Kearifan Kesehatan Lokal: indigenous medical knowledge and practice for integrated nursing of the elderly with cardiovascular disease in Sumedang, West Java: towards transcultural nursing in Indonesia

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CHAPTER V LIFE IN THE COMMUNITIES OF SUMEDANG

5.1 The Study Population and Sample Survey

5.1.1 The Study Population in Sumedang

Following the previous Chapter IV, providing a general description of Sumedang as a district/municipality in the West-Java Province, Indonesia, where the research was conducted, this Chapter presents the description of the sample surveys representing daily life in four research communities in the Sumedang Regency. It briefly presents an overview of the characteristics of the population and samples related to geographic, sociodemographic and socio-economic data. In addition, the results of general data collection related to the availability of the plural nursing systems will be presented, which are differentiated into traditional nursing institutions, and the transitional and modern nursing organisations by respondents in the four research areas, particulary of elderly who have CVD in Sumedang.

This Chapter also describes the results of both the qualitative and quantitative research in the four sample *desa/kampung/kelurahan* ('villages') in different *kecamatan* ('sub-districts') of the Sumedang Regency.

In the research the term regency preferred to *kabupaten* or district and municipality, underscoring its administrative-geographical location in West-Java. The section also describes how the sample survey villages were selected for the execution of complementary qualitative fieldwork as well as the household surveys.

5.1.2 The Sample Surveys of the Four Villages

The study was conducted in the four sample villages of the Sumedang Regency. Based on the preliminary study, the researcher decided to do the field work in the areas which were representing the division of the geographic location, in which the local government of Sumedang has made its development plans and policies. Table 5.1 contains a brief description of the village samples.

Table 5.1 Village Samples of the Surveys in the Sumedang Regency of West-Java

No.	Geographic area	Social Structure of the village	Village name	Zonation
1.	South	Rural	Jayamekar	Mountainous/Highland
2.	South	Rural	Cipasang	Mountainous/Highland
3.	Middle	Urban	Situ	Flat/Lowland
4.	Middle	Rural	Jatimulya	Mountainous/Highland

Source: Fieldwork (2017-2018).

5.2 Characteristics of the Four Selected Villages

5.2.1 Geographic, Socio-Demographic and Socio-Economic Characteristics

The two research areas of Jayamekar and Cipasang are located in the administrative area of Cibugel Sub-district, Sumedang Regency. A general description follows of Cibugel Sub-district which is one of the 26 sub-districts in the Sumedang Regency, located in the east of the Sumedang Regency with a distance of 60 kilometres from the Regency Capital with boundaries bordered on the east by Darmaraja Sub-district, on the south by the *Garut* Regency, on the west by South Sumedang Sub-district, and on the north by Wado Sub-district. Administratively, Cibugel Sub-district consists of 7 villages with an area of 49.05 square kilometres; the height of the region is in the range of 571 to 979 meters asl, with flat and hilly land surface conditions.

Agricultural activities in the Cibugel District Area are divided into two major parts, namely agriculture on paddy fields with an area of about 7.14 square kilometres and cultivation (dryland agriculture) covering an area of 20.02 square kilometres.

The location of *Cibugel* Sub-district is the outermost point of the Sumedang Regency because it is bordered by the Garut Regency. This condition affects the socio-economic and social life of the Cibugel Sub-district because it increases interaction between residents in one district, and it also interacts with residents of other regency areas with a different pattern of policies and programmes. Based on the profile of Cibugel Sub-district (2014), the total population of Cibugel Sub-district is 27,273 people consisting of 14,093 men and 13,180 women. The number of households in the Cibugel Area is 8,284 households, divided into 141 hamlets and 31 *RW*, with an average number of 3-4 family members per household. The population density of *Cibugel* Sub-district is 490.14/square kilometres with the highest ratio found in Buanamekar at 1,062/square kilometres and the lowest ratio in Jayamekar with 339.81/square kilometres. In general, the livelihoods of the population of Cibugel District are in the agricultural sector with a total of 7,915 people, 772 in industry, 486 in construction, 1,362 in trade, 892 in transportation and 1,437 in services.

