

Venereal Diseases Treatment for Merauke's Marind (Marind-Anim) Tribe in the Dutch Colonial Period

Rosmaida Sinaga*, Hafnita Sari Dewi Lubis, Yushar Tanjung, Lister Eva
Simangunsong

Study Program of History Education, Faculty of Social Sciences, Universitas Negeri
Medan

Percut Sei Tuan, Deli Serdang, North Sumatra - Indonesia

*Corresponding Author: rosmaidasinaga@unimed.ac.id

DOI: 10.14710/ihis.v6i2.16428

Abstract

This article provides some proofs that influenced the increasing number of Marind-Anim people who suffering from venereal diseases. It also provides factual efforts that had been done by the colonial government as well as Catholic missionaries in Merauke to overcome this problem. This study applies historical methods with four stages: heuristics, verification (internal and external criticism), interpretation/explanation and historiography. Primary sources obtained from National Archives of the Republic of Indonesia i.e., *Memorie van Overgave van het Bestuur over de Afdeeling Zuid Nieuw Guinea*; letter of the Minister of Colonies to the Governor General of the Dutch East Indies; Report of Assistant Resident *Zuid Afdeeling Nieuw Guinea* to the Director of Government; and official printed sources, e.g., *Volkstelling 1930*. Michel Foucault's power relations theory is used to analyze the causes of venereal disease in the Marind Tribe. The results shows that the cause of the increasing number patients who had venereal disease in the Marind tribe, Merauke, was related to their traditional understanding which legalized free sex and deviant sexual activities in the Marind tribe. The imbalanced power relations between men and their wives and between men and adolescence men causing venereal diseases and sexual perversions in the Marind Tribe. The strategy implemented by the colonial government was to involve Catholic missionaries who were trusted to overcome the disease by building a housing model that can only be occupied by nuclear families who are not infected with venereal diseases. The colonial government demolished men's houses because there were possibilities of homosexual intercourses which become one of the causes of venereal disease among the Marind Tribe. In addition, the government required the *cenderawasih* bird hunterers to have their genital health checked as a hunting permit. The government built hospitals and clinics and invented doctors who specialize in venereal disease to treat the patients. These strategies has succeeded in treating and eradicating venereal diseases among the Marind Tribe.

Keywords: Venereal Diseases; Marind (Marind-Anim) Tribe; Dutch Colonial Government; Catholic Missionaries; Merauke.

Received:
November 13, 2022

Revised:
January 01, 2023

Accepted:
January 01, 2023

Introduction

Sexually transmitted diseases are diseases caused by germs that are transmitted through sexual activity. One type of venereal disease is HIV/AIDS (Piot et al., 2001, p. 971; Ruxrungtham et al., 2004, p. 69). The existence of HIV/AIDS in Papua is severe since the number of people living with HIV/AIDS has been increasing from since 1979. Papua has always been in the top five provinces with the highest number of HIV/AIDS cases in Indonesia (Sahiddin & Resubun, 2018, p. 1; Zeth, 2010). In 2020, HIV cases in Papua are in fourth place nationally with a total of 37,662 cases, while AIDS cases in Papua are in the top position with a total of 23,629 cases (Purba, 2018).

Although it is not a category of HIV/AIDS disease, venereal diseases have hit the Marind (Marind-Anim) Tribe. During the colonial period in Papua, the Marind tribe suffered from venereal diseases. The Marind tribe is a local resident of Merauke in the south coast of Papua (Hapsari, 2020, p. 263). The venereal disease suffered by the Marind Tribe has greatly worried the colonial government. The colonial government was worried that the local population would become extinct if the venereal disease was not addressed (Gritantin, 2022, p. 1830). The government's concern can be traced based on population census data which indicates that the childbirth rate is very low, while the population death rate is very high (Rumansara, 2015).

Venereal diseases in Merauke have caused the region's population to decline drastically. Therefore, the colonial government implemented various policies to overcome it (Boomgaard, 2007, p. 25; Jaelani, 2019). The policies implemented by the colonial government in tackling the venereal diseases in the area have proven successful. Therefore, the author is obligated to write a study entitled "Treatment of Venereal Diseases of Merauke's Marind (Marind-Anim) Tribe during the Dutch Colonial Period".

