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Gender bias in a patriarchal society

A media analysis on virginity and reproductive health

BILLY K. SARWONO

ABSTRACT

Women and health are two very close issues as family health lies most often in the hands of women. Ironically, their awareness toward their own health is still low. Cultural constraints have made single, unmarried women or virgins feel reluctant to go to obgyn clinics, though there is an increasing prevalence of cervical cancer in Indonesia. Related to the role of the media to reduce the number of women with cervical cancer, a question rises. How do the media represent this conflict? The object of the study is a documentary film about several problems faced by women. The unit of analysis is the episode that contains issues related to the virtue of virginity, and data were collected through an analysis of the media text. The findings show that the media seem to have an awareness of the problems, but they have not fully adopted gender perspectives, and this leads to the strengthening of myths, taboos and traditional values surrounding virginity.

KEYWORDS

Media, gender bias, virginity, reproductive organs.

INTRODUCTION

The Indonesian-made documentary film *Pertaruhan* (At stake, 2008)⁵ brings onto the screen a true story of tradition, morality, poverty and discrimination in women's lives. This film is interesting to study because it depicts the struggles of women perceived from different perspectives than the mainstreams. Women are still regarded as passive audience by Indonesian media, which has not adopted gender perspectives. Women are considered to accept information simply without posing any questions thereabout. This gender-biased tendency

⁵ Produced by Kalyana Shira Films and Kalyana Shira Foundation.

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will then grow, prevail or even continue to be produced by women, thereby strengthening gender discrimination in Indonesian society.

Nia Dinata, the director of *Pertaruhan*, who has won several awards in Indonesian film industry, adopted a gender perspective.⁶ Many of her works depict the struggles of women and minority groups, such as *Arisan!* (The gathering!, 2003), *Berbagi suami* (Sharing husbands, 2006), *Perempuan punya cerita* (Chants of the Lotus, 2007), *Arisan! 2* (2011). *Pertaruhan* is divided into four episodes: *Perempuan vs. perawan* "Woman versus virgin", *Nona nyonya?* "Miss mrs?", *Sunat perempuan wajib?* "Is female circumcision obligatory?", and *Antara kemiskinan, wanita penjaja seks dan perempuan* "Between poverty, female sex workers, and women".

Of all the issues in *Pertaruhan*, the one I am particularly interested in is the importance of reproductive health and how it relates to the issue of virginity. The reproductive health referred to in this paper is defined as: "a state of complete physical, mental and social wellbeing, and not merely the absence of reproductive disease or infirmity in all matters related to reproductive processes, functions, and system at all stages of life" (Negara 2005: 9).

The issue of reproductive health is important to discuss because data show that globally a woman dies every two minutes because of cervical cancer, while in Indonesia one dies every hour due to the same cause. To be more specific, data show that about eighty percent of women with cervical cancer live in developing countries. In fact, in Indonesia, there are 90-100 cervical cancer cases per 100,000 women.⁷ The big number of women with cervical cancer is caused by many things, including minimum awareness rising on this disease by Indonesian media, so people remain ignorant on the matter. In addition, most women are not aware of the importance of early detection, and those who finally seek for help are those whose cancer is already far advanced. The blame, however, cannot simply be addressed to them solely because these women, especially the unmarried ones, are embarrassed to have their most private parts examined, although cervical cancer can actually be prevented through screening (for grown-up women) and through vaccination for teens or those who have never had any sexual intercourse.⁸

THE ISSUE

The story in *Pertaruhan* depicts a reality in which cultural problems affect the behaviour and awareness of Indonesian women to undergo pap smear in order to allow early detection of cervical cancer. The myth of the value of virginity often makes women powerless to adequately respond to their reproductive health issues. What this film portrays is in line with the findings of a research conducted by Mina and Samuel (2004) on Muslim women immigrants in San

⁶ [Http://kosmo.vivanews/read/18044-berhasrat-dengan-film-bertemakan-gender](http://kosmo.vivanews/read/18044-berhasrat-dengan-film-bertemakan-gender).

⁷ [Http://nasional.kompas.com/read/2008/12/19/05444715/kanker.serviks.penyebab.kematian.nomor.satu.di.indonesia](http://nasional.kompas.com/read/2008/12/19/05444715/kanker.serviks.penyebab.kematian.nomor.satu.di.indonesia), accessed on 5-11-2011.

⁸ [Http://www.kamusilmiah.com/kesehatan/wapada-kanker-serviks-mengintai/](http://www.kamusilmiah.com/kesehatan/wapada-kanker-serviks-mengintai/), accessed on 5-11-2011.

Francisco Bay area, which suggests that the low detection of cervical and breast cancer is due to religious and cultural constraints, particularly those related to the values of modesty and premarital virginity.

There are many ways to handle the above-mentioned problems, and seen from the perspective of communication studies, the delivery of messages or publication of information through the media is the most effective way because the media can reach a wide range of communities within a very little time.

Indonesian media, which initially functioned as a tool to distribute information, have undergone several changes: they are no longer under the government's control. Instead, they are now very much under the influence of elite groups. Therefore, the information that is presented is usually influenced by the values and interests of the elite groups, which focus more on material benefits (Hidayat 2005: 127-163; Armando 2011: 2-9). As a result, the media tend to pick up only popular issues, such as those related to politics, economy, law, entertainment and violence-related issues, including conflicts and crimes. On the other hand, issues like education, health, environment, or women and their roles are often perceived insignificant (Sarwono 2011).

The result of the research mentioned above is in line with the findings of Scriven and Garman (2007: 119), who stated that television programmers and media company owners are usually ignorant of the output of news coverage on health issues significant for a community. They usually pay more attention to ratings, which are directly related to the profit they can receive. Furthermore, Randall N. Hyer and Vincent T. Covello (WHO 2005: 10) explained that the coverage of health issues in the media is related to internal and external factors. This means that the exposure of health issues is very much related to the issues of deadlines, tendency to select prominent people as informants, the need to pick only news that is in line with government policies, as well as the need to exploit sensational news. It is hard to claim that the media are sympathetic with the lower middle class, as the news they cover are more related to political, economic and cultural factors.

