



International Day of the World's Indigenous People  
9th August 2010

# THE FORGOTTEN HIGHLANDERS

## PAPUA HIGHLANDS, INDONESIA

> **Puncak Jaya** district, located in the highlands of Papua province, is one of the least developed districts and one of the most remote areas in Indonesia. The district is only accessible by plane and communities in villages must then be reached by foot.

The population has to cope with rapid socio-economic changes (migration, customary structures changing, introduction of modern commodities) that contribute to the transmission of infectious diseases, such as HIV/AIDS. Levels of HIV/AIDS amongst Papuans are 15 times higher than non-Papuans. The province has also the highest maternal and infant mortality rate and the lowest life expectancy at birth compared to the national average.

> National standard guidelines describing the level of care are not enforced and are not adjusted to local practices. Health care workers in Papua highlands are often not local persons: most of them come from other parts of Indonesia and are little prepared for the Papuan Highlands' socio-cultural context. They have difficulties understanding their patients and have limited knowledge of how to deal with the indigenous population when providing them with information and prevention. In parallel, communities are reluctant to visit health services that are not delivered by local people, because they tend to distrust the health staff and don't feel their needs are addressed.

> The complex political context with the Indonesian government makes the relationship with traditional communities even more difficult. A conflict between the military and Papuan rebel groups has made conditions worse for the Papuan Highlands population. The Papua Highlands remain an area where the indigenous community has serious difficulty in safeguarding their own security.

> **Doctors of the World** (DOW) has been working in the Papuan highlands for 12 years and is one of the few international NGOs working in the field for and with Papuan communities. The DOW programme is based on a medical and anthropological expertise and its objective is to strengthen the right to healthcare for the population in Papua. The activities are developed in partnership with a local NGO and the health authorities, in accordance with the local socio-cultural context: support for health centres, HIV/AIDS prevention; sexual and reproductive health programmes integrating the cultural aspects; training and follow-up with peer educators, nurses, midwives and community health workers from villages.

20% of inhabitants of Papua live in the Highlands

55% of Papua population still lives below the poverty line <sup>1</sup>

**Yomi, 26 years old, a villager in Puncak Jaya**

*"If you live in the villages, you have to walk for days to reach the health centre in the district's capital, because there's no health staff in the villages. There are community health workers, but if you need more medical assistance you need to go to the district capital. That's why people are dying in the villages especially when they get sick and are too weak to move.*

*When people do reach the health centre, they have a hard time talking with the staff because the staff do not speak the local language. Sometimes when there is a local nurse he/she can help to interpret, and the doctor can give health or hygiene information. But often we cannot practice this information because our lives are so different, such as washing our hands with soap: we don't have soap in the village, and most villagers don't even know what soap is.*

*Usually when we get sick, for example, when we have a headache, we would cut the skin on our forehead with razorblades to let bad blood out; this has been our belief for ages. The health staff do not seem to know about these beliefs, we would like to know what they think about it though, because we want to know if we're doing the right thing."*

## ■ The Native Population: Isolated and marginalized

> **The living conditions** in the highlands are basic, contrary to the urban and coastal areas of Papua. The average family of the *Dani* ethnic group, which makes up the majority of native Papuans in the highlands, lives in a *Honai*: a traditional hut made of wood and a thatched roof without any windows or a chimney. Fires are made for cooking and to warm inhabitants in the middle of the *Honai*, which is always full of smoke and can lead to respiratory problems.

> **A migrant-dominated economy:** The Western-Dani live mostly on agricultural diet: planting sweet potatoes, fruits and vegetables. In *Puncak Jaya* district, small businesses, mostly found in the district capital of Mulia, as well as the only means of public transport (motorbike taxi) are owned by domestic migrants from other provinces in Indonesia. Secure jobs, such as civil servants, are migrant-dominated.

> **Basic education is a challenge;** primary and secondary schools exist in the district capital, but very few villages have schools, in which teachers (mostly migrants or non-highland Papuans) don't stay for long due to living conditions. The majority of the people speak only limited Indonesian.

> Although the majority of Western-Dani people in the district are Christians, they adhere to a **traditional social structure** based on kinship and descent. Polygamy is accepted as long as the husband can afford the dowry, a home, pigs and land for gardening. Men live in one *honai* while women and children live on separate *honais*.

Although in the district capital town of Mulia most people now wear modern clothing, in villages, penis gourds for men and traditional skirts for women are still a common sight.

