

Socio Cultural Factors in the Treatment of Pulmonary Tuberculosis: a Case of Pare-Pare Municipality South Sulawesi

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Abstract

Traditional healers still play an important part in the daily life of people in Pare-pare municipality. This study was to examine the cultural model for the implementation of tuberculosis control program. This study used qualitative research methods. Semi structured in-depth interview were used to collect the data. Respondents of this study were traditional healer, community leader and TB patients. The findings of the study suggest that traditional healers can play an important part in the tuberculosis program, because people tend to visit them the first instance for health care. The understanding and knowledge about tuberculosis of traditional healers is very limited, they believe God caused it, and only God can cure the disease. Based on the findings of the study, recommendations were made for enhancing the problem by including socio cultural factors that influence tuberculosis control program in Parepare municipality. They are strengthening the understand and knowledge about tuberculosis, providing health education with a view to balancing traditional beliefs and eradicating harmful beliefs, improving referrals to health clinics, providing health education and better communication in the community.

Key words: Health education, spiritual beliefs, tuberculosis program, traditional healer

Faktor Sosio Kultural pada Terapi Tuberkulosis Paru: Kasus di Kotamadya Pare-pare Sulawesi Selatan

Abstrak

Dukun tradisional masih memegang peranan penting dalam kehidupan sehari-hari masyarakat di Pare-pare. Penelitian ini bertujuan untuk menggambarkan model budaya dalam implementasi program pencegahan tuberkulosis (TB). Penelitian ini merupakan penelitian kualitatif dengan menggunakan wawancara terstruktur. Responden pada penelitian ini adalah dukun, tokoh masyarakat, dan penderita TB. Hasil penelitian menunjukkan bahwa dukun dapat memegang peran sangat penting dalam program pencegahan TB karena masyarakat biasanya datang ke dukun sebagai penolong pertama untuk orang sakit. Pengertian dan pengetahuan dukun mengenai TB sangat terbatas. Mereka beranggapan bahwa Tuhan yang menjadi penyebab penyakit dan hanya Tuhan yang dapat menyembuhkan. Berdasarkan hasil penelitian tersebut, beberapa rekomendasi perlu diperhatikan untuk meningkatkan program pencegahan dan pemberantasan TB dengan mengikutsertakan faktor sosial budaya dalam aktivitasnya. Beberapa di antaranya adalah dengan memperkuat pengetahuan dan pengertian dukun tentang TB, memberikan edukasi dengan memperhatikan pandangan kepercayaan lokal, dan menghilangkan kepercayaan yang membahayakan. Selain itu, akses terhadap pelayanan kesehatan serta komunikasi dengan petugas kesehatan perlu ditingkatkan.

Kata kunci: Dukun, kepercayaan, pendidikan kesehatan, program TB

Background

Pulmonary tuberculosis is one of the communicable diseases that remain an enormous health problem in the world. During the last decade, almost 90 million new cases have occurred and one third of them will die from pulmonary tuberculosis. Today, the disease is the greatest cause of mortality and morbidity from a single infectious agent after acute respiratory infection and diarrhoea under 5 years.

Tuberculosis is an endemic disease in South Sulawesi Province. The data from Indonesia Ministry of Health in 2009 indicated that the number cases of tuberculosis in South Sulawesi Province were around 60,000 suspect cases in Public Health Centres and 1,700 confirmed cases while cases under treatment were 8,722.¹ In this province, although there has been tuberculosis program using direct observed treatment (DOT) strategy since 1996 in the community health centres, there is still an enormous tuberculosis problem.²

Several factors influencing tuberculosis disease will have an impact on treatment and prevention programs. The activities of health promotion programs in Indonesia for tuberculosis control are tuberculosis define programs, to activate community participation regarding control of tuberculosis, training cadres, training health providers and providing tuberculosis information to communities.

The belief in supernatural entities, as cause of disease, was prevalent in indigenous and native communities. This preternatural causation took three different forms, as distinguished by McKechnie and Hultkrantz in 1972 and 1992, respectively. The first of these was of a spirit illness; deemed the ultimate cause. Such an affliction was generally fatal and affected a person who was either ritually combined with, or embodying, a bad spirit. This occurred if the person had acted unethically through violation of taboos, recklessly killing others, cruelty, or careless killing of animals. The second type of supernatural causation was the loss of one's soul. Lethargic, apathetic, or depressive behaviour characterized such an afflicted person. The cure for such disease entailed the repossession of the lost soul by a trained medicine man. The final otherworldly causation was that of disease by intrusion, appearing most frequently.

