

The Factors That Influence The Behavior of Seeking Traditional Health Services in The Community of The Working Area of Bluto Public Health Centre

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ABSTRACT

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We find more and more traditional health services. In Bluto District, Sumenep Regency, there are many traditional health services by traditional healers (hattra) and many people still visit. This study aims to determine the factors that influence the seeking behavior of traditional health services in the working area of Puskesmas Bluto with a case control study design on 96 respondents who have visited traditional health services by Hattra and Nakestrad. The results of the study through statistical tests with the chi square test with an alpha value of 0.05 showed that several factors had a significant relationship, gender, age, education, attitudes, perceptions of healthy illness, perceptions of traditional medicine and subjective views with alpha values <0.05. to traditional health services. In addition, several variables were found that showed no significant relationship with alpha values > 0.05, namely marital status, employment, income and knowledge.

I. Introduction

Currently, traditional health services are increasingly in demand by the community, and have become one of the treatment options for health problems. Traditional health services have been recognized for a long time and are utilized by the community in preventive, promotive, curative and rehabilitative efforts. Traditional medicine is a form of health effort outside medical / nursing sciences. Along with the development and renewal of traditional health services, they are divided into three types, namely empirical, complementary and integrated traditional health services. With this development, the government hopes that the implementation of integrated traditional health services in health care facilities that are safe, quality, effective and in accordance with the standards carried out by traditional health workers or other health workers (Kemenkes RI, 2017).

Currently, the policies of the Indonesian Ministry of Health in developing traditional health services are to integrate conventional services (Kemenkes RI, 2018). In the Strategic Plan (Renstra) of the Ministry of Health for 2015-2019, it has set targets for the implementation of traditional health services. One of the targets set in 2017 for the indicator of public health centre (puskesmas) that provide traditional health services is 3,336 out of the total of 9767 (public health centre) puskesmas. The government is pursuing a strategy by implementing individual health efforts with acupuncture and herbal services by training doctors, nurses, midwives and Puskesmas physiotherapy related to traditional health services. This aims to increase access to quality traditional health services for the community.



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In Sumenep Regency, especially Bluto District, there are still many traditional health services carried out by traditional healers (hattra) and the community still frequently visits them. Along with this incident, the local government began to make efforts in accordance with the Strategic Plan of the Indonesian Ministry of Health by integrating traditional health services at Puskesmas Bluto in the past year. This aims to reduce the number of community visits to traditional health services in the village and increase access to quality traditional health services for the community, but in the past year there has been no reduction in the number of community visits to traditional health services in villages and the low number of community visits to traditional health service integrity at Puskesmas Bluto. Therefore, researchers want to know what factors influence the behavior of seeking traditional health services in the working area of Puskesmas Bluto.

I. Method

This research is an observational study with a case control design with the control group being the people who visit the Hattra, while the case group is the community who visits the Nakestrad by collecting data about the factors that influence their traditional health care seeking behavior and then comparing the case and control groups. The data obtained were analyzed and then the percentage was made. The population in this study were people who had been treated to traditional health services by Hattra and Nakestrad. The sample in this study were part of the community who had been treated to traditional health services by Nakestrad, while the control sample in this study were some of the people who had been treated to traditional health services provided by Hattra in the working area of the Bluto Community Health Center.

II. Results and Discussion

1. Gender of respondents with traditional health service seeking behavior

Table 1. Gender and traditional health service seeking behavior in the working area of Bluto Public health centre

Gender	Traditional health service seeking behavior				Total		P value
	Hattra		Nakestrad				
	N	%	n	%	N	%	
Male	25	52,1	15	31,25	40	41,7	0,000
Female	23	47,9	33	68,75	56	58,3	
Total	48	100	48	100	96	100	

Table 1, it can be concluded that gender has a significant relationship with community decision making in the search for traditional health services because the p value is 0,000 or less than the α value of 0.05. It can be seen from the gender of the respondents who visited traditional health services, both the groups who visited the Hattra or the Nakestrad, most of the respondents were female, namely 56 respondents (58.3%). This research shows that women can also make decisions in seeking health services, not having to wait for decisions from men / husbands. This is in line with Supriadi's (2014) research, which shows that it was found that more women visited traditional health services, because some decisions in

the family do not always depend on men, because women in a family already have a role to choose the treatment that is used especially for themselves.

