

# Halal Sex Tourism And Anti-Sexual Harassment against children Community

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## Abstract

*The contract marriages have an impact on various aspects that are more felt by women, namely economic, socio-cultural and psychological impacts. The practice of contract marriage also occurs because of the support of local tourism movers who are involved in the process of implementing the contract marriage. Various definitions of Sexual Harassment Against Children (SHAC) put forward by The National Center on Child Abuse and Neglect are sexual contact between a child and a mature person as well as between children who use a child to satisfy their sexual desire by involving children up to 18 years old. SHAC includes exhibitionism, peeping, stroking, seducing, oral sex and sexual intercourse. More specifically adds the types of harassment against children i.e. SHAC consists of elements of children exploitation, coercion against children, persuasion, seduction, all of which are aimed at satisfying adult sexual desires. Above all definitions, the American Psychological Association (APA) more generally stated that the main characteristic of SHAC is the dominance of adults as perpetrators of sexual, physical and psychological activity to children.*

**Keywords:** *halal sex tourism, anti-sexual harassment, children, contract marriage*

## 1. INTRODUCTION

The phenomenon of contract marriage is a common phenomenon that occurs in the Southeast Asian region. The practice of contract marriages is already prevalent in several Southeast Asian countries such as Thailand, Vietnam, Malaysia and Indonesia. In Indonesia, the practice of contract marriages takes place in several regions such as West Java, Central Java and East Java and Kalimantan which are carried out by foreign men from the Middle East. This has become pros and cons among Indonesian people.

A real story of Honensia, a six-year-old girl who bravely told her mother "Mama, yesterday afternoon, my ass and chest were held and sucked by grandpa, I didn't want to, I ran away but said Eyang Kakung 'Don't run, I'm not evil, I have an ice cream for you', then I followed grandpa because he is mama's father, right?" "Mama, the child has to be respectful and obey to their parents, right?" she said. "Mama, in one time when Mama and Papa left, there was a friend of my brother who played at home and invited me to chase and when I was caught, I was kissed by him, I screamed i didn't want to, I was scared, but he was still kissing me" "Mama, I'm afraid to be held, kissed, sucked, I feel bad, sad, Ma".

SHAC has become the focus of discussion lately because the trauma both physical, mental, social and behavior suffered by SHAC victims can be very bad. Short-term impacts include excessive fear, withdrawing from the social environment, mental stress, prolonged stress, physical pain, especially genitalia and bleeding of the genitals [1]. The long-term impact is the emergence of trauma to situations or conditions that support the occurrence of sexual harassment in their

childhood, excessive suspicion of those around them, antisocial, aggressiveness, or even committing SHAC as a form of revenge. SHAC negatively impacts children's psychological development meaning that post-traumatic children will experience prolonged problems such as sudden memory related to SHAC treatment, nightmares, helplessness, despair, irritability, feeling always in an unsafe condition until the desire to commit suicide. SHAC can result in anxiety, aggressive behavior, paranoid, post-traumatic stress disorder, depression, increased suicide attempts, dissociative disorders, low self esteem, drug abuse, damage and pain in the genital organs, deviant sexual behavior, fear of a person or place, sleep disturbances, aggressive, withdrawing, depression, somatization and declining performance in school [2].

Based on the literature search of SHAC cases, the prevalence of cases in 65 countries shows that 1 in 5 women and 1 in 12 men experience sexual harassment before the age of 18. SHAC incidents targeted not only girls but also boys. In addition, SHAC incidents generally occur when the victim is under 18 years old.

## 2. Sexual Harassment Against Children

The National Commission for Child Protection stated that SHAC in Indonesia has entered an emergency phase, it means that the number of cases is increasing over time and this is very worrying [3]. The Indonesian Child Protection Commission (KPAI) noted that from January to the end of June 2013, there were 1032 cases of child abuse which occurred in Indonesia. It can be seen from the following table and diagram.

