



## PRAYCHOLOGICAL EXPERIENCES OF SIFON FOR WOMEN IN TIMOR ISLAND

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### ABSTRACT

Sifon is a post-circumcision ritual of sexual intercourse in the Atoin Meto tribe with women who are not their partners. Sifon women have various reasons for doing this practice such as fulfilling their economic and daily needs. Most of Sifon women are the heads of families. In addition to having an impact on the risk of contracting HIV, AIDS and STD Infection, Sifon also has other impacts on women such as social stigma and shameful accusation. Objective: The purpose of this study is to explore the psychological experiences of Sifon women in Timor Island. Method: This study used a phenomenological approach and purposive sampling technique. Participants were with inclusion criteria. They have to be more than 18 years old and have practiced Sifon in the last 6 (six) months. Data collection was carried out from March to July 2020 in Kupang Regency and South Central Timor Regency, East Nusa Tenggara Province. The data was processed using Collaizi method. Results: There were 13 women who were successfully interviewed and 7 of them shared their psychological experiences. Most of them are farmers, have elementary school education and become the head of their families. Based on the results of data analysis, the researcher found 3 themes: (1) feeling shameful, (2) feeling humiliated and not worthed, (3) having trauma. Conclusions: The decision to become a Sifon woman was made with various considerations, including meeting economic needs and earning money for all family members. It is necessary to take a culturally sensitive approach and deeper psychological assistance with Sifon women to help improve their wellbeing. The findings of this study show that most of these Sifon women are heads of families.

Keywords: HIV/AIDS; psychological impacts; psychological experiences; sifon women

<b>First Received</b> 28 Juni 2024	<b>Revised</b> 26 Jun 2024	<b>Accepted</b> 24 July 2024
<b>Final Proof Received</b> 04 August 2024	<b>Published</b> 01 December 2024	
<b>How to cite (in APA style)</b> Tumina, M. S., Yona, S., Waluyo, A., & Niron, E. S. (2024). Psychological Experiences of Sifon for Women in Timor Island. Indonesian Journal of Global Health Research, 6(6), 3875-3886. Retrieved from <a href="https://jurnal.globalhealthsciencegroup.com/index.php/IJGHR/article/view/3917">https://jurnal.globalhealthsciencegroup.com/index.php/IJGHR/article/view/3917</a> .		

### INTRODUCTION

Psychosocial disability conditions as well as other mental conditions associated with significant distress, functional impairment, or self-harm. People with psychological disorders are more likely to experience lower levels of mental well-being, but this is not always the case. A variety of individual, social, and structural determinants can combine to protect or weaken people's mental health and shift within the mental health continuum. Individual psychological and biological factors such as emotional skills, drug use, and genetics can make people more susceptible to psychological problems. Exposure to adverse social, economic, geopolitical, and environmental conditions – including poverty, violence, inequality, and environmental degradation – also increases people's risk of experiencing mental health issues (WHO, 2022). Protective factors also occur throughout our lives and serve to strengthen

resilience. Those factors are human social and emotional skills, positive social interactions, quality education, decent work, a safe environment, and community cohesion. Mental health risks and protective factors can be found in society at different scales. Local threats increase risks for individuals, families, and communities, while global threats can increase risks for entire populations which also include economic downturns and the spread of disease. Each risk and protective factor has only limited predictive power. Most people do not experience mental health issues even though they have been exposed to risk factors. Some people with undetected risk factors may still suffer from mental health issues. However, these factors are correlated and can influence an individual's psychological state. There is no single cause of mental illness. Multiple factors can contribute to the risk of mental illness, such as trauma or a history of abuse (e.g., child abuse, sexual violence, etc.), a history of ongoing (chronic) medical conditions, such as cancer or diabetes, biological factors or brain chemical imbalances, feelings of loneliness or isolation (WHO, 2022).

