

Influence of Local Culture on Individual Value Systems to Premarital Sexual: A Systematical Review

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Keyword: culture and tradition, indigenous study, Papua women

Abstract: This study aimed to explore previous research on individual value systems among women who were adopted by a cultural community. Evaluation of such research articles aimed to determine whether tradition and cultural value systems adopted by a particular community have an influence on and can shape individual value systems and whether they will be internalized as their own personal value. This would have an effect on sexual behavior outside of marriage. The method used in the current research was analyzing and synthesizing prior academic journal articles on individual value systems and concepts, where work was conducted in Merauke (2003), Papua (2010) and Uganda (2014). This included the key words premarital and sexual. Cultural community values will eventually become individual values within the influences of habitual culture from generation to generation. Electronic databases used in this study were Science Direct, Google Scholar and Proquest. Therefore, a proper health promotion for sexuality education should be provided to change women's behavior. Major intervention should be given on an individual level, family level and society level in order to reduce their intention to perform sexual behavior outside of marriage and prevent loose cultural factors on sexual behavior. Moreover, by providing a comprehensive model on intervention to shift women's mindset on sexual behavior.

1 INTRODUCTION

Parents develop and make use of knowledge and skills to educate their children from infancy to teenage until they reach adulthood. Besides providing an appropriate nurtured way for children to be able to adapt to daily life, parents also introduce their children to religion and cultural values of righteousness. Thus, children will eventually create their own personal values, which will reflect on their behavior. This condition was applied as well in the Mimika-Kamoro tribe.

Moral values were expected to be attached to individual life and behavior. Generally, culture and tradition that existed in the Mimika-Kamoro tribe were aimed to set their community life. Part of the culture of Mimika-Kamoro tribe was appreciating the existence of women among their tribe, as women play a significant role in conceiving the successors, taking care of households and even participating in making a living. Mimika-Kamoro tribe held the three S's as principles, which are *sagu* (sago), *sampan* (canoe), and *sungai* (river). These principles

were considered as a cultural focus, which referred to a culture element or institution as a focal point in culture. This cultural focus would be favored by most of the community and as a result influenced most of their activities and other institutions in daily life (Koentjaraningrat cited in Goo, 2012: 72). These three principles have existed since Mimika-Kamoro tribe ancestors and up to the current generation. The first principle was *sagu* (sago), which referred to the main source of foods and usually harvested by Kamoro women. Meanwhile, *Sampan* (canoe) was the second principles which is defined as a means of transportation that was used to cross the river to *sagu* (sago) village. Therefore, river or *sungai* was concluded as a third principle. These principles were regularly practiced by Mimika-Kamoro women, which are valued by working without harming nature and the environment. Whilst men and children's orientation was different, in that they were focusing on suburban life.

Culture that is rich and also surrounded by nature, not to mention near Freeport Company, has

had both positive and negative impacts on local residents including the Mimika-Kamoro tribe. One of the negative consequences was binge drinking and the intoxicated habits of Mimika-Kamoro youth, which eventually affected their daily life behavior and created a higher possibility to carry out premarital sexual behavior (Tumuka, 2011).

In addition, the Mimika-Kamoro tribe has currently encountered the high number of HIV/AIDS cases, which has been an ongoing issue for 19 years up until 2015. Discovering they are infected by HIV was difficult to accept, as facing its stigma and discrimination were quite challenging. Fortunately, as policies, strategies and commitment were enforced by governments and several parties, Mimika District were able to independently prevent HIV infection and took care of their own HIV/AIDS patients.

Based on data obtained from the National AIDS Commission of Mimika District, there were three patterns of HIV transmission. Sexual intercourse was the highest path of HIV transmission in Mimika District since 2014, which accounted for 442 cases. The second path was transmission through pregnant mothers who passed HIV/AIDS to their children and lastly through contaminated syringes. Results also showed that HIV/AIDS infection was dispersed equally in every age group, in which actively sexual age group (15-29 years old) held the highest figures, followed by the over 30 years old age group. Furthermore, HIV/AIDS infection cases based on gender show that women have a higher rate of cases than men, with 206 cases and 201 cases respectively. These numbers will only decrease if premarital sexual behavior is controlled among men and women. As mentioned before, sexual intercourse was one HIV transmission paths, including mothers infected with HIV who will pass it down to their children. This statement is indeed supported by the National AIDS Commission of Mimika (2015) which found that since 2001, HIV cases in children significantly increased every year specifically in 2009 by approximately 16 cases and 2015 with 15 cases.

Aside from data mentioned above, if HIV cases are divided based on tribal groups it consisted of two majority groups namely Papua tribe and *Non-Papua* (immigrant). Data showed that 8 out of 10 patients infected with HIV were Papua tribe locals and the rest were *Non-Papua* (immigrant). The Papua tribe itself was divided into three sub-tribes comprising Mimika original tribe (i.e. Amungme-Kamoro tribe), five kinship tribes (i.e. Dani, Moni, Mee/Ekari, Damal and Nduga), and other non-classified Papua

tribes. Results predicted that 4 out of 10 patients infected with HIV came from five kinship tribes, followed by 2 patients originally from Mimika tribe itself, and the rest from non-classified Papua tribes. In summary, elevated cases of HIV/AIDS in Mimika District, including Mimika-Kamoro tribe, were due to individual values shifting which happened among the Timika local community.

Data obtained by the Health Department of Papua Province stated that as per July 2017, the number of HIV/AIDS cases in Papua province reached 28,771 cases, consisting of 10,134 cases of HIV and 11,060 cases of AIDS. Among those cases, 26,525 (99.08%) of them were in reproductive age (i.e. 15-49 years old), while 14,684 (54.9%) of them were women in reproductive age who suffer from HIV/AIDS. The department invites all components of the community to collaboratively discuss and plan a mitigation strategy against HIV/AIDS in Papua (Data of Health Department of Papua Province, 2017).

