspectives on jamu and how they facilitate women's use of this herbal medicine.

It is important to keep in mind that, as expressed in the large industry slogan above, jamu holistically treats women's health needs. Because of this holistic perspective, it is difficult to separate jamu into specific uses as many products are believed to address, for example, not only menstrual pain, but also yeast infections, sexual pleasure and marital fidelity. This research shows how these women define efficacy in terms of medicine, information which is fundamental in evaluating their health priorities, in addition to the broader forces shaping their lives.

While jamu's continued success among women speaks to the empirical efficacy of this practice, health activists and doctors express a less positive opinion about jamu's relationship to women. While the power of biomedicine over all other types of medical systems accounts for some of this stigma, this chapter highlights the two most popular and provocative jamu products, those for menstrual regulation and vaginal drying. These products, and their overwhelming

success, illuminate the complexities surrounding women's use of jamu in contemporary Indonesia.

4.1 JAVANESE BEAUTY IDEALS, GLOBALIZATION AND PALACE DREAMS

Cosmetic jamu beauty traditions have long been practiced by Indonesian women. Traditionally, women used herbs and fruits to treat their skin and hair, preparing and applying these treatments by themselves in their homes. For special events, such as weddings and post-childbirth, women would seek the assistance of mbok jamu and other women skilled in cosmetic jamu to assist in their beauty practices. Today, cosmetic jamu is purchased in stores and at the market or prepared and offered in salons and spas. Such jamu traditionally consists of creams, soaps, make-up, oils, and lotions used topically on the skin and hair, in addition to teas and jamu tonics orally consumed for weight loss and appealing odor. Anti-aging jamu, referred to by the Javanese term *awet ayu*, is a very popular seller for middle-aged women. Several products facilitate an “ever-youthful appearance” making the face and body look and feel “forever young.” Underlying the notion of such cosmetic jamu helping women in maintaining attractiveness is the patriarchal assumption that a woman's attractiveness is lost as she ages. Women must consume jamu to prevent this loss. *Lulur* is a traditional Javanese beauty treatment involving the topical application of cream and exfoliants to the skin, often accompanied by massage. One advertisement for *lulur awet ayu* proclaims,

A very fine powder used for ages by beautiful Javanese women to care for their skin. When used regularly, this traditional beauty aid both softens and tightens facial and body skin, as well as prevents wrinkles. It also imparts a delicate fragrance while keeping the complexion looking young, clean and attractive. (Nyonya Meneer *Lulur Awet Ayu*)

Many of these skin-related jamu are believed to help regulate blood circulation in order to improve skin tone. The traditional *hair creambath* is a popular salon treatment favored by Yogyakarta women and entails the application of hair tonics and scalp massage in an effort to strengthen and add shine to one's hair. In Figure 65 below, topical cosmetic jamu products range in form. Many traditional forms of jamu address body size, helping women “keep a slim, firm body and a smooth, radiant appearance” and others that help women who are “underweight, pale, weak, and susceptible to illness” (see Figure 66).



Figure 65: These topical products all focus on skin and odor.



Figure 66: These jamu products all cater towards weight loss.

Over the years, several of my friends have prepared for their weddings by purchasing “wedding packets” which typically consist of traditional lulur and hair creambath treatments at local Yogyakarta salons. The larger industry has tapped into this market as well, with one jamu product, “Herbs for the Bride” consisting of “Special herbs for the newlywed bride and those about to be married. Enhance health and fitness, firm the stomach and the body, impart youthful and radiant complexion” (Nyonya Meneer *Jamu Galian Kemanten*). Jamu’s holistic nature is apparent here, as is the relative ease in medicalizing future wives into an herbal medicine packet. Two informants describe this enculturation of jamu process and its relationship to gendered expertise:

Women should drink jamu because in my opinion, women always want to protect their appearance so that they are not too fat, to protect their slimness and freshness. If they are already married it is even more important to take care of one’s appearance so that their husbands continue to care for them. Because of this fear, women consume jamu every day. For younger girls that are not married yet it is important to remain thin for health. If menstruating, drink jamu so that your blood doesn’t smell bad. (Interview, LM, February 18, 2008, Yogyakarta)

Class-based differences in the use of jamu by women for beauty and cosmetic purposes was highlighted by one informant:

If we consider jamu today, those [mbok jamu] that ride bicycles serving housewife to housewife support the class politics of Javanese culture. Lower class society is busy with fulfilling their basic needs, whereas the middle and upper classes make themselves busy with more superficial “needs” such as beauty and body ideals. So definitely in the past, although less so today, cosmetic jamu is identified with the higher classes. (Interview, KK, January 15 2008, Yogyakarta)

The cosmetic jamu industry is a domestic and international success story because of the popular middle to upper class market niche that cosmetic jamu fills in contemporary Java, the global marketability of “beauty” and because of less rigid export/import laws regarding topical cosmetics. The two most successful female large jamu industry executives, Martha Tilaar and Mooryati Soedibyo, have both excelled in the cosmetic jamu arena. The history and current success of their businesses shed interesting light on the use of jamu to attain gendered health expertise in contemporary Indonesia.

In the early 1960s Martha Tilaar accompanied her husband, Alex, to the United States where he pursued graduate degrees as a Rockefeller scholar at the University of Indiana in Bloomington (Interview, Martha Tilaar, May 13, 2008, Jakarta). While her husband studied, Martha babysat for fellow graduate students, saving her money in order to enroll in the Academy of Beauty Culture in Bloomington. It was in this school where she experienced one of the greatest turning points of her life. Martha was asked by her instructor to describe her own culture’s beauty traditions. Having been raised by a fairly affluent family in Jakarta, and living her youth as a tomboy, Martha was embarrassed to realize that she did not really know what her own beauty traditions entailed. In our interview, she described this realization as being very

emotional for her, crying to herself at home as she struggled to complete her instructor's assignment.

Martha proved to sufficiently understand Western beauty care, however, graduating from beauty school, receiving a beautician's license, and working as an Avon representative while her husband finished his degrees. These experiences led her to understand that she could make beauty her profession, and she returned to Jakarta in 1970 to confront her earlier dilemma by starting a jamu cosmetic industry so that others could learn about their traditional beauty practices. An ingenious business woman, Martha knew she needed an angle to promote these "traditional" beauty products to Jakarta's elite who, not unlike today, looked to the Western world for cosmetics and beauty ideals. Introducing her products as Eastern cosmetics, Martha thought of a marketing strategy to improve commercial jamu's image: associate jamu with the ancient palaces of Central Java. While largely non-functioning today, the life in Javanese royal courts continues to be regarded with awe, steeped in mystery, celebrated for its culture, mystic traditions, and most importantly for Martha, the elegance and legendary beauty of royal women.

At this time, Martha enlisted the help of her friend Mooryati Soedibyo, a member of the royal family, to help legitimize this connection. Mooryati was born a princess in the Surakarta Hadiningrat royal palace in 1928 and grew up with the aristocratic traditions of the palace, including training in making jamu for health and beauty care (Interview, Mooryati Soedibyo, May 13, 2008, Jakarta). This training, and her direct link to the supposed secrets of the palace, continue to ground her thriving business today, as can be seen in her "Royal Javanese Experience" marketing campaign below (see Figure 67).

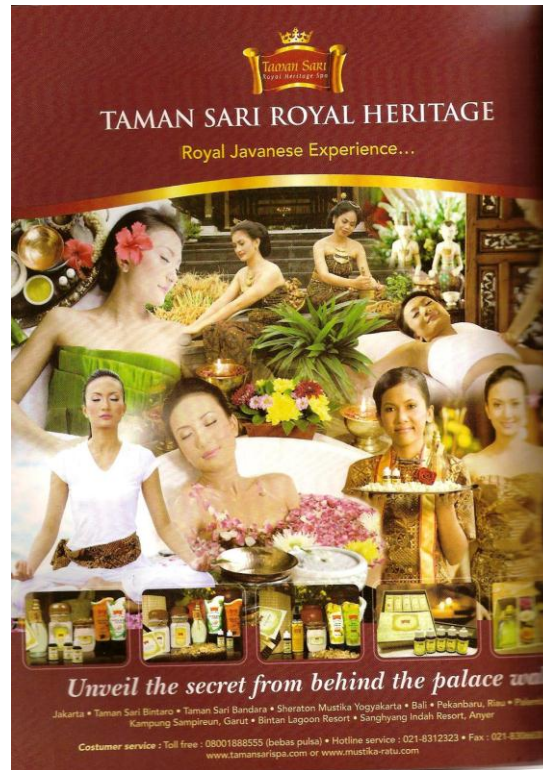


Figure 67: In this advertisement for the Mustika Ratu large jamu industry, women are told that by using their products and coming to their spa they can have a "Royal Javanese Experience." Mustika Ratu 2008.

Since her first menstrual period, Mooryati followed the extensive beauty rituals of the palace, including bathing with herbs and flowers, fasting in line with Javanese tradition, drinking jamu regularly and learning traditional dance throughout her adolescence and into adulthood. Mooryati believes that her commitment to these traditions allowed her to become a woman with strong character, spirituality and appreciation for life. She also asserts that her routine consumption of jamu and commitment to caring for her beauty needs in the traditional manner of the palace were essential in this development.

When Mooryati decided to help contribute to the development of a cosmetic jamu business, it was unheard of for someone with royal blood to “sell” the secrets of the palace. At this time Mooryati hosted a popular television show, dressed in traditional palace attire,

describing the benefits of using jamu for beauty and health. Indonesian women responded with great excitement about her and her tips to achieving the elegance and beauty of royal women right in their very own homes. She was recently honored as the “mother of jamu” for the important role this television program played in giving jamu a public, modern and regal face.

While Martha and Mooryati parted ways, each starting her own company in the late 1970s, their marketing strategy of selling the beauty and health secrets of the palace women continues to sell cosmetic jamu throughout the archipelago and beyond. While linking cosmetic jamu with the traditions of Javanese palaces has proven successful, both businesswomen knew that they must link this tradition to the modern context within which they hoped to sell their products. Martha’s goal was to “re-create tradition” by combining natural ingredients with modern research, production techniques and strict quality control, using culture and tradition to sell her products:

We sustain and nurture natural beauty based on the holistic concept of beauty and health. That is, we believe physical beauty springs forth from spiritual beauty and good health. The balance needed to realize this is known in ancient Javanese as *'Rupasampat Wahyabiantara.'* As such, perfecting beauty and health is both physical and spiritual and in harmony with the natural cycle of life. With a spirit of innovation, we continue to explore the natural world and the knowledge of the East to create products suitable for this increasingly hectic and exhausting modern world. As the cycles of life roll on, we attempt to perfect our treatments with the latest breakthroughs so that spiritual and physical beauty flow freely. (Martha Tilaar Group 2005)

In large jamu industry cosmetics, jamu cultivates good health, spiritual and natural beauty within the modern world. With industrial technology, they engage with the natural in order to make jamu and gendered health expertise less time consuming in this “hectic and exhausting modern world.” The natural and gendered health expertise sells in contemporary Indonesia and beyond. The Martha Tilaar Group boasts an annual gross profit of around Rp 600 billion (US

\$75 million) and exports its products targeting the “Eastern woman” to Malaysia, Brunei, the Philippines, the Middle East, Africa, Europe and the US. Mooryati’s company, Mustika Ratu, targets females aged between 20 and 40 with the slogan “to inherit the royal princess tradition.” Mustika Ratu employs around 3,000 workers, with almost 70% of them women, a percentage Mooryati believes shows her commitment to supporting women’s empowerment.

Both businesses sell their products in supermarkets and cosmetic counters throughout the archipelago, and both companies run successful spas and salons where middle and upper-class customers can enjoy “traditional” jamu treatments. Both businesses also run several beauty schools to prepare women to work in these spas and salons. In Figure 68 below, flowers traditionally used in ceremonies float in water for a foot soak. In Figure 69, flowers and herbs decorate the beauty cart at an upscale jamu spa. In this herbal facial treatment, jamu and modern salon tools are used.



Figure 68: During a jamu spa treatment, these flowers traditionally used in Javanism ceremonies float in water for a foot soak.



Figure 69: Flowers and herbs decorate the beauty cart at an upscale jamu spa. In this herbal facial treatment, jamu and modern salon tools are used.

While Mooryati profits from her royal roots in selling her jamu, Martha's angle has grown into a focus on promoting the traditions of the "East" in extravagant and modern spa form. Her Eastern Garden Spa is a locally and internationally franchised chain that offers spa and beauty treatments based on a combination of traditional Indonesian, Chinese Indian health and beauty rituals. This approach allows her to take part in the growing back-to-nature and Eastern beauty care global trend. Internationally, Mustika Ratu boasts "Java Princess" salons in China, Japan, Malaysia and Canada. Mooryati has her eye on the United States market as well, mentioning that she dreams of pulling Donald Trump aside at an upcoming Miss Universe competition – she oversees the Miss Indonesia Universe pageant - to discuss the possibility of opening a spa in one of his hotels.

Mooryati's products are sought after by "modern, independent women who still uphold traditional values, have a strong interest in maintaining their inner and physical beauty and

believe strongly that a local health and cosmetic brand is more suited to Indonesia's warm tropical climate" (Interview, Mooryati Soedibyo, May 13, 2008, Jakarta). She views her jamu as a "bridge" between traditional values associated with ancient royal palace recipes and modern lifestyles and production strategies. Mooryati's navigation of the traditional and modern can be seen in the two products launched by her company in 2004. *Colour Trends 2004 Mustika Ratu – the Secret Colour of the Surakarta Royal Palace* was launched months before the company introduced its newest technology, Oxygenated Spray, an oxygen-based facial spray infused with green tea extracts. The modern scientific nature of her products is clearly promoted, referencing the chemists, pharmacists and beauty experts who help blend the secrets of the palace with biomedical standards necessary to guarantee her jamu's integrity.

While the allure of achieving the beauty standards of the beautiful palace princesses and queens continues to attract consumers, Indonesia has long been experiencing the diffusion of beauty ideals from the West via colonization, globalization, and more recent beauty trends linked to Islamic piety. Feminine expertise was a significant part of the colonial project in the Dutch East Indies, positioning colonial femininity as superior to native femininity: "Colonial expertise on femininity could be marked as specific to European subjects or dispensed as a generous bequest to native women, adding to the secretive nature of a knowledge that was also framed as universal" (Jones 2010: 274). One example of how these political femininities impact the jamu industry can be seen in the following advertisement below (see Figure 70) for "*Djamoe Dada*" or "Breast Jamu" from 1943 where a caucasian woman advertises jamu for stronger and healthier breasts:



*Badan jang
berbentoeok bagoes*

Adalah mendjadi perhiasan bagi
seseorang perempuan serta me-
nambah ketjantikan jang agoeng.

DJAMOE DADA
Tjap Potret

NJONJA MENEER
SEMARANG

Mendjadikan dada **LEBIH KOEAT DAN SEHAT**
mengembalikan pada bentoeok asalnja bermoea.

Harga satoe kotak (doos) f 3.50.
Pesenan dengan pos melainkan bisa dapat pada Poesat-pendjoelan :

NJONJA OEI HONG AN
(anaknja NJONJA MENEER)

Pasar Baroe No. 130	—	Telepon Dkt. 829 Djakarta
Tjabang : Kobeng 129	—	SEMARANG.
Pedamaran 88	—	"
Karangtoeri 10	—	"
Tjojoedan 141	—	S O L O.
Djalan Tidar 2	—	MAGELANG.
Andir 321	—	BANDOENG.

Figure 70: In this advertisement from 1943, a Caucasian woman advertises jamu for stronger and healthier breasts.

This advertisements reads: “A well-shaped body is not just decoration for women but also increases her noble beauty. Breast Jamu from Nyonya Meneer makes your breasts **STRONGER AND HEALTHIER**, returning to their original shape” (*Djawa Baru*, 1943). Interestingly this advertisement ran in *Djawa Baru*, the magazine produced by the Japanese during their brief occupation from 1942 – 1945. Despite the current regime at the time, the feminine ideal pictured here is clearly a Western caucasian woman, pointing to the potency of Dutch femininity ideals in Indonesian society and industry at the time. Today, the Western beauty standard of large, firm breasts influences the production of jamu, as can be seen in the advertisement below for Nyonya Meneer’s “Buste Cream” (see Figure 71):



Figure 71: In this advertisement for breast-enhancement jamu, the Nyonya Meneer large jamu industry states: "With Awet Ayu Cream, my self-esteem GROWS BIG." Nyonya Meneer, 2005.

This advertisement reads “With Awet Ayu Cream, my self-esteem GROWS BIG” (Nyonya Meneer 2005). The shift from “strong and healthy” breasts to “large” breasts, and in general, the direct link between breast shape and self-esteem, helps these products sell domestically and internationally, particularly in Asian markets such as Japan. In addition, sales in “diet” jamu have risen across industry lines and point to the influence of Western “diet culture” on women throughout the world.

In response to the powerful allure of Western femininity, both Martha and Mooryati produce products that cater towards these Western standards and assume leadership roles in the Miss World and Miss Universe beauty competitions, competitions which celebrate Western beauty ideals. During my interview with Martha, finalists from the Miss Indonesia competition

came to her office to meet her. I was, ironically, asked to explain the importance of jamu as local wisdom/beauty to these cosmopolitan Indonesian youth. To Martha, the fact that a young American woman was interested in researching Indonesia's traditional beauty practices was an important message to share with these young beauty competition contestants.

In the "new" form of femininity popular among urban Javanese women that Carla Jones studies, women seek training in "how to dress, engage in polite conversation, make a bed, apply makeup, or eat Western-style meals" (Jones 2010: 272). Trends in cosmetic sales echo this, with skin whitening crèmes used to lighten women of color's skin topping the market sales over the last decade. Non-whitening make-up geared towards women of color comprises a respectable second. The Martha Tilaar Group is very aware of the strength of this trend, with consumption of her cosmetics rising steadily since the economic crisis of 1997, a fact she attributes to the high quality and cheaper price of her products compared to more expensive Western brands. According to Martha, "more and more Indonesian women are working and they need cosmetics that suit their skin color" (Interview, May 13, 2008, Jakarta). Cost and class are important here, with the most successful cosmetic products promoting connections to the affluent West or Javanese royalty. While these beauty standards represent an ideal affluent female body, many lower class women use less expensive Indonesian cosmetic jamu in their attempt to reach these ideals.

Indonesia's beauty industry is more recently adapting to the rise in expressions of Islamic piety in Indonesia over the last decade (Brenner 1996; Hefner 2000; Jones 2010; Smith-Hefner 2007; Weintraub 2009). One visible sign of this is in the increased popularity of women's Islamic dress since the early 1990s. Islamic beauty ideals promote the soft, feminine and moral Muslim woman through supporting typical beauty ideals and consumer capitalism. The Muslim

woman targeted tabloid *Nurani* hosts an annual “Miss Jilbab Nurani” and “The Face of Nurani” beauty pageant competition, as pictured below in Figure 72:



Figure 72: This call for participants for Miss Jilbab Nurani 2008 displays pictures of “successful, beautiful and moral” Muslim women. *Nurani* 390 VII IV June 2008.

Other examples of this emerging beauty industry include training sessions on modeling and accessorizing your jilbab. Islamic fashion is also an expanding industry, with weekly sections of the *Nurani* tabloid showing different fashion styles and even attractive praying veils. Islam is accommodated within these discourses with quotes like, “Allah is beauty and loves beauty.” *Nurani’s* interpretation of Islamic beauty includes articles like: “Be careful! Your beauty soap might contain pig fat;” “Halal-Haram Skin Whiteners;” and “How to be pure for prayer while wearing nail polish.” One example of how the jamu industry is responding to this recent beauty trend can be seen in the following mid-size jamu industry advertisement for weight-loss jamu, see Figure 73:

TURUN 18 KG

RAMUAN NY. KARTIKA PUSPA

Solusi pasti bagi anda yang ingin tampil langsing, sexy, mempesona dan awet muda bebas obesitas untuk Pria dan Wanita

100 % Aman Ramuan Herbal

Sangat efektif untuk :

- ★ Turun berat badan dan langsing tubuh
- ★ Kecilkan perut buncit & paha jadi ideal
- ★ Hilangkan lemak di badan
- ★ Larutkan lemak di Usus
- ★ Kurangi nafsu makan
- ★ Larutkan kolesterol tinggi
- ★ Mengandung vitamin C & E yang berfungsi untuk mengencangkan dan menghaluskan kulit.
- ★ 1 Paket untuk 1 bulan minimal 12 kg.

Hub. Jl. Warung Buncit Raya No. 99 Jakarta Selatan
PO. BOX. 4500 JKTM 12700
Telp. (021) 71600835 - 71600845

Layanan SMS : 0818197529 - 081398567145

Figure 73: In this mid-size jamu industry advertisement for weight-loss jamu pictures a slim jilbab-wearing Muslim woman. *Java Pos*, April 13, 2008.

The advertisement reads:

LOSE 18 KILOGRAMS with Ms. Kartika Puspa's recipe. This is the solution for those of you who want to look slim, sexy, vivacious, young and free from obesity. For men and women. 100% herbal. Very effective for: Losing weight and slimming the body; decrease the size of your pregnancy belly and help your thighs become ideal; lose body fat; dissolve fat in your intestines; lessen your appetite; alleviate high cholesterol; contains vitamin C and E that function to tighten and smooth skin.

While the indications for this jamu do not explicitly mention morality or Islam, the slim jilbab-wearing Muslim model pictured on the advertisement represents this trend. Interestingly, the jamu industry has been relatively slow in responding to this new Islamic beauty market. However, as I will discuss later, discourse circulating about how all jamu are natural, and

therefore, *halal*, and in line with Islamic teachings, has been on the rise. Muslim women's "need" for these beauty discourses is based on the following interpretation offered in the *Nurani's* science of Islamic law for women section:

One matter that differentiates men and women are the activities of makeup and adorning oneself. Starting from using beautiful clothes from fine special fabrics, until your face and body are adorned. This is allowed in Islam as long as it does not arouse evil. For example, adorning oneself for satisfying oneself and their husband, together with adorning oneself to produce the image that Muslim women can always appear interesting and attractive. There are ways of adornment that are not allowed in Islam, however, like to adorn oneself with the aim to attract the attention of the opposite sex. (*Nurani* 390 VII IV June 2008)

While it seems that the theological justification for the Islamic beauty industry is resting on shaky ground - who exactly are those "attractive" prayer veils for? - the well-known capitalistic fires that run the powerful female beauty industry have succeeded in legitimizing the consumption of these "adornments" in a woman's quest for piety and femininity, both essential in maintaining your husband's interest and thus, achieving a harmonious marriage. Islamic beauty is also legitimate in order to "produce the image" that "Muslim women can always appear interesting and attractive."