The sexual intercourse ritual after circumcisions (Sifon) is a risky behavior that makes women more vulnerable to the transmission of HIV infection and Sexually Transmitted Diseases (STDs). Women are increasingly more vulnerable to transmission of HIV infection due to some factors such as socio-economic, culture, stigma, low education level, lack of exposure to information, difficulties in accessing health services. This also makes women unaware of the dangers of HIV/AIDS. These socio-cultural factors can affect women in both developed and developing countries. However, HIV infection has been increasing in areas with high poverty (Kaplan, Rachel., Khoury, Cynthia., Field, Emily, Mokhbat, Jacques., 2017). The significant increase of HIV/AIDS infection globally among women over the last few years shows that feminization is the main problem. This is marked by an increase in cases of HIV/AIDS infection in women and its transmission. Research shows that HIV/AIDS infection in women is mainly caused by heterosexual transmission and they are infected from their husbands or sexual partners (Halimatusa'diyah, 2019). The highest risk of transmission of HIV/AIDS infection is caused by unsafe sexual intercourse. Identification of HIV/AIDS risk in Sifon Practice is a basis for developing preventive programs, especially for risky groups such as women. References and research on Sifon are very limited. Hence, the authors undertook several efforts to find additional information by conducting interviews with traditional circumciser, Sifon men and NGOs working on issues of reproductive health and women's rights.

Various communities are still practicing the circumcision tradition for religious, health and socio-cultural purposes. Circumcision for men has been medically proven to reduce the risk of HIV/AIDS infection by 50% -70% (Rodriguez et al, 2019). However, Sifon circumcision has been increasing the transmission of HIV infection because they believe that the wound will be healed when men have sexual intercourses immediately after being circumcised (Kibira, Atuyambe, Makumbi, Daniel, 2017). This traditional circumcision called Sifon is still performed by people from AtoinMeto tribe, East Nusa Tenggara (NTT) province. It has been increasing the risk of transmission of HIV infection. This Sifon tradition is marked by a sexual intercourse ritual between a circumcised man with a woman other than his wife. In Sifon tradition, women is a place to "dissipate heat" where they are exposed to various types of diseases including venereal diseases which can cause Sifon women to have constant fever, thinner bodies, yellowish skin and eyes (Saba, 2016). The post-circumcision sexual intercourse ritual is a risky sexual intercourse. Sifon Circumcision is a risk factor for HIV/AIDS transmission because this practice uses unsterilized tools for more than one circumcised patient. Sifon is performed when the circumcision wound has not completely healed and there are a lot of men who perform it. This cultural value may influence the role of

health care providers (Walker, 2015). Male circumcision will increase risky sexual behavior, the number of sex partners, unprotected sexual intercourse, and incidence of HIV and other infectious infections (George, 2019). An increase in HIV cases among women has been shown among people living with HIV (Jamshidimanesh, M, 2017).

Research conducted by Saba (2016) revealed that South Central Timor (TTS) District has a Regional Regulation (PERDA) Number 3 of 2009 which regulates the Prevention and Control of HIV and AIDS. This PERDA states that Sifon traditional is one of the potential factors of HIV and AIDS transmission in Timor Tengah Selatan District (Saba, 2016). In line with this, a member of local legislation of South Central Timor (DPRD) and a former NGO activist called "Sanggar Suara Perempuan" who has worked on women's issues and Sifon revealed that Sifon is a myth that has been developed and still exists today. Even, there are still communities who live in urban rural areas who practicing Sifon tradition (NO, interview on 11 May 2020 in So'e City- Timor Tengah Selatan District). In addition, he also said that PERDA has been released, but the implementation was at individual's decision. This means that there are a lot of people who strongly believe that Sifon is a good cultural practice. In addition, some Sifon women practice Sifon to earn money to fulfil their needs. Hence, it is difficult to diminish this practice since it is a cultural tradition.

Sifon women are prone to various diseases, especially sexually transmitted diseases, which are the entry point for the transmission of HIV and AIDS. However, apart from the physical impacts, the Sifon women also revealed that they have suffered from psychological impacts, including feelings of avoiding interaction with people around them, feeling unconfident about talking to friends, feeling not attractive anymore, suffering from unwanted illnesses and being afraid of revealing their Sifon Practice. Research on Sifon practice is still very limited. However, several studies have been conducted. Saba (2016) revealed that the main reason for women to Practice Sifon is the economic reason. Researchers have also conducted previous research on Sifon concerning HIV/AIDS transmission (Tumina MS, Yona S, Waluyo A., 2021). Furthermore, researchers are interested in developing and conducting further analysis on the psychological impacts of Sifon because culturally Sifon women are healers of circumcision wounds. This research aims to explore the psychological impacts of Sifon practice on women. Sifon has impacts on women's health. Are these women proud of becoming healers of circumcision wounds or not?