Curran (2002: 127-139) emphasizes that the role of the media is beyond news coverage, as they also help shape culture. The media are a powerful tool for the majority group or the elites because they function as a tool to strengthen or maintain the values of the elite and even produce a consensus in a community. Therefore, related to the role and place of women, the media do not always present accurate pictures, as they often puts forward misrepresented and misleading stereotypes about the role and place of women. For example, TV programs can be said to have strengthened gender-biased stereotypes because they often articulate that good or ideal women are those staying at home all the time and doing household chores like cooking, washing, cleaning, and child caring. However, we know that women in big cities are those who work and have career outside home. The media continue to affirm that urban women can work as long as they manage doing their household chores well, and they do not come home late (this is still seen as a taboo). If a female legislative candidate or politician has to work overtime or come home

late, neighbours will talk negatively about her. However, if a man does similar things, it will be deemed normal (Sarwono 2004: 1-2; Subono 2006: 60).

How are stereotypes developed? This can be linked to the role of the media, which function as providers of information or presenters of stories that strengthen the values and beliefs of a community. The media also maintain the structure of values and ideology of the dominant group, translating them into their everyday coverage (Lule 2005: 104-108). In this case, news, like myths, generates from prevailing cultural norms, and media workers maintain these myths without realizing it. Those gender-biased values and norms are constructed by the media and absorbed integrally in daily public behaviour. Very often, people consider that the true norms and values are those presented in media coverage (Dow and Wood 2006: xvii).

Now, the question raised by the research is how the issues faced by the women in *Pertaruhan* are framed in this film, and what myths and gender-biased views are shown. This study aims at showing that, within a society, there are some myths that can serve as barriers for women and their efforts to take care of their health. Besides, this research is expected to promote awareness of health and media workers to adopt gender perspectives to better identify cultural norms, which are not supportive to the effort of women in maintaining their reproductive health.

LITERATURE REVIEW

Gender bias in society and media institutions

To understand the gender concept, clarification of the difference between gender and sex needs to be provided here. Sex is defined as a biological characteristic attached to human beings since the day they were born. This characteristic is permanently attached and cannot be altered (except through hormonal treatment and surgery). Biologically, human beings are divided into two sexes: males and females, characterized with different physical features (Renzetti and Curran 1999: 2). Meanwhile, gender is used to refer to all differences existing in society that arise from sexual differences. This concept is socio-cultural in nature and is man-made, referring to responsibilities, roles, behavioural patterns, and subject to change across periods and cultures. It varies even from one family to another. The concept of gender is also reflected in language, behaviour, thoughts, taboos, technology, mass media, fashion, education, professions, production tools, home appliances, etcetera.

Initially, the difference between men and women was seen as natural as it referred to nature. Later, through social construction or *nurture*, human's life has been developed, engineered or even treated as contradictory to natural conditions. The construction that divides the positions and roles of men and women has been continuously strengthened through family and educational institutions, as well as society and the media. In the end, the differences in roles and positions of men and women have been passed on from generation to generation and they persist as an ideology.

The construction of feminine and masculine characteristics has led to

the dichotomy of the roles to be played by men and women. Domestic work and household arrangements are traditionally deemed to be suitable to the feminine characteristics of women, while earning income and providing protection for the family are culturally constructed as the proper role of men who are granted with masculinity. The dichotomy of characteristics and roles has led to men's domination and women's subordination. Moreover, because of their feminine characteristics, women need to be protected by masculine men. Therefore, men become protectors and are placed as the head of the family, while women are seen as secondary and passive companions. Therefore, even if women are involved in decision-making, the final conclusion often still lies in the hands of men.

In Indonesia, especially in the Javanese ethnic group, the role of women is determined by the feudalistic aristocratic system, in which they are given the role as *kanca wingking*, which means "person watching from behind" to refer to their responsibility to be the values or morality keepers of the family. Javanese community believes that the roles of women can be expressed by three Javanese words starting with the letter M, namely *manak* "to give birth", *masak* "to cook", and *macak* "to dress up" (Ibrahim and Suranto 1998: xxvii). Besides the cultural factors, the social historical contexts as reflected in government policies have also constructed the role of women in the domestic domain. For example, *pancadarma wanita*, the policy established by *Dharma Wanita* and *Dharma Pertiwi* (the organizations of the wives of civil servants), and PKK (Pembinaan Kesejahteraan Keluarga, the organization of women in rural areas). The major women organizations in Indonesia rule out that the main role of a woman is to be the companion to her husband and mother to her kids, leaving her public role or career secondary (Sarwono 2004: 15).

According to Renzetti and Curran (1999: 3), male domination in public and domestic sectors is defined as patriarchy. It is a sex or gender system in which men dominate over women, and all views of men are deemed to be more valuable compared to those of women. In a patriarchal society, men have control over women, thus creating inferiority and gender passiveness. At the household level, men's power is used to refer to the family that is fully controlled by men, although nowadays the term patriarchy is used to refer to a state system that supports men's domination through different ways (Stivens in Ibrahim and Suranto 1998: 8-11). In short, patriarchy is a male domination structure, in which almost all men-women relations are perceived as hierarchical relations of superiority and inferiority (Renzetti and Curran 1999: 3).

Actually, the differences of gender, roles and positions do not constitute a problem as long as it does not lead to injustice. Gender injustice is a system and structure that places men and women as victims. Such injustice is manifested in many forms, and especially affects women, for example through marginalization, subordination, as well as through stereotyping, labelling, etcetera. Those forms of gender injustice are related to one another, as well as influencing one another.

The contribution of feminists and their views on the development of communication studies has been significant. In three decades, feminist scholars who focus on gender as a key factor have been studying women's communication together with minority groups who have become "the others" or the voiceless in mainstream studies. There are various feminist perspectives that are relevant to media studies (Van Zoonen 1994: 16-27). Liberal feminists emphasize equality and equal opportunities. Therefore, the stereotypes of sexual roles have constituted the core of the media analyses performed by liberal feminists, through which they study the representation of women's roles in, for example, advertising, drama and soap operas.