<b>Sexual Harassment</b>	<b>535 Cases</b>
Sodomy	52 Cases
Rape	280 Cases
Fornication	182 Cases
Incest	21 Cases

The most cases occurred in the social environment were 385 cases, 193 cases in the family environment, and 121 cases in the school. Data from the Violence Victim Protection Forum (FPKK) of the Special Region of Yogyakarta (DIY) shows that the highest SHAC victims occurred in Yogyakarta with 127 cases in 2011. Civil Society Organization(LSM) Rifka Annisa noted that the agency handled 36 cases during 2013. The Child Protection Institution(YLPA) of DIY noted that there were 55 cases of SHAC handled during 2012 to 2013 with the most cases occurring in Yogya City and Sleman Regency. The number of cases of sexual harassment handled by YLPA DIY is the highest number of cases compared to physical and psychological harassment. YLPA DIY handled 14 cases of physical harassment against children in 2012, 4 cases of psychological harassment, while 22 cases of sexual harassment. In 2013, there were 17 cases of physical harassment against children handled by YLPA DIY, 7 cases of psychological harassment, while 33 cases of sexual harassment were handled.

The lack of reporting cases in the community or school, the lack of courage for children or the family to report cases, the insensitivity of parents, teachers and the community to these cases, make children increasingly need protection against sexual harassment. To protect children from sexual harassment, parents, teachers and health cadres can represent the order of family, school and society [4]. These three orders are incorporated into a community which can be an agent of change in socializing this primary prevention. Through *Anti-Sexual Harassment Against Children Community*(ASHACC), it is expected to play a role in preventing SHAC, and able to maintain the continuity of this primary prevention.

## 3. How's the Intervention?

The primary prevention based on a configural perspective includes six facets which together describe prevention, protection and promotion; (1) increasing individual strength by equipping children with knowledge of areas of the body which must be protected from anyone's touch and reducing individual limitations by recognizing areas of the body which are likely to be easily

touched/seduced by anyone and reducing individual limitations (2) increasing social support by obtaining/seeking information if the child has SHAC then the child must report on where and reduce social pressures by providing information to adults about child protection and child rights (decreasing social stress), (3) increasing the resources of the physical environment by providing private space for children who are separated from their parents (increasing physical environment resources) and reducing pressure an effect caused by minimizing the risk of children playing and learning together (children must be in many conditions), at least more than two people) (decreasing physical environment pressures) [5].

The primary prevention of SHAC is applied to school, family and community orders. In the school order is carried out by the teacher as an agent of change with psychoeducation to the students. Family order through parents (mother or father) as a mediator to deliver information on the prevention of SHAC. Community order through posyandu cadres as the delivery agent for the prevention of SHAC.

The selection of schools as the place of SHAC prevention is because of the school as an educational institution where students study and as a medium for the transformation of science from teacher to student [6]. Teachers as an agent of change are a source of knowledge information of SHAC prevention (with psychoeducation) for students, parents and health workers. Psychoeducation performed by teachers to students is important for students to have the courage to resist invitations and touches and avoid SHAC, especially students who live in high-risk environments that are poor and slum [7]. Similarly, teachers are chosen as an agent of change because teachers are spearheads who deals directly to students and professionally educate students. Education carried out by teachers can change students' knowledge and even over a long time period change students' behavior in accordance with the school's learning goals.

The selection of posyandu cadres as an agent of change because cadres are in the community and are members of the community who are elected to deal with various health and non-health issues both individually, group and community in accordance with their fields such as elderly, children, toddlers (under five years old), toddlers (under three years) and baduta (under two years) [8]. Because public health programs vary widely, each program has a cadre specifically, e.g. elderly health, children, adolescents, ward birth control (KB) and so on. But most of these activities are combined into a series of activities so that cadres must get extensive and in-depth knowledge briefings.

Parents are chosen as an agent of change because parents are the closest people to the child, know the child's behavior in their daily life and nurture the child from birth to the age.

