A DESCRIPTIVE ANALYSIS OF THE INFORMATION ON HIV & AIDS PREVENTION DIFFUSED BY PT. FREEPORT INDONESIA IN TIMIKA, PAPUA

(As Part of the Company’s CSR Program)

By

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February 2013
This thesis entitled “A DESCRIPTIVE ANALYSIS OF THE INFORMATION ON HIV & AIDS PREVENTION DIFFUSED BY PT. FREEPORT INDONESIA IN TIMIKA, PAPUA (As Part of the Company’s CSR Program)” prepared and submitted by Karina Margarida de Castro in partial fulfillment of the requirements for the degree of Economics in the Faculty of Economics has been reviewed and found to have satisfied the requirements for a thesis fit to be examined. I therefore recommend this thesis for Oral Defense.

Cikarang, Indonesia, 25 January 2013

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DECLARATION OF ORIGINALITY

I declare that this thesis, entitled “A DESCRIPTIVE ANALYSIS OF THE INFORMATION ON HIV & AIDS PREVENTION DIFFUSED BY PT. FREEPORT INDONESIA IN TIMIKA, PAPUA (As Part of the Company’s CSR Program)” is, to the best of my knowledge and belief, an original piece of work that has not been submitted, either in whole or in part, to another university to obtain a degree.

Cikarang, Indonesia, 25 February 2013

Karina Margarida de Castro
ABSTRACT

The province of Papua has been identified as the province with the highest cases of HIV & AIDS in Indonesia, striking at an individual’s most productive years. Through a qualitative research, this study describes how a very present company, PT. Freeport Indonesia uses its CSR program to transfer knowledge on the HIV & AIDS prevention to the community and to its workers in Timika, Papua, in order to protect and maintain its human assets.

Group discussions with the community of Timika and observations of the AIDS programs and its monitoring, and of brothels, and structured and unstructured interviews with the company’s personnel and its affiliates helped the understanding of the diffusion process.

With the coalition with the Government’s commission on AIDS, KPA, PT. Freeport Indonesia has implemented programs for education, training, prevention, diagnosis and treatment which are supported by the company’s medical services provider, International SOS. These programs enable the company to disseminate information to the community through establishing a knowledge base, persuading the community to making a decision of adopting the knowledge, start implementing in day to day lives and finally confirming their decision by maintaining their adoption of the knowledge.

The research came to the conclusion that the information is vastly spread around Timika. The community from highland to lowland, remote to non-remote areas is aware of the information and has positively responded to the knowledge by using the tools disseminated by the company and its affiliates, as a result the number of HIV tests has started to increase, less number of a HIV positive population have been found, however, the prevalence is still high.

Keywords: CSR, Diffusion, HIV & AIDS Information, human assets,
ACKNOWLEDGEMENT

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome

ARV: Antiretroviral Treatment

AusAID: Australian AID

CSR: Corporate Social Responsibility

HIV: Human Immunodeficiency Virus

IBCA: Indonesian Business Coalition on AIDS

IPPI: Ikatan Perepuan Positif Indonesia

KPA: Komisi Penanggulangan AIDS

LIP: Light Industrial Park

LPMAK: Lembagan Pengembangan Masyarakat Amungme dan Kamoro

MCU: Medical Check up

NGO: Non-Governmental Organization

PHMC: Public Health Malaria Control

PILA: Pemudan Indonesia Lawan AIDS

PLWH: People Living with HIV/AIDS

PTFI: PT. Freeport Indonesia

SLD: Social Local Development

UN: United Nations
UNAIDS: United Nations AIDS

VCT: Volunteer Counseling Testing

YAPEDA: Yayasan Peduli AIDS
CHAPTER I

INTRODUCTION

1.1. Background of the Study

The HIV & AIDS pandemic has become a reality in the world of today, making it the world’s fourth biggest cause of death, after heart disease, stroke and acute lower respiratory infection. Health economists, Dixon and McDonald have revealed that the pandemic is much more than a medical problem, and thus requires more than a medical approach.

Figure 1 - UNAIDS, 2010 Global View of HIV Infection

According to the HIV & AIDS Asia Pacific Research Statistical Data Information Resources, the first case of HIV in Indonesia was reported in 1987. Since then, the estimated number of adults and children living with HIV rose exponentially, from 11,000 in 2001 to 310,000 in 2009. The cumulative number of reported HIV and AIDS cases rose sharply - from 1,487 cases in 2003 to 24,131 by 2010. The epidemic now affects almost all parts of Indonesia; from 16 provinces in 2004 to all 33 provinces by end of 2009. HIV prevalence is
particularly high and is generalized in nature in the two provinces of Papua and West Papua in the extreme east of the country, at 2.4% among the general population aged 15 - 49. Approximately 40% of the HIV & AIDS cases in Indonesia are located in the province of Papua, even though that province has less than 1% of the country’s population (Butt et al, 2002).

Businesses in Indonesia are vulnerable to HIV & AIDS. Cohen, 2002 was cited in a report by the Australian Government AusAID; on the impacts of HIV 2005-2025 in Papua New Guinea, Indonesia and East Timor, indicating that HIV & AIDS epidemic has the potential to have a significant impact on reducing both the size of the working age population and an individual worker’s ability to contribute. However, it was also mentioned by the United Nations, 2004, in the same report, the size of impact of loss of workforce depends on the supply of surplus labour and the degree to which hard-to-replace labour is affected by HIV & AIDS.

As a business, being national or international it is important to be aware of the HIV & AIDS pandemic and its consequences both in the short and long run to be able to respond to the crisis. The pandemic strikes at an individual’s most productive years when the individual is a valuable asset to a company and is at an age where wishes to enjoy life. Not being aware of the pandemic and not taking action to educate the employees, the company may suffer with recruitment and training costs. When losing an employee, the company needs to replace the old employee and train the new one. This requires investment which occurs as cost to a company.

PT. Freeport Indonesia was chosen for this research because it explores the world’s largest gold mine and third largest copper mine in terms of reserves, located in Tembagapura, Regency of Mimika, Papua, Indonesia, vulnerable Regency to HIV & AIDS. The company is a major contributor to the economic development in Indonesia and Papua. Being the largest private employer in Papua and one of the largest taxpayers in Indonesia, PT Freeport Indonesia promotes sustainable development programs for the region. The presence of multinational
and private companies, for instance PT Freeport Indonesia, has successfully accelerated the economic growth in Papua, with increased production level which means more sales and income, hence the companies feel morally obligated and responsible to take care of the local community whose land is being used for the activities of the companies. It is important to study how a very present company responds to a very present worldwide pandemic affecting millions of people.

Papua is extremely resource rich, however poverty endemic, it was ranked the second lowest in the Indonesian Human Development Index of 2004. Despite its Gross Regional Domestic Product (GRDP) being ranked the fourth highest in Indonesia based upon income from trading of its rich natural resources (oil, mining, and forestry). Health services need boosting and on many health indicators those in Papua are worse off than in other parts of Indonesia. According to a study of the Australian AID (AusAID), contrary to other rest of Indonesia the largest transmission of HIV & AIDS in Papua is sexual rather that the injection of drugs.

According to ‘Strategi Penanggulangan AIDS Kabupaten Mimika Tahun 2008 - 2013’ (pg.2-3) the finding number of HIV & AIDS cases in the Regency of Mimika have increased from year to year, until December 31, 2007, the number had reached 1,478 in which 215 were of AIDS. From the numbers above 71% are indigenous Papuans in the Regency of Mimika. In general, AIDS patients come to the health already at an advanced hard stage. The number of people living with HIV & AIDS (PLWH) at the productive / reproductive age mostly males which act as the main chain of transmission of HIV from female prostitutes to mothers; from mothers to unborn and born children. The predominant mode of HIV transmission is through sexual relationships in the Regency of Mimika.

1 Strategies on AIDS in the Regency of Mimika for the year 2008 – 2013 (estimates)
The Regency of Mimika, with the capital city of Timika in Papua, will be the focus location of the study. The study will only analyze the transfer of information of HIV & AIDS diffused by the company PT. Freeport Indonesia as part of their CSR program, in the Regency of Mimika, specifically in Timika.

Table 1. Papua, Indonesia: Numbers of PLWH, new infections, AIDS death and HIV-related orphans in 2005, 2010, 2015 and 2025 (Estimates)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2005</th>
<th>2010</th>
<th>2015</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLWH (% prevalence)</td>
<td>12,840</td>
<td>28,921</td>
<td>57,799</td>
<td>144,581</td>
</tr>
<tr>
<td>New Infections</td>
<td>3,228</td>
<td>6,982</td>
<td>12,980</td>
<td>27,020</td>
</tr>
<tr>
<td>AIDS deaths</td>
<td>713</td>
<td>1,675</td>
<td>3,615</td>
<td>10,852</td>
</tr>
<tr>
<td>AIDS deaths cumulative</td>
<td>4,082</td>
<td>10,239</td>
<td>23,961</td>
<td>97,115</td>
</tr>
<tr>
<td>HIV-related orphans (% amongst 0-14 age group)</td>
<td>1,101</td>
<td>2,756</td>
<td>5,967</td>
<td>19,587</td>
</tr>
</tbody>
</table>


Table 1 illustrates the estimated numbers of HIV & AIDS related cases in Papua as a whole Province. Stipulating that no action is taken by companies or the government from the year 2005 to 2025 Papua would have experience an increase of nearly 2000%.
1.2. Papua Profile and Regency of Mimika Profile

Figure 2 - Map of Indonesia

Papua is largest and easternmost province of Indonesia. With Jayapura as its capital, Papua has Indonesian as its official language and 269 indigenous Papuan and Austronesian languages. The Indonesian governance of Papua is recognized by the United Nations and practically all members of the international community. As in the other provinces of Indonesia, the central government in Jakarta has a strong influence in Papua. Papua was a major beneficiary of a nation-wide decentralization process started in 1999 and the Special Autonomy status introduced in 2002.

Since the early 1990s Papua has had the highest population growth rate of all Indonesian provinces at over 3 percent annually, partially result of high birth rates, but mainly due to migration from other parts of Indonesia.

According to the 2010 census, 83.15% of the Papuans identified themselves as Christians with 65.48% being Protestant and 17.67% being Roman Catholic. The rest of the population comprising of 15.89 % are Muslims and less than 1% are Buddhist or Hindu.
According to the United Nations Development Program (UNDP), during the last three decades, Papua has experienced significant economic growth. At the same time however, official statistics shows that poverty levels in Papua have increased. *Bedan Pusat Statistik*² (BSP) data in 2002 showed that the poverty level in Papua (41%) is both significantly higher than the national level (18%) and also nearly twice as high as the BPS estimation for Papua in 1992 (21%). Field survey results confirm this high level of poverty, and also the huge income-welfare gap between people in rural and urban areas. Severe poverty is widespread across Papua. As to link this information to the knowledge of AIDS, the high poverty bridge in Papua may bring difficulties when it comes to education, eventually increasing illiteracy rates within the region.

²Central Statistics Agency
Regency of Mimika Profile

The Regency of Mimika is located in eastern Indonesia, in Papua. It is surrounded by the regency of West Papua Fakfakin the west, Puncak Jaya and Paniai in the north, northeast Jayawijaya, Merauke in the east and the Arafura Sea to the South. The Regency is divided into twelve districts.

Measuring 21 522.77 km² the Regency is opened to the Arafura Sea to the south and bounded on the north by the Sudirman. It is in these mountains that lies the Puncak Jaya[^3], which, with its 4884 meters is the highest point of the Regency of Mimika, province of Papua, New Guinea, Indonesia and the Oceania.

The climate is equatorial with an annual average temperature for the year 2005 amounting to 21.96 ° C and a relative humidity of 88.67%. The wettest month is July, with 838 millimeters of precipitation and the driest is February

[^3]: Nemangkawi is the local Amungme name for PuncakJayasuma, which was shortened for Puncak Jaya. The locals think that the better name for the mountain should be NemangkawiNiggok which means ‘the peak of the white snow’ (Muller, 2011).
with 192 millimeters of precipitation in 2005. Rainfall is fairly spread throughout the year, especially between March and December when there are less than four days during the month when it does not rain.

In the district of Tembagapura is the Grasberg mine operated by the American company, Freeport – McMoran Copper & Gold. This open pit mine producing copper, silver and has the largest reserves of gold in the world.

The Mimika Regency has 12 districts and 85 villages. Approximately 59% of Mimika regency residents are Non-Papuans and 41% are Papuans. Based on 2009 data, the Mimika regency ranked 333 out of 456 regencies/towns in Indonesia with a Human Development Index of 67.99. The approximate population of the Mimika regency in 2009 was 183,633. Between the years of 2001 - 2009 the average population growth was 9.2% per year.

1.3. Company Profile

1.3.1 Freeport – McMoran Copper & Gold INC

Freeport – McMoran Copper & Gold Inc. (FCX) is a leading international mining company with headquarters in Phoenix, Arizona, United States. FCX operates large, long-lived, geographically diverse assets with significant proven and probable reserves of copper, gold and molybdenum. FXC has a dynamic portfolio for operating, expansion and growth projects in the copper industry and is the world’s largest producer of molybdenum.

FXC’s portfolio of assets includes the Grasberg minerals district in Indonesia, the world’s largest copper and gold mine in terms of recoverable reserves; significant mining operations in the Americas, including the large-scale Morenci minerals district in North America and the Cerro Verde and El Abra

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4 Group 6 chemical element with symbol Mo and atomic number 42; a metal used in high-strength steel alloys, chemical products, and production of oil
operations in South America; and the Tenke Fungurume minerals district in the Democratic Republic of Congo (DRC).

The global workforce includes over 29,700 employees. The company has a strong commitment to safety performance, environmental management and to the local communities where it operates. FCX is a founding member of the International Council on Mining and Metals and committed to implementation of the ICMM Sustainable Development Framework.

As an industry leader, FCX has demonstrated proven expertise on technology and production methods to produce copper, gold and molybdenum. The stock trade on the New York Stock Exchange is under the ticker symbol “FCX”.

a. Chairman of the Board: James R. Moffett
b. President and Chief Executive Officer: Richard C. Adkerson

1.3.2 PT Freeport Indonesia

PT Freeport Indonesia (PTFI) is the Indonesian mining affiliate of Freeport – McMoran Copper & Gold Inc. PTFI commenced mining operations at this site in 1972 and in 1988 discovered the Grasberg mine. Today, after significant production, the Grasberg mining district in Papua contains the world’s largest recoverable gold reserve and the third largest copper reserve. The Grasberg minerals district includes open pit and underground mines. The ownership is as following: 90.64% FCX (including 9.36% owned through the wholly owned subsidiary, PT Indocopper Investama); 9.36% the Government of Indonesia. Three mines are currently in operation: the Grasberg open pit, the Deep Ore Zone (DOZ) mine and the Big Gossanm.
1.3.3 PTFI in Papua and Indonesia

PTFI provides substantial economic benefits for the central, provincial and local governments of Indonesia, and for the economies of Papua and the nation as a whole. Direct benefits to the Republic of Indonesia include taxes, royalties, dividends, fees and other direct support. During 2008, PTFI’s direct benefits totaled approximately USD 1.2 billion. Since the current contract with the Indonesian Government began in 1992, these direct benefits to Indonesia have totaled more than USD 8 billion.

Through the company’s CSR program, indirect contributions to Indonesia include investments in infrastructure in Papua, such as towns, electricity generation, air and sea ports, roads, bridges, waste disposal facilities and modern communication systems. Social infrastructure provided by the company includes schools, dormitories, hospitals and clinics, places of worship, recreational facilities and the development of small and medium-sized businesses. PTFI has invested approximately USD 6 billion in these projects over the life of the project.

PTFI is one of the founding members of the Indonesian Business Coalition on AIDS, IBCA, a non-profit alliance of businesses operating in Indonesia, working together to adopt best practices to help reverse the spread of HIV. PTFI has received the 2008 Millennium Development Goals award in the category “Fighting HIV &AIDS, Malaria, Tuberculosis and other Diseases”.

a. President Director and Chief Executive Officer: Rozik Soetjipto  
b. Vice Chair of IBCA Executive Board: Sinta Surait
1.4. Problems Identified

PTFI is exploring mines in a region with the highest numbers of HIV & AIDS cases in Indonesia. As a founding member of IBCA, PFTI and the Government are invested in the fight against HIV & AIDS helping the workers and the community of Papua to get access to information and prevention from the pandemic. PTFI is invested in the long run investment of the young generation, by providing training and apprenticeship in the company. The youth is becoming ready to take on a professional path offered by PFTI, and to preserve that same youth it is important to open the access to knowledge when it comes to HIV & AIDS.

a. With high rates of HIV & AIDS cases the Papuans are vulnerable to the pandemic;

b. The more the productivity level of Freeport increases, the more labor the company needs to employ, as mentioned earlier until now Freeport is the largest employer in Papua. Some of the labor comes from rural areas looking for job opportunities and do not have access to information back home. As a business especially with the dimension of Freeport (worldwide), and with a moral obligation to take care of the community, it is important to give knowledge on this pandemic for the sake of the business as a whole;

c. Grasberg mine is located in Tembagapura, near Puncak Jaya, the highest mountain in Indonesia. The miners stay in dormitories during the weeks and for weekends and vacations, some come down to Timika to visit families or to simply have a break from work. What happens in the dormitories is undisclosed, imagining that homosexual activities goes on, gives higher chance of spreading AIDS. Within Timika, there are sex workers and for men living away from their wives\(^5\) it is expected that they distract themselves with the beautiful

\(^{5}\)Generally called single status holders
sex workers to ‘satisfy their needs’, here again spreading the HIV virus;

d. The Regency is viewed as ‘Kota Dollar’⁶. With PTFI, the Regency is positioned as an ideal business and employment opportunity. This is has been acting as a catalyst for migration, in which has increased the population number in Mimika. The Regency comprises approximately of 59% Non – Papuan and 41% Papuans, which makes it difficult to control the amount of infections and AIDS cases exported to other parts of Indonesia or even other countries.

