

**“People think twice before seeking healthcare”**  
**The search for determining factors of health seeking behavior in Sorong, Papua**

By Else Zonneveld  
3012425

---

**Content Thesis**

<i>Map of Indonesia</i>	3
<i>Map of Papua</i>	4
<i>Preface</i>	5
<i>Introduction</i>	6
<b>1 Theoretical Orientation</b>	<b>10</b>
1.1 Medical Anthropology	11
1.2 Traditional & Modern Medicine	12
1.2.1 Traditional versus Modern	13
1.2.2 Medical Pluralism?	13
1.2.3 Medical Pluralism in Sorong, Papua	15
1.3 Health Seeking Behavior	16
1.3.1 The Collective Level	16
1.3.2 The Individual Level	17
1.3.3 Conclusion	18
<b>2 The Context of Sorong, Papua</b>	<b>20</b>
2.1 Medical context	21
2.2 <i>Kampung</i>	21
2.2.1 The Village <i>Meripi</i>	22
2.3 City, Sorong	23
<b>3 Local Situation &amp; Belief System</b>	<b>26</b>
3.1 Disease & Treatment in Papua	26
3.2 Causation	26
3.2.1 Biomedical	27
3.2.2 Spiritual	27
3.2.3 Myth	29
<b>4 Medical Pluralism in Sorong, Papua</b>	<b>31</b>
4.1 Traditional Medicine	31
4.2 Influences of Outside Papua	33

4.3	Contrast Modern & Traditional	34
	<b><i>5 Health Seeking in Thought and Practice</i></b>	<b>36</b>
	<b><i>6 Health Seeking Behavior in a Context of Medical Pluralism</i></b>	<b>39</b>
6.1	Belief	39
	6.1.1 Causation	40
	6.1.2 Power of Politics	40
	6.1.3 Reaction of environment	41
	6.1.4 Seriousness	41
6.2	Accessibility	42
	6.2.1 Money	43
	6.2.2 Practicality	43
	6.2.3 Government/Global help	44
	<b><i>Conclusion</i></b>	<b>47</b>
	<b><i>Bibliography</i></b>	<b>51</b>
	<b><i>Appendixes</i></b>	
	1. Reflection	54
	2. Summary in Dutch	56

## Map of Indonesia<sup>1</sup>

QuickTime™ en een  
-decompressor  
zijn vereist om deze afbeelding weer te geven.

---

<sup>1</sup> [http://www.nationsonline.org/maps/indonesia\\_map.jpg](http://www.nationsonline.org/maps/indonesia_map.jpg)

## Map of Papua<sup>2</sup>

QuickTime™ en een  
-decompressor  
zijn vereist om deze afbeelding weer te geven.

---

<sup>2</sup> <http://www.indonesiatraveling.com/Indonesia%20Travelling%20by%20Sea/images/papua/Papua-cpl-moluccas.jpg>

## **Preface**

After months of work I finished my bachelor thesis. Without the help of many people I could have never done this. First of all I want to thank Danny Parengkuan. He was my first contact in Papua and thanks to him I was allowed to do my research in Sorong. Thereby he provided a great network of informants for me at the DaVinci International School and gave me shelter in a nice house in Sorong city. Then I want to thank Maaïke van Vree, my co-researcher, with whom I had the chance to reflect the process of the research and with whom I could talk when I had difficulties with the warmth or when I missed home. Also I want to thank my key-informants and great friends Atanay and Nisha and of course all the other students of DaVinci International . Topan, I thank you too, because of your hospitality, kindness and incredible helpfulness. Further I want to thank Hans de Kruijf who was my supervisor during the whole process. Thanks to your good supervision I always had an overview of my research, which helped me stay focus. Of course I want to thank my parents and my boyfriend Enzo, who took the adventure and visited me all the way in Papua. Last but not least I want to thank my girlfriends Mijke, Thessa and Laura for their company during the study work back home. Glad I could have a coffee break with you girls.

Now the end of me working on my bachelor thesis is near but in front of you lays the result and the reading can begin.

## Introduction

### *Oliver*

The health problem starts after a weekend on the beach. Oliver is covered with red spots, has a high fever and cries continuously. The spots remind me of smallpox. Ben, the father, wants to know for sure and visits a skin specialist in the centre of Sorong. The doctor tells him it is caused by an insect from the beach and prescribes a cream. After applying the cream, Oliver does not feel any better. Lydia, the nanny, covers Oliver with talcum powder so the spots will dry out and Ben then tries a Dutch-made cream. Oliver sleeps a whole night without scratching himself, but except for that it does not get any better. Two weeks later the mother, Cynthy, wants to go to the doctor again but Ben does not agree. He thinks doctors are not very good in Sorong. “After three hours of waiting you get a cream that does not work (Ben)”. He prefers the Dutch-made cream and keeps on using that. Later Ben and his wife Cynthy try the help of a local woman. She uses traditional medicine. Unfortunately the traditional oil makes the spots even worse.

During my fieldwork in Sorong, Papua I followed this family, seeking medical care for their child. The patient was Oliver, a two-year-old boy. His father is from both Indonesian and Dutch descent and his mother is from Lombok, Indonesia. Together Oliver’s father and mother decided to work in Sorong, Papua. Because Oliver’s parents both work very hard, they hired a nanny, Lydia. She is a woman from Ambon, who lives with her husband and child in Papua now.

Lydia tells me she knows exactly what the disease is and even knows how to cure it. She tells me it is *luti luti air*, a common child disease in Indonesia. Lydia says you need to visit an *Orang Tuah* to cure the disease. This is a person who knows about traditional healing. Plants cannot cure the treatment for *luti luti air*, only a magic charm can. She offered Cynthy to bring Oliver to a person who knows how to heal the disease, but Cynthy did not want that. She does not believe in the working power of this kind of medicine.

Because the doctor’s in Papua are not able to heal Oliver or can tell exactly what was wrong, his parents decide to go to a hospital on the island of Lombok (where Cynthy’s family still lives). Over there Oliver is diagnosed having an allergic reaction. Oliver gets medicines and does not feel itchy anymore. He is feeling a lot better. After seven weeks Oliver’s disease is as good as cured.

Still there is some disagreement over the diagnosis and causation of the disease. Did Oliver get cured from the medicines he got in the hospital or did time heal his wounds? Was it smallpox or fish allergy, did it come from an insect or parasite or was it *luti luti air*?

By closer examination of the case we can see a lot of factors that influence health seeking behavior. We can see for example that the parents have a western and Indonesian belief system, which influence their treatment method. The father first tries the skin specialist but when this does not work he prefers using Dutch medicines. Later, when the sickness gets rather serious, the parents try other kinds of treatment. Ben allows the use of traditional medicine, while he and Cynthia do not believe Lydia's story of *luti luti air*. Money is a factor, because it gives the family access to any medical system they want. The family has a good social position in Sorong because of their good jobs. This gives them a lot of freedom when it concerns health seeking behavior.

The factors I mentioned in the case above and in many other cases like this, answer my research question, which is:

*What determines the health seeking behavior of people in Sorong in a context of medical pluralism?*

In the months February till May I carried out my bachelor research project in Sorong, Papua. I wanted to know which factors influence people's choice when seeking for health. I chose Sorong, Papua for my research because it has a context of true medical pluralism. Indonesian immigrants and European colonizers influenced Papua. Therefore, besides indigenous Papuan medicine, which are diverse due to the various communities Papua has, traditional Indonesian and western biomedicine are present. All these types of medicine interact and mingle and provide a context of medical pluralism for the people of Sorong.

While in the literature often a dichotomy is described between modern biomedical medicine and indigenous traditional medicine, these types of medical systems nowadays seem to mingle and interact. Traditional knowledge is now also used in western countries, just like modern medicine is used elsewhere in the world. Hybridization of two or more medical systems is becoming more common and the dichotomy seems to fade away. This has led to the use of the scientific term medical

pluralism. In a context of medical pluralism patients get the chance to choose what kind of healing process they like to endure. In a context of medical pluralism different types of medical care are available (Frankel & Lewis 1989). The way these medical systems interact is complex (Islam 1995).

With my research in Sorong I would like to show how these various medical systems interact in that specific area. The focus will be on how people act when they have the ability to choose between different types of treatment and which factors influence that choice. I think it is important to discover the local thoughts on illness and treatment, so development programs<sup>3</sup> can use this information and make a program that corresponds with the local belief system. Only with a good understanding and communication useful help can be offered.

During my research I obtained my data by following cases like these. Besides that, I conducted several semi-structured and open interviews, and joined in many conversations. The general spoken language in Sorong was Indonesian. My knowledge of the Indonesian language was not good enough for interviews so I often used a translator. For most of the time students of the DaVinci International school surrounded me. They were a great help as informants and as translators. Further I did observations in several hospitals in Sorong and in a small village. In both sites a student accompanied me to help me with the translating. The whole three months I carried out participant observations by becoming close to some of my informants.

In this thesis I will provide the results. I will use synonyms for my informants to protect their privacy. Following the theoretical orientation can be found. Here a framework surrounding terms like medical pluralism and health seeking behavior is made. Subsequently there is a chapter on the (medical) context of my research area. After this there is a chapter on the local situation and belief system. This will be necessary to understand the background and ideas on the Papuans. Following that comes a chapter on medical pluralism in my research area. Here I will be describing how medical pluralism is shown in Sorong. The fourth chapter is about the thoughts and practices of Papuans on medicine. Thoughts and practice can be linked, so some influencing factors for health seeking behavior can be found. And then in the last chapter I will give several factors that determine health seeking behavior. After this

---

<sup>3</sup> PROJECT FACTS *Indonesia* Poverty Reduction and Achievement of the MDGs United Nations Development Program Indonesia November 2007



the conclusion of the whole research can be found where I will answer the central question.

## **Chapter 1 Theoretical Orientation**

In the theoretical orientation of my thesis I provide a framework in which my research will fit. I divided the theoretical orientation in three different sections. First I will give some background information on terms like illness and disease, which have a different meaning within medical anthropology. I will show that people's culture is important for the experience of sickness, which influences the health seeking strategies of patients. Another concept I will explain in the first part is the dynamic character of medical systems. I will describe which medical systems are common and that they exist at the same time. For my research project in Sorong I hold on to two medical systems, traditional and modern medicine. In part two of the theoretical orientation I will give a detailed description of these two concepts. Here I make clear that traditional and modern medicine both are dynamic systems. Traditional medicine is different in every culture and modern medicine has to be seen in context. The interaction and integration between the two will therefore be hybrid and is captured in the term medical pluralism. Then in part three I will go deeper into theory surrounding health-seeking behavior. Here I will show that an individual's choice is affected by several factors, which influences the process of seeking for health. I will show that these factors are layered and multidimensional. This last part brings us thus to the point that individual choice is determined by numerous factors.

