

# Health-seeking behavior in Indonesia especially in outer Baduy ethnic with heart disease

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### Health-seeking behavior in Indonesia especially in outer Baduy ethnic with heart disease

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#### Abstract

**Background:** Unlike the community in general, the Baduy community in Kanekes Village has a unique way of looking at the modern world, including their sight of modern medicine. Even though they know traditional medicine, in the current context, their traditional medicine efforts have not been able to fully answer the health problems they face today, one of which is cardiac events.

**Purpose:** This study aims to analyze the factors that influence the pattern of health-seeking behavior of the Outer Baduy community against heart disease

**Method:** This study is an analytical observational study with a cross-sectional approach to the Outer Baduy community that was diagnosed or suspected of having cardiac problems in 2023. Data was taken using the questionnaire sheets containing data on respondents' characteristics, and their first experience of having heart attack symptoms. The outcome was their health-seeking behavior when facing the circumstances categorized into traditional and modern behavior. The data was analyzed using the Fisher Exact Test to find out the relationship between variables

**Results:** Thirty-six respondents are involved in this study. Most respondents were male (69.4%) and were in the age range from 48 to 76 years old, had an educational background graduated from elementary school (44.4%), worked as traders (50.0%), had insurance (72.2%) and experiencing symptoms of typical heart disease (83.3). Most of the respondents seek modern medicine when experiencing a typical heart attack. There is a p-value of more than 0.05 between age, sex, education level, and occupation with health-seeking behavior. Insurance ownership and respondents' experience of feeling heart attack symptoms to health-seeking behavior p values of 0.000 and 0.002 ( $\alpha$  0.05) respectively.

**Conclusion:** Most respondents seek modern medical help when experiencing typical heart disease. There is no significant relationship between age, sex, education level, and occupation with health-seeking behavior in heart disease. Insurance ownership and experiencing typical symptoms of heart disease significantly affect the health-seeking behavior of the Outer Baduy community. The results of this study can be a consideration for local health policyholders in creating cardiovascular emergency health education programs for the community. The combination

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of modern curative medicine and traditional preventive medicine can be one approach in the health sector that can be done by the government to reduce morbidity and mortality due to cardiovascular events in the Baduy community. Further studies are needed to explore the Outer Baduy community's knowledge and perception of cardiovascular events and the barriers they face to getting the necessary medication.

**Keywords: Cardiac Events; Health-Seeking Behavior; Modern Medication; Outer Baduy; Traditional Medication.**

## INTRODUCTION

The number of cardiovascular events is increasing. Indonesian Basic Health Research Data in 2013 and 2018 shows an increasing trend of heart disease, namely 0.5% in 2013 increased 1.5% in 2018. This makes cardiovascular events the highest cause of death in Indonesia. Based on Indonesian Health Insurance data in 2021, heart disease is the best cost burden, which is 7.7 trillion rupiah (Ministry of Health of The Republic of Indonesia, 2022). The same can be seen from the data of the local Puskesmas which states that the highest referral from the Puskesmas is due to heart disease (Leuwidamar Public Health Center, 2022). To overcome the problem of heart disease in Indonesia, the Ministry of Health strengthens primary services through population education, primary prevention, secondary prevention, and increasing the capacity and capability of primary services. Population education is carried out through 7 campaigns, one of which is disease screening (Ministry of Health of The Republic of Indonesia, 2022).

Culturally, people have certain points of view and behaviors to achieve and maintain their health. Including dealing with heart attack (Hertz, Madut, Tesha, William, Simmons, Galson, & Rubach, 2019; Budiarti, 2021; Septianingrum & Damawiyah, 2021). Treatment behavior is generally divided into two, namely treatment behavior that utilizes treatment sources from what is provided by nature or traditional, and treatment behavior that utilizes modern medicine systems (Abidin, 2016; Mustikawati, 2018; Kartika, & Agustiya, 2019; Rosmiati, & Masrul, 2018). From a

modern medical point of view, different community perceptions of disease often cause problems. Some health problems or diseases that are considered by ordinary people are not dangerous, it turns out that medically can be life-threatening or potentially life-threatening. One of them is a heart attack (Mohtar, & Budiarti, 2021). In addition to differences in perception that can be considered ordinary circumstances, in certain conditions such as diabetes mellitus, the symptoms that appear are not typical as heart attacks in general who complain of chest pain (Breuckmann, Settelmeier, Rassaf, Hochadel, Nowak, Voigtländer, & Münzel, 2022; Fukuoka & Oh, 2022). As a result, patients are late in getting treatment which can be fatal (Amodeo & Nickelson, 2020).

