Enferm Clin. 2020;30(S2):126–129

Enfermería Clínica

www.elsevier.es/enfermeriaclinica

Health care practical among people with malaria in Topoyo village, Indonesia

Yahya Kadir

Department of Anthropology, Hasanuddin University, Indonesia

Received 29 May 2019; accepted 15 July 2019

KEYWORDS
Traditional practice;
Health care;
Malaria;
Mixture treatment

Abstract
Objective: The study aims to describe and get an understanding of health care practiced by community members infected or indicated infected by malaria in Topoyo District, Central Mamuju Regency, West Sulawesi Province.
Methods: The research used ethnographic approach. The data were obtained through participant observation and in-depth interview. Informants were determined purposively for malaria sufferers who had or were infected with malaria by using the formal health care sector and snowball for those indicated to be infected with malaria by utilizing public health care and indigenous healers.
Results: The study indicates that the community members who were infected or indicated infected by malaria not only to practice health care in various ways in overcoming malaria but also to mix the elements of treatment techniques derived from scientific medical tradition and local medical tradition. The variety and mixture of health treatment are conditioned by the assumption that all types of medicines are powerful to cure illnesses.
Conclusion: The cure for illnesses is determined by the compatibility of the drug and the blessing of God as the primary cause for the occurrence and cure of illnesses. It is also affected by different understandings, experiences, and information networks on malaria that is accessed by each actor and the attitude to respond to illness.

Introduction

The research on health-seeking behavior among people with malaria in Mamuju District conducted by Dachlan et al.[1] whom suggest that people who were indicated to be infected with malaria generally carried out self-treatment first, and if they did not recover by self-care, then they go to a

☆ Peer-review under responsibility of the scientific committee of the International Conference on Women and Societal Perspective on Quality of Life (WOSQUAL-2019). Full-text and the content of it is under responsibility of authors of the article.

* Corresponding author.
E-mail address: yahyakadir31@gmail.com

https://doi.org/10.1016/j.enfcli.2019.07.061
1130-8621/

professional health service. Only a small group go directly to professional health services when experiencing early signs of malaria infection. The study of Dachlan et al.[1] is in line with findings of Ningsi et al.[2] regarding the behavior of utilizing malaria sufferers in Parigi, Central Sulawesi Province and study of Ester et al.[3] on Papuan ethnic behavior in Nabire District, Papua Province. The tendency of malaria sufferers or those indicated to be infected with malaria to carry out self-care as the first treatment option is influenced by following three factors. First, early symptoms of malaria are perceived as ordinary diseases; Second the distance of a professional health service place is relatively far from where the patient lives; and Third, health care costs in the professional health care sector are greater than self-care.[1,3]

Beside those studies, there are other studies related to health care behavior related regarding determinant factors that influence health care options. There four main issues concern on health care behavior which were examined previous studies. First issue relates to knowledge regarding specific diseases.[4,5] Second issue refers to availability and accessibility to health care sources.[6–8] And the last issue is health care costs.[9,10] The results of these studies enrich our understanding of health care behavior. However, for the context of health care practiced by malaria sufferers or indicated to be infected with malaria living in Budong-Budong and Tumbu villages, the explanation seems less specific. It was said that because the characteristics of the people living in the two regions were homogeneous in terms of ethnic background, socio-economic, education level, available professional health infrastructure and facilities for malaria treatment that were equally accessible to all community members and were targeted for health promotion programs for elimination malaria. On the other hand, community members who are indicated to be infected with malaria provide specific and varied responses in terms of health care practices.

This fact indicates that socio-economic conditions, availability, and accessibility of health care resources and information exposure regarding malaria are not the determinant factors for the use of health care sector. Based on these facts, this study does not move on generic assumptions – it only describes patterns of health care using a medical system approach or health care system as a conceptual model to explain health care behavior – but is oriented towards revealing and explaining health care behavior as practiced by community members in responding to malaria.