Jamu industry producers face a complex challenge in "bridging" the modern and traditional, East and West and Islamic in catering to the ever-changing cultural and religious politics of contemporary Java. This struggle symbolizes what Carla Jones asserts as the politics and place of achieving the gendered expertise of "respectable femininity" in post-authoritarian Indonesia: "this culture of expertise cannot only be explained as a novel fascination with techniques of the self. Rather, its appeal rests on at least two other factors, politics and gender, both of which reveal the particular and contingent nature of expertise" (Jones 2010: 271). In post-authoritarian Indonesia, "applying new expertise on how to be a better woman seemed the

least one could do under the circumstances” (Jones 2010: 277). Whether she is striving to resemble the culturally revered women of Java’s great palaces, enhance her breast size to meet more globalized standards of beauty, or slim her pious body for her husband, women exist as both objects and subjects in their quest for feminine expertise. Whereas Jones finds that her informants prefer Western-influenced femininity courses over state-sponsored programs on gendered conduct because they find their individual choice liberating and fashionable, women’s use of jamu is viewed as liberating by women who consume it. Similarly positioned outside the formal medical system, women choose jamu for themselves. Traditional femininity is commercialized and manipulated and this indigenous wisdom remains strong in post-authoritarian Indonesia. One example of this can be seen in a growing trend among young couples in Yogyakarta who partake in the elaborate and time-consuming traditional Javanese beauty regimes before their weddings.

Regardless of the origin of a particular beauty ideal, the jamu and cosmetic industries are profiting from women’s need to modify their appearance through the consumption of their products. This points to the power of an external body of knowledge about correct femininity through consumption: “Turning consumption into pleasure and linking to it a naturalized, devalued sphere of action requires political work” (Jones 2010: 271). While it appears that Western and Islamic beauty ideals are increasingly important in post-authoritarian Indonesia, mbok jamu and the diligent “jamu woman” are still revered for their beauty, self-control, self-esteem and gendered health expertise. These diverse beauty ideals symbolize contemporary Indonesia’s current state, with powerful discourses of modernity, nationalism and globalization dominating the contemporary landscape and gendered bodies today.

4.2 REPRODUCTION

Jamu has long been associated with women, reproduction and gendered health expertise. Whether targeting infertility, pregnancy, breast-feeding, childbirth, vaginal health or menstruation, there is a plethora of recipes and modern jamu products available for consumption. The jamu industry has long profited from and contributed to the medicalization and commercialization of women's bodies and reproduction, with sales for these products highest across industry lines. The bodily dimensions of reproduction, and the accompanying domestic roles and relationships, are two of the most crucial vectors through which cultures mold gendered individuals. The success of these products among women points to how the bodily dimensions of reproduction mold gendered individuals into "good wives" and "good mothers."

Jamu exists as most Javanese only option in assisting with infertility problems. With women usually assumed responsible for infertility regardless of her husband's role, there are many more infertility jamu recipes for women than for men, with the most popular varieties believed to strengthen the uterus. As one mbok jamu explained:

If you are not yet pregnant, drink jamu in order to make your uterus fresh. Don't drink jamu recipes that contain hot elements. Consume cold elements that make the uterus fresh like temulawak and turmeric. At the same time, you must pray to God. This is what you do to get pregnant. (Interview, WS, June 18, 2011, Yogyakarta)

Infertility jamu treatments are often some middle and upper class women's first true jamu experiences, with the panic of feared infertility spurring these women to seek treatment outside of the formal healthcare sector. Martha Tilaar is one such example. She openly speaks about how her first jamu experiences occurred when she was scared and frustrated from years of trying to get pregnant with no success. Her aunt took her to a well-known infertility jamu specialist and she eventually gave birth to two children.

Some men assume responsibility for infertility, however, and join their wife in consuming jamu in their efforts to have a child. One informant, a Professor and administrator at a prestigious local university, refers jokingly to his third child as his “*anak jamu*” or “jamu child.” Since he and his wife struggled with pregnancy, they both started taking jamu regularly and believe it helped in their son’s conception. One local infertility jamu practitioner in Yogyakarta has a thriving business, with couples travelling from across the archipelago to meet with her. Adorning the walls of her office are pictures and letters from grateful patients who have successfully given birth after her treatments, as pictured below in Figure 74.



Figure 74: A bulletin board adorned with photos of "success" babies, those born with the help of a local jamu fertility specialist and her jamu remedies.

Another popular use of jamu for reproduction involves an elaborate, and painful, forty-day treatment regimen for women who have just given birth. This traditional Javanese practice would typically begin in the presence of the new mother’s midwife, who would massage and

then immediately wrap the woman's pelvis tightly with a thick, unmoving piece of cloth moments after giving birth. Today, all of the necessary ingredients and tools can be purchased in the market from a mbok jamu or packaged and sold in packets adorned with a drawing of mother and baby, as seen in Figure 75.



Figure 75: Nyonya Meneer's "After Childbirth" jamu packet complete with all materials needed for the rigorous 40-day jamu treatment. PT Nyonya Meneer Jamu Habis Bersalin.

This *bengkung*, or binding, of a thick cloth wrapped around the pelvis, should be removed only when bathing, and is believed to help with regaining muscle strength in the stomach area. Many women recount how hot and uncomfortable this practice is, with the new mother's movement greatly inhibited. However, in line with jamu's "no pain, no gain" philosophy, women continue to endure this practice and are respected for their commitment and bodily control. In addition to the stomach binding, women use up to ten different jamu formulae internally and externally to cleanse the body, regulate blood circulation, stimulate breast milk

production, strengthen the kidney, contract the muscles, lose weight, eliminate wind, restore vigor and reinforce sex appeal.

Another popular post-childbirth topical jamu consists of a thick herb paste that young mothers place in a small mound on their foreheads, along with some castor oil and lemon juice. This practice is believed to help eliminate wind in the stomach and freshen the skin. After six weeks of this intensive regimen, women re-emerge as new mothers in line with beauty and sexuality ideals. But, as the recommendations on the above package suggest, women must now start consuming other jamu products to insure her attractiveness and sexual prowess for her husband. This is echoed in one informant's belief that, "After giving birth, women's reproductive organs usually have a lot of moisture, making husband wife relations less than peaceful. Therefore, after giving birth you must drink jamu recipes for women so that moisture is taken away" (Interview, AA, May 9, 2008, Yogyakarta). As the large jamu industry suggests, there are jamu for *every* stage of a woman's life. Another common recipe among women who have just given birth is jamu to help stimulate breast milk production. This jamu is believed to help with the production of jamu-nutritive breast milk, often for between one and two years, a practice considered by many women as a traditional form of birth spacing. Every mother I interviewed had consumed *jamu ASI*, or jamu breast milk, to help in breastfeeding their child, with many commenting on how they felt good about starting their children off at such a young age in drinking jamu, albeit indirectly. On my routes with the mbok jamu I was amazed at how these women seemed to know where every breastfeeding consumer lived in their selling area, pointing to the popularity and "sure sale" of this recipe.

While women traditionally rely on jamu throughout their pregnancies, believing that jamu facilitates a fluid birthing process, this use has become controversial over the last few

decades. While the idea that jamu has no side effects is held across the board, one of the only times in this research process that I heard of the dangers of jamu related to the use of jamu during pregnancy. In investigating the origins of this widely-held belief, several informants pointed to research that was apparently conducted at a local hospital in Yogyakarta. In the early 1980s, doctors started to notice a trend of very difficult births among patients who regularly consumed jamu throughout their pregnancies. The amniotic fluid of these women was described to be thick and yellow in color and after some tests it was concluded that jamu was the cause of these complications. The thick and yellow amniotic fluid is believed to threaten the fetus' air supply and/or contribute to making the uterine wall less hospitable to the development of a fetus. A mass health campaign was launched forbidding women from drinking jamu during pregnancy. Today, most often the only time the topic of jamu enters the biomedical clinic is when treating pregnant patients.

While there are almost no scientific data on the effects of jamu on pregnancy, these claims are largely supported by formal healthcare workers. In practice, however, jamu's allure remains strong. When asking a group of formal healthcare workers about the positive and negatives of using jamu during pregnancy and childbirth, one informant said:

For pregnancy, jamu helps us prepare, supporting us for later so that after we give birth our breast milk is good and fluent and the baby is strong. We believe that if a woman gives birth naturally it means that she regularly drinks jamu in order to use the natural power that resides in her body to give birth naturally, not needing cesarean or using vacuum. (Interview, BP, August 20, 2008, Yogyakarta)

Despite the biomedical criticisms, many Indonesians believe that regular jamu use helps a pregnant woman cultivate her "natural inner power" through her use of jamu, allowing her to give birth naturally. Here, the natural is posited as superior to the technological biomedical developments of cesarean or vacuum procedures. While the health department has conducted

extensive public campaigns explaining that “jamu is bad for pregnant women,” mbok jamu tend to listen to their consumers with some of these women critical of biomedicine’s anti-jamu campaign. One mbok jamu explained her experience:

During my pregnancy I drank jamu cabe puyang. Not every day, but that is Javanese culture. Now doctors are forbidding this practice. Once a doctor scolded my client who was pregnant for drinking jamu, even though she was not drinking it. If a pregnant woman actually drinks jamu, the doctors don’t notice. Doctors don’t know what they are talking about. (Interview, June 5, 2008)

Nonetheless, when joining mbok jamu on their routes, many of them hesitated in front of me when pregnant women requested jamu, probably assuming I would look harshly on this. They explained to me that it is okay for pregnant women to consume jamu, but a weaker “cool” recipe. They explained that many of these women have always known their mothers and female relatives to consume different jamu recipes throughout their pregnancies, and that stopping their daily jamu routine would do more harm than good. In practice, therefore, many women trust the empirical knowledge passed down from their grandmothers about the benefits of drinking jamu throughout ones pregnancy, with many women finding jamu an essential component to their health and spiritual well-being always. Another use of jamu during pregnancy involves in helping overdue babies be born. As one mbok jamu explains:

If there is a woman who is due to give birth on a certain day, and the baby has yet to be born, she will order *jamu sorogan* from me. This jamu helps initiate a healthy and uncomplicated birthing process. This is what our ancestors believed. But once I was asked to make this. I told them that if they drink the jamu now, they’ll give birth this afternoon. I told her not to tell her midwife because even when it works perfectly, the midwife still gets angry at us for providing that recipe. (Interview, June 8, 2008)

By far the most economically powerful jamu products for women are used for helping them achieve “normal” menstrual periods the “natural” way. Across time and cultures, women have used and continue to use a variety of products for their menstruation. For many young girls,

their first mense is when they begin a life of jamu – with jamu discourse often used to explain to these “new women” the roles and expectations of their newly menstruating bodies. Her use of jamu symbolizes her womanhood, her need to engage in this tradition, and thus her need to regulate, control and consume jamu products for her health and well-being.

The jamu industry has excelled in the medicalization of menstruation, with hundreds of recipes and products designed to help women achieve healthy menstruation by helping relieve menstrual pain, menstrual disorders or help regulate menstrual flow. Forms of this recipe include pills, capsules, high-end jamu drink bottles found at convenience stores and made fresh by a mbok jamu. The jamu recipe most popular for facilitating menstrual health is kunir asem, a sweet and sour tonic composed of turmeric, ginger, tamarind, galangal, palm sugar and lime. While both women and men consume this mixture as a general health aid, menstruating women are particularly urged to do so. Another widely used ingredient by women following menstruation is the leaf of the sirih plant, pictured in various forms below in Figures 76 - 78. Sirih, or betel, is believed to have antiseptic and antifungal qualities that help eliminate odor and maintain uterine health. Women either orally consume a strong tonic of sirih water or apply this wash topically to their vaginas in attempts to clean themselves of menstrual blood at the end of their menstrual cycle. Mbok jamu usually carry one bottle of this tonic with them in their carts for consumers who are ending their menstrual periods.



Figure 76: Sirih plant in the yard of a mbok jamu. Most mbok jamu prepare "sirih water" for women to consume following menstruation.

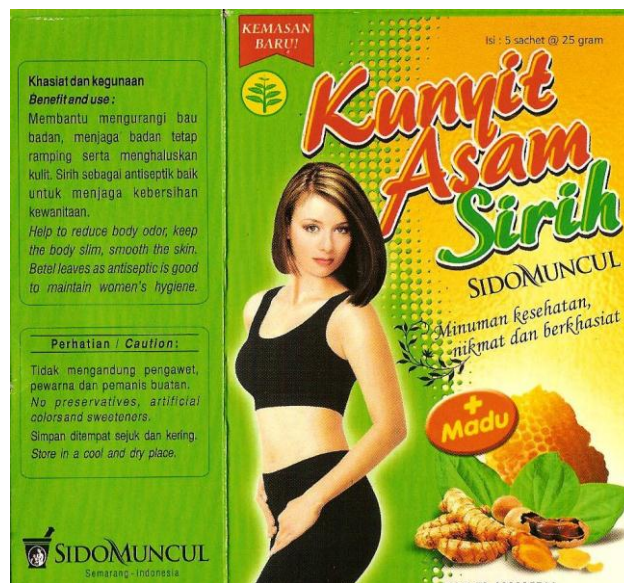


Figure 77: This instant kunir asem recipe for women's general health includes sirih and honey.



Figure 78: Sirih leaves packaged and sold at a supermarket.

While the industry has several successful menstrual jamu health products, one of the top selling products that has and continues to fuel the contemporary jamu industry is jamu *perlancar haid*, or “jamu that causes menstruation to ‘gust or squirt’ out.” While the general belief is that Indonesian women turn to this type of jamu to regulate their menstruation when it is irregular, this research points to two other popular uses of this product: to schedule menstruation so she can participate in prayer services during high Islamic holy days and as attempted abortifacient when faced with an unwanted pregnancy.

Menstrual regulation jamu comes in the form of fresh bitter herbal infusions prepared by mbok jamu and some mid-size industries, or in the form of capsules and pills produced by the larger jamu industries and sold in the market, medicine shops and pharmacies, with no prescription necessary. One advertisement for a menstrual regulator reads "Do you want your

menstruation to be normal again?” With advertisements such as these, the jamu industry has succeeded in creating a need among Indonesian women for having “normal” and “regular” periods. The marketing forces for menstrual regulation jamu assert that: women should have regular periods that begin at the same time of the month, every month; if you consume menstrual regulation jamu it will help your period move along quickly, promoting the shedding of blood from the uterus, and; menstrual regulation jamu is natural and helps your natural process as women. The message expressed is that if anything is abnormal about your period, no need to worry, consume menstrual regulation jamu.

Unlike the more controversial women’s health topics of abortion and sex, menstruation is one of the only un-stigmatized women’s health topics in contemporary Indonesia. It is considered to be natural and the pinnacle of women’s health concerns, especially in Islamic popular culture. One example of this can be seen in my essay “Sex Sells or Does It? Discourses of Sex and Sexuality in Popular Women’s Magazines in Contemporary Indonesia” in which I explore Indonesia’s contemporary condition as it relates to issues of sexuality, Islam and gender through investigating how sex and sexuality are discussed in *Cantik*, a popular woman’s weekly tabloid and *Nurani*, a woman-targeted Muslim weekly tabloid over a 12-month period, 2007-2008 (Krier 2011). In contrast to a vibrant and explicit discourse of sexuality found in *Cantik*, women’s bodies in *Nurani* are not framed in terms of sex but in terms of menstruation. In every edition of *Nurani* analyzed, there was at least one article specifically about menstruation, mainly according to *fiqh* (Islamic law) and occasionally in terms of health. The most hotly debated discussion surrounds the trend for women to take hormone pills (usually the birth control pill) to stop themselves from menstruating before and during the fasting month of Ramadan and/or when going to Mecca in order to fully participate in the rituals, as menstruating women are seen as

impure and prohibited from praying, fasting or reading the Quran. Two large jamu industry producers echoed this trend, proudly citing how their menstrual regulation jamu sales rise steadily during the fasting month of Ramadan. *Nurani's* almost entirely male religious leader consensus is that if the woman is “rejecting” her period for religious reasons, and not career-based ones, it is allowed by Islam. One article in *Nurani* explains how to schedule the use of hormones so as not to bleed. This makes for an interesting example of women’s agency, allowing her to be as holy as men in terms of fasting and taking part in rituals through regulating and rejecting her menstrual period.

A less celebrated example of women rejecting her period concerns the use of menstrual regulation jamu in attempting to terminate pregnancy. A brief background on abortion in Indonesia is important in order to situate women’s use of menstrual regulation jamu in the context of contemporary Indonesia. Abortion in Indonesia is extremely controversial and understudied. Terence Hull and Ninuk Widyantoro have offered the very best documentation of the family planning movement through the years, and summarize the politics of abortion in Indonesia well in their latest articles (2010). While few sources on data regarding abortion are available, we do know that maternal mortality is occurring in Indonesia at higher rates than all other ASEAN countries, a fact several women’s health activist informants believe is highly correlated with unsafe abortion rates in the archipelago. Indonesia’s household survey, or census, *Survei Kesehatan Rumah Tangga* (SKRT) of 1997 reveals that death during abortion contributes up to 12% of maternal deaths in Indonesia (Pradono 2001). While there are no exact data on the number of abortions in Indonesia per year, it is assumed that the number is between 750,000 and 1,000,000 or 18 abortions per 100 pregnancies (Hull, Sarwono and Widyantoro 1993). Not only

do women lose their lives due to unsafe abortions, many women suffer reproductive tract infections, causing infertility as a result of their unsafe abortion practices.

Since its Independence, Indonesia has struggled with the conflicts of morality and social control that arise when abortion is discussed. Currently, under Articles 346-348 of the Penal Code dating to the early twentieth century and modeled after 19th century Dutch Criminal Code, all abortions are prohibited. Article 15 of the Law on Health gives an exception to this law, allowing “certain medical actions” to be performed to save the life of “the pregnant mother and /or her fetus” (Whittaker 2010: 15). These ambiguous legal definitions, and more importantly, the large gaps that exist between law, practice and ideology, allow for various practices to exist, both biomedically and outside the formal medical system. Since criminal actions against practitioners and clients are rare, in many ways these laws represent more of a moral statement than an actual tool of social control. While definitely a risk, medical professionals and public health workers who help with the provision of safe medical abortions believe that they are safe from prosecution as long as they adhere to high medical standards in their practice. Feminist, women’s health and medical doctor organizations have long called for reform of these legal provisions in order to protect both providers and the women seeking abortions.

The politics of Islam has played an interesting role in these debates. Suharto enthusiastically supported family planning throughout his reign, including his acceptance of assistance for the development of abortion services during the 1970s. Indonesian anti-abortion forces began to grow in the 1980s and “Islamic groups targeted family planning as a way to oppose the New Order government” (Hull and Widyantoro 2009: 2) by condemning the practice as immoral, Western and illegal. Women’s health activists throughout the 1990s sought to enlist the largest Islamic groups in support of women’s reproductive health agenda by focusing on the

welfare of women. These efforts were successful, with activists from Nahdlatul Ulama and Muhammadiyah publically promoting improved reproductive health care for women, including access to safe abortion, with such Islamic support essential in convincing others that abortion rights were not a Western plot of control and immorality. “In this way, reproductive health came to be re-defined as a central issue for socially minded Muslims, and the call for legal change less of a trigger for political conflict” (Hull and Widyantoro 2009: 3). Since the end of the New Order, women’s health activists have been working especially hard to reform the confusing laws related to abortion and enjoyed small victories during the end of Megawati Sukarnoputri’s presidency in 2004 in the form of parliamentary approval for a draft amendment to the health law that would have made abortion both safer and more easily available. However, Megawati failed to sign the amendment before leaving office, most likely an effort to support her future political career. In 2005 after current President Susilo Bambang Yudoyono came to power, the amendment was raised again in the legislature, but these activists found that the politics of the situation had changed drastically: Islamist politicians who had accepted the earlier change suddenly announced that they were now opposed to abortion, and would fight the amendment.

This change in political environment reflects the powerful contemporary debates surrounding Islam, morality and women’s bodies. One recent example of this Islamic opposition to abortion came in the group Hizbut Tahrir which carried out a powerful media campaign in 2007 around its call to the President that he stop any proposal to legalize abortion because the only possible solution to unwanted pregnancies was a return to Islamic law (Hull and Widyantoro 2010). The anti-abortion Islamic movement is also working hard to disrupt the few safe biomedical abortion options offered at non-governmental women’s health clinics throughout the country (Hull and Widyantoro 2010). Despite their best intentions, several of these clinics are

forced to close due to problems with the police and local Islamic groups which threaten violence and legal action towards these clinics and health workers. The contemporary debates on abortion symbolize the political and religious forces at work in the democratic reform of Indonesia, and reflect negatively on the prospects of achieving women's health justice in the near future. Despite the efforts of these women's health activists,

the growing strength and influence of fundamentalist Islamic political parties makes the prospect for legal reforms unlikely in the near future and indeed threatens a range of reproductive health services, not only abortion. As a result, women will continue to rely on ambiguity and secrecy to provide options for their reproductive health. (Hull and Widiantoro 2010: 193)

The secrecy and ambiguity which Muslim women face in seeking options for their reproductive health are embodied in the small poster that reads "Late Period?" listed with a cell phone number, located on a street sign by a stoplight in the center of Yogyakarta (see Figure 79).



Figure 79: This sign reads "Late Period?" listed with a cell phone number, located on a street sign by a stoplight in the center of Yogyakarta.

A large part of my initial interest in jamu came from my experiences working at the Indonesian Planned Parenthood Association in Yogyakarta conducting applied research and translation for use in this organization's women's health services. My first task was to transfer pre-abortion procedure counseling data to spreadsheets, focusing on various demographic data and *upaya* or efforts, things the women had attempted to do to end their pregnancies prior to seeking formal medical care. Jamu seemed to be a very common upaya method, and upon asking my co-workers about jamu, I soon began to see the stigma associated with this medical tradition within the formal healthcare system. For the few brave biomedical abortion practitioners, pregnancy terminations are viewed as “‘the lesser of two evils’ designed to protect the health and safety of women who would otherwise resort to illegal practitioners or to the use of traditional herbal mixtures” (Hull, Sarwono and Widyanoro 1993: 241). The consensus on jamu that I received is that is “backwards” and dangerous, grouped in the category “unsafe abortion practices,” or those practices “either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both” (WHO 2003: 12). My graduate school interest in jamu arose largely from this reality. Despite the network of family planning services, including surgical abortion, available for married women, why do many of these women turn to jamu as primary care when facing unwanted pregnancies? I felt critical towards the formal public health world for dismissing jamu with such ease. In an era in which we are supposedly listening to what women prefer, this anti-jamu attitude seemed like biomedical arrogance to me.

Ten years later, there remains a dangerous disconnect between formal women's healthcare and the jamu world. In my interviews with BKKBN, the Indonesian Health Department and BPOM, the Indonesian Food and Drug Safety Administration, my questions on jamu's relationship to fertility control, abortion and contraception were met with disregard and

silence. However, recent research and advocacy initiatives emerging out of the Indonesian Planned Parenthood Association (PKBI) and *Yayasan Kesehatan Perempuan* (YKP), Indonesian Women's Health Foundation, are finally shedding light on women's use of jamu for pregnancy termination and advocating for legal reform in terms of abortion, criticizing the government for closing their eyes to the reality that women need safe abortion services. While their perspectives are definitely critical of women's practice of jamu, their consideration of women's lived experiences and reliance on jamu is commendable.