Conditions of this sort were seen as the result of spirits who had sent malicious objects such as pebbles, splinters, or magical pellets into the body. Cure was possible expressly through the actions of a medicine man or pretends who drew such entities out. There is, thus, convincing evidence that Natives made little distinctions between somatic and psyche disorders by awarding equal or greater weight to distress caused by supernatural powers as natural influenced.³

Tuberculosis is a disease affected by multiple aspects of society. A social model of health is the most suitable conceptual framework for understanding the impact of the disease. Within the framework, improvements in health and well-being are achieved by directing efforts towards addressing the social and environmental determinants of health, in cycle with biological and medical factors.⁴ A foundation of this conceptual framework is the World Health Organization definition of health: "Health is a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity".³ This definition of health highlights the importance of understanding health and disease within the personal, social and cultural context specific to the person or community whose health is being considered.

Indonesia established various levels in the national health system. The top level is the leadership of Health Ministry, which has a responsibility to guide the national health policy that will be applied in all areas of Indonesia. Provincial levels are the second levels whose main functions are coordination, monitoring and evaluation of the service and carrying out public health activities. Each province has a referral hospital that will provide health care for patients from all areas of the province¹

Tuberculosis represents enormous social consequences and barriers to overcome, in national development. The disease causes loss in the social and economic fabric of society, as well as profound individual, family and community costs. Tuberculosis and poverty continue to be vicious cycle. The social impact is extensive, mainly in communities where tuberculosis sufferers and their family are isolated and marginal such as rural or slum areas. They lose jobs, opportunities for education and future prospects for their family. "Tuberculosis is a tragedy", not just because of the suffering and

mortality, (when compared with other disease), but also because of the economic and social impact⁵

The life style of a particular person or group of people is; the conditions, behaviour, and habits that are typical of them or are chosen by them'). According to Naidoo and Wills⁶ "a psychological model suggesting that health behaviour is a function of the perceived benefits and barriers of the behaviour, the perceived susceptibility to a health problem and individual beliefs concerning personal risk, and the perceived seriousness of the problem". Health status of an individual is complex and includes psychology and physical factors, genetic, and environment factors.⁷

Community participation in health care program is considered axiomatic in health development. Cultural and structural influences are discussed in relation to community participation with the intention of highlighting some critical issues affecting its generation and sustainability. These influences include structurally defined perspectives and perceptions of community participation, limitations of the necessary supportive systems, the structural and cultural factors of marginalization, community stratification and organization, mobilization, and the political context.⁸

The Bugis dominate the south-western 'leg' of Sulawesi, one of Indonesia major islands. They inhabit a lush, mountainous region of caves, waterfalls, and large, shallow lakes. Although many of the Bugis live in large port cities, the majority are located in small villages scattered along the coastline and along the rivers and major highways. They are a very proud people and view themselves as being superior to other people groups living on the island.⁹

Traditional healers continued to play an important role in the health care of the population. Often, *they* are used in conjunction with Western style medicine. In some rural areas, these healers represented a treatment option of first resort, especially when there was no community health center nearby, or where the only Western health care available was expensive or the facility understaffed. The manner of healing differed greatly among the hundreds of ethnic groups, but often these healers used extensive knowledge of herbal medicines and invoked supernatural legitimacy for their practice.⁹

Methods

This study used mainly in-depth interviews. Observation was used to observe the environment surrounding the community. This was very important because tuberculosis has a strong relationship with poor environment. Observation of the respondent's activities focused on their activities related to the program implementation.

There were 42 participants selected by purposive sampling method. In this study, the sample size for in-depth interviews was 21 community elders from each villages, 4 traditional healers, 4 tuberculosis patients from Bugis, and 13 health providers.

The process called triangulation was used to analyse the data collected.¹⁰ The role of triangulation is very important to avoid subjectivity of the data. The results of the observations and document analysis were compared with the responses from interviews with participants, particularly where there were different opinions about tuberculosis..