1.5. Statement of the Problem

It is important to analyze the impact of HIV & AIDS on any business by studying its policies, its responses, its actions, strategies towards the pandemic and the perceived involvement of the Government in Papua, more notably in Mimika (Timika).

a. What is the Government intervention along with the private sector towards implementing the transfer of knowledge to the Papuans?
b. How does PTFI implement knowledge in Timika, Mimika, about HIV & AIDS?
c. What is the response of the community and workers of PTFI in relation to HIV & AIDS?
d. How does PTFI monitor the knowledge already implemented in Mimika?
e. With migration raising concerns within the Regency how do the Government and PTFI monitor cases of HIV & AIDS in/to the Regency?

⁶Dollar City
a. **Topic:** The research is about making a business case and exploring the diffusion of knowledge of HIV & AIDS of a CSR Program of an international company, PT Freeport Indonesia on its workers and the local community of Timika.

b. **Question:** How and what is the process of diffusion of the knowledge of HIV & AIDS prevention implemented by PTFI; and, how and what is the response of the community in Timika?

c. **Rationale:** In order to determine and to analyze the diffusion of the disseminated information of HIV & AIDS prevention it is important to study from the community and the workers of PTFI, how they make use of the presented knowledge in the day-to-day lives. E.g., sharing information to the youth, make use of the tools and be involved in the fight against the pandemic as well as changing personal habits and behaviors.

### 1.6. Research Objectives

The research aims to achieve a diffusion explanation to how the knowledge of HIV & AIDS prevention is achieved by PTFI as part of the company’s CSR program and how it reaches out to the community of Timika. The research will eventually give the reader an understanding to what extent the knowledge disseminated by the studied company is useful to protecting its assets (human resources) and in preventing and combating the pandemic. This same knowledge will give a disclosure on how PTFI is invested in educating the community and its workers hence preserving the younger generation from HIV & AIDS. This will disclose a business case towards HIV & AIDS, as an International Business student, the researcher ultimately hopes to analyze why companies, for instance international companies are invested in decreasing the spread of AIDS by educating the community. This research will also help to positively position the American company in the minds of the Indonesians.
1.7. Significance of the Study

The AIDS pandemic is more than a medical problem and thus requires more than a medical intervention. It is important to push the society to acknowledge that HIV & AIDS are a reality and strengthen their minds on the pandemic. Not being aware of the pandemic and not make use of the disposable tools to combat the pandemic is dangerous for the region and for the country itself.

The Government ought to be involved in the fight against the AIDS pandemic as the economy becomes vulnerable to it. For companies, the pandemic reduces the availability of human capital; the affected and infected population becomes unable to work and require significant medical care – resulting in a smaller skilled population and labor force. The labor force increases work’s time off to look after a sick family member or for a sick leave which lowers the productivity. Increase in mortality lowers mechanisms to generate human capital and investment in people (through death of parents, or decrease in income due to medical resources).

Studying the plans of PTFI towards HIV & AIDS and its involvement with the society will serve as a model for other companies, both in the public and private to acknowledge the pandemic and initiate actions to protect their human assets, community and future generations is an exemplary attitude to be followed by current and future businesses.

Figure 4 illustrates the need of implementing programs on the collation of AIDS within society, as it helps to distribute the knowledge of the pandemic, promoting its awareness not simply for current generations but also for the future ones. PTFI and the Government have joined forces in implementing plans for AIDS to help strengthen and deepen the knowledge in the Papuans minds. The mapping illustrates a general overview on the impacts the pandemic causes on businesses and in the nation as a whole. By analyzing and studying the issues that the pandemic brings along, the programs against AIDS come to place in order for
Figure 4 – Mapping on the significance of the study; Derived from the Report of the Australian AID.


**Why Taking Actions**

- PFTI
- Government

Worker HIV + or AIDS death

Decreased productivity
= (increased absenteeism) + (decreased income)

Decreased size of workforce & specialized labor market

Increased costs for recruitment & training

Reduced Profits

Reduced Human capital

Lowering long term investment of younger generations

Increase mortality

Increase mechanisms to generate human capital & investment in people

**PROGRAMS**

COALTION ON AIDS

CSR Program
- PTFI

Diffusion of Information
- PTFI + Gov. + People

Methods

Awareness

Monitoring: How are the community and the workers responding to the innovation?
1.8. Conceptual Framework

*Figure 5 - Conceptual Framework (Triangulation)*

The above figure illustrates the conceptual framework of the research with the theory on use, which will be introduced in the theoretical framework and later explored in the literature review, chapter II.

From the illustration mapping of the significance of study, *figure 4*, PTFI and the Government join forces towards implementing the innovation and transferring information on the prevention of HIV & AIDS, through 5 steps of the diffusion process, firstly by creating knowledge; persuading them to adopt the innovation; await for them to make a decision of whether to adopt the knowledge or not; followed the implementation of the transferred knowledge; finally the confirmation of whether to accept or reject the disseminated information as shown in the triangulation process above. Both forces have the ultimate end of approaching the community and the workers, whom are extremely vulnerable to the pandemic.
1.9. Theoretical Framework

PTFI and the Government have collided into disseminating the information on HIV & AIDS prevention in Papua to create awareness in the field. As mentioned earlier Mimika is seen as the ‘Kota Dollar’ of Papua, not because of tourism but because of business opportunities, directly related to the presence of PTFI. The monitoring of the programs implemented by the involved members must be analyzed into identifying the availability of the information on HIV & AIDS creating its awareness amongst the community of Timika.

This research will follow the theoretical framework on ‘Diffusion of Innovation Theories’ by Professor Everett Mitchell Rogers, 1995 [Figure 6]. The Theoretical Framework will be further explained in Chapter II, Literature Review. The other theory bonded with the diffusion theory is the classification of innovativeness also by Rogers, in 2003. This will help us to categorize the respondents based on the diffusion knowledge given by PTFI.

The research will also collide with theories of Corporate Social Responsibility, undertaken by companies, in order to explore the core aspect of why companies need to have a two way communication and relationship with the communities they engage with. The aim is to study from both sides, from the company side and study how the respondents react to the diffused information.
Figure 6 - Model of the Five Stages in the Innovation Decision Process, Diffusion of Innovation Theories

Rogers, 1995
1.10. **Scope and Limitation**

a. Dislocation to Papua;

b. Time and Financial constraint, which limit the study for only Timika, instead of the whole Regency of Mimika, or the whole province of Papua;

c. Language.
1.11. Definition of Terms

1. HIV & AIDS

The human immunodeficiency virus (HIV) is one of the most serious, deadly diseases in human history. HIV causes a condition called acquired immunodeficiency syndrome better known as AIDS.

2. IBCA

Indonesian Business Coalition on AIDS, a non-profit alliance of businesses operating in Indonesia, working together to adopt best practices to help reverse the spread of HIV. The founding members are BP, PT. Freeport Indonesia, PT. Gajah Tunggal Tbk, Chevron, Sintesa Group, Sinarmas and Unilever.

3. IPPI

Ikatan Perepuan Positif Indonesia (Association of Indonesian Positive Women) was established as an informal organization in June 2006. It became a network on February 4, 2007 after finishing its first national congress. The congress was supported by Spirititia Foundation and the United Nations Joint Program on HIV &AIDS (UNAIDS). As of 2008, IPPI has 178 registered individual members from six regions, Java, Sumatera, Kalimantan, Sulawesi, Bali (along with West and East Nusa Tenggara) and Papua.
4. KPA

Komisi Penanggulangan AIDS is an independent organization from the Government that aims to improve AIDS prevention efforts and more intensive, comprehensive, integrated and coordinated in Indonesia. KPA is in the form of a presidential decree by the Republic of Indonesia Number 75 of 2006.

As a National organization KPA has its National logo, and logo for each province.

5. LPMAK

Lembaga Pengembangan Masyarakat Amungme dan Komoro, translated to the Amungme and Kamoro Community Development Organization, is an organization named after the five tribes of Papua Central Mountains, entrusted to manage PTFI funds for the community. This community development fund has its organizational structure that includes representatives from PTFI, local churches, and district officials. According to the LMPAK official website, the presence of PTFI and other multinational and private companies successfully accelerates the economic growth in Mimika Regency. In response to the social obligation, PTFI since the early 90s has decided that for ten years, one percent of its annual sales will be allocated for this purpose.
6. Public Health Malaria Control (PHMC)

PHMC

The Public Health and Malaria Control (PHMC) program was launched in 1992 in combination with its infrastructure projects in the lowland areas. The program is implemented by PTFI and (LPMAK).

By 2008 PTFl and LPMAK expanded malaria control activities into the remote rural areas of the Mimika Regency, particularly the lowland areas that do not receive adequate malaria prevention services. In addition to increasing access to the new locations, PHMC also incorporated a combination of program initiatives. With the support of Yayasan Caritas of Timika (YCT), Yayasan Citra Insan Indonesia (YCII) and other implementing partners, PHMC expanded its program activities to include malaria education, indoor residual spraying (IRS), long lasting net distribution, blood sampling analysis (RDT and Microscopic), medicine posts, malaria medicine research (ACT), capacity building for local community health centers, an integrated data and information systems amongst health providers, and using strong monitoring and evaluation methods to improve the performance of the program.

7. PILA

‘Pemudan Indonesia Lawan AIDS’ Timika, translated as Indonesian Youth Against AIDS, is an organization that emerged in 2003 composed Junior High School to University students of Timika aged between 12 to 21. The organization is under Yayasan Peduli AIDS (YAPEDA) translated as AIDS Care Foundation. PILA members become trainers for classmates and friends outside school, and are also active and involved in the activities of HIV & AIDS both for the community and for them.
CHAPTER II

LITERATURE REVIEW

Indonesia is victimized by the pandemic of AIDS. As a very present company in the Indonesian economy PTFI has united forces with other businesses forming IBCA, and with the help of the Ministry of Health, Mrs. Nafsiah Mboi, the parties have united forces into establishing a network of information to create awareness amongst people, creating the initiation of the diffusion process.

A health program is implemented to improve the quality of communities’ health through various disease prevention and curative programs. Within this framework, PTFI though the Community PHMC, makes several efforts to raise the people’s awareness to practice a clean and healthy life style. LPMAK has also established an organizational structure at the Health Bureau to support the community health program.

2.1 Public Health and Malaria Control and HIV & AIDS

Since 1992, PTFI has sponsored a PHMC program within the lowland areas of the worksite concession and surrounding communities. Due to profound economic and development opportunities stimulated by the mine, the local population has grown dramatically from a few thousand individuals three decades ago to over 270,000 (estimated). Throughout 2010, the program has been undergoing a reorganization that has split the former PHMC into two collaborative and complementary PHMC components, one industrial (workforce-related) component and a community component targeting select areas surrounding the concession.

The industrial component (Industrial Public Health and Malaria Control - IPHMC) is fully managed by International SOS with primary aims of disease
prevention and health protection of the PTFI workforce and affiliated contractors. The program includes control and awareness programs in STI\(^1\)/HIV, Tuberculosis (TB), HIV/TB collaboration, malaria control, environmental health, disease surveillance, health promotion and consultancy/support to the community clinics. The IPHMC program was originally designed and organized to have a total staff of 98 employees (22 Staff, 34 Non-staff, and 41 contracted service provider positions). IPHMC is divided into two major divisions: Public Health (5 sections) and Malaria Control (4 sections). Each division has a superintendent in-charge and an associated expatriate technical advisor to assist. The technical advisors are also available as a resource for Community PHMC program needs.

The community component (Community Public Health and Malaria Control - CPHMC) is managed by PTFI staff and focuses on the pertinent public health issues of the communities within Mimika District surrounding the worksite. CPHMC works closely with local stakeholders to improve public health infrastructure and capacity building to promote sustainability in collaborative programs. The program operates six community-based primary health care clinics (STI/HIV, TB, and four general medicine clinics) to provide healthcare access and diagnostic, preventive, education and treatment services to local populations. The program also operates a malaria/vector control program in several community areas, and is leading a district-wide coalition of local partners to control malaria in the town of Timika and outlying areas. A focus on malaria is considered a health priority as it alone causes the highest burden of disease seen in the local hospitals and clinics (more than 40% of visits and a high proportion of inpatient cases). The CPHMC program was originally designed to have a total staff of 213 employees (26 Staff, 144 Non-staff, and 43 contracted service provider positions).

\(^1\)Sexual Transmitted Infections
HIV & AIDS

In accord with the international HIV & AIDS charity AVERT, the virus is the underlying cause of AIDS, not all HIV positive individuals have AIDS, as HIV can remain in a latent state for many years. HIV usually progresses to AIDS, defined as possessing a CD4+ lymphocyte count under 200 cells/µl. In the absence of specific treatment, around half the people infected with HIV develop AIDS within ten years.

During the initial infection a person may experience a brief period of influenza-like illness. This is typically followed by a prolonged period without symptoms. As the illness progresses it interferes more and more with the immune system, making people much more likely to get infections, including opportunistic infections, and tumors that do not usually affect people with working immune systems (AVERT).

The comprehensive reorganization of a single PHMC into two separate organizations has been challenging, but has gradually settled down and making progress to become more collaborative in activities. An official memorandum was released by PTFI management on 25 August, 2010 announcing the reorganized departments of C-PHMC and I-PHMC. Over the course of the year the reorganization involved organizing logistics (office spaces, cubicles, computers, and vehicles) and recruiting new personnel. By the end of January, 2011, 80% of logistic needs and 83% of personnel recruitment had been completed.
HIV is transmitted primarily via unprotected sexual intercourse\(^2\), contaminated blood transfusions and hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding. Some bodily fluids, such as saliva and tears, do not transmit HIV. Prevention of HIV infection, primarily through safe sex and needle-exchange programs, is a key strategy to control the spread of the disease. There is no cure or vaccine; however, antiretroviral treatment (ARV) can slow the course of the disease and may lead to a near-normal life expectancy. While antiretroviral treatment reduces the risk of death and complications from the disease, these medications are expensive and may be associated with side effects (AVERT).

The cases of HIV in Papua are mostly transmitted sexually. This research will revolve around the sexual transmission of HIV and the knowledge on the use of condoms, abstinence from sexual relationship with multiple partners in Timika.

### 2.2 Corporate Social Responsibility (CSR)

Many have defined CSR as strategic philanthropy, corporate citizenship and social responsibility, an action carrying with it a certain perspective on the role of the business in society. Regardless of the label, the dominant paradigm underlies that CSR is centered on the idea of creating “shared value”. The role of business, according to this model, is to create value for its shareholders but in such a way that is also creates value for society, manifesting itself as a win-win proposition (Maignan, 2004).

In a study by Maignan (2004), CSR was defined as **social obligation** by Bowen (1953) “to pursue those policies, to make those decisions or to follow those lines of action which are desirable in terms of the objectives and values of our society”; as **stakeholder obligation** by Clarkson (1995) “a level of analysis that is both more inclusive, more ambiguous and further the ladder of abstraction than a corporation itself”; as **ethics driven**, implying that CSR practices are

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\(^2\) No use of condoms
motivated by self-interest. Swanson (1995) regrets that such approach fails to account for a “positive commitment to society that disregards self-interest and consequences”. The three perspectives essentially characterize the factors inducing businesses to commit to CSR. Ackerman (1975) has outlined three main activities representative of corporate social responsiveness aligned as managerial processes: (a) monitoring and assessing environmental conditions, (b) attending stakeholder demands, and (c) designing plans and policies aimed at enhancing the firm’s positive impacts. CSR was suggested to designate the duty (motivated both by instrumental and moral arguments) to meet exceed stakeholder norms dictating desirable organizational behaviors.

Civil society advocates question corporations’ fundamental motivations for CSR asserting that corporate programs to fund social and environment programs are nothing more than public relation campaigns to boost their brand reputations, often disproportionately to the effort itself. This dismissal of CSR resides in a fundamental distrust of a corporation’s legitimate intentions to do anything more than increase its profits (Maignan, 2004).

Every company needs a CSR strategy. Corporations are to engage in the best way to craft their CSR programs that reflect the company’s business values, while addressing social, humanitarian and environmental challenges. As HIV & AIDS is very present in Papua, PTFI crafts its CSR actions to minimize the spread of HIV & AIDS as to engage with the local community and to protect its human assets. As the larger employer in Timika, PTFI invests in the human recourse of the region and is committed in educating the locals which is long term investment and brings the good reputation of the company. Not having a shaped CSR program toward HIV & AIDS, the durability of an individual’s employment would be much less than the individual receiving information and training on HIV & AIDS through a CSR program.
2.3 Innovation Theory

A panel of discussion on the theoretical models of dissemination conveys the idea that many activities constitute dissemination; diffusion is different from dissemination in that diffusion uses dissemination strategies, but information is not all required for diffusion, i.e., it is necessary, but not sufficient. Diffusion occurs because of pairing information dissemination and interpersonal channels. The interpersonal communication is often what is missing, from basic science to practice. Leaders are the key to triggering the diffusion effect: they have information on specific topics, and are proximal to the individuals to whom the diffused information is intended to.