Research methods

Approach research

This study uses an ethnographic approach that focuses on health care practices. Thus, this research is oriented to the description of three fundamental aspects of human experience related to malaria. The basic aspects of experience referred to, namely: (1) what people know of malaria; (2) what people do to overcome malaria; and (3) the things people make and use to combat malaria.

Research location

The study was conducted in Budong-Budong and Tumbu Villages, Topoyo District, Central Mamuju Regency. The location was chosen because it is generally inhabited by ethnic Mamuju and is the earliest occupant in the District of Topoyo, has a background in socio-economic, socio-cultural, and relatively equal access to professional health service sources and is the target of malaria elimination programs. However, the population carries out treatment varies when infected or indicated to be infected with malaria.

Types and sources of data

Research informants included: (1) individuals who had or were infected with malaria and their health care was handled by professional medical practitioners; (2) individuals who are indicated to be infected with malaria who carry out their own care and who use the services of an indigenous healer; (3) indigenous healer, and (4) health workers who handle malaria elimination programs.

Data analysis

Data are analyzed through three paths, namely: (1) data reduction is made by sorting, simplifying, and transforming ''raw'' data that appears from unstructured field notes to more structured forms; (2) data that has been reduced is presented in the form of narrative texts regularly, coherently, and integrated; and (3) after the data has been presented, it is continued by understanding its meaning, the flow of cause and effect, and making propositions.

Results and discussion

Malaria elimination program and health care practices

The Government of Indonesia set a target that by 2020 all regions in Sulawesi should be free from malaria disease. In order to reach this goal, all absolute malaria prevention measures are in line with scientific medical principles and health care measures must be under the control and supervision of experts and scientific medical practitioners. Scientific experts and medical practitioners assume that their views are right and objective. Therefore, they reject various forms of local and lay interpretation of sickness and health as unscientific and tend to be speculative.[11]

Based on these scientific medical assumptions, the government carries out various efforts including health promotion activities to transform knowledge, attitude, and practice (KAP), which previously referred more to the local medical tradition to KAP following medical scientific. At the same time, the government provides health infrastructure and facilities that are easily accessible to residents who need health care assistance.[12]

Although various efforts have been made by the provider to transform KAP that is in accordance with scientific medicine, people infected or indicated to be infected with malaria still carry out various health care efforts. The

variation in health care practices for malaria sufferers in Budong-Budong and Tumbu villages, namely:

- There are malaria sufferers or those who are indicated to be infected with malaria using the regular care sector by using various types of drugs, such as: using medicinal plants; use animals; use chemical drugs or ''doctors'' medicines; and combining various types of drugs, includes local drugs and chemical drugs.
- There are malaria sufferers who go directly to the professional health care sector when experiencing early symptoms of malaria infection.
- There are patients who are indicated to be infected with malaria who go directly to the traditional care sector to get health care.
- There are malaria sufferers who use hierarchical health care sectors.
- There are malaria sufferers who use the care sector simultaneously for one episode of health care.

Factors affecting the diversity of health care practices

The diversity of health care practiced by malaria sufferers or those indicated to be infected with malaria in Budong-Budong Village and Tumbu Village, Topoyo District, is influenced by several factors as follows:

First, pain and care experience. The experience of sickness and treatment actions that have been carried out before by malaria sufferers are also used as a basis for consideration in choosing the treatment sector and treatment measures that will be used to get healed. Experience in this context is not only related to the type of medicine and healing, but also related to the costs and 'comfort' of a patient and the family who took care of him or accompany him during the treatment process. In Budong-Budong and Tumbu Villages the decision to use certain health care sectors for malaria sufferers who are still in the early stages tends to be based on healing considerations and 'comfort' during the treatment process. Meanwhile, the health care cost is not included and as part of their consideration in determining the care sector that will be utilized by and for healing malaria sufferers. It occurs because all malaria sufferers who get care in the professional health care sector are exempt from treatment costs. Because the popular care sector is seen and felt more comfortable by sufferers compared to the professional and traditional care sectors and can provide healing, the popular care sector tends to be the main choice for most malaria sufferers.

