MEDICAL PLURALISMS PRACTICE TO TREAT NON-COMMUNICABLE DISEASES IN RURAL AND SUB-URBAN VILLAGES OF WEST JAVA

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BACKGROUND

Non-communicable disease (NCD) is a disease that is not directly transmissible from one human to another. The most common NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes mellitus. NCD is also known as chronic diseases and are the result of a combination of genetic, physiological, environmental and behaviours factors. The diseases disproportionately affect people in low- and middle-income countries where more than three quarters of global NCD deaths (World Health Organisation, 2018).

The prevalence of non-communicable diseases (NCDs) in Indonesia including in the West Java Province, is on the rise in recent years (Arsunan, 2012; Nur dan Warganegara, 2016; Raksanagara dan Raksanagara, 2016). Popular NCDs in Indonesia such as cancer, diabetes mellitus, stroke, cardiovascular diseases, and hypertension have caused morbidity and mortality among the majority of Indonesian. Finding the effective and affordable medicine to treat the NCDs has become the first priority of the sick and the family. They often use more than one forms of medication; biomedicine, folk-medicine, or other complementary and alternative medicine.

A quantitative study (based on secondary data from Indonesian Family Life Survey), found age, residential location, and health facility are strongly associated with people’s tendency to use traditional medicine. People who are at older generation; who are living in rural areas where there are no health facilities are tend to use traditional medication compare to those who are at younger age; living in non-rural areas or places where health facilities are available (Jennifer and Saptutyningsih, 2015). People at older age usually suffer from chronic disease which requires long treatment. This lead them to choose treatment and medicine at low cost, including traditional medicines using medicinal plants.

A study in Central Java found that preference to traditional medicine strongly associated with cost. Most people prefer to traditional medicine because it is affordable than modern medicine (Triratnawati, 2010) and because it is easy to obtain (Purnama, 2016). Meanwhile, people tend to prefer modern medicine for disease which symptoms are visually and easily to be recognized (Setyoningsih and Artaria, 2016), such as influenza among children, bone fracture, or open wound. Meanwhile for supranatural diseases, people prefer to ask help from dukun (supranatural healer) (Ardani, 2013; Fanani and Dewi, 2014).

OBJECTIVE

This study aimed at exploring and describing reasons of practicing medical pluralism to treat non-communicable diseases among the local residents of Desa Mekarsari, a rural highland village located at the tea plantation area of Bandung regency; and Desa Cipacing (sub-urban villages), a sub-urban area located in lowland of Sumedang regency, West Java. This study focused on treatment for the most common disease(s) found at the research areas.
METHOD

This study applied qualitative method in particular ethnography. Data collection techniques include in-depth interview and focus group discussions with local residents having family or self-experience of non-communicable diseases.

FINDINGS AND DISCUSSION

In the West Java, people differentiate diseases into two types: panyawat enteng (light/common disease) and panyawat abot (serious/severe disease) (Supardi and Notosiswoyo, 2012; Iskandar et al., 2003). In the research areas, people defined common disease refers to those can be easily treated by self-medication using obat warung (non-prescribed drugs), or home-made remedies made of medicinal plants growing at the home garden. Among this type of diseases are influenza, light fever, cough, light-headache. Serious disease refers to those cause severe effect to the sufferer and threatening the life; not easily treated; and need the help of health professional, herbal healer, supranatural healer, or ajengan (religious healer). Stroke, cardiovascular disease, cancer is among the serious diseases. Diseases that are known as related to supra-natural power, are diseases due to parabun (sorcery similar to voodoo). Supranatural diseases are considered as serious diseases.

This study found hypertensions and diabetes mellitus are the most common NCDs among local residents at the research areas. Hypertension has been known as tensi and diabetes mellitus known as kencing manis in local terms. They consider these two as diseases of elders and inherited disease; and it falls into medium level disease, except for diabetes mellitus where the sufferer has already bed-ridden.

People knew they are hypertensive or having high blood sugar when they were diagnosed by health practitioners. Usually, they visited health facilities when they suffer from severe symptoms such as headache (the most common symptoms of hypertension); or when they bed-ridden due to high-level of blood sugar. Local residents at the research areas apply ethno-medicine and biomedicine (modern medicine) all together to treat their diseases in order to to make their treatment more effective.