PKBI's most recent research, sponsored by the national office of the Indonesian Planned Parenthood Association (PKBI) in Jakarta, sheds important light on the characteristics of women seeking pregnancy termination at their clinics, including the important role jamu plays in their health decisions. Drawing together over 31,000 client profiles garnered from pre-abortion questionnaires from 2004 to 2007, spanning nine clinics across the archipelago, this research is exceptional in its attempt at understanding women's experiences with abortion. PKBI's research strives to better understand the psychosocial aspects that lead women to request safe abortions at their clinics in hopes of preventing women with unwanted pregnancies from seeking out unsafe abortions, and in hopes of preventing maternal mortality due to problems during pregnancy and childbirth.

Religiously, Muslim women make up the majority of clients (66%) with the other religious minorities making up the rest. Of this number, half are over 30 years old (50%), slightly less are between 21-30 years old (41%) and only a small number of these women are under the age of 21 (9%). Most of these women are married (78%) and have some form of higher education. PKBI's data indicate that the number of unwanted pregnancies among unmarried women under 21 has risen from 67% in 2003 to 86% in 2007, pointing to an increase in pre-

marital sex. The most popular reason for requesting an abortion involves already having children (41%) with a smaller portion of women asserting that their contraception did not work (26%) (PKBI 2008a, 2008b). Economic reasons include the following: high school fees, low socioeconomic class, primary income earners for family, and work contracts that require them to not be pregnant. Stressors affecting these women's decisions include: marriage problems, problems with the parents, personal relations, work, social environment, economics, law, mental and physical development, physical illness, family problems, depression and exhaustion over natural disasters, fires, rape, and pregnancy outside marriage. Of unmarried women, reasons include: not married, still in school, sickness during pregnancy, scared that the child will have birth defects because of already trying to have an abortion, husband left them, bleeding and rape. With the majority of women coming to PKBI from the educated population, women with lower education status don't know where to go for assistance with unwanted pregnancies, therefore seeking out unsafe abortion options (PKBI 2008a, 2008b).

Within a legal and political environment that is confusing to even health workers, women are afraid or unaware of how to request formal medical assistance with unwanted pregnancies. Over half of the women seeking abortions at PKBI have tried other efforts at terminating their pregnancies before seeking formal medical assistance, methods PKBI terms "unsafe track" -- from traditional birth attendants using techniques of massage and jamu, traditional healers inserting various liquids or objects into women's vaginas, to "back alley" doctors who practice abortions most often on late term pregnancies for high fees. In line with debates about the dangers of using jamu during pregnancy for fear that these medicines are "too hot" for the growing fetus, certain recipes of jamu have been used in attempts to terminate pregnancies before modern biomedical contraception was developed. Indeed, local herbal mixtures known as

“hot women’s medicines” believed to act as abortifacients are common throughout Asia (Whittaker 2010). The majority of PKBI’s clients have already consumed jamu or medicine that they believe and recognize as “hot” substances that will terminate pregnancies. The two most popular of these substances are menstrual regulation jamu and “Obat M,” a biomedical ulcer medicine popularly used for attempted medical abortion in the last few years. For women using jamu to terminate pregnancy, jamu represents an attempt at addressing their unplanned pregnancies without facing societal debates about abortion. The actual effects of jamu on pregnancies is largely unknown, although it is popularly believed that if one has consumed “hot” jamu during pregnancy, the fetus will have birth defects. PKBI’s analysis of thirty women who had tried to self-terminate their pregnancies before coming to the clinic suggests that jamu causes a disturbance, but does not quite cause a complete abortion. In an interview with a doctor who provides abortions, menstrual regulation jamu use was described as complicating the abortion procedure itself (Interview, DM, June 26, 2008, Yogyakarta).

Women also turn to jamu because of the ease of access to recipes. Traditional healers, dukun, mbok jamu and mid-size jamu industries sell menstrual regulation jamu to their patients and consumers, although not all sellers feel comfortable providing the stronger recipes. Several of my mbok jamu informants said that they do not hesitate in providing their consumer with menstrual regulation jamu, even if they explicitly say they are pregnant. Others say that they are happy to give the woman the recipe to make herself, with others refusing this request altogether. While mbok jamu don’t technically have legal safety nets in place to fight unsafe abortion criticisms, in some ways their strong connection to tradition serves a similar purpose. One mbok jamu explains her thoughts on menstrual regulator jamu:

To terminate a pregnancy you have to use jamu that has strong elements of heat. You should eat unripe pineapple while drinking the jamu with hot elements. If someone

orders it, I can give it to them. My motivation is to help. I'm not able to help terminate the pregnancy 100% of the time because ultimately it is up to God. For example, even though having taken a large amount of hot jamu, God may still want a child to be born. There is no problem. I just had someone ask for this. They ordered it for tomorrow. We talk about it in hushed tones. For example "Bu, I'm late in menstruating." I usually ask how many months they are late. If it has been months, I'm not capable of that. But if the pregnancy is only three days or one week old, I can make it happen. But if it is past one, two or three months old, I will be sinning. I don't want the later pregnancies; that is already under the hand of God. Yesterday a young male university student ordered menstrual regulator jamu. I asked him how many days his girlfriend's period was late. He whispered "Ya Bu, actually I have been here before. I'm a customer." Maybe he is a playboy. He had come in before and it worked on his girlfriend. She was able to menstruate. He was so excited about the effects of jamu. This should be kept a secret, but it's ok. Then a few days ago he came to buy it again. He has a different girlfriend. He took my hand and shook it, saying: "Bu, do you remember me? I came here before to buy menstrual regular jamu for my ex-girlfriend. But now I have a new girlfriend and she is pregnant." I haven't heard from them in three days, so that usually means they have menstruated. I'm waiting but he has yet to return. If they already menstruate, they just leave me, ha ha ha. But if they need me again, they will be back. We joke about him being a playboy. It's humor between seller and consumer. He says he will eventually get married but wants to work first. I told him that's enough, don't bring this to jamu. But okay, I will help. I am only the middleman. If we wants to give his praise to God, that is his business. (Interview, May 31, 2008, Yogyakarta)

Another mbok jamu chooses not to produce this type of jamu for practical reasons:

I know the recipe from a recipe book that I have. I'm not convinced I could make it effectively and the ingredients are hard to find. There are people who want it. They are late in menstruating. I'm not interested. I just tell her that she can borrow my book and make it herself. She tells me she would pay whatever it takes. Finally she borrows the book and makes it herself. Now she isn't pregnant, so I'm assuming it worked. She was embarrassed because her other child is already older and she doesn't want to be pregnant again. (Interview, June 11, 2008, Yogyakarta)

Several mbok jamu from PKBI's research recount their experiences with such consultations:

There are usually ten a month, directly drinking it here usually. The people who buy it vary, from older women to teenagers with friends. Men also buy it and take it home. (PKBI 2008: 11)

It depends, one week maybe there will be two or three people. Usually the person ordering it is a woman if she is married. But if she isn't married yet, usually the person ordering it is a guy. (PKBI 2008: 11)

I ask before how old the pregnancy is. If the age is less than a month, I make it myself from young pineapple with *tape* [fermented rice] water. But if I don't make it myself I recommend jamu Cap Wayang, to be drunk three times a day. Drink it for two days...if the pregnancy is still young, this will work. Usually I don't tell them the effects. Usually the stomach becomes hot. There are also those who drink the jamu and then their fetus is disabled/retarded. (PKBI 2008: 13)

In addition to small industry produced jamu, women in contemporary Indonesia are now turning to mid-size and large jamu industry products in their attempts at terminating unwanted pregnancies. One common urban legend is that by consuming one package (12 doses) of menstrual regulation jamu twice a day for 2-4 days, one's menstruation will be "be normal again," meaning that a woman's pregnancy will be terminated, allowing her to menstruate as usual. PKBI's data, and the increase in sales of menstrual regulation jamu during both times of the year that abortion rates go up, point to the popularity of this belief.

In PKBI's report entitled, "Study III: Psychosocial aspects of those using jamu/medicine in attempts to terminate pregnancy," women described how and why they choose jamu as a primary response to unwanted pregnancy (2008b). One reason is because they know about it, unlike the politicized concept of abortion or that certain nongovernmental health organizations offer safe abortions in their region. Women understand and are very familiar with the concept of regulating menstruation as located outside legal controversy and rarely problematized. Women feel safe legally because the status of jamu is legal, even if the goal is not. Several informants spoke of the important role media plays through commercial advertisements for these products in normalizing menstrual regulation. Access to menstrual regulation jamu is accepted by society, regardless of whether it is used by individuals with the goal of aborting a fetus or not. In addition, it appears as if menstrual regulation jamu thrives in practice due to local Islamic teachings on when life begins. Some Javanese Muslims tolerate abortion before the fetus is 40

days old, a belief that is the most compromising towards the use of jamu in regulating menstruation even if conception has occurred. These Muslims believe that the under 40-day fetus has yet to possess a spirit, so ending this pregnancy does not mean one is ending a life:

Maybe according to religion there is a teaching, if I am not mistaken, if I am less than 40 days pregnant. If more than that it is called abortion. In my friend's case...wanted to terminate her pregnancy before one month with using the *kelor* [Moringa oleifera] leaf and she said that it is not abortion because it is not yet one month. (PKBI 2008b: 15)

A person who consumes menstrual regulation jamu is doing something deemed normal and necessary. Women will not be penalized legally or considered criminal if they end their unwanted pregnancy with jamu. The informal nature of jamu makes it less stigmatized morally. Several informants agreed that much of this has to do with whether the pregnant woman “knows” she is pregnant, meaning by formal pregnancy test conducted at a doctor’s office. If she is aware and then consumes large doses of menstrual regulation jamu to induce her period, she has induced an abortion. In contrast, if a woman suspects she is pregnant by having a late period but has not conducted a formal pregnancy test and consumes high dosages of menstrual regulation jamu to induce menstruation, this is not considered abortion. This concept was also adopted in the 1970s with the introduction of vacuum aspiration as “menstrual regulation” or MR. At that time in biomedicine, “a technical distinction was made between the concept of inducing a delayed menstruation (MR) and termination of an established pregnancy (abortion)” (Hull and Widyanoro 2010: 183). While it was clear to the medical doctors performing the procedures that pregnancy was well established, “in the absence of a positive pregnancy test the patient and the doctor could maintain the assumption that a delayed period was being regulated, rather than a pregnancy terminated” (Hull and Widyanoro 2010: 182). For most of the 1970s,

women in urban areas could easily find a doctor who would provide a safe abortion, even if the name had been changed to MR.

These terms we use to navigate the moral issues surrounding abortion are products of political workings and of skillful negotiation and navigation of contemporary Indonesia's contentious arena pertaining to women's bodies and rights. Anthropologist Emily Martin's (1987) work with women's health and the powerful metaphors that shape our understanding of biology is particularly relevant here. Here jamu for menstrual regulation stands for something else – induced abortion -- with meaning communicated through indirect association. The problem and the potential with these metaphors is that the meaning produced and communicated about menstrual regulation is imprecise and open to interpretation, yet the effects of this metaphor on women's pregnant bodies is largely unknown. Women's health activists and medical practitioners have long manipulated these metaphors in their effort to serve the women of Indonesia. The Indonesian word abortion, *pengguguran*, has long been problematic in its foreign connotation and connection to action and purpose in aborting something. Activists have found a slightly better term *keguguran*, miscarriage, as a state of being aborted connoting something that happens to someone, not which they produced with purpose. This term is largely unproblematic in the face of law and in some cases, society understands the woman who has experienced it. In terms of jamu, women first try jamu to achieve *keguguran*, resorting to a doctor if this is ineffective.

The fact that the majority of women seeking abortions at PKBI clinics throughout Indonesia have attempted to terminate their pregnancies before seeking formal medical procedures, mostly thru the consumption of jamu, supports my thesis that jamu creates a space for cultural discourse and practice that enables women to engage with power in terms of their

reproductive health and sexuality. Even though jamu as abortifacient fails to work in many cases, jamu relieves and comforts a woman through some of the most stressful stages of her life. From their first menstruation what many women know about their bodies and sexuality is rooted in their experiences with jamu. Jamu is shared female experience, and as Linda Gordon asserts in her study of class and birth control, “The desire for and the problems in securing abortion and contraception made up a shared female experience” (Gordon 1976). Formal public and popular health discourse focuses on menstruation as natural, yet in need of manipulation, perhaps because it is the least morally contentious women’s health issue within Islam. Her primary response is to ask for help from a jamu seller, whether a mbok jamu, a mid-size industry seller or a pharmacist who sells jamu in a store. Jamu sellers are very open and easy to talk to about these medicines for “regulating one’s period,” an openness that seems to be fueled by business motivations than by commitment to women’s welfare. Women’s use of jamu is also in line with notions of gendered health expertise: a woman does not want to “trouble” her husband, pointing to her responsibility in caring for her reproductive needs, and she desires to be a “good” mother in raising the children that she already has in the family. This gendered philosophy of jamu might be explained as an effort to not “bother” men, but in reality, it is empowering to women in offering a discourse in which she can negotiate her reproductive choices.

In this case, the idea of jamu as “empowering” is perhaps the most complex given the unknown biomedical health effects on a woman’s body and her fetus of taking such high dosages of herbs. Who is responsible for these products, their mis-use and their regulation? Legally, the middle to large industry jamu producers who register their products through the Health Department and BPOM are protected and in line with all rules and regulations. They have skillfully created a need in society for women to have “healthy, regular” menstrual periods, and

they have a disclaimer on their boxes that warns: “Do not consume if pregnant.” The power of commercial advertisements for menstrual regulation jamu also seems to be essential in its success: “If it has already become a commercial then it must have gone through an authorization process, so the community doesn’t worry about the legality” (Interview KK 16 May 2008). By law, these producers have no control over the widely held public belief that jamu induces abortion, despite the fact that this “myth” has and continues to fuel and expand their profit margins. Never has there been someone punished for consciously using jamu to stop a pregnancy. Never has there been a medicine or jamu business critiqued by the community for producing in large quantities and distributing in wide networks jamu that is widely used to regulate menstruation. Further, no governmental agency feels any urgency to control the use of jamu by pregnant women. Unlike abortion, in the scenario of menstrual regulation, all active participants, from producers, practitioners and patients, have fulfilled their moral responsibility.

This dissertation calls for the urgent need to conduct intensive studies of the biomedical effects of menstrual regulation jamu on women’s bodies and their pregnancies. While largely critical of jamu, the research and advocacy conducted by women’s health activists from PKBI and YKP exists as the only explicit request urging the Indonesian government to investigate and regulate menstrual regulation jamu. These organizations are also working to promote education in the community, strengthening women’s education in preventing and handling unwanted pregnancies so that they do not have to face the unclear health consequences of jamu. Interestingly, PKBI is also trying to learn from the jamu industry in navigating the highly contentious waters of pregnancy termination, namely: how do jamu producers create perceptions of “menstrual regulation” and navigate around abortion laws in reaching Indonesian women? In PKBI’s stream of reasoning, society’s acceptance of consuming medicine for menstrual

regulation points to the potential to offer medical abortions of quality (RU486), according to biomedical health standards, and for medical abortion with surgical abortion backup. This phenomenon represents a middle road, a possibility outside the law and accepted by society, to end the “problem” of abortion. The success of menstrual regulation jamu has much to do with terminology and the molding of community perception, in addition to local Islamic teachings on life beginning after forty days. In PKBI’s opinion, society has been attempting medical abortions with jamu and other medicines. The obvious next step towards women’s health justice is in providing safe options for such practices. Implementation of biomedical medical abortions should not be too difficult, with society already familiar with the idea of regulating menstruation. PKBI is already learning from the jamu industry’s use of culturally sensitive terminology. In its recent reports it uses the term *pemulihan haid* which translates to recovery, return, or restoration of menstruation.

Dating to before recorded history and continuing today in the contentious moral waters of contemporary Indonesia, Indonesian society has developed methods of ending pregnancies that are in line with local political, economic and cultural values. As Andrea Whittaker (2010) asserts in her recent book on abortion in Asia, “writing about abortion forces us to confront the effects of poverty and economic inequalities, the configurations and expectations of gender relations, the meanings attributed to mother hood, the value of children, local moral worlds and understandings of women’s bodies” (4). Women are afraid of the formal medical procedures offered by NGOs like PKBI but feel at ease with jamu, whether time-tested fresh jamu recipes from mbok jamu or from larger industries that have registered these products with the proper channels. Since menstruation is a popular concept in contemporary Islamic popular culture, women’s use of herbal medicines to regulate their menstruation in order to take part in prayer

and as attempted abortifacient point to women's understanding of her relationship to religious teachings, gender roles, and power. It also avoids reference to sexuality, instead focusing on the menstrual, pious, reproductive woman.

4.3 SEX

Q: Does jamu have any side effects?

A: No side effects. The effects are to the front.

In Indonesian popular culture, jamu is closely associated with sex, as the comical reply to my interview question above shows. In comparison to women's health activism surrounding the controversial issues of condom use, masturbation, abortion and HIV/AIDS, topics with which health workers struggle to engage the community, my research on jamu was most often met with smiles, smirks and sex jokes. Several of my informants mentioned that this association is most popular among men: "I think most men think jamu means sex. At male jamu stands, they always want to know what women are ordering" (Interview, AU, December 26, 2007, Yogyakarta). The jamu-sex association is also strong in practice, as seen in Figure 80 below. In this supermarket aisle, jamu and condoms are grouped next to each other, pointing to jamu's association with sex.

This section illustrates why this association continues to be so strong by introducing a few of the most famous jamu products related to sexual strength and pleasure. Women turn to jamu to facilitate their sexual lives, from promoting "pleasant" odor, relieving painful vaginal infections and eliminating chronic white discharge to tightening their vaginas to better satisfy their husband. Men also turn to jamu for sexual fulfillment purposes, with a thriving jamu market treating impotence. While anthropologists have found it difficult to break the silence in Java

surrounding the secret knowledge of male female relationships, marriage and sexuality, the recent media and market freedoms of Indonesia today offer new forums for the discussion and study of women's health and sexuality, in addition to offering interesting glimpses into Javanese Islamic sexual and gender identity and cosmology.



Figure 80: In this supermarket isle, jamu and condoms are grouped next to each other, pointing to jamu's association with sex.

Throughout the history of Java, sultans, presidents and other leaders have often been known for their sexual prowess and the sexual allure of their women. In the Sultan of Yogyakarta's Water Palace built in 1758, large pools and fountains decorate the inner courtyards, as seen in Figure 81. This is where notoriously all of the Sultan's maidens would await him, sitting in the water waiting for him to pick them out. Those chosen would be allowed

to come into the inner pool, and from there, a “lucky” maiden or two would be asked to accompany the Sultan to the chambers. Now a museum, the bedroom chambers of this inner pool show the popularity of jamu in intimate relations at this time. As pictured below in Figure 82, the stone bed frame has several carved-out sections for jamu *ratus*, one of the most popular varieties of sex-related jamu, to be burned. In the context of the Sultan’s inner chamber at the water palace, the dried herbs of the ratus recipe would be smoked under the bed, in the spaces provided. This would add to the ambiance of the space, with odor being a valued erotic element within Javanese sexology.



Figure 81: It is said that the Sultan would look out the window on the second floor to the pool of palace maidens, choosing several of them to join him in the inner pool area. Water Palace, Yogyakarta.



Figure 82: In this bed area of the Sultan's inner chamber, jamu ratus is placed in the three designated areas beneath the bed. Water Palace. Yogyakarta.

Ratus is the predecessor of the popular line of products used to achieve the gendered health expertise of *rapet wangi*, another popular sex-related jamu recipe. The purpose was described by one of my informants, an official at the Indonesian Health Department:

We use this type of jamu to reduce discharge, because, sorry, if we have a lot of discharge it disturbs husband and wife relations. Therefore, we hope to lessen the discharge with jamu so that our relations with our husband are more peaceful. (Interview, DK, 18 July 2008)

Interestingly, the desired state of a vagina in contemporary Javanese cosmology is called “*rapet*,” which means as “a little bit wetter than dry.” Some of the most popular varieties of jamu help a woman achieve a rapet vagina by using jamu in the form of smoked herbs, incense, pills, jamu mixed with water and lime juice, or the astringent *tongkat nikmat Madura* (a small rod made of limestone) inserted into the vagina for ten minutes a few minutes before intercourse (see Figure 83). In the package advertising the jamu rapet product *Harum V*, meaning fragrant vagina pictured in Figure 84, herbs are boiled and the woman soaks her vagina with the resulting tincture.



Figure 83: Ranging in form from pills, tablets, capsules, incense and lotion, these products all facilitate the ideal vaginal state of rapet wangi.



Figure 84: In this jamu package advertising *Harum V*, or *Fragrant V*, herbs are boiled and the woman soaks her vagina with the resulting tincture.

The moist/dry opposition appears confusing, but essentially these products are thought to help restore balance and elasticity to the vagina. If you are too dry, a condition women approaching menopause complain of, this jamu helps you regain some moisture. If you are too wet, this jamu helps you achieve a drier/stickier vaginal state. Often vaginal wetness and

discharge are associated with *keputihan*, or whitish discharge from the vagina or uterus that many of my informants view as symptomatic of congestion. My informants described this as infection, “white menstruation”, itchy and unpleasant odor. Indonesian women are taught that they must “maintain” their vaginas:

The hope for girls is that they will become wives that can serve their husbands, and this is symbolized with the maintenance of her intimate organs. From a young age we are already pushed to consume jamu, whereas my older brothers are never told to do this. (Interview, VW, February 15, 2008, Yogyakarta)

Today, the marketing of ratus-related jamu for women speaks directly to these dominant gender roles, as advertisement for Extra Super Venus jamu states:

It goes without saying that every wife deserves her husband’s love and attention. But she should also know that every husband desires to see his wife looking fresh, neat, vivacious, healthy, charming and fascinating, even though blessed with many children. If she knows the secret, she will not put off taking Extra Super Venus from this moment.

The advertisement for *Empot-empot* jamu claims:

This jamu can create very special throbs of excitement when having sexual intercourse. It gives something more than what is expected by a husband and removes juices in and tightens the vagina. It helps women recover their vigorous sexual drive.

Among my informants, the women most famous for the best of these female sexual prowess jamu recipes hail from the island of Madura and provide an interesting example of the powerful ways women’s bodies, ethnicity, religion, sexuality and health needs are commoditized in the form of jamu. My first experience with this association happened before graduate school while teaching English at a university in Yogyakarta. With plans to visit Madura during an upcoming holiday, several of the men in my office jokingly insisted, “Mbak Sarah, will you drink jamu Madura? Bring us jamu Madura as presents, ya.”

Indeed, it is commonly believed in Central Java that the best jamu for sexual purposes is produced and sold on the island of Madura. Madura is a large, rural island about 160km by 35km, separated from Surabaya on the East Java coast by a narrow channel. It is home to around 3 million people, with ninety percent Muslim and almost all belonging to the traditionalist Muslim organization *Nahdlatul Ulama*. Despite being a very traditional and devoutly Islamic society, Madura has long been famous throughout Central Java for the sexuality of its women and its jamu. Jamu Madura comes in many varieties for both men and women and serves mainly to enhance sexual pleasure and performance, as well as foster “healthy marital relations.” Jamu Madura is used to keep ones’ spouse sexually “*puas*” or “satisfied,” which is taught as essential in maintaining a healthy Muslim marriage. As I will show, Madurese women, sexuality and jamu are strongly connected. In fact, the word Madura is believed by many Madurese men to be derived from the words *madu*, or honey, and *dara*, or girl.

