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**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.
Keywords: Abortion, modern medical, traditional medical

INTRODUCTION

Briefly, medical systems are “patterns of social institutions and cultural traditions that involve intentional behavior to improve health” (Dunn, 1976: 135). What is the function of the medical system? The answer is clear, to restore patient health (Foster and Anderson, 1986: 52). The medical system is formed from the overall health knowledge, beliefs, skills, and practices of community members that cover all clinical and non-clinical activities, as well as formal and informal institutions in the health sector. The emergence of various human groups creates new adaptation strategies in managing health and illness problems (Foster and Anderson, 1986: 44-45).

As is the case with many rural and urban communities, there is promiscuity (samenleven) until an unwanted pregnancy (KTD) occurs which requires women to choose between continuing a pregnancy or aborting a fetus. According to Bennet (2001), Indonesian teens prefer to do sexuality spontaneously rather than openly discussed. Although the freedom of sex between men and women has existed for a long time, there is not even a rule that prohibits anyone from dealing with the desired partner, which is called by Koentjaraningrat (1958: 70) as a promisquiet. In that case, 22% of students in Yogyakarta agreed to having sex outside of marriage, 76% had read books and magazines about sex, and 44% often watched blue films (Mudijono, 2005: 15).

Unfortunately, many people do not understand the Medical Standard Operating Procedure. In addition, the closed access to medical and open abortion services results in many unsafe abortions, such as by drinking certain concoctions or being massaged to ‘dukun beranak’ (Ikhsanudin, 2005: 3). Based on data from the Indonesian Family Planning Association (PKBI) Yogyakarta and the Women’s Health Foundation (YKP) Jakarta during June to December 2002, in one month there were an average of 100 abortion cases for women aged 15-35 years (Kompas, 10 October 2003). This number does not include cases of abortion by dukun or self-abortion.

According to a WHO report on maternal deaths worldwide, maternal mortality rates related to abortion annually reached 4.7% -13.2%. Meanwhile, Indonesia is known as a country with the highest maternal mortality rate in Southeast Asia. Abortion is estimated to contribute 11.1% to the maternal mortality rate. In fact, according to the Director of Community Health of the Ministry of Health, reaching 50% (Kedaulatan Rakyat, 3 January 2005). Unsafe abortion contributes between 35-50% of maternal mortality rates in Indonesia. Until 2005, the number of abortions in Indonesia reached 2.3 million per year (Ikhsanudin, 2005: 3).

The number is quite large, and it can be estimated that most women seek their own way out or ask for help from a dukun with all the risks. This is further compounded by the discovery of over-thecounter medicines that can abort the fetus only in a short time without pain and without being sedated first. The number of women who died as a result of surreptitious surrender will increase the high maternal mortality rate in Indonesia. However, knowledge, prevention, and treatment of reproductive health are very important in supporting the proper application of the medical system of abortion. Therefore, through this study, the author will briefly explain how a phenomenon of abortion can be explained as a form of effort to apply harmonization between modern medical systems and traditional medical systems.
OBJECTIVE

This paper aims to realize a policy paper on health policy in overcoming social problems in rural and urban communities—in this case the problem of handling abortion in women who experience unwanted pregnancies. Basically, this paper appears as an effort to awaken all parties to achieve improved public health, while controlling the process and power in the journey of the medical system in Indonesia. As Foucault (2002) said that the medical world in fact applies as a medical regime that perpetuates power due to lack of knowledge. In this context, the discourse on reproductive health (sexuality) is often associated with the discourse of power. The manifestation is that sexuality is also used as an indicator of morality. Through the flexibility of the mind above, this paper intends to open a perspective on the phenomenon of abortion in women from various professional and age groups who are far more open, and explore into a variety of more flexible perspectives. This is certainly in order to generate new knowledge about the reality of the health of people who continue to move and change dynamically without stopping, especially those built in the medical framework. This paper is here so that we do not become a medical blind society and then feel the impact of morality from negligence, including neglect in knowledge of reproductive health until the occurrence of abortion.

DESCRIPTION

Starting from the word “hysteria” which means the womb, before when there were no doctors, medical science had not yet developed, the affairs of women giving birth were always synonymous with screams. Finally, until now the word “hysterical” is always identified with a scream (Abdullah, 2006: 225-226). Basically, women who undergo abortion are the same as women who give birth to babies normally. This is in line with the reality that abortion is still a hysteria in today's community phenomena.

Abortion with the official term pregnancy termination is the deliberate termination of pregnancy (abortus provocatus) for a reason. This is clearly different from miscarriages, which means that pregnancy stops without being intended (spontaneous abortus), or not because of anyone’s decision. Miscarriage is more of a natural event, while abortion or abortion is carried out by one’s will (Burns, et.al., 2009: 314). In fact, married women find it easier to get a medical recommendation for a “therapeutic abortion” (abortus provocatus-artificialis therapicus) when pregnancy threatens the health of the mother. In contrast to abortion done intentionally (abortus provocatus criminalis) without the basis of medical indications to end the pregnancy that is not desired from the results of sameneven. There are also expressions that specifically emphasize abortion surgery procedures which are referred to as ‘non-anesthetic surgery’ (Wolf, 1997: 189).