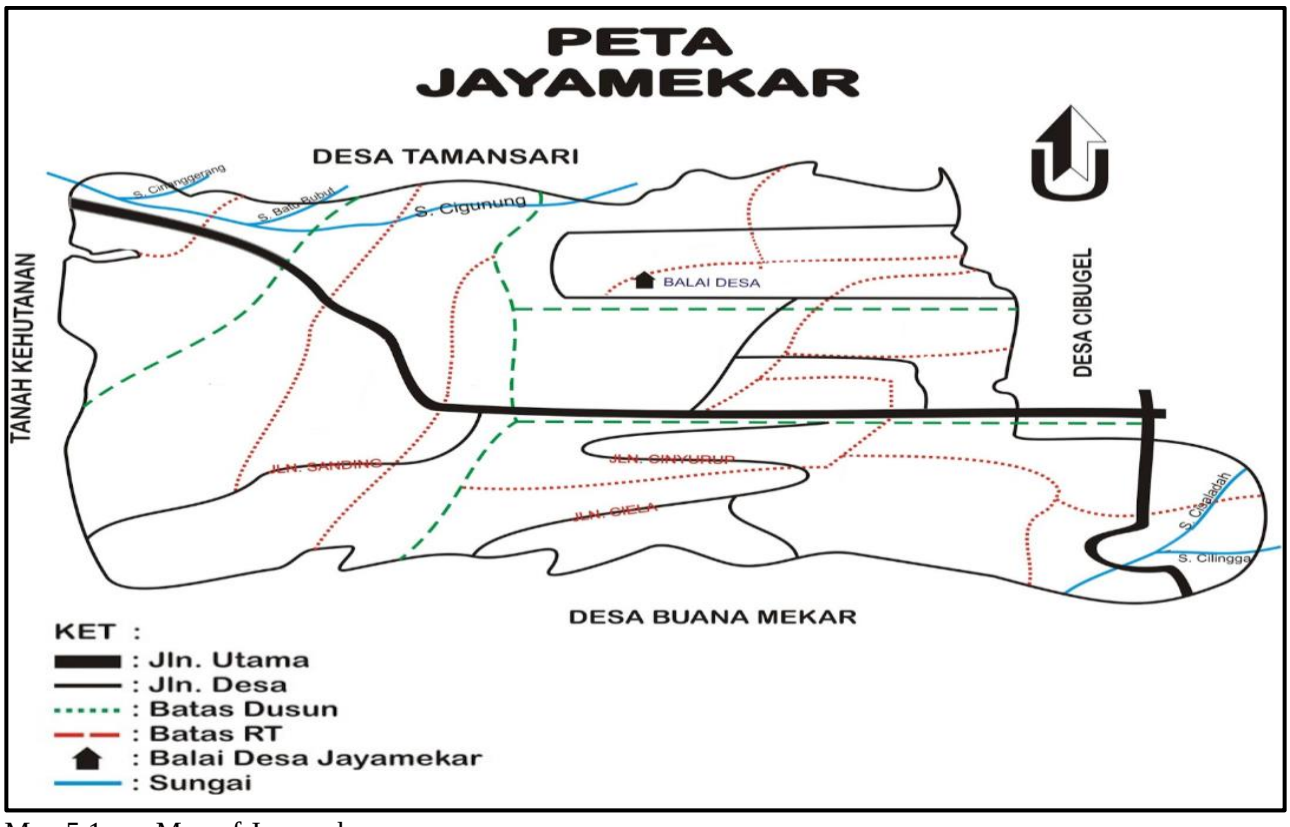
In the health sector, based on data from the *puskesmas* team review in the field and based on reports in which the percentage of healthy households is 85% (an increase from the previous year of 81.15%), the remaining 25% is still categorized as unhealthy, and this continues to be monitored and facilitated through programmes and coaching in an integrated manner by the relevant service/agency/institution. The programme launched in overcoming this problem is in the form of socialization and guidance on *Perilaku Hidup Bersih dan Sehat (PHBS),* Clean and Healthy Lifestyle, *Desa Siaga* development, Housing Sanitation Assistance and others. Development activities in the health sector in the *Cibugel* District are driven by the *puskesmas* assisted by two Sub-district Health Centers, Community Health Centers located in the Capital Districts, for Sub-district Health Centers located in Cipasang and Sukaraja. Handling of health problems is carried out by medical and paramedic staff, medical treatment is carried out in *puskesmas* and clinics, while community services at the village level are assisted by medical staff with a total of 13 people spread across seven villages in Cibugel District.

The community empowerment movement in the field of health is assisted by health cadres (*Posyandu* cadres and PKK cadres) which are summarized in the Integrated Service Post; these cadres are the stakeholders of the related working partners/agencies/institutions. The number of *Posyandu* units in the *Cibugel* District area is 25 *Posyandu* units and those who have entered the Purnama category are eight *Posyandu* units or 32%, with a total of 150 cadres. The number of poor family heads in the Cibugel District area is 1,543 people, with the largest number of poor people in Cipasang, as many as 270 people, and the smallest number in Jayamekar is 134 people. Poverty can be seen from indicators of meeting basic needs which have not been adequate/feasible. The basic needs include food, clothing, housing, health, education, and transportation. As regards community empowerment activities to enable the independence of the community, especially from poverty and backwardness/inequality/powerlessness through the initial strategy adopted, this is in the form of climate and atmosphere creation which supports the development of community potential and resources. The activities are carried out in the form of the preparation of input to the regulatory plan and adjustments to the rules in favor of the community. In this way, gradually, the potential which exists in society develops and becomes a strength to stand up and build itself. Empowering means protecting. In the process of empowerment, the weak have to be prevented from becoming weaker, because of the lack of empowerment in the face of the strong. Protection and partiality for the weak is very basic in the concept of community empowerment. Protecting does not mean isolating or covering up from interaction, because that would actually dwarf the small and overturn the weak. Protecting has to be seen as an effort to prevent unbalanced competition. The main strategies developed in community empowerment in *Cibugel* District are implemented through two main approaches, namely: facilitating the improvement of the quality of human resources, and facilitating the quality of the carrying capacity of facilities and infrastructure.

In an economic capacity, the agricultural sector is the core business of the specific District of *Cibugel* Sub-District. Other agricultural production in addition to rice is in the form of palawija and vegetables which are produced in the villages of the Cibugel District Area. The main agricultural commodities in *Cibugel* District are corn and cassava agricultural products. Annual corn maize production reaches 11,444 tons with an area of 2,267 hectares; the largest harvest of hybrid corn is in Cipasang with an area of 483 hectares with a total production of 2,537, while Cassava production per year is 22,752 tons with a harvest area of 1,373 hectares. The biggest harvest of cassava is in Cipasang with a harvest area of 407 hectares and a total production of 6,802 tons. The dominant commodity in paddy fields is paddy with the largest paddy center in Sukaraja while the smallest is Jayamandiri. The average rice production per hectare is 70.35 tons per hectare with the largest rice producer in Buanamekar with a production of 927 tons/year and the smallest is Jayamekar at 512 tons/year.

