

Marlina Flassy

Local Knowledge, Disease and Healing

In a Papua Community

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Papua Institute for Science and Technology/LIPTEK-Papua

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Authors: *Marlina Flassy*

Papua Institute for Science and Technology/LIPTEK-Papua

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Dedication

*My parents, brothers and sisters and all the
nieces, nephews and grandchildren.*

*Cenderawasih University in Jayapura,
Papua, my first Alma Mater, and the
institution where I have worked.*

*Gadjah Mada University Yogyakarta, my
second Alma Mater.*

*Georg-August University of Göttingen where
I was able to follow the PhD education in
accordance with an international standard.*

*Papuan communities, especially the Tehit people
who have provided the data for this book.*

Preface

Praise to God who has given me wisdom and knowledge and strength, so that I can finish this dissertation with time and of God's plan. As the author, I realised that in writing this dissertation, of course, there are flaws in it, so I readily accept all criticisms and constructive suggestions from various parties to repair this thesis so that it better meets scientific writing.

On this occasion, I would like to say that this dissertation could only be realised through the moral and material support from various parties. Firstly, I want to thank Prof. Dr. Brigitta Hauser-Schäublin as the first supervisor and Prof. Dr. Michael Mühlenberg, as the second supervisor, who have both given time and energy to guide and direct the author to finish this dissertation. I would like also like to thank Prof. Dr. Elfriede Hermann very much to for the motivation and support she has provided as well as time for discussion of the writing of this dissertation. In addition, I also thank Prof. Dr. Brigitta Hauser-Schäublin, Prof. Dr. Michael Mühlenberg and Prof. Dr. Elfriede Hermann in their roles as the thesis committee who read and provided an assessment of this dissertation

I could study at the University of Göttingen because of the financial support provided by the Government of Indonesia. I would like to take this opportunity to give my thanks to the Ministry of Education of Indonesia, especially the Directorate General of Higher Education (DIKTI). I also thank the head of Georg-August University of Göttingen, and especially Prof. Dr. Brigitta Hauser-Schäublin, who helped me with this project so that I could get money to continue to live in Göttingen and finish my study. I express my gratitude to the leadership of the University of Cenderawasih who gave me the opportunity to continue my studies, in particular to Samuel J. Renyaan, M.Sc and Dr. Margaretha Z. Pangau for all their help, so that I could continue my studies in Göttingen.

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Hopefully this dissertation can provide benefits for public health development in Papua and those who need to study medical anthropology.

Marlina Flassy

Jayapura,
2nd November, 2019

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1 Introduction

State of medical anthropology research in Papua

Whether In this book, I discuss concepts of health and illness, and local knowledge of various types of diseases and their treatment among a Papuan community, the Tehit of South Sorong Regency. The local community still holds tight to 'traditional' medicine practices in addition to modern medical treatment in the treatment of their diseases. This is due to a lack of facilities, medical staff, physicians and nurses in the health clinics and hospitals in Teminabuan. Furthermore, the Tehit people often have more confidence in the ability of local healers to treat their diseases, so they choose to go to a traditional healer rather than to the doctor or nurse, even though they may be available. The main focus of this thesis is, therefore, on the coexistence of traditional and modern medicine. The next question is how the integration of traditional and modern medical systems occurs. Thirdly, this thesis focuses on the question why cultural changes occurred in the field of health in the Tehit community as a result of cultural contacts with other ethnic

groups, Christianisation, and colonial and Indonesian governments.

The anthropological research conducted in Papua to date involves knowledge of the people of Papua in the field of language, religion, ecology, economy, customary law, and political and kinship systems. An ethnographic study on Papua written by Koentjaraningrat (1993), for instance, describes traditional rituals associated with life cycles, such as Rite K'bor among the Biak-Numfor society in the Gulf of Paradise, or explanations about economic aspects as practiced by the Kimam in Yos Sudarso Island (South Coast of Papua), and knowledge about trading systems conducted by the local community through the 'traditional' exchange of kain Timur¹ (sacred clothes). Many anthropological studies related to West Papua highlight the importance of kain timur, such as those conducted by anthropologists including Elmberg (1968), Haenen (1991), Kamma (1961b), Miedema (1986), Pouwer (1957) and Rhijn (1957).

Anthropological research that deals especially with Tehit communities includes Cappetti (1958), Flassy & Stokhof (1979), Hesse (1993), Kamma (1995), Lautenbach (1999), Miedema (2000), Rhijn (1957) and Timmer (2000). The studies by Stokhof & Flassy (1979) contribute to general linguistic research related to the Tehit, while Hesse (1993) discusses phonology features of the Tehit language in detail, especially the Imyan dialect. Continued research on the Tehit language is proposed, because language is

¹ Kain Timur has important functions in community life in the Bird's Head area of Papua (people of Tehit, Meybrat, Mooi and Klabra, Meyak, Hattam, Arfak, and Moile). It is, for example, used as bride payments. There were various studies of kain timur during the time of the Dutch colonial government, because it was considered to be the cultural focus of the communities in the Bird's Head area of Papua. All the activities of the people in this region were affected by the transaction and circulation of the kain timur, as Elmberg wrote in his study entitled "Balance and Circulation. Aspects of tradition and change among the Meijbrat of Irian Barat" and his publication on the tradition of exchange of the kain timur in Meijbrat society in the Bird's Head area of Papua (Elmberg 1968; see also in Liep 1998: 259-270). Sanggenafa and Koentjaraningrat (1994) also write about exchanges of kain timur among ethnic groups in the Bird's Head area of Papua.

used as a medium of communication for the Tehit community to transfer knowledge of diseases and their treatment to the younger generation in this area.

The research into religious aspects by Onim (1998) thematises the Tehit knowledge of religion or belief systems integrating with Christianity. Research into religious aspects is also conducted by Timmer (2000) about the lives of Tehit people, especially in the Imyan groups, where he tries to unravel Imyan values about life and their future. Existing research into the religious aspects of the Tehit provided important leads regarding their understanding of disease and treatment, as this is stated to be related to their belief system. As Onim said: “the religious system, the customs and the social-cultural system constitutes an inseparable whole in the structure of Tehit people’s lives” (1988: 15). In addition, Onim stressed that:

Before getting in contact with outside influences [esp. the Christian religion, M.F.], Tehit believed in Talinggameris. Perhaps he was the god of the sky or of the sun. He had to be worshipped by men if they wanted to avoid suffering his punishment. He had absolute power over men and the whole of nature, and made people follow him to prevent him getting angry. (Onim, 1988: 17; my translation).

In addition, Timmer also explained about the concept of the Imyan religion: “Next to God (*Na Ago, Na Ha, Tuhan Allah*) and the sun (*tali*), Klen Tadyi (morning star) and Bitik (evening star) are the most important beings that dwell in *dyi*”² (Timmer 2000: 290; emphasis in original).

The Tehit people also had previous cultural contact with other parties, including former researchers and missionaries, resulting in cultural change. However, it is apparent from the available literature that other cultural aspects of the Tehit community, particularly concepts of health and illness, have not received much attention from anthropological researchers so far. This lack in the existing knowledge about Tehit culture provided the main reason to focus on this topic in my dissertation.

² *Dyi* is the hidden world, a world through which one can get power and wealth” (Timmer, 2000: 290).

Authors writing on other areas in West Papua, such as Oosterhout (2002), who conducted research into the Inanwatan community in the South Sorong Regency, have focused on the anthropological aspects of health and illness. She noted in her research that the Inanwatan people linked reproductive health, fertility and morality with concepts of knowledge and the human body, which are related to belief systems. Oosterhout found that Inanwatan people divide the human body in hard parts (bones), soft parts (flesh and blood) and the soul. The division of the human body is also linked to their belief system, the universe and the social relations with other human beings. The contribution of Oosterhout's study for the study of the Tehit community is that local concepts of the human body are important to understand health and illness concepts, and that causes of diseases can be closely associated with human relationships with each other, as well as with the rest of the world, including the cosmos.

In addition, other researchers, such as Ien Courtens (2005), also focused on medical anthropology within the South Sorong region, especially relating to communities in the Aifat area, which is now part of the Meybrat district. Courtens categorized diseases related to their perceived causes, for example, *suanggi*, *kret* and 'male sorcery'. Courtens also wrote about traditional education for women called *fenia meroh*. Girls obtain knowledge about various issues, including healing, in this traditional educational institution. In addition, Courtens also elaborated on the knowledge of healing and disease possessed by men. Courtens not only assesses traditional ways of healing, but also describes how patients experience modern medical treatment by a nurse at the mission hospital. Courtens also connected healing and disease in the context of Christianity in general, and Catholicism in particular. This study has also functioned as a reference for my own research.

Other studies on health and healing dealing with Papua have been conducted outside the South Sorong area, but are still of relevance for this dissertation as they focus on some important health issues that are also prevalent in the Tehit area, for example, Leslie Butt, Gerdha Numbery & Jake Morin (2002a, 2002b) discussed the spread of HIV/AIDS in Papua Province (cities of Jayapura, Wamena and Merauke) and the prevention of this

disease in their research. Regarding the region of West Papua, Jake Morin (2005) specifically examined 'waria'³ in Sorong. Morin focused more on the 'waria' as sex workers, who are not directly involved in the spread of HIV/AIDS to their sexual partners, in his research.

The increase of this disease also occurs, among other reasons, as a result of people's lack of understanding about the use of condoms as protective devices in sexual relationships, which results in high mortality rates. Butt (2002: 4) has also indicated that the Papuan people have a 'culture of shame' that makes it hard to talk about the use of condoms. Billboards, for instance, only call for being faithful to the sexual partner (husband or wife). There is no information on these billboards that incites people expressly to use condoms to prevent transmission.

Butt's research can also be used to assess HIV/AIDS in South Sorong, especially in Tehit communities that do not know much about the disease. The existence of a 'culture of shame' also prevents people from going for medical health check-ups to a hospital or health centre to protect themselves against the disease. The Tehit people do not generally know about condoms and they also do not understand how to use them, so that HIV/AIDS could easily be prevalent. When they are sick or die, the family usually connects these with magic.

There are also studies concerning the health aspects of the people of Papua, for example, Katarina Greifeld and Dianne Oosterhout (involving the author and several other researchers), who studied malaria in Papua Province, particularly in the Keroom & Merauke Regency (2006, 2007). The results of their study indicate that local perceptions about the causes of malaria vary. "[U]sually blood, water and winds were indicated as the most important causes of malaria, next to spirits and conduct" (Greifeld *et al.*, 2006: 56). This influences the methods applied to prevent this illness. "[M]ost adhere to the philosophy that it comes from outside, and not necessarily from mosquitoes. So specific prevention issues like the use of mosquito nets to leave the

³ Waria means *wanita pria* (BI: Bahasa Indonesia), 'transgender'. This term is used to describe people who act, feel, think or look different from the gender assigned to them when they were born.

mosquitoes outside are perceived by the population as not very useful” (Greifeld *et al.*, 2006: 58). I can affirm that the lifestyle of the people of Papua is still simple, with all the limitations which caused them to be very vulnerable to malaria, so they try to treat the disease by traditional medicine as a first step, before they go to the health centre available in the area.

The research on HIV/AIDS and malarial diseases, described above, only deals with two out of a number of diseases that attack the people of Papua, including the Tehit community which I studied in the region of South Sorong, West Papua Province. I hope to contribute to the further development of medical anthropology through the current research. I hope that this research can be a source of information for all people interested in Tehit knowledge about illnesses, diseases and healing. This research may be of use to the local government, especially the health sector, to understand the cultural context of the Tehit health-seeking behaviour and health beliefs, so that they can provide better, culturally sensitive services to the Tehit community. Finally, this study could benefit the Tehit community, especially the younger generation, by helping to uncover and preserve local health knowledge and practice, especially the wealth of its traditional medical system, and to help to protect various plants and animals that have medicinal properties. Moreover, these plants could actively be preserved through their cultivation in Tehit communities for first aid treatment of certain diseases when other forms of treatment (e.g. ‘modern’ or ‘western medicine’) are less available, such as in those villages that are very far from a health centre or hospital.

Research questions

The current study on “Local Knowledge, Disease and Healing in a Papuan Community” will focus on three main questions:

1. What is known locally about diseases and the treatment of diseases?
2. How are traditional and modern medicine integrated in the treatment of diseases?
3. Why does the Tehit community maintain the traditional medical system in addition to the modern medical system?

Theoretical approach

This research on “Local Knowledge, Disease and Healing in a Papuan Community” is embedded in the tradition of medical anthropology. I will apply the theories developed by Kleinman (1980) and Helman (2007). There are, of course, many experts in the field of medical anthropology, but these two approaches were chosen because of their strong relevance to the topic of research. Their differences and similarities can be combined to analyse the health concept of indigenous peoples, especially the Tehit community.

The medical anthropologist G. Helman outlines the subject of medical anthropology as follows:

Medical anthropology is about how people in different cultures and social groups explain the causes of ill health, the types of treatment they believe in, and to whom they turn if they do get ill. It is also the study of how these beliefs and practices relate to biological, psychological and social changes in the human organism, in both health and disease. It is the study of human suffering, and the steps that people take to explain and relieve that suffering. (Helman, 2007: 1).

Still related to the cultural context that has a relationship with the health aspect, Helman explains that:

Overall, therefore, cultural background has an important influence on many aspects of people's lives, including their beliefs, behaviour, perceptions, emotions, language, religion, rituals, family structure, diet, dress, body image, concepts of space and of time, and attitudes to illness, pain and other forms of misfortune– all of which may have important implications for health and health care. (Helman, 2007: 3).

If we look at the definition of medical anthropology from Helman above, it can be said that it is interesting and important to study the beliefs and behaviours of people with different cultural backgrounds regarding their knowledge of various types of illnesses and diseases, and their concept of health and sickness. Knowledge exists about techniques to treat disease to find solutions that are considered proper healing in every society or social group, and the results can be felt by the patient or the

general members of the community. Various attempts to find a cure are based on a strong belief in both traditional and modern medicine. In this context, I analyse how and why patients choose between different sectors of treatment and select a reliable source of treatment to cure their disease.

An understanding of the culture of a society is urgently needed in the implementation of health programmes. If this is not observed, then society, as a development target group, will not benefit from any activities carried out, because these are not in accordance with their cultural context. Health education in Papua, for example, often fails because the officer who is responsible for the promotion of a programme (*sosialisasi*, BI) does not understand the local culture. Even health workers often assume that Papuans are all the same when defining the local population as beneficiaries of their programmes. This contradicts the fact that the Papuans are made up of various ethnic groups. Such a mindset that makes a generalization of a society and culture is opposed by Helman:

[...] cultures are never homogenous, and therefore one should always avoid using generalizations in explaining people's beliefs and behaviours. One cannot make broad generalizations about the members of any human group without taking into account the fact that differences among the group's members may be just as marked as those between the members of different cultural groups. (Helman, 2007: 4).

As has been discussed above, the medical anthropologist focuses on ways to cure different diseases according to the context of the culture and knowledge of a society. In other words, Helman shows how culture and knowledge are very influential in the process of curing diseases in a plural society. He says in his explanation:

In most societies people suffering from physical discomfort or emotional distress have a number of ways of helping themselves, or of seeking help from other people. They may, for example, decide to rest or take at home remedy, ask advice from a friend, relative or neighbour, consult a local priest, folk healer or 'wise person', or consult a doctor, provided that one is available. (Helman, 2007: 81).

I observed similar processes of combining treatments of different sectors during my research. Even members of the Tehit community who were treated in state hospitals still looked for complementary treatment provided by actors from other sectors. They try to treat themselves, but there are also those among them who are assisted by family members or friends in the vicinity. If the treatment carried out is not successful, then they will look for a shaman, prayers, health workers and other actors to treat the disease.

The selection and combination of treatment options of the disease are influenced by various factors: for example, social, cultural, economic and educational. Helman states two important factors that should be taken into consideration in the analysis of the treatment of patients: "In looking at the health-care pluralism, wherever it occurs, it is important to examine both the cultural and social aspects of the types of health care available to the individual patient" (Helman, 2007: 82).

After I discuss the theory of medical anthropology and the selection of treatment performed by a patient, I discuss the disease from an anthropological perspective in this section. Two terms exist that are commonly used, namely 'illness' and 'disease'. Helman, with reference to Cassell, proposed to differentiate these two terms as follows:

Cassell uses the word 'illness' to represent 'what a patient feels when he goes to the doctor', and 'disease' for 'what he has on the way home from the doctor's office'. He concludes: 'Disease, then, is something an organ has; illness is something a man has'. *Illness* is the subjective response of an individual and of those around him to his being unwell—particularly how he and they interpret the origin and significance of this event, how it affects his behaviour and his relationship with other people, and the various steps he takes to remedy the situation. (Helman, 2007: 126, emphasis in original).

Thus, we can see the difference between the words 'illness' and 'disease': When a person feels pain when he wakes up, and he has not yet received a medical examination, then the pain he experiences is categorized as illness. However, after he has gone to

the doctor and has received the results of the examination, his pain is classified as a disease. Helman proposes to analyse lay theories of illness causation. In these theories, an illness suffered by someone does not have a medical cause, but causes “in one of the four following sites, or combinations of them”: within the individual or in the natural, the social or the supernatural world (Helman, 2007: 134).

Most of these theories are “patient-centred and do not invoke either supernatural or social explanations of why people get ill” (Helman, 2007: 135). “Lay theories that locate the origin of ill health within the individual deal mainly with malfunctions within the body, sometimes related to changes in diet or behaviour. Here the *responsibility* for illness falls mainly (though not completely on the patients themselves” (Helman, 2007: 135). Regarding illnesses caused in the natural world, Helman writes: “This includes aspects of the natural environment, both living and inanimate, which are thought to cause ill health. Common in this group are climatic conditions such as excess cold, heat, sunlight, wind, rain, snow or dampness” (Helman, 2007: 136). Furthermore, he notes regarding the social world: “[B]laming other people for one’s ill health is a common feature of smaller-scale societies, where interpersonal conflicts are frequent. The commonest forms of these in some non-industrialized societies are witchcraft, sorcery and the ‘evileye’” (Helman, 2007: 137). Whereas “illness is ascribed to the direct actions of supernatural entities, such as *gods*, *spirits* or *ancestral shades*” (Helman, 2007: 138, emphasis in original) in the supernatural world.

According to Helman, theories focusing on causes located in the natural world and the individual are dominant in Western societies, whereas these causes are combined with causes from the social or supernatural world in non-Western communities. As supernatural and social causes are also prevalent in the Tehit community, his theory proves to be very helpful for my research on disease and treatment in the Tehit community.

Kleinman was one of the first medical anthropologists who studied health care systems as a whole. He identified three sectors within each health care system: the popular sector, the folk sector and the professional sector, emphasising the importance of the folk

sector in non-industrial societies or non-Western communities; the folk sector comprises local healing experts. He says:

Folk medicine is a mixture of many different components; some are closely related to the professional sector, but most are related to the popular sector. In those societies lacking professionalization, the folk sector and popular sector constitute the entire health care system. Folk medicine is frequently classified into sacred and secular parts, but this division is often blurred in practice, and the two usually overlap. (Kleinman, 1980: 59).

When applying Kleinman's suggestions to my analysis of diseases and healing by the Tehit community of Papua, I came to the conclusion that the following actors were involved in processes of healing: the folk healers, *wuon*, *mi'mit*, *si'qnda*, evangelicals, priests and prayers, which have the ability to heal the sick through their power and the help of the Lord Jesus, according to Christianity.

The treatment process in folk medicine remains a part of non-Western society strategy in treating the disease, which can also be used to assess the public health in Papua that also still maintains the tradition of healing disease by relying on supernatural powers possessed by shamans. However, there are things that need to be added in this paper that have not been put forward by Kleinman: there are a number of rituals performed by the healer and also a number of taboo rules that are supposed to be followed by patients and family members during the treatment process until the patient is recovered from the disease.

In addition to the popular sector and the folk sector, which have been discussed by Kleinman, the following discussion is about the professional sector. As Kleinman said, the professional sector comprises the "organized healing professions. In most societies, this is simply modern scientific medicine" (Kleinman, 1980: 53). Thus, the treatment of a disease in the professional sector is carried out by doctors and nurses.

Therefore, the professional uses the techniques or methods and medicines in modern health care services provided to the patient. In the professional sector, the health of the patient is in a doctor's hands; even a family member's participation in the patient's health care is fully replaced by the nurses at the hospital.

The people of Papua also want to acquire modern medical health services from the professional sector. But the limited number of medical personnel, medicine and hospital or clinic facilities causes most of the people to go back to traditional treatment in the folk or popular sector. Kleinman's theory shows that people's knowledge about traditional treatment systems were developed long before the western medical system or biomedicine existed. Further development of traditional knowledge in combination with the development of a formal medical education led to the modern medical system.

An important statement by Kleiman is the following: "Popular, professional, and folk cultures and their subcultural components shape the illness and therapeutic experiences in distinct ways" (Kleinman, 1980: 52). Thus, traditional processes of healing consider the cultural and experiential background of a particular community. This applies, for example, to Tehit people located in coastal areas and those living in mountain areas. Their experience regarding the treatment of disease differs. The implementation of health programmes organised by the government should also be adapted to people's beliefs, experiences and practices towards healing and disease.

Another interesting issue which Kleinman raises concerns the relationship between different kinds of practitioners within the same system of health care:

Folk healers are the most popular subject for cross-cultural research, but studies of them fail to show how they are related to their kinds of practitioners in the same system, how their relationships to patients and their style of practice compare with those of other practitioners in the same society; how their belief and 'interests' contrast with those of patients and other healers, and how patients decide to consult them. (Kleinman, 1980: 34).

The theories proposed by Kleinman and Helman are closely associated with the context of my research on the local knowledge of the Tehit about disease and treatment. They allow the investigation of the medical pluralism existing among the Tehit and how people make use of it. The Tehit community can choose between folk, popular and professional treatment. In the treatment

of their diseases, they can even ask advice from family members, friends, neighbours, religious leaders, traditional healers and the modern medical personnel, such as doctors, nurses and others. Direct benefit from the theory above can be applied to assessing health problems in the Tehit community. The process of cultural change in the Tehit community, specifically regarding the health sector, can also be reviewed with this theory. The process of change is due to the introduction of an agent involved in the Indigo Health aspects of cultural values, so that the Tehit community embraces traditional and modern systems of medicine. The theory can also be used to analyse the knowledge of the Tehit community about a number of diseases that may befall them and the disease treatment strategies.

Methodology of research

I used qualitative methods to examine aspects of local knowledge, disease and healing in this research. I used a combination of techniques for data collection including participative observation, in-depth interviews, botanical collection and literature review.

Participant observation

Participant observation was conducted in two sub-districts: the furthestmost sub- district, Sawiat, and the sub-district Teminabuan, closest to the capital of the District of South Sorong. I selected two villages as research locations, one from each sub-district. This selection was based on the question whether knowledge, disease and healing in these areas were different from each other due to their distance to professional services. Another reason for choosing these districts was to compare the process of cultural change in the Tehit community in the health-related fields of traditional and modern medicine.

I focused my observations on local activities related to socio-cultural and economic aspects of life, such as consumption and production patterns, and health-related behaviour. I also observed the activities of health service providers in hospitals and health centres in the research area. Participative observation in Tehit was conducted during the field work phase of 12 months, focusing on

45 people who were considered to be representative by authors in providing the data required in this study. This group consisted of the healers, health workers (doctors and nurses), religious leaders (evangelists), customary leaders, and representatives of a group of male and female adults who never looked for a cure for their disease in either the folk sector, popular sector or the professional sector.

In-depth interviews

Among the persons interviewed are male and female shamans or 'healers', medical personnel (doctors and nurses), religious leaders (priests/evangelists), layman or faith healers (using prayers), women and men who have experienced a disease (treated through traditional and modern medical systems) or male and female adults who were not cured of their disease by either the popular sector, folk sector or the professional sector. Some people, considered to be representative, were also provided with a list of questions.

Literature review

I undertook a review of relevant literature on medical anthropology, especially those related to illness and healing in Papua, to support the findings of my data. This literature is thought to support my research on the Tehit community in South Sorong Regency.

Ethnobotany

I used ethnobotanical methods to classify plants used by the Tehit during the process of healing according to their traditional knowledge to complement the data gained through my field research with the Tehit community.

I obtained the names of the plant species through three sources: firstly, I collected data about indigenous plant names from the local community; secondly, I obtained the data through literature, either in text books or searched for and used the data from the Internet, and, thirdly, I asked ethnobotany researchers of the University of Manokwari for information.

Structure of the Book

I have divided this dissertation into four part and seven main chapters, and each chapter is divided into several subchapters containing an explanation of each topic discussed. The structure of the chapters is as follows.

This chapter, chapter 1, is the Introduction. At the beginning of this chapter, I describe some of the studies that have been carried out by other researchers on the community in Papua (Indonesia), specifically in the Bird's Head area of Papua. This chapter also contains research questions, theories which are used to analyse this topic and the methods I have used for data collection in the field.

Chapter 2 gives a general description of the research area. I explain about the location of the existing research in South Sorong Regency, demography, settlement, language, educational conditions, and the economic, political and religious systems adopted by the community in this area, and both the original religion and the religious systems of Christianity and Islam.

Chapter 3 looks at the concept of the body, pain and disease from an anthropological point of view, and the concept of classification societies whereby the Tehit divide the body into three main parts, *sa*, *qan* and *olo*, and the inner body, *qafoq*, and outer body, *qan'falaq*. The concept of the *wua*, 'soul' in the context of the Tehit is also discussed here.

I explain in chapter 4 about the illness and disease in the popular sector, types of illness, causes of illnesses and diseases, and treatment by the person himself, family members, friends, neighbours or church members.

Furthermore, in chapter 5, 'Disease and healing in folk sectors', I discuss the overview of the folk sector and main categories of actors. This chapter also contains the categories of healers or shamans, such as *wuon*, *mi'mit* and *si'qnda*, with the background knowledge and skills that they have to be able to treat the patient. In addition, I also explain about the other healers who have a talent or a gift from God, according to the Christian religion, so that they can treat the patient. I explain about the types and causes of and the healing processes for different diseases, and the combined

forms of treatment performed by a shaman and a lay man of the church or from the Christian perspective.

Chapter 6, 'Disease and healing in the professional sector', can be said to be representative of modern medicine or biological forms of medicine that are handled by professionals who have undertaken a formal education. Therefore, I give an overview of the professional sector in Indonesia and particularly in Papua. I explain about the structure of health organisations ranging from the *Rumah Sakit* 'hospital', *Pusat Kesehatan Masyarakat/Puskesmas* 'health centre', *Pusat Kesehatan Masyarakat Pembantu/Pustu* 'supporting health centre', *Pusat Kesehatan Masyarakat Keliling/Puskel* 'travelling health centres', *Pos Pelayanan Terpadu/Posyandu* 'integrated health service centre' and *Pondok Bersalin Desa/Polindes* 'village maternity lodge'.

I also explain about the diseases: classification and clinical occurrence according to statistics, the types of common diseases in the community and HIV/AIDS. In this chapter, I also discuss the existing health facilities and the patients in a hospital, from admittance to discharge. I discuss the decision to choose the professional sector, the conditions of being treated by an institution of the professional sector and experiencing the professional sector in comparison to the folk sectors.

Chapter 7, Conclusion of all the chapters, contains a summary and comparison of the three sectors which are the focus of my dissertation (the popular sector, the professional sector and the folk sector). I finish by making recommendations to the Tehit community, the government and religious leaders which could preserve local cultures.

2 General description of the research area

Research location

The Regency of South Sorong borders the Regency of Sorong in the west, and the Regency of Meybrat in the north, while its southern parts border the Regency of Bintuni. The Regency of South Sorong has an area of about 4,234 km². The Regency's capital, Teminabuan, has an area of 1.833km². It was chosen as the regency's capital because of its strategic location connecting several districts in the mountainous and coastal areas and, thus, making it easier for the government to control and access. Additionally, Teminabuan has an adequate infrastructure to support the region's development, because it was a regional governmental and educational centre under the Dutch colonial administration. Until 1950, the Dutch government had designated Teminabuan as a Sub-Regency (*Onderafdeling*) under the Regency (*Afdeling*) of Manokwari and, subsequently, from 1951 to 1961, under the Regency of Sorong (see [Cappetti, 1955b](#) and [Massink, 1961](#) in [Timmer, 2002](#)).

The government of Sorong had already designated Teminabuan as a *Daerah Pembantu Bupati* (Regional Deputy Regency) prior to

2000, which shortened the distance for public services that otherwise would have been executed in Sorong. At the time, Teminabuan, Ayamaru and Inanwatan could only be reached by sea and air. However, the shipping and aircraft facilities were very limited and of poor quality; accidents often occurred causing casualties and loss of property. Therefore, Teminabuan could provide the services that Sorong would have had to provide and transportation hazards decreased as trips to Sorong were no longer necessary. Later, with the formation of the definitive Regency of South Sorong in November 2002, Teminabuan returned to its position as centre of the local government administration. At that time, the Regency of South Sorong was administratively part of the province of Papua, but when the Province of Papua was divided into more provinces in 2005, the Regency of South Sorong became an administrative part of the province of West Papua, with Manokwari as its capital.

The government of South Sorong covers 14 districts: Inanwatan, Kokoda, Matemani/Kais, East Aifat, Aifat, Aitinyo, Mare, Moswaren, North Ayamaru, Ayamaru, Wayer, Teminabuan, Seremuk and Sawiat, dispersed over a wide area. Aspirations arose among the Meybrat community to form a new, separate district in 2009. Therefore, the people of Meybrat submitted a proposal to the central government in Jakarta and, ultimately, their aspirations met with success and the Regency of Meybrat was established in 2010. In 2011, regional elections were held and the District of Meybrat became firmly established as a definitive Regency.

Nowadays, the Regency of South Sorong only covers eight districts: Inanwatan, Kokoda, Kais, Moswaren, Teminabuan, Seremuk, Wayer and Sawiat, apart from 18 villages located in the mountains, plains, swamps and coastal areas. Therefore, co-operation is needed between the local government of the districts and the villages regarding the implementation of development programmes. When this system is in place, development programmes may reach all communities.

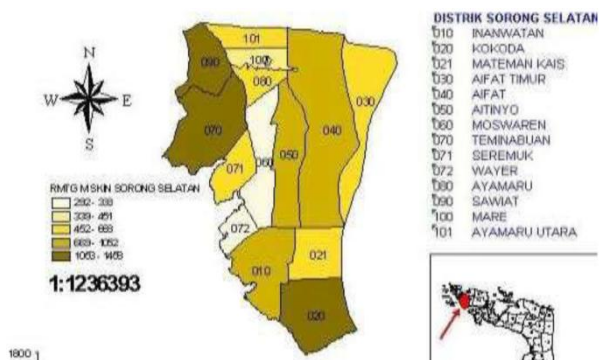


Figure 1. Map of South Sorong Regency
Source: Badan Pusat Statistik Kabupaten Sorong Selatan, 2010.

The area of South Sorong is covered with dense tropical rain forest and climatic conditions are uncertain, in the sense that the arrival of the rainy and dry seasons cannot be predicted because rain may fall at any time, after which the hot weather returns. The loose and fertile soil in the region enables the cultivation of a large variety of products ranging from vegetables, to taro, banana, sweet potato and cassava.

Areas in South Sorong are also covered with dense lowland primary forest vegetation, qe'ryen (BT⁴) and with secondary forest or folo qa'sye (BT), enabling conditions favourable to farming. These areas in the coastal areas with tidal marshy soil overgrown with nipa forests (*Nypa fruticans*) or mblen (BT), mangroves (*Rhizophora mucronata*) or tmbot (BT) and fa yolo 'sago' (*Metroxylon sagu*), while the land area and swamps are overgrown with dense forests of mbrian 'iron wood' (*Intsia*), resin wood (*Agatis*), mendek 'matoa' wood (*Drocontainellum*), ihin 'banyan wood' (*Ficusbenjamina*), yengge 'milk timber' (*Kibataliaarborea*) and various types of fruit trees, including guava, sweet starfruit, forest nutmeg, sirafot (*Artocarpus champenden*), diron'soursop' (*Auonamuricata*), rikin'langsar' (*Lansium Artocarpus*), durian (*Durio testudinarium*), pineapple (*Ananas comocus*), rambutan (*Nephelium lappaceum*), pandanus (*pandaceae*), rattan (*Daemonorops draco*), coconut (*Cocosnucifera*), and enau trees (*Arenga pinnata*), which are

⁴ BT means Bahasa Tehit (the Tehit language).

usually tapped for palm wine, sap water or *legen* (*sagero*), which the Tehit call *twuoq* (BT).

A diversity of fauna may also still be found in the villages and suburban areas of Teminabuan, including birds, such as a large variety of birds-of-paradise, *Enggan* (*taun- taun*), cockatoos, parrots, crowned pigeons, sea duck species (*wodir* and *sfen*), pigeon varieties (Pombo) and *simat* (BT), cassowaries. Other types of fauna can also be found here, such as *si war* (BT) 'bats', *qoriq* 'pigs', *sambe* (BT) 'kangaroos', *ndon* (BT) 'bear cuscus' (*marsupials*), crocodiles or *wiyar* (BT) 'porcupines'. Meanwhile, Teminabuan also has abundant marine resources including many species of fish, shrimps, crabs and shellfish.

Demography, settlement patterns and languages

Demography

The people who live in the Regency of South Sorong consist of the Tehit, Inanwatan, Kais and Kokoda. Before the influx of immigrants from all areas, the Tehit of Teminabuan were divided into four clans: Wasfle, Saflafo, Kedemes & Seranik (Onim, 1988: 3-4). Nowadays, they all refer to themselves as Tehit and they are dispersed throughout the Teminabuan, Sawiat and Seremuk districts, and also in the Beraur District of the Sorong Regency and the Ayamaru District of the Meybrat Regency.

According to Onim (1988), the first migration was that of Onim families from the Onin peninsula in Fak-Fak, the next was that of the Thesia clan of the Waigo area located east of the city of Teminabuan, followed by the clans of the Meles, Siger, Kombado, and the Kondologit of Baimla or Gizim and *Amaqsahen* (BT) or red stone, which is in the west of the Teminabuan District. The third migration was of the Momot clan, brought into Teminabuan by the Salmbo clan. Then the next group was the Wqarefe clan migration (semi Ogit and Tehit) from the Sarmgey areas south of the city of Teminabuan, or from the border between the Teminabuan and Inanwatan districts, also the place of migration and temporary shelter for the Kondororik and Komendi (Koffiyai,) group who came from the east Namatota area in Kaimana district.

The population today consists of many people from various other ethnic groups, such as people from Java, Makassar, Bugis,

Ambon, China, Toraja, Ternate, Batak, Bali and Nusa Tenggara Timur (NTT), as well as Papuas from Biak, Serui, Manokwari, Nabire, Fak-Fak, Merauke and Jayapura. They came to South Sorong for a variety of reasons, for example, to work in the government administration, as traders in the market, and as taxi and motorcycle drivers. In addition, some work as unskilled labourers working on the construction of government offices and of highways leading from Teminabuan to Sorong. Therefore, the people who settled in Sorong are quite heterogeneous, because they originate from a variety of ethnic groups. Migrant population growth increases from year to year, so that the Tehit suffer arguably from a process of marginalization, which can be seen from the indicators of labour in the formal sector in this region, which are dominated by migrants compared to the local inhabitants. The number of migrants in this region has not been recorded statistically by the Government of South Sorong. However, from my own observation, I suggest that the migration here reaches 45 percent; the migrants all moved to the region inhabited by the Tehit, Inanwatan, Kais, Kokoda, Sawiat and Saifi. The highest percentage of migrants live in Teminabuan city as the governmental centre.

Based on data for 2010, the residents in South Sorong Regency totalled 37,522, consisting of 17,619 women and 19,903 men. The composition of the population in South Sorong Regency, especially in the eight districts of Teminabuan, Seremuk, Sawiat, Moswaren, Wayer, Inanwatan, Kais and Kokoda, when viewed from the perspective of age and gender, levels of education, religions, and livelihood or economics, may clearly be seen from the table below:

Table 1. *Residents in South Sorong Regency by sex*

| District | Male | Female | Total |
|------------|--------|--------|--------|
| Inanwatan | 2,613 | 2,302 | 4,915 |
| Kokoda | 4,767 | 4,199 | 8,966 |
| Kais | 1,251 | 1,100 | 2,351 |
| Moswaren | 1,107 | 1,062 | 2,169 |
| Teminabuan | 5,251 | 4,615 | 9,866 |
| Seremuk | 1,844 | 1,620 | 3,464 |
| Wayer | 1,076 | 940 | 2,016 |
| Sawiat | 1,994 | 1,781 | 3,775 |
| Total | 19,903 | 17,619 | 37,522 |

Source: Statistics of South Sorong Regency, 2010.

It can be seen from Table 1 that Teminabuan has the largest population (9,866 inhabitants) and the district of Wayer the smallest. Teminabuan, as a centre of government, education and economy, has the densest population because many people have settled in this area. This is different from the district of Wayer, which is located on the border with the district of Meybrat, and is very far away, so that more people migrate to the district of Meybrat. Geographically, the district of Wayer is closer to the Meybrat Regency and the Wayer people are Meybrat speakers and, therefore, have more access to the Meybrat area.

Settlement patterns

I observed that the Tehit people make settlements based on kinship groups. The houses in a village face each other, separated by the main road. All living relatives are clustered within the boundaries of a specific village. The Tehit people in Teminabuan town, such as the Thesia and Kondologit clans, live in the same complex, which is Awarkla or Kampong B, but their houses are clustered and built according to the name of each clan. Similarly, the Momot, Kamesok and Salmbo clans occupy a distinct and separate complex in Ryere village or Kampong A, much like the Wamblesa clan in Wermit village. I also encountered this in other villages, such as Seribau, Meriba, Sadrofoyo, Wen and Wenslolo, which are the locations of this study. Customary clan settlements are patrilocal or virilocal.

The Tehit maintain this clan-centred settlement pattern for various reasons, for instance, they want to keep the clan secret from other clans and they want to keep their property, such as east cloth and other heirloom fabrics, within their clan. They also want to co-operate with clan members first, before involving other clans in matters such as marriages. They also want to ensure the safety and security of their own clan members first, before being concerned with those of other clans.

The habitual settlement pattern of the Tehit clearly changed after Teminabuan came to serve as the capital of South Sorong Regency. That is because of the migrants who live and build houses in the middle of a specific kin group. The previous settlement patterns that were clustered around a single clan have

now changed into more heterogeneous settlements and the current more urban lifestyle in Teminabuan no longer centres around the boundaries of clan, religion, occupation and culture.

Language

Language is a means of communication and important for every community, including the Tehit. The Tehit use Indonesian in daily life and informal and non-formal interaction with people from other areas, while they use the Tehit language in daily communication with other Tehit people. However, this is generally done by older people, whereas most of the younger generation can no longer speak the Tehit language. Ironically, parents who came from the Tehit community never teach their children to use the Tehit language in daily communication at home, as they only use Indonesian. This has caused a sharp decline in the number of Tehit speakers and some predict that the Tehit language will have disappeared over the next 10 to 15 years because of the limited number of people who can still speak the language, especially among the younger generation.

Tehit society can be categorized into 11 regions, according to the dialects the people speak: Tehitdyt, Mbolfle (Gemna and Afsya/Neqna), Sfaryere, Imyan, Fqar, Sawyat, Saifi (Saifi, Srer), Konyok, Salmeit (slang) and Yatfle (accent) (see Flassy and Stokhof 1981, who mention that Tehitdyt is spoken in Mlafle, Kampong A, B, Wermit, and Seribau and Mlaqya or Werisar). While Tehit Saifi is spoken in the district of Seremuk and Saifi, Tehit Sfa Reyre in the Sawiat and Fkour districts, and Tehit Mblofle in Keyen and Konda.

Although the Tehit language is divided into several dialects, fellow Tehit people, both those living in the coastal areas and the mountainous regions, can understand it. The Tehit language is categorized into three variants:

- a. *Salo sisi* is the language used in daily life among the Tehit;
- b. *Salo namafle* is the refined language or language used in communication with people who have a higher position in society (*na qohog* or rich people); and
- c. *Salo flet* is an expression used to convey something to others in a symbolical manner.

Generally speaking, the Tehit language uses bound morphemes, where almost every word needs specific additional pronominal markers (prefixes and suffixes) to specify things, such as gender (male, female), number (singular, plural) or possession (owner). The English word ‘mother’, for example, cannot simply be translated into Tehit, as we first need to know whose mother is meant. The word in Tehit, therefore, is *temem* ‘my mother’, *nemem* ‘your mother’, *memem* ‘her mother/our (exclusive) mother’, *wemem* ‘his mother’, *yemem* ‘their mother’ and *femem* ‘our (inclusive) mother’.

The same holds true for not only all kinship terms and words for body parts, but also for verbs, adverbs and adjectives. Free morphemes must also be used to indicate size (big, small), number (singular, plural) and gender (male, female) by adding personal pronominal suffix ‘w’ for masculine (m) and ‘m’ for feminine (f), even for nouns designating non-humans. The bound form of ‘w’ and ‘m’ are derived from the third person singular pronominal *wow* ‘he’ and *mom* ‘she’; exemplarily: *na* ‘human being’, *naw* ‘man’, *nam* ‘woman’; *wqoit* ‘tree’, *wqoitw* ‘small tree’ and *wqoitm* ‘big tree’. Pronominal prefixes are used to express subject possessive (ownership) only for kinship and body part terms, but other nouns have used the word – *eŋe* or and *eda* ‘own’ (Flassy & Stokhof 1979: 74).

Education system

A formal education system in South Sorong Regency, particularly in Teminabuan, has been in place since the Dutch Government administration. In the Bird’s Head area, Teminabuan was one of the cities where special Dutch boarding school education for boys (Jongens Vervolg School/JVVS) and girls (Meisjes Vervolg School/MVVS) was established. In the past, the Dutch government opened schools that accommodated students with a Tehit, Meybrat, Ogit and Inanwatan ethnic background but they also accepted students from other tribes, such as the Biak and Serui, including the children of the teachers who came from Ambon and Sanger. Even the children of Chinese and Makassarese merchants went to school in Teminabuan. The younger generation of Meybrat, Tehit, Inanwatan and others in Teminabuan could take

their education to a higher level through university, and some students have become great leaders in Papua, for example, the former mayor of Jayapura (M. R. Kambu) and the former Governor of Papua Province (J. P. Salossa, RIP).

Subsequently, Teminabuan, after having been designated as the capital of South Sorong Regency, has built a number of formal educational institutions ranging from the primary level up to secondary education, both general and vocational education. The following educational facilities are available in South Sorong: 65 elementary schools (SD), 12 junior high schools and 4 senior high schools. There are also public and private universities and cooperation between universities exist, for instance, with Cenderawasih University, especially with the Faculty of Law, Faculty of Social and Political Sciences (Social) and the Faculty of Teacher Training and Education (Guidance and Counselling). Therefore, the population in this area has varying levels of education ranging from primary school to university. The availability of educational facilities in the region can be seen in the following table:

Table 2. *Education Facilities in South Sorong Regency*

| District | Elementary Schools | | Secondary Schools | | High Schools | | Co-operation with | Total |
|-----------|--------------------|---------|-------------------|---------|--------------|---------|-------------------|-------|
| | State | Private | State | Private | State | Private | Univer sities | |
| Inanwatan | 2 | 6 | 1 | 1 | 1 | - | - | 1 |
| Kokoda | 5 | 6 | 1 | - | - | - | - | 1 |
| Kais | 1 | 6 | 1 | - | - | - | - | 8 |
| Moswaren | 3 | 1 | 1 | - | 1 | - | - | 6 |
| Teminabu | 2 | 11 | 2 | 3 | 1 | 1 | 1 | 2 |
| Seremuk | 2 | 8 | - | - | - | - | - | 1 |
| Wayer | 1 | 3 | 1 | - | - | - | - | 5 |
| Sawiat | 4 | 4 | 1 | - | - | - | - | 9 |
| Total | 20 | 45 | 8 | 4 | 3 | 1 | 1 | 8 |

As can be seen in Table 2 above, the role of private institutions in South Sorong Regency, in particular the Christian Education Foundation (YPK), the Foundation for Education and Catholic Schooling (YPPK) and the Foundation for Islamic Education (*Yapis*) play very important roles in Human Resources (HR) Development at the levels of elementary and secondary education. Compared to

public institutions in the region, elementary education is predominantly managed by private institutions.

However, researchers in some villages observed that the local government of South Sorong Regency participates in providing support for the development of educational facilities in a number of privately managed schools. The government has even extended its assistance by distributing school equipment to aid the teaching and learning process to ensure the availability of quality education in this region. In addition, the South Sorong Regency government also provides student dormitories (for boys and girls), especially in the city of Jayapura. The local government is also concerned with funding, writing and publishing books on the Tehit language, which it is in the process of planning to include in the local curriculum, starting with elementary schools in the South Sorong Regency.

The socio-political and economic situation

Kinship, social organisation and marriage systems

Kinship units

The smallest kinship unit in the Tehit community is the nuclear family or *nasa* (BT), that consists of a *tono* (BT) ‘my father’, *teme* (BT) ‘my mother’ and *wet/wety* (BT) ‘unmarried children’. The nuclear family household is a unity that always works together to make ends meet under the leadership of the father (as the head of the family). Another kinship unit consists of a nuclear family plus the parents of the father and mother and their married brothers and sisters and their children, who all live in one house. This is called an extended family or *mbolda* (BT). A larger kin group is a small group of clan relatives who occupy the same village area, which is called *nagiani* or *qendiloq* (BT) in the Tehit community. They are small patrilineal clans and their names reveal their origins. A small clan group is led by a *nafle* (BT) ‘leader’ who is responsible for all matters within and outside the clan.

Kinship terms⁵

The Tehit community uses the following kinship terms:

⁵ See kinship diagram in the Appendix.

a. *Naesqan diit* (BT) denotes the ancestral kinship relations between one clan and another clan. This historical relationship is very strong and related to the origins of the clans. Members of the Flassy, Duwit, and Kambuaya clans, for example, may not intermarry to this day, because they originate from the same ancestor.

b. *Nafain* (BT) is a kinship relationship that is based on the marital relations between clans. Exemplarily, if there is a cross marriage between the Thesia and Momot clans, both clan members greet each other with the term *nafain*.

c. *Nagiani* kinship exists because people come from the same clan or *keret*.

d. Based on this system, the Tehit community and the surroundings entered into wide networks of alliances. Gender-based kinship terms of the Tehit people use different terms for an older or younger relative, and there are other distinguishing elements of the first, second and third person using different terms.

Gender-wise, *qbein* (BT), ego calls his/her older brother and parallel cousin *tamon* (BT) 'my older brother' or *talwiet* (BT) 'my younger brother', whereas biological sisters and parallel female cousins are called *thano* (BT), 'my sister'. Ego calls his/her father's siblings and the husbands of the mother's sisters *tono* (BT) 'my father and the sister of his/her father *tamuk'm* (BT) or 'my aunt', and the mother's brother is also called *tamuk'w* (BT) 'my uncle'.

The kinship terms *naa'mon* (BT) 'brother', *nahano* (BT) 'sister', *naono* (BT) 'father', *naeme* (BT) 'mother', *nambe'le* (BT) 'mother sister/fatherbrother', *naelwiet* (BT) 'niece/nephew' are used in the nuclear and extended family. The kinship terms for the father's eldest brother and the husband of the mother's eldest sister is the same, namely *tmbe'le* (BT). Contrarily, the wife of the youngest brother of the father and the youngest sister of the mother are referred to by the term *tqesi* (BT), and the terms for younger brother of the father and the husband of the mother's youngest sister is *t'dot* (BT) 'my father's youngest brother or my mother's youngest sister's husband'.

When Ego talks with other people, one will point to oneself by the first-person term *tet* (BT) 'I/ego', while that for the second

person is *nen* (BT) 'you', for the third-person singular masculine *wow* (BT) 'he/male', the third-person feminine singular *mom* (BT) 'she/female', and for third-person plural *yit* (BT) 'they'. The terms for four generations before and after Ego can be seen in the Figure in appendix 3.

Social Organisation

Inheritance of social positions within the Tehit community is handed down from generation to generation within the patrilineal clan. I mean here that male and females members of each clan appoint a leader based on special considerations, such as he has to be a man with charisma, wise, brave, patient, owns a lot of wealth consisting of *not hoq* or 'eastern cloth', and he can protect all the residents in the clan. Therefore, a *naqohoq* 'leader' is generally a tough man and the people they lead in the clan, called *wendla* (BT) or 'subordinate or subordinates', readily carry out their *naqohoq*'s orders. In my view, leadership in the public system of the Tehit may be referred to as a form of traditional leader which is limited to a lineage or a clan branch, but may sometimes be extended to the entire clan (see [Kamma, 1970: 6](#) and [Mansoben, 1995: 99](#)).

The system works as follows. When a *naqohoq* is about to perform a marriage ceremony, all his *wendla*, consisting of men and their wives and children, will be fully engaged in taking care of the party, from pre-wedding preparations to arrangements after the wedding ceremony is over. The *wendla* not only obey the *naqohoq* and display an attitude of servility towards him, but the *naqohoq* has his own responsibilities towards the *wendla* and their families. *Naqohoq*, for example, in their position as clan leaders, assist the *wendla* both in paying for their dowries, and taking over all customary duties; they will also take care of the *wendla*'s problems.

Because a *naqohoq* is a leader, he is seen as a parent and the person in charge of his clan members and, in this way, an intertwined, familiar and harmonious relationship exists between the *wendla* 'men of a subordinate' and *wen-gi* (BT) or 'women of a subordinate', as the dowries are distributed within and outside the village, and between other ethnic groups. A *naqohoq*, being the

leader, is always responsible for the wellbeing of all *wendla*, *wen-gi* and their families.

A *naqohog*, being responsible and in a leadership role, is often referred to with the flattering term *nayfena* (BT). If a leader is influential and has a strong position in society, he is referred to as *naflefe* (BT), which means that he is considered noble or can even be categorized as a 'royal' in a society that is more or less seen as a kingdom; it is a term of traditional leadership.⁶ A *naflefe*'s responsibility reveals itself in a variety of activities, such as during marriage, death, the use of customary land, inheritance, and in sacred customary dispute resolution institutions, called *leleqwa'mar* (BT) or court of decision, judgment and execution.

During a customary *leleqwa'mar* court session, some attendants usually occupy a middle position and are sometimes more important than a *naflefe*. These specific nobles are called *nasembe* (BT) or intermediaries. During a trial, *leleqwa'mar* may only be executed when permission of the *nasembe* has been obtained. The *leleqwa'mar* is very important concerning the agency of customary deliberation, because only this can offer solutions to peculiar customary issues and by so doing can postpone, for instance, the outbreak of contagious diseases and resolve other adverse conditions. Intertwined horizontal and vertical relationships are maintained through the institution of *leleqwa'mar* between the Tehit people, other community members and the ruler of the universe.

Marriage system

A very important moment in the life cycle of all human beings is the time of transition from youth to an adult who is about to get married. In everyday reality, Tehit society considers marriage a very important and precious institution, because custom allows a man and a wife to live together as husband and wife only through marriage. In addition, marriage strengthens the relationship between the members of the wife's and the husband's families and turns them into one big family. According to Tehit customs, the children in a marriage have to carry on their father's lineage.

⁶ Traditional leadership in the Tehit community is known as a "raja", such as the King of Thesia and King of Konjol. That status or position and title were given by the Dutch colonial administration.

The Tehit marriage system is clan and village exogamous, so it is unacceptable when men and women who belong to the same clan enter a marriage relationship. An ideal marriage is one between matrilineal cross-cousins of the third or fourth generation. Marriage is intended to maintain kinship ties from one generation to the next.

Adat ('customary law') does not allow marriage between parallel and patrilineal cross-cousins as it considers it incest because they share the same blood line or are descendants of either the same father or mother and, thus, they are considered to have *hen mot* (BT) 'hot blood'. The only healthy and true marriage is an exogamous one. Thus, if a man is adamant to enter into the wrong marriage, very severe consequences may be expected, such that the family will remain childless or, when they have a child, it will be either physically or mentally handicapped, often be sick or could even die. These may be the consequences of a marriage between a husband and a wife who have a hot blood relationship or who belong to the same family or clan in the patrilineal system, so they are considered to have a disbalance in the body.

The Tehit people assume that the members of one family or clan share the same blood relationship, in other words, they have *hen maamres* (BT) 'one blood'. Therefore, when fellow members of the family or clan intermarry, the blood in the body will boil, which they call *hen- marin* (BT), so the woman will be unable to give birth, as the boiling blood will destroy the *ngga'en* (BT) 'the foetus' in the mother's womb. Therefore, Tehit society considers marriages within the clan blood marriages and as something that is considered taboo.

The marriage process is conducted by some male relatives who will be sent to the house of the parents of a girl to deliver the intention of a marriage. At the time of *saye'qwat* (BT) or conveyance, the male party brings 1 or 2 eastern cloths and 10 to 15 store fabrics (block fabrics and sarongs) which it hands over to the girl's parents and other relatives and which are considered the proposal's collateral. The first bride wealth is called *saye'qwat* (see [Wanane, 1994: 425](#)). After the last days of the proposal time are over and if the girl's parents and other relatives refuse the proposal, they will send some people to return some of the eastern

cloths and store fabrics which had been given to foster the ties with the boy's family.

However, if the girl's parents and other relatives welcome the people who were sent, they meet with the boy's relatives to convey that their application has been accepted and, at the same time, they talk about the amount of the bride wealth and the terms of its payment, which must be jointly agreed upon (Kamma, 1961: 60; 1981: 60). The bride wealth does not only consist of *not hoq* 'eastern cloth' or *not hen* (BT) 'block cloth and sarongs', as other elements, such as the amount of money commensurate with the level of the girl's education, has now been added to it. When the boy's and girl's relatives have agreed on the amount of the bride wealth, they will determine the times of payment and, at the same time, the men will guide the girl through a traditional ceremony.

The girl will usually be paraded from her family's home to the boy's house, accompanied by singing and dancing, while carrying goods called *ni-ryehen* (BT) or a dowry consisting of food and cloth as a form of "voucher" called *rira* (BT) which will be paid later in cash. Foodstuffs in the form of raw and cooked products from the gardens, such as sago, fish and pork, are also brought as a token to the boy's family that their daughter did not come empty-handed, but can bring something to the husband-to-be and his family. In addition to food, the bride also carries a camshaft filled with 4 to 5 valuable eastern cloths, stating that the candidate is not just an ordinary girl, but a woman of high social class, so that her husband and his relatives will cherish her.

During the wedding ceremony, the groom will hand over the bride wealth defined by the women. After the women have accepted the bride wealth, they hand over the daughter to her husband and his family with the message that the girl should always be guarded, respected and treated well. Then the boy and the girl are considered to be traditionally bound in a legal marriage and they are declared husband and wife. The *not sele* (BT), or bride wealth of the second stage consists of a number of eastern cloths and 50 to 100 store fabrics. After this, the couple may settle among the husband's relatives (patrilocal).

There is also payment of the third and last stage of the bride wealth, which is the ultimate bride wealth payment called *sanggir*

(BT). In this payment, the groom will give a bride wealth of an abundance of *not hoq* 'eastern cloths' and *not hen* 'store fabrics', even two to three times the amount of the second bride wealth. The number of eastern cloths and store fabrics generally given consist of 100 to 200 pieces and is accompanied by tens to hundreds of millions of rupiah to show society and other communities that the husband and his relatives are rich. The size of the bride wealth depends on the decision of the parents and the relatives of the bride (wife-givers).

The payment of a large bride wealth does not automatically make the wife a great woman who is more highly valued within the circles of her own kin and those of the relatives of her husband, as well as in society. I saw that women for whom a high bride wealth had been given assume their customary responsibilities and liabilities to their husbands and their relatives directly with carrying out extra work for them. Thus, women work much longer than men, so that they do not have enough time to rest, which can cause them to suffer pain. In addition, the husband's family expects a woman for whom a high bride wealth has been paid to bear children for the survival of the clan, and if she fails to do so, she will be verbally abused or treated rudely by his relatives, also causing distress and psychological problems. These conditions cause women to be exposed to a variety of diseases, not only in Tehit, but generally throughout Papua. In addition, because a wife is required to produce children, she will be psychologically distressed if the marriage fails to produce children, which is also a trigger for domestic violence. Women are expected to have many children to continue the clan and their husbands do not consider the health conditions of their wives, causing their wives to be pregnant every year and to bear children in large numbers, often causing high maternal and child mortality, which can be found throughout Papua including South Sorong.

After the marriage has taken place and the couple has been blessed with children, the husband and his relatives pay for each child. However, before the payment is made, there is another process the mother and her new baby have to follow. Mothers with new infants are sequestered from their family in a cottage for about eight days. After this, the phases called *syere qsi'wo* (BT) 'bathing

mother and baby' and *qendi wuaq* (BT) 'name giving' are undertaken, followed by *witwaq* 'birth payment', which is made after the mother and her baby have been taken out of the hut and returned to the family home. At the same time, the husband and his relatives have decided on a name or names (according to the naming system, the Tehit people consider it appropriate to have at least three names plus a Christian Baptismal name) for the baby.

After the father has named his baby, he continues by paying *witwaq* consisting of *not qlowouq* (BT) 'hanging cloth', consisting of 1 to 3 eastern cloths and 10 to 15 fabrics bought in a shop or the market. After the *witwaq* payment, the proceedings continue with a common meal provided by the relatives of the husband and the wife called *eit-qo'non* (BT) 'birth party'.

The *witwaq* payment is the symbol that the mother and the baby are pure and that the baby may live in the house as a family member. In addition, the *witwaq* payment is to be delivered to the wife's father in the form of *not hoq*, 'eastern cloth', and to the shaman who assisted during the delivery of the child and took care of the mother and the baby. The payment service is referred to as *not eqqsiwo* (BT), 'payment for the helpers in the mother and the baby care cottage'. Given that eastern cloth is generally expensive and includes cloth of such specific types, called *qlenlies* or *mon*, this is a tribute and a token of thanks for the services that saved the lives of the mother and the baby during childbirth. If the *witwaq* and *not eqqsiwo* are not paid, the baby will grow slowly.

Land ownership and economy

Land ownership

The Tehit use terms such as *mbet* (BT) 'soil', *fombi* (BT) 'land' and *wi* (BT) 'place' and, thus, they use expressions such as *mbet ma'mi* (BT) 'our soil', *fombi mami* (BT) 'our land' and *wi mami* (BT) 'our place' to indicate their land ownership and to confirm that the land is owned by a group of people who have inhabited the area for generations. Therefore, land is either clan land or the land of the community. In the latter case, it is unclaimed by individual clans because it contains the sacred values that relate humans to the universe and are located in or around the forests, rivers, mountains, trees, rocks and caves. Consequently, inherited land is

the source of the Tehit community's life. The Tehit people associate land with "mama" (mother), because it provides water through its rivers and food through its plants and animals and, because of that, the Tehit have been able to live there for generations. Land should not be sold, because it may make life difficult for the Tehit people in the present or in the future.

Tehit society has a concept for the division of land, based on the principle of what it is used for, for example, *mbet ese* (BT) 'land for a settlement or kampong', *mbet mbele* (BT) 'garden land' and *mbet ninis* (BT) 'sacred land'. They use the land around the house to grow vegetables and traditional medicinal plants, while the arable land in the middle of the forest is tilled for various purposes. Forests are sacred places believed to be protected by guardians or the spirits of Tehit ancestors, because specific parts of the forests were used to bury the bodies of the dead, so that the surrounding forests are sacred and accessible only to specific people who are allowed to enter the forest. If these rules are broken, the violators will become ill. The people who till the land or who look for forest products always take care, because if they do something wrong, they will be exposed to disaster in the form of sickness and death. The Tehit people, similar to other communities in Papua, consider the soil sacred.

Economy

The environment strongly influences the economic and livelihood system of a society and the Tehit people of the coastal areas, swamps, and lowlands up to the hilly and mountainous regions all have different ways of providing for their livelihood. They engage in gardening activities, tap sago, and farm, hunt and catch fish, shrimps and crabs on the seashore and riverbanks to meet daily needs. There is a clear division of labour in Tehit culture and men and women are considered fit for specific jobs. I will discuss some of the livelihood activities among the Tehit below.

Slash and burn cultivation

The Tehit people are accustomed to plant their gardens with a variety of crops they need for food. The husband and wife usually

determine the location for a garden together. The first stage in the process is called *efik-wi* (BT), which is clearing the location of bushes, weeds and grass. This part is the task of women. The subsequent stage is called *wqoit-ala* (BT) or felling the trees in the prospective garden. The felled trees are left in the garden for three to five days to dry in the sun so that they will burn well. The next step is the *sala'oogo* (BT) or burning the dry trees and this is the men's job, while the women are engaged in *erneit da'sa* (BT) or serving food for the men at work.

Furthermore, women are in charge of collecting the remaining pieces of wood, twigs and leaves, which they then burn. The land is now completely clean and ready to be planted. This stage is called *sala-se'li* (BT) and is generally done by the women in a family or together with close relatives from the same clan. Once the land has been left to settle for two to four days, it is ready for planting *qa* (BT) 'taro', *qsasin* (BT) 'yam', *syapi* (BT) 'pumpkin', *mboden* (BT) 'maize', *asa* (BT) 'sugarcane', *ogo* (BT) 'banana', *maresan* (BT) 'chilli', *ogoseran* (BT) 'papaya', *qndafan* (BT) 'pineapple' and *nimbura* (BT) 'vegetables,' such as *lam'bat* (BT) 'gedi', *wadik* (BT) 'spinach', long *qaflin* (BT) 'beans' and mustard greens. The seedlings are prepared jointly by men and women. The soil surface is thoroughly cleaned with a piece of wood with sharpened edges called a *sele* (BT) or *tugal*.⁷

Once the garden has been planted, the next phase is the *sqa-ndese* (BT) or setting up a fence, which is the task of the men. A fence is erected around the garden to protect the plants from being eaten by wild animals, such as pigs and deer. Once the men have finished the fence, the women are fully responsible for plant maintenance work, such as weeding, until harvest.

The Tehit people planted in large quantities in olden times. Every family had two to four gardens to avoid the advent of food crises. In addition, having many gardens could also provide many other benefits, such as meeting the requirements for the *fe'lit* (BT)

⁷ *Sele (tugal)* is a piece of wood with a length of approximately 1 metre. The tip is sharpened to make holes to be planted with seedlings. The depth of the holes depends on the types of plants. Holes for plants such as banana, taro and sugarcane differ much from those for corn, beans, peanuts, pumpkin, and so on.

'buy off' tradition at harvest time, during which invitations are sent to relatives who live in other villages, but mostly to the *qban* (BT) or women endowed with bride wealth, who arrive bearing eastern cloths to give to the garden owners in exchange for garden crops. These relatives return home to their villages with the harvested crops. Harvests may even be bartered for pork and fish brought by relatives return home to their villages with the harvested crops. Harvests may even be bartered for pork and fish brought by relatives who do not engage in gardening activities, such as those living in marshy areas such as Konda, Kais, Kokoda and Inanwatan. Because of their gardening activities, the Tehit can meet their own need for food and that of their families and other relatives, including acquaintances who live far away in Inanwatan, Kokas and Fakfak (Onin Peninsula).

Sago

Pounding sago is a familiar activity in Papua, also among the Tehit. They have extensive *sa'ris* (BT) or sago plantations. There are two varieties of sago in Tehit: *fa'kinik* (BT) 'thorny sago palm' and *fa mblen* (BT) 'plain sago palm'. *Fa'kinik* or thorny sago palm is the one most generally consumed.

The *fa'kinik* 'thorny sago' is distinguished as *fa mla/faafas*, *fa sinan*, *fa sambe*, *fa sayi*, *fa qreit* and *fa qohoq*. All kinds of sago palms usually grow in the *saris* or *dusun* (BI) 'sago hamlet' areas. Initially, these five types of sago grew because the seeds were distributed by birds such as parrots or *qlenwir* (BT). *Faqohoq* (BT) is sacred sago that people had planted in particular areas of their choice near watersheds and they are specific to the hamlet of Sgodefit, located 20 km from the village of Seribau, district of Teminabuan. *Famblen* or *nipah sago* is also planted by men, but there are fewer of these plantations.

Gathering sago to pound is an activity, similar to that of gardening and farming, which women and men do together. Selecting, cleaning and cutting sago is usually done by men. They also *slo* (BT) or divide and pickaxe the sago and make the *haq rambo* (BT) place to 'bath', squeeze and hold the sago flour or starch. While the women have the task of transporting the *siri* (BT) 'sago fibres' from *o'gar* (BT) or the sago trunk and to pound it in *haq*

rambo ‘sago vats’, which are usually set up around locations where *se* (BT) water or a river is found. Furthermore, women are also responsible for the *fa rambo* (BT) ‘sago extraction process’. Sago can usually be consumed for three to four months by the family, and it is also distributed to family members and other relatives. The rest may be sold in the market in Teminabuan.

The philosophy of *ogar* and *haq rambo* contains a lot of wisdom and understanding among men and women and is expressed through singing in Tehit, for example:

kinikw sya rerewana mameri (the thorn that gave us prosperity). *knik-knik, hali-hali Sendromi, fan main ogar maali haq rambo syomay sgiemaq fan* (whispering of wind, around Sendromi sago hamlet, who is ever able to put eyes on the way from *ogar* to *haq rambo* among the young men and women). (Fa’rambo song, mytranslation).

The most important tool for pounding sago fibre in *ogar* is the *lemeq* (BT) ‘the pounder or hammer’. That is why there is an expression that says: *nslo nlemeq maa nqesit* (only those who hold the *lemeq* ‘in pounding sago fibre’ will not get hungry or sick).

The Tehit people grow a greater variety of *fa’knik* ‘thorny sago trees’ compared to *fa mblen* ‘plain sago trees’, which do not have thorns on the stem and the sheath. According to them, *fa’knik* is more abundant and better than *fa mblen*. Therefore, the Tehit people are more likely to plant thorny sago in *saris* ‘watery hamlets’.

The *fa* or sago is consumed as a daily staple and can be processed into several types of food, including *nda’ho* (BT) ‘sago porridge’, *fa nggoris* (BT) ‘sago mixed with coconut and cooked in bamboo’, *fa sondan* (BT) ‘sago palm wrapped in nipah leaves’, *fa srioyoq* (BT) ‘sago wrap mixed with coconut or bean seeds’, and, for instance, liver, fish-eggs, and with the red fruits of the *rafi* (BT) and *qlioq* (BT) ‘string’, or pumpkin seeds and honeybee eggs. Sago is also wrapped in *lam’bat* or *gedi* (BI) vegetables or ‘alamanda plant’ and then put into a bamboo tube and burned into *fa sain* (BT). Another simple method is *fa di’fin* (BT) ‘sago balls’, which are round and made of raw sago baked in the embers of a fire. There is also *faq si’rin* (BT), which is dried sago flour turned into *nda’ho*

(BT), but containing grains, such as sago seed pearls. This very special food is only served in hard times and to specific persons.

Sago has medicinal qualities, especially *fadi'fin* 'sago balls', which may settle an upset stomach and cure abdominal pain. Moreover, a shaman may cure a barren wife by giving the husband and the wife *fadi'fin* to be eaten in order to conceive. Hot sago porridge or *papeda* (BI) can also heal wounds by placing it on a wound to clean it.

Faqohoq 'sacred sago' is a kind of thorny sago palm for which a traditional ritual is performed to ask for the blessing of the occupants of the universe and the local spirits, called *nindrimis* (BT), before it is felled. People who manage to cut down the sago trees with axes have been endowed with a spell by a *si'qnda/mi'mit/wuon* (BT) 'healers/shaman' so that the sago production process will go smoothly. When sago is processed into porridge or *papeda* and meant to be consumed by all the members of the family it should be done with caution. During the meal, everyone sits around a *tifal* (BT) 'pan, bowl' and holds a *qaisndaho* (BT) 'wooden fork' and waits for the command of the head of the family to start eating, after which everyone should take some food slowly and should not swivel too long, and it should be taken little by little. The people should be silent and may not speak; they may not blow on the porridge to cool it because it has to be eaten hot. All the porridge should be eaten, and nothing should be left behind. All the members of the family are told this before the sago is processed into food. Anyone who breaks the rules will be affected.

The Tehit people have great respect for sago as it is the food that gives life. They even liken it to *naw* (BT) 'man', because they spend all their time making sago porridge or processing *papeda*. They always advise their children not to waste any *papeda*, because the *papeda* will cry, and if that happens, famine may occur, which may take all their lives. Sago is very valuable for the Tehit people and one phrase I heard is: "*ernet malelen qmat*" which means that even one *tifal* 'pan/bowl' will be enough to fill everybody in the household.

Sago is a kind food that can be stored for a rather long time and sago soaked in muddy water may be kept for three to seven

months. Stored sago is called *fafra* (BT) 'sago packed/*tumang* (BI)'. If the sago turns black after it has been made into *papeda* it means that the quality of the water was not good, because if the water is good, the *papeda* will be white and translucent. Thus, the Tehit people always choose sago production sites and locations to store it in such a way that the water quality is good, as clear water will ensure that the colour and the taste of food produced with sago is good.

Hunting

In earlier times, people also went hunting for pigs, deer, cassowaries, marsupials and other animals. They hunted in the forest around the villages, which is the customary border land between their respective clans. This means that a person can only hunt in the vicinity of the forest area over which his clan holds *adat* 'customary rights'; they should not cross into other people's customary grounds. The Tehit people know various hunting techniques, such as: *hima* (BT) 'chasing game', *hene* (BT) 'trapping game', and *waha'dik* (BT) 'trapping animals with sharpened spikes of wood/bamboo in holes in the ground'.

The hunting technique called *hima* is where a man brings a dog to chase a herd of animals. People generally resort to this kind of hunting technique to catch many animals for big events, such as wedding ceremonies, church events and activities that are associated with the government, such as visits of officials. *Hima* is mass hunting, so it is done in large regions, such as on an island or a location in the vast communal forest areas. *Hima* usually make use of specially trained dogs called *mqaṇ hima* (BT) 'hunting dogs', while *waha'dik* is to set traps in holes in the ground with sharpened pieces of wood that have been stuck into the ground at the bottom of the hole with the sharpened tip directed upwards and the whole trap covered with dry leaves and twigs so as not to be visible to passing animals. When an animal steps on the leaves and twigs, it falls through and gets stuck in the trap; it may, thus, be killed easily with spears or arrows. Finally, *hene* means hunting with snares which hunters set to catch the animals they want. These three types of hunting techniques benefit the local community and the Tehit hunt for both personal and communal interests.

Animal husbandry

Considering that the Tehit community only raise a few *qorik* (BT) 'pigs' and *koko* (BT)'chickens', we may say that animal husbandry is not the Tehit community's main means of livelihood. Not all people or families even have pigs or chickens, and when they do, they only have them with the intention of eating them or for the sake of tradition. In earlier times, the meat the people needed was supplied by the Tehit's relatives or friends (Ogit ethnic group), who lived in Konda and other villages in the area of Beraur, Inanwatan, Kais and surrounding areas. Therefore, animal husbandry is only a sideline activity in Tehit society.

Women play an important role in animal husbandry, because they have to feed the pigs. Raising chickens is not too strenuous for women, because chickens roam around to find food for themselves around the house and in the village. Either men or women can call the chickens home in the evening to put them back into their cages. Pigs and chickens are usually quite expensive because their numbers are limited, with prices ranging from IDR 2,000,000 to 3,000,000 for a pig, while a whole chicken is sold at a price of IDR 100,000 to 150,000.

Fishing

The Tehit communities that reside in coastal areas, especially in the villages of Seribau, Meriba, Werisar, Wermit, Kampong A and Kampong B, engage in fishing and look for shrimps, crabs and clams in the sea and the rivers. These activities are carried out by men and women, but with a very clear division of labour. Fishing, for example, is a men's activity, because they have to use a boat or a fishing trawler which is anchored in the mouth of the river or they go out to sea. When times are hard, women catch shrimps at the coast or in the river near the village with a *toho* (BT) or fishing net. Women also look for crabs and various species of shellfish among the palm trees and mangrove forests, which are located near their villages.

The women also catch fish and shrimps by using a *qmbie* (BT) 'fish basket' or they use the *pele sero* technique, i.e. they put some of these baskets in the mouth of the river at low tide and collect the fish and the shrimps that have been caught in them later. The

equipment women use in this activity is called a *toho*, a type of net, and a *lafe* (BT) for the men. These two tools are made from *afis moso* (BT) 'genemo rope'. Other tools include a *qmbie* (holder) or *sero*, sometimes called *gaba-gaba* (BI) or *mbar* (BT), made from the midribs of sago palms, a *so'roq* (BT) 'thruster' or *kalawai* (BI) made of bamboo tightened with pointed iron, and *mqen* (BT) 'hook lines'. Other methods used to catch fish are by employing a *wqotet* (BT) 'grassroot' or *tuba* (BI), which they grind and squeeze until the water of the sea and the river becomes poisoned to weaken and ultimately kill the fish so that fishermen can harvest them easily. Tehit society or Papua people in general have a device called a *bore*, which they employ to this day. Fishing also needs a means of transportation, such as boats.

Changes in the economic system

The Tehit people cannot escape the influence of their cultural contacts with other ethnic groups that have settled in the Teminabuan area. They have been engaged in their traditional ways of providing for their livelihoods since the times of their ancestors, but now times are changing. In the past, they gardened, pounded sago, caught fish, shrimps, clams and other marine animals to meet their food demands. They also hunted pigs, deer, edible birds and so on, to meet their need for animal proteins. They used to carry out their gardening activities together with family and relatives, as was the case with hunting and tapping sago. The products they obtained in these ways they shared among family members and other relatives, and this was the intrinsic value of the collective way of life of the Tehit people.

In earlier times, they could make the equipment they needed for their daily activities, for instance, making a boat. This knowledge has now begun to disappear, much like the knowledge of how to make traditional fishing tools, such as *qmbie*, *toho* and *lafe*, which are currently being replaced by modern equipment (net/awl) and various other gear. These changes led to the loss of social contacts between families and their relatives, because many devices can now be bought in shops or in the market. This has disrupted the continuity of the social relations among the Tehit

people, causing kinship ties to become lost, because people no longer communicate with each other.

Nowadays, most Tehit people who live in the city of Teminabuan, such as those of Kampong A, Kampong B, Kikiso, Sfai, Wermit, Werisar and Seribau, are no longer entirely dependent on their own livelihood activities, but rather on the labour and market economy. They can buy groceries, such as rice, taro, bananas, vegetables, fish and meat and, which are sold in the market in Teminabuan. The produce of the gardens and the sago plantations are sold by the Tehit people from the villages on Teminabuan town's outskirts. Fish is usually purchased from Buginese and Makassarese traders, while sago and the meat are purchased from Ogit merchants from Konda, Kais and Inanwatan.

Livelihood changes are apparent, because most people who got their education in Tehit can switch to professions like civil servants in offices in the village or in the district and regency of South Sorong. However, there is also another cause for the loss of their own ways of making a living: most of their land has been sold to outsiders, mainly Buginese, Makassarese, Javanese, and people from Ambon and Papua, who are not members of any Tehit tribe.

The land that is sold by the owners in Teminabuan is often called 'indigenous' and is sold at very cheap prices, causing the ownership of the land to be transferred to 'outsiders' or migrants and, thus, it can no longer be used for agriculture. In addition, the Tehit are also losing their land to the government of the South Sorong Regency for city development and the establishment of offices and other public facilities, and for running private businesses.

Many local people who wanted to sell their land in the city of Teminabuan had an accident or died because of land issues, because people are now 'hungry for money' and 'forget the traditional philosophy' of the Tehit people that sees land as *mbet* or *emem* (BT) or 'mother who gives life'. Some members of the Salmbo clan, for example, died while soil emerged from their ears and mouths. Similarly, people in other clans sold their land, often causing family members to become ill and they eventually died. Some of them went to hospital or health centres, but no disease could be found and, eventually, they realised that soil issues had

caused their affliction. There are now so many cases in Teminabuan that there is an expression often heard amongst the Tehit people for those who sell their land, that they have become *qanyi fe mbet molot*, meaning 'ill as caused by the soil' or *yegi fe mbet mdeleq* meaning 'they die because they ingested soil'.

