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Iber Kasehatan in Sukamiskin : utilisation of the plural health information & communication system in the Sunda Region of West Java, Indonesia

Erwina, W.

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Wina Erwina

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Promotores: Prof. dr. dr.(H.C.) L.J. Slikkerveer and Prof. dr. E.F. Smets
Co-Promotor: Dr. S.C. Djen Amar

Overige Leden: Prof. dr. H.P. Spaink (Chair)
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Prof. dr.(H.C.) A. H. Wargahadibrata
Prof. dr. R. Panigoro
Dr. B. Gravendeel
Dr. J. Aiglsperger-Larraňaga

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***Iber Kasehatan* in Sukamiskin:**
Utilisation of the Plural Health Information & Communication System
in the Sunda Region of West Java, Indonesia

Wina Erwina

Leiden Ethnosystems and Development Programme (LEAD) Studies No. 10
Faculty of Science, Leiden University, The Netherlands.

‘Cageur, Bageur, Bener, Pinter, Teger, Singer, Wanter, Pangger, Cangker’.
Cageur, manusia yang sehat jasmani dan rohani,
Bageur, bermoral, tahu tata krama, tahu sopan santun,
Bener kepatuhan terhadap aturan,
Pinter, cerdas dalam penguasaan ilmu pengetahuan dan teknologi,
Teger, memiliki kepribadian yang kuat,
Singer, keterampilan,
Wanter, keberanian,
Pangger, kekukuhan,
Cangker, sehat jasmani dan kuat, siap setiap saat.

‘Healthy, Good, Correct, Clever, Adept, Wise, Consistent, Strong’.
Healthy, a person who is healthy, both spiritually and physically,
Good, behave with integrity, know how to behave,
Correct, obey the rules,
Clever, smart in mastering knowledge and technology,
Teger means to have strong personality,
Adept, skilful,
Wise, brave and confident with polite manners,
Consistent and committed,
Strong, having physical health and power, so is ready at all times.

(Traditional Sundanese Philosophy of Life)

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This dissertation is dedicated to the people of Sukamiskin, who have shared their health experiences with me, as well as to the memory of my beloved father, who has inspired me to execute this study, to my mother, sister and brother whom I thank for their prayers, and to my beloved son and daughter who have always supported me during my studies.

Preface

The origin of this study started from my personal experience with knowledge and practice in health, which later evolved in health information. Since my childhood, my parents had always involved me in their handling of health problems in the family, where I was always keen to know how to use a particular medicine recommended by the doctor such as *e.g.* the method of reducing high fever with traditional herbs. The philosophy of my family's education made me an individual with a strong feeling to care for people around me.

Generally speaking, most Indonesians are facing many obstacles to get access to personal health information. The difficulties are especially related to the problems they encounter when they fall ill, and do not know where they should go. The provision of adequate health information is most important for the health and well-being of the people, in which the government has to play an important role, especially at the community level. As I regard it as my contribution to know more about the various forms of traditional and modern health information and communication, I decided to study these phenomena in Indonesia as my main interest. After my education in communication, library and information science, I completed my Master Degree in Anthropology at Leiden University, and when I got the chance to continue my PhD research, I seized the opportunity to focus my study on health information and communication in the Sunda region of West Java from an ethno-communication point of view.

Moreover, this is a new field which also needs further development at the Department of Library Science of the Faculty of Communication of Padjadjaran University (UNPAD) in Bandung. Since this kind of research encompasses a multidisciplinary approach, it could also serve as a reference for related fields such as Health Education and Communication, Public Health, Preventive Medicine and Promotive Health. As the complex area of health and disease is basically a joint responsibility for scientists, practitioners and experts, it is not merely the responsibility of modern doctor's, nurses, birth attendants and traditional healers, but also involves a whole range of experts from among various related disciplines. Hence, as a researcher and educator working in the information and communication field, I have felt it as my mission to further document, study and understand the process of information and communication in the area of health at the community level, and try to understand the utilisation patterns of the existing different information systems by the local people at the community level.

The realisation of my mission and the opportunity to execute my research in ethno-communication in the community of Sukamiskin have given me further in-depth knowledge of local peoples' understanding and utilisation of both traditional and modern medicine, which is most relevant for them in order to maintain their health and well-being in their community.

In this way, I wish to express my hope that the multidisciplinary approach which I developed as the foundation of this study through the LEAD Programme of Leiden University in The Netherlands, and which as such pertained to my dissertation on '*Iber Kasehatan* in Sukamiskin: Utilisation of the Plural Health Information & Communication System in the Sunda Region of West Java, Indonesia', will not only contribute to the development of the field of health information and communication, but also to the benefit of the local communities through applied-oriented policy planning and implementation of appropriate health information and communication systems in both urban and rural areas throughout the country.

Acknowledgements

Following the *mores* of Leiden University to refrain here from acknowledging the contribution and support from my Supervisors, Members of the committee and colleagues affiliated with Leiden University, including the LEAD Programme, I have to confine in general terms my deep gratitude to them all for their kind encouragement and support for the realization of my study in the Sundanese community of Sukamiskin in West Java, Indonesia.

I take the opportunity to thank my family, friends and colleagues both in Indonesia and The Netherlands, and in particular the local people from Sukamiskin for their continuing support without which this study would not have been possible.

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