Meanwhile, socialist feminists discuss issues related to social class, ethnicity, sexual preferences, and the media are perceived as an ideological means to represent the interests of the elite dominant groups. Radical feminists take on a different path, as they focus their media analyses on the patriarchal effects on women, by revealing the darker side of family life, such as domestic and sexual violence, as well as the exploitation of women in the pornographic industry (M. Jones and E. Jones 1999: 66-68).

The studies on feminist media in the USA (M. Jones and E. Jones 1999: 69-73) showed that, in the 1970s, the media portrayed women merely as an object of men's needs. Only later did the media start to provide space to discuss women's personal issues and social identities, and even sensitive issues like sex. Some magazines went far by printing sex-related headlines on their covers, indicating that such topics were no longer a taboo. In the early 1990s, pro-girl images appeared, providing more space and values for young women to develop their specific culture. However, "girl-power images have become reified in popular culture as commodities bought and sold primarily by entertainment corporations", in which the concept of girls' empowerment had shifted to the value of commodities that lies beneath such empowerment (Riordan 2004: 92).

In Indonesia, the trends of media coverage on women indicate relevance with the findings of the researches mentioned above. A few decades ago, the media in Indonesia pictured women as objects in their news, commercials, or other products. In 1998, when access to information was widely opened and foreign media rushed into Indonesia, women issues, such as how they developed themselves, were brought under the spotlight. "Fun, fearless, female", the motto of *Cosmopolitan Magazine*, for example, has brought colours to the lives of teen girls, while emphasizing their beautiful, young and sexy appearance (Leiliyanti 2003: 71-72). Although many media nowadays have provided space for discussions or news on women's interests, their effort cannot be claimed as supporting women's empowerment. It is more a business strategy that makes use of the fact that middle-class women in Indonesia constitute a very promising market (Luviana 2007: 55-56).

Women's representation and position in media coverage is very much related to media workers managing and producing it. In the 1990s, although women's interest to apply to work in the media industry showed an upward

trend, those accepted as journalists were not many. Indonesian female journalists make up only 14% of the total number of journalists in Indonesia, and only two per cent of them hold managerial positions (Amelia 2010: 11). Women working at TV stations filling various positions constitute only 15% (Sunarto 2009: 172). On the other hand, Krishna Sen (quoted in Ibrahim 1997: 286) stated that only several women have ever held the controlling artistic and administrative positions in the Indonesian film industry since 1965. There has only been one camera operator, music arranger and editor. From 65 film producers registered under Indonesian cinema's *Who's Who*, there were only eight women producers between 1962 and 1990, and there were only four female directors, all of whom were connected or related to men who had already held significant positions in the Indonesian film industry. The number has been increasing ever since as more and more women have become well known as film directors and producers, such as Mira Lesmana, Nia Dinata, Rachel Maryam, Happy Salma, Jane Lawalata, Marcella Zalianty, Sheila Timothy, etcetera.

RESEARCH METHODOLOGY

To answer the research question above, the critical constructionism paradigm is used (Heiner 2006: 9-11). This paradigm focuses on the meaning of a constructed social issue, although the emphasis is placed on the role of the elite or dominant group that has constructed such an issue to serve their interests. This paradigm does not perceive a social problem's construction as a natural event since behind such a construction there are the interests of the dominant group, which have influenced the construction. Similarly, when a social problem is constructed by the media, the media institution constitutes a powerful group that is able to shape people's mindset regarding what is important and its impact on the formation of reality (Heiner 2006: 7). Through this paradigm, we can see how social problems are constructed, described and presented to public in such a way that they tend to reflect the interests of elite groups at the expense of the powerless.

In an effort to adequately tackle the problems and paradigm selected for this research, the qualitative approach is used (Denzin and Lincoln 1994: 1-4). The unit of analysis is the story or the scene related to the health of reproductive organs and virginity. Data collection started with the making of transcripts of dialogues from selected episodes before framing analysis was roughly carried out according to the planned phases based on the view of William A. Gamson and A. Modigliani (Anderson 1997: 35-37). The data analysis was paradigmatic in the sense that the effort was made to discover various meanings, including those well hidden in a scene (both in pictures and in words).

According to Gamson and Modigliani (Eriyanto 2011: 263), framing is used as a central idea when we want to understand an issue. This idea will be supported by several things, such as sentences, words, metaphors, and others, which support, fill, and lead to the central idea of an issue. This analysis includes several steps, using framing device and reasoning device.

The first concept indicates that words, sentences, metaphors, pictures or illustrations are used to emphasize a certain idea. To be more specific, this concept includes (a) metaphors, (b) catchphrases or appealing phrases, which stand out in a discourse, (c) exemplars, (d) depictions of an issue, which constitute a connotation, and (e) visual images, which support the frame as a whole. The second concept, on the other hand, is done so that the goal of the idea mentioned by the first concept looks natural and sensible. This concept consists of (a) roots or cause analysis, (b) appeals to principles or moral claims, and (c) consequences or effects of framing

Certainly, this research has its limitations, arising from the fact that the framing method that is usually applied on news media coverage is now used for a documentary film analysis. However, the term in communication studies originally comes from photography and cinematography (McCombs and Ghanem 2001: 71). Another issue that needs to be explained in a qualitative research that uses a critical theory is the issue of objectivity, validity and credibility of the research, and how to minimize biases (Denzin and Lincoln 2000: 229-230). According to Denzin and Lincoln, one criterion to assess the quality of a research is its historical situatedness, which is defined as: "to take account of the social, political, cultural, economic, ethnic, and gender antecedents of the situated situation" (Denzin and Lincoln 1994: 114). This means that the social phenomenon that is being analysed has to be observed in its historical context and linked to a particular context (Hidayat 2005: 9). In this research, historical situatedness is the patriarchal culture that prevails in this country.

OBJECTS OF RESEARCH

The object of this research is the documentary film *Pertaruhan*, which depicts a series of stories of women facing conflicts. Several episodes of the stories related to reproductive organs and virginity have been selected. To help readers understand the objects of the research, three stories have been selected and named as follows. The first story revolves around Wati, a migrant worker who suffers from *myoma*, the second one on the debate in the reception area of a maternity facility, and the third one on the experience of two female members of the film crew in having a pap smear test.