## **1.1. Medical Anthropology**

Disease and illness are two terms of great importance in the field of medical anthropology. Disease is seen as a fault in the functioning of the human body. Often this is from doctor's perspective. He sees the body as a good functioning machine and disease is a defect in the machine. The term illness is from the patient's perspective and more socially influenced, while disease is more biological. Illness is a subjective response of an individual and is affected by a person's environment (Helman 2007; Eisenberg 1977).

These ideas and practices on illness form together a medical system (Glick 1998:23). Because the context has to be taken into account when understanding a medical system, every existing medical system is culture-bound. The medical system itself exists out of different types of health sectors (Helman 2007). The popular sector, folk sector and professional sector in a society are part of a medical system. The first consists of non-professional way of dealing with illnesses. Lay consultation is the main way to seek for treatment. The second is sometimes seen as being in between the popular and professional sector but is in many countries still the dominant sector. The overall idea is that this medical system is fixed in the practical experience and all medicine and treatment come from nature. Supernatural powers as ghosts and witches can be seen as forms of causation. For this thesis I will further refer to this sector as traditional medical care/medicine. The latter is about biomedicine, modern scientific medicine. I will refer to this medical system as modern medicine in the rest of my thesis. (Helman 2007; Islam 1995).

For medical anthropology the practice of all these three sectors are interesting because all are practiced in different settings and situations. Moreover these three sectors interact. The borders between these sectors are not rigid but dynamic (Young 1981).

While the popular sector is very personal, since everyone has there own relatives to address, the other two can be seen as an overall medical system belonging to a certain group of people; a community, society or country. Furthermore these last two care systems can be found being used at the same time. I will clarify both in the next chapter, so we can find out later if the two can or cannot interact.

## 1.2. Traditional Medicine & Modern Medicine

In this part I will explain traditional and western medicine and the possibility of their existence side by side. I will use the term medicine meaning all things that involve healing, disease and illness.

Traditional medicine is found in the literature under diverse terms and with numerous explanations. Non-western medicine is a term also used to describe the medical traditions of cultures and societies other than those in the west. I do not use this term because I agree with Worsley (1982) that a rigid division between western and non-western cannot be made. Historically these two influenced each other and the interchange between these cultural areas nowadays is increasing. I choose the term traditional medicine because this is the most common term used in literature. Nevertheless this term needs some explanation. Traditional is often associated with words like exotic, primitive and old. However traditional medicine is diverse, dynamic and used in the modern world.

Traditional medicine is fixed in the practical experience and medicine and treatment come from nature. Supernatural powers as ghosts and witches, but also religion are seen as forms of causation (Helman 2007; Frankel & Lewis 1989; Worsley 1982)<sup>4</sup>. The practice of traditional medicine varies per country and culture. According to Islam (1995) it is influenced by social-cultural heritage, religious and political identity (ibid: 72). Traditional medicine originates out of a cultural system and is therefore integrated in a social institution. It includes the vision on health, definitions of illness and beliefs about etiology (ibid: 74). Well-known traditional beliefs of causations of illnesses are for example the personalistic or naturalistic system (Foster 1998) and the hot/cold opposition (Foster 1994). “*Belief not practice is what comes out of accounts of traditional medicine*” (Frankel & Lewis 1989: 5 *accentuation is mine*). In the literature there are many examples of diverse cultures, countries and societies and their peculiar traditional medicine (E.g. Van der Geest & Rienks 1998; Mitchel 1982; Lewis in Siba Foundation Symposium 1972). Thus traditional medicine is diverse and dynamic. Traditional medicines come from nature.

---

<sup>4</sup> e.g. the classical work of Evans-Pritchard *Witchcraft, Oracles and Magic Among the Azande*. Oxford University Press 1976

A spiritual healer uses magic, and many traditional medicines are made of products like plants, roots, fruits or tree barks.

Modern medicine is based on biomedicine. I use the term modern because the evidence-based medicines are a rather new concept. Modern medicine is a still developing medical system. In the field I noticed that my informants made a division between western and Indonesian modern medicine. Thus for my research I approach modern medicine in two ways. In this medical system the patient is seen individually and the disease is due to an error in the patient's body (Helman 2007; Lewis and Jones in Siba Foundation Symposium 1979).

### **1.2.1. Traditional versus Modern**

The difference between traditional and modern medicine is especially found in their underlying cultures and historical contexts, rather than in terms of goals or effects (Islam 1995: 71). Papua has such a diverse culture and had a turbulent history so the various medical traditions met and mingled. Where traditional medicine involves the patient and its environment, modern medicine approaches the patient alone. Another dissimilarity between modern and traditional medicine is that a form of health service and medical system exists within western social standards. In societies where traditional medicine is used illness is not a specialized department of social life. An institution as in the western world does not exist in traditional medicine (Frankel & Lewis 1989). Traditional medicine gets its medicine out of nature. Biomedicine on the other hand or made of chemicals. This is another dissimilarity. It means that the patient takes a pill or injection when someone uses modern medicine, while a patient using traditional medicine eats fruits or plants or has contact with the supernatural.

Jones gives in his article *Medical practice and tribal communities* some contrasts between traditional and modern medicine (see Jones in Siba Foundation Symposium 1972: 249). I would like to argue that these contrasts are stereotypical. Jones did not hold into account the dynamic character of both modern and traditional medicine. I think certain rigid contrasts cannot be made.

### **1.2.2. Medical Pluralism?**

An interaction or integration between traditional and modern medicine is called medical pluralism (Frankel & Lewis 1989). Lee (1998: 165) points out that the diversity of health care systems leads to a hierarchy in the pluralistic structure. Islam

explains the possible interaction between traditional and western medical care in 5 possible ways:

- a) *Intolerant Medical Orthodoxy*
  - b) *Tolerant Medical Orthodoxy*
  - c) *Parallel Development of Multiple health Systems*
  - d) *The policy of Integration*
  - e) *Active Collaboration between Fully Recognized Health Systems*
- (Islam 1995:82-83)”

When there is a medical system consisting of *intolerant medical orthodoxy* the western health care system is dominant. The traditional medical system is ignored or banned. In this way there is no interaction between different medical systems. The history of traditional medicine in the Americas and Australia is an example of this form. All indigenous traditions were taken over by the European. The traditional medicine was totally ignored and western tradition was placed upon the old one. With *tolerant medical orthodoxy* traditional medicine are allowed and respected. Here is western medicine again the dominant one, because it is supported by the state. Nevertheless there is room left to practice traditional medical care. An example of this model is the way traditional medicine become more popular in the western world. While in the USA modern medicine is dominant, traditional Chinese medicine or Ayurvedha are used as well. In the model of *parallel development of multiple health systems* traditional and western medicine are not only both used but also both regulated by the state. Countries as Bangladesh and Pakistan are examples of places where a *parallel development of multiple health systems* is used. The *policy of integration* tries to combine medical systems to create a better one. This policy is what they try in China. This is a complex model to fulfill in a good way. Because of the great differences between core values of the systems frequently one of the systems becomes dominant which leads to a defect by the integration of the two. Equity will therefore be more efficient than integration. A real and righteous medical pluralism is when there is an *active collaboration between fully recognized health systems*. However this will be an almost impossible model to achieve. Not only does the state have to recognize both systems equally, individuals have an open vision towards a plural medical landscape (Islam 1995).

### 1.2.3 Medical Pluralism in Sorong, Papua

Out of Islam's model I draw the conclusion that the interaction between traditional and western medicine depends on the way the two types of health systems got in contact with each other. Besides that, the dynamic character of both western and traditional medicine is illuminated. The interaction and integration between the two will therefore be hybrid. I expect that the situation in Sorong, West-Papua will not be any different. The history of colonization, globalization and immigration makes Sorong an interesting place to do a research on health seeking behavior. In this specific case of Sorong, more traditional medical systems exist at the same time. The many Indonesian immigrants probably brought their own medical traditions with them. Mitchel (1982) describes in his book *Indonesian medical traditions: bringing together old and new* how the Indonesian medical tradition on itself is very diverse. Moreover, the Papuans are a diverse population and each ethnic group has their own traditional healing process. Traditional medicine will thus be extremely varied. The state will have a great influence as well on the presence of modern medicine. Papua now belongs to the Indonesian government, which makes them ruled by Indonesian standards. Therefore modern medicine or the modern medical system will be promoted. Above that western medical systems also got a chance to develop and several developmental programs promote modern medicine (e.g. Millennium Development Goals<sup>5</sup>). I expect to find that the dynamic characters of traditional and modern medicine came together and mingled. Therefore Sorong is without doubt a context of medical pluralism.

---

<sup>5</sup> PROJECT FACTS *Indonesia* Poverty Reduction and Achievement of the MDGs United Nations Development Programme Indonesia November 2007

### **1.3. Health Seeking Behavior**

In the previous chapters I outlined the context of a medical pluralistic environment. This is necessary to understand the context of the area I conduct my research. In a context of medical pluralism (Sorong, Papua) I would like to investigate which determinants influence people's health seeking behavior. While pluralism gives people the chance to choose which medical system they would like to use, people's choice is always influenced by several factors. These factors are diverse and work on the collective level as well as on the individual level. In this chapter I will show that the factors of influence are layered and multidimensional. Individual's health seeking strategy can be influenced by the individual's or the family's belief system, by the politics of the area or nation and by the worldwide ideals. And just like the medical systems within a context of medical pluralism, the factors that influence health-seeking behavior meet and mingle.

#### **1.3.1 The Collective Level**

In the literature various examples can be found of totally different countries and cultures show that thoughts on illnesses and treatment are culture bounded (Anderson 1992; Edwards 1986; Lepowsky 1990; Saetre 2007). Each culture or community has its own belief system. This means that in every country people practice health systems in their own way. However the examples of medical pluralism show that the term culture bound is not as rigid as it seems. Although each culture has its own way of dealing with health, they are open for other medical systems. Nevertheless, the matter of accepting a new system, like western medicine, differs per country or community. Overall western medicine is seen as the dominant system that takes over the traditional system, but in some cases, like in China (Anderson 1992; Islam 1995), effort is made to keep both systems equal. Frankel and Lewis (1989) noticed that when new things, brought in by foreigners, worked more efficiently than local remedies, the new products were used and old products vanished (ibid: 24). Because of the great differences between the core values of the two types of medicine, it is extremely difficult to have both systems working equally at the same time. Thereby the environment influences the choice of treatment. As the conclusion of Saethre in his research tells us that the possible access to use a traditional or western doctor, the social environment and social dynamics are all factors that influence the choice of treatment (Saetre 2007). Historical events like colonization (Lepowsky 1990) and the



contemporary globalization (Edwards 1986) also affect the thoughts on health. Besides that aid programs, as I mentioned in the previous part, stimulate the use of modern medicine in Papua. Because of the poor health among the Papuans there is foreign help given to Papua. All these factors influence individual's health seeking behavior on the collective level.