At present, when I talk about the Tehit people's economic activities, I am only focusing on those who live in the area of Teminabuan scattered over Werisar, Wermit, Kampong A, Kampong B, Kikiso and Sfai. They have joined the urban population that interacts with groups of migrants in Teminabuan. Young people from four villages who have enjoyed formal education in high schools and at university level have managed to become civil servants in government offices in the area, while those who are only little educated or never went to school do not have a steady job and sometimes depend for their income on family members who have stayed behind. Young people make a living by using their personal or family-owned motorcycle or they rent one from Buginese/Makassarese traders.

Tehit women are more visible in the market, as they sell vegetables, nuts or crops they buy from farmers, for example, from the Javanese (migrants from Moswaren) and from the villages on the outskirts of Teminabuan town. However, some of them sell products from their own gardens, but nowadays they have become few in number.

Tehit women in the city of Teminabuan also take advantage of existing market opportunities by selling prepared food, such as baked taro, wrapped *papeda* 'sago porridge', *nasi ketupat* (BI) 'rice cooked in young coconut leaves' and grilled fish, fried shrimp and chillies. They mostly do this in the afternoon or early evening. They learned about these opportunities because of market demand, as most civil servants and private employees who work in South Sorong Regency are men who have left their families behind in Sorong city and they do not cook for themselves.

Another economic trend among the Tehit community is to submit proposals to the local government for help or funding. The people have started to band together regarding activities related to their previous livelihood and have now started to look for financial sources from the government through the establishment

of the Limited Liability Company Foundation (PT/CV) and others, with the aim of leading to self-employment partnered with the local government, but in this case more money-oriented.

There are heartbreaking realities in Teminabuan, where mothers sell liquor and, by doing so, make easy money, but cause many young people to consume alcohol excessively and get drunk and, thus, creating violence in society. This is a new phenomenon, because the ancestors of the Tehit people in Teminabuan and surrounding areas in fact only used to drink traditional *twouq* (BT) 'palm wine' or *saguer*, which is almost synonymous with the world of men and consumed only by them. Now there has been a shift in the value system in the area, as not only women have become sales agents of strong alcoholic beverages, but they also have joined the consumers. It can be damaging, because it may lead to free sex which, in turn, also leads to money-orientated mindsets and sex for economic needs. This condition eventually leads to social conflicts and HIV/AIDS is on the rise in the area.

The Tehit in urban Teminabuan experience competition from migrant groups. An interesting example is the case of old people who no longer grow plants specific to the Tehit area, do not eat fruit and now chew betel nut, while they did not traditionally. As a result, most people plant betel nut trees in their gardens and around their houses due to market needs. Nowadays, there are people who harvest betel nuts exclusively in Teminabuan, for instance, Mrs Betty Wamban/Momot, who makes a large monthly profit of up to two to three million rupiah from the betel nut trees in her yard.

The orientation to money made the Tehit women attempt to import nuts from Jayapura to sell them locally. They send money to their children who study in Jayapura who then buy sacks of betel nuts and sent them by ship to Sorong, where they are picked up and transported by car to Teminabuan. There are even mothers who buy betel nuts in Jayapura and bring them to Teminabuan and sell them there. At present, betel nuts are a very important source of income, because the consumers are not only the people from Tehit, but also from Meybrat and other Papuans who inhabit the regencies of South Sorong, Meybrat and Tambrau. Betel nuts are consumed every day and costs more than daily bread.

Another way of making money among the Tehit in Teminabuan (Werisar, Kampong A, Kampong B and Wermit) is renting out boarding rooms and houses. In this, they compete with groups of migrants from Java and South Sulawesi (Makassar/Bugis). Economic activities such as this offer great benefits to their owners given that the average boarding house room rate is IDR 500,000 a month. Bank officials and employees and other workers who do not have a home or a place to stay may make use of boarding house facilities in town. Thus, the Tehit people have started to become involved in the boarding and rental house business and to use their houses as permanent sources of income. However, the management of dormitory rooms and rental homes is still insufficient, and people need to get further training to be able to offer a satisfactory public service. This activity is very useful, because Teminabuan is a capital regency and, therefore, many people arrive and, of course, need a place to stay.

In addition, another trend related to livelihood today is that men who are not formally educated find work as labourers in the port and in the development projects and infrastructure in the South Sorong area, especially in the construction of the road from Teminabuan to Sorong and from Teminabuan to Ayamaru. They are also looking for physical labour in Sorong and Bintuni. Through these efforts, they earn the money to meet their families' needs and for their children's education, especially at higher levels, both in Papua and in other parts of Indonesia.

Political life

Many members of the Tehit community are involved in practical politics and are listed as members of a specific political party. The following parties are represented in the area: *Partai Demokrat* (PD), *Partai Golongan Karya* (Golkar), *Partai Demokrasi Indonesia Perjuangan* (PDI-P), *Partai Amanat Nasional* (PAN), *Partai Damai Sejahtera* (PDS) and *Partai Kebangkitan Nasional* (PKB). Many other political parties in Indonesia have now established branch offices in the South Sorong Regency, each intent on winning the legislative elections (House of Representatives) and to provide the regent and other regional heads in this region. The political interest prevalent in Tehit society has caused a lot of negative energy

recently, triggering the loss of cultural values in Tehit community life.

This condition was clearly apparent during the election of the regent in 2010 when I was conducting my research in South Sorong Regency. Tehit society used to be very polite and respectful of kinship values and social relations, known under the terms *tasqan* (BT), *tanak* (BT) or *tafain* (BT) 'brother/friend/my share groom/bride', which have obviously become lost due to group political interests in South Sorong Regency, each intent on winning the legislature.

Ironically, even though the campaigns and the elections of the regents have passed, resentment and hatred among the Tehit remained between adherents of different political parties and candidate regents. This condition can be seen in all aspects of community life. When someone in a village has died, for example, people no longer care or even mourn, because the person belonged to a different political party or voted for another candidate regent; they also no longer provide moral and material support to the bereaved family.

The issue even entered the churches, as people who disagree or who do not belong to the same political parties will be removed from church membership lists. Even from the pulpit in church, leaders of worship have no compunction campaigning for and supporting one of the Candidates, and priests ask the congregation to support the candidate of their choice rather than preach about the Word of God or the Bible. This has eroded the meaning of worship, as people do not obtain its blessing because of differences in determining the regent candidate desired.

Similarly, community health services are also not provided in a professional manner. Nurses and doctors of different political orientation will refuse to provide health care to patients belonging to other parties. There have even been instances during the elections of sick and dying patients who were unable to get treatment in a health centre because it was blocked by a group of dissidents. When I was collecting data in a village, many informants said that, nowadays, when they or their family members fall ill, they treat themselves with traditional medicine or ask a shaman for help because they feel more secure and

comfortable rather than visit the health centre, because of this specific difficulty.

When I was in Teminabuan collecting data for this study, I also met a number of mothers who were weeping, because their merchandise (vegetables) were destroyed by political opponents from other candidate regents. Even when a regent had been elected, there were still teams of the winner prohibiting Teminabuan residents who were in favour of other candidates selling produce in the market, even though the market has been paid for by public money and is intended for all Tehit people. Another case is in the field of education: children whose parents had chosen another regent candidate are not treated well in school. Although the children do not understand politics, they are the victims of political strife, especially so when they come from villages that are considered ineligible for government services because they did not choose the definitive regent. Thus, Tehit people in certain villages are refused participation in construction work being carried out because they are regarded as political opponents.

These political interests have changed kinship relations among the Tehit. Those who used to live together, now prefer to live apart from relatives simply because they went to different parties and candidate regents. Consequently, continuous political education has to be provided for the Tehit community to make them aware of and acknowledge that everyone is free to choose who he/she wants in a democracy. After a political party or candidate has been elected, differences must be eliminated and Tehit society should continue to live together as a family. There must be a continuation of respect and an appreciation of all kinship values because they are part of the Tehit's cultural richness which should be preserved and passed on to subsequent generations.

Religion

Tehit religion

The Tehit community worships *Na Agow* (BT), i.e. 'God', in the form of *tali* (BT) or 'light' which comes in three forms:

- a. *Tali nggameri-tali qmahin* 'God as creator'. Therefore, *tali nggameri* (BT) is the name for morning light before the *tali qmahin* and *tali hin* (BT) or light at dusk and at night.
- b. *Qolqohoq* (BT) is light in the form of substance or spirit-stirring life to do something good in everyday life.
- c. *Nimle/namle/mamle* (BT) is light in human form and ever present with certain people who can do extraordinary things which ordinary people cannot do.

The Tehit community always tries to maintain communication with *Na Agow* 'God' in all aspects of life so that the deity's life is protected. According to them, *Na Agow* is what constitutes the whole universe with all its contents, including humans. People must obey him to avoid the wrath of *Na Agow* (see [Flassy, 1981: 6–7](#)).

The arrival of Christianity

Christianity entered Papua with two German missionaries (Carl Wilhem Ottow and Johan Gottlob Geissler) on 5 February 1855, after which, Christianity spread and grew rapidly in all areas in Papua (Nieuw Guinea), including South Sorong through Inanwatan, where Marcus and Koopman brought it to Teminabuan on 8 February 1940⁸ (see [Timmer, 2012: 4](#)). Both missionaries were sent by the Protestant Utrechtse Zendings Vereeniging (the coordinating society of Dutch Protestant mission), who set foot in South Sorong and started working in Inanwatan after 1918. The missionaries chose Inanwatan to counter the presence of Islam in Tarof and Negri Besar in what was then called the Berau region ([Timmer, 2012: 2](#)). The Dutch government sent Christian missionaries from the Moluccas and Sanger to teach the people to believe in Jesus, so that the people became Christians.

The Tehit people are mostly Christians, but are divided into several denominations, for example, *Gereja Kristen Injili* (GKI) or Evangelical Christian Church, The Baptists, Pentecostals and Kingme. Additionally, Catholics are also present in South Sorong

⁸ Another Dutchman, Priest Slump, had trained young people to spread the Word of God as school teachers and preachers in a well-coordinated effort around the 1930s to 1940s.

Regency; they are from the Aifat District of Meybrat Regency and migrants from other parts of Papua and Indonesia, especially from the Kei islands in the south east, the Moluccas and from Kupang, Flores and the other parts of East Nusa Tenggara (NTT) Province. Based on data from the Government of South Sorong Regency, the percentage of Protestant Christians is close to 70 %, while 5 % are Catholics ([BPS South Sorong, 2010](#)). There are 108 churches in South Sorong. The highest number of churches is in Teminabuan District (24), followed by Seremuk District (20), Sawiat District (18), Inanwatan (16), Kais District (10), Wayer District (8) and Moswaren District (6). Apart from that, there are a number of buildings that Christians/Catholics use for their weekly congregations and for other church activities.

Islam

The people in South Sorong Regency from the Inanwatan, Kokoda and Kais areas are mostly followers of Islam. Islam's arrival in these areas cannot be seen in isolation from the history of the established kingdom, in particular Sailolo (see [Timmer, 2012: 3](#)), and the trade relations with the Maluku Islands (see [Mansoben, 1995: 51](#)).

Additionally, Islam is also embraced currently by the people who migrated to South Sorong from South Sulawesi (Bugis, Makassar), Java, Ternate, Tidore, Seram and Ambon. There are 13 mosques scattered throughout the district of Teminabuan (2), Inanwatan District (1), Kokoda District (8) and the Moswaren District (2). The percentage of Muslims has now reached 25 % in South Sorong Regency ([BPS South Sorong, 2010](#)).

Even though people in South Sorong Regency have embraced Christianity, Catholicism and Islam, it cannot be denied that they still believe in the supernatural forces that exist in their lives. Therefore, when they are ill, for example, and do not recover even though they have taken their medicines or biomedicines, people will associate this with magic or other supernatural forces, essentially with the power of *lait* 'witchcraft' or *suanggi*. Therefore, although they are active professing members of a religion, in everyday practice they still believe in the mystical, magic or supernatural beliefs, as did their original ancestors (see [Kamma,](#)

1978). Therefore, I can say that the Tehit profess a religious duality, in that they have faith and believe in the religion that came from outside (Christianity), but also believe in the power of the supernatural or in magical powers and such that exist in their lives.

3 Concepts of the body, pain and disease

Introduction

The aim of this chapter is to outline the anthropological concepts of the body. In a next step, I will discuss some concepts regarding the Tehit's understanding of the person and the body, since the notion of illness and disease and their corresponding treatments are deeply interlinked with them.

The concept of the body was originally considered part of biology in western science. However, there has been a change in perspective on this concept of the body and it moved to anthropology. Csordas (1994: 1) once stated that “not until the 1970s the body became a main focus of analysis in anthropology. Before, anthropologists conceived the body more as a matter of biomedicine and separated from social life.”

In anthropology, the body is closely related to social and cultural life, so that an analysis of the body is embedded within the discussion not only of biomedical facts, but also of cultural symbols associated with religion, social structure and so on. However, to frame this analysis, anthropologists often begin with systematizing the body's physical elements. Csordas (1994: 4), for

example, uses the categories of perception, practices, parts, processes and products. This level of analysis points to the anatomical body, so that parts refer to limbs (e.g. arms, hands and legs), whereas body processes include, for example, breathing, laughing and menstruation. Csordas mentions, for example, sweat, tears and urine as body products.

Practice includes everything that falls under Mauss's (1950) classic notion of techniques of the body – swimming, dancing, washing, ritual breathing in meditation, posture, the variations in batting stance among baseball players – in which the body is at once tool, agent, and object. Parts of our anatomy such as hair, face, genitals, limbs, or hands have long been of interest to anthropologists for the social and symbolic significance they bear. Bodily processes like breathing (not as a technique but, for example, as the sigh), blushing, menstruation, birth, sex, crying, and laughing are of interest in their cultural variation. Finally, a great deal of cultural meaning can be distilled from the treatment of the body products such as blood, semen, sweat, tears, feces, urine, and saliva. (Csordas, 1994: 5).

Nevertheless, the connection of an anatomical perspective with the socio-cultural context has characterized anthropological approaches towards the body since the 1970s. Therefore, a categorization, as conducted by Csordas, is only one aspect of analysis. The importance of the cultural notion of the body is underlined by Mary Douglas (1973), whose work is significant for the development of the anthropology of the body. Douglas draws attention to so-called “two bodies”, referring to the social and physical aspects of the body.

Nancy Scheper-Hughes & Margaret Lock (1987) even speak of “three bodies”, including the individual body, the social body and the political body. “The first refers to the lived experience of the body as self, the second to representational uses of the body as a symbol of nature, society and culture, and the third to the regulation and control of bodies” (Csordas, 1994: 5).

There are a number of studies on the body and its cultural construction regarding New Guinea. I will only mention a few of them that seem relevant to my own study. One is a study conducted by Richard Eves among the people of the Lelet Plateau

in central New Ireland, Papua New Guinea, which shows the interrelation of the body as a physical entity and how people use images of the body to constitute space and place, including social relatedness. In other words, the body serves as a trope which is constructed through social discourses and knowledge. “This, however, is not to suggest the body is only a social phenomenon, but to take cognisance of the ways in which it is invested with meanings” (Eves, 1998: 25). According to Eves (1998: 26):

[t]he Lelet divide the anatomical body into its constituent parts, of skin, flesh, bones and soon, but more pertinent for this work, they stress a distinction between the inside and the outside (cf. Mosko, 1985). This distinction is particularly significant to the bodily engagement with the world [...].

Anthropological concepts of a person and his or her body in New Guinea are, furthermore, discussed in the work of Stewart and Strathern titled “Humours and substances: idea of the body in New Guinea”, especially among the Hagen people. They use the two terms humours and substances for the following reason:

Why the two terms, humors and substances? By humors we refer to elements such as blood, water, fat, and reproductive fluids that are seen by people as important constituents of the physical and moral constitution of a person, sometimes defining their self-worth and acceptance by their social peers. (Stewart & Strathern, 2001: 4).

Thus, the concepts of the Hagen people about blood, skin, flesh, bones and water, for example, do not refer to biomedical understandings of anatomy, but instead refer to socio-cultural relations in society, including sexual relations between men and women. The authors underline these points by stating that:

[W]e can discern a particular emphasis on discrete substances as the carriers and extensions of important aspects of persons as social actors: blood, reproductive fluids, fat (grease), water, bones, sweat, and excreta, for example, all figure prominently in people’s discussions of how they conceptualize social relationships. (Stewart & Strathern, 2001: 2).

In addition, Stewart and Strathern discuss in-depth the concepts of the Hagen people about fertility, birth and the weaning process for a baby. They also talk about taboos that apply to married couples or taboos for men and women in general. In all these processes, the relationship of the body as a physical entity with social life can be seen as the manifestation of the relationship between humans and other humans and with the nature around them.

All these dimensions of extension of the person are what is meant, in this context, by the term “embodiment”. Bodies are particular and general, separate from and linked to or consubstantial with others, distinct from and yet apart of the environment, different from yet indissolubly co-present with the mind of their bearers. Bodies embody individuality and relationality, humanity as separate from other living creatures and as consubstantial with or linked to these others. Embodiment in this sense therefore implicitly covers the realm of sociality as a whole. (Stewart & Strathern, 2001: 8).

Another study from medical anthropology offers interesting insights regarding an analysis of the Tehit’s perceptions of body and person. Van Oosterhout conducted her research on the Inanwatan people in the Bird’s Head region of Papua, stating that the Inanwatan follow a dynamic concept of the body, in which the body is related to society and nature and, thus, “each body in itself represents the organisation of the cosmos and society” (van Oosterhout, 2002: 23).

Still related to the body, van Oosterhout discovered that the Inanwatans’ understanding of the body consists of four essential elements: the hard body, the soft body, the skin and the soul. The hard body parts include elements such as bones, while the soft body is composed of flesh and blood. The four elements are perceived as a unit that forms a body, but, at the same time, also mutually affect one another. According to van Oosterhout (2002: 24), “in combination, these parts form a life-containing unity, while, if separated, the continuity of life is threatened”.

Behind all that, these elements always point to the interrelation of the physical body and social relations. Some examples are

blood, skin and sweat, which are important for an anthropological study of the body:

Blood, like flesh, is related to its context. Blood transfer in the process of conception, for instance, is not considered out of place, and is therefore not threatening and does not produce a bad smell. [...]Blood transports polluted substances and is affected by other polluted or polluting substances. It ideally flows fluently and is neither too hot nor too cold. Pollution usually makes the blood hotter, whereas spirit attack occasionally makes it colder. Both extremes cause ill health. Hot blood flows very fast and therefore clots easily, causing obstruction of its flow. Cold blood is associated with shivering and old age. It is lighter than hot blood, and flows more slowly. (van Oosterhout, 2001: 32).

What can be seen here is that concepts of body products, such as blood, each comprises a huge complex of ideas in themselves which function as ways to explain and understand social relations. Van Oosterhout illustrates this by explaining the Inanwatan's concepts of clean and dirty blood. I think clean and dirty blood for the Tehit are associated with the formation of the foetus in the womb. When a baby is born, she or he inherits the blood of both parents. The baby carries clean and dirty blood from his or her parents, so that the blood in the body can connect with family members. However, the second connotation of dirty blood is related to gross blood in pain, which means that blood is also a source of disease when it is 'dirty'. This is the case when someone comes in contact with menstrual blood or the blood of women who give birth. This blood is perceived as dirty and can literally make people ill.

Here, blood and skin also represent conceptions of the inside and outside worlds and their interrelations. Therefore, the Inanwatan think of an inner and outer body. These form a single unit, so that they always complement each other. Thus, when an Inanwatan does not maintain social relations with others and the environment around him or her, he or she will get into trouble, such as becoming ill. What is present then is a lack of balance between the two worlds. This illness not only affects the inner body, but also the outer world. If he or she does not recover and

his or her physical condition decreases, this also means that he or she received a disorder from the ancestors or is affected by soil issues which cause a person to become exposed to magic and so on. Van Oosterhout (2001: 28) in this context, underlines that “the skin forms the mediating link between the innerbody and the outside world; it also separates them, thus defining their boundaries. The skin is permeable; internal substances can be excreted and vice versa.”

The skin has a broader function for the Tehit people (see below). The term “skin” also expresses the way somebody belongs to his or her family and to society as a whole. In a similar way, blood is used to express relatedness and provides an emotional bond between the relatives of a kin group. Thus, skin and blood are means of articulating a person’s relationship with his/her family. It depends on him or her to affiliate with his or her father’s or mother’s family. When talking about people having a relationship with the surrounding environment, I also noticed that the skin has a relationship with the universe, because the Tehit people believe that nature is the dwelling place of the ancestors, so that it must be maintained properly. If they do not pay attention, the result can be disastrous. They can get ill because of the anger of the spirits of the ancestors and other spirits that exist in the surrounding environment.

As we can see, anthropology, and especially medical anthropology, offers interesting approaches for the understanding of concepts of the body and the person which go beyond biomedical explanations. These phenomena, particularly those concerning western perceptions of biomedicine, have dominated social sciences for a long time. With the changes of perspective from the 1970s onwards, we currently find many different and highly complex understandings of the relationship between body and person, in which physical aspects, social life and the natural environment are interconnected. This is also the case in Tehit society. Therefore, I will now turn to the concept of the body and the person in Tehit society. Similar to van Oosterhout, I will pay special attention to the concepts of skin, blood, bone, flesh and water. These elements form an entity, which signifies human beings. Furthermore, kinship, gender and health play an important

part in these concepts, so that the forthcoming analysis will also be included in other chapters of my dissertation.

The concept of the body as proposed by Eves, Strathern and Steward, van Oosterhout and in my research, shares some similarities in the view that the body is not only seen as a biological entity, but that every element of the body also signifies social relationships between humans, and that every element of the body also has relationships with nature as part of life. However, there are also differences between each of these studies. One of Eves' studies, for example, concentrates more on the physical anatomy of the body, and focuses mainly on the skin, flesh, bones and so on. Strathern and Stewart in their study of the Hagen people, emphasise that a body consists of two parts: the social and the physical body. Van Oosterhout in her study of the Inanwatan, focused on the fact that the body is the cosmos as well as community organisations. She divides the body into four elements: hard body, soft body, the skin and the soul. In my research on Tehit, the body consists of three parts and each body part has a limb that has a specific meaning for the Tehit. In addition, I also discuss the elements outside the body. This study is more closely related to van Oosterhout's discussion on the Inanwatan. I will discuss these body parts in this chapter.

The person and the organisation of the body with its three major parts

The Tehit use three terms to denote a human being, a specific person and the body: *na* (BT) 'person', or *na'dqoin* (BT) 'human being' and *qan* (BT) 'the body'. The concept of *na'dqoin* refers to a human being (male or female) who is also part of the social body as a whole; both are interrelated. I will start by describing the concept of the physical body and how the body is used to express and define social, including gender relations.

The Tehit conceive of the body from two main perspectives: a tripartite division of the body and the distinction between outside and inside. The three-part concept of the *qan* 'body' consists of the *sa* (BT) 'upper part or head', *qendi* (BT) 'middle' and *olo* (BT) 'bottom'. Each body part has a set of organs. The upper section consists of the *sa'faqos* (BT) 'skull', *sagen* (BT) 'hair', *sada* (BT)

'forehead', *qamit* (BT) 'cheek', *singgigit* (BT) 'eyebrows', *sfu'ongen* (BT) 'eyelashes', *sfu'on* (BT) 'eyes', *defit* (BT) 'ears', *da* (BT) 'nose', *giet'falaq* (BT) 'lips', *giet* (BT) 'mouth' and *nggoro* (BT) 'neck'. The middle part of the body consists of the *qmbieq* (BT) 'shoulders', *e'nasya* (BT) 'arms', *e'na* (BT) 'hands' including the *e'na-qlili* (BT) 'fingers' and *e'nakindi* (BT) 'fingernails', *syo* (BT) 'breasts', *qumuan* (BT) 'chest', *efit* (BT) 'navel', *qmat* (BT) 'stomach' and *sim'byele* (BT) 'back'. The third part of the body consists of *qanqe'le* (BT) 'annals/genitalia', *qaqa/qa'dai* (BT) 'anus/buttock', *dfin* (BT) 'hips', *deitqahe* (BT) 'calf', *deitsya* (BT) 'knee', *deit* (BT) 'feet/legs', *deit-qlili* (BT) 'toes' and *deit-kindi* (BT) 'toe-nails'.

The first part of the body has a special meaning for the Tehit community, is considered the highest part, and very important and special compared to the two other parts. Although the Tehit attach special meaning to the head, or divide the body into three parts, they still look at the body as a single undividable entity, because each part has its respective functions in making up the human body.

The head part of the body, *sa*

The Tehit have a concept that the human body also relates to health aspects. The *sa* 'head part' is at the top, so it is the first part to be exposed to something powerful that might cause people to become sick, for example, with *aa'fla* (BT) 'headache'. The word *sa* means head and *fla* 'open, split', meaning that the head is open so that the affliction can enter the head and cause pain, or split (into two) and become disunited since it is attacked by illness. It is very important for Tehit people to respect the head as it is the 'leader' which controls the other limbs. It is strictly forbidden to touch an elder person's head. Therefore, the often heard: *nsa manhyo, se, naambe na* means 'to have a good head, so that, you may become human', which implies that a person with a good mind can control him/herself and always does good deeds, will be successful and can lead others.

The first part of the human body also has other important terms in the kinship system, which means that men are often labelled '*sa*', and male children use the clan name of the father because they are considered his success, or who will continue the life of the clan and

will become the leaders of the clan. Men make the decisions in the traditional activities they perform in matters of customary land inheritance, hamlets and others, while women only have the right to use them. The correlation between *sa* and the kinship system is a token that a person comes from a specific lineage or clan in the Tehit community that embraces the patrilineal system.

Each child inherits the clan name of the father and the name often includes the word *na'sa* (BT) 'man-head', which means a person has a clan name which is inherited from the top head of the clan. Men are considered very important in this patrilineal system, because the name of the clan is preserved from generation to generation through them. The patrilineal lineage is also related to a number of men's rights related to, for example, land ownership, forests, sago hamlets and rivers. The Tehit people generally use the term *na'sama'now* which means 'clan member'. That the person who is meant here is a man, is indicated by the letter *wat* at the end of the expression *na'sa ma'now*.

Parts of the human body *sa*, will, when associated with the traditional leadership system, be seen very clearly as the chief of the clan in the Tehit community. Each chief is responsible for protecting all other members of the clan and leading the clan in matters related to custom, such as marriages. A head of a clan is not elected, but appointed based on his seniority in the clan, which means that each clan has someone it considers capable of leading the clan. The chief of the clan is always male.

This is in contrast with the formal system of leadership coming from the government. A person who becomes the head of the village can be selected jointly by all the people in the village, and may possibly be a woman. The person chosen as the head of the village must meet the requirements given by the government. Thus, everyone, both men and women have an equal right to participate as a candidate to become the head of the village, and they have the same chance and opportunity to serve as the village head. As I explained about the upper body in which *sa* affects how people of the Tehit apply their custom rules that put men and women in a different hierarchical position: male has a higher position than female. Classification of men and women in different positions is very closely related to the patrilineal system of the

Tehit. Therefore, men are at a higher position than women in the local custom. This means that the head is conceived as basically 'male' and the lower part is classified as 'female'. When viewing about the category of gender in relation to the body in depth, of course there are strict limits to the Tehit viewpoint, as the head part of the body is a representation of the male, while the middle part of the body to the lower body is a representation of women. Therefore, men are considered to have higher positions. Thus, they have a role and greater access in cultural activities and other social activities than women. In addition, men have enormous control over the natural resources and other objects, such as eastern cloth (*nothoq*) ownership and homes. Men have high social control in decision-making regarding various family affairs, customs and other social activities.

With custom rules that put the position of men higher than that of the women, men consider these rules more important and they rule against women. Men are more dominating in the indigenous affairs and inheritance of the property from their parents, whereas women do not obtain any ownership rights, because they are considered to marry someone outside the clan and belong to another clan. The subordination between men and women also has a bad effect, because women are always the aggrieved party and often suffer domestic violence from their husbands.

Even in the payment of bride wealth prevailing in the Tehit, no classification of eastern cloth set by the women as *not sa* (BT) 'head cloth' and *not waada* (BT) 'chin cloth', *not hen* (BT) 'red cloth', 'coloured fabric', 'chintz' or 'sarong'. *Not sa* 'head cloth' is categorized as men's wear, which is very expensive and indispensable at weddings, whereas other types of cloth called *linen east* for women are considered to have a low value compared with the *not sa* 'head cloth' and *not waada* 'chin cloth'. I discussed this above in the special section of the description of the marriage system among the Tehit people.

Sa 'head' remains identical with men as heads of the family and as successors in the clan. Their preferred treatment is also demonstrated through the special awards from a variety of services. When a married couple, for example, eats together, the head of the fish belongs to the husband, while the wife and the

children will enjoy the middle body and the tail. When there is *e'ren waaqo* 'hon 'only one fish', it will be especially for the husband and sons. They are the ones who may eat it, while the wife and daughters only eat vegetables.

Another example is when no husband or boy is present during family meals, the food still must be divided according to gender and the food of better quality should be for them. Generally, food of a higher value and of higher quality is reserved for male family members, especially the father. It is clear that women are not treated in the same way as men, so I see indirect gender discrimination in Tehit society.

Gender differences are not only associated with the concept of the human body, but they are also one of the causes of infant and female malnutrition, eventually leading to various diseases, because the best part of the meals goes to the men, while the women and children eat mainly what is left over. This condition causes women and children to get insufficient nourishment to sustain their bodies.

The other parts of the head that have important functions are the eyes, ears, nose and mouth. The Tehit people often pay special attention to them, as they consider them the sources of life. The eyes are important because they enable the people to work, but the notion of the eyes is also applied to other contexts. The term "eye" also refers to the eye of eastern cloth,⁹ the *nothoq* used as part of the bride wealth goods for the Tehit and other people in the Bird's Head of Papua (see [Sanggenafa & Koentjaraningrat 1993: 162](#)).

Below follows a further discussion of the body's upper parts, such as *sa'faqos* 'skull', *sa'gien* 'hair', *sa'da* 'forehead', *qa'mit* 'cheeks', *si'ngginggit* 'eyebrows', *sfu'on gen* 'eyelashes', *da* 'nose', *giet'falak* 'lips', *ada* 'chin' and *nggoro* 'neck'.

***Sa'faqos* 'skull'**

The Tehit people respect the *sa'faqos* 'skull' as an important part of the upper body, as it functions to store and protect the *sa'ndwan* 'brain'. In certain cases, people also refer to *sa'ndwan* as *sa'faqos*, as

⁹ Details about the exchange of eastern cloths in the Papua Bird's Head region can be found in the ethnographic descriptions of Pouwer (1957) and Elmberg (1965).

expressed in, for example, *sa'faqos mli* rather than *sa'ndwan mli* for 'brain which is not normal, which also refers to being wild or mad'. This upper body element is considered important, because usually when an adult or superior male has died, after a certain period of time, his body will be taken into the initiation house that is used by the male representative of the clan to be used as a pillow or head support. By doing this, the person will dream of many things especially in relation to trade in sacral cloths.

Sa'gien 'hair'

The Tehit consider hair as a cover for the head, especially for the fontanel (the soft part). When people shave their hair (such as when a close relative has died), they will hence leave the hair covering the fontanel. Shaving should be accompanied by a prayer or a greeting to the subtle protector beings. Shaven hair is not discarded, but neatly collected and buried in the ground, as someone may take it and use it for magic purposes causing illness and even the death of the owner of the hair.

Sa'da 'forehead'

According to the Tehit, the *sa'da* 'forehead' is the place where the brain works to remind someone if he or she has forgotten something. A person will always pat his or her forehead when he or she has forgotten something. Although it is commonly and scientifically known that the brain fills the whole skull, for the Tehit, it is located in the forehead. A disease, such as a headache, may enter or exit through the *sa'da*. A shaman will remove the dirty blood from the *sa'da* through the skin or *mbian* (BT) by peeling the skin of the forehead with a knife so that the patient may be cured.

Defit 'ear'

Next is the *defit* 'the ears', that must be well kept to avoid problems. The Tehit use the phrase: *Na..raa...yiosos...odin, ygiet mhnnyo, yorihnyo'na ysothnyo'na manoy...nay nde eqey yforilis*: 'a person who likes to listen to advice, will tell the truth and when he sees to or helps others, he will have a long life'. This kind of understanding has always been a way of life for the Tehit people.

The Tehit people think that the ears may have an effect on one's safety in life. A person, for instance, who is told something and keeps it a secret will have a long life. This contrasts to those who like to listen to something, but do not keep it a secret. They tell what they have heard to others, which may lead to internal conflict within the community. The ears are also considered as places where diseases enter or exit.

Evil spirits or magical powers, for example, which follow the wind may enter through the ear into the body and cause pain. They Tehit also assume that people get sick because of the inflow of water, wind and so on through the ears. That the ears' discharge is also regarded as a disease can be seen from the way shamans treat it, namely: *wuon*, *si'qndaand* *mi'mit*, which are special persons who have supernatural contacts. One of the treatments is by uttering spells into the patient's ears and to press both palms of the hands on the patient's ears and rubbing them a few times. After the hands are removed, the magic or evil spirits that caused the pain will be pulled out and the patient will be cured of his or her illness.

***Si'nggi-nggit* 'eyebrows'**

The Tehit recognise *si'ngginggit* 'eyebrows' not only as the eyes' shelters, but also as signs of appreciating certain circumstances. Raised eyebrows may be a sign of hesitation or of a need to think about something. No signs will be taken that everything is good. Someone may express that someone is diligent by saying *si'nggi-nggit ngglen* (BT) 'shy eyebrows', while the opposite maybe expressed as *si'nggi-nggit slo* (BT) 'dry eyebrows'.

***Sfu'on gen* 'eyelashes'**

The Tehit see *sfu'ongen* (BT) 'eyelashes' or *si'gien* (BT) 'eye hairs' as eye covers. Being asleep or dead is shown by closed eyelashes, while open eyelashes indicate that a person is alive and not asleep.

***Sfu'on* 'eyes'**

The 'eyes', in this context, refer to a particular motif on certain cloth. Therefore, during traditional events, such as the payment of a bride wealth, special people are represented called *na yha'na not*

‘persons appointed to estimate eastern cloths according to the patterns and classify them into low or high’.¹⁰ In addition, *sfu’on* is also interpreted as *mbolsfu’on* (BT) which means the ‘eye of the clan’ or ‘the clan to which this house belongs’. One should build new houses within the ‘eye’, meaning within one’s own clan area, not outside.

Da ‘nose’

The *da* ‘nose’ is used for breathing and smelling, unless it is disturbed by flu. A male hunter must have a well-trained nose to smell prey, a condition called *damsla* (BT) ‘sharp-nosed’, in addition to using sniffer dogs. The opposite is called the *dambin* (BT) ‘faltering nose’. Lazy people who only eat and who do not work are called *dasret* (BT) ‘shiny nosed’, while others who are usually polite are called *daslo* (BT) ‘dry nosed’. The word *da* is also used for the end, so there is *da sla* (BT) ‘sharp’ and *dambin* ‘blunt’. A knife will be said to be *dasla* or ‘sharp tipped’, but the opposite is called *dambin* ‘blunt’ or *rat nggait* (BT) ‘not sharp tipped’. *Da* is even used to indicate the character of a person who is unkind or stingy, or kind. People who are stingy are called *da’kreq* (BT), while kind persons are called *da’hmyo* (BT).

Qa’mit ‘cheeks’

Qa’mit ‘cheeks’ in association with health can be used to indicate that a person has a disease in the upper body called *qa’mit rie* (BT) ‘yellow cheeks’: yet, the cheeks are also a symbol to indicate that a person is healthy, and they are said to have *qa’mit hen* (BT) ‘red cheeks’. A woman was considered particularly beautiful if she had phlegm in her cheeks. For them, in the past, tinea versicolor was not a disease, but rather something that made the body beautiful, unlike today. The biomedical term for this disease (see page 230) is tinea versicolor. However, for the Tehit, this was not regarded as a disease; a man or woman who had fungi causing white blotches on the skin of the body and face is referred

¹⁰ People who are good at the eastern cloth trade in the indigenous environment of the Tehit, Meybrat, Mooi, Meyah, Hattam and other tribes in the Bird’s Head Peninsula of West Papua.

to as a beautiful woman or a handsome man. In former times, women actually tried to rub a kind of plant on their cheeks to get skin fungus. It is no longer practiced by the younger generation Tehit, because they already understand that *tinea versicolor* is a skin disease that should be avoided or cured.

The *qa'mit* 'cheeks' for the Tehit show a person's state of health and mind, as expressed in the saying *qa'mit fik ngglen-ngglen* 'cheeks tight, shiny bright'. When the cheeks shine brightly, it is a sign that the person is happy, but when they become lethargic and wilting, it is a sign that he or she is excited and as expressed in *qa'mit lo'loq fe mjan'* with red cheeks in lethargy'.

Giet'falaq 'lips'

The Tehit think of the *giet'falaq* 'lips' as agents of speech. A talkative person is called *giet'falaq'qondo* (BT) 'thicklips'. The *giet* 'mouth' itself is also called *maadrik* 'cutlery' and *sa'nggir* 'talk'. Someone who is called a *giet'falaq' sla* (BT) 'sharp mouth', means that he or she always utters sharp and dirty words, which make people feel bad. People who talk a lot are also called *giet'falaqfle* (BT) 'big lips'.

Giet 'mouth'

The mouth also plays an important role for every person. It is not only used for eating and drinking, but is also considered important for communicating with others. Nevertheless, the Tehit people assume that the mouth has a wider meaning than that, because the mouth can bring *qohoq* (BT) 'wealth', but can also cause *qhan* (BT) 'harm' and *odot* (BT) 'pain'.

The mouth can serve as a source of wealth or safety for someone who talks well and can manage everything properly. When someone knows how to speak convincingly about local affairs, for example, it will be profitable for his relatives. People who have a mouth that can argue well during marriage payment transactions in eastern cloths can bring benefit to the family and his clan relatives. Conversely, people who have a mouth that often leads to conflict with others are called *giet sgia* (BT) 'bad mouth' and they often get into trouble, such as pain, failing in all sorts of activities or settling down. A Tehit person who uses his mouth to

say something nasty will usually be cursed by the person who has been hurt. Thus, aggrieved people will issue a curse such as *egi-o'moug* (BT) 'go die young' or 'a quick death', meaning that a person, regardless of his or her age, should suffer an immediate death, like a man who died after falling from a tree, drowned in the river or got caught by a crocodile.

The death would be considered as the result of his or her disrespectful mouth towards old people. This is where it can be seen that Tehit people always connect failures and accidents with a person's mouth. Therefore, Tehit people, especially young people, are expected to use their mouths to say things that are good and flattering to others. The Tehit people have an understanding that the mouth is not only a source of releasing words, but can also cause people to become sick or healthy, because food and drink enter the body through the mouth and can affect a person's health. If the food and drink are good (hot), then the body does not become ill, conversely, if the food or drink are not good (cold or stale), it will cause someone to have pain in the body.

The concepts of hot and cold for the Tehit people also influence the pattern of daily food consumption, meaning that they usually eat food that has been freshly processed and served in hot conditions. *Nda'ho* or 'sago porridge', *qa* 'taro', *ni-mbra* 'vegetables', *e'ren* 'fish', for example, are eaten when freshly cooked. This concept also affects the attitude of the Tehit people that food given to someone must be hot. When hot food enters the body through the mouth, it kills diseases and keeps the body fresh, as diseases are removed through perspiration. The Tehit do not consume cold food because of their concept of cold in relation to food, as the cold food may cause pain, especially *qmat odot* (BT) 'abdominal pain'. Therefore, they try not to offer cold food to others, because it is dangerous and may make them sick. If the ill person dies, the people who provided cold food may be convicted of killing the person and a customary trial is held to pay for the burial of the corpse. This mean that a corpse is normally kept for a few days until the suspect's family has paid the amount of eastern cloths and money specified in a customary hearing, subsequently, the body can be buried.

Nggoro ‘neck’

The Tehit people see the *nggoro* ‘neck’ as the body part capable of carrying a physical load, especially camshafts. A child whose father has not paid enough bride wealth is called *nggoro hen* (BT) or ‘redneck’, meaning that his neck has not finished paying the bride wealth which comes mainly from the uncle (Mother Brother) and other relatives. Uttering this statement would make the father’s party become offended. The quarrel will end when the two parties sit together to discuss the insult and decide what additional bride wealth payments or fines have to be paid to compensate for the offensive words.

The middle part of the body, *qendi*

***Qmu’on* ‘chest’**

For the Tehit, *qmu’on* ‘chest’ also means ‘front’ and it protects the soft inner organs. The expression of *tqmuon odot* (BT) ‘pain in my chest’ means that the result of a debate did not solve an argument. It also occurs in pain due to a disease, such as tuberculosis or shortness of breath. A person suffering such pain should not sleep on his or her back, but on the side. The expression of *maq’tqmuon* (BT) ‘on my chest’ means the same as *mana’tena* (BT) ‘on my hand’ and *mana’tqmbieq* (BT) ‘on my shoulder’, and means ‘I have handled it well’.

The Tehit people see *qmu’on* ‘the chest’ as a symbol of strength. When people are proud, they usually pat their chest and say *na’qohoq tet* (BT) ‘I am a rich man’. One may see this when there is a conflict between people. If a clan leader stands in front of his clan members and pats his chest, it shows that as a leader, he is responsible for all the clan members whom he regards as his *wendla* ‘male followers’ and *wen-gi* ‘female followers’. That the chest is seen as the source of people’s strength is also revealed by the position in which the Tehit people sleep. They sleep more often in a position tilted to the left or to the right than in a straight position facing up, because they want to protect their chest, as it is the source of human strength. Someone who sleeps in a straight back position also provides an opportunity for the entry of a disease caused by a *lait* ‘witch’ and other magical powers. The expressions *ni’yese’eye* (BT) ‘overridden by the spirits’ or *qlembet*

(BT) 'the dead spirit' or 'supernatural spirit' are also often heard. If someone experiences a spirit attack, he or she has difficulty breathing and when that happens over a long time, the person may die. This makes the Tehit try to protect their chests by sleeping on the side to stay healthy.

Simbyele 'back, spine'

Because the Tehit do not know what is going on behind their back, they call this part of body *sa'lolos* which can be interpreted as 'unachieved'. It can be identified as the women's body part, since it is conceived as a place for men, especially fathers and brothers to lean on in customary issues. Therefore, people, especially adult males need to lean on a woman (daughter or sister) called *qban* (BT) 'bride wealth producer' who is indispensable in a family and in a clan. Then there is the expression *simbyele mqanas* (BT) 'strong spine', because the spine is supported by women.

The spine is significant for taking responsibility in families. When a leader utters the expression *simbyele'wqereq wa'leit* (BT) that 'the spine has broken', it means that he will soon end his task to protect his clan members, because he is no longer strong enough to sustain the load and, therefore, should be replaced.

In addition, the Tehit give special privileges to the spine, as may be seen from the tradition of *o'syo honi* (BT) or 'spinal payment' (see Wanane, 1994: 429). The tradition of the spinal payment for the dead is the responsibility of the husband or the wife and their children and other relatives. When a husband dies, for example, his wife and his children, the husband's relatives as well as other relatives have to pay for the spine of the husband to the husband's uncle or his mother's lineage. The payment is in the form of *not hoq* 'eastern cloth' and *pitis* 'money', which are given voluntarily and not to the total amount. This is done to maintain a good relationship between the families and to remember the origins of one's lineage.

It is my impression that the actual payment for the spine is a tribute to the deceased person's mother, because a mother has the heavy responsibility of raising the children and taking care of the family.

Thus, I can see that there is an ambiguous notion in Tehit culture that men are traditionally seen as more important in the community than women, because the Tehit follow the patrilineal system. It means that men seem to occupy a higher and more important position, as I have already described in another section in this book. Nevertheless, the Tehit also have a high regard for women, because women are appreciated starting from when the marriage proposal is made, the payment of the bride wealth, and because every child that women give birth to should be paid for, up to the time when agift is given when she dies, which is still the custom. If the parents or other relatives of the dead do not pay for the spine to the mother, the dead person's ghost will be angry and may cause them pain.

***Qmbi'eq* 'shoulders'**

The Tehit people see the *qmbi'eq* 'shoulders' as the place for physical and mental burdens in the sense of responsibility. There is an expression that says *tqafe mana'tqmbieq* (BT) 'to bear on my shoulders' no matter how heavy the burden is, that must be. Responsibility is like a burden on the shoulders. People will say with pride *tqmbieq'tqafe* (BT) 'I carry it on my shoulder'.

***Ena* or *enasya* 'arms'**

The Tehit word for 'arms' is *enasya* or just *ena*. The concept is associated with talk and anything hinging, craft, dexterity and movement. It is said that *nena mdono fo nat nggait erneit* 'the silence of your hand causes you to be unable to eat'. To speed up doing things, people say '*ena babra* 'as soon as a one hand job'. In connection with *niqain* or *naqain* 'ownership of things' or 'ownership of people', the Tehit will say *e'nadqoin* 'right hand' for one's own possession and *e'nawa* 'it for somebody else's ownership.

The expression *mana'tena* (BT) 'on my hand' means 'well handled by me'. The concept also extends to *ni syoq madik salo* (BT) 'act which has succeeded in completing the case' and by saying: *ne nam syoq, nggoro mqafe* (BT) 'your hands do, your shoulders carry'. The hand in Tehit is an important body tool.

The *e'na* 'hand' concept generally consists of *e'nasya* 'arms', *e'naqlili* 'fingers' or *e'naki'ndi* 'fingernails', *e'nado'fofle* 'the thumb',

e'nado'fo'osi 'index finger', *e'nado'fo'gigis* 'middle finger', *e'nado'fonggin* 'ring finger' and *e'nado'foqli'li* 'little finger'. These only became important after acculturation with outsiders. However, the *e'nado'fofle* 'the thumb' is always raised for things well done or for prestige.

Syo 'breasts'

The other body elements in the middle part of the body are the *syo* 'breasts', a term which also means 'milk'. Naturally, male and female breasts have different sizes. The breasts are located on the chest as the central point of the body. How children go through the process of growth is highly correlated with the physical form of the mother's milk. Abundant, solid milk has a definitely beneficial quality for the baby.

Women's breasts are also considered part of their sexual organs and, thus, if a man touches them for sexual purposes, he will receive customary sanctions if the woman shouts to declare that her breasts should not be touched. When that happens, *aenslonsyo* (BT) 'a fine for squeezing milk (sexual purposes)' will be levied. Elmberg (1965: 135, 1968: 229) shows that Meybrat women are convinced that the milk of the right breast is condensed, while that of the left one is thinned. Meybrat people classify women according to the size of their breasts. If a woman has big breasts, this will bring benefits to her family and relatives. It is shown that any man who will marry the woman must pay a bride wealth "as large as her breast". In the old days before the Tehit became acquainted with outside societies, women did not wear a bra, but displayed their breasts openly. The breasts of women are measured with ropes called *a'war'afis*, since the value of a woman upon marriage is linked to the size of her breasts. When the woman was about to marry, the first phase of the bride wealth consisted of *qereq'afis* (BT) 'cut the cord plugs' by paying some pieces of cloth as payment for the breasts, depending on their size. Although Tehit women nowadays no longer leave the house the way they did in the old days (without brassiere), the term *qereq'afis* is still used for the initial payment of the bride wealth or proposal goods. The rope is currently only used to measure the length of the cloth paid to a woman, but is no longer related to the size of the breasts. In Tehit,

babies who suck milk are called *atsyo* (singular) or *eitsyo* (BT) (plural) which means 'to eat milk' not 'to suck milk'.

***Efit* 'navel'**

The Tehit see the *efit* 'navel' as the node of the body that must always be kept from disease. The head crown is considered the most sensitive part of the body, especially in childhood. Mothers put oil or a lubricant on this specific part to keep it resistant to disease. If someone says *e'fit'qereq* it means 'to cut the umbilical cord with someone who is a brother or a sister (of the same mother)'. Over time it came to have two meanings: do not interbreed with each other and do not go to war.

***Qmat* 'stomach'**

The concept of *qmat* 'stomach' in Tehit denotes life. When the *qmat* 'stomach' is empty or hungry, it may cause a number of diseases. The Tehit should really pay attention to their meals. Although there may be processed food in the environment where the Tehit live, main food, such as sago, taro and fish, is always available. When the body is short of food, it can easily be infected by diseases. Therefore, food is very important. There is a phrase in Tehit that runs: *nqmat mndondo maan not ni* 'if the stomach is filled, one can function'.

Someone who has pain in the stomach says *tqmat'odot* 'I have abdominal pain', but if he or she is hungry, he or she will say *tqaso'odot* (BT) 'I die of hunger, bruised my heart', as the stomach is related directly to the heart. That shows how important the stomach and eating is for the Tehit.

The lower part of the body, *olo*

***Qanqe'le* 'genitalia'**

The Tehit women originally covered their *qanqe'le* 'genitalia' with a loincloth, made either of bark or cotton cloth, which has now been replaced by a dress of sorts. Pain in this section is rarely found, except for the monthly menstruation. There is an old tale when there was something called *wareflaq*. In ancient times there was someone from the Salmbo group who often had genital pain. Because he possessed famous eastern cloths, his penis was washed

by someone from the Tesia clan, who married his daughter to get the eastern cloths. Until today, the spring is still there and is called *ware flaq* 'washing the man's genitals'.

When a Dutch doctor learned of the story, he thought that it might have been gonorrhoea rather than syphilis, because at that time, the Papua were still living by themselves. However, these groups (Tesia and Salmbo) were the first migrants into Teminabuan or *Qohoin* (see [Flassy & Stokhof 1979](#)). This is based on a story from the old Kaleb Momot (1967), who told it to Don Flassy who, in his turn, related the story to me.

***Qaqa, qa'dai* 'anus, buttock'**

The Tehit words *qaqa, qa'dai* means 'anus', 'buttock'. *Qaqa, qa'dai* afflictions are rare in Tehit, but if someone has are anus, this is thought to mean *qaqafog* or 'haemorrhoids'. However, serious cases of people suffering from this disease are very rare in Tehit.

***Dfin, qarfen* 'hips'**

In Tehit, *dfin* 'hip' is used when someone is having problems in settling by saying *mana'tdfin* 'on my hips'. The expression *dfin'odot* 'sore hips' means 'sitting for a long time to solve a problem' rather than having any illness. However, the expression *dfin re'min* means 'paralyzed' and the term for someone who has been paralyzed since birth is '*qarat*' 'ass in the net (because of a disease or due to magic)'.

***Deitqahe* 'calf'**

The people of Tehit use *deitqahe* 'calf' when they are in pain because they have been walking or at work too long. The sickness may be cured by itchy leaves, which are rubbed on the calf and the foot. Having a large calf means that the person is strong and can work hard. Society has a special appreciation for women who have large calves and these women are perceived as beautiful, strong, healthy and very hard-working. They work hard in the garden or in the hamlet and can process sago for a long time. However, since they do not take sufficient rest periods, they may suffer from pain in the calf after they have finished their work and gone home.

Deitsya 'knee'

The Tehit people acknowledge *deitsya* 'knees' as the parts of the body that supports standing. It is important that they are elastic. Like other parts of the leg, the knee will turn sore if someone is standing or walking too long. After having been rubbed with itching leaves, the knees will return to normal.

Deit 'feet, leg'

The *deit* 'feet, legs' are the final buffers of the body for the Tehit. A shaman also said to me that the legs have to be good to have a strong body. And, indeed, it is justified by acupuncture (personal experience) that the veins of the entire body end in the soles of the feet.

Deit qili 'toes'

The Tehit use the term *de'it qili* for 'toes'. If someone is suffering a pain in the crotch slit or toes, this is usually thought to be caused by the heat of a surface.

Deitqi'ndi 'toenails'

Regarding *deit ki'ndi* 'toe-nails', when taken in conjunction with the philosophy of the Tehit on the principle of life, it is an expression often heard that says: '*nara deit kindi nsik yek wali yek fombi nyanfo syoma yaqa dreitqat*', that means that his or her toe-nails had stuck firmly in the ground, so that nobody can remove him or her. This wording is used when a person holds fast to a principle, so that no one else can affect or change the principle. Toe-nails are decisive, for example, in everyday life when someone walks on muddy or slippery ground, or when someone crosses the river, then the toe-nails can help them to keep their balance so that they do not fall down.

In addition, Tehit people often say: '*na ra deit kindi qnas mase wqoro fali nyiwaroqnyan*'. That means, someone who has strong toe-nails will stand up to protect himself and other people around him or her. People like this can solve every problem in his or her life. Sometimes the Tehit people refer to someone with the wording '*na ra deit kindi ngait lema wdi falfali*', that is, someone has not got

strong toe-nails, so he or she will fall down quickly. This means that he or she can be easily influenced and may fail in their life

The outside and inside of the body

Falaq ‘skin’, *sa’gien* ‘hair’, *qan’gen* ‘body hair’ and *qindi* ‘fingernails’

I will start this discussion with the outside parts of the body or *qan’falaq* (BT) that get special attention from the Tehit, such as *falaq* ‘skin’, *sa’gien* ‘hair’, *qan’gen* ‘body hair’ and *qindi* ‘nails’. The skin is an important outer part of the body and acts a shelter.

The Tehit assume whole body. The skin is also considered one of the entrances for diseases. Nowadays, (modern) people protect their skin by wearing clothes. In addition to wearing clean clothes, they also keep their skin clean and healthy by bathing on a regular basis. They often refer to people who do not bathe as *sinda’han* (BT) ‘dirty faces’, while clean people are called *si’ngglen* (BT) ‘shiny or gleaming faces’. In general, people who do not keep their bodies clean may be exposed to diseases, especially skin diseases such as *si’fraq* (BT) ‘ringworm’, *gik* (BT) ‘scabies’ and *sifdaq* (BT) ‘tinea vesicolor’. In addition, there are also diseases that attack the body through the skin, for instance, colds that cause abdominal pain and various other ailments.

When examined more closely, it turns out that the skin does not only cover the human body. In their cultural context, the Tehit also attach another meaning to the skin. They strongly believe, as has already been mentioned above, that the skin also symbolizes the kinship ties that determine a person’s position in a family and of their membership of a specific patrilineal clan. People also have kinship relations with family members and relatives on the mother’s side. Thus, kin members always respect and help each other in all kinds of activities. Children born of a marriage between members of two exogamous clans of the same Tehit people usually seem to be more inclined to abide to their cultural traditions. They are commonly dubbed *wet falaq sisi* (BT) ‘kids of the same skin’. This term refers to children whose father and mother originate from a different Tehit people. Thus, a child can be involved in many cultural activities, because he or she follows the concrete

examples of either parent. In the same way as the skin protects the body, people treat their skin well to protect their kin relations.

By contrast, children born to culturally mixed marriages, because the father and mother originate from different ethnic groups or tribes, do not have the responsibility to pay attention to their relatives or other members of their clan. They are usually dubbed wet *falaqlak* 'kids with double skins'. In general, being such a child has various social consequences and they are not so appreciated or liked by their relatives, even when they offer advice or an opinion that benefits their interests. They also receive less sympathy and their relatives often shun them, because they are perceived as people who do not know the customs.

The term *falaqlak* 'double or two skinned' is also often used as an expression for someone who has no loyalty and is, therefore, considered a traitor or a spy. He or she, thus, may cause trouble to his or her family members, relatives and friends. This is what people insinuate by the use of the expression *falaqlak*. These people usually do not live long, because their family or the community in general casts a spell or curse upon them. This condition may arise due to jealousy or hate by one of the victim's family members or relatives who curse the victim in order to get eastern cloths or money given to them as a reward for doing so. Various conflicts of interest can be used as excuses for taking the life of fellow family members or relatives, such as conflicts over land rights, debt payments of 'eastern cloths', or a bride wealth payment. Cases also occur in the public arena due to conflicts during elections of village heads, members of legislative bodies, regents, governors and so on.

Other elements located on the outside part of the body are hair, fingernails and body hair. I have discussed *sa* 'hair' above, so I am just going to talk about body hair and fingernails. For the Tehit, body hair protects the body from *foron* (BT) 'wind' to prevent someone from becoming sick. Body hair is even seen to protect the skin from unseen forces that may enter the body because the poison is caught in the body hair. There is a difference between the body hair of men and that of women based on their body weight and they have different meanings for the Tehit. A man who has

abundant body hair is considered great, handsome, strong, courageous and decisive.

It seems that fingernails are also a source of entry for diseases as they are used to scratch itchy parts of the body. However, fingernails can also be used to clean the body while taking a bath. Fingernails can also be protective tools, as they can be used in fights to scratch one's opponent. For the Tehit, fingernails have a deeper meaning related to customs, for instance, in the expression *deit yori eina qindi qanas se qroh* 'strong nails can stand'. This means simply that a person has to work so that he or she can eat, but the expression can also be used to satirize someone who wants to get married, but does not have the capital to pay for the eastern cloths for his wife-to-be. He will expect to get help from family members or other relatives. It is, moreover, used when someone is inexperienced, but wants to do something beyond their ability and who is supported by capital, such as eastern cloths or money. Thus, people realise that the *qindi* are very important for a person.

Concepts of *qan* 'flesh', *honi* 'bones', *hen* 'blood' and *se* 'water/liquid'

The concept of the four elements inside the body: '*qafog*', which consists of *qan* 'flesh', *honi* 'bones', *hen* 'blood' and *se* 'water, liquid', will be described as follows.

Qan 'flesh'

The concept of *qan* (BT) 'flesh' is part of the inner or inside part of a person's body. If a man or woman's body is well-shaped, it is referred to as a *qan'hes* (BT) 'healthy body'. Conversely, if a person is thin, he or she is usually called a *qan'honi* (BT) 'bony person' or a *na qany'i* (BT) 'unhealthy or sick person'. The term *qan* is also used for people who can take care of their own needs, such as laying out a garden and planting, washing sago, hunting and fishing. Such persons are called *na'qan'qanas* 'strong person' or 'stable body'. They can also be called just *na'qan* 'those who have flesh'. But people who are lazy and depend completely on their family are usually referred to as *naqan lua'wa* or *na qal'wa* (BT) 'people with weak bodies' or *naqansyoq* (BT) 'people who only consist of marrow' or 'not strong people'. Another expression is *qan'nggait*

(BT) 'they who do not have flesh'. People referred to as not having flesh can easily become the target of *lait* 'witchcraft'. If a witch kills a skinny person, the death will be considered expected, as it is associated with a *qan'nggait* 'thin body' condition and not having flesh (skinny). The family will think that the death is due to health conditions without suspecting an act of a *lait* 'witch'.¹¹ When this happens, no *lait* will be fined, as the death is seen as a normal accident because of the skinny and unhealthy body condition of the deceased.

Furthermore, people who are called *na'qan* 'people who have flesh' are probably less targeted by *lait*, because their flesh is considered healthier. If such a person gets killed, a *lait* will take over his power and his power will move into the *lait*'s body. When a *lait* sees people with healthy bodies, he will always be jealous or envious and, therefore, intends to make them sick or, if possible, will directly kill him. Therefore, when a person who has *qan* 'flesh' and is, thus, called *hes* 'healthy' suddenly dies, the family will conclude directly that it was a death caused by a *lait*. Such a death will often lead to social conflict, because the family will not accept that the death was a natural one.

***Honi* 'bones'**

Other inner hard elements of the body part are the '*honi* 'bones', which are considered very important body parts. The Tehit try to strengthen a baby's bones so that the baby will not easily be susceptible to disease. This strengthening is done by *wuanaq* (BT) 'massaging', by applying medicine to the body (of the baby) using leaves that have been heated over a flame *qo'mik* (BT) 'ingredient leaves' and also by using *nggri'mik tityqo falaq* 'coconut shell charcoal'. In addition to preventing the baby from falling ill, a baby's bones are usually often rubbed with its mother's *qafje* (BT) 'saliva', because it will protect the infant from attacks by natural spirits, such as *qlembet* (BT) 'death', and other magical powers. The Tehit people told me that the saliva when rubbed on a baby's feet is believed to accelerate the baby's growth and to make its bones

¹¹ A description of *lait* or *suanggi* can be seen in the folksector, page 161.

strong, so that it will be able to stand and walk on its own feet very fast.

Concerning the relation between mother and baby, the Tehit people assume that bones actually come from the mother right after the formation of the *'wet nggaen* (BT) 'foetus' in the womb. Moreover, the concept of *honi* 'bone' in Tehit may refer to a person's lineage as well. This can be seen in the tradition of *o'syo honi*, literally *o'syo* 'to puncture' or 'to arrange' and the *honi* 'bone'. Thus, it can be interpreted as 'to puncture bones' or 'bone stringing', which can be conducted to link the deceased person to their mother's lineage. However, the family members in the father's lineage make the payment for the bones, so all the people in the patrilineal clan will have to share the liability together with the bereaved family to complete bone payment. In this context, it does not matter whether a man or a woman has died. The payment should be made in bones or *o'syohoni* (BT) 'assembling bones'. This is not actually done by assembling real bones, but symbolically by tying a person to their origin, or their mother's lineage through the payment.

Hen 'blood'

Blood, *hen* (BT) is another very important body element. The Tehit have two concepts of blood: *hen hnyo* (BT) or '*darah bersih*' (BI) 'clean blood' and *hen sgia* (BT) or '*darah kotor*' (BI) 'dirty blood'. Clean blood is the blood that is in the body of a person and comes from his or her parents. Clean blood flows in the body of each person. While impure or dirty blood is menstrual blood or blood that comes from women giving birth.

Clean blood in Tehit is associated with one's lineage and relates to the origin of the person. The Tehit people, for example, always urge their children to choose a husband or a wife by considering his or her descendants, in the sense of the origins of the people who they want to marry. Thus, there is a special notion that a man from another clan can take a woman with *hen hnyo* 'good blood' to be his wife. She is, so to say, an example of the women of her clan. Therefore, the Tehit people often use the expression *nanggi mefe hen mhnyo msyos wet yhen mhnyo sago*: 'women with good blood will give birth to children who are nice too'. Similarly, if someone is

considered to originate from a good clan (e.g. has a good name, is considered to have abundant eastern cloth), this person is supposed to have good blood, and will provide valuable children who will succeed in their lives, through study, work, marriage or otherwise.

Blood, in the understanding of Tehit society, also contrasts with something dirty that may harm other people. In fact, they assume that blood can also cause pain. The rural Tehit community, for example, still believes that blood is something dirty, so it should be avoided, especially by children and young and mature men as it may bring bad luck. As for bad luck, children who are exposed to dirty blood will experience slower growth and less bodily health, while young and adult men with *hen sgia* 'dirty blood' will always fail in what they do and not get any results from their activities. When an adult male, for example, is affected by *hen sgia* and he goes fishing in the sea, he will not catch any fish whatsoever.

Additionally, when he is out hunting, he will also go home empty-handed because he will not have caught anything. This condition applies to all kinds of activities. Whenever a man has *hen sgia mha* (BT) 'is contaminated or affected by dirty blood' of a *nanggi mqahen* (BT) 'menstruating woman' or with blood of *nanggi msyos* (BT) 'woman who has given birth', all his activities will fail. The Tehit believe that failure or lack of success in executing activities is because men's bodies are tainted by blood and they are incapable of becoming *sandwan lolo* (BT) 'making sense' 'able to think clearly' and, therefore, cannot execute their activities properly. To that end, in the past, when a woman was menstruating or giving birth, she would be sequestered with her baby in a special hut called *mbolqsi'wo* or *mbolqo'non* which means 'special hut for mother and child' or 'care cottage', that was built in the middle of the forest for the delivery and the period after that. During the delivery and postpartum, adult men and boys were not allowed to come anywhere near the hut. They were strictly forbidden from entering the hut, because gross blood or blood of new mothers were considered the causes that made them sick and so on. Therefore, only a female shaman, mother, mother-in-law and her sisters or sisters-in-law had contact with the new mother. Today, the birth huts are no longer in use, but women give birth in

a secluded space in their homes, which is forbidden to men during their stay.

Hen 'blood' is also considered dangerous when linked with the principles of marriage in Tehit society. Persons who are related through blood from the father's lineage and also from that of the mother should not marry, because they would be in violation of customary law. It is based on the tradition that a man or a wife can only take a spouse from another clan. In the Tehit community, the blood in the *ngga'en* 'foetus' comes from the mother, but after a baby is born, he or she will be called to follow the father's lineage with the aim of helping to continue the name of his clan because the "social" blood (descent) is inherited from the father. Here lies the difference between the notion of blood as an actual part of a person's body and blood in the wider sense, namely, as a determinant of the lineage or origins of a person based on the patrilineal system in the Tehit community.

The Tehit also recognise the concept of dirty blood in the body that can cause someone pain. Therefore, if people feel unwell, they will ask a shaman to cut back the skin of the forehead to remove the dirty blood. They denote this tradition of making incisions with the term *saq mbian* (BT). Herbalists, before incising the patient's body, first usually rub the forehead with itchy leaves to make the patient feel more relaxed so that the dirty blood can come out well and the patient can recover.

***Se* 'water'**

The Tehit recognise another bodily fluid, '*se*' 'water, liquid'. The Tehit say that water is an important element in a person's body. In fact, they call people who are sick or those who are less healthy *na-sislo* 'dry-faced people', because there is no water in their body. This can be seen from the way *awuon*, *mi'mit* and *si'qnda* or a shaman treat a patient. They utter a spell over water and give it to a patient to drink, while also pouring water on the patient's head, face and body. The water that flows in the patient's body will make the patient feel refreshed and get rid of the disease so that the patient can heal. In addition, a shaman of *wuon*, *mi'mit* and *si'qnda* will also remove the sweat of a patient who has been afflicted with a dry body and tell the patient's family that the patient will

recover, because water has already started to come out of the patient's body.

The Tehit people assume that *se* 'water, liquid' is life. Married women who have many children often get the nickname *nanggi mqmatse* (BT) 'wealth women' or 'woman with water in her belly so that she can give life through the foetus in the womb'. Conversely, infertile women are usually dubbed *nanggin qmatslo* (BT) 'dry woman' to indicate that they are sick and unable to provide their clan with children. Thus, water is a symbol of life and the Tehit refer to it as *fori* (BT) 'fertility'. When associated with health, water also releases diseases from a patient's body, because Tehit people who are sick are usually treated with water as a means of healing. Shamans utter spells over the water a patient must drink and they wash the face and the entire body of the patient from head to toes with this water. Water can also be used to bathe a patient and is believed to cure patients provided a spell has been uttered over it.

The relation between water and health is symbolized by *sembi* (BT) 'sweat'. Sweating is an indication that a person is healthy, while *sembi syar* refers to the condition of a sick person. Sweat brings out the disease and is termed *sembi syar* (BT) 'sweat shed out'. This is seen in, for example, a patient who has the flu and who will be made to sweat by eating *nda'ho* 'sago porridge with fish sauce'. Another method is that the sick person, rather than lying down, is made to work, walk or run outside the house until he or she gets sweaty. After that, the sick body will be fit again. Therefore, sweating is synonymous with health, while people who do not sweat are said to be sick or unhealthy. That sweat has the potential to remove a disease from a sick person's body is also confirmed by van Oosterhout for the neighbouring Inanwatan area: Sweat, as such, keeps a body healthy by promoting the blood's fluidity and, therefore, plays an important role in healing (see [Stewart & Strathern, 2001: 29](#)).

For the Tehit, semen is classified as water. Semen is divided into *flaqse* 'male semen', the water or liquid that comes out of the penis, and *felise* 'female semen', which comes out of the vagina. During sexual intercourse, there is a process of the mixing of the semen or water from both partners which may lead to pregnancy. When a child is born, the fluid that exits through the mother's

vagina is called 'qaafuk' or 'wet meme' (BT) or 'kaka' 'ari-ari' (BI) 'placenta'.

The last *se*, 'water or liquid', of the body is called *wua* (BT), 'soul or life'. This liquid leaves the body during the process of dying. The last liquid to leave the body is called *wa'sit* (BT), 'water or liquid from the dead body'. The *wa'sit* is beneficial when it penetrates the soil as it will cause the soil to become fertile. However, fish and other water or river products from around the tomb should not be eaten for some months after the burial, because the river is believed to be contaminated. In former times, when a dead body had already dried, the head or skull would be removed and taken to a specific place (in a house or a cave) for safekeeping (see [Elmberg, 1965](#): 16-24).

After having discussed the four elements in a person's body as acknowledged by the Tehit people above, namely *qan* 'flesh', *hen* 'blood', *honi* 'bone' and *se* 'water, liquid', I conclude that the Tehit people do not just view them as mere physical elements, but also attach to them a complex sense of social interrelation. Tehit people think that these elements are intimately related to social aspects and, in this way, provide balance in their lives. These relations include kinship ties and relations with the universe in which the Tehit live. When people do not treat these four elements properly, it may have serious implications on a number of aspects, including on their own health and that of their families.

The concept of *wua*, *qol/qa'so* and *sa'ndwan* 'soul' and 'mind'

The Tehit have three different terms to denote the spiritual elements that may be translated as 'soul' or 'mind'. They are *wua*, which is located in the heart, *qaso* or *qol*, located in the liver, and *sa'ndwan* located in the brain. Thus, all three elements are located inside a person's body and have already been formed in the *wet*, the 'foetus' or 'embryo'. The Tehit understand that these three elements are derived from *Na Agow* 'God'.

The Tehit understand that the *wua* is a single element within the human body and that it will leave the body at death and settle in *mlafitain*, the world of the dead. After it has left the body, the *wua* is called *qlembet* 'devil'. We may, thus, conclude that the *wua* never

dies, but becomes independent after death and changes location; it cannot be seen by ordinary human beings. The *wua* or 'soul' is a force that regulates and controls a person's behaviour. The Tehit believe that *wua* comes from *Na-Agow* or 'God' who has ruled over human beings and the universe from the beginning. According to the Tehit, the soul may leave the body at any time and re-enter it through the heart. During sleep, the soul may leave the body on its own. It is said that when a person sleeps, the *wua* will leave the body to wander and to visit far-off places and that the journey is made in a dream. A person should not be disturbed by evil spirits during the *wua*'s journey to make sure the soul returns to the body. If the soul is treated well, it will return safely, but if it is treated badly, it will cause the body, mainly the head, to become ill (headache). If the soul has left and does not return to the body, the person dies. When a person has died, the *wua* leaves the body and wanders in the universe to stay alive. According to the Tehit, it will exist in plants, rocks or anything that can help or hurt living people.

Therefore, when a person is ill the *wuon*, *mi'mit*, *si'qnda* 'healers' will usually try to find out whether the soul of the patient has been taken to *mlafitain* or not. The Tehit understand that *wua* occupies the entire inside of a person's body and, thus, *wua* 'soul' is different from *qan* 'body'. *Wua* is abstract, whereas *qan* is something real and concrete. However, both have committed relationships with one another. This means that the body and the soul together function in a living body as a single entity. When *wua* moves with the *qan* there is *ron* (BT) 'life'. Therefore, there is the term *na-ron* (BT) 'living person'. Otherwise, if there is no *wua*, the body does not function and is considered to be *egi* (BT) 'dead' and a dead person is, thus, called *na-egi*. Needless to say, *wua* and *qan* are very important for everyone.

With the above explanation, when the *wua* 'soul' and the *qan* 'body' experience health problems because of magic, a shaman like a *wuon*, *si'qnda* or a *mi'mit* will treat the body and the soul with spells that are considered able of curing the patient as a whole. In Tehit, *wua*'shadow', is believed to be part of the body. It is not like the flesh attached to the body, but located closer to the heart and blood. It is said that when a person sleeps, the *wua* will wander out

of the body to visit distant places. Its journey is reflected in a person's dreams. A person should not be disturbed by evil spirits during the journey to make sure that the shadow can return to the body. Therefore, a token of protection should be tied to a person's body while asleep, especially children, who are more vulnerable to spirit attacks. When a person has died, the *wua* leaves the body, but wanders through the universe to keep alive. According to the Tehit, it will exist in plants, rocks, anything that can help or hurt the people who still live according to its deeds.

In Tehit, *qa'so* 'heart' is known as the body part that directs the circulation of blood, water and life. A dead person is said to suffer from *qa'sowdi* (BT) 'heart breaking, heart falls' or 'break lives'. Heart afflictions are not well-known, except for *qa'so when* (BT) 'hungry, starving, *qa'so'odot* (BT) 'hurt' because of being offended, and *qa'soya'qa* (BT) 'anger, wrath'. When a person is angry with someone, he or she would say he or she has a *qa'so marin* (BT) 'boiling heart', meaning that the heart is very angry and hot with emotion. The words express extraordinary fierce emotions about that person. However, when someone picks more gentle words and is also emotionally stable, of course, he or she would be said to have a *qa'somhyo* (BT) 'nice heart' or that the person is *qa'so remin* (BT) 'soft hearted'.

Emotional persons usually have less harmonious relationships with other community members. Sometimes, for example, there are conflicts with family members, clan members or with outsiders. These conflicts can arise through a war of words or even through physical violence. The person or party who has been hurt will usually try to avenge himself, use the services of someone else or resort to using magical powers. Someone who can control his or her emotions will experience different conditions. He or she will live happily and will be protected and assisted by family members, other relatives and community members.

A *qol* 'spirit' is believed to come from outside the self. It comes from the highest being known as *Na-Agow* 'God, Supernatural being'. There are two types of spirits which are *qol'qlembet* 'spirit of evil', 'satan' or 'devil' and the holy spirit, who always provides man with knowledge. These spirits are beyond the grasp of human beings, but can direct the human mind and human action in all

respects. People will not realise this before an incident has happened, but rather after the event. To that condition, a Tehit man, before committing himself to do anything, will always utter the words *faa, natsyo* 'foerimam' 'keep my life safe'. Only men can pronounce these words, because custom has decided that men are women's leaders and, therefore, when they perform any activity, both at sea and on land, only men have the right to utter these words. When women use the expression, they may get no results and may even become ill or some other kind of misfortune may befall them.

Another important element inside the body is *sandawan* (BT) 'brain, knowledge'. According to the Tehit, *sandawan* is located in the head or in the skull, but is governed by the *qa'so* 'heart' via the blood and is in control of all parts of one's body in order to survive. People are said to be *sandwan mli* (BT) 'brain shaken' when they are considered crazy or insane. The most common brain diseases are forgetfulness and absent-mindedness, which are determined by various factors, such as age and the number of things one has to think about, and can also be caused by magic.

Pain and Diseases “*Ni qanyi*” (BT)

The Tehit believe that all aspects of life are linked and interrelated to the whole universe: fellow men, houses, food, soil, stones, forests, plants, animals, rivers, gardens and their location in time, and the forces of nature, such as the morning, midday, evening, night time, midnight, dawn, rain and wind. The entire life is determined by the constellation of these factors, place, time and weather. These factors also influence people's well-being. Diseases are the result of the interrelation of man and the universe of which he is part.

As I will show, there are various types of diseases associated with indisposition or pain among the Tehit. Accordingly, the Tehit have different ways of handling and treating them. For each of these diseases, if the pain lasts a long time and is difficult to cure, the necessary treatment is performed by folk healers. However, when the pain persists over a prolonged period of time they recognize it as a disease caused by the power of magic, such as that from *suanggi*, poison and others. The concept

of pain among the Tehit consists of two categories, depending on the level of pain: *qo'qo* and *qanyi*. Both concepts express the instability of the body and the soul causing people to become sick or ill. *Ni-qoqo* and *ni-qanyi* refer to sickness and illness. The attached word *ni* is used for things, items, events or circumstances that cause the body to become spiritually and physically imbalanced or unwell.

Qo'qo (ni-qoqo) is used for simple, mild and temporary diseases and ailments from which patients will recover in a short time. *Qany (ni-qanyi)* is used for complex and serious diseases that take a long time to heal. Another term for *qo'qo* is *odot*, which is used for feeling irritated, annoyed and not feeling well. Unlike *qo'qo*, *odot* is directly added to the body part where the imbalance occurs, so it refers more to pain rather than to being sick or feeling ill. A person may stumble over a stone because he did not walk carefully or because a supernatural creature has ordered the person to do so. The feet will experience pain or suffer from the three conditions starting with '*odot*', subsequently to *qoqo*, and ending in *qanyi*.