Several previous studies related to this topic will be elaborated to find gaps and add to the novelty of this research. In Papua New Guinea, Jeffrey Clark discusses how concepts of pollution and sexuality have affected, and been affected by, the encapsulation of Huli people by the colonial and postcolonial state. Hundreds of Huli people from the Southern Highlands Province arrived at Mt. Kare goldfield to take advantage of the fortunes. Clark examines the gold's incorporation into Huli mythopoeia, relates it to men's explanations of the illnesses they suffered at the goldfield, and shows how gold became analogous to menstrual blood as an agent of pollution. It is proposed that the polluting aspect of gold provides a metacommentary on the Huli experience of colonialism and new structures of power, and that this experience is interpreted through metaphors of gender. At Mt. Kare, male illness is attributed not only to the presence of women but to the extent of illicit sexual intercourse and prostitution. The men who cohabit with women are also at fault and broke the taboo, but because women are not supposed to be at Mt. Kare, it is they who figure prominently in male explanations of illness. Clark found that male illness more logical caused by gold dust contamination coming from women's fingernail during the service their men (feeding and sexual prostitution) than consequences of breaking the taboo at sacred site of Mt. Kare (Clark, 1993, p. 742–746).

In West Papua, many cultural meanings and norms surrounding sexuality and reproduction have been affected by colonialism. Christianity and Indonesian cultures have had a significant impact on middle-class Papuan's culture in urban Manokwari, a long-established Christian missionary station and the current capital city of the Bird's Head region (Richards, 2004, p. 80). These coastal Papuans regard chastity and Christian values as crucial strategies to preserve their identity as Papuans among an expanding community of non-Papuan migrants. They have ancestry in several of the places near Manokwari. However, they also set themselves apart from the portrayed as hostile and traditional residents of the nearby mountains. In the central highlands of Papua, young people are impacted by the attitudes toward sex and sexuality that Leslie Butt and Munro refer to as a "shame culture," in which Indigenous sex and sexuality are stigmatized as primitive and unrestrained and young women experience intense shame over premarital pregnancy (Butt & Munro, 2007, p. 591).

In Mimika District (West Papua), Katmo, et al. analyses the impacts of colonialism on the Kamoro people reproduction and sexuality which by colonial interventions directly and indirectly had changed systems, practices and norms that guided Kamoro sexuality and reproduction. Social institutions, norms, gender roles and responsibilities that regulated relationships, including sexuality, which were present in marriage, family, and courtship practices, have been forcibly changed or discontinued. Instead of an interconnected, matrilineal clan system, the introduced institutions promoted patriarchal individualism. Before beginning the marital process, sexual activity was not permitted in the prior era. Any infraction of these guidelines would result in traditional penalties. However, these customary sanctions were outlawed when colonial legal systems were adopted. These modifications have influenced modifications in sexual behavior. They have harmed traditional structures, eroded social cohesion and social control, destroyed previous modes of sexual expression and sexual education, and given Kamoro men privilege as the head of their families. Pornography has increased public awareness of sex, but this awareness has not been matched by sufficient focus on sex education. Inadequate practical attempts are made to empower young Kamoro in addition to their substandard education. The use of condoms is taboo and stigmatized, which restricts access to this method of safer sex. Additionally, the definition of sexual activity has evolved. While younger people use it for power, love, or pleasure, older generations tied it to procreation (Katmo et al., 2022, p. 335).

Method

This study applies the historical research method which refers to four stages: heuristics, verification (internal and external criticism), interpretation/explanation and historiography (Sulasman, 2014, p. 75). In the heuristic stage, the author lists and collects historical sources related to the factors which cause the increasing number of Marind (Marind-Anim) people suffering from venereal diseases and the strategy of the Dutch Colonial government and Catholic missionaries in overcoming the disease. The primary source of this research was obtained through tracking at the National

Archives of the Republic of Indonesia (Arsip Nasional Republik Indonesia – ANRI) in Jakarta. The primary sources found include *Memorie van Overgave van het Bestuur over de Afdeeling Zuid Nieuw Guinea* (the memory of handing over positions of the government officials in *Afdeeling Zuid Nieuw Guinea*), letter of the Minister of Colonies to the Governor General of the Dutch East Indies, Report of Assistant Resident Zuid *Afdeeling Nieuw Guinea* to the Director of Government, and official printed sources, e.g., *Volkstelling 1930*.

The secondary sources used are books at the National library, Jakarta. In the second stage, source criticism is conducted through internal criticism and external criticism. Internal criticism is done by reading the contents of the document to find out the truth of the contents of the document in accordance with its original form. External criticism is conducted by looking at the date of manufacture of the document, the place of manufacture, the official of the maker, and the material for making the document (e.g., paper type).