2. Age with traditional health service seeking behavior

Table 2. Respondent age with traditional health service seeking behavior in the working area of Bluto Public Health Centre

Age	Traditional health service seeking behavior				Total		P value
	Hattra		Nakestrad				
	n	%	n	%	N	%	0,002
≤ 30 year	21	43,75	26	54,17	47	48,96	
> 30 year	27	56,25	22	45,83	49	51,04	
Total	48	100	48	100	96	100	

Table 2, it can be concluded that age has a significant relationship with community decision making in the behavior of seeking traditional health services because the p value is 0.002 or less than the α value of 0.05. Most of the respondents were > 30 years old as much as 51.04%. Most of the case respondents were ≤ 30 years old, while the control respondents were mostly > 30 years old. This may be influenced by the mindset and way of looking at traditional medicine. Those who are ≤ 30 years old are more aware of the existence of integrated traditional health services carried out by traditional health workers at health centers / hospitals, while those > 30 years old still follow habits, high regard for socio-cultural values and local wisdom. This is in line with research conducted by Suparti and Adi Leny Susyanti (2010) which states that traditional medicine is preferred by young people (≤ 30 years) compared to older people (> 30 years). As we get older, the knowledge that a person has will provide lessons for oneself.

3. Marital status of respondents with traditional health service seeking behavior

Table 3 Marital status of respondents with traditional health service seeking behavior in the working area of Bluto Public health centre

Marital status	Traditional health service seeking behavior				Total		P Value
	Hattra		Nakestrad				
	n	%	n	%	N	%	
Not married	18	37,5	19	39,6	37	38,54	0,321
Married	30	62,5	29	60,4	59	61,46	
Total	48	100	48	100	96	100	

Table 3, the grouping of respondents' marital status in the search behavior for traditional health care providers is grouped into 2, namely: respondents are not married (divorced, divorced, not married) and respondents are married. Marital status does not have a significant effect on health service seeking behavior, because the p value is greater than the α value, namely 0.321. Most of the respondents have a married marital status as many as 59 respondents (61.46%). This research shows that the decision to search for traditional

health services can be done alone without the influence of a partner / husband. This is in line with Supriadi's (2014) research showing that marital status does not have a significant contribution to traditional health service seeking behavior. Because the decision in making treatment is dominated by personal factors of each person, not based on a decision on one of the roles of husband or wife. This can also be seen from the female gender, namely 56 respondents (58.3%). Based on gender and marital status, it can be associated that the behavior of seeking health services is not influenced by the male factor who acts as the head of the family for those who are married. This is because the level of public confidence in seeking traditional health services comes from the knowledge they have, so there is no dominance in the husband and wife relationship in choosing traditional medicine.

4. Education level of respondents with traditional health service seeking behavior

Table 4. Education level of respondents with traditional health service seeking behavior in the working area of Bluto public health centre

Education level	Traditional health service seeking behavior				Total		P Value
	Hattra		Nakestrad				
	n	%	n	%	N	%	
Low	31	64,6	16	33,3	47	48,9	0,002
High	17	35,4	32	66,7	49	51,1	
Total	48	100	48	100	96	100	

Table 4, the education level of respondents in the search behavior for traditional health care providers is grouped into 2, namely: respondents with a low level of education (SD to SMA) and respondents with a high education level (Diploma to Bachelor degree). Respondent's education has a significant influence on the behavior of seeking traditional health services, it appears that the p value is smaller than α , namely 0.002. It can be seen from the number of respondents that most of them have higher education as many as 49 respondents (51.1%). This shows that people with higher education levels are more aware of information and developments about traditional health services, although according to Supriadi (2014) formal education does not have a significant contribution to the search for traditional health services because formal education in Indonesia still does not include elements of traditional medicine into traditional health services. in the formal education curriculum, so that even though the level of education is high, it does not necessarily influence people to look for traditional health care providers. But education according to Sukmadinata (2003) states that education is needed to obtain information that supports health, so that it can improve one's quality of life. Education can also influence a person's behavior in health development, the higher a person's level of education, the easier it is to receive information so that the more knowledge one has.