The Tehit people generally tend to relate their pain to the forces of nature, and when someone is sick and does not heal within a relatively short period, such as one to two days, they would categorize it as an act of the supernatural forces that dwell in nature. Therefore, when someone suffers from diseases such as *osik sigia* 'diarrhoea', *qmat odot* 'stomach-ache', *qendi odot* 'backache', *safla* 'headache', *heqqoqo* 'toothache', *honi-qasleq* 'rheumatism', *defit qoqo* 'ear pain', *siqoqo* 'sore eyes' *qnyen* 'worms' and a *qendi rereq* 'broken backbone' or *qendi odot* 'back pain' too seriously, the patient is usually cured by *woun*, *mimit* or *si'qnda* or by soothsayers who got their talent from God.

Osik sigia is a disease accompanied by abdominal pain and changing hot and cold body temperature. The patient experiences continuous defecating in a relatively short period of time, for example, in minutes, and the faeces is thin (liquid). According to a female informant, *osik sigia* may be experienced by everyone, both adults and children. The disease is considered dangerous, because the condition of the patient becomes very weak and he or she may pass away if not treated immediately. This disease is the most common cause of death for babies and children under five years

old. The Tehit people are extremely worried whenever *osik sigia* causes bleeding. Yuliana Saflafo, for example, tells of her experience when she had *osik sigia*:

I have had stomach-aches and diarrhoea several times. I've tried to rub itchy leaves... we call *qafa* onto my stomach, but it was no help and I even felt that I was close to death. My children were crying because they thought I was dying. At night, my husband went to Wen village to pick up Woun Mbolhoq to treat me. He uttered a spell on the itchy leaves and then rubbed them onto my belly. His assistance allowed me to sleep soundly until morning. When I woke up, I asked my husband what the *woun* had actually said about my illness. My husband replied that the *woun* had told him that I was hurt by a *suanggi*, but that the *woun* had expelled it, so that I was cured because the *woun* had defeated the *suanggi*. (Interview with Yuliana Saflafo, in *Kampong Wenslolo*, March 2011 [my translation]).

The case of Yuliana Saflafo is, in fact, closely related to the imbalance in interhuman social relations. As teacher, Yuliana is always hard and very disciplined, so there are parents who dislike her, which may have had an effect on the spirit of the dead and supernatural beings, including *suanggi*, and caused her to become ill.

The Tehit also suffer from *qmat odot* (stomach-ache). This disease may hit both children and adults. It is marked by a continuous painful stomach. The symptoms are a hard and bloated stomach, difficult defecation, cold body temperature changing with fever. Abdominal pain is generally always associated with a common cold, as narrated by a housewife named Yosina Krenak:

After I had washed my laundry in the river... I went back to the house. Ouch... what happened to me... I had not even eaten a thing, but my stomach hurt. The pain was there only a little while and then suddenly it was gone... then I felt sick again... and got even more sick. I could not take it anymore... I felt like I was going to die. I cried... Ida was holding mama's hand, because mama could not stand up. She tried to lift me, but I could not stand. Ida was terrified, and she went to call Woun Kalilie. When he came, he cast a spell on some water and told me to drink it. He poured the remaining water into his hand and rubbed it on my face.

With the help of the *woun*, I recovered. He said that the *ni-fralas* (spirits) were angry because we had worked in the garden without asking permission or *sambe* and, therefore, the *ni-fralas* had made me sick. (Interview with Yosina Krenak in *Kampong Sadrofoyo*, April 2011[my translation]).

The case Yosina Krenak experienced is related to an imbalance in the relationship between humans and nature that can cause illness. Therefore, people who want to manage the forest as a garden have to ask for *sambe* (permission), also known as *salo saq* (BT) ‘throwing voice’, from the spirits that inhabit the forest. Failing to do so may upset the spirits because the forest is their home and humans destroy it.

Qendi odot or ‘backache’. Adult men or women generally suffer from this. Backache often causes patients only to be able to lie down, because they cannot bear to sit. Backache is a very common problem many adults suffer from. The pain can spread to the knees and to the feet. They admit that they suffer mostly from pain in the lower back, so that patients feel they are unable to support their own body or carry out their daily activities. Back pain is always associated with carrying heavy loads or working in the garden in a hunched position for too long. Backache in children is called *qendi-rereq* or broken backbone. When a child suffers from *qendi-rereq*, it is usually accompanied by another illness, such as *osik sigia*, which causes the child to be weakened and if it is not cured immediately, they may die.

The housewife Yohanna Serkadifat had the following to say about *qendi rereq*:

Last night my baby was crying... I gave her milk, but she would not drink it... her body was hot. I felt pity because she cried... my husband took turns carrying her... but she kept on crying. My husband went to call Mama Lince Segetmena (*si'qnda*) to come and have a look at the child. Mama Lince carried her and rubbed her back. She told us that the baby had back pain because she had fallen down or because she was carried in a wrong position. Mama Lince cast a spell on an itchy leaf and rubbed it on its back... then the baby stopped crying... Mama Lince left the baby with me... she also ended up sleeping. (Interview with Yohana

Serkadifat in Kampong Seribau, November 2011[my translation]).

Yohana Serkadifat's baby's pain was caused by human error. But the most important thing in this case was that the *si'qnda* could heal the baby with an itchy leaf over which a spell had been cast. Other than that, if this is connected with the human relations aspect of imbalance with other human beings, maybe the baby was dropped because a *suanggi* was angry with Yohana and her husband because the dowry had not been completed paid to the Serkadifat family.

Sa-fla means 'splitting of the head'. Patients scream while they support their head with both hands or by tying a piece of cloth around the head because the extreme pain causes the head to feel as if it is going to split. Someone who suffers from this kind of headache said that the pain affected his eyes, causing a blurry and unclear vision. The main symptoms are dizziness and a hot body temperature. Soleman Sagisolo in the Sadrofoyo village told of his experience as follows:

I was working on a beam to make a new house... all of a sudden, I felt dizzy... my head felt as if it was going to explode. Luckily, my brother-in-law, Krimadi, held my hands and took me to our old house. He gave me a glass of water to drink. He rubbed itchy leaves (*qafa*) on my forehead and on my back, and he told me to sleep. I slept a little, but I woke up because I was still in pain. Then he called Woun Kalilie to treat me. He said that a *suanggi* had made me have this pain, so it must be cured. The *woun* cast a spell over some water and then rubbed it on my body. By doing this, the *woun* has helped me so far. (Interview with Soleman Sagisolo in Sadrofoyo village, August 2009[my translation]).

The case of Soleman Sagisolo shows the imbalance in the relations between humans and other human beings, especially those who practice *suanggi*. The *suanggi* were apparently not pleased with Soleman and his family who were in the process of building a permanent house. The *suanggi* was jealous and so they made Soleman sick.

The Tehit people also know of *honi-qasleq* 'stiffness in the bones or joints'. This illness attacks someone's feet, arms, back or neck. The patient feels uncomfortable when he sleeps, sits or stands up, because of the pain. Adult men and women usually suffer from this affliction. The symptoms are feeling stiff or aching and pain in the joints. Markus Kalilie in Kampong Sadrofoyo had the following to say:

At night I could not sleep because my feet, hands and back ached. I could not stand it anymore, and so I went to see a *woun* who cast a spell on some itchy leaves. I have continued to rub my feet, hands and my back. Then he took a knife, and he made a cut (*mbian*) on my back so that blood left my body. I am finally healed. (Interview with Markus Kalilie in Sadrofoyo village, August 2009 [my translation]).

Heq qogo is 'toothache' which is suffered by both children and adults. People say that they cannot bear the pain. If they are asked to choose between any diseases, they said any illness is better than toothache. It causes a patient to be unable to eat, sleep or even to speak. The pain spreads out to the eyes and ears, so that it disturbs hearing. Yafet Krimadi once had it:

Ouch... I am most irritated when I have a toothache, because I cannot sleep or work. Once I worked in the garden... all of a sudden, my teeth hurt and made my ears hurt too. I could not take it anymore and went back home. I made a fire in the stove and heated the paste in my hands. My wife called evangelist Nico to treat me. Evangelist Nico prayed before the water. After I drank the water, I was healed. I was healed. Evangelist Nico said I was sick because today I had a fight with my wife. Although I was cured, I have to apologize to her. (Interview with Yafet Krimadi in Sadrofoyo village, August 2009 [my translation]).

Siqoqo is 'sore eyes'. It is also called *qaosi* 'bleary eyes'. People have pain because of red-eyes and it attacks children and adults. Some people I interviewed said that it is usually marked by red itchy eyes and it feels like there is sand under the eyelid, so that it is painful. Red-eye is marked with eye mucus or white stuff that sticks to the eye '*simbret*' (BT). This disease occurs only in the dry

season, such as told by a man from Kampong Wenslolo, called Elly Sekeiteles:

I have three children; they often have red-eye (*siqoqo*). If one of them gets red-eye, then his brothers will be infected too. When my children are ill, I used to take them to the *Pustu*¹² for treatment. I buy medicine and every night before they go to bed, I give my kids eyedrops. But last month, I was very surprised, because I had given eye drops, but they did not recover... I was confused and feared that the eyedrops had expired. I prayed for them. The next day I went to call evangelist Nico Krenak in Kampong Wen. He came to pray and gave the children some water to drink. He also prayed for the children's bath water. Praise the Lord for the pain began to abate and they were completely healed. (Interview with Eli Sekeiteles in Wenslolo village, April 2011 [my translation]).

Defit qoqo refers to 'earache', which is commonly found in children, but adults may also suffer from it. They say that if *defit qoqo* is not cured properly, it may cause the patient to become deaf (*defit osin*). The disease is considered normal, but if it is left untreated, it will hurt, as Yesaya Kalilie related:

I used to take ear pain for granted. I did not care, because we like to bathe in the river. If water gets into the ears... it usually heals by itself. By the time I was working in the office (Sawiat district), all of a sudden, I had a sore ear. I called Woun Mbolhoq for treatment. He just blew some mantras into the ears and the pain began to diminish. He also cast a spell into a glass of water that I had to drink. That night, I slept soundly until morning and it appeared that my sore ear had healed. (Interview with Yesaya Kalilie in Wen village, March 2011 [my translation]).

Qnyen is 'worms'. Children are not allowed to consume too much fish or meat because it is believed that it will cause them to suffer from worm disease. Children who suffer from worms are marked by a big stomach and they have an itchy feeling in their

¹² *Pustu* (*Pusat Pelayanan Terpadu*) or Integrated Health Centres are located in the villages, while *Pukesmas* (*Pusat Kesehatan Masyarakat*) or Health Centres are located in the sub-districts.

bottom. When parents notice that their kid is scratching his or her bottom continuously, they know that he or she suffers from worms. Children who suffer from worms usually have a fever and vomit, and their diarrhoea contains worms. It is considered weird if an adult suffers from it and when that is the case, it will be related to magic, as is told by Yuliana Kofias:

My son's face was pale and he refused to eat. I was very confused, not knowing what to do. My husband said we should take the boy to Mama Waelaruno, who is a prayer healer. We told Mama Waelaruno about our son and she rubbed oil onto his body. Mama Waelaruno told my husband to buy water in bottles and that she would pray over them and that we should take them home. When we came back from Mama Waelaruno, I saw that our son's face had started to look well again. That night, before he went to sleep, we gave him some of Mama Waelaruno's water to drink. In the morning, when we woke up, lots of worms were coming out of his droppings. Mama Waelaruno made our child better only with oil, water and prayer. (Interview with Yuliana Kofias in Kampong Seribau, November 2011 [my translation]).

A *Qafes* (abcess) is a lump which starts small and gets progressively bigger and reddish and the surface is rust-coloured. When the surface of the abscess breaks, it will produce pus. Anybody can have *qafes*, both children and adults. Parents often forbid their children to eat eggs because it is believed that it may cause an abscess in children. Larger abscesses are called *bisul raja* or *foos* (BT). This kind of abscess is much more painful than other types of abscesses and when healed, they even leave permanent scars on the skin. *Foos* or king ulcers are called so because they are very big. Abscesses are invariably associated with the power of magic, as proposed by a man called Yunus Jarfi:

I've had *foos*, it hurts very much... I could not sleep or stand. I just sat in a place like a lame one. My parents called a *woun* to treat the *foos*. He uttered a spell over Sayen leaves and then pasted them onto the *foos*. The spells of the *woun* relieved the pain that had made me unable to sleep. A few days later, the *foos* began to dry and, eventually, I recovered. (Interview with Lefinus Jarfi in Sadrofoyo village, August 2009 [my translation]).

Several case examples of patients above can be seen in the table below:

Table 3. *The types of pain*

| Cases | Types of disease | Caused by | Actor treating the disease | The form of treatment of the disease |
|-------------------|--|---|----------------------------|--|
| Yuliana Saflafo | <i>Qmat'odot 'stomach-ache'</i> | <i>Suanggi/lait</i> | <i>Woun</i> | A <i>woun</i> uttered a spell over itchy leaves and then rubbed them on the patient's stomach. |
| Yosina Krenak | <i>Qmat'odot 'stomach-ache'</i> | <i>Suanggi/lait</i> | <i>Woun</i> | A <i>woun</i> uttered a spell on water for the patient to drink. Most of the water was rubbed onto the stomach. |
| Yohana Serkadifat | <i>Qendi rereq 'broken backbone'</i> | <i>Suanggi/lait</i> | <i>Si'qnda</i> | A <i>si'qnda</i> uttered a spell and rubbed the baby's back. |
| Soelman Sagisolo | <i>Sa'fla 'headache' & Qendi' odot 'back pain'</i> | <i>Suanggi/lait</i> | <i>Woun</i> | A <i>woun</i> uttered a spell over the water for the patient to drink; most of the water was applied to the face, belly and feet. |
| Markus Kalilie | <i>Qendi' odot 'back pain'</i> | <i>Nifralas (spirits in the forest)</i> | <i>Woun</i> | A <i>woun</i> uttered a spell on the itchy leaves and rubbed them on the feet, hands and back; he also cut the skin (<i>mbian</i>) of the back with a knife. |
| Yafet Krimadi | <i>Si' qogo toothache</i> | <i>Nifralas (spirits in the forest)</i> | Evangelist | An <i>evangelist</i> prayed Over water before the patient drank it. |
| Ely Sekeiteles | <i>Sihen 'sore eyes'</i> | <i>Suanggi/lait</i> | Nurse and evangelist | Medication given by a nurse and an evangelist prayed over water for the patient to drink and to bathe the eyes. |
| Yesaya Kalilie | <i>Defit'odot 'earache'</i> | <i>Suanggi/lait</i> | <i>Woun</i> | A <i>woun</i> blew mantras into the ears and cast a spell over the water before the patient drank it. |
| Yuliana Kofias | <i>Qnyen 'worms'</i> | Spirit | Preachers | A preacher rubbed oil onto the patient's body and prayed over the water which the patient drank. |
| Lefinus Jarfi | <i>Foos 'larger abscess'</i> | <i>Suanggi/lait</i> | <i>Woun</i> | A <i>woun</i> cast a spell on the <i>sayen</i> leaves and then pasted them onto the <i>foos</i> |

The data in this table show the types of pains that the Tehit identify as an indication of disease. A larger number of these afflictions are caused by *suanggi* compared to magic and the power of natural spirits. Therefore, more diseases are treated by *woun*, followed by prayers, evangelists and *si'qnda*, each of whom only treated one patient. *Woun* and *si'qnda* generally cast a spell over the water the patient has to drink, in addition to casting healing spells on leaves before rubbing them onto the patient's body. They even utter a spell over body parts to cure the patient. The healing evangelist prayed both over the drinking water and the water the patient would use for his bath. He also rubbed the patient's painful parts by using oil that he had prayed over to heal the patient.

Conclusion

The body is not just a physical entity for the Tehit, but it has an overall significance which is related to society and religion. Concepts of health, illness and healing clearly show how the body is understood to be located at the intersection of the universe, the powers of nature and society. While most of the body elements are seen to originate from the parents through their blood which they contribute to a foetus, the soul is said to derive from *Na-Agow* 'God'. Thus, an individual is linked with both parents and their kin groups, as well as with the cosmos as a totality. Being and feeling healthy implies being in harmony with these forces, while feeling unwell or even having pain indicates that these relationships are disturbed. Consequently, it is important to identify the cause of the disturbance. To take up the notion again of the three parts of the body as outlined by Scheper-Hughes & Lock (1987), I can state that my analysis of the Tehit body concepts reveals that multiple images of the body go far beyond the body as a physical entity: the social body, the cosmological body and, of course, the political body are specifically expressed in the hierarchical organisation of the body, with the head at its top. The latter expresses a social ranking that is complemented by gender in equalities resulting in negative consequences for women's health (e.g. unequal distribution of food between men and women).

Emotions are considered to reside in the *qa'fuk* 'liver or heart'. People usually say: "*na raam qafuk mhnnyo fo... msambilit mhnnyo sago ...niraam soqyhnyo sago...*", which means 'people whose heart is thinking good thoughts will do good deeds'. Then, as a place where the *wua* or 'soul' resides, the *qa'so* or 'heart' is where the emotions are located. All will lead to the *sa'mblit* 'mind' or 'intellect', which is embodied in the *syoq* 'attitudes and actions' which is seen in the everyday life of the Tehit community.

Emotions, soul and body are interrelated, meaning that they are complementary. Every human being must have a body, emotions and a spirit. Emotions are reactions to someone or something, while the soul moves the reaction into action. Thus, the soul is connected with aspects of health, while it is a person's body that develops a disease, and a person's emotions reveal the reactions of the ill person. The soul leads the person to take concrete actions,

such as looking for treatment of the disease either in the folk sectors, the popular sectors or the professional sectors in order to recover.

At the end of this chapter, I suggested that people should always look at a person or *na* and *na'dqoin* 'human being' in the wider context of the Tehit, because it involves soul and body as an inseparable whole. They will not work individually. The Tehit people regard the human body as a metaphor of the social aspects of their lives that always has relationships with other human beings. So, they divide the body into three parts: *sa* 'head' or 'upper', *qendi* 'middle' and *olo* or *adi* 'bottom'. These parts also indirectly indicate the three social groups in Tehit society, such as the top group of indigenous leaders and traditional healers, the middle group of clan leaders, and the third group of the ordinary people *wendla* and *weng-gi* or male and female followers.

Thus, the division of the human body is intimately related to the social relationships among the Tehit people. Imbalance between these three groups in society may lead to social inequality, including the prevalence of diseases and death. A disharmonious relationship between the three groups may lead to jealousy and may harm other members with the power of magic, for example, through *lengget* (BT) 'poison' or *lait* 'witchcraft' (see pages 157-167). Therefore, every person should try to maintain good relationships with all others in society.

4 Illness, disease and healing in the popular sector

Overview of the popular sector and its main categories of actors

This book is about the popular sector, a category proposed by Kleiman (1980) and later further developed by Helman (2007). Kleinman distinguished the popular, the folk and the professional sector and tried to describe the relationship and interaction between these sectors. Therefore, he set up a scheme of the internal structure of the local health care system, which shows the centrality of the popular sector within the system of health care. He stressed in his writings that:

The popular sector is the nexus of the boundaries between the different sectors; it contains the points of entrance into, exit from, and interaction between the different sectors. The popular sector interacts with each of the other sectors, where as they frequently are isolated from each other. (Kleinman, 1980: 51).

However, “[t]he popular sector is excluded from most studies dealing with ‘indigenous’ healing traditions, yet ironically it is for

almost all societies *the* most active and used indigenous healing tradition” (1980: 51). According to Kleinman, his model can be applied to research on popular sectors both in developed and developing societies, as the internal structure she analysed are “roughly the same across cultural boundaries, while the content varies with the social, cultural, and environmental circumstances” (1980: 49). The popular sector includes the levels of both “individual, family, social network, and community beliefs and activities” (1980: 50). Whereas Kleinman stressed the interaction of these three sectors, Helman focuses on their description. He defines the popular sector as follows:

This is the lay, non-professional, non-specialist domain of society, where ill health is first recognized and defined and health-care activities are initiated. It includes all the therapeutic options that people use, without any payment and without consulting either folk healers or medical practitioners. Among the options are: self-treatment or self-medication, advice or treatment given by a relative, friend, neighbour or workmate, healing and mutual care activities in a church cult or self-help group, consultation with another lay person who has special experience of a particular disorder, or of treatment of a physical state. (Helman, 2007: 82).

Although what Kleinman (1980: 51) proposes is practiced both in non-Western and Western cultures alike, however, we generally find this more in non-Western societies. Sick people will initially try to treat their ill-being themselves by taking medicines at home or choosing to rest in order to recover. Subsequently, patients may ask for medical assistance from family members, friends, neighbours and religious leaders in their surroundings. The popular sector is very interesting as it also relates to the public knowledge about health conditions. When people get sick, they would personally wonder about the cause of their pain and what treatments they should have to get rid of the problem.

In Helman’s point of view, the popular sector can also be related to health care, as he confirms that:

The popular sector usually includes a set of beliefs about health maintenance. These are usually a series of guidelines, specific to each cultural group, about the “correct”

behaviour for preventing ill health in one self and in others.
([Helman, 2007](#): 83).

Kleinman and Helman's opinions above may be attributed to reality in Tehit society. In Tehit, the emphasis is more on how people analyse their personal health status and how they determine the nature of an illness. When this has been established, individuals may resort to traditional treatment themselves or seek the help of family members, friends, neighbours at home and church members, while they may also listen to suggestions from people who have experienced the same or a similar affliction. Based on experience, treatment may be traditional, such as by using leaves and other means, or modern, by taking prescription drugs.

The Tehit focus on their knowledge of medicinal plants (see [Cotton 1996](#): 236) and alternative healing practices, which are forms of local knowledge that still play an important role in addressing health problems, when curing illnesses and diseases. Thus, healing by using community knowledge and experience may, for example, consist of taking certain herbs, the knowledge of which has been passed down from generation to generation. In addition, the knowledge of the workings of modern medicine may also have been inherited or learned, so that people take drugs without doctor or nurse's prescriptions. However, there are also individuals who take modern medicines based on their experiences or that of others (e.g. friends, neighbours, church members) who had the same symptoms and so, in their minds, the same disease. Kleinman is of a similar mind:

The features of the sick role and illness behavior varied with age, sex, family role, social class, education, and occupation. In the families of the urban poor, for example, one is told that children and adults must "endure" sickness. Unless adults suffer from severe sickness, the cost of visiting doctors or even buying medicine directly from a pharmacy may be prohibitive. Consequently, adults have to make do with inexpensive herbs and patent medicine, rice congee, soups made with ginger, gredients, black sugar, garlic, or other "special" but relatively cheap ingredients, other inexpensive food therapy or tonics. But even in the poorest families, if children are significantly ill and do not

immediately respond to home remedies or medicines purchased from pharmacists, as our data show, they are straight away taken to Western-style doctors, where their parents expected treatment by injection, which is believed to be the most efficacious form of Western medical treatment. (Kleinman, 1980: 186).

Curing illnesses or diseases can be carried out by special actors in this sector (though not by experts). However, I found that patients themselves or their family members mostly treat their illnesses rather than seeking the help of, for example, neighbours, friends and church members. The treatment may be carried out by both male and female family members, but usually by women.

Symptoms of illnesses and diseases

Tehit healers generally identify an illness or a disease based on the patient's symptoms, which vary greatly from one disease to another. Since the same diseases occur frequently in the community, people can easily deduce the illness from the symptoms and the Tehit can make a classification of the diseases based on their symptoms. When a person, for instance, has the following symptoms: *oot* (BT) 'panas' (BI) 'hot', *qo'min* (BT) 'demam' (BI) 'fever', *sa'fla* (BT) 'headache', *fjeq* (BT) 'vomiting', *giet oot* (BT) 'bitter taste in the mouth' and *sindloq* (BT) 'pale face', the Tehit community will conclude that the person has *qfo'rin wa'sit* (BT) 'malaria'.¹³ When the following symptoms occur: *sa'fla* 'headache', *qo'min* 'fever', *qanlu'wa* (BT) 'weak body', *gei toot* 'bitter taste in the mouth', *fjeq* 'vomiting', *da'syiq* (BT) 'nasal congestion' and *dase/dasror* (BT) 'running nose', the Tehit people will say that the person has *ta'sror* (BT) 'influenza'. Similarly, symptoms such as *sa'wirit* (BT) 'dizziness' and *odot* 'painful' will be diagnosed as *sa'fla* 'headache'. They also look at other symptoms, such as *qan lu'wa* or *qan re'min* (BT) 'body weakness', *qmat'odot* (BT) 'stomach-ache', *sembi* (BT) 'sweating' and continuous stomach cramp and pain which they call symptoms of *qmat'odot* 'stomach-ache'.

If a person has symptoms such as *sa'wirit* (BT) 'feeling dizzy', *sa'fla* 'headache', *fjeq* 'defecate continuously and liquid faeces', the

¹³ The spelling of these terms is based on Flassy (2010).

Tehit community knows the patient has *osik' sgia* (BT) 'diarrhoea'. *Nggoro'gik* (BT) 'itchy throat', *'nggoro'odot* (BT) 'throat pain', *qan'oot* (BT) 'hot body' and *qi'hamndos* (BT) 'cough several times' will lead to the conclusion *qi'ha* (BT) 'coughing disease', while *sa'fla* 'headache' and *sa'wirit* 'dizziness', are symptoms of *heq qoqo* (BT) 'toothache'.

The Tehit community also knows that symptoms such as *sfun'ri* (BT) 'pale face' or literally 'yellow face', *gik* (BT) 'itching' in the buttocks, ears and stomach, *fjeq* 'vomit, throw up', *qmat'ndeq* (BT) 'bloated abdomen', *honiwqoit* (BT) and *qlikfarye* (BT) 'skinny body', point to *qainqnyen* (BT) 'worm disease', and *deit'odot* (BT) 'sore feet' and swollen thighs, back, legs and other body parts are seen as symptoms of *honi qasleq* (BT) 'stiff' or 'rheumatism'.

Watery, itchy and red eyes issuing mucus, fever and headache will lead the Tehit to the conclusion of *sihen* (BT) 'eye sickness' or *qa'usi* (BT) 'trachoma'. Other symptoms, such as ear buzzing, clogged ears, a hot body, fever and a headache point to *defit'odot* (BT) 'ear pain' or *defit'ndik* (BT) 'deaf ears'. *Si'frikya* (BT) 'chickenpox' may be recognised by pain in the skin, raised red blotches and small bumps all over the skin, fever and the body feeling itchy. Symptoms such as itchy skin, quickly spreading scaly skin indicate *si'froq* (BT) 'ringworm'.

The symptoms of injuries are not discussed here, because they occur spontaneously in a person. However, in general, a wound definitely makes one feel *odot* (BT) 'sick and having pain'. In addition, nowadays, the Tehit also recognise new diseases, such as HIV/AIDS, because of cultural contact with outsiders. This disease has common symptoms, such as fever, weight loss, vomiting and diarrhoea. The symptoms discussed above show that the Tehit people are in possession of local knowledge that they can use to distinguish one disease from another based on the symptoms that occur in a person. The symptoms the Tehit recognise are, thus, as follows:

Table 4. *Symptoms of illnesses/diseases*

| Symptoms | Illness/Disease |
|---|--|
| Headache, fever, weak body, bitter taste in the mouth, vomiting, nasal congestion and a running nose, seldom able to keep working, just wants to sleep at home. | <i>ta'sror</i> |
| Heat, fever, headache, vomiting, bitter taste in the mouth and pale face. | <i>qfo'rin wa'sit</i> |
| Dizziness, painful head. | <i>sa'fla</i> |
| Body weakness, sweating, abdominal pain. | <i>qmat'odot</i> |
| Feeling dizzy, headache, stomach-ache and liquid faeces. | <i>osik'sgia</i> |
| Sore throat, itchy throat, hot body, coughs several times. | <i>qi'ha</i> |
| Headache, dizziness, pain in gums and teeth. | <i>heq qoqo</i> |
| Pale face, itchy butt, throwing up, bloated abdomen, skinny body. | <i>Onyen</i> |
| Sore and swollen feet, knees, calves and other parts of the body. | <i>honi qasleq</i> |
| Eyes feel itchy, red, watery and painful, issue mucus, fever and headache. | <i>si'qoqo/sihen</i> or <i>qa'usi</i> |
| Ear buzzing, feeling stuffy, hot body, fever and headache. | <i>defit' qoqo</i> |
| Sores on the skin, red blotches and small bumps covering skin, hot body, fever and body feels itchy. | <i>si'frikya</i> |
| Skin feels itchy, quickly spreading scaly skin. | <i>si'froq</i> |
| Fever, dry cough, vomiting, diarrhoea, and weight loss. | <i>ta'sror waayfitw</i> |

I encountered many cases in Tehit society of people who knew the disease from the symptoms as, for example, Ketty Sekeitles revealed:

We already know that when the body starts to feel hot and stays that way, and we have a headache and a fever, we know they are signs that we have *qfo'rin wa'sit* (BT) 'malaria'. If a little boy has a skinny body, a big belly, his feet and hands are small, and he has a yellow face and itching buttocks, I already know he must have *qyen* (BT) 'worms'. So, we know the disease by the symptoms. (Interview with Ketty Sekeiteles in Seribau village, March 2012 [my translation]).

Mama Arance Serkadifat presented the following case:

My daughter was rubbing her eyes and she said they were itchy and painful. I told her to sit down and I opened her eyes; it turned out that her eyes were already red at the rims. The little girl said that her eyes felt as if someone was stabbing them and that it hurt too much. I told her, you've got the *si'qoqo* (BT) 'eye pain'. We already know the signs of sore red eyes from our elders. (Interview with Arance Serkadifat in Seribau village, March 2012 [my translation]).

Maxi Kolonggia stated the following:

I have pain in the back, knees and calves and all my bones feel as if they are broken; I cannot stand the pain. I cannot even stand up, so, I immediately thought of it, I definitively have *honiqasleq* 'sore bones'. (Interview with Maxi Kolonggia in Seribau village, March 2012 [my translation]).

Another informant also related her symptoms directly to the illnesses she suffered:

Yesterday, I thought there was something wrong with my body. I had a stomach-ache and I felt wasted and was no longer strong. I was surprised because, in addition to abdominal pain, I also had a cold sweat. I thought it was definitely *qmat'odot* 'abdominal pain' or 'stomach-ache'. But sometimes this is not the symptom of only abdominal pain, as I was suffering from *qfo'rin wa'sit* 'malaria'. (Interview with Albertina Sada in Seribau village, March 2012 [my translation]).

Types of illnesses and diseases

I will discuss below some of the illnesses that people commonly treat themselves or are treated by their family members, friends or neighbours who are still kin. The first type is 'mild diseases' (see [Zollner 2011: 191](#)) and the following are encountered predominantly in Tehit society: *qi'ha* 'cough' and *da'sror/ta'sror* 'influenza', *heqqoqo* 'toothache', *honiqasleq* 'fatigue', *sa'fla* 'headache', *si'froq* 'ringworm', *gik* 'scabies', *sihen* 'sore eyes'/*qao* 'trachoma', *qafes* (BT) 'ulcers', *qmat'odot* 'stomach-ache', *defit'qoqo* 'earpain', *si'friky'a* 'chickenpox' and *qa'sohlieq* (BT) 'shortness of breath'.

Apart from the diseases mentioned above, as said before, people recently also know HIV/AIDS as a disease that can attack people throughout Papua. The disease has claimed many lives not only in urban areas, but also in far-away villages in the middle of the forest, mountains and remote islands. The disease has apparently been spreading rapidly from year to year, and the death rate caused by this disease is increasing throughout Papua. These illnesses and ailments may hit anyone – males and female of all ages, from children to adults. They can be treated by the people

who suffer from HIV/AIDS themselves or with the help of family and friends. However, when the pain gets worse, it will be treated by actors in the folk medicine sector, for example, healers and evangelists, or even by actors in the professional health sector, such as doctors, nurses and midwives.

Thus, the Tehit people understand that a disease may be categorized as *ni'qanyī mlan* (BT) 'mild illnesses and diseases' and *ni'qanyīmjan* (BT) 'serious illnesses and diseases' based on treatment. Mild illnesses are not too severe and can be treated by the persons themselves, their family members, neighbours and friends, church members and ex-patients. However, serious diseases should be treated by actors/healers in the folk medicine sector, such as *wuon*, *siq'nda*, *mi'mit*, 'healers' and evangelists/priests and laymen, and also by actors in the professional health or biomedicine sector, such as doctors, nurses and midwives. Please refer to the figure below for more detail

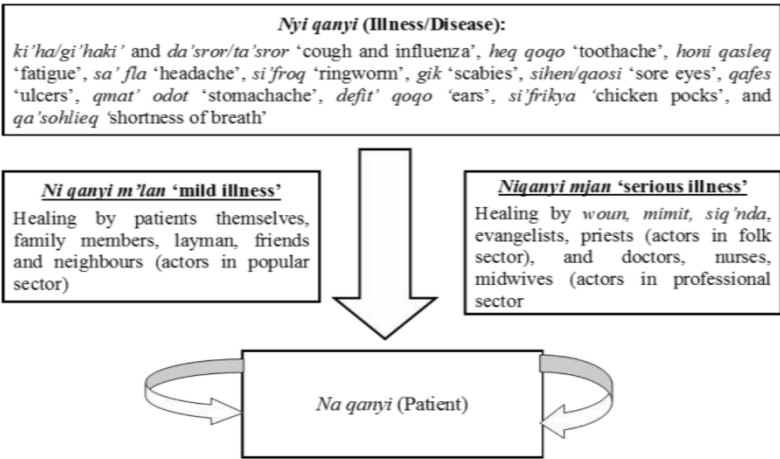


Figure 2. *Tehit categories of illnesses and diseases*
Source: Own figure.

It becomes clear from the figure above that for the Tehit, a disease that can be cured by someone from the popular sector is considered mild (*ni'qanyī m'lan*), whereas a disease that has to be cured by a professional, either traditional or modern, is considered serious (*ni'qanyī mjan*). Thus, the assignment depends on the method of treatment rather than on the nature of the disease itself.

Causes and treatment of the illness and diseases

I will only discuss the causes of diseases of the popular sector as the Tehit people understand them. These causes may be natural conditions (hot and cold weather), food and beverage consumption patterns, body hygiene and the cleanliness of the house and yard. Therefore, I would like to explain each of the diseases above and their natural causes (see Foster 1998). In this section, I will discuss two things that focus on the treatment of illnesses and diseases among the Tehit community. The first is a discussion of the substances that are normally used during treatment, and the second discusses the actors who are involved in the treatment of patients.

General causes and treatment

Sa'fla

Sa'fla consists of two words, *sa* 'head' and *fla* 'open, split or rupture'. The Tehit people believe that when the head is open, an evil force from outside may enter the body and cause pain. It can also be understood as the experience of a person who feels like his or her head would burst open or split. The Tehit people assume that the head is the centre of the human body and they are very protective of their head. Whenever it rains, they try to cover their head with an umbrella or a *qadiq* (BT) or anything to keep their head dry. If someone's head gets wet, he or she will have a headache. Headaches are usually caused by the weather. When someone is working under the hot sun without wearing protective headgear, he or she will get a headache and feel dizzy. Those who suffer from headaches usually try to sleep so that they may recover. Others, especially women, say they suffer from *sa'fla* because they always bear the weight of firewood and crops, such as taro, pumpkin, yams, vegetables and bananas, on the top of their heads. Some of them carry bamboo containing water on the *noken* (bag made from bark). The heavy burden on the head makes a person get a headache. Additionally, Tehit women wash clothes and dishes in the river in the early morning or late afternoon, which is the reason why many adolescents and adult women get a headache.

Sa'fla can be cured by using itchy leaves or *qafa* (BT). *Qafa* is generally divided into three types, namely *qafa sa'ris*, *qafa qo'do* and *qafa lait*. *Qafa sa'ris* and *qafa qo'do* are efficacious for treating the sick. The third, *Qafa lait* (*suanggi* 'itchy leaves'), contains a deadly poison, so it cannot be used for medical treatment. When someone walks in the woods and accidentally comes into contact with itchy leaves, his or her body becomes itchy, hot and painful as if stung by a bee. The pain lasts for some days. When the body resistance is weak, the poison of the itchy leaf goes into the vein and follows the flow of blood throughout the body, which causes death. Headaches are treated by a family member who takes three to five itchy leaves and rubs them on the patient's body and forehead. The reaction is that the patient feels itchy and bumps appear on the skin's surface. After five to ten minutes, the bumps disappear, and the skin surface of the patient turns back to normal, and the headache is usually reduced.

Ta'sror

Ta'sror comes from the words *ta* or *da* 'nose' and *sror* (BT) 'flow', so it means 'fluids that flows through the nose'. If a person suffers from *ta'sror* or *dasror* he or she not only has a running nose, but also a cough. Therefore, it can be said here that the disease consists of having a cold, flu and a cough, all at the same time. Any person suffering from *qi'ha* 'coughing' and *ta'sror* 'influenza' would think that it is caused by the weather and that they got it, for example, after they had been exposed to rain, cold and wind. In addition, the Tehit people also say that when particular fruit trees (e.g. *jambu*, mango, *cempedak*, *langsar*, *rambutan* and *durian*) are in bloom, they cause them to get sick. They assume that the pollen of the flowers of the fruit trees is what makes a person cough and suffer from influenza. *Qiha* 'coughing' is caused by the change from the dry to the rainy season. They also assume that coughing is caused by their habit of sleeping next to the *sala da'loq* (BT) 'stove', so that they are exposed to the ash of the furnace. In addition, there are also people who become sick after consuming certain food or beverages, and others who become ill because they always work outside the house without wearing clothes, so that they are

exposed to the cold air which causes the ailment. The Tehit always associate cold with diseases that may cause pain to a person.

Ta'sror can be treated with *ondo* (BT) 'lemon' water. A patient or a family member takes some oranges (*Citrus aurantifolia*), cuts them and squeezes them so that the patient can drink the juice. This must be done several times until the patient has recovered from the illness. In addition, a patient can also inhale the aroma of lime or basil leaves to cure the disease.

Qiha or 'cough' treatment is usually done with *qdfiq* (BT) 'a kind of fern' (*Diplazium esculentum*) which grows in humid areas, such as in sago hamlets. The patient or a family member takes some *qdfiq* stems with the leaves and boils them in water. The water should be drunk while still warm and the leaves and stems should be eaten. The taste is bitter, but it is believed that the bitterness is what cures the cough. The Tehit people also treat *qiha* by consuming forest nutmeg, called *sangget* (BT). The *sangget* tree is between 50 and 100 metres high. The fruit is oval and yellowish brown with a slightly sour taste. The inside of the fruit has brown seeds that are covered with a red skin (can be used as a spice).

A cough can also be cured by the patient eating *nggrik* (BT) leaves, a type of vine. A patient can chew one or two young *nggrik* leaves. They taste bitter, but it is believed that

the bitterness is the medicine that cures the cough. This was disclosed by Albertina Konjol, my informant in Seribau village, who said that she also eats these leaves to treat her coughs. The Tehit people also treat coughs by consuming *qdoq* (BT), which is a kind of small, round, black freshwater shellfish. A member of the family takes some shellfish from the river, boils them and then gives the liquid produce to the patient to drink while it is still hot; their meat can also be eaten. A cough is also treated with *a'sa* (BT) 'sugarcane'. The cane is cut short and burned. After the sugar has turned blackish, it is taken off the fire and allowed to cool for about two minutes, after which the sugarcane is peeled and cleaned. The inside of the sugar cane is then chewed and the liquid swallowed by the patient. Meanwhile, the sugarcane fibre is discarded. Warm liquid sugar cane is very useful for curing a cough.

Another way to cure *ta'sror* is by putting their finger on top of the *salada'loq* (BT) 'stove fire' and then massaging the nose so that it

can heal. Additionally, *ta'sror* can also be treated by eating hot sago porridge *nda'ho* with spicy fish sauce, which can relieve a blocked nose. The mucus can exit the nose and the patient will feel relieved as the dizziness in the head caused by *ta'sror* is also gone.

Qmat' odot

Qmat'odot consists of two words, namely, *qmat* (BT) 'stomach' and *odot* (BT) 'sick' or 'ache'. Thus, *qmat'odot* means stomach-ache. The Tehit people are well aware that *qmat'odot* 'stomach-ache' is caused by their own mistakes, for instance, eating cold, hot or bitter food. They also say that when someone mixes different types of food they will get a stomach-ache. There are also people who think that they get an abdominal pain attack due to exposure to cold air which causes '*masuk angin*' (BI) 'entering wind' or '*angin duduk*' (BI) 'sitting wind' that makes the stomach become bloated and painful. Therefore, they should not be out of the house in the rainy and windy seasons, as it is considered the cause of abdominal pain. People suffering from abdominal pain can treat themselves in several ways, such as rubbing some itchy leaves (*qafa*) on the abdomen. Another way is by chewing the peak leaf of a *giyawas* (BI) 'guava'. The sap is then swallowed, while the leaves are discarded. In this way, stomach-ache can be cured.

Osik' sgia

Osik'sgia (BT) 'diarrhoea' is composed of *osik* (BT) 'defecate' and *sgia* (BT) 'not good, bad'. It is the liquid human waste that leads to the disease, rather than solid human waste which is considered good. Thus, *osik'sgia* means bad human faeces. Diarrhoea is caused by cold air. When a person walks in the morning or evening, for example, or when it rains and there is a lot of wind, that person is exposed to cold air, which makes him or her suffer from *osik'sgia*. Additionally, *osik'sgia* can also be caused by an eating or drinking disorder. People who like to eat food that has not been cooked properly, such as pork, deer and possum, may suffer from the disease. Similarly, people who drink unboiled water or water that has been kept in a bamboo or other container, such as a drum, for too long may suffer from abdominal pain accompanied by *osik'sgia*.

Osik'sgia can be treated with *diron* or 'sour sop' (*Anonamuricata*) leaves. The patient or a family member picks ten sour sop leaves and boils them with water and then lets it cool briefly; the water is filtered and the patient drinks it. This should be drunk warm and as many as five to six glasses a day. In addition to sour sop leaves, the Tehit people also treat *osik' sgia* with *sre* (BT) 'lemongrass' (*Cymbopogon nardus*) leaves. Take 10– 15 lemongrass leaves and boil them together with a piece of *li'lin* 'ginger' (*Zingiber officinalis rosc*) or a *li'lin* plant. After the water has been boiled, the patient can drink the water. Children should only be given two to three tablespoons a day.

Honi qasleq

Honi qasleq (BT) consists of two words, namely, *honi* 'bone' and *qasleq* 'hurt'. Therefore, *honi qasleq* means 'pain in the bones'. *Honi qasleq* is pain in the joints, especially in the legs and arms, that cause very painful swellings. Tehit society also thinks that *honi qasleq* is caused by cold morning or night air. When people walk early in the morning or work late at night, they may be affected by this disease. People who catch fish at night, for example, may suffer from *honi qasleq*. Similarly, people who work in the gardens and sago hamlets may be exposed to the causes of the disease. They work from early morning until late afternoon. When they arrive home, they take a cold shower, wash and cook. Those who are afflicted have great difficulty in climbing the mountain or to stand for too long. When the *honi qasleq* patients are not treated properly, they may become paralysed. *Honi qasleq* 'stiffness' is always treated with *qafa* 'itchy leaf'. The treatment is the same as the treatment for abdominal pain described in point 4.(see page 91) above, i.e. some *qafa* sheets are rubbed onto the sore body parts, such as wrists, legs, thighs, calves and knees. *Honi qasleq* is also treated with *li'lin* 'ginger'. Take three to five pieces of ginger each the size of an index finger, chop and mill them until finely ground. After that, the ginger herb is wrapped on to the body parts that are stiff or sore. The concoction is left for three to five hours before it is replaced with a new concoction and, thus, has to be prepared one or two times a day. The Tehit people also treat *honi qasleq* with *qsa'sin wqoit* (BT) 'cassava' (*Manihot esculenta*). The

stems of the cassava plants are cut to the size of an index finger and boiled in water. After boiling, it is filtered, and the water is given to the patient to drink while still hot. The treatment with cassava stems should be done for one week, so that the pain in the body disappears and the patient has recovered.

Heq qoqo

Heq qoqo (BT) consists of the two separate words *heq* ‘teeth’ and *qoqo* ‘aching’ and the term, thus, means ‘toothache’. The Tehit people often suffer from *heq qoqo* ‘toothache’. They assume that a person gets toothache from eating inappropriately, for example, people who always eat hard food, such as taro and roasted sago, dried corn, meat and fish that have been dried over a fire. Some people even connect toothache with cold weather. It means that someone who works at sea will suffer from toothache because of the wind, so that the body feels cold. Similarly, people who squeeze sago in the hamlet are susceptible to toothache because they are constantly in contact with water when they squeeze the *si’ri* ‘sago fibres’, which are usually doused in water to produce starch. People who are always active in the village, at sea or near the river may suffer from toothache. According to the Tehit community, healing *heq qoqo* ‘toothache’ can be done by using pumpkin flowers, *syapidfia* (BT). Patients pick two to three pumpkin flowers, or more, according to their needs. The pumpkin flowers are cleaned, wrapped in banana leaves, tied and then inserted into the hot ashes inside a burning furnace *sala-daloq* (BT). The flowers are left there for about 10-15 minutes before they are taken out of the banana leaves. Then, the flowers are squeezed and the water is poured into the cavity of the tooth. However, when the pain is not caused by cavities, the patient is advised to bite the pumpkin flowers after they have been heated and then press them onto the aching tooth. The Tehit people also treat toothache with the bark of the *dadap* tree in a concoction called *smir* (BT). A family member of the patient takes the *dadap* tree, cleans, washes and dries it, and then pounds the bark until it is pulverised. This mixture is inserted into painful cavities.

Si'froq

Si could mean 'something'. The word can also mean 'look at something' and the 'something' meant here is *froq*, which means 'jumping' or 'spreading'. Therefore, *si'froq* is something that can spread over the surface of one's skin or body. Something that looks scaly is called *si'froq* or generally '*kaskado*' in Papua. Skin diseases, such as *si'froq* (BT) 'ringworm', can be found in both children and adults. According to the Tehit people, ringworm is a disease that is inherited from the parents. But there are also Tehit people who say that dietary factors may also cause a person to get the disease, for example, people who eat *qewi* fruit which has a lot of sap, and people who are exposed to the sap will feel itchy. When they scratch their body, it may cause ringworm. *Si'froq*, can be treated with *simlaq* (BT) leaves or *kupang-kupang* (BI) leaves (*Cassia alata*), as they are known in eastern Indonesia.

The patient or a family member takes the number of *simlaq* leaves needed, such as seven to ten, mills them they are finely pounded and rubs them onto the body parts that are affected by ringworm and leaves them for some time i.e. two to three hours. The patient should, subsequently, take a bath. The treatment process must be repeated to be effective. They also treat *si'froq* by using *qba'ti* (BT) 'tobacco'. The patient burns the affected body part with a cigarette. The patients' skin will burn and *si'froq* is eliminated in this way.

Qnyen

Qnyen (BT) means 'worm' in the Tehit language. Therefore, people affected by this disease are called *na qain qyen* (BT) 'people who have worms'. The Tehit people say that *qyen* usually affects children and adults who eat too much meat and fish. Others say that people who walk in muddy and moisty soil may be exposed to the disease. Even people who often step on the faeces of humans and animals may be exposed to the disease. The disease starts with itching buttocks, nose, ears and the skin of the feet. A child stricken by this disease has usually an unhealthy body, yellow eyes, shrinking legs, hands and feet, a thin body, a pale face and a bloated stomach. *Qnyen* (BT) is treated by using a concoction made of *o'goseran* (BT) 'papaya' (*Carica papaya*) seeds. The concoction is

made by taking about 20-30 ripe papaya seeds, some papaya leaves that are a bit old and a piece of papaya root the size of an index finger. The ingredients are boiled in water. The water is cooled for a moment, filtered and a cup is given to the patient to drink three times a day. The water is bitter, but the Tehit believe that it can kill worms. There are also some Tehit who only use papaya leaves and roots and boil them as a medicine against worms. The patient drinks the water three to four times in a row and, after that, the patient will be declared cured.

Sihen/si'qoqo or qa'usi

Sihen is an abbreviation of *sifon* or *sfuon* 'eyes' and *hen* 'red', but can also mean 'blood'. Therefore, *sihen* may mean red eyes. However, the disease can also be called *si'qoqo*, which means 'sore eyes'. *Sihen* or *si'qoqo* may develop into *qa'usi* 'trachoma' when not treated properly. In general, small children suffer from red eye disease or *sihen/si'qoqo*, while adults are rarely affected. The Tehit people always connect the cause of *sihen/si'qoqo* with red flowers or *qaosi* that grow in the forest. They also say that the disease may be caused by wind, in the sense that wind blows dirt into the eyes, so that the face and the eyes feel itchy and, when scratched, cause sore eyes. People affected by this disease have great difficulty sleeping, because of the pain in their eyes. There are also people who develop a fever or even a high fever and a headache due to the disease, which can be transmitted to other people, usually family members or others who are constantly in contact with a sufferer. Tehit people generally know how to cure *sihen/si'qoqo* or 'red eye' disease. They use *frasara* (BT) or *Alternanthera* (BL). The treatment is carried out with the help of family members.

They pick two to five *frasara* leaves and wither them over a fire. Then, they squeeze the leaves and the liquid is dropped little by little into the patient's eyes. The patient has to close his or her eyes briefly so that the liquid does not spill over. After this has been done one to three times, the eye disease may be cured. In addition to *frasara* leaves, eye disease is also cured with breast milk '*air susu ibu*' (ASI(BI)). The treatment is carried out by mothers who are still breast feeding their babies and toddlers. They squeeze breast milk into the patient's eye. The patient has to close his or her eye for a

moment so that the milk has time to remove the dirt from the eye and, at the same time, cure the pain. The Tehit people also use the leaves of the *maya* (BT) tree to treat sore red eyes. The treatment is applied by the patients themselves or by family members. They pick some young *maya* leaves and wither them over a fire. Then, they squeeze the liquid out of the leaves and drip it into afflicted eyes. Red eye disease can be cured with these treatments.

Defit 'odot

The word *defit* means 'ear' and *odot* means 'ache', so the disease of *defit 'odot* means 'earache'. People who have suffered from earache for a long time and, finally, went deaf are usually said to have *defit'osin* (BT) or 'a rotten/damaged ear'. However, the Tehit people sometimes use the term to refer to people, especially young children or adults, who, when called upon, do not hear or sometimes do not listen to the advice of parents or other, older adults. In everyday reality, most Tehit people like to take a bathe in the river, because the rivers are clean in many areas. However, some men work at sea as fishermen, so they are also exposed to wind, storm and sea water.

It seems that this causes them to get *defit'odot* 'earache', because water enters the ear when taking a bathe in a river or in the sea. They generally bathe in the river by way of *syere srit* (BT) 'diving into the water'. When they dive into the water, water gets in to their ears. When water enters the ears often and the ears are not cleaned this may cause people to become deaf, because *hoq* (BT) 'foul-smelling pus' can disrupt a person's hearing.

Tehit people treat *defit' odot* (BT) 'earache' with *e'syen hen* (BT) 'red mushrooms', that usually grow on dry wood. Take two to four mushrooms and moisten them with water. Then, put them in leather *a'sya* (BT) 'shell' and heat it on the fire. When it is hot, take it off the fire and let it cool. Then, squeeze the mushrooms and drip the liquid into the affected ear two to three times a day until the patient is cured. The Tehit also treat earache with *sa'fla* (BT) or *cocor bebek* (BI) (*Kalanchue pinnata*) leaves. Take three to five sheets of *sa'fla* leaves and wither them briefly over the fire and clean them. Then squeeze the leaves and drop the liquid into the ear

about two to three times a day until the patient is cured. These plants are generally planted in the yard.

Si'frikya

Si'frikya is the spreading of small (chicken) pockmarks on the body. They are especially found on the bodies of small children and babies when they suffer from the disease. Tehit society thinks that *si'frikya* is caused by cold air. The disease is almost exclusively found among small children under the age of ten years. The symptoms are red blotches on the skin surface, which cause the children to have a fever. When a child suffers from measles, he or she should not be bathed or exposed to the wind, because it will worsen the child's condition. If the child is exposed to cold water, the disease becomes worse and can lead to death. *Si'frikya* can be treated with one to two tablespoons of raw wet sago flour stirred with a little bit of warm water and given to children to drink. It can also be made of *kemangi* (BI) 'basil leaves' and *qrari* (BT) turmeric (*Curcuma domestica*) roots. Take as many basil leaves as needed and add a piece of turmeric about three centimetres. Both ingredients are sliced and boiled in about five cups of water. Once the ingredients are cooked, the concoction is filtered and given to the children who have the disease to drink. This is also believed to lower the hot body temperature of the patient.

Qfo'rin wa'sit

The term *qfo'rin wa'sit* (BT) consists of two words: *qfo'rin* 'mosquito' and *wa'sit* 'dead blood', pointing to the mosquitos that carry the disease in the blood and transfer it to a person. Therefore, the Tehit think that when a mosquito sucks someone's blood, it will simultaneously transfer the dead blood with the illness. *Qfo'rin wa'sit* is malaria in modern medical terms. The disease is caused by mosquito bites. Sufferers experience a high temperature, but feel cold; they have a fever and chills. Those affected by malaria usually feel dizzy and have a headache and may even vomit. *Qfo'rinwa'sit* has turned into an epidemic not only for the Tehit people, but in all areas of Papua (see [Zollner, 2011: 193](#)). The disease attacks all age groups from children to adults. People suffering from *qfo'rin wa'sit* have great difficulty to eat because all

the food consumed tastes bitter in the throat. It also leads to the patient's weak body condition. Therefore, the patient should get good care in order to recover.

Qfo'rin'wasit is usually treated with *o'gosye'ren laas* (BT) 'papaya' (*Carica papaya*) leaves, *ondo* (BT) 'lime' (*Citrus aurantifolia*), *mbait* (BT), or in Indonesia called *brotowali* (*Tinuspora tuberculata*), and *yengge* (BT) 'milky timber' (*Kiba talia arborea*). Three pieces of papaya are finely ground, squeezed and the liquid is mixed with one teaspoon of lime juice and a little bit of salt and then given to the patient to drink to cure the disease. However, some patients must drink as many as three cups a day to recover. *Mbait* is a kind of vegetation that grows around trees, while *yengge* is a kind of beech wood with white sap, thus, associated with milk. *Mbait* and the *yengge* wood are cut into short pieces two centimetres in length. Five pieces of *mbait* and three pieces of *yengge* are boiled in water; when it boils, the ingredients are removed and the liquid is allowed to cool briefly. The liquid is then drunk: as much as three cups a day for adults and only five to seven tablespoons a day for children. It is very bitter and should be drunk when hot. This can be done two to three times to cure the disease.

Qafes

The word *qafes* (BT) is derived from the word *qa'qa* (BT) 'buttock' and *fes* or *fos* 'swelling', which happens more often on the buttocks compared to other body parts. Thus, the original word was *qafos* and it then changed to *qafes*. They often consist of soft surface boils, but certain parts are often referred to as the "eye". They usually cause sharp pain and, when they are ripe, they open and ooze pus and blood. Tehit society thinks that an abscess is caused by having wrong food consumption patterns. A person, for example, who consumes many beans and eggs will be exposed to *qafes*.

They also say that people who are too lazy to take a bath, *na'sidahan* (BT), are usually itchy, and when they scratch their body, it causes ulcers, especially on the buttocks, armpits and thighs. Both children and adults suffer from *qafes*. A person affected by *qafes* usually also suffers from headaches, high temperature, fevers and chills. Thus, *qafes* patients should get

proper treatment in order to recover. The Tehit community uses several means to treat ulcers. An example is chilli pepper leaves. Patients pick two to five leaves of the *ma'resan* (BT) 'cayenne pepper' (*Capsicum frut escens*), wither them over a fire and then rub the oil onto the ulcer and leave there for two to three hours. The ulcer will burst open after two or three treatments, the pus will ooze out and the patient is cured. Ulcers are also treated by using *qsa'sin fombi las* (BT) 'sweet potato leaves' (*Ipomea batatas* *poir*), *qambet* (BT) 'winged bean' (*Psophocarpus tetragonolobus*) leaves, or *qrari* 'turmeric' (*Curcuma domestica*) and 'bawanhen' 'red onion' (*Allium cepa*). The treatment is carried out by the patient by crushing a piece of peeled turmeric, ten *petatas* leaves, and five winged bean leaves to which three drops of water are added. The mixture is then wrapped on the ulcer and left there for three to five hours, after which the patient should replace it with a new one. This treatment will remove the pus and, simultaneously, clean the ulcer.

Additionally, ulcers can be treated with *ja'rak* (BI) '*Jatropha curcas*' leaves. The treatment is the same as the one using chilli leaves mentioned above. The patient picks three to five *ja'rak* leaves and withers them over a fire. The leaves are then rubbed with coconut oil (*Coconos nicifera* oil) and wrapped on the ulcer for three to five hours. The treatment is repeated several times. This treatment reduces the pain and heals the ulcer quickly. Ulcer treatment can also be done with the young leaves of the *diron* (BT) 'soursop' (*Anona muricata*). The patient or a family member takes three to seven young soursop leaves and grinds them until finely pounded. This mixture is then boiled and put onto the ulcer. When this has been done three to four times, the pus will be removed and the ulcer will dry quickly, after which the patient is cured.

Qendi' odot

Qendi'odot (BT) consists of the words *qendi* 'back', and *odot* 'pain', thus, *qendi'odot* means 'backache'. In addition, the Tehit are also familiar with the term *qendi'qereq* (BT), which consists of the word *qendi* combined with *qereq* (BT) 'broken back'. *Qendi'odot* 'backache' generally affects adults. Back pain in babies and small children is called *qendi'rereg*. Adults who work in the fields and

hamlets always get *qendi'odot*. They always work while squatting and in the hot sun. That is why they always have the disease.

In addition, back pain is also caused by the large amounts of heavy goods people carry, such as water, wood, corn and other crops (taro, bananas). Infants and children who suffer from backache are usually the victims of bad parenting. Infants and children, for example, who have fallen and are not treated immediately may suffer from pain in the back. Babies and small children may suffer from backache because they are carried in the wrong way. Infants and children who are affected by back pain also often have diarrhoea. This leads to a condition in which the baby or child becomes weakened. In addition, there are mothers who breast-feed their baby without first cleaning their nipples thoroughly with warm water or sterilising them. They do not even drink warm water before feeding the baby or young child. This breast-feeding habit is very dangerous for babies and small infants, because they are very susceptible to diseases.

Qendi'odot can generally be cured with itchy leaves (*qafa*), like *qmat'odot* as discussed above. The patient can treat the illness him- or herself or may be assisted by family members. Five to ten *qafa* 'itchy leaves' are picked and rubbed on the part of the back that hurts. Bumps will appear on the surface of the skin of the patient. After a relatively short time (10-15 minutes), when the lumps start to disappear from the skin, the patient has recovered.

Yafat

The word *yafat* (BT) 'wound' refers to body parts affected by anything that damages the surface of the skin up to the meat. Tehit society says that wounds can occur to any person due to various causes, such as injuries from falls, burns (by fire), being hit by sharp objects (e.g. knives, machetes, axes, arrows), bites of animals, such as dogs, pigs, crocodiles and snakes. There are also injuries caused by thorns or sharp edges of trees when someone walks through the gardens or in the forest. In addition, a person may also suffer injuries by being scalded. Society says that snake bites are the most dangerous among all these types of injuries. If the snake's venom, *bis'sa* (BI), enters the victim's body, it may cause death. Furthermore, the Tehit community also confirmed that large

wounds usually cause a lot of pain. They do not generally treat small cuts, because they are considered normal. However, large wounds always get serious attention. Wounds are curable and a patient will become as healthy and active as before.

The Tehit community treats wounds with herbs, such as *qlawleis* (BT) 'nut-grass' (*Cyperus rontundus*) or the trunk of a *o'guo'molo* (BT) 'banana tree' (*Musa paradisica*). A patient takes the number of nut-grass leaves needed, for example, five to seven, and cleans them. The leaves are then chewed until tender, wrapped on the bloody wound and allowed to dry before being removed. Furthermore, fibres from a banana tree trunk can stop bleeding and heal wounds. The patient or a family member cuts a piece of banana trunk and puts the fibres onto the wound.

The Tehit people are also familiar with the treatment of wounds with *qba'ti* or 'tobacco'. When a person has a fresh wound, people will treat it by taking *qba'ti*, chewing it and then putting it on the wound. It stops the bleeding and the wound becomes dried and heals. Old wounds are usually treated with *nda'on* (BT) plants. The treatment requires some *nda'on* leaves withered over the fire, which are subsequently squeezed and the liquid is dripped onto the wound. Patients suffering from burns are also treated with *nda'on* leaves.

The patient or a family member takes 5-20 *nda'on* leaves and boils them. After allowing them to cool, the patient can soak the injured body part in to the water for 30 minutes to 1 hour. This treatment needs to be done repeatedly so that the wound can heal. In addition to wound treatment with herbs and tobacco, wounds may also be healed by soaking the injured body part in sea-water. Wounds can be covered with *we'ngger* (BT) 'sea mud', which will clean them and make them heal faster.

Ta'sror waa yfiw

The Tehit did not know the term HIV/AIDS, because it is a new disease and has only been known in Papua since the 1980s. However, the Tehit currently call the disease *ta'sror waayfiw* (BT) 'new influenza'. The Tehit people regard HIV/AIDS as something that flows *ta'sror* (BT), as it is associated with a flow that affects all ages, both men and women, even infants, children, adolescents up

to aging parents. The disease is now spread throughout Papua and has progressed much more rapidly in the provinces of Papua and West Papua Province, compared to other regions in Indonesia (see [Zonneveld, 2011: 27](#)).

HIV/AIDS is found in high numbers among the people of Papua, according to information of September 2014 (Ditjen PP&PL [Kemenkes, 2014](#)), particularly 21 cases among the South Sorong ([Elsam, 2011](#)), and is perceived by medical staff of the Teminabuan hospital to be caused by improper sexual behaviour, meaning sexual relationships out of wedlock. Husbands, especially, are said to engage in paid sex with infected female sex workers and the disease is transmitted from the husbands to their wives, even to unborn babies, so that some children in the area are also affected by HIV/AIDS (cases in Sawiat district). There are also other causes apart from free sexual behaviour among young people, such as blood transfusions and needle-sharing. As mentioned above (see *ta'sror waay fiw*), the Tehit people were previously unfamiliar with this disease and they still consider it as something new and, thus, they know of no traditional substances to cure it.

Even when people are sick and have the symptoms described above, they will get the same treatment as is commonly given to patients with diarrhoea, abdominal pain, and so forth. However, if patients in South Sorong have been identified by modern medicine as having HIV/AIDS, they will try to use alternative treatment, such as taking the red fruit oil produced by Mr. Made (a Balinese biologist who lives in Jayapura), as this oil has been a great help to many patients ([Made, 1999: 51](#)). Patients can also be treated by Adrianus Mirino (also living in Jayapura), who has allegedly been proven to cure people affected by HIV/AIDS with a secret mixture of ingredients of certain species of animals. The potion patients must drink is said to have cured many patients (see [Wakum, 2014](#)). Both healers live in Jayapura, so that patients who want to be treated by them have to go there.

The story of Adrianus Mirino is as follows:

The long struggle to find a cure for HIV/AIDS is a hard effort and relies on God. The time came for Adrianus Mirino (43), who, with hard work and tireless efforts and by God's given wisdom, managed to find a cure for HIV/AIDS, and also for cancer, leprosy, kidney failure, uric acid,

diabetes, hypertension, and light and heavy strokes. The drugs he found were God’s reward for his long reflection on how to heal the sick of this deadly disease. Felix Koibur, who had been Adrianus Mirino’s colleague in helping people living with HIV/AIDS and other diseases, had the following to say. Adrianus Mirino discovered a drug that truly helped dozens of sick people. The sick people he healed included ordinary people, civil servants, a member of the Legislative House in Papua and foster children (aged two years) living with HIV/AIDS, wives of soldiers affected by cancer, a medical student with cancer, and also a medic and his family in Papua. Furthermore, Felix Koibur added that Adrianus Mirino has been given the wisdom and the gift of curing HIV/AIDS by using particular animal species from Papua. Dorus Wakum also still expected the Papua Government to help Adrianus Mirino and Felix Koibur by facilitating them with equipment or by honouring his wish to patent the drug in order to cure people living with HIV/AIDS or cancer or any other diseases. But if the Papua Government and Indonesia fail to pay attention to this, KAMPAK Papua will try to rally support from friends and activists in NGOs, HIV/AIDS Indonesia and the World Health Organization so that Adrianus Mirino’s drugs can be improved, perfected and internationally patented. (Wakum, September 2014 [my translation]).

The various causes of the diseases discussed above are summarized in the table below. Furthermore, the table shows the substances used in the treatment and their application in the treatment process:

Table 5. *Causes, substances and treatment of illnesses/diseases*

| Name of illness | Causes | Substances used in the treatment | Treatment |
|-----------------|---|---|---|
| <i>sa'fla</i> | <ul style="list-style-type: none"> • weather (hot/cold) • rain • heavy burdens on the head | <ul style="list-style-type: none"> • <i>qafa</i> 'itchy leaves' | <ul style="list-style-type: none"> • rubbed onto the body |
| <i>ta'sror</i> | <ul style="list-style-type: none"> • change of season (blooming of fruit trees) • rain • hot/cold/windy weather • lack of a disciplined lifestyle (late sleep/late taking a | <ul style="list-style-type: none"> • <i>ondo mse</i> 'lemon soup' • <i>ondo mlas</i> 'lime leaves' • <i>ku'manggi</i> 'basil aroma' • <i>nda'ho</i> 'sago porridge' • <i>qdfiq</i> 'k.o.fern' • <i>sa'ngget</i> 'nutmeg fruit' • <i>nggrik</i> 'fragrant betel leaves' • <i>qdoq</i> 'freshwater shell' | <ul style="list-style-type: none"> • drinking orange juice • smelling the aroma of lime leaves • smelling the aroma of basil • hot sago meal with fish sauce • drinking boiled water • eating fruit • chewing and swallowing the water and the leaves • drinking boiled water |

| | | | |
|-----------------------|---|--|--|
| | <ul style="list-style-type: none"> bath) work | <ul style="list-style-type: none"> <i>a'sa</i> 'sugarcane' | <ul style="list-style-type: none"> burning, eating and swallowing the juice. |
| <i>qmat' odot</i> | <ul style="list-style-type: none"> their own mistakes, for instance, eating cold, hot and bitter food cold air rain and wind | <ul style="list-style-type: none"> <i>qafa</i> 'itchy leaves' <i>gi'yawas</i> 'guava leaves' | <ul style="list-style-type: none"> rubbing onto the body eating meal of the leaves |
| <i>osik' sgia</i> | <ul style="list-style-type: none"> cold air rain wind eating and drinking disorder working outside the house without wearing clothes | <ul style="list-style-type: none"> <i>diron</i> 'soursop leaves' <i>sre</i> 'lemongrass leaves' with <i>li'lin</i> 'ginger' | <ul style="list-style-type: none"> drinking boiled water drinking boiled water |
| <i>qfo'rin wa'sit</i> | <ul style="list-style-type: none"> mosquitos | <ul style="list-style-type: none"> <i>o'gosen</i> 'papaya leaves' <i>mbait</i> <i>yengge</i> 'timber milk' <i>qafa</i> 'itchy leaves' | <ul style="list-style-type: none"> drinking boiled water drinking boiled water drinking boiled water rubbing onto the body |
| <i>heq qoqo</i> | <ul style="list-style-type: none"> eating hard food drinking cold water working at sea, on the river wind cold weather | <ul style="list-style-type: none"> <i>sya'pi</i> 'pumpkin flower' <i>smir/smyene</i> 'dadap(BI) tree' | <ul style="list-style-type: none"> placing on the tooth after having been heated in hot ash placing chewed <i>dadap</i> bark on the tooth |
| <i>qendi' odot</i> | <ul style="list-style-type: none"> working in a squatting position working in the hot sun carrying heavy goods baby/child being limp drinking cold milk (infants and children) | <ul style="list-style-type: none"> <i>qafa</i> 'itchy leaves' | <ul style="list-style-type: none"> rubbing on the back |
| <i>Qafes</i> | <ul style="list-style-type: none"> consuming unsuitable food lazy to take a bath | <ul style="list-style-type: none"> <i>ma'resanlas</i> 'chilli leaves' <i>qsa'sin las</i> 'potato leaves' <i>qrari</i> 'turmeric' <i>'qambet</i> 'winged beans' <i>Ja'rak</i> 'jatropa' <i>diron las</i> 'soursop leaves' | <ul style="list-style-type: none"> heated, attached to body smoothed and dressing on ulcers heated, rubbed with coconut oil, then put on the body or cooked and drank finely ground dressing on ulcers |
| <i>sihen si'qoqo</i> | <ul style="list-style-type: none"> red flower growing season wind cold water | <ul style="list-style-type: none"> <i>fra'saralas</i> 'k.o.plant's leaves' <i>syo</i> 'breast milk' | <ul style="list-style-type: none"> dropping the water into the eyes dropping into the eyes |
| <i>si'fraq</i> | <ul style="list-style-type: none"> inherited from parents eating qewi fruit | <ul style="list-style-type: none"> <i>simlaq</i> or kupang-kupang (<i>Cassiaalata</i>) | <ul style="list-style-type: none"> smoothed and rubbing on the body |
| <i>Sifdaq</i> | <ul style="list-style-type: none"> contact with ash, skin of taro, <i>qose/gohi</i> vegetables or hair and leaves of corn | <ul style="list-style-type: none"> <i>lengkuas</i> 'galangal' | <ul style="list-style-type: none"> smoothing and rubbing on the body |
| <i>Yafat</i> | <ul style="list-style-type: none"> sharp objects (knives, machetes, axe, arrows, etc.) bitten by animal (dog, snake, pig, etc.). thorns or sharp wood, hot water, etc. | <ul style="list-style-type: none"> <i>qla'wleis</i> 'nut grass' <i>o'gohaq</i> 'banana stem' <i>qba'ti</i> 'tobacco' <i>nda'on las</i> 'k.o.plant's leaves' <i>seo'mbit</i> 'sea-water' <i>we'ngger</i> 'sea bottom mud' | <ul style="list-style-type: none"> chewing and dressing on the wound dressing on the wound chewing, and dressing on the wound dropping on or soaking the injured body parts soaking or showering dressing on the wound |
| <i>Qnyen</i> | <ul style="list-style-type: none"> consuming too much meat and fish walking in muddy and moist soil | <ul style="list-style-type: none"> <i>o'gosenydeit/dla/las</i> 'papaya roots/seeds/leaves' | <ul style="list-style-type: none"> boiling and drinking the water |

| | | | |
|-------------------------|---|---|---|
| | <ul style="list-style-type: none"> • often stepping on human and animal faeces | | |
| <i>defit' odot</i> | <ul style="list-style-type: none"> • bathing in the river • working at sea, on the river • diving in the sea or river | <ul style="list-style-type: none"> • <i>e'syen hen</i> 'red mushroom' • <i>sa'fla</i> 'duck-beak plant' | <ul style="list-style-type: none"> • dripping water into the ear • dripping water into the ear |
| <i>honi qasleq</i> | <ul style="list-style-type: none"> • cold air • long working hours • taking showers with cold water • washing and cooking with cold water | <ul style="list-style-type: none"> • <i>qafa</i> 'itchy leaves' • <i>qsa'sin wqoit</i> 'manihot stem' • <i>li'lin</i> 'ginger' • <i>o'gomhaq</i> 'stem of banana' | <ul style="list-style-type: none"> • rubbing on the body • boiling and drinking the water • smoothing and dressing on the sore parts • heating and applying to the body |
| <i>si'frikya</i> | <ul style="list-style-type: none"> • wind • change of season | <ul style="list-style-type: none"> • <i>Fa</i> 'sago' and <i>se</i> 'water' • <i>kumangi</i> and <i>qrari</i> 'kunyit' | <ul style="list-style-type: none"> • thawing and drinking • boiling and drinking the water |
| <i>Ta'sror waa yfiw</i> | <ul style="list-style-type: none"> • free sex • blood transfusions • needle sharing, etc. | <ul style="list-style-type: none"> • <i>mno</i> 'buah merah' (BI) 'red fruit' | <ul style="list-style-type: none"> • drinking red fruit oil |




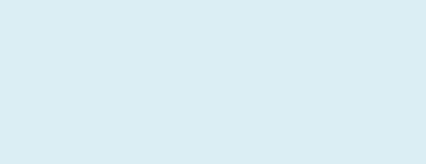
Source: own compilation, based on fieldwork.

In the following Table 5, I give more detailed information on the substances most commonly used in the treatment of illnesses and diseases. After some information on the morphology of each plant/substance and its location, I describe how it is applied in the treatment process.¹⁴

I got the Latin names from text books, internet searches, and researchers in the field of botany. The medicinal plants in the popular sector (Part 2) can be used for curing disease, whereas the medicinal plant in the folk sector (Part 3) are prepared with spells uttered by shamans before it is given as a medicine to the patients. Therefore, medicinal plants in folk and popular sectors are split up into different chapters, except for *qafa* plants. I have put this plant into the category of the folk sector, because it can also be used by ordinary people (and not only shamans) to treat pain and disease.

¹⁴ I was not able to find an English or Latin name for some plants, therefore, I only mention the local terms.

Table 6. *The substances in the treatment of illnesses and diseases*

| Picture of the Substance | Description of the Substance |
|--|---|
|  | <p>Morphology: <i>Qafa</i> is a shrub with soft and segmented stems. The leaves are not too thick, light green and serrated. When it comes into contact with the skin it will cause itchy lumps and inflammation.</p> <p>Location: <i>Qafa</i> grows in moist, watery locations.</p> <p>Treatment of the illness: <i>Qafa</i> is used as a traditional medicine to cure <i>sa'fla</i> 'headache', <i>honi qasleq</i> 'sorebones', <i>qmat'odot</i> 'stomach-ache' and <i>qfo'rin wa'sit</i> 'malaria', by rubbing</p> |
|  | <p>Morphology: <i>Yengge</i> has hard and segmented stems. The leaves are thick and dark green, with a smooth surface and tapered at the end.</p> <p>Location: <i>Yengge</i> grows in locations with dense soil and in rocky areas.</p> <p>Treatment of the illness: <i>Yengge</i> is used as a remedy for <i>qfo'rin wa'sit</i> 'malaria', by</p> |
|  | <p>Morphology: <i>Sa'fla</i> has soft stems that contain water, light green jagged-shaped oval leaves with a smooth surface. The tip of the leaves is not sharp; the stalks are short and not hollow.</p> <p>Location: <i>Sa'fla</i> grows on moist soil.</p> <p>Treatment of the illness: <i>Sa'fla</i> is used to cure <i>defit' odot</i> 'earache'; it is heated over the fire and its liquid is dripped into the ears.</p> |
|  | <p>Morphology: <i>O'goseran</i> have soft stems, jagged light green leaves with long, tapered edges and a smooth surface, and long and hollow stems. The fruit and seeds are oval and round.</p> <p>Location: <i>O'goseran</i> grows on any kind of soil.</p> <p>Treatment of the illness:</p> |



The roots are used to treat *qfo'rin wa'sit* 'malaria'.
The leaves and flowers are eaten as vegetables to prevent malaria.
The leaves are boiled in water and the water is drunk to cure *qfo'rin wa'sit* 'malaria'.
Papaya seeds are used to treat worm disease.

Figure 6: O'goserer'papaya' (*Carica papaya*).



Morphology:

Ondo has hard and thorny stems, dark green, jagged, long and tapered leaves, with a smooth surface. The stalks are short. The fruit are oval and round.

Location:

Ondo grows on dry rocky and moist soil.

Treatment of the illness:

The leaves are used to treat *ta'sror* 'influenza' by crushing the leaves then inhaling the aroma; the fruit is squeezed and the juice drunk to treat

Figure 7: Ondo'lime, lemon' (*Citrus aurantifolia*).



Morphology:

Sya'pi is a vine with soft, flaky, scaly- shaped and serrated, round, light green leaves on long stems; the surface of the leaves is smooth; orange flowers that will turn into oval-shaped fruit; inside are seeds embedded in the orange flesh of the fruit.

