

Traditional Medical Systems In Handling Children Diseases Among Tolotang Community In Sidrap Regency South Sulawesi

Syamsuriah,¹ Suriah,² Healthy Hidayanty³

¹Departement of Health Promotion, Faculty Of Public Health, Hasanuddin University

²Departement of Health Promotion, Faculty Of Public Health, Hasanuddin University

³Departement Of Nutrition, Faculty Of Public Health, Hasanuddin University

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Correspondence : Syamsuriah, Public Health Faculty Hasanuddin, University Makassar, 90245
Email: Syamsuriah8@gmail.com

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ABSTRAK

Tolotang community still uses traditional medical in handling children diseases, this inseparable from cultural influence on Tolotang community which is so firm in maintaining customs and beliefs adopted. This study aimed to analyze the resources consisting of facilities, accessibility, and skills that used by the Tolotang community in handling diseases of under five children. This study used qualitative methods with ethnographic designs. The selection of informants used the snowball method by collecting data through in-depth interviews with 28 informants. Data was analyzed by content analysis and it was interpreted and presented in form of narratives, matrices, and schemes. The results showed that resources in the form of facilities such as community health center, auxiliary community health center, village health post were available and can be reached by the community. Several plants are available in the surrounding environment such as betel leaves, turmeric and, bangle that were used by the community as the first traditional treatment of illness children before bringing it to a health care facility. It is expected that the Sidrap Health Office can maximize the implementation of traditional health in health centers so that the traditional health services obtained by the community are more directed with minimal risks.

INTRODUCTION

The problem of children diseases is a very complex problem in a family. Indonesia out of every 1,000 births, 40 of them will die before they are 5 years old. Indonesia's under-five mortality rate is the highest in other ASEAN countries, 4.6 times higher than Malaysia, 1.3 times higher than the Philippines and 1.8 times

higher than Thailand (Amiruddin, 2015).

Diseases affecting children under the age of 2013 based on Hospital Information System (SIRS) data, diarrhea & gastrointestinal by certain causes of infection (36.58%), YTT seizures (11.260%), URI (11.043%), typhoid and paratyphoid fever (9.747%), pneumonia



(9.180%), fever (6.885%), DHF (6.303%), Other abnormal clinical and laboratory symptoms, signs and findings (3.472%), dehydration (2.975%), anemia (2.856%), and dengue fever (2.770%) (Kemenkes RI, 2015).

Concept of the incidence of disease depends on the type of disease. Human behavior and way of life can be the cause of various kinds of diseases both in primitive times, as well as in very advanced society, civilization and culture. Thus efforts to overcome them in the search for health services depend on their belief in the causes of diseases (Marimbi, 2009).

Medical systems are a number of parts that are interrelated and systematic in providing health services. Medical systems are an integral part of the culture that develops in society, thus there is a variety of medical systems that are developing in the world. Diversity of medical systems can refer to modern, traditional, and medical systems that are based on religious values or cultural values (Sudarma, 2009).

As primary health care, the Siddha traditional medical system applies in the states of South India, especially in Tamil Nadu. Local people in the area use a number of plants for medicines with appropriate training obtained from their ancestors and also from several sources of ancient textbooks. A total of 116 plant species from 49 families and 103 general were recorded to treat 73 types of diseases. Among the plant parts used for medicine preparation, the leaves are often used as the dominant medicine preparation (Krupa et al., 2018).

Research conducted by Oliver (2013) in Australian Aboriginal communities suggests that reciprocity and cultural sensitivity are very important in health care, such as using spiritual or magic treatment and the use of traditional medicines that are thought to be able to relieve symptoms of the cause of the disease for various diseases. Like to deal with colds and flu, wounds, headaches, muscle aches and skin rashes.

Traditional handling of plants uses such as handling measles. In Indramayu mothers treat it by lining up children with kawak acid, drinking honey and lime or giving suwuk leaves, that according to belief can suck up disease (Marimbi, 2009).

In the Sidenreng Rappang (Sidrap) area of South Sulawesi, there is a Tolotang community known as the Bugis tribe who are very clever in maintaining ancestral heritage. Tolotang community is very firm in maintaining the customs, culture and beliefs that are adopted. The community is quite proud of their leaders who came from the Sawerigading descendants (Bugis ancestors) or La Panaungi who have the title Uwa 'or Uwatta (Darmapoetra, 2013).

Different beliefs certainly affect different thinking and behavioral patterns. This will also affect the community or individuals in maintaining their health. Thus, this study aims to analyze the resources used by the Tolotang community in Sidrap Regency in handling children diseases.



METHOD

Research Design and Location

This research was conducted in the work area of Manisa Health Center and Amparita Health Center on March 22 to May 7, 2019. The type of research used was a qualitative research with an ethnographic approach.