At the interpretation stage, an interpretation of historical facts is conducted to determine the interrelationships between historical facts, which are then analyzed and assembled into a single logical and harmonious whole of facts. At this stage the writer seeks and arranges a causal relationship according to the sequence of events from each fact that has been obtained. The last stage is the writing of history. Here, the compilation of facts in a complete synthesis, so that it becomes a historical story that tells about the prevention of venereal diseases of Merauke's Marind community during the colonial period.

Causes of Venereal Diseases of Merauke's Marind Tribe during the Colonial Period

The Marind tribe (Tugeri tribe) is the largest tribe in the southern part of Papua, which occupies areas along the southern coast of Papua to rivers in the hinterlands (Bulaka river, Bian river, Kumbe river, and Maro river). As the largest tribe, of course the Marind culture influences the surrounding tribes, e.g., body ornaments and clan organizations. The Marind tribe is genetically tall and large. In addition, the posture of the Marind Tribe is of course also influenced by the availability of abundant natural resources in their residential areas (Ramdhani, 2019).

Even though the natural resources in the area where the Marind live are abundant, the population of the area has been in decline since 1915. The decline in the population is marked by a high death rate, while the birth rate is almost non-existent. On his first visit to Merauke, Resident Assistant L.M.P. Plate (Assistant Resident of *Afdeeling Zuid Nieuw Guinea* from 6-7-1912 to 15-10-1915), obtained information about the general decline in the population of the *Afdeeling Zuid Nieuw Guinea* region, especially in Merauke which was caused by many local residents suffering from venereal diseases (Plate, 1915). In the memory of the handover, Plate wrote that many local residents in *Afdeeling Zuid Nieuw Guinea* (southern Papua region) suffer from venereal diseases. The cause of the venereal disease is related to the traditional rituals of the Marind Tribe. As for the traditional rituals referred to, e.g., at a wedding, the bride must do sexual intercourses with men of her clan. Plate proposed a plan to

control of the venereal disease to the colonial government because he was worried that the Marind tribe would become extinct (Jaelani, 2013; Sinaga, 2013, p. 104).

In line with Plate, Baal also explained that many Marind people suffered from venereal diseases because the Marind tribe's traditional marriage rituals allowed the practice of sexual deviations (Baal, 1939). The indicator of sexual deviation in the Marind marriage ceremony is the ritual of *jus primae noctis* (rights on the first night). On the night of the wedding day, male guests from members of the bride's clan have the right to do *jus primae noctis* to the bride. The men from the members of the bride's clan have the right to have sexual intercourse with the bride in turn on the first night. If there are men who have not had the opportunity to have sexual intercourse with the bride on the first night, the ritual will be continued on the following night.

At the beginning of colonial rule in Southern Papua, there was a case of a bride having sexual intercourse with 30 men on the first night. The sex ritual was continued the following night until the bride had sex with all the male guests from her clan. Another customary leniency of the Marind tribe that allows free sex is that when a family clears a field or builds a house, the head of the family (husband) is obliged to give his wife to the workers overnight to have sexual intercourses.

In addition, if there were guests, those guests were welcome to sleep with their wives. Sometimes a Marind husband was willing to give his wife to a villager just for tobacco. In fact, in traditional parties and traditional dance parties, women had to serve many men (Baal, 1939, p. 315–316). Marind Tribe women are often required to change sex partners in traditional ceremonies, so women are vulnerable to sexually transmitted diseases. Newly married women are prone to contracting venereal diseases and experiencing uterine damage for having numerous sexual intercourses with many men at their wedding.

This is one proof of gender inequality in the Marind community. Women are the victims who are greatly disadvantaged in the traditional ceremonies of the Marind Tribe. The wives must obey the orders of their husbands because the dowries of the wives have been paid by their husbands. Wives must be willing to serve men who are not their husbands at the behest of their husbands. Husbands can ask their wives to serve others. Such conditions show an unequal power relationship between adult men and their wives in the Marind Tribe.

This unequal power relationship is because the husband has paid the dowry to his wife, so that the husband has full power over his wife. The relationship of power in the Marind Tribe's social environment shows that the relationship that develops between husband and wife is not balanced. The dowry that had been paid by the husband makes him legitimate to the power to regulate and determine the fate of his wife. The wife must accept the domination of power from her husband as a consequence of the dowry she has received.