Diffusion is the “process by which an innovation is communicated through certain channels over a period of time among the members of a social system” (Rogers, 1995).

According to the thesis by Thomas Korankye, the theory of diffusion was popularized by Everett Rogers in the 1960s. It examines the manner in which a new idea (an innovation) reaches a target group in a social system. Within a particular time frame, it assesses change by determining the number of people who respond positively to a new idea or process. Diffusion of innovation is modeled on the assumption that an innovation is capable of modifying the nature of social settings. It also postulates that communication is indispensable in the spread of a fresh idea (Anderson, 2003).

Diffusion of ideas thrives on several variables. Researchers categorize these variables into four key components: characteristics of the innovation; communication channels; time dimensions and nature of social systems.

a. Innovation: an idea practice or object that is perceived as new by individuals or a group of adopters.

b. Communication Channels: the means by which innovations move from individual to individual, or group to group.
c. **Time**: the non-spatial interval through which the diffusion events occur. These events include the innovation-decision process, the relative span of time for the individual or group to adopt the innovation and the innovations’ rate of adoption in a system.

d. **Social System**: a set of interrelated units that are engaged in joint problem solving activities to accomplish a goal or goals.

Innovation has been invented a long time ago, but, if individuals perceive it as new, then it may still be an innovation for them. The case of AIDS in Papua, Timika have existed for decades now, however the cases of HIV & AIDS have not ceased to increase, influencing the business sector to take action. Introducing action plans to inform the community about the pandemic becomes an innovation in this context, as they perceive the idea of condoms and not having multiple partners as new, and are still reluctant to change.

**Figure 6** shows the five different stages that the community of Timika goes through in this process of accepting the knowledge on the pandemic and to commit into using condoms and to having a single partner. The five stages are (1) knowledge, the information disseminated to the community and the workers of PTFI; (2) Persuasion, the process of convincing the individuals into adopting the innovation introduced; (3) Decision, the process determining the adoption or rejection of the innovation by the individuals; (4) Implementation, process where the individuals implement the innovation; and (5) Confirmation, where the individuals adopt or reject the innovation.

One of the suggestions on the theories above is to use spokespersons to the diffusion of information, as they can influence the younger minds. When talking deeper about sexual fields, beliefs and attitudes come to the picture. According to the work of John Caldwell (Butt et al, 2002), there is a strong perception amongst many of the Indonesian administrators of programs that many Papuans are burdened by cultural values that prevent them from learning and adhering safe sex
principles. Polygyny; “wife swapping; “promiscuity;” and unwilling to learn new ideas: these are examples of traditional cultural barriers understood to prevent community from embracing knowledge about AIDS.

One of the definitions of culture presented by Hofstede (1997) is that culture in its broadest sense is cultivated behavior, that is the totality of a person’s learnt accumulated experience which is socially transmitted, or more briefly, behavior through social learning. This gives implicit explanation to how age and value have strong positive correlation, called as historical value by Riegl (1982). As culture is socially shared, old traditions, behaviors and norms and values, are transmitted through generation to generation.

Furthermore discussed by Hofstede (1997) in the theory of cultural determinism, the position that the ideas, meanings, beliefs and values people learn as members of society determines human nature. People are what they learn. The optimistic version of cultural determinism places no limits on the abilities of human beings to do or to be whatever they want. Some anthropologists suggest that there is no universal "right way" of being human. "Right way" is almost always "our way"; that "our way" in one society almost never corresponds to "our way" in any other society. Proper attitude of an informed human being could only be that of tolerance.

The optimistic version of this theory postulates that human nature being infinitely malleable; human being can choose the ways of life they prefer. The pessimistic version maintains that people are what they are conditioned to be; this is something over which they have no control. Human beings are passive creatures and do whatever their culture tells them to do. This explanation leads to behaviorism that locates the causes of human behavior in a realm that is totally beyond human control.
Hofstede presents the above illustration on how cultural differences manifest themselves in different ways and differing levels of depth. Symbols represent the most superficial and value the deepest manifestations of culture, with heroes and rituals in between. Symbols are words, gestures, pictures, or objects that carry a particular meaning which is only recognized by those who share a particular culture. New symbols easily develop, old ones disappear. Symbols from one particular group are regularly copied by others. This is why symbols represent the outermost layer of a culture.

Heroes are people, past or present, real or fictitious, who possess characteristics that are highly prized in a culture. They also serve as models for behavior. Rituals are collective activities, sometimes superfluous in reaching desired objectives, but are considered as socially essential. They are therefore carried out most of the times for their own sake (ways of greetings, paying respect to others, religious and social ceremonies).
The core of a culture is formed by values. They are broad tendencies for preferences of certain state of affairs to others (good-evil, right-wrong, natural-unnatural). Many values remain unconscious to those who hold them. Therefore they often cannot be discussed, nor can they be directly observed by others. Values can only be inferred from the way people act under different circumstances. Symbols, heroes, and rituals are the tangible or visual aspects of the practices of a culture. The true cultural meaning of the practices is intangible; this is revealed only when the practices are interpreted by the insiders.

Apart from culture, 'personality variables' are pointed out by Rogers as characteristics of decision making unit at the first stage of the innovation decision. The German-American social psychologist Kurt Lewin, defines personality as a determinant of behavior and has given a formula stating that the behavior is a function of the person and his or her environment.

\[
(B) = f [(P). (E)]
\]

(B) = Behavior
(P) = Personality
(E) = Environment

It is suggested that the determinants of behavior can be separated into two classes of variables: personality and environment. The difference is that personality variables are internal causes of behaviors (inside the skin) and environment variables are external causes of behavior.

This leads to philosopher Gustav Bergman’s formula:

**Behavior = f [(A) Heredity/Physiology. (B) Past Learning. (C) Fluctuating Levels of Arousal. (D) Environment]**
A, B and C are all internal, personality variables can also be either physiological or learnt. Bergman also came to the conclusion that a personality must exert a relatively consistent influence on behavior over time. Thus, personality variables are both A) internal and B) relatively consistent over time. For this reason C above (fluctuating levels of arousal) is excluded from the domain of personality.

This finally leads to Professor Salvatore Maddi’s definition of personality, defining it as a stable INTRAPSYCHIC (internal) characteristics and tendencies that determine the psychological behavior of people. The behavior determined by personality is RELATIVELY CONSISTENT over time.

Personality, Behavior and Environment are channels that help a researcher into understanding the acceptance of an individual regarding a particular subject. AIDS in the Regency of Mimika is a very present pandemic, victimizing thousands of habitants. Having an individual with an outgoing personality, for example that enjoys clubbing and bars, may influence his or her behavior. The environment is already vulnerable to AIDS, theoretically speaking this individual that is exposed to AIDS, is most likely to acquire the virus. Another scenario would be of a young girl, with financial difficulties, moving to Timika, ‘Kota Dollar’ in the hope of finding a job opportunity in order to help the family that is left behind, in another district. With an unsuccessful job search the young girl turns to prostitution, which is an alternative ‘job’ in Timika. The values and norms learnt and acquired back home are soon forgotten with the change of behavior. In connection to the vulnerable environment to AIDS, that this young girl is now exposed to, she is most likely to acquire the virus.
2.3.1 The five stages in the Innovation Decision Process Elaborated:

a. Knowledge Stage

The innovation-decision process starts with the knowledge stage. At this step, the individual learns about the existence of innovation and seeks information about the innovation. The critical questions that are normally asked on the individual’s mind in the knowledge phase are “what?”, “how?”, and “why?” At this stage the individual attempts to determine what the innovation is and how and why it works. In agreement to Rogers, there are three types of knowledge; (a) awareness-knowledge, (b) how-to knowledge, and (c) principles-knowledge.

i. Awareness-knowledge represents the knowledge of the innovation’s existence, which may motivate the individual to learn more about the innovation and eventually to adopt.

ii. How-to-knowledge contains information about how to use an innovation correctly. To increase the adoption chance of an innovation, an individual should have sufficient level of how-to-knowledge prior to the trial of the innovation.

iii. Principles-knowledge, the last type of knowledge, includes the functioning principles describing how and why the innovation works. The innovation can be adopted without this type of knowledge, but the misuse of the innovation may cause its discontinuance.

Through all these types of knowledge an individual reaching out to know about HIV & AIDS derived by the previous impulses, start to understand what is HIV and what is AIDS, how it infects and affects people and why it happens and what are the measures to be taken into preventing it.
b. **Persuasion Stage**

The persuasion step occurs when the individual develops a negative or positive towards the innovation but as Rogers strictly stated, the formation of a favorable or unfavorable attitude toward an innovation does not always lead directly or indirectly to an adoption or rejection of the innovation. The individual shapes his one’s mind after knowing about the innovation, in the knowledge stage. Furthermore, Rogers states that while the knowledge stage is more cognitive- (or knowing-) centered, the persuasion stage is more affective- (or feeling-) centered. Thus, the individual is involved more sensitively with the innovation at the persuasion stage. The degree of uncertainty about the innovation’s functioning and the social reinforcement from others (colleagues, peers, and others) affect the individual’s opinions and beliefs about the innovation. Close peers’ subjective evaluations of the innovation that reduce uncertainty about the innovation outcomes are usually more credible to the individual: “While information about a new innovation is usually available from outside experts and scientific evaluations, teachers usually seek it from trusted friends and colleagues whose subjective opinions of a new innovation are most convincing” (Sherry, 1997, cited in Sahin, 2006). Individuals continue to search for innovation evaluation information and messages through the decision stage.

c. **Decision Making Stage**

At the decision stage in the innovation-decision process, the individual chooses to adopt or reject the innovation. While adoption refers to “full use of an innovation as the best course of action available,” rejection means “not to adopt an innovation” (Rogers, 2003).

If an innovation has a partial trial basis, it is usually adopted more quickly, since most individuals first want to try the innovation in their own situation and then come to an adoption decision. The vicarious trial can speed up the innovation-decision process. However, rejection is
possible in every stage of the innovation-decision process. Rogers expressed two types of rejection: **active rejection** and **passive rejection**. In an active rejection situation, an individual tries an innovation and thinks about adopting it, but later he or she decides not to adopt it. A **discontinuance** decision, which is to reject an innovation after adopting it earlier, may be considered as an active type of rejection. In a passive rejection (or non-adoption) position, the individual does not think about adopting the innovation at all. Rogers stated that these two types of rejection have not been distinguished and studied enough in past diffusion research. In some cases, the order of the knowledge-persuasion-decision stages can be knowledge-decision-persuasion.

d. Implementation Stage

According to Rogers, this is when the innovation is put into practice. However, an innovation brings the newness in which “some degree of uncertainty is involved in diffusion”. Uncertainty about the outcomes of the innovation still can be a problem at this stage. Thus, the implementer, PTFI, may need technical assistance from change agents and others to reduce the degree of uncertainty about the consequences. These could be in a form of mediators, people that have the trust of the community and help them to implement the innovation.

Moreover, the innovation-decision process will end, since “the innovation loses its distinctive quality as the separate identity of the new idea disappears” (Rogers, 2003, p. 180 cited in Sahin 2006).

Reinvention usually happens at the implementation stage, so it is an important part of this stage. Reinvention is “the degree to which an innovation is changed or modified by a user in the process of its adoption and implementation” (Rogers, 2003, p. 180). Also, Rogers (2003) explained the difference between invention and innovation. While “invention is the process by which a new idea is discovered or created,” the adoption of an innovation is the process of using an existing idea.”
(Rogers, 2003, p. 181). Rogers further discussed that the more reinvention takes place, the more rapidly an innovation is adopted and becomes institutionalized. AIDS is a pandemic that has existed for decades, tools for the fight against it have recently revolutionized as people are more open to understanding it, making easier for them to prevent and fight against it. The idea of condoms has existed for years, but was not widely utilized, making it an innovation for the Papuans.

e. **Confirmation Stage**

The innovation-decision already has been made, but at the confirmation stage the individual looks for support for his or her decision. According to Rogers (2003), this decision can be reversed if the individual is “exposed to conflicting messages about the innovation” (p. 189). However, the individual tends to stay away from these messages and seeks supportive messages that confirm his or her decision. Thus, attitudes become more crucial at the confirmation stage. Depending on the support for adoption of the innovation and the attitude of the individual, later adoption or discontinuance happens during this stage.

Discontinuance may occur during this stage in two ways. First, the individual rejects the innovation to adopt a better innovation replacing it. This type of discontinuance decision is called **replacement discontinuance**. The other type of discontinuance decision is **disenchantment discontinuance**. In the latter, the individual rejects the innovation because he or she is not satisfied with its performance. Another reason for this type of discontinuance decision may be that the innovation does not meet the needs of the individual. So, it does not provide a perceived relative advantage, which is the first attribute of innovations and affects the rate of adoption.
2.4 The Five Categories of Innovation

The previous stages of innovation will assist in studying what PTFI uses for each stage to reaching the community and its workers in the diffusion of information of HIV & AIDS prevention, and how the company does it.

Now, studying the theory behind the categorization of the community in Timika, figure 7 will assist the researcher in categorizing the different society groups in Timika, to analyze to what extend the community and the workers understand and implement the tools of HIV & AIDS prevention.

Not adopting an innovation does not imply the individual is not aware if the situation, therefore, it is not fair for a researcher to classify the individual simply as a non-adopter. Rogers presents a category scheme of an innovation classification on a normal distribution. Each category is defined using a standard deviation of respondents. For instance, the area lying under the left side of the curve and two standard deviations below the mean includes innovators who adopt an innovation as the first 2.5% of the individual in a system.

a. Innovators

For Rogers (2003), innovators were willing to experience new ideas. Thus, they should be prepared to cope with unprofitable and unsuccessful innovations, and a certain level of uncertainty about the innovation. Also, Rogers added that innovators are the gatekeepers bringing the innovation in from outside of the system. They may not be respected by other members of the social system because of their venturesomeness and close relationships outside the social system. Their venturesomeness requires innovators to have complex technical knowledge. In the world of today, these are more the risk takers, open to new ideas, creators, and are not afraid of failure.
b. Early Adopters

Compared to innovators, early adopters are more limited with the boundaries of the social system. Rogers (2003) argued that since early adopters are more likely to hold leadership roles in the social system, other members come to them to get advice or information about the innovation. In fact, “leaders play a central role at virtually every stage of the innovation process, from initiation to implementation, particularly in deploying the resources that carry innovation forward” (Light, 1998, p. 19 cited in Sahin 2006). Thus, as role models, early adopters’ attitudes toward innovations are more important. As mentioned earlier, Cadwell has studied on the culture effect and the sexual behavior, which impacts on the Papuans as they use ‘leadership voices’, if one does not go along a certain behavior, this will impact a major number of Papuans, as they trust the leader, believing that what is said by the leader is true, being the voice of reason. Their subjective evaluations about the innovation reach other members of the social system through the interpersonal networks. Early adopters’ leadership in adopting the innovation decreases uncertainty about the innovation in the diffusion process. Finally, “early adopters put their stamp of approval on a new idea by adopting it” (Rogers, 2003, p. 283).

c. Early Majority

Rogers (2003) claimed that although the early majority has a good interaction with other members of the social system, they do not have the leadership role that early adopters have. However, their interpersonal networks are still important in the innovation-diffusion process. As Figure (d) shows, the early majority adopts the innovation just before the other half of their peers adopts it. As Rogers stated, they are deliberate in adopting an innovation and they are neither the first nor the last to adopt it. Thus, their innovation decision usually takes more time than it takes innovators and early adopters.
d. Late Majority

Similar to the early majority, the late majority includes one-third of all members of the social system who wait until most of their peers adopt the innovation. These would be seen as the followers, whom are still waiting for others to adopt the theory to then have a proof that it works, in order for them to adopt it. Although they are skeptical about the innovation and its outcomes economic necessity and peer pressure may lead them to the adoption of the innovation. To reduce the uncertainty of the innovation, interpersonal networks of close peers should persuade the late majority to adopt it. Then, “the late majority feels that it is safe to adopt” (Rogers, 2003, p. 284). The persuasion stage of the diffusion theory by PTFI is very significant for this group.

e. Laggards

As Rogers (2003) stated, laggards have the traditional view and they are more skeptical about innovations and change agents than the late majority. These are what the society nowadays calls as not open minded and stuck to one idea. What they believe is what is right. As the most localized group of the social system, their interpersonal networks mainly consist of other members of the social system from the same category. Moreover, they do not have a leadership role. Because of the limited resources and the lack of awareness-knowledge of innovations, they first want to make sure that an innovation works before they adopt. They are afraid of failure, and want others to use the innovation before they adopt it.