## **METHOD**

The researcher applied for a research permit after passing the ethical test from the Faculty of Nursing, University of Indonesia with number: SK-40/UN2.F12.D1.2/ETIK.FIK.2020, then the researcher received a research permit from the One Integrated Investment and Licensing Service Door (DPMPTSP) of East Nusa Tenggara Province, which was then given to the DPMPTSP of Kupang Regency and South Central Timor Regency which was the research locus. The researcher was accompanied by Mr. Primus Lake (Sifon Researcher) and several NGOs such as, "Sanggar Suara Perempuan" in TTS district, "Yabiku" TTU district, and the Educational Research and Development Consultation Center Institute (LPKP3). This study uses a phenomenological approach to explore the psychological experiences of women who have undergone Sifon practice. The researcher made an interview protocol which contained several questions. The space were provided between questions to write answers or field notes found during the interview process. The interview protocol was tried out in advance with several colleagues. Then, the researcher conducted in-depth interviews with the participants and applied probing techniques. The interview protocol was revised twice based on the review of initial interview transcripts and consultation with the supervisors. The interview

script contains data, participant details and a list of questions. The interview guideline was made based on the focus or scope of study.

## **RESULTS**

**Based on the results of the seven articles, the authors get four sub-themes:**

### **Effects of Using DSME as an Intervention in Type 2 DM Patients**

Based on research conducted by Nooseisai et al (2021), Damayantie et al (2021), Sudirman (2018), Kartika et al (2022), Savira & Amelia (2018), Lynch et al (2019), and Sari et al (2022), there were significant changes to lifestyle in type 2 DM patients who had received DSME interventions. After being given the DSME intervention, type 2 DM patients experience several changes, such as decreasing blood glucose levels, coping with stress, improving quality of life, increasing knowledge, increasing self-care behaviors, and a decrease in HbA1c levels. Diabetes Self-Management Education (DSME) can be done in various ways, such as presentations, demonstrations, discussions, and real-life experience with examples, as well as filling out the questionnaire that will receive this intervention. According to research that has been done by Nooseisai et al. (2021), patients with DM type 2 in the intervention group were mostly housewives and did not move a lot but exercised more, while most of the participants in the control group had another job and were more active in physical activity but did less exercise. After intervention with DSME is given to those patients, patients with DM type 2 are experiencing significant changes in lifestyle and self-management. It shows that there is a significant, positive, and effective influence of DSME intervention in improving lifestyle changes in patients with type 2 DM.

The researcher approached the key informants who are traditional circumciser and the Sifon man. The research locations was in South Central Timor and Kupang districts, East Nusa Tenggara province because people in these districts are still performing this Sifon tradition. The researcher conducted interviews in Nekbaun Village, Amarasi District, Kupang Regency, Tobu Village, North Mollo District, Tune Village, South Mollo District, and Kualeu Village, South Central Timor District. The meeting points for conducting the interview were decided by the participants. This is to ensure comfort, respect privacy and avoid outsiders. The interview process was carried out after obtaining the consent of the participants. In the initial stage, the researcher met the circumcision shamans and Sifon men to conduct an initial interview regarding Sifon practices in the area. Researchers met the circumcision shaman and the Sifon men because they could provide information on Sifon women. Sifon women live in hidden and remote areas so researchers need information about their whereabouts through circumcision shamans and Sifon men. After that, the circumcision shamans met the Sifon women and conveyed the purpose of the researchers' visit. Several women refused to be interviewed for various reasons, including, being embarrassed if other people found out they were Sifon women, being traumatized by recalling the Sifon practice, and not wanting to talk about it again because it was a shame for them. During 3 (three) months of fieldwork, researchers managed to interview 13 Sifon women. The researchers encountered multiple challenges such as remote locations, bad road access, limited transportation, and a need for a translator because some women cannot speak Indonesian. The researchers should ask for help from a circumcision shaman to be an interpreter.