Unlike the community in general, the Baduy community in Kanekes Village has a unique way of looking at the modern world. The Baduy people believe in the role as guardians of the universe. Therefore, the Baduy people hold firm to maintaining the culture of life of their ancestors by living in unity with nature and avoiding modern life, including in the field of health (Abidin, 2016; Mustikawati, 2018; Kartika et al., 2019; Kristanto & Indrawati, 2009; Permana, 2009). When suffering from illness, the Baduy community is faced with a dilemma between using modern medicine and traditional medicine. Modern medicine has easier access, but it means breaking Baduy customs. On the other hand, knowledge about traditional medicine is fading, and has an increasingly limited ability to be able to solve

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health problems that occur. In addition, not all diseases have traditional medicine (Permana, 2009). An emergency condition, that often happens to people with heart disease, immediate action is needed to prevent death and disability.

The Baduy community is divided into the Inner Baduy and Outer Baduy communities. Unlike the Inner Baduy, the Outer Baduy community is more open to accepting the modernization that occurs. Although certain indigenous values are still attached to their daily lives (Rafa, 2021; Sunandar, 2022; Mustikawati, 2018). This study aims to analyze the factors that influence the pattern of health-seeking behavior of the Outer Baduy community against heart disease. The results of this study can be used to plan a program to strengthen primary services for the Baduy community. Further, we hope this study result can be used to prevent the increasing incidence of heart disease in the community.

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**RESEARCH METHOD**

This study is an analytical observational study with a cross-sectional approach. The population in the study was the Outer Baduy community, in the Cibeo subvillage, Lebak District of Banten Province. The sample was calculated using the Slovin formula and obtained a minimum sample of 24 people. Inclusion criteria include being domiciled in the Outer Baduy area, being diagnosed with heart disease, or being suspected of having heart disease (having experienced signs of heart attack symptoms) in 2023. Respondents who live outside the Outer Baduy area (because something is no longer considered part of

the Baduy community), less than 18 years old, and do not want to participate were excluded from the study.

The research was carried out in the Outer Baduy area, the Cibeo sub-village, Kanekes Village, Lebak Regency, Banten Province, in March 2023. Data was taken using the questionnaire sheets containing data on respondents' characteristics (gender, age, education, occupation, and insurance ownership), and their first experience of having heart attack symptoms. The outcome was their health-seeking behavior when facing the circumstances. This behavior is categorized into traditional behavior and modern behavior. The use of herbal medication, seeking the tribal healers (paraji), and self-healing methods are categorized into traditional behavior. Otherwise, seek health support from any local health professional (nurse, midwife, or doctor), or modern health facilities (clinic, public health center, or hospital), and the use of modern chemical drugs was categorized into modern behavior. The data obtained is then analyzed using the Fisher Exact Test to find out the relationship between variables.

This research was carried out after obtaining research permission from the independent research board on 15 Juni 2023 (No. 009//Pkm-Lwd / VI /2023). All respondents were informed about the research and filled out an informed consent form before the data collection process. The identity of the respondent is recorded in the form of a code to maintain its confidentiality. Respondents may decide not to continue participating in the research and not be penalized in any form.

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## RESEARCH RESULTS

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Table 1. Frequency Distribution of Respondent Characteristics (N=36)

Variables	Results
<b>Age (Mean ±SD) (Range)</b>	(62.1±8.0) (48-76)
40-60	15/41.7
>60	21/58.3
<b>Gender (n/%)</b>	
Male	25/69.4
Female	11/30.6
<b>Education Levels (n/%)</b>	
No Formal Education	6/16.7
Elementary School	16/44.4
Junior High School	14/38.9
<b>Occupation (n/%)</b>	
Farmer	11/30.6
Entrepreneur	18/50.0
Others	7/19.4
<b>Insurance Ownership (n/%)</b>	
Yes	26/72.2
No	10/27.8
<b>Typical Heart Attack Symptoms Experienced (n/%)</b>	
Yes	30/83.3
No	6/16.7
<b>Health Seeking Behavior (n/%)</b>	
Modern	27/75.0
Traditional	9/25.0