### 1.3.2 The individual level

Matthews (1998) writes that there are different visions on people's motivation to seek treatment. He says that on the one hand some researchers say that "cultural classifications of disease determine treatment choice (ibid: 185)". A traditional doctor thus treats diseases defined having an indigenous causation and western doctors heal diseases with a biomedical explanation. On the other hand some researchers say that "the selection and use of alternative treatment facilities is influenced by the acculturative status of individual community members (ibid: 185)". They thus see a correlation between individual characteristics and patterns of health care practice. The acculturative status, and thus what a person learned from his culture matters.

Health-seeking behavior involves the steps persons take to solve a health problem. According to Chrisman (1977) the health seeking process of an individual exists out of five elements. He says that the elements "symptom definition, illness-related shifts in role behavior (e.g. gender relations), lay consultation and referral, treatment actions and adherence (Chrisman 1977: 353)" all are important when a person chooses how to get well. It is not necessary that a person uses all the elements but all elements can be used when someone tries to solve a health problem. All the elements interact and respond on each other what Chrisman clarifies in the following figure:

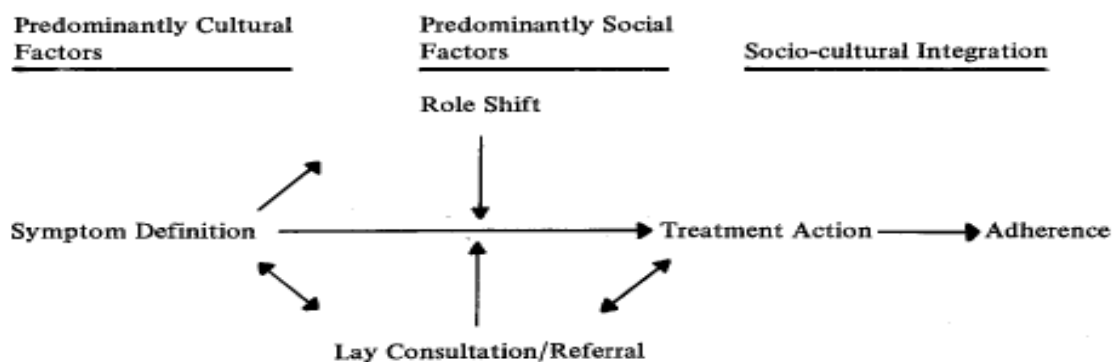


Figure: This is a *schematic* depiction of the health seeking elements and the major directions of influence. (Chrisman 1977:354)

For a detailed description of the elements in the figure I recommend reading Chrisman's article 'The health seeking process: an approach to the natural history of illness'(1977). By displaying this figure I like to show that several elements come together in Chrisman's figure. According to him they all interact. The main theme of all 5 elements is that cultural and social factors, which belong to a person's belief system, have influence in the process of health seeking.

As with a lot of human activity, health-seeking behavior is affected by a complex set of factors and variables. I think Chrisman's scheme is very useful and elaborated but additional to his point of view I would like to describe Young's study on individuals' motivation to seek treatment. The study of James Young (1981) tells us material and economic factors must not be forgotten. In his study in a rural Mexican village he discovers that accessibility is one of the most important factors that influence individual choice. Young defines accessibility not only as presence but it also includes cost and distance. The accessibility of a medical system thus influences the choice of a patient to use it.

Further I would like to mention Pelto & Pelto's (1997) point of view on health seeking behavior. They say that all people, both doctors and patients, have cultural beliefs upon which they act. Though they say that biomedical science is empirical, still it is a belief system that renews gradually. Interaction between different types of medical systems thus forces patients to work with different belief systems. In many places individuals now use both modern and traditional medical care, which shows patients are ready to widen their medical landscape. The diverse medical traditions will thus interact and mingle, which I think will be the case in Sorong, West-Papua. This hybrid interaction will affect individual's choice because they come in contact with diverse and sometimes new medical traditions. This point of view lacks in Chrisman's model because he does not mention the diversity and changes of the medical systems.

### **1.3.3 Conclusion**

Out of the opinions of these researches the conclusion can be drawn that the motivation of an individual is affected by several factors. Besides the importance of the accessibility of a medical system, also the belief system of an individual influences the health seeking process of a person. This belief system is often personal

and cultural bound. To go back to Mathews from the beginning of this chapter, I think both visions influence individuals' health seeking behavior. So, the cultural classification of disease (a person's belief system), as well the correlation between health care practice and individual characteristics, affect individuals' choices.

As for my research project in Sorong I have to take all these factors into account. Individuals in my research area have varied backgrounds and thus different cultural beliefs. This will influence their choice to seek treatment. On the other hand the influence of colonization and globalization will determine individual's health-seeking behavior on the collective level. What I did not find specifically in the literature but what I like to mention is the influence of power on individual motivation. For as the history of Papua, the Dutch had great influence and power. I can imagine they forced their type of health care system upon the Papuans, through which the Papuans lost their agency. This would have effect on their health seeking behavior. Another power struggle in West-Papua is the rivalry between the immigrated Indonesians and the indigenous Papuans. The rivalry possibly creates hierarchy between the two traditional health care systems, also of influence for the health seeking behavior of people in Sorong.

## **Chapter 2 The Context of Sorong, West-Papua**

Sorong, my fieldwork site, is the second biggest city of Papua. Papua is the largest and easternmost province of Indonesia and the western part of the island of Papua-New Guinea. In 2007 the name of the island changed from Irian Jaya into Papua. Papua is, compared to the other provinces of Indonesia, extraordinary. Most of the 2 million indigenous inhabitants live in villages in the mountain area. Papuans are descent from Melanesians and have therefore other ethnic backgrounds, language and religion than other Indonesians. Where most Indonesians are Muslims, the majority of Papuans are Christian or animist (Suter 2001:1). The Papuans are a folk existing out of hundreds of small, local and often isolated ethno-linguistic groups. Still they are very nationalistic and distinct themselves from the immigrated Indonesians (Chauvel 2005).

After 1935 the Dutch became interested in Papua. Expeditions for local communities and the search for oil and gold began. The aim of the missionaries was to convert as many people as possible. Although in 1949 Indonesia got its independence, the Netherlands retained control over Papua. After the Second World War the Dutch tried to help West Papuans developing. They helped making better infrastructure, health services and schooling (Timmer :4). Rivalry between the Papuans and the Indonesians existed from the beginning of the Indonesian rule and got worse by the demographic invasion of Indonesian settlers since 1963 (Chauvel 2005). In 1969 more than one thousand Papuan tribal leaders got the chance to vote for the future of their land. The decision was to fuse with Indonesia and that made Papua a province of Indonesia. Papua was kept isolated from international contact for years. (Suter 2001: 2).

Sorong is the capital of the west part of Papua, which is often referred to as the West-Papua (or bird head, because it looks like one on the map). West-Papua is close to the rest of Indonesia and therefore many immigrants live here, in the bigger cities. Most of the indigenous Papuans still live in the village site. In Sorong one thing that showed me the presence of immigrants, were several mosques in town. Most of the Papuans are Christians but the Indonesian immigrants are Muslim. Also a difference could be seen in the physical characteristics. Skin and hair from the Papuans is a lot different from that of other Indonesians.

The immigration of Indonesians into Papua and the coming of the European influenced the way of life of Papuans. The Indonesians influenced for example economic activity. Although these influences of foreigners led to a feeling of displacement among Papuans (Timmer: 7), Papuans adapted many of the traditions and rituals of both Indonesians and Europeans. The influence of foreigners on the traditional practice of the Papuans can be observed for instance religion and health. The government plays a big role in promoting modern medicine. Since Papua belongs to Indonesia they have an Indonesian government that tries to make the health situation in Papua better. The government does not only focus on the cities, they also work in the villages. One time I visited a village where a political party did their campaign. It became a sort of celebration but also promises, like providing better health, were made.

## **2.1 Medical context**

While doing my research in Sorong in West-Papua, I found great differences in the use of, and the thoughts on medicine of people living in the city or in the *kampung*<sup>6</sup>. Therefore I want to explain the context of both areas. In my research I will use Sorong as an example of a city. The jungle surrounding this city will be my example of the *kampung*. The focus of my research thus lies on the Sorong regency. Nevertheless I did gather some data in the Sorong Selatan (the Southern Sorong regency). Because these areas used to belong together and are similar I do not make a division in the information I gathered.

### **2.1.1 Kampung**

First I like to outline the context of the *kampung*. The *kampung* is seen as a place where the most traditional medicine is still being used. Some of my respondents told me a visit to the *kampung* is necessary when you want to cure a disease by use of traditional medicine. Others told me traditional medicine can as well be found in the city, as long as you know where to go. Many people in the *kampung* make a living by working in the garden. They either sell or eat their harvest. In the garden people grow for example peanuts, corn, papaya, red fruit, potato and lots of other things. Some plants used as traditional medicine can be planted. The red fruit and papaya are more

---

<sup>6</sup> *Kampung* is the Indonesian word for field. With this word the villages in the jungle are meant.

than once mentioned as traditional medicine. However, people in the city also maintain gardens and thus have easily access to some kinds of traditional medicine.

The reasons for people in the *kampung* to use traditional medicine instead of modern medicine are diverse. Great distances to modern hospitals on almost inaccessible roads play the major role. Another influencing factor is money for transportation and counselling. Also in the city live some people with special knowledge on traditional medicines, like a *dukun* (special healer). If you know the right people you can thus practice traditional medicine without a visit to the *kampung*. Nevertheless, according to many of my respondents, the knowledge on traditional medicine of people in the city fades away. Nowadays, especially the young people have little knowledge on traditional medicine.

### **2.1.2 The village *Meripi***

I visited the village *Meripi* twice in two months. *Meripi* is one of the many villages in the region of Southern Sorong. To get better health in Papua the government made a rule in Southern Sorong. They want to have at least one nurse in every village. The nurse lives with her family among the native people of the village, she is often from another Indonesian island than Papua. She has a limited amount of medicines in her house. The first time I visited *Meripi* there was one nurse in the village. She was from Sulawesi and lived with her child in *Meripi*. The second time I visited *Meripi*, there was no nurse or modern medicine available. The nurse had a contract for three months and went back to her homeland.