### **Participants and Setting**

The participants were 13 Sifon women selected with purposive sampling technique. The inclusion criteria were Sifon women (> 18 years), have served Sifon for more than once, well-communicated, and willing to be participants in the study. The place for conducting the interviews is agreed between the researcher and respondents. The time for conducting the

interview is set when the traditional circumciser had successfully approached the Sifon women and they decided the location. The author did not approach the Sifon women in person because they were shy and did not want others to identify them. The traditional circumciser and some people from the community were asked to help the researcher to agree on the time for interview with the participants so that he participants can attend the interview session without disturbing their daily activities. The venue should be agreed to make the participants comfort, to respect their privacy and to prevent outsiders entering the venue. In addition, the researcher also has to choose a place that was conducive to prevent unnecessary noises that entering the recording and to prevent distortion during the interview process. The interview was done after obtaining the consent of the participants.

### **Ethical consideration**

Prior to the research, a proposal seminar was conducted to assess the feasibility of the proposed research design. Then, the authors underwent ethical testing and administering research permits. In the preparatory stage, the researcher obtained research permit from One-Stop Integrated Investment and Licensing Service (DPMPTSP) of NTT province. The researcher conducted interviews with the traditional circumcisers and Sifon men to get initial information and a general description Sifon practice. Researchers also met two NGOs, “Sanggar Suara Perempuan (SSP)” in South Central Timor District and “Yabiku” in North Central Timor District, to obtain information about participants who met the inclusion criteria. However, SSP and Yabiku could not assist the researchers when collecting the data in the location because of the Covid-19 outbreak. Hence, the researcher was accompanied by the Executive Manager of Kupang Education Research and Development Consultation Center (LPKP3). The researchers used cellphones to record the interviews and prepared portable chargers during the interview to ensure that the recording devices were ready for use anytime without any constraints. Researchers also noticed that the recording was able to detect voices from a distance. Field notes were used by the researcher to record non-verbal expressions when the participants shared their stories. The researcher conducted member checking maintain the credibility of the research results. The research started from March 2020 to July 2020. The process of data collection and data analysis was carried out for 5 (five) months. After that, the authors drafted a research report. The data was analyzed using Collaizi method. The researchers gained data credibility through confirmation and clarification during the interviews to make a thick description of the research location, the interview process and the conditions during the interview. The results of the verbatim transcript and identification of the themes were submitted to the participants for a review. The review is intended to maintain the reliability of the information given by the respondents. Participants had to tick each page of the transcript and underlined keywords. Various ways were used by the researchers to deeply understand the phenomenon in this study, including maximizing sample variations. The researcher clearly stated the characteristics and circumstances of any of the participants. The descriptions were generated from interview material, field notes and informal conversations. To maintain data dependability, other researchers and external reviewers reviewed the data and supporting documents. In order to increase data dependability, research activities and field notes were recorded cautiously along with reflective and analytical thinking.

### **RESULT**

The demographic data showed that most of the participants are from Kupang district (9 people) and 4 of the area from South Central Timor district. Most of the participants were aged 25-45 years (38.46%). Based on income, most participants (38.46%) earn IDR 100,000 per month. According to education level, most of the participants (53.85%) or seven of them graduated from elementary school education. Most of the participants (61.54%) were farmers

and 6 (six) of them are married (46.15%). The majority of participants were farmers (61.54%), but their total income is below UMR or standard of minimum income. All participants in this study had low incomes because they worked as farmers and housewives. They claimed that their income as farmers is unstable and small. Some of the participants claimed that their husbands' income is low and they have many children, so that they have to support their families. As said by a respondent, FL (33 years), who has six children, the only reason for her to be a *Sifon* woman is to fulfill her family's needs and to buy milk for her children. FL said that she earns approximately 100-200 thousand from *Sifon* Men, but her husband does not that she works as a *Sifon* woman. This means that all of the participants have financial limitations, even though most of them work.

P5 (MR) is the participant who has the highest number of children among all respondents (14 children). She said that before getting married, she was *Sifon* Women. Even after she got married, she kept practicing *Sifon* and her husband also a *Sifon* man who once had sexual intercourse with other women. She also said that her 14 children have one father. Currently, she is no longer a *Sifon* woman because she is old and *Sifon* is a very unpleasant experience because of its impacts. Based on the results of data analysis with Collaizi method, the researchers found 3 (three) themes related to the psychological experiences of the *Sifon* women, as follows:

### **Feeling shame for performing *Sifon*.**

Some of the women were embarrassed to meet their friends, neighbors and family for performing *Sifon*. They said that they feel that way because of their body odor after performing *Sifon* and they were unconfident to socialize with the communities. These are some excerpts from the interviews:

*"I felt embarrassed. I was not confident to go out and meet people."* (P3)

*"I felt inferior. I did not want to sit together with people"* (P3)

*"I was embarrassed when I met my girlfriends."* (P4)

*"I did not tell anyone. It was too shameful. It's like our friends feel ashamed of us. So, I did not tell anyone, even my own mother"* (P5)

*"It was so smelly. People just stay far away from me. It was on my pants and smell really bad. So I was embarrassed."* (P1)

*"Yes, I was embarrassed when meeting my girlfriend. It is such a shame (P4)"*

### ***Sifon* Compensate the Dignity and Self-Esteem of Women**

Apart from feeling ashamed, these women regretted that the *Sifon* practice has compensated their dignity and self-esteem. It has caused them problems and ruined their lives.

*"That can be troublesome for women. It can get in the way of women"* (P2)

*"It seems like we have been humiliated by men."* (P3)

*"I do not want to do it again. It has brought damages to our bodies. It has ruined my life. I have suffered a lot of diseases. It is bad for my body and blood. I am so thin and nearly die. (P11)*

*In Dawan language: "Naimhaikamtopuf le' na ne goen"*

### **Translation:**

*Second, it has compensated the dignity of women. So, Please don't do it anymore. (P12)*

*After that, he left us. We have no dignity anymore. I truly regretted it. (P13)*

Several participants also revealed that *Sifon* made women vulnerable to disease because their bodies are places to throw dirty/bad things.

*"If I accept it, I will ruin my body and ruin my life". (P11)*

*"You have to throw it away to make it clean" (P1)*

*"it transmitted diseases to women. They dissipated heat to women and it causes a lot of diseases" (P2)*

In addition, some of them regretted it and they were humiliated by men. They do not want to do it again.

*I personally do not want to do it again. I felt like being humiliated by men (P3)*

### ***Sifon* is a Traumatic Experience for Women**

Several participants revealed that *Sifon* has left a traumatic experience, both in their personal lives and social lives. They said they do not want to perform *Sifon* anymore because they were afraid of suffering from dangerous diseases and were afraid that they would die because *Sifon*.

*"I have suffered from this disease, I'm afraid that if it affects my genitals, I might die." (P2)*

*"It hurts me more than giving birth. It was horrible..." (P5)*

*"It is a bad disease. I was crying...I have been suffered" (P5)*

*"Finally, I knew that the guy came to dissipate heat. Then, I was afraid and I repented (P3)*

*"It was dangerous. So I don't want to do it anymore." (P5)*

*"Since then, I do not want to accept *Sifon* man anymore. I'm afraid of getting a dangerous disease. (P1)*

There were also participants who said they experienced terrible pain after *Sifon*."

*"So that time was also traumatized, oh my God..." (P13)*

*"It was itchy. I had blood in my urine. Since then, I do not want to experience that anymore even they persuaded me to do it." (P12).*

## **DISCUSSION**

According to GM Foster (1973) in Notoadmodjo (2018), cultural aspects that can affect individual health are traditions, values, ethnocentrism and other cultural elements learned at the beginning of the socialization process. The prevailing values in society can also influence behavior. There are values that support and there are values that detrimental to health. Cultural elements may influence behavior. Once it becomes a behavior, people will find it hard to change it. Foster said that in order to study changes in individuals, it is necessary to know the basic conditions of them. This is necessary to develop motivation to change. Individuals must be aware of the need to change, obtain information to meet these needs, know the form of health services that can meet the needs and costs required. Foster further said that there are several aspects that may help individuals to change their behaviors, such as are identifying individuals and communities who are the target of change, knowing the motives that drive change (religion, prestige), social forces and values that exist in the communities.