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Table 1. shows the age of the participants with a mean and standard deviation (62.1±8.0) and a range between 48--76 years. The majority of respondents were male (69.4%) and were in the age group >60 years (58.3%) ranging from 48 to 76 years, the majority had an educational background of completing elementary school (44.4%), no formal education (16.7%), junior high school (38.9%). and working as a trader (50.0%). Most already have national insurance (72.2%) and experience symptoms of heart disease (83.3%), the majority of modern health-seeking behavior is (75.0%) and traditional (25.0%).

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**Table 2. Correlation of Variables with Health-Seeking Behavior (N=36)**

Variables	Health Seeking Behavior		p-value (sig. 2-tailed)
	Modern (n=27)	Traditional (n=9)	
<b>Age (years) (n/%)</b>			
45-60	12/44.4	3/33.3	0.705
>60	15/55.6	6/66.7	
<b>Gender (n/%)</b>			
Male	21/77.8	4/44.4	0.096
Female	6/22.2	5/55.6	
<b>Education (n/%)</b>			
No Formal Education	5/18.5	1/11.1	1.000
Elementary School	22/81.5	8/88.9	
<b>Occupation (n/%)</b>			
Entrepreneur	12/44.4	6/66.7	0.282
Farmer & Others	15/55.6	3/33.3	
<b>Insurance Ownership (n/%)</b>			
Yes	24/88.9	2/22.2	0.000
No	3/11.1	7/77.8	
<b>Heart Attack Symptoms Experience (n/%)</b>			
Yes	26/96.3	4/44.4	0.002
No	1/3.7	5/55.6	

1 The results of statistical calculations in Table 2. show that there is no significant relationship between age, sex, education level, and occupation with health-seeking behavior in heart disease cases with p values more than  $\alpha$  value of 0.05. The variables that significantly affect treatment behavior in cardiac disease are insurance ownership and respondents' experience of feeling heart attack symptoms with p values of 0.000 and 0.002 <  $\alpha$  0.05, respectively.

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## DISCUSSION

Health behavior is all activities or actions of a person, both those that can be observed directly or cannot be observed directly by others related to the maintenance and improvement of health. This health behavior is broadly grouped into two, namely health behavior and health-seeking behavior. Health behavior is the behavior of a healthy person to stay healthy or increase their healthy state, and health-seeking behavior is the behavior of people who are sick or have been exposed to health problems to obtain healing or solve their health problems (Notoatmodjo, 2012; Sharma, 2021). Behavior is influenced by age, education, experience, information, socio-cultural and economic factors. In this study, researchers analyzed the relationship between these several factors and the Outer Baduy health-seeking behavior of heart disease. Insurance ownership and their heart attack experience have a significant relationship with their health-seeking behavior (Sharma, 2021; Smith, 2018).

According to the health-sick concept of the Baduy community, a person is said to be sick if he suffers from a condition that cannot be treated on his own and if the person is unable to carry out routine activities as usual (Permana, 2009). In addition, a person is said to be sick if the condition is declared by paraji or kokolot lembur (the village elders). The knowledge of the Baduy people about diseases and their treatment is a traditional heritage that is passed down from generation to generation. They have the knowledge to utilize the plants that grow around them (forests, fields, or plot roads) to treat various diseases. But generally, these plants are to treat mild diseases (Mustikawati, 2018; Permana, 2009; Sukandar & Mudjajanto, 2012; Widayati, Meliyana, Rakhmawati, Kusumawati, & Pratama, 2018).

There are several types of traditional healers in the Baduy community. One of them is paraji. Paraji is the person who helps mothers during pregnancy, childbirth, and baby care. Not only in maternal care,

they also helped to cure various diseases suffered by community members. Whether it is a physical illness or a disease that is considered to be the result of the interference of spirits. This paraji will usually provide information about the types of medicinal plants that can be used, and how to process and use them. Not only traditional medication, paraji also provides necessary medicinal spells (Abidin, 2016). The problem is not all diseases can be cured by paraji. Diseases that are not cured by traditional healing treatment are 'forced' to be sought by a doctor or the nearest health facilities (clinic, public health center). All these modern procedures can only be carried out after going through a customary meeting and approved by the village chairman and elder (Sunandar, 2022; Ipa, Prasetyo, & Kasnodihardjo, 2016; Kurniadi, Mamani, & Maarif, 2022; Sam, 1986).