The following describes the characteristics of each study area, namely Jayamekar and Cipasang. There, agricultural products for large production are marketed to the Main Market outside the Sumedang Regency, while some are marketed at the local market. Production marketing transactions for large parties usually take place at farmland locations where farmers directly sell their produce to buyers, whereas for small parties or orders which are kept in a continuous way to the local market, farmers bring their products to be sold directly or deposited in vegetable stalls. The cooperative is a pillar of popular economic development, because the cooperative is regarded as involved in the welfare of its members with all policies and decisions returned to the Annual Member Meeting. The development of cooperatives in the Cibugel sub-district is quite low; in 2014 there were only 10 cooperatives which were recorded in it. The number of cooperatives in Jayamekar is two units, and there are four units of savings and loan groups. A number of Small and Medium Enterprises (SMEs) in the District of Cibugel are estimated at 351 units consisting of 296 foods and beverages, 35 wooden handicrafts, 20 brick and tile home industries and 125 others. Jayamekar Village is one of the villages in Cibugel Sub-district, Sumedang Regency.

Jayamekar



Map 5.1 Map of Jayamekar
Source: Pemerintah Desa Jayamekar (2017).

Jayamekar covers an area of 10.80 km2, it is hilly, and it is the village with the highest position, located at an altitude of 979 meters. Jayamekar has the highest population of 4,538 people, consisting of 1,368 households. The population density ratio in Jayamekar is the lowest compared to other villages in Cibugel Sub-district, which is 339,81 square kilometres. Based on an interview with the current *Kepala Desa* ('Head of the Village'), Mr. Aca Abdul Jafar, historically Jayamekar is the village as the result of the expansion of *Cibugel* Village in 1982, at the time when Cibugel Sub-District was still Kamantren.

Most of the residents of Jayamekar work as farmers in agriculture and plantation fields. Among them are tea gardeners, and vegetable farmers for tomatoes, cabbage, chili, eggplant, and onion. *Jayamekar* village has four units of *Posyandu* ('Integrated Service Post') with 21 cadres.
The number of poor households in *Jayamekar* is 230 households, the third highest in Cibugel Sub-district.

Illustration 5.1 Typical House in Jayamekar
Photography by R.D. Susanti (2017).

The community empowerment movement in the field is assisted by health cadres (*Posyandu* and *PKK* cadres) which are summarised in the Integrated Service Post; these cadres are the stakeholders of the related working partners/agencies/institutions.

Cipasang

Cipasang is located in the Cibugel District. The location is in the eastern end of the Cibugel District and is directly adjacent to Wado and Garut Districts. The area is separated by passing the *Cimanuk* River which flows on the border from south to north. The distance from the center of *Cibugel* District is about eight kilometres to the east. Historically, as the *Sesepuh* or *Kokolot* ('Community Leader') explained, Cipasang is one of two villages, which existed before the establishment of Cibugel Sub-District. Cipasang has become part of the Kapermat area (District Representative), Darmaraja in Cibugel. When *Cibugel* Sub-district was reformed, Cipasang became one of the areas in *Cibugel* Subdistrict along with six other villages.

Based on data from Cibugel Subdistrict in the 2014 profile, Cipasang has a village status with a classification as an independent village. Topographically, Cipasang area has a land surface in the form of a plateau. The height of the area where the village office is is around 571 meters asl. Geographically, Cipasang area is limited by the following areas: Sukapura, Wado District in the north, Cikareo North Village, South Cikareo and Cilengkrang (all located in Wado Sub-District in the east, Garut Regency in the south, and Jayamandiri and Sukaraja in the west.

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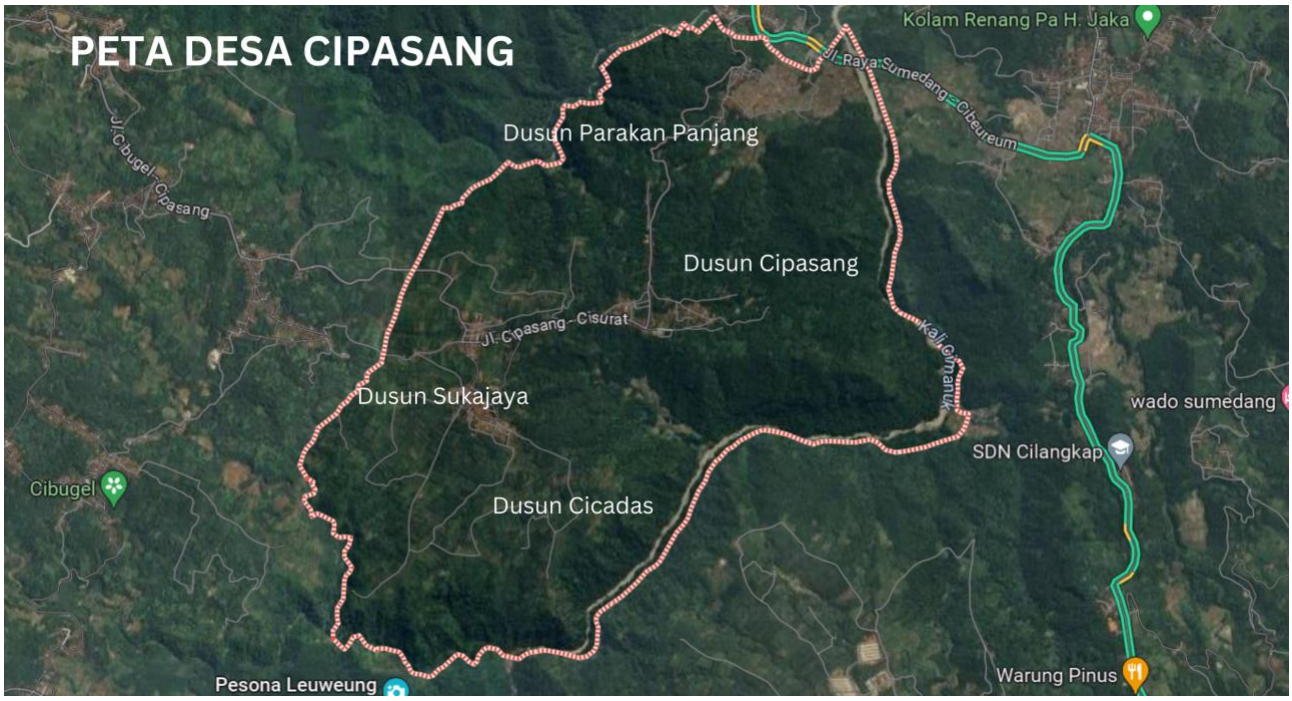