Popular belief regarding jamu Madura and Madurese women is illustrated by this famous Indonesian joke:

Q: What is the difference in the way Javanese and Madurese women make tea?

A: Javanese woman lets the spoon stir the sugar in the tea, whereas the Madurese woman spins the cup and lets the spoon stand still.

The spoon represents the penis and the cup symbolizes a vagina. Another joke surrounds the lack of an airport on the island of Madura:

Q. Why is there no airport in Madura?

A. The runway would not be stable enough for an “airplane” to land.

The airport represents a vagina and the airplane symbolizes the penis. In both of these jokes, Madurese women are depicted as active participants who take the lead in sexual relations. In this

way, Madurese women are revered throughout Central Java for their sexual prowess, their knowledge and agency in sexually satisfying their partner. This agency is seen in contrast to Javanese women who in these cultural representation, are seen to be passive. In her essay “Fragile Identities: Deconstructing Women and Indonesia,” Laurie J. Sears describes how such stories, jokes and fantasies of Indonesian women have long been told and maintained by Indonesians and foreigners. While “some portray these women as strong and independent; most paint different pictures” (Sears 1996: 3). It is the picture that is constructed and spread about Madurese women with the help of jokes like this that I address here.

I was originally confused by the public nature of these Muslim women’s sexualities. In my visits to Bangkalan, southern Madura prior to graduate school, I was struck by the seemingly open discourse about sexuality and the extent to which my Madurese female friends adopted these stereotypes of their sexual abilities. On one of my first visits to my friend’s house I was shown to the kitchen where she kept the roots she boils and eats to make herself more “enjoyable” to her husband. I remember being somewhat shocked at her openness, never before having had such conversations with my married female friends in Central Java. She explained how on the night before she married, the older women in her family helped bath her with various herbs. On the day of her wedding she was instructed to stand over a pot of boiling water with a specific root in it, over which a cloth was draped from her waist to form a tent. She explained that both of these practices were to ensure that she was “fresh” for her new husband. In talking about what it means to be a good wife, she explained that when men seek other wives or divorce, not uncommon in this traditional Muslim agrarian community, it is because the woman did not sexually serve her husband well. According to my friend, to serve means to never reject his

desire to make love, even if you are sick and tired and to keep one's body desirable and beautiful.

One informant, Evi, is 35, Muslim and married with two young children. Originally from Madura, Evi has been living in Yogyakarta for over a decade and is active in social justice organizing (July 2, 2008, Yogyakarta). In response to my question inquiring about why there is a popular perception of Madurese women as sexually gifted, she asserts:

Yes, because we are raised from a young age to be more free and expressive from other cultures in Indonesia. Therefore, in bed, we can do anything and there is definitely talent. We definitely have a mindset in sexual matters. Modern people call it sex education, but in Madura we use a more natural and cosmological language. Because of this, for the most part, Madurese people don't feel uneasy in serving their partners sexually. We have special skills, but it is also psychological. I think that this might have something to do with the influence of jamu. When we are young we study about jamu for sex. I learned about my body and sex through talking about jamu with my mother and my grandmother. For example, when I gave birth to my second child via caesarian section, my mom got angry "Madurese women don't get caesarian sections!" To her that is not natural. Women in Madura are very proud of their secret knowledge about keeping their vaginas tight and fragrant after childbirth. Now it is a modern trend: ratus, sari rapet. That is all from Madura. Even though Madurese people are conservative Muslims, they are free sexually because they view discourse about sex as a form of religious devotion, so there is no problem. The roots are in the Sufi tradition. Sex is something sacred, meaningful and important that you share with your partner.

Like the exotification of female sexuality in Madura, stories and fantasies about male sexuality are also told and maintained throughout Central Java, with Madurese men being rumored to be exceptionally well-endowed. With lines of men buying jamu Madura on the street at night to increase endurance and the sexual satisfaction of his wife, men are also being acculturated to become good husbands. My friend described in detail how her husband was prepared from an early age to satisfy his future wife. In her husband's community in East Java, when young Muslim boys are circumcised, usually between the ages of 11 and 16, they are left with a tiny piercing in the skin of their penis. They are told that on their marriage night and

thereafter a hair from a horse's tail can be inserted into the hole to satisfy their wives sexually. Her husband also remembers being forced to drink jamu by his grandmother from a very young age so that he would become a "good husband." His grandmother also taught him that by beating a certain kind of fish against his penis when he was playing in the river as a child he would have exceptional sexual power. Another informant from East Java, of Madurese decent, recalls the bitter taste of jamu as a child, believed by his grandparents to help him achieve a large and crooked penis, both symbols of strong male virility.

Jamu Madura can be bought throughout Java and in wide networks over the rest of the archipelago. Globally, sex-related jamu is also very popular in Malaysia and the Middle East. Most companies package their jamu quite professionally and adorn it with the phrase "Small Industry of Traditional Madurese Medicine" or with "recipes from Madura." Most often, this phrase is placed above the picture and name of a Madurese woman, often a mbok jamu, usually a pleasant old woman in Madurese dress who you would expect to see at the market in Madura on a typical morning, as see in Figure 85 below.



Figure 85: In this stereotypical image, Nyonya Badrijah, a small jamu industry producer from Madura, is pictured on this packet of sex-related jamu.

On other advertisements for sex-related jamu Madura, more overtly sexual and scantily clad women adorn the advertisements. In this advertisement for a Madurese sirih-based feminine wash pictured in Figure 86 below, women are told: "Please your husband with being clean fresh and tight the natural way. 'Aaah, my husband loves being at home now!!!!'"



Figure 86: In this advertisement for a Madurese sirih-based feminine wash, women are told: "Please your husband with being clean fresh and tight the natural way. 'Aaah, my husband is so satisfied in the house now!!!!'"

Interestingly, in the examples of the most explicit sex therapy images of Caucasian Western women, as hinted at in the above Madura advertisement, are often used in the photos on advertisements and in cartoons in sex therapy columns of the local newspaper and tabloids. An advertisement for "V-Klin," pronounced "V-Clean," boasts a photo of Anna Kournikova, the Russian tennis pro, posing seductively in its newspaper advertisement. This makes sense, with widespread associations of Western women practicing "free sex," sex with everyone and anyone. For representations of both of Madurese women's sexual prowess and Western women's free sex experience, it is important to reflect briefly on the potential power of the market and politics to influence the discussion of women's true sexual identities and practices. Judith Williamson

focuses on the representations of difference and otherness within mass culture and asserts that the main vehicle for this representation exists as women: “Femininity is equally enclosed, gift-wrapped within culture, not as one of its own products but as a package tour of the natural” (Williamson 1986: 100). Mass culture’s use of the feminine in ads for jamu Madura embodied by the picture of the wholesome Nyonya Badrijah and expressed in explicit and popular comments and jokes are just a few of the strategies that enable the sexual perceptions of these women to cross Madura’s boundaries. The commercial aspect of such products, therefore, may involve a manipulation and attribution of meaning to something which is not really intrinsic to the thing itself. Related to this, Aihwa Ong (1995) discusses local belief systems from a village in Malaysia and concludes that “control over female sexuality has been made a focus of the resulting efforts to strengthen male authority, reinforce group boundaries, and ensure the cultural survival of the Malay community undergoing modernization” (Ong 1995: 262). Therefore, it is important to keep in mind the extent to which Madurese and Western women’s sexual prowess, her hypersexuality, is constructed and transmitted in modern-day Indonesia by men, women, capitalistic interests and Indonesian society at large.

One popular example of jamu Madura frequently mentioned in my interviews is the “*Tongkat Nikmat Super*” or “Super Enjoyment Stick” for women. Consisting of a phallic shaped white stone with a powdery dry substance coating, this example of jamu is particularly illustrative due to the detailed instructions included in the package, as seen in Figure 87 below.



Figure 87: Instructions included in the package for Tongkat Madura.

The following is a translation of the instructions:

Traditional Madurese Herbs for Women

I. An explanation of purpose

1. This stick is produced to fulfill the needs of women that desire the harmonious well-being of *lahir* (external/extrinsic/worldly) and *batin* (internal/spiritual/heart) with the purpose to support her intimate needs for satisfaction with her husband.
2. This stick is composed of ingredients based on a traditional recipe that was created by our ancestors many centuries ago.
3. Guaranteed to not have any side effects and to satisfy the desires of women in having sexual intercourse with her beloved husband.
4. We will not comment much, but it is fact that women from Madura exist as “madonnas,” as what one aspires to be in a woman because of her ability to service and satisfy her beloved husband sexually.

While it is obvious that the image of Madurese woman as sexually gifted due to jamu has become an advertising strategy for jamu, these instructions offer interesting glimpses into Javanese Islamic sexual and gender identity. The first explanation of the Super Enjoyment Stick’s purpose addresses a woman’s desire to achieve “harmonious well-being of lahir and batin” in order to satisfy her and her husband’s sexual needs.

The concepts of *lahir* and *batin*, matters of the inner self and the outer world, have been studied in depth by anthropologists in Java in attempting to describe the Javanese-Muslim concept of identity. In his work “From the Native’s Point of View: On the Nature of Anthropological Understanding,” Clifford Geertz studies how the Javanese define themselves as persons by analyzing the symbolic forms---words, images, institutions, behaviors---by which people represent themselves to one another. Geertz (1985) asserts that the Western conception of the person as a “bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgment, and action organized into a distinctive whole and set contrastively both against other such whole and against its social and natural background” (59) is not a universal concept at all. Rather, Geertz addresses the concepts of *lahir* and *batin* as well as *halus* and *kasar* (refined and vulgar) to be the central contrasts by which the Javanese define personhood.

The *lahir/batin* dichotomy represents terms “borrowed from the Sufi tradition of Muslim mysticism, but are locally reworked, which refer on the one hand to the felt realm of human experience and on the other to the observed realm of human behavior” (Geertz 1985: 60; See also Woodward 1985). *Lahir* refers to that part of human life that behaviorists study: external actions; whereas *batin* represents the inner workings of one’s emotional feelings. These two contrasts, inward feelings and outward actions, are not seen as functions of one another but as two separate and independent realms which are to be put in proper balance. The goal is to be refined, not vulgar, in both the separated realms of the self. Geertz asserts refinement in the inner realm, *batin*, is to be achieved through religious discipline whereas in the other realm, *lahir*, balance is to be achieved through etiquette (Geertz 1985). In light of Geertz’s analysis, the Super

Enjoyment Stick can then be seen to allow for harmony of the inner emotional life of the woman with the outward actions of sex with her husband.

This symbolic opposition can be contextualized in terms of Greco-Islamic medicine and Islamic Humoralism, the ancient theory that health and illness result from a balance or imbalance of bodily liquids. Such symbolic oppositions like *lahir/batin*, hot/cold and wet/dry “express the character of men and women or human emotions in contemporary Muslim societies, and govern dietary practice and popular thinking about health” (Good and Good 1992: 258). For example, in Manfred Ullmann’s discussion of agency in Islamic medicine men are seen as distinct types of animals who can control their health and influence their temperaments. He offers the example of sex and melancholy where sex is linked to pleasure and the elimination of fluids. A healthy sex life is seen as a way to prevent melancholy, to affect mood. As with the *lahir/batin* dichotomy, a distinction is made between the mind and body and how they interact to maintain health and spiritual well-being (Ullmman 1996: 102). Sexual identity and practice in Indonesia represent a dynamic symbolic system composed of many elements and dimensions in constant motion and confronting constant change. One of the problems with trying to interpret the meaning of sex-related *jamu* is that marketing dynamics impose meaning on medicines that are manufactured, and these meanings can then be rather cynically attributed to the medicines in question simply because they have general cultural significance. Laderman describes how the use of magic in traditional Malay belief in terms of abominations concerning piety, prayer and devotion to Islam “protected their healing treatments from the kind of criticism directed at more traditional practices” by combining “modernity, magic, and religious orthodoxy” (Laderman 1997: 341). When Islam began to take hold in Java in the early thirteenth century, pre-Islamic indigenous gender constructions and belief systems radically altered the imported theories of Islamic

medicine (Ullmann 1996; Anwar and Abdullah 2000). Thus, not only are power, sex and the sacred rooted in Islamic medical beliefs, but these systems came to have cultural authority in part because they provided a model that linked power, sex and the sacred.

In Indonesian Islam, the phrase “*Mohon Maaf Lahir Batin*,” or “please forgive my sins, both with regard to the world as well as those within me” is repeated over and over on the holy days following the fasting month of Ramadan. The pattern emphasizes the need for the ‘manifest’ or ‘material’ (*lahir*) world to be harmonized with the ‘non-manifest’ or ‘non-material’ (*batin*) world of spirits, souls, feelings, and the sixth-sense. Harmonization is thought to be brought about by attentiveness to both worlds, and according to the marketing team of the Super Enjoyment Stick, by the use of *jamu*. Interestingly related to this need to seek forgiveness is a story about a few of my friends who work in the International Planned Parenthood counseling pregnant teens. With backgrounds as strict students of Islam, these activists are often criticized for creating conflict with their *batin* when knowing about and working with people who engage in the controversial act of premarital sex in Indonesia. Many argue that such worldly work is dangerous in the attempt to achieve harmony with their inner emotions.

One example of the kind of husband-wife communication facilitated by discourse around *jamu* can be seen in a multi-level marketing campaign conducted by the large *jamu* industry PT Natural Nusantara (NASA) in Central Java. Its product, Crystal X, is very similar to the super enjoyment stick in function and origin, with the package stating clearly “Recipe from Madura.” About half the size of the Super Enjoyment Stick, Crystal X is similarly composed of limestone infused with herbs. As one seller of Crystal X jokingly exclaimed, “even though it is small, but the advantages are very big!”

The introductory section to its promotion video states:

This presentation is only for those who are already adults. It tells the story of something that is hidden in the life of a husband and wife. Way over there, on the border of a city, live two humans that have both promised to be faithful and create their own household together. Everything seems to be going just fine but on the other side there is one thing that needs to be fixed: Sexual communication. Facts: The longer you are married does not guarantee that the quality of your sexual communication as husband and wife will improve. Tolerance becomes disproportionate only because they are protecting their partner's feelings. The more you close the possibility of talking about the weaknesses between partners, not to mention the taboo that most of society feels when talking about sexual problems, the worse the condition of husband and wife communication. Cases like this can often be seen in consultation sections of magazines/letters to the editor/radio/TV: not feeling satisfied with your partner; not enough enjoyment/pleasure in intimate relations; partner avoids being romantic; Wives don't protect the health of their female organs resulting in vaginal infections; husbands that are very tired and stressed from work, etc. There are many other problems, as well. If all of these things are not communicated with your partner, it can lead to a family's disaster with cases like: affairs by both husband and wife, divorce and even more disturbing: prostitution! How about you? To prevent this from happening NASA is offering a tool as a media to open dialogue and to make communication more open: CRYSTAL X. Functions and advantages of this product include: reshapes and tightens the vagina; facilitates easy stimulation; removes unpleasant odors from your female organs; cures yeast infections; cleans the walls of the vagina; prevents cervical cancer. With "womanhood" organs that are cleaner and healthier, you will believe in yourself more and be ready for your husband's advances. Enjoy trying Crystal X and feeling the sensation.

In addition to stressing the need for women to manage their womanhood organs in order to facilitate a healthy marriage, this jamu producer explicitly uses the need for sexual communication between husband and wife as a selling point for this product. In addition to this introduction, the video advertisement involves three different couples' testimonials about their experience with Crystal X. Visually, the image of a jilbab-wearing woman sitting with her husband on their sofa, with the sounds of children and passing motorbikes in the background, the couple holding the small phallic-shaped jamu and talking openly about how it has helped their marriage, foreplay and family is somewhat shocking. While it is important to remember that these conversations are being recorded as part of a marketing campaign, the following excerpts

from these testimonials provide a fascinating glimpse into the supposed sexual lives of these Muslim couples, gender roles related to sex, and these women's health priorities:

Female consumer 1: It is definitely amazing what I feel. As we know, wives are meant to serve their husband. I was interested because it is natural. In fact, if you consider my age [40] you'd think that I wouldn't think about sex anymore. Praise be to God, I can still enjoy and service my husband well. I feel more harmonious. For husbands and wives that is very important. And this harmony is greatly supported by this product. Praise be to God, we are really enjoying our marriage.

Male consumer 1: They say that it is a recipe from Madura and after I bought one from NASA, I told my wife about it. She said to just try it, that maybe it would have good advantages for us as a family. There is no harm if we try it, and after I try it the results are amazing. This tiny thing makes people become ya, what is the term... *joss!* [really good] In addition to what we've talked about, this product also helps in the maintenance of women's health as experienced by my wife. Before, she suffered from too much vaginal discharge and an unpleasant smell. But when using Crystal X, after soaking it a nice aroma comes from it, making the environment better, amazing. In addition to maintaining the health problems of old people like us, after soaking Crystal X in addition to the nice smell, our foreplay is better and better. In result, husbands and wives enjoy what they are doing. We have used it four times, ya ma? We have no complaints. There is no chance to have an affair (laughter). It turns out that from our experience over the years we had reached a period of boredom. After being introduced to Crystal X from NASA, we realized that we are still young, like newlyweds.

Female consumer 2: Before I started using Crystal X, I regularly drank sirih leaf jamu. As a result, I experienced vaginal dryness. I went to the doctor because I would be in pain if we had "relations". The doctor told me to stop drinking the sirih jamu because it causes vaginal dryness. After my husband introduced me to Crystal X and told me to use it, I was very happy because after one week of using it I felt like my vaginal moisture came back. I wasn't too dry, which made me happy. I am able to enjoy myself.

Male consumer 2: So I am also happy with my wife using Crystal X because I feel like there is a change. I used to feel bored, but now I have my sex drive back. Even though it is in such a small shape, it can make our life happier. Especially for couples that are approaching menopause. My wife is already experiencing the symptoms of menopause, she is almost 50 years old. Now she is back to normal. My wife is menstruating regularly again. Before, sometimes after two months she would have her period. Now it is normal again. Every month is normal, for one week. This product is just amazing. In addition to feeling the benefits in terms of health, in our family relationship, our husband and wife relations, now we are brave to experiment in our love making. Ya, we are free to experiment in ways we have never done

before. Experiment on the bed, with different positions. And my wife, when she experiments, she enjoys herself. Now to have “relations” is no longer something that you do to fill a need, because you can. Now we can truly enjoy ourselves like we used to.

Female consumer 2: Now I’m not just serving my husband, fulfilling my duties. Now it is for myself, too. Ya, before even though I was in pain, I’d hold it in. Now we both enjoy the benefits.

Male consumer 2: Sometimes for people these are issues that not everyone is open about. Wives are afraid of being open with their husbands. Husbands are afraid of being open. And I only found out today that my wife felt pain for all this time. Yes it is true that sometimes this is one of the biggest obstacles for a woman, and for women. My wife is like that, too. No matter what happens she is quiet. The important thing is that her husband enjoys himself. Only that can have an effect psychologically. You are easily hurt and it can affect family harmony. That is what we experienced before we were introduced to Crystal X. Thanks be to God. I am very thankful. Don’t be embarrassed to use Crystal X because it can revitalize the woman’s reproductive organs – since usually women are first to experience the decline of their reproductive organs while men are still strong. Therefore with this tool, if God consents, it will return to how it was as a newlywed.

Male consumer 3: My wife recently started having problems with her female organs, mainly in terms of yeast infections. Not too long ago we went to the doctor several times but we were never satisfied with the results. Then we got introduced to Crystal X and started using it. After my wife used it for two days, she started to feel the benefits. She said that after using this product for two days, she experienced vaginal discharge of white lumps that resembled cheese. We were startled with the lumps of discharge. In addition, what we feel after we have “intimate relations” has proven to be very different from what we have always experienced. We are more passionate. The sensations I feel are also felt by my wife, who before now felt bored with sexual relations. After using this product she also feels pleasure. In terms of her health, by using this product my wife’s female parts are now very clean and don’t smell. Her whole body seems fresher.

The holistic nature of jamu is evident here, with the wife’s odor and vaginal health tied directly to their sex life, foreplay and family life. Even though this advertisement is spoken about in terms of the benefits for both the husband and wife’s marriage, it is considered “jamu for women” to help her sexually satisfy her husband, who does not have a “problem” to be managed. These testimonials also point to the belief that as your relationship becomes more open,

communication flows more smoothly and that this jamu product helps build a foundation for a family that is peaceful, happy and blessed. The importance of enjoyment and pleasure in sex in healthy marriages is also clear. Here, discourse about jamu facilitates sex therapy between husband and wife. In the case of the second couple, the husband had never known that his wife experienced pain while they were having intercourse. He was thankful for this jamu product to facilitate this communication, and for helping relieve his wife's vaginal pain. This communication, this jamu education, is unstigmatized and informal. There is a familiarity and trust, and a desire to return to the sexual lives of their twenties when they were newlyweds, experiencing the earlier days of youthful femininity and vibrant young masculinity.

Women manage their "problems" so that they maintain their husband's interest. While most often women are seen as responsible for the sexual life of their marriage, some of my informants spoke of a joint effort in using jamu for sexual fulfillment. In such discourse, pleasure for men is joined by a concern with pleasure for women, although prioritizing men's pleasure. Sex is explicitly tied to gender roles of good husbands and wives and consumption of this jamu is believed to help in enjoying your marriage again. Interestingly, one salesman for CRYSTAL X explained:

Several of our female customers, even my wife, say that they feel different after using it. That she can feel sensations more. She feels more sensitive because this product fixes her vagina and makes her more sensitive. At the beginning this product was definitely used for the man's pleasure and enjoyment, but now CRYSTAL X is used for women, for women's pleasure. By using this over an extended time, she will clean anything dirty from that area so that she is more sensitive. Women in Indonesia rarely are able to achieve orgasm because they are not sensitive enough. Usually they only have sex to serve their husband's needs as a kind of requirement. This is such a pity, living in this world and not being able to experience sexual pleasure. This product is only used by women who have husbands because in Indonesia virginity is still very valued. Teenage girls can also use it, but it should not go inside her. She can use it for treating vaginal infections. (Interview, AC, June 27, 2008, Yogyakarta)

Jamu kuat, “strong” jamu, is the most popular jamu recipe among men to ensure their virility, strength and masculinity. This is not a new form, with Javanese mythology full of references to men who are strong and tenacious, both physically and sexually. Central Javanese court manuscripts from the 19th and 20th century offer some of the best accounts. One of the oldest surviving manuscripts is the *Serat Centhini* dating to the early 1800s. In a section entitled “The science of lovemaking,” the meaning of *katitih asmara* (failure in lovemaking) is explained in the form of advice for a young man, Mas Cabolang, as he approaches adulthood, as translated from Javanese by Soewito Santoso:

If the penis is not strong enough but forced to do the act, the result will be impotence in the man and dissatisfaction on the part of the woman, and she will lose respect for her partner. This impotency is usually caused by mental or physical deficiencies, such as *susah* (worry), *lara* (illness), *luwe* (hunger), *kapok* (aversion), *isin* (shame) and *cuwa* (dissatisfaction). These are some of the twenty causes that lead to impotence and failure in lovemaking. (Santoso 2006: 119)

In a section entitled “How to have a decent sex relationship” the need for men to pleasure and satisfy his wife is explained:

When the penis has reached its ultimate strength and tension, then the congress should not be one-sided. The man has to satisfy the woman. He should fully understand that there is something known as *wuri purana* (‘something behind the screen’, that is, the clitoris), which if touched by the penis will result in a sensation that spreads all over the body. Therefore, make attempts to touch it again and again so that the sensation fires the sexual desire, which can be observed in the movement of the partner. If the sensation reaches its climax, she will release her secret weapon called *barunastra* (the arrow of the god of the sea), a liquid that makes the vagina very slippery. Her movements will influence the penis and an indescribable pleasure will come forth. But he must always keep his pace and conscious of her movements so as to help her reach ecstasy along with him. If he is not careful, he will be dragged away by his own enjoyment and will end before his partner is ready to come along. In this case, the husband will fail. *Katitih asmara*, people say, because he will not have any strength left to satisfy his partner. (Santoso 2006: 120)

Interestingly, in Javanese cosmology expressed in this manuscript, levels of passion by both wife and husband are seen as instrumental in conception and in determining the gender and character of a baby in the womb.