In some of the bigger villages are hospitals. Several of them are build by the Dutch when they colonized Papua and thus very old. The government tries to have a nurse present in the hospitals in the *kampung* daily, but it is the choice of the nurse if she wants to work in the village or in the city and it is not very popular to work in the *kampung*. A doctor is rarely seen. I visited a small hospital in the second-next village from *Meripi*. The hospital was the only hospital for 28 villages in that district. It was a small building containing about ten rooms. At the time I visited, there were two nurses present, no doctor. In the hospital was a small pharmacy where some medicines were available. The hospital only has electricity when there is enough oil. Patients cannot sleep in the hospital. People come to the hospital for advice. When the nurse can help a patient, she provides medicines, but when serious help is needed the nurse sends the patient to the hospital in Teminabuan or Sorong (the first is 3 hours

away by car, the second 10 or 12. There is an airport in Teminabuan but a flight to Sorong is rather expensive). Transportation is pretty difficult in the *kampung*. In *Meripi* there are two cars and some motorcycles. The taxi car leaves one time a day in the early morning because the distances are so great. The other vehicles in the village are often in use. In the next village, a 45 minutes walk, are more motorcycles. Here it is possible to take an *ojek* (motorcycle taxi). Transportation from the village is thus rather complicated and rare. For people from the village the prices are quite expensive and the ride is not really comfortable, especially when a person is sick. Thus, when a person in *Meripi* needs to visit the hospital in the bigger city Teminabuan, he/she has to arrange transportation, needs money and enough energy for the trip. Therefore I think I can say the use of western medicine in the *kampung* is possible but rather difficult.

### **2.3 City, Sorong**

During my entire research period I lived in the *Kota* of Sorong. This is the city centre of the long stretched out city Sorong. In Sorong is one public hospital and are around ten private hospitals.

The government gave indigenous Papuans the right to have free care in the general hospital in Sorong. A nurse in the general hospital showed me a card of one of the patients and told me all indigenous Papuans have this healthcare card. Nevertheless one of my informants (Jorge) told me of a case where the nurse asked money for medicines and treatment. He said that many indigenous Papuans do not know about the free insurance card and therefore pay money or do not go to the hospital because they have no money. Poor people in Papua as well receive insurance from the government, which encloses free health care. In reality health care is not always free for poor people. The hospital needs money but the government does not have enough money to provide a good working hospital. Further all civil servants in Papua get free insurance and some big companies, like the oil company Pertamina, give their employees insurance for health care.

The public hospital in Sorong is the only hospital that gets money from the government. The several private hospitals in Sorong get their money elsewhere, for example through bounds with other countries or gifts from religious organizations. The private hospitals are more expensive for the patient but have better service than the public hospital. People from the middle class go to these hospitals, while the

public hospital is accessible for anyone. Besides the hospitals in Sorong several clinics or medical centres are accessible. These have limited amounts of medicine and knowledge. Often the doctors or nurses here have to send their patients to a hospital.

Health in Sorong is a major issue and therefore often mentioned by political leaders. “Health care and politics are inseparable (John, a political leader)”. During my stay in the field there were many campaigns of political parties because the elections were coming. In these campaigns was a lot of attention for health care, focusing on modern medicine. These campaigns went through whole Papua, in the cities as well as in the *kampung*.

From a western point of view the hospitals in Sorong are not of good quality. Ben (a man who grew up in the Netherlands and now working in Sorong) told me health care in Sorong or Papua is horrible. He said that it happens that nurses in the hospital use injection needles more than once. For his own health care students he thus wants to point out clear that hygiene is the most important thing. “Bad hygiene kills (Ben)”. He thinks most health care students in Papua do not get good education. “That is where it goes wrong”, according to Ben. Several health care students I talked too share this point of view. One of the students chose to study health care because she had a bad experience with a nurse. She got the idea “nurses, not all, but some, only think about the money and don’t give good care (Wiki)”. Health care in Sorong regency is a lot better for the people who have money. Nadia also says health care in Sorong is not good. One time when she got malaria, level three, her parents brought her to several hospitals in Sorong. No doctor could help her. Therefore the doctors sent her to a hospital in Jakarta, Java.

One of the difficulties for good health care in Sorong is the education. There are many nursing schools in Sorong but the education in these schools is not perfect. For example hygiene is not seen of major importance, while it can save people’s lives. In Jayapura, which is in the capital of Papua and lies in the east of the country, is the only doctor’s academy in Papua. Most doctors working in the hospitals come from the rest of Indonesia. A doctor often works in several hospitals. “The doctor has no time to bond with the patient (Wiki)”. The medicines are rather expensive in Papua. This can be because all medicines need to be imported. The only medicine factory in Indonesia is on Java.

Above I provided the medical context of my research area. This was necessary to understand some choices on my informants. Next I will describe the local situation



and belief system, which are both necessary to understand a person's choice.

## Chapter 3 Local situation & Belief system

During my visit in *Meripi*, the village I described earlier in the context chapter, I noticed how the people in the village act different on disease and medication, than I do.

One night my peer researcher, Meredith from the Netherlands, got sick. Because of the symptoms, which were stomachache, diarrhoea and nausea, she and I draw the conclusion of food poisoning. To heal we both agreed on the fact that you just have to wait till the body cleans itself and gets rid of the bacteria. Local people offered Meredith several traditional medicines. First *Daun Gatal*<sup>7</sup>, which Meredith did not want to use because when I tried it before I got many red bumps. Second they brought a bottle with oil. This was self-made and was good for stomachaches. After a while Meredith let a woman rub the oil on her stomach. The whole night Meredith tried to sleep outside on the veranda of the house. Two women of the village kept her company all the time. In the morning Meredith was still sick and someone offered her hot tea. Something Meredith and I thought was a great idea. The women never asked about the causation but when we told them we thought it was from the food, they thought it was possible because we might be intolerant for the food. After all it seemed that the women had the same idea on causation as we did.

In the theoretical orientation I quoted Frankel & Lewis: “Belief not practice is what comes out of accounts of traditional medicine (1989:5)”. Therefore I will provide some information on the local situation<sup>8</sup> and belief system of people in Papua. I explain this because the local situation and belief system of a person is part of its context, and this has a major influence on health seeking behavior, which I will argue in chapter four. First I will describe which diseases are most common in and particular to Papua. Following I will tell some more about the three types of causation that people believe in Papua.

### 3.1 Disease & Treatment in Papua

There are specific diseases in Papua that need particular medicine. An example is malaria. The medicine for malaria is in Papua different then in other places because of a special type of mosquito that is specific to the Papua area. Malaria is at the moment

---

<sup>7</sup> A plant used as traditional medicine for aches, particular to Papua.

<sup>8</sup> A more detailed description on the local situation can be found in the context chapter on page...

the most common disease in Papua. 80% of the hospitals are filled with malaria patients. The specificity of the malaria in Papua can also be seen in the type of medication western people get for malaria when they go to Papua. For the types of mosquitoes that are present in Papua only Malarone as prophylaxis is useful. Besides malaria AIDS is a problem in Papua. People in the street said that every week two people get infected with HIV<sup>9</sup>). In statistics of September 2008 <sup>10</sup> it says that a generalized HIV epidemic is already under way in the provinces of Papua and west-Papua. The main reason for this epidemic is the unawareness of the population. In many conversations my informants did bring up HIV. This shows AIDS is a nowadays a living subject. I think this is due to the fact that foreign aid programs concentrate on AIDS. Malaria and AIDS were the two most often mentioned serious diseases. In the hospital were different departments for patients with these diseases. I noticed in the hospitals that TBC is also a common sickness. Nevertheless my respondents rarely mentioned this disease.

My informants told me about different diseases and several treatments they know: “different diseases have divers treatments (Brem)”. I collected data in which various examples can be found. The traditional medicines mentioned by my respondents are for various types of problems; things like ache, fever, low immune system, high blood pressure, a snakebite, malaria and even AIDS are brought up. Also there are medicines to keep the body temperature in comfortable warmth. For diseases like the flu, headache or broken bones traditional medicine is often described as treatment. Each treatment is specific to a disease.

## **3.2 Causation**

### **3.2.1 Biomedical**

The cause of a disease is seen different per disease. Papuans think a lot like people in the western world. For instance malaria is seen as caused by mosquitoes and AIDS by having sex with an infected person.

### **3.2.2 Spiritual**

Besides these biomedical approaches to illness, people in Sorong experience some spiritual forms of causation. Some informants told me people can get a mental

---

<sup>9</sup> Mentioned by Ben, Jorge and Luke

<sup>10</sup> [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/asia/indonesia\\_profile.pdf](http://www.usaid.gov/our_work/global_health/aids/Countries/asia/indonesia_profile.pdf)

disorder from depression, stress, love sickness, failure in business, or a hit in the head, others say mental disorders have a spiritual cause. One informant told me the story about her husband who got possessed by Satan:

In the year of 2000 Frank worked in a building project in Sorong. A colleague, and friend, wanted to borrow one of Frank's tools. Frank said no, what made the colleague angry. Subsequently Frank got sick for the next 6 months. Frank went to the hospital where he could not be helped. The doctors considered him being healthy and could not find any disorder in the body. Nevertheless Frank felt stomachaches, headache, and dizziness. He was restless and Lydia, his wife, thought he acted destroyed. Lydia thought he was going crazy. One time everything got out of hand. Frank grabbed a hammer and hit Lydia on her head. She was injured and needed to go to the hospital. Frank did not remember anything of the accident. Lydia was sorry for her husband because she knew he was sick. She knew Satan possessed her husband because of the spell from the colleague of Frank's work. "*Hate can make people sick*" (Lydia). She met a woman who said she knew how to cure Frank. Lydia told me the woman made of mixture of the heart of a red onion and some coconut oil and put this on Frank's body from toe till head. Also they had to put a plate with food and cigarettes in the nearby river, this to satisfy *Setan*. This is the beginning of the treatment and had to be done for three weeks once a week. After three weeks of this special treatment Frank was cured.

Both Papuan and Indonesian people I spoke with mention the possible spiritual causation, but Nadia told me, it is more common for people of the *kampung* than people in the city to use or even mention magic. This matches with the fact that Lydia had to seek for help. At first she did not know where to go exactly. Supernatural powers as ghosts and witches, but also religion are seen as forms of causation. As traditional medicines natural sources as plants and fruits are often mentioned, but religion can as well be seen as a traditional medicine. When a sickness has a spiritual cause, it is possible that help of religion (e.g. a visit to a priest or drinking holy water) is sought. Also, I noticed in a discussion with students, that young people do not believe in the magical forms of causation. It seems that the newer generation gives more value to the biological causation of diseases, although they do give a lot of respect towards religious healing.

### 3.2.3 Myth

Papuans have many stories about how some diseases came to Papua. Some people told me that diseases like AIDS and cancer are new diseases brought in by newcomers. By the word newcomers they refer to Indonesians immigrants. I heard from several informants the story that the outsiders brought HIV into Papua as a method for genocide. The way to do this was by bringing in beautiful infected girls. Another informant told me that some pastors give western people the blame for the AIDS problem. They say HIV is in the condoms brought in by western people. In this reaction can be seen that history and politics have effect. The resistance to the political power of Indonesia can be found in stories like these, just like the sometimes-negative attitude towards Indonesian medicine. The same happens with the western influence. Because it is new, people try to resist in some way the overruling power. For the new disease like cancer or AIDS, where the exact causation is not known of, Papuans do not have perfect working medicine. They have traditional medicine for these types of diseases but to heal perfectly the patient needs some luck.

