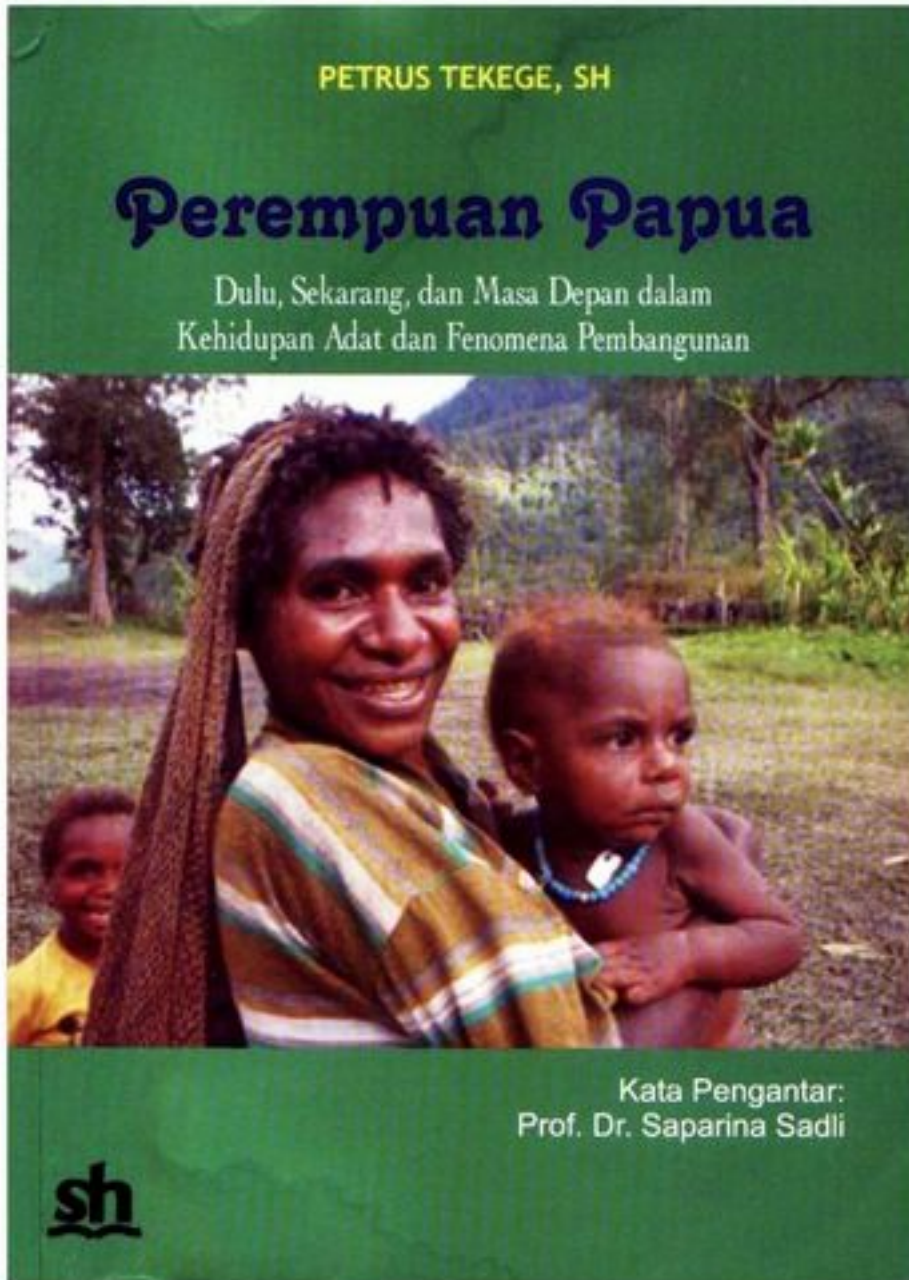


Review: Petrus Tegeke presents a detailed account of the position of women in West Papua

Carmel Budiardjo



A poster which has been hanging in my office for many years carries the slogan, 'West Papua, An Issue Whose Time Has Come'. I received it from a friend not long after East Timor became independent in 2002. Since then, the struggle of the Papuan people has gained greater

attention around the world, their grinding poverty in a land of plenty and their anger at becoming part of Indonesia following a blatantly fraudulent Act of 'Free Choice' in 1969.

Unable to visit Papua, which is closed to foreign journalists and human rights activists, I have relied on books and pleas for help on the internet to follow events. Occasionally I have met with Papuan men and women activists who have fled their homeland in fear of their lives. But I was able to learn very little about the conditions of Papuan women until I was sent a copy of this book.

Petrus Tegeke has produced a well-rounded account, covering a range of issues including education, health, family life and marriage, domestic violence, economic activity, mother-and-child survival rates, the legal framework of the rights of men and women, and gender discrimination. Foremost among the issues he discusses are education and health which, in any society, are the main determinants for people to secure decent standards of living and the capacity to contribute to critically important decision-making processes within the family and the community.

Discrimination from an early age

Since its incorporation into Indonesia, very little has been done in Papua to improve basic conditions for indigenous people and provide the necessary infrastructure for those living in remote areas to attend schools or have access to even the most basic medical care. This is all the more disturbing because Papua has been host since the 1970s to the mining company, Freeport-McMoran, which has for many years been the largest single tax-payer to the Indonesian state from its giant gold and copper mine.

Tegeke shows that the discrimination in the education system starts at an early age and by secondary and tertiary levels, boys vastly outnumber girls. In 1999, out of the 10,000 Papuans enrolled in universities, less than 20 percent were women. This is due to the widely-held belief among Papuans that as adults, females will spend their lives doing household chores and looking after the children. By tradition and from birth, females are subordinated to males in the family and grow up seeing themselves as being of lesser importance than their brothers. This is especially true in the vast interior where the lack of roads and transportation makes travelling any distance far too expensive to be spent on girls. From an early age, boys and girls are not expected to sit next to each other in school while girls are told not to walk ahead of boys in the street, in other words 'to know their place'.