#### **4. Anti-Sexual Harassment Against Children Community, An Alternative of Prevention**

*Anti-Sexual Harassment Against Children Community* (ASHACC) consists of parents, teachers, and cadres. ASHACC parents are increasingly aware that this program is not only feasible to be implemented in other areas to anticipate an increase in SHAC incidents but also when parents pick up their children at school or even while shopping. The spirit of ASHACC parents is shown from the frequency of the programs they do both individually and in groups. In addition, the request for the dissemination of SHAC program to the family association of ASHACC parents in Panggang, GunungKidul and Jetis, Bantul. Parents realize that protection for children is very important because when the child becomes a victim of SHAC then prolonged trauma will always cover the child and in the future, it is possible that the victims of SHAC will become SHAC perpetrators, that the perpetrators of SHAC mostly stated that they in childhood become victims of SHAC even many times getting treatment from the same person. In the sense that parents in their respective areas are triggered that the trauma can be physical, psychological and social. Forms of physical trauma such as injuries, bruises, tears in the body or genital organs, while psychological trauma in the form of fear of men, isolate themselves at home, not willing to hang out with friends, then social trauma e.g. children are ostracized by the environment, humiliated that children who are victims of SHAC will experience trauma both physically, mentally and socially. Parents admit that if a SHAC case is reported then it will automatically cause disgrace to the family as well as the large family so that generally the parent tends to silence, cover up the case or not even ignore it, a confession as stated that the parents are not

likely to report SHAC because the perpetrator is a close family, the parents are ashamed to the neighbors so that the case is closed.

ASHACC teachers are increasingly aware that this program deserves to be implemented in elementary school and in other environments to anticipate the increasing incidence of SHAC in the area. The enthusiasm of ASHACC teachers are shown from the frequency of the programs they do both individually and classically. The experience of ASHACC elementary school teachers in disseminating the program always inserts SHAC material in the appropriate lessons and gradually with the frequency of three times a week. The ASHACC teachers feel that such programs are very important for child development and child protection so that children's welfare is achieved. Teachers with high self-efficacy are able to improve skills as facilitators of reproductive health group discussion in junior high school students [9]. Teachers do not only need the skills of facilitating group discussions about reproductive health but also about SHAC and teachers need knowledge about SHAC and skills to teach SHAC prevention.

ASHACC cadres are increasingly aware that this program deserves to be implemented in the area to anticipate the increasing incidence of SHAC. The enthusiasm of ASHACC cadres are shown from the frequency of dissemination of their programs both individually and in groups as follows. Individually, through communication of "gethok tular" when cadres meet and talk with mothers around them, for example when picking up children, sweeping the yard, shopping at stalls and so on. In groups, through arisan, recitation, school meetings, RT and RW meetings. The community response to the program is quite enthusiastic and positive, this is shown from the curiosity of the community by asking questions [10].

ASHACC dissemination has been done through alumni of Psychology Faculty in 1975 in their respective areas in 2014. ASHACC's learning model consists of lectures, workshops, group discussions and mentoring counseling, while supporting media consists of booklets, leaflets, and comics. The alumni are free to modify the substance of SHAC, both in the learning model

Based on the travel experience, the recommendations:

1. Advocacy for the ASHACC program as a form of child protection from the threat of sexual harassment to the Primary and Secondary Education Institution in their respective regions [11];
2. Refreshment of SHAC material in ASHACC in accordance with the development of case trends in each region [12];
3. Monitoring of SHAC so that cases can be used as data to support the dissemination of programs and encourage ASHACC creativity in delivering materials through media and methods [13];
4. Building partnerships between elementary schools, national education department [14], communities and third parties such as electronic and print media companies to continuously participate in the provision of media for the dissemination of this program [15].

## 5. CONCLUSION

The driving factors of indigenous young women contract marriages with Middle Eastern men are mainly due to economic needs and must act as the backbone of the family, while men do contract marriages indeed to fulfill their lust. The process of carrying out contract marriages is not as complicated as through an administrative process, as long as there are bride and groom candidates and agree on the dowry and duration of the contract marriage. The contract marriage process begins with a discussion between an Arab man and a broker, and when an agreement is reached, the next process is the engagement, the agreed dowry preparation, and the marriage in front of the Muslim leader and male-female representative;

Children are our next generation and it is in the hands of the children that the relay baton is given to maintain the nation. Thus parents are responsible for always providing energy intake for growth, development, playing, learning, enjoying pleasant moments, physically and mentally healthy. Children are our future and children must always be sheltered on all fronts. One form of protection for children is through the primary prevention program against SHAC which is carried out by ASHACC in school, household and community settings.

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