Engaging Indigenous Leaders in Tanah Papua's HIV Responses

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HIV in Tanah Papua primarily affects indigenous Papuans (as opposed to the non-indigenous Indonesian population), and is not limited to particular groups typically regarded as 'high risk' for HIV, such as sex workers, intravenous drug users, or men who have sex with men (Munro 2015b). HIV is also most prevalent in youth aged 15–24. This In Brief elaborates on one of the key recommendations of the workshop, 'Developing an HIV Prevention and Control Strategy for Papuans in Tanah Papua', held in Manokwari in November 2014: the need to better engage indigenous Papuan leaders and communities.[1] Indigenous leaders in Tanah Papua need to be engaged because according to the most recent bio-behavioural survey, estimated HIV prevalence in Tanah Papua is second highest in the world, after Africa (Munro 2015a; WHO 2015).

The complexities of engaging indigenous leaders in responding to HIV include conservative and/or male-dominated views, elitism, and indigenous views that approach health holistically as interconnected with broader inequalities and injustices, a perspective which challenges the typical scale and ostensible neutrality of public health agendas. Meaningful participation by indigenous leaders is also strained by health authority and aid agency views that position culture as a barrier to health and may essentialise leaders' capacities and motivations. But in Tanah Papua, indigenous participation in HIV responses is also constrained by racial and cultural discrimination in the health sector and by aid agencies who do not challenge inequities in their staffing and program activities (Munro and McIntyre 2015). Thus, a key goal of the HIV workshop was to engage directly with traditional leaders to better understand the current lack of participation and suggest ways to improve meaningful involvement of indigenous leaders and communities.

So far HIV has been seen, and responded to, as an urban problem, presumably driven by 'modern' values and practices that are ostensibly unknown to people living in 'traditional' communities, who are perceived to be governed by old-fashioned rules concerning sex, and who are assumed to be disconnected from urban influences and places. Workshop participants, however, spoke of the need to involve indigenous people as well as traditional councils and other leaders because HIV is affecting indigenous people in 'traditional' or remote communities. The acknowledgement that HIV is not just a problem of cities, but is actually more prevalent and more challenging in small, remote, 'traditional' communities is an important recognition that emerged as a rallying point for engaging indigenous communities and leaders in an inclusive local response. Participants' other analyses of why indigenous leadership has been lacking are that communities themselves are in flux, with high levels of mobility for work and education, and there are power struggles over control of resources and development projects.

Indigenous leaders participating at the workshop also said they feel they lack sufficient appropriate information to respond to HIV. Several said there is still insufficient school curriculum related to sexual and reproductive health education (Diarsvitri et al. 2011). While the dominant framing of HIV as a moral problem, especially by religious organisations and their many followers (Hewat 2008), hinders safe-sex education for youth, workshop participants proved there are also allies within religious and indigenous communities who would promote school-based sexual health education.

The first mechanism identified as necessary to improve indigenous participation is increasing the knowledge of HIV prevention and control among leaders. Participants said there was also a need for more awareness of the relationship between HIV and extractive industries, and how to manage the health and social impacts of unprecedented economic development in once-remote areas. Managing HIV in the community, in families and in the workplace was also noted as an important concern that neither the health department nor the AIDS commissions have provided leadership on.

A second key strategy was that institutions like the Papua Customary Council (*Dewat Adat Papua*) should be seen as an ally for government agencies and lawmakers in the process of developing legal

frameworks that relate to HIV, including alcohol and drug control, making the provision of HIV services a legal obligation on the government, controlling and monitoring migration and new settlements, and recognising and enforcing customary rights over resources.

The third strategy for ensuring indigenous leaders play a more substantial role in HIV responses focused on revitalising traditional values and cultural connections. Participants identified mechanisms such as ensuring younger generations know about their cultural identities and roots, protecting lands (which are central to identity) for future generations, and promoting indigenous languages through formal and informal schooling.

Participants at the workshop noted that leaders can help to improve communication on HIV and health between indigenous communities and other actors by using their connections. This led to identifying indigenous-led advocacy and community mobilisation as another strategy. Establishing a formal role for leaders (such as indigenous working groups) within the national, provincial and district AIDS commissions could arguably promote a feeling of being engaged with HIV responses.

To conclude, indigenous Papuan leaders are so far only minimally involved in responding to HIV, and many indigenous communities are not being reached by current HIV strategies. Local leaders (customary and religious) are well positioned to mobilise and inform communities, but they need support. That support should not only be directed at building their own awareness, but increase their participation in policy domains where decisions are made that put Papuan communities at increased risk. Momentum around an inclusive local response to HIV must be allowed to build, despite its politicisation as an issue of indigenous survival and equality in the face of repression and neglect. Aid agencies and governments are encouraged to seek out and be open to allies among indigenous leaders who want to address HIV both at the level of services, awareness and education, and at the level of upstream policy decisions.

Acknowledgements

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Author Notes

Jenny Munro is a research fellow with SSGM.

Endnote

1 Tanah Papua (Land of Papua) is a term commonly used by Papuans to refer to the western half of New Guinea, which was divided into two provinces (Papua and West Papua) in 2003.

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