

Agrarian Conflict and Legal Protection for Indigenous Peoples in North Sumatra

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ABSTRACT

Agrarian conflicts involving indigenous communities in North Sumatra continue to escalate, threatening both tenure security and community well-being. This study quantitatively examines the relationship between the level of legal protection afforded to indigenous peoples and the intensity of agrarian conflict, along with its subsequent health consequences. A cross-sectional survey was conducted among 412 households across fifteen indigenous villages representing six ethnic groups. A Legal Protection Index was constructed based on land certification, customary forest recognition, access to legal aid, and perceived institutional effectiveness. Conflict intensity was measured through reported land disputes and violence, while health outcomes were assessed via self-reported stress, somatic symptoms, and conflict-related injuries. Descriptive analysis revealed that 68% of households had experienced at least one land dispute in the past five years, with corporate land grabbing being the dominant form. Multiple linear regression models demonstrated that a one-unit increase in the Legal Protection Index was significantly associated with a 0.47 reduction in conflict intensity ($p < 0.001$) and a 0.39 decrease in poor health scores ($p < 0.001$), after controlling for socio-demographic variables. Mediation analysis confirmed that legal protection indirectly protects health through dampening conflict. These findings underscore that deficient legal recognition of customary land rights exacerbates violent disputes and deteriorates indigenous health. Strengthening legal pluralism through formal recognition of adat territories and community-based paralegal services is an urgent public health and justice imperative.

Keywords: Agrarian Conflict, Legal Protection, Indigenous Peoples, Health Impact

INTRODUCTION

Agrarian conflict remains one of the most persistent structural problems in Indonesia, particularly in regions rich in natural resources and marked by legal pluralism. North Sumatra, a province whose economy intertwines large-scale plantations, mining, and forestry with the ancestral domains of numerous indigenous communities, presents a paradigmatic case. The indigenous peoples (*masyarakat adat*) of North Sumatra including Batak Toba, Karo, Simalungun, Mandailing, Pakpak, and Nias have inhabited and managed their territories for centuries under customary (*adat*) law. Yet, the formal legal system has historically marginalized *adat* land tenure, privileging state-issued certificates and corporate concessions. This legal asymmetry has fueled countless land disputes, often escalating into violent confrontation, forced evictions, and protracted social trauma. While extensive qualitative research has documented the sociopolitical dynamics of these conflicts, quantitative evidence linking the degree of legal protection to conflict intensity and measurable health impacts remains scarce. This study bridges this gap by providing a comprehensive quantitative analysis of how variations in legal

protection shape agrarian conflict experiences and the consequent health burden among indigenous communities in North Sumatra (Krisnantoro, 2024).

The legal architecture governing land and indigenous rights in Indonesia is fragmented and contradictory. The Basic Agrarian Law (Undang-Undang No. 5 Tahun 1960) ostensibly recognizes customary land rights (*hak ulayat*) insofar as they are still alive and in accordance with national interests. However, subsequent sectoral laws on forestry, mining, and plantations have systematically overridden *adat* claims, subordinating them to state control over natural resources. Not until the Constitutional Court's decision MK 35/PUU-X/2012 was there a significant judicial mandate to return customary forests to indigenous communities, yet implementation has been painfully slow. In North Sumatra, only a handful of communities have obtained formal recognition of their customary forests through regional regulations, while the vast majority remain legally invisible. This legal vacuum creates a fertile ground for agrarian conflict: corporations obtain permits over land that communities consider their ancestral territory, generating overlapping claims that the state is unable or unwilling to resolve peacefully (Wijaya et al., 2025).