False internalization of tradition and culture in daily life will affect individual attitudes and behavior towards the virtues of the culture itself. As stated by Papua anthropologist, Rumansara (1999) in his article entitled "*Tenggeng* Dance as a Premarital Sex Media among *Lani* Culture and the Influence to Sexual Transmitted Disease and HIV/AIDS" sexual behavior among youth society influenced the development of HIV/AIDS. Furthermore, Rumansara also stated that the infiltration of new culture to Central Papua mountain region has an effect on shifting culture especially through *Tenggeng* dance, which is recently known as a media causing sexually transmitted disease (STD), HIV and AIDS. *Tenggeng* dance was acknowledged in venues where youth gathered and interacted with each other including a dance that could end in sexual intercourse freely in *Hona I* (i.e. where *Tenggeng* dance usually took place).

HIV/AIDS is considered a national disaster for Papua's local communities. Every individual needs to be concerned and take action on it. Moreover, Papua local communities were required to cease their binge drinking habit that could lead to premarital sexual behavior. The endangered situation in Papua local communities, because of HIV/AIDS, could be resolved as they shifted their unhealthy behavior (i.e. binge drinking and hedonistic lifestyle) to living a holy life in front of God, human beings, ancestors and the universe.

2 METHODS

The method used in this research was literature review, as referred to searching previous literatures for both international and national publications by using Google Scholar, Science Direct and Proquest databases. A preliminary search for articles resulted in obtaining 13,900 articles only by using several keywords such as "Premarital Sex Behavior in Uganda from 2007-2015", "Value Systems", "Risk Behavior", "Culture and Tradition", and "Kamoro People". All results obtained were collected without being identified according to its relevancies. After being explored and filtered by the researcher, only fifteen articles were considered as relevant (i.e. six high relevancy articles, four moderate relevancy and rest were low relevancy articles).

The chosen articles were filtered by citations, complying to guidelines of scientific articles, chronology, research methodology, originality, and logic and clarity of argumentation. In addition, criteria for articles that were used were (1) Relevant to the current research topic; (2) Reports from National AIDS Commission of Mimika and Papua; and (3) Articles of Papua culture.

3 RESULTS AND DISCUSSION

Based on a thorough literature review, several results were found:

1. Study by Arwam, et al. (2010) discovered that premarital sexual behavior, decline in religion internalization, and negative culture existing in Biak region has caused Papua local communities to likely suffer from HIV/AIDS. Moreover, there was a permissive propensity on alcohol consumption habits, which caused intoxication, followed by criminal behavior, and premarital sexual behavior. This condition has been considered as a common habit among youth and adults. Degradation of religious values and inability to practice those values, which are two among the moral standards to conduct, also cause premarital sex without adequate deliberation of the possible consequences.
2. Other than that, research conducted by Dumatubun (2003) in Merauka found that the Marind tribe defined premarital sex as a common behavior since they thought sperm was an expression of existence and fertility.
3. Study carried out by Udigwe. et al. (2014) examined factors that influenced sexual behavior

among teenage girls. Deficient sexual health was one rationale this study executed. A cross-sectional research design was used in this research. Results showed that numerous teenage girls (i.e. 16-17 years old) had practiced premarital sexual behavior, including teenage girls in the older age population (i.e. 18-19 years old). Specifically, teenage girls in the age range 18-19 years old were mostly uneducated, of low socioeconomic status, and living alone without any relatives. Insufficient comprehension on pregnancy, and low perception of HIV risk determined the occurrence of premarital sexual behavior. This result suggested that values within family, eradicating poverty, a proper understanding of health and sex education were important among teenage girls. Furthermore, sexual negotiation skills and accessible formal education should be imposed in order to improve accurate knowledge of sexual behavior among teenage girls. Values stability and adjustments in understanding individual and cultural value systems were also important to help teenage girls by providing appropriate sexual education to prevent them from performing it.

4. Qualitative research conducted by Ghaffari, et al. (2016), which aimed to explore individual factors regarding premarital sexual behavior in Iranian teenagers also found similar results. Three main factors were considered to influence premarital sex behavior, namely health values, spirituality values, and individual character. Mimika-Kamoro women embraced their own culture and tradition. They felt proud of being part of the culture and traditions that control their daily life (i.e. obtaining sago as staple food, using canoes on the river). When performing rituals, parents in this tribe also taught their children to be hardworking as part of their culture in order to succeed in life. Moreover, both the prosperous Papua natural environment and presence of the Freeport Company had an impact on Mimika-Kamoro tribal life overall. These advantages could also lead to some negative impacts such as those influencing Mimika-Kamoro local perspectives, specifically among youth society for being unwilling to work because they already had enough fortune. Mimika-Kamoro women as workers were susceptible to these perspectives as well, mainly women who were less educated. Not to mention their lack of awareness of health and personal hygiene that could cause various diseases. Furthermore, hedonistic lifestyle would also cause

permissive perspectives on premarital sexual intention.

In conclusion, this research suggested that understanding appropriate cultural and tradition values, educating on spirituality values, providing knowledge on personal hygiene, health and reproduction should be given to Mimika-Kamoro teenagers. This suggestion would hopefully build strong principles to refuse premarital sexual behavior.

4 CONCLUSION

Based on thorough discussion above, parents and families have been given a significant role to provide comprehension regarding sexual behavior for teenage girls. The deficiency of sexual behavior information among teenagers would increase the possibility of performing premarital sexual behavior. In addition, spiritual values are also regard as boundaries to refuse performing premarital sexual behavior. Intervention based on a cultural values approach would be advantageous to prevent teenagers practicing sexual intercourse before marriage.

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