Map 5.2 Map of Cipasang
Source: Satellite photos (2017).

For its own area, based on the same data source, Cipasang Village has a total area of 1,001 hectares. Judging by its area, it is quite large when compared to the area of other villages in the District of Cibugel, only slightly smaller than *Jayamekar* Village as the largest village in *Cibugel* Subdistrict. The area is used for various uses, especially agricultural land. The total area used as agricultural land is 664 hectares. The remaining 337 hectares are used for non-agricultural purposes such as residential land and yards, public facilities and forestry land.

The agricultural land is divided into two types, namely paddy fields and non-rice fields. The land of the farm itself has an area of 72 hectares and the agricultural land is in an area of 592 hectares. Cipasang Village area is dominated by verdant land and farmland. The land in the south and west is dominated by fields or rice fields. The paddy field is located in the lower part of the north and is connected to paddy fields in the Wado District. Most of the Cipasang area is at an altitude, so it is not surprising that most of the land is used as farmland and plantations. Only the northern end is in the lowlands.

Regarding the population, in 2013, as presented in *Cibugel* District data in 2017, Cipasang was inhabited by a population of 4,186 people and the number of family heads was 1,354 households (Table 5.2), while for the residents of Cipasang for each square *kilometre,* the area has an average population of 371.63 people.

Illustration 5.2 The Process of Making *Oyek* ('Traditional Food of the Village')
Photography by R.D. Susanti (2017).

For their livelihoods, the majority of Cipasang residents are engaged in the agricultural sector. In addition to agriculture, some work in the fields of trade, services, transportation, industry and construction. The main agricultural sector in Cipasang is dry land farming such as fields and plantations. The fields of the land produce the main products in the form of cassava and corn. The staple food of the village community besides rice is cassava. They process cassava into one of the traditional foods, typical of the village, namely *Oyek* (*cf.* Illustration 5.2).

Other products produced by plantation land in Cipasang, are various types of fruits such as *melinjo*, rambutan, banana, avocado, durian, and *siam* orange. For the rice field, the main product is rice, followed by the livestock sector, related to the maintenance of livestock from a type of beef cattle, goats, sheep, and various types of poultry such as domestic chicken, broiler, and duck. The industrial sector is still on a home industry scale, which is engaged in food processing, wood processing and the manufacture of tiles or bricks. Regarding cultural arts in Cipasang, there are still traditional Sundanese arts such as *Calung* and various types of dances.

Table 5.2 The Number of Inhabitants of Cipasang

Hamlet	Inhabitants	Households
Parakanpanjang	991	311
Cipasang	1.594	507
Sukajaya	689	214
Cicadas	912	302
Total	4.186	1.354

Source: Pemerintah Desa Cipasang (2017).

Situ

Situ is one of the urban villages or *kelurahan* in the North Sumedang Sub-district with a distance of 2.5 km from the city Sub-district, and a distance of 500 meters from the central district government of the Sumedang Regency. Based on topography, the situ area is in the form of a height of 600 meters and the average temperature of the day is around 22-33°C.

The population is heterogeneous, consisting of religious forms with the highest mobility which is a feature of the urban areas with additional land in the Situ sub-district which is an education center. The population density of Situ is 6,305 inhabitants per km2. Administratively Situ Village consists of 20 RWs and 76 RTs.

Illustration 5.3 Office of Situ
Source: Profile of Kelurahan Situ (2017).

Jatimulya

Jatimulya is one of the villages in North Sumedang Sub-District, the Sumedang Regency formed in 1983, one of three villages resulting from the expansion of *Sindangjatu* Village. The Jatimulya Government has been led by six village heads. The area of Jatimulya is 160.40 ha consisting of rice field area 60.25 ha, farming area 17.00 ha, residential area 89.15 ha, village land 9.00 ha, and public disposal area 3.00 ha.

In general, the Jatimulya area is a hilly/highland area, with an altitude of 400.00 meters asl**.** The location of Jatimulya is 4.00 km from the sub-district office, and 5.50 km from the Sumedang Government Office. Jatimulya Village consists of three hamlets, nine neighbourhoods (RW), and 43 neighbourhoods (RT). Hamlet I consists of RW 01, RW 06, and RW 07 including the Hamlets of Gunung Buleud, Cibiru, Rancamulya, Rancamukti, and Rancamulud. Hamlet II consists of RW 03, RW 04, and RW 08, including Bojong Inong Hamlet, Gunung Sari, Bojong Pasantren, Pasir Mulya, Pasir Malang, Sawah Lega, and Bojong Ciakar. Hamlet III consists of RW 02, RW 05 and RW 09 including Sindangwangi, Sindangtaman, Cipeundeuy, and Perum Sindang Taman Sari (Asabri) Hamlets.