The Outer Baduy community has different cultural characteristics from the Inner Baduy society. The Inner Baduy community still firmly adheres to customary rules. Meanwhile, the Outer Baduy community has been more open to scientific progress. So, the efforts to seek modern medicine among the Outer Baduy community are no longer a customary prohibition. However, they remain bound by some customary rules and norms of the Baduy people (Ariningrum, Kartika, Agustiya, & Latifah, 2020; Sunandar, 2022; Mustikawati, 2018; Maulidya & Ayuningtyas, 2018; Rokayah, Kurniawati, & Tansah, 2018).

The results of the study found that gender, age, education, and occupation did not show a relationship with the health-seeking behavior of the Outer Baduy community. In a paternalistic culture, like Baduy, men play an important role in deciding everything. Including in terms of health (Abidin, 2016; Kurnia & Sihabudin, 2010). Although about 30 percent of respondents are women, health-seeking behavior decisions are generally taken by the head of the family or the son of the family. This can be seen from the

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results of research where there are no significant differences between men and women in their health-seeking behavior patterns.

The age average of the respondents is 62.2 years, categorized into the elderly age group. Old age shows a low level of knowledge and awareness of the incidence of heart disease (Han, Kim, Lee, & Chung, 2019; Taylor, Wallis, Feki, Moala, Latu, Fanueli, & Wells, 2021). However, study shows that the elderly experience more typical and severe heart disease symptoms than the younger age groups (Hertz et al., 2019). This is why most respondents chose to seek modern medicine. Most of them perceive the symptoms happen is dangerous for their life. They also perceive that modern medication can relieve the symptoms faster than traditional therapy (Permana, 2009).

According to theory, education can determine the level of a person's ability to understand and absorb the knowledge that has been obtained. Generally, education affects the learning process, the higher a person's level of education the better his level of knowledge (Sharma, 2021; Smith, 2018). The occupation variables in this study represent socioeconomic factors. Economic and social status can affect knowledge. The higher a person's social status is usually followed by an increase in economic status. The availability of facilities needed by a person can increase the person's knowledge (Sharma, 2021). In this study, although the level of education of respondents is divided into 2 groups (the group that does not graduate from elementary school and the school group), basically all respondents are at a low level of education. Most school groups only complete education at the junior high school level. None of the respondents completed education up to senior high school and college level. Nevertheless, most respondents chose to seek modern health methods rather than traditional ones. This shows that the level of education does not influence their behavior in determining therapy for their health.

Rather than describing economic level, occupation in this study is more representative of their social life and how information can reach them (Smith, 2018). Certain types of work that have a higher contact with other people, such as trading, allow for a faster exchange of information than jobs that deal more with objects other than humans, such as farmers. In a traditional community like Outer Baduy, the process of information exchange occurs in a different way than modern community. Traditional communities tend to work hand in hand with a high level of contact compared to modern people's lives which tend to be individual. This circumstance can speed up the process of exchanging information. This is why there is no difference between traders and farmers in their health-seeking behavior patterns when experiencing symptoms of heart disease.

The existence of communication media such as television, radio, and mobile phones in the Outer Bedouin community is also one of the factors that accelerate the delivery of various information to this community (Smith, 2018). So both farmers and traders, generally have been exposed to information about modern medicine. However, both the level of education, social strata, and the influence of communication media on this study still cannot describe their knowledge about heart disease directly.

These findings follow the theory states that one's thoughts and feelings determine the health behavior of a person or society, the existence of other people who are used as references and sources, or health facilities that can support the behavior and culture of the community (Mustikawati, 2018; Notoatmodjo, 2012; Sharma, 2021; Smith, 2018).

Ownership of health insurance is important in a person's health-seeking behavior pattern. The existence of insurance makes a person confident to go to a health facility to get help. This can also be seen from the results of this study where generally respondents who do not have insurance tend to choose traditional medicine that is more affordable.