Location:

Sya'pi grows in rocky dry soil and moist soil.

Treatment of the illness:

Sya'pi flowers are used to treat *heq qoqo* 'toothache'; the flowers are heated, put on the aching tooth or the liquid of the squeezed flowers is dripped into the tooth's cavity.

Figure 8: Sya'pi 'pumpkin' (*Cucurbita moschata* Durch).



Figure9: Fruit and chunk of Sya'pi with white seeds



Figure 10: A'sa 'sugarcane' (*Canna*)

Morphology:

A'sa 'sugarcane' has jointed stems, thin light green leaves with a long and scaly surface and sharp edges. The stem reaches up to more than 2 metres.

Location:

A'sa grows in rocky dry soil or on dense and moist soil.

Treatment of the illness:

A'sa is used to treat *heqqogo* 'toothache' and *qi'ha* 'cough' by cutting the sugar cane into short pieces, which are burned and eaten.

Morphology:

Li'lin has soft stems and forms long thin light green leaves; sharp edges, smooth surface and short stalks.

Location:

Li'lingrows in dense and moist soil.

Treatment of the illness:

Li'lin is used to treat *honi qasleq* 'sore bones' by polishing the leaves and then putting them on the painful part of the body, mostly legs, calves and knees.



Figure 11: Li'lin 'ginger' (*Zingiber officinale*).

Morphology:

Li'lin has soft stems and forms long thin light green leaves; sharp edges, smooth surface and short stalks.

Location:

Li'lingrows in dense and moist soil.

Treatment of the illness:

Li'lin is used to treat *honi qasleq* 'sore bones' by polishing the leaves and then putting them on the painful part of the body, mostly legs, calves and knees.



Figure 11: Li'lin 'ginger' (*Zingiber officinale*).



Figure 12: *Qsa'sinwqoit* 'cassava' (*Manihot esculenta*).

Morphology:

Qsa'sin wqoit has hard stems, light green thin leaves with sharp edges, on long stems.

Location:

Qsa'sin wqoit grows on dense and moist soil.

Treatment of the illness:

Qsa'sin wqoit is used to treat *honi qasleq* 'bones stiffness' by cutting the stems into short pieces, which are boiled, and the water while still warm is given to the patient to drink.



Figure 13: *Qsa'sinfombi* 'sweet potato' (*Ipomoea batatas*).

Morphology:

Qsa'sin fombi is a vine with thin, light green, round and jagged leaves with sharp edges, on long stalks.

Location:

Qsa'sin fombi grows on moist soil.

Treatment of the illness:

Qsa'sin fombi is used to treat *qafes* 'ulcers' by crushing the leaves together with turmeric, then wrapping and boiling them and placing them on the ulcers.



Figure 14: *Diron'soursop'* (*Anona muricata*).

Morphology:

Diron is a hard, branched tree with dark green, round and smooth leaves on short stalks.

Location:

Diron grows on dense and moist soil.

Treatment of the illness:

Diron leaves are using to treat *qafes* 'ulcers', by crushing and wrapping the leaves and boiling them, and placing them on the ulcers.



Figure 15: *Ja'rak (Jatropha curcas)*.

Morphology:

Ja'rak is a shrub with soft stems. The thin, light green leaves are round, deep, and smooth and sit on long stalks.

Location:

Ja'rak grows on dense and moist soil.

Treatment of the illness:

Ja'rak leaves are used to treat *qafes* 'ulcers', by heating the leaves over a flame and then wrapping them with coconut oil.



Figure 16: *Ma'resan 'chillies' (Capsicum frutescen)*.

Morphology:

Ma'resan has soft stems and light green, round, small, deep and smooth thin leaves that sit on short stems.

Location:

Ma'resan grows on dense and moist soil.

Treatment of the illness:

Ma'resan is used to treat *qafes* 'ulcers'. The leaves are heated over a flame and then wrapped with coconut oil.



Figure 17: *Sre'lemongrass' (Centella asiatica)*.

Morphology:

Sre is a plant with many light green, long, thin leaves with sharp tips.

Location:

Sre grows on dense and moist soil.

Treatment of the illness:

Sre is used to treat *osik'sgia* 'diarrhoea' and *gi'ha* 'cough' by boiling the leaves over a fire and the water is given to the patient to drink.



Figure 18: *Ma'ya*

Morphology:

Ma'ya is a tall tree, with many branches. The light green leaves are tapered with sharp tips and sit on short stalks.

Location:

Ma'ya grows in dense and moist soil.

Treatment of the disease:

Ma'ya leaves are used to treat sore eyes by putting crushed, wrapped leaves on the sore eyes.



Figure 19: *Fra'sara* (*Altenanthera* sp.).

Morphology:

Fra'sara is an herbaceous plant, similar to *ma'yana*. Its leaves are jagged, pointed, sharp on the tip and light green on the front and purple on the back and sit on short stems.

Fra'sara grows on dense and moist soil.

Treatment of the disease:

Fra'sara is used to treat *sihen* or *si'qoqo* 'sore red eyes' by heating the leaves over a fire, squeezing them and the liquid is dripped into the eyes.



Figure 20: *Gu'yawas'guava* (*Psidium Guava*).

Morphology:

Gu'yawas is a high branching tree. The light green leaves have pointed, blunt edges and short stems, flowers and fruit.

Location:

Gu'yawas grows on dense and moist soil but also on rocky and dry soil.

Treatment of the illness:

Gu'yawas leaves are used to treat *osik' sgia* 'diarrhoea', by chewing the young buds and swallowing the juice.



Figure 21: *Simlaq* 'seven golden candlesticks' (*Cassia alata*).

Morphology:

Simlaq is a high branching tree, with light green pointed leaves, with blunt edges and sit on short stems; it has flowers and fruit.

Location:

Simlaq grows on dense and moist soil, and on rocky and dry soil.

Treatment of the illness:

Simlaq leaves are used to treat *si'froq* or *si'frit* 'ringworm', by rubbing crushed leaves on the parts of the body where the disease is located.



Figure 22: *Lan'kuas* 'galangal' (*Alpinia galanga*).

Morphology:

Lan'kuas is a plant that has many species. It does not grow too high, has soft stems, with thick, dark green, long tapered pointed leaves on long stems.

Location:

Lan'kuas grows on dense and moist soil.

Treatment of the illness:

The roots of *lan'kuas* are used to treat *si'fdaq'* 'tinea versicolor', by rubbing cleaned and crushed roots on the body parts affected by the disease.



Figure 23: *Qlawleis* 'puzzle grass' (*Cyperus rotundus*).

Morphology:

Qlawleis is type of grass, with soft stems, and long, tapered, light green leaves on short stems.

Location:

Qlawleis grows on dense and moist soil.

Treatment of the illness:

The leaves are used to treat *yafat* 'wounds', by putting chewed and wrapped leaves on the bloody wound.



Figure 24: Nda'on (*Ficus septica* Burm. f.).

Morphology:

Nda'on is a branching tree with a hard trunk. The light green leaves are tapered and long with a sharp tip. The surface of the leaves is shiny and smooth. The stems are short. It bears fruit on and around the stem.

Location:

N'daon grows on dense and moist soil.

Treatment of the illness:

Nda'on leaves are used to treat yafat 'wounds', by immersing the injured parts into the water in which the leaves have been boiled or by dripping the water on the wounded body parts. This treatment also applies to dry wounds.

Morphology:

Qdfoq is a kind of fern with soft stems, jagged light green leaves with tips coiling like a spiral on short stalks.

Location:

Qdfoq grow in marshy and watery surroundings.

Treatment of the illness:

The qdfoq leaves are used to treat illness of qi'ha 'cough' by eating cooked leaves.



Figure 25: Qdfoq 'vegetable fern' (*Diplazium esculentum*).

Morphology:

Sa'ngget is a tall tree with a hard stem. The dark green leaves are long with sharp edges on short stalks. It bears fruit.

Location:

Sa'ngget grows on dense and moist soil.

Treatment of the illness:

The fruit is eaten to treat ta'sror 'influenza', especially gi'ha 'cough'. The taste is sour.



Figure 26: Sa'ngget'k.o nutmeg' (*Myristica fragrans* Houtt.).



Figure 27: Nggrik 'betel' (*Piper betel*).

Morphology:

Nggrik is a vine with many species. It has tender stems and dark green wide leaves with sharp edges on short stalks.

Location:

Nggrik grows on dense and moist soil.

Treatment of the illness:

Nggrik leaves are used to treat *ta'sror* 'influenza', especially *qi'ha* 'cough', by chewing them and drinking their sap.



Figure 28: Mbait 'brotowali' (*Tinospora crispa*).

Morphology:

Mbait is a vine with rigid hard stems. The light green leaves are wide with sharp tips and a smooth surface on short stems.

Location:

Mbait grows on rocky and solid soil and in damp areas.

Treatment of the illness:

The trunk of *mbait* is cut into pieces and boiled and the water is used to treat *qfo'rin wa'sit* 'malaria'.



Figure 29: Qrari 'turmeric' (*Curcuma domestica*)

Morphology:

Qrari is a plant with thick roots, rather soft stems, and light green, long, wide and tapered leaves with sharp edges and a smooth surface on short stalks.

Location:

Qrari grows on dense and moist soil.

Treatment of the illness:

Tubers of *qrari* are boiled with basil leaves and the water is given to a patient who suffer from *si'frikya* 'chickenpox'.



Figure 30: *Smir* 'dadap tree' (*Erythrina lithosperma*).

Morphology:

Smir is a tree that can grow tall and has a rather hard stem. The light green leaves are round and wide with sharp edges, a smooth surface and sit on short stems.

Location:

Smir trees can grow on dense and moist soil.

Treatment of the illness:

Smir bark can be used to treat *heq qogo* 'toothache', by putting crushed bark on the aching tooth.



Figure 31: *O'go* 'banana' (*Musa paradisiaca*).

Morphology:

O'go trees are not too high and have soft and watery stems. The light green thick leaves are wide with blunt edges, with a smooth surface on long stalks. It bears fruit.

Location:

O'go grows on dense, moist or wet soil.

Treatment of the illness:

The stem is used to treat *honi qasleq* 'stiffness', by putting heated sheaths on the sore body parts. Banana skin can be burned on charcoal until charred and then eaten by patients suffering from *qmat'odot* 'abdominal pain' and *osik' sgia* 'diarrhoea'.



Figure 32: *Ku'manggi* 'basil' (*Ocimum basilicum*).

Morphology:

Ku'manggi is a kind of grass, not very high, with fine stems and small light green leaves with blunt edges and a smooth surface. It has flowers and long stalks.

Location:

Ku'manggi grows on dense and moist soil.

Treatment of the illness:

Ku'manggi is used to treat *ta'sror* 'influenza', by making patients inhale the aroma of crushed leaves.



Figure 33: Qba'ti 'tobacco' (*Nicotiana glauca*).

Morphology:

Qba'ti is a herbaceous plant, not too high, with soft stems. Its dark green leaves are wide with a smooth surface and a somewhat pointed tip

Location:

Qba'ti grows on moist soil.

Treatment of the illness:

Qba'ti leaves that have been sliced and dried in the sun or over a fire may be used to treat yafat 'injuries' by putting wrapped and chewed qba'ti on the wound to dry.



Figure 34: Mno 'redfruit' (*Pandanus conoideus*).

Morphology:

Mno is a kind of pandanus tree that can grow to a medium to rather tall height. It has hard stems and long, thick, jagged and sharp-tipped dark green leaves with a smooth surface and long stems; the fruit is oval, long, spiny and red in colour.

Location:

Mno grows on dense moist and wet soil.

Treatment of the illness:

Mno is used to treat cancer, tumours and HIV/AIDS by making the patient drink the cooked oil that comes out of squeezed leaves.



Figure 35: E'syenhen 'red mushroom' (*Auricularia auricula-judae*)

Morphology:

E'syen hen are red mushrooms. They are hard with a smooth surface and circular lines on the rear.

Location:

E'syen hen grow on dry and rotten logs.

Treatment of the illness:

E'syen hen are used to treat defit' odot 'earache'. The mushrooms are wrapped in leaves or shells and heated over a flame, then removed, left to cool and then squeezed to let the liquid drip into the ear.



Figure 36: *Fa* 'Sago milk'

Fa is a high palm tree with a thorny stem. The leaves are long and thin with a smooth surface. Its fibres are pounded to produce sago flour; the colour is either white or brown depending on the water that is used when squeezed; the taste is bland.

Location:

Fa grows in marshy swamp land and on wet soil.

Treatment of the illness

Fa as raw flour is used to treat *si'frikya* 'chickenpox' by diluting it with water and giving it to the patient to drink; it may also be used to cure *qmat'odot* 'abdominal pain', by taking sago that has been roasted until it has turned black. This charred part is given to the patient to eat.



Figure 37: *Nda'ho* 'sago porridge' and *e'ren fosik* 'fish sauce'

Nda'ho 'sago porridge' is made of *fa* 'sago flour' mixed with hot water. It has a white or brown colour, depending on the water that has been used. It is usually eaten with *e'ren fosik* 'fish soup' (right picture), meat or vegetables.

Treatment of the illness:

When used to cure *ta'sror* 'influenza' and *qfo'rin wa'sit* 'malaria', the flour is doused with hot water to produce *nda'ho* 'sago porridge', which is eaten with fish sauce to make the patient sweat and, by so doing, recover from the disease.



Figure 38: *Syo* 'breast-milk'

Syo is the milk produced by mothers who are breast-feeding a baby or a child under five years old (toddler). The milk is white and tastes bland.

Treatment of the illness:

Syo is used to treat *qa'osi* or *si'qogo* 'sore/red eyes' by dripping the milk into the eye afflicted and allowing the eye to absorb the milk to heal.

Source: Own compilation.

Treating of illnesses by different actors

As explained above, the Tehit have all kinds of diseases which they cure assisted by their family members, friends or neighbours. Each treatment is adjusted to the patient's condition. In this part, I will offer some examples of cases dealing with the curing process.

Treating of illnesses by the person him- or herself

Tehit people often treat themselves when they are sick, as may be seen from the following exemplar related by Albertina Konjol:

Oohh... I was not feeling well. I had a sore throat and my head was hot. My whole body was hot. I asked my husband, "What is the matter with me? I suddenly have this sore throat and a hot body like this, without any reason." My husband asked me, "What did you eat last night before you went to sleep? Or maybe you slept the wrong way and too near the stove." I told him, "Yes... I could not sleep last night, because my cough made me short of breath." My husband said, "We'll find some *nggrik* leaves to cure the cough. I know that some *nggrik* plants grow in the woods near our garden." Early in the morning my husband and I went into the woods looking for *nggrik*. I picked some leaves and I immediately chewed on two or three of them and then swallowed them. It tasted bland. After that, I took some leaves home, went into the house and had a short rest. In the afternoon, I ate some more *nggrik*. It turns out that *nggrik* leaves are very helpful, because my cough started to abate and I became sleepy. I finally slept until the evening. When I woke up, my husband and children were all wondering how I was. "I tell you I feel better, because I cough much less." After dinner, I took three *nggrik* leaves before I went to bed. It seems that these leaves are very effective, because I slept peacefully until morning. From that day on, I had recovered from my cough. (Interview with Albertina Konjol, March 2012 [my translation]).

Japheth Krimadi gives an example of how he treated his own illness:

That day I was dizzy, yes. It seemed that there was something wrong with me because I felt I was going to die. But since I'm alone in the house, I tried to make by body strong. I sat for a while and then tried to force myself to stand up. ...Eeehhh, I could not stand up. It felt like my knee was broken, and I had a high temperature, a headache and a fever. Ouch! It hurt... I hoped that someone was going to come to help me, because my wife and children had gone to Teminabuan. They would stay there for a couple of days, because our second child would have a school examination. After I sat for a while, I tried to stand up again and to walk

to our back yard to pick some *qafa* ['itchy leaves'] and *yengge* leaves. I went back into the house and rubbed three itchy leaves on my body. After that, I made a fire and I washed and boiled a handful of *yengge* leaves in a pan. I waited until the water was boiling and then I took the pan from the fire, let it cool and then I drank the water. Ahhh! ... It tasted very bitter but I recovered, so I finished it. I tried to eat some taro and vegetables and, before I went to bed, I rubbed some more itchy leaves on in my back, abdomen, knees and feet. It turned out that what I was doing was very helpful, because in just two days, I was healed. (Interview with Japheth Krimadi in Sadrofoyo village, April 2009 [my translation])

Many individuals treat themselves. Please reflect on Max Kolonggia's story:

I suddenly felt pain in my butt. I guess this is nothing unusual, because every day I sit in my boat too long to catch fish in the sea. But gradually the pain became worse. I tried to feel around my butt and apparently there was a small bump. I thought it was just a normal bump, so I did not think much about it and took it for granted, but, after a while, another bump appeared, and it hurt. I realised that I had *qafes* 'ulcers'. It turned out that I could not work or sit and I did not sleep well. I took three or four *ma'resa n* ['chilli'] leaves and heated them over the fire. Then I put some coconut oil on the leaves, and boiled it and I put it on the ulcers. Apparently, this was very helpful, because the pain began to decrease, and after days the abscesses burst open and oozed pus and blood. After three days, it was dry, and I was cured of my ulcers. (Interview with Max Kolonggia in Seribau village, March 2012 [my translation]).

A woman named Yubelina Kofias told her story about how she treated herself when she became ill in the garden:

I was working in the garden and suddenly my stomach did not feel well, while I had only drunk some water. I did not understand why my stomach hurt, because I had only drunk some water. I was trying to remember what I had eaten before I went to the garden. The more I tried to remember what I did before that, the more my stomach hurt. ... What was wrong with me? I just had some water so

why did my stomach hurt? I started to sweat and my body became limp and I thought I was going to die here and now, and no one would know Oh Lord, help me! Then I tried to bear the pain, but it did not go away. I was confused and asked myself, how I was going to be able to return home? I saw that some *qafa* ['itchy leaves'] plants grew in the garden next to the wall of the cottage. I picked some leaves, rubbed them a few times over my stomach and, after that, I took a nap in the cabin. I woke up when it was already afternoon, only because my son was shocked to hear the sounds that came from the cabin. He was surprised to see me not working, and I explain to him that my stomach hurt and that I had almost died. But as I had been rubbing some itchy leaves on my stomach, I now felt much better. Let us go back home. He helped me to pick some vegetables and some taro and then we went home to the village together. (Interview with Yubelina Kofias in Seribau village, March 2012 [my translation]).

Another interesting story is that related by Marten Segetmena:

A few days ago, I woke up, but suddenly I felt unwell. I felt water dripping from my ears and my ears hurt. A moment later, I could not hear anything. I tried to clean the ear with a finger, but could not hear anything. I took sticks of *la'mbat* (BT) or *gedi* (BI) vegetable to clean the ear, but it did not help at all. I tried to sleep on my side so that the water could get out of my ears and it helped, so I thought I was cured, but the ear still hurt. I was curious about what was actually the matter with my ears and why the pain did not go away. So, I took some *sa'fla* and *cocorbebek* (BI) leaves. I put them on the fire, then took them off and waited a moment for them to cool, then I dripped the liquid into both ears. I hoped that the liquid of the *sa'fla* leaves would heal my ears and, indeed, I felt there was a change, but at night, I could not believe it, because my ears hurt again and more seriously than before. Wow! I was scared and I felt dizzy and, apparently, my treatment was not enough. That same night I went to a healer (Ludwig Srefle) and I asked him what we could do about my ear pain. He said that I was not suffering from a normal ear pain, but that there were people who were maliciously envious because when I was catching fish I got so many of them. The shaman treated

both my ears and then he took me to my house and told me to go to sleep. When I woke up in the morning, I was healed. (Interview with Marthen Segetmena in Seribau village, March 2012 [my translation]).

Treating of illnesses by family members

The Tehit people generally live together as a nuclear or extended family, because a family is very important for everyone. For them, happy and hard times should be shared together as a family. This is also the experience of Seppy Kofias from Seribau village. He told me the following:

I once fell down on my way back from the garden. I was carrying two bags of *rambutan* fruit. But, because it was too heavy, suddenly, in the middle of the road, one of the bags fell. I tried to hold it, but I fell over instead. Since then, I often have pain, especially in the left ribs. I just stayed home, until one day, my wife took part of a banana stem and baked it until it was hot. When it was still hot, she put it on my aching body, starting from my upper back, lower back to the legs. She did it three times and now I have recovered and never had pain again. (Interview with Seppy Kofias in Seribau village, March 2012 [my translation]).

Many Tehit people are assisted in their healing process by family members, as told by Rebekah Srefle:

Mom had a toothache, ouch! ... It hurt a lot and mama could not eat for almost two days. Luckily mama has children whom she could ask for help. One of them went to pick yellow pumpkin flowers from the garden and she cleaned them and wrapped them in banana and pumpkin leaves and put them in the hot ashes. We waited for a while and then she took out the bundle from the hot ashes and cleaned it. She opened the banana leaves and took out the pumpkin flowers from inside and put them into my mother's mouth and wrapped them around her sore tooth. Meanwhile, she also squeezed the bundle and dripped the liquid into the tooth cavity. After the pumpkin flower wrapping had become cool, she removed it from her mouth. I am so glad, because it turns out that yellow pumpkin flowers are very helpful to her to this day, she has stayed healthy and her

teeth never hurt again.(Interview with Rebekah Srefle in Seribau village, March 2012 [my translation]).

Yos Kalilago also related her experience:

I once had a headache and a fever. My husband picked some papaya leaves and boiled them in water. The boiled water was poured into a glass and I drank it all. Ouch! The taste was so bitter. I wanted to throw up, but my husband, who sat next to me, said that I had to endure it and drink it all. After I drank it, I slept. After getting up in the afternoon, I felt different. After dinner, my husband gave me another glass of papaya-leaf water and I drank it all. Papaya-leaf water is very helpful because I recovered in only two days. (Interview with Yos Kalilago in Seribau village, March 2012 [my translation]).

Another experience was narrated by Mama Selfina Kalilie:

What was wrong with my legs and arms? Everything was cramping. I could not walk or hold anything, I was so scared this morning, because this was the first time I've had this. I could not stand up because my feet were sore... I called Harry and his wife to come and see me and, fortunately, they were at home and they came to help me. His wife asked, "What is the matter?" I said, "Mama cannot stand up, my legs hurt too much." "I don't understand. Yesterday, mom walked into town to sell vegetables in the market, so why should mama be sick today?" Harry asked, "Did mom wash clothes or take a shower at night yesterday?" I said, "Yes, Mama did the dishes at about 6 pm and then I took a shower when it was already getting dark." "Oh so. " He and his wife smiled and said, because the water was too cold, now mama has *honi qasleq* 'sore bones'. Harry picked some *qafa* ['itchy leaves'] and he brought them to me and I rubbed them over my feet, hands and body. His wife also rubbed some *qafa* on my legs. Fortunately, Harry and his wife were there so they could help Mama. At night, Harry and his wife rubbed some *qafa* leaves on my body before I went to sleep. So, after that I recovered. I can walk and work again because of the efficacy of itchy leaves. (Interview with Mama Rebekah Srefle in Seribau village, March 2012 [my translation]).

Mama Klafle told about her experiences:

That morning when I woke up, I did not feel well, because I had a headache and I felt dizzy. I asked myself, "What is wrong with me? Is because I worked in the garden yesterday and was in the heat too long?" My granddaughter asked, "What is the matter, grandma?" I said, "Maybe grandmother is getting ill." She got closer and touched my body, and she said..., "Geez! ...Grandmother feels very hot." "Yes, Grandma also feels hot and Grandmother also feels like throwing up. Grandmother thinks this may be *qfo'rin wa'sit* 'malaria'." Then she asked me, "What can I do to help grandmother?" I said, "Take some of the *o'goseran las* ['papaya leaves'] growing in front of the house, and boil them in water so Grandma can drink it." She did what I asked and, after the water boiled, she took the water and the papaya leaves, and I drunk it while it was still warm and I ate the papaya leaves too. Theywere very bitter. Then she told me to sleep, she covered my body with a blanket and she said, "Grandma has to go to sleep now." I slept for a long time and when I woke up she asked if Grandma felt better? I smiled and said, "Thank you, Grandma is now feeling better, butGrandma needs to drink the boiled water and eat the papaya leaf once more. Hopefully, Grandma will heal totally soon." At night, before I went to bed, I drank more boiled water and ate more papaya leaves. I slept and the next morning, I was healed.(Interview with Mama Klafle in Seribau village, March 2012 [my translation]).

Treating of illnesses by friends/neighbours

A Papuan proverb says: "Neighbours are our closest family. Neighbours know immediately if anything happens and they can help us." Here is what Betty Wamban said:

My husband and I could not sleep, because our son was crying all night, he was sweating and his body was suddenly lifeless. Oh! ... My son Denny was once sick, and I took him to hospital. He got some medicine, but there was no change in his condition. I talked to my husband about what we were supposed to do to cure our son. Then, there was a neighbour who told me to give him a herbal drink and she gave him a bottle of chlorophyll. But because I had never drunk it before, I was afraid to give it to him. Then, a friend came to our house and she was surprised to see that there was a full bottle of chlorophyll on the table. She asked

me how long had my family and I drunk Chlorophyll. I smiled and answered that we have never drunk it. It was the neighbour who gave it to us. She said just to drink it because it is not dangerous. She took a glass and the bottle of chlorophyll. She poured one shot of chlorophyll into the glass and filled it up with water. She stirred the chlorophyll and drank it. After she drank it, we talked for about 30 minutes and she said, "Look, I am not dead! So, it is ok to give it to your son." Then she took a glass, poured some water and chlorophyll in a glass for me to drink. After that, she went home. At night, I slept very well. In the morning I went to her house and told her that the chlorophyll was very good as it had made me feel refreshed. I told my husband and he agreed that we could give chlorophyll to our son. So, my husband and I gave a glass of chlorophyll water to Denny. Apparently, our son was cured because of this herbal drink. We decided to join PT.K-Link that produces all sorts of health products including chlorophyll. In the meantime, my husband and I had become distributors in South Sorong Regency.(Interview with Betty Wamban in Teminabuan, March 2012 [my translation]).

Other people have similar experiences with treatment with the help of friends. Yuli Kolonggia realted:

I haven't felt well since last night, so this morning I told my husband and our children that I have a headache, feel like vomiting, have abdominal pain and that I already had been to the toilet three times. My husband and children were surprised and asked, "What did Mom eatlast night?" "I just ate *nda'ho* ['sago porridge'] with fish sauce and spinach." My husband said that maybe it was that made me sick. I said nothing. I asked the kids to go fetch some soursop leaves and to boil them so that I could drink the water. The children returned with soursop leaves, and boiled them and then they gave me a cup to drink. The soursop leaves made the water just bland. After that, I tried to sleep. But the pain in my stomach did not go away and I still felt bad and had to go to the toilet more than once. I had diarrhoea. I told the kids to go and see a neighbour and ask for ginger, but our neighbour did not have ginger plants. She asked, "Ginger for what?" The kids responded, "To boil for mama to drink because she has diarrhoea." Our neighbours immediately

came see me and she brought Entrostop. She told me to take but I said, "Not just yet." She said she often had an upset stomach and that she and her children used to take Entrostop when they had diarrhoea. I did not want to wait too long, so I took one tablet, and then I slept. Entrostop is very good because after just a short while, the diarrhoea was gone and I haven't had it again. (Interview with Yuli Kolonggia in Seribau village, February 2012 [my translation]).

Treating of illnesses by church members

Deacons also help to treat diseases among the Tehit in the districts of Teminabuan and Sawiat. One of the latter is Tefliak Kalilago. He told me the following:

I had severe foot injuries, because I had hurt my foot with my axe when I was cutting sago. At that time, I could not walk and every day I stayed home alone. But fortunately, there were church members who helped me to recover. At that time, my wife worshipped at the Women Fellowship and she heard from some women that *nda'on* leaves can heal wounds. In the morning, when we had just got up, there were suddenly people knocking on the door, uhhh... apparently, one of them was a woman who had once treated wounds with *nda'on* leaves. She asked my wife if she had told me the story about the leaves. My wife answered, "Yes, already." ... Then she said not to wait too long... "Your wife should find the leaves for treatment today." After that, she and my wife went to look for *nda'on* plants behind the school building. After they had found them, my wife lit a fire in the stove and a few moments later, she put some *nda'on* leaves on the fire. Then, she took them from the fire and squeezed them and she sprayed the liquid directly onto the wound. She did this for one week continuously. As a result, my wound became dry and healed. (Interview with Tifliak Kalilago in Seribau village, February 2012 [my translation]).

Furthermore, Agustina Hegemur related her experience when church members helped her when she was sick:

That afternoon, I was shocked, my son's whole body was red and rough, because there were small spots all over his body, and he was also hot. I called my friend, who is also a

member of the same church as my family. She came over and told me not to panic and she said the boy had of *si'frikya* ['chickenpox']. I wondered what to do so that he would recover? She said, "Just fetch some wet sago and boiled water and bring it to me." She mixed the sago in a tablespoon of water and then she gave it to our son. After the boy had drunk the sago water, my friend told me to give him some more the next day. I should give him three tablespoons every day. She also said that children should not be exposed to cold air and water, so I should not wash him while he was sick. Then she wrapped the boy in a blanket and persuaded him to go to sleep. Before returning home, she reminded us not to forget to give him the same treatment the next day. By the time our son woke up, his body was no longer hot, but his skin was still red and the spots of the chickenpox were still there. The next day, I again give him sago water and I continued to do so, and after only three days, my boy had recovered and his skin was as smooth as before. (Interview with Agustina Hegemur in Seribau village, March 2012 [my translation]).

Efraim had the following experience:

When I woke up that morning I felt alright, but I thought that there was something wrong with my back as it hurt a lot. I was unable to stand for long. My wife asked me what the matter was? I just said, "I do not understand why my body hurts like this, especially my back." My wife said, 'Ohhh! ... You must have been lying the wrong way while you were asleep last night.' While we were talking, one of our church members came to bring us the worship schedule. He also asked what was wrong? My wife answered that my body felt sore and that I had probably lain wrongly in bed. However, the church member said that was probably not the case, because the pain in the spine this time was different from if I had slept wrongly. The church member suggested to my wife to rub some *qafa* ['itchy leaves'] on my back. Then, before he left, he said if he stays sick, someone has to come to him to get some "salompas" plasters he had bought in Sorong some time ago when he was visiting his son there. My wife promised to do so. In the late afternoon, my wife went to his house and he gave her the "salompas" plasters and some vitamin E pills. My wife took them home, and gave

me them to drink. Thanks to God, because with the help of the church member, I was able to recover, and I have had no problems up to now. (Interview with Efraim in Seribau village, March 2012 [my translation]).

An anonymous informant told me of his brother who had the symptoms of HIV/AIDS. A friend from church told him to use red pandanus fruit or that he should go to Jayapura to meet Adrianus Mirino who can treat HIV/AIDS:

I saw that my brother was in a bad condition because his body got skinnier by the day. His skin was dry, he coughed and was short of breath and his eyes were blank. His face was pale and fungus began to grow on his lips. I suspected that he had HIV/AIDS. I know the symptoms of HIV/AIDS from health workers in the hospitals. I told him we had to go to Jayapura for treatment, but he said he did not want to, but later he said, that we would go when he had time. Several months later he agreed to go to Jayapura and we set off to seek treatment there. My brother had only eaten red fruit oil for two days when his cough began to wane, his face started to look brighter and he could eat more than ever before. It seemed that the red fruit was very helpful to his health. Once a week, we went to Jayapura and back to Sorong, but because he was busy working he did not take red fruit oil regularly and he became even worse. We've actually seen a lot of patients who were cured in Jayapura with red fruit oil, but it was very unfortunate that my brother did not take it regularly, so he did not recover and died. (Interview with anonymous person in Teminabuan, February 2012 [my translation]).

My informant wanted to stay anonymous because he was ashamed. HIV/AIDS is a disgrace, not only for the patient, but also for the whole family and all the other relatives in the clan. When other Tehit people know about it, it has serious implications in social relationships and in communal life. It may cause people to shy away or distance themselves from people affected by the disease. Families affected by HIV/AIDS may even be excluded from daily and other social activities, because they may cause harm to others. They are also prone to ridicule by family or other relatives, which can lead to physical conflict and could even end in

the disruption of customary affairs (*adat*). Therefore, usually, at the time of death, when asked by people why a person has died, people who are affected by the disease will say that he died of *ta'srorwaa yfiw* (BT) 'new influenza'. Thus, HIV/AIDS is a disgrace to Tehit society.

The substances used in the treatment of an illness as carried out by the patients themselves, family members, friends, neighbours and church members can be divided into two parts. On the one hand, substances that are directly used or consumed by the patient, for example, leaves from the garden or the forest around the house. The substances can be consumed directly by the patient in a simple way, such as by rubbing *qafa* leaves ('itchy leaves') on the body, substances can be eaten by the patient, such as *nggrik* leaves, *sa'ngget* fruit and *gi'yawas* leaves, and substances can be drunk as juice. There are substances of which the aroma is inhaled to cure the disease, such as crushed basil and lime leaves: the aroma can be inhaled by patients suffering from *ta'sror*.

On the other hand, there are substances that are processed first before being used to treat patients, such as substances which are boiled, baked, heated over a flame, mashed or crushed, and also diluted with water or other techniques. Substances that must be boiled

include *diron las* 'soursop leaves', *sre* 'citronella/lemongrass' leaves and *li'lin* 'ginger', for treating *osik' sgia'* diarrhoea'. Substances that must be mixed with water, include *fa* 'sago', that has to be diluted with water and given to children to drink to cure *si'frikya* 'chickenpox'. There are also substances which are chewed or crushed before being used for treatment, such as *qlawqles* 'nut-grass' and *qba'ti* 'tobacco', which are chewed and placed on wounds.

Conclusion

Some important things may be concluded on the healing processes as practiced by the Tehit in this section dealing with the popular sector. Many people suffer from diseases because of natural causes, one of which is the weak condition of the person's body. The local community has been familiar with diseases for a long time, thus, they have found ways to cure them. Treatment can

be self-administered or the patient may be assisted by family members, friends, neighbours or church members. Here, family members play a very large role. The treatment of diseases among the Tehit consists predominantly of the use of plants that grow in their immediate surroundings. Nature in Papua is like a living pharmacy located very close to the people. They do not need money to have treatment, as local knowledge has been handed down to them by their ancestors. This local knowledge should be preserved to prevent it from becoming lost, but can be utilised to help the Tehit in the treatment of their diseases.

The diseases and their treatments in the popular sector, when studied more in-depth, put more emphasis on the local knowledge of the diseases' causes and the substances used in curing them. They have concepts of *hes*, 'healthy', *hesho'monggait*, 'less healthy' and *qany*, 'sick', or *qoqo*, 'ill', while clear concepts also exist about the nature of the disease, which they divide into *qoqo* 'light illness' and *qany mawat* 'heavy illness' or 'serious disease'. Therefore, the treatment is also performed by actors from three different sectors: popular, folk and professional. The Tehit community also currently integrates the treatment of diseases with traditional systems inherited from their ancestors in the popular sector, medicines that are sold in kiosks and pharmacies, and the herbal remedies that are available in Teminabuan or given by family members, neighbours, friends and church members. This indirectly indicates the presence of transfer of knowledge into Tehit society.

5 Diseases and healing in the folk sector

Overview of the folk sector and its main actors

I will start this discussion with the concept of the folk sector proposed by Helman:

In this sector, which is especially large in non-industrialized societies, certain individuals specialize in forms of healing which are either *sacred* or *secular*, or a mixture of the two. These healers are not part of the official medical system, and occupy an intermediate position between the popular and professional sectors. There is a wide variation in the types of folk healer found in any society, from purely secular and technical experts such as bone-setters, midwives, tooth extractors or herbalists, to spiritual healers, clairvoyants and shamans. Folk healers form a heterogeneous group, with much individual variation in style and out look, but sometimes they are organized into associations of healers, with rules of entry, codes of conduct and the sharing of information. (Helman, 2007: 84).

During my research among the Tehit, I found that they often combine the popular, folk and professional sectors in their

treatment of diseases. According to Helman's concept, the folk sector is an intermediary between the popular and professional sectors. However, in everyday practice, the 'sectors' are not distinguished as separate units or systems. I found that when a sick person tries to find a source of healing, she or he is free to ask for help from either healers, prayers, evangelists or priests. She or he may also seek treatment in the popular sector and the professional sector. The Tehit put a lot of trust in supernatural forces and the power of magic, which can cause illnesses to which everybody is susceptible. Hence, the crucial criteria of Helman's concept of the folk sector – the mixture of sacred and secular elements – are also an integral part in the popular and professional sectors.

The Tehit community in villages far from town (and, thus, from administration and governance services) still rely on the folk sector for their health. Similarly, some of the people living in suburbs and towns also choose the folk sector for their health treatments when they are believed to be able to cure them. They choose the folk sector based on their belief that a person is sick because the social relations between human beings and their relationships with nature have become interrupted, which cause imbalances that lead to the initiation of the disease. Helman's characterisation applies perfectly to the Tehit:

In many non-Western societies all these aspects of life are part of the definition of health, which is seen as a *balance* between people and their social, natural and supernatural environments. (Helman, 2007: 85).

The concepts of Western and non-Western societies as Helman presents them, leads to dichotomous patterns in health aspects in relation to the causes of diseases and their treatments. In non-Western societies, diseases are assumed to be caused by imbalances in social relations, and those between people and the natural and supernatural worlds. The belief in these three aspects (social, natural, supernatural) is very strong and affects people's lives. The Tehit think that a person is sick because of a lack of balance in social relations or regarding the natural and supernatural world. Therefore, if the patient is sick due to disturbed relations, the healing processes for such a patient needs

to be performed by healers in the folk sector, for example, *wuon*, *mi'mit*, *si'qnda*, preachers, evangelists and priests. The patient will, therefore, look for an appropriate healer accordingly.

This understanding of the Tehit community accords with Helman's opinion:

Most folk healers share the basic cultural values and world view of the communities in which they live, including beliefs about the origin, significance and treatment of ill health and other forms of misfortune are blamed on social causes (witchcraft, sorcery or 'evil eye'), or on supernatural causes (gods, spirits, ancestral ghosts or fate), sacred folk healers are particularly common. Their approach is usually a holistic one, dealing with all aspects of the patient's life, including relationships with supernatural forces, as well as any physical or emotional symptoms. (Helman, 2007: 85).

I found that a number of factors are involved in the health folk sector among the Tehit people in the areas of Teminabuan and Sawiat. These are traditional healers, namely *wuon*, *mi'mit* or *si'qnda*, evangelists and priests, as well as preachers and those who have God-given talents according to the Christian religion.

The *wuon*, as specialised healers, are known among the Tehit people in mountainous and lowlands areas, for example, in the villages of S adrofoyo, Wen and Wenslolo in the districts of Sawiat, Foqur and Seremuk, respectively. A *wuon* is a person with many abilities, including the knowledge of traditional treatments to heal illness. Only young men who have finished their education at a *wuon* institution may carry the title *wuon*. The expertise and skills of the *wuon* provide them with an elevated social status in Tehit society. Only a man can become a *wuon*. The Tehit Jit in the coastal area in the villages of Werisar, Teminabuan, Kikiso, Seribau and Meriba only know *mi'mit* and *si'qnda*. However, in practice, the Tehit Jit people in the coastal areas can ask for help from a *wuon* of the Tehit living in the mountains. Evangelists, priest and people with God-given talents are new actors after the entry of Protestant Christianity into the Teminabuan and Sawiat areas. The actors involved in the folk sector will be explained in more detail below.

A *mi'mit* can be either a man or a woman. A *mi'mit* does not study at a *wuon* educational institution. The knowledge he or she

has in order to treat sick people is a gift from the spirit or the ancestors delivered to them through dreams. It means that when a parent or a relative who had the expertise to heal the sick during his or her lifetime, but did not pass it on to his or her children or other family members before he or she died, his or her spirit would come in dreams to someone in the family and pass on the knowledge. Therefore, a person who has received the inherited knowledge to cure the sick will continue his or her duties as a *mi'mit* to help ill community members.

A *si'qnda* is someone who can cure inherited diseases with the knowledge which parents or family members passed on while they were still alive. The knowledge is passed on by word of mouth, which means that parents or relatives who have healing expertise and skills teach the methods to treat diseases to their children or family members they consider fit to continue the task. This process starts when a child grows into adolescence and begins to understand, so that the knowledge of the parents or relatives can be transferred. The socialization process usually lasts a long time; children can get to know the kinds of spells and other means to be used when treating the sick. Healers such as a *mi'mit* and *si'qnda* can be women or men. Healers such as priests or evangelists must have a background in theological education. They have been through formal education for four to five years in a Theology Institute. Evangelists learn about Christianity from short courses or spiritual seminars and learn by themselves from the Bible. Thus, they are appointed and commissioned as evangelists to preach the Gospel. Other healers have God-given talents that usually consist of praying over water to be drunk by a patient. They also treat patients by praying and dripping oil on their bodies. Healers such as priests, evangelists and those who have allegedly received their talents from God may be men or women. The criteria of each healer are summarized in the table below.

Table 7. *The criteria of healers*

| Actor | Age/ sex | Education | Ethnic | Location | Marital Status | The payment of |
|----------------|--------------------------|---|-------------------------|--|----------------|--|
| <i>Wuon</i> | > 15 Male | <i>Wuon</i> Education | Tehit | Sawiat, Seremuk (Tehit Sfa & Tehit Imyan) | Married | Just a gift in the form of some food |
| <i>Mi'mit</i> | > 15 male & female | Instructed by parents or relatives when they were still alive | Tehit | Teminabu- an, Seribau, Werisar (TehitJit) | Married | Just a gift in the form of some food |
| <i>Si'qnda</i> | > 15 male & female | Instructed by the spirits of the dead | Tehit | Teminabu- an, Seribau Werisar | Married | Just a gift in the form of some food or eating together |
| Priest | > 25 male & | Theological education | Tehit/ Non- Tehit | All areas | Married | Just a gift in the form of some money |
| Evangelist | > 25 male & female | Talent, no formal and formal theological education | Tehit/ Non- Tehit | All areas | Married | Just a gift in the form of some food or eating together |
| Preachers | > 25 male & female | Talent, no formal theological education | Tehit/ Non- Tehit | All areas | Married | Some food or just expressing gratitude |

Source: own compilation, based on field work.

All actors play a role in healing the sick without being restricted by working hours; they are free to serve patients whenever need occurs. *Wuon*, *si'qnda*, *mi'mit*, priests, evangelists and preachers offer their services without charge, but patients and families often show their appreciation by giving some food or just enough money to pay for transportation when they treat people outside their village.

Classification of healers

Helman states that: "The shaman is a healer who mediates between the material and spiritual worlds" (Helman, 2007: 86). Healers use supernatural powers to discover the causes of the problems. People in Papua and especially the Tehit consider a 'dukun' (BI) 'healer' as very knowledgeable. They classify *dukun*

into two different groups, *wuon* and *mi'mit/si'qnda*, based on the way they gained their knowledge. A *dukun* has the heavy duty in society to help sick people and people still have confidence in them today.

***Wuon* as an institution**

A man is called a *wuon* when he has finished the traditional education at a special house, a *mbol wuon* (BT) or '*wuon* house'. This kind of house is used only for initiation and will be demolished afterwards. It may only be entered by boys in a healthy condition and between the ages of 10 – 15 years who want to become a *wuon*. The *wuon* institution is a male world with its own secrets which women are not allowed to know. During the initiation, the boys will receive the knowledge and skills on various matters including curing diseases. For this specific purpose, they are introduced to a lot of herbs and other substances used in curing diseases and they are taught the appropriate incantations suitable for each type of disease and other curing techniques. The boys also study custom rules, house construction techniques, hunting, making sago and catching fish. They learn about the trade in and the patterns, colours and value of eastern cloths not only among the Tehit, but also among other tribes in the region, such as the people of Meybrat, Mooi, Karon, Arfak and Hattam in the Bird's Head area of Papua (Koentjaraningrat, 1993: 156).

Wuon are classified into four groups according to their geographic location: *wuon tali* 'daylight *wuon*', *wuon amuk* 'night *wuon*', *wuon dirme* 'approaching dawn *wuon*' and *wuon girik* 'approaching noon *wuon*'. The *wuon tali* were based in the villages of Wehali and Elless and the *wuon amuk* in the villages in the lowlands, such as Sadrofoyo and Sasonek. The *wuon girik* covered the villages in the area of Seremuk, such as Tofot, Haha, Woloin and Klaogin, while the *wuon dirme* were distributed over the area of Meybrat, for example, in the village of Sroan. The *wuon* were spread throughout all the ethnic groups in the Bird's Head area of Papua. The locations of the four *wuon* can be seen in the map below.

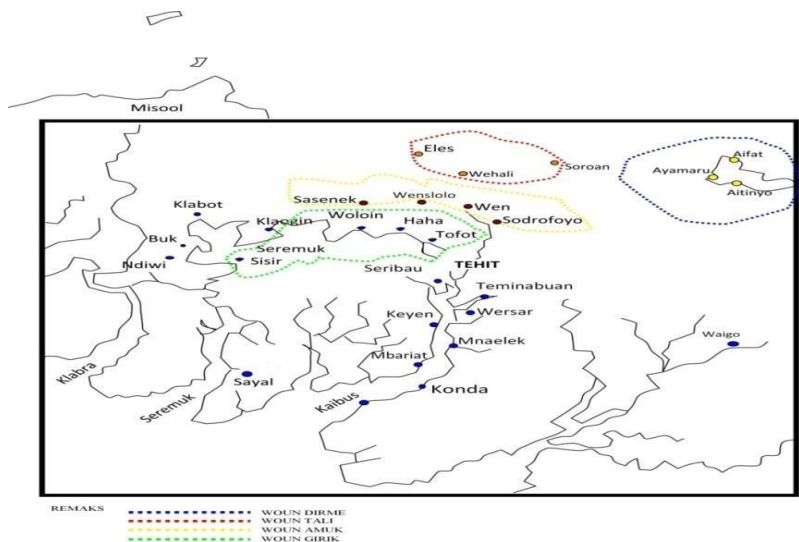


Figure 39. Distribution of the *wuon* according to region

Source: Timmer 2000: 6; *wuon* areas marked by the author

A formalised education of *wuon* is only found among the Tehit in the areas of Seremuk, Sawiat, Pasir Putih (Fkour) and Braur. The leaders and sponsors of *wuon* education were four senior *wuon*, called *na'tmaq*, each of them belonging to a particular clan (*keret*), namely, the Saflafo, Trokya, Snahan and Krimadi clans. These clans were scattered over different villages in the Sawiat and Seremuk districts. Each *na'tmaq* represented a number of clans. Saflafo was the *na'tmaq* of the Karsau, Sesa, Salamok, Selaya, Kaliliegis and Yarolo clans. Trokya was the *na'tmaq* for the Mbolhoq, Jarfi, Blesia, Kemesfle and Snanfi clans. The *na'tmaq* of Snahan led the Kemesrar, Sagisolo, Krenakand Kajolo clans, while the *na'tmaq* of Krimadi led the members of the Woloin, Sawen, Kemesrar and Sagisolo clans (see [Timmer, 2000: 341](#)). Although they lived in different locations, they always communicated about how the *wuon* education was organised. The four *na'tmaq* clans were bound together as a group and each *na'tmaq* felt that he was also part of the other group, so that their relationship was not limited to *wuon* education, but extended to all aspects of life, such as bride wealth payments, funerals, hunting and gathering activities.

The Tehit people in Sawiat tell many different stories about the origin of *wuon* education:

When we were in the *mbol wuon*, I heard from the *wuon* that the place was first established at Mamle's behest. His father was Kalilie Kmin and his mother came from a Sadfracle family. They lived in Wenslolo. They did not have any other children; Mamle was the only one and his parents loved him very much. One day they took Mamle with them to clean up the garden. Mamle and his father cut the trees in the garden, but there was one tree that was very high and, therefore, could not be cut from the bottom. Mamle took an axe and a machete and then he climbed all the way to the top. When he was about to cut a tree branch, his machete and his axe suddenly fell and Mamle jumped down from the trees after them. He fell right on top of the machetes and the axes. His parents and other people who were cleaning up the garden thought that he must have fainted, because it was a tall tree. His mother cried and called out his name. Mamle sat up and he was unharmed. He took an axe and a machete and climbed the same tree, but when he was about to chop down the tree branches, his axe and machete suddenly fell down again. Mamle again jumped down from the tree following his axe and his machete. Mamle did the same thing; it happened three times in a row, but he was not hurt or injured. Mamle eventually cut down the tree branches from top to bottom. He just smiled looking at his parents and the people in the garden, who were looking at him strangely. They asked his parents, 'Who is Mamle?' His father and mother were also speechless... they were also surprised to see the incident. (Interview with Wuon Mbolhoq in Wen village, March 2011 [my translation]).

Mamle did many miracles, for example, he could heal sick people. At the time, Mamle taught a lot of knowledge to the people in Wenslolo, including about the education of a *wuon*. Mamle passed on knowledge about how to build a *wuon* house to Bogelit Bauk.¹⁵ One day, Bogelit Bauk put up a bird trap in a tree. After that, he sat under the tree waiting for trapped birds. But then he

¹⁵ However, while the stories vary, the main actor, Bak or Bauk, is invariably the same.

fell asleep. A bird perched on the tree precisely above where Bauk slept. The bird let its droppings fall on Bauk's chest, so that he was startled and woke up. The bird droppings on his chest suddenly changed into 'written characters'.¹⁶ Bauk was alarmed by the incident and he immediately ran home. He kept the incident secret, but when he was asleep at night he dreamt that he saw the *Tadiklen* (BT) bird he had met in the jungle. Bauk became even more alarmed when he saw in his dream that the bird changed into a very big man who was full of light. That night, Bauk was taught many things and then he was ordered to build a *wuon* house so that the knowledge he had received could be passed onto other Tehit people in the forest. When he woke up in the morning, Bauk went to the mountain (*Sfa Seorion* Creek). There, he kept thinking about his dream. Then Bogelit Bauk cut the trees and he made a *wuon* house. After that, Bauk collected boys from his kampong to teach them the many kinds of knowledge he had mastered in his dream. This was the first time a building for an educational institution was built in the area. The first *mbol wuon* was established by Bauk in the forest in the mountains. *Wuon* houses expanded to almost every kampong in the areas of Sawiat and Seremuk in the South Sorong Regency (see [Timmer, 2000: 41](#)). Other versions of the story run as follows (see also [Elmberg, 1965: 119](#) in [Miedema & Reesink, 2004: 105](#)). One version is:

In a dream, Bauk received a book with instructions on how to build a new house that would be used for the initiation of boys. Significantly, in the dream he was also ordered to avoid anything involving women. Bauk was to take his only son to the new house, the first *wuon* house. Reluctantly, his wife handed the boy over to Bauk, who carried his son away into the forest to the new house. For seven months, Bauk followed the instructions of a spirit. Another version: In a dream, Bauk received the *wuon* secret from the evening

¹⁶ In the Tehit language, writing is called *ni-sroin*, and the spelling of writings may not be disclosed to common people *simbosi* because writing is regarded as sacred. Because I am a *simbosi* or a 'common person' and also a woman, I was not allowed to know the writing because it is a secret.

star Bidik, or from men clad in white loincloths. (Miedema & Reesink, 2004: 105).

Wuon education no longer exists; nowadays a *wuon* passes his knowledge directly onto one of his sons when the latter is eligible, as *wuon* Kalilie in kampong Sadrofoyo explained:

Tet drar walet... tet thot walet tefet wadlaqo, tdotain fo thnaq tefeniqe yehet yori Johnny qow. (I am old... so before I die, I'll pass it on to Johnny, because I think he is a good boy.)
(Interview with Wuon Kalilie in Kampong Sadrofoyo, April 2011 [my translation])

From 1950 until 1960, Christians were strongly against *wuon* houses,¹⁷ because they regarded them as places for paganism and deviating teachings on infidelity. At the time, the Christian Protestant religion adopted a cultural approach in its dealings with local society and Tehit people studied at Christian education institutions in Teminabuan. The Dutch government even sent Tehit children to Fak-Fak and Serui for their education and, after they had completed their education, they were assigned to work as teachers of the Gospels in Sawiat, Teminabuan, Seremuk, Inanwatan and Ayamaru in South Sorong. The Christian missionaries assigned to this area were Tehit themselves. Therefore, they could spread their religion in the Tehit language, which is also understood by people in the area of Sawiat. Other than language, Christian clergymen also adopted a familial approach, *wasqan-tasqan* (BT) in Sawiat. By using this kind of approach, they could baptise many Sawiat people in a short time. What I mean by the familial approach is that the Christian messengers who were placed in villages in the region had kinship ties with the local community. Therefore, the Christian faith was accepted easily. Thus, *wuon* education in the Sawiat region was wiped out by the Christian missionaries in a short time (see Timmer, 2000: 46). After the Tehit in Sawiat had become

¹⁷ All Christian clergymen originated from coastal areas, from, for example, the Flassy, Kondoligit, Sekeiteles, Momot, Thesia, Konjol/Onim and Kondororik clans.

Christians, the *wuon* houses were burnt down and destroyed, because they were regarded as being against Christian teachings. *Wuon* education was stopped and the *wuon* were baptized and given Christian names (*nama baptis* [BI])¹⁸. Even though the *wuon* houses were demolished, some *wuon* are still alive today and, although they follow Christian teaching and use Christian names, they still practice their knowledge to cure sick people. They are formally registered as Christians, but they strongly hold on to the teaching they received at the *wuon* houses. Nowadays, *wuon* pass their knowledge directly on to their sons.

Wuon based on traditional education

Requirements for becoming a *wuon*

As has been mentioned briefly, only boys are allowed to follow the education to become a *wuon*. Boys who are considered smart enough for such a task reveal themselves through their attitudes and actions as possible *wuon* candidates. Such boys are diligent and help their parents by fetching water, collecting firewood in the forest and so forth. Boys from such a family are chosen to become a *wuon*. All relatives hope that the boy will succeed in finishing his *wuon* education. However, the candidates are chosen without any interference from their family. The selection was carried out by senior clan members who had implemented *wuon* education following Bauk's model. They bore the title *na'tmaq*, expressing that they had the knowledge to organise *wuon* education. When the boys are about to be chosen, a junior *wuon* took *mbethen* (BT) 'red soil or clay' over which a senior *wuon* had uttered a spell. The junior *wuon* spread the clay onto the boy's body, starting from the forehead down to the feet. A boy who is marked in this way has been declared a *wuon sis* or a 'prospective *wuon* student' and he has the right to enter the *wuon sana* (BT) or '*wuon* house'. Timmer wrote about *mbet hen* 'red soil'.

Ylan bet wuon (*ylan*– 'they recite a magic formula', *bet*– 'ground, soil'; they recite a magic formula for the *wuon* soil). At this stage a *na wuon* utters magic formulae for the soil that will be used to smear on the new pupils' thoraxes.

¹⁸ A Christian name is a name given by the leader of the church to a *wuon* when he is baptized. Christian names are taken from the Bible.

Every child that is smeared with this soil is a candidate for the coming initiation. (Timmer, 2000: 339).

The mothers whose boys were chosen displayed various reactions. Some danced happily about while others wept because they would be separated from their sons for a long time.

The clay on the boys' chests stayed there until the family and clan had accompanied them to the border area; this phase was called *kdawhi* (BT). Before the boys left, a feast, *yeit looknii* (BT), with their relatives was held; the feast went from kampong to kampong until the set time had come for the boys to be picked up and brought to the initiation site. Another condition that had to be met was an oral statement of readiness from the parents and other relatives that they would pay the *na'tmaq's* costs when their sons had completed their *wuon* education. The payment was in the form of eastern cloths; usually the number of eastern cloths depended on the number of *wuon* who were involved in the education. The parents or other relatives in the clan had to give eastern cloths to the junior *wuon* who had initially picked up the boy to take him to the *wuon* house.

The leaders of the education and the construction of the *wuon* house

The selection of the *wuon* house's location was determined jointly by the four *na'tmaq*. *Na* in Tehit language means 'person' and the word *tmaq* means 'axe'. *Na'tmaq* means 'the person who holds the axe to cut the forest to turn it into the location for a *wuon* house'. These *na'tmaq* all hold the honorary title of a *sqolo dron*. This is the highest title and most respectful position a *wuon* can reach; at the same time, a *sqolo dron* is a specialist for healing stomach-ache. Other *wuon* hold titles as well, however, they refer to specializations rather than hierarchical positions, except for the deputy of the *wuon* education, the *sqolo wet*. A *sqolo wet* is also a specialist for healing small children. Other titles of junior *wuon* and their specializations are as follows: the *wefel* heals coughs and influenza; the *wonher* heals pain in the knees and legs; the *wofla* cures patients with back pains; the *wolas mirsa* heals worm infestation; the *wonqya* heals patients with kidney illness; the *wonfi*

is a specialist for headaches; and the *qbofe* heals patients with shortness of breath. All these specialists also acted as teachers during the *wuon* education. Thus, the four *na'tmaq* co-operated with junior *wuon* from various kampongs and discussed the management of the *wuon* education with them, such as the time and place, the instructors and the number of initiates. During the meeting, they also discussed the food and the way the boys' security was going to be guaranteed. They had the capability and the wealth in eastern cloths, so that they could act as sponsors.

When a *na'tmaq* wanted to build a *wuon* house, he sent a message to inform the other three *na'tmaq*. The four *na'tmaq* would look at the site and then decide whether it is suitable. Before the site was cleaned, they held a customary ritual to ask for the permission of the ancestors and the guardian spirits to ensure that the preparations and the education would run well. During the ceremony, the *na'tmaq* opened a piece of *nothoq* 'eastern cloth' while saying a prayer followed by a chant to worship the ancestors and the guardian spirits of the location. The ceremony was led by a man who was considered a senior in the *na'tmaq* clan. Then, the four *na'tmaq* together started to build the *wuon* houses far away from the settlements. The materials used to make the *wuon* house consisted of wood, rattan and tree branches. Before the materials could be used, the *wuon* uttered a spell over them that should ban the spirits who might disturb the novices in the house. The *wuon* also cast spells over the people who were in charge of setting up the *wuon* house to protect them from any misfortune. The house was built in the shape of a *mbol qalit* (BT).¹⁹

¹⁹ *Mbol qalit*, the picture is taken from distance, as it is not allowed to take pictures of the interior setting. Over time, *wuon* houses were also established in the lowlands, but their original location was deep in the forests and unknown by the common people, because the sacred values of the *wuon* education had to be kept confidential. One example of a *wuon* house could be seen in the district Government of Manokwari and Sorong's annual construction exhibition at the Provincial Government of Irian Jaya, Exposition Centre, Jayapura, from 1985 – 1990 (further contained in Index Irianika; Draft Encyclopedia Papuanica).



Figure 40. 'House of one thousand legs', lowtype of house in the Bird's Head area, also used as a *wuon* educational institution compound.

Source: Flassy 2005: 684



Figure 41. *Mbol qalit* 'house of one thousand legs' tree top type house in the Bird's Head area, also used as *awuon* educational institution compound.

Source: Flassy 2005: 685

While some men were building the house, others were taking care of planting taro seedlings, banana, sugarcane and vegetables in the yard. A spell was cast over the seedlings to make them grow quickly and to provide good harvests to feed the candidates while they were in the *wuon* house. Several types of medical plants were also planted, so that the students could practice what their teachers had taught them.

A *wuon* house was built on piles. The piles were the symbol of the responsibility a *wuon* would have in society. *Wuon* would protect the people, in the sense that when people had problems, the *wuon* could offer solutions to solve them. In a sense, a *wuon* was like a pile, while the public was symbolized by the house. Therefore, if the piles broke, the house would collapse. The meaning behind the symbolism of the piles was that the presence of a *wuon* in the midst of the community was very important and if they were not present, the public would suffer or be destroyed, for instance, by a disease. Without the presence of a *wuon*, death might occur.

Once the house was complete, various rituals were performed. The *wuon* would unfold eastern cloths and utter some incantations to cleanse the house. This was followed by a procession. The procession ended with lighting a fire in each fireplace, *sala daloq*, one for each candidate. The idea behind this was that each student would be able to give life to the community through the light that emanated from the *wuon* houses. They would fight all things evil and the dark world, such as *suanggi* and others. The fire was

ignited as a symbol that the educational process could begin, and the candidates could be brought to the inaugurated location. A *wuon* house was sacred, so only *wuon* and the students could enter it, while ignoring these rules would result in death.

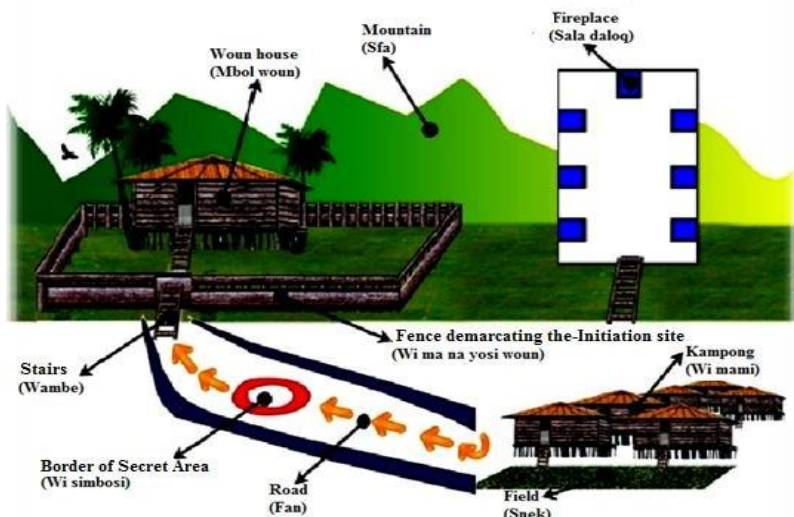


Figure 42. Sketch of the location of a *wuon* education house.

Source: own illustration

The education process

In my interview with Wuon Mbolhoq in the Kampong Wen, he told me about the education process involved in becoming a *wuon*:

In the past, if people wanted to make a *wuon* house, they had to gather us together for deliberations. *Keret* [clan] Saflafo put forward the *na'tmaq*. He began to call the people from other *keret*. The *keret* gathered at the set time and place in order to make the *wuon* house. They stopped to collect food and firewood for the *wuon* and the boys who lived in the *wuon* house. So, when all the *keret* agreed, they started to make the *wuon* house. (Interview with Wuon Mbolhoq in Wen village, March 2011 [my translation]).

The education process started with information the *na'tmaq* offered to the junior *wuon* in all the villages in the Sawiat area that an initiation will take place; all the clans hoped that their 10- – 15-

year-old boys would be chosen to be educated as *wuon*. If their hope was met, the clans made extensive gardens to plant taro (*caladium* [BL]) to be given to the *wuon* house later. When the time had arrived, the boys were chosen (*wet indla*); they were then called *nkami wuon* (BT). A junior *wuon* would be appointed in every kampong to pick up the boys, as described above. Wuon Mbolhoq told me about the *wet indla* (BT) 'boys':

Once, no village looked the way they look today, and each clan lived on its own customary land. The *wet indla* were selected from each clan and they had to come to the *wuon* house to study there. After they had finished part of their education, they would go home to help their clan members. But when the church started to penetrate into the Sawiat area, the clans who lived nearby were collected in one place that is now called a village, and they have lived there together until now. Although the church had started to settle there, the Tehit people still made *wuon* houses in the middle of the forests and they secretly went to the villages to choose only one boy, unnoticed by the church. If it became known, the *wuon* house would be burned down. (Interview with Wuon Mbolhoq in Wen village, March 2011 [my translation]).

Every family whose child was chosen to follow the *wuon* education celebrated this event with a feast. The chosen boy would sit in the middle, surrounded by his brothers, parents and other relatives. This was done as a symbol of support, so that the boy would succeed in his education. When the time had come, the boys were picked up by junior *wuon* to guide them to the *wuon* house. This time, the siblings, parents and other relatives were crying, because they were parting with the boy. Each boy was lifted onto the shoulders of a *wuon*. The parents let their children go by giving them some guarantee in the form of some pieces of eastern cloth. The parting ceremony of the boy candidates took place in the house yard, *sneq* (BT). When prospective students came from the Kalilie clan, for example, a farewell party for the boys was carried out in the clan's yard. But when many people attended the party, it would be held in the field (*sneq*) in the village (interview with Wuon Mbolhoq at Sadrofoyo village, March 2011).

Before night fell, the *wuon* brought the candidates to the *wuon* house in the forest. During the trip, the *wuon* would walk in front and the novices would follow carrying food in the form of taro.²⁰ The *wuon* entourage arrived at the second location, which was referred to as *wi-simbosi* (BT) or place for the laymen or *na wuon* (BT), the boundary between the village and the *wuon* house, which was located a short distance from the village where the prospective students had to make a stop. It was a sacred place and its location was kept secret from women and children; if they happened to enter the area, they would get sick and die. Next, the junior *wuon* took the novices to a third location, which was located very deep in the forest, about a one day's trip away from the village in the mountains. After they had reached the gate of the *wuon* house, they handed over the novices to the senior *wuon* to be taken inside.

The senior *wuon* then welcomed the boys and put them in the *wuon* house. They stayed there for one to four months. The Tehit measure the months by the sightings of the full moon and they used the traditional calendar to determine the *wuon* education process. After the junior *wuon* had deposited the students at the *wuon* house, the latter had to wear a *fao maeleq* (BT) 'white loincloth'²¹, to symbolize the boys' pure and unpolluted hearts. The white loin cloth expressed that the *wuon* education was something sacred and each interruption carried the risk of death for the students.

Wuon Mbolhoq in Kampong Wen recounted the learning process in the *wuon* house: We woke up early and then we had to light a fire in the stove. When the fire was burning, we prepared taro to eat and when we had finished eating,

²⁰ Taro or *talas* in the Indonesian language is planted to supply the *wuon* house. It has a white stem which is the symbol of holy or precious education.

²¹ The loincloths were traditionally made of bark cloth, but today they are woven cloth bought in shops. Young men wear a loincloth to cover their bottom and their private parts. In former times, women made these coverings from the bark of trees, such as *moso* and *mai*. The bark was taken and cleaned and then beaten into fine cloth, put in the sun until dry, after which it was ready for use by a *wuon* as a loincloth. The mothers and sisters of the *wuon* candidate would generally make the loincloths.

we were ready to learn. We were taught how to make a house, arrows for catching pigs, how to catch birds, cassowaries and many more thing. We also learned how to distinguish eastern cloths (*nothog*) and we learned how to heal the sick with spells and leaves, soil, ash, water, etc., because *suanggi* make people sick... apart from other causes. *Wuon* teaching... we just listened to what they said until we were done, because we should remember everything well. We had to memorize treatments with plants and how they worked to help the sick. Almost all the lessons were taught by *wuon* and we could understand what they said because the *wuon* would speak in the Tehit language. (Interview with Wuon Mbolhoq in Wen village, March 2011 [my translation]).

When educating a *wuon*, a senior *wuon* transferred his own knowledge to his novices. The success of the teaching was measured through oral examinations, during which the teacher asked questions about all the lessons the students had learned. The examinations also assessed their attitudes and actions during their stay at the school. The tests did not examine the students' knowledge in detail, but only generally tested the overall knowledge of the students, because the teachers usually repeated their explanations often during the learning process, so that the students became familiarized with them. Moreover, the teachers also held discussions with the students during the education process to test how far they had been able to go deeply into the teaching materials.

Each student who finished the education in the *wuon* house would get a title based on his specialty and, thus, they had titles like *Sqollodron*, *Welefel*, *SqolloWet*, *Wolas*, *Wonher*, *Wonfi*, *Wolas Mirsa*, *Wofla*, *Wonqya* or *Qbofe*, referring to their roles or specialization (Interview with Wuon Mbolhoq at Wen village, April 2011). *Wolas*, for instance, means a traditional healer specialized in healing with plants. A *wuon* had the duty to serve Tehit society by using his skill and knowledge he had received when he was following his *wuon* education.

Taboo rules during the *wuon* initiation

The education process was accompanied by a number of taboos the healer candidates and their family members had to follow. The mother or the sisters were not allowed to take a bath or drink water while the boy was following his *wuon* education here by symbolically sharing the boy's hardship, since the candidate is allowed to neither drink water or have a bath. In addition, the parents and other relatives were not allowed to see the boys while they were in the *wuon* house. Yet another rule was that the family members had to send food in the form of taro and vegetables especially planted in a separate garden to supply the food for the *wuon* education student. The garden was only planted with (*qa* [BT]) 'taro', (*nimbra* [BT]) 'vegetables', such as *gedi*²² (*Alamandus* [BL]) and white *wa'dik* (BT) 'spinach', over which a spell had already been cast by a healer. The white colour symbolized the sanctity of the *wuon* house in the Tehit community. Examples of *gedi* and taro planted as food for the education of the *wuon* are



Figure 43. The plant of *gedi* or *la'mbat* (*alamandus*).

Photo: Marlina Flassy, March 2010.



Figure 44. The plant of *qa'taro* (*Colocasia esculenta*).

Photo: Marlina Flassy, March 2010.

²² *Gedi* is called *la'bat* in the Tehit Imyan language and *la'mbat* by the Tehit peoples in the coastal areas. The vegetable's stem varies in colour from green and white to red. Its leaves are round to oval. It is the main vegetable the Tehit community eats, so it is found in the house yard and planted in gardens.

The students were only allowed to eat spinach, *gedi* and taro that had white stems (Figure 43 and 44 above). The white colour implies purity and corresponds with the sacredness of the *wuon* houses. Moreover, white implies that a *wuon* has a clean or sincere heart and is dedicated to help everyone in need of help.

Furthermore, the students (as well as *wuon*) should not consume meat and fish because, as I was also told by *Wuon* Mbolhoq from the Wen village, they contain blood. People who eat blood perhaps identified with *suanggi*, who like to kill people and suck their victims' blood. Therefore, food that contains blood violates the *wuon* principles to save the sick, especially those who had become ill because of the actions of *suanggi*. Contact with water is taboo, because the water might remove the spell that had been cast over the candidates' bodies. This might make them weak and unable to follow their instructions. They might even lose their power to help others, because the powerful spell that was cast over their bodies would have disappeared. In addition, *Wuon* Mbolhoq told me about the prohibition that students should not leave the *wuon* house and its enclosure for 8 to 12 months. If a student left the *wuon* house, he might be followed on his way back by other people who wanted to know where the *mbol wuon* was. If they did come and the unfortunate persons died, the sponsor (*na'tmaq*) would have to pay eastern cloths to the family of the deceased. The students must obey all prohibitions, because whenever they do not, it could make them ill or die at the *wuon* house.

Reaching the status of a *wuon*: the consecration ceremony, 'sakein'

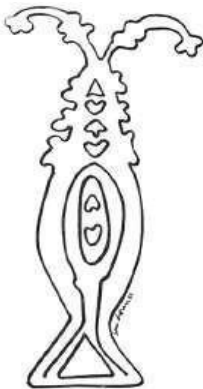
After the students started to follow the *wuon* education, there were many kinds of *sandwan* 'knowledge' and *saye-ni* (BT) 'skills' they received from their teachers. The education process ended with their consecration ceremony (*sakein*), the last rite of passage. *Sakein* means 'welcome'. The person who was welcomed in the ceremony was the new *wuon* or *wuonyifi* (BT) who had completed his education at the *wuon* house. During the ceremony, the initiates were consecrated as *wuon* and they received a white loincloth *fa'oe'leq* (BT). They wore the feathers of a bird of paradise or *klenoq*

(BT) on their head, while their bodies were adorned with bead necklaces.

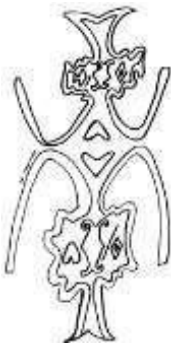


Figure 45. Klen oq ‘Paradisaidae’
Photo: Marlina Flassy, April2010

Some examples of *wuon* drawings:



wuon saana ‘rebirth of *wuon*’; worn during the start of the initiation/ education process.



muog fe wuon ‘dew and mist shadow the *wuon* chastity’; worn when the candidate reached a settled position in the education process.



Qohoqwuon ‘chastity, maturity and leadership of a *wuon*’; worn when leaving the *wuon* compound.

All symbols are inspired by the bird of paradise and are drawn on either the back or front of the boy’s body or on the loincloth, the *wuon*’s bag or other objects owned by the *wuon*.



Idem but added with pride. *Omos hen wuon* 'red string in the forest'; symbol of the holiness and ability to be an executor of *suanggi*. *Giet wuon* 'beak of a bird of paradise [Bauk]'; symbolizes the healing spells of the *wuon*.

Figure 46. *Wuon* drawings

Source: Drawings taken from Wanane and Kambu, & Karet 1983: 183-206.

The *wuon* consecration ceremony was conducted in the *wuon* house, so that only the *na'tmaq*, who had led the boys' initiation, witnessed it and, by so doing, declared that the *wuon* had completed the *wuon* education process. The consecration ceremony of a junior *wuon* was marked with a gift of a *qyaa wuon*²³ (BT) or *wuon* bag given by a senior *wuon* to each junior *wuon*. The *qyaa wuon* 'noken *wuon*' (BI) was filled with sacred objects, which were hidden and should not be touched or seen by common people regardless of gender.

A *wuon* always used to wear a *noken wuon*, which hung from his neck as if it were a necklace, and by so doing, he ensured that it could not be opened or grabbed by other people. The ownership of *qyaa wuon* authenticated that the student had officially changed his status into that of a healer (*wuon*). The gift of the *qyaa wuon* symbolized that the *wuon* would continue to serve everyone in need of his help, including healing sick people. When I wanted to take pictures of a *qyaa wuon* in *Wuon Kalilie's* home, he refused for the following reasons:

Tet ndo ma nen...qyaa wuon qo mqohogq..nen foto ngait. Ndo nfoto fo singgo nen naritet tari tfewet ,tade, qoqos yori tet nggani mamqendi mamres..faf qanyti awak nde fe-gi. Qyaa wuon oqomqohogq (I want to say to you, it is not allowed to take a picture of a wuon bag, because it is sacred... if you take a

²³ A *qyaa* is a small oval 'bag'. It is known under the term *noken* in Papua. The bag is made from the bark of a *qsi* tree.

picture, you, me and my children and my family members of my clan, we will all become sick or die, so I hope you understand. The *qyaa wuon* is a sacred object). (Interview with Wuon Kalilie in Sadrofoyo village, February 2012 [my translation]).

An example of a *noken*, almost similar to a *wuon* bag (*qyaa wuon*), which is described as being half the size of the *noken* illustrated below:



Figure 47. Replication of *aqyaawuonorwuon's* bag
Photo: Marlina Flassy, April 2011.

During the same event, the *wuon* expressed his promise to guard the secrets of the *wuon* and to obey the taboo rules attributed to his position and status. The taboo rules are permanent (or known as 'lifetime taboos') and pertain to various kinds of food. *Wuon* are not allowed to eat *syapi* or *ajad* (BT) 'pumpkin', *simat* (BT) 'cassowary meat', *erenefo* (BT) 'efo fish' or 'whale', *eren wider* (BT) 'wider fish' or *mangewang* 'fish', *erenfar-fari* (BT) 'ray fish', *ndrawaye* (BT) 'eel', *klenawet* (BT) 'cockatoo' and various kinds of parrots: *klen siswo* (BT) 'siswo bird', *klen mahen* (BT) 'red bird' or *klen mlasa* (BT) 'mlasa bird'. They are also forbidden to eat *afan* (BT) 'wood caterpillar' and *klik soqo* (BT) 'soqo snake'. My interpretation is that the food that a *wuon* should not eat deals with the two sides of human life: good and bad. Food such as *ndrawaye* 'eel', *mangewang* 'fish', ray fish, *soqo* snakes and *afan* 'wood caterpillar' symbolize

evil associated with *suanggi*. As the cassowary is closely related to the Karsau clan as the origin of the *suanggi*, it contravenes the *wuon* principles associated with good deeds. My interpretation is that the cockatoo is also a bird, and the parrots (red bird and *siswok* bird) may be regarded as man's protectors or helpers, and they are also the embodiment of the Tehit ancestors. Thus, *wuon* do not eat these types of birds.