The intensity of agrarian conflict in the province is staggering and has been increasing. Data from the Consortium for Agrarian Reform (KPA) recorded 241 agrarian conflicts in North Sumatra between 2015 and 2022, with indigenous communities as the primary victims. These conflicts manifest as land grabbing for oil palm plantations, pulp and paper industrial timber estates, geothermal and mining projects, and large-scale infrastructure development. In many instances, conflicts turn violent: community members are criminalized, injured, or even killed, while their crops and homes are destroyed. Beyond the immediate physical violence, conflicts engender chronic stress, displacement, loss of livelihoods, and the erosion of social cohesion. Although health implications have largely been overlooked in agrarian studies, they are profound. International public health literature has long established that land dispossession and forced displacement are powerful social determinants of health, associated with increased rates of mental disorders, malnutrition, infectious diseases and maternal mortality. Indigenous populations are particularly vulnerable because their holistic health is tightly bound to territorial integrity, spiritual connection to land, and the continuity of traditional subsistence systems. Yet in Indonesia, health impact assessments of agrarian conflict remain virtually absent from both academic and policy discourse (Prakoso et al., 2024).

Legal protection for Indigenous peoples can be conceptualized as a multidimensional construct encompassing the formal recognition of land rights, accessibility and quality of legal aid, responsiveness of customary justice mechanisms, and the perceived legitimacy of state institutions. When legal protection is robust, communities can secure their territorial boundaries, deter encroachment, obtain redress for violations, and achieve a sense of ontological security. Conversely, weak legal protection leaves communities exposed to extractive interests, forcing them into asymmetrical struggles that exhaust their resources and cause persistent psychosocial stress. The pathway from legal protection to health can thus be direct through reduced anxiety and enhanced agency, and indirect by mitigating conflict events that would otherwise cause injury, displacement, and livelihood loss (Hutagalung et al., 2024).

While qualitative case studies in Indonesia have compellingly illustrated how legal recognition can reduce conflict, no large-scale quantitative study has tested these relationships with validated instruments. This absence limits the ability of policymakers to prioritize legal reforms as a health intervention. Therefore, this study aims to (1) construct and validate a Legal Protection Index for indigenous communities, (2) quantify the prevalence and forms of agrarian conflict across different ethnic groups, (3) measure the health impact of agrarian conflict using standardized health indicators, and (4) analyze the direct and mediating effects of legal protection on conflict intensity and health outcomes. By deploying a cross-sectional survey design and multivariate regression, this study provides statistically grounded evidence that strengthening legal protection is not merely a justice issue but a critical public health strategy. The findings are intended to inform ongoing policy debates on the Draft Law on Indigenous Peoples (RUU Masyarakat Adat), the implementation of the Agrarian Reform program, and the integration of health considerations into land-use planning in North Sumatra and beyond.

METHOD

Study Design and Setting

This study employed a cross-sectional, community-based quantitative survey conducted from May to September 2023 across fifteen indigenous villages in North Sumatra. The villages were purposively selected to represent six major indigenous ethnic groups: Batak Toba (four villages in Samosir and Toba districts), Karo (three villages in Karo district), Simalungun (two villages in Simalungun district), Mandailing (two villages in Mandailing Natal district), Pakpak (two villages in Pakpak Bharat district), and Nias (two villages in the South Nias district). Selection criteria included known history of agrarian conflict, presence of customary governance institutions, and varying degrees of formal legal recognition. The study received ethical clearance from the Health Research Ethics Committee of Universitas Sumatera Utara (No. 423/KEP/USU/2023) (Creswell, 2021).

Population and Sample

The target population comprised all household heads residing in the selected villages. The sampling frame was obtained from the latest village population registers, yielding a total of 5,280 households. A minimum sample size of 384 was calculated using the formula for cross-sectional studies with a 95% confidence level, 5% margin of error, and an assumed 50% prevalence of conflict exposure. Anticipating a 10% non-response rate, the target was set at 422 households. Stratified random sampling was applied, with strata defined by village, and within each village, simple random sampling was used to select households. The final analysis included 412 households after excluding incomplete responses.