Later in life, the legal status of Papuan women is very weak and is subject in many ways to the behaviour and whims of their husbands. A wife is expected to carry much of the burden involved in the production of food. The Freeport mining company announced in 1996 that it would allocate one percent of its earnings to the traditional owners of the land now devastated by the mine. All well and good, says Tegeke, except that the money is paid to the husband as head of the family and is frequently spent on drink, gambling and womanising. Moreover, because of the loss of so much land formerly tilled as gardens, the women now have to walk long distances to gather firewood, tubers and other foodstuffs all the while carrying their children.

Although many of the burdens borne by Papuan women are the result of the one-sided traditional relationship between men and women, Tegeke also accuses the military and the Indonesian civilian administration, of being responsible for many of the burdens borne by women. The author, who gained a law degree at a Catholic University in Semarang, Central Java in 2003, also accuses the churches whose influence throughout the territory is very strong, of having done virtually nothing to ease the plight of Papuan women.

Woeful health facilities

Tegeke draws particular attention to the lack of adequate medical facilities for mothers and children and the high mortality rate for mothers. The mortality rate for women giving birth is particularly high in West Papua. A survey which was conducted by the Papuan Provincial Health Service in 2003 covering six districts found a death rate of 1161 per 100,000 for women giving birth. The death rate for pregnant women is 700 per 100,000 women compared to 500 per 100,000 for Indonesia as a whole.

In remote areas the continuing strength of traditional beliefs results in women being blamed either for disobeying their husbands or upsetting the spirits when difficulties occur during or after birth. When problems occur during pregnancy people often respond by sacrificing a pig rather than seeking medical help, which is virtually impossible to access anyway because of the lack of nearby clinics. Moreover, the clinics that do exist suffer from a serious shortage of medical personnel and facilities.

Although there were 2948 clinics across the territory in 2005, only 929 were actually functioning and in most cases with a serious lack of trained personnel. Moreover the number of functioning clinics has declined further in the past few years. Tegeke quotes a senior health official as saying that accommodation and other basic requirements for health professionals are far from adequate. Since most medical personnel come from other parts of Indonesia, they are much less likely to accept the disadvantages of living in remote regions, surrounded by thick jungle.

A survey undertaken by the UNDP in 2005 found that more than 90 percent of kampungs in Papua had no access to basic medical facilities. Although the number of doctors per 10,000 inhabitants was actually higher in Papua than in Indonesia as a whole, the spread was very uneven. In the provincial capital, Jayapura, some areas had five doctors per 10,000 inhabitants while in other parts of the city there were no doctors at all. Unfortunately, Tegeke fails to explain whether the spread of medical facilities is in any way related to the location of large communities of immigrants now living in the capital city. It would be helpful to know, for example, whether doctors are more available in those parts of the city inhabited by non-Papuan.

The health situation is even worse in the Central Highlands. The districts of Bintang, Keerom, Tolikara, Paniai and Puncak Jaya have either only one doctor each or none at all, even though these districts are inhabited by more than 100,000 people. These are areas where immigrants are unlikely to be living. In places where doctors have been assigned, they often refuse to complete their period of service because of the primitive living conditions. Midwives too are mostly concentrated in the towns, where 70 percent of the approximately 1500 midwives in Papua in 2006 were practising.

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The other grave threat to health in Papua is HIV/AIDS which began to spread in 2000 and now has a higher prevalence of the disease there than anywhere else in Indonesia. By 2003, official reports indicated that there were 1454 cases of HIV and 451 cases of AIDS of whom 224 had died. Health authorities readily admitted that the actual figures were probably much higher. In 2006, the Indonesian health minister Siti Fadilah Sapari, put the infection rate in West Papua at 2.6 percent. Only 12.6 percent of the sufferers were sex workers, with more than double that number being housewives who had never changed partners or used drugs.

According to the author, the spread of this disease is due to a number of factors including the poor health and low nutritional intake of the Papuan population as a whole. On top of this is the uninhibited spread of drinking halls which have encouraged alcoholism and indulgence by men in freely available sex. In some parts of the region, bars and recreational centres have been set up near places of worship and other locations where people congregate in large numbers, and have become centres for prostitution. Free sex and alcoholism have become serious problems, especially among men in their twenties, thirties and forties.

Although funds allocated to West Papua for health following the introduction of the Special Autonomy Law in 2001 were more than adequate, apparently much of it has been used to cover the costs of the growing number of administrative personnel brought in from outside West Papua to run the new districts and sub-districts created in the past few years.

What of non-Papuans?

Petrus Tegeke has provided us with a useful insight into the serious problems that stand in the way of any significant enhancement of the role of Papuan women within their communities. He fails however to sufficiently highlight another major problem in West Papua: the influx of non-Papuans who will soon out-number the indigenous inhabitants. Do these newcomers suffer from the same impediments to education and health as the Papuans living in close proximity with them? Are they better endowed economically and socially to live healthier lives than their fellow citizens with whom they live cheek by jowl? To many observers, the comparison between conditions enjoyed by the indigenous people and the newcomers is the crucial issue that threatens the very existence of the Papuan people, leading some to warn of a 'slow-motion genocide'. I look forward to reading further work dealing with this question.

Petrus Tegeke, SH. *Perempuan Papua: Dulu, Sekarang dan Masa Depan dalam Kehidupan Adat dan Fenomena Pembangunan. [Papuan Women, Past, Present and Future in Traditional Life and Development.]*. Pustaka Sinar Harapan, Jakarta 2007. 207 pp.

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