EDITORIAL
Public Health and Preventive Medicine Archive (PHPMA) 2025, Volume 13, Number 2: 71 - 74
E-ISSN: 2503-2356

PHPMA
Published by
Department of Public Health and Preventive Medicine, Faculty of Medicine, Udayana University

Local Wisdom, Global Impact: Integrating *Perarem* for Sustainable Tourism in Bali Province, Indonesia

Adi Saputra[1*]

[1]Department of Public Health and Preventive Medicine, Faculty of Medicine, Udayana University, Bali Province, Indonesia

*Correspondence to: adisaputra.fis@unud.ac.id.

The COVID-19 pandemic has accelerated the ongoing global transformation, reshaping tourism, and highlighting the indispensable link between travel and public health [1]. Highly mobile travellers can carry infectious diseases across borders, turning local vulnerabilities into worldwide risks[2,3]. Failure to embed robust public health systems into the heart of the tourism sector potentially creates socioeconomic instability rather than sustainable recovery and growth[4]

Driven by these heightened risks, modern travellers no longer choose destinations solely for their breathtaking scenery or rich culture—they expect robust health and safety infrastructure as part of the package[5]. Yet, despite growing emphasis on health-conscious travel, a serious disconnect persists on the ground. In destinations like Indonesia, particularly Bali, the public health and tourism sectors continue to operate in silos. This lack of integration creates a critical blind spot for two-way disease transmission. A truly sustainable framework must work both ways: shielding local communities from imported pathogens while simultaneously protecting visiting tourists from endemic health risk.

This systemic challenge is evident in Bali, Indonesia's primary international hub. Here, mobile global travel collides directly with traditional social structures, leaving local communities highly exposed to travel-associated health threats. Despite international consensus on the issue, comprehensive frameworks for integrating public health into tourism often remain purely theoretical, failing to achieve meaningful ground-level implementation[6]. To build a truly sustainable tourism model, Bali must move beyond abstract global concepts and anchor health security directly into its local community fabric[6].

The concept of health security in tourism offers Bali a significant opportunity to build sustainable tourism around a strong healthcare system. The key to this integration lies within the *Desa Adat*—Bali's traditional customary village system. Customary tradition in Bali is a dynamic instrument capable of adapting to global challenges to maintain effective community order through customary law[7]. *Desa adat* has two tiers customary law: 1) foundational codes (*Awig-awig*) and 2) operational rules (*Perarem*). While *Awig-awig* serves as permanent constitutional baseline, *perarem* provides the flexibility required to respond to urgent community threats, such as health security for travellers. *Perarem* can be an effective mechanism due to its adaptability, while *Awig-awig* acts as a permanent foundation. Hence, *Perarem* can be tailored to manage new and urgent community needs, including health security for travellers[8]. By institutionalizing travel health protocols through *Perarem*, Bali can establish a culturally rooted framework that acts as the crucial bridge between global health policies and practical, community-wide compliance[8,9].

To harness *Perarem* as an effective public health mechanism, one must understand its deep roots in Balinese customary law, which flows directly from the philosophy of *Tri Hita Karana*[10]. This framework demands a harmonious balance across three vital relationships: with the divine (*Parhyangan*), among community members (*Pawongan*), and with the natural environment (*Palemahan*). In its socio-religious context, Perarem consists of written and/or unwritten customary rules that implement *Awig-awig* or act as village assembly (*Paruman*) decisions to address evolving community issues. *Perarem* enforces compliance through psychological, social, and spiritual (*niskala*) accountability—such as community exclusion. Since adherence to cultural and spiritual obligations in Bali often higher than compliance with state law, *Perarem* represents an exceptionally potent, yet underutilized, mechanism for driving public health efforts[11].

Crucially, *Perarem* is far more than an informal moral code; it holds recognized authority within the formal legal hierarchy. This legitimacy is anchored in two key state legislative frameworks: Republic of Indonesia Law No. 15 of 2023, which explicitly recognizes *Desa Adat* as autonomous legal entities mandated to protect community welfare within the national framework[12], and Bali Provincial Regulation (*Perda*) No. 4 of 2019, which provides the statutory foundation strengthening *Perarem*'s authority within provincial jurisdiction[13]. By uniting socio-cultural legitimacy with state statutory recognition, *Perarem* secures a powerful position. It provides a legally sound, culturally binding mechanism capable of integrating directly into Bali's healthcare system to drive long-term, sustainable tourism.