Second, the intensity of the disease. The intensity of the disease referred to in this description is not only related to the duration of illness suffered by person, but also related to the conception of patients regarding severe or minor illness. Diseases with shivering symptoms, fever, and headaches tend to be seen by most informants as ordinary and mild diseases. Therefore, the treatment action they take is self-treatment by taking certain medicines they consider effective to cure their illness. Nevertheless, if self-treatment does not show signs of recovery, then the perception of the disease shifts to no longer just an ordinary disease but rather severe. Moreover, if the disease has been accompanied by vomiting, diarrhea, and loss of consciousness, the disease has been perceived as very severe. Their treatment actions are no longer in the popular sector but will use traditional or professional care sectors. The care sector is used individually or hierarchically and is even used simultaneously for one episode of health care.

Third, social networking and information exchange. The social networks built because of kinship, friendship, neighboring, and so on influence a person's decisions, both directly and indirectly, in utilizing health care sectors when infected with malaria. Someone with a network of kinship and friendships with doctors, nurses and other health workers tends to use professional health services as the main treatment option. It happens because the health problems they experience or those experienced by family members tend to be communicated to their relatives or friends who are professors as doctors or health workers. From that communication, the person concerned is required to go to a professional health service. Individuals who have relatives and live together with *sando* or *tomanarang*, they tend to utilize traditional care sector as the main treatment choice when experiencing health problems. The new professional care sector is chosen when the treatment efforts carried out by *sando* or *tomanarang* show no signs of recovery. The influence of indirect social networks is the provision of information about malaria and its treatment, including types of medicines considered qualified to cure malaria. Through social networks there is an exchange of information about malaria treatment and various types of malaria medicines. This exchange of information can be seen, among others, in Mansur's case who used python bile to treat malaria he suffered because he got information from his friend that this type of medication was effective in curing malaria. Feeling healed after using the cure, he also informed other people he knew were experiencing health problems whose symptoms were malaria.

Fourth, active versus fatalist attitudes. Active or patriarchal attitude manifests in the behavior of each person, including in responding to diseases, both in terms of prevention and treatment of diseases. In the context of malaria prevention, a housewife, for example, who has an active attitude to life, will always make maximum efforts to prevent herself and her children from being exposed to malaria. The mother is always trying to clean the place that is potentially occupied by mosquitoes resting, both around and inside the house, maintaining the cleanliness of their children, every evening until late at night their children are not left to play and play outside the house – even if they are in the outside, the child's body is smeared with Autan – and not allowed to sleep without using a mosquito net. In addition, when she is sick or is among his sick children, she tries to get adequate treatment. These efforts include going directly to professional health services to get health care. The opposite happens to people who do not want to be bothered and are passive. For example, a housewife who does not want to bother, her yard is leftover with grass, left her house to become ideal places for mosquitoes to nest, their children are left outside in the evening and at night when the anopheles' mosquitoes are active bite and left to sleep without using a mosquito net. In addition, when she or her children are sick, they are treated perfunctorily at home based oh her knowledge without actively looking for a

more qualified type of medicine to cure their illness. After all, although she knows that the professional care sector is more qualified than self-medication, the professional health care sector is only used when the disease or the illness suffered by his child is relatively severe or is in an advanced stage.