Data collected for the study was collected retrospectively and therefore relied upon the memory of the participants possibly resulting in recall bias. However, to minimize the effect of recall bias, this study developed questions that were aimed to support the research questions. In addition, the interviewer frequently clarified the respondent's answers and used reflection and gave the respondents as much time as possible to provide changes to their answers. The results of the study are not representative to other areas because every areas have their own nature on the involvement of traditional healer.

Results

In this study all of the traditional healers come from low socio-economic groups, only one traditional healer had finished junior high school, whilst three traditional healers have no formal education. The age of four traditional healers range from 45–60 years, and all of them were Moslem. The traditional healer who had attended Junior High School was more open to the modern treatment system and acknowledged that the modern treatment system is more advantageous.

All four traditional healers applied more than one kind of practice. Not only behavioural

treatments and chronic illness, traditional healers also play an important role to giving advice to the patients' on family problems, for example getting something (good fortune) from God, and getting married.

Research findings indicate that traditional healer still play an important role in treating the tuberculosis patients in Parepare Municipality. Traditional healer possessing special skills and expertise in giving treatment to the community, traditional healers feel the responsibility of delivering health service.

...praise to Allah, with my skills to treat people, even though my practice is different from the public health center, I feel that it is also my responsibility to make people healthy... (Th4.20)

The community is strongly influence by traditional belief. People believed that tuberculosis caused by supernatural power and only traditional healer can cured it. One community elder said:

... the truth is until now people still believed strongly in traditional healer. They believe that traditional healer is the right person who can cured them...(Ce5.12)

Traditional healers have a stronger influence compare to health provider especially in the treatment of tuberculosis. One of public health center officer stated that:

Regarding the symptoms of tuberculosis, all of the traditional healers described obvious symptoms, such as coughing up blood, weight loss, weakness, and loss of appetite. When asked about the cause of tuberculosis, they said it was caused by God, genetic, magic, eat tuna fish, old food stock, too cold climate, and heavy smoking. ...because tuberculosis is caused by God, only God can cure it. This disease is contagious only for the patient's offspring ... (Th1.8)

All of the traditional healers said that tuberculosis is very dangerous and cannot be treated. They did not know about effective medicines. One traditional healer remarked that:

...if somebody contracted tuberculosis more than one month, it is fatal. All I can say is that the medicine for them is coconut shell and crowbar. It means that we only wait them passing away and prepare for the burial.... (Th2.8)

Community participation to support the tuberculosis program is an important factor in treatment and prevention. This implies that community members need to be involved in

a range of community meetings, consultation forums and education provided by health professionals. It does not mean that all activities need to occur in the health clinics, conversely there should be discussions about tuberculosis in any place that the community congregates and in people's homes. The data reveals that the participation of traditional healers, community elders, tuberculosis patients, and health providers in tuberculosis control program in Parepare municipality is not adequate.

Traditional healers are not included in meetings and discussions about tuberculosis. When asked about their participation in the program one traditional healer stated:

...I don't understand why they never invite me to the gatherings either in the health center or in our village (Th3.22)

All of the community elders said that the health center have already involved them in gatherings and expressed a desire to be more involved. One elder mentioned the following:

...we thank them because until now every time the health providers gave training or education about anything they will always contacted us (Ce4.19)

Communication related to the tuberculosis program in Parepare municipality is influence by one's position or status and the amount of time that stakeholders can spend with each other,.

Discussion

A person's understanding and knowledge of their health status stems from a combination of physical, psychological and social factors.^{7,10} In turn these factors are influence by cultural factors, in this case the Bugis of Indonesia who are steeped in unique cultural traditions. The findings suggest that the respondents in Parepare municipality have relatively low levels of understanding and knowledge about tuberculosis. They are reliant upon traditional healers and community elders to provide them with advice about their health and well-being.. Similarly, community elders had limited knowledge that a bacterium causes tuberculosis. Health professionals confirmed that there is a need to improve knowledge and understanding of tuberculosis and they also needs more education.