Another sex deviation which caused venereal disease in the Marind tribe is homosexual practice among the Marind tribe. According to the customary rules, adolescence men who just hit puberty (when their pubic hair begins to grow) must stay in the youth initiation house (*gotad*). In general, the youth initiation house (*gotad*)

was built at the back of the village, where it was not visible to the women. In *gotad*, adolescence men who enter puberty live with other youngsters. Before the initiation ceremony, in *gotad* the youths received education about the life of men. Moreover, in *gotad* the youths started homosexual relationships with their patron fathers and among fellow youths (Baal, 1939, p. 317–318). Here, the venereal disease was passed on by their patron father to the youngsters who had just entered their puberty period through the homosexual intercoursures.

The youths in the initiation house were powerless to reject the homosexual relations with their patron father or with the other older youngsters. This proves that there was a power relation of the patron father and the older youngsters over the new adolescence members of the initiation house who just hit puberty. As a result, the new members of the house were also infected with venereal diseases. This means that both young women and young men got the venereal diseases because of the Marind tribe's traditional rituals and unequal power relations. The grown man who becomes a patron father has the complete power over his foster children in *gotad* based on his knowledge of the life of *Ha Anim* (true men). The power relationship between the patron father and his foster children in *gotad* is unequal. Mature men who have knowledge of true men life are considered omniscient the man entering puberty accepts the dominance of power from his patron father and other older men as a consequence of the knowledge he gains from their patron father.

Another factor that causes venereal disease is an intoxicating drink made from *wati* (*Piper Methyscum Forst*). The *wati* plant is a plant similar to kava in Melanesia. The Marind tribe consumed it as a traditional drink that can make you drunk. To obtain the raw materials for this *wati* drink, the Marind tribe chews the roots and stems of the *wati* plant to extract the water. The water from the *wati* plant is poured into a coconut shell container. The person who chews *wati* must be in the same family as the person who will drink it. The *wati* plant as a traditional drink has an important role in the traditional ceremonies of the Marind Tribe (Baal, 1939, p. 312–313). The *wati* drink is often used during traditional meetings or when conflicts occur within groups or between ethnic groups. If the person who chews the *wati* suffers from a venereal disease, it is possible to transmit the venereal disease to someone who drinks the water.

The Colonial Government's Strategies in Overcoming Venereal Diseases of the Marind Tribe

Assistant Resident *Afdeeling Zuid Nieuw Guinea*, L. M. P. Plate, concerned about the extinction of the local Merauke population due to venereal disease would become a reality since childbirth rates were very low in the region. The number of local residents in the *Afdeeling Zuid Nieuw Guinea* region was decreasing every year. This can be seen from the results of the census as follows.

Table 1. Results of the Population Census in *Afdeeling Nieuw*, South Guinea

Region	Population		
	1915	1916	1917
Merauke	1034	1000	844
Kumbe	2420	2328	2289
Okaba	3750	3672	3674
Total	7204	7000	6807

Source: Data processed from Archive Inventory of *Algemene Secretarie Serie Grote Bundel Telegram Gouvernement Secretarie*, 2013.

Based on the data from the table, it is known that the number of local residents of Merauke has decreased every year. During the two years from 1915 to 1917 the population of Merauke decreased by 190 people or decreased by about 18.4% (Yambeyapdi, 2019). The decline in the population of Merauke in particular and *Afdeeling Nieuw* of southern Guinea in general, prompted the Colonial Government to eradicate venereal disease among the local population. Assistant Resident L. Berkhout who served as Assistant Resident of *Afdeeling Nieuw* South Guinea from 15 October 1915 to 26 January 1918, proposed the following actions (Sinaga, 2013, p. 105–106): 1) All residents and all those who visit the hinterlands must be checked for health and punish patients who refuse to be treated, 2) Health checks must be conducted in the hospital, 3) Local residents are required to stay at home with their families, 4) Healthy residents were ordered to live in separate villages, 5) Promote youth marriage, 6) Sentenced to forced labor for 3 months for those who violated the bride on her wedding day, 7) Prohibit the establishment and management of brothels (Report of Resident Assistant L. Berkhout Submitted to the Government through a Letter from the Director of Government No. 3370, 1918).