Gender and age composition

Tables 5.3 highlights the distribution of gender among the household members of the sample over the four research communities. In September 2017, the population of the four villages was composed of 555 males and 178 females. Among the 733 respondents, males (75.7%, n=555) slightly outweigh females (24.3%, n=178), as highlighted in Table 5.3. Differences in roles are based on gender in Sundanese society such as men acting as heads of families who bear the family economy, while women are obliged to regulate family life and care for children. Even if they have to work, women usually only do light work (*cf.* Ekadjati 1984).

Table 5.3 Distribution of the Gender of the Household Member of the Sample over the Four Research Communities (N=733)

Gender	Jayamekar		Cipasang		Situ		*Jatimulya*		Total	
	N	%	N	%	N	%	N	%	N	%
Male	161	29.0	111	20.0	182	32.8	101	18.2	555	75.7
Female	47	26.4	36	20.2	53	29.8	42	23.6	178	24.3
Total	208	28.4	147	20.1	235	32.1	143	19.5	733	100.0

Source: Household Survey (2017).

Table 5.4 Distribution of the Age of the Household Members of the Sample over the Four Research Communities (N=733)

Age	Jayamekar		Cipasang		Situ		*Jatimulya*		Total	
	N	%	N	%	N	%	N	%	N	%
0-5	12	29.3	10	24.4	17	41.5	2	4.9	41	5.6
6-10	14	25.5	12	21.8	17	30.9	12	21.8	55	7.5
11-15	18	36.7	8	16.3	15	30.6	8	16.3	49	6.7
16-20	14	34.1	5	12.2	14	34.1	8	19.5	41	5.6
21-25	16	29.1	9	16.4	24	43.6	6	10.9	55	7.5
26-30	8	23.5	5	14.7	13	38.2	8	23.5	34	4.6
31-35	6	21.4	4	14.3	12	42.9	6	21.4	28	3.8
36-40	6	26.1	4	17.4	10	43.5	3	13.0	23	3.1
41-45	13	37.1	3	8.6	15	42.9	4	11.4	35	4.7
46-50	15	57.7	4	15.4	4	15.4	3	1.5	26	3.5
51-55	16	28.1	14	24.6	13	22.8	14	24.6	57	7.7
56-60	17	35.4	11	22.9	12	25.0	8	16.7	48	6.5
61-65	17	21.3	19	23.8	23	28.8	21	26.3	80	10.9
66-70	9	15.3	15	25.4	23	39.0	12	20.3	59	8.0
71-75	13	23.6	11	20.0	18	32.7	13	23.6	55	7.5
76-80	4	23.5	7	41.2	1	5.9	5	29.4	17	2.3
81-85	4	22.2	6	33.3	3	16.7	5	27.8	18	2.4
86+	6	50.0	0	0.0	1	8.3	5	41.7	12	1.6
Total	208	28.4	147	20.1	235	32.1	143	19.5	733	100.0

Source: Household Survey (2017).

On the basis of identifying the sample population of the four villages, Table 5.4 presents the age distribution of the household members of the sample over the four research communities. In the research area, the male inhabitants are commonly playing a leading role in the household as all 232 household heads of the sample are male. The highest percentage group is 61-65 years (10.9%, n=80) as this research focuses on the elderly who have CVD. In general, older inhabitants occupy a position of esteem within the community called '*sesepuh*" or "*kokolot*" and are treated with a sense of respect and politeness by the younger community members. The difference in social status is expressed by the common use of the terms '*Aki*', 'Grandfather', and '*Nini*', 'Grandmother', by community members when addressing male and female inhabitants, who have reached an elder or advanced age (*cf.* Kain Hart 1992 in Aiglsperger 2014). Adult and elderly groups fully participate in social life; meanwhile, the younger groups cannot fully participate because in Sundanese society, if young people surpass older people, it is considered impolite, even though young people have better abilities than older people.

Thus, for the sake of tolerance and courtesy towards older people, young people have to be able to suppress individual traits and consider the balance of life in society. In social life, the elderly are guiding younger groups (*cf.* Ekadjati 1984). Elderly community groups in the village are quite active in community participation, for example routine recitation meetings (*pengajian*), social gatherings *(arisan*), and other meetings at the village hall (*cf.* Illustration 5.4). The elderly group is the determining group in Sundanese society, although it is informal. This happens because in Sundanese society, parents are considered to have experience and have a lot of knowledge so as to be able to provide wise decisions for the community. A balanced life is the goal of Sundanese people.

The harmony and balance of people's lives guarantees a good life for everyone. Thus, the rights and obligations of each individual are not the same, according to their level. For example, younger siblings have to respect older siblings; young people have to respect older people. The relationship is family, so individual interests have to be set aside for the common good.

Illustration 5.4 Elderly Meeting at the Village Hall in Cipasang
Photography by R.D. Susanti (2017).

Such customs are in accordance with the concept of Sundanese people, *"silih asah, silih asih, silih asuh". Silih asah* means to give experience and knowledge to each other; one's shortcomings are added by others, one's mistakes are corrected by fellow community members. *Silih asih* means loving each other, and *silih asuh* means having to guide each other. Balance and harmony are the moral basis of Sundanese society (*cf.* Ekadjati 1984). A life of helping seems to be in the habit of *"nguyang*", which means giving something in the hope of getting a greater reward, for example neighbours giving crops to other neighbours during the harvest season.