The results indicate that the majority of respondents identified that they rely on greater

entities for help with problems and with healing. Spirituality can repress people when it requires adherence to one dogma. This finding is consistent with the Busenitz's study.¹⁰

The findings of this study showed that their beliefs are that God; spirits of ancestors and witchcraft can cause illnesses. Consequently they visited the traditional healer. Madrona³ argues that treatment philosophy of the traditional healer can be described as general systems theory, or that of dynamic energy systems. Thus, counselling can treat physical illness, since illness is viewed as simultaneously spiritual, mental, and physical. Because of the interaction between components within a system, intervention at any one level will affect others. Traditional healers' perception of disease is that it comes from God, thus only God can cure the patient. The patient must entrust their illness to God if their health is to improve. The traditional healers point out that the medicine cannot be useful if God has no desire to heal the patient. Treatment of the patient is divine service.

Wellness and illness concepts differ from the biomedical concept according to traditional healers. The traditional healers do not practice based on a scientific paradigm that illness is caused by virus or bacteria. Their belief is that illness can be classified into naturalistic and supernatural, evil; ghosts and also humans can cause disease. People can be healthy, if they can keep a balance in their body conditions, such as heat, cold, fluids, according to their age and social environment. An imbalance can be caused by weather, food, and environmental changes. Therefore, the traditional healer believes that ghost, magic, and the supernatural that cannot be treated by doctors' diseases.

Traditional treatment is based on holistic integrated concepts between physical elements, the soul and the environment. This means traditional healing deals with the whole self, it does not separate the physical, emotional or spiritual self. The patient must enrich the spirit, the inner self, and the parts that the medical professional cannot see but we can feel it in ourselves.

The traditional healer never forbids the patient to take medicine prescribed by a doctor, but between medicines from doctor they administer their compound medicine. In the treatment process, more importantly is the request to God to get well. According to Mitchell,¹¹ modern

medicine knows the apparent causes of a number of diseases. A doctor, treating a tuberculosis patient, can tell the patient that the patient has been exposed to *Mycobacterium tuberculosis* from another tuberculosis patient.¹³ However, the doctor usually cannot tell the patient why they became infected and not somebody else in the household, who has been exposed to the same source of tuberculosis germs. Conversely, a traditional healer, seeing the same patient, however, might tell the patient that the cause of the disease is that a neighbour has charmed that patient. Thus unlike modern medicine, traditional medicine explains the meaning of disease to the patient in relation to their social environment.

Despite the influence of other cultures and modernity, the indigenous traditions still live in the hearts of many Bugis people in urban as well as rural areas, educated as well as uneducated people. This is why it is important to integrate these strong socio-cultural beliefs into a model for the treatment and prevention of tuberculosis. The study findings also indicate that respondents especially traditional healers need and would welcome health education to be an essential part of tuberculosis control program and important to enable communities to make health choices. Community elders that had received education found it invaluable and wanted more tools or resources with accurate information. The results are consistent with other studies that indicated although health providers perceive initiatives such as health promotion and health education to be important, without the appropriate knowledge and skills; health providers are hesitant to adopt a health-promoting role.¹⁴

Community participation is essential to improve the existing tuberculosis control program. The findings of this study indicated that there are many factors, including the level of community knowledge; socio economic and cultural factors can influence community involvement in tuberculosis control program, also for advocacy and collaboration among stakeholders, personal behaviour of patients, physicians and drug taking observers.

Conclusions

The community trusts the advice of traditional healers and community elders. However there are several barriers to an effective tuberculosis control program. These are the lack of

understanding and knowledge, low socio-economic status, and the lack of transportation. The study also indicated that all of the respondents were eager to cooperate in the implementation of the tuberculosis control program and they need quality diagnostic, preventive, and curative medical care that is available, accessible, and acceptable. Health providers suggested that other sectors in the community could be more actively involved in the program.

The findings also revealed the health providers need to increase their knowledge and education, also increasing their ability to communicate with patients and other community members based on the local needs.

Further exploration of the socio cultural factors that influence tuberculosis treatment through a formal evaluation of the tuberculosis control program is needed.

Improve the health conditions in rural areas, the role of the traditional healer should be included in a community development program.

The establishment of effective systems for traditional healers to refer new cases to formal health services.

Research is needed on traditional treatments and the traditional healer activities that may support modern medicine activities or create barriers to effective treatment.

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