Building on this deep cultural commitment, *Perarem* can address current modern healthcare's weaknesses: bureaucratic delays and disjointed systems[14]. Rigid government structures often get in the way, confusing the public and allowing health threats to go unnoticed[15,16]. *Perarem* solves these inefficiencies by acting as the agile, implementation arm of public health policy as it can regulate community behavior in an adaptable, flexible, and binding manner. Rather than forcing a choice between state authority and customary tradition, a resilient health system combines them. State law provides the broad, overarching structure, while *perarem* ensures those policies are executed flexibly and effectively at the local level.

This operational synergy comes to life within Bali's tourism sector, where governance is shared among the state, private industry, and customary communities (*Desa Adat*)[17]. Through *Perarem*, *Desa Adat* has formal authority to enforce public health protocols on the ground, utilizing traditional village security units known as *Pecalang*[18]. Because *Pecalang* command a deep cultural authority, they generate a far stronger psychological compliance effect among both local residents and visiting tourists than standard police forces can achieve. By anchoring health security in this trusted local enforcement unit, Bali transforms abstract health policy into immediate, ground-level action.

Beyond enforcement, *Perarem* creates a persuasive social environment where public health adherence is embraced as a shared civic responsibility rather than an imposed state burden[19]. It serves as the vital translation layer—adapting abstract international standards, such as the World Health Organization's International Health Regulations, into culturally resonant rules. *Perarem* is not designed to replace the national healthcare system; instead, it acts as an operational force multiplier that aligns formal state medical protocols with the day-to-day realities of local community life.

This integration delivers immediate, practical protection at the grassroots level. Led by the *banjar*—the foundational neighborhood unit of the *Desa Adat*—local communication networks enable rapid early-warning surveillance, identifying potential disease clusters far faster than passive, hospital-based systems. By replacing rigid legal coercion with social accountability and reserving customary sanctions solely for direct threats to public safety, *Perarem* fosters significantly

higher voluntary compliance with health protocols[19,20].

In conclusion, operationalizing *Perarem* as customary health law offers Bali a transformative framework to build sustainable travel health anchored in *Tri Hita Karana*. This integration must unfold through a clear, phased adoption. **First**, *Perarem* must be systematically aligned with national public health guidelines, harmonizing customary authority with statutory law to eliminate jurisdictional overlaps. **Second**, this hybrid model should be piloted in Bali's major tourist hubs, providing a controlled environment to refine protocols across diverse populations—including locals, migrant workers, and foreign tourists. **Third**, following successful testing, the framework can scale island-wide by mobilizing grassroots *Banjar* networks to extend active health surveillance into informal tourism spaces, effectively closing the blind spots left by conventional systems. **Then,** potential adaptation to other settings with similar customary system can be explored further. Ultimately, embedding *Perarem* into a unified, community-based health infrastructure provides Bali a synergetic approach harnessing public safety and heritage. It can fortify its tourism economy against global threats while actively preserving its cultural dignity and sovereignty.

REFERENCES

1. Gössling S, Scott D, Hall CM. Pandemics, tourism and global change: a rapid assessment of COVID-19. Journal of Sustainable Tourism. 2021 Jan 2;29(1):1–20. doi:10.1080/09669582.2020.1758708
2. Alahmari AA, Almuzaini Y, Alamri F, Alenzi R, Khan AA. Strengthening Global Health Security through Health Early Warning Systems: A Literature Review and Case Study. J Infect Public Health. 2024 Apr 1;17:85–95. doi:10.1016/J.JIPH.2024.01.019 PubMed PMID: 38368245.
3. Kurniasari NMD, Widyanthini DNym, Mulyawan IKH, Wirawan IMdA. Travel Health Knowledge and Perception of Foreign Backpackers Traveling in Bali. Jurnal Ilmu Kesehatan Masyarakat. 2021 Jun 28;12(2):128–42. doi:10.26553/JIKM.2021.12.2.128-142
4. Yang Y, Zhang H, Chen X. Coronavirus pandemic and tourism: Dynamic stochastic general equilibrium modeling of infectious disease outbreak. Ann Tour Res. 2020 Jul 1;83. doi:10.1016/j.annals.2020.102913
5. Sigala M. Tourism and COVID-19: Impacts and implications for advancing and resetting industry and research. J Bus Res. 2020 Sep 1;117:312–21. doi:10.1016/J.JBUSRES.2020.06.015 PubMed PMID: 32546875.
6. Wirawan IMA. Healthy Tourism Initiatives at Destinations: Opportunities and Challenges. Public Health and Preventive Medicine Archive. 2018 Jul 1;6(1):1–3. doi:10.53638/phpma.2018.v6.i1.p01
7. Sridana PG, Windia IWP, Darma Putra IN, Suarka IN. Goverment Hegemony VS. Desa Adat Resistance: Dynamics Of Regulating Desa Adat In Bali. E-Journal of Cultural Studies. 2024 Jul 5;17(2):44. doi:10.24843/cs.2024.v17.i02.p04
8. Risey junia IL. Mengenal Hukum Adat Awig-Awig di Dalam Desa Adat Bali. Jurnal Hukum dan HAM Wara Sains. 2023 Sep 29;2(09). doi:10.58812/jhhws.v2i09.636
9. Perbawa SLP. IMPLEMENTASI KEBIJAKAN PEMERINTAH MELALUI PERAREM DESA ADAT DALAM PENANGANAN COVID 19. Prosiding Webinar Nasional Universitas Mahasaraswati Denpasar 2020 [Internet]. 2020 Nov 9 [cited 2026 Jul 27]. Available from: https://e-journal.unmas.ac.id/index.php/webinaradat/article/view/1212
10. Gede Antaguna N, Nyoman I, Budiartha P. Development of Balinese Customary Law in the Perspective of Local Wisdom"Tri Hita Karana". Sociological Jurisprudence Journal. 2023 Aug 15;6(2):144–9. doi:10.22225/SCJ.6.2.2023.144-149

