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LOCAL KNOWLEDGE, DISEASE AND HEALING IN A PAPUA COMMUNITY

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SUMMARY

In my dissertation entitled “Local Knowledge, Disease and Healing in a Papua Community”, I describe and analyse the concepts, knowledge and practices concerning the health and disease of the Tehit people in the South Sorong Regency, West Papua (Indonesia). In the Introduction, I firstly explain the theoretical approach I have chosen, which is based on the concepts developed by the medical anthropologists Cecil G. Helman and Arthur Kleinman. The Introduction then continues with the explanation of the research methods I applied during fieldwork (between 2009 and 2012) and an outline of the living conditions of the Tehit and their social and cultural organisation.

I then turn to the Tehits’ perspective and the way they conceive the body, well-being, illness and disease. The Tehits’ concepts show that they do not perceive the body as a physical entity. Instead, the body and its condition, oscillating between well-being and sickness, are understood as being deeply interlinked with social and religious dimensions of their being in the world and the cosmos. I then describe the medication and treatment procedures the Tehit practice by applying Kleinman and Helman’s methodological and theoretical approach. Accordingly, I identify three ways of treating the sick: (1) the popular sector, (2) the folk sector and (3) the professional (biomedical) sector. In the popular sector, medication procedures are carried out by the sick person him/herself or by family members, friends and neighbours. In the folk sector, traditional healing specialists (called *woun*, *si’qnda* or *mimit* in the Tehit language) are consulted. These specialists possess a vast knowledge of medical plants, soils and animal substances. This knowledge is passed from one generation to the next, mostly during long periods of teaching novices in seclusion. This knowledge and its transmission are in danger of being lost due to cultural change.

The professional sector is run by the state. In contrast to the other two sectors, biomedical cures focus on the body as a mainly physical entity. The Tehit choose between these three sectors; they even sometimes combine the treatment practices offered. The way and the reason why people decide for or against one (or a combination) of these different treatment methods depends, as the analysis of interviews shows, on many different factors, such as the character and the anticipated social or supernatural origin of the illness and the estimated ‘right way’ of dealing with it. Moreover, since biomedical care is available only in urban areas and is part of the modern money economy, people in rural areas have only limited access to it, even in cases where they themselves suppose that a medical doctor could cure them.

I then conclude that the local knowledge of the Tehit people regarding disease and medication procedures can be considered as local wisdom that is important and valuable for the local communities, the way people live together and the individual member’s health. Therefore, I recommend that traditional institutions, religious leaders, traditional leaders and the government of South Sorong Regency safeguard the traditional knowledge of the Tehit communities. Moreover, the diversity of medicinal plants that can be found in the South Sorong region should be preserved through setting up a botanical garden where these plants could be cultivated; otherwise this knowledge and the plants will disappear.