U.S. reporter Louis Fischer's interviews with former president Sukarno further point to the popularity of jamu kuat. As Sukarno explained his lack of support for family planning to the reporter, he sipped jamu, going on with great excitement about the ways jamu helps to treat impotence and fatigue (Hull 2005). One of the most popular products of this type is *Irex*, which is produced by PT Bintang Toedjoe, and which is a liquid energy supplement that is positioned as an instant sexual booster, or aphrodisiac, for men. *Irex* is composed of L-arginine, yohimbe bark extract, muira puama extract, ginseng and honey. The producer of *Irex* is careful to emphasize that its target consumer is married and that he is a "good" man with strong family values, often in the lower income levels of society. When asking my informants about why the concept of jamu kuat is so popular, several middle to upper class informants expressed interesting class assumptions: lower classes work hard physical jobs and they need strong jamu for stamina. The platform of the *Irex* personality is the "Pria Sejati," the "real man" who is healthy, successful and loyal to his wife. The company is careful to promote this very responsible image to prevent any connotations of promiscuity attached to the brand. In 2002, *Irex*'s tagline "Kado Ulang Tahun Mama" or "Mother's birthday present" speaks to this family-man gender role, as does the advertisement in Figure 88 below. In this advertisement, an erect phallus-shaped red "cabe Jawa," or Javanese chili, links the use of this jamu to a "celebration of love."



Figure 88: In this advertisement for Irex, an erect phallis-shaped red *cabe Jawa*, or Javanese chili, indicates how the use of this jamu is a "celebration of love."

Another popular variety of jamu kuat is described as a combination of the male reproductive organs of crocodiles and cobra venom and is believed to make men stronger, to increase masculinity, energy and stamina and to increase sexual desire. Adorned with the drawing of a cobra coiled and ready to attack, this jamu's slogan says it all: "*Tangkur Cobra: strong and ready to face the toughest of challenges.*" Many of the packages featured idealized drawings of muscle men or Bima, one of the Hindu gods portrayed in the *Ramayana*, the epic tale that dates back millennia and came to Indonesia from India. Western body ideals of masculinity also appear to be fusing with local conceptions of masculinity and strength in another jamu advertisement for jamu kuat, as seen below in Figure 89. Men buy this jamu after work, usually at night, from fresh sellers on the street to roadside stalls that specialize in *jamu kuat*. Near every brothel area you will surely find a jamu seller at any hour of the day or night ready to sell these medicines.



Figure 89: Western body ideals of masculinity also appear to be fusing with local conceptions of masculinity and strength in this jamu advertisement.

Margot Lyon sees the explosion in sales of products which promise renewed energy and stamina as symbolic of the enormous structural and social changes taking place in post-authoritarian Indonesia (Lyon 2005). Lyon believes that this consumption of “power” and “masculinity” exists as an increasingly important form of agency in men’s lives today.

While most advertisements for sexual stimulants are fixed on traditional gender values and stereotypes with women being positioned as passive players in sexual activity and playing the role as sex object for men, the inclusion of the need for female sexual pleasure can be best seen in the marketing for jamu kuat. In this advertisement for a brand of herbal male stimulant called *Jagase*, two interesting angles were taken in selling its product, as seen in Figure 90.

JAGASE, Diminum Suami Dinikmati Istri

Jangan hanya menuntut ingin selalu mendapatkan ‘pelayanan’ yang terbaik dari istri, tetapi lakukan atau berikan yang ‘terbaik’ pula buat sang istri. Berakulah adil, perlakukan istri secara baik dan menyenangkan, sebagaimana kita juga ingin diperlakukan seperti itu. Begitu juga dalam urusan seks, jangan hanya ingin ‘dipuaskan’, tapi berikan juga ‘kepuasan’ maksimal kepada sang istri. Nah untuk itu, minumlah JAGASE (POM TR 073367921) secara rutin dan teratur, 2x2 per hari. Berkhasiat menjaga dan meningkatkan stamina kaum lelaki secara cepat dan akurat tanpa efek samping. Sebab, dibuat dari bahan-bahan alami pilihan yang berkhasiat obat dengan proses yang sangat higienis di bawah pengawasan apoteker ahli berpengalaman.



Formula Khusus Pria Dewasa

Memelihara Kesehatan Pria Perkasa
Minum 1 jam sebelum berhubungan 1 kapsul
Untuk perawatan minum sehari 2 X 1 Kapsul

Dapatkan JAGASE di Apotik dan Toko Obat Terdekat di Kota Anda : 800.0 Apotik Bangsan J. Ltd. Jend. S. Permana, Apotik Jemberan J. Valtoro 255, Apotik Apotik J. Croydon, Apotik Pesar Pan J. Slamet Riyadi, Apotik Nuhayati J. Slamet Riyadi 233A, Apotik Maimun J. Ysa Sudono 5 Tanjung Anom, Apotik Nugrahani J. Valtoro 150, Apotik Mula J. H. Juanda No. 69, Apotik Arie J. Manginadi, Apotik Cawang J. Tanjung Anom, Apotik Satrio Putro J. Gajah Mada, Toko Obat Gajah J. Gajah Satrio No. 77, Apotik Satrio Putro J. P. Terdikhan 105, Apotik Hening Mar J. H. Manginadi, Apotik Cawang J. Dr. Widiatni 34, Apotik Wahyu P. J. MT. Haryono 27, Apotik Nusanan J. Adi Sumarmo 4, Apotik Anugrah J. Adi Sumarmo No. 3, colomadu, BOVOLALI : Apotik Gusdeng Sehat J. Jember, Apotik Gajah J. Pandanaran 30, Apotik Minto J. Pandanaran 373, Apotik Bayu Husada J. Melayu, Apotik Central J. Anugrah 206, Apotik Alka Sari J. Perintis Kemerdekaan No. 383, Apotik Medika Suga Farma J. Perintis Kemerdekaan 1, Apotik Rahmah J. Perintis Kemerdekaan, Apotik Asasiati J. Ranti No. 8, SALATIGA : Apotik Vahid J. Sudirman Saltinga, Apotik 24 J. Jend. Sudirman Ruko Taman Sari, Apotik Bunda J. Sudirman no. 125 Salatiga, SUKOHARJO : Apotik Mutiara J. Adi Sumarmo, Apotik Adi Mas J. Slamet Riyadi 7 Karti Suro, Apotik Sehat J. Dr. Muwardi 37.

HOT LINE SERVICE : 021-70288046 / 021-8319365

JAGASE, Suami Wajib Menjaga Stamina

Mulai dari sekarang, cara berpikir para suami harus segera diubah. Yang tadinya hanya ingin dilayani, sekarang harus mau juga melayani. Melayani dalam pengertian sebagai seorang suami yang memang berkewajiban menyenangkan pasangannya, termasuk dalam urusan ranjang. Hal pertama yang harus dilakukan adalah menjaga dan meningkatkan stamina kekelekannya. Salah satu cara yang paling jitu adalah rajin mengonsumsi ‘energi’ tambahan yang bersifat alami dan tanpa efek samping, yaitu Jamu JAGASE (POM TR 073367921). Diminum 2x2 kapsul per hari, stamina dan vitalitas kelekalan Anda akan tetap prima terjaga. Mudah diperoleh di apotik dan toko obat terdekat di kota Anda.



Formula Khusus Pria Dewasa

Minum 1 jam sebelum berhubungan 1 kapsul
Untuk perawatan minum sehari 2 X 1 Kapsul

Dapatkan JAGASE di Apotik dan Toko Obat Terdekat di Kota Anda : 800.0 Apotik Bangsan J. Ltd. Jend. S. Permana, Apotik Jemberan J. Valtoro 255, Apotik Apotik J. Croydon, Apotik Pesar Pan J. Slamet Riyadi, Apotik Nuhayati J. Slamet Riyadi 233A, Apotik Maimun J. Ysa Sudono 5 Tanjung Anom, Apotik Nugrahani J. Valtoro 150, Apotik Mula J. H. Juanda No. 69, Apotik Arie J. Manginadi, Apotik Cawang J. Tanjung Anom, Apotik Satrio Putro J. Gajah Mada, Toko Obat Gajah J. Gajah Satrio No. 77, Apotik Satrio Putro J. P. Terdikhan 105, Apotik Hening Mar J. H. Manginadi, Apotik Cawang J. Dr. Widiatni 34, Apotik Wahyu P. J. MT. Haryono 27, Apotik Nusanan J. Adi Sumarmo 4, Apotik Anugrah J. Adi Sumarmo No. 3, colomadu, BOVOLALI : Apotik Gusdeng Sehat J. Jember, Apotik Gajah J. Pandanaran 30, Apotik Minto J. Pandanaran 373, Apotik Bayu Husada J. Melayu, Apotik Central J. Anugrah 206, Apotik Alka Sari J. Perintis Kemerdekaan No. 383, Apotik Medika Suga Farma J. Perintis Kemerdekaan 1, Apotik Rahmah J. Perintis Kemerdekaan, Apotik Asasiati J. Ranti No. 8, SALATIGA : Apotik Vahid J. Sudirman Saltinga, Apotik 24 J. Jend. Sudirman Ruko Taman Sari, Apotik Bunda J. Sudirman no. 125 Salatiga, SUKOHARJO : Apotik Mutiara J. Adi Sumarmo, Apotik Adi Mas J. Slamet Riyadi 7 Karti Suro, Apotik Sehat J. Dr. Muwardi 37.

HOT LINE SERVICE : 021-70288046 / 021-8319365

Rp. 60.000 Perkotak
Isi 30 Kapsul

Figure 90: In two different advertisements for the same product, Jagase, two different notions of gender relations are promoted.

In the first example it states: “Jagase: Husband consumes it, Wife enjoys. You shouldn’t only want to receive the best ‘service’ from your wife, but you should do or give the best to her as well. In terms of sex, don’t only desire to be satisfied but give the maximum satisfaction to your wife.” In the second example: “Jagase: men are required to have stamina. Starting now, the way husbands think must change. While you used to only want to be served, now you must also wait to serve. To do this, you should first protect and improve your male stamina.” Here, jamu discourse about sex highlights the gendered expertise performance of masculinity. In contrast to “before” – now, men are urged to consume jamu in order to sexually satisfy their wives.

In Indonesia today, one can find a wide variety of popular literature about sex. In one of these books entitled “A complete guide to medical cures” there are prayers to “increase enjoyment during love making” so that wives feel fulfilled and won’t want to have sex with

another man. It instructs the reader to “no matter the method, write the Arabic prayer below on your penis and then make love” (Prayer Books: collected 2004). There are also methods to prevent fighting between husband and wife and also to prevent premature ejaculation. In another book entitled “Recipes from Heaven for husband and wife happiness” there are recipes that help a wife reach a quick orgasm, help the vagina be more sensitive and increase the size of the penis for the woman’s enjoyment (Rahimsyah and Hartatik 2000). This book explains that since women have “higher sexual desire than men, with men having only one eighth the sexual drive of women,” women need jamu to help them achieve orgasm more quickly by making the vagina “sensitive.” Men need jamu to keep them in a strong condition. In one recipe for the treatment of impotency, the relationship between female satisfaction and batin is explained: “What is the fate of a woman that has never experienced pleasure from her husband? What is the meaning of your sexual prowess if the livelihood of the woman’s batin is never fulfilled because her husband is impotent?” (Rahimsyah and Hartatik 2000: 4).

While the idea that a woman must serve her husband sexually in order to be a “good Muslim wife” is the prevailing notion found, the jamu discourse explored so far offers a few examples of concern for women’s pleasure. Speaking to the holistic philosophy of jamu, Nyonya Meneer’s “Jamu Galian Rapet” is advertised as “herbs to enhance female sexual pleasure” for “women who care for her body and appearance” and is said to “refresh the body, keeping it healthy, fit, and trim, and gives the face a radiant look,” in addition to being “very effective in increasing the woman’s pleasures in sex as it tightens the vagina walls.” But is the sex that this jamu discourse is selling truly for women’s pleasure, their husband’s satisfaction or the jamu industry’s profit?

Through discourse about jamu, gender, tradition and sexuality are commoditized, commercialized and consumed in contemporary Indonesia. Just as sexual enhancement jamu for women is a powerful seller in contemporary Indonesia, pharmaceutical industries in the US are currently bending over backwards to “define” female sexual dysfunction so as to make billions of dollars from the allure of a female Viagra (Moynihan 2010). Portraying something as a sexual problem and as a gendered individual’s failure to ‘function’ makes a drug solution much more appealing. Through jamu, men become potent sexual males and women become fragrant sexual experts. The global capitalist flow of sex, intimate relations and women bodies enables jamu’s success in Indonesia. As Constable asserts, “the question remains of how the commodification of intimate relations is understood and experienced by those involved in such relationships and processes” (2009: 54). The following section introduces eight consumer case studies to further explore how jamu is understood and experienced in Central Java.

4.4 JAMU CONSUMER CASE STUDIES

4.4.1 Zunly

Zunly is a 28-year old Muslim mother of a six-month year old son (Interview, March 12, 2008, Yogyakarta). She’s been married for three years and works as a pharmacist. Originally from Yogyakarta, she drank kunir asem since her first menstruation, given to her by her mother who taught her that if she consumed this jamu recipe she wouldn’t smell or have an upset stomach because it helps clean your uterus.

Back then I didn't know what jamu was for. I just drank it because I was told to. Now that I'm a mother, I know the benefits and I drink it often. I drank jamu after I gave birth so that my womb would dry quickly and to help in my breast milk production. It make me feel good and fresh. I also used jamu to help heal my hemorrhoids. I drank jamu every day after childbirth from a mbok jamu.

Do you think women need to use jamu to serve their husband and maintain a peaceful and good household?

Yes, I agree. We drink jamu to maintain our bodies since automatically if we already have a husband we have to take good care of our bodies. This is so we can serve our husbands so they like to be in the house, near his wife that is well maintained. For example, turmeric can help lessen the smell of the body. In addition, rapet wangi jamu helps in tightening the vagina, which actually also helps the husband like being at home. That is definitely used in order to serve the husband. The idea is that if our body is taken care of, our husbands will be happy. Sometimes I tell my husband that I've taken rapet wangi but usually he just laughs and asks me why I would need that. I say that I use it for my own health and he likes to hear that. I also regularly bring jamu for my husband. Other times I don't tell him I've had it, so that he knows the effects on his own. People think that jamu is for improving sex, so most men only think this way.

Does jamu also help husband satisfy their wives?

Yes, if for example the husband has a problem it can be masked or helped with jamu so he can satisfy his wife. There is also jamu to help with fertility. Since we don't know who is infertile, both the husband and wife drink the jamu together.

4.4.2 Lila

Lila is a single 28-year old Muslim woman from Yogyakarta. She graduated from university studying international relations and currently manages a popular restaurant. She grew up using jamu and started drinking it regularly after her first menstruation. Growing up she bought her jamu from a mbok jamu or her aunt, who liked to make jamu for her family at home. Now because of her busy schedule, Lila typically buys kunir asem at a local convenient store and seeks out a mbok jamu for more complex recipes (Interview, LS, December 11, 2007, Yogyakarta). Nearly every month she drinks kunir asem every day during her menstrual period,

followed by galian singset for the first few days after her menstruation stops. Lila also regularly buys and uses jamu face creams, facial masks, body scrubs, and hair tonics. She sometimes treats herself to jamu spa treatments, but for the most part uses these products on her own at home after work. She plans to use jamu for pregnancy needs if/when she becomes pregnant. Lila uses jamu because it is natural,

My grandmother taught my mother and my mother taught me to be diligent in consuming jamu so that my body is healthy and fresh. To always take care of my body with lulur and masks so my skin is clear and radiant. They taught me that using jamu is essential in protecting and caring for inner and outer beauty.

In my opinion, jamu's relationship with sex is based on men's desires. Kunir asem helps the vagina not smell. Sari rapet is used so the husband feels that the wife is always a virgin. For men, it is an age-old belief that if you add the yolk of a duck egg to jamu you can have sex three to four times or more every night. But what's the purpose of this? Is your relationship only about sex? What is this practice achieving? Ya, your husband feels like you are always a virgin and your genitals smell like perfume? I read in a women's magazines last week about ratus. It is actually good for your vaginal health. I was critical because I know that we have good bacteria in our vaginas that help with our natural moisture levels. The article said that it is healthy if we don't put anything inside of us. I'm still not interested in this practice. What are women wanting? If you are not a virgin, you are not a virgin. What's the problem? We have a natural cycle that tightens our vaginal muscles, like rubber. We don't need sari rapet. Women use it, though, so that their husbands don't seek out other partners. But who can say that they won't anyway? Even if women drink jamu every day, that is their concern, that the husband will be bored. But finding a woman that will accept small payments is easy. Men are looking for a sensation with a dry vagina. They just penetrate their partner without thinking about how the woman might feel. If they hear the woman in pain, it is ok to them because they see it as a sign of virginity.

I get so frustrated with the debates on women, sex and pornography in Indonesia. I think the proposed legislation is influenced by political groups. Although Indonesia is the largest Muslim population in the world, not all of the population is Muslim. And we, as a unified country, should already be aware of it, and not act like that. It does not mean that if we impose our will everything will then be fine. Before you judge others, judge yourselves. Ok, you are a member of the House of Representative (DPR), you want to make RUUP. Are you, as a person who represents the people, right? You are paid from public money, while people are suffering, hungry and without washing soap. The parliament is money oriented. They make a law and they get a lot of money. To me Inul's dance is an exercise; it's not arousing sexual desire. Why are there a lot of DPR members taking photos with

women who are not their wives in a hotel? Do right by yourself first before you judge other people. I think the horizontal & vertical relationship must be balanced. Whatever your religion is, if you do sin, it's your responsibility. My business with God is my private matter. I do not have any business with your sin. We are friends, just friends. No one can interrupt my affairs with God. My parents are still traditional. For example, my boyfriend is Catholic. So what? I asked my dad that question. I'm not ashamed to admit that my religious practice is still bad, my *shalat* are not routine, and I still drink alcohol. Therefore, please do not judge others because of their religion. It is their own obligation, as we all have our own beliefs. To me, religion is internal (private) matters. There is no religion that teaches about killing and denouncing/judging other people. Everyone has his/her right to live. If not, why are they being created? The one who can take a person's life is God. If you want to spread Islam, spread it with goodness.

4.4.3 Ayu

Ayu is a Muslim 33 year-old single mother originally from Yogyakarta. She divorced from the father of her two children two years prior to our interview, and lives with her mother and children in the house she grew up in. In her free time she likes to spend time at cafes, listening to music with her friends, and sometimes singing with bands. Since her divorce she has dated a few men (Interview, February 8, 2011, Yogyakarta). She didn't like jamu growing up, although her mother and sisters always insisted she drink it during and after menstruation. She does not usually consume jamu because the fresh varieties give her diarrhea, and she does not have time to make it herself. Ayu is a firm believer and user of sex related jamu products, with some of her friends giving her the nickname "TM" for Tongkat Madura, or the Super Enjoyment Stick.

Why did you start using jamu?

I like to use jamu Madura that's all about sex like the Super Enjoyment Stick and jamu rapet wangi. I use it so that I feel better about myself, so that I don't have a lot of discharge. I definitely feel more confident when I use it. For me it is great because it is made of limestone, so it completely dissolves. I've used it for six years since I was in Bali. I believe more in the Madura stick because I can see the results, a half

an hour before having sex. In one product called sari rapet, on the box there is a drawing of a penis that is being tied and pulled by a rope. So that my vaginal muscles become stronger, I use this jamu at 10 in the morning and 10 at night. A friend of mine told me about a kind of sari rapet jamu that she used. Her husband didn't feel a difference so she gave it to me. On the box it said it would help you be a virgin again, ha ha ha. You mix it with water and rinse your vagina with it to become a virgin again. I wasn't brave enough to try it so I gave it to a friend.

Does your partner know you use it?

No, if it is a variety of jamu that you eat, sometimes he'll see it. But I hide the Madura stick. The first time I used it he said that I was different, that I felt different. Ya, it's a secret. My friends know I like using it and they tease me by calling me TM (tongkat Madura/Madura stick). I definitely have more confidence when I use it. I think both men and women are scared or embarrassed to say that they feel like that because of jamu, so they just keep quiet about it.

Where did you first hear about it?

I was at a salon and a jamu seller came in with a bag of sex-related jamu. She asked me if I wanted to be good in bed and offered me different options.

Are you embarrassed to buy it?

No, I just go in the store, they ask me what I want to buy. I say "jamu for sex." I say that if I drink it then I'll definitely need to have sex. My boyfriend gets mad, ha ha ha. One of my friends who does sex work in clubs was told by her pimp: "In two hours there is a rich guest coming. He wants to pay for a virgin, so you use it and act like a virgin. The guest canceled. My friend was so worked up she finally had sex with someone. Afterwards she said she felt relieved. There is definitely something psychological about it – it makes you need to have sex.

If your partner drinks jamu kuat, are they also quiet about it to you?

Yes, if a guy drinks jamu kuat they are also quiet about it. But I usually can tell because it makes him more aggressive. I don't actually feel a difference if my partner drinks jamu kuat or not. Maybe it is just that it makes him believe in himself more by making his erection last longer.

What are the most challenging women's health problems facing Indonesian women?

Localization of information about safe sex and healthy reproductive organs. For example, if you have white vaginal discharge and an unpleasant smell. Most people don't know that is not healthy. They are embarrassed to ask a doctor so they take jamu for keputihan, but that is not the issue. If you don't go to the doctor you won't

be in good health because that is an infection. Awareness about how to clean your vagina is low.