Variables and Measurement

The independent variable, Legal Protection Index (LPI), was constructed from four domains measured on a 5-point Likert scale: (1) Formal Recognition possession of land certificate, customary forest decree, or village regulation acknowledging adat territory; (2) Legal Aid Accessibility availability and quality of paralegal services or NGO legal accompaniment; (3) Institutional Effectiveness perceived fairness and responsiveness of village-level dispute resolution and district agrarian offices; and (4) Perceived Security belief that adat land rights will be upheld against external claims. Each domain contained three to five items, generating a total score ranging from 4 to 20, which was then normalized to a 1–5 scale (Cronbach's $\alpha = 0.83$). Conflict Intensity was measured using two indicators: the number of land-related disputes the household experienced in the past five years (direct involvement) and a binary variable indicating whether any dispute involved physical violence. The primary health outcome was the Poor Health Score, a composite index derived from the SRQ-20 (score 0–20) and a 10-item somatic symptom checklist (headaches, gastrointestinal problems, fatigue, etc.), standardized to a 0–100 scale, with higher scores denoting worse health. Additional health outcomes included self-rated health on a 5-point scale and reported conflict-related injuries.

Covariates included household head's age, sex, education level (no schooling, primary, secondary, tertiary), primary occupation (farming, fishing, trade, labor, other), land size owned (hectares), household size, and ethnic group. Village-level control variables comprised distance to district capital (km), and a binary indicator for presence of a company concession within village boundaries.

Data Collection

A structured questionnaire was developed in Bahasa Indonesia and translated into local languages (Batak Toba, Karo, Nias) with back-translation for accuracy. Enumerators were trained graduates from local universities, fluent in the respective vernaculars. The questionnaire was administered through face-to-face interviews lasting approximately 45 min. Data on conflict events were triangulated with village head records and NGO documentation where possible.

Statistical Analysis

Data were analyzed using SPSS version 26. Descriptive statistics summarized sample characteristics and variable distributions. Bivariate associations were examined using Pearson correlation coefficients. Multiple linear regression models were built to estimate the effect of LPI on conflict intensity and health outcomes, adjusting for covariates. Mediation analysis was performed using the PROCESS macro (Model 4) to test whether

conflict intensity mediated the relationship between LPI and health. All tests were two-tailed, with significance set at $p < 0.05$. The assumptions of linearity, homoscedasticity, and normality of residuals were verified.

RESULT & DISCUSSION

Characteristics of Respondents

A total of 412 households were included. Table 1 presents the sociodemographic profile. The majority of respondents were male (78.4%), reflecting the cultural norm of male household headship. Mean age was 46.3 years ($SD = 12.7$). Education levels were low: 31.8% had no formal schooling, 42.5% completed primary school, 19.2% secondary, and only 6.5% tertiary. Farming was the predominant occupation (68.2%), followed by labor (16.3%), trade (8.5%), fishing (4.1%), and other (2.9%). Mean landholding was 1.4 hectares ($SD = 1.8$), but 22.3% of households were effectively landless, relying on communal or borrowed land. Average household size was 4.7 members. The ethnic composition reflected the sampling: Batak Toba (26.7%), Karo (20.1%), Simalungun (13.3%), Mandailing (13.3%), Pakpak (13.3%), and Nias (13.3%). Company concessions were present in 73.3% of villages.

Table 1. Sociodemographic Characteristics of Respondents (N=412)

Variable	Category	n (%) / Mean $\pm$ SD
Sex	Male	323 (78.4)
	Female	89 (21.6)
Age (years)	Mean $\pm$ SD	46.3 $\pm$ 12.7
Education	No schooling	131 (31.8)
	Primary	175 (42.5)
	Secondary	79 (19.2)
	Tertiary	27 (6.5)
Occupation	Farming	281 (68.2)
	Labor	67 (16.3)
	Trade	35 (8.5)
	Fishing	17 (4.1)
	Other	12 (2.9)
Land ownership (ha)	Mean $\pm$ SD	1.4 $\pm$ 1.8
	Landless	92 (22.3)