Wati suffered from *myoma* when she was working in Hong Kong. She was hesitant to undergo a treatment since the surgery would have to be done via the vagina. It was very hard for Wati to convince Yanto, her husband-to-be, who is a serviceman, that it was the best way since the alternative was to remove her uterus and close the possibility for pregnancy. Her husband-to-be could not understand Wati's condition because she was a virgin, so for him it was impossible that Wati could get *myoma*. The husband-to-be was even upset that Wati did not candidly tell him about what happened. After returning to Indonesia, Wati and Yanto went to a maternity clinic to consult with a doctor, and the husband-to-be eventually agreed on the surgery.

The second story is about problems experienced by some women related to

their reproductive health, such as vaginal discharge and irregular menstruation. This episode contains chats among several unmarried women who wanted to have a pap smear test but received unpleasant treatment because of their unmarried status. The nurse in one clinic went too by interrogating them sternly about their marital status. This made them feel uncomfortable. The dialogue on marital status dominated the whole conversation and was deemed to be more important than the reproductive health of the patients.

The third story describes the experience of two members of the film crew who decided to go to two different maternity clinics. For the sake of simplicity, the two crew members will be called crew member A and B. The decision of the two crew members to do this was based on the unpleasant experience of some women as described in the second story above. Both crew members received a similar, disrespectful treatment because of their unmarried status, as pap smear is perceived as incompatible with their being single. The two doctors who examined them seemed to be more interested in discussing the inappropriateness of an unmarried woman to go through a pap smear rather than explaining the importance of preventive reproductive healthcare. One of them even labelled one of the crew members an “indecent” woman.

RESEARCH FINDINGS

Three issues or conflicts are central in *Pertaruhan*, all of which can be seen in Tables 1 and 2.

The first issue shows that virginity is seen as a symbol of sanctity, purity or impeccability. Therefore, its preservation is often seen as the highest and most important virtue. This issue framing is strengthened by the following debate between an obgyn and crew member B:

- Nurse : *Hah? Emang mau pap smear? Kan masih nona?*
What? You want to have a pap smear? Aren't you still a virgin?
- Patient : *Emang nggak boleh ya?*
Are you saying I cannot have it?
- Nurse : *Kan itu nanti dicolok. ... ntar kalau misuanya complain? Ini siapa yang mecahin? Tidak perawan lagi?*
Well, a hook will be inserted to you. ... Aren't you worried that your future husband will complain? "Who did it? You are not a virgin anymore?"
- Patient : *Biar ... yang mecahin alat ...*
Let it be. ... I'll just say ... It was the hook ...

(*Pertaruhan*: 01:02:15 - 01:02:39)

	Issue 1	Issue 2	Issue 3
Metaphors	Unmarried women are considered to be pure and immaculate.	The behaviour of Indonesian women has to comply with religious norms.	There is a view that only married women can pay request for a pap smear.
Catchphrases	The term "to be bodily connected" (literally translated from the Indonesian term) is used to refer to sexual intercourse. The term "to break it" is used to refer to the act of making love to a virgin.	The old gynaecologist criticizes single women patients who are not virgin anymore and call them evil. The headscarf that the teenagers wear shows that they are virgins and religious.	The patient's unmarried status has been questioned and it seems to be more important than the condition of their reproductive organs.
Depiction	Husbands-to-be is doubtful about their future wife's purity	Religious norms are the foundation of all institutions in Indonesia	Many teenage girls and grown-up women do not want to go to an obgyn because they are worried about people's negative views.
Exemplar	Yanto is not convinced that a tumour can suddenly grow in the body. Thus, Wati finds it difficult to convince Yanto.	A doctor questions the patient's nationality and demands her to mention the first tenet of Pancasila. A woman who opens her legs can be considered as a bad woman in this Islamic country.	An unmarried woman describes how people giggled at her persistence to have a pap smear at a maternity clinic.
Visual Image	Wati calls Yanto several times, but he does not answer. Yanto expresses his doubts about Wati's honesty.	Gynaecologist provides advice to patients in the examination room.	Some women share their experiences with the audience

	Issue 1	Issue 2	Issue 3
Roots	An unmarried woman is deemed to be bad if her hymen has been broken.	A single woman who has had sex is considered to have violated religious norms.	It is unusual for a "miss" to visit an obgyn.
Appeal to principles	A woman that is not yet married has to keep her hymen intact prior to marriage.	According to cultural and religious norms, extramarital sex is immoral.	Maternity clinics feel responsible for the impacts of examination of reproductive organs of an unmarried woman.
Consequences	A woman's virginity/ purity is of the foremost importance to the husband.	Virginity/purity of a woman is an important religious value.	Patriarchal cultural values, which are applied in the bureaucracy of an obgyn clinic, somehow pose problems for women to maintain their health.

Table 1. Media analysis.

⁵ In Indonesian: *berhubungan badan*.

⁶ In Indonesian: *memerawani*.

Issue context	Issue being raised
A woman's virginity/purity is of the foremost importance to the husband.	No one is allowed to see the vagina of a virgin as this right is reserved for the husband only.
Virginity/purity of a woman is an important religious value.	A woman failing to protect her virginity is deemed immoral since it violates God's teachings.
Patriarchal cultural values, which are applied in the bureaucracy of obgyn clinic, somehow pose problems for women to maintain their health.	Society believes that maternity facilities are only for labour or antenatal care. So, for virgins or unmarried women, teenage girls, high school students, especially those wearing headscarves, it is considered improper to visit these facilities.
Prior consent has to be obtained from the husband-to-be/boyfriend or parents of unmarried patients to have their reproductive organs examined. This is to avoid future complications.	

Table 2. The issues.

Another conversation concerning the sanctity of virginity occurs between Wati and her husband-to-be. Wati, a Javanese woman wearing a headscarf, said: "... I do not want my vagina to be exposed to another person. I do not know what I would feel ... But no one should see it before my future husband".⁷

On the other side, Wati's future husband is also very much convinced about the importance of virginity. He said,

Sepengetahuan saya, simbak Wati itu ya, sehat-sehat saja. Tahu-tahu akhir-akhir mau pulang itu. Namanya sakit sejenis tumor itu, kan ... ndak ndadak gitu, lah ... Nggih niku wau ijin teng kulo salipun mbak Wati niku tesih bujang. Istilah e nek mbak Wati piyambak nggih dereng pernah berhubungan dengan tiyang niku, istilah e napa nggih, ... jenenge niku sih asli ...