4.4.4 Ratna

Ratna is a married 36-year old Muslim woman born and raised in the city of Yogyakarta. She started using jamu after menstruating for the first time. Ratna is married *nikah sirih*, or according to Islamic law, but not yet formally recognized by the state. She lives with her husband. Upon her first menstruation, her aunt gave her advice on what jamu to consume, how to manage her menstrual periods and also on what she was not allowed to do: “She told me to not date anyone and that if I do date someone, not to go too far with him because I’ll get pregnant” (Interview MT, June 27, 2011). Often through the use of jamu, young women and their mothers, sisters, aunts and grandmothers share advice, experiences and concern for one another. Ratna uses jamu for sexual fulfillment between her and her husband: “I think women use sex jamu is for harmony in marriage and in the household so that the husband does not seek out another woman.”

Do you think that if a woman does not maintain her body, her husband has a right to leave her?

No, that is not fair, it’s violent. It depends on how we communicate in our marriage. If the husband is tired and the wife wants to have sex, ya, the husband must still serve his wife. It is the same if the scenario is the other way around. For me, a good husband is someone who respects me, communicates well without too much emotion, not humiliating me. There must be mutual respect and communication.

Once a month after menstruation I drink rapet wangi jamu, and my husband drinks jamu kuat. When we have sex, we are never too tired even if we have sex for a long period of time. The stamina jamu works really well for my husband. He uses jamu kuat in capsule form. My husband doesn’t last very long in bed, so he takes it for stamina every two days. Jamu kuat helps in increasing his strength. If he is not strong it will frustrate him and it can also make him sick, if he struggles to maintain his strength. He uses jamu so that I am satisfied.

I use sari rapet in the fresh form or powder form from large factories, not capsule. I feel like capsules are more like medicine. I use it because it is easier than using soap made with sirih leaves. I use it to be tight again. In my opinion there is definitely a difference when I use it because after I menstruate I have discharge. We're able to have sex up to five times in one night. My husband is just fine and fresh which is very different than when he gets home from work feeling tired. I can definitely see the difference. Since he started taking this jamu kuat regularly, if he hasn't had sex for a week his face starts to look sullen.

Ratna worked as a commercial sex worker in Yogyakarta starting at the age of 16. She stopped this work a little over four years ago, at the age of 32, at the request of her husband and because she started working as an advocate for sex worker rights at a local NGO which helped her pay for life expenses. This experience has influenced her in getting examined regularly by her doctor:

Ya, I don't usually have any vaginal infections or much discharge because I am diligent about getting examined. I used to work as a sex worker so now I definitely try to take care of myself. I think I am healthy not so much because of sari rapet, but because I get examined by a doctor in order to be quickly diagnosed and treated.

As a sex worker, Ratna never used jamu herself but would hear about it from her clients, most often telling her that they used jamu Madura. She is not sure if other sex workers used sex-related jamu in their practices, commenting that because of competition between women for clients they would rarely speak openly about their skills and practices.

4.4.5 Suyanti

Suyanti is in her late 40s, Muslim, married with two children, an academic, and originally from Yogyakarta (Interview, January 16, 2008, Yogyakarta). Her mother made her and her younger sister drink jamu from a young age. Her sister still uses jamu regularly:

In my opinion she is thin and beautiful but I see her suffering because for 45 days she has to drink jamu. Her stomach has to be bound. I don't want to be in pain like

that. My younger sister wants to take jamu so she is beautiful, so her husband doesn't *macam-macam*, or get into things. I am the only one in my family with this opinion about jamu, because I work. If I would have to follow this tradition, I'd have a hard time breathing. I don't want to do it for my husband, or to be punished. For example, outstanding figures like the Sultan's wife and other nobility use jamu to respect and honor their husbands. They are all beautiful and they use *rapet wangi jamu*. Do you really think that will prevent their husbands from having affairs? Our kings and leaders do have mistresses. So according to their logic, if the wife is fragrant and beautiful her husband won't cheat. But in reality, they will still have affairs. In my opinion, the important thing about a woman is her brain.

The primary purpose of jamu is definitely for the sexual satisfaction of the husband. My mother has been preparing me since I was young. Sometimes in-laws give the "tampon" – "put this in so that you are tight again." The purpose is so that the husband doesn't have an affair, the primary reason is for the husband's enjoyment. The doctor who came to the discussion talked about how there must be lubrication in sex. If there is no lubrication, tearing and infection are likely. But women aren't brave to say to their husbands that they are in pain. That is taboo. The important thing is that their husbands are happy.

Before, your intimate organs were something that you would try to hide from even your husband. They were something you should keep secret. For example, according to my mother if you just started menstruating, before there were softex [disposable menstrual pads], and you wanted to dry your cloth pads, you would hide them so that your child and husband would not know. This is how you would be with jamu, too. One thing that has changed is that today women now are more open about their reproductive organs and use of jamu. They will apply the jamu to their vaginas in front of their husbands, sometimes their husbands give them the jamu: "here, use this so you are *rapet*."

After I attended the seminar, I know I'm not interested in sex related jamu. I know that it is only for the satisfaction of the husband and it causes suffering to women. I'm already in menopause and if I use that it means that I will likely have tears. Women must know the effects. We are only told about the supposed positive effects. There is no explanation of the risks that women face. We as women should tell other women. The jamu industry would never say to not use their product. We must tell women that use this type of jamu regularly that they are more likely to experience infection, tears, chaffing. Vaginal infections are hard to detect because our organs are not exposed. It is the women who suffer the most.

There is a very strong relationship between Islam and women's health, starting with female circumcision, marriage, pregnancy, nursing, it is all in the hadith. And actually the Islamic perspective is one that raises women up, but in reality this is not the case. In terms of female circumcision, Muhammad said to cut only a little so that the clitoris will more easily appear, meaning with the husbands touch. It will make it more sensitive so that women can orgasm easier. In practice, if the clitoral hood is

closed it is hard to orgasm and if the clitoris is removed altogether there is no sensitivity. If circumcision is done correctly in terms of health it will help with the cleanliness of the woman's vagina. So in fact what Muhammad said is correct: to raise the health of women and her pleasure in the Islamic way. Also, in terms of marriage and reproductive health, women in the hadith are different: make love to your wife the best you can if you have sex in a good and fair way. But men often say "if my wife doesn't serve me the angels will be angry until the morning" or she will be hit by her husband. So basically, there are a lot of hadith that are correct but the teaching of them is wrong. In result, trends like polygamy. The religion is right but the practice is not. In my opinion Islam at its core supports women's health.

4.4.6 Mia

Mia is a 26-year old lesbian. She is Catholic and grew up in Yogyakarta. Upon first menstruation she drank kunir asem and continues to consume jamu for her general health. She grew up with her mother buying jamu from mbok jamu, with jamu waiting for her at home in the refrigerator after school. None of my lesbian informants believed in the popular jamu sex products for women like sari rapet, rapet wangi and ratus (Interview June 27, 2011, Yogyakarta).

Jamu is very gendered. From a young age we are told to use jamu, while our brothers are never pushed to consume it. Girls are told to drink jamu so they become a wife that can serve their husband through maintaining the vagina.

But jamu isn't only for satisfying your husband but also for our own personal health. My focus is more in that way, so that I'm healthy and clean. I definitely believe in the efficacy of jamu but the way it is marketed instills beauty ideals about how women should be and about how her reproductive organs need to be maintained.

That's market dynamics. Ya it is like playing with the devil. Sometimes women don't even know that they are being sold. Instead, they become television commercial models. Like sirih soap for cleaning your vagina. Even though for those who know about reproductive health it is not good to use that because the vagina already has a mechanism for cleaning itself. You don't need products.

In the context of heterosexual relationships, it means that women must obey the man's wishes. The man wants the vagina to be tight and dry so that means he does not truly accept the women for who she is. If it does happen to be difficult to have sex, or the elasticity of the vagina is less than ideal, that is natural. Women should not have to do anything drastic to become tight again.

But I really believe in the idea of suggestion. Even if it doesn't work, if sari rapet is only an illusion that helps a woman feel more confident, her sexual performance will be better. Women are forced to fulfill the needs of men, to be thin, pure and tight. But men also become victims because they are expected to be strong like that, to hold their erection a long time. So in my opinion, sex-related jamu is promoted for heterosexual relationships. Yes, it is a patriarchal construction. There are no advertisements for anal sex! For me, rapet wangi masks the natural smell of a woman. For me the natural smell is what turns me on. If it smells like something else it is weird. People who use these products are those who don't have confidence in their sexual relationships.

4.4.7 Ari

Ari is a 40-year old Muslim waria, female to male transvestite, from Yogyakarta. She worked as a sex worker from the age of 19 until a few years ago and now works in a beauty salon and for a local NGO that supports waria rights. Ari regularly buys jamu from a mbok jamu as a preventative health tonic, usually the popular varieties of beras kencur and kunir asem. If she is feeling tired or weak, or sad, she drinks bitter jamu.

When I drink jamu I feel fresh. Maybe it is just suggestion, but I like how I feel. If I see a seller going by I always yell out for her. I was raised with jamu and my mom liked to buy it for our family. Growing up I remember my mom would always make me stop by the mbok jamu's stand with her. That's when I first understood jamu. My mom and sister say it is good for regulating your menstruation and after childbirth.

Women use jamu more than men because they are more obsessed with their skin being fresh and smooth, so that they radiate and glisten with beauty. From before I started to *dandan*¹⁰, and to a greater extent after, I focus my energy on my inner strength so that I'm beautiful. When I have something positive inside of me, a positive aura emerges, "Oh, you look so beautiful." Honestly I use cheap make-up, rarely get manicures or pedicures, rarely lulur. It is more important for us to handle our inner beauty, only then can our physical beauty be managed with make-up and skin treatments.

To manage my inner beauty, I live a healthy life, rest a lot, face things with positive thinking. That greatly affects my beauty. In the waria community recently, waria are

¹⁰ Dandan refers to "dressing/making up" and refers to the point when Ari started dressing more femininely in public.

taking the birth control pill in an effort to make their breasts larger and to smooth their skin. Sometimes we use silicon to enlarge our breasts, or use skin whiteners, not jamu. I also take the birth control pill. Finally I can see my breasts growing. Jamu works in a slow way, that's why I use it to keep my body fresh. But for beauty I rely on other things. Sometimes my waria friends are really interested and obsessed with using jamu to make their breasts bigger, or jamu that makes an erection last longer. To be honest, before I dandan, after high school, I was watching a porno film in a theatre and was given a jamu kuat pill for erections. Every viewer got one for promotion. I took it and after that I couldn't have an erection at all even though they say it is for all mean to increase their sexual power.

Do you use jamu kuat?

I use something I consider to be jamu: egg yolks, ginger and honey. I had a partner who before making love said to me "Miss. Ari, go over there and buy duck eggs and mix it with milk, honey and ginger." I definitely felt great and fresh. We made love for hours. It really affected me and even though some of my other partners like pills or capsules, I like egg yolks, ginger and honey because it is more natural.

Why do you think talking about jamu and sex is so open in your society even though Islam, morality and sex are so controversial today?

Because, basically, humankind needs two things ya: they need jamu and sex. Therefore, rarely do people have a problem with the selling and promotion of jamu and sex, even if the promotion is vulgar.

Evi, another waria, explained that she often drinks jamu for uyup-uyup, or ASI – the jamu that many women consume to help stimulate breast milk production when breast-feeding.

It works to the extent that I also produce milk. My boyfriend likes to touch and squeeze them and a white liquid comes out. He laughs, "Wow you can do produce that, ya?" She also drinks jamu to smell fragrant and soften her voice: "Since I was young my mother would tell me to drink sirih jamu so that I smell good. I still drink that at home. I also now am drinking jamu galangal to soften my voice. And just for fun, I use sirih soap on my penis, ha ha. I laugh at myself. I never use jamu kuat, though. Once, my boyfriend took Viagra. He couldn't ejaculate and had an erection for a long time. That experience made me worry about medicines like that." (Interview ES, June 27, 2008, Yogyakarta)

5.0 CONCLUSION: JAMU DISCOURSE, SEXUALITY AND POWER

If I have agency, it is opened up by the fact that I am constituted by a social world I never chose. That my agency is ridden with paradox does not mean it is impossible. It means only that paradox is the condition of its possibility. (Butler 2005: 35)

Through drugs and medicines, one in effect tinkers with the relationship of the self to the world, and through the enactment of that process itself, thereby embodies that world. (Lyon 2005: 14)

Local movements engaged with women's health and sexuality have emphasized the profound importance of empowerment, or socially engaged agency, as essential for reducing risk and vulnerability and for promoting women's health justice. Critical medical anthropology strives to not only investigate how representations of the body can be manipulated for political purposes, but how groups actively use these constructions as a method of resistance and empowerment. To this end, Scheper-Hughes and Lock introduce the notion of "bodily praxis" – that when you see someone, "living out and reacting to his or her assigned place in the social order, the social origins of many illnesses and much distress and the 'sickening' social order itself come into sharp focus" (Scheper-Hughes and Lock 1996: 65). This perspective views women's health needs in the broader context of her life, relationships and the wider society and culture in which she lives. This terrain involves control over one's body, but also one's relationships to one's children, sexual partner, family members, community, caregivers, and society at large. Within these contexts, "the primary channels for action and thus transformation for many were reduced to the realm of the self, that is, actions performed on their own bodies

and minds, on their own ways of being in the world” (Lyon 2005: 14). Margaret Lock and Patricia Kaufert offer similar views of agency in their discussion of women’s relationships with technology as, “usually grounded in existing habits of pragmatism” (Lock and Kaufert 1998: 2). Lock and Kaufert’s “habits of pragmatism” refer to the idea that women are not passive vessels, “but instead act in culturally determined ways with reflection on their own condition” (Lock and Kaufert 1998: 2). Anthropologist Sherry Ortner argues for “the importance of a robust anthropology of subjectivity, both as states of mind of real actors embedded in the social world, and as cultural formations that (at least partially) express, shape, and constitute those states of mind” (Ortner 2005: 46). Such an anthropology can be the basis of cultural critique, “allowing us to ask sharp questions about the cultural shaping of subjectivities within a world of wildly unequal power relations, and about the complexities of personal subjectivities within such a world” (Ortner 2005: 46).

This study points to the ways Muslim women in Central Java view the efficacy of jamu, the effects they look for and how they evaluate them. Muslim women find jamu efficacious when: their use of jamu makes them more enjoyable to their husband sexually, securing their husband’s interest so he does not leave her for another woman; their use of jamu to regulate their menstruation allows them to engage in fasting rituals for the entire holy month of Ramadan, or their use of jamu allows them to breastfeed their child with more ease for usually two years, a practice many women refer to as a traditional form of birth control. Many unmarried women find jamu efficacious when they can terminate unwanted pregnancies or feel more confident in their sexual relationships. Many third gender waria use jamu in order to achieve feminine health expertise, using jamu to achieve larger breasts, sexual potency with their boyfriend and a desired odor and “softer” voice. Understanding how women define efficacy in terms of medicine is

fundamental in evaluating their health priorities, in addition to the broader forces shaping their lives.

This dissertation shows how jamu is culturally efficacious as a primary health resource for Muslim women in Central Java. But, at the same time, it reveals the ways in which this industry has made its' wealth from the creation of women's health needs, particularly in the sale of jamu to "regulate" menstruation and to "satisfy" one's husband through the use of herbal vaginal drying agents, both of which support gender inequality and are biomedically assumed to facilitate infection. These contradictions show that in human culture, sexual behavior is about more than reproduction and pleasure, but about forms of power and dominance. As Carole Vance asserts:

Sexuality is simultaneously a domain of restriction, repression and danger, as well as a domain of exploration, pleasure and agency. To focus only on pleasure and gratification ignores the patriarchal structure in which women act, yet to speak only of sexual violence and oppression ignores women's expression of sexual agency and choice. (1984: 1)

Central Javanese women's bodily praxis of jamu reflects the complexity of lived sexuality, with this research pointing to the use of jamu as women's empowerment and resistance against the powerful biomedical discourses of family planning on the one hand, and the solidification of traditional patriarchal gender roles on the other. Jamu's discourses of women's rights to pleasure, while situated in terms of her patriarchal expectation to sexually satisfy her husband, is an instance in which both the danger and repression of sexuality are articulated equally and at the same time as pleasure and gratification.

Most biomedical health specialists in the formal healthcare field criticize jamu as unscientific and feminist health activists believe that jamu harms women under the strict patriarchal order. These critiques allow these important women's health stakeholders to ignore

the reality of jamu in women's lives. The idea of jamu as empowering is troubling even in terms of my own feminism, a grounding which teaches me how the health demoting consequences of gender oppression are very real and serious, inspiring me to work towards insuring the reproductive and sexual rights of women. But how do we critique the kinds and range of choices available for women without denigrating the decisions women make for themselves? We must respect the integrity of women's reproductive and sexual decisions, however constrained, while also condemning social, economic and cultural conditions that force women to choose one over another. Addressing women's health needs involves meeting women in their complicated realities, even if those realities are – from either my public health or feminist informed viewpoint – unjust, dangerous or unfair. Instead of dismissing this medical system, formal women's healthcare should engage with it in reaching Muslim women their complex realities in contemporary Java.

My research reaches beyond these critiques in the attempt to understand why many women turn to jamu as a primary health resource and finds that jamu empowers Muslim women in Java by inspiring a unique arena and language of health education where they can voice, learn and negotiate their sexual and reproductive health realities with each other, mbok jamu and their husbands/partners/clients. The public health theory of health belief is relevant here in its focus on the individual's perceptions of the threat posed by a health problem, the benefits of avoiding the threat, and factors influencing the decision to act. The health belief model can be useful in investigating why Indonesian Muslim women prefer jamu in addressing their most intimate health needs. For example, of utmost importance to many Indonesian Muslim women is that they remain attractive and desirable for their husbands – roles that these women adopt as their responsibilities as good Muslim wives. While having your husband leave you is not, by

biomedical definition, a health “disease” – to these women, it is. In this way according to this model, these women assume whether or not they are susceptible to the given disease (their husband leaving them) and their perceptions of the benefits of trying to avoid it (they will fulfill their duties as good Muslim women, their family will be healthy and they will be provided for), influenced their readiness to act, or consume jamu.

Such open discourses of sex-related jamu are accommodated within contemporary Indonesian Islam and the debates on public morality: sex is a woman’s marital duty and a form of religious devotion as wives. Such open discourse of sex and sexuality is acceptable because we are constantly reminded that this sex is marital and heterosexual. Meanings of marriage circulating in Indonesian popular culture are strongly shaped by the state and mass media. Sex within the confines of marriage is seen as a religious duty, with both the Qur’an and the hadith reinforcing the popular view of men as the more knowledgeable, active and aggressive partner. Sexual education and services for women out of wedlock are confronted with tremendous social stigma, and widows and divorcees frequently become the objects of gossip and suspicion for their sexual activities because they are no longer under the supervision or control of fathers or husbands (Ong 1987; Bennet 2003). In terms of roles within a marriage, “women’s special knowledge and skills were used in cooking, childbirth, health arena and intensification of sexual pleasure” (Ong 1995: 261). Her traditions teach her to preserve her attractiveness sexually in order to retain her husbands’ interest and to engage her own special knowledge of sexually satisfying her husband (Ong 1995: 261). In her fieldwork in the 1950s in a small town in Java, Hildred Geertz found that Javanese discourse and attitudes towards sex were less normatively Islamic and rather more pragmatic: “There seems to be a general feeling that if a girl is left unmarried very long, she will yield to natural impulses and as a result become pregnant....that

sex cannot be inhibited if external constraints are removed” (H.Geertz 1961: 119). Doing fieldwork in East Java in the 1990s, anthropologist Andrew Beatty finds that the Javanese concepts of microcosm and macrocosm see sexual reproduction as a focal point for thinking about origins, human existence and the human person itself: “Sex is at the heart of the mystery of existence and a means by which one approaches that mystery” (Beatty 1999: 184). Beatty points to the practical utility and importance of marriage in Java, asserting that women hold a more enhanced role than in Arabic Islam based on the patterns of everyday life. As farmers they work in the fields or hold factory jobs, splitting duties in raising their children and in providing economically for the family. This role also reflects the “Javanese emphasis on the complementarity of male and female and the central significance of sex, whether as a symbol of union with the divine, or as a focus of contemplation on human origins” (Beatty 1999: 209). The underlying theory concerning sexual norms is firmly established on a Javanese-Islamic religious basis.

This straightforward discourse of heterosexual sex and sexuality, this sex therapy for women, is framed as “essential” in helping a woman create a harmonious marital relationship. According to Islamic marriage laws, a woman’s inability to “serve” her husband sexually is grounds for divorce or polygamy. My informants relayed sad stories from women who made “fatal” mistakes of not sexually serving their husbands or not maintaining their attractiveness, only to be left for another woman. As one informant asserts:

If they are already married it is even more important to take care of one’s appearance so that their husbands continue to care for them. Jamu sells the idea that women who are tight and fragrant will be cared for by their husband. Husbands will like being in the house. This is the role of women. If she fills this role, her husband will not look to another woman no matter how beautiful she is. Because of this fear, women consume jamu every day. (Interview, YS, March 15, 2008)

There is an urgency to keep the husbands happy at home through the consumption of jamu. Marital sex is even supported by recent legislation on pornography which allows pornography for marital sex/harmonious husband/wife relations, as prescribed by doctor for “sexual health disturbances.” As activist/author Ayu Utami asserts: “This is the only article [of the bill] that admits that humans need eroticism in life, that fantasy is part of human health” (Utami 2008: 117). In his study of gay and lesbian Indonesians, Tom Boellstorff asserts that, “restricting the family model to the heterosexual couple has been a key means by which the idea of the Indonesian nation has been promulgated and sustained” (2006: 158). Since marriage is the central concept organizing sexuality, sex that falls outside this organization challenges the nation.

It is the way in which jamu reinforces long-held gender constructions and belief systems which allows this ancient herbal tradition to resist change and continue to be a part of so many people’s daily lives and marriages. Whereas jamu’s focus on beauty, marital harmony and sexual performance points to the belief that these foci are inextricably connected with a woman’s role as wife and mother, the same can be said for a man’s use of jamu to empower his sexual strength in his role as husband. Jamu allows for open discourse about sex and pleasure for both men and women, creating a unique arena where women can potentially negotiate their sexual health and choices. While the power of capitalist interests to influence and define women’s sexual selves in a very public way cannot be denied, to a large extent women’s sexual prowess through jamu is genuinely seen as an example of gendered excellence in line with Javanese Islam’s quest for harmony between *lahir* and *batin*. Gendered expertise, particularly for married women, fuels this communication. This can be seen in a comedy skit on a popular comedy improve show on national television in which a beautiful younger woman walks around a pharmacy adding several

types of sex-related jamu to her cart. As she moves around the store, a line of young men forms behind her, in awe of her selections. Such open discourse of sex and sexuality is acceptable because of the constant reminder that this sex is marital. Jamu women are seen as experts in their roles as women, including in their roles of sexually serving their husbands.