There are some national stories/myths on the discovery of traditional medicine. For example the story of the AIDS remedy *Krispapua*. The myth goes that the flower grows out of the faeces of a dragon (snake with legs, it spits fire). It is very dangerous to seek for the flower. The flower is therefore very expensive. People got to know the healing power of the flower because of the following story: a couple from a village got HIV. The village sent them out. They walked around and fell asleep. In their dreams they saw the flower and were told that this will cure them. They woke up and started looking for the plant. When they found it they drank the juice and got better. They went back to the village and the doctors there were amazed because they were cured from HIV. From 2006-2008 people looked for the plant but it is very rare, because not every flower has juice. This flower is specific to Papua.

From the data I collected on illness causation I draw the conclusion people in Papua have three types of causation. The first is spiritual causes or magic. Especially for mental disorders this type of causation is often found. Bad luck can also be the cause of some people getting sick. The second form of causation is the national myth. In the text above the myth on AIDS can be seen as an example. The diseases also can have a biological or scientific causation, which is the third type. But the cause of course can be unknown. Sometimes people do have medicine and hope they work other times

there is nothing to do about the sick patient. Depending on the type of disease, the causation and the seriousness people seek different types of treatment. About the treatment, either traditional or modern I will explain more in the next chapters.

## Chapter 4 Medical pluralism in Sorong, Papua

The context is a crucial point for the analysis of health seeking behavior. I choose to do my research in Sorong, which has a context of medical pluralism. In this chapter I will explain how this medical pluralism shows in daily life and how Sorong got in a situation of medical pluralism. But before looking deeper into the form of medical pluralism in Papua I first want to say that besides the explicit diseases, like malaria because of the specific mosquito, Papua also has particular traditional medicine, because of the climate and vegetation. The particular traditional medicines are so helpful even people from other islands in Indonesia go to Papua for healing. The so-called *krispaua* and *buamera*, which both are said to be remedies for AIDS, can only be found in Papua. This shows that Papuans have their own medical traditions. Indonesian immigrants often have other traditional medicine than what is used in Papua. When immigrants want to use traditional medicine they have to learn Papuan traditions, because the vegetation is different. Sometimes an immigrant goes to a Papuan traditional healer. My informant Lydia, from Ambon, told me about her experience with a Papuan healer. Her husband had terrible headaches, which the doctors could not cure, so they went to a Papuan traditional healer. Lydia stayed with her husband the whole ceremony. She thought the ceremony was rather weird - it included chewing on a leaf, spitting and cuts in her husband's forehead. In the end Lydia believed it worked because her husband had no headaches anymore. Lydia tries the Papuan traditions, but some immigrants go back to their homeland once in a while to get specific traditional medicine.

### 4.1 Traditional medicine

Traditional medicine in Papua is common. Every person I talk to, indigenous Papuan or immigrant, young or old, knows some plants and their healing power. In Sorong every person I spoke to has used some type of traditional medicine once in his or her lives. It is thus common to use traditional medicine in normal life. That traditional medicine is commonly used can be seen in the fact that plants like the *Daun Gatal* are sold in the public market. The plants are not for sell in pharmacy. Also some traditional medicines are grown in gardens around the city or in the villages.

For the use of traditional medicine you cannot just visit a doctor as is usual for western medicine. For traditional medicine lay consultation is the most important. By talking to people in your environment knowledge on healing can be found. The lay consultation often happens in the popular sector, as I described in the theoretical orientation. Nevertheless the traditional medical system in Papua belongs to the folk sector. This is because this medical system belongs to whole community, society or country (Helman 2007). In general, all people in Papua or Indonesia have some knowledge on traditional medicine. Mostly people got this wisdom from their parents and grandparents. The people from the past give the knowledge for the present. For special advice on serious diseases a specialist has to be found, someone who has “knowledge”. Special knowledge on traditional medicine is often held a secret. The knowledge stays within a family or tribe. The person does help other people by providing the medicine to the patient, but the ingredients are kept as a secret. One time, Jerry from the *Meripi* village, had a dream. It was several months before we talked and it was about a medicine for AIDS, HIV. He went into the forest and found the medicine, a leaf. Then he prepared the medicine. Since he found the medicine he cured three people already. These people checked in the hospital and were diagnosed with AIDS. Then they visited Jerry and got the medicine. Afterwards, they went back to the hospital to check again. The doctor said they were cured. Only one guy who tried the medicine died. He took the plant and got healed for 80%. He thought he was ok so he did not go back to Jerry for the rest of the medicine. That is why he did not cure completely. Jerry told me the doctors in the hospital were amazed. They want the medicine but Jerry wants to keep it a secret because he found it.

Prepared traditional medicine is sold. So the ingredients of traditional medicine are free because they can be found in the forest but a fixed, ready to use medicine costs money. Thus when you do not have the knowledge also traditional medicine cost money. Nevertheless in the commercial breaks of television shows some information on the use of traditional medicine is shown and information on the use of medicine can be found in several books. These books are detailed on the quantities of ingredients. People in Papua normally know roughly the quantity of the ingredients necessary. I noticed that one type of plant could be used to heal different kinds of diseases; only the preparation of the medicine is different. Most of the plants in the book on traditional medicine I saw were not familiar to me, and thus specific to Indonesia or Papua.



## **4.2 Influences of outside Papua**

In the past Papuans did not use biomedicine. Natives healed sick persons using natural sources. As I explained earlier, traditional Papuan medicine is still being used in today's Papua. Next to these old traditions new kinds of medicine came to Papua. Dutch colonizers came to Papua and taught the inhabitants about biomedicine. They build hospitals and gave education to new doctors and nurses. For Papuan people everything was new, but they were open to accept another vision. Some private clinics in Papua still have a connection with countries in the western world, like Holland. One hospital I visited was build by the Dutch. When they were in Papua they educated Papuans and gave money. Nowadays, the hospital still receives money from the Netherlands and is therefore able to expand. Because of the good help, Papuans were open for many of the new traditions and put some of their own aside. The use of magic or spiritual powers increased remarkably. Later, the Indonesian immigrants came into Papua. It is said that these people, often by native Papuan's referred to as outsiders, tried to take over Papua. They did not teach the Papuans anything but forced their own traditions upon them. This way they brought a lot of bad things into Papua (Jorge).

People in Papua make a division between the biomedical medicine out of western countries, like Holland, or out of Indonesia. Indonesian medicines are generally seen as being less effective than western medicine. Some think this is because of the composition of the medicines. Indonesian medicine is made of ingredients coming from their own land. It is said that "the flavor of Indonesian medicine can be bad for the Papuans (Luke)". The thoughts on these two kinds of medicine are also politically influenced. As I mentioned before in the context chapter Holland tried to help the Papuans develop. They helped making better infrastructure, health services and schooling. Nowadays many people have a positive attitude towards Holland. This gives them the feeling medicine from the west are very good. Papuans, on the other hand, never felt good about the great power of the Indonesian government. This negative attitude towards Indonesia leads to a negative vision on Indonesian modern medicine. Also some people say Indonesian medicine are better because the ingredients of the pills are healthier for an Indonesian person. Western medicines are made of chemicals an Indonesian body is not used to. The medicines available in Papua are nearly all made in Indonesia.

The Indonesian immigrants brought new materials like chemicals, alcohol and oils into Papua. These materials were new to Papuans and according to my respondents there exists a relation between these products and new diseases in Papua, diseases that before the arrival of the outsiders did not exist (e.g. cancer). Besides that, the immigrants also brought their own medical traditions. This makes the medical situation in Papua plural. Next to Papuan traditional medicine, modern and traditional Indonesian medicine are used.

### **4.3 Contrast modern & traditional**

The thoughts on traditional medicine and scientific based modern medicine differ. An example is the traditional medicine some people in the village use for fever. Village people rub a leaf soaked in coconut oil on the arm. This way, people say, the heat is taken out of the body, taking the fever with it. By western ideas this is theoretically not possible. According to science the mixture would close the pores so the heat stays in.

Other incompatible ideas appear in the hospital. It happens that a person feels ill but the doctor says the person is healthy. Most of the time treatment is then sought in a different way, for example by the use of traditional medicine. Think of the case of Frank and his mental disorder I described in chapter two. In this case the western doctor does not acknowledge the type of illness a patient feels.

The natural and chemical ‘roots’ of traditional and respectively western medicine are seen as dissimilarity. Out of this view traditional is mostly positively received. Modern medicine can, when a wrong recipe is given, make a person sicker, while traditional medicine is natural and fits with the body. The latter will not make a person sicker<sup>11</sup>.

Nowadays Papua belongs to Indonesia and it thus under rules of the Indonesian government. I have seen in political campaigns that modern medicine gets a lot of attention, but also the attitude towards traditional medicine is positive. Besides that many new plans from the government include making a better health situation in Papua. Building hospital in the *kampung* belongs to these plans. Nevertheless I often heard the idea that traditional medicine belongs to the Papuan culture and shall not vanish<sup>12</sup>. I draw the conclusion that the medical pluralism situation in Papua matches

---

<sup>11</sup> according to Jorge, Nadia and Tom

<sup>12</sup> ex-mayor and political leader Jape

with the *tolerant medical orthodoxy* I described in my theoretical orientation (Islam 1995). “With *tolerant medical orthodoxy* traditional medicine are allowed and respected. Here is western medicine again the dominant one, because it is supported by the state. Nevertheless there is room left to practice traditional medical care.”

In this chapter I showed the situation of medical pluralism in Sorong, Papua. First I explained more on the specific traditional medicine and how people are using it. I also refer to the context chapter because in here I provide a medical context of the research area. Further I showed how Sorong got a context of medical pluralism by describing the influences of outside Papua. In the end I outlined some contrasting differences seen in the field, but still the diverse medical systems, traditional and modern medicine, exist at the same time. In the next chapter can be seen how people act and think in an environment of medical pluralism.

## Chapter 4 Health Seeking in Thought and Practice

In this chapter I will describe how people handle a situation of medical pluralism. I will answer question like: what do people think of traditional medicine or why do people use modern medicine? This will be important to find out which factors determines their choice, which I will illustrate in the next chapter.

In my research area the most common answer on the question: “which type of medicine do you use?” is: “it depends”. Nadia thinks it is good to have the choice to see the specialist you want. She says with more serious disease like cancer she will go to the *Kampung* and see a person with knowledge on traditional medicine there. For a little disease like malaria she “just takes pill”. Another respondent I spoke to uses traditional medicine herself but looks positively towards modern medicine. If she had enough money she would buy modern medicine. When she ever becomes rich she will buy *Belanda* (Dutch) medicine, because she heard from her boss these are a lot better than Indonesian medicine. Only for mental illnesses she thinks a traditional healer works better. When a person gets mentally ill, the hospital is often not able to help. Because the causation of mental disorders is seen in magical or spiritual tradition, traditional medicine has to be used.