Another study by Irmayanti., Yona., Waluyo., (2019) in Lampung, Indonesia, with the title: “HIV-related stigma, knowledge about HIV, HIV risk behavior and HIV testing motivation among women in Lampung, Indonesia”, discussed the cause of HIV infection in women through unsafe sexual intercourse (not using condoms or contracting the virus from a partner who has HIV and involving in prostitution). The problem encountered in the field is the lack of motivation from the community to undergo the HIV test. The findings show that HIV-related stigma, knowledge about HIV and HIV risk behavior influenced women’s motivation to have HIV testing. The main implication that, the interventions focus on motivating and supporting HIV testing or screening for women who are at risk of getting HIV. Research conducted by Clifford, Odimegwu.,Dolapu (2017) with the title “Ethnicity, gender and risky sexual behavior among Nigerian youth: an alternative explanation”, discussed ethnicity factors that influence sexual behavior through cultural beliefs and practices. The culture issue discussed in this study is “Levirate” marriage (in some areas of Sub-Saharan Africa), where the widow is forced to remarry one of her brothers. There are 3 (three) ethnic groups in Nigeria who have a high incidence of HIV infection, namely Yoruba, Igbo and Hausa. The Yoruba and Igbo ethnic groups require the women to get married at the age of 30, while the Hausa ethnic group requires women to get married at the age of <16 years. A cross-sectional research design was used to find out how culture, ethnicity can influence risk behavior. It was found that health behavior is shaped and determined by social condition (culture, ethnicity) of Yoruba, Igbo and Hausa ethnicities in Nigeria. Factors related to risky sexual behavior include sexual activity, level of knowledge about HIV and the use of condom.

Generally, Sifon women do not want to perform this cultural tradition. However, there are one or two women in a village who consciously perform Sifon. Some of them, even, ask the traditional circumciser to find the clients for them. Their main motives for performing Sifon are (Lake, 1999): They need money for meeting their daily needs. The Sifon women receive payment in various forms, for example: money (depending on the agreement with the traditional circumciser and the sifon woman; there is no fixed rate). Whatever amount is paid, the Sifon women never reject it. The traditional circumciser can also set the price for the Sifon women. The Sifon women also need rice for their daily meals, so they are sometimes paid with rice. Apart from an economic reason, they become Sifon women to fulfill their biological needs. As normal women, Sifon women have sexual desires that are fulfilled when they still have husbands. They fulfill the biological needs by performing Sifon (although there are posed to several risks and consequences) (Saba, 2016).

Sifon has several impacts for women who performing it, as follows: (1) Physical Impact. Their dignities are compensated as they are called a place to “dissipate heat” or transmit diseases. The “heat” or diseases suffered by Sifon women are venereal disease, festering sores (bun punu), yellowish white liquid and sometimes reddish and smelly discharge from vaginal (sopol), swollen genitals (hoenkefuun), non-swelling sore genitals (hoenkenapap) and other diseases (not venereal diseases). These diseases make them to get thinner, persistent fever, yellowish skin (menmetes). This is in line with the results of the study where most of the participants said that they suffered from various ailments and physical discomfort after performing Sifon. (2) Social Impact. This study revealed that most of the participants were ashamed of their status as Sifon women. Sifon women are also more vulnerable to experiencing social stigma because of the consequences of Sifon. They will be outcasted by the community because people believe that they will bring bad luck to people around them. (3) Psychological Impact. Sifon women from AtoinMeto tribe feel proud of Sifon culture because they have helped healing post-circumcision wounds. However, it is in contrast with their religious values. From a cultural perspective, this ritual is permissible because it is

believed to heal circumcision wounds (vaginal fluid is a “great medicine”) (Lake, 1999). This situation will have an impact on the psychological state of the Sifon women because they are faced with a paradox between cultural and religious practices (Saba, 2016). In general, women refuse to have sex with men in the framework of Sifon. This is also claimed by the traditional circumciser Nekbaun Village, West Amarasi Sub-District, Kupang Regency (LT). LT said that most women will reject the offer from Sifon men, even though they are offered plenty amount of money.

In addition, a traditional circumciser, YS, from Kauniki village, Takari sub-district, Kupang Regency also said the same thing. He said that all women will reject the offer when it comes to Sifon. The best way to persuade them is by approaching them slowly, flirting, asking for a date and never saying anything about Sifon. Ms. Filiana Tahu, a women’s activist who works for Yabiku Institute in North Central Timor District, said the same thing too. It is true that Sifon men ask the women for a date, then, they will proceed to having a sexual intercourse. The men approached the women slowly as it seems like they care for the women’s children to replace the figure of their father. After they got what they wanted, they would leave the women a week or two weeks later. The role played by women cannot be underestimated and can neglect the violence. The level of empowerment of women in rural areas is still low and trapped in a cycle of poverty and powerlessness. Most of the victims are women in rural areas who have limited knowledge about their rights as a human and the right to have healthy sexual reproduction (Warria, 2018).