Thus, laggards tend to decide after looking at whether the innovation is successfully adopted by other members of the social system in the past. Due to all these characteristics, laggards’ innovation-decision period is relatively long. In addition to these five categories of adopters, Rogers (2003) further described his five categories of adopters in two main groups: earlier adopters and later adopters. Earlier adopters consist
of innovators, early adopters, and early majority, while late majority and laggards comprise later adopters. Rogers identifies the differences between these two groups in terms of socioeconomic status, personality variables, and communication behaviors, which usually are positively related to innovativeness. For instance, “the individuals or other units in a system who most need the benefits of a new idea (the less educated, less wealthy, and the like) are generally the last to adopt an innovation” (Rogers, 2003, p. 295). For Rogers, there was no significant difference between the ages of earlier adopters and later adopters, but this categorization and its characteristics are beyond this study.

2.5 Language and Communication when Diffusing Information

Papua has a province has more than 250 indigenous Papuan and Austronesian languages, with Indonesian being its official language. Choosing the right language to transmit particular information, verbally or non-verbally is crucial as the targeted audience is expected to understand what is being disseminated. Stated by Williams, an eHow contributor, negative perception about the quality of the package and the words used to deliver the message, if not carefully chosen, can be barriers to communicating with the customer. PTFI and its affiliates have to produce straightforward and comprehensible information on HIV & AIDS to the community of Timika.

One of the wide definitions of language is that it consists of symbols that convey meaning, plus rules of combining those symbols that can be used to generate an infinite variety of messages (Weiten, 2007). Dennis O’Neil (2012) has stated that language is arguably the most important component of culture because much of the rest of it is normally transmitted orally. It is impossible to understand the subtle nuances and deep meanings of another culture without knowing its language well.
CHAPTER III

METHODOLOGY

3.1 Research Method

This study enables the researcher and the readers to follow on a descriptive path and interpret the phenomena as it happens. The study does not have a set and fixed conclusion, in terms of defining an answer; the researcher is more intrigued by the development of the actions through a naturalistic approach and understanding the meanings of the observed actions, yet with a defined path, but with a flexible conclusion. The researcher is concerned in exploring the community and worker’s behavior in relation to HIV & AIDS and its prevention based on the transferred information by PFTI through the company’s CSR program. Consequently, how the habitants of Timika behave upon given information about the pandemic, their response in terms of adopting or rejecting the knowledge. A case study on PTFI on what the company does to combat HIV & AIDS will assist the thesis to interpreting how the community and the workers of PTFI in Timika respond to the given knowledge, hence following a qualitative research method.

Qualitative research is a specific relevance to the study of social relations owing to the fact of the pluralization of life worlds, (Flick, 2002, pg. 2). Focused on gathering mainly verbal data rather than measurements. The gathered information is then analyzed in an interpretative manner, subjective, impressionistic or even diagnostic (Explorable, 2009).

The study is more of phenomenological approach, because it was mostly worked with group discussions, observations and interviews as to understanding the perception and views of the community on the pandemic. According to Miles & Huberman, 1994, phenomenologists are careful, often dubious, about
condensing the material. The research for example does not use coding but assumes that through continued readings of the source material and through vigilance over one’s presuppositions, one can reach the “Lebenswelt” of the informant, capturing the “essence” on an account – what is constant in a person’s life across its manifold variations. This approach does not lead to covering laws, but rather to a “practical understanding” of meanings and actions.

In accordance to qualitative researchers it is often assumed that a dependence on purely quantitative methods may neglect the social and cultural construction of the ‘variables’ which quantitative research seeks to correlate (Silverman, 2000, pg.5). As Kirk and Miller (1986) argue, ‘attitudes’, for instance do not simply attach the inside of people’s heads and researching them depends on making a whole series of analytical assumptions.

Much quantitative research leads to the use of a set of ad hoc procedures to define, count and analyze its variables (Blumer, 1956; Cicourel, 1964; Silverman, 1975 cited in Silverman 2000). On the basis of this critique, qualitative researchers have preferred to describe how, in everyday life, we actually go about defining, counting and analyzing. In relevance to this thesis, the researcher strived to comprehend the individuals by the feelings they develop, by their behavior towards the HIV & AIDS subject and how they respond to the knowledge diffused by PTFI, through an exploratory research.

### 3.2 Research Instruments

As for qualitative research, the research focused in interviews (both structured and unstructured) with the PTFI personnel. The interviews gave the researcher access into comprehending the diffusion process of PTFI and its affiliates for instance, the Government (KPA) LPMAK, PHMC, PILA, the churches, Health centers (Puskesmas) and Tribal Chiefs (Kepala Suku). The interviews are more than just a *Yes* or *No* answer; it is more of comprehending the

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1 World of lived experience
According to Yin, (1994), interviews are the most important sources of case study information. The interviews in this study were of an open-ended nature, in which the researcher asked key respondents about the HIV & AIDS with the objective to analyze the diffusion of information.

As per the community and the workers of PTFI, the research used group discussions. The individuals were more comfortable and more opened when discussing as a group. The group discussions were first conducted with answering the questionnaire and followed by a discussion with the researcher, accompanied by a volunteer from PTFI, Mr. Angkus Benediktus, acting as the translator.

Group discussions have been used in the German-speaking area. This method of interrogation corresponds to the way in which opinions are produced, expressed and exchanged in everyday life. Corrections by the group concerning views that are not correct, not socially shared or extreme are available as means for validating statements and views. The group becomes a tool for reconnecting individual opinions more appropriately (Flick, 2002, pg. 114). Understanding the diffusion of information of HIV & AIDS and understanding the perception that the habitants of Timika have, was introduced and through discussion, the group task was to develop ideas on how to understand the presented information, how to share it to others and how to make use of that information.

Each group discussion was heterogeneous composed by both females and males of various ages and different disciplines.

Direct observation is another source of information used by the researcher. Brothels, Restaurant and recreation\(^2\) for example were visited by the researcher. Trainings of HIV & AIDS were assisted as to analyzing the process of dissemination knowledge.

\(^2\)Disguised as sex houses. Timika has numerous sex houses, disguised as bar and karaoke bars/houses.
Structured interviews involve questions which are set out and followed thoroughly. Each candidate is presented with the same questions and this ensures that each respondent has had the opportunity to respond to each question. Structured interviews have higher predictive validity. Structured interviews assume that intentions and actual behaviors are strongly linked. Structured interviews can also involve multiple interviewers and use well-defined rating scales with specific rating procedures. Asking candidates the same questions (standardized questioning) and taking down relevant notes during the process can also improve validity and reliability of the interview (Saghir, 1974).

Unstructured interviews are interview techniques in which the questions are not specifically limited and set, and the conversation can flow freely. The questions asked in an unstructured interview can change depending on how each individual responds, and questions asked are usually open-ended. During an unstructured interview several topics can be discussed. In these cases, the interviewer usually engages in lengthy explanations of the job, and asks questions which are not necessarily predetermined by the interviewer. After the interview, errors in the information gained from the applicant can occur and the final choice maybe determined based on unclear impressions. However, unstructured interviews can help gain information which was not planned and can be helpful in areas which need more explanation (Saghir, 1974).

### 3.3 Sampling Design

The population was defined through the trainings of HIV & AIDS given by an affiliate of PTFI, a small clinic in Mimika Baru, (PUSKESMAS Mimika) working as a sub-division with PHMC department from PTFI which engages in disseminating knowledge per training to a minimum number of 30 people. For the researcher to have a diversified group of respondents, the research comprised of different group discussions with different respondents between 7 - 24 people, from different ages, social backgrounds and education levels.
This approach was taken to better understand the perception of the habitants in Timika. Taking and studying only one group would give the researcher the perception of only one group in Timika. In total the group discussions comprised of 101 respondents.

a. **Group Discussions 101 respondents**

i. **1<sup>st</sup> Group Discussion on Tuesday 15 January 2013 8.00 am – 10.00 am**

7 Patients from Pusat Pelayana Kesehatan – Klinik Reproduksi, TB dan Malaria - Puskesmas Mimika Baru, Kebupaten Mimika.

- The patient’s age ranged from 26 to 39, with 4 females and 3 males. They are patients from this health center, and they come generally for consultation, TB, Malaria and HIV testing and counseling.

ii. **2<sup>nd</sup> Group Discussion on Tuesday 15 January 2013 7.00 pm – 9.00 pm:**

8 Female sex workers from Sempan, Timika.

- The sex workers were Papuan ranging from 15 to 40. These sex workers may charge between Rp.50.000 – Rp. 100.000 approximately equivalent to USD 5.00 – USD 10.00.³

These sex workers are in this sex trade because of the poverty, some are orphans, do not go to schools.

iii. **3<sup>rd</sup> Group Discussion on Wednesday 16 January 2013 8.00 am – 10.00 am:**

24 Female Non Papuan sex workers from Kilo 10, Timika. PTFI conducts a once a week HIV & AIDS trainings in this location, which is then followed by This a Volunteering Counseling Testing (VCT) by the PHMC dept and by the Puskemas of Mimika Baru.

- The sex workers were mostly from Java Timur, with less than ten from Sulawesi, Lombong, Maluku and Sumatra with an age range of 21 to 48. These sex workers may charge between Rp. 300.000

³ Using USD 1.00 = IDR 10.000
to RP. 500.000 equivalent to USD 30.00 to USD 50.00. Most of them have migrated to Timika for better employment opportunities, but have fallen into prostitution.

iv. 4th Group Discussion on Wednesday 16 January 2013 4.00 pm – 6.00 pm: 32 members of PILA
   ➢ Student’s age ranged from 12 to 21, from Junior High to University composed by both female and male.

v. 5th Group Discussion on Thursday 17 January 2013 10.00 am – 11.30 am: 16 people from the local village of Utikini Baru (SP 12). The Discussion group took place at the Clinic build by PTFI for reproductive health, Tuberculosis and Malaria.
   ➢ The participants’ age ranged from 23 to 49. The group was composed by 2 peer educators of HIV & AIDS, local villagers whom are also patients of the clinic all both female and male. This group of participants acts as peer educators, and also attend the clinic of Utikini.

vi. 6th Group Discussion Thursday 17 January 2013 12.00 pm – 1.00 pm: 14 apprentice miners from PTFI at Light Industrial Park (LIP) at Kuala Kencana, Timika, where PTFI is located.
   ➢ The apprentices’ age ranged from 21 to 31, and they have been training at PFTI for more than one year. This group was composed by 6 non-Papuan and 9 Papuans all male.

b. Observations: The researcher observed the nightlife of Timika on Wednesday 16 January 2013, from 9pm – 12pm.
   a. A local bar at Lapagan Jayanti, in Timika. This bar is disguised as a Restaurant and Recreational Center with karaoke. The male customers pay for drinks then choose a girl from the bar’s show
room, where the sex workers may charge between Rp.1 000,000 to Rp.1 500,000 equivalent to USD 100.00 to USD 150.00. This is actually the higher class of sex workers.

b. Kilo 10. The researcher had a discussion group with these sex workers in the morning and at night the researcher was accompanied by one PTFI personnel, Mr. Angkus Benediktus and a nurse from the health center, Ms. Rima.

c. **Interviews at PTFI (structured interviews)**
   
i. **Mr. Kerry Yarangga on Monday 14 January at 11:00 am:**
   C-PMHC Head Section. The interview took place at PHMC at PTFI, Kuala Kencana.

   ii. **Dr. Silvester Maria HariKushadiwijaya, MD, MPH, DR.PH on Monday 14 January 2013 at 2.30 pm:** Industrial PHMC Head Section. The Interview took place at PTFI, Kuala Kencana.

   iii. **Dr. Liony Fransisca on Monday 14 January 2013 at 3.30 pm:** Consultant to LPMAK Health Bureau at PTFI. The Interview took place at PTFI, Kuala Kencana.

d. **Complementary Interviews (unstructured)**
   
i. **Mr. Wildan on Monday 14 January 2013 1.00 pm:** Counselor at Puskemas Mimika. The interview took place at Puskemas Mimika Baru.
      ➢ This interview was to give a complementary understanding on the status of the patients that come to the health center, how the training is settle and the understanding of the participants, plus an overview of HIV & AIDS.
ii. Mr. Reza & Mr. Andri on Friday 18 January 2013 at 9.00 am: Social Local Development at PTFI Kuala Kencana.

- This interview was to give a complementary understanding on the social local development of PTFI and the work done for the community in the area of HIV & AIDS, done through the CSR program.

iii. Mr. Ferdi on Tuesday 15 January 2013 at 10.00 am: IT consultant at PTFI PHMC. The interview took place at Puskemas Mimika Baru.

- This interview was to give a complementary understanding on the numbers of the estimated PLWH, the number of people that go for consultations, the prevalence. The information received with Mr. Ferdi was mainly numerical.

iv. KPA on Wednesday 16 January 2013 at 11.30 am: This interview was to know the involvement of the Government into diffusing knowledge on AIDS prevention. The interview took place at the KPA office in Papua Province, Timika.

- This interview was to give a complementary understanding participation of the Government in the coalition program on AIDS.

v. Mr. Marcel on Wednesday 16 January 2013 at 3.00 pm: From Togoh Agama, Cathedral, 3 Raja Gereja. The interview took place at the church itself. This is the biggest church in Timika.

- This interview was to give a complementary understanding on the perception of the church in Timika, and to know whether the churches do educational programs related to AIDS. Having a

---

4 Religious Leader
5 3 Kings Cathedral
dominant number of Christians in Papua. The Papuans are more receptive to knowledge coming from the Churches.

vi. Mr. Nus Jikwa on Thursday 17 January 2013 at 2.00pm: Kepala seku\(^6\). The interview took place at a local bar in near Kuala Kencana.

- This interview was to give a complementary understanding on how people are receptive of information coming from people “they know”, they trust, and are familiar with”.

3.4 Validity Test

Validity, in qualitative research, refers to whether the findings of a study are true and certain - “true” in the sense that research findings accurately reflect the situation, and “certain” in the sense that research findings are supported by the evidence. Triangulation is a method used by qualitative researchers to check and establish validity in their studies by analyzing a research question from multiple perspectives. Patton (2002) cautions that it is a common misconception that the goal of triangulation is to arrive at consistency across data sources or approaches; in fact, such inconsistencies may be likely given the relative strengths of different approaches. In Patton’s view, these inconsistencies should not be seen as weakening the evidence, but should be viewed as an opportunity to uncover deeper meaning in the data (Guion, Diehl and McDonald, 2012).

One of the primary disadvantages of triangulation is that it can be time-consuming. Collecting more data requires greater planning and organization—resources that are not always available to lead researchers (Thurmond, 2001). Other disadvantages include the “possible disharmony based on investigator biases, conflicts because of theoretical frameworks, and lack of understanding about why triangulation strategies were used” (Thurmond, 2001, p. 256).

\(^6\)Tribal Chief
One of the primary disadvantages of triangulation is that it can be time-consuming. Collecting more data requires greater planning and organization—resources that are not always available to lead researchers (Thurmond, 2001). Other disadvantages include the “possible disharmony based on investigator biases, conflicts because of theoretical frameworks, and lack of understanding about why triangulation strategies were used” (Thurmond, 2001, p. 256).

a. **Data Triangulation**

The research used data triangulation which involved different sources of information in order to increase the validity of the study. This study was to understand the perception of the community and the workers, these required diverse groups of respondents, in order for exploring the perception of the participants. The sources were 3 people from PTFI (2 from CPHMC and IPHMC, and 1 consultant to LPMAK Bureau), 101 respondents from the group discussions, and 5 groups of unstructured interviews.

b. **Methodological Triangulation**

The research used methodological triangulation as another tool for validating the data which required multiple qualitative methods. The research used structured and unstructured interviews, group discussions, and observations.
3.5 Indicator of each Diffusion Phase (Coding)

a. Knowledge
   i. What is HV & AIDS?
   ii. How it is transmitted?
   iii. Why is it transmitted?
   iv. Methods of transmission
   v. Does HIV select its victim?

b. Persuasion
   i. Use of spokesperson
   ii. Use of movies
   iii. Constant trainings
   iv. Use of dialects
   v. Vast use of condom

c. Decision
   i. Adoption
   ii. Rejection
   iii. Discontinuance
   iv. Trial Basis

d. Implementation
   i. Share of information
   ii. Regular testing
   iii. Use of condom

e. Confirmation
3.6 Scope and Limitations

a. In order to study the response of the community and of the workers of PFTI it was necessary to dislocate to Papua. Assistance and support of PFTI in forms of accommodation and transportation in Timika was granted. However the stay in Papua was only of five days to collect all the data. The trip was on Sunday 13 January 2013 at 10 pm (Jakarta local time), arriving in Timika on Monday 14 January at 7 am (Papua local time). Returning to Jakarta on Friday 18 January 2013 at 2.30 pm (Papua local time).

b. Due to the time constraint and financial constraint, the study is not taking the whole Papua, but only Timika in the Regency of Mimika. The interviews were concentrated around Timika; hence the study was only on Timika. This is not to be confused with the awareness created by PFTI, because the company does diffuse the knowledge of HIV & AIDS in a large scale, meaning that it is not limited to Timika only, however the study will analyze the perception of the community and workers of PFTI in Timika.

c. Language is a limitation. Papua is a region with more than 250 dialects. Many Papuans do not speak Indonesian and speak local Papuan languages. The questionnaire was bilingual, using both English and Indonesian.
CHAPTER IV

ANALYSIS OF DATA AND INTERPRETATION OF RESULTS

The Regency of Mimika, in particular its capital city, Timika, is labeled by some as the ‘Dollar City’ as a response to the increasing migration in the region, of people looking for better employment opportunities. The label of Dollar City derives from the massive presence of PTFI, driving the population to follow the hope of having the ‘American dream’.