11. Apsaridewi KI, Rani NLME. Interaksi Sistem Hukum Negara dan Adat dalam Pencegahan dan Pengendalian COVID-19 Di Kota Denpasar. VIDYA WERTTA : Media Komunikasi Universitas Hindu Indonesia. 2021 Oct 25;4(2):49–69. doi:10.1080/07329113.2014.893722

12. Presiden RI. UU No. 15 Tahun 2023 Tentang Provinsi Bali [Internet]. UU No. 15 Tahun 2023. Indonesia; 2023. Available from: https://peraturan.bpk.go.id/Details/249375/uu-no-15-tahun-2023

13. Gubernur Bali. Peraturan Daerah Provinsi Bali No 4 Tahun 2019. Sekretaris Daerah Provinsi Bali. Indonesia; 2019 May 28. p. 1–76.

14. Agustina R, Dartanto T, Sitompul R, Susiloretni KA, Suparmi, Achadi EL, et al. Universal Health Coverage in Indonesia: Concept, Progress, and Challenges. The Lancet. 2019 Jan;393(10166):75–102. doi:10.1016/S0140-6736(18)31647-7

15. Lal A, Erondu NA, Heymann DL, Gitahi G, Yates R. Fragmented Health Systems in COVID-19: Rectifying the Misalignment Between Global Health Security and Universal Health Coverage. The Lancet. 2021 Jan;397(10268):61–7. doi:10.1016/S0140-6736(20)32228-5

16. Nijyoti N, Indrayathi PA, Wirawan IMA. Perceived quality of primary healthcare services among the National Health Insurance members and fee for service patients in the West Denpasar II Public Health Center Bali, Indonesia. Public Health and Preventive Medicine Archive. 2022 Aug 8;8(1). doi:10.53638/phpma.2020.v8.i1.p10

17. Tripayana INA, Bestari P, Malihah E, Syaifullah S. Tri Hita Karana Philosophy in the Awig-awig of the Bali Aga Community towards Ecological Citizenship. Komunitas: International Journal of Indonesian Society and Culture. 2024 Mar 31;16(1):123–34. doi:10.15294/komunitas.v16i1.6375

18. Hastuti MDM. Hukum Adat Bali di Tengah Arus Budaya Global dan Modernisasi Pembangunan. Jurnal Hukum Lex Generalis. 2023 Apr 30;4(3):251–9. doi:10.56370/jhlg.v4i3.270

19. Mandira IMC, Yudha CK. PERAN DESA ADAT BALI DALAM MELANCARKAN KEBIJAKAN PENANGGULANGAN PANDEMI COVID-19. Journal Publicuho. 2021 Jan 22;4(1):1. doi:10.35817/jpu.v4i1.15993

20. Suryawan IN. Desa Mawacara, Negara Mawatata: Bali's Customary Village-Based State Policies in the Time of the Covid-19 Pandemic. Jurnal Politik. 2020 Mar 25;6(1). doi:10.7454/jp.v6i1.1007