As far as I know, Wati is healthy. All of a sudden, lately, close to her home-coming ... (something happened) ... Well, she had this tumour ... Can it be that sudden? I doubt it ...

She asked for permission to have a vaginal surgery. That is because she is not yet married, and has not had any sexual intercourse with a man before. A virgin, so to say ...

(Pertaruhan: 00:11:36 - 00:12:18)

⁷ *Ya di ... takut saya dilihat vagina saya. Gitu, kan itu, gimana gitu loh. Jangan sampai orang lain tahu dulu sebelum calon suami, gitulah (Pertaruhan: 00:10:22 - 10:28).*

Kok setengah mboten percados kula ... kula niku ... namung kula suwun pelurusanne, napa entene mawon.

I do not believe it, and I asked for explanation. Let's just be honest to one another. We ended up quarrelling.

(*Pertaruhan: 00:12:41 - 00:12:53*)

On the other hand, Wati explains how hard it is for her to explain things to Yanto.⁸ My explanation that the surgery will be done through vagina up to now has not been fully understood and accepted by my husband to-be.

The dialogs above show that unmarried women are supposed to be "well-behaved" and they have to preserve their virginity up to the moment they step into marriage. This is so because unmarried women are considered to be sacred and immaculate. If they fail to preserve their virginity, they will be seen as "bad women".

The sacred virginity of unmarried women constitutes the most important cultural value not just in Indonesian society, but also in religion. The second framing can be seen from the dialogue below, which shows the view of a gynaecologist who labels crew member A as "a bad woman".

Patient : *Saya mau pap smear.*

I want to have a pap smear.

Doctor : *Udah berumah tangga? Belum ... Belum juga? Jadi gimana? Mau pap smear dari mana? Udah punya pacar? Udah berhubungan sama pacar? Kapan mau nikah? what you are doing now is evil.*

Are you married? No ... Not yet? Well, how would you expect the pap smear to be done? From where? Do you have a boyfriend? Have you ever had a sexual intercourse with him? When are you going to get married? What you are doing now is evil.

(*Pertaruhan: 01:03:00 - 01:03:09*)

Patient : I'm not bad ...

Doctor : Yeah ... you are doing something bad.

(*Pertaruhan: 01:05:20 - 01:05:28*)

Crew member A further narrated that, after undergoing the test, the doctor said: "The results are all good. Clean, I thought it was all done. Suddenly, he [the doctor] started questioning me. At that point, I saw myself face to face

⁸ *Proses saya menjelaskan ke calon suami tentang operasi saya lewat vagina sampai sekarang pun dia belum mau menerima, gitu loh (Pertaruhan: 00:10:55 - 00:10:59).*

⁹ The original statement is in English.

¹⁰ The original dialogue is in English.

with a psychologist. Before I left the room, he touched my shoulder".¹¹ Then, the doctor continued asking the patient, the dialogue is as follows:

Doctor : *Mengapa kamu lakukan ini?
Dijaga kalian. Jangan disia-siakan. Kita tu diadakan oleh Tuhan
ada tujuannya.*
Why did you do this?
You have to respect your own body. Do not waste it. We were
created so that we can make good things for others.
(Pertaruhan: 01:04:40 - 01:04:42)

Patient : *Saya cuma mau tahu kesehatanku.*
I want to know about my health.
Doctor : *Boleh saja berbuat baik pada saya. Di negara ini harus ber-Tuhan.
Kalau ber ... kalau percaya Tuhan, seks luar nikah itu tidak ada.*
But you can be nice to me. In this country, everybody should
believe in God. And if we believe in God, extramarital sex
should be non-existing.
(Pertaruhan: 01:06:00 - 01:06:12)

The doctor did not just throw some advice. He further asked if the patient is an Indonesian¹² and asked¹³ her to spell out the five tenets of Pancasila. Then, while writing notes in the patient's status, he recites the Lord's Prayer (in English).

The concerns of the gynaecologist are similar to those of the two women who consider cultural and religious norms as the primary guidance that needs to be implemented in life. A woman mentioned: "As long as we opened our legs, it's perversion".¹⁴ Another woman stated: "Because we are Muslim country, I think it's a big part".¹⁵

The following is the discussion about the third topic, referring to the cultural values applied in the bureaucracy of maternity clinics and household institutions that can pose as barriers for women. From the moral point of view, virgins are not supposed to visit a maternity clinic. This is due to the perception that a maternity clinic is a place where women deliver babies. It is definitely not a place for the unmarried, virgins or singles. If they do go there, they are likely to be pregnant, and if it is the case, they cannot be morally justified. Consequently, they have to obtain consent from their husband-to-be or parents before they can have their reproductive organs examined. In

¹¹ *Semuanya baik. Bersih-bersih, gini gitu. Terus baru, gue pikir, 'kan udah nih. Mulai di situ gue berhadapan dengan seorang psikolog. Sebelum gue ke luar, dokter memegang bahu saya (Pertaruhan: 01:03:35 - 01:03:44).*

¹² *Pertaruhan: 01:05:41 - 01:05:42.*

¹³ *Pertaruhan: 01:05:48 - 01:05:53.*

¹⁴ *Pertaruhan: 00:55:40 - 00:55:42. The statement is in English.*

¹⁵ *Pertaruhan: 00:51:58 - 00:52:03. The statement is in English.*

other words, unmarried women or virgins do not have the authority on their reproductive organs.

The third framing is strengthened by a debate between patients F, M, and a receptionist at a maternity clinic:

... Sebentar ya, saya tanya ke dokternya dulu. Itu adalah peraturan dari rumah sakit yang bilang bahwa yang belum menikah tidak bisa memeriksakan pap smear. Harus pake izin suami loh. Ntar, 'kan mempengaruhi kalau ... gimana-gimana,'kan yang marah calonnya situ

... Hang on a second, I need to consult the doctor first. There is a regulation from the hospital management that those who are unmarried cannot opt for a pap smear. Consent from the husband-to-be is necessary, just in case it will have future impact, your husband-to-be will get angry.