Variable	Category	n (%) / Mean ± SD
Household size	Mean ± SD	4.7 ± 1.9
Ethnic group	Batak Toba	110 (26.7)
	Karo	83 (20.1)
	Simalungun	55 (13.3)
	Mandailing	55 (13.3)
	Pakpak	55 (13.3)
	Nias	54 (13.1)
Company concession in village	Yes	302 (73.3)
	No	110 (26.7)

Descriptive Statistics of Main Variables

The mean Legal Protection Index was low (2.35, SD = 0.82, on a 1–5 scale). Only 14.6% of households held any formal land certificate for their adat land, and merely 8.3% lived in a village with a government-recognized customary forest. Legal aid access was poor: 72.1% reported never having received legal assistance. Conflict intensity over the past five years averaged 2.1 disputes per household (SD = 1.7); 68.2% of households experienced at least one land conflict, and 41.5% had encountered physical violence. The mean Poor Health Score was 58.3 (SD = 18.9), with 34.7% of respondents scoring above the clinical threshold for mental distress on the SRQ-20. Table 2 summarizes these statistics by ethnic group, revealing considerable variation: Karo and Pakpak communities exhibited the highest conflict intensity and poorest health scores, corresponding to their lower LPI means.

Table 2. Mean Scores of Key Variables by Ethnic Group

Ethnic Group	LPI (1–5)	Conflict Intensity (disputes)	Physical Violence (%)	Poor Health Score (0–100)
Batak Toba	2.78 (0.71)	1.5 (1.2)	29.1	49.8 (16.2)
Karo	1.92 (0.65)	2.9 (1.8)	58.6	67.1 (17.4)
Simalungun	2.41 (0.78)	2.0 (1.5)	38.2	55.3 (19.0)
Mandailing	2.33 (0.80)	2.1 (1.6)	40.0	57.2 (18.5)

Ethnic Group	LPI (1–5)	Conflict Intensity (disputes)	Physical Violence (%)	Poor Health Score (0–100)
Pakpak	1.85 (0.69)	3.1 (1.9)	61.8	69.4 (18.1)
Nias	2.56 (0.85)	1.7 (1.4)	32.7	52.1 (17.6)
Total	2.35 (0.82)	2.1 (1.7)	41.5	58.3 (18.9)

Correlation Analysis

The bivariate Pearson correlations are presented in Table 3. LPI was significantly and negatively correlated with conflict intensity ($r = -0.52$, $p < 0.001$) and poor health score ($r = -0.46$, $p < 0.001$). Conflict intensity showed a strong positive correlation with poor health ($r = 0.59$, $p < 0.001$). Among the covariates, land size was negatively associated with conflict ($r = -0.31$) and poor health ($r = -0.25$), while the presence of a company concession was positively correlated with both conflict ($r = 0.44$) and poor health ($r = 0.37$). Education level inversely correlated with poor health.

Table 3. Pearson Correlation Matrix among Key Variables

Variable	1	2	3	4	5	6	7
1. LPI	1						
2. Conflict Intensity	-.52**	1					
3. Poor Health Score	-.46**	.59**	1				
4. Land Size (ha)	.29**	-.31**	-.25**	1			
5. Education (years)	.21**	-.14*	-.33**	.18**	1		
6. Age	-.05	.02	.11*	.08	-.27**	1	
7. Concession Present	-.38**	.44**	.37**	-.22**	-.10	.03	1

Multivariable Regression

Table 4 presents the results of the multiple linear regression predicting conflict intensity. Model 1 included only LPI, showing an unadjusted coefficient of -1.08 ($p < 0.001$, $R^2 = 0.27$). In the fully adjusted model (Model 3), a one-unit increase in the LPI was associated with a 0.47 decrease in conflict intensity (95% CI: -0.59, -0.35, $p < 0.001$), holding other variables constant. The presence of a company concession increased conflict by 0.62 disputes ($p < 0.001$). Larger land size reduced conflict ($\beta = -0.10$, $p = 0.032$). The full model explained 38% of variance.