Hypertensive people in two research areas consume Amlodipine, a pharmaceutical drug for hypertension, many of them consume it years long on daily basis. They found it effective to control their blood pressure so they can do their routine activities. Furthermore, the drug is easy to obtain at the nearby drugstore at low prices (more or less 5000 rupiah per 10 tablets). They can also get it for free at village health post. However, hypertensive people tend to discontinue taking amlodipine for a certain period. They worry of the side effect of taking drugs for a long period. Whenever their hypertension symptoms disappear, they replace Amlodipine with herbal remedies such as by drinking water solution extracted from boiled avocado leaves or from sintrong (Crassocephalum crepidioides) leaves, or by drinking cangkudu (Morinda citrifolia) juice or celery juice.

People with Diabetes Mellitus depend on drugs prescribed by health practitioners. Most of them could not remember the name of prescribed drugs. Unlike hypertension, drugs for Diabetes Mellitus is not easy to obtained and cost higher. People with diabetes must visit health practitioner whenever they need the drugs. Thus, they prefer to use traditional medicine in order to reduce cost. Some traditional remedies that people use are water solution extracted from boiled leaves
and flowers of kumis kucing (Orthosiphon aristatus) or a glass of tea made of dry leaves of ki pahit (Tithonia diversifolia).

In some cases, people suffering from Hypertension or Diabetes Mellitus do not respond well to any medication designated for the disease; they bed-ridden, and enter the latest stage of their illness. The family usually relates the irresponsiveness of medication to super natural power or to misbehavior of the sick in the past. The family usually help the sick to do repentance for their possible mistake or sin the past. In this process, an ajengan (religious healer) would help the sick. In some other cases, people relate disease that is difficult to treat with sorcery. In order to treat supranatural disease, people visit dukun (supranatural healer for getting treatment).

In terms of knowledge and practice preservation on traditional remedies and herbal remedies, gender play important role. Women are the one to take care of the sick in the family and to prepare herbal remedies. They are also the one who usually cultivate medicinal plants in their home garden. While men, are less likely to take such role.

CONCLUSION

There are reasons of using several types of medication: 1) effectiveness of the medicine (manjur) to treat their non-communicable diseases; 2) the affordability of the medicine (murah), and 3) the feasibility to obtain the medicine (mudah). They do not problematize about the source of the medicine, either from ‘modern’ or ‘traditional’ healer. People tend to choose medicine they know and belief is effective for NCD, no matter it is traditional or modern.

This study concluded that people in rural and sub-urban West Java value and belief in the effectiveness of both modern and traditional medicine. This medical pluralism practice demonstrates the dynamic practice of ‘modern’ and ‘traditional’ medicine in contemporary Indonesia which at the same time shows the harmonious collaboration between the two systems.

Keywords: Medical Pluralism, Medicine, Non-Communicable Diseases

BIBLIOGRAPHY


THE DYNAMICS OF ABORTION TREATMENT AS AN EFFORT TO HARMONIZATION BETWEEN THE MODERN MEDICAL SYSTEM AND THE TRADITIONAL MEDICAL SYSTEM

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This paper explores the phenomenon of abortion in women constructed based on social culture and media technology. This paper seeks to show that anthropology is a discipline aimed at understanding and dealing with cultural differences and critical analysis of health issues in traditional medical and traditional medical frames. Meanwhile, knowledge, prevention and healing are still cultural heritage that varies from culture to culture, from time to time. In this social phenomenon of abortion in Yogyakarta, a health issue is embedded, both medically modern and one of them is recorded through media technology, as well as medically traditional, which is still very closely related to the culture of the local community.

Through this article, the author wants to explain how the treatment of abortion can be a bridge between traditional medical and traditional medical roles, especially in the Yogyakarta region. Apart from the stigma of the local community regarding abortion actions carried out by women of various professional backgrounds and various ages, this paper tries to eliminate the conceptions and practices that are not appropriate which come from the misinterpretation of the development of science, technology and media. Until then, the phenomenon of abortion represented at least the narrative and context, while opening space to the concept of women’s body health. That way, collaboration between aspects of prevention, healing and rehabilitation between physical and mental health problems for abortion women can be the strength of the medical system offered. The approach in this paper is adjusted to (con)text the narrative delivered. The phenomenon of abortion which is part of women’s reproductive health eventually emerged with its optimism as an effort to harmonize modern medical dynamics with traditional medical in a broader context, namely in Indonesia.