In some ways, marriage serves as a legitimizing code for the public representation of eroticism. A jamu advertisement on female sexual pleasure that characterizes that pleasure in a heteronormative conservative Islamic household is, in some sense, coding eroticism in a more subversive and less transparent way. In addition, the industrialization and mass marketing of these products facilitates agency for those outside the heterosexual marital norm. Women's consumption of jamu leads to increased confidence in oneself as expressed by this unmarried female informant:

I use jamu so that my body does not smell, my vagina doesn't smell. I smell fragrant and that helps my partner enjoy me and love me more. This encourages me to give more service to him. I have confidence to give him more satisfaction. (Interview AS, May 15, 2008, Yogyakarta)

The focus on one's confidence in oneself as directly related to one's sexual prowess sheds important light on identity, body and gender ideals in contemporary Java. These women are empowered by their use of jamu, despite their status as single, because it gives them a sense of confidence in their sexual relations. Jamu's discourse reaches beyond the heterosexual paradigm, as well, with waria using jamu in fulfilling feminine beauty ideals and maintaining strength in sexual relations. The cultural spaces facilitated by jamu in terms of unwanted pregnancy, unmarried sex and queer sexuality exist in dynamic tension with the religious and political landscape of contemporary Indonesia. Such examples differ from popular stereotypes of Muslim women as oppressed and needing to be "saved" and challenges the value of totalizing models of

gender-based power and prestige (Abu-Lughod 2002). Instead, Muslim women in Java are agents making Islam modern through what Scheper-Hughes and Lock have called their “mindful bodies” (Scheper-Hughes and Lock 1996). From a theoretical perspective, Judith Butler’s discussion of sexuality is particularly helpful in this discussion:

Sexuality emerges precisely as an improvisational possibility within a field of constraints....not found to be ‘in’ those constraints as something might be “in” a container: it is extinguished by constraints, but also mobilized and incited by constraints, even sometimes requiring them to be produced again and again...This is only because sexuality is one way cultural meanings are carried, through both the operation of norms and the peripheral modes of their undoing. (Butler 2004: 15)

The fluidity in these concepts allows also for the diverse spectrum of gender and sexuality in the eyes of the state to exist in tension with the lived genders and sexualities of the Indonesian people, showing how these constructs are not stable, coherent categories.

Jamu plays an important role in constructing the gendered body, with female body having profound implications for understanding gender identity and gendered social relationships. Through studying the commercialization of jamu, this dissertation points to the powerful implications that this process has on women’s health, bodies and gender roles. Women’s “faithfulness” to her gendered health and beauty needs has fueled the development of industrial production of jamu in Indonesia. These “needs” are both constructed for and by consumer demand, but also include the unspoken and very controversial needs of women to induce abortion within a confusing legal and social Indonesian context. These “needs” are posited as “natural”, and refer to “natural beauty”, the “natural world”, and the “natural cycle of life.” Anthropologists important work with the body in social contexts is useful here, with “the representational uses of the body as a natural symbol with which to think about nature, society and culture” (Scheper-Hughes and Lock 1987: 7). We must remember the power at play in the

use of these terms in my study of the contemporary marketing of jamu as “of nature.” Scheper-Hughes and Lock acknowledge this problematic, asserting that, “it is not always possible to see where nature ends and culture begins in these symbolic equations” (1987: 8).

In their discussion of embodied worlds, Scheper-Hughes and Lock discuss how, “one of the most common and richly detailed symbolic uses of the human body in the non-Western world is the personification of the spaces in which humans reside” (Scheper-Hughes and Lock 1996:57). Scheper-Hughes and Lock find this symbolism of the body to demonstrate, “a unique kind of human autonomy that seems to have all but disappeared in the modern, industrialized world” (Scheper-Hughes and Lock 1996:59). In our modern, industrialized world, rather than speaking of metaphors of the body to nature and back to body again, our metaphors speak of machine-to-body symbolic equations that originate, “in our industrial modes and relations of production and in the commodity fetishism of modern life, in which even the human body has been transformed into a commodity” (Scheper-Hughes and Lock 1996:60). In jamu’s discourse, women are taught to “regulate” their bodies, menstrual flows and vaginal discharge with technical expertise of jamu. A woman who regularly consumes jamu is seen as mastering herself in order to achieve gendered expertise. These types of feminine comportment help women feel confident, as the breast cream advertisement exclaims: “consume this jamu and your confidence will grow big!” Indonesian women seek self-esteem and self-control in their use of jamu, speaking to the deeply rooted philosophy grounding this herbal tradition related to the essential balance of lahir and batin/inner and outer beauty, as mentioned by several informants.

The processes of social change in post-Suharto Indonesia create multiple constructions of women based on religion, nation, ethnicity and liberal capitalism, resulting in a diverse array of Islamic practice. In her essay “The Fragmentation of Gender Constructions and Nationality in

Reformation Era Indonesia,” cultural critic Julia Suryakusuma asserts, “women’s social values are marred by ambivalence and at the same time, “openness regarding sexual issues is becoming greater, but simultaneously tolerance towards them is decreasing...The key to understanding Indonesia today, therefore, is in investigating its fragmentation” (2006). Rapidly expanding mass media capitalize upon and contribute to this fragmentation, a phenomenon that takes many popular culture forms, including jamu discourse. Suryakusuma analyzes the rapidly expanding world of post-Suharto Indonesian literature and points to the popularity of women writers whose work is identified with “brave” themes of sexuality (2006). They use material, style and language that is shocking because it departs from the general public consensus that women are the guardians of morality and are not good at talking about sex straightforward. Traditionally, sex is a man’s domain and most narratives portray men as the subjects, women the objects. These women writers reverse this, even talking about women’s pleasure in sex. Suryakusuma believes that these women writers use sex and sexuality as tools for knocking down patriarchal constructions about women and that, “if gender constructions and nationality are undergoing closely fitting processes of fragmentation and democratization, the world of literature is experiencing true pluralism where every kind has a right to live” (Suryakusuma 2006: 22). Do discourses about jamu in contemporary Indonesia similarly knock down patriarchal constructions about women?

In her essay “On the Public Intimacy of the New Order: Images of Women in the Popular Indonesian Print Media,” Suzanne Brenner explores how representations of women and the family in the popular print media of New Order Indonesia were used in New Order nation-building:

What distinguished the New Order from the preceding era, though, was the extent to which the concern with the intimate sphere of the family came to replace an active

politics of the public sphere. The affairs of the family, moreover, were increasingly redefined as public rather than private matters, making the family itself the ground upon which ideological contests over the nation's future were waged (1999:16).

The public intimacy of the New Order was grounded on the ideological control of the soft feminine woman and the harmonious prosperous moral a-political middle-class family. But as Brenner concludes nearly ten years ago, with the demise of the New Order, "it remains to be seen whether the world of public intimacy that the regime created will disintegrate as well or continue into the future as a legacy of the New Order?" (1999: 37). Discourse about jamu is in line with New Order images of women, promoting predominately conservative gender ideologies, strengthening patriarchy in Indonesian society and reinforcing the idea that a woman's primary roles are domestic and sexual. Jamu takes the legacy of New Order public intimacy a step further by highlighting the intimate sphere of marital sex. Post-Suharto women are "soft and feminine" *and* entitled to sexual knowledge and pleasure, if, of course the husband is satisfied, too. While on one hand the recognition in jamu discourse of a woman's right to sexual pleasure and her right to engage in straightforward discourse about sex is outstanding in a context of gender inequality, on the other hand the most prominent point always surrounds the husband's enjoyment. These discourses of sex and sexuality do not "knock down patriarchy" but reinforce it.

Discourses of sex and sexuality in popular Indonesian culture are incredibly powerful forces and show very clearly both the increasingly open discourse and the increasing intolerance defining post-Suharto Indonesia, in addition to the "schizophrenic" expectations for Indonesian women. The stakes are huge for women, their bodies and their futures. The ambivalence of women's roles in post-Suharto Indonesia is due in large part to the multiple ways women's bodies are worked and reworked in diverse popular culture arenas. Women's bodies exist as

“simultaneously a physical and symbolic artifact, as both naturally and culturally produced and securely anchored in a particular historical moment” (Scheper-Hughes and Lock 1987: 6). Menstruating bodies, women wearing jilbabs and guarding their communities from moral degradation exist in the same cultural space as the sexed female body in revealing clothes, educating themselves on how to experience pleasure during sex. As Judith Butler asserts:

Women itself is a term in process, a becoming, a constructing that cannot rightfully be said to originate or to end...generating itself in a repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to reduce the appearance of substance, of natural sort of being” (Butler 2004: 33).

The patriarchal “natural roles of women” remain strongly rooted in post-Suharto Indonesia, reinforced in new ways through consumer capitalism and popular culture. Throughout Indonesia’s history, women’s bodies have become primary sites through which “national identity was articulated, intra-national divisions were stated or smoothed, and international conflicts were defined and waged” (Dwyer 2001: 18). Andrew Weintraub’s study of Inul Daratista, a performer of *dangdut* music whose signature dance move created a national frenzy at the beginning of the post-Suharto era for being too sexy, points to the power of women’s bodies in symbolizing particular historical moments. The popular culture phenomenon of Inul:

...enabled people from a variety of subject positions to grapple with some of these issues and to form their own opinions about them. Inul’s body acts as a potent site for analyzing these rehearsals for democracy, as well as debates within Islam over censorship, pornography and violence against women (Weintraub 2008: 40-41).

While there is only one true “fenom-Inul,” I find that through the women’s bodies featured in discourses about jamu, similar rehearsals of democracy are enacted. While popular culture and mass media offer new and exciting channels for the development of these discourses, the greatest

challenge is in the education of the masses about their bodies regardless of the moral/political meanings placed on them.

Responding to a question about the extent to which Indonesian women understand reproductive and sexual health, the former director of one of the most influential Indonesian nongovernmental reproductive/sexual health organizations asserts:

What she understands is her menstrual cycle and even if her cycle is irregular, to them it is not a problem. Honestly from what I see, women still know very little because promotion is extremely limited, which contrasts greatly with knowledge about the health of skin, face, weight loss. This is because contraception/reproductive organs are considered private, an area that in my opinion is still stigmatized. But the weird thing is that this area is still exploited. If something is going to be taboo, then let it be truly taboo – don't talk about it. But for sexuality these areas are exploited. For example commercials for slimming tea, breast enhancers, male stimulants. That is sexuality, but why aren't people educated about reproductive organs in the process? (Interview with BW, 27 May 2008, Yogyakarta)

Women continue to lack basic information about their reproductive organs, about the contraceptive devices they have been pushed to use, and about sexual pleasure. What women know is that they must “serve” their husbands through sex and their appearance in order to be a “good Muslim wife.” Such powerful gendered health expectations and the taboo surrounding reproductive and sexual health education present significant challenges when addressing contemporary public health issues. While formal healthcare services are not succeeding in educating the population about its most intimate health concerns, this dissertation focuses on how the culturally competent and market-driven discourse of jamu succeeds in surpassing this silent stigmatized terrain to engage Indonesian Muslims in talking about sexuality and reproductive issues. Many Muslim women, like non-Muslim women, lack the power to express views on sexual relations, child bearing, contraception and other areas of reproductive and sexual health. Jamu does this work and enables Central Javanese Muslim women to claim control over

these issues, which is important for the health and well-being of her and her family. The increasingly visible and female-targeted discourses about jamu hold much potential in terms of sexual and reproductive health advocacy by simply creating a language with which women can communicate about their most intimate health needs. The rejection of all things traditional by the formal healthcare system creates a disjuncture in how women conceptualize their health and delegitimizes their own health wisdom and concerns. Instead of dismissing this tradition, this study points to the need for formal women's healthcare to be invested in understanding the role jamu plays in many women's lives.

APPENDIX A

GLOSSARY OF TERMS

Allahu akbar - Allah is great

Arisan - Indonesian community women's group

Awet ayu - “forever young”, refers to anti-aging jamu

Badan Kesejahteraan Keluarga Berencana Negeri (BKKBN) - National Family Planning Board

Badan Pengawasan Obat dan Makanan (BPOM) - The Indonesian Food and Drug Safety Administration

Bahan kimia obat - chemical components of biomedicine

Bahasa Indonesia - the national language of Indonesia

Batik - traditional textile wax/dye art from Java and Bali

Batin - internal/spiritual/heart

Bengkung - traditional binding made of a thick cloth wrapped around the pelvis after childbirth
believed to help with regaining muscle strength in the stomach area

Bu/Ibu - refers to Mrs., mother, respected female elder

Bule - popular slang for Caucasian foreigner

Campur sari - popular Indonesian music

Daerah Istimewa Yogyakarta (DIY) - the Yogyakarta Special Region

Dharma Wanita - the mandatory organization for the wives of civil servants

Dukun - traditional Javanese healer, predominately men

Fitofarmaka - Phytopharmica, the third level of classification of Indonesian herbal medicine

Fiqh - Islamic law

Gamelan - Indonesian musical ensemble of Java and Bali

Gendong - to carry on back

Gerwani - an abbreviation of *gerakan wanita*, or women's movement during the Old Order

Hair creambath - a traditional hair beauty treatment involving oils, creams and massage

Halal - approved by Islamic law

Halus and *kasar* - refined and vulgar

Industri jamu rumah - Small cottage jamu industry, usually refers to mbok jamu

Industri kecil obat tradisional (IKOT) - Medium-size jamu industry

Industri obat tradisional (IOT) - large jamu industry

Jamu - traditional herbal medicine

Jamu palsu - refers to the recent controversy surrounding the mixture of herbal and chemical components in the production of "fake jamu"

Jamu gohdog - a form of instant jamu comprised of packets of dried herbs to be boiled in water until a thick bitter tonic is achieved

Jamu kuat - "strong" jamu. Most popular recipe for men to facilitate endurance. Popurly associated with increasing men's sexual potency.

Jamu segar - fresh jamu composed of ground fresh herbs crushed with a small amount of water

Jamu sorogan - a popular jamu recipe to stimulate the childbirth process

Jilbab - a Muslim headscarf worn by women

Katitih asmara - failure in lovemaking as defined in the *Serat Centhini*

Keguguran - miscarriage

Kodrat wanita - religiously inspired code of conduct based on women's intrinsic "nature"

Kompas - an Indonesian newspaper

Koperasi - Javanese collective community organization

Kunir asem - a popular jamu recipe for facilitating menstrual health composed of turmeric, ginger and tamarind.

Kowani - an abbreviation of *Kongress Wanita Indonesia*- the Indonesian women's congress

Lahir - external/extrinsic/worldly

Lulur - traditional Javanese jamu beauty treatment involving the use of jamu as topical exfoliant accompanied by massage and insence

Masih gadis - still a girl, young woman, unmarried

Mbok jamu - female small jamu industry producer and seller

Melayani suami - or serving one's husband in order to be a good Muslim wife, believed popularly in Indonesia to have roots in the Qu'ran

Mohon Maaf Lahir Batin - please forgive my sins, both with regard to the world as well as those within me

Muhammadiyah - large Muslim organization known to be modernist

Nahdlatul Ulama - large Muslim organization based in East Java known and traditionalist

Nafsu - desire

NGO - non-governmental organization

Nurani - an Indonesian women's tabloid magazine targeting Muslim women

Nusantara - archipelago

Obat herbal Indonesia - Herbal Indonesian Medicine

Obat herbal terstandar - Standardized herbal medicine, second level of classification of herbal Indonesian medicines

Obat – biomedicine

Ramuan Madura - jamu from Madura, East Java

Panca Dharma Wanita - the Five Responsibilities of Women

Pancasila - Indonesia's five-point state ideology

Pelan pelan tapi pasti - popular Indonesian saying meaning “slow but sure”

Percaya diri - belief in oneself

Perlancar/memperlancar haid - to cause menstruation to ‘gust or squirt’ out, to “regulate” menstruation

Pembinaan - guidance

Pemulihan haid - recovery, return, restoration of menstruation.

Pengguguran - abortion

Percaya diri - belief in oneself

PKBI - Perkumpulan Keluarga Berencana Indonesia (Indonesian Planned Parenthood Association)

Pesantren - Muslim boarding schools

Puskesmas - publically owned health center

Rapet wangi - tight and fragrant, refers to the desired state of the vagina

Ratus - a popular jamu recipe used for women’s health and sexual enhancement

Rupiah (Rp) - Indonesian currency

Sehat itu nyaman - health is peace/trust/comfort, popular Javanese saying

Shari'ah - Islamic law

Sinetron - prime-time soap operas

Sirih - betel, believed to have antiseptic and antifungal qualities that help eliminate odor and maintain uterine health

Tapel - thick herb paste that young mothers place in a small mound on their forehead to help eliminate wind in the stomach and freshen the skin

Temulawak - root used in jamu recipes

Tongkat Nikmat Madura - the “super enjoyment stick”, a small rod made of limestone popular for sexual pleasure among couples

Waria – male-to-female transvestite; third gender population in Indonesia

Yayasan Kesehatan Perempuan (YKP) - the Indonesian Women's Health Association

BIBLIOGRAPHY

Abu-Lughod, Lila

2001 Is there a Muslim sexuality? Changing Constructions of sexuality in Egyptian Bedouin Weddings. *In* Gender in Cross-Cultural Perspective. Third edition. Caroline B. Brettell and Carolyn F. Sargent, eds. New Jersey: Prentice-Hall, Inc.

—

2002 Do Muslim Women Really Need Saving? Anthropological Reflections on Cultural Relativism and Its Others. *American Anthropologist* 104(3): 783-790.

—

2005 Dramas of Nationhood: The Politics of Television in Egypt. Chicago: University of Chicago Press.

Adimoelja, Arif

2000 Phytochemicals and the breakthrough of traditional herbs in the management of sexual dysfunctions. *International Journal of Andrology* 23(2): 82-84.

Adioetomo, Sri Moertingingsih

2005 Reshaping Populations. *In* People, Population and Policy in Indonesia. T. Hull, ed. Jakarta: Equinox Publishing.

Afdhal, Ahmad Fuad, and Robert L. Welsch

1988 The Rise of the Modern Jamu Industry in Indonesia: A Preliminary Overview. *In* The Context of Medicines in Developing Countries. S. Geest and S.R. Whyte, eds. Pp. 149-172. Amsterdam: Kluwer Academic Publishers.

Airhirenbuwa, Collins

1995 Culture and Health: Beyond the Western Paradigm. Thousand Oaks, CA: Sage.

Anderson, Benedict

1983 Imagined Communities: Reflections on the Origin and Spread of Nationalism. London: Verso.

—

1996 "Bullshit" S/He Said: The Happy, Modern, Sexy, Indonesian, Married Woman as Transsexual. *In* Fantasizing the Feminine in Indonesia. L. Sears, ed. Pp. 270-294. Durham: Duke University Press.

Anzaldua, Gloria

1999 Borderlands, La Frontera. San Fransisco: Aunt Lute Books.

Appadurai, Ayun

1986 The Social Life of Things: Commodities in Cultural Perspective. Cambridge: Cambridge University Press.

- Atje, Raymond and Indira Hapsari
2006 Pengembangan industry obat generic: peluang dan tantangan bagi industry farmasi Indonesia (The development of generic medicines: opportunities and challenges for the Indonesian pharmaceutical industry). *Analisis CSIS* 35(3): 308-326.
- Baer, Hans A., with Merrill Singer and Ida Susser
1997 *Medical Anthropology and the World System: A Critical Perspective*. Westport: CT: Bergin and Garvey.
- Barrett, Stanley R
2002 *Culture Meets Power*. Westport, CT: Praeger Publishing.
- Beatty, Andrew
1999 *Varieties of Javanese Religion: An Anthropological Account*. Cambridge: Cambridge University Press.
- Beers, Susan-Jane
2001 *Jamu: The Ancient Indonesian Art of Herbal Healing*. Singapore: Periplus Editions.
- Bennett, Linda Rae
2003 Indonesian youth, love magic and the in/visibility of sexual desire. *Review of Indonesian and Malaysian Affairs* 37(1): 135-158.
- Berman, Peter, Barbara Ormond and Ascobat Gani
1987 Treatment use and expenditure on curative care in rural Indonesia. *Health Policy and Planning* 2(4): 289-300.
- Blackburn, Susan
2008 Indonesian women and political Islam. *Journal of Southeast Asian Studies* 39(1): 83-105.
- Blackledge, Catherine
2008 *The Story of V: A Natural History of Female Sexuality*. New Jersey: Rutgers University Press.
- Blackwood, Evelyn
1995a Falling in Love with An-Other Lesbian: Reflections on Identity in Fieldwork. *In* *Taboo: Sex, Identity and Erotic Subjectivity in Anthropological Fieldwork*. Kulick and Willson, eds. Pp. 29-50. New York: Routledge.
- 1995b Senior Women, Model Mothers, and Dutiful Wives: Managing Gender Contradictions in a Minangkabau Village. *In* *Bewitching Women, Pious Men: Gender and Body Politics in Southeast Asia*. Ong and Peletz, eds. Pp. 124-155. Berkeley: University of California Press.
- 2001 Women's Intimate Friendships and Other Affairs: An Ethnographic Overview. *In* *Gender in Cross-Cultural Perspective*. 3rd edition. Caroline B. Brettell and Carolyn F. Sargent, eds. Pp. 237-248. New Jersey: Prentice-Hall, Inc.
- 2007 Regulation of sexuality in Indonesian discourse: Normative gender, criminal law and shifting strategies of control. *Culture, Health and Sexuality* 9(3): 293-307

- Boellstorff, Tom
 2005a Between Religion and Desire: Being Muslim and Gay in Indonesia. *American Anthropologist* 107(4): 575-585.
- 2005b The Gay Archipelago: Sexuality and Nation in Indonesia. Princeton: Princeton University Press.
- Boomgaard, Peter
 1993 The development of colonial health care in Java; an exploratory introduction. *Bijdragen tot de Taal-, Land-en Volkenkunde* 149(1): 77-93.
- Brenner, Suzanne
 1996 Reconstructing self and society: Javanese Muslim women and the “veil.” *American Ethnologist* 23(4): 673-697.
- 1998 The Domestication of Desire: Women, Wealth, and Modernity in Java. Princeton: Princeton University Press.
- 1999 On the Public Intimacy of the New Order: Images of Women in the Popular Indonesian Print Media. *Indonesia* 67: 13-37.
- 2001 Why Women Rule the Roost: Rethinking Javanese Ideologies of Gender and Self-Control. *In Gender in Cross-Cultural Perspective*. Caroline B. Brettell and Carolyn F. Sargent, eds. Pp. 135-156. New Jersey: Prentice-Hall, Inc.
- 2005 Islam and Gender Politics in Late New Order Indonesia. *In Spirited Politics: Religion and Public Life in Contemporary Southeast Asia*. A.C. Willford and K.M. George, eds. Ithaca: Cornell Southeast Asia Program.
- Butler, Judith
 1999 Subjects of Desire. New York: Routledge.
- 2004 Undoing Gender. New York: Routledge.
- Carr, E.S.
 2010 Enactments of Expertise. *Annual Review of Anthropology* (39): 17-32.
- Champagne, Jessica, Alvania, Ribka and Piper Crisovan
 2002 Virginité in Jogja. *Latitudes* 23: 32-35.
- CIA (Central Intelligence Agency)
 2006 The World Factbook: Indonesia. Found at:
<http://www.cia.gov/cia/publications/factbook/geos/id.html>.
- Constable, Nicole
 2009 The Commodification of Intimacy: Marriage, Sex, and Reproductive Labor. *Annual Review of Anthropology* (38): 49-64.
- Crisovan, Piper
 2006 Risky Business: Cultural Conceptions of AIDS in Indonesia, Anthropology, University of Pittsburgh.
- DEPKES (Indonesian Department of Health)
 1995 Survei Kesehatan Rumah Tangga (Household health survey). Indonesian Department of Health.