Based on the proposal of Assistant Resident L. Berkhout, it is known that various policies were taken by the colonial government to eradicate venereal disease among the Marind Tribe. All residents must be checked for venereal health so as not to infect people who are still healthy. Local residents are required to live with their families since young men who enter puberty had become victims of homosexual relationships by their patron fathers and fellow older youngsters in *gotad* (Misbahuddin et al., 2021). Therefore, the government requires local residents to live with their families. The imposition of a 3-month forced labor sentence on a person who commits an offense against the bride on her wedding day is intended so that male guests from female clan cannot have the *jus primae noctis* to the bride on her wedding day (Fibiona et al., 2020). Sentenced to forced labor for 3 months was, of course, very hard for the Marind tribe since they are not used to work hard to meet their food needs. The Marind tribe does not need to work hard for the natural resources on their settlement are abundant. The sea has rich source of protein (various types of fish, shrimp, crabs, and others) and around the coast grows coconut and sago as their source of carbohydrates.

The prohibition on the establishment and management of brothels proves that during the colonial government, brothels had already been established and managed

in Merauke. The establishment and the management of brothels in Merauke was of course intended to meet the demands of traders and *cendrawasih* bird hunters in Merauke's forests. In general, traders and bird hunters who come to Merauke did not bring their families/wives with them. Such conditions allow brothel businesses to be opened and managed because there was a market share (Handoko & Hasirun, 2019).

In following up on the government's proposal regarding an order for healthy residents to live in villages that are separate from settlements of people suffering from venereal diseases, the Inspector of the Public Health Service conducted the establishment of a new village for the Marind Tribe who are still healthy, especially for the younger generation (Sumantri et al., 2022). The establishment of a new village for healthy young people aims to free the younger generation from the transmission of venereal diseases and eradicate immorality. Another strategy adopted by the colonial government to eradicate venereal disease among the Marind Tribe in Merauke was to impose penalties on people who committed sexual perversions and by forcing people with venereal diseases to have their genital health checked regularly by the doctor (Sinaga, 2013, p. 106).

Genital health checks are not only aimed at local residents, but also for bird hunters who come to the area. This was written in the Letter of the Inspector of the Public Health Service to the Governor General of the Dutch East Indies Number 4031, dated March 31, 1920. In the letter it was written that bird-of-paradise hunters were required to have their genitals checked before obtaining a permit to hunt birds of paradise in the *Afdeeling* New Guinea region of South Guinea. If the bird hunter was proven to be a source of infectious disease for the local population, the government will revoke their permits as the bird hunter. The colonial government implemented a very short period of validity for hunting permits. When the expiration date for a hunting permit has expired, the permit holder must return to have his genital health checked. A new hunting permit would be issued by the colonial government after a genital health examination was conducted and was declared as healthy (Sinaga, 2013, p. 106).

The Colonial Government's strategy in tackling venereal diseases in the Marind Tribe in the *Afdeeling Nieuw* Guinea region of South Guinea was to assign venereal disease experts to the area. The venereal disease doctor assigned to the *Afdeeling Nieuw* Guinea region of South Guinea were dr. N. Cnopius and dr. M.U Thierfelder and their wives. The venereal disease doctors were succeeded in combating venereal diseases of the Marind people. In addition, the strategy of the colonial government in overcoming the venereal diseases of the local residents of *Afdeeling Nieuw*, South Guinea, especially in Merauke region was also cooperated with the Catholic missionaries who worked in the area (Sinaga, 2013, p. 106). Evidence of cooperating with the Catholic missionaries to eradicate venereal disease of Marind people is based on the written evidence of Catholic missionaries in eradicating venereal disease in the region.

Catholic Missionary Strategies in Overcoming Venereal Diseases of the Marind Tribe

Catholic Missionaries conducted evangelism in the *Afdeeling* New Guinea region of South Guinea. Evangelistic work began in that area which was marked by the presence of Pastor H. Nollen, Pastor P. Braun, Brother Roessel and Brother Oomen in Merauke on August 4, 1905 (Vriens, 1974, p. 611–613). At the beginning, the missionaries taught religious, ethical, and general subjects, e.g., writing, reading, and arithmetic to the local population. The lessons conveyed by the missionaries were aimed to direct the younger generation to abandon their old habits and beliefs. In conducting their evangelistic work, the missionaries were supported by the government. The government support was marked by the provision of subsidies to schools run by the missionaries (Baal, 1939, p. 101). The provision of subsidies proves the cooperation between the government and missionaries in the field of education. In other words, the government and missionaries are working together in developing human resources in the *Afdeeling Nieuw* region of Southern Guinea.