A highly exposed region to the HIV & AIDS pandemic and affecting thousands of people, as a founding member of IBCA, PTFI has committed itself through the company’s CSR to providing education programs, promoting the sexual and health education for all age groups. PTFI initiated the program in 1996 and as a pioneer in the efforts to control HIV & AIDS in Papua.

This education program was born to train the community into knowing and understanding the pandemic, its impacts, methods of transmission and prevention. PTFI has a moral obligation to develop the community, and has long been active in the Papuan Development Affairs. As the main sponsor of LPMAK, the PHMC department of PTFI, the Social Local Development (SLD), KPA, the health centers (PUSKESMAS), the hospitals, churches and tribal chiefs work together into diffusing information of HIV & AIDS, through the media using the Radio Public Mimika (RPM)\(^1\), the use of posters and billboards around the city of Timika, implementation of sexual and health modules in schools, mandatory Medical Check-ups (MCUs) within PTFI, followed by Volunteering Counseling Testing (VCT), documentaries of HIV & AIDS in small clinics and areas of prostitution with a VCT every 3 months, training of peer educators and

\(^1\) Build by LPMAK, Chapter 1.11.5.
counselors of HIV & AIDS that go to the villages and disseminate the information and finally a vast distribution of condoms.

CPHMC an LPMAK carry out promotional activities and provide health education for the community members in the form of health discussions, group sessions, and through special events such as World AIDS Day and World TB Day. In each community health program, the following are present:

a. Providing a media for health promotion
b. Training and empowerment of the community
c. Survey and supervision programs
d. Village-based programs

The transmission continues to rise, awareness of safer sexual activities using condoms are very important for many people. Starting from where the miners live in the mountains, until entertainment venues to the beach, PTFI together with the health department and Governmental and Non-Governmental Organizations (NGOs), the company has started to deliver socialization and communication activities to give the importance of safer sex, such as condom use (Pristiyanto, Sinar Harapan Berita, 2002).

The communication efforts are often wrapped in entertainment activities involving famous artists. To monitor the awareness and community action in the prevention of HIV & AIDS, PTFI performs a continuous survey of employees and the community. A blood test is open to anyone, and the test result is help as a document that is only known by the hospital and the patient. For all the initiatives that have been carried out in the course of HIV & AIDS, PTFI has received an award from the United Nations (UN) that deals with AIDS, United Nations AIDS (UNAIDS) in 1999. The introduction of educative modules in schools of Timika was seen as effective as the knowledge is absorbed by the children at an early age (Pristiyanto, Sinar Harapan Berita, 2002).
According to PTFI, the training of the employees is an investment the company does in relation to its assets. PTFI’s mine located in Mimika, making all the activities concentrate in Papua, this means that the company cannot dislocate and start exploring somewhere else. The company takes action to educating the population and making a long term investment. Once a worker is lost the following happen:

a. The workers ‘goes’ with stored knowledge and acquired experience
b. Recruitment costs for PTFI
c. Training costs for PTFI
d. Time consuming
e. The investment made on the old worker is lost

By educating the youth, helps o preserve the younger generation, which is most likely to work for PTFI. This is somehow beneficial to the company, because with a knowledge and aware worker in relation to HIV & AIDS, the investment on this particular individual is somehow secure.

4.1 Preliminary Findings in Conjunction with KPA

As stated earlier the MCUs are mandatory, PTFI has a policy that all employees ought to take a MCU. While doing the MCUs, a video of HIV & AIDS is put on for the employees in the hope of influencing them to taking the VCTs of HIV & AIDS. As the name states VCTs are not obligatory, the employees take them on their own will, same for the community in small clinics and hospitals. The number of VCTs is increasing yearly which shows a positive aspect that people are aware of HIV & AIDS and want to know their status. More people are becoming aware, showing a decrease in number of HIV +, showing that people are now becoming more conscious about the pandemic. Below are some charts from KPA illustrating this situation up to 2011.
Table 2. Data of HIV Testing from 2011 in the Remote Health Centers of Mimika

<table>
<thead>
<tr>
<th>NO.</th>
<th>Small Clinics (PUSKEMAS)</th>
<th>Population²</th>
<th>Nr. Of Pregnant ladies that took HIV TEST</th>
<th>Total HIV TESTS</th>
<th>HIV+ Population</th>
<th>HIV + Pregnant ladies</th>
<th>Total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Atuka</td>
<td>423</td>
<td>52</td>
<td>475</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Kakonao</td>
<td>203</td>
<td>43</td>
<td>246</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Wakia</td>
<td>49</td>
<td>42</td>
<td>91</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Potowayburu</td>
<td>21</td>
<td>33</td>
<td>54</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Mapurujaya</td>
<td>55</td>
<td>37</td>
<td>92</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>LimauAsri</td>
<td>33</td>
<td>74</td>
<td>107</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Ayuka</td>
<td>7</td>
<td>20</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Agimuga</td>
<td>71</td>
<td>3</td>
<td>74</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Jita</td>
<td>52</td>
<td>20</td>
<td>72</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>914</td>
<td>324</td>
<td>1238</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

The information of HIV & AIDS is also available in the remote areas of Mimika, where VCTs are now being enforced by the health centers with PHMC and LPMAK, which have shown contentment and appreciation to the work implemented into having more people taking the tests, being aware of the pandemic and supplying with a HIV & AIDS educated community.

² Male & Female not including pregnant ladies
4.2 Diffusion Theory Analyzed

4.2.1 Knowledge Stage

*Picture 1 – Poster of HIV & AIDS Distributing Information to the Public*

The information of AIDS is massively promoted around Mimika. The city of Timika is covered up with PHMC posters of HIV & AIDS.

Photo 1 illustrates the propaganda of information using words and pictures for better understanding, giving information of the methods of HIV transmission. Certain people cannot read or write, the use of pictures is very important.

- Mother to child during pregnancy
- Blood transfusion
- Sexual relation
### Knowledge Thematic Conceptual Matrix: Perceptions of Understanding

<table>
<thead>
<tr>
<th></th>
<th>Apprentice Miners PTFI</th>
<th>Papuan sex workers</th>
<th>Indonesian sex workers</th>
<th>Tribal Chief</th>
<th>Health Center patients</th>
<th>Church</th>
<th>PILA</th>
<th>Utikini villagers SP 12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is HIV &amp; AIDS?</strong></td>
<td>HIV is a virus that kills</td>
<td>Sexual transmitted disease</td>
<td>Sexual transmitted disease</td>
<td>a dangerous virus</td>
<td>Majority replied as yes “I know what it is”</td>
<td>killing virus</td>
<td>Human immunodeficiency virus &amp; Acquired immunodeficiency syndrome</td>
<td>virus through blood contact</td>
</tr>
<tr>
<td><strong>How is it transmitted?</strong></td>
<td>through sex, blood contact, sharing needles, through kiss</td>
<td>through sex, mosquito, needle sharing</td>
<td>through needle sharing, sex.</td>
<td>any blood contact</td>
<td>through sex</td>
<td>Unprotected sexual relationship with numerous partners, sharing needles.</td>
<td>Through needle sharing, sex, mother to child and blood transfusion</td>
<td>through sex, needle sharing</td>
</tr>
<tr>
<td><strong>Why is it transmitted?</strong></td>
<td>no use of condom</td>
<td>no condom</td>
<td>No condom</td>
<td>No condom</td>
<td>No condom</td>
<td>No condom</td>
<td>No condom</td>
<td>No condom</td>
</tr>
<tr>
<td><strong>Methods of prevention</strong></td>
<td>Wear condoms</td>
<td>Wear condoms</td>
<td>Wear condom</td>
<td>Wear condom, and one partner</td>
<td>Wear condom</td>
<td>One partner, and wear condom</td>
<td>Be faithful, and wear condom</td>
<td>Wear condom</td>
</tr>
<tr>
<td><strong>HIV selects its victims?</strong></td>
<td>Same, does not choose</td>
<td>Same does not choose</td>
<td>Same does not choose</td>
<td>Same does not choose</td>
<td>Same does not choose</td>
<td>Same does not choose</td>
<td>Same does not choose</td>
<td>Same does not choose</td>
</tr>
</tbody>
</table>
All respondents have seen a poster of HIV & AIDS and have a proper understanding of what it is. The PILA members were the only ones able to give details about the virus and the disease. The remaining, their answers revolve around being a very dangerous virus, and the use of condom is essential.

The awareness knowledge is present, as the participants know it exists. The how know knowledge has also penetrated into the participants minds, as they all know that to prevent from HIV the use of condoms is very important. As for the principles knowledge participants seem to agree that this innovation works if condom is used, some mentioned the commitment to having one partner. The information has and is still being distributed around Timika, from highlands to lowlands, remote to non-remote areas, for people to have knowledge of HIV & AIDS.

PTFI achieves the knowledge distribution through use of language as a communication channel, using Papuan dialects and the use of the official language, Indonesian. The communication channel varies from distributing the knowledge around the city everything from posters to MCUs around the community social system. Videos, theatrical performances, programs such as campaigns, Freeport Peduli, educational modules introduced in schools, all have acted into reaching out to the public and promoting the information.

An article from Timika News states that public awareness is very important in the presence of a deadly disease, however even if information is ready, the will to acquire it should start from within the individual to abstain from sexual intercourse with another person.
Figure 9 – Number of HIV Tests from 2005 – 2011 in the Regency of Mimika.

![Graph showing number of HIV tests from 2005 to 2011 in the Regency of Mimika.](image)

Figure 10 – Total Number of VCTs and HIV Infection of Pregnant Ladies in the Regency of Mimika.

![Bar chart showing total number of VCTs and HIV infection of pregnant ladies from 2008 to 2011 in the Regency of Mimika.](image)
The information is disseminated to all groups; for instance pregnant ladies are opening more to doing the VCTs and knowing their condition prior to delivery. From the year 2008 to 2009 the VCTs of pregnant ladies have increased significantly which highly satisfies the PHMC dept, alongside its affiliates. As of 2009 the soon to be mothers had taken the VCTs more HIV cases were found compared to the previous year, whereas the years 2010 and 2011 it shows an increase in VCTs but a decrease in HIV+.
4.2.2 Persuasion Stage

*Picture 2 and 2’ – Poster of HIV & AIDS to Persuade the Public with the Use of Local Language and the Use of a branded Spokesperson using the Papuan Football Team, Persipura.*

The use of the right language is crucial. Papua is a province with more than 250 dialects; although Indonesian is the official language there are people who do not speak it. Picture 2 shows the use of one Papuan dialect in creating awareness on AIDS. This helps to establish trust, respect to the culture and investment in the diffusion of knowledge in reaching out to a massive number of people.

As an attempt to persuade the community, the poster sends message using key words “Keluarga” meaning family.

‘If you care about yourself and your family, be aware of HIV & AIDS’.
Persuading the community is very complex, as PTFI needs to provide vivid knowledge on HIV & AIDS to start influencing the community to taking the tests and, knowing their status. The use of spokesperson in Timika is now abundant, as the community tends to believe in the people they are close to. In the village of Unitiki, 2 peer educators, Ms. Katarina Damuto (45 yrs.) and Miss Orina Wandagau (19 yrs) from the village have received training from Malcon\(^3\) and are constantly present in the clinic of SP 12 built by PTFI. These two women are from the village and are already familiar with the population of Utikini which facilitates the information mediation from PTFI to the villagers. With a very dominant Christian society, the church plays an important role in persuading the community of Timika. The views on multiple partners are highly unapproved by the church, this is where the culture and the aspect of environment and behavior also come to the picture. The church exerts a social system that influences the community into doing what is viewed as ‘right’. This is generally the multiplication of family members. Long ago, having sexual relationships with other than your companion was not acceptable by the church as it devaluates ‘God’s image of family’ and the use of condoms was disapproved by the church. However realizing that the cases of HIV & AIDS have constantly increased in the region, the environment so called as the social system of Papua as a whole is victimized by the pandemic, the church has gained ‘new conscience’ and is invested into supporting the spread of information of the pandemic. This acts as a change of behavior as people are now shifting towards the non use of condom which was seen as an innovation, to vast condom use propaganda. The values known when young, transcribe into Lewin’s formula which is seen to amend into Bergman’s formula with the environment (increasing cases of HIV & AIDS) and new learning of the pandemic.

\(^3\) Malaria Control PTFI
Mr. Marcel from the Church explains the views of the church on HIV & AIDS.

“The environment is now changing with the cases of HIV & AIDS. It is becoming a concern for everyone. Seeing and knowing this change, we have started 3 months ago in this cathedral with education and trainings on HIV & AIDS, to help shape people’s minds on the pandemic and help to reinforce the use of condoms”. It was regarded as unacceptable by the church, yes but yet again the environment is changing, and we have to adapt….”

Mr. Marcel from Tiga Raja Cathedral, Timika

Dr. Liony from PTFI explains the tools of persuasion used by Freeport.

“Approach of using leaders is one of the persuasion tools Freeport uses. Language is sometimes a problem; by using a tribal leader to speak to their people helps the communication barrier, and helps the community to understand what Freeport is implementing. The leaders are invited to share their opinions and Freeport also implements training to these leaders in order to transmit the right message to the rest of the community...

Other tools are movies, some of 30 minutes made in Indonesian for the community and the workers, and also some of 18 minutes made in local languages also for the community in the remote areas where Indonesian is a problem…”

Dr. Liony Fransisca, Consultant to LPMAK Health Bureau, Timika

Mr. Kerry Yarangga explains briefly the persuasion tools.

“By using Peer Educator Training. The member of peer educator can be church leader, local leader or other that can influence other people…”

Mr. Kerry Yarangga, Community PHMC, Timika
<table>
<thead>
<tr>
<th>Persuasion Thematic Conceptual Matrix: Perceptions of Understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of spokesperson (P-US)</td>
</tr>
<tr>
<td>Apprentice Miners PTFI</td>
</tr>
<tr>
<td>Our supervisor persuades us to attend the trainings, although mandatory</td>
</tr>
<tr>
<td>Use of movies (P-UM)</td>
</tr>
<tr>
<td>Apprentice Miners PTFI</td>
</tr>
<tr>
<td>The information is already enough, movies, are yes more attractive.</td>
</tr>
<tr>
<td>Constant trainings (P-CT)</td>
</tr>
<tr>
<td>Apprentice Miners PTFI</td>
</tr>
<tr>
<td>Mandatory in PTFI, we attend</td>
</tr>
<tr>
<td>Use of Dialects (P-UD)</td>
</tr>
<tr>
<td>Apprentice Miners PTFI</td>
</tr>
<tr>
<td>Indonesian if fine</td>
</tr>
</tbody>
</table>

*Yes. Some villagers do not speak Indonesian, use of dialects helps a lot.
* Mr. Kerry Yarangga’s answer on the involvement of the churches in the HIV & AIDS context.

“Due to media campaign and peer educator training among church leaders, it makes churches more open for discuss about HIV & AIDS for their members…”

Mr. Kerry Yarangga, Community PHMC, Timika
4.2.3 Decision Stage

*Picture 3 – Poster of HIV & AIDS for the Decision Stage*

Posing a question will stimulate a decision making for the community. This will trigger the community into determining whether or not they should take VCTs and know their status. Picture 3 also implements knowledge by differentiating HIV from AIDS, will also influence the community into making the test.

*Healthy?*

*Sexual transmitted disease?*

*HIV?*

*AIDS?*
At the stage of decision making, the community faces the bar or whether to adopt or reject the tools given by PTFI in relation to HIV & AIDS. To have a quick adoption of this innovation as explained in Chapter II, a trial basis is necessary, where the community tries the innovation to ascertain its effectiveness and durability. For this reason PTFI implements constant trainings in varied areas from hospitals to brothels and maintain counseling centers with the help of its affiliates.

The case of the sex workers is complex at this stage; most of them go through partial acceptance. They have the knowledge, have regular VCTs, and regular trainings, but yet have admitted that they do not have 100% condom use. The male customers tend to pay higher when there is no condom, even though afraid of contracting the virus, the sex workers go on to accept the sex trade with no condom as the transaction is highly paid. Picture 3 shows the plaque at every sex house of Kilo 10, for availability of condoms, but unfortunately not all of the clients use. As to the theory, this presents a case of discontinuance decision, as the innovation is not being used to its fullest.

