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**Family and Government Support for Health**

**Community in To Balo and To Kribo**

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| ***Keywords*** |  | ***Abstract*** |
| Family support;Government;To balo;To kribo. |  | The purpose of this study was to find out family and government support to the community to Balo and to Kribo on health based on social factors and family attachments (kindship and social factors) in the Leininger sunrise enabler. This study uses a qualitative method with an ethnographic approach and representative based sampling as a sampling technique. The subject of this research was the community of To Balo and To Kribo. How to collect data by observation, in-depth interviews, and documentation. The techniques of data analysis and processing employed content analysis with stages: making data transcripts, determining meaning units, summarizing and organizing data, doing data abstractions, identifying variables and relationships between variables qualitatively, and drawing conclusions. Validating data used source triangulation. The results show that obtained after conducting research on the community of to Balo and to Kribo stated that sickness and health were influenced by family and community support (local government). Both provide a large role in accessing health services. |

**Introduction**

 Indonesia is a country with ethnic diversity that adheres to values, customs, and habits that become a distinctive feature in the outside world, one of them located in Barru. Barru is one of the districts in South Sulawesi Province. In 1995, it was declared by the social department as a district that has isolated communities, precisely in Bulo-Bulo Village, Pujananting District. The village is located in the mountain peak of Barru Regency, directly adjacent to Pangkep Regency and Bone Regency. This village is inhibited by rare and unique communities who have a combination of three regional languages, namely Bugis, Makassar, Konjo, and even a number of vocabularies which the same as the of Mandar region. They also have strong customs, habits and culture; this community became known as the To Bentong tribe. Another uniqueness of the To Bentong Tribe is that it has several communities that have special characteristics in their physical parts which are then known as To Balo and To Kribo communities. The characteristic of the community of To Balo is that there are white patches resembling the shape of a triangle around their foreheads as well as other parts of the body such as feet, body and hands, therefore they are known as To Balo, 'to' means' person ', while' balo 'means' striped'. Therefore, "To Balo" can be defined as striped people(1). Meanwhile, the community of To Kribo has characteristics of curly hair that is almost the same as African hair but not black (2). Therefore they are known as To Kribo, ‘to’ means ‘person’, while ‘kribo’ means ‘curly ’. So ‘To Kribo’ means 'curly person' (Figure 1).

The society certainly has its own customs or culture when facing a condition of sickness, even in modern times, the belief in ancient culture in carrying out the treatment is still common(3). Culture will affect the level of knowledge and covering systems or ideas contained in the human mind, so that in everyday life, the culture is abstract. Whereas the embodiment of culture is objects created by humans as cultured beings, in the form of behaviors, and objects of a real nature, for example patterns of behavior, language, living tools, social organizations, religion, art, etc., which all of which are intended to help humans carry out community life(4).Culture has a wide influence on the lives of individuals. Therefore, it is important for nurses to recognize the cultural background of the person being cared for (the patient). As a result, various theories have been developed, especially theories in providing nursing care. The theory that is currently developing is the Transcultural theory of Leininger, which is oriented towards a cultural background commonly called *Leininger Sunrise Enabler*.

Views on the causes of disease, methods of treatment, and ways of taking preventive actions in primitive and religious societies are very related and useful to maintain the integrity of the social system developed(5). Therefore, nurses need to pay attention to the patients as human beings in a comprehensive manner, for example, by combining the of humans as biological and social beings by applying a humanitarian approach. Respecting patients or families using traditional methods means that we also respect the patients because it gives them the opportunity to perform rituals according to their beliefs, insofar as they do not interfere with the treatment process(6). In some cases, health workers, especially nurses, perform health services without being considerate with nursing services with the culture of each patient, so there is always a contrast or disagreement between nurses and patients and family members of patients that can lead to cultural shock. According to Chesnay and Barbara (2008), nursing actions given to the patients must be accordingly based on the three principles of nursing care as follows(7):

1. Culture care preservation/maintenance, which is the principle of helping, facilitating, or paying attention to cultural phenomena to help individuals determine the desired level of health and lifestyle.
2. Culture care accommodation/negotiation, which is the process of helping to facilitate, or paying attention to existing cultural phenomena, which reflects ways to adapt, negotiate, or considering the health and lifestyle of an individual or patient.
3. Culture care repatterning/restructuring, which is the principle of reconstructing or changing designs to help improve the health conditions and patterns of life of clients towards a better one.

A health practitioner can strive to show his behavior to fit the values that exist the society. For example, if a prospective medical worker is assigned to a religiously devout society, then he must try to show respect for the prevailing religious values, whether in speech, clothing, and in the practice of health care itself. So in the end, when it comes to providing health services, nurses can use the mindset, values, and cultures of the community to develop their health service framework(6). Therefore, the purpose of this study was to find out family and government support to the community of To Balo and To Kribo on health based on social factors and family attachments (kindship and social factors) based on the Leininger Sunrise Enabler.