(Pertaruhan: 00:59:42 - 00:59:57)

Still at the reception area, patients F, R, and L narrated, "When we were filling the form there was this question on whether your title is Ms. or Mrs. This seems to be the most important question here. And there is no space to check 'single'. What does my marital status have to do with it? Isn't my health status more important?"¹⁶ If you write "miss" there, you will be interrogated by the nurse. The following is the dialogue:

- Nurse : *Ini kartunya nona kan, mbak? Nona kan? Bukan nyonya?*
In this card, your title is "miss"? Not "mrs"?
- Patient : *Iya, "nona".*
Yes, "miss".
- Nurse : *Mbak, udah nikah belum?*
Are you married?
- Patient : *Belum.*
No.
- Nurse : *Tapi ini untuk yang sudah menikah ...*
But this is only for those who are married ...

(Pertaruhan: 00:59:05 - 00:59:15)

The situation above shows that there are many teenage girls or women who think they should not go to an obgyn or feel reluctant to do so to have their reproductive organs examined. A teenage girl in this film said: "Why should I go to a gynaecologist, I am not yet married".¹⁷ Another girl said: "I

¹⁶ *Isi form pasti ada nona atau nyonya itu pasti ditanya. Jadi, kayaknya itu adalah pertanyaan paling urgent di dalam institusi itu. Dan formulir itu ada ... Kayaknya engga ada ruang buat kita bilang kalau kita single. Apa hubungannya gitu, gue nona atau nyonya? Bukannya status kesehatan gue gitu yang lebih penting (Pertaruhan: 00:58:18 - 00:58:40).*

¹⁷ *Buat apa ke ginekolog? Aku kan belum menikah (Pertaruhan: 00:55:21 - 00:55:23).*

still feel uncomfortable to go to an obgyn since I am still young. People would think negatively of me".¹⁸ And a grown up woman explained: "I saw them (the nurses) and the security guards giggle behind my back when they saw my persistence to have the examination. To examine my health".¹⁹

The following conversation occurred between a male gynaecologist and crew member B:

- Doctor : *Orang tua kamu nggak bingung apa kamu pap smear?*
Aren't your parents confused that you wish to have a pap smear?
- Patient : *Orang tua saya kan nggak ada di ruangan ini.*
They are not here in this room.
- Doctor : *Udah tau belum orang tuanya ... pernah berhubungan?*
Do they know that you are sexually active?
- Patient : *Kan saya sudah 26 tahun, iya kan? Apa hubungannya orang tua saya tau kek, enggak kek.*
I am now 26, it doesn't matter whether they know or not.
(Pertaruhan: 01:03:55 - 01:04:32)

Apa untungnya dokter itu pake nanya orang tuanya udah tau atau belum. Seakan-akan orang tua saya bisa menghukum dokter?

And why the doctor interrogate me, as if my parents would sue him?

(Pertaruhan: 01:06:15 - 01:06:16)

- Doctor : *Kalau nanti ada ... misalnya hasilnya. Misalnya perlu tindakan lanjutan. Kita biasa orang Timur, yang tanda tanganin harus orang tua. Kamu masih nona, biasanya nona jangan pap smear.*
Well, after the results come out, if any follow-up action is necessary. We, eastern people, usually need consent from parents. You are still single. Usually, single women are not supposed to have a pap smear.

Kalau kita orang Timur, kalau selama kamu belum nikah, itu masih dalam lindungan orang tuanya.

For us in the East, as long as you are still single, you are still under your parents' custody.

¹⁸ *Aku masih takut ke dokter kandungan dengan umur sekian, orang mikir yang macem-macem* (Pertaruhan: 00:55:23 - 00:55:25).

¹⁹ *Gue melihat mereka giggle dengan satpam di belakang gue. Karena kengototan gue untuk memeriksakan diri gue. Memeriksa kesehatan gue* (Pertaruhan: 01:00:46 - 01:00:53).

Sampai menikah.

Till you get married.

(*Pertaruhan*: 01:06:20 - 01:07:05)

Patient : *Kalau misalnya saya sudah 47 tahun tapi belum menikah terus orang tua sudah tak ada, siapa?*
If I were 47 and I did not have parents anymore, then what?

Doctor : *Enggak bisa.*
Well, you cannot.

Patient : *Apa kalau gitu dianjurkan lebih gampang pas saya masuk saya bilang nyonya aja Pak, ngisi formulir?*
Are you somehow recommending that when I register I should just claim to be married?

Doctor : *Kalau Nyonya, terserah kamu.*
If you want to say you are married, well, it is up to you.

(*Pertaruhan*: 01:07:07 - 01:07:17)

From the above dialogue, it can be seen that *Pertaruhan* has raised awareness on women's issues. More of such films are undoubtedly needed. However, the solutions presented for those problems, unfortunately, remain to be framed within the existing patriarchal norms. In Wati's case, for example, Wati is described to be very happy after her husband granted her permission to pay a visit to the maternity clinic. Likewise, the debate at the reception area and the examination for crew member B ended with the cancellation of the visit. On the contrary, the pap smear test done to crew member A ended with a negative stigma attached by the doctor to her.

Solutions to the problems faced by women in the film demonstrate the frustration experienced by women as they are always forced to comply with the existing norms and cannot take any action that transgresses those norms, despite the fact that their health may be jeopardized. Wati smiled in great relief after she and her future husband visited a gynaecologist. In the case of crew member B, patients the pap smear test was cancelled.

The following is a dialogue from the film, depicting the story of Wati. In the scene, Wati, smiling broadly, expressed her relief, narrated:

Akhirnya aku diperiksa lagi. Hasilnya delapan kali berapa gitu loh, besar sekali. Memang katanya harus diangkat, gitu. Diangkat terus rahimnya juga diangkat sekalian. Terus memang kita enggak punya keturunan. Terus aku ngomong kenapa saya operasinya ... itu lewat vagina. Terus, iya soalnya kalau dibedah ini kan mempengaruhi kandungan kan saya belum melahirkan. Nantinya kandungannya diangkat, makanya lewat bawah. Benar, toh? Sekarang dia jelas, mungkin dia semakin sayang.