Mr. Ferdi and Dr. Liony, has stated that the culture in Papua has ‘taught’ the individuals to not have sexual relations with their wives during pregnancy and breastfeeding. In maximum a couple cannot have sexual relation for 5 years after the mother has given birth. Most of the males recur to female prostitutes. The males are aware of the knowledge but ultimately have to ‘satisfy their needs’ being needs. The apprentice miners from PTFI have stated that the use of condoms is very important as is acts a prevention of HIV & AIDS. As illustrated below the use of condom, with distribution from PTFI is not vastly used around the Regency. From the numbers of the different groups analysis made by KPA for the year 2011, there are still significant numbers not using condoms, which implements the non-adoption of the innovation.
## Decision Thematic Conceptual Matrix: Perceptions of Understanding

<table>
<thead>
<tr>
<th>Adoption</th>
<th>Apprentice Miners PTFI</th>
<th>Papuan sex workers</th>
<th>Indonesian sex workers</th>
<th>Tribal Chief</th>
<th>Health Center patients</th>
<th>Church</th>
<th>PILA</th>
<th>Utikini villagers SP 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% use if fundamental</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Push the community into using condoms when having casual sex, and pray attention to the excessive use of alcohol.</td>
<td>We implement the use of condoms, as we get regular counseling from Puskesmas</td>
<td>No multiple partner, Condom use, and regular VCTs.</td>
<td>100% sex use, be faithful.</td>
<td>Condoms are a way of protecting ourselves from the virus, and its use is important.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rejection</th>
<th>Apprentice Miners PTFI</th>
<th>Papuan sex workers</th>
<th>Indonesian sex workers</th>
<th>Tribal Chief</th>
<th>Health Center patients</th>
<th>Church</th>
<th>PILA</th>
<th>Utikini villagers SP 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>NA</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Some villagers are still unaware, and those who are get mad when HIV/AIDS and condoms are brought up as a topic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discontinuance</th>
<th>Apprentice Miners PTFI</th>
<th>Papuan sex workers</th>
<th>Indonesian sex workers</th>
<th>Tribal Chief</th>
<th>Health Center patients</th>
<th>Church</th>
<th>PILA</th>
<th>Utikini villagers SP 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Sometimes yes, sometimes no. Depends on the negotiation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trial basis</th>
<th>Apprentice Miners PTFI</th>
<th>Papuan sex workers</th>
<th>Indonesian sex workers</th>
<th>Tribal Chief</th>
<th>Health Center patients</th>
<th>Church</th>
<th>PILA</th>
<th>Utikini villagers SP 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory trainings where we can ask questions, on the use of condoms.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Regular counseling from Malcon and demonstration of condoms</td>
<td>Regular counseling from Malcon and demonstration of condoms</td>
<td>Regular counseling from Malcon and demonstration of condoms</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

---

4 From October 2012 to January 2013 none of the 24 Indonesian sex workers of Kilo 10 has had 100% condom use.
An article for Radar Timika of 2008 has stated that the public awareness can be seen from the increase in VCTs, supporting the knowledge about HIV & AIDS coming from the use of Peer Educators. These Peer Educators were trained by KPA, and Rey the commentator sees the increase as a success of the work KPA has been doing. The article also adds that the decline in HIV can be regarded as an indicator that the community is understanding the hazards associated with having multiple partners; making it a risk for the transmission of HIV & AIDS when not using a condom.
4.2.4 Implementation Stage

*Picture 4 and 4*’ – Implementation

To implement the knowledge given and help in the decision process, the use of condoms in Timika is highly publicized. Picture 4, shows a Sutra Condom package, which is financed by PTFI, then distributed by KPA. Picture 4’ shows the implementation of Condoms in brothels (Kilo 10). Each of the brothels has a plaque as shown above. These plaques were implemented by KPA and PTFI.

At the implementation stage the community has received the information and has gone through the decision-making phase of adopting or rejecting the innovation that AIDS brings. As Roger stated, although the innovation is put into practice, for instance although the community is striving to use condoms, the information is being distributed abundantly but also perceived as uncertain. The vast distribution of condoms and the reinforcement of its use is significant, however not safe on their own. The groups implement this innovation through sharing the information to others, with the use of word of mouth, volunteering HIV testing in every 3 months, pre and after counseling.
## Implementation Thematic Conceptual Matrix: Perceptions of Understanding

<table>
<thead>
<tr>
<th>Share of Information</th>
<th>Apprentice Miners PTFI</th>
<th>Papuan sex workers</th>
<th>Indonesian sex workers</th>
<th>Tribal Chief</th>
<th>Health Center patients</th>
<th>Church</th>
<th>PILA</th>
<th>Utikini villagers SP 12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To family members and friends.</td>
<td>To people we work with.</td>
<td>To people we work with, not to family members since they do not know what we do, at the same time if we do not tell them it’s bad.</td>
<td>To youngsters, people I talk to.</td>
<td>To friends, rarely to our children.</td>
<td>My friends, who attend the trainings at the church, and by chance those I talk to.</td>
<td>Friends, people at school, family members.</td>
<td>We try to talk to people around us, but some of them get mad, they do not want to hear, which is bad.</td>
</tr>
</tbody>
</table>

| Regular testing           | After the mandatory trainings at PTFI we are advised to have VCTs, but compulsory MCUs which are confidential. | We attend the small clinics for testing and VCTs | Every 3 months, the people from Malcon come here to Kilo 10 for VCTs. | I advise the people around me to make HIV testing. | Yes, when we come here, to the clinic. | The church does give incentives for the people to get tested | N/A | Yes, with this clinic at Utikini we try to have regular testing, but not everyone is committed to it. |

| Use of condom             | We strive to have 100% | Not 100% use | Not 100% use | N/A | Not always, however we try to implement it, from the counseling received at the small clinic. | Through our trainings as a church we speak about having one partner but also the use of condom. | We believe 100% is very important and healthy. | We strive to have 100% condom use, but there are many who do not use it. |
Figure 11 – KPA Analysis of Condom Distribution and Access in the community in Mimika for the year 2011

Figure 11 illustrates the implementation of the use of condoms around the Regency. The Pink bars represent the supply and the orange bars represent the demand (how much of the available condom was used by the community). By using condoms the community is implementing the innovation (by making use of the tools provided by the company) and accepting the innovation.
4.2.5 Confirmation Stage

Community when reaching this stage has made a decision of whether to continue with the decision made in stage 3. Most of the group discussion brought the researcher to understanding that the innovation was accepted and understood by the participants, although Tmika does not have a 100% condom use.

**Confirmation Thematic Conceptual Matrix: Perceptions of Understanding**

<table>
<thead>
<tr>
<th>Confirning</th>
<th>Apprentice Miners (PTFI)</th>
<th>Papuan sex workers</th>
<th>Indonesian sex workers</th>
<th>Tribal Chief</th>
<th>Health Center patients</th>
<th>Church</th>
<th>PILA</th>
<th>Utikini villagers (SP 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Aware of HIV/AIDS</strong></td>
<td><strong>Aware of HIV/AIDS</strong></td>
<td><strong>Aware of HIV/AIDS, 20-80% use of condoms, multiple partners</strong></td>
<td><strong>Aware of HIV/AIDS, promoting to people, and enforcing the innovation as a spokesperson</strong></td>
<td><strong>Recently promoted HIV/AIDS trainings, and act as a spokesperson</strong></td>
<td><strong>Aware of HIV/AIDS</strong></td>
<td><strong>Aware of HIV/AIDS, some are uncomfortable, but the information does reach.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understanding of the innovation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Word of mouth to family and friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use of condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participation in trainings at PTFI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.3 New Conceptual Framework

*Figure 12 – New Conceptual Framework*

PTFI’s CSR  \[\rightarrow\]  COALITION ON AIDS  \[\rightarrow\]  KPA

TRANSFER OF INFORMATION THROUGH 5 STAGES

**Knowledge**
- Establishing Awareness
- Posters
- Billboards
- Educational Modules
- Videos
- Theatrical Performances
- Films
- Broadcast on Radio
- Campaign (Freeport Peduli)

**Persuasion**
- Use of branded Spokesperson (Persipura)
- Church Leaders
- Tribal Chiefs
- Peer Educators

**Decision**
- Testing
- Abstinence
- Attendance and Participation in PTFI’s trainings
- VCT’s
- Regular MCUs
- Accept OR Reject

**Implementation**
- Use of tools provided
- Condoms
- Sharing the information to others
- Single Partner

**Confirmation**
- Accept OR Reject
- Use of the Implementation Tools in the long term.

COMMUNITY AND PTFI WORKERS
4.4 Categorization of the Innovation

*Table 3 – Indicators for each of the Roles in the Innovation Process. The Indicators were derived from the theory of Rogers and also from the field research.*

<table>
<thead>
<tr>
<th>ROLES</th>
<th>Innovators</th>
<th>Early Adopters</th>
<th>Early Majority</th>
<th>Late Majority</th>
<th>Laggards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Experience new Ideas</td>
<td>*Limited to boundaries</td>
<td>*Good interaction with other members</td>
<td>*Skeptical about an innovation</td>
<td>*Not open minded</td>
</tr>
<tr>
<td></td>
<td>*Certain level of uncertainty</td>
<td>*Hold leadership roles</td>
<td>*No leadership role</td>
<td>*Adapt when it is safe</td>
<td>*Long period of decision innovation</td>
</tr>
<tr>
<td></td>
<td>*Risk takers</td>
<td>*People come to them for advice</td>
<td>*Interpersonal skills important</td>
<td>*Need peer pressure</td>
<td>*Adapt when being sure the innovation is successful</td>
</tr>
<tr>
<td></td>
<td>*Creators</td>
<td></td>
<td>*Not the first neither the last to adopt</td>
<td></td>
<td>*Lack of awareness</td>
</tr>
<tr>
<td></td>
<td>*Respected within the Social System</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Thematic Conceptual Matrix: Categorization if Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apprentice Miners PTFI</strong></td>
</tr>
<tr>
<td><strong>Aware of the innovation</strong></td>
</tr>
<tr>
<td><strong>Share the information</strong></td>
</tr>
<tr>
<td><strong>Advice givers</strong></td>
</tr>
<tr>
<td><strong>Respected by members in the Social System</strong></td>
</tr>
<tr>
<td><strong>Viewed as leaders</strong></td>
</tr>
</tbody>
</table>
CL: Community Leader

APP Miners PTFI: Apprentice Miners PTFI

Papuan SW & Indonesian SW: Papuan sex workers & Indonesian sex workers

HCP: Health Center Patients

PILA: Junior to University Students
4.5 Further Elaboration

The community is aware of the knowledge diffused by PTFI. This question was posed by the researcher to all participants about how can “Papua as a whole be free from AIDS”. The collection of participants have collided into one answer, as to the information diffused is already enough, as people are now aware of HIV & AIDS, its impacts, transmission and prevention. Now, the community has to work together into influencing the change of behavior of the individuals. Change of behavior is the constant answer by the participants. PTFI and affiliates have done the diffusion, the information is reachable, the other half is up to the community, to use the tools to combat and prevent AIDS.

Providing information on HIV & AIDS, besides being beneficial to the community, the CSR program is also rewarding to PTFI, as the company is healthy, (corporately). A healthy company means that the investment made by the company towards its human resources, in form of trainings or recruitment is secure and durable. The distribution of information to both workers and community benefits the company as it becomes highly reputable in the eyes of the stakeholders (internal and external), communities, and affiliates, and the Government. As mentioned earlier PTFI’s activities are based in Mimika, therefore, the company cannot dislocate its operations, as the mine is located in Mimika. Not being alert towards the pandemic, affects PTFI as the workforce becomes ‘unusable’, this is a domino effect which soon or later will jeopardize the operations of the company as the number of the available workforce will eventually reduce (description of a scenario where the company chooses not to take action.). The company can rather choose to not do anything, not distribute any information and have for example, expat miners, which is costly. Or PTFI can continue to do what they are currently doing which is empowering its workforce and the community by providing awareness. This represents a long term investment, giving reputation as mentioned and also a healthy workforce.

<table>
<thead>
<tr>
<th>Proving Information on HIV &amp; AIDS</th>
<th>Knowledgeable workforce and community</th>
</tr>
</thead>
<tbody>
<tr>
<td>= Costly investment (E.g., Training, heavy campaigns,)</td>
<td>= High Return</td>
</tr>
<tr>
<td>(High risk)</td>
<td>(Healthy workforce, able to protect themselves from the pandemic and Reputable Company)</td>
</tr>
</tbody>
</table>
As aborted in the Statement of Problem, (Chapter I), the migration is another issue, when going to Timika, many girls found themselves with no job, and as an alternative, they recur to prostitution, increasing the risk of spreading HIV and making Mimika one of the Regencies with the highest HIV & AIDS cases. Migration potentially represents the starting point of the sex industry which then has a direct influence on the spread of HIV. The miners of Tembagapura for example, only descend during the weekends, or long vacation, once in Timika they opt for the comfort of female sex workers. Some are in Timika as single status, meaning that they do not have any family. The constant description of Timika into the City of Dollar has encouraged migration to rise and the diffusion of HIV & AIDS to be more present. PTFI has no control over migration. This should be a heavy commitment by the Government to reduce it. The more people migrate to Mimika, the more vulnerable to the pandemic they will become, and the economy of Mimika may experience a shortage in employment; as the demand for employment will exceed its supply.

The community is responding well to the innovation, as it can be seen from the KPA analysis pie charts, VCTs are constantly increasing and lesser numbers of a HV+ population is identified, however the prevalence is still high.

Night visits at the brothels of Kilo 10, have demonstrated to be a potential monitoring plan, and as turned to be effective. The female workers feel the bond of trust and investment PTFI (PHMC) is devoting, and constant reminder of condom use.
CHAPTER V

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The giant mining industry in Papua, PT Freeport Indonesia, has united forces with the Government to diffuse information on the prevention of HIV & AIDS around Timika. Recognizing the impact of the pandemic and the need of disseminating information on the AIDS pandemic has helped the community and the workers of to be more knowledgeable and aware, which helps to company to have a ‘secure’, ‘protected’ and ‘durable’ workforce and an available labor force (the community. This initiative activates a positive positioning of the company in the minds of the stakeholders (internal and external), community, and affiliates. This knowledge distribution is achieved through the company’s CSR program, by recognizing the impacts that HIV & AIDS bring to the business industry.

PTFI implements knowledge alongside its departments, Community PHMC, Industrial PHMC, Community Social Development, LPMAK, and KPA, to different groups of the Timika social system, from highlands, to lowlands, remote to non remote areas, sex workers to PTFI workers. This knowledge consists in implementing programs for education, training, prevention, diagnosis and treatment. Through the use of Professor Roger theory of diffusion of innovation, the research has analyzed how the information is implemented to different groups of the social system, starting from the knowledge itself, the persuasion of such, the decision making phase, the implementation and lastly, the confirmation of the innovation. These 5 phases have illustrated the different tools used by PTFI when disseminating the information of HIV & AIDS. The knowledge consists of making the community
aware of HIV & AIDS, the prevention and transmission; the persuasion phase consists of using tools to influence the social system to be closer to adopting the innovation, use of spokesperson such as tribal chiefs or religious leaders, and visual posters were some tools used by PTFI; the decision phase arrives, where the individual chooses whether to adopt or reject the innovation with the received information; the implementation phase will help the individuals to start using the tools given by PTFI, such as make more VCTs in and out of the social system, use condoms during sexual intercourse, limit to a single partner, and then the confirmation phase where the individual continues to adopt the innovation or decides to reject, this gives a continuation of transfer of knowledge as the individuals start acting as disseminators, through ‘word of mouth’. PTFI has provided knowledge in form of media using RPM from LPMAK, where the information of HIV & AIDS is broadcasted both in Indonesian language and in Papuan dialects. Billboards and posters have been posted around the city of Timika. The images and information on the posters appear both in Indonesian and in Papuan, helping to establish trust between the diffuser and the audience, which furthermore helps in the decision process and dissemination of knowledge. The monitoring of the plans are made with regular trainings around the brothels, HIV testing every 3 months regular visits and discussion of HIV & AIDS in villages, health centers, remote and non-remote areas.

The community is aware of HIV & AIDS; the knowledge has increased since the trainings have taken place in Timika. PTFI has compulsory HIV & AIDS trainings for the workers; with the coalition of health centers, hospitals and clinics PTFI provides VCTs, regular HIV testing, trainings in brothels and does a vast condoms distribution around Timika, which the logistics are handed over by the Government, KPA.
This CSR program has elevated the reputation of PTFI amongst the communities, especially the ones who have experienced the trainings of the company. The community sees that the company is invested towards the locals.

The act of prevention of HIV & AIDS acts on both sides, the knowledge given by PTFI and the response by the community and the workers. The response of the community and workers is regarded to the change of behavior within the social system, to precautious measures to combat the pandemic.

5.2 Recommendations

The knowledge according to the audience is adequate and ample, the participants are able to understand and it helps their shaped understanding of the pandemic.

One recommended concept would be *home visits*; this would consist of having teams of PHMC visiting homes especially in the highlands, where the understanding of HIV & AIDS exists but is still not sharpen. PHMC would have a set date, periodically to go to homes and have group discussions of HIV & AIDS, and would even take the opportunity to have VCTs and MCUs. The PHMC could be in charge of this task, or even use the peer educators of the same villages who would go to the homes and have these group discussions. Using the peer educators, or tribal chiefs, ultimately someone from the same village, who is already familiar with the norms and values, helps the audience to be more open as they are more comfortable and would be more likely to listen to people from the same region.

This recommendation is derived from the group discussion at the village of Utikini, SP 12, where the participants feel that although the information is accessible, the problem is still at home, and many mothers and children are still unaware of the pandemic. The fathers go out for work, end up with sex workers, then come back home, and ultimately infect their wives. These wives because their trust their
husbands, and the fear of asking to use protection, simply have sexual relationships without protection, increasing the risk of infection.