- Dwiyanto, Agus
1993 From Fertility Control to Quality-Oriented Population and Human Resource Development Policies. *In* Indonesia Assessment: Population and Human Resources. Jones and Hull, eds. Singapore: Institute of Southeast Asian Studies.
- Dwyer, Leslie K.
1999 Spectacular Sexuality: Nationalism, Development and the Politics of Family Planning in Indonesia. *In* Gender Ironies of Nationalism: Sexing the Nation. T. Mayer, ed. London: Routledge.
- 2001 Making Muslims Modern: Embodied Politics and Piety in Urban Java, Indonesia Anthropology, Princeton University.
- Ehrenreich, Barbara and Deirdre English
1973 Witches, Midwives, and Nurses: A History of Women Healers. New York: The Feminist Press at City University of New York.
- Eickelman, Dale F., and James Piscatori
1996 Muslim Politics. Princeton: Princeton University Press.
- Eiseman, Fred
1990 Bali: Sekala and Niskala. Volume II: Essays on Society, Tradition, and Craft. Jakarta: Peripus Editions.
- Eliraz, Gloria
2004 Islamic radicalism in Indonesia: the global and historical contexts. Review of Indonesian and Malaysian affairs 38(1): 101-122.
- Elmendorf, A. Edward; Jensen, Eric R.; Pisani, Elizabeth
2005 Evaluation of the World Bank's Assistance in Responding to the AIDS Epidemic: Indonesia Case Study. The World Bank Operations Evaluation Department.
- Errington, S
1990 Recasting Sex, Gender and Power: A Theoretical and Regional Overview. *In* Power and Difference: Gender in Island Southeast Asia. Atkinson and Errington, ed. Pp. 1-58. Stanford: Stanford University Press.
- Faraz, Nahiyah Jaidi
2007 Female-Muslim Leadership in Yogyakarta after Earthquake 2006: A case study of female jamu makers in Kiringan, Bantul, Yogyakarta. Women's Studies Center, National University of Yogyakarta.
- Ferzacca, Steve
2001 Healing the Modern in a Central Javanese City. Durham, NC: North Carolina Academic Press.
- 2002 Governing bodies in New Order Indonesia *In* New Horizons in Medical Anthropology: Essays in Honour of Charles Leslie. Pp. 35-57. Florence, KY: Routledge.
- Florida, Nancy
1987 Reading the Unread in Traditional Javanese Literature. Indonesia 44:1-15.
- 1995 Writing the Past, Inscribing the Future: History as Prophecy in Colonial Java. Durham, NC: Duke University Press.
-

- 1996 Writing Gender Relations in Nineteenth-Century Java. *In* *Fantasizing the Feminine in Indonesia*. L. Sears, ed. Pp. 207-224. Durham: Duke University Press.
- Forum Kajian Kitab Kuning
- 2001 Telaah Kitab 'Uqud al-Lujjain': Wajah Baru Relasi Suami-Istri (The New Face of Husband-Wife Relations). LKiS Yogyakarta.
- Foucault, M.
- 1978 *The History of Sexuality, Volume 1: An Introduction*. New York: Pantheon.
- Gayatri, B. J. D
- 1996 Indonesian Lesbians Writing Their Own Script: Issues of Feminism and Sexuality. *In* *Amazon to Zani: Towards a Global Lesbian Feminism*. M. Reinfelder, ed. Pp. 86-97. New York: Cassell Press.
- Geertz, Clifford
- 1960 *The Religion of Java*. Chicago: University of Chicago Press.
-
- 1968 *Islam Observed: Religious Development in Morocco and Indonesia*. Chicago: Chicago University Press.
-
- 1973 *The Interpretation of Cultures*. New York: Basic Books.
-
- 1984 From the Native's Point of View: On the Nature of Anthropological Understanding. *In* *Culture Theory*. Shweder, R. and LeVine, eds. Cambridge: Cambridge University Press.
- Geertz, Hildred
- 1961 *The Javanese Family: A Study of Kinship and Socialization*. Glencoe, Ill: Free Press.
- Gilbert, Elizabeth
- 2006 *Eat Pray Love: One woman's search for everything across Italy, India and Indonesia*. New York: Viking.
- Gole, Nilufer
- 2002 Islam in Public: New Visibilities and New Imaginaries. *Public Culture* 14(1): 173-190.
- Good, Byron and Mary-Jo DelVecchio Good
- 1992 The Comparative Study of Greco-Islamic Medicine: The Integration of Medical Knowledge into Local Symbolic Contexts. *In* *Paths to Asian Medical Knowledge*. Leslie and Young, eds. Berkeley: University of California Press.
- Gordon, Linda
- 1976 *Women's Body, Woman's Right*. New York: Viking Adult.
- Grayling, AC
- 2002 Indonesia rocked by screen kiss. *The Jakarta Post*, July 7, 2002.
- Greenlees, Donald
- 2006 Indonesia's cultural war: Riots over Playboy part of larger debate. *International Herald Tribune*, April 15, 2006.
- Hajaj, Claire
- 2005 Public information and immunization go hand-in hand in massive Indonesia polio campaign. http://www.unicef.org/infobycountry/indonesia_28120.html.

- Hanusz, Mark and Asih Sumardono
2007 Family Business: A Case Study in Managing Nyonya Meneer, One of Indonesia's Most Successful Traditional Medicine Companies. Singapore: Equinox Publishing.
- Hartatik, Atik Sri and AR Rahimsyah
2000 Ramuan Sorga: untuk kebahagiaan suami-istri (Recipes from the heavens for the fulfillment of husband and wife). Surabaya: Karya Ilmu Surabaya.
- Hefner, Robert W.
2000 Civil Islam: Muslims and Democratization in Indonesia. Princeton: Princeton University Press.
- Hippert, Christine
2007 Identity and Development in Rural Bolivia: Negotiating Gender, Ethnicity and Class in Development Contexts. Anthropology, University of Pittsburgh.
- Hooker, Virginia Matheson
1999 Expression: Creativity Despite Constraint. *In* Indonesia Beyond Suharto. D.K. Emmerson, ed. Pp. 262-291. New York: M.E. Sharpe, Inc.
- Hull, Terence H, ed.
2005 Introduction: Indonesia's Population from 1950 to 2000; Carving out New Futures. *In* People, Population, and Policy in Indonesia. Jakarta: Equinox Publishing.
- Hull, Terence H. and Ninuk Widyantoro
2009 The right to choose: Indonesian activists keep fighting to have abortion decriminalised. *Inside Indonesia* 97(July - September): 1-5.
- 2010 Abortion and politics in Indonesia. *In* Abortion in Asia: Local Dilemmas, Global Politics. A. Whittaker, ed. Pp. 175-198. New York: Berghahn Books.
- Hull, Terence with Santsantow W. Sarwono and Ninuk Widyantoro
1993 Induced Abortion in Indonesia. *Studies in Family Planning* 24(4): 241-250.
- Inhorn, Marcia
2006 Defining Women's Health: A Dozen Messages from More than 150 Ethnographies. *Medical Anthropology Quarterly* 20(6): 345-378.
- Inhorn, Marcia and Carolyn Sargent
2006 Introduction to Medical Anthropology in the Muslim World. *Medical Anthropology Quarterly* 20(1): 1-11.
- INSIST (Institute for Social Transformation)
2007 Orang-orang biasa (Common people): Jamu sellers in Paotere, South Sulawesi, Indonesia. Institute for Social Transformation, Yogyakarta.
- Jones, Carla
2007 Fashion and Faith in Urban Indonesia. *Fashion Theory* 11(2/3): 211-232.
- 2010 Better Women: The Cultural Politics of Gendered Expertise in Indonesia. *American Anthropologist* 112(2): 270-282.
- Jordaan, Roy E
1988 On Traditional and Modern Jamu in Indonesia and Malaysia: A Review Article. *Review of Indonesian and Malaysian Affairs* 22(1): 150-160.

- Juliantoro, Dadang, ed.
 2000 30 Tahun Cukup: Keluarga Berencana dan Hak Konsumen (30 years are enough: the family planning movement and consumer rights). Yogyakarta: Indonesian Planned Parenthood Association.
- Karim, Wazir Jahan
 1990 Emotions of Culture: A Malay Perspective. Singapore: Oxford University Press.
- Kleinman, Arthur
 1980 Patients and Healers in the Context of Culture. Berkeley: University of California Press.
- Kuriyama, Shigehisa
 1999 The Expressions of the Body and the Divergence of Greek and Chinese Medicine. New York: Zone Books.
- Laderman, Carol
 1992 A Welcoming Soil: Islamic Humoralism on the Malay Peninsula. *In* Paths to Asian Medical Knowledge. Leslie and Young, eds. Berkeley: University of California Press.
- 1997 The Limits of Magic. *American Anthropologist* 99(2): 333-341.
- Leslie, Charles
 1992 Interpretations of Illness: Syncretism in Modern Ayurveda. *In* Paths to Asian Medical Knowledge. Leslie and Young, ed. Berkeley: University of California Press.
- Leslie, Charles and Allan Young, eds.
 1992 Paths to Asian Medical Knowledge. Berkeley: University of California Press.
- Lukens-Bull, Ronald
 2005 A Peaceful Jihad: Negotiating Identity and Modernity in Muslim Java. New York: Palgrave Macmillan.
- Lyon, Margot
 2003 Jamu for the ills of modernity. *Inside Indonesia* 75 (July-Sept.)
- 2005 Technologies of feeling and being: medicines in contemporary Indonesia. *IIAS Newsletter* 37 (June).
- Mahdavi, Pardis
 2009 Passionate Uprisings: Iran's Sexual Revolution. Stanford: Stanford University Press.
- Martin, Emily
 1987 The Woman in the Body: A Cultural Analysis of Reproduction. Boston: Beacon Press.
- Minister of Religious Affairs, Yogyakarta
 2011 Minister of Religious Affairs of the Yogyakarta Special Region, Vol. 2011. Yogyakarta.
- Nichter, Mark
 1992 Of Ticks, Kings, Spirits and the Promise of Vaccines. *In* Paths to Asian Medical Knowledge. Leslie and Young, eds. Berkeley: University of California Press.

- Niehof, Anke
1988 Traditional Medication at pregnancy and childbirth in Madura, Indonesia. *In The Context of Medicines in Developing Countries*. Van der Geest and Whyte, eds. Amsterdam: Kluwer Academic Publishers.
- Oetomo, Dede
1996 Gender and Sexual Orientation in Indonesia. *In Fantasizing the Feminine in Indonesia*. L.J. Sears, ed. Durham: Duke University Press.
- Ong, Aihwa
1987 Spirits of Resistance and Capitalist Discipline: Factory Women in Malaysia. Albany: State University of New York Press.
- 1995 State Versus Islam: Malay Families, Women's Bodies, and the Body Politic in Malaysia. *In Bewitching Women, Pious Men: Gender and Body Politics in Southeast Asia*. Ong and Peletz, eds. Berkeley: University of California Press.
- Peletz, Michael G.
1996 Reason and Passion: Representations of Gender in a Malay Society. Berkeley: University of California Press.
- Pemberton, John
1994 On the Subject of "Java." Ithaca: Cornell University Press.
- Petchesky, Rosalind
2003 Global Prescriptions: Gendering Health and Human Rights. New York: Zed Books.
- PKBI (Indonesian Planned Parenthood Association)
2008a Studi I: Profil Klien Pemulihan Haid Tahun 2004 - 2007 di 9 Kota (Study I: Client Profiles of Menstrual Regulation 2004 - 2007 in 9 Cities). Perkumpulan Keluarga Berencana Indonesia (Indonesian Planned Parenthood Association).
- 2008b Studi III: Aspek Psikososial Subyek yang Menggunakan Obat/Jamu Sebagai Upaya Mengakhiri Kehamilan (Study III: Psychosocial aspects of women who use jamu/medicines to induce abortion). Perkumpulan Keluarga Berencana Indonesia (Indonesian Planned Parenthood Association).
- Pradono, Julianty
2001 Pengguguran yang Tidak Aman di Indonesia SDKI 1997 (Unsafe abortion in Indonesia 1997). *Jurnal Epidemiologi Indonesia* (Indonesian Journal of Epidemiology) 5(1).
- Robinson, Kathryn
1999 Women: Difference Versus Diversity. *In Indonesia Beyond Suharto*. D.K. Emmerson, ed. Pp. 237-261. New York: M.E. Sharpe, Inc.
- Ronosulistyo, H. Hanny
2004 Seks Tak Sekadar Birahi: Tinjauan Islam dan Medis (Sex Not According to Passion: Views from Islam and Medicine). Jakarta, Indonesia: Percikpress.
- Rubin, Gayle
1984 Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality. *In Pleasure and Danger: Exploring Female Sexuality*. C.S. Vance, ed. New York: Routledge and Kegan Paul.

- Santoso, Soewito
2006 *The Centhini Story: the Javanese journey of life*. China: Marshall Cavendish Editions.
- Scaglion, Richard
1999 Law. *In The Pacific Islands: Environment and Society*. M. Rapaport, ed. Pp. 221-233. Honolulu: Bess Press.
- Scheper-Hughes, Nancy
1990 Three Propositions for a Criticall Applied Medical Anthropology. *Social Science and Medicine* 30(2): 189-198.
- Scheper-Hughes, Nancy and Margaret Lock
1987 *The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology*. *Medical Anthropology Quarterly* 1(1): 6-41.
- 1996 A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent. *In Handbook of Medial Anthropology: Contemporary Theory and Method*, Revised edition. Sargent and Johnson, eds. Pp. 4-71. Westport, Connecticut: Greenwood Press.
- Sears, Laurie J.
1996 *Fragile Identities: Deconstructing Women and Indonesia*. *In Fantasizing the Feminine in Indonesia*. L.J. Sears, ed. Durham: Duke University Press.
- Sinaga, Rudy Victor
2003 CEO Irwan Hidayat, Presiden Sido Muncul: Mengupayakan Jamu Masuk dalam Sistem Kesehatan Nasional (CEO Irwan Hidayat, President of Sido Muncul: Towards Jamu entering the National Health System). *Harian Umum Sore: Sinar Harapan*.
- Singer, Merrill
1989 The Coming of Age of Critical Medical Anthropology. *Social Science and Medicine* 28: 193-203.
- 1998 Beyond the Ivory Tower: Critical Praxis in Medical Anthropology. *In Understanding and Applying Medical Anthropology*. P.J. Brown, ed. London: Mayfield Publishing Company.
- Smith-Hefner, Nancy J.
2006 Reproducing respectability: sex and sexuality among Muslim Javanese youth. *Review of Indonesian and Malaysian Affairs* 40(1): 143-172.
- Soebagijo, Azimah
2008 *Pornografi: Dilarang tapi Dicari (Pornography: Forbidden but Sought)*. Jakarta: Gema Insami.
- Soesilo, Slamet
1992 Peranan Jamu dan Obat Tradisional dalam Pelayanan Kesehatan Masyarakat (The Role of Jamu and Traditional Medicine in Community Health Services). *In Antropologi Kesehatan Indonesia: Jilid I, Pengobatan Tradisional (The Anthropology of Indonesian Health: Volume 1, Traditional Medicine)*. Agoes and Jacob, eds. Jakarta: Buku Kedokteran EGC.

Stoler, Ann

1991 Carnal Knowledge and Imperial Power: Gender, Race, and Morality in Colonial Asia. *In* Gender at the Crossroads of Knowledge: Feminist Anthropology in the Postmodern Era. M.d. Leonardo, ed. Berkeley: University of California Press.

1992 Sexual Affronts and Racial Frontiers: European Identities and the Cultural Politics of Exclusion in Colonial Southeast Asia. *In* Becoming National: A Reader. Eley and Suny, eds. Pp. 286-322. New York: Oxford University Press.

1995 Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things. London: Duke University Press.

Strathern, Marilyn

1987 An Awkward Relationship: The Case of Feminism and Anthropology. *Signs* 12(2): 276-292.

Sunindyo, Saraswati

1996 Murder, Gender, and the Media. *In* Fantasizing the Feminine in Indonesia. L.J. Sears, ed. Pp. 120-139. Durham: Duke University Press.

Suryakusuma, Julia I.

1996 The State and Sexuality in New Order Indonesia. *In* Fantasizing the Feminine in Indonesia. L.J. Sears, ed. Pp. 92-119. Durham: Duke University Press.

2004 Sex, Power and Nation: an anthology of writings, 1979-2003. Jakarta: Metafor.

2006 Fragmentasi Konstruksi Gender dan Kebangsaan dalam Sastra Indonesia (Fragmentation of Gender and Nationality Constructions in Indonesian Literature). *Susastra 4: Jurnal Ilmu Sastra dan Budaya* (Susastra 4: Journal of Language and Cultural Studies) 2(4): 16-31.

Taylor, Janelle S., Linda L. Layne, and Daniele F. Wozniak, eds.

2008 Consuming Motherhood. New Jersey: Rutgers University Press.

Tilaar Group, Martha

2005 Jamu Garden Martha Tilaar: The holistic concept of beauty and health at every phase of the cycle of life

Tilaar, Martha

1992 Sehat dan Cantik dengan Upaya Kesehatan Tradisional (Healthy and Beautiful with Traditional Health Practices). *In* Antropologi Kesehatan Indonesia: Jilid I, Pengobatan Tradisional (The Anthropology of Indonesian Health: Volume 1, Traditional Medicine). Agoes and Jacob, eds. Jakarta: Buku Kedokteran EGC.

Tsing, Anna Lowenhaupt

2005 Friction: An Ethnography of Global Connection. Princeton: Princeton University Press.

Ullmann, Manfred

1996 Islamic Medicine. Edinburgh: Edinburgh University Press.

Utami, Ayu

2008 Sidang Susila: Naskah Komedi & Catatan Perihal RUU Pornografi (A Comedy Sketch and Notes about the RUU Pornography Bill). Jakarta: Spasi & VHR Book.

- Utomo, Iwu Dwisetyani
 2003 Reproductive health education in Indonesia: school versus parents roles in providing sexuality information. *Review of Indonesian and Malaysian Affairs* 37(1): 107-134.
- 2005 Women's Lives: Fifty Years of Change and Continuity. *In* People, Population, and Policy in Indonesia. T. Hull, ed. Jakarta: Equinox Publishing.
- Van der Geest, Sjaak, with Susan Whyte, and Anita Hardon
 1996 The Anthropology of Pharmaceuticals. *Annual Review of Anthropology* 25: 153-178.
- Van der Geest, Sjaak and Susan Reynolds Whyte, ed.
 1988 The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology. Dordrecht: Kluwer.
- Van Doorn-Harder, Pieternella
 2006 Women Shaping Islam: Reading the Qur'an in Indonesia. Chicago: University of Illinois Press.
- Vance, Carol S.
 1984 Pleasure and Danger: Toward a Politics of Sexuality. *In* Pleasure and Danger: Exploring Female Sexuality. C.S. Vance, ed. New York: Routledge & Kegan Paul Books.
- 1991 Anthropology Rediscovered Sexuality: A Theoretical Comment. *Social Science and Medicine* 33(8): 875-884.
- Varisco, Daniel Martin
 2005 Islam Obscured: The Rhetoric of Anthropological Representation. New York: Palgrave Macmillan.
- Wasono, Sunu
 2006 Seks sebagai Rempah-rempah dan masalah (Sex as diverse and problematic) *Susastra 4: Jurnal Ilmu Sastra dan Budaya (Journal of Literature and Culture)* 2(4): 116-126.
- Weintraub, Andrew N.
 2008 Dance drills, Faith Spills': Islam, body politics and popular music in post-Suharto Indonesia. *Popular Music* 27(3): 367-392.
- Weitz, Rose
 2003 The History of Women's Bodies. *In* The Politics of Women's Bodies: Sexuality, Appearance, and Behavior. 2nd edition. New York: Oxford University Press.
- Wekker, Gloria
 2006 The Politics of Passion: Women's Sexual Culture in the Afro-Surinamese Diaspora. New York: Columbia University Press.
- West, Page
 2006 Conservation is Our Government Now: The Politics of Ecology in Papua New Guinea. Durham: Duke University Press.
- Whittaker, Andrea
 2010 Abortion in Asia: An overview. *In* Abortion in Asia: local dilemmas, global politics. A. Whittaker, ed. Pp. 1-38. New York: Berghahn Books.

- WHO (World Health Organization)
2000 WHO Technical Consultation Safe Abortion: technical and Policy Guidance for Health Systems. World Health Organization.
-
- 2003 Safe Abortion: Technical and Policy Guidance for Health Systems. Geneva: World Health Organization.
- Whyte, Susan Reynolds and Sjaak Van Der Geest
1988 Medicines in Context: An Introduction. *In* The Context of Medicines in Developing Countries. Van Der Geest and Whyte, eds. Pp. 3-11. Amsterdam: Kluwer Academic Publishers.
- Wieringa, Edwin P
2002 A Javanese Handbook for Would-Be Husbands: The *Serat Candraning Wanita*. *Journal of Southeast Asian Studies* 33(3): 431-449.
- Wieringa, Saskia
1999 Desiring Bodies or Defiant Cultures: Butch-Femme Lesbians in Jakarta and Lima. *In* Female Desires. Blackwood and Wieringa, eds. Pp. 206-229. New York: Columbia University Press.
-
- 2003 The Birth of the New Order State: sexual politics and nationalism. *Journal of Women's History* 15(1): 70-93.
- Wieringa, Saskia and Evelyn Blackwood
1999 Introduction. *In* Female Desires. Blackwood and Wieringa, eds. Pp. 1-38. New York: Columbia University Press.
- Wijayanto, Iip
2004 Sex in the "kost." (Sex in the boarding house). Yogyakarta: Tinta.
- Woodward, Mark
1985 Healing and Morality: A Javanese Example. *Social Science and Medicine* 21(9): 1007-1021.
-
- 1989 Islam in Java: Normative Piety and Mysticism in the Sultanate of Yogyakarta. Tuscon: University of Arizona Press.
-
- 2010 Java, Indonesia and Islam. New York: Springer.
- Yanagisako, Sylvia Junko and Jane Fishburne Collier
1990 Toward a Unified Analysis of Gender and Kinship. *In* Gender and Kinship: Essays Towards a Unified Analysis. Stanford: Stanford University Press.
- Young, Iris Marion
2003 Breasted Experience: The Look and the Feeling. *In* The Politics of Women's Bodies: Sexuality, Appearance, and Behavior. 2nd edition. R. Weitz, ed. Pp. 152-163. New York: Oxford University Press.
- Zhan, Mei
2001 Does It Take a Miracle? Negotiating Knowledges, Identities, and Communities of Traditional Chinese Medicine. *Cultural Anthropology* 16(4): 453-480