I am assuming that the pumpkin is not consumed because of its yellow colour, which is identical to that of the 'yellow bird' or *klen oq* 'bird of paradise', which is a symbol of greatness, because they assume that it is a yellow bird from high in the sky. Can a bird of paradise perhaps be part of the clan that instructed Bauk to establish *wuon* education initially, especially since a yellow bird of paradise became one of the attributes he used during the consecration of his *wuon*? A *wuon* was, thus, sent by a *klen tadi* 'tadi bird' or *Na Agow* to help mankind. *Wuon* are also not allowed to eat pork. Each *wuon* has to obey these food taboos, because if they do not, they will lose their magical powers, become sick and die.

After having given their oath and promise, the *wuon* were accompanied by a senior *wuon* until they reached the border of their settlement, after which they were carried on the shoulders of the *wuon* who had initially picked them up. They were taken home to the kampong and delivered back to their parents and other relatives. When the entourage of *wuon* entered the kampong, they were welcomed with singing and dancing (*naylok'orok*) carried out by all the families, and the parents and other relatives had prepared food and drinks for the feast.

During the celebration and the welcoming, the parents and relatives gave eastern cloths to the *na'tmaq* and to the teachers (*wuon*) who participated in the education process. The payment was the peak of the welcoming feast. The family and other relatives usually offered eastern cloths and raw food, such as pigs, fish, sago and taro, to express their gratitude that their sons had been able to follow the education. The success of a boy in becoming a *wuon* would have increased the prestige of the family and other relatives, as well as the clan. When the feast had ended, the *wuon* would stay in a certain room where he had a private fireplace and his meals were prepared separately from the other

members of his family. He kept mostly silent or did not talk much, and he stayed at home for one month only wearing the white loincloth '*cawat putih*' (BI) he wore at the initiation. After one month of near silence, the *wuon* might speak freely again and join his family and eat together with them. He could return to normal life and engage in customary activities, offering help to the people who needed him. He would enjoy a very esteemed position because of his moral responsibility and his status as a *wuon*.

Although the institution of *wuon* was part of the secret and special world of men, a *wuon* served all the people, male and female, children and adults. A *wuon* was a light that shone to fight evil caused by *suanggi* and magical deeds. *Wuon* occupied a strategic position in society, because they always healed diseases and offered advice to the people in many aspects of their lives.

***Si'qnda* and *mi'mit*: Healers based on knowledge inherited from parents or other clan members**

In contrast to *wuon*, *si'qnda* are healers who inherited their knowledge about diseases and healing directly, mostly from their parents. The word *si'qnda* has two meanings: 'guardian' and 'protector'. A *si'qnda* is, thus, someone who can see or analyse a disease and its cause. The word may also be interpreted as someone who can protect sick people from the power of *suanggi* and other magic. However, each *si'qnda* and *mi'mit* has a different way of healing patients. *Mi'mit* are healers (male and female) who received the knowledge and ability to treat sick people as a gift from spirits or the ancestors, delivered through dreams. *Si'qnda* and *mi'mit* have different abilities and knowledge which they inherited from their parents, clan members or, in the latter case, ancestors. Knowledge is passed by either the mother or father to one of the children who is considered capable of keeping secrets and able to cure sick people. However, when none of the children is considered competent, the knowledge will be passed on to a nephew or another child from a family in the same clan. This experience is told by Lince Segetmena:

I am a *si'qnda* who lives in *Kampung* Seribau. I always help sick people. There are also people from the *kampung* around who call me to cure sick members of their family. I got the

knowledge about curing sick people from my mother when I was 15 years old. Now, I am getting older (55 years old), but none of my children is interested in my knowledge and skills as a *si'qnda*. I cannot pass it on to one of them. My brother's daughter always helps me to cure sick people and, when the time comes, I want to give my knowledge to her so that she can use it to help people who need treatment for their diseases. (Interview with Mama Lince Segetmena in Seribau village, February 2011 [my translation]).

As I will show, *wuon*, *si'qnda* and *mi'mit* possess similar kinds of knowledge and practices.

Causes of diseases

As has already been mentioned, basically any disease that affects the Tehit is associated with disturbed social relationships and/or with their natural surroundings. Therefore, when they are sick, they seek the appropriate remedy to cure the disease derived from the local cultural context. People who generally hold onto their belief in supernatural powers will certainly look for the kind of treatment that they think can cure the disease. The view of the Tehit people above, I want to say, is highly relevant to Helman's below:

In societies where ill health and other forms of misfortune are blamed on social causes (witchcraft, sorcery or 'evil eye'), or on supernatural causes (gods, spirits, ancestral ghosts or fate), sacred folk healers are particularly common. Their approach is usually a holistic one, dealing with all aspect of the patient's life, including relationships with other people, with the natural environment and with supernatural forces, as well as any physical or emotional symptoms. (Helman 2007: 85).

The Tehit people believe that illness is caused by *Na Agow wrafeerom* (BT) 'God's punishment', *qlembet yrafen* (BT) 'devil visitation', *nifralasyrafen* (BT) 'ghost visitation', *erneity-yswin-fe* (BT) 'food', *lengget* (BT) and *li'lindyik* (BT) 'poison', or *lait-syoq* (BT) 'witchcraft'. Looking closely at diseases caused by *lait-syoq* and *lengget*, we see that they can be categorized into deeds aimed at

sorcery or witchcraft linked to the wider realm of magic, which is so defined in Lewis:

The possibility of illness faces everyone: it is a risk of living. Some dangers can be avoided, but the risks cannot all be calculated or predicted. (...) A study on health and sickness may, therefore, reveal some aspects of people's perception of themselves and their world. If the study is one of a Melanesian society, it will need to explore local ideas about relationships with spirits, people and the world they live in. (Lewis, 1995: 166, in Courtens, 2005: 74).

I found two factors that cause someone to become ill: internal and external ones. What I mean by internal factors is that a person can be exposed to a disease because of his or her own actions. A person, for example, who eats excessively or the wrong food may have stomach-ache. This was confirmed by Yosina Krenak:

Oh! ...I had stomach-aches from eating boiled food. That day, I was tired from a day working in the garden, so I did not have the energy to cook. I was so hungry... I opened a pan and there was still some hard-boiled spinach and taro from last night. I did not smell the food first... but ate it at once. My husband immediately lit a fire to boil some water. After the water was boiling, we let it cool a bit and then he gave it to me to drink. The pain began to abate, but at night I started to defecate. My husband called the evangelist Nico to heal me. Evangelist Nico gave me a glass of water to drink over which he had prayed. After I drank the water, the pain began to diminish, and I eventually recovered. (Interview with Yosina Krenak in Sadrofoyo village, September 2009 [my translation]).

Someone can also get sick because of external factors. What I mean here is that a person may suffer from the evil deeds of others for a variety of reasons, such as hate, revenge, jealousy or spite. Once, Melsina Sagisolo related that:

I did not bathe or dive for fish and shrimps in the river. Neither did I work in the garden. I stayed home alone all day, but, all of a sudden, my ears hurt. Both of my children went out to fetch *Wuon* Kalilie to treat me. He just blew some mantras into my ears and he said that a *suanggi* who had passed by my house was jealous because we had made

a big house with a tin roof. (Interview with Malsina Sagisolo in Sadrofoyo village, September 2009 [my translation]).

Diseases caused by *Na Agow*, 'God'

I want to start this section by explaining the Tehit's concept of *Na Agow* or 'God' (*Tuhan*[BI]). The term 'God' in this context, differs from the God of the Christian religion. The Tehit people believe that *Na Agow* is someone who is above and that humans cannot reach his high position. *Na Agow* is very high in the *iq* (BT) 'sky'. Therefore, they often exclaim: *Na Agow waq iq* (BT) 'God in heaven'. A description of the concept of God in the Tehit religion can be seen in chapter two of this dissertation.

Na Ago wuwafe erom is the punishment of *Na Agow*, because humans make mistakes and violate traditional rules. The Tehit people believe that certain diseases are caused by *Na Agow wrafe* 'God's punishment', to warn or reprimand a person in response to an action or *erom* of that person or his or her family. The action causing the curse is related closely to violations of the customary rules in force in local society; a man and woman, for example, who commit adultery. Even though their deed is unknown by other people, one day they will suffer from a disease because of their *erom*. However, when they confess their deed to someone they trust, for example, a healer or God's servant (priest/evangelist), they can be healed. The Tehit people can also approach a *wuon*, *si'qnda* or *mi'mit* to cure the illness. But when they are Christian, they can go to evangelists and priests who are in the area to cure them.

In addition, the Tehit people realise very well that total recovery will only be achieved after they have paid the customary penalty for *sembe* 'adultery'. The number of eastern cloths and the amount of money are usually determined by those who feel aggrieved or victimized in a meeting chaired by the chairman of the customary indigenous council or *dewan adat* (BI), *le leqwa'mar* (BT). After the chairman of the council has listened to the demands of the victim's family, he approves the payment of the fines and the surrender of the offender to the victim. The man who is stated as guilty must pay the customary penalty to the family of his wife, because he has disgraced his marriage by committing adultery with another

woman. He must also pay a customary penalty to the husband of the woman with whom he fornicated. Thereby, the actor and his family and relatives are punished with a double sanction as the customary consequence of the deed. When connected to the healing of diseases, I can say that the Tehit people are confident that any act that violates customary rules means a violation perpetrated against *Na Agow* 'God', so, they are affected by a disease. Therefore, the *leleqwa'mar* 'the people's council' tries to resolve the problem, so that the person who committed the offence can recover from his or her illness.

One disease that generally befalls someone because of his *erom* is *hyleq* (BT) or *sesak nafas* (BI) 'shortness of breath'. Some Tehit people even state that insanity *qoli* (BT) is caused by a curse from *Na Agow*. When someone violates customs and does not suffer from an illness, his or her descendants will bear the sin in the form of a disease that may take their lives.

Disease caused by *qlembet yrafen*, 'spirits of the dead'

Another cause of disease is through visitation by *qlembet* 'spirits of the dead'. *Qlembet yrafen*, therefore, means to be approached or accosted by spirits of the dead, for example, as told by Lince Segetmena:

A *wua* enters our body and only a *wuon*, *si'qnda* or *mi'mit* can see it. If the *wua* leaves our body and does not return... it is a sign that the person will die. A dead person has been buried, but suddenly, there are people who say that the dead person had shown him- or herself to his or her family or to someone else. That's what we call *qlembet*. So, people think they are looking at the real person, while it is just a *qlembet*. If people in the village are about to die, I already know that in advance, because the *wua* has left the body. This is what happened in 2010. I had a brother-in-law, Justinus Kalilago, who had fallen off his bike and was taken to hospital. I went to the hospital... he was asleep... but I saw that his *wua* had already left him... I was very sad... but did not tell his wife and children. I went home and after about an hour I got the news that he was dead. Our families went to take the body home to the village for burial. That night, we also had a worship ceremony, when, all of a sudden, she said to come to see her husband. He was standing at the

window ill. I also saw him, but I said to his family that it was just a *qlembet*. So Justinus' *qlembet* had come. (Interview with Lince Segetmena in Seribau Village, November 2011 [my translation]).

Therefore, people always respect family members who have died by holding the tradition of *osyo honi* 'bone paying', which consists of the payment of items, such as eastern cloths and money, to the families of the deceased mother. When this customary duty is not done, the spirits of the dead are believed to be angry and make the surviving family members ill. This is what Yuliana Sekeiteles in Kampong Klaogin had to say:

My son died a few years ago. We were late in paying for the bones *osyohoni* to my parents and other relatives. My husband was always sick. I'm sure it must have been because we had not paid *osyohoni*. I went to the cemetery to talk to my son's grave. I told him that he should not make my husband sick, we will definitely pay for the bones. I've talked over and over at his grave, but my husband is still sick. Finally, my husband's family gave some eastern cloths to the parents and other relatives, and after that, my husband recovered and has not been sick again. (Interview with Yuliana Sekeiteles in Kampong Klaogin, February 2011 [my translation]).

The Tehit people believe that the *wua* 'spirit' of every person who dies will go to a *Mlafitain* 'waiting hill', which is the depository of dead people. This location can be found in the village of Sayal, which is very far from the location where I conducted my research, making it hard to reach. They know of a place called a *qali* (BT) or 'lying place' which 'is not a burial place in the ground'. Firstly, the body is put on a *qemngga* (BT) 'rack' until only bones remain. The second stage is the collecting of the bones and placing them in a forest or a place called *hityo* (BT) that has been considered sacred since the time of the ancestors. A *wua* is the spirit of a dead person, while a *qlembet* is the manifestation of the dead person in a human form, so that family members and others can see it.

Wuon Wafotolo from Kampong Klaogin talked about the location of *Mlafitain*:

I want to tell you that the *wua* or spirit of all people who live in Tehit will go to a place called *Mlafitain* after they have died. If our *wuon* treats a sick person, we'll check at *Mlafitain* in Kampong Sayal. If the *wua* of the sick person is already there, then there is no hope of recovery and the sick person will die. However, if the *wua* is not there, it means that the sick will be healed. (Interview with Wuon Wafotolo in Klaogin village, February 2011 [my translation]).

The Tehit believe strongly that the *wua* 'spirit' of a dead person will return to this world to take care of and watch over his or her family who are still alive. Whenever the *wua* is abased, it will be angry and make someone ill. It will transform into an animal, such as a boar, bird or rat, that can ruin the sago area and the orchard. However, if people are peaceful and show fine manners, the spirit can help them to meet with good fortune and luck, for example, in hunting and catching fish. Furthermore, the Tehit community feels that the spirits of dead men are always watching them and, thus, they call them *qlembety simari* (BT). They are assumed to have feelings and always observe the behaviour of living people and, thus, people try to do good deeds to please the spirits.

When there are many people who die, for example, there are many successive deaths in the orchard, this will definitely be related to the anger of a *wua* 'spirit' of their ancestors. Therefore, by calling in the help of a *wuon*, *si'qnda* or a *mi'mit*, they will make *hea* (BT) or 'offerings' to apologize and ask for *saambe* (BT) 'forgiveness' for all the mistakes they have made. After the *wuon* ritual of *saambe* has been carried out at the cemetery, the sick person will experience a change, because the *qlembet* 'spirit' has received the *hea* 'offerings' and accepted the contrition the people sent to it. The spirits of dead people generally love small children and they often show themselves to youngsters, however, and this will scare the children and make them sick, so that they have a fever, high fever with continuous sweating, and diarrhoea, which may cause a child to limp.

Diseases caused by *nifralas*, 'evil spirits'

Someone can be ill because he has been visited by *nifralas*. The word *ni* means spirit, and *fralas* means leaves/trees. In this context,

what is meant by *nifralas* is the evil spirits who stay in the world, such as ghosts or apparitions. These are believed to dwell in big trees, such as *ihin* (BT) 'banyan', *ndilen* (BT) 'iron wood' and *mbrian* (BT) 'kingwood', and near springs, riversides, capes, big stones, caves, mountains, forest boundaries, sago areas and places the people deem sacred.

The Tehit people always take care of these places for they are considered sacred because of the presence of guardian spirits, such as supernatural spirits, for example, in Waraqolo in the forest of Seribau, sub-district of Teminabuan. A long time ago, the jungle area was used as a place to lay corpses (*qali'qat* or *hityo*). The Tehit people kept the bones after taking them from the *qemngganda* 'rack' in the forest of Waraqolo, which is located half an hour from the village of Seribau. They are scared when they pass alone through the jungle. The people of Seribau, for example, never made gardens or cut trees in the forest of Waraqolo, because they are afraid that they will get trouble from the spirits in the jungle, as the place is considered sacred.

Additionally, someone can become ill from spirit (*nifralas*) visitation because he or she walked alone through the location where the dead are kept. He may suffer from an illness, such as a headache or stomach-ache. *Nifralas* can make a person ill because he destroys the jungle environment, especially if he cuts trees in the jungle that is sacred to the people. Besides that, the spirit can cause illness in adult people, newborn babies and pregnant women. Diseases that are considered signs of *nifralas* disturbances are, for example, amnesia and sometimes insanity, cold or a fever, stomach-ache or talking gibberish as if talking to the spirit. The patient does not want to stay at home, but tries to go to the place where the spirit dwells. Thereby, the people of Tehit are committed to take care of these sacred places, because they are inhabited by spirits. They also state that some *nifralas* are nice to human beings; they are *Sipini* (BT) 'female nymphs' in sago orchards and *Suyamo* (BT) 'male nymphs' in the sea and rivers that produce fish. When the Tehit take care of the natural environment as it is the residence of *ni fralas*, they usually benefit from the job.²⁴

²⁴ This is one of the reasons why the concept and philosophy of the environment in Papua-Melanesia and, thus, the Tehit community, differs

Diseases caused by *erneity-yswin-fe*, ‘taboo food’

Erneity means ‘food’. In the group of Tehit Jit in Kampong Seribau, Teminabuan and Werisar, for example, they say that disease may occur because of food, especially from food that is *tqoohoq* (BT) ‘taboo’, such as the meat of reptiles: *qlik* (BT), ‘snakes’, *singgin* (BT) ‘lizard’, *mdembir* (BT) ‘turtles’ and *qaqo* (BT) ‘frogs’. In addition, there are certain species of birds that people are not allowed to eat: *qlenawet* (BT) ‘cockatoo’ and *qaroq* (BT) ‘parrot’, and the *ndon-raur* (BT) ‘white cuscus’, a type of possum. The

Salmbo clan, for example, is not allowed to eat white cuscus because it is regarded as a friend that helped in the journey from the origin (Klabra) to Teminabuan. If the meat of the bird is eaten, the person will suffer from blurry eyesight. Therefore, the Tehit Jit are very careful regarding what meat they eat. When studied more in depth, these animals may be considered totems or, in Tehit terms, *ni-ade*.

Regarding this specific feature, I would like to refer to van Baal (1966: 179) about the Dema in Marind-anim Papua. He stated that the Dema see totems as living beings from mythic times, usually taking the form of humans, sometimes also that of animals that turned into ancestral clans and sub-clans. The latter become associated with a totem and often with the creator of the totem (see Yuyun Hendrawati, 2011).

The Momot clan in the Tehit, for example, is not allowed to eat the red fruit of pandanus *mno* (BT) or *buah merah* (BI) ‘red fruit’. This is related to the story of the origin of the Momot people. The story I got from my interview with Agus Momot in Teminabuan runs like this:

The Momot family may not eat *mno* fruit ‘*buah merah*’, because our ancestors originated from the *mno* fruit. Long ago, there was a man named Mbolhoq. He planted a pandanus tree (*mno*) in front of his house. Time went so fast that he did not notice that the *mno* tree had grown taller and had started to bear fruit. Every day, Mbolhoq looked at the fruit with feelings of happiness, because he would enjoy it when the fruit was ripe. A few days later, the fruit was ripe

from that of societies outside Papua-Melanesia (Flassy, 2008a: 3 and 2008b: 5).

and ready to be harvested, then Mbolhoq said to himself... hmmm, tomorrow morning I'll just pick it for myself.

At night he slept, then late next morning, he heard the sound of a baby crying. Mbolhoq woke up and walked quickly towards the sound. There was a baby who had fallen from the *mno* fruit. Mbolhoq approached the baby and took it up and he saw that it was a baby girl. Mbolhoq thought it was impossible that the fruit was human, but he decided to keep the baby as his child. He named it Momot because it had come from the *mno* fruit.

Momot grew into a beautiful woman in the village of Kakas. Once, several days had passed and Momot had not been out of the house as usual. She just stayed inside and continuously held her stomach. Then her father asked Momot what happened, and Momot said that she had a big stomach and there was something inside and that she feared she might die. Her father said that Momot might be pregnant, but Momot became angry with her father. She said it was impossible, because she had never made friends with a man; she was not even married.

But Mbolhoq's hunch that his daughter was mysteriously pregnant was right. He remembered how Momot was born a few years ago. Mbolhoq consoled his daughter so she was no longer upset and carried out her usual activities. Time passed quickly, and it was time for Momot to deliver. She gave birth to two sets of twins, four boys. Mbolhoq gave his grandsons the following names: Momot Flesa, Momot Ogin, Momot Esfat and Momot Ririg. The four babies were raised by their mother and grandfather until they were adults. Once they had grown up, the four men found wives and got married, and their descendants were called Momot. Then, the Momot people multiplied and spread over several villages in Kakas, Seremuk, Wanorioan, Buk, Klabra and Teminabuan. Although we live in different areas, we always tell the story of the origin of the Momot clan to our children and grandchildren and that they may not eat the red fruit '*mno*', because it is the fruit of our ancestors. Had there been no *mnotree* and fruit, there would have been no Momot clans in the world. (Interview with Agus Momotin Teminabuan, April 2011 [my translation]).

What is interesting for our healer practice is that often the totem spirit is a symbol for other animals, plants and elements, not just a symbol for human clans. In other words, there were clans of spirits who were considered to be people of the same totem. This could be one reason why the Tehit people are very careful what vegetables, fish, meat and fruit they eat, especially when they are ill and being cured by healers, because of the taboo towards certain food. Taboo food may be, for example, *mesar* (BT) 'catfish' or *farfari* (BT) 'ray fish' or fruit, such as *ogosro* (BT) 'Ambons banana', *sirafot* (BT) 'jackfruit', *qndafan* (BT) 'pineapple' and *ogo seren* (BT) 'papaya'. If they insist on eating the food that healers tell them not to eat, their pain may grow worse and they may even die. The food taboo may be permanent or temporary, as stated by the healer.

Moreover, the Tehit people are also very careful when accepting and giving food to other people, because when the person who accepted the food and eats it becomes sick, the person who gave the food will be accused of being the cause of the illness or death. I noticed that the Tehit people have the concepts of hot and cold. Based on that, they will not accept or consume cold food and drinks, because they will be regarded as the causes of illnesses. They even believe that cold food or drinks given to them may contain poison, so they will refuse to consume it. The thought patterns of the Tehit people can be related to Van Oosterhout's opinion in her study of the Inanwatan who live south of Teminabuan. The Inanwatan is an ethnic group that lives next to the Tehit people in South Sorong Regency. Van Oosterhout said in her writings about the Inanwatan that:

Through feeding the intimate relationship between two parties is expressed. The feeder acts like a parent towards a child who still needs be breast-fed. Eating food provided by others is also a matter of trust because food forms a perfect medium for poisoning (food sorcery). For non-relatives, food gifts are chosen with the utmost care, as nobody wants to be accused of offering bad or even poisoned food. If someone becomes ill after eating your food, then you are the blame for the illness, let alone if that person dies. (Van Oosterhout, 2002: 32).

The taboos and totem of food that originated in a particular plant or animal of several clans in the Tehit community in Sawiat area are listed in the table below:

Table 8. Clans and Taboos/Totems

| Clans | Tabo | | Tot | | Reaction of the disease |
|--------------------------|--|------------------------------------|---|--------|--|
| | Animals | Plants | Animals | Plants | |
| Bleskadit and Krimadi | <i>qlik/luah jih</i> (BT) 'Jih snake'. A short, brown | | | | stomach-ache, diarrhoea, possibly resulting in death |
| Sagisolo and Klafle | | | <i>qlentoq</i> (BT) 'qlento birds' | | wounds possibly resulting in death |
| Kamesfle and Salamuk | <i>qlik/luah brehek</i> (BT) 'brehek snake'. A long black | | | | stomach-ache and diarrhoea |
| Krenak and Snahan | | | <i>qlen wiyo</i> (BT) or <i>burung nuri merah</i> (BI) 'red parrot' | | stomach-ache that lasts longer and can cause death |
| Bolhoq, Jarfi and Trogea | <i>luah brah</i> (BT) 'brah snake'. The snake is green and long. | | | | body itches and scabies |
| Kalilie | <i>don harak</i> (BT) 'black rat' | <i>mno' m qan</i> (BT) 'mno fruit' | | | headache, stomach-ache |

Other animals, such as the *ifot* (BT) 'turtle' and *asalik* (BT) 'brown frog', are considered taboo to all men in the thirteen clans. If they eat them, they may fail in all activities and will not have children.

Source: own illustration based on interview with Wuon Kalilie at Sadrofoyo village, September 2009.

Several clans have the same taboo or totem, because they share the same origin story. Therefore, they often use the term *qyaa maamres* (BT), 'one bag'. The symbolic meaning of *qyaa* or *noken* 'bag' and *maamres* 'one' shows that they came together from the same place and that they have the same historical origins, therefore, have the same clan totem and related taboos.

Diseases caused by *naydik lengget* and *naydikli'lin*, 'poison'

One way the Tehit use to hurt someone is by putting a poisonous powder mixture on a piece of *li'lin* (BT) 'ginger' that has been given the name of the person targeted. Another technique is called *lengget*, which consists of making objects with the clothing, hair or nails of the target person. These objects will be used to pester the prospective victims. The use of poison is more dominant than *lengget* and the death process with *li'lin* is much faster than that of *lengget*. Someone who is exposed to *li'lin* poison must be treated immediately by a *wuon*, because if treated too late, the person will die within a very short time. This is in contrast to *tolengget* that reacts slowly, meaning that a person affected with *lengget* will suffer pain long enough that there is an opportunity for the person to be cured. However, when not treated properly, of course, the person would also die.

Diseases caused by *naydik lengget*

Lengget is a poison used to make someone who has fallen out of favour suffer by using food leftovers, hair, nails, cigarettes and other belongings of the person targeted. The reason is usually jealousy, hatred and envy, or there is a conflict with the person. When a person hates someone, for example, he tries to pick up food leftovers from the person and insert them into a *lalye qmas* (BT) 'red ants' nest'. The ants eat the food and it is believed that at that moment, the victim experiences pain. At first, the body feels itchy, and the person has a high body temperature, he sweats, has abdominal bloating and is in a lot of pain. Victims may even vomit and urinate, because they cannot stand the pain. People who are usually sick like this should be treated by a *wuon*, as *wuon* spells can heal the victims. One victim of this treatment, for example, was Marten Segetmena, who lives in the village of Seribau:

Sioh... to this day, I am still disappointed with my brother-in-law, because he once made me sick. At the time, he was angry with me because I told him to pay the bride wealth. He took some of my leftover food... we had shrimps on the stove. He came to our house, took a shrimp shell and then put it into a red ant hole, so I was sick for the rest of the day as the ants ate up the shrimp. Fortunately, when I was in

pain, there was a *wuon* who treated me, so I could recover.
(Interview with Marthen Segetmena in Kampong Seribau,
November 2011 [my translation]).

However, when the actor plans to hurt the victims badly, poison is added to a hair, nail or cigarette end, which is put into a small piece of *tmbuo* (BT) ‘bamboo’, sealed tightly and kept on a *mbla’he* (BT) ‘rack’. The bamboo is heated and continuously hit by smoke, causing the victim to suffer from suffocation, cough, fever and a headache. The victim may suffer for a long time, for months or even years, as long as the bamboo stays on the furnace. When the fire grows bigger the bamboo gets hotter and the victim’s condition deteriorates.

The illness may be called “slow death”, which means that the actor is satisfied by hurting the person he hates and will kill him slowly by keeping the bamboo on the fire so that the victim dies slowly. The actor only has to hire someone to act as his mediator. Someone called Markus, for example, want to avenge himself on a man named Yohanes. Markus hires someone named Matias to kill Yohanes by using poison. In this case, Markus is called the *na’feyaq* (BT) ‘the man who hires’. This is done so that the real actor cannot be discovered. When the job is carried out successfully, Markus, as the *na’feyaq*, pays Matias with a number of eastern cloths and money. In case the targeted person or a member of his family knows of the plan to kill him, the *na’feyaq* and the person who acts as the executor in the field will be charged with a very high customary fine. The targeted party will demand that the actor return the thing he had taken accompanied by the customary penalty payment in the form of eastern cloths and money. If the actor fails to meet the victim’s demands, it will cause endless conflict between both sides, causing victims and material loss.

Diseases caused by *na ydik li’lin*

In the Tehit language, *na* means ‘man’, *ydik* is ‘putting’ and *li’lin* is ‘ginger’ planted in the yard or in the garden. Ginger is mixed with an *a’flie* (BT) ‘centipede’ and *qafa* ‘itchy leaves’ (*Laportea stimulans*[BL]), the mixture is burned and the ashes thoroughly mixed. A spell is cast over it to make the mixture effective enough to kill someone. The poison called *li’lin* is generally known in the

Bird's Head area of Papua. Almost all mysterious and swift deaths that occur in the area are contributed to poisonous powder. Only particular people from special clans have the hereditary knowledge of how to mix the poisonous powder and what spell to use. The poisonous powder is put into a *tmbuo* (BT) 'small bamboo' container which is closed tightly so that it cannot get in touch with air and water. If the poisonous powder gets into contact with water, then the poisonous substance will lose its efficacy and can no longer be used to kill someone. The person who processes the poisonous powder has to abide by various injunctions. He is not allowed to drink water, take a bath or come into contact with water in any way. The job is very secret and no one is allowed to witness it. When these prohibitions are violated, the maker and the person who watched the process will be hit by a calamity. Poisonous powder is only made to order. The effect of the use of the powder is the private responsibility of the person who orders it. If the poisonous powder is to be used to kill someone, then the consequences are for the man who ordered the powder and not for its maker.

Some Tehit people know the orchards where the venomous plants (*li'lin*) grow. The people who administer the poison are called *naydik li'lin* (BT) and the possible consequences for them and their clans are described by a *wuon* as follows:

The people who put poison into the person targeted have to be careful. If other people see them, it means they and all other members of their clan or *keret* will have a big problem. The victim will fight them and demand the customary fine of many eastern cloths '*not hoq*' and a large amount of money '*pitis*'. The payment of the customary fines is the responsibility of all the members of the clan and, therefore, all the members of the clan must settle the claim. (Interview with a *Wuon* Mbolhoq in Wen village, March 2011 [my translation]).

When people have a grudge or a conflict with someone from another group, they will look up the owner of the poison and ask for his help to kill the person. After accepting the order of the group who has the grudge, the owner of the poison will hire some people to execute the kill and who are called *naydik li'lin* and

usually consist of about ten men. In general, *naydik li'lin* come from the same clan. I will not mention the name of the clans to avoid social conflicts with other parties who have once been the victims of another clan. However, I would just like to explain the route traversed by the *naydik li'lin* to get to Teminabuan town and the villages on the beach that are inhabited by Tehit.

There are two ways to get to Teminabuan. One is through Kampong Waigo in the east and another through Kampong Elless in the west. The *naydik li'lin* will choose the road that is closest to the location of the person targeted. When they pass through the villages of Waigo and Wehali, they will stop to see the person who has the knowledge of the origin of the poison. This person can be seen as an adviser and, if he agrees, the *naydik li'lin* can continue their journey to administer the poison. Conversely, when he does not approve, they should quit and return to their village and poison the person who hired them instead. In Kampong Waigo, for example, the *naydik li'lin* report their plans to the advisor from the DwitMaqa clan, while in the Wehali village, the *na ydik li'lin* will meet with advisers from the Karsau clan. Thus, the advisers of the two clans know of the activities of the *naydik li'lin* from the Ayamaru area. They are required to keep the secret and they should not inform the victims' families, because it may lead to horizontal conflicts between the local communities. The *naydik li'lin* are unique in conducting their task. They are divided into four positions: the front consists of two persons holding *ge'fen* or *wa'mok* leaves (*Cordyline* [BL]) over which a spell has been cast to deceive other people's eyesight so that they cannot be seen. They are followed by a second group of three persons who bring cooked taro. The third group consists of three people, one on each side to flank the person who holds the bamboo container with the poison. When he is tired of holding the container, then the men on his sides will support his hand so that the bamboo will not fall or get otherwise detached from the person. The next five are at the back and serve as security guards to protect the other groups.

Before the *naydik li'lin* set out to execute their duty, they first ask the *na'feyaq* for payment and a safety guarantee in the form of eastern cloths and a sum of money. The reason that they ask for a very high payment is because of the heavy responsibility and the

high risk they take for themselves and for their families because of the task they are about to execute. They run the biggest risk as field executors, and if their deed becomes known, to the party of the target, they will be killed for sure. Their families and other relatives in the clan will also be fined with the customary penalty and may well run the risk of being killed too. Another reason is that waiting for the target when they are in the jungle takes a very long time, during which they are unable to work to feed their family. The families use the eastern cloths and the money to meet their daily needs. The person who holds the bamboo container with the poison may not be replaced by another member of the group no matter how tired he is, because the healer has cast a particular spell over him. Even when he is asleep, the poison holder must hold the bamboo. Both men next to him generally have to assist him and he has to be served extra, because he has the biggest responsibility. The group, for example, will take several breaks to rest the journey from Wehali to Sasonek. They will spend the night in the jungle and they usually sleep in caves or under big trees to hide, be protected from rain and to hide from other people. After nightfall, the group will continue its journey into the area where they will encounter the victim.

When the group arrives in the target area, they try to observe the target's routine activities and look for the right time to poison him. However, when they have difficulty killing the target, they will kill one of his family members or another relative of his clan. This victim can replace the real target, so that the mission is still accomplished. Nevertheless, there are killing missions with poison where the *naydik li'lin* fails. In that case, the last step to be taken is that they return and poison the *na'feyaq* in revenge for their frustration and discomfort while they attempted to carry out their assignment.

The killing technique with poisonous powder is as follows. The victim is not captured but the powder is spread on the victim's head or shoulder, which is not easy, and, therefore, the powder is often poured on the road over which the victim usually passes. The poisonous powder may also be put in the victim's bed or on his chair, to ensure that he gets in touch with it. After having been touched by the poison, the person becomes unwell and he will

have symptoms such as a fever, stomach-ache, vomiting and heavy sweating. When someone has these symptoms, people can be sure that he has been poisoned. The victim may not be given red food such as shrimps, crabs or red spinach. Additionally, the victim is not allowed to get in touch with the sea or other salt water as it will hasten the dying process. It seems that the Tehit are extremely scared of the pain this poison causes and most of the victims die because they never see a healer or he arrives too late to help. It is said that most deaths in the local communities are caused by poison and sorcerers.

Diseases caused by *lait orsuanggi* (BI)

When we read anthropological studies about the Bird's Head area of Papua, we will invariably come across the term '*suangi*' (see [van Oosterhout 2000](#): 1). However, I prefer to use the word *suanggi*, because the Papua commonly use this. The Tehit are generally convinced that when someone is sick, his illness must have been caused by *lait* or *suanggi*. The people in the eastern part of Indonesia (Papua and the Moluccas) generally use the term *suanggi* to denote both male and female adults who have the magical power to make someone ill or die. *Suanggi* is a complex phenomenon of witchcraft, that manifests itself in several ways. It is found all over West Papua ([Berg, 1964](#), [Courterns, 1998](#), [Elmberg, 1965](#) and [1968](#), [Galis, 1956](#), [Held, 1951](#), [Kamma, 1941](#), [Miedema, 1984](#), [Schoorl, 1979](#), [Timmer, 2000](#), [van Oosterhout, 2002](#), [van Rhijn, 1957](#), [van der Werff, 1989](#)), as well as in other parts of eastern Indonesia (see [Courterns, 2005](#): 49). In the late nineteenth century, W. H. Woelders, the Dutch Protestant missionary, defined *suanggi* in Doreh Bay as a belief in witches who use evil power (in Dutch glossed as '*zwarte magie*' 'black magic'). This power was believed to take possession of people and to make them kill others. There was no defence against it ([Kamma, 1976](#): 404; [Timmer, 2000](#): 71 in [Miedema & Reesink, 2004](#): 119).

Wuon Kalilie said during my interview with him, that to find out whether a person has *suanggi* power, one has only to look at his eyeballs (Interview with *Wuon*Wilhelmus Kalilie, village of Sadrofoyo, September 2009). If they always move from left to right or look downwards most of the time and the person does not want

to look someone directly in the eye when speaking, then that person may be suspected of being a *suanggi*. The healer Lince Segetmena said that:

I want to say that *suanggi* are actually very afraid of *wuon*, *si'qnda* and *mi'mit*. We know who they are and what they do. I once met a woman who was a *suanggi*. She was afraid to talk to me and her head was always down. I told her to stop killing people, but she did not dare raise her head and look at me. She waited until I finished talking and then she hurried away. (Interview with Mama Lince Segetmena in Seribau village, November 2011 [my translation]).

Suanggi act like ordinary human beings in everyday reality. However, they have the magical power to trouble people. When *suanggi* act to hurt a victim, they will change from a human being into an animal (e.g. snake, bird, boar or crocodile). *Suanggi* attack their victims in lonely settings, such as at home, in the garden or orchard. They generally prefer to operate at night to hide their activities from other people. *Suanggi* have mysterious powers and they can kill someone if they want to (see also [Courstens, 2005: 52](#)).

Although *suanggi* can change form, *Wuon* Kalilie admitted that there are *suanggi* who conduct their activities without doing so. *Suanggi* manage to enter their victim's body, to break his or her heart and lungs, and to suck the victim's blood. The victim will become sick and may suffer from stomach-ache, vomiting, fever, bleeding from nose and mouth, and faeces mixed with blood and mucus. The victim also feels out of breath, stiff, loses body weight, becomes thin and weak, and has pale eyes.

The Tehit community classifies *suanggi* into two categories; *lait'ndla* (BT) 'male *suanggi*' and *'lait nggi'* (BT) 'female *suanggi*' (Interview with *Wuonfi* Kolonggia, village of Seribau, February 2011). A male *suanggi* has the form of a man with a machete (*parang* [BI]) he uses to stab or cut his victims. This type of *suanggi* is imported, which means that it entered the Tehit community from other areas, such as Wandamen, Raja Ampat, Ambon and Seram and other places in Papua and the Moluccas. It is assumed that migrants from these areas conveyed the knowledge of male *suanggi* to the Tehit people. I also assume that the type of *suanggi* that use sharp tools, such as *kelewang* (BI) 'long knife', have to have

come from outside the Teminabuan area, as the Tehit people do not have a tradition of forging knives or machetes from bronze or other metal. Therefore, it means that male *suanggi* were unknown to the Tehit until they had cultural contacts with people from Sorong, Raja Ampat, the Moluccas and even Biak, Serui, Bintuni, Wandamen and other areas that were familiar with forging sharp bronze and metal objects.

Male *suanggi* are considered something new and only appeared during the Dutch colonial reign when Teminabuan became one of the government and education cities in the Bird's Head area. Migrants to the area brought their culture with them and the Tehit people adopted their culture, apparently including male *suanggi* power. The Papua people have of old had cultural contacts with the sultanate of Tidore (Mansoben, 1982: 165) and other places in the Moluccas, which, of course, provided the opportunities for interaction and the sharing of knowledge, so they also had opportunities to transfer male *suanggi* to the Tehit.

The relation between *suanggi* and migration can also be found in Miedema (2004: 210): "First we discuss features of witchcraft in myth and real life, which we then examine in a developmental perspective. Geographically, we proceed southwards from the northern parts of the Peninsula, to conclude with an overview of ideas about witchcraft from the outside". The male type of *suanggi* is considered more ferocious and savage than the female variant, because the dying process is very quick. I saw that the Tehit community is extremely scared of people who possess male *suanggi* magic. Female *suanggi* has been the original *suanggi* since the time of the ancestors. According to Wuon Kalilie, one can negotiate with a female *suanggi* to make her release the person she wants to hurt. A *wuon* can tell the *suanggi* to call the sick person's spirit (*wua*) back. A female *suanggi* usually obeys the *wuon*, because the healer can kill her. Timmer (2000: 43) mentions that *suanggi* are also known among the Tehit Imyan: "The origin story of the *lait* recounts how a cassowary bird transferred this power to two Nasfa women from Karsau".

This story is incomplete and may not be told to anyone, because it may embarrass the Karsau clan. The story is a secret carefully kept within the Karsau clan. Therefore, if people talk about it, they

will be customarily sued by members of the Karsau clan and payments will be claimed of eastern cloths, money and a few pigs. It could be worse. When the Karsau people get angry and feel offended, they may go as far as to dismantle or burn the house of the people who told the *suanggi* history or even kill them. In this regard, Wuon Kalilie said that:

Na Tehit mamfo... mrana nggait na ma'noya fe keret ma'noy yefe qhan... mdom rana fo na yaqafa maflem, nayaen amo nasa ma'noyfeygele. (We, the Tehit people are strictly forbidden to talk of the secrets of other clans. People who speak out have to pay fines for humiliating and indicating the origin of someone's clan). (Interview with WuonKalilie in Sadrofyo village, Februrary 2012 [my translation]).

Interestingly, *suanggi* or *lait* do not kill people randomly, but only for a specific reason, such as jealousy, envy, hatred, revenge or anger. The knowledge of *suanggi* usually consists of a distinct kind of strength that can be used against others. The Tehit are so afraid of people who have *suanggi* that they will give them anything they ask for. If they ask for money, their wish must be fulfilled to avoid illness and death. Because the Tehit fear them so much, the *suanggi* feel free to do whatever they want, such as taking the harvest from a garden: taro, banana, vegetables, etc. The owner is unable to get angry or talk to the *suanggi* out of fear of being killed.

The fast growth of *suanggi* among the Tehit is also triggered by the decrease of the number of *wuon*, considering that *wuon* houses are no longer to be found in Sawiat, Seramuk and other areas in the Bird's Head area of Papua since the entry of Christianity, even though *wuon* used to be a powerful means of control against *suanggi* and *lait*.

Persons who engage in witchcraft are generally known in society under specific names. The Maybrat (neighbours of the Tehit) call them *kbes-fane* 'pig-witchcraft people'. *Suanggi* usually exist as pigs and they bite the target, especially when that person is alone in the woods. *Suanggi* can also be transformed into pigs that may damage the plants in the garden or in the yard of the house of the hated person. This opinion was also expressed by Elmberg:

In the western Prat, *kapjes fané*, the dangerous, local land-owning woman can probabhb be regarded as a sort of

inversion of the traditional Mejprat conception of dangerous, non-regional men. The picture of her seems to contain also certain elements of both extra-Mejprat pontianak conceptions and traditional Mejprat conceptions of Tu, the female regional dema, who punished people through her polar opposite in the form of a wild boar. It seems indicated that the *kapes fané* concept was formed by immigrants as a means of asserting a more dominating type of male leadership than the traditional. An informal leader could traditionally be either man or woman. In many cases, e.g. at initiations 76, both male and female leaders functioned simultaneously and the element of harmonization and balance seems to have been significant for the traditional leadership. (Elmberg, 1968: 203).

What Elmberg suggests above about female witchcraft among the Meybrat is highly relevant to the Tehit people's understanding of *suanggi*. The Tehit people often associate *suanggi* with women. A woman who behaves strangely will be regarded as a *suanggi*. When a person in a village dies, she will be accused of being the cause. Additionally, the Meybrat term, *kabes fane* for *suanggi*, is also closely connected with the way the Tehit people understand *suanggi*, because when a woman wants to pass her *suanggi* onto another woman, her face will turn into that of a pig (see Yohana Serkadifat's story below).

The *wuon* stated that *suanggi* transfer their magic to other people in various ways known as *ysis lait* (BT) or *tukar suanggi* (BI). A mother, for example, who has *suanggi* power will transfer it to her sister, daughter and daughter-in-law.

This transfer takes place in the *qambloq* (BT) 'nude' (in the garden or in the forest). That is when they dance and stick out their tongues and where a *suanggi* touches a person to transfer the magic. When that occurs, her human face transforms into that of a demon. Yohana Serkadifat told me of her experience when she observed people exchanging *suanggi*:

I once saw people exchanging *suanggi*. At that time, I came home from the village of Meriba. I continued up the road near the village of Sriya and, all of a sudden, I was shocked, because there were two women under a tree. They had faces like pigs, their tongues touching. I immediately screamed,

and they ran directly into the forest. Luckily, I saw them first, so I survived. If they had seen me first, then I would have died. I arrived at Kampong Seribau and related the incident to my husband and all his relatives. Both *suanggi* women were afraid to kill me, because my family and other people already knew who they were. (Interview with Yohana Serkadifat in Seribau village, December 2011 [my translation]).

It is a painful reality when someone is forced to accept *suanggi* knowledge when she does not have any other choice. If a woman, for example, walks with another woman who possesses *suanggi* and she is in front and she suddenly looks back and the *suanggi*'s face has turned into that of a pig or a snake, the other woman has two options; the first is that she accepts the *suanggi* and her life will be spared, or the opposite and she rejects her, and she dies as a consequence.

Pain and death caused by *suanggi* may possibly occur when someone walks alone in the jungle or in the garden, near a river or in the forest. Someone, for example, meets a person who has *suanggi* and stands in the middle of the pathway. The person has to scream as loudly as possible and to cut branches of the trees around the pathway to make the *suanggi* afraid of killing. He or she has to tell his or her family members and other people. The place is marked with branches that are stuck in the pathway to prove the occurrence happened. By doing so, the *suanggi* will be afraid to hurt the person, because the people in the village will know of her deed. On the contrary, if the person does nothing and keeps quiet, he or she may become sick and die.

I found something interesting during my research. *Suanggi* have a very strong network based on a system of reciprocity that consists of exchanging family members to be killed and eaten. I call it reciprocity-based because the members of one *suanggi* group are giving a family or clan member of another *suanggi* group as victim or prey. Within a certain agreed upon period of time, the group also has to sacrifice a member of its own family to the other group. This reciprocal process in offering victims for the continuity of the *suanggi* is rotational. A group of *suanggi*, for example, that consists of four people, discusses to decide who will offer a member of his

family as a victim. When they have agreed, they will kill the victim as agreed among them. The process continues among the four *suanggi*, but when they succeed in recruiting a new member, their network becomes wider, and there are more people who will be killed within the families of the *suanggi* groups, because *suanggi* are always thirsty for human blood. I see the existence here of a rotation system that is built on the co-operation in groups of four *suanggi* or *lait*. They are called clan A, B, C and D in the figure below:

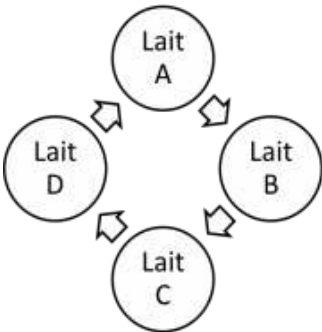


Figure 48. The system of rotation and cooperation of *lait* (*suanggi*).

Source: own illustration

The larger circle shows the *suanggi* group rotation, within which the smaller circles are clans or families of the victim (A), the *suanggi* users (B) and potential newly created *suanggi* group members (C, D). The tips of the arrows show the direction of the circulation of *suanggi*, whereas the blunt ends show the origin of the victims. Using this rotation system, there will be a *suanggi* who will ultimately be killed by *suanggi* members in the network, because this *suanggi* failed to deliver potential victims from his or her family or clan to the circulation. This still happens. The *suanggi* have networks to kill victims based on the recommendation of the members of the *suanggi* group. The habit among *suanggi* of killing victims is based on *hen* (BT) ‘blood relations’.

Suanggi will only kill somebody who belongs to another *suanggi* group. In addition, *suanggi* cannot kill someone who is not of Tehit ethnic background. *Suanggi* can smell blood and only kill Tehit people. They suck the blood of their victims because it gives them power and to stay alive. *Suanggi* do not kill people from

other ethnic groups, because they are different, and their blood is useless for them. There is an agreement among the *suanggi* that whenever one of them abuses another one, then he or she him- or herself will be the victim of members of their group. This causes death in the Tehit society as a reciprocity system in the network of *suanggi*.

Today, *suanggi* are braver and freer at killing people. However, although they keep their existence secret, *wuon*, *mi'mit* and *si'qnda* can find out if someone is a *suanggi*. In Tehit society, this type of *suanggi* is called *lait si'o'mir* (BT) or *suanggi gelap* (BI) 'under a curtain/hidden'. *Suanggi* who are known by society are called *lait si'haq* (BT) or *suanggi terbuka* (BI) 'open *suanggi*'. *Wuon*, *si'qnda* and *mi'mit* who treat a sick person can tell who has *suanggi*, but usually they will only tell that to the family members of the patients they treat. However, these family members usually tell the story, so that ultimately everyone knows who these *suanggi* are. The *lait si'haq* are very careful in the way they kill someone. They and their family and relatives run the risk of being extremely heavily fined and having to pay the customary penalty in the form of many eastern cloths, pigs and a huge amount of money. When someone is hurt, the family of the victim can beat and kill the *suanggi* without any of his or her family members coming to his or her aid.

Someone is categorized as *lait si'haq* through the tradition of *sat omos* (BT) 'cutting the rope', which can only be done by a *wuon*. Someone, for example, is accused of being a *lait*. His or her family will ask for the help of a healer to prove the accusation. The *wuon* will tell them the time and place to hold the verification process to prove the accusation. In the morning, before sunrise, the healer comes immediately to the person who is accused of being a *suanggi* and he takes him or her to the appointed location where other people await them. Some of them are the representatives of the victim and the family of the accused.

The healer asks the suspected person whether he or she is *suanggi*. If the answer is no, the healer asks him or her the same question three times. When the answer remains 'no', and he or she even refuses to be called a *suanggi*, the healer utters a spell over a rattan rope. Then the healer cuts the rattan rope and pours water into the mouth of the accused. The rattan rope must be made of

rattan that grows in the forest and not rattan that has been planted by the community. If the accused vomits, then he or she is *suanggi*. Conversely, when the accused drinks the water and does not throw up, the person is clean and acquitted of the accusation of being a *suanggi*. Thereby, the *wuon* is obliged to announce the result of the verification to all society members and to restore the good name of the person, his or her family and clan. Subsequently, the accusing party must pay the customary penalty in the form of eastern cloths and some pigs. This kind of verification has started to disappear, because the number of *wuon* has decreased due to the Christian ban on *wuon* education.

Healing of diseases

Treatment of diseases in the folk sector is carried out by a number of different healers, such as *wuon*, *mimit*, *si'qnda*, priests, and evangelists and prayer. They are not laymen, but specialists in their own right. Patients are free to choose the appropriate healers for treatment.

Substances used by healers

Healers (*wuon*, *mi'mit* and *si'qnda*) generally cure diseases by using substances like water, soil, plants, ash taken from the furnace and various animals. Healers choose the substances based on the type of disease from which the patient suffers. The substances can be found in the immediate surroundings of the patients. The Tehit have been familiar with these substances since the time of their ancestors. Curers invariably utter spells over all the substances they use while curing diseases to endow them with the power to heal their patients. These substances are known by Tehit people, and their names are almost the same throughout the area. The word 'soil', for example: the Tehit in coastal areas call it *mbeet*, but people in mountainous areas call it *beet*. Although they use a different dialect, the meaning contained in these substances is similar and very important for the Tehit people. I will start the discussion of these substances in the following section.

Se or qla, 'water'

The Tehit people live surrounded by *se* or *qla* (BT) 'water', because there are many large and small rivers in Teminabuan and Sawiat. For the Tehit, water is the symbol of life, therefore, water sources are well maintained and the forest around rivers may not be cut. They understand that water sources are places where spirits dwell who guard nature. They strongly believe that the rivers are not only inhabited by animals, such as fish, eels, shrimps and crocodiles, but also by the masters or owners of the river, that is, *ndrimis* or *na-se* (BT) 'water men'. When the guardian of the river is disturbed, people bear the consequences, for example, through drowning or being dragged into the river. *Na-se* live in the river, however, they cannot be seen by ordinary people, but only by *wuon*, *si'qnda* and *mi'mit*. *Na-se* have families and live in the water of large rivers, such as the Kohoin, Sembra, Klimalit, Sesna, Seramuk, Klaogin, and others that flow in the Tehit area. In addition, only *wuon*, *si'qnda* and *mi'mit* can communicate with *Na-se*, because they have supernatural powers. This is, for example, what *Wuon* Kolonggia told me:

The *na-se* and his family lived in the Sembra River during this time. They are the owners of the river. The *na-se* and I always met, but no one else saw us. The *na-se* had become angry with me, because there were companies that had made a bridge over the Sembra river and had dumped iron into the water causing his son to be injured. That is why *na-se* destroyed the bridge. The *na-se* was also furious that a man was cutting wood near the river upstream and the logs were thrown into the river, causing his house to become dirty. The *na-se* caused a flood, because he was angry, and Meriba village was nearly drowned. (Interview with *Wuon* Kolonggia in Meriba village, October 2010 [my translation]).

Water represents the symbol of life for the Tehit people and healers use it for curing their patients. They cast a spell over the water and ask the patient to drink it. The patient usually drinks only some of the water, while the rest will be used to wash the patient's body from head to toes. The healer also casts spells over the bathing water for the patient. The water given to the patient is prepared by the family, while the healer only utters a spell over the water before the patient drinks it or uses it for his or her bath.

However, when the healing is done in the healer's house, the water is brought by the patient and the family or is given by the healer. The water is used outside and inside the patient to release the illness, so that the patient recovers.

Mbeet, 'soil'

Soil is called *mbeet* or *beet* in the Tehit language. Soil is also one of the substances used in curing diseases. *Wuon* normally use *mbeet mahen* 'red clay' in their traditional treatment, red soil taken from the Qmbivedo Mountain in Sadrofoyo village and the Mbolmalit Mountain in Wehali village. These mountains are sacred places that used to be used as the sites for *wuon* houses.

A spell is uttered over the soil and then it is spread out over the afflicted part of the patient's body. The soil is believed to have healing power, because soil gives life to human beings and, thus, soil over which a spell has been cast can cure illnesses. The *wuon* even shapes the clay into an egg, bakes it, lets it cool and fumigates it above his fireplace. Then the *wuon* casts a spell over the clay and each family keeps a clay egg. If someone in the family is sick, he takes a little bit of the clay, chews it and spreads it onto the afflicted part of the body. The people believe that the soil will cure the disease. The clay spread on the body of the patient has a double function: not only to remove poisonous substances and *suanggi* power from the patient's body, but also to protect the patient from attacks by *suanggi* and evil spirits, poison and other outside dangers. Soil is very valuable to the Tehit people, especially during the initiation of *wuon* education.

Qmbi'aq, 'ash'

Qmbi'aq (BT) means white 'ash' in the Tehit language, while charcoal (black) is called *nggri'mik* (BT). Both come from burnt wood in the furnace. Hot ash from the furnaces is used as a treatment and is used to cook meals in the traditional way. The ash may be taken from any furnace.

Ash is also used to cure sick people. It is packed in *sa'yen* (BT) or *kfades* (BT) leaves that are burnt and put onto the ailing part of the body. Before it is put onto the afflicted part, a *wuon* casts a spell over it. The ash can be thrown out of the front door or in the front

yard to expel or prevent the magical power that threatens the lives of the family. The ash can also be used to stop flooding. When ash is thrown into the air, it can stop rain, as the dust can turn black clouds which cause rain into white clouds. When the ash is thrown into the air, it is followed by a spell to prevent rain. The dust is thrown into the air in the early evening when the clouds are yellowish, to prevent the evil magic of the *suanggi*.

Fralaas, 'plants and leaves'

Certain plants (*gefen/wamok*, *li'lin* and *sayen*) are grouped into folk sector because they are frequently used by the healers who are always spell over plants (mantra) before treating the diseases. There is an exception by the use of *daun gatal*. This plant is used by healers (with mantra) and in the popular sector (without mantra) as well. It seems, if *daun gatal* is used in popular sector, it lack of the power of mantra.

Ge'fen or *wa'mok* plant

The *ge'fen* (BT), 'red leaf' or *Cordilyne Fruticosa* (BL), is very widely known by the Tehit whether they live in coastal areas, lowlands or the mountains. This plant has many uses. It is grown in the house yard as an anti-*suanggi* plant. The leaves are red, but some have white lines, others are all red, and still others are red mixed with white and yellow. However, the dominant colour is red, so that it is called 'red leaf'. A healer generally takes some pieces of the *ge'fen* plant with their leaves, casts a spell over them and taps them onto the patient's body. They are usually tapped onto the body starting from the head down to the toes, and then the leaves are thrown to the ground to dispel the disease. The power of the spell cast over the leaves functions to dispel evil spirits, magic and *suanggi* that make people ill.

Ge'fen is classified into male '*nandla*' (BT) and female '*nanggi*' (BT). Male *ge'fen* has long and slender leaves and is normally used as a male symbol, because they are considered to have strong power and can dispel *suanggi* and magic strongly. *Ge'fen* leaves over which a spell has already been cast are also kept in a bag, *qadik* (BT) or *koba-koba* (BI), which everyone carries. *Koba-koba* are made of pandan leaves woven into mats used to protect a person

from heat and rain. *Koba-koba* can also function as a basic bed and can be used to store objects, such as tobacco and money. The aim is to prevent illness and magical power from the *suanggi*, *li'lin* 'poison' and evil spirits in the universe. Female *ge'fen* are known as *a'roq*. The leaves are red and wide. It is identical to strong women who can protect their families, relatives and other people. *Ge'fen* over which a *wuon* has already cast a spell can prevent the power of magic sent to kill someone. In addition, both types of *ge'fen* are also useful to cure diseases. The tips of *ge'fen* leaves are chewed, the juice is dripped on a leaf and then into a fresh wound to stop bleeding and help healing by drying the wound.

Ge'fen are also used to protect the garden so that the harvest will double. *Wuon* also use it to expel evil spirits that dwell in or near the garden. A *wuon* marks the opening of a piece of land by planting *ge'fen* in the four cardinal directions (east, west, south and north) before trees are cut. The aim is to prevent victims when the land is cleared and the leaves and trees are burned. This ritual is called *so'so mbiele* (BT) and is for the protection of the garden from being disturbed by wild animals, such as pigs and deer. After the land has been cleared and is ready to be planted, the *wuon* chooses the centre of a place that was used to burn the dry wood of the trees that had been cut down. The place is in the middle of the cleared ground and there he plants *ge'fen* and places some taro-shaped stones, *qaqas* (BT). *Qaqas* stones are strong and they are taken from the rivers that surround the location of the garden, for example, the Klimalit River. The boundaries are maintained and not moved until the plants in the garden bear fruit that are ready to be harvested. This ritual is called *wlebeile* (BT), 'to protect the garden', and guards the gardens from damage by animals. Other spells are used to make plants flourish and bear fruit quickly so that the farmer can harvest them. Every first harvest is always conducted by a *wuon*.

Some women, referred to as *a'roq saa* (BT), 'real woman', are named after this plant. These women have the capacity to perform tasks which are usually done by men, such as cutting trees, pounding sago, fishing or weaving roofs. They can also solve problems within the family and the clan. Women such as this are usually involved in decision-making during cultural activities, in

church and in government in the villages where they live. Because of their capabilities, such women are called *nanggi fle* (BT), ‘big women’. Both plants can be seen below.



Figure 49. *Ge'fen wa'mok nandla*
Photo: Marlina Flassy, March 2011



Figure 50. *Ge'fen aroq nanggi*
Photo: Marlina Flassy, March 2011

The healer (*wuon*, *mi'mit* and *si'qnda*) also utters a spell over the *ge'fen* or *wa'moq* (BT) put under the mat or bed to dissipate the *suanggi*. The process of treatment can be conducted as follows: the healer (*wuon*, *mi'mit* and *si'qnda*) cuts the forehead of the patient using a special knife called *saq-mbian*²⁵ (BT). The *mbian* (BT) ‘cut’ will pour dirty blood so that the patient will be healed. The healer takes a banana stem, beats the tip, then brush it on the wound on the forehead of the patient to stop the bleeding. This wound will heal in five to seven days. When the wound has healed, it shows that the patient has recovered from the illness given by *suanggi*.

***Qafa* ‘itchy leaf’**

Qafa is ‘itchy leaf’ or *Laportea stimulans* (BL). The leaves are rubbed onto the patient’s skin, which will react by becoming itchy,

²⁵ The Tehit people call it *saq fedla* ‘male knife’. This type of knife is only used by men. It is also used for cutting *saguer* or *tuak* ‘palm wine’ and for smoothing rattan to build a house.

while red spots will appear for five to ten minutes and then disappear. The plant is named after the itchy feelings it causes on the skin, but every ethnic group in Papua has its own specific term for this plant.

The Tehit people believe that itchy leaf can beat every disease. A healer usually utters a spell over the itchy leaves before rubbing them onto the afflicted part of the body, such as the stomach, head, back, chest, knee, foot or arm. The function of itchy leaf is to smooth the blood current and by so doing heal the patient. Itchy leaves can also be used without a spell when someone needs it, by simply picking some leaves and rubbing them onto the body. An example of a *qafa* 'itchy leaf' plant can be seen below:



Figure 51. *Qafa*, 'itchy leaf'
Photo: Marlina Flassy, April 2011.

The itchy leaf is a herb that people plant in the yard or in ex-plantation sites in the forest, mostly sago orchards. However, sometimes, when somebody is unable to plant it, they are usually assisted by someone who has what is called *nangganan* (BT) or 'cold hands'.²⁶ Tehit people compare itchy leaf to a man who has the strength to beat magic power. Therefore, the plant has been the most widely used by the Tehit people for generations. When a

²⁶ Having cold hands means that whatever a person plants will grow well and the result will be good.

healer has uttered a spell over the *qafa* 'itchy leaf', rubbed it onto the neck of a person and mucus appears on the leaf, it means that the patient has been disturbed by the devil, the spirit of a *qlembet* 'dead man' or an evil spirit who dwells in the jungle, in a tree or in a river, *nifralas*. When the leaf contains blood, the healer will conclude that the patient is disturbed by *suanggi* or *lengget* or is 'poisoned'.

Sa'yen

Sa'yen or *Endospermum Moluccanum* (BL) is a kind of tree that grows near the hill-side. Parts of its branches and twigs have holes. The tree has large leaves with a smooth surface and a slightly concave shape, so something can be put inside the leaves. *Sa'yen* trees have small green fruit which turn yellow when they are ripe. The stem of tree has holes that often contain black ants' nests. The *wuon* can use a *sa'yen* branch to treat earache. The *wuon* will blow a spell into the ear, and the patient will be cured (see page 185).



Figure 52. *Sa'yen* tree (*Endospermum moluccanum*).

Photo: Marlina Flassy, April 2011.

The people believe that a *sa'yen* tree has the power to avert *suanggi* and poison and, therefore, when someone keeps a leaf in

his *noken/koba-koba* or the pocket of his trousers, *suanggi* or people who possess poison cannot approach him or her because the aroma of the tree will kill them. The Tehit created the following expression for the *sa'yen* tree because of its potency: *Sa'yen tet tfori taq wim mano fo, wqoityegi lemmeqey*. It means that where *sa'yen* grows, other plants will die. This is indeed what I observed in all the forests around the villages between Wen and Sadrofoyo; there were only bushes. *Sa'yen* trees only grow in mountainous areas, such as in the Sawiat district. The Tehit in these villages see the *sa'yen* tree as a symbol of a *wuon*'s strength: the child will be as strong as a *sa'yen* tree and, later, turn into a protector of the people.

Qfades

Qfades (BT) or *Ficus Septica Burm* (BL) is a plant with three varieties of leaves: small, medium and wide. The leaves are oval and green with white stripes and smooth surfaces. *Qfades* has medium sized fruit which are yellow when ripe and usually eaten by possums. The leaves and sap of the tree are used as medicine to cure diseases, for instance, by putting its gum onto a fresh wound. The goal is to make the wound narrow so that it will not grow bigger. The leaves can also be used to heal a mother after childbirth. Some leaves are heated on the stove and then put on the mother's abdomen to remove the remains of the newborn's dirty blood, so that the mother will not have an upset stomach or other pain. Every tree, including *qfades*, has a meaning in the life of the Tehit. *Wuon* use the leaves to pack hot ash, after which, they apply a spell and put it on the afflicted part of the patients' body.



Figure 53. *Qfades* tree.
Photo: Marlina Flassy, April 2011.

Qmbles

Qmbles or *Dracaena angustifolia* (BL) are plants with an average height of two to three metres with long thin leaves. The green leaves have smooth surface and the plant has small fruit which are green when young and turn yellow and red when fully ripe. *Qmbles* trees called ‘*pohon suji*’ (BI) grow in solid ground.



Figure 54. *Qmbles* tree
Photo: Marlina Flassy, April 2011.

Young leaves of this plant stop bleeding and cure fresh wounds. The plant is especially used by *wuon* to cure eye disease, stomach-ache and intestinal disturbances, headache, neck pain and

stiffness. A *wuon* utters a spell over the tips of the leaves and then he puts them on the afflicted part of the body. For red eye disease, the leaf will be removed and reveal the cause of the pain in the form, for example, of a needle or animal bone. This shows that the disease is caused by *suanggi*. *Qmbles* leaves are used to cure infants and children who are affected by scabies. Women usually pick the leaves and heat them on the fire, after which she puts the leaves on the skin. In addition, *qmbles* leaves can also, like the *qfades* leaves discussed earlier, strengthen the abdomen after childbirth. For this purpose, *qmbles* leaves are heated and then placed on the abdomen, buttocks, hips and the lower back of the woman. It is stated that the contaminated blood that still remains in the womb can be expelled in this way, hence, relieving women from pain.

Nda'ryen

Nda'ryen (BT) plant or 'Dringo' *Acorus Gromineus* Aiton (BL) usually grows in watery or wet surroundings. The leaves are long and thin, while the surface feels a little rough to the hand. This plant bears no fruit and multiplies through its roots. The roots of the tree are washed and burned and, after having been taken from the furnace, they are cleaned with a knife. This plant has a fragrant aroma.



Figure 55. *Wuon* takes *anda'ryen* plant

Photo: Marlina Flassy, April 2011



Figure 56. *Nda'ryen* root

Photo: Marlina Flassy, April 2011

Healers use this plant to cure stomach-ache in children and adults. A spell is cast over the substance, after which, a healer then touches the patient's stomach while he mumbles a spell. Then his hand moves to the back and the feet, after which, the healer takes a *nda'ryen* root, utters a spell over it while he chews it until smooth. He then rubs it onto the body of the patient, especially onto the back, chest and stomach. He also ties a piece of the root over which a spell has been uttered to one hand of the patient to protect the latter from *suanggi* attack and the patient will recover soon.

Animals

Mesat or linta, 'leech'

In this section I will discuss a kind of caterpillar called *mesat* (BT), 'leech', known by the people of Papua as *linta* (BI). A leech is brown, small and very smooth, making it difficult to hold it in the hand. Leeches usually attach themselves to leaves and if a leech attaches itself to the body of a person, it is very hard to remove, because it goes deep into the skin to suck blood. The way to remove it is by covering it with tobacco, and then it will detach itself from the skin. Although *linta* are considered dangerous, the Tehit people use them to treat wounds. When a person has a large wound (*luka boba* [BI]), for example, a family member or someone else will look for *linta* in the forest and then put them on the wound. The *linta* will suck the pus and blood from the wound so that it dries and heals.

Mngan, 'dog'

In addition to *linta*, Tehit people also use *mngan* (BT) 'dogs' (*Canis lupus familiaris* [BL]) to treat wounds. All kinds of dogs, small or large, and of all breeds can be used to heal wounds. The wound will heal faster if a dog licks it two to three times a day.

The Tehit people assume that a dog is a friend that can help and protect them from *suanggi* and other magical powers. When *suanggi* and people come who want to put poison on a person, for example, a dog can tell the people that there is danger by barking loudly and wagging its tail and so forth. The sound of barking dogs prevents a *suanggi* carrying out his or her intention, because the target person already knows that something is about to

happen. Therefore, dogs often become the victim, because it protects its master. *Suanggi* and the men who bring poison often kill dogs because they thwart their plans.

Mbien, 'clam'

Clams or *Molusca* (BL) are often found in Teminabuan. There are many variations of clams. There are clams that can be found in large and small rivers and others that can be found in the sea. There is no generic term for clams in the Tehit language, but they classify types of clams according to their shape and size, so each variety has its own name. Sea clams, for example, consist of *asya* (BT), *menggong* (BT), *sirare* (BT) and *sigo* (BT). *Asya* are big, have black shells and the inside is white and thick. *Asya* are usually found in mud, *wengger* (BT) or in the crevices of mangrove roots. The type of clam called *menggong* is spiral-shaped, medium sized and the meat is blueish. Another kind is *sirare*, which are small and round, have white shells with black stripes, and a rough or jagged surface. They have thick and tough red meat. *Sirare* and *menggong* can be found at the bottom of the sea. *Sigo* are of medium size, brown colour, thin shells with a slick surface and have black meat. *Sigo* can be found in sandy sea beds, so when the flesh is eaten, there is usually sand inside. Other clams are *sisat*, which are small and have a rounded shape. The surface of the shells is thin and brown, and it has black flesh. *Sisat* attach themselves to palm and mangrove trees.

Harar (BT) and *qdok* (BT) are two other types of clams that are used as substances in disease treatment and they live in river basins. *Harar* are round and short, the shells are brown and thin with a smooth surface, and the meat is black. *Qdok* are oval-shaped and long, whitish, and the surface of the shell is rough and jagged. The meat is thin and black. People who suffer from coughs will recover soon if they consume soup made from this clam. However, if eating the soup does not heal a patient, the cough will be contributed to a deed of a *suanggi* and the help of a *wuon*, *si'qnda* or *mi'mit* is called in to utter a spell over the soup before the patient eats it.

The process of disease treatment

Healing of disease by *wuon*, *si'qnda* and *mi'mit*

In this part, I will discuss the process of healing diseases carried out by *wuon*, *si'qnda* and *mi'mit*. As has already been mentioned, a healer will utter a spell '*ni-lan*' over the substances used during the treatment, according to the type of disease from which the patient suffers. The healer is always witnessed by a member of the family of the patient. The attendance of the family members is important, to offer explanations about the patient's condition. The participation of family members also aims to offer moral strength to the patient, while the healer explains the rules related to the disease healing process so that they will understand it.

A healer starts the treatment by asking the patient '*na-qanyi*' and his family some questions about when the person started to have pain and where, as well as the kind of food or drink he or she had eaten just before the pain occurred. The healer also asks about the patient's activities before he or she started to feel unwell and with whom he or she was working or talking. He or she also asks the family whether they have any enemies or revenge issues with other people. The questions are diagnostic and aim to find out the cause of the disease. After the healer has accepted the explanations of the patient and the family, the treatment process will proceed.

The *wuon* will ask all the members of the family to stay at home in the early evening before the sun sets and, if any of them are still outside, they must be called home before the *wuon* starts the healing process. This is aimed at preventing the influence of *suanggi* and other causes of the disease re-entering the patient's body. The healer takes a leaf of the *wa'moq* or *ge'fen* and utters a spell over it. The leaf is then tapped on to the patient's body. After having been used, the leaf is kept under the mat or in the bed where the patient sleeps. Then, the healer takes *mbethen* 'red soil' or clay, utters a spell and rubs the soil onto the body of the patient, starting at the face and going down to the chest, stomach and back to the feet. He chews the rest of the clay and smears it onto the patient's body. If the patient is not too ill, the healer will then go home. If the patient is extremely ill, the healer will stay to give further care and give extra treatment when needed. The healer will investigate whether the disease is caused, for example, by a *suanggi*

or *qlembet*, ‘the spirit of a dead person’. The healer usually fights all night long with the *suanggi* or *qlembet* in the spirit world. The healer tries to take back the patient’s *wua* ‘soul’, that has been captured by a *suanggi* who has stored it or ‘holds it captive’ in a closed bamboo or wooden container so that it cannot escape. Therefore, the healer will try to liberate the *wua* through supernatural communication with the *suanggi*. Thereby, the patient will be cured of the disease.



Figure 57. *The making of pamali or taboo symbol for a house*

Photo: Marlina Flassy, April2011.

During the treatment process, the healer sticks *ge’fen* or *wa’moq* in the front door of the patient’s house. Thereby, every person who sees it will understand that they are not allowed to come to the house. For the time being, the house is considered a *mbol qohog* ‘taboo house’, which people obviously may not visit. In case a patient’s condition deteriorates, the healer will take him or her to a hut in a garden or to a place hidden from others or away from the village. This is done to avoid disturbances by *suanggi*, which might cause an early death. The healer continues the treatment and guards the patient closely until he or she recovers. Depending on the patient’s disease, the treatment process may take weeks or months. This form of treatment is known as *wuon weyinnikani* ‘*wuon* cures a patient over a long time span’, an expression known by the Tehit people in the

Sawiat, Seremuk and Sroan areas. The Tehit in the coastal areas use the term *mi'mit*, *si'qnda yesefali na qanyi*, sleeping at the patient's house during the course of the treatment.

A healer cures patients attacked by *suanggi* by uttering spells onto a cutting knife that he or she will use to cut the *suanggi*'s shadow in the spirit world. By so doing, the *suanggi* will have pain and release the patient he is preying on. The treatment is usually conducted at night to avoid other people witnessing the treatment process, including the *suanggi*. When the house is silent, the healer conducts a dialogue in the spirit world with the *suanggi* or *qlembet* who causes the person to be sick. The healer yells at the *suanggi* and orders him to release his power over the patient. The healer offers him a choice. If the *suanggi* does not release the patient within one day, the healer will kill him by cutting him off from the spirit world, so that the person who owns the *suanggi* will get sick and die in a relatively short time. This kind of threat usually makes the *suanggi* afraid, so he or she lets go of the patient and, thus, the patient will soon recover from the illness.

Next, I will describe some specific healing cases. I learned of these cases from interviews with several informants. One of them is a man named Elly Sesa, a *si'qnda* from Kikiso, who told me of his first performance as a healer: I can cure sick people because my father taught me how to do it. He showed me the herbs and taught me the spells needed to cure people. Every time my father cured a sick person, he asked me to join him so that I could help him. We did this a couple of times, and I started to understand how to cure people. One day, a mother brought her sick child to our house, but my father was not at home. Then I cured the child by uttering a spell over *wa'moq* or *qe'fen* leaves and I cast a spell over the water the patient had to drink. For a couple of minutes, the child was sweating, then the temperature went down, and the fever was gone. I was very happy because I could help to cure people. Since then, when there were patients who needed my father's treatment, my father asked me to cure them. Now, I have continued the duty as a healer to cure sick people after my father had passed away in April 2011. (Interview with Elly Sesa in Kikiso village, August 2010 [my translation]).

Elly Sesa told me about his experience curing a child in the Kampong Klaogin:

Lamek Sawen asked for help because his daughter was sick in Kampong Klaogin. The Klaogin village is pretty far from here, and the only way to get there was by motorbike which took two hours. When I arrived, I saw that the condition of the girl was bad. The parents told me that she had been sick for a week and that she had a high fever. They tried to cure her by rubbing on *qafa*, and had given her medicine from the Health Centre (*Puskesmas*), but all had failed. After listening to their explanation, I uttered a spell over a *ge'fen* leaf and then tapped it onto the body of the girl, starting at the head down to the toes. After that, the *ge'fen* was put under the patient's mat. I then cast a spell over *nda'ryen* and tied it to her hand. I did not sleep that night, because a *suanggi* came. She was very angry because I was treating the patient. I asked her why she hurt the child. The *suanggi* told that she was very angry with the Sawen family, because they had not divided the allotted bride wealth. I threatened to kill her if she did not expel her strength from the patient. The *suanggi* was scared and then she removed her power. The child then recovered the next morning. I kept the identity of the *suanggi* secret, because it can cause conflict between the Sawen family and that of the perpetrator. However, I suggested to the Sawen family that they had to divide the allotted bride wealth between the relatives who had not yet received it. (Interview with Elly Sesa in Klaogin village, April 2011 [my translation]).

Elly Sesa's healing process is as follows:



Figure 58. *Si'qnda* Elly Sesa ties a bespelled *da'ryen* root to the arm of the patient

Photo: Marlina Flassy, April 2011



Figure 59. *Sesa* curing a patient

Photo: Marlina Flassy, April 2011

In addition, *Wuon* Kalilie in Kampong Sadrofoyo told me some of his experiences of curing patients. When he was still young, he used to go to various kampongs to cure patients, but when he became older, he only cured patients in his own kampong. However, patients from other kampongs may be taken to him and he will also cure them. He cures common people as well as government officials, including health officers from the Health Centre (*Puskesmas*). *Wuon* Kalilie told me of one of his experiences of curing one of the health officers from the *Puskesmas* in Sawiat:

In the afternoon, Yemy Saflafo from the *Puskesmas* in Wen came to my home... I thought he was coming to bring rice. He asked to be cured. I laughed, and I asked him why a *mantri* (male nurse) asked for treatment from a person from the kampong... do not play around with old people. He said that it was true... now father (*Wuon* Kalilie) must help to cure the stomach-ache he had. He had taken medicine since the morning, but it did not work, and his stomach was getting even more painful and bigger. I asked him to take off his shirt... then I took some ash or *qmbiaq* (BT) from the fireplace. I put the hot ash in a *sa'yen* leaf and I uttered a spell over it and put it onto his stomach. Immediately, he started to yell, but the voice was not his own voice. He must have been struck by the power of a spirit from a dead '*qlembe*'. Hot ash and a spell are very powerful to exorcise the devil. After rubbing on the ash, the *mantri* slept peacefully and he woke up in the morning. His stomach-ache was gone. Then he asked if he could go home to Wen. I told him that he was recovered and that he could go home. Before he left, I gave him a piece of *sa'yen* wood I already had uttered a spell over to protect him. (Interview with *Wuon* Kalilie in Sadrofoyo village, September 2009 [my translation]).