The most common pattern of household composition found in the sample links up with the relationship between the household head and his or her partner (21.2%, n=156) and to the relationship between the household head and his or her son or daughter (12.0%, n=88 and 11.3%, n=83). The percentage of households, which are composed of sons and daughters is slightly high all over the four communities. In general, family ties among the Sundanese people are strong whereupon children live as nuclear or extended family, consisting of the couple, their parents (grandmother and grandfather), and children (grandchildren).

The children stay in the village with their parents before getting married. There is a view in Sundanese people of *"bengkung ngariung, bongkok ngaronyok*" which means a view and attitude in which you do not want to separate or be far from close family, and family has to be united and together forever. Gathering with relatives is more important than anything

Table 5.5 depicts the household head as the highest percentage of the household member relationship of the samples (36.8%, n=230); the most household heads are dominantly elderly. The number of household members of the sample are mostly three family members (19.2%, n=141); the highest number of household members was ten, 2.7% (n=20), as the extended family. The Sundanese consider family relations up to the seventh lineage.

Table 5.5 Distribution of the Relationship of the Household Members of the Sample over the Four Research Communities (N=733)

Relationship	Jayamekar		Cipasang		Situ		Jatimulya		Total	
	N	%	N	%	N	%	N	%	N	%
household head	58	25.2	56	24.3	62	27.0	54	23.5	230	36.8
spouse	46	29.5	31	19.9	46	29.5	33	21.2	156	21.2
son	30	34.1	9	10.2	24	27.3	25	28.4	88	12.0
daughter	29	34.9	10	12.0	33	39.8	11	13.3	83	11.3
father	1	100.0	0	0.0	0	0.0	0	0.0	1	0.1
mother	4	28.6	2	14.3	7	50.0	1	7.1	14	1.9
grandson	16	26.7	19	31.7	18	30.0	7	11.7	60	8.2
granddaughter	9	19.6	10	21.7	21	45.7	6	13.0	46	6.2
brother	1	100.0	0	0.0	0	0.0	0	0.0	1	0.1
sister	0	0.0	0	0.0	1	0.0	0	0.0	1	0.1
nephew	0	0.0	1	50.0	1	50.0	0	0.0	2	0.3
son in law	3	15.0	2	10.0	12	60.0	3	15.0	20	2.7
daughter in law	5	41.7	2	16.7	3	25.0	2	16.7	12	1.6
brother in law	1	100.0	0	0.0	0	0.0	0	0.0	1	0.1
sister in law	0	0.0	0	0.0	1	100.0	0	0.0	1	0.1
mother in law	2	33.3	2	33.3	1	16.7	1	16.7	6	0.8
other kin	3	27.3	3	27.3	5	45.5	0	0.0	11	1.5
Total	208	28.4	147	20.1	23	32.1	143	19.5	733	100.0

Source: Household Survey (2017).

All of one's experiences are always linked up to the seventh generation. *"Cadu kaalaman deui nepi ka tujuh turunan aing. Ieu pacaduan ulah dirempak nepi ka tujuh turunan."* Abstinence is experienced again by descendants until the seventh generation, so that all restrictions which exist should not be violated until the seventh descendant.

If there is a violation, then the consequences will also apply to the seventh generation (*cf*. Ekadjati 1984). Parents in Sundanese society always expect their children to have a good personality implicit in the proverbial *cageur*, *bageur*, *bener*, *pinter*.

It means children are always healthy, honest, correct, and good at carrying themselves in social life. However, the important thing is the main factor in health or *cageur*, prior to *bageur*, *bener*, and *pinter*. All these qualities are said to be pious (*shaleh*).

Table 5.6 Distribution of the Size of the Household of the Sample over the Four Research Communities (N=733)

No. of Household		Jayamekar		Cipasang		Situ		Jatimulya		Total Members	
		N	%	N	%	N	%	N	%	N	%
1 member		7	20.0	12	34.4	3	8.6	13	37.1	35	4.8
2 members		28	20.0	36	25.7	37	26.4	39	27.9	140	19.1
3 members		39	27.7	39	27.7	39	27.7	24	17.0	141	19.2
4 members		32	27.6	32	27.6	32	27.6	20	17.0	116	15.8
5 members		45	37.2	15	12.4	51	42.1	10	8.3	121	16.5
6 members		48	57.1	6	7.1	18	21.4	12	14.3	84	11.4
7 members		0	0.0	7	25.9	13	48.1	7	25.9	27	3.7
8 members		0	0.0	0	0.0	23	74.2	8	25.8	31	4.2
9 members		9	50.0	0	0.0	9	50.0	0	0.0	18	2.4
10 members		0	0.0	0	0.0	10	50.0	10	50.0	20	2.7
Total	208	28.4	147	20.1	235	32.1	143	19.5	733	100.0	

Source: Household Survey (2017).

5.2.2 Education, Profession and Religion Profile

As regards the sample population, Table 5.7 shows the distribution of the level of education completed by the household members of the sample over the two research communities. The majority of the respondents completed primary education (64.9%, n=476). The percentage who finished tertiary education is lowest among household members (1.8%, n=13). This happens because the most respondents were elderly and the availability of educational facilities in the village area has until recently been rather limited, whereupon inhabitants remained largely illiterate and most knowledge was handed down orally.