I was just examined again, the result is that it is about eight by something, very big. It surely needs to be removed together with the womb. And we will not be able to have children. So, I explained, I have to opt for the vaginal surgery, or otherwise I will lose my womb ... and I have not delivered any babies yet. Therefore, the surgery has to be from down there. Well, it's true, he is now clear about it and he loves me more.

(Pertaruhan: 00:27:10 - 00:27:44)

The argument in the receptionist area also ended up with the patient cancelling her wish to consult a gynaecologist. The patient E told a story on what she deemed strange in the following dialogue:

- Nurse : *Kenapa tidak menikah?*
Why didn't you get married?
- Patient : *Kalau gue enggak mau menikah, terus kenapa?*
If I don't want to get married, so what?
- Nurse : *Ya, makanya nikah jadi enggak begini ini penyakitnya.*
You'd better do, so you won't suffer from this disease.

(Pertaruhan: 01:00:02 - 01:00:08)

Patients R and M continued their stories: "It's unbelievable that I have to wait for another five or ten years or God knows how long until I get married before I can go to an obgyn again. My disease will have been well advanced by then ... But I'm done with them. They don't want to provide service ... they only mock me. God, it was traumatic, and I am pissed off".²⁰

Crew member B cancelled her wish to have a pap smear, explaining: "... what disappoints me most ... why is it so complicated ... he just wants to treat 'normal' patients, those who can say, this is my husband, ... I have been married for so many years. So I decided not to have it. Well, probably later, I will just wait. I am simply fed up with the doctor".²¹

CONCLUSIONS: FIGHTING FOR A GENDER PERSPECTIVE

The findings of this research are analysed using critical perspectives, which emphasize that the dominant group and media in general are seen as *ideological apparatuses* or the apparatuses that represent the interest of the dominant group (M. Jones and E. Jones 1999: 67). The media is not seen as a stand-alone and

²⁰ *Masa saya harus nunggu entah kapan lima atau sepuluh tahun lagi sampai saya kawin baru saya ke dokter? Keburu busuk kali nanti. ... Ya udahlah saya malas ngadepin mereka. Mereka enggak mau ngelayanin ... Perilaku mereka itu mengolok-olok ... Aduh. Agak trauma ya, agak kesal gitu (Pertaruhan: 01:00:09 - 01:00:15).*

²¹ *Yang ... yang gue sayangkan, yang mengecewakan itu, cuman ... Kenapa kok ribet banget awalnya? Ribet. Dia mau pasien-pasien yang cespleng. Yang ... ini suami saya, saya sudah menikah berapa tahun. Akhirnya enggak pap smear. Gue juga udah bete ama dokternya (Pertaruhan: 01:07:42 - 01:08:14).*

isolated phenomenon. Instead, it is linked to a broader phenomenon and the structures in a community (Hidayat 2000: 12).

Why do single Indonesian women seem to be reluctant to have their reproductive organs examined? According to the findings of this study, the main reason is that there is a gender-biased myth or cultural issue, which suggests that a single woman should be a virgin or chaste. Therefore, having problems related to their reproductive organs or simply wanting to have a preventive check-up does not seem to “fit” with this myth.

In this context, there are two types of moral judgment about single women. First, a good woman is portrayed as a woman who does not violate the norms, in the sense that she remains chaste until she gets married. On the other hand, a woman is bad and morally loose when she cannot keep her virginity. It is clear that the concept of virginity becomes a foundation for the binary opposition that constrains women as seen in their struggle captured in the film. This means that women are classified into two categories: good women, who are virgins, and bad women, who are no longer virgin yet unmarried. A woman is judged negatively when she has her reproductive organs examined irrespective of whether she has ever had sexual intercourse or not. A virgin, single woman is accepted and treated sympathetically, whereas an unmarried woman who is not a virgin is not accepted by society and sometimes even harassed or ridiculed. In short, because of that myth, single women have no authority over their bodies.

Why is it that these modern young women who can openly express their opinions and who are aware of gender discrimination fail to make a breakthrough and choose to postpone going to the doctor to undergo a health examination instead? Is it because their action does not conform to public expectation? Their inability to act based on their own choice is somehow understandable since the majority of Indonesia people live in a patriarchal culture and is still strongly surrounded by myths.

It is not easy for Indonesian women to resist the dominant culture because, as described above, preserving their virginity to avoid negative stigma from society is more important than protection from extramarital pregnancy or contracting sexual diseases. Also, most of the respondents, who are students of a Senior High School in Medan, believe that a woman has to remain virgin until she enters into marriage (Damanik 2006).

The film reflects the importance of chastity or purity for society in general. This finding can be explained using the views of Griselda Pollock (Jackson and Jones 1998: 215), who stated that the problem related to media representation is not a matter of whether the representation is accurate or misleading, but more on the production of representation, which is the result of an active process of the media producer in selecting, presenting and framing messages, including his effort to create meanings. Therefore, the analysis of the findings on the textual level cannot be separated from the social structure of the community and the complex visual codes in the film that are used to create certain meanings.

Why chastity or purity becomes important for men? It is because men are

regarded as a representation of God. God is described as male, as evident in the Lord's Prayer in Christianity and Catholicism. "The figure of Christ which is attached to Jesus, who is a man, is used to legitimate privileges reserved for the elites of the church, all of whom are male, and for men, in general" (Darmawati 2003: 27). The teaching of Islam also places men and husbands as heads of families and leaders. Men are blessed with the authority to be active in the social domain, while women only hold passive roles in the private domain. This role is then understood as the nature of women (Nataprawira and Pribadi 2003: 79). As a result, the concerns of religions become the concerns of men and the dominant values, which in turn are accepted as "the truth" by society.