Figure 60. *Wuon* Kalilie curing a patient with ash
Photo: Marlina Flassy, September 2009.

Other than ash from the fireplace, *Wuon* Kalilie also uses soil and plants as substances to cure his patients. Plants, such as *sa'yen*, are always the main elements in the disease healing process. He also cures sick people by giving them water over which he has cast a spell and which the patient has to drink. A woman named Yuliana Krenak, for example, suffered from *defit'odot* 'earache' and *sa'fla* 'headache' at the same time. She had the pain for a month, but initially regarded it as nothing special. However, the pain became gradually worse and became so bad she was unable to sleep well. That is why she finally came to *Wuon* Kalilie for treatment. *Wuon* Kalilie asked her what was the matter, and Yuliana explained to him what she felt and what she had done about it. Another question was whether Yuliana had any debts to others, in the form of money or eastern cloths, and whether there was a conflict between her family and other people in the kampong. After Yuliana had given the *wuon* her answers, the treatment process began. The *wuon* took a branch of *sa'yen* and cleaned the inner part of the wood, because there were lots of black ants in there. He uttered a spell through the hole of the *sa'yen* branch and blew into the patient's sick ear. Treatment with *sa'yen* is believed to kill the *lait* and the *qlembet* spirit that caused the earache. The patient was cured.



Figure 61. *Wuon Kalilie* using a *sa'yen* branch.

Photo: Marlina Flassy, September 2009.



Figure 62. *Wuon Kalilie* using a *sa'yen* branch

Photo: Marlina Flassy, September 2009



Figure 63. *Wuon Kalilie* using a *sa'yen* branch to cure his patient

Photo: Marlina Flassy, September 2009

Wuon Kalilie also cast a spell over water in a piece of bamboo to cure Yuliana's headache. He then poured the water into a glass and gave it to her to drink.



Figure 64. *Wuon Kalilie utters a spell over water*
Photo: Marlina Flassy, September 2009.



Figure 65. *Wuon Kalilie gives the water to a water patient*
Photo: Marlina Flassy, September 2009



Figure 66. *The patient drinks the water patient Wuon Kalilie gave her*
Photo: Marlina Flassy, September 2009

Wuon Kalilie said that after he had cured *Yuli*, a man arrived the same day to be cured. The man was *Markus*, who suffered from *qendi'odot* (BT) 'backpain' and *honi qasleq* (BT) 'stiffness'. After listening to *Markus's* explanation, *Wuon Kalilie* fetched some *qafa* 'itchy leaves' from his front yard. He cast a spell over the leaves and rubbed them onto the patient's body, while he gave the rest of the leaves to the patient to be used at home. The next stage in *Markus's* healing process was that *Wuon Kalilie* took a knife and he made a cut in the skin of *Markus's* back. The blood was cleaned with a piece of banana stem. The aim of this cutting was to release polluted blood so that the patient healed.



Figure 67. *Wuon Kalilie* picking *qafa* leaves

Photo: Marlina Flassy, August 2009



Figure 68. *Wuon Kalilie* cures the patient with *qafa* leaves

Photo: Marlina Flassy, August 2009

Wuon Kalilie also cured Melsina Sagisolo who suffered from *heqqoqo* 'toothache'. She had visited the *Puskesmas*, but she had not recovered. According to the *wuon*, the toothache was caused by the power of the spirit of a dead person (*qlembet*). He uttered a spell over some *qbles/qmbles* leaves and charcoal to cure the patient.



Figure 69. *Wuon Kalilie* utters aspell over charcoal and *mbles* leaves

Photo: Marlina Flassy, September 2009.



Figure 70. Melcina Sagisolo, a patient of treated *Wuon Kalilie*
Photo: Marlina Flassy, September 2009



Figure 71. She demonstrates how she was cured for toothache
Photo: Marlina Flassy, September 2009

Wuon Mbolhoq from Kampong Wen cures patients whose illnesses have been caused by *suanggi*, evil spirits and poison. He cures the patient by uttering a spell over *ge'fen* leaves and then he hits the leaves onto the body of the patient, starting at the head down to the feet. After which the *ge'fen* is buried in the front yard of the patient's house. When the *ge'fen* is still standing the next day, the patient will be cured. Conversely, when the *ge'fen* has fallen, it is a signal that the patient will not recover and will soon die. So far, *Wuon* Mbolhoq admits that all his patients treated in this way have healed. Exemplarily, a girl in KampongWen illustrated below.



Figure 72. *Wuon* Mbolhoq utters in a spell over *wa'mok* leaves
Photo: Marlina Flassy, April 2011



Figure 73. *Wuon* Mbolhoq curing a patient in Kampong Wen
Photo: Marlina Flassy, April 2011

Healers are respected all over the area. They enjoy a high social status among the Tehit people so that the local people always

imitate their attitudes and ways of behaviour. Healers are always considered sources of light in the lives of the Tehit people.

Taboos for patients

There are taboo rules in the healing process which the patient and themembers of the patient’s family must obey. There are two forms of taboo: temporary and permanent. A temporary taboo is a taboo that is lifted when the patient has recovered. This is usually the case with food taboos. Contrarily, a permanent taboo will not be lifted even though the patient has recovered. Thus, food taboos of this kind last a lifetime. Healer’s taboos can be in effect in the treatment process, but also after the patient has healed. When someone breaks a healer’s taboo, he or she will surely suffer harder and may even die. Someone who has *qmat’odot* ‘stomach-ache’, for example, can be given the permanent taboo not to refrain from eating beans and fruit, because they will disturb the healing process. The same thing happens to someone who has been exposed to poison. The healer’s temporary taboo is that the patient is not allowed to eat shrimps and crabs, because they may cause death. A patient who has been exposed to poison is also prohibited from taking a bath in the sea or other salt water, because it will cause a quick death. Someone who has a cough is not allowed to eat grilled corn, because it will make it worse. Permanent taboos concern those pertaining to the consumption of certain kinds of food, such as pumpkin, pork, ostrich and specific birds and fish. The Tehit people, especially those who have been cured by a *wuon*, must follow his taboo rules. If they ignore the taboo, the consequence is that the person may become worse and die. *Wuon* Mbolhoq gave a few examples of such taboos:

Table 9. *Taboos for patients*

| Types of Illness | Taboos on food and activities |
|----------------------------------|--|
| Headache | Patient should not eat <i>qoyin</i> ‘crab’ and <i>sebaco</i> ‘shrimps’ |
| Stomach pain | Patient may not eat vegetables, such as <i>lambat</i> , <i>gedi</i> , <i>wadik</i> ‘red spinach’, <i>qaflin</i> ‘peanuts’, <i>mboden</i> ‘corn’ or <i>eren mesar</i> ‘mesar fish’. |
| Back pain | Patient should not eat <i>mesar</i> ‘fish’ or <i>moso</i> ‘vegetables’. |
| Toothache | Patient should not eat <i>qoyin</i> ‘crabs’, <i>sebaco</i> ‘shrimps’ or <i>Mboden</i> ‘corn’. |
| Illness caused by <i>suanggi</i> | Patient should not eat <i>qoyin</i> ‘crabs’, <i>ndrawayen/moria</i> ‘eels’, |

| | |
|--------------------------|---|
| magical power, etc. | <i>sebac</i> 'shrimps', <i>simat</i> 'cassowary meat', <i>syapi</i> 'pumpkin', fruit bats, crocodiles or <i>wadik hen</i> 'red spinach'. |
| Illness caused by poison | Patient should not eat <i>eren</i> 'fish', <i>gohi/qose</i> 'vegetables', crabs, shrimps or snakes. Patients should not be exposed to sea water either. |

Notes: Own table, based on interviews with *WuonMbolhoq*, Kampong Wen, November 2011.

Healing of disease by priests/evangelists

A priest or *pendeta* (BI) is someone who has been formally educated at a theological college or institute and appointed to one of the highest leadership positions in the church based on decisions made in the church organisation from which he or she receives a salary. This is very different from evangelists, who do not necessarily have a formal education up to theological high school, college or university. An evangelist equips him- or herself with knowledge by reading the Bible and theological books and by following courses to obtain the necessary knowledge about the Christian religion. In addition, evangelists work on their own, because they feel God has called them to serve him. They do not get a salary, but a church usually provides food or cash according to each respective ability. Although priest and evangelists have different educational backgrounds, they deliver the same basic services based on Christianity. The majority of the Tehit people are Christians (Protestants) and they believe in Christian values. The Christian values are always based on the strength of the Bible, which focuses on God the Father, the Son, Jesus Christ, and the Holy Spirit, three names who are also known together as '*Allah Tritunggal*' (BI). Therefore, in the Christian view, God alone can do everything, including curing diseases, because the Bible records that Jesus Christ could heal the sick and revive the dead. Priests and evangelists deliver Christian teachings to the Tehit people during every Sunday service in churches and other church venues (PKB, PW, PAM and PAR;²⁷ BI) as well as family worship, that

²⁷ PKB (*Persekutuan Kaum Bapak*) means the Communion of the Fathers; PW (*Persekutuan Wanita*) means the Communion of Women; PAM (*Persekutuan Anggota Muda*) means the Communion of Young Members; and PAR (*Persekutuan Anak dan Remaja*) means the Communion of the Children and Youth.

rotates according to a schedule made by local church leaders. They are very active in many church activities.

Regarding the healing of diseases, I can say that, on the one hand, the Tehit people in urban areas are mostly served by priests. Thus, when people are sick, they ask for help from a priest. On the other hand, the Tehit people in the villages ask for help from evangelists to treat their illnesses. The treatment by evangelists/priests focuses on prayer and reading the Bible in a voice loud enough that patients and their family members can hear it. Priests/evangelists even invite patients to sing, so that the patients can gain strength and derive hope from the divine healing of Jesus Christ. A priest or evangelist, after they have provided their services to the patient, returns to his or her home and does not stay in the house of the patient. This is very different from the treatment by *wuon*, *si'qnda* and *mi'mit*, who silently utter their incantations so that patients and their families cannot hear what they are saying, and they stay with the patient to watch over the treatment process.

The Tehit people often call priests or evangelists *Na Agow wefe na*, meaning 'God's person' or 'a person who was sent by God'. Therefore, they are highly appreciated, and people always obey priests and evangelists as they are God's representatives. Every person who asks for a prayer from a priest or an evangelist is required to tell the truth about his or her illness and his or her relations with other people. A patient cannot harbour hate and anger towards other people and has to be honest in admitting his or her faults before the priest or evangelist starts praying. In the case where a man is engaged in adultery, for example, he has to admit his mistake and ask for God's mercy. After the confession and when the patient is truly honest, the healing process will go swimmingly. On the contrary, if the patients are dishonest about their deeds, their health will become worse.

Nico Krenakis an evangelist in Kampong Wen. He always heals people by praying over water and then giving it to the patient. When the patient drinks the water, he is healed. Nico said that:

...After I graduated from elementary school, I wanted to continue my studies in Teminabuan or Sorong, but we had no money. I just stayed in the kampong to help my parents. I am a teacher at Sunday school in the church in Mubarak

Sadrofoyo. Other than reading the Bible, I have some books my brother in Jayapura sent to me. By reading these books, I obtained the theological knowledge I needed to make my sermons for the young and for adults. I also use these books as teaching materials for the children at the Sunday school. I was confirmed as an evangelist some years ago and assigned to preach every week in the congregation of Mubarak Sadrofoyo. Then I moved to the Tabernacle Church in Wen, which is a village in the District of Sawiat. My responsibility as an evangelist does not stop at just preaching God's word; I also help people who have difficulties, including treating sick people. Therefore, any time anyone asks for help, I will do so. (Interview with Nico Krenak in Wen village, April 2011 [my translation]).

Having been appointed an evangelist by the church organisation, Nico has to work full time to serve the people in Kampong Wen, Sadrofoyo, Wenslolo, Sasonek and the surrounding area. As an evangelist, Nico relies on God's Power. This is so, he said, because many patients have been cured simply by drinking water that he had prayed over. Evangelist Nico prays in the Indonesian language and his spoken word is clear and loud enough so the patient and the people who are with him can hear him. Evangelist Nico told me of one of his experiences with the sick in Sadrofoyo village:

That afternoon I was working in church arranging the benches. I heard someone call ...'Nico. Nico'. It was my brother who lives in Sadrofoyo village. He said: "Follow me... there is an *ojek* ('motorbike taxi' [BI]), go quickly." I asked him, "What's going on?" But he said he would tell me later when I was on the *ojek*. On the way from Wen to Sadrofoyo, he told me about our sister, Yuli, who was ill. Yuli was unable to eat or drink anything. I was shocked when we arrived in the kampong, because I saw that Yuli's face was as pale as the dead. I grabbed a glass of water and then I prayed over it before I gave it to Yuli to drink. She could not drink. I opened her mouth to pour the water in gradually until up to half a glass had been drunk. Yuli opened her eyes and looked at me... she opened her eyes. Then I said, "Yuli, you must drink all this water so that you may be healed." I said, "Jesus loves you you will

be healed." I prayed over more water to wash her face to clear the numbness in her head. I prayed again for a third time. I sat there until night fell. Then I said to the whole family, "I should be returning to Wen village as tomorrow is Sunday. I have to prepare a sermon to lead the worship there." When I went home, Yuli said, "Look... I am now healed." I'm so glad, because God had heard my prayer. Yes, Yuli was cured and now looks fine. (Interview with Nico Krenak in Wen Village, April 2011 [my translation]).

Nico has cured many people during the time he worked as an evangelist in Sawiat district. One example is in the pictures below, showing the curing technique evangelist Nico used to cure a child who had stomach-ache in Kampong Wen.



Figure 74. Evangelist Nico Krenak prays over water to cure a patient

Photo: Marlina Flassy, April 2011



Figure 75. Evangelist Nico is curing Fredrik Saflafow who suffered from stomach-ache

Photo: Marlina Flassy, April 2011

Healing of disease by preachers: layman who received their talent from God

Not only healers and evangelists cure illnesses, but also people who have been given their talent by God according to Christianity. Elisabeth Fatari and Petrosina Subae are two people, for example, in Teminabuan who always heal people. Both women are very famous among the Tehit community and in other places in the South Sorong Regency. Elisabeth Fatari and Petrosina Subae have their own stories to tell about the services they offer. Elisabeth was born in Inanwatan on March 15, 1941. Her father was Gustaf Fatari and her mother Maria Ginuni. She was always moving from one village to another around Inanwatan in her childhood because her

father was a teacher. She started school at *Sekolah Rakyat*/SR²⁸ (BI) in 1953 and she graduated with good grades. However, she did not attend any further school because she got married in 1965 in Inanwatan to Alberth Waelaruno, a school teacher from the Mollucas. After they got married, her husband continued to work in the Inanwantan area. Alberth Waelaruno was first transferred to Kokoda and then to Aitinyo and Ayamaru at the end of the 1970s. Elisabeth tried to assist her husband in his work and she always helped him in his care for the local people in case they had any problems.

After they had served in the mountains for some years, Alberth Waelaruno and his wife eventually moved back to Teminabuan on the coast. In 1980, he got a position in Seribau village where he worked for four years, after which he retired in 1984. They resettled again to Kikiso (Teminabuan). In 1990, Alberth Waelaruno died. Elisabeth has six children and four grandchildren. After she got married, she always moved around from kampong to kampong to follow her husband. While working as a teacher, her husband was frequently confronted by many problems, one of them being the health problems of the local people. Considering that the kampongs are located far from town, many sick people did not get any help and died. Therefore, she and her husband prayed and asked for a gift from God to enable them to help cure sick people. God heard their wishes and one night both of them received the guideline they had to follow.

Every time they were serving sick people, they had to start with the prayer 'Our Father'²⁹ or *Bapa kami* (BI). They had to take some coconut oil and mix three drops of *minyak tawon* into it, and pray over the mixture as told in their dream. The three drops of *minyak tawon* symbolize the Christian Trinity (Father, Son and Holy Spirit). Elisabeth Fatari, who is called *Mama* (BI) Waelaruno by the people who know her, believes strongly in the power of the Trinity in curing patients.

²⁸ Sekolah Rakyat (SR), usually also called Kampong Schools, only go as far as class III, after which final exams for school graduation take place.

²⁹ The prayer of Our Father is the prayer Jesus taught to His Students, as stated in the Bible (see Matthew 6: 9-13).

They also pray over the water they give to a patient to help him or her recover. Their service to sick people has no limits in time so, that whenever someone needs help, day or night, they will serve happily. Mama Waelaruno has cured many people. One of them was a three-year-old boy who had fallen from a high tree. His parents took him, first, to the *Puskesmas* in Teminabuan, but after having been treated for a couple of days, the boy still had pain in his back and, thus, they came to see Mama Waelaruno. She treated him with a prayer of “Our Father” and she rubbed oil on his body. She repeated this for three days until the boy recovered.



Figure 76. Elisabeth Fatari
(Mama Waelaruno)

Photo: Marlina Flassy, March 2011



Figure 77. Elisabeth Fatari(Waelaruno)curing
a patient

Photo: Marlina Flassy, March 2011

Mama Walaeruno always remembers a pregnant woman from Ayamaru. In her words:

I still remember a pregnant woman who came to see me. She looked very sad and I asked her, “Is there anything you need to say?” “I was at the hospital to check on my pregnancy, but the nurse said the baby’s position is transverse in my womb” ... She asked me if Mama could treat someone who is sick with a mantra? I just smiled, then I said that Jesus’ mantra is the prayer of “Our Father”, so if you believe all that is written in the Bible, a miracle has totake place. When she heard me talk like that, she was

shocked... her face turned red and she became very shy. I held her hand and I asked her again, "Do you believe in Jesus?" She replied, "Yes, I believe." I invited her to pray. Before praying, I rubbed her stomach with oil and I also gently massaged her. Then I told my boy to go out and buy two bottles of Aqua water at the kiosk. I prayed over the water and I opened one bottle and I gave the water to the pregnant women to drink. I told her that she must drink the rest of the water from the bottles that night before going to bed. In just three days, she gave birth problem-free. I heard the news from her husband who came here to thank me. Her husband wanted to give me an envelope, but I refused, I told him to just give the envelope to the church, because God is the one who helped his wife and son. I'm just a servant. That's why all people who come for treatment will certainly be helped. (Interview with Mama Waelaruno in Kampong Kikiso, March 2011 [my translation]).

An interesting thing in Mama Waelaruno's treatment is that the *Puskesmas* in Teminabuan and the health officers in the hospital of Scholoo always recommend pregnant women who face difficulties with their pregnancy to go to see Mama Waelaruno for treatment. The problems faced by pregnant women are usually breech presentation or other awkward positions of the unborn. Mama Waelaruno always starts her medication by praying, followed by rubbing oil onto the stomach. She also prays over water, which she gives to the pregnant mothers to drink, and she rubs it onto the stomach so that the delivery may run smoothly. Exemplarily, curing Sarlota Sesa/Kondologit:

...a midwife checked Sarlota's pregnancy in the *Puskesmas* and said that the baby's position in the womb was upside down. The feet of the baby were below, and the head is on the top of the womb, so that it will be difficult to deliver. Sarlota was asked to seek treatment from Mama Waelaruno. When she came that afternoon, Mama prayed and rubbed oil onto her stomach. Mama also prayed over the water Sarlota had to drink, and she gave her a bottle of water to take home with the message that the water had to be drunk that night before going to bed. God's miracle happened and, very early the next morning, Sarlota gave birth and the baby came out feet first. She gave birth at home, helped only by

her sister. After giving birth, the husband immediately came to Mama, and Mama told him that Sarlota needed to drink the water. The water would give strength to Sarlota and function to get rid of the rest of the dirty blood in her. (Interview with Mama Waelaruno in Kikiso village, March 2012 [my translation]).

Mama Waelaruno also helped a childless couple. As usual, Mama prayed for the husband and wife, and she rubbed the stomach of the wife with *minyak doa* (BI) ‘prayer oil’, a mixture of coconut oil and *minyak tawon* over which the usual prayer had been uttered before being used to treat the sick. Then they drank the water. The treatment process had to be carried out uninterrupted for three days. After the treatment, the wife became pregnant. One of the examples that happened in Teminabuan is as follows:

Ibu (BI) Konjol from Kampong Werisar had been married for four years, but the couple did not have children yet. Her husband often beat her and even sent her away from home because they did not have any children yet. Thus, Ibu Konjol went to see Mama Waelaruno. After praying, her stomach was rubbed with oil, and then Mama gave her water to drink. Mama gave her two bottles of water. Ibu Konjol got pregnant only with the prayers over the oil and the water Mama gave. Her husband saw Mama Waelaruno to express his gratitude. Mama told the husband to give money to the church because it was Jesus who gave him the child, as Mama is only God’s tool to help them. (Interview with Mama Waelaruno in Kikiso village, March 2012 [my translation]).

Mama Waelaruno’s God-given talent is useful in cases of pregnancy and birth delivery. She can also make a mother stop having any more children by praying over the oil and rubbing it onto the stomach and by giving blessed water to drink. This process is said to be part of the service of traditional family planning or *Keluarga Berencana/Kb*³⁰ (BI) and, thus, through the services she delivers, Mama Waelaruno indirectly supported this

³⁰ *Keluarga Berencana* is an Indonesian Government’s family planning programme aimed at limiting the number of children.

Indonesian Government Programme in Papua. Because she has her talent from God, Mama Waelaruno has loyally cured sick people until the present day. Her husband has passed away and she lives with her children and grandchildren in Kampong Kikiso (Teminabuan). Most of the coconut oil she uses she makes herself, but some is bought from the Tehit or Konda people in the market of Teminabuan. She started to use coconut oil ever since she and her husband got their talent from God to heal sick people. Mama Waelaruno explains that the bottle of coconut oil may never be empty, because the oil is a fundamental part of her praying as she has vowed to God. When the coconut oil in the bottle diminishes, it has to be filled and three drops of *minyak tawon* ‘wasp oil’, which she buys in a kiosk owned by Bugis-Makassar merchants in Teminabuan, must be added. She has been doing this for the last 46 years.

Petrosina Subae is another preacher who treats sick people in Teminabuan. In principal, disease healing is related to prayer. Mama Subae’s talent as a healer is mostly related to patients who are possessed by *qlembet* ‘devil’, *nifralas* ‘spirits’ and *suanggi*. She has a lot of experience in healing people in Teminabuan. Mama Subae relies solely on ‘the power of prayer’ to cure the sick people.



Figure 78. *Petrosina Subae*

Photo: Marlina Flassy, March 2011.

This is her story:

My father’s name is Nico Subae and my mother’s name is Eklaфина Buji. I was born in Mugim on September 13, 1944.

In 1950, I started school in the *Sekolah Rakyat* (BI) and I graduated in 1953. Then I continued education in the *Sekolah Gadis* (BI) or Girls' School in Sorong for three years. We then moved to Teminabuan. I always moved from school to school to follow my parents, because my father was a forestry official during the reign of the Dutch in Papua.

When we arrived in Teminabuan, I did not continue my education at *Sekolah Gadis* as the director wanted me to go to the *Sekolah Rakyat* because I was still a kid. Therefore, I did not go back to school, but stayed at home to help my mother clean the house, wash the dishes and cook, go to the market and so on. After I had done my work at home, I also played games with friends. We always swam in the Kohoin River and we also went fishing in the sea. I remember one day, I had just got home from a friend's house, when my father told me to sit in a chair and he asked, "Petrosina, if you do not want to go to school, do you want to get married?" I said that it was up to father and mother... and then they matched me with Obed Ergor. In 1963, I got married to him... so I married at 19. My husband was an employee at the penitentiary of Teminabuan. In 1983, my husband was transferred to Fak-fak and we and our three children stayed there for one year, then we moved to Kokonao (Timika).

From 1985 to 1989, we settled in Kokonao and we had five children. When I was in Kokonao, there were many things that I experienced, one of which was the fact that God had given me the talent to heal the sick. At that time many people were sick in our neighbourhood, but they could not afford to go to a *Puskesmas* or to a hospital... they had no money to go to town. It made me sad to watch them and I prayed to the Lord Jesus Christ to give me the power so that I could heal the sick. When I went to bed at night, I prayed... and then I went to sleep... and I heard someone call my name... "Petrosina, pray and I'll heal" ... I woke up looking for the people who had called me... but I saw no one there... I was very confused... who called me before?

... I could not sleep anymore... I prayed and read the Bible until it was almost morning. Thus, from that day... I started to pray for the sick at our house. God apparently told me that when I prayed for the sick they would be healed instantly... so, if someone is sick... people just say, "Call Mama Subae"... since then, I have prayed for the sick. After so many years in Kokonao, finally in 1990, I returned to

Teminabuan, because my husband got married to another woman in Kokonao. I was not angry or fussed I continued to treat the sick in Teminabuan and I still do so today. (Interview with Mama Subae in Seiyolo village, March 2012 [my translation]).

A couple of years ago, Teminabuan was the only a Sub-district in the District of Sorong. Because of this, there were not many doctors and nurses, medicaments or medical equipment and, therefore, many patients were referred to Sorong or Jayapura. This was difficult for many people, because they had no money for transportation or to pay for the hospital. For those patients, healers such as Mama Subae were within reach and affordable. She not only treats Christians, but also people from other religions. She once cured two Muslim women, for example, one from Java and the other from Makassar. Both women were possessed, and they resided in different locations in Teminabuan. At that time, Mama Subae conducted her services in the homes of the patients. She never missed a chance to testify first about Jesus to the patient's family. Mama Subae told me about her experience:

I would like to tell you that Jesus is in command of curing ill people or reviving the dead, like Lazarus in Bible. If you believe that, then I will pray. The family members of the patient need to bow their heads as a sign that they agree. Then Mama Subae prays and the patient recovers. (Interview with Mama Subae in Seiyolo village, March 2012 [my translation]).

Mama Subae always starts her treatment with a reading from the Bible. One night, a father asked Mama Subae for help to pray for his sick child and, therefore, Mama Subae followed him to his house. When the child saw Mama Subae, he started to scream and told her to leave. The child was also struggling, rolling over, while laughing like a crazy person. Mama Subae said a prayer over water and washed the patient's face. The possessed boy became quiet at last and his body went limp. Mama Subae took *minyak tawon* and rubbed it onto the boy's hands and legs. The service ended by uttering a prayer over the water the patient had to drink until he was healed. It seems that trust in Jesus' miracles is very important in curing sick people. The service Mama Subae conducts is not

limited to anyone, and she prays for health officers in the hospitals and health centres (*Puskesmas*). Many priests and members of the Church Board and their families ask Mama Subae to help them with prayers when they are sick. Mama Subae also told me that her experience of praying for sick people was not limited to Teminabuan and the villages in South Sorong. She also ministers the sick in Meybrat and other areas in Sorong. Mama Subae said:

If someone asks me to pray, Mama will be happy to help. They can come here, or I go to pray in their homes. I also pray for the sick by phone, and it is important that they have already prepared water and *minyak tawon*. I pray from here before they drink the water and rub the oil onto a sick body, and they will be cured. What matters is faith. If people want to recover, they must truly believe in Jesus, and only then the miracle will happen. Let me give you an example. Today, people came from Ayamaru to ask me to pray for their sick father. I prayed over the water they brought here, and they had to take it back to Ayamaru and just give it to the sick father. He had to drink the water until nothing was left. Then I reminded them to reconcile their families who have problems with land ownership, so that Jesus can heal their father. I also said that if the father stayed ill, they had to come and fetch me to go to Ayamaru. However, I have waited until now and they never came back. Perhaps the father has recovered because he drank the water they brought last night. (Interview with Mama Subae in Seiyolo village, March 2012 [my translation]).

Mama Subae and Mama Waelaruno never ask for payment from the patient or the family, because they received their talent from God. Their happiness is to treat anyone who needs recovery. These two women will end their service when they died. It is a lifetime occupation. They realise that God heals the patients.

Combining different forms of disease treatment

I find some ambivalence in the attitude of the Tehit people in seeking treatment for their illnesses. They usually look for the cures for their diseases from healing actors, such as *wuon*, *si'qnda* or *mi'mit*, priests or evangelists, as well as other preachers and health workers at health centres or hospitals in their area. They find

themselves in the middle of the folk, popular and professional sectors, and they often combine them in their response to their health problems. I would like to give some examples I got from my informants about cases of combined treatment of the three sectors.

One case was told to me by the evangelist Nico Krenak:

I am just a servant of God, but officials from the *Puskesmas* in Sawiat always ask me to help them to take care of the sick, of pregnant women who want to give birth and of others. I still remember the time paramedic Saflafo came here. He said, "Nico, help us. There is a pregnant woman in the health centre and she would like to give birth, but she cannot. Our paramedics and nurses have tried their best, but the woman cannot deliver the baby." I went with Jemmi Saflafo and, while we were still on the way to the health centre, a nurse came calling from far away, "Nico, Nico, come here." I ran to the health centre and when I entered I saw that a pregnant woman was lying in bed... She was screaming with pain... "Please... oh! ... I want to die." The nurse said, "We have modern medicine and we tried to give her all the knowledge we have, but this mother cannot give birth. We have tried to help her since yesterday. She has a child in the womb, but it is transversed, so the baby cannot come out. I stood a moment, looked at the pregnant woman, and then held her hands and I said, "Do not be afraid. Jesus will help you" I asked the nurse to pass me a glass of water. I prayed over the water before I gently rubbed it onto the abdomen of the pregnant woman. Praise the Lord. In a matter of minutes, the woman managed to give birth normally. I was very happy because God is so wonderful. The doctors, nurses and orderlies were also amazed. So, I said, "You have modern science. I just have the Lord Jesus." They all laughed and shook their heads. (Interview with Nico Krenak in Wen village, March 2011 [my translation]).

Mama Subae told me of her experiences in treating sick people who were recommended to see her by health centres and hospitals:

I wonder too, because the nurses in hospitals and the *Puskesmas* in Teminabuan usually tell the sick people to come here. Recently, there were families from Kampong Manggroholo who came to me. I asked them whether they had been to the hospital, and the wife said they had been to the hospital and that her husband had been treated there

several times, but, up to now, still had not recovered. We checked back at the hospital and the nurse gave us medication and told me to go and see Mama Subae, because she might be able to heal him. So, we came here with the medicine we got in the hospital. I held the medicine and I said that the medicine was only a tool, but that faith in Jesus is more important to heal the sick. I asked whether they had a bottle of water and they said no. Then I told them to have their son go to the market to buy *minyak tawon* and a bottle of water. The boy bought two bottles of water and two bottles of *minyak tawon*. I took the medicine from the hospital, the water and the *minyak tawon* and I asked them whether they believe that Jesus can heal the disease, and they said that they believed it. So, I said, "Let us pray." I reminded his wife that when they got home, they had to take the medicine and use the water I prayed over and to rub it onto her husband's body together with *minyak tawon* and then her husband will recover. (Interview with Mama Subae in Saiyolo village, March 2011 [my translation]).

I also met Tehit people who combine all three sectors (folk, popular and professional). One of them is Albertina Snanfi. She recounted her experience as follows:

When my children are sick, I usually treat them myself with leaves from the yard. If they do not heal, I call a *wuon* or a servant of the Lord, but sometimes I bring them to the health centre for treatment. I usually give them medicine from the *Pukesmas*. If they stay ill, I tell my husband to call a *wuon* to treat them. I remember that in 2009, my son was sick and that he was vomiting. I took some *minyak tawon* and rubbed it onto his body and then I took him to the *Puskesmas*. A *mantri*³¹ gave him some medicine and he stopped vomiting, but he still had cramp in his feet and hands. My husband took some leaves of a plant called *fanges* that grows behind the house. I heated them over a low fire on the stove and then put them on his body. I thought the child was cured, but it was to no avail. I got scared and asked my husband to call *Wuon Mbolhoq*, who was luckily at home. The *wuon* asked for a glass of water

³¹ *Mantri* is the term for male nurses. *Mantri* and *suster/bidan*, 'nurses' are the helpers of doctors.

over which he uttered a spell and he told the child to drink it so that he might recover. While *Wuon* Mbolhoq was sitting with us, he saw an old woman in the street behind our house, and he shouted, “Ehhh! Go away from here! Do not come back. Watch me cut you.” He told us that our child got his sickness from a *suanggi*, but that he would recover. Fortunately, we were quick to call him, as the child may have been dead if we had been later. (Interview with Albertina Snanfi in Wen village, March 2012 [my translation]).

Another experience was told by Japheth Krimadi, who was treated by *awuon* and an evangelist at the same time. He told me this:

I had pain in my back and my wife called *Wuon* Kalilie to treat me. The *wuon* had some water over which he had uttered a mantra and which I had to drink. After the *wuon* had treated me, the pain began to abate, so that I could sleep. When I woke up, I had a headache. My wife called Nico who was attending a meeting with the *kepala kampong* (village head [BI]) at his house. Nico came, and he asked what the matter was? My wife told him to pray over the water so that I could drink it to cure my headache.

Nico stood up and prayed and he put his hand on my head. He also prayed over the water I had to drink, and then I recovered. So, I think the *wuon* and Nico had the same task as the paramedics and the nurses in the health centres and sub-health centres in the Sawiat area. (Interview with Jafet Krimadi in Sadrofoyo village, September 2009 [my translation]).

These examples show that the three healing treatment systems are often integrated into one to make the healing process more effective, as these three sectors complement each other in curing the sick.

Conclusion

The Tehit people use the services of the folk sector combined with those of the popular and professional sectors in the treatment of their diseases. Therefore, I think that Helman’s statement that the folk sector stands in between the popular and professional

sectors should be modified in such a way that all three sectors complement each other in the treatment of diseases. They are integrated in the everyday practice of illness treatment, especially in non-Western societies, including that of the Papua people in South Sorong. The main actors involved in the folk sector – *wuon*, *si'qnda* or *mi'mit* – acquired their knowledge in accordance with Tehit tradition. The other actors in the folk sector, such as priests, evangelists and preachers, are stated to have received their healing talents from God. Traditional healers use incantations, quietly uttered over, for example, water, soil, leaves or ashes, before being given to patients. The spell contains the power to cure the patients. Comparably, Christian healers use prayers, and these prayers are thought to have the power to cure patients. The main difference is that the Christian healers express their 'spells' out aloud. In addition to praying, these healers also read the Bible to strengthen and comfort patients and their families.

6 The professional sector

Overview of the health care system in Indonesia in general and in Papua

The professional sector, biomedicine, is part of Indonesia's national health care system which is standardised and exists in all parts of Indonesia, though to different extents and levels. Access to public health care institutions depend on the national health policy implemented in the different provinces, financial means and their location (urban or rural/remote areas). Indonesia has major problems providing proper health services to the people. This is not surprising, as Indonesia is a big country with a population of 250 million people scattered over 33 provinces. The problems can be gathered from the health and nutritional status of the people, which is still low, and from the high infant and maternal mortality, malnutrition and limited life expectancy. Data from the Department of Health of the Republic of Indonesia (2014) show that a relatively large segment of the population suffers from malnutrition, especially in the provinces of East Nusa Tenggara, West Nusa Tenggara, Gorontalo and Papua, but also in other areas.

Large numbers of people all over the country suffer from acute respiratory infection (ARI), diabetes, anaemia, hypertension, heart diseases, asthma, malaria, dengue fever, tuberculosis (TB), skin diseases and HIV/AIDS. The general health conditions described above are influenced by three major factors: environmental, behavioural, and provision of health services. Environmental factors concern the unhealthy environment, dirt, lack of clean water, decent housing and over population. The provision of health services is affected by a lot of actors, such as the availability and quality of health care facilities, medicines and medical supplies, health workers, health financing and management.

The government has built a number of health care facilities, such as: *Pondok Bersalin Desa/Polindes* 'village maternity lodges', *Pusat Pelayanan Terpadu/Posyandu* 'integrated health posts' (IHPs), *Pusat Kesehatan Masyarakat Keliling/Puskel* 'travelling health centres', *Pusat Kesehatan Masyarakat Pembantu/Pustu* 'community health centres', *Pusat Kesehatan Masyarakat/Puskesmas*, 'health centres' and *Rumah Sakit*, 'hospitals'³². They all provide health services, but not all the people receive medical treatment in one of these facilities. This is due to a variety of constraints, such as the long distance to health care centres and lack of transportation facilities, where transportation costs are also very high for the limited budget of the local population. Another of Papua's problems is its limited number of professionally trained health personnel, especially the number of doctors. In 2013, 90,444 doctors were practicing in Indonesia. This amounts to an average of 38.1 doctors looking after every 100,000 people in Indonesia. The highest ratio of doctors was found in Jakarta, where there were 155.5 doctors for every 100,000 people. By comparison, the provinces of Papua and West Papua could be found in the lower half, with only 19.1 and 22.7 doctors per 100,000 people, respectively (Ministry of Health RI 2014: 51–52). The number of nurses providing health services per 100,000 people shows a very different picture. Based on data from the Ministry of Health, as many as 288,405 nurses worked in the health sector in 2013. The ratio of nurses to population for Indonesia amounted to 116.1 nurses per 100,000 people. The province with

³² For the English translation of the terms used in the professional sector, I refer to Ministry of Health RI 2014. [[Retrieved from](#)].

the highest ratio was West Papua, with 320.1 nurses per 100,000 population, Papua can be found in the middle of the provinces, with 165.6 nurses per 100,000 population (Ministry of Health RI 2014: 53). This leads to a situation in which many of the tasks normally fulfilled by doctors have been taken over by nurses.

Doctors in Indonesia are categorized as permanent doctors, physicians and contract doctors (PTT doctors). Doctors have the status of civil servants 'PNS'³³ or government officials, while contract doctors are those who work in private or governmental hospitals on a contract basis. What is clear is that there is still a shortage of doctors, especially specialists. Contract doctors are required to work for 6–12 months in a *Puskesmas* 'health centre' in remote areas throughout Indonesia. They are paid by the Ministry of Health of the Republic of Indonesia. When contract doctors have finished their term, they return to the central government in Jakarta that executes the programmes. Thus, they have experience in serving communities in remote areas and if, one day, they are added to assist doctors in health centres somewhere in Indonesia, they already have some experience in serving patients at a community level.

Poor means of transportation and bad access roads to villages far from the city are rife in Papua. Therefore, many people do not have access to government facilitated health care centres, such as hospitals and health centres, in the city districts and counties. As far as transportation goes, many places in Papua are more easily accessible by aeroplane and ship compared to the very limited means of transportation overland. Many village populations are located far from a city, so that they are very hard to reach with the limited and expensive means of transportation. Transportation clearly has a huge impact on health care provision in the region.

Another major issue is that the health centres and hospitals in Papua have very limited means. The only large hospital in the whole of Papua, for example, is *Dok II* Hospital in Jayapura. It was built by the Dutch more than half a century ago. The hospital accepts patients from all regions across the province of Papua and West Papua. However, it still has a shortage of doctors, nurses and

³³ Pegawai Negeri Sipil.

midwives. The hospital also has a complete lack of sufficient equipment, which has severe consequences for community health care provision. In addition, there are also various government-owned hospitals and private health care centres, but they are also substandard compared with those in other areas in Indonesia.

Another obstacle that affects public health service provision is the common phenomenon in Papua that government-built health facilities in the villages located far from the city are often empty, as health workers prefer to live and work in the city. They receive a salary, but often do not carry out their duties and obligations. There is also the fact that, ironically, the centres have been built by the government, but there are no facilities whatsoever, so that they cannot be used to provide health services. This violates Law No. 21/2001 on Special Autonomy for Papua, which says that the native people of Papua should receive maximum health care, because the allocation of special autonomy guarantees the three main aspects of health, education and economic strength. Using the special autonomy funds, the provincial government of Papua and West Papua should enforce rules for free health services for indigenous Papuans who visit health centres and government hospitals at both the provincial and district/city levels.

This programme should have been realised to abide by the legislation number 6/2009 from the governor of Papua (*Peraturan Gubernur Papua*) on *Jaminan Kesehatan bagi Masyarakat Papua/Jamkespa*, 'Public Health Insurance for Papua'. Elieser Renmaur, the first Assistant Provincial Secretary of Papua, said during a seminar on the co-operation between USAID and the local government, that the regulation provides for free health service/treatment for the indigenous people of Papua by subsidies through *Peraturan Daerah Provinsi Papua/Perdasi*, 'Provincial and Regional Regulation', number 7/2010 on health care. The regulation mandates the local governments to execute their health services provision obligations to the community and the rights of residents to receive proper health care (Papua Pos, May 6, 2013).

Jamkespa has not yet been fully implemented, because it needs the local government's supervision and control to ensure that health workers offer health services to the community. When the government exercises its control function, then the provision of

health services to the Papua people may lead to health improvement. However, if government control fails, Papua and West Papua will continue to be categorized as the provinces with the highest infant and maternal mortality rates in Indonesia. Based on the health census of 2010, the region's maternal mortality rate is still high; the ratio for every 100,000 people for Papua is 620 and 573 in West Papua (Sufai, 2013). Thus, I see a big gap between theory and the practical implementation of *Askes*, *Jamkesmas* and *Jamkespa* that often struggles with a difficult bureaucratic system.

The South Sorong local government attempts to impose *Jamkesmas* or *Jaminan Kesehatan Masyarakat* 'public health', but it has been unsuccessful for various reasons, including a lack of accurate data on the exact number of indigenous people (Orang Asli Papua) who should be given an insurance card. Even the indigenous people with high social status, especially those who work as government employees, are not charged and the costs will be deducted from the insurance. The Papua government's efforts to provide health services to the public require the support of many parties. Papua's status as the province with the highest maternal and infant mortality rate in Indonesia should change and become equal to the other provinces in Indonesia.

The death rate of the indigenous people in Papua in relation to the immigrants is very high due to various factors, one of which is the effect of alcoholic beverages. Young people, for example, like to consume *miras* (*minuman keras* [BI]) 'liquor', with a high alcohol content, and beverages that circulate in Papua have an even higher alcohol percentage compared to other regions in Indonesia. The labels on the bottles even have a special seal inscribed "special Papua", which leaves little to the imagination.

When I saw the bottles of these alcoholic beverages displayed in the store front with other beverages in Hola Plaza (a supermarket in Jayapura), the question arose in my heart, what the motive could be behind this special label for alcoholic drinks? Why specifically for Papua? Socratez Sofyan Yoman is a religious leader who is very vocal in defending the basic rights of the Papuan people.³⁴ He also wonders about this, and he says that this *miras*

³⁴ Socratez Sofyan Yoman is the Chairman of the Papua Baptist Synod and the Director of the Papua Baptist Theology College. He is a religious

‘liquor’ is part of a national extermination strategy of the Papuans. I can say that many Papuan youths of a productive age are in a bad shape due to the mental and moral influence of liquor. Far too many young people drop out of school, engage in free sex and are, thus, exposed to HIV/AIDS, which ultimately causes death at a young age. In this way, the indigenous population declines with every passing year and the region faces the loss of future generations of Papuans (see the section about HIV/AIDS below).

The professional sector and formal medical formation in Indonesia

Although the biomedical formation enables specialists to treat all people in the same way, the doctors and nurses, nevertheless, require special skills to treat patients with different cultural backgrounds. I would like to start with the medical anthropologists’ theoretical understanding of the professional sector as proposed by Helman, which is:

[The professional sector] comprises the organized, legally sanctioned healing professions, such as modern Western scientific medicine, also known as *allopathy* or *biomedicine*. It includes not only physicians of various types and specialties, but also the recognized paramedical professions such as nurses, midwives and physiotherapists. (Helman, 2007: 94, emphasis in original).

The actors in the professional sector include doctors, nurses, midwives, pharmacists and nutritionists, all of whom base their treatment on scientific methods and rational thinking. They are supported by a variety of administrative personnel and others who work in hospitals, health centres, transitory health centres, and so on. Helman emphasises the social organisation of biomedical health care workers:

Within the medical system those who practise medicine form a group apart, with their own values, concepts, theories of disease and rules of behavior, as well as

leader who consistently talks about human rights in Papua, the history of the struggle of the Papuan people, the implementation of special autonomy and many other issues in Papua.

organization into a hierarchy of healing roles; this group therefore has both cultural and social aspects. (Helman, 2007: 98).

In Indonesia, people have the right to be called a doctor after they have completed their formal medical education with a medical degree at a public or private university after at least five years of study. They must complete their training through assistantship for one year at a hospital. After that, senior doctors assess their performance through examinations and when they pass, they are appointed and sworn in as doctors. Furthermore, according to Astuti (2009: 17), the rights and obligations of doctors in Indonesia include: 1) Obtaining legal protection throughout the performance of their task in accordance with professional standards and standard operating procedures; 2) providing medical services according to professional standards and standard operating procedures; 3) obtaining a complete and honest review of information from the patient or his or her family, and 4) accepting a service fee.

Other actors who play an active role in modern medicine are nurses and midwives: “nurses and midwives form the largest professional group within the NHS”³⁵ (Helman, 2007: 117). Nurses and midwives are recognised as health workers who must meet the formal education requirements for patient care. They practice the knowledge and training they acquired during their education.

In contrast to the standardised education of medical doctors, the formal education for nurses and midwives is diverse and starts with the Nurse Health School (SPK [BI]) and takes three years. After that, a nurse candidate can continue his or her education in a college, such as a diploma programme that lasts three years and is referred to as D3 Nursing. There is also a special Nursing Academy (AKPER [BI]) and Health Polytechnic (*Poltekkes* [BI]). Furthermore, if nurses want to enhance their knowledge, they can attend graduate nursing education at a variety of public and private universities in Indonesia. A nurse has the duty to be in direct and continuous contact with patients. Patients desperately need their help in such daily activities as eating, drinking,

³⁵ NHS means National Health Services (see also Helman, 2007: 114).

bathing and using the toilet. The limits of the authority of a nurse as part of the health care team are unclear. Friction, especially with doctors, often takes place because of the extensive 'grey area' between the duties and authority of doctors and those of nurses. Giving injections and infuses, for example, should actually be done by doctors, but, in practice, they are mostly done by nurses.

Nurses perform almost all the tasks in hospitals, *Puskesmas*, 'health centres' (HC), and other health care centres, even in emergency situations and intensive care. Nurses have always been at the forefront in treating patients in disaster or remote areas. They have intimate interaction with patients and this interaction lasts for quite a long time. Additionally, a nurse's independence also becomes apparent from the extent to which they can manage the patients' problems, to create a sense of comfort and peace, and to inform the patient about the disease itself. It would be impossible for them to reach their output without adequate knowledge and skills, willingness to serve with their heart and excellent communication skills.

In addition, there are other important health care units, such as pharmacists and nutritionists. A pharmacist is an expert in preparing or assembling medicine. Pharmacists make medications according to the prescriptions the doctors write and give to patients and the medication is adjusted to the disease of the patient. Someone who wants to be a pharmacist must complete 4–5 years education at the Faculty of Pharmacy in a university to earn a bachelor's degree. Later, he or she is required to attend a special school for one year to earn the degree of pharmacist. Four to five years formal education is required to become a nutritionist. Nutritionists have special knowledge about the nutritional value of the food patients get, in order that the patients can recover from their diseases, and can measure the levels of carbohydrates, proteins, minerals and vitamins a person should consume. Thus, all health actors can execute their functions and accept their responsibilities according to the respective expertise they have gained through formal education. They are placed in government, public and private hospitals and other centres that offer health services.

The organisation of the health care system in West Papua Province and South Sorong Regency: institutions, funding, organisation and functioning

The public health service is the responsibility of the Provincial and Regional/City Health Offices that exist in Papua and West Papua. There is structural coordination between the Provincial Health Office and the Ministry of Health in Jakarta. In addition, the programme delegated by the Ministry of Health to the Provincial Health Office should also be coordinated with the Department of Health in the Regency/city. Each health service at the Regency/city level has to elaborate and implement a work programme for health care workers in the *Rumah Sakit* 'hospital', *Pusat Kesehatan Masyarakat/Puskesmas* 'health centre', *Pusat Kesehatan Masyarakat Pembantu/Pustu* 'community health centre', *Pusat Kesehatan Masyarakat Keliling/Puskel* 'travelling health centre', *Pos Pelayanan Terpadu/Posyandu* 'integrated health service centre' and *Pondok Bersalin Desa/Polindes* 'village maternity lodge'. The co-ordination of the health services to the community can be seen in the chart below:

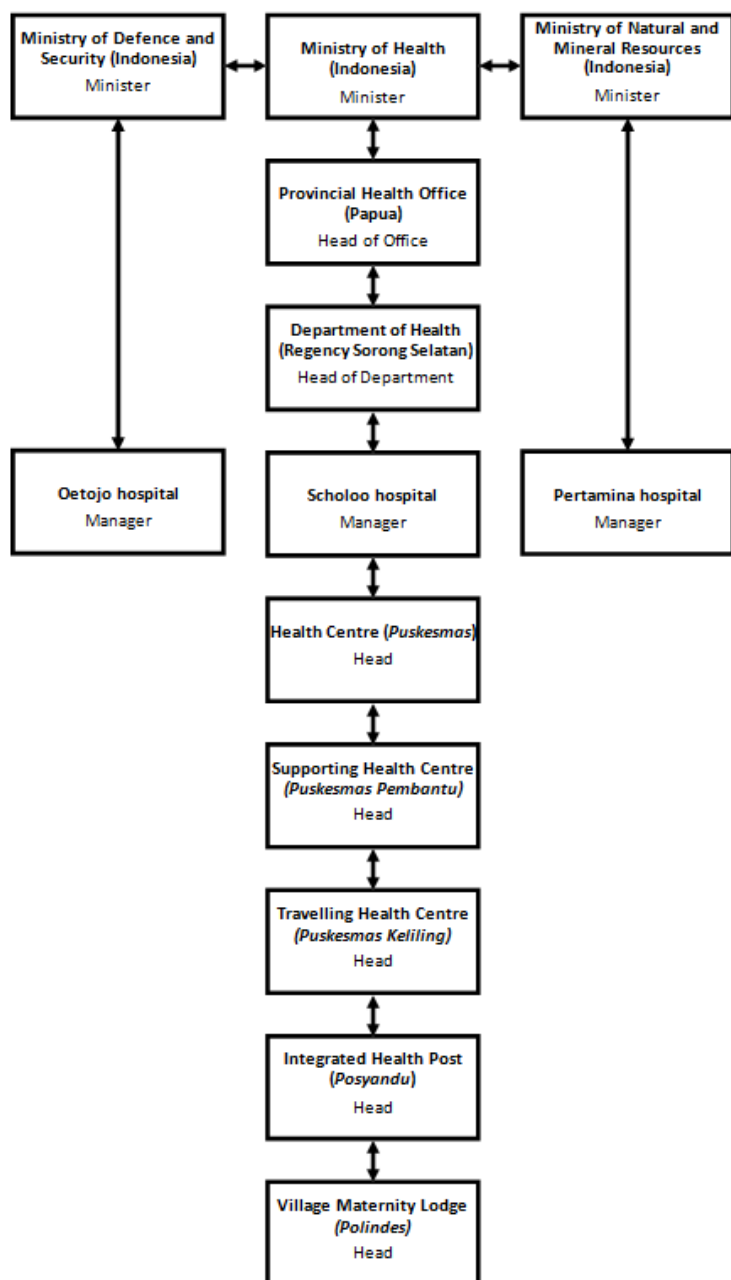


Figure 79. Structure of the health care system.

Source: Jemmy Saflafo

The existing hospitals in West Papua and South Sorong co-ordinate with government and private hospitals to provide health services to the communities. Patients, for example, are referred for treatment to several hospitals in Sorong. In the co-ordination of the work between hospitals, administrators are very helpful in offering their services to the patients. This, for instance, happened with the co-ordination work between the administrator of Scholoo Hospital in Sorong Regency and his colleague in Sele Be Solu Hospital in Sorong. But there are also patients who are referred for treatment to other government hospitals, for instance, those run by the police/military, which fall under the Ministry of Defence and Security of the Republic of Indonesia, such as Oetojo hospital, or the Pertamina hospital, which falls under the Department of Natural and Mineral Resources of the Republic of Indonesia, or to private hospitals.

Furthermore, the health service provision in one region in West Papua Province differs from that in other regions, because they all adapt to local conditions. All indicators of improvements in the status of health, maternal, infant, and child mortality, and the prevalence of malnutrition are still below national averages. A large amount of funds is disbursed every year to West Papua Province, but it does not necessarily stop the complaints related to health problems, although the population is only 760,422 ([Badan Pusat Statistik Provinsi Papua Barat, 2011](#)).

Health problems in West Papua keep on growing from year to year. Among these are the lack of health facilities, and limited access to health care and health information. This can be seen from the facts that each district has only one health care centre, high transportation fees to distribute medicines, medical devices and vaccines to health centres in rural areas, and many other problems, such as limited facilities and a shortage of medical personnel (doctors, nurses and midwives). Not all societies in West Papua Province have access to health care services. There are four districts: Meybrat, Tambrau, Kaimana and the Teluk Wondama, that do not have a hospital.

The people who live in these areas must go to hospitals in Manokwari, Sorong, South Sorong, Fak-Fak, Bintuni and Raja Ampat. There are people who choose to go to any hospital in the

province of Papua. However, those who have enough money, prefer to go to other parts in Indonesia, such as Manado, Makassar, Yogyakarta, Bandung, Jakarta and Surabaya. At present, the hospital facilities in Papua are managed by the government and their distribution is uneven: six hospitals in Sorong, whereas only three in Manokwari Regency. Other districts such as Fak-Fak, South Sorong, Sorong, Raja Ampat, and Bintuni each only have one hospital. Thus, there is a total of 14 hospitals ([Badan Pusat Statistik Provinsi Papua Barat, 2011](#)).

Although the Province of West Papua still has limited hospital facilities, medical officers at a variety of centres, as mentioned above, constantly execute government programmes to provide health services to the people. Thus, there are 110 health centres, 367 community health centres and 145 travelling health centres, and 297 village maternity lodges ([Badan Pusat Statistik Provinsi Papua Barat, 2011](#)). West Papua Province has a shortage of doctors, particularly specialists. There are only 149 general practitioners, 22 specialists, and 19 dentists who serve in hospitals and health centres in eleven districts/cities in West Papua, which are distributed over a vast area with 162 districts and 1,421 villages. Thus, more health workers, particularly doctors, are badly needed ([Badan Pusat Statistik Provinsi Papua Barat, 2011](#)).

The situation in the public health service in South Sorong Regency is similar: only one hospital (Scholoo Hospital), 8 health centres, 22 community health centres, 26 travelling health centres and 37 village maternity lodges. In addition, the South Sorong Regency Health Office has set up 22 health centres, one in each district. Moreover, there are only five travelling health centres, four of them use a boat to serve the people in the villages located in the coastal areas, while residents of the villages located in the lower mainland and mountainous regions are reached by car or motorcycle ([Badan Pusat Statistik Provinsi Papua Barat, 2011](#): 75). Travelling health centre services are served by health workers from health centres and health workers, such as nurses, are the front liners in providing medical services to the community. The travelling health centre service always schedules mass treatment sessions, which are held one or two times a week, which means

that people must wait for a relatively long time to get treatment, which often causes deaths.

There are also service units in the districts called *Posyandu*, IHPs. They are managed by personnel who have been informally trained by medical professionals to provide treatment to the community. In general, IHP officers are known as *kaders* (BI) 'trained personnel'. They provide help to the community especially with problems related to pregnancy and labour, weighing babies and toddlers, and providing additional food to infants and children in the form of green bean porridge, milk and vitamins. In addition to that, the volunteers write reports to the health centre or to the community health centre. However, not all the villages in the district of South Sorong have a *Posyandu*. The IHP in the South Sorong Regency found that there are 67 units in 13 districts, Sawiat has 10 *Posyandu* and Teminabuan 16 units. In addition, there are four other districts: North Kokoda, Matemani, Saifi and Fkour, that have no IHP at all, which is one of the reasons for the high rates of maternal, infant and child mortalities. These districts are located very far from Teminabuan, the capital city of South Sorong Regency.

In principle, health service facilities should also be supported by the availability of medical professionals. The condition in South Sorong Regency is hardly any different from that in other districts in West Papua, which also have shortages of medical professionals. The number and distribution of medical professionals in the health sector in South Sorong Regency is as follows: the Scholoo hospital has 13 physicians, 65 nurses and 45 non-nurses; the Sawiat Health Centre has 1 doctor, 5 nurses, and 3 non-nurses, has 7 doctors, 24 nurses and as many as 22 non-nurses ([Badan Pusat Statistik Sorong Selatan 2010: 77](#)). The highest numbers of doctors, nurses and non-nurses are found in Teminabuan District and South Sorong Regency. They are concentrated in the Scholoo hospital in Keyen village and at the health centre which is the ex-Teminabuan hospital that was serving the communities from the districts of Teminabuan, Sawiat, Fkour, Seremuk and Saifi before the South Sorong Regency was established. Additionally, the Inanwatan district came second, with fewer doctors, nurses and non-nurses compared to the other districts. Non-medical personnel who serve

in health centres and hospitals consist of administrative staff, drivers, cleaning service personnel, cooks, and so on. Each of these employees works in accordance with his or her capabilities and expertise.

A patient will choose the right place and person to go for treatment. Based on my daily observations, the people in South Sorong Regency are free to choose between health facilities, such as hospitals, *Puskesmas* 'health centres', *Puskesmas Pembantu* 'community health centres' or *Puskesmas Keliling* 'travelling health centres'. Patients can even be referred for treatment to the Sele Be Solu Hospital, Pertamina Hospital and Oetojo Hospital or any of the other hospitals in Sorong town or to another hospital in Papua or other cities in Indonesia. Communities in the Teminabuan District are certainly more fortunate, because they have a choice; they can go to Teminabuan Health Centre and Scholoo hospital, because they are nearby and the means of transportation, such as motorcycle and taxis, are standing by in considerable numbers, so it is easy to get to a health centre. In addition, transportation costs are also relatively cheaper for people in Teminabuan compared to Sawiat and other areas, where transportation is the main obstacle, distances are great and it is expensive to go to Teminabuan.

The district of Sawiat is located midway between South Sorong and Sorong Regency. The inhabitants may simply choose to go to a hospital in the town of Sorong, since it saves time, effort and costs, but they cannot actually access the hospital because it will refuse to provide medical services to them if they have no referral letter from the Scholoo Hospital in Teminabuan. In my view, this rule hampers the public's access to health care severely. Following this regulation, all patients from the 13 districts in the area should go to Teminabuan and Sawiat, whereas they can attend a hospital in Sorong only after receiving a referral letter. The details can be drawn as follows:

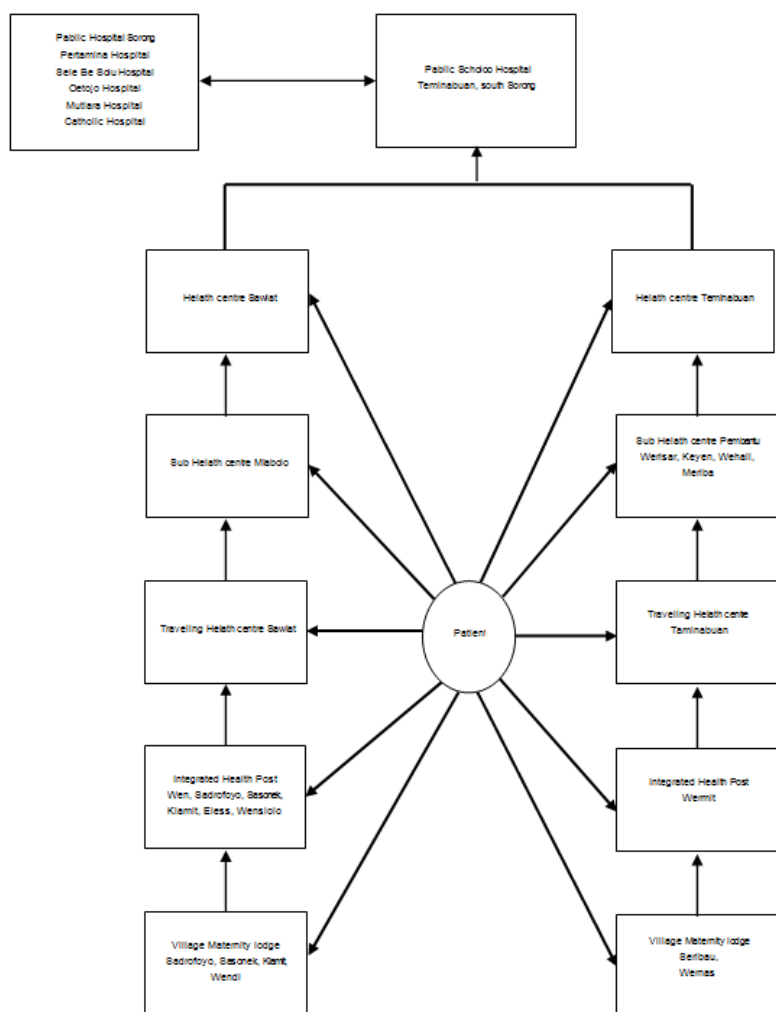


Figure 80. The co-operation structure of Scholoo medical institutions.
Source: own compilation, based on interview with Mrs. Maspaitela & Yermias Saflafo

Rumah sakit'hospital

As explained in the figure above, patients may choose treatment in any health facility, including a hospital. There is only one hospital in South Sorong Regency, so patients have no other choice but to go there or to the hospitals in the city of Teminabuan. Patients can find another hospital in the city of Sorong, but the

hospital will provide medical services to patients only after they can show a letter of referral from Scholoo Hospital in Teminabuan, because of the co-operation between these hospitals. This means that 'referral' is extremely important if patients want to get treatment in other hospitals. Below, I will explain the health care system of patients in public and private hospitals.

Rumah Sakit Pemerintah 'Government Hospital'

The Scholoo Hospital is in Keyen village. It is one of the first and largest hospitals in the South Sorong and Ayamaru Regencies. It started its operations on June 26, 2009, when it was inaugurated by Mr. Otto Ihalauw, Regent of South Sorong Regency. Scholoo Hospital was registered at the Ministry of Health on January 7, 2011, with No. Reg: 9106013. Additionally, Scholoo Hospital is classified as Class D, in accordance with the Decree of the Minister of Health, No: HK.03.05/I/241/2011. Scholoo Hospital was built in the middle of the forest on land owned by the Ani, Wororik and several other clans in Keyen village. The construction of the building was preceded by rituals to ask for permission from the ancestors who occupy the forest. The vision of Scholoo Hospital is to "realise hospitals as referral hospitals: Scholoo at Keyen village, South Sorong Regency and 'Healthy Homes' for people in the South Sorong Regency". The mission of the hospital consists of no less than four points: 1) improving the quality of the hospital's services; 2) improving the knowledge and skills of the hospital's employees, both medics, paramedics and non-medics; 3) improving the quality and quantity of the hospital's infrastructure; and 4) creating a healthy, safe and comfortable hospital environment (Interview with doctor Danyel Suryana, at Hospital School, March 2011). The Scholoo Hospital is equipped with several amenities, including a clinic room, emergency room (ER) and radiology room, child birth/obstetrics room, ward rooms I, II, III and intensive care unit, a central operation theatre, office rooms, canteen, laboratory, housing for doctors, UTDRS 'Blood Transfusion Unit RS' room, pharmacy warehouse, medical devices warehouse, nutrition, installation and laundry room. The medical professionals, such as doctors, are provided with housing facilities so that they can work more effectively as they live close

by. However, not all the houses are inhabited, because some basic facilities have not been installed, such as running water, and the houses also do not have a fence around them.

In addition to the facilities mentioned above, Scholoo Hospital also provides the following services to patients: a 24/7 ER service and a 24/7 pharmacy service, a general services clinic with general practitioners, a midwifery clinic service, in- patient class III, maternity and parturition nursing services, a nutrition consultancy service, a simple laboratory, service specialists and an HIV/AIDS Counselling Clinic. The medical service in Scholoo Hospital begins with registration, after which patients get a number and they have to wait to be called to be examined by a doctor in accordance with the type of medical problem they have. An officer notes the names of the patients on registration cards. When patients come for first time they are required to provide the officer with the necessary information for their hospital card. For patients who have already been treated before, the officer will look for their data files in the hospital administration, and then hand them over to the nurses and doctors who will examine the patient.



Figure 81. *Patients registering at the admission desk*

Photo: Rio Flassy, March 2011



Figure 82. *Nurses checking the patient's data*

Photo: Rio Flassy, March 2011

There are also patients who have to be examined in the laboratory to diagnose their illness. Similarly, patients who have a fever are encouraged to have their blood checked in the laboratory, so that the results can be given to the doctor for further examination. Thus, the doctors can diagnose the patient's illness and the right medicines are prescribed. After the patient has

been examined by a nurse and a doctor, he or she gets a prescription and is told to go to the pharmacy to get the medicines.



Figure 83. *The patient receives treatment by a doctor and a nurse.*

Photo: Rio Flassy, March 2011.

The treatment of in-patients differs from that of outpatients, which means that in-patients receive more intensive treatment, whereas outpatients are expected to follow the doctor's advice and to take the prescribed medicine so that they can heal. Family members should check whether the outpatient indeed takes his or her medicine as prescribed. Patients who come to this hospital for treatment are mostly migrants and only a few local people. Every other week, on Saturday, there is a disease examination by five specialists from the hospital in Sorong, who have been contracted by the Government of the South Sorong Regency, as told by Novita Maspaitela, the Head of Finance of Scholoo Hospital.



Figure 84. *Mrs. Novita Maspaitela explains data.*

Photo: Rio Flassy, March 2011.

The doctors' contracts are adjusted to the needs of the people in South Sorong. In theory, the hospital was built for the local people, but in reality, most patients are immigrants, as stated by Novita Maspaitela below:

So far, I have seen few local people who come to this hospital for treatment. Since February 5, 2011, the South Sorong government has already spent a lot of money to pay for the salaries of the five people it contracted as specialists and who were sent by the hospital in Sorong. Each specialist receives a salary of IDR 20,000,000 a month. Every month, the South Sorong Government provides IDR 50,000,000. It is a lot of money and it is provided so that the specialists are willing to come twice a month to treat patients in this area. The specialists are general surgeons, gynaecologists, paediatricians, internal medicine physicians and ophthalmologists. We, from Hospital Scholoo, always prepare a place for them when they are going to stay in Teminabuan. Thus, society in Teminabuan can get good treatment, but in practice, the specialists are more frequently used by non-Papuan migrants from South Sulawesi, Java, Toraja, NTT and other places. The Tehit and Imeco people do not have many opportunities to use the health services these specialists provide. (Interview with Novita Maspaitela in Scholoo Hospital, March 2011 [mytranslation])

Local people, such as the Tehit and Imeco, rarely use the services of these specialists because of various reasons, such as lack of information about the time the services are provided, limited means of transportation to go to the hospital and money. The services at the Scholoo Hospital are managed by medical professionals and community staff who assist the doctors in the hospital. such as nurses, midwives, pharmacists, laboratory analysts, and none-medical staff, such as cleaning service personnel, drivers, and others, as may be seen in the table below:

Table 10. *Health workers in Scholoo Hospital*

| Unit | Government staff | Contract staff | Total |
|------------------------|------------------|----------------|-------|
| Doctor | 1 | 8 | 9 |
| ER Nurse | 8 | 7 | 15 |
| In-patient Nurse | 8 | 7 | 15 |
| Outpatient Nurse | 1 | 1 | 2 |
| Midwife | 9 | 7 | 16 |
| Pharmacist | 2 | - | 2 |
| Assistant Pharmacist | 4 | 5 | 9 |
| Laboratory Analyst | 1 | - | 1 |
| Medical Records | - | 5 | 5 |
| Dietician | 2 | 2 | 4 |
| Chef | - | 7 | 7 |
| Food Presenters | - | 2 | 2 |
| Maintenance | - | 4 | 4 |
| Driver | - | 4 | 4 |
| Cleaning Service | 1 | 4 | 5 |
| General Administration | 1 | 1 | 2 |
| Cashier | 1 | - | 1 |
| Total | 37 | 63 | 100 |

Source: Scholoo Hospital, February 2011.

When looking at the data in Table 10, the permanent staff in Scholoo hospital consists of only 37 people with 63 contract employees, the latter representing more than half of the total staff of 100 people. It seems that the very limited permanent staff is detrimental to the health services for the community and much of the government or the Department of Health of South Sorong Regency's money is spent on paying for the salaries of the contract staff members, who are mostly non-Papuans and come from the Moluccas, Sulawesi, Java, and so on. The local government fails to notice that this may eventually cause social jealousy between the local population and other Papuans in this area and the migrants, more of whom arrive in Teminabuan each month. In addition to the professional work force, Scholoo Hospital is also equipped with in-patient facilities, such as beds in each ward, which can be seen below:

Table 11. *Bed capacity at Scholoo Hospital*

| Class of Ward III | | | Postpartum rooms | Ward nurse | | | Total |
|-------------------|--------|-----------------|------------------|------------|-----|----------------|-------|
| Children | Adults | Isolation Rooms | | Class I | IGD | Operating room | |
| 5 | 10 | 2 | | 2 | 4 | 6 | 35 |

Source: Scholoo Hospital, February 2011

It appears that 35 beds are available to date, to which the hospital planned to add 15 more by the end of 2011. Therefore, in accordance with the procurement plan, 50 beds should be available to accommodate patients at Scholoo hospital. The number of patients who visit Scholoo hospital has also increased since its establishment in 2009. Many patients come from Waigo, Kais, Ayamaru and Aitinyo, and also from Teminabuan. Those who go to the hospital must use transport, such as private cars, taxis, rural cars or vehicles they rent from their owners at the Teminabuan market. The numbers of patients from July 2009 to March 2010 can be seen in the table below:

Table 12. *Number of patients consulting at Scholoo Hospital*

| Facilities | July | Aug. | Sep. | Oct. | Nov. | Dec. | Jan. | Feb. | March |
|------------|------|------|------|------|------|------|------|------|-------|
| Polyclinic | 165 | 392 | 354 | 318 | 333 | 336 | 397 | 328 | 506 |
| IGD | 416 | 518 | 564 | 619 | 620 | 632 | 650 | 530 | 755 |
| Total | 581 | 910 | 918 | 937 | 953 | 968 | 1047 | 858 | 1261 |

Source: Scholoo Hospital, February 2010.

Scholoo Hospital has benefited the health of the public in South Sorong and patients who come from Meybrat and other nearby areas since it was established in 2009. An organisation has been setup and a managing director has been appointed to manage all the health services and the hospital administration. The organisational structure of the hospital is as follows:

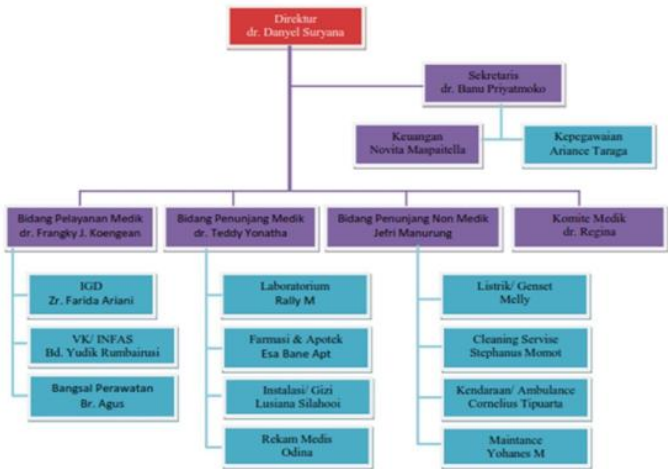


Figure 85. *The organisational structure of Scholoo Hospital*

Source: Scholoo hospital, March 2011.

There is a clear division of labour between each unit and between leaders and subordinates. Therefore, each person is responsible for carrying out his or her duties and functions. Dr. Danyel Suryana, the Director of Scholoo Hospital, said regarding the implementation of the duties that:

Every Monday I have a meeting with all the staff members and I give them detailed directions and tell them to work carefully and with discipline, because we are involved with human lives. After 10-15 minutes, we go to our respective places to prepare ourselves for our work to serve the patients who come to us for treatment. (Interview with Dr. Danyel Suryanaat Scholoo Hospital, March 2011 [my translation]).

In addition to the medical services provided for patients with common diseases, Scholoo Hospital's dental clinic started to operate in November 2010. It is staffed by two dentists who are always ready to treat patients. Most patients who visit the clinic suffer from acute tooth pain, which may cause gum infection, thus, the tooth often has to be extracted. One of the dentists, Asnur, also said that there is a lack of public awareness that teeth need to be regularly checked at the hospital. Monthly dental examinations are very helpful for preventing tooth decay. She also said that she and her colleague try to offer dental care to four to five people a day. In addition, the clinic offers preventive dental care, tooth extraction and other dental care services.

Patients who do not have an *Askes* card 'Health Insurance Card' start with paying a registration and examination fee of IDR 25,000 at the counter. The costs for medicines depend on the type of disease. If the disease is categorized as mild, such as skin disease, stomach-ache, headache, influenza or malaria, the patient will pay an average price of IDR 30,000–50,000 per person. Patients with serious diseases, such as cancer, TB, asthma and ARI, are charged much higher prices of up to over IDR 100,000 per person. Health insurance card holders only pay 10 % of the entire costs of their treatment. I have not seen anyone use a *Jamkesmas* card (*Jaminan kesehatan masyarakat*, 'public health insurance'), which is part of the Papua Special Autonomy Law of 2001 regulation to waive special treatment fees for indigenous Papuans. *Jamkesmas* cards are not

used in South Sorong, because the administration of the local regional government is still in the process of being revamped.

Diseases treated at Scholoo Hospital

I have carried out research at health centres in Sawiat and Teminabuan and at Scholoo Hospital in Keyen, and my data show a great variety both in relation to the numbers of patients and to the kinds of diseases. Although patients have different diseases, some diseases are more dominant than others. I have only focused on my data from Scholoo Hospital in Keyen, as it is the only hospital in South Sorong Regency. Based on data provided by the director of Scholoo Hospital, there are ten types of diseases that affect many patients. These are diarrhoea, respiratory infections, TB, malaria, infections, scabies, skin diseases, etc. These diseases can strike anyone. Their percentage levels differ as shown in the following:

Table 13. *Diseases in the South Sorong Regency.*

| No.Disease | Total | Percentage |
|--|--------|------------|
| 1.ARI's | 7,266 | 25.7 |
| 2.Malaria (without laboratory checks) | 5,109 | 18.0 |
| 3.Diseases of the muscular system and connective tissues | 3,902 | 13.8 |
| 4.Osteoporosis | 3,439 | 12.1 |
| 5.Diarrhoea/Cholera | 2,495 | 8.8 |
| 6.Accidents | 1,815 | 6.4 |
| 7.Malaria with laboratory checks | 1,455 | 5.1 |
| 8.Skin disease infections | 1,268 | 4.5 |
| 9.Intestinal infections | 807 | 2.8 |
| 10.Scabies | 761 | 2.7 |
| Total | 28,317 | 100 |

Source: Scholoo Hospital, March 2010.

The data in Table 13 above show that ARI diseases occupy the highest positions with 7,266 (25.7 %), whereas the incidence of malaria without laboratory examinations are 5,109 cases (18.0 %). They are followed by diseases of the muscular system and connective tissues with 3,902 cases (13.8 %), renal diseases and osteoporosis with 3,439 cases (12.1 %). Other diseases, such as diarrhoea/cholera, malaria with laboratory tests, skin diseases and intestinal infections are the lowest with less than 3,000 cases (10 %).