As I outlined in the first chapter, a great difference exists between people from the village and in the city. Thoughts on modern medicine in the city are positive while many people in the village still hold on to traditional medicine. The diversity is due to the accessibility of the medicine, through which people are familiar with the medicine or not. Another factor that influences thoughts on medicine is age. I noticed that especially the younger people were a lot more positive towards modern medicine, while the elderly talked more about traditional medicine. One respondent thought this was because of the modern knowledge young people get from Internet and schooling. Nevertheless I heard many young people talking about traditional medicine with a lot of respect. They use modern medicine more often but think traditional medicine stays important. This is because the traditional medicine is part of their culture. Whether it is part of the Papuan, Javanese or Sulawesi tradition, many younger people want to keep the traditions alive.

My respondent Brem told me people in the village do not believe in the working power of modern medicine. After my experience in the village I think differently. People in the village do believe in the functionality of modern medicine but have several reasons why they are prone to use traditional medicine rather than modern medicine. The people I spoke in the village are open to use modern medicine but have no easy access<sup>13</sup>. The village people are not often in contact with modern medicine and therefore not used to practicing it. For instance, I talked to a patient in the hospital who got there because of his acute situation. The doctor told him he needed surgery but he was afraid and therefore did not want surgery. He thought the possibility to die if the surgeon would make a mistake was not worth trying. He wanted to go home and use traditional medicine to get better.

While traditional medicine is more used in the village, people in city also use some kind of traditional medicine. For instance the *Buamera* or *Daun Gatal* plants are commonly used traditional medicines. The types of medicine used in the city seem to provide people of good health. Many people take drinks of special fruits or plants, not to heal but as prevention for diseases. *Buamera* is a fruit more often mentioned by my respondents. It is specific Papuan fruit and is said to help against AIDS. Many people believe in the healing power of this plant and even the people who do not believe in traditional medicine use or eat this fruit to stay healthy. *Daun Gatal* is a plant that can be bought on the market. When it is rubbed on a painful place, the ache leaves.

According to my respondents, a negative thing about modern medicine is that this medicine can make you sicker when a wrong description is given. Also the fact that modern medicine is made of chemicals gives people a negative attitude towards them. This is in contrast with traditional medicine. It is said that they do not make people sicker because it is natural, just like the human body. Several people I spoke believe in the healing power of traditional medicine, because of the natural 'roots' of the medicine. This makes sure there is a good connection with the body and makes healing easier.

I overheard many people saying they make use of several types of medical systems. Many Papuans in the city use their specific traditional medicine besides modern medicine provided in hospitals and pharmacies. Indonesian immigrants use their knowledge of traditional medicine from their own island, next to Papuan and

---

<sup>13</sup> As can be read in the context chapter.

modern medicine. The use of different kinds of medical systems for one disease thus happens quite often. Especially when the patient does not get cured when one type of medicine has been used. In the hospital in Sorong I had a conversation with a Papuan woman. She told me she went to the hospital because her traditional medicine did not work. She lives on an island nearby Sorong. There is no hospital on the island so she normally uses traditional medicine, but when she did not get better she tried the hospital. With no positive result a different kind of healer is practiced. A combination of several types of medicine is also possible. I heard a story of a man who got malaria and took modern medicine to cure it. The man got better but kept having a terrible headache. To heal this problem he went to a traditional healer and got better. When a person is seriously ill and traditional medicines do not work, people often choose to go to the hospital and see if they can heal the patient in the hospital. Besides the visit to the hospital, many Christians told me, they pray for the patient. Not especially because the cause is sought in the supernatural, but maybe the supernatural can cure the patient. The other way around happens as well. When a patient cannot get cured in the hospital, the patient tries traditional medicine.

In conclusion I would like to say that people in Papua use more than one type of medicine, which proves the presence of medical pluralism. Besides that it seems that people make rational choices which type of medical they want. Nevertheless I noticed many factors that influence that choice, which makes the thoughts on medicine different from the use of medicine. After going deeper into this subject I found out that people in Papua make their choice to see a doctor or use traditional medicine depending on factors like belief system, the seriousness of the disease and the accessibility. These are factors that influence people's choice and can often not be influenced by people themselves. Information on the interaction between these and more factors can be found in the next chapter.

## **Chapter 6 Health seeking behavior in a context of medical pluralism**

In the previous chapters I provided a context of medical pluralism in my research area Sorong. In chapter two I explained the local medical context and environment of my research population. In chapter three I showed which diseases are particular to my research area. Following I described three types of causation: spiritual, national myth or scientific. Hereby I provide a framework of the belief system of Papuans. This framework is necessary because, as can be found in the literature (Anderson 1992; Edwards 1986; Lepowsky 1990; Saetre 2007), thoughts on disease and treatment are culture bounded. That is what makes the place Sorong interesting for this study. The turbulent history created a context of medical pluralism, which I described in chapter four. How people think and practice in such an environment is explained in chapter five. Here I observed that people do not have a completely free choice, but are influenced by several factors. Now I want to look at the factors that influence choice for health seeking behavior.

As I argued in my theoretical orientation health seeking behavior is influenced on the collective and individual level. After my research in Sorong, I can agree with this statement. My research took place in a context of medical pluralism, which makes people able to choose between several medical systems. Next I will describe some factors of influence I came across during my research. I will mingle these factors in the end and summarize them into the two most influencing factors: accessibility and belief.

### **6.1 Belief**

When people do not have sufficient knowledge on modern medicine, they are often afraid of using it, like the man I described in the previous chapter who did not want the surgery. An informant told me he thinks the chemicals inside the modern pills or shots cannot be good for your body because of the chemicals inside. Some people therefore prefer traditional medicine or do not use modern medicine too often. For illnesses like headaches, or stomachaches traditional medicine is used and for more serious diseases they bring a visit to the hospital and take modern medicine, but only if needed.

My informant Nadia thinks the people in the city want to live an easy life. For them western medicine are very useful. She thinks people are busier with having an easy life then with their health. The factor they want to live an easy life thus influences their choice to use western medicine. Also age is a factor that influences choice. I have noticed that younger people use modern medicine a lot more then older people. As I described before to some of my informants this is due to new technology, like Internet. Younger people grow up with ideas from all over the world and therefore come in contact with modern concepts like biomedicine. The knowledge on traditional medicine comes from people of the past. It is knowledge within the family and passed on orally. Therefore, said Tom, traditional medicine is part of the Papuan culture.

#### 6.1.1 Causation

I will be short on this subject here because I described this factor elaborately in chapter two. As I explained in chapter two there are three different forms of causation for Papuans: biomedical, spiritual or mythical. When someone is sick it depends on the causation if modern medicine or traditional medicine is used. For example, as shown in the case of chapter three, mental illnesses are seen as having a spiritual cause and therefore help in traditional medicine will be sought. Under spiritual I also mean religion. Nevertheless when help in one type of treatment is not successful, people try other treatments. Remember also Oliver's case in the introduction. The cause was unknown. Because of Ben's belief system they went to the hospital but when Oliver did not get better they tried traditional medicine as well.

#### 6.1.2 Power of politics

The power of politics is also a factor that influences health seeking behavior. In the case of Sorong this has to do with the fact that Papua now belongs to Indonesia. The political leaders focus on modern medicine, new hospitals and better care. This is due to the focus on the modern medical system in the rest of Indonesia. Nevertheless, as described before, Papuans do not have a good feeling towards Indonesia. Some people have the feeling Indonesia tries to rule but does not help or even take into account the inhabitants of Papua. This feeling results in a negative attitude towards Indonesian medicines. Nevertheless, as I have shown in the context chapter, modern medicine is promoted in today's politics. Thus the Papuans are getting more and more



used to modern medicine, which is made in Java, Indonesia. On the other hand is the modern medicine from western countries better received. Many informants have the idea western medicine is better than Indonesian modern medicine. I think this is due to the way the Dutch approached Papua. They tried to help the Papuans and therefore the Papuans have a positive feeling towards them and their medicine.

### 6.1.3 Reaction of environment

For mental illnesses the reaction of the environment makes it impossible for the sick person or his family to seek treatment. In the beginning the family wants to make the patient better, for example by letting special people try to help the sick person. If this does not work the family distances themselves from the patient. For these types of diseases there is no treatment available in Papua. One time I saw a woman on the street that was screaming and acting weird. I was with Jorge who told me she had big problems. A police station was near where we were and Jorge told me normally the police arrest people acting crazy. The family first tries to seek treatment within traditional medicine, but when this does not help, they abandon the patient. The result is a mental ill patient on the street, with no family or friends. To keep the ill person from the street the police often arrest her.

The core family also provides an example of a factor that influences the health seeking behavior. As an example I will be using the man again I interviewed in the hospital. He wanted to get better by the use of traditional medicine but his family, especially his children, forced him to go the hospital. Here we can see the environment, the children with knowledge on modern medicine, have influence. In this way elderly people learn more from the young on modern medicine, while they still pass on to their children knowledge of traditional medicine.

### 6.1.4 Seriousness

My informant Nancy goes to the village to use traditional medicine for serious diseases like cancer. She thinks traditional medicine is better then. For small diseases like malaria she takes a pill (modern medicine). Other stories I heard were the other way around. People go to the hospital when they have a serious disease. Serious diseases are sicknesses like AIDS, cancer or TBC, which are often seen as new sicknesses. It is also considered serious when traditional medicines are not helping or when people do not know what medicine to use. One patient I talked to in the hospital

did not believe in modern medicine but was brought into the hospital by his family. He was in so much pain they called an ambulance. Normally he always used traditional medicine. The patient himself would not have gone to the hospital but his family thought he was seriously ill and needed help from a doctor. Luke, another informant, told me his family never uses modern medicine, except for the one time when his brother got seriously ill and of course the case of Nadia (described above) is an example of an experience with a serious disease and seeking treatment in modern medicine.

## 6.2 Accessibility

The accessibility of either traditional or western medicine has different sides. The location of the patient is here of great importance, as I also showed in the context chapter.

In the city the access to western medicines is rather easy. A pharmacy can be found on almost every corner of the street. Also in the bigger supermarkets there is a stand with western medicines. As I already mentioned in the context chapter, hospitals are as common in Sorong city as pharmacies. However, there is only one public hospital. The others are private clinics, more expensive and thus not accessible for everyone. The use of traditional medicine when living in the city is not that easy, although it is possible to buy the *Daun Gatal* leaf at the central market. For other types of medicine the *Kampung* has to be visited. Traditional medicine can be found in the jungle. A girl I talked to thought traditional medicine is better but uses a pill for her malaria. The reason is the easy access. Here in the city she “just has to walk to the pharmacy and buy the pill, instead of looking for it in the jungle (Nency)”.