Table 5.7 Distribution of the Education of the Household Members of the Sample over the Four Research Communities (N=733)

Education	Jayamekar		Cipasang		Situ		Jatimulya		Total	
	N	%	N	%	N	%	N	%	N	%
No education	12	35.3	3	8.8	9	26.5	10	29.4	34	4.6
Primary education	136	28.6	97	20.4	151	31.7	92	19.3	476	64.9
Secondary education	9	25.0	7	19.4	13	36.1	7	19.4	36	4.9
Tertiary education	5	38.5	0	0.0	4	30.8	4	30.8	13	1.8
Other	46	26.4	40	23.0	58	33.3	30	17.2	174	23.7
Total	208	28.4	147	20.1	235	32.1	143	19.5	733	100.0

Source: Household Survey (2017).

While only a minor proportion of the older population of today have completed primary education, the majority did not receive any type of formal education. Accordingly, the percentage of respondents who did not enter formal education is higher among older and female inhabitants. Women generally get married at a young age and hereby abstain from entering formal education, whereas access to secondary education has been long restricted to men. Meanwhile Table 5.8 shows that all inhabitants (100.0%, n=733) have the Islamic religion and being a housewife plays the most important role among the female inhabitants (59.9%, n=439).

Table 5.8 Distribution of the Religion of the Household Members of the Sample over the Four Research Communities (N=733)

Religion	Jayamekar		Cipasang		Situ		Jatimulya		Total	
	N	%	N	%	N	%	N	%	N	%
Islam	208	28.4	147	20.1	235	32.1	143	19.5	733	100.0
Total	208	28.4	147	20.1	235	32.1	143	19.5	733	100.0

Source: Household Survey (2017).

Table 5.9 Distribution of the Profession of the Household Members of the Sample over the Four Research Communities (N=733)

Profession	Jayamekar		Cipasang		Situ		Jatimulya		Total	
	N	%	N	%	N	%	N	%	N	%
Unemployed	36	40.0	21	23.3	26	28.9	7	7.8	90	12.3
Housewife	113	25.7	100.0	22.8	129	29.4	97	22.1	439	59.9
Peasant	16	18.2	12	13.6	43	48.9	17	19.3	88	12.0
Farmer	5	15.2	4	12.1	20	60.6	4	12.1	33	4.5
Industr. Labourer	33	42.3	10	12.8	17	21.8	18	23.1	78	10.6
Entrepreneur	4	100.0	0	0.0	0	0.0	0	0.0	4	0.5
Other	1	100.0	0	0.0	0	0.0	0	0.0	1	0.1
Total 208	28.4	147	20.1	235	32.1	143	19.5	733	100.0	

Source: Household Survey (2017).

Illustration 5.5 Mosque in Jayamekar
Photography by R.D. Susanti (2017).

Islam is the religion of most Sundanese people. Most of them adhere to the teachings of Islam, such as performing five daily prayers, Friday prayers, fasting, paying *zakat*, and the desire to perform the pilgrimage to the holy land of Mecca. Muslims perform worship in mosques. Likewise, there is a small mosque which is used by residents who are Muslim to perform worship (*cf.* Illustration 5.5). The view of the Sundanese states which religion has to be an "*ageman"* or a way of life in social life and to live with it hereafter. So the teachings of Islam have to be practiced and implemented in daily life: *"agama kudu jeung darigama*." *(cf.* Ekadjati 1984).

5.3 The Plural Nursing System in Four Villages

5.3.1 The Traditional Nursing Institutions (TNI)

Traditional nursing institutions have increasingly received attention from various parties lately. Various advertisements which offer traditional herbs and practices with various advantages can be read in print media or electronic media, and billboards are often seen in public places. Attention to the practice of traditional medicine and traditional nursing institutions has been studied and published by anthropologists and ethnologists who pay attention to physical anthropology. In particular, the fields of Medical Anthropology, especially Ethnomedicine and Ethnonursing, study indigenous and explicit cultures not from the modern conceptual framework (*cf.* Hughes in Foster 1978). Traditional nursing institutions include preparing concoctions derived from flora and fauna which are mixed and used as medicine, both for maintaining health and as an antidote to disease. Knowledge of these ingredients is inherited from generation to generation based on the results of experience and not based on scientific explanations. The practice of traditional nursing institutions can be understood as a practice of prevention of care and healing, which is practiced by a group of citizens who have the expertise to use traditional ingredients, without going through formal education institutions. Traditional nursing institutions, whether mixed by the user or through the nursing practice of the *dukun/orang pintar* (shaman) in the initial observation, are the first choice before using the services of a medical professional, as well as the final choice after failing to use medical services. Not infrequently, the choice to use the services of a *dukun* invites doubts, if they are related to the

religion/beliefs held by the user. The community is still utilising traditional medicine in overcoming the illness, either by doing self-care at home or through the help of other healers, such as *ajengan (kyai*), *dukun*, or *orang pintar*. In this case, the medical system is a broad concept, not only about medicines and drugs, but including prevention, healing practices, and rehabilitation.

Illustration 5.6 Traditional Healer Giving Treatment to a Client in his House in Jayamekar. Photography by R.D. Susanti (2017).

The activities include treatments whether with herbs, skills, tools or the mind. So the word 'nursing' is more suitable and has been used interchangeably. In the *Cibugel* area including *Jayamekar* and Cipasang, there is an *sesepuh* ('elder') who also acts as a traditional healer. the person who can always be contacted if someone has a health problem.

Illustration 5.7 The *Jamu* ('Herbal Medicines') Kiosk Photography by R.D. Susanti (2017).