These group discussions and home visits would help the information to actually enter the homes and monitoring the complete diffusion of knowledge.

The Government should have strict action plans to control the rate of migration into Papua, especially in Timika. If this is left undone, it will create a ‘leak’ towards a very present sex industry which increases for example the rates of poverty, HIV & AIDS, criminality.

For the community, expecting that the pandemic will reduce simply because awareness has been provided is wrong. This is supposed to be a two way communication system, the community uses the tools diffused by PTFI and the Government, and act towards a change in behavior. The industry does increase the urge of spreading the virus, however this same industry has provided tools for the habitants to follow both in the short and long term to be able to combat and prevent HIV & AIDS.
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Questions for PTFI

General

1. How PTFI does respond to AIDS?
2. A Papuan leader, Agus Allower has referred to HIV & AIDS to being “genocide” a result of a curse over the resource richness of Papua. What would you say about this?

Health Department

3. What is the percentage of those infected (HIV+), those in the treatment stage (AIDS) if possible?
4. What is done when an employee presents himself as HIV+? Problems occurred.
5. What is the policy of the company towards the health of the employees and their support?
6. To what extend are knowledge and culture obstacles to understanding the realness and seriousness of the disease?

7. According to the GBC Health through the PTFI Public Health and Malaria Control (PHMC) Department supported by the Company’s medical services provider, International SOS, the company implements programs for education, training, prevention, diagnosis and treatment. Have they been useful? How are these programs monitored? What is the definition of their effectiveness?

8. What are the policies/regulations towards HIV/AIDS?
   Insurance
   Authorized Sick leaves
   Moral Support for the affected and infected victims
   Non disclosure of the individual’s status
   Access to employment

9. How does the business respond to occurring costs?
   Loss of human assets
   Decrease in Performance leading to reduction in productivity
   Higher Training & Recruitment costs

10. Is Freeport acting on the long run or short run? Short run being only educating the workers, long run being educating the non workers (teenagers, community) so that when working in Freeport in the future they are more knowledgeable on the pandemic. Taking in Consideration that Freeport employs local people especially in the mining field (lower), not having a scenario of lacking in manpower.

11. Is there any coalition with the Public Health to work against this pandemic? If yes what has been the Public health intervention
12. Is there any coalition with the Government to work against the pandemic? If yes what has been the Government intervention?

13. Is there any coalition with the United Nations to work against the pandemic? UNESCO more precisely in terms of educating the population. If yes has been what has been the intervention?

14. Prevent and combat HIV/AIDS, how does Freeport act towards it?

**Human Resource**

15. Does Freeport offer support to the affected by the pandemic? Nutritional, Moral? (A worker of Freeport gets infected and gets AIDS, him being the source of income, is Freeport conducting a program to help the family, temporarily?) Education, work.

**Theory of Rogers**

16. How does Freeport implement knowledge of HIV & AIDS amongst the workers of PTFI and the local community?

17. What tools of persuasion does Freeport use? Is the use of Spokesperson (leader) beneficial? Is the spokesperson aware of HIV & AIDS? Do they receive any training?

18. How do the people react to the training on AIDS? What is their perception on it?

19. From PTFI perception who is more open to HIV & AIDS? The youth, the older..etc what group of people.

**Business Case**

20. Could you discuss about the migration here in Timika. People come here in the hope of looking for jobs, leaving their families behind. How far can you comment on the fact that these migrants take HIV & AIDS back to their home, spreading the risk of contamination?

21. Miner’s activities, when they come back from the jobsite to Timika? Involvement with sex workers. Do the sex workers impose the use of condoms? What about in the mine (dormitories)
Questions for the Community/Workers

Preliminary Questions and Questions for Training

1. What do you know about HIV/AIDS?
   *Apa yang Anda ketahui tentang HIV/AIDS?*

2. Do you understand the impact of HIV and AIDS towards the life and the society surrounding you?
   *Apakah Anda mengerti dan menyadari dampak HIV/AIDS bagi kehidupan dan masyarakat sekitar Anda?*

3. Are you exposed to the community or people living with HIV/AIDS?
   *Apakah Anda berinteraksi atau tinggal dekat dengan orang yang terkena HIV/AIDS?*

4. What do you feel being surrounded with people living with HIV/AIDS?
   *Apa yang Anda rasakan ketika berinteraksi atau tinggal dekat dengan orang yang terkena HIV/AIDS?*

5. What do you know about the process of how HIV/AIDS being transmitted to a certain person?
   *Apa yang Anda ketahui tentang proses penularan HIV/AIDS antara manusia?*

6. What do you know about the actions or steps to prevent the spread or transmission of HIV/AIDS?
   *Apa yang Anda ketahui tentang langkah pencegahan yang dapat mengurangi resiko penularan HIV/AIDS?*

7. Do you find it useful OR do you see the significance of being aware of HIV/AIDS and its prevention method?
   *Apakah menurut Anda penting untuk mengetahui apa itu HIV/AIDS dan bagaimana cara mencegahnya?*

8. How vulnerable to the pandemic do you think the Papua indigenous people or people living in Papua are?
   *Menurut Anda, seberapa bahayanyakah HIV/AIDS bagi warga asli Papua atau orang bukan Papua yang tinggal di Papua?*

9. Are you aware of the training and workshops organized by Freeport regarding HIV/AIDS?
   *Apakah Anda mengetahui mengenai pelatihan yang diselenggarakan oleh Freeport mengenai HIV/AIDS?*

10. What do you know about the training conducted by Freeport?
Apa yang Anda ketahui tentang training yang diselenggarakan oleh Freeport?

11. Why did you join the training?
   *Mengapa Anda mengikuti training atau pelatihan ini?

12. How is the opinion of people surrounding you knowing that you attended the training? Did you receive their support? Who supported you participating in the training?
   *Bagaimana tanggapan orang lain ketika Anda berpartisipasi dalam pelatihan tersebut? Apakah Anda mendapatkan dukungan dari orang sekitar? Siapa sajakah yang mendukung Anda melakukan pelatihan ini?

13. What do you learn most from the training conducted by Freeport?
   *Apa yang Anda pelajari dari pelatihan oleh Freeport ini?

14. Has the training increase your knowledge and understanding regarding the prevention of AIDS?
   *Apakah pelatihan ini berhasil meningkatkan pengetahuan dan pemahaman Anda mengenai proses pencegahan HIV/AIDS?

15. What do you think about the message that the training is trying to convey? Does it confirm your belief? Do you agree with the message?
   *Bagaimana menurut Anda mengenai pesan yang disampaikan di pelatihan ini? Apakah pesan tersebut sesuai dengan apa yang Anda percaya? Apakah Anda setuju dengan pernyataan atau pesan yang ingin disampaikan oleh pelatihan tersebut?

16. Did you share the opinion regarding what you feel about the training to other people? If yes, to whom you share the information?
   *Apakah Anda membagi opini atau tanggapan Anda mengenai apa yang Anda rasakan tentang pelatihan ini kepada orang lain? Apabila iya, ke siapakah Anda menceritakan pengalaman dan perasaan Anda tentang pelatihan ini?

17. Did you promote the information you gained from the training to other people?
   *Apakah Anda mengajak orang lain untuk mengikuti pesan dan informasi dari pelatihan ini?

18. If yes, to whom did you share and promote the training information and how did the people react to your story or sharing?
   *Apabila iya, kepada siapa Anda menceritakan dan mengajak orang lain untuk melakukan hal yang diajarkan di pelatihan ini? Dan bagaimana reaksi mereka?

19. If not, why did you not promote the information to other people?
   *Apakah alasan sehingga Anda tidak mengajak orang lain untuk mengikuti hasil pelatihan ini?

20. Is the lesson trained in the training something new for you? If no, have you done the lesson or method in the training before you joined the training?
Apakah metode atau pembelajaran yang diajarkan di pelatihan ini adalah sesuatu yang baru untuk Anda? Apabila tidak, maka apakah Anda sudah pernah melakukannya sebelumnya?

21. If this training is new for you, have you actually done the method learned in the training upon the accomplishment of the training? If yes, is it because of the lesson from the training or other reasons?
   Apakah Anda melakukan apa yang diajarkan di pelatihan tersebut? Apabila Iya, apakah alasan Anda melakukannya?

22. If you decided not to take the actions as promoted in the training, what is the reason of your rejection?
   Apabila Anda tidak melakukan hal yang diajarkan di pelatihan tersebut, apakah alasannya?

23. What do you think need to be improved for the training process?
   Menurut Anda, apakah yang perlu ditingkatkan dari pelatihan ini?

Radio (MEDIA)

1. Have you heard of the new radio built by Freeport with association with LPMAK? (No move to 7)
   Apakah Anda mengetahui mengenai radio yang dibangun oleh Freeport dan bekerja sama dengan LPMAK?

2. Do you find it useful in disseminating information? If not, what makes it not useful?
   Apakah menurut Anda siaran radio tersebut efektif dalam penyebaran informasi mengenai HIV/AIDS kepada warga? Apabila tidak, mengapa Anda mengatakan itu tidak efektif?

3. Would you find appropriate if information on AIDS was transmitted using this media?
   Menurut Anda apakah penyebaran informasi mengenai HIV/AIDS melalui media radio ini dapat diterima wajar oleh warga sekitar?

4. Is the information given easy to be understood? (Visual? Language? Verbal? Practical lessons?)
   Apakah informasi yang disampaikan dalam siaran mudah dipahami? Apabila tidak, apakah alasan Anda?

Government –for the workshop repeat some similar questions as the one in radio and training

5. How invested would you say the Government is regarding the community’s understanding of the pandemic?
   Bagaimana menurut Anda peranan pemerintah dalam penanganan masalah HIV/AIDS?

6. Have you participated in the workshops given by Mrs. Nafsiah Mboi? (Were you aware of the workshops to begin with?)
   Apakah Anda turut berpartisipasi dalam pelatihan yang diselenggarakan oleh Mrs. Nafsiah Mboi?
**Conclusion**

7. Do you have any suggestions/recommendations for Freeport and the Government on how to increase the awareness and dissemination of HIV/AIDS?
   *Apakah Anda memiliki saran yang ingin disampaikan pada Freeport dan pemerintah agar peningkatan kesadaran dan pengetahuan mengenai HIV/AIDS lebih efektif?*

8. Do you think that Papua can be “saved” and free from HIV/AIDS? What is the basis for your statement?
   *Apakah menurut Anda Papua dapat diselamatkan dan bebas dari HIV/AIDS? Apakah yang mendasari jawaban Anda?*
Mr. Kerry Yarangga, Community PHMC

General

1. Around 1996 to 1997, PHMC PTFI found first case of HIV in Mimika Community. Start from that day, PTFI has been strategizing all efforts such us outreach programs at high risk population and increasing the awareness of the community member in Timika for doing VCT.

2. I don’t know for sure about the evidence of “genocide issues” like he said, but based on the data that not only Papuan are being died because of HIV AIDS but all people who are living in Papua and whole Indonesia are in danger zone of the disease. All stakeholders must be serious to put all resources together for combating the disease.

Health Department

3. In 2012, total VCT was about 1754 in community side and positive HIV was 33 persons.
4. Until now, we aren’t facing problems if an employee found his/her HIV status.
5. PTFI has policy for not to discriminate and always to support employee with HIV status.
6. In my view last two years, due to media campaign efforts, Community and employee are really aware with the impact of the disease in human life. One point to be signed is persons who want to do Voluntary Counseling Testing are increasing yearly.

7. Same thing in the community side, number of employees who participate in VCT program are increasing yearly, due to effectiveness of education, training, etc. by PTFI’s medical services provider.

8. PTFI has Community Public Health Malaria Control Section that has responsibility for doing education, training, etc for community member. All efforts that CPHMC are doing for long run goal.

9. Yes, Public health point in this case is KPAD (Komisi penanggulangan AIDS daerah Mimima) is doing surveillance of the disease yearly and established a strategic plan for all stakeholders to participate for combating the disease in Mimika.

10. With UNICEF yes in Mimika regional, which is together with Dinas Pendidikan provided modules for students at junior and high schools level.

11. PTFI established unit Sexual Transmition Infection Clinic spesifically to combat the disease by doing education, events, VCT, and treatment.
Human Resource

12. Freeport still supports employees and dependents as part of the policy.

Theory of Rogers

13. By doing education session in classes both workers and community, events, focus group discussion, etc.
14. By using Peer Educator Training. The member of peer educator can be church leader, local leader or other that can influence other people.
15. So far, they are happy with the program.

16. Youth people are more open about the HIV & AIDS.

Business Case

17. This is a serious problem right now, because in some regency that is close to Mimika Regency are lacking of infrastructure and system for combating HIV & AIDS as Mimika has. So, we as a private sector can do nothing until government or regency develops their own system to combat the disease.
18. All sex workers aware to ask their partners for using condoms. PTFI Policy is strongly prohibited for sexual activity at dormitories.
19. Due to media campaign and peer educator training among church leaders, it makes churches more open for discuss about HIV & AIDS for their members.
Dr. Liony Fransisca, Consultant to LPMAK Health Bureau (not in order)

1. A Papuan leader, Agus Allower has referred to HIV & AIDS to being “genocide” a result of a curse over the resource richness of Papua. What would you say about this? HIV & AIDS in unfortunately a present issue in many countries, not just Indonesia. Many people (contractors, people) are seeking to invest in Indonesia, in Papua for instead because of the fast economic growth, in the hope of finding jobs. People have habits for free sex and intercourse.

17. What tools of persuasion does Freeport use? Is the use of Spokesperson (leader) beneficial? Is the spokesperson aware of HIV & AIDS? Do they receive any training?

Approach of using leaders is one of the persuasion tools Freeport uses. Language is sometimes a problem; by using a tribal leader to speak to their own people helps the communication barrier, and helps the community to understand what Freeport is implementing. The leaders are invited to share their opinion and Freeport also implements training to these leaders in order to transmit the right message to the rest of the community.

Other tools are movies, some of 30 minutes made in Bahasa Indonesia for the community and the workers, and also some of 18 minutes made in local languages also for the community in the remote areas where Indonesian is a problem.

6. To what extend are knowledge and culture obstacles to understanding the realness and seriousness of the disease?

In remote areas it is very difficult to get the knowledge across as culture gets in between. Culture has been established for years that even by disseminating knowledge it is impossible to change the culture. E.g., in remote areas in the highlands during a woman’s pregnancy, breast feeding, the couple cannot have sexual relations, and that goes to maximum 5 years long. This unfortunately gives incentives for a man to go elsewhere and look for sex workers increasing the risk of infection. Another example when a man comes to visit (in the villages) the women need to sexually serve the men. The point here is that these values and norms have long been established and it is very difficult to disseminate knowledge and the habitants of the remote areas to accept to break this culture.

7. According to the GBC Health through the PTFI Public Health and Malaria Control (PHMC) Department supported by the Company’s medical services provider, International SOS, the company implements programs for education, training, prevention, diagnosis and treatment. Have they been useful? How are these programs monitored? What is the definition of their effectiveness?
Effectiveness for Freeport is providing the right tools and making sure everyone is using and understanding them. For people to be able to work regardless of their status, be respected for their work. Freeport has implemented a mandatory MCU (Medical checkup) for all employees, during the MCUs, the company runs a 30 minute movie about HIV & AIDS, prevention, treatment and transmission. During the MCUs, the company proposes VCT (for HIV) (Volunteer Counseling Testing). As the name says it, the test is volunteer not obliged. The company monitors the programs by offering pre-counseling and regular counseling for AIDS, moral support. PTFI has daily training for different department to talk about STDs, Malaria, TB.

Educational quizzes on HIV & AIDS, Teacher from WHO, Teacher from Timika and from Freeport have created a module of live skill for reproductive health, to implement in schools (curriculum on HIV).

The company gives AVR for free, while if the employees go to the hospital it is also free, but there is a hospital and administration fee to be paid.

10. Is Freeport acting on the long run or short run? Short run being only educating the workers, long run being educating the non workers (teenagers, community) so that when working in Freeport in the future they are more knowledgeable on the pandemic. Taking in Consideration that Freeport employs local people especially in the mining field (lower), not having a scenario of lacking in manpower.

Freeport is the largest employer in Papua, employing around 24,000 people. The company has apprenticeship and pre-apprenticeship, offering opportunity for young generations to learn the work before being part of Freeport. The company offers Health promotion workshops in every class and offers a health package (smoking, malaria, TB, HIV & AIDS) for every student. The company does act in the long run, because it eventually prepares young generation to prevent from the pandemic.

9. How does the business respond to occurring costs?

   Loss of human assets

   Decrease in Performance leading to reduction in productivity

   Higher Training & Recruitment costs

Freeport spends a lot for health management towards educating its employees. The amount spent by PTFI is more than the amount spent by the Gov.

8. What are the policies/regulations towards HIV/AIDS?

   Insurance

   Authorized Sick leaves
Moral Support for the affected and infected victims

Non disclosure of the individual’s status

Access to employment

By investing much in health care mgt, the company allows long sick leaves, in order for the employee to get the necessary time to recover and get back to work. Campaign to zero discrimination (by the company). Employees have the right to not disclose their status, and HIV & AIDS does not stop the employee to work.