The rather easy access to traditional medicine in the village is one of the reasons it is still being used. In the past the hospital was too far from the village. Back then only traditional medicine was used. Nowadays the roads are more accessible and thus the hospital is more easily reached. Besides that, some little hospitals are build in several villages, so even near some of the smallest villages there is a hospital. Because western medicines are provided in the *kampung* people have access to it. I have to say that the little hospitals in the villages only provide some medicine in small amounts. It happens that the family of the patient or the patient himself has to go to the nearest city to get the needed medicines. This can be a 3-hour car drive on a bumpy road. Although the use of modern medicine has increased, the use of

traditional medicine has not vanished. As I mentioned in the context chapter, the use of modern medicine is possible in the *kampung*, but still rather difficult.

### 6.2.1 Money

When seeking for health in Papua money is a factor that has to be taken into account. Some would think health is the most important thing and money would not matter, for many people it does. In the *Kampung* in Papua this is a factor that stops some people from going to a doctor or makes it hard for them to go to one. Jerry told me that people in the village think twice before seeking healthcare. The main reason for this is money. First they need money for transportation and then also for medicines. The government says they provide free health care for the indigenous Papuan people. Although this can be true for a visit to the general hospital, as can be read in chapter one, only the transportation from the village to a hospital is for some people already too expensive. When I visited the church in the village *Meripi* I saw several people thanking the other visitors for their help. The people in the village or family collected money to pay the cost of transportation for the sick relative. This only happens with serious health problems or when traditional medicine did not work.

Traditional medicine is most of the time free. It comes from nature. The people from the village seem to be very friendly and give information and help for traditional medicine easily. Only very special medicine like the *Krispaua* are expensive and therefore for most of the people not possible to buy. Other fixed, prepared traditional medicine, ready to use, are for sale in the village. These medicines can be paid after using them. Only when the sick person gets better, you have to pay. Nevertheless traditional medicine is still a lot cheaper than modern medicine.

### 6.2.2 Practicality

There is easy access to traditional medicine in the city because some medicine can be planted, and that is what people do. Nevertheless taking a pill, modern medicine, is a lot easier. Modern medicine can be taken easily while traditional medicine often needs a difficult preparation. The preparation thus makes the use of traditional medicine more difficult. Above that it can be hard to find someone who has the knowledge on the use of the medicine. It is different than visiting the doctor and getting a recipe. One of my informants Tom complained about the taste of traditional

medicine. He said many traditional medicines have a really bad, bitter taste. Therefore, he said, modern medicine is a lot better/easier. When I said my malaria pills do not taste good either, he answered that with modern medicine you only have to swallow a pill or capsule, with traditional medicine you have to drink or eat more. Nadia disagreed on his statement. She said that many traditional medicines, like papaya, have a sweet taste. Nevertheless many of my informants mentioned that taking a pill is so much easier than preparing a difficult traditional medicine. This is a reason the choice goes sooner to modern medicine. Especially when there is no time to look for the plants in the jungle and a visit to the hospital is a lot easier.

### 6.2.3 Government/ Global help

As I mentioned above the government promotes modern medicine. One of the major points on the agenda of political parties is health. The government wants better health in Papua. They want to provide better health by making modern medicine better accessible. Jorge told me that the government is trying to build more hospitals in the *kampung* and they want to make sure there are more nurses available. These new interventions bring modern medicine closer to the people. The better access to modern medicine can affect people's health seeking behavior. Thereby I noticed the presence of some non-governmental organizations. In the streets hang some posters of anti-Aids campaigns. I think that this attention of the NGO's towards Aids makes the Papuans aware of the seriousness of this disease. The government and foreign interferences thus influence the health seeking behavior of Papuans on the collective level.

The several factors I mentioned can also play a role at the same time. In the following cases can be seen for example that a 40-year old Papuan male from *Meripi* acts differently than a 19-year old girl from Javanese descent who lives in the city.

#### *Jerry*

Jerry is a 40-year-old male. He is born in the **village Meripi**, and still lives there with his wife and two children. Jerry prefers using **traditional medicine** because he had a **bad experience** with modern medicine. One time he had a terrible stomachache and he wanted to try to see a doctor. Together with people from the village he collected **money** and went to the hospital in Sorong (**9 hours away by car**). At that time there

was no nurse in the village yet. In the hospital the doctors could not help him and said he had to go to Makassar to get better help. Jerry did **not have enough money** to go there so he went home and hoped to get better or just die. When he came back his neighbor told him he had a dream and knew a cure for the problem. He gave Jerry the medicine and he got better. Later he went back to the hospital to check and until now the disease is gone. Now Jerry does not go to the hospital anymore.

In the case of Jerry several factors influenced his health seeking behavior. First thing that can be noticed it that he lives in the village. Because of this Jerry lives far away from the hospital and does not have easy access to modern medicine. Besides that he had a bad experience with modern medicine, which makes him trust traditional medicine better. Also money is mentioned as a determining factor.

### *Nadia*

Nadia is a 19-year-old girl. She is born in **Sorong city**, but her parents come from Java. She has a lot of knowledge on Javanese and Papuan traditional medicine. Nadia **uses traditional medicines** to stay healthy. Every Sunday her mother makes her a healthy drink and she eats a lot of good food. Her mother taught her a lot on traditional medicine. Nadia **believes** in ghosts and spirits although magic is more common in Java. One time Nadia came down with malaria, it was so bad it could have damaged her brain. Her parents brought her to several **hospitals** in Sorong but no doctor could help her. Then she got a letter from a doctor that she needed immediate help in a **hospital in Jakarta**. There she got heavy malaria medicine and had to recover for three months. Now she has the lighter form of malaria every now and then. When she is sick she **takes a pill** so she never gets as sick as that time.

In the case of Nadia seriousness of the disease is what made her choose to use modern medicine. While she and her family hold on to traditional medicine they needed modern medicine to get Nadia healthy. By this they are not abandoning traditional medicine. In this family traditional medicine is used to stay healthy for things like head- or stomachaches. For more serious diseases modern medicine is practiced.

As shown above I fit several factors of influence like money and practicality within the determinant of accessibility and I fit the factors environment, causation, power of politics and seriousness with the determinant belief. These two factors determine

health seeking behavior of the people in Papua. This matches with the conclusion I drew in the theoretical orientation. “Besides the importance of the accessibility of a medical system, also the belief system of an individual influences health seeking behavior(p. 18)” .The factors accessibility and belief can both be brought back to a person’s social position. Thus the social position of a sick person has a great influence on a person’s health seeking behavior.

## Conclusion

In this conclusion I will give a short summary of all the chapters and give an answer on the central question.

During my fieldwork in Sorong I wanted to answer the question: *What determines the health seeking behavior of the people in Sorong in a context of medical pluralism?*

I chose the city Sorong since it is an interesting place because of its medical pluralism. After conducting my research I found out there is indeed a form of medical pluralism in Sorong. As can be read in chapter three, various medical forms are present. The reason several medical systems are present can be found in Papua's history. Before the invasion of the Dutch Papuans were divided in many different tribes which all had their own traditional medicine. When the Dutch arrived, Papuans came in contact with biomedicine for the first time. Later in 1969 when the Indonesian government got control over Papua, the government promoted modern medicine. Nevertheless many Papuans are still using traditional medicine and the government does not have a negative attitude towards them. Besides the Papuan traditional and modern medicine also other Indonesian medicines are being used in Papua. The many Indonesian immigrants had their own traditional medicine, which they use and believe in. Nevertheless many immigrants have to take over Papuan traditional medicine, because of the different climate and vegetation on Papua. It is possible that normally used plants or fruits cannot be found in Papua. All these different medical systems show a system of medical pluralism. In the theoretical orientation I provided Islam's (1995) view on the relation between medical systems within a situation of medical pluralism. Papua fits in the form of *tolerant medical orthodoxy*. This means that modern medicine is the dominant one, but traditional medicine is allowed and respected. This matches with the situation in Papua as I described above.

To find out more about the situation of the Papuans I wrote a chapter on the context of Sorong and its surroundings. Right away in the beginning of the research period I noticed a great difference between people in the city and people from the village. In the literature I did not find this division, as considering medical pluralism. For my research it was very important because one of the most important factors that determine health seeking behavior is accessibility. It is pretty obvious that the

accessibility in the city differs from that in the village (e.g. distance), but also the knowledge on medicine differ. In the city is more modern technology present, which makes people more used to things like biomedicine. In the village, people do not very often get in contact with modern medicine, which gives them a skeptical attitude towards it. Nevertheless the government is trying to build more hospitals and provide more nurses and doctors in the villages.

As I wrote in chapter two, Papuans have three types of causation. Diseases can have a spiritual or biological cause. The cause can be found in myths but the cause can also be unknown. Etiology is a cultural factor that belongs to a person's belief system and according to Chrisman (1977) all cultural and social factors that belong to a person's belief system have influence on the process of health seeking behavior.

In the theoretical orientation I made a division between factors that influence health seeking behavior on the collective and individual level. I can continue my conclusion in the same line. In the theoretical orientation historical events like colonization and the nowadays globalization are mentioned as factors that influence on the collective level. In the case of Sorong, colonization was the first moment Papuans came in contact with modern medicine. After this the political situation changed and Indonesia became the ruler over Papua. Thus on the political level people were in a way forced to use modern medicine. The struggle between Indonesia and Papua also influences health seeking behavior on the political level. It influences the way people think about medicine. For example, people make divisions between western modern medicine and Indonesian modern medicine. The political background makes people have a negative attitude towards Indonesian modern medicine. Globalization makes people, especially in the city, aware of modern technologies, which has an influence on the way people see modern medicine. As I mentioned in chapter three, especially the younger people have a positive attitude towards modern medicine. Also the reaction of environment plays a role in seeking for health. This is often in connection with the causation or seriousness of the disease. The factors that determine health seeking behavior are thus layered.

On the individual level also many factors play a role. I mentioned as core values belief and accessibility. Belief includes a person's religion and background, which involves etiology. This factor is the same as Pelto & Pelto's (1997) view on health seeking behavior. According to them everybody has cultural beliefs upon which they act, also when seeking for health. Money is an important factor within the



accessibility, because people have no access without money. This matches with Young's study (1981), which argued that the importance of material and economic factors must not be forgotten. Young discovered accessibility is one of the most important factors when seeking for health and he defines accessibility not only as presence but it also includes cost and distance. As an answer to the central question *What determines the health seeking behavior of the people in Sorong in a context of medical pluralism?* I would say: accessibility and belief.

These factors take place in a context of medical pluralism. I like to state that health seeking behavior depends on the social position of a person. When a person does not have a lot of money, lives far away from a hospital and believes in spirits, that person will not choose for modern medicine. On the other hand when someone lives in the city, has a lot of money and stands in the middle of a globalizing world, this person will choose for modern medicine.