Why does bureaucracy in a maternity clinic and in the family become a barrier for women to have a pap smear test? It is because these two institutions often play the role of a value-keeper in society, and men are generally leaders of these two institutions. The views of Gramsci (Bocock 1986: 21-39) on hegemony can be used to explain the findings. Hegemony does not only constitute domination of ideology, that is, when ideas, norms and values of the dominant group are forced to be adopted by other groups. It is more an advocacy made through various social institution, education, religious, family, culture and media institutions in such a way that the perception of those with power can be considered normal and natural, and therefore acceptable by the community and practiced in their daily life. In this paper, it is deemed natural to expect only married women to visit a maternity clinic. This has created problems as receptionists at such facilities will ask visiting patients if they are married or not.

In the Javanese society, there is a saying *Swarga nunut, neraka katut*, a phrase that indicates the role and position of woman, in which she will be happy if her husband is happy (as if living in *Swarga* or heaven), but if her husband suffers (like living in *neraka* or hell), she will suffer as well. This gender-biased belief obliges a woman to always sacrifice herself and never be independent. She is always dependent on someone else, and in this case, her husband. Thus, it is not surprising that men are put in a higher position and considered more appropriate to lead, resulting in the establishment of society patriarchal values.

The strong patriarchal tradition makes modern (young) women in Indonesia live at cultural crossroads between "going global" and respecting local traditions and values (Handajani 2006: 49). Although a lot of information and cultural values from outside are now available on the internet, which affect their ways of thinking, attitudes and behaviour, most women are not likely to ignore the myths and taboos in which a wife should *nrima* or yield to and serve her husband, an idea which often cannot be rationally explained. This happens as a product of traditional upbringing in the family and society, which has been passed down and deeply embedded for generations. It would be difficult to change these women's beliefs in the myths in a relatively short time.

The findings of this research show that the film, which is the object of this research, has actually encouraged women to visit a maternity clinic to have a pap smear test. However, in the end, those patients (patient R, M and crew

B as described above) chose not to have it. Only crew A continued to have it, although she was criticized by the doctor and the nurse. That scene is in line with the view of Hadad (1997: 145) that the relationship between patient and doctor (particularly female patients), reflect a power relation between the strong and the weak, which leads to harassments that a doctor can do to his patients. It takes courage for female patients to reject being treated badly by doctors or other health carers. In the film, only one character has that courage. This is understandable because, in everyday reality, people are encouraged to meet the expectations of society, and over time, those expectations become established and form a social structure. According to Anthony Giddens, it is society which shape norms, and later, the norms will determine how people should behave. If the film presents a different representation of women from people's expectation, this can be seen unusual (Aripurnami 1996: 62).

What are the consequences of the prevalence of gender bias Indonesia? And how can public and the media change it in the context of reproductive health? Giddens' thought (Gauntlett 2008: 102) about the role of agent and structure describes that humans as an agent (at the micro level) and as part of a social structure (at the macro level) continuously complement each other. The values in a social structure are created or fostered by individuals in their daily actions in order to preserve the same values. Agents may follow (reproduce) or choose not to follow (by producing new values) in the structure.

To foster gender sensitivity, several measures concerning different aspects need to be taken. To start with, gender perspective needs to be integrated within the curriculum of journalistic courses at the college level. We know that as the media industry develops very fast in Indonesia, the need for media workers has become accordingly high. With good awareness of gender issues, those hundreds or even thousands of workers filling the positions in production houses, TV and radio stations, printed media and online media, advertising companies, can be expected to help change gender-biased values or beliefs that prevail in society. These efforts might not lead to a dramatic change in a short-term because changing institutions and cultural values is a long-term challenge.

Related to reproductive health, similar curriculum needs to be integrated in schools of Nursing, Public Health, and Medicine. Midwife's role is very significant in maternal and children health, especially in rural areas. Their role is even more crucial in Indonesia as 80% of the people live in rural areas. Midwives have to be gender-sensitive since the high maternal mortality is not merely caused by clinical factors. Social factors, such as the need to have the husband's approval for certain examinations procedures at *Puskesmas*, have made many women uncomfortable and prefer to go to traditional *dukun* who often show more sympathy and empathy toward their conditions (Lestari 2008: 108).

Education, both formal and informal, constitutes a very important key. Gender perspectives cannot be materialized overnight as it should start from home, where parents traditionally show their children different standards, roles and responsibilities to their sons and daughters. Girls' tasks and

responsibilities revolve around kitchen, and their main tasks include cleaning and washing, while actually, boys should also be given the task to clean the house. Also, children have to be introduced to readings that contain gender perspective, and media literacy needs to be continuously promoted, with the aim to make readers, particularly young girls, aware and critical to news or programs published or broadcast by the media.

It is also time for women to empower themselves in order to debunk the myths that adversely affect them, especially those related to health of reproductive organs, such as the myth which says that a female athlete can lose her virginity due to rigorous exercise. They need to learn more about reproductive health and sexuality and to be smart and selective in selecting information from the media, given the fact that Indonesian media are still gender-biased and more concerned with popular issues rather than emphasizing scientific facts about healthcare. A concrete example is a teen magazine, which discusses the importance of eating vegetables and fruit, but instead of giving an emphasis on their benefits to health, it focuses on methods to lose weight. Furthermore, women should also improve their understanding of sexuality from different perspectives, such as biological, psychological, and behavioural perspectives, and test the information they get against reliable sources, including consultation with a gynaecologist. In addition, nurses, doctors and health practitioners are expected to not only understand gender perspectives but also display gender sensitivity in their daily practice and behaviour.

The media, which should encourage minority groups to learn how to critically read the media or inspire the public to have an identity of their own, and provide social alternative means and so on, appear to support myths. (White 2000: 209-216). With regard to Giddens's idea, the dissemination of information about women and reproductive health must be based on gender perspectives. Media workers should be encouraged to have this range of perspectives. In the midst of rampant cases of sexual exploitation, paedophilia, rapes, combined with inadequate sex education, the media should provide education to young women so they will know their rights, such as freedom from discrimination, protection from abuse, violence and sexual exploitation, access to education and knowledge about reproductive health, and freedom from threat of human trafficking and pornography. In conclusion, all parties should re-examine their values towards the creation of a society that is well-informed about gender perspectives and applies them consistently in every activity at all time.

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