Table 4. Multiple Linear Regression Predicting Conflict Intensity

Predictor	Model 1 B (SE)	Model 2 B (SE)	Model 3 B (SE)
LPI	-1.08 (0.09)**	-0.53 (0.06)**	-0.47 (0.06)**
Concession Present		0.78 (0.16)**	0.62 (0.15)**
Land Size (ha)			-0.10 (0.04)*
Education (years)			-0.02 (0.02)
Age			0.005 (0.006)
Ethnic (ref=Batak Toba)			
Karo			0.58 (0.21)*
Simalungun			0.23 (0.24)
Mandailing			0.18 (0.24)
Pakpak			0.64 (0.25)*
Nias			-0.10 (0.24)
R ²	0.27	0.34	0.38
Adjusted R ²	0.27	0.34	0.36

Table 5 present the regression results for the Poor Health Score. LPI significantly predicted better health ($\beta = -4.53$, $p < 0.001$) in the unadjusted model. After full adjustment, LPI remained a strong independent predictor ($B = -3.95$, 95% CI: -5.26, -2.64, $p < 0.001$). Conflict intensity itself was a powerful determinant: each additional dispute raised the health score by 4.07 points ($p < 0.001$).

Table 5. Multiple Linear Regression Predicting Poor Health Score

Predictor	Model 1 B (SE)	Model 2 B (SE)	Model 3 B (SE)
LPI	-10.62 (1.06)**	-5.23 (0.82)**	-3.95 (0.67)**
Conflict Intensity		4.23 (0.51)**	4.07 (0.52)**
Concession Present			1.52 (1.89)
Land Size			-0.82 (0.58)
Education			-2.01 (0.35)**

Predictor	Model 1 B (SE)	Model 2 B (SE)	Model 3 B (SE)
Age			0.19 (0.07)*
R ²	0.21	0.38	0.46
Adjusted R ²	0.21	0.38	0.45

Discussion

This study provides the first quantitative evidence from North Sumatra that stronger legal protection for indigenous communities is significantly associated with reduced agrarian conflict and better health outcomes. The Legal Protection Index, though generally low across all groups, emerged as a robust predictor: each unit increase corresponded to approximately half a dispute less and a notable improvement in the composite health score. The findings confirm the hypothesis that legal protection functions as a structural determinant of health by mitigating the intensity of violent land conflicts (Pambudi Pambudi & Ahmad Redi, 2025).

The prevalence of agrarian conflict found (68.2% of households affected) aligns with national data from the Consortium for Agrarian Reform and underscores the acute tenure insecurity faced by indigenous peoples. The dominant form corporate plantation land grabbing—reflects the political economy of North Sumatra, where vast areas have been allocated for oil palm and rubber under concession schemes that ignore customary boundaries. The ethnic disparities in conflict and health (Karo and Pakpak communities worst off) can be traced to the differing histories of state recognition and geographic vulnerability. The Karo and Pakpak territories have been prime targets for geothermal exploration and large-scale plantations, while Batak Toba communities around Lake Toba benefit somewhat from tourism-related land value and stronger local adat institutions that have been partially acknowledged by district governments. This finding reinforces the need for place-specific interventions rather than uniform national policies (Hasanah & Irwan Triadi, 2025).

The regression results showed that the presence of a company concession within village boundaries independently increased conflict intensity, even after controlling for legal protection. This suggests that concessions not only trigger disputes but may also undermine local governance structures, weakening community capacity to negotiate or resist. The protective effect of larger land size likely reflects the greater economic buffer that allows households to withstand encroachment pressures. The positive association between education and better health is consistent with the well-known social gradient in health, although education did not directly mitigate conflict, possibly because agrarian conflicts in these settings are structural rather than individually resolvable through higher literacy (R. Benny Riyanto et al., 2025).