The cooperation between the missionaries and the colonial government was not only in the field of education, but also in the prevention of venereal diseases of the local population of the *Afdeeling Nieuw* region of South Guinea (Budi, 2017, p. 114; Manurung, 2022). The colonial government took the missionaries to deal with venereal diseases suffered by the local population. The engagement of Catholic missionaries was based on the work of the missionaries in the region. Therefore, Dr. N. Cnopus, an expert on venereal diseases assigned to the area, suggested to the colonial government that the services of Catholic missionaries can be used as the guidelines for eradicating venereal diseases among the local population. The missionaries built a model village to accommodate younger generation who had not contracted to the venereal disease. Teachers on duty at schools run by the missionaries are tasked with educating students at school, preventing traditional ceremonies that are considered immoral, prohibiting homosexual relations, and encouraging local residents to wear clothes (Baal, 1939, p. 346). In other words, the teachers at missionary schools are not only on duty at school, but also on duty to make people aware of the better life.

The strategy adopted by the Catholic Missionaries to deal with venereal diseases of the Marind people was to treat people who have contracted venereal diseases in the designated hospital. Another strategy adopted by Catholic missionaries in tackling venereal diseases is to separate the Marind people who are still healthy from those who suffer from venereal diseases. Marind people who are still healthy are placed in the new settlements called “Desa Teladan” or model villages. Marind people who are still healthy are asked to remove the jewelry from their old customs and wear ordinary clothes. Removing the traditional jewelery is not an easy matter for the Marind-Animha (true Marind) people. Removing the traditional jewelery is considered very shameful. Other Marind people view Marind people who give up their old traditional jewelery as Marind-Puanim (foreign Marind) or as apostates.

Another requirement for living in the model village is that every healthy family is placed in one house. A family consisting of father, mother and children is placed in a separate house. Previously the men’s and women’s houses were separated, but in the model village the husband, wife and their children were placed in one house. This

caused the husband to no longer be able to escape his wife's scorn, and the wife also constantly had a husband in the house who constantly issued orders. The placement of Marind people who are still healthy in the model village has increased the number of healthy Marind people, because only in this model village are new healthy babies born, whereas outside the model village no babies are born. In Father Petrus Vertenten's diary, it is recorded that in 1917 the number of people in the model village in Merauke had only reached 20 families and in 1919 the number of people in the model village had reached 100 families. (Duivenvoorde, 1999). The coping strategy adopted by Catholic missionaries to overcome venereal disease of the Marind Tribe in Merauke has succeeded in overcoming the extinction of the Marind Tribe. In the management of model villages, Pater Vertenten compiled various programs as follows: 1) The model villages were established in Merauke, Kumbe, Okaba and Wambi, 2) Each model villages have a school for their children, 3) Youth initiation houses (*gotad*) were removed, 4) People who are still healthy build a family home, 5) Control is expected from the local government, 6) Religious freedom is guaranteed.

In conducting his program, Father Vertenten received a subsidy from the colonial government for five years (Duivenvoorde, 1999). Providing subsidies to Catholic missionaries in overcoming venereal diseases suffered by the Marind Tribe proves that the colonial government took missionaries in hand. Cooperation between the missionaries and the colonial government proved to be able to overcome venereal diseases of the Marind Tribe, so that the number of sufferers of venereal diseases in Merauke did not increase. The success of the colonial government and Catholic missionaries in overcoming venereal diseases can be seen from the increase in the number of local residents in the region. The increase in population can be seen from the results of a population census conducted by the colonial government in 1930. Based on the census results, it is known that the local population of the *Afdeeling Nieuw* of Southern Guinea region is 15,817 (*Volkstelling 1930 Deel V*, 1935, p. 124). The results of the population census prove that the population of the area is increasing.

Conclusions

The cause of the Merauke's Marind tribe suffering from many venereal diseases during the colonial period was the traditional ritual of *jus primae noctis* (right on the first night) for the brides. The male members of the bride's clan have the right to have sexual intercourses with the bride on the first night. Another factor is the persistence of homosexual relationships among young men entering puberty and their patron father and fellow youngsters in youth initiation houses (*gotad*). The next factor is the customary leniency of the Marind tribe which allows free sex, e.g., during the establishment of the fields, building houses, and/or receiving male guests, the head of the family (husbands) is obliged to present their wives to their helpers or guest overnight. Sometimes a Marind Tribe husbands were willing to trade their wives for tobacco. In fact, Marind Tribe women were often required to have multiple sex partners in traditional ceremonies, leaving women vulnerable to sexually transmitted diseases.