Informant

The informant selection method used is the snowball method, that is a data retrieval method that will discuss a little longer, it will become big, informants in this study were 28 people consisting of 8 traditional children healer, 9 children/ families, 7 health workers and 4 people traditional leaders/ community leaders.

Data Collection

The method of data collection in this study is by in-depth interviews and observations of the in-depth interview process. To guarantee and reflect the accuracy of the information gathered, researchers used triangulation techniques and sources. The researcher is one of the instruments in this study. To obtain facts in the field, researchers equip themselves with interview guidelines, documentation tools (voice recorders and cameras) and field notes.

Data Analysis

The process of data analysis in this study is to collect all data from interviews according to the variables included in the research. The data analysis technique used is content analysis and then interpreted in the form of narratives, matrices, and schemes.

RESULTS

The informants in this study were 28 people, consisting of traditional leaders/ community leaders 4 people, 8 traditional children healers, 9 parents/family of child, and 7 health workers (5 midwives and 2 BATRA managers). The age of the informants interviewed ranged from 30 to 84 years.

Resources are a supporter in the behavior of a person or society. The resources in this study are the availability of health care facilities, the use of plants in the surrounding environment that are used in traditional medicine and the skills of traditional healers as well as parents/families of children under five in using it to overcome this disease in children in Tolotang community. Based on in-depth interviews with research informants, it was found that informants knew about the health care facilities available in Manisa Village, as follows:.

“See, Manisa Health Center and Auxiliary Community Health Center in Tangkoli”

(RS, Parent of child, 30 Years old)

Likewise, the informants at Amparita know about the available health service facilities, as the following informant phrases:

“Here there is a health center with hospital, there is a village midwife and village health post if you want to bring your child to treatment”

(AN, Parent of child, 29 Years old)



The answers from health workers regarding the availability of health service facilities in the work area of Manisa Health Center and Amparita Health Center are as follows:

“If the surrounding of Manisa Community Health Center is divided into 3 regions, there are what are said to be Manisa village, Panreng village, and Benteng village. In the Manisa village there is village health post, in the pareng there is village health post panreng, and in Benteng there are village health post and auxiliary community health center”

(ST, Health worker, 29 Years old)

“There are 9 village midwives, 2 auxiliary community health center, 3 polindes, 4 village health post. In the Amparita Polindes village, it is open 24 hours. Usually, if a sick child is taken to a village health post first and then asked to the community health center depending on the disease”

(NI, Health worker, 32 Years old)

Based on observations at the research location, it can be seen that health service facilities in Manisa and Amparita Villages are available such as the existence of community health center, village health post and auxiliary community health center. Meanwhile, the accessibility can be reached because the distance is not too far from the area where the Tolotang community lives. Especially in the Tolotang community in Manisa village, it is known that the community occupies a certain area in the Manisa

Village, but access to health services can be reached, especially the village health post located in the surroundings.

In addition to the availability of health care facilities, as well as plants available in the surrounding environment such as betel leaves, turmeric and bangle that are used by the community as the first traditional treatment if the child is affected by illness before bringing to health care facilities. Based on the results of interviews with research informants, the most frequent use of herbal plants in handling childhood diseases is using a mixture of turmeric, as follows:

“For the disease there must be turmeric, candlenut, betel leaves for kedo ise 'also using chicken eggs and marble in a bugis. If the fever persists, after that the fever could be dropped”

(WA, Community leaders, 72Years old)

Betel leaf is also used for most treatment mixtures in the treatment of traditional children diseases because it is easily obtained in the surrounding environment, one of its functions is to overcome the fever suffered by children, such as the following that interview:

“Betel leaves are used to reduce the heat of children mixed with water, because betel leaves can be found in the surrounding environment”

(IT, Community leaders, 66 Years old)

Other informants said that bangle is also often used for treatment if it is mixed with other ingredients and some plants



used in handling other diseases, as the following informant said:

“Usually, using amuja leaves, bangle, many types when exposed to lingkao holes. If the worms leaves lengnga-lengnga padang, usually, if you have fever, kau-kau leaves, colli aju java for fever”

(EN, Parent of child, 34 Years old)

Unlike the children parents informants who use Moringa leaves in handling child diseases, as the following interview:

“Moringa leaves, sour mango vinegar, it all avoids serru’ matanna and lowers the heat, right if the hospital is compressed as well as that it's just natural ingredients but the same to reduce heat as well, as well as first aid Moringa leaves, especially if in the midnight children suddenly sick”

(HW, Parent of child 39 Years old)

Meanwhile, other informants also used plants as a mixture for children's bathing water in handling diseases, as follows:

“There, as bathed using pale 'kaniki leaves, heated and then kneaded then bathed for pain barrier. If the worms are given lengnga leaves, the field is squeezed and then washed. All of these are concoctions for bathing mixes. If smallpox use leaves bitter melon, raw turmeric, onion, pecan sliced and then given betel leaf bailu. If the fever is cured, raw

turmeric is pounded, the leaves are bitter melon, onions, pecan are then mixed and then bathed in the child who has recovered from smallpox. It is also given welompogi to drink, then recited incantations if the child is sick”

(HA, Traditional children healers, 68 Years old)

The answers from health workers at the Manisa Health Center regarding traditional health services are the implementation of counseling for traditional treatment by the manager of traditional medicine (BATRA), as follows:

“Here, there is counseling for medicinal plants, there is indeed counseling for the medicine. If there is a disease from the doctor, if the body and knees are hurt, counseling is given, such as ginger ingredients for herbs, ginger herbs. The traditional healers are visited at his house every month and recorded by the types of herbs used like manuals, energy therapy, mind-training. If the manual is only his hand like the incantation is always visited every month, it is always included in the report every three quarters there is also a book for taking medicinal plants. There is indeed the formation of the ASMAN group if here like in Benteng, Panreng, Manisa there is indeed its formation as soon as Asuhan Mandiri for medicinal plants that have many medicinal plants, but I form the ASMAN group. Plant the medicine for all types of diseases”

(NM, Health worker, 33 Years old)



Based on the results of in-depth interviews with informants, it was found that the knowledge to concoct plants into medicine for the management of child diseases was obtained by the informants who were downgraded from the literature, as quoted by the following interview:

“This bangle functions to enforce the whole body, the way the blood can run smoothly if it is mixed all of it. The lempuyang and bangle can also be given by children to go away, not be disturbed by parakang. Cinnamon is just the mixture, the main medicine is bangle with lempuyang. Those's two kinds. It was true that there was no change in medicine from parents, nothing added”

(HR, Traditional children healers, 76 Years old)

DISCUSSION

Based this research it is known that the Tolotang community knows the availability of health care facilities that are around their homes such as health centers, village health post, auxiliary community health center and health workers who provide health services at home. In addition, health service facilities are available and in terms of accessibility can be reached at a distance not so far from the residence of Tolotang community in the villages of Manisa and Amparita. As well as traditional plants that available in the surrounding environment used by the Tolotang community using skills that are known to be hereditary before bringing children to health care facilities.

In line with the research conducted by Marnah et al (2016), the respondents stated that they knew, types of medical health services such as hospitals, health centers, medical doctors, auxiliary community health center, nurses and midwives practice. In addition, respondents also knew and explained the types of health services in the area, dukun, masseurs, smart people, traditional/religious leaders who could provide water for prayer.

The distance between residence and place of health service facilities is also a supporting factor in the utilization of health services. Respondents stated that they routinely attended the elderly posyandu activities, as a form of utilization of health services visited only on foot. In line with research by Hidana et al (2018) stating that the availability of health workers, easy accessibility and having health insurance have a proportion of utilizing more health services.

A different thing was found in Su'udi & Hendarwan (2017) regarding "Utilization Of Health Services Of Targetting Tabalong Health Security Program In Tabalong District, South Kalimantan" that utilization of free health services at the community health center is not optimal, several factors including the travel time to health service facilities and transportation costs. Expenditures for transportation to health care facilities are important considerations for families to utilize health services so that high transportation costs have the opportunity to prevent someone from coming to health services at the health center.

Handling child diseases in the Tolotang community by using herbs made



into ingredients by mixing combinations of several other plants, that are commonly used are turmeric, bangle, lempuyang, onion, garlic, betel leaf and curcuma. The use of plants in handling diseases was also discussed in Dewi et al (2017) found 53 species from 29 families that were used as traditional medicine. Part of the medicinal plants used are roots, tubers, rhizomes, twigs, stems, leaves, flowers, seeds and fruit by varying processing methods such as: dried, pounded, kneaded, grated, brewed, boiled, roasted, fried, chewed, dripped, rubbed, squeezed, smeared, eaten and drunk directly. Other research by Ihsan et al (2016) discussed most of the plant parts used are leaves. Lansau dosage form is dekok by boiling it in the stove. Taking plants is done in the morning before 9 in the morning. 44 kinds of plants can be substituted with other plants of similar efficacy according to physician/Muna community knowledge.

In addition, in the use of medicinal herbs in this study generally inscribed on the body of a sick child, this was also discussed in the Mabel et al (2016) Results of the study of identification and use of medicinal plants in 9 villages in Asologaima, Kurulu and Wamena Subdistricts, found 16 species medicinal plants from 12 families that are utilized by the local community with different properties and uses, boiled, mashed, made vegetables, heated in fire, sprinkled and slapped on a sick body part. Parts of plants that are widely used by the community are leaves and based on their habitus, the most are bush plants.