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The high cost of heart disease treatment often causes a person to seek other affordable treatment alternatives (Ministry of Health of The Republic of Indonesia, 2022).

Some experts argue that insurance is one of the government's methods of imposing modern medicine on society (Amisim, Kusen, & Mamosey, 2020; Maas, 2006). However, this is beneficial for the community, especially in heart disease cases. In heart disease, there is still no curative traditional medicine that can provide satisfactory results (Shen, Sarkar, & Hsia, 2023). In this regard, health insurance seems to be effective enough to move people to seek proper and prompt medical support when they experience any cardiac emergency symptoms. This can prevent people from avoidable cardiac arrest caused by heart disease. On the one hand, the amount of medical expenses is a considerable burden for the national insurance organizing agency every year. This situation is homework for us together to increase preventive and promotive efforts to reduce morbidity (Gong, Chen, & Li, 2015; Haq, Masnarivan, Yenti, & Fadhillah, 2022; Meelab, Bunupuradah, Suttiurang, Sakulrojanawong, Thongkua, Chantawiboonchai, & Sakboonyarat, 2019).

Early screening of cardiovascular risk, control of risk factors, and increasing local people's knowledge of cardiovascular disease with a local cultural approach can be promising promotive preventive strategies (Han et al., 2019; Levitz, Jones, Nudelman, Cox, Camacho, Wielunski, & Jaffe, 2022; MacDonald, Alsayheen, Taylor, Baillie, & Ferguson, 2023; Shen et al., 2023). The traditional medication that is widely used by local people can be used as a potential preventive strategy to maintain community health (Permana, 2009). The combination of modern curative medicine and traditional preventive medicine seems to be a middle ground for the Baduy community (Agustina, Suharmiati, & Ipa, 2016; Konlan, Baku, Japiong, Konlan, Doat, Suuk, & Amoah, 2020; Sukandar & Mudjajanto, 2012). In the

end, it is hoped can reduce the cost of treatment for cardiovascular disease.

Experience is a process of obtaining knowledge by repeating knowledge that has been obtained in solving problems faced in the past. Statistical calculations in this study showed that there was a significant relationship between respondents' experiences and treatment behavior on the incidence of heart attacks. Respondents who had no experience of typical heart attack events tended to prefer traditional medicine over modern medicine.

This needs to be noted for health workers and academics, as it turns out that some people do not know the symptoms of heart disease (Hertz et al., 2019; Isselhard, Lorenz, Mayer-Berger, Redaelli, & Stock, 2022). Nonspecific heart attack symptoms such as tingling sensation in the left arm, heartburn, and malaise around the chest are considered non-serious conditions. As a result, they tend to delay their health-seeking behavior or attempt to resolve their health problems independently (Haq et al., 2022; Septianingrum & Damawiyah, 2021). These symptoms are symptoms where the heart muscle needs immediate oxygen supply. If do not get help immediately, it can cause fatality, even death (Taylor et al., 2021).

Experience can be a good teacher for people with heart disease in the rehabilitation process. A person will tend to maintain a comfortable state. When someone experiences severe symptoms of pain, it will be a reminder not to repeat in the future. At this time, health information and education will be more easily accepted and applied by sufferers as a rehabilitative effort (Isselhard et al., 2022).

The experience of symptoms of heart disease that are not too specific causes the sufferers to be less aware. As a result, there are often unpredictable fatalities that could happen. Here is the importance of promotive and preventive efforts is made. Providing health education can increase public knowledge about non-specific symptoms that may occur. And

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also, knowledge of certain conditions that can mask the real symptoms, such as diabetes mellitus (Fukuoka & Oh, 2022).

### CONCLUSION

There is no significant relationship between age, sex, education level, and occupation with health-seeking behavior in heart disease of the Outer Baduy community. Insurance ownership and experiencing typical symptoms of heart disease significantly affect health-seeking behavior of the Outer Baduy community. The results of this study can be a consideration for local health policyholders in creating cardiovascular emergency health education programs for the community. This is to raise public awareness of the health threats they can prevent. The combination of modern curative medicine and traditional preventive medicine can be one approach in the health sector that can be done by the government to reduce morbidity and mortality due to cardiovascular events in the Baduy community. The provision of health insurance to the Baduy community seems to be effective in improving the health-seeking behavior of the Baduy community to get the right treatment.

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