Nevertheless I like to argue that traditional medicine in Papua is part of the culture. A person's belief system and thus culture will ensure that traditional medicine stays alive. Many students I talked to use modern medicine but still respect the traditional medicine because it is part of their culture. I think that for little illnesses like headaches or stomachaches the preference will go to traditional medicine, while for the more serious diseases a visit to the hospital will be more and more common.

Out of my research in Sorong, Papua I draw the conclusion that people are open for the use of modern medicine. The fact that some people hold on to their traditional medicine is mostly due to the accessibility and thus the little knowledge of something new.

With this research I wanted to learn what kind of factors influence people's choice. I think with the answers belief and accessibility and thus someone's social position I did a pretty good job. Nevertheless many questions will stay unanswered and my research probably raises more questions. For instance I think it can be very interesting to investigate how people react on several anti-Aids programs. As I noticed in my thesis these programs do have an influence on people's awareness on Aids. To make the programs more efficient I think more research is necessary. Further I think Papua has a poor health care system, especially compared to the other Indonesian standards. After this research I found out that Papuans do except a new system like modern medicine, when they are still allowed to use their own traditional medicine besides it.

This is due the fact that traditional medicine is part of Papuan culture. I hope that in the future the Indonesian government gives a lot of attention to health care in Papua, with respect for the traditional medicine. When the government has a positive approach maybe the attitude towards Indonesia will be better eventually. Further I wonder how the interaction between the immigrants and indigenous Papuans will be in the future. I think Sorong is a very interesting place for other research subjects as well. For example multiculturalism of religious pluralism are subjects that can be greatly investigated in Sorong. Papua is an incredible interesting place and will be hopefully a fine place for other researchers.

## **Bibliography:**

Anderson, J.G.

- 1992 'Health care in the people's republic of China: a blend of traditional and modern'  
*Central issues in anthropology* 10, 1, 67

Chauvel, R.

- 2005 *Constructing Papuan Nationalism: History, Ethnicity, and Adaptation*  
East-West Center Washington

Chrisman, N.J.

- 1977 'The health seeking process: an approach to the natural history of illness'  
*Culture, Medicine and Psychiatry* 1, 351-377

Edwards, S.D.

- 1986 'Traditional and modern medicine in South Africa: a research study'  
*Social Science and Medicine* 22, 1273-1276

Eisenberg, L.

- 1977 'Disease and illness distinctions between professional and popular ideas of sickness'  
*Culture, Medicine and Psychiatry* 1, 1, 9-23

Frankel & Lewis

- 1989 *A continuing trial of treatment: medical pluralism in Papua New Guinea*  
Dordrecht: Kluwer Academic

- Foster, G.M.  
 1994 *Hippocrates' Latin American legacy: Humoral medicine in the new world*  
 Reading, Gordon and Breach
- 1998 Disease etiologies in non-western medical systems *In The art of medical anthropology* Van der Geest & Rienks Pp. 141-150  
 Amsterdam: Het Spinhuis
- Glick, L.B.  
 1998 Medicine as an ethnographic category. The Gimi of the New Guinea highlands. *In The art of medical anthropology* Van der Geest & Rienks Pp. 23-40 Amsterdam: Het Spinhuis
- Helman, C.  
 2007 *Culture, Health and Illness*  
 Butterworth-Heinemann, Oxford
- Islam, A.  
 1995 'Understanding traditional health care systems: A sociological perspective'  
*Health science division: International Development Research Center,*  
 Ottawa, Canada  
<https://idlbnc.idrc.ca/dspace/bitstream/123456789/19361/1/101002.pdf>
- Lee, R. P.L.  
 1998 Comparative studies of health care systems in three Chinese societies *in The art of medical anthropology* Van der Geest & Rienks Pp. 165-184 Amsterdam: Het Spinhuis
- Lepowsky, M.  
 1990 'Sorcery and Penicillin: Treating Illness on a Papua New Guinea Island'  
*Social Science and Medicine*, 30, 10, 1049-1063

- Mitchel, D.  
1982 *Indonesian medical traditions: bringing together old and new*  
Melbourne: Monash University
- Pelto, P.J. & G.H. Pelto  
1997 'Studying knowledge, culture, and behavior in  
applied medical anthropology'
- Saethre, E.J.  
2007 'Conflicting Traditions, Concurrent Treatment: Medical Pluralism in  
Remote Aboriginal Australia'  
*Oceania*, 77, 1, 95-110
- Suter, K.  
2001 'Independence for West Papua?'  
*Bulletin of the Atomic Scientists*, 57 3, 16
- Timmer, J.  
'Spectres of Indonesianisation and Secession in Papua'  
[http://www.inghist.nl/Onderzoek/Projecten/DekolonisatieVanIndonesi  
eEnHetZelfbeschikkingsrechtVanDePapoea/papers\\_pdf/timmer](http://www.inghist.nl/Onderzoek/Projecten/DekolonisatieVanIndonesi<br/>eEnHetZelfbeschikkingsrechtVanDePapoea/papers_pdf/timmer)
- Van der Geest & Rienks  
1998 *The art of medical anthropology*  
Amsterdam: Het Spinhuis
- Worsley, P.  
1982 'Non-Western medical systems'  
*Annual Reviews Anthropology* 11, 315-348
- Young, J.  
1981 *Medical choice in a Mexican village*  
New Brunswick, NJ: Rutgers University Press

## **Appendix 1**

### **Reflection**

The 27<sup>th</sup> of January I took the plane in the direction of Sorong, Papua. After weeks of hard work for the research proposal and reading about the subject, finally was the time I could see Papua myself. During the preparation in Amsterdam, Holland I came in contact with the director of DaVinci International school. He reacted very enthusiastic on my coming over and helped me by getting my visa. This gave me the chance to make my dream come true: seeing Papua in real life. All the years of Cultural Anthropology at the University of Utrecht made me very curious. How would it be in a country so different than where I am from, and how is it to do field work?

After three months in Sorong I found answers on the questions I raised before. First I will tell more on my Papua experience. Papuans are the friendliest people I have ever met. Everywhere I walked on the street, were happy faces smiling at me. Everybody looked at me, waved or wished me a good day. In the beginning I tried to be very kind and wished everybody a good day too, but I could not do this for the whole three months. While normally I would always stay kind to people, waving to everybody in the street was very tiring. I almost felt like a celebrity, everybody was looking at me and sometimes children touched me to see if I was real. It was very obvious there was no tourism in Sorong. Besides the loads of attention the warmth was also new for me. I had been in warm countries before but the warmth in Sorong was extreme. While I normally do not sweat that much in Papua I sweat all day and night. The warmth also made me tired and was often a disturbance for my concentration. The wonderful people I met fortunately brought me to nice beaches or lakes so I could cool off once in a while.

The fact that I was a stranger in Papua both helped and hindered me doing my research. It helped me because it made it very easy to come in contact with many people. Papuans were happy I was there and glad if they could help me out. Nevertheless the possibility of finishing my whole research is based on the help of the students and teachers of the DaVinci International school. These nice people brought me in to their lives and considered me as their friend, instead of the 'special' girl from Holland. Because I met so many people at the school I found my informants rather quick. The good start had a positive influence on the rest of the fieldwork period.

First I had some trouble with interviewing, I was a little scared. Later I learned from the mistakes I made in the earlier interviews and got more confident about my own skills. The major thing I learned of this fieldwork is that you have to know the language of your informants. I knew too little Indonesian to conduct the interviews in Indonesian. Therefore I made use of several translators - the students of the college were willing to help. I noticed during my interviews that I lost a lot of information in translation. Thereby I was dependent on my translators' schedules. Often I wanted to do observations or conversations in the hospital, but had no translator to take with me. This is definitely a point I will keep in mind for a next research.

I found it interesting to learn more on the subject of my research. I think this is of great importance because it helped me through the hard times. Now writing the last words for my thesis I can look back at the whole process and know I have learned incredibly much. This research is the final assignment of my bachelor Cultural Anthropology and I am proud of the result.

-----

Here am I as a researcher in the field, rethinking my data.

## **Appendix 2**

### **Summary in Dutch**

#### **Samenvatting**

In de maanden Februari tot Mei in het jaar 2009 heb ik veldwerk gedaan in Sorong in Papoea. Ik heb mij tijdens dit veldwerk bezig gehouden met de manier waarop de bevolking omgaat met gezondheid. Ik heb met het onderzoek getracht een antwoord te vinden op de vraag:

*What determines the health seeking behavior of people in Sorong in a context of medical pluralism?*

Al in mijn onderzoeksvorstel heb ik beargumenteerd waarom er in Sorong medisch pluralisme zou bestaan. Factoren als kolonisatie en de immigratie van veel Indonesiërs spelen hierbij een belangrijke rol. Na mijn veldwerk kan ik concluderen dat er inderdaad sprake is van medisch pluralisme. De bevolking heeft keuze uit meerdere medische systemen. Ik heb gekozen mij te beperken tot de keuze tussen traditioneel en moderne geneeskunde, waarbij ik de diversiteit van deze systemen zelf achterwege heb gelaten.

Tijdens mijn veldwerk ben ik in contact gekomen met verschillende families en heb ik verscheidene mensen geïnterviewd. Ik kwam er vrijwel direct achter dat er een groot verschil is tussen de mensen in de stad en die van het platteland. Hier heb ik in mijn thesis grote aandacht aangeschonken door deze twee tegenover elkaar te plaatsen in het context hoofdstuk.

Om de factoren te begrijpen die van invloed zijn op het gedrag van mensen heb ik zowel op het individuele als het collectieve niveau gekeken. In Papoea heeft de turbulente geschiedenis er voor gezorgd dat Papoeaas bevooroordeeld zijn over buitenlandse medicijnen. Op dit moment heeft de huidige Indonesische overheid de macht en worden moderne medicijnen door hen en hulporganisaties gepromoot. De globalisering zorgt eveneens op collectief niveau dat de Papoeaas steeds meer in contact komen met westerse tradities.

Deze veranderingen staan allemaal tegenover het eeuwenoude traditionele medicijngebruik. Het gebruik van moderne medicijnen past in het geloofstelsel van de Papoeaas en de daarbij horende de culturele tradities. Nu is er een grote



belangstelling voor moderne medicijnen, maar wordt er niet af gedaan aan de oude traditionele geneeskunde.

In mijn onderzoek heb ik gekeken naar welke factoren de keuze van mensen die naar gezondheid zoeken beïnvloeden. Uiteindelijk kan ik concluderen dat op individueel niveau alles te herleiden is tot geloof en toegankelijkheid. Hoe en wat een mens gelooft zorgt er voor dat hij neigt naar de ene of de andere soort van medicijnen, maar als er geen toegang is, houdt het al snel op. Deze twee factoren breng ik terug naar de sociale positie van een persoon. De conclusie van mijn onderzoek is dan ook: de factoren die *health seeking behavior* in een context van medische pluralisme beïnvloeden zijn geloof en toegankelijkheid en deze hangen allebei af van de sociale positie van een persoon.