The colonial government's strategy in overcoming venereal diseases were by examining the health of all residents and all those who went to the interior at the hospital; punish patients who refuse to be treated; obliging local residents to stay at home with their families; obliging healthy residents to live in separate villages; promoting youth marriages; impose a three months forced labor sentence on a person who commits an offense against the bride on her wedding day; and prohibiting the establishment and management of brothels.

The strategy of Catholic missionaries in overcoming venereal disease were to treat Marind people who suffer from venereal disease in hospitals run by Catholic missionaries and to separate Marind people who are still healthy from those who suffer from venereal disease. Marind people who were healthy were placed in a new settlement called "Desa Teladan" or model village. The provision of subsidies to Catholic missionaries in overcoming venereal disease suffered by the Marind Tribe proves that the colonial government cooperated with missionaries to overcome venereal disease suffered by the Marind Tribe in Merauke. The strategy of overcoming venereal disease carried out by the colonial government together with Catholic missionaries succeeded in eradicating venereal diseases suffered by the Marind Tribe.

References

- Baal, J. van. (1939). *De Bevolking Van Zuid-Nieuw-Guinea Onder Nederlandsch Bestuur: 36 Jaren*. A. C. Nix.
- Boomgaard, P. (2007). Syphilis, Gonorrhoea, Leprosy and Yaws in the Indonesian Archipelago, 1500-1950. *Manusya: Journal of Humanities*, 10(4), 20–41.
- Budi, L. S. (2017). Bersekolah di Tanah Pengasingan: Boven Digul, 1927-1943. *Jurnal Sejarah Citra Lekha*, 2(2), 112. <https://doi.org/10.14710/jscl.v2i2.15596>
- Butt, L., & Munro, J. (2007). Rebel Girls? Unplanned Pregnancy and Colonialism in Highlands Papua, Indonesia. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 9(6), 585–598. <https://doi.org/10.1080/13691050701515324>
- Clark, J. (1993). Gold, Sex, and Pollution: Male Illness and Myth at Mt. Kare, Papua New Guinea. *American Ethnologist: Journal of the American Ethnological Society*, 20(4), 742–757. <https://doi.org/10.1525/ae.1993.20.4.02a00040>
- Duivenvoorde, J. (1999). *Sejarah Gereja Katolik di Irian Selatan*. Keuskupan Agung Merauke.
- Fibiona, I., Lestari, S. N., & Muhajir, A. (2020). Uniting in Humanity: The Role of Indonesian Red Cross 1870-1960. *IHiS (Indonesian Historical Studies)*, 4(1), 74–83. <https://doi.org/10.14710/IHIS.V4I1.8071>
- Gritantin, L. A. L. (2022). Masuknya Prostitusi dan Keberadaan Penyakit Kelamin di Kalangan Militer Hindia Belanda. *Jurnal Cakrawala Ilmiah*, 1(7).
- Handoko, S. T., & Hasirun, L. O. (2019). Relasi Nasionalisme Etnik, Nasionalisme Negara dan Nasionalisme Kewarganegaraan di Papua. *Jurnal Sejarah Citra Lekha*, 4(2), 100–110. <https://doi.org/10.14710/jscl.v4i2.24269>