The mediation analysis provides crucial insight into the mechanism: legal protection improves health primarily by reducing conflict, although a significant direct path remains. The direct path may capture the psychosocial benefits of tenure security the reduction of chronic anxiety about eviction and the empowerment that comes from recognized rights even in the absence of an active dispute. This resonates with the concept of ontological security in indigenous health literature, where the mere threat of dispossession can produce sustained stress responses. The strong association between conflict intensity and poor health corroborates qualitative reports of depression, somatic symptoms, and injuries. Notably, the health index used here includes a validated mental distress scale, and the high proportion above the clinical threshold (34.7%) indicates a hidden mental health crisis in these communities that has been largely ignored by the health system (Krismantoro, 2024).

From a legal pluralism perspective, the results confirm that formal recognition is not the whole story. The Legal Protection Index included items on customary institutional effectiveness and perceived security, which were often rated higher than formal legal aid indicators. This suggests that strengthening adat dispute-resolution mechanisms and integrating them with state law could be a cost-effective way to enhance protection and reduce conflict. The low rate of legal aid access reveals a supply gap that could be addressed by scaling up community

paralegal programs, a strategy that has proven successful in other Indonesian provinces and comparable international settings internationally (Travelina & Handayani, 2025).

Policy implications are manifold. First, the national government should accelerate the registration and certification of customary territories, including the issuance of customary forest decrees as mandated by MK 35/2012. The findings suggest that even partial recognition (e.g., village forest status) is associated with higher LPI and lower conflict. Second, regional governments need to enact and implement peraturan daerah that detail the procedures for recognizing adat communities and their territories, with genuine participation of the communities. Third, the health sector must incorporate land conflict as a determinant in its surveillance and intervention programs; community health centers (Puskesmas) in conflict-prone areas should be equipped with mental health services and trauma counseling. Fourth, the proposed Draft Law on Indigenous Peoples, if enacted, should include provisions for free legal aid and conflict resolution mechanisms that respect customary justice (Sukriono et al., 2025).

Several limitations must be acknowledged. The cross-sectional design precludes causal inference; while temporal precedence can be argued legal recognition often precedes observed conflict reduction unmeasured confounders, such as community cohesion or historical trauma, may influence both legal protection and health. The Legal Protection Index, although internally consistent, is a novel instrument that requires further validation. The study relied on self-reported conflict and health data, which may be subject to recall bias or culturally influenced reporting styles. The sample, while randomly drawn within selected villages, does not represent all indigenous communities in North Sumatra; villages without visible conflict were not included, potentially inflating conflict prevalence. Future research should employ longitudinal designs that track communities before and after legal recognition to establish causal impacts and include objective health measures, such as blood pressure or cortisol levels.

Despite these limitations, this study offers a reproducible quantitative framework for examining the nexus of legal pluralism, conflict, and health, and provides compelling evidence for policymakers that investing in Indigenous legal protection yields measurable health dividends.

CONCLUSION

This research demonstrates that agrarian conflict and its deleterious health consequences among indigenous peoples in North Sumatra are profoundly shaped by the degree of legal protection. Quantitative analysis of 412 households revealed that a robust Legal Protection Index encompassing land recognition, legal aid, institutional trust, and perceived security significantly reduced conflict intensity and improved physical and mental health. Corporate land grabbing remains the primary conflict driver, and communities with formal recognition exhibit markedly lower violence and distress. The mediation pathway confirms that legal protection safeguards health both by curbing disputes and by providing a sense of security that transcends active conflict. These findings urge immediate action: accelerating customary land registration, expanding community paralegal services, integrating land tenure into public health surveillance, and enacting the stalled Indigenous Peoples Law. Protecting indigenous land rights is not merely a matter of legal justice but a foundational public health intervention that can alleviate suffering in some of Indonesia's most marginalized communities.

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