Fifth, intervention from Institution of Malaria Elimination Program Implementer or Malaria Post. The institution has personnel or cadres in each village to find person whom is indicated to be infected with malaria in their working area. When cadres find a person, who is indicated to be infected with malaria, then cadres will assist the person immediately to the Village Health Post or to Health Community Center to ensure they are positively infected with malaria. If a person is positively infected with malaria, then the infected person will immediately get health care, both inpatient and outpatient care, until healed. However, the Institution does not effectively work well because most cadres have low motivation to carry out their jobs as expected. The weak motivation of cadres to carry out their jobs is related to lack of financial support and sources to facilitate their activities. Planners for the malaria elimination expect village Malaria Post cadres recruited from local villages to voluntarily carry out their roles optimally. That is to find residents who suspect infected with malaria and then take them to a professional health care place. In addition, health workers responsible for running and succeeding the malaria eradication program do not get remuneration as an appreciation for their work. The absence of remuneration has impacted on their motivation as health workers to run and succeed in the malaria elimination program.

Conclusions

Health promotion activities for malaria elimination is supported by the health service institutions from sub-district to village levels. It aims to transform knowledge, attitudes and practice of people regarding malaria disease from local medical tradition to medical science treatment. This study indicates that health care practices in village community are influenced by six main factors. First, differences in the understanding and experience of each actor in terms of illness, care and healing. Second, the intensity of the disease which includes the duration of illness suffered by a person and the severity of the disease based on patient's conception; Third, social networks and information exchange among actors related to prevention and treatment for malaria. Fourth, information absorbed by the patient regarding malaria and its treatment also determines the treatment measures to be taken by executor in dealing with malaria. Fifth, patient's attitude in responding to the disease. Individuals who have active life attitudes will mobilize the resources they have in order to get adequate treatment; on the contrary, those who are passive, or patriarch tend to only take relatively easy medical treatment. And lastly, the provider's motivation to reach the goal of malaria elimination program.

Conflict of interest

The authors declare no conflict of interest.

References

1. Dachlan DM, Silwana S, Kadir Y. Perilaku Pemanfaatan Pelayanan Kesehatan Bagi Penderita Malaria di Kabupaten Mamuju, Propinsi Sulawesi Barat. Laporan penelitian tidak diterbitkan. Makassar: Universitas Hasanuddin; 2012.
2. Ningsi N, Anastasia H, Nurjana MA. Aspek Sosial Budaya Berkaitan dengan Kejadian Malaria di Desa Sodoan, Kabupaten Parigi, Sulawesi Tengah. Media Heal Res Dev. 2010;XX:30–9.
3. Ester E, Thaha RM, Ishak H. Papua ethnic behavior of Malaria in Nabire. Politeknik Kesehatan Jayapura; 2012.
4. Fabrega H Jr. The need for a ethnomedical science. Science. 1975;189:969–75.
5. Lipowsky R, Kroeger A, Vazquez ML. Sociomedical aspects of malaria control in Colombia. Soc Sci Med. 1992;34:625–37.
6. Idrus M. Perilaku Penderita Malaria Dalam Pemanfaatan Puskesmas di Kabupaten Muna. Sulawesi Tenggara: Universitas Hasanuddin; 2003.
7. Snow RW, Peshu NM, Forster D, Halimah Abdullah Mwenesi, Marsh K. The role of shops in the treatment and prevention of childhood malaria on the coast of Kenya. Trans R Soc Trop Med Hyg. 1992;86:237–9.
8. Kalangie N. The hierarchy of resort to medical care among the Serpong villagers in West Java. Kebudayaan dan Kesehatan: Pengembangan Pelayanan Kesehatan Primer Melalui Pendekatan Sosio Budaya. Jakarta: Megapoint; 1994.
9. Gould HA. The implication of technological change for folk and scientific medicine. Am Anthropol. 1957;59:507–16.
10. Yoder RA. Are people willing and able to pay for health services? Soc Sci Med. 1989;29:35–42.
11. Kleinman A. Patiens and healers in the context of culture: an exsploration of the borderland between anthropology, medicine, and psychiatry. Berkeley: University of California Press; 1980.
12. Lapau B, Saifuddin AF. Epidemiologi dan Antropologi Suatu Pendekatan Integratif Mengenai Kesehatan. Jakarta: Prenadamedia Group; 2015.