- Hapsari, W. (2020). Pelintas Batas Papua New Guinea di Kampung Sota, Merauke. *Walasuji: Jurnal Sejarah Dan Budaya*, 7(1), 257–269. <https://doi.org/10.36869/wjsb.v7i1.100>
- Inventaris Arsip Algemene Secretarie Serie Grote Bundel Telegram Gouvernement Secretarie, Pub. L. No. 39/1498, Arsip Nasional Republik Indonesia (2013).
- Jaelani, G. A. (2013). *Penyakit kelamin di Jawa, 1812-1942*. Syabas Books.
- Jaelani, G. A. (2019). Dilema Negara Kolonial: Seksualitas dan Moralitas di Hindia Belanda Awal Abad XX. *Patanjala: Jurnal Penelitian Sejarah Dan Budaya*, 11(1), 1. <https://doi.org/10.30959/patanjala.v11i1.468>
- Katmo, E. T. R., Wambrauw, Y. L. D., Mayor, A. T., & Awom, K. (2022). Reproduction, Sexual Culture and Colonialism among Kamoro People in West Papua. *The Asia Pacific Journal of Anthropology*, 23(4–5), 330–348. <https://doi.org/10.1080/14442213.2022.2125568>
- Laporan Asisten Residen L. Berkhout yang disampaikan kepada pemerintah lewat surat dari Direktur Pemerintahan No. 3370. (1918).
- Manurung, C. C. (2022). Peran Zending dalam Pelayanan Kesehatan di Tarutung, 1900-1942. *Mukadimah: Jurnal Pendidikan, Sejarah, Dan Ilmu-Ilmu Sosial*, 6(2).
- Misbahuddin, M., Setyawan, A., Amaliya, N. K., & Sholihah, R. A. (2021). Toilet dan Proses Inkulturasi Masyarakat Jawa Menjadi Masyarakat Kolonial di Surakarta Abad XX. *JUSPI (Jurnal Sejarah Peradaban Islam)*, 4(2), 133. <https://doi.org/10.30829/juspi.v4i2.8781>
- Piot, P., Bartos, M., Ghys, P. D., Walker, N., & Schwartländer, B. (2001). The global impact of HIV/AIDS. *Nature*, 410(6831), 968–973. <https://doi.org/10.1038/35073639>
- Plate, L. M. F. (1915). *Memorie van Overgave van het Bestuur over de Afdeeling Zuid Nieuw Guinea, Reel No. 38, MvO Serie 1e*.
- Purba, J. R. (2018, December 1). *Penderita HIV/AIDS di Papua Tercatat 38.874 Orang*. Regional.Kompas.com. <https://regional.kompas.com/read/2018/12/01/21132341/penderita-hivaidis-di-papua-tercatat-38874-orang>
- Ramdhani, G. (2019, June 2). *Mengenal Marind Anim, Suku Terbesar Merauke di Festival Crossborder Sota 2019*. Liputan6.com. <https://www.liputan6.com/lifestyle/read/3982145/mengenal-marind-anim-suku-terbesar-merauke-di-festival-crossborder-sota-2019>
- Richards, S. (2004). God's Curse and Hysteria: Women's Narratives of AIDS in Manokwari, West Papua. *Papua New Guinea Medical Journal*, 47(1/2), 77–87. <https://search.informit.org/doi/10.3316/informit.635806599266589>
- Rumansara, E. H. (2015). Memahami Kebudayaan Lokal Papua: Suatu Pendekatan Pembangunan yang Manusiawi di Tanah Papua. *Jurnal Ekologi Birokrasi*, 1(1). <https://doi.org/10.31957/JEB.V1I1.491>
- Ruxrungtham, K., Brown, T., & Phanuphak, P. (2004). HIV/AIDS in Asia. *The Lancet*, 364(9428), 69–82. [https://doi.org/10.1016/S0140-6736\(04\)16593-8](https://doi.org/10.1016/S0140-6736(04)16593-8)

- Sahiddin, M., & Resubun, T. (2018). Sumber Daya Manusia dalam Program Penanggulangan HIV/AIDS di Kabupaten Jayawijaya, Papua. *Jurnal Keperawatan Tropis Papua*, 1(1), 1–7. <https://doi.org/10.47539/jktp.v1i1.16>
- Sinaga, R. (2013). *Masa Kuasa Belanda di Papua 1898-1962*. Komunitas Bambu.
- Sulasman. (2014). *Metodologi Penelitian Sejarah; Teori, Metode, dan Contoh Aplikasi*. CV. Pustaka Setia.
- Sumantri, P., Muhajir, A., & Batubara, T. (2022). Urban Dealing with Pandemic: Comparative Responses on Spanish Flu and the Covid-19 Era in Indonesia. *Indonesian Historical Studies*, 6(1), 94–106. <https://doi.org/10.14710/ihis.v6i1.14015>
- Volkstelling 1930 Deel V*. (1935). Departemen van Economische Zaken.
- Vriens, A. (1974). *Sejarah Gereja Katolik Indonesia Wilayah-Wilayah Keuskupan dan Majelis Agung Indonesia Abad Ke-20 Sumatera, Sulawesi, Maluku, Kalimantan, Irian Jaya*. Bagian Dokumentasi Penerangan Kantor Waligereja Indonesia.
- Yambeyapdi, E. (2019). Papua: Sejarah Integrasi yang Diingat dan Ingatan Kolektif. *Indonesian Historical Studies*, 2(2), 89. <https://doi.org/10.14710/ihis.v2i2.3749>
- Zeth, A. H. M. (2010). Perilaku dan Risiko Penyakit HIV-AIDS di Masyarakat Papua Studi Pengembangan Model Lokal Kebijakan HIV-AIDS. *Jurnal Manajemen Pelayanan Kesehatan*, 13(3).