5. Employment with traditional health care seeking behavior

Table 5 Employment and traditional health service seeking behavior in the working area of Bluto public health center

Employment	Traditional health service seeking behavior	Total	P Value
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	Hattra		Nakestrad				
	n	%	n	%	N	%	
Doesn't work	15	31,25	19	39,6	34	35,4	0,358
Work	33	68,75	29	60,4	62	64,6	
Total	48	100	48	100	96	100	

Table 5, the grouping of respondents' jobs in traditional health care seeking behavior is grouped into 2, namely: respondents who do not work (students, students, housewives) and respondents who work (PNS / TNI / POLRI, self-employed, private employees / employees, farmers) . Job does not have a significant relationship with traditional health service seeking behavior, because the p value is greater than the α value, which is 0.358. It can be seen from table 5.1 that most of the respondents in the case and control groups worked as many as 62 respondents (64.6%). Work does not have a significant relationship, possibly because when the respondent or their family and relatives are sick they will seek treatment that can be done and help heal at any cost, so that even though the work done generates high or moderate income, the respondent will seek treatment. In line with Supriadi's (2014) research that the work carried out has no relationship with traditional health care seeking behavior, this may be influenced by treatment rates that are considered moderate or affordable by all people.

6. Income with traditional health service seeking behavior

Table 6. Respondent income and traditional health service seeking behavior in the working area of Bluto public health centre

Income	Traditional health service seeking behavior				Total		P value
	Hattra		Nakestrad				
	n	%	n	%	N	%	
≤ 1.954.705	35	72,9	28	58,3	63	65,6	0,133
> 1.954.705	13	27,1	20	41,7	33	34,4	
Total	48	100	48	100	96	100	

Table 6 shows that income does not have a significant relationship with traditional health service seeking behavior, because the p value is greater than the α value, namely 0.133. Income does not have a significant relationship, possibly because when a relative, family or himself is sick or experiencing health problems, whatever income is generated by the respondent will still seek treatment to get back healthy and recover, this can be seen that most respondents have an income $\leq 1,954,705$, which is 63 respondents (65.6%). In line with the research conducted by Supriadi (2014), income earned from work does not affect the search for traditional health services, because the community may think that traditional treatment rates are affordable. This can be seen also that most of the respondents in the case and control groups had an income \leq UMR in Sumenep Regency

7. Knowledge of respondents with traditional health care seeking behavior

Table 7 Knowledge of traditional health services and seeking behavior of traditional health services in the working area of Bluto public health centre

Knowledge	Traditional health service seeking behavior				Total		P Value
	Hattra		Nakestrad				
	n	%	n	%	N	%	
Bad	5	10,4	12	25	17	17,7	0,200
Good	43	89,6	36	75	79	82,3	
Total	48	100	48	100	96	100	

Table 7 shows that knowledge does not have a significant relationship with traditional health care seeking behavior, because the p value is greater than the α value, namely 0.200. It can be seen in table 7 that as many as 79 respondents (79.2%) have good knowledge, this is because respondents' knowledge is not the basis for taking action. Respondents with beliefs, habits and suggestions from other people who have had treatment at Hattra will continue to seek treatment at the same place. So, even though the respondents have good knowledge, they still visit traditional health services by Hattra. Likewise for respondents who visited traditional health services by the Nakestrad, respondents had good knowledge, but they still did not continue to visit traditional health services by the Nakestrad as one of the treatments.

8. Attitudes towards traditional health services of respondents with traditional health service seeking behavior

Table 8. Attitudes of traditional health services and seeking behavior of traditional health services in the working area of Bluto public health centre

Attitude	Traditional health service seeking behavior				Total		P Value
	Hattra		Nakestrad				
	n	%	n	%	N	%	
Bad	5	10,4	25	52,1	30	31,25	0,000
Good	43	89,6	23	47,9	66	68,75	
Total	48	100	48	100	96	100	

Table 8 shows that attitudes towards traditional health services have a significant relationship with traditional health service seeking behavior, because the p value is less than α , namely 0.000. This research shows that respondents who visit HatTra have better attitudes than respondents who visit Nakestrad towards traditional health care seeking behavior. This may be due to information, belief factors and respondent habits that influence the behavior of seeking traditional health services in better hattra, it can be seen from the number of respondents that most of them have good attitudes towards traditional health services as many as 66 respondents (68.75%). This is in line with Supriadi's (2014) research that attitudes are influenced by personality, experience, general opinion, and background. Attitude colors the view of an object, influences behavior and relationships with others.

