

Community beliefs toward causes of illness: cross cultural studies in Tolotang and Ammatoa Ethnics in Indonesia[☆]



Hamdan Juhannis^a, Nildawati^b, Habibi^b, M. Fais Satrianegara^b, Munawir Amansyah^b, Nurdyianah Syarifuddin^{b,*}

^a Universitas Islam Negeri Alauddin, Makassar, Indonesia

^b Department of Public Health, Faculty of Medicine and Health Sciences, Universitas Islam Negeri Alauddin, Makassar, Indonesia

ARTICLE INFO

Article history:

Received 24 August 2020

Accepted 4 December 2020

Keywords:

Ammatoa Kajang

Beliefs

Causes of Illness

Indonesia

Towani Tolotang

ABSTRACT

Objective: This study aimed to compare community beliefs regarding causes of illness and preventive actions of two minority ethnic groups in Indonesia.

Method: A qualitative design with an ethnographic and phenomenological approach with a total of 18 participants.

Result: The Ammatoa Kajang and Towani Tolotang do believe that many factors determine health status. Both ethnics keep the faith that fail to follow tribe's rules and disobedience to their customs and values inherited from their ancestors will affect their health. The most significant similarity is the way they respect their community leader and traditions. Although both ethnics believe that disease caused by evil spirits, they have a different perspective on disease prevention. While Ammatoa Kajang emphasis more on adherence to Ammatoa's instructions, Towani Tolotang perceives that they should maintain good relations and perform self-control.

Conclusion: There is a need to develop health policies and programs for indigenous community without compromising preserved cultural values.

© 2020 SESPAS. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Socio-anthropological science is a growing issue in various countries in relation to health policy-making strategies. The culture of an area greatly influences behavior and health status. Health culture as an alternative and attractiveness to increase the social determinants of health.¹ Cross-cultural studies indicate that every culture and community have specific explanations related to health care efforts and methods of healing diseases.² The implementation of health policies only generalizes prevention and maintenance efforts regardless of the cultural background of each region. Understanding the perceptions of the causes of disease that exist in the culture of each area will help policymakers make effective primary health efforts for all levels of society.³

The results of the study show that local culture and behavior are closely related to health problems in each community and society.⁴ Indonesia with a very wide geographic area has more than five hundred ethnic groups and has very diverse local wisdom.⁵ This condition requires specific local interventions and cannot be generalized nationally. Public health problems cannot be solved only by taking a health science approach but is how to use socio-anthropological science.⁶ Socio anthropology is one of the alternative approaches to uncover medical problems that cannot

be defined by health science.⁷ Socio-anthropology of health studies how the health of individuals, broader social formations and the environment is influenced by the relationships between humans and other species, cultural norms and social institutions, micro and macro politics, and globalization.^{8,9} The culture of health behavior in society is diverse and is inherent in social life. So that the effort that must be made to change this culture is to study their culture and create an innovative culture in accordance with norms, patterns, and objects made by humans.¹⁰ In order to produce relevant and adaptive health policies and programs, policy-makers must examine how communities, as cultures of practice, adjust to diverse and complex stressors. Here, measuring inequality becomes impossible without a close assessment of vulnerability and resilience as they emerge locally.¹¹

This research intended to conduct an in-depth study related to socio-anthropology in the public health perspective in the Ammatoa Kajang and Towani Tolotang Tribe, especially regarding their beliefs in the occurrence of a disease. The Kajang area is different from other ethnics which is still very synonymous with a very thick culture. They still uphold their culture in the midst of modernization today.¹² The Ammatoa Kajang indigenous community is a society where in their life they still very much hold on to traditions and patterns of life that are always in harmony with nature.¹³ Even more uniquely, these communities do not want to accept the existing technology because for them the technology that exists today can destroy a life that is always in harmony with nature.¹⁴ The Towani Tolotang community is interesting to study as well because it adheres to a social system from the concept of religion that they understand which makes religion the basis of the pattern of social life in society and as a measure of good and bad in social

[☆] Peer-review under responsibility of the scientific committee of the 1st International Conference on Safety and Public Health (ICOS-PH 2020). Full-text and the content of it is under responsibility of authors of the article.

* Corresponding author.

E-mail addresses: nurdyianah@uin-alauddin.ac.id, [\(N. Syarifuddin\).](mailto:pmc@agri.unhas.ac.id)

life.¹⁵ Referring to the cultural essence of the people of the Ammatoa Kajang and Towani Tolotang, cultural values are an integral part of their existence as an effort to create a healthy life and are part of a culture that is found universally.¹⁶

Methods

A qualitative research with an ethnographic and phenomenological approach was applied in this study to explore and study information in a structured and in-depth manner about the beliefs and health care efforts of the Towani Tolotang Sidrap and Ammatoa Kajang. The location of this research is in the Ammatoa Tribe, Tana Toa Village, Kajang District, Bulukumba Regency and the Towani Tolotang Sidenreng Rappang Tribe, Tellulimpoe District, Sidrap Regency. This research was conducted from February to July 2020, with a total of 18 informants consisting of indigenous tribesmen, traditional or tribe leaders, residents in adjoining locations and health workers. In-depth interviews were used to obtain data from informants.