However, there are some women who consciously accept Sifon men. Unlike the other 11 participants, 2 (two) participants of the study said that they want to be Sifon women because of their own desires. Financial limitation is the reason for them to perform Sifon. In addition, they sincerely want to help the Sifonmen. They believe that they will receive blessings by removing misfortunes and sins of Sifon’s men. FL (33 years), a housewife from Tobu village, North Mollo sub-district, South Central Timor Regency, said that she performed Sifon because she wanted to do it. She was not persuaded by the circumcision healer. She did it because she concerned with the pain suffered by the Sifonmen. She did it to speed recovery of the circumcision wound. That was FL’s story in an interview on 11 May 2020. Based on demographic data, FL is married, has 6 (six) children, and her husband is a farmer. FL also revealed that they faced economic difficulties to pay the tuition fee and to buy milk for their children. FL also said that her husband does not have stable income, so that she helps him to find some extra money by performing Sifon.

In contrast to FL, EO, who is single but has 4 (four) children, said that she needs the money to support her children. She only earns Rp. 50.000,- up to Rp. 100.000,- per month, and it is not a stable income. This finding is in line with previous research conducted by Saba (2016), the reasons for them to perform Sifon is because they need money for daily life, help support their family, need rice to eat every day. Apart from the economic need, there is also a desire to fulfill the biological need. Her sexual desire arouse when she sees a handsome, kind and generous man. she will definitely accept them. The participant number 11 (eleven) revealed that she wanted to perform Sifon for a high payment because she is going to get “sick”. RNP, unmarried, 54 years old, in an interview on 22 June 2020 in Kualeu village, South Central Timor District said that if a Sifon man came with a smile, friendly gestures, and humorous attitudes, and money she would definitely accept him. She would like to help a man who want to dissipate heat because they are sick and can only be treated by having sexual intercourse. For that purpose, RNP will charge high rates because it poses some risks to her. In this research shows that individual well-being is influenced by an economic number and social

factors that include income, mental health, physical health, education, social relationship, employment, discrimination and environmental conditions. Well being involves physical and mental health as a part of health promotion and disease prevention (Livingston, Nevels, Reddy.,2020). Socioeconomic status represents social standing of an individual or group and is generally measured by combination of education, income and occupation. Discrimination impacts health through three major pathways: psychosocial stress, access to health and social resources, and violence and bodily harm. The impact of discrimination with regard to employment and access to resources is explored via the concept of historical trauma via three different case examples: third gender, African Americans, and the Māori ((Livingston, Nevels, Reddy.,2020).

Promotion and prevention interventions are carried out by identifying individual, social, and structural determinants of mental health. Then, interventions to reduce risk, build resilience, and build an environment were done to support mental health. Interventions can be designed for individuals, specific groups, or entire populations. These interventions require multi sectors efforts such as health, education, and human resources to support promotion and prevention programs. The health sector supports the promotion and prevention programs by advocating, initiating, and, facilitating multisectoral collaboration and coordination. School-based social and emotional learning programs are one of the most effective promotional strategies for countries at all income levels. This should be done through community-based mental health services, which are more accessible and acceptable than institutional services, helping prevent human rights violations and providing better recovery outcomes for people with mental health issues. Community-based mental health services should be delivered through an interconnected service network by helping prevent human rights violations and providing better recovery outcomes for people with mental health conditions.

## **CONCLUSION**

The Sifon ritual has had psychological impacts on Sifon women who are heads of families and wage earners. The role of nurses as counselors and educators is expected to help Sifon women get informed on the psychological of Sifon. In addition, nurses can establish cross-sector collaboration with NGOs, health services, psychologists, and religious leaders to assist with various constructive activities to improve the well-being of Sifon women. The results of this study may be used as a reference for designing health education and counseling programs for Sifon women. It is hoped that the educational program with a culturally sensitive approach and counseling can help prevent an increase in STDs and HIV/AIDS cases in the East Nusa Tenggara province and help them healed from trauma of Sifon. Nurses need to develop culture-based nursing care in providing nursing care which includes biological, psychological, social and spiritual aspects to improve the quality of life of the Sifon women. Taking into account PERDA no 3, 2009, concerning the practice of Sifon which can potentially transmit HIV infection, cooperation with all parties including the relevant health personnel agencies are crucial.

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