Deaths are due mainly to eight main causes. According to data from January to March in 2011, most deaths occurred due to malaria or were still-born babies, as shown in the table below:

Table 14. *The 8 major causes of patients' death in Scholoo Hospital.*

| No. | Diagnosis | January | February | March | Total |
|-------|--------------------------|---------|----------|-------|-------|
| 1 | Still-born | 1 | 0 | 2 | 3 |
| 2 | Cerebral malaria | 2 | 0 | 0 | 2 |
| 3 | Diarrhoea/cholera | 0 | 0 | 1 | 1 |
| 4 | Coronary heart disease | 0 | 0 | 1 | 1 |
| 5 | Pneumonia | 0 | 1 | 0 | 1 |
| 6 | Susp B20 (HIV/AIDS) | 0 | 0 | 1 | 1 |
| 7 | Peritonise | 0 | 1 | 0 | 1 |
| 8 | Congenital abnormalities | 1 | 0 | 0 | 1 |
| Total | | 4 | 2 | 5 | 1 |

Source: Scholoo Hospital, March 2011.

The data in Table 14 show that there were 11 deaths within three months. There were only four cases in January and the number declined to two cases in February. However, in March the death rate rose to five. Therefore, the question arises, why was there an increase in the death rate. The causes of death were malaria and because a baby did not get professional medical care when it was being born. The actual infant mortality rate is high in South Sorong Regency, as stated by nurse and midwife, Milka Dogopia, who works at the *Balai Kesehatan Ibu dan Anak* (BKIA) 'Mother and Child Health Clinic':

I want to say that many Papuan women give birth to their babies at home, and after that, they are picked up to go to the hospital. Babies born in hospital can be helped, but others die because they do not get medical treatment in hospitals. Immigrant mothers who are from South Sulawesi, Java, etc., always come to the hospital from the start of their pregnancy until the delivery, so our nurses can help them. (Interview with Milka Dogopia, at Scholoo Hospital, March 2011 [my translation]).



Figure 86. Midwife Milka providing data.

Photo: Rio Flassy, March 2011.

Deaths in South Sorong are caused by various diseases, such as diarrhoea, ARIs, kidney failure, heart disease and TB. The various causes of death in the communities throughout South Sorong Regency may be seen in the following table.

Table 15. *The ten major causes of death in South Sorong Regency.*

| No. | Disease | Number of Death | Percentage |
|-------|---|-----------------|------------|
| 1. | Diarrhoea | 22 | 26 |
| 2. | TB | 20 | 23 |
| 3. | Kidney failure, hypertension, heart, osteoporosis | 16 | 19.05 |
| 4. | Accident | 4 | 4.76 |
| 5. | ARI | 4 | 4.76 |
| 6. | Infant mortality at birth | 4 | 4.76 |
| 7. | Malaria | 4 | 4.76 |
| 8. | Chemical Poisoning | 3 | 3.57 |
| 9. | Malnutrition | 3 | 3.57 |
| 10. | Postpartum infections | 3 | 3.57 |
| Total | | 84 | 100 |

Source: Scholoo Hospital, 2010.

The data in Table 15 show that the leading causes of death for people across South Sorong Regency are diarrhoea with 22 cases (26 %), TB with 20 cases (23 %), and heart disease, renal failure, hypertension and osteoporosis with 16 cases (19.05 %). For other

diseases, the number of deaths was less than 5 or an average of less than 5 %. The high mortality rate due to diarrhoea occurs mostly with children, and more child health care is needed to reduce child mortality in the region, as shown below:



Figure 87. *A nurse weighing a child.*

Photo: Rio Flassy, March 2011.

The data in the table above does not include dengue fever, which primarily affects children and often causes death. It is the disease which parents and the Tehit communities at large fear most. It seems that health workers in Scholoo hospital did not include it in the table, because, in their view, the disease is not a constant threat, meaning that dengue fever outbreaks occur only once or twice a year. Dengue fever can be considered a plague, and the disease can be transmitted to others. HIV/AIDS is also not listed in the table. In addition to the ten types of diseases that have been listed above, there is really another type of illness that has not yet been discussed: psychological or the result of mental illnesses. For now, Scholoo Hospital has no psychologist, so that people who have mental health problems cannot seek treatment there. Similarly, no psychologist has yet set up a practice in Teminabuan. However, some patients with mental illnesses go to the Regional Hospital in Sorong or to the Mental Hospital in Jayapura or other areas in Indonesia for treatment. I saw some Tehit people take a family member who was suffering from a mental disorder to a

religious leader, such as a member of a church board or an evangelical, a priest who would pray for them to be cured. Some people even ask a shaman to cure a mentally ill family member. If these efforts do not provide relief to the patient, then the patient is not considered to have a mental disorder or a disease, but rather has been struck by God's curse or has been punished for violating customs or rules. Thus, if someone has a mental disorder or is disturbed, the family will accept this and treat the patient well, so that the patient does not trouble the family or others in the neighbourhood.

Rumah Sakit Swasta, 'Private Hospital'

There is no private hospital in Teminabuan. However, people from Teminabuan can go to a private hospital in Sorong, Jayapura or other places in Indonesia to find a cure for their ailments. The private hospitals in Sorong are Kartini Hospital, Herlina Hospital and the Catholic Mission Hospital. The role of the Catholic Church in the health sector is clearly apparent and it set up the hospital to help sick people. Similarly, the largest privately-owned Catholic hospital in Papua is the Dian Harapan Hospital in Jayapura, which provides health care to people from all over Papua including West Papua Province.

The management of this hospital is the sole responsibility of the Roman Catholic Church and, thus, the costs of the physical construction of the building, the salaries of the hospital staff (i.e. doctors, nurses, midwives, pharmacists, dieticians, administrative clerks and cleaning service employees), the procurement of medicine, the operation of equipment, the procurement of food, electricity, and so on, are independently funded by the Catholic Church, which also guides and advises the hospital's management. The Hospital hires medical personnel through a selection process conducted by the hospital and Catholic Church leaders. The hospital director is responsible for revenues and all hospital activities and he reports to the hospital founder and the head of the Catholic Church through monthly and annual reports. Without the reports, the Church would have no control over the hospital's leadership.

Health services at the hospital are available 24 hours a day, so patients can be treated whenever they need it. The health care system in private hospitals is almost the same as in government-owned hospitals, but the costs are higher, therefore, it is quite expensive. Private hospitals do not accept the *Jamkesmas* card 'Public Health Insurance Card', because all patients have the same rights and obligations. They also do not accept the insurance for government employees 'Askes'.

Although treatment costs more than government-owned hospitals, more people opt to go private hospitals. Outpatients have to pay a fee at the registration window and a consultancy fee of IDR50,000 per person, while the costs of medicines depend on the kind of disease the patient has. Therefore, the average a patient may spend is IDR 200,000 to 300,000. Patients who are admitted to the hospital will pay different amounts of money depending on the class of treatment they receive. A standard Class III costs about IDR 150,000/day, class II IDR 300,000/day, and class I costs IDR 500,000/day. VIP rooms are even more expensive and cost more than IDR 700,000/day. This fee does not include the costs of medicines the patient or family members have to buy in the hospital pharmacy. When a patient is hospitalized for a long time, it may become very expensive. A patient has to pay the hospital charges on the last day, before he or she returns home.

I observed that the payment of the relatively high costs of private hospitals is not the sole responsibility of the patient or members of his or her family. Since the people of Papua strongly adhere to kinship principles, the payment of the hospital costs is a shared responsibility of all the relatives of the patient. Nowadays, Dian Harapan Hospital in Jayapura is one of the referral hospitals for other areas in Papua.

Religious health institutions

Religious institutions generally have a health care programme for the community free of charge ahead of specific religious festive days. However, others have a periodic service programme a number of times a year. The Evangelical Christian Church's (GKI) work programme, for example, includes reproductive health screening programmes organised by the *Persekutuan Wanita*

'Fellowship of Women' to prevent cervical cancer and other diseases.

I did not witness any services performed by religious institutions during my research on Teminabuan. I obtained data that the Christian institution called *Classes*³⁶ in Sorong has a regular programme to provide health services to sick church members, but I do not rule out that non-Christians are also accepted for medical treatment there. Apparently the Evangelical Christian Church in Papua, which has the largest number of church buildings and the highest number of congregation members compared to other Protestant churches, does not have its own hospitals like the Catholics and the Muslims. *Classes* in Sorong has offered health care services for a few years.

The *Classes* in Sorong has established communication with church members who are doctors and they provide health services to the community, while the *Classes* in Sorong provides all the facilities. The doctors do not get paid, because their service is seen as an act of devotion to the church (God) and part of their obligations to mankind. The *Classes* office is used for patient treatment. Since health services in *Classes* in Sorong have become available, the number of patients seeking treatment there has increased over time. This indicates that the church members need the service it provides. When patients who seek treatment at the *Classes* have a very serious disease, the doctor will refer them for admission to a hospital in the city of Sorong, such as Sele Be Solu Hospital, Oetodjo Hospital, Pertamina Hospital or Herlina Hospital.

Pusat Kesehatan Masyarakat, 'Health Centres'

Puskesmas, 'health centres', are very important public health institutes. They have been established by the Government and the Government is responsible for all medical expenses, the procurement of equipment, payment of salaries of health workers and administration staff, and various other needs. Health centres

³⁶ *Classes* is an evangelical Christian church organisation in Papua, which is at the level of District/Sub-district that oversees several congregations or churches.

have been established in the capital of each district or sub-district. In spite of the differences in location in the region, the costs and procedure are the same for the same services. Patients who enrol at the registration booth receive a number and when their number is called, they can be checked by the doctor. The medical expenses are the same in all health centres and patients only pay IDR 5,000 at the registration window, a doctor's examination fee of IDR 20,000, and the prescription medicine should be collected at the pharmacy at IDR 50,000 per person. There are two health centres, Teminabuan Health Centre and Sawiat Health Centre, in the research area in South Sorong Regency.

Puskesmas Teminabuan, 'Teminabuan Health Centre'

The Teminabuan Health Centre is in the district of Teminabuan, which has 16 villages: Wermit, Keyen, Wernas, Wersar, Wehali, Nambro, Seiyolo, Seribau, Tapiri, Tegirolo, Gorolo, Magis, Aibobor, Amy Sesna, Kaibus and Kohoin. The villagers and employees can reach the centre by car, boat and other means of transportation. The Teminabuan Health Centre serves patients from different ethnic backgrounds, both Papuan and non-Papuan, who work in the South Sorong Regency. The current Teminabuan Health Centre is a hospital that dates back to the era of the Dutch Government. The name was changed from Teminabuan Hospital in to Teminabuan Health Centre in 2004, because the South Sorong Regional Government had established Scholoo Regional Public Hospital in Keyen village. Despite its decline in status, it still has an important role and it has continued to provide 24-hour health services to patients until now.

The head of the Teminabuan Health Centres explained that there are six priority health service programmes: preventive health, environmental health, maternal and child health, nutrition services and disease treatment. The Teminabuan Health Centre has 3 doctors, 11 nurses and midwives, and 4 laboratory analysts. Thus, the professional medical personnel in Teminabuan Health Centre consist of 18 people. There are 12 female and 6 male personnel. They consist of 10 Papuans and 8 non-Papuans. With this capacity of doctors, nurses and midwives as well as adequate lab analysts, the Teminabuan Health Centre strives to provide

optimal health care to communities in this area. Given that this health centre was formerly a hospital, support facilities are available, such as an in-patient unit complete with medical and nursing staff, and midwives. Teminabuan Health Centre accepts both outpatients and in-patients.

This health centre is located very strategically in the middle of Teminabuan town and provides health care for people of all ethnic groups, both Papuans and non-Papuans. People generally come from far away from the Districts of Saifi, Sawiat and Seremuk, and also from the District of Fkour, since it is closer than Scholoo Hospital. People argue that Scholoo hospital is too far, and can only be reached by vehicles, such as motorcycles and cars, of which the fee is quite expensive, especially for people who make a living as farmers and fishermen. This is also expressed by a patient I met at the Teminabuan Health Centre:

I am just a farmer and I do not have the money to go for treatment to Scholoo Hospital in Keyen because it is too far away. When we go there, we must prepare money to pay the motorcycle taxi driver. It is expensive. It is better to be treated here because it is close. I just need to walk to arrive at the health centre. (Interview with Mrs. Bless in the Teminabuan Health Centre, March 2011 [my translation]).

The Teminabuan Health Centre building has work spaces and facilities, such as a doctor's office 'head of the health centre', BKIA 'mother and child health centre', service planning, laboratory, a voluntary counselling and testing room, malaria examination room, in-patient wards, a pharmacy, a kitchen and toilets. It is also equipped with houses for doctors, nurses and midwives.

Health facilities are available in Teminabuan, but the indigenous communities do not utilize them well, as stated by Dentist Ihsan, who is the head of the health centre and manages all the activities and health services in the area:

I have doctors, nurses and midwives who are always ready to offer health services to the community, both to the natives and other people who work and live in Teminabuan. These people are immigrants from Makassar, Bugis, Javanese, Toraja and Kupang and from elsewhere. Immigrants are more dominant here compared to the local community, which does not come to the health centre very often. I can

give an example. The immunization programmes for infants and children are predominantly followed by non-Papuan people and only less by the Papuan people, especially the Tehit. This causes a low immune system in local infants and young children who have not been immunized, which often results in death. (Interview with Dentist Ihsan at the Teminabuan Health Centre, March 2011 [my translation]).

As a dentist he states some further differences between local communities and immigrants in the way they consult the facilities:

Local people rarely check their teeth and they come for treatment only when they have toothache. It is different with immigrants 'non-Papuans', who have their teeth checked frequently. (Interview with Dentist Ihsan at Teminabuan Health Centre, March 2011 [my translation]).

The actual treatment process at the health centre is preceded by patients registering at the registration counter and having their files checked. Those who have registered as new patients or patients who already have a treatment card will be asked to wait for their name to be called. Patients who are being treated for the first time need to complete some forms to provide the data needed for their treatment card. Patients are directed to the doctors, nurses and midwives to be checked. Once patients are checked, they will be given a prescription for medicine to be submitted to the pharmacy.



Figure 88. Patient receiving treatment by a doctor

Photo: Rio Flassy, March 2011



Figure 89. Doctor treating a patient

Photo: Rio Flassy, March 2011



Figure 90. *Nurse checking a patient*

Photo: Rio Flassy, March 2011.

Patients who have symptoms such as fever and heat are required to check their blood in the laboratory to see if they have malaria before they are examined by doctors and nurses. The treatment of diseases such as malaria, ARIs, diarrhoea and skin diseases are generally performed by health professionals in the Teminabuan Health Centre. People can contract skin diseases, such as scabies and ringworm, because they live unhygienically and do not keep their bodies clean.



Figure 91. *A patient affected by the skin disease 'ringworm'.*

Photo: Rio Flassy, March 2011.

When a skin disease such as ringworm is left untreated, it may spread over the entire body. This was stated by one of the nurses:

If we, at this health centre, see that patients are suffering from scabies and ringworm, we give them medications in

the form of an ointment to be rubbed or applied onto the body so that the disease can be cured. But there are still patients who fail to treat skin diseases such as ringworm, tinea versicolor, and scabies because they think it is not a serious thing. There are also people who do not consider it a disease, so they do not come for treatment. (Interview with Nurse Thesia at the Teminabuan Health Centre, March 2011 [my translation]).

Nurses and midwives at the Teminabuan Health Centre also take care of family planning services (*Keluarga Berencana*). A married woman who wants to limit the number of births or lengthen the interval between pregnancies can come to the health centre for a consultation. Nurses and midwives will explain the government's family planning programme so that the person can easily understand and accept it. The family planning service that the Teminabuan Health Centre offers is helpful to the community. Mothers come to the centre to be informed about the various contraceptives. After having been informed of the benefits and possible negative impacts of each contraceptive device, they usually opt for injections or birth control pills. They choose these because they are easy to administer and the results are proven.

Pertaining to the implementation of family planning practices in South Sorong Regency, there are informants who said that nowadays, if a mother has given birth to a child, the nurse immediately performs surgery, a hysterectomy or sterilization, without asking the mother or the family. The Papuans call this operation 'closed womb'. This enforced sterilisation as an apparently common practice led to a situation where young mothers only have one or two children and the population growth among the Tehit is very slow compared to other ethnic groups in the vicinity, such as the Inanawatan or Meybrat. This may lead to a situation where the Tehit are heading towards extinction. If these coercive actions are not stopped, then the mothers will no longer dare to go to a hospital to check their health or to give birth, because they fear that their insides will be tied up. Children are very valuable to the people of Papua in general, and also for the Tehit in particular, because they are the successors of the clan.

Moreover, in indigenous Tehit society, women who bear many children are considered good women who know the customs.



Figure 92. Patient consulting a nurse about family planning

Photo: Rio Flassy, March 2011



Figure 93. Nurse noting the patient's data

Photo: Rio Flassy, March 2011

A lot of information about patients who come for treatment at either in Teminabuan Health Centre, the community health centre or *Polindes* are registered in the annual report. The data are submitted to the Health Office in South Sorong Regency. The data on the diseases and numbers of patients in a year can be seen in the table below.

Table 16. Number of patients attending Teminabuan Health Centre

| Number | Type of disease | January – December |
|--------|-----------------|--------------------|
| 1 | Malaria | 661 |
| 2 | ARI | 549 |
| 3 | Arthritis | 449 |
| 4 | Asthma | 447 |
| 5 | Bronchitis | 404 |
| 6 | Diarrhoea | 447 |
| 7 | Worms | 395 |
| 8 | Scabies | 674 |
| 9 | Gastritis | 364 |
| 10 | Other diseases | 1381 |
| Total | | 5771 |

Source: Teminabuan Health Centre, 2011.

The data listed in Table 16 above show that with 5,771 patients visited Teminabuan Health Centre in January to December 2011. However, there was a drastic decline in the number of patients in February through to December. Patients suffered predominantly from scabies, malaria, ARI, diarrhoea, bronchitis, arthritis, asthma

and other diseases. The latter, categorized by health care workers in Teminabuan Health Centre in the report, included hypertension, heart disease, kidney failure and osteoporosis, all of which attack many elderly parents.

In addition to the ten diseases above, Teminabuan Health Centre also identified seven cases of HIV/AIDS. However, diseases such as HIV/AIDS and Dengue fever are not listed in the table of the Teminabuan Health Centre because these diseases do not figure among the 10 diseases ranging in official statistics as the most common in Indonesia. The people registered as infected with HIV/AIDS or often referred to as PLWHA, 'People with HIV/AIDS', were all women. The Head of Teminabuan Health Centre commented:

Those who are infected with HIV/AIDS are not only women, but, of course, also men. But there are just not many people, especially men, who want to have a check for the disease, so officials do not know if people are infected with it. A person gets HIV/AIDS in Teminabuan because of sexual intercourse with infected sexual partners. There are also people who have the disease who come from Sorong to Teminabuan. (Interview with Dentist Ihsan at Teminabuan Health Centre. February 2011 [my translation]).

Puskesmas Sawiat, 'Sawiat Health Centre'

The Sawiat Health Centre is in Wen village, the capital of District Sawiat. Before 2009, the health centre was just a very simple wooden edifice without any treatment room. The health centre burned down in 2010; consequently, a more representative health centre building was built to serve the community. The health centre is a house made entirely of wood with a tin roof and glass windows. The new building provides doctors, a BKIA [BI] 'Mother and Child Health Centre', a pharmacy and a malaria examination room. Sawiat Health Centre provides health care to the people from 12 villages (Wen, Sawiat, Sadrofoyo, Wensough, Eless, Sfakyo, Sasnek, Wendi, Wenslolo, Kfalit, Mlabolo and Klamit), all located in the Sawiat District administrative area. Health workers provide health services every day from 8 a.m. to 3 p.m. If a patient goes to Sawiat Health Centre and is diagnosed as

an in-patient, he or she will be placed in a family house in Wen village used as an intensive care health centre, because the in-patient facilities are not yet in operation as the health centre is waiting for additional equipment and medical personnel.

The health services would be better if they were supported by adequate health facilities. Some of the medical equipment, such as the microscope and fresh vaccines, and also the infrastructure, such as a bathroom for patients, medicine shelves, a medicine chest, a car and a motorcycle, in the Sawiat Health Centre are partially damaged or absent. Therefore, health workers have difficulties serving the community. There are two cars at the health centre, for example, but one of them had broken down when I was there. The other car could not be used because there was no driver. Thus, parts of the planned health care programme, such as community health centres and travelling health centres, *Posyandu* and *Polindes*, respectively, are not implementable.

Only a very limited number of health workers work in Sawiat Health Centre. This condition means that people who live in villages located far from the health centre are not serviced properly. Their numbers can be seen in the table below:

Table 17. *Trained medical professionals and dukun at the Sawiat Health Centre*

| Village | Trained medical professionals and dukun | | | | Gender | | Ethnic | |
|-----------|--|-------|----------|-------|--------|--------|--------|----------|
| | Doctor | Nurse | Mid wife | Dukun | Male | Female | Papuan | Non-Papu |
| | trained | | | | | | | an |
| Wen | 1 | 5 | 4 | 1 | 3 | 7 | 8 | 2 |
| Sawiat | - | - | - | 1 | - | 1 | 1 | - |
| Sadrofoyo | - | 2 | - | 1 | - | 3 | 1 | 2 |
| Wensough | - | - | - | 1 | - | 1 | 1 | - |
| Eless | - | 1 | - | 1 | - | 2 | 1 | 1 |
| Sfakyo | - | - | - | 1 | - | 1 | 1 | - |
| Sasnek | - | - | - | 1 | - | 1 | 2 | - |
| Wendi | - | - | - | 1 | - | 1 | 1 | - |
| Wenslolo | - | 1 | - | 1 | - | 1 | 1 | - |
| Kofalit | - | - | - | 1 | - | 1 | 1 | - |
| Mlabolo | - | 1 | - | 1 | - | 2 | 2 | - |
| Klamit | - | 1 | - | 1 | - | 2 | 1 | 1 |
| Total | 1 | 11 | 4 | 12 | 3 | 23 | 2 | 6 |

Source: Sawiat Health Centre, 2011.

The data in Table 17 above show that there are 22 female nurses and 3 male ones. Most health workers at the Sawiat Health Centre are Papuans (21), while there are 6 non- Papuans. In addition to the single doctor and 11 nurses, there are 4 midwives and 12 trained *dukun beranak* (special women to assist pregnant women), commonly known as *kaders*. Trained *dukun*, often called *dukun beranak* in Indonesia, are medical personnel who have been trained by doctors and/or nurses. They are mostly married women who already had the traditional knowledge, skill and experience to assist women in labour. They are midwives. These *dukun* take care of pregnant women, assist them during childbirth and later look after both mother and her baby. Traditionally, they help the birth of a baby with their bare hands. They cut the umbilical cord with a bamboo splinter that has been heated over an open flame. Health workers consider these practices as unsterile, so ‘*dukun beranak*’ are trained additionally to use equipment that has been cleaned with alcohol.

Table 18. *Number of patients in Sawiat Health Centre*

| Number | Type of disease | January – December |
|--------|-----------------|--------------------|
| 1 | ARI | 960 |
| 2 | Arthritis | 487 |
| 3 | Malaria | 329 |
| 4 | Diarrhoea | 327 |
| 5 | Scabies | 204 |
| 6 | Bronchitis | 158 |
| 7 | Gastritis | 155 |
| 8 | Asthma | 146 |
| 9 | Worms | 140 |
| 10 | Others disease | 714 |
| Total | | 3620 |

Source: Sawiat Health Centre, 2011

The figures listed in this table also contain those of the branch health centres at Eless, Sadrofoyo, and Klamit, and the *Polindes* in Wenslolo and Mlabolo villages. One health worker explained that malaria, ARI, arthritis, asthma, bronchitis, diarrhoea, scabies, worms and gastritis are the main diseases registered there. Health officials from local subdivisions write up monthly reports. Sawiat Health Centre summarizes the records, including its own figures,

into one complete report and sends it to the Health Office of South Sorong Regency.

In addition to the diseases mentioned above, the medical staff at Sawiat Health Centre identified four people who were infected with HIV/AIDS. However, no systematic screening of all the patients in the Sawiat Health Center existed during the period of my fieldwork. There is one case of a child who was infected with HIV/AIDS in the records of the medical officers, the three other cases concerned adults. Health worker, Yermias Saflafo, at Sawiat Health Centre stated:

A boy aged two years was suffering from HIV/AIDS, which was transmitted through his mother’s milk. The child survived only briefly and then died. One adult man and two adult women were also infected with HIV/AIDS. Two of them died, so now there is only one person with this disease who is still alive in the Sawiat area. Officials withhold the identity of patients with HIV/AIDS, because if it is publicly known, the patient will be excluded from social interaction and can even be driven out of his or her home. (Interview with Yermias Saflafo at the Sawiat Health Centre, December 2011 [my translation]).

Table 19. *Nutritional status of Balita ‘Children under Five’ in Sawiat Health Centre*

| Year | Infants weighed | Nutritional status | | | |
|-------|-----------------|--------------------|------|-----------|-----|
| | | Good | Less | Very good | Bad |
| 2009 | 85 | 69 | 3 | 3 | 2 |
| 2010 | 87 | 18 | 12 | - | 6 |
| 2011 | 99 | 20 | 10 | 1 | 10 |
| Total | | 38 | 22 | 4 | 16 |

Source: Sawiat Health Centre, 2011

Table 19 shows the nutritional status of children. It shows that there was an increase in the number of children with malnutrition from 2009 to 2011. The number of children with a poor nutritional status is growing rapidly every year. There are still many children who lack a proper nutritional status. Meanwhile, only 38 babies have a good nutritional status. This being so, when seen as a totality, infants and children are still categorized as a group with malnutrition. Yermias, who serves as a nurse at the Sawiat Health Centre, said that:

The number of babies in Sawiat that suffer from malnutrition has increased from year to year, because each family consumes very modest food. They tend to consume taro, sweet potatoes and vegetables, while they eat very little other food, such as meat, fish and eggs, because this area is in the mountains. It is hard to get food here that contains proteins. They have to buy that in Teminabuan city, which is far from their homes. It makes them ultimately consume potluck food, and they do not think about nutritional values. What is important for them is that they can eat and fill their stomachs. (Interview with Yermias Saflafo at the Sawiat Health Centre, March 2011 [my translation]).

The signs of infant malnutrition are summarized by Yermias Saflafo:

It is easy to detect children suffering from malnutrition. Their bodies are swollen due to excessive fluid, they have round puffy faces, their eyes are glassy and they whine crankily, but sometimes they are quiet, have blond hair, small muscles, skin rashes and skin wrinkles. The child does not want to eat, suffers regular diarrhoea and vomiting, is very thin and has a concave stomach. (Interview with Yermias Saflafo at the Sawiat Health Centre, March 2011 [my translation]).

Although health officials have knowledge of modern medicine, they also often work together with the church, especially Evangelist Nico Krenak, and with *wuon* 'healers'. Demi Sagisolo, a health worker, said:

I still remember in 2008, a man from the village of Sasonek came here. He told me that a woman in their village could not deliver her baby. I called my friends, midwives Arance and Katerina, and I also asked Evangelist Nico Krenak to come with us. We used the *Puskesmas* car to go to Sasonek village. We got there around 8 p.m. There were a lot of people waiting for us in the house. My friends and I went straight into the room to see the pregnant woman, who was weak with exhaustion.

Midwives Arance and Katerina prepared all the equipment, and then I told Evangelist Nico to pray. Before that, we gave medical assistance. Nico asked for a glass of water and then he prayed over it. The water was then dripped slowly onto the woman starting from the head, face and down to the pregnant

belly. We also gave her an induction medicament so that she could deliver her baby. We waited for a few moments and then she finally gave birth, but unfortunately the baby boy had died in his mother's womb. Then Nico again asked for a glass of water and then he prayed and gave it to the woman to drink. Then the villagers buried the baby at about 2 a.m. At 3 a.m., we took the mother from Sasonek to the hospital of Teminabuan. We arrived at 6 a.m. When we arrived at the hospital in Teminabuan, the mother was unconscious, and Teminabuan Hospital asked us to take her to Sorong.

Around 10 a.m., we passed the Sawiat Health Centre. It felt like a waste of time to go Teminabuan first to get a letter of reference to be admitted to the hospital in Sorong, and to go there took about six or seven hours. Fortunately, Evangelist Nico Krenak was with us. He prayed several times and the mother survived. We arrived in the town of Sorong in the late afternoon. The mother remained unconscious and she was then examined by a doctor and given medication. A few hours later the mother was conscious. We were very happy that the mother survived. (Interview with Demi Sagisolo at the Sawiat Health Centre, March 2011[my translation]).

In addition, health workers at the Sawiat Health Centre enjoy good relations with *wuon* regarding the treatment of patients. Yermias Saflafo stated this:

Our health workers at the Sawiat Health Centre are natives of this area, so if there are patients who want to be treated at the health centre and, after we've checked their health and found no disease, we tell them to go to a *wuon* and also to a priest, including Evangelist Nico Krenak. In fact, I once had an experience that I will never forget. There was a mother who committed suicide because her husband was having an affair with another woman. The mother had committed suicide by drinking poison in the form of '*tuba root*'. Evangelist Nico and I (and also a young man) were trying to get the mother to the health centre. When we arrived at the health centre, I tried to give her some medication, and Evangelist Nico also prayed. I asked the people to call *Wuon Mbolhoq* immediately and to ask him to come to the health centre at once. *Wuon Mbolhoq* came, he also tried to help the woman, but he said that it was too late; she was dead from the poison that had worked very quickly. The *wuon* told us if a *wuon* knows the spells to

neutralize poison. But if was too late, the person will die. (Interview with Yermias Saflafo at the Sawiat Health Centre, March 2011 [my translation]).

Health workers admitted that their service area actually requires many nurses and midwives, but until now, no additional human resources have come from the South Sorong Regency Health Office. Because of the limited number of personnel, they work without breaks. Nurse Arance Sagisolo and Demi Sagisolo stated this as follows:

There are not many of us at this Health Centre in Sawiat, and we work from 8 a.m.to 3 p.m. However, if there are people who call us for a home visit because there are family members who are sick, even though they live far away, we cannot resist. If villages are near, we can walk, but if the patients live in a remote village, we often take a motorcycle to get there. We pay for the motorcycle fire, even though we only have a small salary. However, we do all this willingly, because we are public servants. (Interview with Arance Sagisolo and Demi Sagisolo at the Sawiat Health Centre, March 2011 [my translation]).



Figure 94. *The health workers Demi Sagisolo and Arance Sagisolo.*

Photo: Marlina Flassy, March 2011.

The procedure for patients in Sawiat Health Centre starts with patients being registered by an admission officer. After this, a nurse will check their health, but if doctors are at the health centre, the patient is examined by one of them. However, the patients are generally only examined by nurses, because doctors are often not around. A blood test is usually taken before the medical check-up,

meaning that a sample of the patient's blood is taken and examined under a microscope to check the cause of the disease. It is, in essence, a malaria check-up. After the examination, the last stage is that the patient is called to the counter to wait for his or her medicine. Treatments at the health centre are free. Once a patient's name is called in the pharmacy, the patient can pick up the medication and a nurse will explain how to take it.



Figure 95. Nurse providing care to child

Photo: Marlina Flassy, March 2011



Figure 96. Nurse noting the patient's data

Photo: Marlina Flassy, March 2011

In the left image above, a nurse is examining a baby, while the mother holds it for treatment. After the nurse checked the symptoms of the infant, she made a diagnosis and concluded that the baby has an inflammatory disease and should be given antibiotics. She writes a prescription and gives it to the baby's mother. The prescription is taken to the pharmacy. The official in the pharmacy will give her the medicine. Similarly, nurses perform health checks with patients, as shown in Figure 97 and 98.



Figure 97. Nurse writing a patient's data

Photo: Marlina Flassy, March 2011



Figure 98. Nurse preparing medicine for the patient

Photo: Marlina Flassy, March 2011

It seems that the availability of medicines influences the services nurses provide at the Sawiat Health Centre strongly. The centre's pharmacy makes various medications in a very limited work space. Most medicines are tablets, rather than in liquid form.

Pusat Kesehatan Masyarakat Pembantu, 'Community Health Centre'

The community health centre, better known as the *Puskesmas Pembantu(Pustu)*, is a representative of the governmental health centre system mostly in rural areas. Such a health centre has a wide service area and usually sets up small local health centres in the remotest villages to provide services to the people. There are 38 community health centres spread across 8 districts throughout South Sorong Regency. It seems that the services in *Puskesmas Pembantu* are only handled by one or two nurses, because there are no doctors. Therefore, the nurses often work beyond office hours because they always give health care whenever there are patients.

Each community health centre has many problems, some of which are limited facilities, equipment and medicines. Regarding the patients suffering from more severe diseases, the health workers in the *Pustu* will ask the patient's family to take them to a *Puskesmas* to see a doctor for examination and treatment. Compared to the conditions in the *Pustu* in the Sawiat Health Centre area, the *Puskesmas* and *Pustu* in Teminabuan does not encounter too many problems and they only suffer from a lack of nurses. They only have to deal with the sheer extent of their service area, with many remote villages and no means of communication or transport, a lack of medicines and nurses, the absence of a proper building for the *Pustu*, a lack of coordination and late information provision from and to the health centres because of long distances.

Pustu Meriba is one of the *Pustu* in the working area of *Puskesmas Teminabuan* and is in Kampong Meriba, which is also called Kampong Sembra. This *Pustu* apparently receives more patients from villages outside its service area and from the Seremuk District. The people in the village and the surrounding area of *Pustu Meriba* do not use it very often, because there is neither a doctor in the *pustu* nor are the health facilities sufficient

compared to the *puskesmas*. Therefore, they have to spend a lot of money to go for treatment at the *Puskesmas* in Teminabuan or Scholoo Hospital in Keyen. Transportation costs range from IDR 20,000 for a single trip to IDR 40,000 for a return ticket, and it takes an hour to drive from Meriba to Teminabuan and about two hours if they continue on to go to Scholoo Hospital in Keyen, which costs IDR 50,000 to 100,000. Although it is quite expensive and time-consuming, these are not seen as constraints, because a doctor is available in the health centres in Teminabuan and Keyen, and he is better equipped to check patients than the *Pustu*. Fransina Kalilago related her experience as follows:

I'm happy because we have *Pustu* Meriba in the village, but I don't understand why there is no doctor there. If I get sick, I will seek treatment directly in Teminabuan town where there is a doctor and they also do blood tests there, so it will be clear what the problem is. This is different from a *Pustu*, where nurses only talk to you and touch you on the head and body and then give medicines. Ouch! I was very scared to take the medication as the nurse did not check my blood first. When I went to the health centre, I immediately registered at the counter, waited for the nurse to call me to check my blood and then I could go into the doctor's office for my examination. I was more satisfied when a doctor later told me what disease I had, and he provided me with a prescription to take to the pharmacy to get my medicine. (Interview with Fransina Kalilago in Meriba village, March 2012 [my translation]).

I also noted this in *Pustu* Mlabolo, one of the *Pustu* in the Sawiat region, which is far from the *Puskesmas* (Health Hentres) in Wen (Sawiat district capital). Patients from a lot of villages far from the Health Centre seek health services from the *Pustu* in Kampong Mlabolo, which is in the middle of the border area between Sorong Regency, South Sorong Regency and Ayamaru Regency. The only health worker in *Pustu* Mlabolo is a nurse who provides health services to the community of four or five surrounding villages. If she is unable to treat a patient, the latter has to walk to the Health Centre in Sawiat which takes three to four hours. The actual conditions in Mlabolo Community Health Centre are very worrisome, because there is not only a lack of medical personnel,

but also of equipment needed to examine patients, while medicine supplies are too limited. Therefore, if a patient is terminally ill, there is only one vehicle ready to take the patient to the *Puskesmas* in Sawiat. If that is impossible, the patient will just be taken home by family members to be treated by a *wuon*. This is what health worker Yermias Saflafo had to say:

I used to say to the nurses in *Pustu* Mlabolo that when medicines are sold out, they should immediately report this to the Health Centre so that supplies can be brought in from Sawiat. But if there is an emergency patient and the nurses are unable to help and if there is no car to take the patient to the Health Centre in Sawiat, the nurse should call a *wuon* herself or tell the family to do so. This is so, because *wuon* have been working to heal the sick since time immemorial. Even before there were nurses and modern physicians, *wuon* already existed in Tehit. So certainly, a *wuon* might be able to heal the sick. I don't understand why we do not involve *wuon* under difficult conditions to save patients' lives. (Interview with Yermias Saflafo in Wen village, April 2012 [my translation]).

Pusat Kesehatan Masyarakat Keliling, 'Travelling Health Centres'

Each *Puskesmas* that works in a wide area usually has a services programme in the form of a mobile health centre to serve communities in the region. The most important things needed are means of transportation. Since the Teminabuan Health Centre service includes coastal areas, the villages there are only accessible by boat or speed boat, while the villages which are located far up in mountainous areas or plains can only be reached by cars and motorcycles or by walking. Teminabuan health workers visit the villages either by car or by boat every month. This kind of health care is free, and the health officers also give the people medicine free of charge.

The head of Sawiat Health Centre and his staff are planning the mobile health programme. Once a car is available, mobile health programmes can be set up to help people in the farthest villages, such as Kfalit, Mlabolo and Klomit which are in the border area of the regencies of South Sorong, Meybrat and Sorong. These villages

are very far from the health centres in Wen (Sawiat) and can be reached by car within one to two hours. The programme cannot be implemented yet due to transportation constraints. The South Sorong Regency Government had offered two cars, but one is broken down and the other has no driver. Thus, public health services for the 12 villages around the District of Sawiat are unavailable due to transportation constraints.

Pusat Pelayanan Kesehatan Terpadu, 'Integrated Health Post'

Activities carried out to provide health services to the community may also take the form of an *Pos Pelayanan Kesehatan Terpadu* 'IHP' or better known as a *Posyandu*. The IHPs generally concentrate their services on pregnant women and children under the age of five. Services are performed by midwives and nurses from the Health Centre as well as some other trained *kaders*. Examples can be seen in the service activities in the IHP in the District of Sawiat.

The *Posyandu* offers services for children every month. Given the limited number of health facilities, the monitoring sessions are held in the Tabernacle Church in Wen village.



Figure 99. Health services in
Posyandu in Wen
Photo: Rio Flassy, April 2011



Figure 100. Nurse and *kader* at the
registration of children
Photo: Rio Flassy, April 2011

The *Posyandu* gathers in Wen village, as the capital of the Sawiat District, each month. Health workers always tell the people, especially the parents of infants and children to come to the IHP. This is evident, as more and more mothers come with their babies

and children from month to month. As yet, *Posyandu* does not yet have a permanent place of service. Midwife Katerina said:

Since we do not have a fixed place for our growing monitoring sessions, we always work with Evangelist Nico Krenak, thus, every month we can use the Tabernacle church. Our IHP midwives and *kaders* are happy, because mothers in Wen village bring their children very diligently to be checked and weighed in the IHP at the scheduled time. We hope to have our own place next year for our growing monitoring sessions, so that we can work in peace. (Interview with Nurse Katerina in Wen village, April 2011 [my translation]).



Figure 101. *Kaders* weighing a child

Photo: Rio Flassy, April 2011



Figure 102. *Kaders* checking a child's height

Photo: Rio Flassy, April 2011

Women generally dominate activities in the *Posyandu*, both as nurses and parents who come with their babies and children. However, there are also male health workers at the Sawiat Health Centre who provide services at the *Posyandu*. One officer weighs the babies by using a simple *sarong* which is tied around a strap and attached to hanging scales. A clerk puts the infants inside the

sarong and they are weighed. This weighing technique is used in almost all Health Centres in Sawiat. With minimal equipment, health officials continue to work to serve the community.

The scarcity or limitation of equipment used in *Posyandu* causes the health service treatment to take a long time. Some parents who bring their babies and children are forced to wait for a long time to get health care at an IHP. There was even one parent who said:

Every month there is activity in the IHP and we are very pleased. However, our ongoing activities must wait their turn until called by the *kader* and midwives. The number of health workers are few, and the equipment they use is also limited, so we keep waiting until health workers providing care for our children and pregnant mothers are there. (Interview with Anike Rogea at IHP, April 2011 [my translation]).

Mothers in Wen village always take their children to the IHP and it takes only a few minutes to walk to it. This differs from the people who reside in villages that are very far away and remote. They are less likely to get health care due to various reasons, such as the absence of IHPs and no means of transportation. Health services are also carried out for pregnant women and *Balita* (BI) 'infants and children under the age of five'. Infants and children are weighed and their heights are measured. Then they are immunized and given vitamin injections. In addition, the children are given extra food, such as milk and peanut porridge. Meanwhile, pregnant women are weighed and their health is also checked. During the provision of these IHPs, the paramedics also find out if there are children who have or are in danger of having malnutrition.

Pondok Bersalin Desa, 'Village Maternity Lodge'

The mother and the infant mortality rate is currently very high in Papua, therefore, the government is trying to build Village Maternity Lodges, whose duty and responsibility are to provide health care for mothers and babies. A total of 37 IHP have been established in South Sorong Regency, distributed over eight districts. There are 16 *Polindes* in Teminabuan, while 10 new *Polindes* have been established in Sawiat. These *Polindes* are

expected to provide relief to pregnant women and their babies during and after childbirth.

The small number of health workers means that not all *Polindes* are staffed by nurses, and there are also clinics which are only handled by volunteers or *dukun beranak* 'midwives'. *Kaders* have usually gained practical medical training so that they can provide services to pregnant women about to give birth. The *kaders* are usually chosen from the mothers who usually have experience in assisting deliveries for pregnant women, with their traditional knowledge passed down by parents or relatives. If they have previously helped the delivery process with simple equipment, they are then taught to use modern tools, such as gloves, scissors, cotton and alcohol. They are supposed to get some incentive money from the government through the Health Centre every quarter. Although they are not paid regularly, they remain loyal and carry out their duties to help pregnant women and infants. When I was doing this research, I met a nurse who was assigned by Sawiat Health Centre to open a midwife station in Kampong Wenslolo. The village can be reached by foot, which takes two hours, whereas it may only take one hour with a vehicle such as a motorcycle. Thus, if there is a pregnant woman who is about to give birth, it is quite difficult to ask for help from midwives at Sawiat Health Centre. For that reason, one of the nurses who has worked for several years in Kampong Wenslolo has been assigned to open an IHP. She relayed her experiences once she had started working at the IHP in Wenslolo as follows:

The first time I opened the IHP in Wenslolo was on January 30, 2010. I was escorted by the Head of *Puskesmas* Sawiat (Mr. Blessia). I only knew that this IHP was to provide services especially to pregnant women and infants. But apparently, after two or three days had passed, the facts that I was facing were different, because many people in this village, men and women came to ask me to check whether they had malaria, diarrhoea, acute respiratory infections, skin diseases, rheumatism, worms and so on. Luckily, I had a supply of medicines from the Health Centre, so I gave them to the patients to take. I also told them that the medicines should be taken until they had run out, because the people here have a habit of taking their medicine a few times and have the feeling they are starting to heal; they

immediately stop taking the rest of the medicine. I always tell them that if they do not finish the medicines, they will become sick again and have to come back to the IHP. Although the IHP here has just been established, I also received patients from villages such as Mlabolo, Klamit, Kfalit, and even from the Fkour District, which does not fall under the Sawiat Health Centre services. I am happy, because patients can be treated at the IHP. I'd love to open a larger health care centre, but there is no special building for the IHP, even though I have been working here for three years now. Even this building is really not suitable, because it is too small for the crowd. The main problem I face to date is that I don't have a good place to provide health care. I have sent proposals to the Head of the *Puskesmas* in Sawiat since 2010, but to this day (2012), there has been no response. I am very sad too, because there has been no response. Nevertheless, I keep carrying out my duties as a nurse faithfully. (Interview with Albertina Krimadi in Wenslolo village, April 2012 [my translation]).

In principle, the care pregnant women receive from nurses or volunteers at a *Polindes* is free of charge. However, people who receive care in Sawiat from health workers often give something from their gardens or they bring firewood to the houses of the health workers as some kind of payment. They do so voluntarily, without being forced. Sometimes they express their thanks by doing something to help the health workers, similar to what they would do to express their thanks to a *wuon*.

HIV/AIDS and the 'culture of shame' in Papua

The first time HIV/AIDS was notified in Indonesia was in 1983. The numbers of victims continued to grow and had increased to 17,880 cases by the end of 2008 (Spiritia 2014). According to the statistics, the total of people newly infected by HIV in Indonesia had reached 29,037 by 2013. Papua and West Papua rank among the 14 provinces in Indonesia with more than 440 people suffering from HIV (Ministry of Health RI 2014: 130). According to the Ministry of Health, there was a decline of new cases of AIDS from 8,610 cases in 2012 to 5,608 in 2013. The Ministry counted a total of 52,348 AIDS cases up to 2013. A total of 55.1 % of the patients

suffering from AIDS were men and 29.7 % were women; the gender of 15.2 % of AIDS patients was unknown (Ministry of Health RI 2014: 131-132).

The latest data released by Dr. H. M. Subuh, the Director General of Disease Control, Ministry of Health, in October 2014, revealed that 150,285 people in Indonesia are infected with HIV and 55,799 already have AIDS. Papua Province occupies the first position with the highest number of AIDS patients in Indonesia compared to the other 32 provinces, and is the third highest with regard to the number of HIV patients: a total of 10,184 people suffer from AIDS and 16,051 have HIV. The statistics for the province of West Papua show 2,714 people with HIV and 1,734 with AIDS. Thus, West Papua is found in the upper third of the provinces. However, the ratios compared to a 100,000 people are more important. Papua and West Papua, with 359.45 cases and 228.03 per 100,000 people, respectively, show the largest ratio of patients suffering from AIDS of all the provinces in Indonesia (Spiritia, 2014).

Papuans do not have knowledge about HIV/AIDS. This is also stated by Leslie Butt, a medical anthropologist, who suggests that the international community does not understand the importance of the issue. Local culture is always used as the scapegoat for the spread of HIV, but the failure of the bureaucracy in providing adequate information about safe sex is another major factor. Only Indonesian sex workers are taught how to use condoms and Papuans do not know much about the use of condoms, because the preventatives have never been distributed among them. The Papuan people in West Papua have a higher HIV infection rate than immigrants from Indonesia (Butt *et al.* 2002a: 6). The sexual behaviour of the people of Papua varies with the local cultures. The Papuan people are comprised of 250 ethnic groups with different languages, and they have different perceptions of cultural values that influence their sexual practices. However, the people of Papua generally know the 'culture of shame', so that matters relating to sexuality are very difficult to disclose to others.

The 'culture of shame' in Papua inhibits open discussions on sexuality and on the use of condoms in sexual relationships. This culture eventually also influences health promotion on HIV/AIDS

in Papua, as can be seen on billboards in Jayapura, the capital of the Province of Papua, which contain messages about people who are affected by HIV/AIDS. However, there is no explicit mention that promotes safe sex through the use of condoms as a strategy for the prevention of the transmission of HIV/AIDS. There is a billboard in one of the cities in the highlands of Papua with a picture of confusion, because it emphasizes the danger of blood transfusions and shows a sick man who lies in a hospital bed, but it does not give messages about the danger of having sex without using condoms (see Butt *et al.*, 2002a: 7). This lack of information concerning the impact of free sex without using condoms and on the use of condoms as one strategy in the prevention of the transmission of HIV/AIDS is another aspect of the 'culture of shame'. Butt and her research team state:

The most common word used in association with condoms was 'shy' (*malu*), which Papuans used almost uniformly to describe how they'd react if they were given a lesson in condom use. Because condom usage for Papuans is "not usual" (*tidak biasa*), they would be uncomfortable learning if there were "other people around" (*orang lain*) especially Indonesians. (Butt *et al.*, 2002b: 4).

Furthermore, the 'culture of shame' makes the Papuan people late in deciding to have blood tests and consulting health workers about the use of condoms or about the causes of HIV/AIDS. The Tehit in Sawiat and Teminabuan show the same Papuan attitude. By the time I started my conversations about HIV/AIDS, they seemed too embarrassed to talk. However, I changed this by offering examples of what happened in other areas in Papua. They could give me their stories, although they were a little shy, because they thought that it was taboo to disclose sex problems with others. Those who live in the city of Teminabuan acknowledge that they get information about HIV/AIDS through watching television and from health care workers in hospitals and health centres. The Tehit community living in villages on the outskirts of cities and regions as far away as Sawiat generally only hear about the disease from their children who live in cities, such as Teminabuan, Sorong, Manokwari, Jayapura and Manado, and cities in Bali and Java. They also get information about HIV/AIDS from health workers at

the health centre. Even when I wanted to get more in-depth information on the public knowledge about condom use in Tehit, they did not understand. This is evident from what Japheth Krimadi presented:

Geez! ... condoms. That stuff is... I've never heard of, let alone seen... what is a condom for? I would love it if there were people who could tell us about them so we can understand and use them, so that we do not get sick. (Interview with Japheth Krimadi in Sawiat village, March 2010 [my translation]).

Similarly, I heard from people in Wen, Sadrofoyo, Wenslolo, Seribau and Meriba that they have no proper knowledge of the disease. Religious leader, Nico Krenak, conveyed his experience when he led a youth meeting and discussion:

I've led worship sessions for youths and teens in Wen village, and sometimes kids ask me: "Nico, do you know what HIV/AIDS is? I asked them back: "So, how about yourself, have you ever heard of it? One of them said: "I do not know myself, so I asked my father ..." (they all laughed). So, then I told them, allright there is an announcement at the health centre that says: "Beware of the dangers of HIV/AIDS". Geez, they laughed... and I asked what was so funny... they said: "The board was just saying beware, but we do not know what disease it is This is the same with malaria... no explanation... and public health officials do not gather us to explain the disease. So, what do we do if we want to know?" I was silent for almost three minutes... and then I said, "I am the servant of God, so I must the truth... I also just heard from the office that HIV/AIDS is very dangerous. People, who get the disease, die for sure... I also cannot explain how the disease can hit someone and what the signs are. But the nurses at the health centre also told me that those who associate with those who have the illness will definitely also suffer from this disease. I promise one day I will call the health workers to explain this to us all. We have toknow. Do you all agree?" They all applauded and responded positively. "Yes, we are ready." After that, we continued our worship with prayers, singing and studying the Bible together. After worship time was over, they went home, and I went to see a health worker in her house to ask her about the question of the youths about HIV/AIDS. She

promised to pass this onto the Head of the *Puskesmas* to do some outreach to the community. But until today, I still have not heard anything, and I wait and hope to get some explanation so that when members of the congregation ask me about it, I can explain to them about the disease. (Interview with Nico Krenak in Wen village, March 2010 [my translation]).

Some informants also said that the HIV/AIDS disease has remained unknown to them until today. They do not know the symptoms or how the disease is transmitted. With this lack of public knowledge, the Tehit people cannot take precautions for themselves and for their families. Mrs. Yubelina Kofias in Kampong Seribau also said this:

I, as a teacher, have just heard from people that there is a disease called HIV/AIDS, but until today, no health workers have come to explain this disease to us. Imagine the situation with ordinary people who just work as farmers or fishermen in the village. They may have absolutely no idea what this disease is... and have no idea of preventive tools such as condoms... they've never see them, let alone they would know how to use them. It is really surprising. This village is close to the city, but we have no information about the disease whatsoever. (Interview with Yubelina Kofias in Seribau village, March 2012 [my translation]).

A woman in the village of Seribau has other experiences regarding her knowledge of HIV/AIDS:

I've never heard of... the disease they call HIV/AIDS before, but when my husband and I went to Sorong, we stayed at a relative's house there. In the evening, we all ate out, and we were constantly watching TV. There was an ad with the words "Stop HIV/AIDS, use a condom" My husband had a look at our faces. What is HIV/AIDS, what is a condom? We were confused Then I asked a man who was sitting there, "Uh! What is HIV/AIDS and what is a condom?" And the person said, "It is a new disease that is now killing the Papuans. This disease is a danger. A man once wanted to sleep with his wife and he had to use a tool called a condom." "Oh! So" Then my husband asked, "What is a condom?" Then the man replied, "A condom is like a rubber balloon." Then I asked him again, "So, we the wives also

wear a condom?" All of a sudden, the man and his wife fell apart laughing, and my husband and I were shocked and surprised. What had been so funny that they laughed? Then the man and his wife said, "A wife does not need to wear a condom. Just just the husband. The wife just takes medication, that is enough." And then they laugh out loud and my husband laughed too, but I actually wanted to know much more about the disease, but because we laughed so much, we no longer had the power to speak. Yeah, that's the first time I heard about HIV/AIDS and to this day no one has explained to us what this disease is that kills the Papuan people. (Interview with Yuli in Seribau Village, March 2012 [my translation]).

The examples above show that people have no idea about HIV/AIDS. Therefore, I assume that many people are already infected with the disease, but do not know. Most the public health institutions are probably not well informed either about HIV/Aids, the means of prevention and treatment. I also assume that no data on HIV/AIDS in South Sorong Regency have been recorded by the Department of Health through Scholoo Hospital or other health centres in Teminabuan and Sawiat. This is evident from what the health workers at Sawiat Health Centre said. According to them, there were only two cases of HIV/AIDS throughout the district, five cases in the Teminabuan Health Centre, and ten cases in Scholoo Hospital. Therefore, HIV/AIDS data had not been recorded properly, and this failed to raise the awareness of the health authorities in this area?

I highly doubt the trustworthiness of these data, because South Sorong borders Sorong, which is one of the largest cities in Papua. This is a busy seaport city and an economic centre bustling with modern life. Thus, the public mobility between Teminabuan and Sorong is very high and HIV/AIDS can spread very easy in Teminabuan, partially because of people who engage in free sex. HIV/AIDS can also be transmitted through blood transfusions, needles, and in pregnant women from mother to baby. Therefore, further studies need to be carried out on HIV/AIDS in South Sorong Regency to tackle the number of sufferers. I had an indication that HIV/AIDS has long existed in the area, but that the public health authorities just did not know it. From 2005 to the

present, many people died, but their deaths were always connected to the power of *suanggi* 'witchcraft' and *li'lin* or poison (see folk sector). We do not know for certain what the real cause of death of these persons was in terms of modern medical science. Many people suddenly died while they were still in their productive years and, from time to time, this led to a reduced number of the younger generation in Tehit who worked in government and private offices.

The government attempted to prevent the transmission of HIV/AIDS, for example, through outreach programmes that advocated fidelity, the use of condoms, not to share needles, no breast feeding for mothers who suffer from HIV/AIDS, to make sure that transfusion blood is HIV virus-free and also to strengthen belief in God. The battle against HIV/AIDS is not only a government issue, but also tackled by non-governmental organisations, both nationally and internationally, and aimed to reduce the number of patients. One of the local government's efforts is peer education and youth empowerment, and aims to get young adults to "Say No to Drugs & Free Sex" and to increase their use of condoms.

Campaigns for the use of condoms are carried out via local TV programmes, which are watched by people residing in the cities in Papua. However, there are still a lot of people who have never seen a condom, let alone know how to use one. On August 17, 2013, the local newspaper, *Papua Media*, reported that four girls (Oifance Imbiri, Since Okoka, Cindy Aronggear and Nathalia Imbiri) were selected as ambassadors for HIV/AIDS prevention with the use of condoms by the Papua *Komisi Penanggulangan Aids* (KPA) 'AIDS Eradication Commission'. They stated that they had never seen a condom before (Wanggai, 2013). If even these people who play roles in prevention campaigns and live in the capital of Papua (Jayapura) did not know anything about condoms before, one can imagine how bad the situation is among the Papuan people in the suburbs and remote places throughout Papua, such as the Tehit community in South Sorong Regency.

Moreover, one needs to ask why women and not men were chosen as ambassadors in the condom campaign. I assume that men lack awareness of the importance of using condoms. When

they have intercourse with their partners, they do not want to use condoms for various reasons, therefore, women have an obligation to remind men of the importance of using condoms. Thus, I would like to say that HIV/AIDS has become endemic throughout Papua. This is very dangerous for the survival of the young generation of Papua, because of the annual increase in numbers of patients, particularly those who run the highest risks: those aged 15–49 years, both men and women. The Papuan ‘culture of shame’ hampers the people asking about or discussing the use of condoms as one of the HIV/AIDS prevention strategies. Health workers should be taught to take a cultural approach about the benefits of condoms, how to use them, properly dispose of them and what the dangers are of having sex without a condom.

Papuan people who have HIV/AIDS keep it a secret from their family and society for fear of smearing the family name and because they are afraid they will be shunned by society. In addition, they fear the health examination and the HIV/AIDS test because they do not trust the health workers to keep the fact a ‘secret’ if they are tested positive. Many cases occur where health workers tell the news of a person’s disease to another person without the patient’s consent or knowledge.

Many of the young generation of Papuans have HIV/AIDS because of their sexual behaviour. Papuan youths who have dropped out of school live on the streets. Papuan people also usually consume high amounts of alcoholic beverages, which affects their judgement, so that they cannot control themselves and they engage in free sex and, by so doing, risk getting the disease. As a tendency, more Papuan women work as street sex workers than Indonesian women. They normally work on a professional basis with high-value payments and in the locations of prostitution which are guaranteed by the provincial government of Papua and West Papua. In contrast to Indonesian sex workers, Papuans cannot get free check-ups. This indicates that the government distinguishes between the indigenous Papuans and non-Papuans, as proposed by Leslie Butt:

In Papua, as elsewhere in Indonesia, the government regularly tests sex workers in brothels and bars for STDs as part of a national campaign to improve the health of prostitutes. Not only are these free checkups

disproportionately available to Indonesian sex workers (but not to the lower-tier Papuan sex worker), but this service appears to contradict other government messages that prostitutes are illegal and immoral. As one tribal elder asked, why are Indonesian sex workers given free tests, when a Papuan sick with an STD has to pay a fine at the health clinic before getting treatment? For many Papuans, the answer to this question is that the government wants infected sex workers to infect Papuans while making sure some workers remain disease free for non-Papuan use. (Butt 2005: 424).

Having come at the end of this sub topic, HIV/AIDS throughout Papua maybe described as a 'fire in the midst of a dry forest'. If we do not extinguish the fire, it will spread and burn the entire forest and its contents and if not treated quickly, precisely and correctly to save the young Papua generation, the Papuans will be lost because of death from HIV/AIDS.

As has already been mentioned above, HIV/AIDS are not listed in the statistics of health care institutions. However, I have the impression that there are, in fact, many people in South Sorong Regency infected with HIV/AIDS and this will result in a reduction of the population of the indigenous people of Papua. Is this perhaps a state-supported strategy to remove ethnic Papuans from their own land?

Experiencing the professional sector

Prerequisites for being treated by an institution in the professional sector

The health care provided by hospitals and health centres in Papua, and particularly in South Sorong, is far from optimal and still insufficient in many respects. This is due to the limitations of the medical personnel, equipment and other supporting facilities. When an outpatient consults medical personnel at a public health care institution, the procedure always starts at the registration booth. Then, the patient's health is checked by a nurse or a physician and they will finally get a prescription for medicine at the hospital or clinic's pharmacy. Treatment at the hospital takes place

during working hours, starting at 08.00 a.m. and finishing at 13.00 p.m., except for the ER, which is open 24 hours a day.

Patients and their families face financial and transportation problems. The Tehit communities have economic difficulties and transportation is a major obstacle. The Tehit people who only depend for their livelihood on gardening, pounding sago and fishing or hunting do not have any cash money. Therefore, they are unable to pay for transportation to go to Scholoo Hospital in Keyen. Instead, most of them can only get to a health centre in Teminabuan. Inhabitants in the Sawiat District face the same conditions. They are scattered in villages and cannot reach the health centre in Wen because it is too far away and there is no public transportation. However, they do not overexert themselves to go to the hospital and they will only go there when their health condition is critical and transport is available.

Other constraints patients face in the treatment process at the health centres and hospitals are that the process is too long, causing a lot of procedural pain, and the health workers are not friendly or even hostile. Therefore, patients are reluctant to seek treatment. Some informants even told me that they had been denied treatment by the health workers at Sawiat Health Centre for reasons that make no sense, for instance, because of the election of the Regent in South Sorong Regency. Patients were in trouble when they did not support the same party and the same regent candidate as the health officers. Cases show that nurses reprimanded patients harshly, for instance, by saying, 'go for treatment to people who you support in the election'. This careless behaviour has led patients not to seek treatment in the *Puskesmas*. They would rather go to another place or go to a traditional healer: *wuon*, *si'qnda*, *mi'mit* or an evangelist. Ms. Kalilie related her experience:

I did not sleep that night because my son was sick He cried because he had pain in his stomach. I heated some leaves over the fire and I put them on his stomach. He was finally able to sleep for a moment, and then he woke up again and in the morning, ended up crying. I wanted to take him to the health centre for treatment, but suddenly my husband told me not to go, because the nurses in the health centre would refuse medical treatment because during the election

of the regent, we had elected someone else. The nurse would tell you to go home. "Wait for me. I will go to the paramedic Yemy Saflafo and ask him to come to help us." Luckily, Mr. Saflafo was in the same success team as my husband during the regent's election and so was my father-in-law, therefore, we could ask him for help when someone in our family got sick. In a short while, Mr. Saflafo came to our house along with my husband. He checked my son then said, 'Ohhh! This boy is hot and has a fever because he has malaria. He must take this medicine three times a day today and tomorrow. He must take it three times: in the morning, at noon and at night. Because he is still too young to take the pills, Mr. Saflafo told us to put them in a tablespoon and to mix them with water, and then give it to the boy. Mr. Saflafo asked my husband to bring him a tablespoon of water and a glass, and he showed us how to do it. Then he gave it to our child with a cup of water to drink. Mr. Saflafo told us to do the same later in the afternoon and in the evening. After having chatted for a while, Mr. Saflafo asked permission to go back to work at the health centre. We gave our boy the medicine every day and finally he was cured. I thank God because of Mr. Saflafo presence and because he could help us when someone was ill. (Interview with Mrs. Kalilie in Wen Village, April 2011 [my translation]).

It seems that the South Sorong Regent Election a few years ago left a bad impression on the people regarding aspects of health care. In addition, other constraints the patients face in seeking treatment in the professional sector are the high cost of transportation or the unavailability of public transportation, such as cars, to take them the hospital. Therefore, if someone is sick, the family must hire or charter a car to take him or her to Sorong or Teminabuan. To transport a patient to the Scholoo Hospital in Keyen costs about IDR 300,000 for a round trip, and the high costs of transportation are a serious problem. Similarly, when a family has to commute to Scholoo Hospital to keep an eye on or visit a patient to take care of his or her needs, whether they like it or not, they are forced to use two-wheeled vehicles, such as motorcycles (motorcycle taxi), especially at night, which costs about IDR 50,000 for a round trip.

Hospitalized patients, especially those from the Tehit, are very afraid to stay in the hospital in Keyen because the building is in a sacred forest. The place used to be the spot where the Tehit laid their ancestors to rest and where they held traditional rituals. Some people are also afraid because of their parents' stories that Keyen village is located near a road used as a transit point for people who transport *li'lin* 'poison', so no one knows if one of these people is actually in the hospital. The *na li'lin* 'people who carry poison' might come to put poison on patients causing them to die. These worries and fears remain obstacles for patients who want to be hospitalized in Scholoo Hospital.

Another drawback is the unavailability of stalls selling food and drinks and, because of this, family members who take care of patients must sometimes endure hunger and thirst when no food is brought to them from home. Those who come for treatment from distant villages are forced to ride motorcycle taxis to go back and forth to Teminabuan to buy food and drink for the patient.

Another obstacle is that patients and their family members must buy, for example, their own medicines, bandages and syringes in the pharmacy. Because of this, the families of the patients are sometimes forced to call on a priest to pray for the patients to be cured. In certain cases, families have to take their patients home because the health officers claim that they can no longer be helped and, subsequently, alternative treatment is sought from evangelists and healers.

Decision to choose the professional sector

At the time I was doing this research, I saw that the major factors that influenced the decision to go to a specific health facility were the seriousness of the disease, the age of the patient and the costs. The decision for adults to go to a specific health facility in Teminabuan and surrounding villages, of course, was a bit different. They could simply ask for advice from family members or decide on their own. Exemplarily, as told by Sance Safkaur:

I woke up, but I did not feel well as I had pain in my chest when I breathed. At the time, my husband was not in the house. He had been out at sea to fish all night and he had not yet come home. Next morning, I went to the health centre in Teminabuan for treatment. I left a message with

my kids that when their father came, they should tell him that mama was sick and went to the city for treatment. I tried to endure the pain in my chest and I went to the health centre in Teminabuan by motorcycle taxi. When I got there in the morning it was very quiet and I registered at the counter. The nurse there asked: "What is the matter?" I told her, "Ouch! I have a lot of pain in my chest and when I breathe, it hurts very much. I also have a bad headache." At once, she said, "I guess we better go directly for a blood check to see if you have malaria." I just followed what the nurse told me. We got into the room and the nurse inside called out, "Sance, let me check your blood." She took a needle and punctured my index finger and she continued to press the finger until blood drops fell on a little glass. And then she said: "Please wait outside." I went outside and waited for almost an hour for the result of the blood test. The nurse handed me the result note and she said: "Sance, please take this to the doctor's office." I went away and sat waiting outside the doctor's office, because there was someone else inside. I waited long enough... when a lady came out of the doctor's office. It was now my turn to enter. I sat down and gave the doctor the paper with the result of my blood check. When she had taken a look at it, she told me that I did not have malaria. She told me to lie down on a bed and she put a tool in her ears with rounded edges which put on my abdomen and my chest. Ouch! I was so scared. The doctor said to me to take a breath when she told me to, while she asked, "Does this hurt?" I just nodded. The doctor told me to try again, "Try breathing again." I breathed again. She said: "Yes, finished." Then the doctor told me to take some medicine for one week and then to check back here again. She told me that I had the symptoms of asthma. I took my prescription and went out of the doctor's room and submitted it to the medicine counter. I waited for a long time until another nurse called me. I took the medicine. The nurse told me I should finish the medicine and then come back for treatment. I took the medicine and put it into my bag and I called a motorcycle taxi to drive me back to Seribau village. When I got there, my husband asked, "What did they say you have?" I told him that the doctor told me that I have the symptoms of asthma. I should finish this medicine and then check back again. My husband was surprised. But then he said to me, "Do not be afraid of

taking the medicine alone, and we pray that you will surely recover.” I took my medication for one week and I was already healed. My shortness of breath was gone, but I remembered the doctor’s orders. I returned to the health centre in Teminabuan and, when I met the doctor, she checked me again and she was very happy. She smiled and said that there had been a lot of improvement. She still gave me another medicine and told me to finish it too to be definitely healthier. I went along because the doctor did her work well. I took the medication home and after three days it was finished, and I have been healthy to this day. (Interview with Sance Safkaur in Seribau village, March 2012 [my translation])

However, if the illness is too serious, the decision to seek treatment is usually taken after listening to the opinions of family members or other relatives, and by considering the costs and who would be available to take the patient to the hospital if referred by the Scholoo Hospital for further treatment in Sorong city or to another region. Family members always make the decisions for treatment of small children and elderly parents. One experience was related by Katerina Thesia:

I actually do not like to tell the story, because it is so sad. Do you remember that my daughter died due to hospital treatment. My daughter was a nurse in Scholoo Hospital. The doctor told me she had a stomach infection, so she should be referred to Sele Be Solu Hospital in Sorong for treatment. I actually did not want to, because I preferred to take her home and just call for ministers to pray and also a *wuon* to treat her. However, my husband and his brothers and other relatives decided to accept the doctor’s advice, and so we went to Sorong. My husband was also accompanied by some of his relatives. After arriving in Sorong, the nurse, who also drove us, gave the referral letter from the Scholoo Hospital to the officers at the Sele Be Solu Hospital. A nurse accepted the referral letter, and helped my daughter. We stayed in the hospital for almost one month. My daughter was treated, but there was no change. She was given medicine, but she got thinner and thinner, day after day and, finally, she died. Then we took her home to Teminabuan for burial. To this day, I am very sad, angry and disappointed with the doctors and nurses in Scholoo

Hospital and also in Sele Be Solu Hospital in Sorong. I did not believe in the doctors and nurses in hospitals. I thought, I had better approach a *wuon*, *si'qnda* or *mi'mit* 'all traditional healers' or a servant of God to pray. I certainly did not want my daughter to die. Therefore, from now on, if I or any children or grandchildren in our family get sick, I do not want them to go to the hospital to seek treatment again. (Interview with Katerina Thesia in Teminabuan, March 2013 [my translation]).

The decision to take a patient to a health centre for the people who live in Tehit suburbs or remote villages, such as in Sawiat, is more often taken after consulting family and relatives. Those who live far from health centres will think many times before taking the decision to go to a health centre, because they usually rely more on their own treatment or that of the patient's family and relatives by utilizing plants or other objects that have medicinal properties and can cure the disease. They also have recourse to *wuon*, *mi'mit*, *si'qnda*, evangelists and so forth, to cure their illnesses. Yet, it cannot be denied that if they are seriously ill and have to go to a health centre or to Scholoo Hospital, the decision is made by the family and relatives together.

The patient: from admittance to hospital discharge

In this sub-chapter, I will describe briefly the process of the admittance of patient to a hospital, his or her examination and treatment, and, finally, his or her release from hospital. When I was doing research at the Scholoo Hospital in Keyen, I saw how the patients were escorted by their family members to the hospital. A person who comes for the first time has to register at the registration booth. An officer will ask questions about the patient's data and note them in a book. After that, the officer hands over a medical card to the patient. If the patient has a serious problem, he or she is taken immediately to the ER and the patient registration process is done by family members. A doctor will examine the patient and when the disease is serious, the doctor will order a nurse to prepare a bed and to take the patient away for in-patient treatment. A patient will be placed according to a class: I, II or III. People treated in the first class are local government officials from

South Sorong. The rooms are spacious, equipped with televisions, ensuite bathrooms and toilets, and the room has only one bed. Class II is used for patients who come from the middle economic class and they are government or private employees. Class II rooms have no television, but a bathroom and toilet are available, and beds for four patients. Class III rooms have eight beds. This hospital provides separate rooms for hospitalized male and female patients.

When a patient is a government employee, he or she will use the *Kartu Askes* 'Health Insurance Card' as collateral for the treatment. They can get a discount on the cost of treatment while they are in the hospital. The government has regulated the payment system with *Askes* (Persero) since the beginning to hospitals with a tariff package system. Tariff packages consist of packages of outpatient advanced level, rates of hospitalization package, and the service rates outside the basic package set forth in the Regulation of the Minister of Health (Minister) and Minister of the Interior (Interior Minister) in 2010. A set tariff and maximum amount has been imposed on each hospital based on an agreement between the hospitals and the local *PT. Askes* (Persero) are set down in the form of co-operative agreements ([Ministry of Health RI, 2010](#)).

Thus, patients who are admitted to Scholoo Hospital and who hold an *Askes* card definitely get relief from medical expenses specified as total hospital costs. The same applies to the indigenous people in South Sorong, because they are guaranteed *Jamkesmas*, 'Public Health Insurance for Papua' card-holders through the special autonomy fund. However, the health cards have not yet been distributed to everyone, so that there are still Papuan people who have to pay all the hospital costs. Patients who are generally treated at the hospital on a *opname* (BI) 'in-patient stay' basis, just get a bed. Patients have to bring the following equipment themselves: bed-linen, towels, plates, spoon, fork, hot water thermos, cups, napkins, cloths, buckets, soap, soap dish, shaver, mineral water, snacks and clothing. Up to now, the hospital does not offer special outfits for the patients, therefore, they are free to wear the clothes brought by the family. This condition forces the people from the villages outside Teminabuan to buy the necessary

items and clothing on the market in Teminabuan to complement the needs of the patients, although they have difficulties with the costs.

After the patients have been hospitalized, family members usually take turns to look after the patient and they can wait outside the room. If they are sleepy, they can spread a mat on the floor near the patient's bed or sleep in a chair, but they usually do not sleep well, because they have to keep an eye on the patient. The patients often wake up in the middle of the night because they need to drink some water or have to be taken to the bathroom outside the room. Patients are provided with meals three times a day by the hospital.

Family members who take care of patients have a variety of reasons to do so. Some say they do it out of fear, because patients are being treated in a location away from the city and in the middle of the forest and it is very quiet and creepy at night. There are also family members of patients who said that they are afraid the patient might need something or wants to go to the bathroom and no one would be near. Another reason is that they are worried that the patients will not be noticed by the nurses. Some even say the patients should not stay alone, because when alone, they might be killed by *suanggi* 'witchcraft' or other bad creatures. In any case, family members or relatives of the patients feel obliged to take care of them, thus, they will always be in the hospital to keep an eye on them until it is declared that the patients are cured, and the doctors allow them to return home. One or two family members generally take care of a patient, although there are nurses whose duty it is to look after the patients. Patients who have recovered are required to settle the bill for their treatment and the administrative costs of their hospitalization at Scholoo Hospital. As I explained above, patients who have an *Askes* card will get a discount of 10 % of the total hospitalization costs. The costs of treatment depend on three factors: the duration of the hospitalization, the type of class that patient is in and the type and price of the medicines given to the patient during the hospitalization.

Factors determining the patients' choice between the professional sector and the folk sector

Each person has his or her own reasons to opt for a specific source of treatment. They may choose to consult a healer in the professional sector (doctors, nurses and midwives) or they can go to the folk sector (*wuon*, *mi'mit*, *si'qnda*, evangelists and prayer healers). I found that the Tehit community chooses treatment in the folk and professional sectors due to the following.

Confidence factor

Mama Mbolhoq, a housewife from the village of Wen, described her experiences when her son had a high fever. She took *ning* leaves from her yard and heated them on a fire and placed them on her son's body to get rid of the heat. Mama Mbolhoq really believed in the efficacy of medicinal herbs, the knowledge of which she inherited from her ancestors. After that, she went to take her son to the clinic to be examined by the health officers there, who gave her a cure for the boy. She took the medicine home and gave it to her son. She also asked Nico Krenak, an evangelist, to pray, while she also sought treatment from a *wuon*. Her son finally got well. Another informant, Yance Sawen had his own experience when his child was sick. He and his wife tried to treat the illness themselves with traditional medicinal plants, but the condition of their child stayed the same. Day after day, the child remained sick. They call a *wuon* to cure the child. They really believe in shamans, because they have the ability to treat pain caused by the *qlembet*, *ni-fralas*, *lait*, *lengget* and *li'lin* 'poison'.

The Tehit community also strongly believes that servants of God (priests and evangelists) have been given the power to heal every sick person with the power of prayer. They pray over water that they then give to a patient to drink. Nico Krenak, an evangelist, used to be called to pray for the sick. Medical officers in the health centres in the villages in the sub-district of Sawiat often invite Nico. This was acknowledged by an officer who works in the Sawiat Health Centre. He related that once they had difficulty in dealing with a mother who was about to give birth, but the delivery was hard because of the transverse position of the baby in

the womb. They tried to apply their modern medical knowledge and skills, but to no avail. One health centre staff member then went out to pick up Nico Krenak. On his arrival at the health centre, he just prayed over the water before it was rubbed on the mother's belly, and the baby was born normally a few minutes later.

The people base their choice where to go on their experiences. Psychological factors also influence a person's belief that a cure may be efficacious. Thus, the trust factor is an important aspect in healing illnesses and diseases.

Education factor

Education is a decisive factor when making the decision where to look for the treatment of diseases. The Tehit community in the villages is still poorly educated, so that any pain they have is immediately linked to an act of magic. When a family member is sick, it will be linked to *suanggi*, demons and magic. This fact encourages them to remain dependent on their traditional medicine systems, although the modern medical system has been put in place. Inevitably, the Tehit community who has acquired secondary education up to college still believes that when a person is in pain, it is due to the power of witchcraft and magic. Therefore, when they are sick, some seek a healer, evangelist, priest or other people who received the gift of healing from the Lord Jesus, even though they are undergoing treatment at a *Puskesmas* simultaneously. The higher educated members of the Tehit community, as long as they work and live in Teminabuan or Sawiat, will always be influenced by indigenous healing traditions, including the belief that disease is always associated with acts of *suanggi* or *lait* 'witchcraft', and *doti*, *lenget* or *li'lin* 'poison'.