The practice of abortion, according to George Devereux, is a universal phenomenon that occurs in modern and ancient societies (Shaw, 2010). Magnus Hirschfeld, former director of the Institute for Sexual Research in Berlin, said, “abortion is carried out by competent specialists in hospitals with proper prevention, and does not involve deadly dangers confirmed in the law.” Conversely, what makes abortion risk serious for women is the way to do it under existing conditions. The lack of ability of experts in performing abortions, as well as bad conditions when they operate causes many accidents which are fatal (Beauvoir, 2016: 302-303). At present gynecological knowledge, surgery is not dangerous if carried out by specialists with sterile techniques and anesthesia (Beauvoir, 2016: 306).
FINDINGS

In an article written by Hull et al. (1993), before 1965, the practice of abortion was carried out using traditional and medical methods. The traditional method in question is by massaging or hitting a woman’s abdomen, drinking herbal concoctions or herbs (for example, ‘jamu telat bulan’ or ‘jamu peluntur’), inserting foreign objects such as leaves, stems, iron, needles, or other objects into the vagina to provoke uterine contractions, or even by injecting vinegar into the uterus and injecting it into the bladder. In addition, according to Mudijono (2005: 87) there is also what is known as ngruntuuhke (destroying the life of the fetus), plethet (pressed and sorted out), pijat, and sogok (by inserting the papaya tree midrib into the cervix to force the fetus out). There is also a standard treatment that is by drinking a concentrated soap mixture, then running for a quarter of an hour. Treatment like this often kills mothers when trying to eliminate a baby’s life (Beauvoir, 2016: 308).

Meanwhile, medically the method is widening the cervix and wrapping the uterine wall with curettage (Beauvoir, 2016: 309), suctioning with cannula, regulating menstruation using a vacuum aspirator, dilating and evacuation (D and E), saline injection, Prostaglandin, Misoprostol (Cytotex, Invitec, Gastrul, Chromalux), Mifepristone (RU-486 or ‘Pil Prancis’), and Methotrexate (Hull et al., 1993; Burns, et al., 2009: 322). The medical method carried out before 1965 was carried out by doctors who opened clinics and offered abortion services. However, more people are now shifting from modern medical systems to alternative forms of medical care to meet their clinical and psychological needs (Foster and Anderson, 1986: 47).

Even though there are many treatments for abortion, it turns out that Gerdts and Hudaya (2016) found that many women are looking for ways to get abortion services. In this context, helplines or aid telephone operators have an important role in providing information to women who want abortion. Likewise, advertisements for ‘telat haid’ and ‘telat bulan’ are widespread in the public areas in Yogyakarta. Gerdts and Hudaya (2016) also show that women prefer to do medical abortion compared to surgical abortion. The medical abortion is meant by using Misoprostol and/or Mifepristone. Medical abortion procedures can be done at home or in a place where women feel comfortable (home abortion). Jelinska and Yanow (2018) say that abortion pills create a universal opportunity to get access to safe abortion without having to pay attention to applicable laws.

Unfortunately, the use of drugs offered through such advertisements ignores the prescriptions of expert doctors. Not only that, these medicines do not even fit the actual designation. Obstetrics and Gynecology Expert in RSUP Dr. Sardjito, Dr. Risanto Siswosudarmo, SpOG (K) (2017), said that the types of drugs commonly circulating for unsafe abortion are actually ulcer drugs, gastric ulcer drugs, or to treat wounds in the intestine, some of which are actually anti-drug cancer, like the Methotrexate (Tribune Jogja, 2017).

Some anti-abortion drugs given to women have shown an increase in uterine cancer for more than two decades. So that it can be said that drugs are actually a bad result of medical progress. The consequence of the anti-abortion drugs is the ‘dehumanization of treatment’. Then how do people evaluate if medical technology has entered the modern world with a variety of deep humanitarian problems, which have caused an increase in medical costs and caused serious ethical and legal topics? (Foster and Anderson, 1986: 165-167).
Some community subjects describe the happiness and suffering of a woman during childbirth is natural; but if he describes the case of abortion, he is accused of wallowing in sin and showing inappropriate humanity (Beauvoir, 2016: 302). Therefore, other unofficial medical techniques are public confession, which reflects the extent to which a woman’s actions are considered dangerous, not only for her but also for the community. Besides being an emotional cleansing and guilt, confession can be part of the treatment system (Torrey, 1972: 64-66).

CONCLUSION

Qualitative research on the medical system in health anthropology finally resulted in thick description so as to be able to uncover the context of the socio-cultural processes that occur in a society. In its development there has been acculturation between modern medical systems and traditional medical systems that present harmonization between the two, especially in the treatment method of healing or treatment. Some traditional medical therapies have adopted modern medical therapies.

Abortion has its own special medical procedures, so sociologically, there are two choices: given stigma or following the rules. The social aspect becomes very important because in the selection of decisions, norms and values have a very decisive role. In other words, women—in this context women who are going to have an abortion, are pressured by these two things which are construction in society. An adequate support system eventually becomes very important for women in this vulnerable position.

The large number of deaths and injuries was experienced by women but it is not known to be due to the treatment of abortion that was carried out secretly and improperly according to medical rules. In short, medical systems cannot be understood solely from their own meanings, both the meaning of modern medical systems and the meaning of traditional medical systems. Only if both are seen as part of the overall pattern of culture, can the medical system be understood and be harmonious with each other in supporting public health.

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Sando Pea: Between Tradition and Health Challenge among Kaluppini Indigenous People

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Sando pea is a term for traditional birth attendant among Kaluppini indigenous people in South Sulawesi, Indonesia. The presence of traditional birth attendants is considered as one of the factors mother’s delaying in accessing health facilities that impact the high maternal mortality rate especially in a developing country like Indonesia. The study aimed to explore and to describe the role of traditional birth attendants among Kaluppini indigenous people and health challenges faced by this community to access health facilities. By using a qualitative approach, data were collected through in-depth interviews and focus group discussions by using an interview guideline. A total of 6 sando peas were purposefully selected in the study area and 67 mothers were involved.