19. From PTFI perception who is more open to HIV & AIDS? The youth, the older..etc what group of people.

Employee are not very open, (older), people in Banty near Tembagapura are very open, in highlands.

20. Could you discuss about the migration here in Timika. People come here in the hope of looking for jobs, leaving their families behind. How far can you comment on the fact that these migrants take HIV & AIDS back to their home, spreading the risk of contamination?

Migration is very high in Timika, also pushing the numbers of cases of HIV to have increased. Since the company mandates the MCUs then counsels to have the VCT, once an employee is HIV+, he/she is called back to the medical center. If the employee moves to another city, example in Merauke, the medical centers of Merauke are warned about the status of the person, but this needs to be done with the consent of the patient.
Interview with Dr. Silvester Maria Hari Kushadiwijaya MD,MPH, DR.PH

- Malaria and HIV/AIDS are divided into two health department: Industrial for Malaria and Community for HIV/AIDS. Malaria infections happens more within the industrial site whole HIV/AIDS happen more in the communities.
- According to the survey most of the survey most infections are through heterosexual activities.
- Inside the company concentrated with education while the outside is more with medication
- Other than Malaria TB, and HIV/AIDS, a new health dept will be introduced Nutrition. This is because the company believes that preventing HIV/AIDS is not only saying “USE CONDONM” the appropriate nutrition is to be taught, and helps people to change their habits.
- Freeport has events for HIV/AIDS: special day on world’s day (competition) walkathons (people walk in group and do HIV quizzes) this is twice a year
- MCUs obligatory but are still confidential and then gives incentives for VCTs.
- VCT are increasing which is a huge satisfaction for the company. 123 VCTs a week. HL 8272 ANS LL 2147 year of 2010.
- Counseling before and after the VCT, and regular medical services
- People are scared of the consequence of knowing but are not scared to take the risk of becoming infected
- Not scared of the disease but scared of the pill to take every day.
- The medication is also given training, to take it on time, every day.
- Almost 100% of the 24000 have taken MCT.
Group Discussion Summary with Utikini Village, SP 12, 15 Participants, Timika, Thursday 17.01.13

- The group discussion at the clinic of SP 12 in Utikini was composed by both female and male ranging from 22 to 45 years of age. The group comprised of 2 participants which peer educators are meaning that they of transmit the knowledge of HIV & AIDS to others within that local village.
- All have a sharp understanding about HIV/AIDS I methods of transmission and the situation of Papua in relation to AIDS. They are aware and afraid of contracting the virus and have stated that to have a healthy lifestyle the use of condom is fundamental.
- They are conformable with PLWH, and have the knowledge that they don’t die as long as they are on medication and follow the prescribed treatment.
- They are perfectly aware that HIV/AIDS is not transmitted through touch, or eating on the same plate.
- They know the danger of the pandemic, and know that it does not choose its victim.
- They hear and are of the information through LPMAK, Malcon (Malaria Control PTFI) and from the churches.
- They have also shared the information. The occurring problem is that some people do not want to hear, they mad and scared when HIV/AIDS is the center of discussion, making it difficult to transmit the knowledge.
- The material from PTFI is understandable and is used to reach out to the people, from block to block, once a week there is a Health education.
- They do believe that the spread of HIV/AIDS can decrease, it only depends on one’s habits, attitude and behaviors, and there is a lot of optimism around the Utikini village.
Name and Age of the 15 Participants:

1. Ibu Fipei Wends (not sure of her age, around her 20s)
2. Ibu Octopei Morip (not sure of her age, around her 20s)
3. Pak Kris Kosaya (22 yrs)
4. Pak Kalvin Wakar (29 yrs)
5. Pak Denis Jikwa (29 yrs)
6. Ibu Berina Magai (20 yrs)
7. Ibu Albertina Waninbo (not sure of her age, around her 20s)
8. Ibu Natalia (39 yr)
9. Ibu Alince Alom (26 yrs)
10. Ibu Marni (44 yrs)
11. Ibu Katarina Damuto (45 yrs)
12. Nona Orina Wandagau (19 yrs)
13. Pak Benihul Wakarwa (33 yrs)
14. Pak Djoni Wakarwa (?)
15. Ibu Godina Murit (?)
Group discussion summary with the Sempan sex workers, 7 participants, Timika, Tuesday night, 15.01.13

- The discussion group composed of both male and female, 5 female sex workers and 2 males who live nearby the sex workers. 2 volunteer of Freeport, a nurse from Puskesmas joined the group discussion. The participants’ age ranged from 15 – 40. The youngest is 2 months pregnant, HIV + and until the day of the discussion did not know who the baby father was. The eight participant did not join the discussion as she was ‘working’. The poverty here is visible, and being a sex worker is an alternative job to having something to eat. To these participants some cookies and water were bought by the researcher.

- The respondents were extremely shy, and were having a hard time opening up.

- They do know what HIV is, and its methods of transmission. (The majority has stated that it is through sexual activities in Timika). They have joined trainings and counseling at Puskesmas which has helped their knowledge on the issue.

- They have met people with AIDS; they were friends with two people that have died of AIDS.

- They have heard the information from Freeport & hospitals and it is understandable. They know about the radio, and have listened to information on AIDS. The information is full and enough, but they don’t understand because it goes fast and as it is live they cannot repeat. Some of the participants were illiterate.

- They would prefer to have more films on HIV/AIDS, because they believe it’s more captivating, attractive and easier to understand, compared to pictures and written information.

- Through a the discussion it was asked whether HIV could be transmitted through ‘touch’ eating on the same plate, only one said no, because there is no blood contact, but the others
were partially doubtful. It was explained to the 3 volunteer and the nurse that touch does not transmit the virus.

- At the seminars/trainings of sexual health promoted by PTFI they are a bit scared (stigma) and shy to speak out, due to other people’s opinion.

- They wear condoms as they know it is for their health, and it helps to prevents from HIV.

- They do promote the information to other people.

**Names of the participants of the discussion group:**

- Ibu Ira, 40 years old, 3 children (20, 15, 10)
- Nona Lilis, 27 years old, pregnant
- Mas Albertus, 23 years old
- Mas ArisToteras, 23 years old
- Ibu Adriadi, 30 years old, 2 children (7, 8)
- Ibu Maria, 24 years
- Ibu Maria, 15 years old, pregnant,
- Ibu Siti, 38 years old.
Group discussion summary with the KILO 10 sex workers, 24 participants, Timika, Wednesday 16.01.13

The Group discussion took place on Wednesday morning 16 January 2013, with duration of 2 hours starting from 8:00 am and concluding at 11:00 am. The researcher went through the questionnaire with the participants and then assisted to the training given by PTFI. This training was followed by a VCT every 3 months by Malcon PFTI and by Puskesmas.

- The participants were very shy, which at first they were having difficulties in opening up, since I was new to them.

- They are aware of HIV/AIDS and its danger. All of them agreed that the primary source of contracting the virus in Papua is through sexual relationship. They also mentioned other sources of contracting the virus, through sharing needles, mother to child. One mentioned that mosquitoes transmit AIDS, which was directly disagreed by the rest of the group. This shows that they are scared of contracting the virus, and anything that seems to get in touch with the blood, they get automatically afraid.

- They are not scared of people with AIDS, some have been next to them, but they are not afraid because AIDS is not visible. On the contrary, they stated that they should morally help them, instead of getting away from them.

- The use of condom helps the prevention of AIDS, but it is not 100% safe, because some condoms are ripped.

- They have been to trainings from Freeport (Malcon) and KPA around twice a year for the majority.
o The information is good; they can understand and is already enough.

o They are aware of the posters, but they have only seen it once, they believe it’s more visual and attractive.

o They have shared the knowledge with friends, people that are very close to them in the working environment. People back home they rarely share the information as people at home are conservative, and they are scared of their reaction. They are scared of sharing the information with the people in Kampung, but if they don’t it’s also dangerous.

o The majority had already heard about AIDS, (one heard in Bali 6 years ago) but now it’s very clear and they can understand better.

o They don’t know about LPMAK, and because they don’t have radio they have never heard any information on AIDS.

o For them, AIDS will stop spreading if people take control of their own lives. Everyone needs to wear condoms and be responsible for their own health.

o **This is from a conversation the counselors had with the sex workers, also known as training.**
  
  o The sex workers do their best to wear condom, but the male customers are the one refusing it. (as a counselor they cannot say then find another one).
  
  o They feel bad for the wives, as the men leave them at home, look for sex workers, and sometimes don’t use condom and then go back home which increases the risk of HIV transmission **“Istrinyakasian”**.
  
  o Mr. Wildan had training with them back in October, since then he wanted to know who had had 100% condom use since last October. Some of answers were 30% use, 40% use, 80% use.
  
  o Lessons on sperm were given, in order for them to understand that a sperm from a HIV + person and a sperm from a HIV- person are visually similar but the one can infect you.
Boyfriends are also another problem, if they say they don’t want to use condom, they believe in them and they don’t use.

### Name of the 24 participants

<table>
<thead>
<tr>
<th>Name &amp; Age</th>
<th>Origin and time in Papua</th>
<th>Children and their Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibu Sulistian 39 yrs</td>
<td>Java Timur 2 yrs</td>
<td>1 child 20 yrs</td>
</tr>
<tr>
<td>Ibu Devi 32 yrs</td>
<td>Java Tenga 2 yrs</td>
<td></td>
</tr>
<tr>
<td>Ibu Rahu 33 yrs</td>
<td>Java Timur 5 months</td>
<td></td>
</tr>
<tr>
<td>Ibu Yuli 44 yrs</td>
<td>Java Timur 5 months</td>
<td></td>
</tr>
<tr>
<td>Ibu Yudjarti 38 yrs</td>
<td>Java Timur 10 yrs</td>
<td>3 children, 17, ??</td>
</tr>
<tr>
<td>Ibu Selvira 34 yrs</td>
<td>Java Timur 10 yrs</td>
<td></td>
</tr>
<tr>
<td>Ibu Suhartini 36 yrs</td>
<td>Java Timur 2 yrs</td>
<td>2 children 21, 13</td>
</tr>
<tr>
<td>Ibu Puspita 32 yrs</td>
<td>Java Timur 2 yrs</td>
<td>2 children, 10 yrs, 2 months</td>
</tr>
<tr>
<td>Ibu Lasti 39 yrs</td>
<td>Java Timur 13 yrs</td>
<td>1 child, 20</td>
</tr>
<tr>
<td>Nona Mega 21 yrs</td>
<td>Malucu 3 months</td>
<td></td>
</tr>
<tr>
<td>Ibu Anis 39 yrs</td>
<td>Java Timur 20 yrs</td>
<td>2 children, 20, 15</td>
</tr>
<tr>
<td>Ibu Anita 32 yrs</td>
<td>Java Timur 10 yrs</td>
<td>1 child, 1</td>
</tr>
<tr>
<td>Ibu Tina 30 yrs</td>
<td>Java Timur 2 yrs</td>
<td>2 children 13, 12</td>
</tr>
<tr>
<td>Ibu Tini 32 yrs</td>
<td>Java Timur 4 yrs</td>
<td>1 deceased child</td>
</tr>
<tr>
<td>Ibu Fera 26 yrs</td>
<td>Java Timur 4 yrs</td>
<td>2 children 11, 5 yrs</td>
</tr>
<tr>
<td>Ibu Wati 24 yr</td>
<td>Java Timur 5 months</td>
<td>1 child, 4 yrs</td>
</tr>
<tr>
<td>Ibu Dewi Asrani 31 yrs</td>
<td>Surabaya 7 months</td>
<td>2 children, 13, 5</td>
</tr>
<tr>
<td>Ibu Katmini 41 yrs</td>
<td>Lampung 13 yrs</td>
<td>1 child, 22 yrs</td>
</tr>
<tr>
<td>Ibu Fani 28 yrs</td>
<td>Java Timur 2 months</td>
<td>1 child 7 yrs</td>
</tr>
<tr>
<td>Bu Eni 36 yrs</td>
<td>Java Timur 4 months</td>
<td>1 child 4 yrs</td>
</tr>
<tr>
<td>Ibu Sadira 32 yrs</td>
<td>Lombong 1 yr</td>
<td>1 child, 14 yrs</td>
</tr>
<tr>
<td>Ibu Titi Wiyana 39 yrs</td>
<td>Sulawesi 13 yrs</td>
<td>1 child, 21 yrs</td>
</tr>
<tr>
<td>Ibu Siti 48 yrs</td>
<td>Java Timur 3 yrs</td>
<td>1 child, 18 yrs</td>
</tr>
<tr>
<td>Ibu Yani 33 yrs</td>
<td>Java Timur 4 yrs</td>
<td>1 child 13 yrs</td>
</tr>
</tbody>
</table>
Group Discussion summary with 14 Apprentice miners at PTFI, Timika, Thursday 17.01.13

- The group discussion with the apprentice miners took place at LIP in Kuala Kencana. The group was composed only by male ranging from 21 to 31 years of age.
- HIV/AIDS is a mandatory training for all the apprentices, and its knowledge is compulsory. All participants were aware if the pandemic, its methods of transmission and prevention.
- None of the respondents has been exposed to PLWH, only one has seen a PLWH, and recognized the signs of the pandemic due to the thinness of the person.
- The supervisors of the apprentices are the ones sending them to the trainings ad giving them support.
- They usually share the acquired information to their families and friends. The knowledge of AIDS was seen as something very important to have, because it is dangerous.
- The majority would prefer to have more films of HIV/AIDS for its awareness.
- The information of AIDS is not new for most of them, they had heard it before, some at school, others in other departments
- The information on AIDS has been heard by all on Radio Publik Mimika, and is seen as effective.

Name & Age of Participants:

1. Lazarus Pigai 22 yrs
2. Elyakin Giyai 26 yrs
3. Aditya Junianto 21 yrs
4. Charles F. 23 yrs
5. Ridwan N. Lie 31 yrs
6. Cornelis Vanda 32 yrs
7. Pendinus Wenda 23 yrs
8. Marvan Pallan 22 yrs
9. Samy 30 yrs
10. Kris. P 23 yrs
11. Damanus Apay 23 yrs
12. Icvisbi Pamajara 21 yrs
13. Derek Pigome 23 yrs
14. Alenxader Walito 23 yrs
PTFI

Pak Ferdi works at PHMC (Public Health for Malaria control) and goes regularly to Puskesmas to collect data about Malaria, Tuberculosis and HIV/AIDS to make graphs of statists and comparisons. These reports are then studied by Freeport and sent to the Gov.

- HIV/AIDS is still a very personal issue and people are not very open about it. They do know what it is, because there is a lot of propaganda, and makes it impossible for people to not know it exist. They might not all understand, but there are aware. Talking about it is still sometimes a taboo especially for the elders; they are scared of the judgments of others regardless of the status. The VCTs are increasing which is positive, from 2010 the infections are started to decrease, the prevalence is still high though.

- The men tend to be bored to stay with only one woman, so they go elsewhere and look for sex workers. The culture also tends to be a problem. Some parts of Papua impose that sex before marriage is a sin which is sometimes imposed by the church. Being Christian, God and the bible “state” that a men needs to forever be with one woman and sex should symbolize love and resulting into new generations. Now the church has started to open up because of the habits of the Papuans, the church provide trainings for HIV/AIDS twice a month. The Papuans try out sex before marriage as they want to experience it.

- Timika is a high port for HIV/AIDS because of the job opportunity present at Timika (Freeport) many people moving to Timika. Poverty is also another issue, increasing the number of sex workers on the street at a early age, sometimes sent by the mothers.

- Around 30 people attend (net number) attend the seminars/workshops/trainings provided by Freeport in coalition with LPMAK, PHMC and Gov, aged between 17 onwards. With a length of 2hrs, at first are shy, and embarrassed but later start to open up, asking questions, asking for condoms. They understand more visually, because some cannot read or write the picture stand out more.

- The radio is also making a good impact, as it conveys conversations on AIDS, using both Indonesian and Papuan language (certified by one respondent BapakMartinus).

- Infections of HIV are mostly originated by sex workers (more coming from outside Papua). In 2012 there were 1094 VCTs and 33 were positive. People become sexually active around the age of 13, in junior high.
• **Knowledge** Seminars, workshops, banners, information on the radio, newspapers (e.g., Radar Timika and Timex) for providing awareness.

• **Persuasion** Institutions or Counselors, Spokesperson (Kepala sekuh) that shows interest in the well being of their community is given training on health education (HIV in this case) and is in charge of transmitted to the rest of the community. Kepala sekuh are generally aware of the pandemic and strive to spread the information to the rest of the community. The community itself (especially in remote highlands) speaking about HIV/AIDS is still taboo by having “strange” people engaging in a conversation about that the people don’t really open up.

• **Decision** People come and ask about HIV/AIDS, ask for condoms. Some know about it but do not use condom because it is not “comfortable”. They are prepared to pay more to the sex workers if not using condoms.

• **Implementation** Some wait for the use of condom to be used, so that they use it. Others just use because the counselors persuade them to use.

• **Confirmation** It is in general believed that the community knows about the pandemic, they might not understand for various reasons, (scared of asking, taboo, scared, stigma, the tools given are seen as uncomfortable). Some accept it and share to close friends, or have VCTs., others don’t really use the tools.
AIDS is Everybody’s Business, Take the Lead!

Indonesian Business Coalition on AIDS (IBCA)