9. Perceptions of healthy illness and seeking behavior for traditional health services

Table 9. Perceptions of healthy illness and seeking behavior for traditional health services in the working area of Bluto public health centre

Preceptions	Traditional health service seeking behavior				Total		P Value
	Hattra		Nakestrad				
	n	%	n	%	N	%	
Bad	6	12,5	21	43,7	27	28,1	0,001
Good	42	87,5	27	56,3	69	71,9	
Total	48	100	48	100	96	100	

Table 9 shows that the perception of healthy illness has a significant relationship to the behavior of seeking traditional health services, because the p value is less than α , namely 0.001. In table 9, it can be seen that most of the respondents have a perception of being healthy with good illness, namely as many as 69 respondents (71.9%), most of the respondents have a good ability in understanding sickness health so that it encourages people to seek traditional health services. This is in line with Supriadi's (2014) research that the worse the community perceives the health value of being sick, the less likely they are to have their health checked by traditional health services.

10. Perceptions of traditional medicine by seeking traditional health services

Table 10. Perceptions of traditional medicine and the behavior of seeking traditional health services in the working area of Bluto public health centre

Preseption of traditional medicine	Traditional health service seeking behavior				Total		P Value
	Hattra		Nakestrad				
	n	%	n	%	N	%	
Bad	3	6,3	25	52,1	26	27,1	0,000
Good	45	93,7	23	47,9	70	72,9	
Total	48	100	48	100	96	100	

Table 10 shows that the perception of traditional medicine has a significant relationship to the behavior of seeking traditional health services, because the p value is less than α , namely 0.000. In table 10, it can be seen that most of the respondents have a good perception of traditional medicine, as many as 70 respondents (72.9%), most of the respondents who have a good perception of traditional medicine, possibly using traditional medicine, feel that they are able to accelerate healing and are safe. Meanwhile, respondents who visited the Nakestrad who had good perceptions of health service seeking behavior were probably because respondents received health services that combined conventional health services with complementary traditional health services and also viewed the severity of the respondent's health problems. This can also be seen from the research on the perception of healthy sickness, most of the respondents have a good perception of being sick, so they encourage them to choose traditional medicine. This is in line with research conducted by Putro (2018) that respondents' perceptions of the treatment system affect the use of existing treatments.

11. The subjective view of the respondent's traditional health service with the action of seeking traditional health services

Table 11. Subjective views of traditional health services and seeking behavior of traditional health services in the working area of Bluto public health centre

Subjectiv views	Traditional health services and seeking behavior				Total		P <i>Value</i>
	Hattra		Nakestrad				
	N	%	n	%	N	%	
Bad	4	8,3	26	54,2	30	31,25	0,000
Good	44	91,7	22	45,8	66	68,75	
Total	48	100	48	100	96	100	

Table 11 shows that the subjective views of respondents have a significant relationship to the behavior of seeking traditional health services, because the p value is less than α , namely 0.000. This shows that respondents to the need for traditional health services still need them if they feel they are experiencing health problems. This study is in line with Supriadi (2014) which states that subjective views have a significant relationship to community decision making in choosing traditional medicine. Subjective views contribute to traditional health care seeking behavior.

12. Traditional health service seeking behavior

Table 12. The behavior of seeking traditional health services in the working area of Bluto public health centre

Traditional health service seeking behavior	Traditional health care seeking behavior				Total	
	Hattra		Nakestrad			
	n	%	n	%	N	%
Bad	4	8,3	25	52,1	29	30,2
Good	44	91,7	23	47,9	67	69,8
Total	48	100	48	100	96	100

Table 12 shows that the search behavior for traditional health services, most of the respondents, have a good traditional health service seeking behavior, namely 67 respondents (69.8%). The respondents who visited the Nakestrad who had bad behavior were 25 respondents (52.1%), while the good ones were 23 respondents (47.9%). Most of the respondents who visited the Hattra had good behavior, namely 44 respondents (91.7%), while only 4 respondents (8.3%) had bad behavior.

III. Conclusion

Based on the results of the analysis and the results of research on the factors that influence the behavior of seeking traditional health services, it is concluded that there are several significant relationships with traditional health service seeking behavior, namely gender, age,

education, attitudes, perceptions of healthy illness, perceptions of traditional medicine and views. subjective to traditional health services. In addition, there are several variables that do not have a significant relationship, namely marital status, occupation, income and knowledge.

Suggestions for health promotion programs from the results of this study are expected to be used as a basis for promoting and developing integrated traditional health service programs, so that people can know and can choose integrated traditional health services when experiencing health problems.

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