Results

Theme 1. Beliefs toward the causes of illness

The Ammatoa Kajang and Towani Tolotang ethnics have certain beliefs about the causal factors of getting sick. According to Ammatoa himself, diseases can occur because they do not obey customary orders in the area of the Ammatoa Kajang tribe, other causes are having disgraceful behavior, impatience and having a bad temper. Another thing was expressed by Ammatoa that certain diseases are caused by infidels or devil spirit, named in the Kajang language as *Parakang or Poppo*.

'Illness is caused by not obeying customary orders, impatient and angry. Usually if the pain is not an ordinary illness, it comes from the infidel jinn, *parakang or poppo*' (evil spirit or witchcraft) (Inf.005, male, 68 years)

Similar to the point of view above, Towani Tolang also believes that disease occurs because a person does not follow god (*patotoe's*) orders.

'The cause of illness is because someone doesn't follow the god (*patotoe*) ordered' (ancestor) (Inf.011, TT, female, 54 years)

'If we don't do the rituals that have been passed down from generation to generation to our ancestors, then we will get sick and get reinforcements'. (Inf.015, TT, male, 61 years)

From the interview results, both ethnics also argued that getting sick are depending on what they eat. However, Towani Tolotang also additionally stated that having jealousy and emotional imbalance are also determinants of health status.

'... The pain is because (someone) does not care of the food, the pain comes from the food that enters the body'. (Inf.002, male, 52 years)

'I think there are many causes of illness, like eating very acidic foods, but nowadays more people are sick because of jealousy and stress'. (Inf.011, female, 54 years)

Theme 2. Beliefs regarding disease prevention

The people of the Ammatoa Kajang tribe have their own perceptions and beliefs regarding preventing disease and the methods they have used to do to have a healthy soul and body. Some of the important messages from the informants regarding how to prevent disease or reinforcements were to continuously consume healthy

food and most importantly follow the instructions of Ammatoa and the ancestors.

'If we do not want to get sick, we need to clean our heart (attitude), improve diet, then what we must do is adhere prior instructions from Ammatoa, because this has been a hereditary tradition in our village'. (Inf.001, female, 45 years)

The similar opinion is related to their belief that if they want to avoid disease, they must not violate the forms of agreement that exist in the Kajang area.

'If we want to be safe in the village, it is not permissible to make mistakes, for example stealing and not violating the forms of agreement in the Kajang that come from the ancestors'. (Inf.004, female, 38 years)

An interesting explanation from village shaman about why people get sick is due to not obeying the rules that have been passed down from generation to generation, one of which is wearing footwear (sandals) in Kajang area. The tradition of not wearing sandals when entering the Kajang area is having symbolic meaning of respecting and building harmony with the environment. Human as part of the environment have to be united with the environment.

'In Ammatoa village, we cannot wear sandals because if any of us wear sandals, we are usually subject to trials, such as illness because it has become a hereditary habit'. (Inf.006, AK, female, 61 years)

Towani Tolotang, by contrast, has a different perspective regarding preventive attempts to maintain a healthy body. They believe that having an open heart, not bothering with other people's business, loving and cherishing others, keeping good feelings and not wanting much are the keys to stay healthy.

'In my opinion, so that disease does not exist, we should fix our hearts (opened heart) and not be bothered by other people's affairs, love each other, love each other'. (Inf.013, TT, female, 44 years)

In order to be healthy, we take care of our food and don't overdo it. The most important thing is to maintain good feelings and not want a lot. (Inf. 018, TT, female, 39 years)

Overall, the results and conceptual model of this research can be figured out briefly in Figure 1.

Discussion

We found that there are three major aspects related to beliefs of illness causation. Both The Ammatoa Kajang and Towani Tolotang communities believe that: (1) the causes of illness are various, meaning that there are many determinants of health, either due to individual and environmental factors; (2) diseases can occur if they are not obeying customary rules that have been agreed upon and have been passed from generation to generation or fail to follow their customary instructions, led by their community leader; (3) diseases caused by magical or mystical factors. This finding is in line with studies conducted by Workneh et al.² and Kahissay et al.³