The use of plants as traditional medicine is discussed in research conducted by Chukwuma et al (2015)

"Traditional medicine and the future of Plants in Nigeria medicinal" showed the fact that medicinal plants continue to play an important role in Nigeria's health care sector, also in traditional medical practitioners who have hereditary skills in concocting traditional medicine. Then a study Kunwar et al (2013) that the medicinal ingredients are the main ingredients of traditional therapy, and are often the first choice in treatment because they have been consumed, and managed through customs and local knowledge. In line with a study by Adams et al (2015) that indigenous Australians seem to use traditional medicine in connection with their cancer care, and this is a significant health care problem. This was also discussed in Kurniarum & Novitasari (2016) on "The Use Of Traditional Medicine Plants To Increase Food Effects In The Today" that the most widely used type of traditional medicinal plant is black ginger.

Based on the results of interviews with the management of BATRA (Traditional Medicine), it was explained that in the community in the Manisa Community Health Center work area an independent care group had been established to manage the Family Medicinal Plants (TOGA) in the home yard, in line with the research (Sari et al., 2015). Shows that the TOGA program has been included in the Family Welfare Development Program (PKK) and similar programs have been developed in several villages. In Banjarwaru village there is Saung Wira with an area of about one hectare consisting of a collection of trees such as various types of bamboo and other plants including medicinal plants.



People who plant medicinal plants generally use the medicinal plants for initial treatment before going to health workers where "myths" or traditions are still the basis of planting and utilization of sticky plants in each area for some people.

In addition to traditional plants, the handling of pediatric diseases is also read potions as in Lesmana et al (2018) The local wisdom of the Tidung community in the field of health has been passed down from ancestors to natural ingredients on the island of Borneo, local wisdom Tidung community in the field of health, especially traditional medicine in adult patients, uses 3 approaches to overcome the health problems they experience, that is using the action/ herbal/ herb approach, supernatural prayer / read-read approach and the combined approach of the two methods.

From these research, it is known that parents of children in the Tolotang community carry out self-treatment first as an initial treatment for children diseases. In this health care system there are elements of knowledge from traditional and modern medical systems. This can be seen if there are children who suffer from diseases, so the mother or other family members will do self-treatment first. The act of giving this medicine is the first action most often done in an effort to treat disease and is a stage of healing or health seeking behavior known as "health seeking behavior" (Khasanah, 2011). The use of plants is carried out by parents of toddlers as the first care for children who are sick based on their families. Based on research by Prasanti (2018) that the first traditional

medicine is used as a first aid in family therapeutic communication.

Furthermore, it is known that the knowledge to concoct plants into medicine for the treatment of childhood diseases was obtained by informants who descended from the ancestors. There is something that is obtained by learning it directly, there are those who get magical through dreams. Another study discussed the selection of medicinal plants and medication in the Merdeka Sub-District of East Kupang District that has criteria for taking medicinal plants. This is influenced by knowledge, plant availability and beliefs inherited from generation to generation. Knowledge gained by Health Restructuring is inheritance obtained from parents, and can only be inherited for family members only (Sambara et al., 2016). The method of treatment is based on the knowledge that has been obtained from her predecessor. Medicinal materials and care equipment obtained from the surrounding environment, as well as maintenance techniques that are easily carried out using prayers or received (Intani, 2015).

In line with the research conducted by Kusumah (2017) that knowledge of plants that can be used as medicine was obtained by the Bugis-Makassar community through several ways such as reading lontara' pabbura, an ancient text containing knowledge about plants and how to use them to cure diseases, inheritance from people parents or ancestors, and try to concoct their own medicine because generally the plants used can be found around their environment



CONCLUSION AND SUGGESTION

In general, the availability of resources and facilities in handling child diseases in Sidrap Regency, especially in Manisa and Amparita i.e. community health centers, sub-district health centers and post-village health centers, can be accessed by the community even though on foot. Meanwhile, the use of plants available in the surrounding environment such as betel leaves, turmeric and bangle is widely used by the community as a traditional initial treatment if the child is sick before bringing it to health services.

This is because the informants have gained the knowledge of concocting plants into traditional medicines from

generation to generation and are still maintained today. Traditional treatment of disease is found to be still high in the Tolotang community, whether it is visits to traditional healers or the use of plants processed in handling child diseases. Thus, it is expected that the Sidrap District Health Office can maximize the implementation of traditional health services in the health center so that the traditional health services obtained by the community are more directed with minimal risk and family medicinal plants are expected to be more utilized by families independently with guidance from local health workers.



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