Economic factor

The Tehit communities that live in the villages remain reliant crops, hunting, gathering sago and fishing. Their economic subsistence system is simple and only geared to fulfilling their personal or family needs. Indeed, crops and sago are produced in great quantities, but they have difficulty marketing their products. This is because the economy lacks sufficient money to pay for the

transportation of their products from their villages to the town of Teminabuan. People living in the villages around the Sawiat District, such as Wenslolo, Sasonek, Eless and Wehali, have similar difficulties, i.e. they have no means to transport their garden products to the market in Teminabuan. Because of this, they plant their gardens with taro, bananas, corn and vegetables only to meet the needs of their families. This leads to low incomes and, thus, people prefer traditional disease treatment.

They simply pick the medicinal herbs they can use to cure illnesses and diseases. They may also request the assistance of shamans without having to spend money to pay for transportation. They only thank the shaman by eating and drinking with him. However, there are people who give the shamans eastern cloths to express their gratitude for healing their family members.

Time factor

Sick people try to treat their pain with the various types of medicine they know either from their parents or other family members. This is a quick way to treat illnesses. People also try to quickly look for a shaman in the village to treat their pain and they can meet him in a short time. The time factor is very important. If patients are treated too late, they may die. This also causes the Tehit communities that live in villages not to be examined at the health centre in the sub-district of Sawiat or the Scholoo Hospital in Keyen, because it costs too much time to get there. People opt to seek treatment in the village with the traditional medicine system, which is part of their local knowledge and the cultural heritage of their ancestors. Mbolhoq of the Wen village also recognised the time factor when he was in the garden, while in the village, a mother committed suicide by drinking poison. The family called him too late, and the woman died. Because of this incident, Mbolhoq always tells the villagers that if one is ill, they have to call him immediately, and that if they do not, the patient could die.

Transport factor

As has already been mentioned, Sawiat sub-district is located far from the capital Teminabuan, and because of this, people have

no access to hospitals due to the limited means of transportation. Indeed, there are vehicles that pass through this area as it is located on the road from Teminabuan to Sorong, but people have trouble when they are sick and have to be taken to Scholoo hospital. Nowadays, a special taxi is available to transport passengers from Teminabuan to Sawiat. It only operates twice a day and it takes people from Teminabuan to Sawiat and back for IDR 50,000 per person. During my interview with the taxi driver, he told me that passengers usually gather in the capital of the sub-district of Sawiat (Wen) to go to Teminabuan, but because the car can only take 12 people, others are forced to wait on the road for cars and trucks from Sorong to Teminabuan. However, the public rarely gets a ride from cars and trucks, so they are forced to stay at home to wait until the next day to go into Teminabuan town.

Conclusion

There is still an insufficient number of doctors, nurses, midwives, pharmacists and nutritionists in the professional sector throughout the province of West Papua, and especially in the South Sorong Regency, in relation to the large number of people who need health care. The numbers of professionals are not the same in Sawiat and Teminabuan Health Centres, and Scholoo Hospital. This leads the Sorong Regency Government to allocate funds to bring in specialists from Sorong to provide health services to the community. However, the indigenous Papuans in the regions do not use this service.

Medical professionals in the Sawiat Health Centre provide health services to the community. They always involve evangelists, *wuon* and midwives, who are also trained to deal with patients. Therefore, I can say that the health services at Sawiat Health Centre are a mix of the professional and folk sectors. This is not found in other health care centres, such as the Teminabuan Health Centre and Scholoo Hospital.

Medics are professionals and they get paid according to their grades and positions. The health workers at the Sawiat Health Centre are dominated by Papuans, while there is a balance between Papuans and non-Papuans at the Teminabuan Health Centre and Scholoo Hospital. However, the top positions in

Scholoo Hospital and Teminabuan Health Centre are held by non-Papuans. There are various reasons for this, such as non-Papuan employees own higher social status, so that they are considered by state institutions as more capable of managing work units. However, there is also a non-Papuan manager who does not have the qualifications and ability, but, nevertheless, was appointed as the head of the hospitals and health centres. This is a consequence of collusion and nepotism in the area of South Sorong.

The facilities available at Scholoo Hospital in Keyen, Teminabuan Health Centre and Sawiat Health Centre are also unbalanced. Even the equipment required for the examination of patients is unavailable or damaged. Limitations in health care facilities are especially felt by health workers at the Sawiat Health Centre, because it is far away; particularly the high costs of transportation continue to be the major obstacles health workers must face. People prefer to go to Teminabuan Health Centre because of its strategic location and because it is nearby, which makes it easy to reach. This is in contrast to the long distance to Scholoo Hospital in Keyen and the high costs needed to get there. The diseases found mostly in the South Sorong region are diarrhoea, malaria, ARIs, kidney diseases, heart diseases, hypertension and osteoporosis. However, the highest infant mortality rate in South Sorong region is caused by diarrhoea.

HIV/AIDS is a major issue for the survival of the Tehit people of Papua, so it needs to be taken seriously by the government and religious institutions, as well as by non-governmental organisations that must take a cultural approach, so that people can understand. HIV/AIDS information should be provided continuously at all levels of society, especially among the younger generation, because they run high risks of contracting the disease.

Alcoholic beverages and drunkenness play important roles in the spread of HIV/AIDS among the people of Papua, especially among the younger generation, therefore, the provincial and district administrations should supervise and control the distribution of liquor.

Thus, in my conclusion, I may say that Helman was not entirely right in his ideas about the professional sector. The professional sector does not stand on its own. In other words, modern medicine

is not fully implemented, because cultural conditions require medical officers from the professional sector to combine their treatment with the folk sector, as is frequently done at the Sawiat Health Centre. As most nurses come from the Tehit community, they also involve *wuon* and evangelists and even well-trained 'mama- mama', who are appointed as *kaders* and who can help in the process of delivering babies. Meanwhile, the professional sector is used mainly by urban communities, and it is predominantly migrants from other parts of Indonesia, who go to the Teminabuan Health Centre and Scholoo Hospital in Keyen.

7 Conclusion of all the chapters

Medical pluralism and the way the Tehit make use of it

Diseases for the Tehit people, are caused by individual, social, natural and supernatural factors. Natural causes include the effects of the weather, wind, rain, the heat of the sun and a plethora of other natural conditions. Supernatural or mystical causes come from the powers of *lait* 'sorcerers', *qlembet* 'spirits of the dead', *ni-fralas* 'spirits, demons', and *Na Agow wsimari fee'rom* 'God's curse because of having committed a sin'. *E'rom* 'sin' is acknowledged both in tradition and in Christianity. The social causes of diseases include the effects of *lengget* 'magic' and *li'lin* 'poison', and spells cast to end someone's life. Other causes of diseases come from the individuals themselves, because, for example, they eat the wrong food.

The Tehit believe strongly in these four causes of diseases. When people suffer from pain, they will look for the cause of the disease so that they can seek the right treatment to cure them. The three sectors, popular, folk and professional, are theoretically distinguished, as Kleinman and Helman show, but in the day-to-

day reality in the life of the Tehit people, these sectors are inseparable and the Tehit seek treatment in all three sectors. The three sectors, therefore, must be considered complementary. We may, therefore, conclude that the sectors can be separated only in theory, but not in practice. The relationship between the three sectors, I think, can also be linked with Stephen Frankel & Gilbert Lewis' concept of medical pluralism they put forward in "*A continuing trial of treatment: medical pluralism in Papua New Guinea*" (1989: 1): "Medical pluralism, the coexistence of differing medical traditions, is now the common pattern in all but the most isolated areas of the world. In Papua New Guinea there are now few, if any, populations that still rely exclusively upon their traditional treatments." Andrew Strathern (1989: 143) also talks about medical pluralism. He says,

the first factor leads to people combining medical practices in an eclectic fashion with random results; the second to a positive choice to use traditional rather than introduced medicine in cases where the causes are held to be ones outside of Western purview. In addition, as an illness progresses and perhaps does not respond to one type of treatment, people are willing to switch to another type in the search for a cure. Traditional ritual, Christian prayers, and hospital treatment may all be involved in an all-out effort to save a patient's life.

Patients are treated by the patient themselves and/or by family members, neighbours and friends in the popular sector. This form of treatment is dominated by using herbs that are known to have curing properties, and other substances derived from animals and so on. Therefore, Tehit local knowledge comprises, among others, a variety of herbs, and this knowledge is passed down from generation to generation. One well-known medicinal plant is *qafa* 'itchy leaf', which is used to treat patients not only in the popular sector, but also in the folk and professional sector.

In the popular way, the patients rub *qafa* onto sore body parts after a spell has been uttered over them by a healer (*wuon*, *si'qnda* or *mi'mit*). Itchy leaf is also used by patients who are treated in a clinic or hospital in the professional sector. The patient has usually already been taking medication from a clinic or hospital, but the

treatment is combined with that of the folk and popular sector. In addition to medicinal plants, there are also other means of treatment, such as eating certain types of foods and other substances. The Tehit people who live in remote villages, especially old people, have profound knowledge of the use of herbs taken from nature in the treatment of illnesses and diseases. They pass this knowledge onto their children. Thus, members of the younger generation are still able to cure themselves when they are sick. The treatment of diseases in the popular sector is still practiced today.

The Tehit people in remote villages and those who live in the suburbs are still highly dependent on the popular and folk sector and their specialists, compared with the Tehit people who live in Teminabuan city. The Tehit people who live in cities can buy medicine at a kiosk or a pharmacy, which are available in the city. Thus, I can conclude that the knowledge of medicinal herbs and other substances is becoming lost to urban Tehit society over time. This is in contrast with the Tehit people in the villages, who continue to depend on treatment provided by the popular sector, while children still inherit the knowledge of the properties of various plants. The folk and professional sector also require the intervention of other specialists who have the ability and the knowledge to cure.

In the folk sector, the key actors in the treatment of illnesses and diseases are *wuon*, *siq'nda* and *mi'mit* intercessors and sometimes evangelists or priests of other religions. The actors in the folk sector receive their knowledge of treating diseases in different ways. To become a *wuon* 'healer', a person must go through an education process in a *wuon osi* 'traditional education institution', which used to be built in the middle of the forest. Students who participated in this education were taught a variety of knowledge, including that of how to treat diseases. After a student graduated, he was inaugurated and given the title *wuon*.

The community maintains shrines in many places in Sawiat and its surroundings, so that the surrounding forests may remain intact. The concept of the conservation of the locations of *wuon* houses as sacred forest is indirectly a forest conservation scheme to protect nature and animals. Forest conservation also indirectly

preserves the sources of springs in the Sawiat and Teminabuan region. The preservation of the natural environment is part of Tehit local wisdom and has existed in Tehit culture because the forest is the source of life and *wuon* have a special link to it. *Woun* have a close relationship with nature, because they can see and communicate with spirits in, for example, woods, rivers, trees and rocks. *Wuon* have the knowledge and the skills to heal patients, especially those who have been attacked by *lait* 'sorcerer' and *li'lin* 'poisonous powder'.

Wuon know exactly how to handle patients who are exposed to poison, because they have the special knowledge they gained during their traditional education in *mbol wuon*. *Wuon* provide services free of charge and patients do not pay with cash. In addition, *wuon* are also very flexible concerning how they provide services; meaning that whenever a patient needs a *wuon*, he must provide services and they are, thus, very flexible. There are also *wuon* who give up their own time to stay with patients at their homes to treat them continuously. They never complain about providing services to members of the Tehit people, as it is part of their devotion to their duty as *na wuon* or *wuon* society members.

The number of *wuon* is currently very small and it seems that the system has been destroyed, because there is no longer any agency or educational institution that produces new *wuon*. The Dutch destroyed the *wuon* educational institutions for the sake of the Church, as they blindly viewed them as being opposed to the teachings of Christianity. The people working for the Christian religion always assume that *wuon* education boils down to idolatry, and is not in line with the Christian gospels. Christian religious leaders always state that *wuon* education is related to black magic, leading to greater power for the devil and demons.

However, *wuon* leaders can control and limit the activity of *lait* 'sorcerers', who fear the *wuon*'s power as they have the capacity to defeat them. Therefore, if the number of *wuon* deteriorates, this provides an opportunity for the proliferation of the chain of *lait* in the midst of Tehit society. The growing presence and strength of the *lait* will have a bad impact on the mortality rate of the Tehit people and could cause a decrease in the Tehit population. The educational institutions should be reinstated to reinstall the *wuon*

in Tehit society. Meanwhile, other healers, called *si'qnda* and *mi'mit*, gain the knowledge to treat diseases through an informal learning process, but not through a formal education in a *mbol wuon*. They inherit their healing knowledge from their parents. *Si'qnda* and *mi'mit* currently provide the same services as *wuon*, meaning that they are also not limited by time and do not ask for payment. They generally accept whatever people give them voluntarily. Men and women can become *si'qnda* and *mi'mit*. One might say that *mi'mit* and *si'qnda* are the partners of *wuon* in providing health services to the Tehit community.

Wuon, *mi'mit* and *si'qnda* treat their patients by uttering incantations over substances, such as water and the leaves of *wa'moq* or *qe'fen*, *qafa* and other plants, including *sa'yen* leaves. The *sa'yen* plant is remarkably efficacious and is only used by *wuon* to cure disease. The plant is considered capable of counteracting the forces of a *lait* 'sorcerer', *li'lin* 'poison' and *lengget* 'magic toxin'. Wherever *sa'yen* grows, other plants around it will languish and die. It only grows in the upland areas, such as Sawiat, Sroan and surrounding areas, so I assume that this plant can only grow in the highlands and rocky soil. A *wuon* named Kalilie said that the *sa'yen* plant can even counteract the black power from a *lait* 'sorcerer' and people carrying *li'lin* 'poison' when no spell has been casted up on it, and that when a tree is planted in front of the house, these individuals could die. Therefore, if *sa'yen* plants can be cultivated in lowland and coastal regions, they can provide relief to the people, because death caused by *lait* and *li'lin* attacks could be avoided.

Furthermore, the folk sectors also include evangelists, priests and intercessors who have received the gift to heal illnesses and disease, such as Nico Krenak, Mama Waelaruno, Mama Subae and religious leaders. Each of them has different abilities and spiritual experiences, but there is one force that binds their services, which is that they believe that healing comes from the Lord Jesus. Thus, patients are healed by God through them. They generally pray over the water, coconut oil and wasps oil they use to treat their patients. The patient usually drinks the water, and it is also used to wash the patient's face to make it feel fresh and to enable him or her to recover from the illness. They do not ask for payment, but

accept what the patients give them voluntarily. They also come to the patient's house when the family calls them.

During my research, I became convinced that illness/ diseases are often seen to be caused by the supernatural. The Tehit are adamant that morbidity and mortality cannot be separated from human actions, such as magic. If not all of his or her wishes are met, a *lait* or *suanggi* would use his or her power to pester a victim. Such causes of illness/disease are not recognised by biomedicine.

Actors such as doctors, nurses and midwives play a very important role in treating diseases in the professional or biomedical sector. They serve in health centres, such as the ones in Teminabuan and Sawiat, and also in Scholoo Hospital in Keyen. They only provide health care during office hours. Patients must pay their medical bills both at the health centre and in the hospital. The health workers enjoy the status of civil servants and they receive a salary every month. The professional sector in South Sorong Regency should increase the number of medical personnel to meet the high patient load. It seems that not every health centre has professional doctors, and, for example, the Sawiat Health Centre does not have a doctor at all, while there are only a few doctors in Teminabuan Health Centre, who are, moreover, all general practitioners, while there are no specialists at all.

Another worrying condition in the professional health care sector is that there is only one government-built hospital in South Sorong Regency and it only has a few general practitioners. Another problem is the unbalanced spread of the population over vast coastal, lowland and mountain areas which make them difficult to reach because of limited facilities and inadequate infrastructure. To cope with the unavailability of doctors, the local government currently tries to co-operate with the hospital in Sorong town by contracting specialists who can assist the general practitioners in Scholoo Hospital. Five specialists have been contracted, which is quite expensive. The aim of the local government is good, but if we consider the amount of money spent, we see that it does not benefit the local people, and especially not the Tehit community, because the specialists only focus on Scholoo Hospital which is located far from the Tehit

residential areas and even from the centre of Teminabuan, not to mention the people living in remote areas.

The local communities that are the target of these services do not have access to the hospital because they are hampered by high transport costs and the scarcity of public transport vehicles that go to Scholoo Hospital. This suggests that migrants, who, on average, own a motorcycle or a car, may have better access to the health care services of these specialists who are funded by the government of South Sorong Regency. In addition, the availability of the health care services of these specialists is not communicated either to the local communities, the local community health workers at health centres or to village heads and, thus, many people do not know that these specialists are available to help them.

We may conclude from the data on the professional sectors that the Tehit people suffer mostly from malaria, ARIs and skin diseases. Malaria and ARIs are responsible for most of the deaths, while people also die from HIV/AIDS. There is no medical record of the number of patients who died of the latter disease, but it has claimed the lives of a significant number of young Tehit people in South Sorong Regency. The disease is widespread in the community because of free sex, blood transfusions and the sharing needles. The government tries to control HIV/AIDS through counselling and the provision of information by health workers from, for example, the health department, hospitals and health centres.

However, I see that this process has indeed been carried out, but the methods they use to educate the people are misguided and they should adopt a cultural approach. Because they do not, the incidence of HIV/AIDS is on the rise. The disease is also gaining ground because easy access to transportation from Sorong to Teminabuan offers great opportunities for people to visit the town of Sorong and they get the disease there, or those plagued by the disease come to South Sorong. Thus, like it or not, the number of people infected with HIV/AIDS in South Sorong will increase from year to year. Officially, the South Sorong Regency Government has not provided an official location for prostitution, but covert prostitution already exists in the area. It is very dangerous to the

continued existence of the Tehit population because their population growth is very slow and limited compared to other ethnic groups in the vicinity, such as the Inanwatan and Meybrat communities.

South Sorong Regency is economically very promising, therefore, sex workers from Sorong enter the area to earn quick money through prostitution, which then kills others through the spread of the disease. The Tehit now have a heightened awareness that they need to have their health checked at professional health centres. This can be seen from the enthusiasm with which the public visit the *Puskesmas Keliling* 'Travelling Health Centre' for treatment. Society members flock to it because they need health care. The *Puskesmas Keliling* treats more women and children than men, because they are a very vulnerable group and they have many health problems.

It has been suggested that the people who really need health care on a regular or continuous basis do not get it for a variety of reasons. Health officers invariably mention that the health centres are located too far away, the road and infrastructure are not well maintained and that there are no means of transportation. Moreover, the centres suffer from a limited number of health workers and are seriously hampered by a lack of or insufficient equipment and medicines. There is no equipment, for instance, to conduct blood checks or microscopes to diagnose malaria. Therefore, officers simply check patients by inquiring about their symptoms, after which they make a diagnosis without having definitive laboratory results. At the next step, the health care workers, 'paramedics or nurses', just prescribe malaria medicine to the patients. This kind of health care practice is quite dangerous if the patient does not suffer from malaria, but from another disease. Malaria should be confirmed by laboratory tests before patients are given medicine. The malaria medicine could have an adverse effect on someone who does not have the illness.

The health service at Sawia Health Centre is unique, because the health workers generally originate from the Tehit communities and, thus, they involve *wuon*, *mi'mit* and *si'qnda* 'healers' and evangelists in the treatment of their patients in case they are unable to provide a cure themselves. This is slightly different from the

services at Teminabuan Health Centre, as the health officials there do not involve *wuon*, *mi'mit* or *si'qnda* to treat their patients, but only work together with people who pray, such as Mama Waelaruno and Mama Subae, especially for women who have problems with their pregnancies. The highest level of health care is provided by Scholoo Hospital which is in Keyen village. This is not a strategic location, because it is far from the residential communities in the city of Teminabuan and from the people from Sawiat, Fkour, Seremuk, Inanwatan, Kokodaand Kais, so they have a problem to reach the hospital.

The security and sanitation situation around the Scholoo Hospital is bad because no fence has been built around it to protect the complex, therefore, animals, such as pigs, often enter the hospital. Scholoo Hospital is very creepy at night, as it is very quiet because it is located far away from residential areas and, for this reason, family members guard the patients very closely. Moreover, patients especially from the Tehit community are very afraid to become in-patients because the hospital is on sacred land. The place is a sacred because it is the traditional site of the *woun* education for Tehit people in Kampung Keyen. Even worse, the hospital is located on the Teminabuan to Ayamaru highway, which is well-known as one of the major pathways for people who carry *li'lin* 'poison' to kill people.

Transportation constraints are strongly felt by the people who live in Sawiat and the surrounding areas, because when they are sick and in need of the better services provided in Scholoo hospital, no vehicles are available to transport them. Even so, they will try to go to Sorong using public transport, but they often run into the rule that all patients must get a recommendation from Scholoo hospital. It feels like this procedure leads to loss of life, because patients must be taken for treatment to Scholoo Hospital, which is a long way. If the hospital cannot help them, they are recommended to go to Sele Be Solu Hospital in Sorong. This bureaucratic process is inefficient and causes patients to die due to late treatment.

Now I come to the end of my conclusion. The Tehit people combine the three sectors in curing their illnesses. The treatments offered in these sectors are complementary and inseparable.

However, each sector has advantages and disadvantages. In the popular sector, for example, society treats diseases itself, as it is more practical from an economic point of view and more efficient in terms of time, while it also ensures that traditional knowledge is passed down from generation to generation. However, seen from the other side, self-treatment may fail, the disease may get worse and the treatment may be dangerous because of the side effects of the herbs or substances used. In any case, many people still believe in the efficacy of herbs and natural substances, because generations have recognised them as medicine. In principle, disease treated in the popular sector are minor or light illnesses *ni-qanyimlan*, such as influenza, coughs, eye diseases, stomach pain, toothache, skin diseases and wounds. The treatment in the popular sector is conducted free and there are no time limits, meaning that treatment is carried out in the morning, at noon, in the afternoon or at night, according to the needs of the patient.

The folk sector recognises that *ni-qanyi mawuat* or serious diseases must be handled by healers, such as *wuon*, *mi'mit* and *si'qnda*, as well as evangelists and prayer sayers, who are laymen. The treatment performed by prayer sayers and evangelists can be carried out at their homes or in the house of the patients. Once a patient is treated by the prayer sayer or evangelist, he or she can go back home. This contrasts with the treatment provided by *wuon*, *mi'mit* and *si'qnda* to terminally ill patients, as the healer usually remains at the patient's home and may even stay there for a few nights to provide extra care and more intensive treatment.

Prayer sayers and evangelists do not impose taboos on the patient or family members. This contrasts with the treatment by *wuon*, *mi'mit* and *si'qnda*, who usually impose taboo rules on patients and their family. These taboo rules can be quite severe, as it obliges all patients and family members to follow them, so that the patients will recover from their illnesses. The existence of these taboo rules also applies to the treatment in the professional sector. A doctor or nurse will inform a patient that he or she must adhere to the doctor's rules during the treatment, and the patient should not be given food or be allowed to engage in activities that may harm him or her. However, specific prohibitions in the professional sector apply only to the patients and not to family

members, like in the folk sector. There are some similarities within the two sectors, for instance, a breast-feeding mother should abstain from eating certain foods which may directly or indirectly harm the baby's health.

Patients who have been treated by *wuon*, *mi'mit* and *si'qnda* in the folk sector do not have to pay any fees and the healer simply accepts what he is offered in thanks. This is very different from the costs of the health care in the professional sector, where doctors and other medical personnel receive their monthly salary commensurate with the work they do and the rank and class they have according to government rules. Medical professionals are also restricted because they can only work during the day and must abide by the working hours that have been set in accordance with the calendar set by the central government.

They do not treat patients on Sundays and public, religious and national holidays. Even if patients are being treated in the professional sector, when they are not cured fast, they usually go to traditional healers or resort to their own treatment and use herbs or other substances, in addition to taking the medicines provided by the doctor. The family of patients who are hospitalized and who do not trust the treatment provided by the hospital even request assistance from an evangelist's prayer team, priests and the people who received the gift of healing, who are known in Papua as *pendoa* 'prayer sayers'. This is normal for the Tehit people, because for them, it is important to be cured.

In the professional sector, particularly in Teminabuan Health Centre and Scholoo Hospital, no co-operation takes place with actors from the folk sector, and when a patient is hospitalized, he or she cannot be served by prayer sayers, evangelists, priests or any other religious leader. They also do not involve *wuon*, *si'qnda* and *mi'mit* here. This is different from the health services in Sawiat Health Centre, where co-operation invariably takes place between the nurses, religious leaders (evangelists) and shamans (*wuon*, *si'qnda* and *mi'mit*), especially for patients who have been diagnosed as seriously ill and who cannot be treated by modern medicine.

Recommendation

I want to end this dissertation with some recommendations. I would like to recommend that the Christian leaders in South Sorong Regency, especially the *Classis* Christian churches at the lowest level in the cities or districts, to admit that burning, destroying and prohibiting all Tehit cultural aspects, especially that of *wuon* education, was a mistake. The church leaders should apologise and reconcile with the *wuon* and other traditional healers who are still around (in their old age) today. *Classis* church leaders in Teminabuan should open up and not be 'allergic' to or oppose *wuon*, because they play a very important role in providing help to the community in matters of healing and protection, especially to sick persons who cannot be cured by modern medical care.

The educational institutions are very important, because the number of *wuon* has decreased, while the number of *lait* has recently increased. The younger generation currently inherits the *suanggi* power from their parents or relatives through the fast rotating system among their circles. The existence of a *wuon* institution offers a very powerful tool for addressing the *lait*'s disturbing acts. In view of the important role of healers, such as *wuon*, *mi'mit*, *si'qnda*, evangelists, priests and prayer sayers, in patient treatment, I recommend that the local government, especially the Department of Health, improves their co-operation and ensures that these actors work together as partners. Co-operation needs to be realised continuously and an inventory has to be made of the folk sector healers. They should also be invited to attend certain occasions, such as the anniversary celebration of South Sorong Regency, and they should be publicly rewarded for their services in helping local, regional and national government health programmes. The inventory of folk healers in the folk sector should be distributed to health centres and hospitals, so that when the causes of patients' diseases cannot be established through biomedical knowledge, they can be advised to seek treatment with healers in the folk sector. Modern medical personnel in South Sorong Regency should be aware that diseases caused by persons can only be treated in supernatural ways by healers in the folk sector. Diseases from natural causes are the expertise of modern

medical personnel and they can treat them with their knowledge of the modern medical health care.

In addition, the local government should be recommended to co-operate with Papua University (UNIPA) and Cenderawasih University (UNCEN), the Papua Institute for Science and Technology (LIPTEK-Papua) in order to conduct an intensive study into the field of health to find appropriate solutions to address health development issues in this specific South Sorong Regency. A comprehensive inventory of the various medicinal plants and other substances the Tehit consider efficacious in treating illnesses is needed. More specific studies on medicinal plants, such as *qafa* 'itchy leaf', *sa'yen* and *wa'mok* '*Cordyline*', through laboratory tests should be executed to obtain the chemical contents and the methods by which these herbs work. When they have discovered the chemical contents of these plants, they can use them to make medicines to cure diseases. Intensive pharmacological studies need to be carried out regarding the medicinal plants the Tehit and Papuans generally know about. When these herbs can be processed into herbal medicine, it will also be helpful for the community from an economic standpoint, because they own the intellectual property rights over the knowledge of the medicinal properties of these plants. The Tehit should benefit from such developments, and all institutions, including companies, should be made to sign contracts with the Tehit. The Tehit counterparts need to have independent legal counsellors, who engage in Tehit's interests while setting up and signing such contracts.

Regarding the discovery of medicinal herbs or substances, the local government should promote their cultivation and patent them, thus, the Tehit's rights to their intellectual property does not become lost. In any case, the Tehit should be involved in the commercial use of this knowledge and should get a fair share of the profits. At the same time, this might help to conserve Tehit cultural knowledge. The medicinal herbs should be cultivated in a specific area which can be turned into a place of study and become a park for both domestic and foreign visitors and tourists. It might even turn into South Sorong Regency's botanical garden. A botanical garden would need care, protection and maintenance;

local people could be employed to do these tasks and, thus, it would foster the local economy. Co-operation is needed between the relevant government agencies available in South Sorong Regency to attract tourists. Apart from the economic side of the botanical garden, it should also be a tribute to Tehit culture and knowledge and, thus, be accessible to the younger Tehit generation.

I would recommend also that the government, especially the Department of Health, consider the welfare of health workers, particularly in Sawiat, so that they will get decent housing and proper health standards, because they are burdened with a very heavy duty. I guess that not only the Sawiat Health Centre, but also other health centres in South Sorong Regency have similar problems, therefore, the government is obliged to pay serious attention to these health workers. This would have a positive effect on the quality of the health services which, in its turn, will benefit Tehit society in general.

In addition, each health centre should have enough doctors, so that maximum health care can be provided. The number of doctors and other medical personnel should be adapted to local circumstances, geographical conditions and the size of the population. Health care providers should also ideally be the sons and daughters of the Tehit community in the area and other Papuans, thus, they can communicate easily with the local communities. Furthermore, in order to address the need for good health care for the Tehit communities, I recommend that the government establish an Assistant Hospital in the border region between the districts of Sawiat, Seremuk and Fkour, because they are located very far from the capital city of South Sorong and the population of the three districts is large enough compared with the Tehit communities in the coastal areas. Thus, the Assistant Hospital should refer people who are seriously ill directly to a hospital in Sorong for treatment. The Assistant Hospital's leadership should co-ordinate with the Director or Vice Chairman of Scholoo Hospital in Keyen. The strategy is to shorten the health care red tape and the bureaucratic procedures that take too long and are too difficult. This action is badly needed to save patients' lives.

Another recommendation needs to be addressed to the government, particularly the Department of Health of the South Sorong Regency. It should provide the necessary human resources and other health facilities at all health centres and Scholoo Hospital, so that they can be used best for quality health care provision to the community. One of the tools that all health centres badly need is microscopes and other laboratory equipment to enable health care workers to identify patients' diseases.

The government of the South Sorong Regency, particularly the Department of Health, should provide cars to every health centre, and to ensure that each health centre has enough drivers. If these drivers are unavailable, people should attend a driving course organised by the Department of Health in collaboration with the Department of Transportation. I also recommend that cheap public transportation be provided between Teminabuan and Keyen so that the people can get to Scholoo Hospital easily and cheaply.

Finally, I want to offer a recommendation, based on this study, regarding HIV/AIDS control in South Sorong Regency. A cultural approach should be taken, as the present approach misses the target. Health workers are expected to become involved with community leaders in the area, such as traditional socio-political leaders, religious leaders, women, and other cultural leaders and representatives. Health workers should disseminate information about the dangers of HIV/AIDS via these Tehit leaders, so that society can accept it more easily. By adopting a cultural approach, the use of condoms and other prevention measures can be communicated among Tehit society and they can learn how to use them, because the information would be delivered in the Tehit language. Consequently, the people will understand the issue and use the devices more easily. By adopting this strategy, the growth rate of the disease can be minimized. Co-operation between modern medical team members and community leaders is an effective measure to tackle the issue of HIV/AIDS in South Sorong Regency. I estimate that HIV/AIDS is not one of the main causes of death in Papua. It would be essential that systematic screening takes place in all communities in Papua and particularly in those of South Sorong Regency. Such tests also need to be applied to those who will go to Papua. With this strategy, this disease could be

contained and future generations of people in Papua would be free of this disease.

The Tehit people know that the provision of health services, especially those carried out by the specialists contracted by the government of South Sorong Regency, cost a lot of money, while the PHC in Teminabuan is closer. In this way, the communities in the villages in the regions of Sawiat, Seremuk, Konda, Kokoda, Kais and Inanwatan cannot make optional use of the specialists' services. Announcements of the availability of the services of these specialists should be disseminated widely to the villages through, for example, radio announcements, so that people know about it and can use the opportunities to check their health with a specialist. Another albeit less effective measure might be to request the local government to keep specialists on duty in Teminabuan to offer the necessary health services throughout the South Sorong Regency.

Contracting specialists is expensive and cannot be done continuously, as it draws too heavily on the expenditure funds of the local government. Therefore, my advice to the government is that there are two things that need to be taken care of: addressing the need for specialist doctors, the South Sorong Regency government can communicate with the Department of Health to ask for the specialist doctors who are placed in Scholoo Hospital; the second suggestion is that the government sends doctors from public hospitals and health centres to study a specialization at the Faculty of Medicine in various universities in Jakarta, Surabaya, Bandung and Makassar or Manado. They will bring their specialization back to Teminabuan to provide services to the community.

The various constraints on good health care can be overcome if the regional leaders make a serious effort in the way they spend the development funds made available by the central government in Jakarta after the creation of the Special Autonomy of Papua (*otonomi khusus*, Otsus) in 2001. The health sector must be number one among the three priority programmes: health, education and economic improvement, in the Special Autonomy Law of Papua. The government's programmes in the field of health care were put together well, but their implementation was not realised

maximally. The funds for the health sectors are huge and should be used in a responsible way so that the people can enjoy the benefit of development.

Another recommendation to the government of South Sorong Regency is to build a miniature *mbol wuon* 'wuon house' in the middle of Teminabuan town as a tribute to Tehit culture and to the *wuon* as important actors in curing patients. A miniature *mbol wuon* would encourage the Tehit people and help them to respect their own culture. It may also bring indirect economic benefits, as it may turn into a tourist attraction for domestic and international travellers to Teminabuan.

Coming at the end of my recommendations, I would like to say that treatment in the folk, popular, and professional sectors in the Tehit area have been practiced together, and that this has been retained and maintained jointly by all parties, traditional institutions, the church and the government, because the third sector has a very important role and is complementary to the health services for the people throughout Papua.

Appendix

Appendix 1. The Medical Plants

| | |
|-------------------------|---|
| <i>daun jarak</i> | jarak leaves |
| <i>diron</i> | soursoup |
| <i>fangges</i> | <i>fangges</i> leaves |
| <i>frasara</i> | <i>frasara</i> leaves (Indonesia: <i>mayana</i> leaves) |
| <i>ge'fen/wamok</i> | red leaf (Indonesia: <i>hanjuan</i>) |
| <i>grink</i> | <i>grink</i> or betel leaves |
| <i>kfades</i> | <i>kfades</i> plant |
| <i>kumangi /kemangi</i> | basil leaves |
| <i>lan'kuas</i> | galangal plant |
| <i>lilin</i> | ginger (Indonesia: <i>jahe</i>) |
| <i>maresan</i> | chili leaves/cayenne pepper |
| <i>maya</i> | maya tree |
| <i>mbait</i> | <i>mbait</i> plant (Indonesia: <i>brotowali</i>) |
| <i>ndar'yen</i> | <i>ndar'yen</i> plant |
| <i>ning laas</i> | ning leaves |
| <i>o'goseran</i> | papaya |
| <i>ogou molo</i> | banana tree |
| <i>ondo</i> | oranges/lemon |
| <i>qafa</i> | itchy leaf (Indonesia: <i>daun gatal</i>) |
| <i>qari</i> | turmeric/ <i>curcuma domestica</i> |
| <i>qasin fombi</i> | sweet potato |
| <i>qasin wqoit</i> | cassava |
| <i>qdfoq</i> | kinds of ferns |
| <i>qlawleis</i> | nut-grass |
| <i>qmbless</i> | <i>mbless</i> leaf (Indonesia: <i>daun suji</i>) |
| <i>safla</i> | <i>safla</i> leaves (Indonesia: <i>cocor bebek</i>) |
| <i>sangget</i> | nutmeg |
| <i>sayen</i> | <i>sayen</i> plant |
| <i>simlaq</i> | <i>simlaq</i> leaf (Indonesia: <i>kupang-kupang</i> leaf) |
| <i>smir</i> | <i>smir</i> tree (Indonesia: <i>dadap</i>) |
| <i>sre</i> | lemon grass |
| <i>yengge</i> | milk timber (Indonesia: <i>kayu susu</i>) |

Appendix 2. Glossary

| | |
|--|---|
| A | |
| <i>a'flei</i> | centipede |
| <i>a'roq saa</i> | real woman |
| <i>a'sa</i> | sugar cane |
| <i>adi</i> | bottom/lower |
| <i>afan</i> | wood caterpillar |
| <i>Afdeling (D)</i> | Regency |
| <i>afis moso</i> | genemo rope |
| <i>Akademi Perawat (AKPER)</i> | Academy of Nursing |
| <i>akar tuba</i> | tuba root: plant species that contain milk |
| <i>angin duduk</i> | wind sitting |
| <i>Asuransi kesehatan (ASKES)</i> | health insurance |
| <i>asya</i> | <i>aea calm (BI:bia)</i> |
| B | |
| <i>Balai kesehatan ibu dan anak (BKIA)</i> | maternal and child health centres |
| <i>Bauk</i> | founder of the first educational <i>wuon</i> |
| <i>bawah lima tahun (balita)</i> | infant and children under the age of five years |
| <i>bawan hen</i> | red onion |
| <i>bis'sa</i> | toxin |
| <i>bore</i> | techniques to catch fish with a squeeze of tuba root into the river/sea |
| C | |
| <i>cempedak</i> | <i>cempedak</i> fruit |
| D | |
| <i>da</i> | nose |
| <i>da mbin</i> | nose faltered or blunt end |
| <i>da msla</i> | sharp-nosed |
| <i>da sla</i> | sharp end |
| <i>da slo</i> | dry nose |
| <i>da sret</i> | shiny nose |
| <i>da'syiq</i> | nasal congestion |
| <i>Daerah Pembantu Bupati</i> | Regional Deputy Regent |
| <i>da'hnyo/da'rere</i> | person who is very kind |
| <i>da'kreq</i> | person who is not kind or stingy |
| <i>dase/aasror</i> | nasal runny |
| <i>de'it qli'li</i> | toes |
| <i>defit</i> | ears |
| <i>defit ndik</i> | deaf ears |
| <i>defit odot</i> | earache |
| <i>defit osin</i> | deaf |
| <i>deit</i> | leg/feet |
| <i>deit ki'ndi</i> | toe-nail |
| <i>deit odot</i> | sore feet |
| <i>deit qahe</i> | calf |
| <i>deit qlili</i> | toes |

| | |
|-----------------------------|------------------------------|
| <i>deit sya</i> | knee |
| <i>deit-kindi</i> | toe-nails |
| <i>dfin</i> | hips |
| <i>dfin re'min</i> | paralyzed |
| <i>dfin'odot</i> | sick hips |
| <i>don harak</i> | black rat |
| <i>dukun</i> | healer |
| <i>dukun beranak/ kader</i> | female healer for childbirth |
| <i>durian</i> | durian fruit |

E

| | |
|---------------------------|--|
| <i>e'fit 'qereq</i> | brother or sister of the same mother |
| <i>efit</i> | navel |
| <i>e'na</i> | hand |
| <i>e'na do'fo fle</i> | thumb |
| <i>e'na do'fo nggin</i> | ring finger |
| <i>e'na do'fo osi</i> | index finger |
| <i>e'na do'fo qli'li</i> | little finger |
| <i>e'na do'fo'gigis</i> | middle finger |
| <i>e'na kindi</i> | fingernails |
| <i>e'na -qlili</i> | fingers |
| <i>e'na sya</i> | arms |
| <i>e'na wa'it</i> | possessing somebody else |
| <i>e'ren waa qo'hon</i> | only fish |
| <i>e'syen hen</i> | red mushroom |
| <i>efik-wi</i> | the first stage to clean the forest for making the garden |
| <i>egi</i> | dead |
| <i>egi-o'moug</i> | die young/ a quick death |
| <i>ei'na</i> | hand |
| <i>eit syo</i> | eat the milk |
| <i>eit-qo'non</i> | birth party |
| <i>ena babra</i> | as soon as a hand job |
| <i>eren efo</i> | whale-like fish |
| <i>eren far-fari</i> | ray fish |
| <i>eren fosik</i> | fish sauce |
| <i>eren wider</i> | <i>widar</i> fish (Indonesia: <i>ikan mangewang</i>) |
| <i>ern'eitda'sa</i> | serving food for men who work when they are burning the dry tree in the garden |
| <i>ernet malelen qmat</i> | food that strengthen the abdomen |
| <i>ernet-yswin-fe</i> | food poisoning or food allergies |

F

| | |
|-----------------------|--|
| <i>fa</i> | sago meal |
| <i>fa difin</i> | sago balls |
| <i>fa fra</i> | sago packed (Indonesia: <i>sagu tumang</i>) |
| <i>fa mla/fa afas</i> | name of sago palm |
| <i>fa nggoris</i> | sago mixed with coconut, cooked in bamboo |
| <i>fa olo</i> | sago palm |

| | |
|--------------------|---|
| <i>fa orik</i> | planting sago |
| <i>fa qohoq</i> | name of sago, often referred to as sacred sago |
| <i>fa qreit</i> | name of sago palm |
| <i>fa qsi'rin</i> | sago flour/sago seeds |
| <i>fa sain</i> | sago wrapped with vegetables |
| <i>fa sambe</i> | name of sago palm |
| <i>fa sayi</i> | name of sago palm |
| <i>fa sinan</i> | name of sago palm |
| <i>fa sondan</i> | sago palm packed in <i>nipah</i> leaves |
| <i>fa srioyoq</i> | sago wrap mixed with coconut or bean seeds and liver, fish eggs, red fruit, pumpkin |
| <i>fa'mblen</i> | plain sago palm |
| <i>faki'nik</i> | thorny sago palm |
| <i>falaq</i> | skin |
| <i>falaq sisi</i> | share of the skins |
| <i>falaqlak</i> | double skins |
| <i>fao maelek</i> | white loin-cloth (Indonesia: <i>cawat putih</i>) |
| <i>farambo</i> | extortion process of sago |
| <i>farfari</i> | ray fish |
| <i>fe'lit</i> | buy at harvest with money or eastern cloth or red cloth in garden |
| <i>feli se</i> | female semen |
| <i>fjeq</i> | vomiting |
| <i>fla</i> | open/split |
| <i>flaqse</i> | male semen |
| <i>folo qa'sye</i> | secondary forest |
| <i>fombi</i> | land |
| <i>fombi ma'mi</i> | our land |
| <i>foos</i> | bigger abscess (Indonesia: <i>bisul raja</i>) |
| <i>fori</i> | fertility |
| <i>foron</i> | wind |

G

| | |
|------------------------------------|------------------------------|
| <i>geit'falaq</i> | lips |
| <i>Gereja Kristen Injili (GKI)</i> | Evangelical Christian Church |
| <i>giet</i> | mouth |
| <i>giet 'falaq 'qondo</i> | thick lips |
| <i>giet oot</i> | mouth bitter |
| <i>giet sgia</i> | bad mouth |
| <i>giet wuon</i> | <i>wuon</i> mouth |
| <i>giet'falaqsla</i> | sharp mouth |
| <i>gik</i> | itching |

H

| | |
|------------------|-------------------------|
| <i>haq rambo</i> | bath or sago vats |
| <i>harar</i> | one type of rivers calm |
| <i>hea</i> | offerings |
| <i>hen</i> | blood |

| | |
|--|---|
| <i>hen gnanan</i> | cold blood |
| <i>hen maa mres</i> | one blood |
| <i>hen mot</i> | hot blood |
| <i>hene</i> | traps with rope wicker or wire |
| <i>hen-marin</i> | the blood boiling |
| <i>heq qoqo</i> | toothache |
| <i>hima</i> | hunting with a dog |
| <i>hityo/qali-qat</i> | sacred place for ancestors' bones |
| <i>honi</i> | bones |
| <i>honi qasleq</i> | stiff/fatigue |
| <i>honi wqoit/qlik farye</i> | skinny body |
| <i>hyleq</i> | Shortness of breath (Indonesia: <i>sesak nafas</i>) |
| I | |
| <i>ik</i> | sky |
| <i>ik-qohoq</i> | nature of holiness |
| <i>Instalasi Central Umum (ICU)</i> | General Central Installation |
| J | |
| <i>Jaminan Kesehatan Masyarakat Papua (Jamkespa)</i> | Public Health Insurance for Papua |
| <i>Jaminan Kesehatan Nasional (Jamkesmas)</i> | National Health Insurance |
| K | |
| <i>kampung</i> | kampong/village |
| <i>Kartu Askes</i> | Health Insurance Card |
| <i>kda whi</i> | the clay still attached to the boy's chest until the time he had been given <i>wuon</i> education |
| <i>Keluarga Berencana (KB)</i> | family planning |
| <i>kepala kampong</i> | headman of village |
| <i>keret</i> | clan |
| <i>Klasis</i> | Classis is an evangelical Christian Church Organisation in Papua, at the level of District |
| <i>klen siswok</i> | <i>siswok</i> bird or various kinds of parrot birds |
| <i>klen awet</i> | cockatoos |
| <i>klen hen</i> | red bird or various kinds of parrot |
| <i>klen mlasa</i> | <i>mlasa</i> bird or various kinds of parrots |
| <i>klen oq</i> | <i>paradisaeidae</i> birds 'birds of paradise' (Indonesia: <i>burung cenderawasih</i>) |
| <i>klen tadi</i> | <i>tadi</i> birds |
| <i>klen wiyo</i> | <i>rarrot</i> red bird |
| <i>klento</i> | <i>klento</i> birds |
| <i>koko</i> | chickens |
| <i>kret, [Meybrat language]</i> | male sorcery |
| L | |
| <i>lafe</i> | man's fishing net |
| <i>lait</i> | witchcraft/bad creatures (Indonesia: <i>suanggi</i>) |
| <i>lait ndla</i> | male witchcraft |

| | |
|---------------------------------|---|
| <i>lait nggi</i> | female witchcraft |
| <i>lait sihak</i> | Open witchcraft (Indonesia: <i>suanggi terang</i>) |
| <i>lait siomir</i> | under curtain/hidden witchcraft (Indonesia: <i>suanggigelap</i>) |
| <i>lait syok</i> | witchcraft influence |
| <i>lak</i> | two or double |
| <i>lalye qmas</i> | red ant |
| <i>lam'bat</i> | <i>lam'bat</i> vegetables (Indonesia: ' <i>gedi</i> ') |
| <i>langsat</i> | langsat fruit |
| <i>le'leqwa'mar</i> | institution to court for decision, judgement and execution |
| <i>lemeq</i> | the pounder or hammer |
| <i>lengget/li'lin-dik</i> | poison powder |
| <i>luah bra</i> | bra snake (green) |
| <i>luah brehek</i> | brehek snake (black) |
| <i>luah jih</i> | jih snake (brown) |
| M | |
| <i>mama</i> | mother |
| <i>mamle</i> | the conceiver of educational institutions <i>wuon</i> |
| <i>mana tena</i> | on my hand |
| <i>mana tqmbieq</i> | on my shoulder |
| <i>mantra</i> | male nurses |
| <i>maq tqmuon</i> | on my chest |
| <i>masuk angin</i> | catch a cold |
| <i>Masyarakat Inanwatan</i> | Inanwatan community |
| <i>Masyarakat Meybrat</i> | Meybrat community |
| <i>mbar</i> | midrib of sago (Indonesia: <i>gaba-gaba</i>) |
| <i>mbeet/bet</i> | soil |
| <i>mbet hen</i> | clay or red soil |
| <i>mbet mami</i> | our soil |
| <i>mbet ninis</i> | secrecy of land |
| <i>mbian</i> | healers peeling the skin with a knife |
| <i>mbla'he</i> | the rack on the stove fire |
| <i>mboden</i> | maize/corn |
| <i>mbol qalit</i> | high stage house |
| <i>mbol qohoq</i> | taboo house (BI: <i>rumah pamali</i>) |
| <i>mbol qsi'wo/mbol qo'nong</i> | the hut for maternal and infant care |
| <i>mbol sa/mbol sfu'on</i> | home owner according to each clan |
| <i>mbol wuon</i> | <i>wuon</i> house or educational institution |
| <i>mdembir</i> | turtle |
| <i>menggong</i> | one type of sea-shell |
| <i>mesar</i> | catfish |
| <i>mesat</i> | caterpillars (BI: <i>linta</i>) |
| <i>mhoni</i> | she is bony or thin body |
| <i>mi'mit</i> | healer |
| <i>minuman keras (miras)</i> | liquor with a high alcohol |
| <i>minyak tawon</i> | <i>tawon</i> oil |
| <i>mlafitain</i> | the world of the death |

| | |
|---------------------|--|
| <i>mngan</i> | dogs |
| <i>mno</i> | red fruit (Indonesia: <i>buah merah</i>) |
| <i>mom</i> | she (female) |
| <i>moso</i> | <i>moso</i> vegetables (Indonesia: <i>genemo/melinjo</i>) |
| <i>moug fe wuon</i> | dew and mist shade the chastity of <i>wuon</i> |
| <i>mqa'so wdi</i> | heart-breaking |
| <i>mqa hima</i> | special dogs for hunting |
| <i>mqaen</i> | hook line |

N

| | |
|----------------------------|--|
| <i>na</i> | person/man |
| <i>na 'yfena</i> | which has people |
| <i>Na agow</i> | God |
| <i>Na agow wefe na</i> | God as a person |
| <i>Na agow wra fe erom</i> | God punishes men |
| <i>na ngganen</i> | cold hands |
| <i>na qal'wua</i> | the weak body people |
| <i>na sa</i> | nuclear family |
| <i>na se</i> | water man |
| <i>na tmaq</i> | sponsor to manage the education of <i>wuon</i> |
| <i>na tmaq</i> | sponsor of education <i>wuon</i> |
| <i>na wun</i> | people who have status as <i>wuon</i> |
| <i>na ylok orok</i> | singing and dancing |
| <i>na'dqoin</i> | person/human |
| <i>na'lilin</i> | people who carrying poison |
| <i>na'qanqanas</i> | stable body |
| <i>na'qohoqtet</i> | I am rich |
| <i>na'sa</i> | man-head |
| <i>na'sa ma'now</i> | person from the clan |
| <i>na'sembe</i> | members of <i>Le'leqwa'mar</i> institution |
| <i>na-a'mon</i> | your elder brother |
| <i>na-agow waq iq</i> | God in heaven |
| <i>na-egi</i> | the dead |
| <i>na-el-wet</i> | your younger brother |
| <i>na-eme</i> | your mother |
| <i>na'fain</i> | kinship group because of marital relations |
| <i>na-feyak</i> | sponsored to kill someone with poison |
| <i>na'flefle</i> | the noble or the king |
| <i>nanggi fle</i> | the big woman |
| <i>na-hano</i> | your sister |
| <i>na-mbe'le</i> | your mother sister/your father brother |
| <i>nanggimqmat se</i> | wealth women |
| <i>nanggi mqa hen</i> | menstruating woman |
| <i>nanggi mqmatslo</i> | dry woman |
| <i>nanggi msyos</i> | pregnant women |
| <i>na-ono</i> | your father |
| <i>naqanyi</i> | patient |
| <i>na-qlili</i> | toes |
| <i>naqohoq</i> | rich people/rich man/traditional leader |

| | |
|---------------------------|--|
| <i>na-ron</i> | living person |
| <i>na-sidahan</i> | dirty (lazy to a bath) |
| <i>na-sislo</i> | dry face people |
| <i>n'don</i> | marsupials (Indonesia: <i>kus-kus</i>) |
| <i>ndon-raur</i> | white cuscus |
| <i>ndrawaye</i> | eel |
| <i>nena msyoq</i> | your hand do |
| <i>ngga'en</i> | the foetus |
| <i>nggoro odot</i> | throat pain |
| <i>nggri'mik</i> | charcoal |
| <i>ni 'yese 'eye</i> | overriding by the spirits |
| <i>ni drimis</i> | spirits around in the hamlet/nature |
| <i>ni qain/na qain</i> | ownership |
| <i>ni syoq madik salo</i> | act which resulted in the case |
| <i>ni-ade</i> | totem |
| <i>ni-fralas</i> | evil spirit |
| <i>ni-fralas yrafen</i> | penetrated by evil spirit |
| <i>nikami wuon</i> | the student candidate is chosen by a senior <i>wuon</i> |
| <i>ni-lan</i> | mantera spell |
| <i>nimbra</i> | vegetables |
| <i>ni-qanyi</i> | ill or sick, complex and serious, also taking time to recover |
| <i>ni-qoqo</i> | ill or sick, not serious, and just temporary |
| <i>ni-ryehen</i> | food and eastern cloth brought by the parents and relatives of the women |
| <i>not hen</i> | red cloth (such as block cloth and sarong cloth) |
| <i>not hoq</i> | eastern cloth or sacral cloth (Indonesia: <i>kain timur</i>) |
| <i>not sa</i> | head cloth |
| <i>not w'ada</i> | chin cloth or eastern cloth |

O

| | |
|--------------------------|---|
| <i>ossik o'sik sigia</i> | defecate diarrhoea |
| <i>o'syo 'honi</i> | payment of the bones to maternal family |
| <i>odot</i> | painful/sick |
| <i>ogosro</i> | <i>ambons banana</i> |
| <i>ogou molo</i> | banana tree |
| <i>olo</i> | bottom/lower of the body |
| <i>oot</i> | heat (Indonesia: <i>panas</i>) |

P

| | |
|---|-----------------------|
| <i>Partai Amanat Nasional (PAN)</i> | PAN Party |
| <i>Partai Damai Sejahtera (PDS)</i> | PDS Party |
| <i>Partai Demokrasi Indonesia Perjuangan (PDIP)</i> | PDIP Party |
| <i>Partai Demokrat (PD)</i> | Democratic Party |
| <i>Partai Golongan Karya (GOLKAR)</i> | Golkar Party |
| <i>Partai Kebangkitan Bangsa (PKB)</i> | PKB Party |
| <i>patrilineal</i> | lineage of the father |

| | |
|---|-----------------------------------|
| <i>Peraturan Daerah Provinsi Papua (Perdasi)</i> | Provincial Local Regulation |
| <i>Persekutuan Wanita(PW)</i> | Fellowship of Woman |
| <i>pitis</i> | money |
| <i>Pondok Bersalin Desa (Polindes)</i> | Village Maternity Lodge |
| <i>Pusat Kesehatan Masyarakat Pembantu (Pustu)</i> | sub-health centres |
| <i>Pusat Kesehatan Masyarakat (Puskesmas)</i> | health centres |
| <i>Pusat Kesehatan Masyarakat Keliling (Pulkel)</i> | Travelling Health Centres |
| <i>Pusat Pelayanan Kesehatan Terpadu (Posyandu)</i> | Integrated Health Service Centres |

| Q | taro (Indonesia: <i>talas/keladi</i>) |
|---------------------------------|--|
| <i>qa</i> | |
| <i>qa'mit fik ngglen-ngglen</i> | cheeks tight, shiny bright |
| <i>qa'mit hen</i> | red cheeks |
| <i>qa'mit lo'loq fe mjan</i> | with red cheek in lethargy |
| <i>qa'mit rie</i> | yellow cheeks |
| <i>qa'so</i> | heart |
| <i>qa'so marin</i> | boil heart or angry |
| <i>qa'so remin</i> | soft heart |
| <i>qa'so ya'qa</i> | anger, wrath |
| <i>qa'so'odot</i> | hurt |
| <i>qa'sohlieg</i> | shortness of breath |
| <i>qa'sowhen</i> | hungry |
| <i>qadik/koba-koba</i> | traditional umbrella is made from pandan leaves, also serves as a mat for sleeping |
| <i>qafa saris</i> | itchy leaf, type grows in hamlet |
| <i>qafa lait</i> | itchy leaf, type grows in damp areas |
| <i>qafa qodo</i> | itchy leaf, type grows in grows in a dry |
| <i>qafes</i> | ulcers |
| <i>qafje</i> | saliva |
| <i>qaflin</i> | long beans |
| <i>qaflin</i> | peanut |
| <i>qafuk</i> | inside of the body |
| <i>qahen</i> | menstrual blood of women |
| <i>qain qnyen</i> | worm disease |
| <i>qais ndaho</i> | wooden fork |
| <i>qali</i> | burial of the dead in a tree |
| <i>qambet</i> | winged bean |
| <i>qambloq</i> | without clothing or naked |
| <i>qamit</i> | cheek |
| <i>qan</i> | the body or flesh |
| <i>qan lu'wa/qan re'min</i> | body weakness |
| <i>qan oot</i> | body heat |
| <i>qan qe'le</i> | annals/genitalia |
| <i>qan' mhnyo</i> | healthy of body |

| | |
|---------------------------------|---|
| <i>qan'honi</i> | bony |
| <i>qan'mjan</i> | heavy body |
| <i>qan'nggait</i> | the not having flesh |
| <i>qandafan</i> | pineapple |
| <i>qanfalak</i> | outside of the body |
| <i>qany</i> | ill/sick |
| <i>qany</i> <i>fe mbet mlot</i> | illness caused by the soil |
| <i>qaosi</i> | eye sicknesses/trachoma |
| <i>qaqa</i> | buttock |
| <i>qa'dai</i> | anus/buttock |
| <i>qaqas</i> | a stone shaped like taro |
| <i>qaqo</i> | frog |
| <i>qarat</i> | ass in the net |
| <i>qaroq</i> | parrot |
| <i>qasleq</i> | stiff |
| <i>qaso</i> | heart |
| <i>qaso mhyo</i> | nice heart |
| <i>qban</i> | woman bearing dowry wealth |
| <i>qbati</i> | tobacco |
| <i>qdok</i> | one type of river clam |
| <i>qe'ryen</i> | primary forest |
| <i>qembi</i> | tool for catching fish / shrimp made from midrib of sago |
| <i>qemngga</i> | the bodies of the dead are kept until they are only bones |
| <i>qendi</i> | the middle of the body/back |
| <i>qendi odot</i> | back pain |
| <i>qendi rereg</i> | back broken (special to child/babies) |
| <i>qendi wuaq</i> | given name to baby |
| <i>qereq 'afis</i> | cut the cord plugs |
| <i>qewi</i> | <i>qewi</i> fruit |
| <i>qforin wasit</i> | malaria |
| <i>qhan</i> | harm |
| <i>qiha</i> | cough |
| <i>qiha mndos</i> | cough several times |
| <i>qlembet</i> | evil or dead man spirit |
| <i>qlembet rafe</i> | penetrated by devil |
| <i>qlembet ysimari</i> | spirits of dead men watching the human |
| <i>qlenwir</i> | parrots |
| <i>qlik</i> | snake |
| <i>qmat</i> | stomach |
| <i>qmat ndeq</i> | bloated abdomen |
| <i>qmat odot</i> | stomach-ache |
| <i>qmbi'aq</i> | ashes in the furnaces |
| <i>qmbieq</i> | shoulders |
| <i>qmbivedo</i> | the name of the mountain |
| <i>qmuan</i> | chest |
| <i>qo'mik</i> | ingredient leaves |

| | |
|-------------------|--|
| <i>qohoq</i> | wealth |
| <i>qohoq wuon</i> | chastity, maturity and leadership of <i>wuon</i> |
| <i>qol qohoq</i> | light or subsistence or spirit life |
| <i>qoli</i> | crazy |
| <i>qomin</i> | fever |
| <i>qoqos</i> | great-grandfather/grandmother or great-grandchildren |
| <i>qorik</i> | pigs |
| <i>qose</i> | <i>qose</i> vegetables (Indonesia: <i>gohi</i>) |
| <i>qoyin</i> | crabs |
| <i>qumuan</i> | chest |
| <i>qyaa</i> | bag |
| <i>qyaa wuon</i> | <i>wuon</i> bags (Indonesia: <i>noken/tas wuon</i>) |
| <i>qyen</i> | worm |

| | |
|---------------------------|---|
| R | |
| <i>rambutan</i> | rambutan fruit |
| <i>rira</i> | dowry cloth as credit by gr |
| <i>rumah sakit</i> | hospital |
| <i>rumah sakit swasta</i> | private hospital |
| <i>rumah sakit umum</i> | public hospital or government hospital |
| <i>Rupiah (RP)</i> | currency of the Republic of Indonesia/IDR |

| | |
|-------------------------|---|
| S | |
| <i>sa</i> | head/top/upper |
| <i>sa'ndawan</i> | mind/brain/knowledge |
| <i>sa'ndawan nggait</i> | no sense |
| <i>sa'wirit</i> | dizziness |
| <i>saambe</i> | apologize/mercy |
| <i>safaqos</i> | head skull |
| <i>sa-fla</i> | headache |
| <i>saikain</i> | ceremony of <i>wuon</i> inauguration |
| <i>sala 'oogo</i> | burning the cut down and dry trees |
| <i>sala daloq</i> | furnace of fire |
| <i>sala-se'li</i> | the last cleaning of the garden and then burned to charred grass, just looks grey |
| <i>salo</i> | language |
| <i>salo flet</i> | figurative language |
| <i>salo namafle</i> | special language for traditional leaders |
| <i>salo sisi</i> | language of daily Tehit people |
| <i>sam'blit</i> | mind/intellect |
| <i>sandwan mli</i> | someone indicated as crazy or insane |
| <i>sandwanlolo</i> | close-minded |
| <i>sanggir</i> | the bigger dowry (last stage of dowry payment |
| <i>saq-mbian</i> | special knife to cure patients by <i>wuon</i> , <i>mi'mit</i> and <i>si'qnda</i> |
| <i>saris</i> | hamlet (Indonesia: <i>dusun</i>) |
| <i>saye qwat</i> | applications from men to a woman for marriage |
| <i>saye qwat</i> | tradition of women proposing to men |

| | |
|---|------------------------------------|
| <i>saye-ni</i> | skill |
| <i>se</i> | water/river |
| <i>se/qla</i> | water |
| <i>sebaco</i> | shrimp |
| <i>Sekolah Pendidikan Keperawatan (SPK)</i> | School Health Nurse |
| <i>sele</i> | drill or a pointy stick |
| <i>sembe</i> | adultery/permission |
| <i>sembi</i> | sweat |
| <i>sembisyar</i> | sweat spread away out |
| <i>sfen</i> | sea duck (female) |
| <i>sfu'on</i> | eyes |
| <i>sfun'on'ri</i> | pale face/yellow face |
| <i>sgodefit</i> | name of sago hamlet |
| <i>si'frikya</i> | water pock |
| <i>si'froq/sifrit</i> | ringworm |
| <i>si'gien</i> | eye feather |
| <i>si'ndahan</i> | dirty face |
| <i>si'ngglen</i> | shiny or glance faces |
| <i>si'qnda</i> | healer |
| <i>sida/sada</i> | face |
| <i>sifdaq</i> | tinea versicolor |
| <i>sigia</i> | not good/bad |
| <i>sigo</i> | a type of sea-shell |
| <i>sihen</i> | eyes sicknesses/sore eyes/red eyes |
| <i>simat</i> | cassowary |
| <i>simbele</i> | back |
| <i>simbret</i> | eyes dirty |
| <i>simlaq</i> | <i>simlaq</i> leaf |
| <i>sinda'han</i> | dirty faces |
| <i>singgin</i> | lizard |
| <i>sipini</i> | female nymph |
| <i>sirafot</i> | jack fruit |
| <i>sirare</i> | a type of sea clam |
| <i>siri</i> | sago fibre |
| <i>siswok bird</i> | varies kinds of parrot |
| <i>slo</i> | sago pounding |
| <i>sneq</i> | house of the yard |
| <i>soroq</i> | thruster |
| <i>sqa-ndese</i> | creaction fence |
| <i>suster (BI)</i> | female nurses |
| <i>suyamo</i> | male nymph |
| <i>syapi/ajad</i> | pumpkin |
| <i>syere qsi'wo</i> | bathe the mother and the baby |
| <i>syo</i> | breastmilk/breasts |

T

| | |
|----------------------------------|--|
| <i>tade</i> | grandfather/grandmother or grandchildren |
| <i>tali nggameri/tali qmahin</i> | god as creator |

| | |
|----------------------------|--|
| <i>talwet</i> | younger brother |
| <i>tamon</i> | elders brother |
| <i>tamuk</i> | aunt/uncle |
| <i>tare</i> | daughter-in-law |
| <i>taro</i> | nephews/nieces |
| <i>tas'ror waa yfiw</i> | new influenza |
| <i>tasqan/tanak/tafain</i> | brother/friend |
| <i>tasror</i> | influenza |
| <i>tasyolo</i> | my origin milk |
| <i>tdot</i> | youngest brother of the father |
| <i>tefet</i> | my kind |
| <i>teme</i> | mother |
| <i>tet</i> | me |
| <i>thano</i> | sister |
| <i>tifal</i> | pan/bowl |
| <i>tmait</i> | brother-in-law |
| <i>tmaq</i> | axe |
| <i>tmbuo</i> | small piece of bamboo |
| <i>toho</i> | woman's fishing net |
| <i>tono</i> | father |
| <i>tqafe mana tqmbieq</i> | to bear on my shoulders |
| <i>tqesi</i> | youngest sister of the mother |
| <i>tqmbieq tqafe</i> | carry on my shoulder |
| <i>tqmuon odot</i> | pain of my chest |
| <i>tqonsyofu</i> | son-in-law |
| <i>tqoohuq</i> | taboo |
| <i>tsma</i> | my wife |
| <i>Tuhan (BI)</i> | God |
| <i>twidin</i> | great-grandfather/mother or great- grandchildren |
| <i>twouq</i> | sagero water (BI: <i>sagero/legen</i>) |

U

Utrechtse Zendings Vereniging (UZV) Dutch Protestant Mission

W

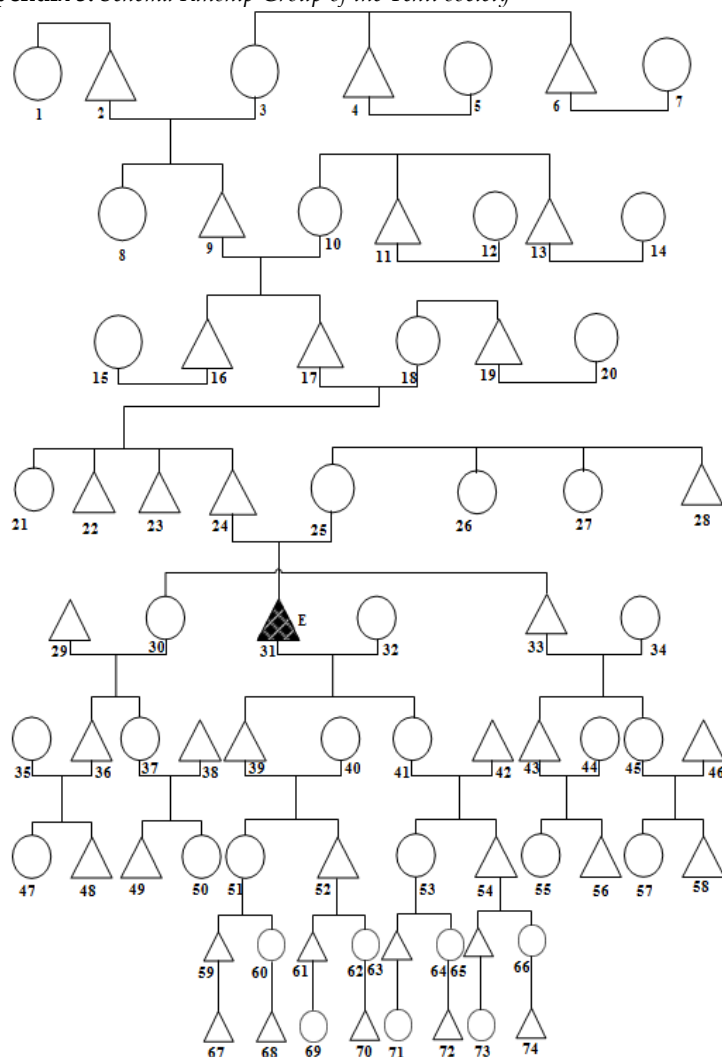
| | |
|----------------------|---|
| <i>wadik</i> | S spinach |
| <i>waha-dik</i> | sharp peak of wood/bamboo as trap in ground |
| <i>waraqolo</i> | name of place in the forest at <i>Kampung Seribau</i> , special laying place of corpses |
| <i>ware flaq</i> | washing of the men genitals |
| <i>waria</i> | transgender (BI: <i>wanita pria</i>) |
| <i>wa'sit</i> | water or liquid from the dead body |
| <i>we'ngger</i> | mud from the bottom of sea-water |
| <i>wendla</i> | the subordinate men |
| <i>wenggi</i> | the subordinate women |
| <i>wet</i> | child |
| <i>wet falaqlak</i> | children with double skins |
| <i>wet falaqsisi</i> | child of the same skin |
| <i>wet indla</i> | boys |

| | |
|--------------------------|---|
| <i>whoni</i> | he is bony or thin body |
| <i>wi</i> | place |
| <i>wi ma'mi</i> | our place |
| <i>wi-simbosi</i> | location of the boundary between layman and <i>na wuon</i> |
| <i>witwaq</i> | the payment of the birth or child |
| <i>wiyar</i> | crocodiles |
| <i>wodir</i> | sea duck (male) |
| <i>wow</i> | he (male) |
| <i>wqoit</i> | tree |
| <i>wqoit-ala</i> | the second stage is cutting down trees in the location of the garden |
| <i>wqotet</i> | grass root (Indonesia: <i>akar tuba</i>) |
| <i>wua</i> | soul |
| <i>wuanaq</i> | massaging |
| <i>wuaq'qendi</i> | given name to baby |
| <i>wuon</i> | healer/shaman |
| <i>wuon amuk</i> | night <i>wuon</i> |
| <i>wuon dirme</i> | approaching dawn <i>wuon</i> |
| <i>wuon girik</i> | approaching noon <i>wuon</i> |
| <i>wuon saana</i> | <i>wuon</i> contained and reborn |
| <i>wuon tali</i> | daylight <i>wuon</i> |
| <i>wuon weyin nikani</i> | healer/shaman healing the patients |
| <i>wuon yifi</i> | new <i>wuon</i> , who has completed his education at <i>mbol wuon</i> |

Y

| | |
|---|---|
| <i>yafat</i> | wound |
| Yayasan Pendidikan Kristen (YPK) | particular Christian education |
| Yayasan Pendidikan Persekolahan Katolik | particular Catholic education |
| <i>ydik lilin</i> | putting poison |
| <i>yegi fe mbet mdeleq</i> | they are dead due to ingesting soil |
| <i>yeit look nii</i> | party together before a child goes to follow the education of a <i>wuon</i> |
| <i>yengge</i> | milk timber (Indonesia: <i>kayu susu</i>) |
| <i>yit</i> | they |
| <i>ysis lait</i> | transfer of the witchcraft (Indonesia: <i>tukar suanggi</i>) |

Appendix 3. Schema Kinship Group of the Tehit society



Description:

| Number | The terms refer to individuals by Ego (BT ³⁷) | The terms refer to individuals by Ego (BI ³⁸) | The terms refer to individuals by Ego (BE ³⁹) |
|--------|---|---|---|
| 1 – 7 | <i>twidin</i> | buyut | great-great-grandfather |
| 8 – 14 | <i>qoqos</i> | kakek/nenek moyang | great-grandfather |
| 15-20 | <i>tade</i> | kakek/nenek | grandfather/grandmother |
| 21 | <i>tamuk</i> | tante | aunt |
| 22 | <i>tdot</i> | bapak adik | father brother (younger) |
| 23 | <i>tmbele</i> | bapak tua | father brother (elder) |
| 24 | <i>tono</i> | bapak | father |
| 25 | <i>teme</i> | ibu | mother |
| 26 | <i>tmbele</i> | mama tua | mother sister (elder) |
| 27 | <i>qessi</i> | mama adik | mother sister (younger) |
| 28 | <i>tamuk</i> | tante/om | aunt/uncle |
| 29 | <i>tmait</i> | ipar laki-laki | brother-in-law |
| 30 | <i>thano</i> | saudara perempuan | sister |
| 31 | <i>tet</i> (Ego) | saya | me |
| 32 | <i>tsma</i> | istri saya | my wife |
| 33 | <i>tamon</i> | kakak laki-laki | brother |
| 34 | <i>tafo</i> | kakak perempuan | sister |
| 35 | <i>tare</i> | menantu perempuan | daughter-in-law |
| 36 | <i>taro wandla</i> | keponakan laki-laki | nephews |
| 37 | <i>taro manggi</i> | keponakan perempuan | niece |
| 38 | <i>tqonsyoyo</i> | menantu laki-laki | son-in-law |
| 39 | <i>tefet</i> | anak | child |
| 40 | <i>tare</i> | menantu perempuan | daughter-in-law |
| 41 | <i>tefet</i> | anak | child |
| 42 | <i>tqonsyoyo</i> | menantu laki-laki | son-in-law |
| 43 | <i>tefet</i> | anak | child |
| 44 | <i>tare</i> | menantu perempuan | daughter-in-law |
| 45 | <i>tefet</i> | anak | child |
| 46 | <i>tqonsyoyo</i> | menantu laki-laki | son-in-law |
| 47-58 | <i>tade</i> | cucu | grandchildren, |
| 59-66 | <i>qoqos</i> | cicit | great-grandchildren, |
| 67-74 | <i>twidin</i> | buyut | great-great-grandchildren |

³⁷ BT means Bahasa Tehit (Tehit language)

³⁸ BI means Bahasa Indonesia (Indonesian language)

³⁹ BE means Bahasa English (English language)

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The author, Marlina Flassy, was born in Seribau Village, Teminabuan District, West Papua, March 15, 1968. Her daily work is a lecturer in Anthropology, Faculty of Social and Political Sciences at Cenderawasih University. Marlina started her lecturer career since 1996, structural positions held during her work were as Chair of the Department of Anthropology, Assistant Dean I of the Faculty of Social and Political Sciences, Cooperation Coordinator between Cenderawasih University Jayapura Papua and Georg August Goettingen University in Germany, and also held a number of other structural positions in Cenderawasih University.

Marlina's career is supported by comprehensive education, namely: elementary, junior high, high school graduated in Jayapura city as a barometer of education in Papua, then completed her undergraduate degree in Anthropology in the Department of Anthropology, Faculty of Social and Political Sciences, Cenderawasih University, Jayapura 1995, S2 (Master) with an M. Hum from the Department of Anthropology, Faculty of Cultural Sciences, Gadjah Mada University, Yogyakarta 2002, and S3 (Ph.D) from the Department of Ethnology at the Faculty of Social Sciences, Georg August Goettingen University, Germany 2015.

As a researcher, Marlina was awarded as a Young Community Care Researcher from the Ministry of Research and Technology of the Republic of Indonesia in 2004. Her seriousness in raising gender issues that raised the issue of children and women in Papua made her crowned by the Jayapura City Government through the Jayapura City Women's and Children's Empowerment Service, Papua with an award as the Achievement Image of Papuan Women's Charisma in 2004. Her love for gender issues has led to her being the coordinator of the Cenderawasih University's Center for Gender and Child Studies (PSGA) (2019-2023). Before becoming a lecturer Marlina, by the Arts Council of Irian Jaya (DKIJ); had been assigned an ethno-cinematography internship at the Department of Ethno-cinematography, the Faculty of Social Sciences, State University of Leiden the Netherlands in 1992.

Marlina once wrote The ethnographic book of the Mooi tribe in Sorong Regency (Etnografi suku Mooi di Kabupaten Sorong), the Ansus Ethnography in Yapen Waropen District (Etnografi Suku Ansus di Kabupaten Yapen Waropen), and the Ethnographic of the Napan-Wainame Tribe in Nabire Regency (Etnografi Suku Napan- Wainame di Kabupaten Nabire), which was published in Series I and II of Papua Ethnography in collaboration with the Cenderawasih University and the Regional Planning Agency (Bappeda) of Irian Jaya Province. (Papua) in 1995/1996. Marlina also translated the book Etnos cycle of popot party at the Meybrat (Etnos siklus pesta popot Meybrat) by John-Erik Elmsberg (English translation into Indonesian), another book written was Fully Roads Honoring Children and Women in Papua Province (Jalan Terjal Memuliakan Anak dan Perempuan di Provinsi Papua) 2019. Currently Marlina is presenting a numbers books among others Traditional Treatment System in the People's Community in West Papua Province (Sistem Pengobatan Tradisional Pada Masyarakat Tehit di Provinsi Papua Barat,), the Marriage System in the Maybrat Community in West Papua (Sistem Perkawinan Pada Masyarakat Maybrat di Papua Barat), the Gender Equality Deficit in the Province of Papua and the Health of Women and Children in the Province of West Papua (Defisit Kesenjangan Gender di Provinsi Papua dan Kesehatan Perempuan dan Anak di Provinsi Papua Barat), etc.

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