<sup>1</sup> Indonesian Country Profile 2006, Centre for Data & Information, Ministry of Health, Republic of Indonesia, 2006



## ■ Health Status

Papua has the lowest life expectancy, particularly for women: 50.3 years<sup>2</sup>, compared to the national average of 72 years.

The main illnesses in this district include diarrhoea and intestinal infections due to lack of hygiene (36% of patients), respiratory illnesses (30%), pneumonia (8%), and sexually transmitted infections (3%)<sup>3</sup>. In this environment where people live in with chronic malnutrition in perilous sanitary conditions, these diseases can rapidly become fatal.

## ■ Female and child health

Papua province has the highest rate of infant mortality in Indonesia. In Puncak Jaya, there is an estimated 75-150 deaths per 1000 births (national average is 34 per 1 000 births), with 500-1000 maternal deaths per 100 000 live births.

In keeping with the Dani culture, women have to deliver their child in their village and not in a health facility. In 2009, only 15% of women gave in health facilities in Puncak Jaya district<sup>5</sup>.

DOW provides sexual and reproductive health education to communities and local midwives that is adapted to the Western-Dani perception of pregnancy and childbirth.

## ■ HIV/AIDS and Sexually-Transmitted Infections (STIs): underestimated and still a taboo

STIs and HIV are clearly underestimated: the topic is still considered taboo due to the lack of qualified health staff trained in sexually transmitted diseases. AIDS is spreading rapidly in Papua.

According to the National AIDS Commission, 3.2% of the population in Papuan Highlands is infected with the virus<sup>6</sup> (the national rate is 0.2%<sup>7</sup>), and experts believe it may exceed 5 % in 2011.

In the Puncak Jaya district, there is a real need for correct information on STI and HIV/AIDS. The few Western-Dani people, who are comfortable talking about AIDS, perceive the disease as similar to other STIs: an illness that is new and imported. Their understanding towards AIDS is that it is transmitted sexually, and that it comes from urban and coastal areas, and that it can be fatal.

Workshops on health issues are difficult due to the limited level of education for the native population in the Papua Highlands. Most of



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75-150 deaths per 1000 births

3.2% HIV prevalence in Papua highlands (National rate is 0.2%)

**Kaberi**, 30 year old, midwife at the community health centre in the district and trained by Doctors of the World.

*"We organise maternal and child health sessions in different villages several times a week. We provide examinations for babies such as measuring their weight, examining their nutrition, consultations for pregnant women, immunisations for 6 to 9 month-old babies, and immunizations for pregnant women.*

*We also start to deliver lessons on HIV/AIDS and condom use because we know HIV is an epidemic in Papua and even in the Highlands; unfortunately with the lack of resources we can't do that regularly or we have to do it after work; we also need materials adapted to the Papuan context so information is better received by local communities."*

2) Indonesian Country Profile, 2006.

3) Indonesian Country Profile 2006, Center for Data & Information, Ministry of Health, Republic of Indonesia

4) Health and human security, Susan J Rees, MJA, 2008

5) Dinas Kesehatan Kabupaten Puncak Jaya, 2009 Data Review, presented in February 2010 – unpublished document.

6) Indonesian Country Profile, Centre for Data & Information, Ministry of Health, Republic of Indonesia 2006.

7) Indonesian Ministry of Health, 2008



During all MdM workshops about HIV/AIDS, material is adapted to the Papuan cultural context and local language.

### LACK OF RESOURCES, TRAININGS AND MATERIALS ADAPTED TO THE CONTEXT:

**Magdalena**, 19 years old, a Lani youth and member of the Students club, supported by Doctors of the World.

*"I'm aware that limited access to information and low level of education makes most people in my district reluctant to accept new concepts that could affect their culture. One example is information on HIV/AIDS. Lack of knowledge of the disease causes stigma and discrimination to people living with AIDS, while those people need as much attention and love as any other person. Often people living with AIDS are being restricted by their own families in a way that they cannot live a normal life like everyone else."*

*Now I have gained more knowledge on HIV/AIDS through activities facilitated by MdM because they don't ignore my Papua culture but use it to convey a message. My friends and I used to think that you can get AIDS just by shaking hands or touching people who have AIDS. Now I am better-informed, and I can share the information with other people, particularly friends at school: such as the fact that you don't get AIDS just by touching, or sitting together, or sharing a meal."*

Health staff assigned to health facilities are not trained on HIV/AIDS.