He treats the people through the skills he has combined with herbal ingredients in the form of plants around the environment in the region by giving massages or *pijat.* The community believes in the expertise of the person and always contacts him if someone has a health problem.

Illustration 5.8 A *Jamu Gendong* ('Herbal Medicines Peddler') Selling *Jamu* Door-To-Door Photography by R.D. Susanti (2017).

In Sumedang, the use of *jamu* ('herbal medicines') is widely used by the local population and is easily accessible. In addition, consumption of herbal medicine is a daily habit of the community to maintain stamina or overcome preceived complaints. The herbal medicine can be made alone at home or obtained from the *jamu* seller who usually comes every day in the neighbourhood, and consumed on site or at home.

Jamu can be acquired in *jamu* kiosks as well as from *jamu* vendors or *jamu* stalls (*cf.* Illustration 5.7). *Jamu* kiosks commonly sell herbal remedies in the form of beverages. Meanwhile, *jamu* stalls offer types of instant *jamu* or instantly prepared *jamu*, which are usually sold in packages, produced traditionally in large amounts. Besides selling different types of herbal medicine, the kiosks also offer customers the possibility of inquiring about the different brands and benefits of *jamu* (*cf.* Erwina 2019).

5.3.2 The Transitional Nursing Organisations (TNO)

Communities in Sumedang take advantage of transitional nursing organisations such as buying drugs from stalls (*Warung Obat*) or pharmacies to deal with perceived complaints (*cf.* Illustration 5.10). In general, academic research on patterns of utilisation of the plural nursing systems is characterised by differences between traditional nursing institutions and modern nursing organisations. Authors such as Buschkens & Slikkerveer (1982), Slikkerveer (1990; 1995), and Dijkstra (2005) consider that the activities of drug vendors, for example, are part of a rather informal medical system, which is officially linked between traditional and modern medical systems.

Slikkerveer (1982; 1990; 1995) introduces the concept of a transitional medical system, which defines these medical systems within the process of the transition from traditional medical systems to modern medical systems. Slikkerveer (1982: 1863) postulates that: "*Transitional medical systems can be determined as regulating large-scale commercial production and the sale of original*

pharmaceutical drugs and [modern] pharmaceuticals." Similarly, Buschkens & Slikkerveer (1982) describe a transitional medical system in conjunction with the activities of drug sellers in developing countries, who practice between city centers where contact with modern medical systems is in accordance with standard practice, and rural society, which continue to depend on traditional medical systems.

Following the sale of indigenous MAC plants for Traditional Medicine (TM), as well as for Complementary and Alternative Medicine (CAM) in more advanced societies today, a useful concept of medical systems can be used to convert commercially-oriented sales of all types of drugs or treatment in local companies, such as pharmacies or supermarkets, through the provision of services of transitional nursing, including pharmacists, pharmacy assistants and drug vendors.

The transitional organisations and the subsequent application of all kinds of drugs, which has supported the commercial use for sale, also includes industrially processed pharmaceutical drugs (*cf.* Slikkerveer 1982; 1990).

Transitional nursing organisations are often selling for profit Over-the-Counter (OTC) drugs, such as non-prescribed medicines, as well as the sale of prescription drugs issued by health providers. With regard to the prescription of drugs, the commercial interest in profit-making characterise these transitional medical systems, the medical payments and the doctor services. According to Kohn & White (1976), payment of insurance or doctor services to a certain extent is the same as buying OTC drugs, so medicines which are not prescribed can be used as interchangeable components of medical systems. Comparative requests for prescription and non-prescription drug shops have been applied by Slikkerveer & Lionis (2011).

Since the application of medicines sometimes also includes nursing practices of self-care, as well as the provision of modern nursing services, the plural nursing system also tends to divert the characteristics of traditional, transitional, and modern nursing institutions and organisations *(cf.* Mačukanović *et al*. 1976; Kennedy 1996, in Aiglsperger 2014).

Illustration 5.9 *Warung Obat* at the Village
Photography by R.D. Susanti (2017).

Illustration 5.10 Drug Store or Apotek at the Village
Photography by R.D. Susanti (2018).

5.3.3 The Modern Nursing Organisations (MNO)

There are several modern nursing organisations in Sumedang, such as the Public Hospital, Private Hospital, Public Health Center, *Puskesmas Pembantu* ('Auxiliary Public Health Center'), *Poskesdes* (*cf.* Illustration 5.11), medical center, and *Rumah Bersalin* ('Midwife Clinic'). Some people in the village visit the closest *Puskesmas Pembantu Sukaraja* ('Auxiliary Health Centers') in the area (*cf.* Illustration 5.12).

Illustration 5.11 *Pos Kesehatan Desa (Poskesdes)*, Village Health Post in Jayamekar
Photography by R.D. Susanti (2017).

Illustration 5.12 *Puskesmas Pembantu* ('Auxiliary Public Health Center') in Cibugel
Photography by R.D. Susanti (2017).

Based on data from the Health Profile of the Sumedang Regency (2016), the distribution of health workers is mostly located in public health centers spread across 35 health centers and hospitals, where the personnel spread into several hospitals such as a Local Public Hospital, *Pakuwon* Hospital and *Harapan Keluarga* Hospital, which was established at the end of 2016. Health and administrative support staff assistants are mostly in private health facilities; as many as 188 people are spread in clinics, pharmacies and independent practices of health workers. If the patient cannot be treated at the nearest health center, the *puskesmas* staff will refer to a larger health facility, which is a hospital in the district, approximately 60 kilometres away.