In terms of disease prevention efforts, we also found that there are quite dissimilarity among the two ethnic groups. Ammatoa Kajang ethnic emphasis is more on adherence to *Ammatoa's* instructions, while Towani Tolotang perceives that they should maintain good relations with others and perform self-control. From these findings, we can assume that in Ammatoa Kajang ethnic, community leader plays an important role in determining the health status of the people in Kajang areas which is not strong enough in Towani Tolotang ethnic. In Towani Tolotang, they are more likely to have community consensus or mutual agreements

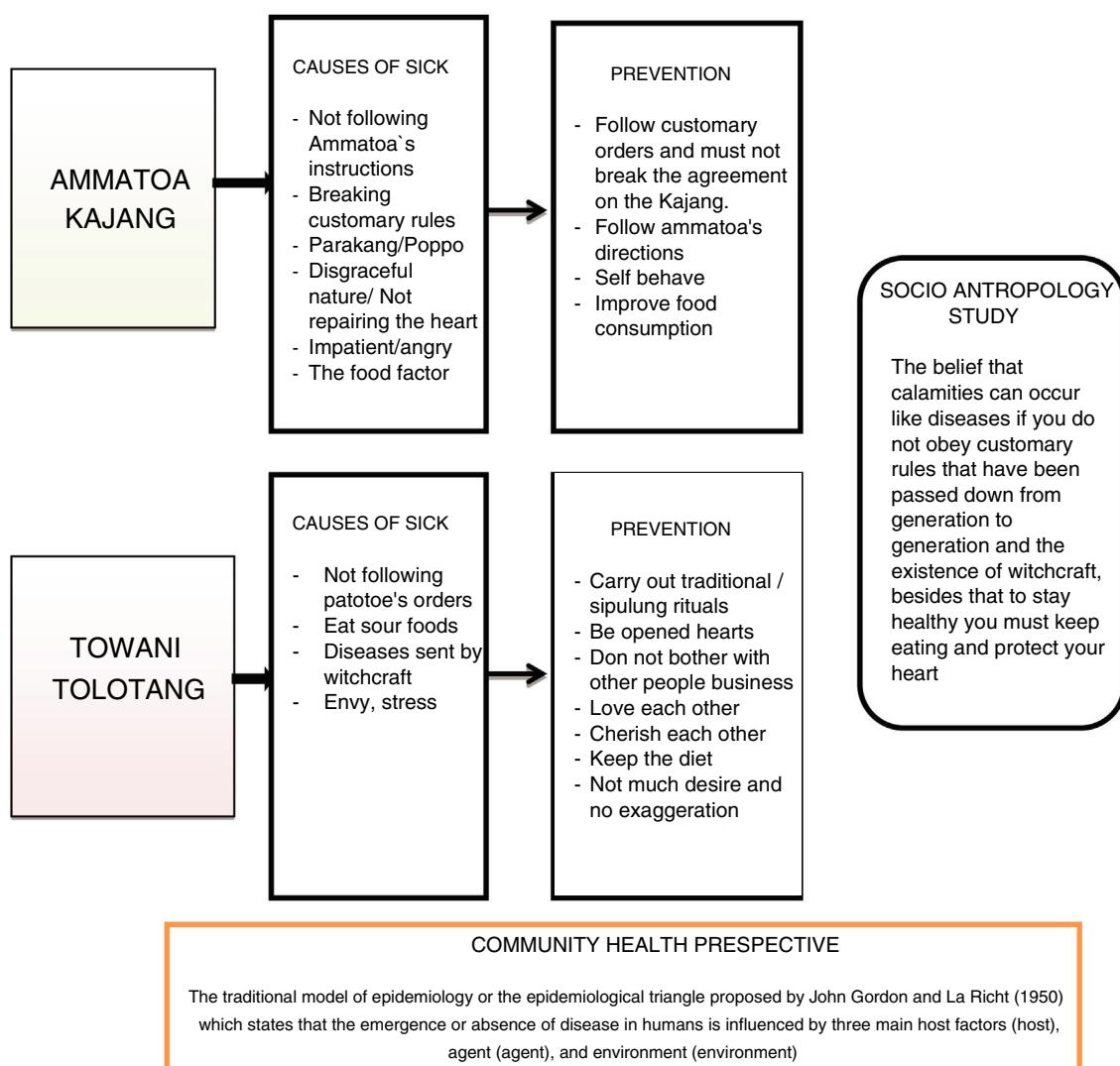


Figure 1. Results and conceptual model of research.

which are decided in sit together or '*tudang sipulung*'. In their research, Levesque and Li (2014) similarly discovered that culture has impacted on 'health practice'.¹⁷ There are three level of disease prevention in public health named primary, secondary, and tertiary prevention. These prevention levels focuses on shortening the duration of illness and reducing the severity and seriousness of the disease.^{18,19}

Consistent with American Psychological Association's (2014) Guidelines for Prevention in Psychology, we define prevention as consisting of one or more of the following: (a) stopping a problem behavior from ever occurring; (b) delaying the onset of a problem behavior; (c) reducing the impact of a problem behavior; (d) strengthening knowledge, attitudes, and behaviors that promote emotional and physical well-being; and (e) promoting institutional, community, and government policies. Although the principles of prevention science are relatively simple and easy to convey, some of the more nuanced aspects of solving major societal problems may be hard to discern for those unfamiliar with the principles of prevention.^{20,21}

Conclusion

These research findings provide advance knowledge regarding community beliefs regarding causation of illness and disease

preventive behavior among two minority ethnic groups, the Ammatoa Kajang and the Towani Tolotang. By understanding community health concepts, we are able to address community health needs and develop appropriate cultural-based health programs with respecting local cultural institutions.