The VCT (Voluntary Counselling and Testing) units are rarely open and most of the time it does not provide tests and HIV treatment. Since most staff are migrants from other parts of Indonesia, the Papuan population do not trust them and refer to traditional medicine practitioners in the village.

The available IEC (Information Education and Communication) materials, particularly on HIV/AIDS are not adapted to the socio-cultural aspects of Highland population, e.g. too many texts in Indonesian and only a few pictures. For a poorly-educated and indigenous population with strong traditional beliefs, this means **lack of representation**. People end up thinking only those characters depicted in the materials will have AIDS: they don't feel the messages address them, and stigma around people having AIDS continues to grow.

## Health & Traditional Beliefs

Western-Dani people still strongly adhere to traditional beliefs and these beliefs have strong effect on people's health.

The men believe that sperm must not touch the soil since this would make them sick; therefore they wouldn't use condoms since it has to be disposed of after use. Pregnant women abstain from sex during pregnancy for fear that sperm may have bad influence on the baby and/or the milk. People cut the skin using blades or bamboos to let 'bad blood' and diseases out (usually when having a headache).

Solutions should be offered but people should not be forced to discard these beliefs entirely. Instead they should be assisted so they can make the right choices for their health without having to entirely abandon their beliefs. For instance, **Doctors of the World promotes the fact that condoms can be burned instead of buried and blades should not be used twice.**

## Lack of training

Traditional leaders and community health workers in the villages were trained in health 30 years ago by missionaries and still work today with old materials and practices. The initial mandates of health authorities are to refresh the community health worker training and monitor their work on the field; but currently they don't have the financial means to perform these mandates and are not receiving support from the national system. The ministry of health promotes more on access to health facilities, which is not adapted to the Papuan Highland context where a villager has to walk for 2 days to reach the nearest health centre.

**Papuan traditional beliefs and practices are not being acknowledged by Indonesian authorities. NGOs such as Doctors of the World are working for the adaptation of those indigenous patterns of living to national health protocols.**



## RECOMMENDATION

**Recognition and respect for indigenous practices and beliefs of Papuan populations should be immediately improved to address the problematic public health concerns of HIV/AIDS, reduced life expectancy, maternal- and infant mortality. The following should be addressed: local adaptation of the Indonesian national health system to include indigenous and traditional values of Papuans is essential to attain the right to health for its population.**

### *Doctors of the World in Papua*

- *Doctors of the World* has been working in the Papuan highlands for 12 years
- In the last 3 years, outreach activities have constituted the essential part of *Doctors of the World's* project. These activities consist of: immunization campaign for children under 5 years of age, supervision of community health workers (CHW) on basic consultations, supervision of midwives on antenatal and post-natal care, HIV/AIDS prevention, health promotion done in collaboration with CHW and traditional leaders, safe motherhood sessions to pregnant women in collaboration with midwives.
- *Doctors of the World* also conducts outreach activities in collaboration with the NGO Primari – one of our local partners in the Papuan highlands. Primari works on hygiene (builds latrines), respiratory diseases prevention (Chimney for honai), HIV/AIDS workshops, support to the health center in Sinak sub-district (supervision of medical stock) and training of Kaders and Puskesmas staff.
- Since March this year, *Doctors of the World* have started another 2-year project on Sexual and Reproductive Health. This theme has been developed since 2008 and reinforced in 2009: the idea is to improve the knowledge and information about this topic in communities. Since 2008, reproductive health promotion with a focus on HIV/AIDS has been integrated in outreach activities. In 2009 *Doctors of the World* team reinforced the training and follow-up on village midwives and organized regular Prevention of Mother To Child Transmission activities with them.
- Within this theme, this year *Doctors of the World* has started a pilot project of Peer Educators, designed a set of IEC materials on Sexual and Reproductive Health adapted to Papuan highland socio-cultural context, and work in collaboration with the Mulia Student Club, a youth group consisting of high school students in the only High School in Puncak Jaya. Some members of the Student Club are selected and trained to work voluntarily as Peer Educators: giving lessons on Sexual and Reproductive Health, including STI and HIV/AIDS prevention to village communities.
- In the effort to address Western-Dani cultural aspects in health promotion activities, *Doctors of the World* provides Western-Dani translation in the IEC materials it develops. When giving training to community health workers, *Doctors of the World* works with a facilitator from Western-Dani community to support the communication. *Doctors of the World* also works with the church and traditional leaders to gain acceptance and recognition by the community.

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