Conflict of interest

The authors declare that they have no conflict of interest.

References

- Mariner WK, Annas GJ. A culture of health and human rights. Health Aff. 2016;35:1999–2004, <http://dx.doi.org/10.1377/hlthaff.2016.0700>.
- Workneh T, Emirie G, Kaba M, et al. Perceptions of health and illness among the Konso people of southwestern Ethiopia: persistence and change. J Ethnobiol Ethnomed. 2018;14:18, <http://dx.doi.org/10.1186/s13002-018-0214-y>.
- Kahissay MH, Fenta TG, Boon H. Beliefs and perception of ill-health causation: a socio-cultural qualitative study in rural North-Eastern Ethiopia. BMC Public Health. 2017;17:124, <http://dx.doi.org/10.1186/s12889-017-4052-y>.
- Kemenkes RI. Profil Kesehatan Indonesia 2018 [Indonesia Health Profile 2018]; 2019.
- Brata I, Kearifan Budaya Lokal Perekat Identitas Bangsa. J Bakti Sar. 2016;5:7558.
- Rosmalia D, Sriani Y. Sosiologi Kesehatan. Cetakan Pe: Kementerian Kesehatan Republik Indonesia; 2017.

7. Sumarmi, Syamsudin, Indirawaty. Dasar-Dasar Penerapan Antropologi Kesehatan. Cetakan Pe. Ponorogo: Wade Group; 2018.
8. Susilowati D. Buku Ajar Promosi Kesehatan. Pusdik SDM Kesehatan. 2016;6–8, <http://dx.doi.org/10.16309/j.cnki.issn.1007-1776.2003.03.004>.
9. Rahmayani E, Nadjib MK. Ammatoa Kajang. J Komun Kareba. 2017;6: 361–70.
10. Utami TN, Harahap RA. Sosioantropologi Kesehatan. Cetakan ke. Jakarta Timur: Prenadamedia Group; 2019.
11. Napier D, Depledge M, Knipper M, et al. Cultural contexts of health and well-being, culture matters: using a cultural contexts of health approach to enhance policy-making. WHO Policy Br. 2017;54.
12. Sudirman. Proses Interaksi Sosial Komunitas Adat Kajang di Desa Tana Toa kecamatan kajang Kabupaten Bulukumba; 2017. p. 1–14.
13. Bungawati. Budaya Akkattere dan Implikasinya terhadap Pengamalan Hukum Islam di Tanah Towa Kajang; 2017. p. 1–14.
14. Ade Rezkiawan Embas JN. Analisis Sistem Pemerintahan Desa Adat Ammatoa Dalam Pelestarian Lingkungan Hidup Di Kecamatan Kajang, Kabupaten Bulukumba. Ilmu Pemerintah; 2017. p. 10.
15. Marhani. Cultural Care Terhadap Kesehatan Ibu dan Anak Adat Tolotang. Universitas Islam Negeri Alauddin Makassar; 2020.
16. Abdullah AM, Cangara H, Tang M. Komunitas Tradisional Kajang di Tengah Transformasi Komunikasi dan Informasi. J Komun Kareba. 2014;3:103–11.
17. Levesque A, Li HZ. The relationship between culture, health conceptions, and health practices: a qualitative-quantitative approach. J Cross Cult Psychol. 2014;45:628–45, <http://dx.doi.org/10.1177/00222113519855>.
18. Caburnay CA, Graff K, Harris JK, et al. Evaluating diabetes mobile applications for health literate designs and functionality, 2014. Prevent Chron Dis. 2015;2014:1–13.
19. Centers for Disease Control and Prevention. The four domains of chronic disease prevention: working toward healthy people in healthy communities; 2015. p. 1–4.
20. American Psychological Association. Guidelines for prevention in psychology. Am Psychol. 2014;69:285–96, <http://dx.doi.org/10.1037/a0034569>.
21. Herman KC, Reinke WM, Thompson AM. Prevention science as a platform for solving major societal problems and improving population health. J Prev Heal Promot. 2020;131–51, <http://dx.doi.org/10.1177/26320770200948786>.