**Method**

This research employed a qualitative method with an ethnographic approach. An ethnographic approach is a qualitative approach that explains the cultural patterns or behavior of individuals in certain social and cultural backgrounds(8). The sampling technique used was representative based sampling, which is a cultural group that can be reached by researchers. Research samples can be small or large, depending on research questions, material, and time, including the number of researchers. The sample size needed in qualitative studies is adjusted to the achievement of complete information or data needed by researchers or in other words saturated(9). The research sample was then called an informant consisting of the community of To Balo, and To Kribo, as well as ordinary people who were representatives of health service agencies, government agencies, and local community leaders. The main informants in this study were 7 people, each representing two distinctive communities in the To Bentong tribe, 4 people from To Balo community and 3 people from To Kribo community. Meanwhile, supporting informants were 4 respondents. This research was carried out from August 22-30, 2015, in Bulo-Bulo Village, Pujananting District, Barru Regency.

Data collection procedure was done by observation, interview, and documentation. In this research, observations referred to the researchers looking at and observing the daily life and environment of the informants. The interview referred to a set of question which helped the researchers to find out the informants perspective of sickness based on religious beliefs, treatment methods/positive religious habits on health. The documentation in this research helped the researchers to collect photographs or authentic documents to support the credibility of data that have been found by researchers in research reports. The research data were analyzed using the content analysis method by underlying some stages: (1) creating data transcripts; a set of data recorded on a tape recorder, field notes or other documentation which then transcript into a narrative text containing the statement of the informant or notes on observations, (2) determining the units of meaning namely words, sentences, or paragraphs that were interconnected through their contents and denoted a meaning so that irrelevant data could be removed without reducing meaning, (3) summarizing and organizing data; the data that contains units of meaning were arranged and adjusted to the topic or question, (4) do data abstraction which is grouping the data that has the same meaning then putting labels on them which consists of coding, creating categories, and themes, (5) identifying variables and relationships between variables qualitatively; the themes that had been identified from the data set were formulated and put together into single variable, and (6) drawing conclusions, the researchers review the entire contents of the data and identify the connecting line from a collection of categories, themes, correlations between themes and variables(10).

**Results**

The to Balo and to Kribo communities reside in a village located on the top of the mountain in Barru Regency, known as Bulo-Bulo Village. Bulo-Bulo Village is one of the villages in the government area of Pujananting District, Barru Regency, South Sulawesi which is further divided into 6 hamlets, namely: Hamlet of Passengereng, Hamlet of Lappatemmu, Hamlet of Panggalungan, Hamlet of Palampang, Hamlet of Labaka, Hamlet of Maroanging, and Hamlet of Rumpiae.

The distance from Bulo-bulo Village to the subdistrict capital is 38 km and took 2 hour-trip using a motorized vehicle, while the duration of travel without using a vehicle is 24 hours. The road condition is still under construction, most of the road only consists of rocks and soils of the mountains along the road that meanders with cliffs and ravines at the side of the road.

The topological conditions at the summit consist of the distribution of hills and mountains with an altitude of 1500 to 4000 m above sea level and an area of 37.08 Km2 making the village of Bulo-bulo directly adjacent to 2 regencies which are Bone Regency and Pangkep Regency. Due to its very close distance with the two neighboring districts makes the community work together in daily life, for example, in terms of raising livestock. Geographically, the location of Bulo-Bulo village is 119o, 45o BT and 04o, 48o to 04o, 45o LS with the following boundaries:

1. The north side is adjacent to Pujananting Village, Pujananting District, Barru Regency.
2. The south side is adjacent toTondongkura, Village, TondongTallasa District, Pangkep Regency.
3. The east side is adjacent toTondong, Village, TelluLimpoe District, Bone Regency.
4. The West side is adjacent to Tabo-Tabo Village, Bungoro District, Pangkep Regency.

The population of Bulo-bulo village in 2015 was 2,191 people consisting of 634 households. They live in a strong bond of kinship and brotherhood, mutual respect, cooperation, and uphold the wisdom of their local culture without a partition. The daily activities of the local community are farming, gardening, raising livestock and making brown sugar from palm trees using simple equipment. The making of brown sugar has become a hereditary skill from their ancestors who later became one of the sources of income for the local community.

The relationship between To Balo and To Kribo is considered good, harmonious, and mutual help in spite of some disagreements among them which can be ended peacefully. The peaceful conditions perceived by To Bentong are inseparable from the inheritance of the noble values of local culture carried out by parents to their children from an early age. Parents instilled in their children not to dispute, both to his family, especially to the residents of the community. This is because of their belief that the attitude of the dispute was the source of disaster.

**Discussion**

The decision-making in the family of To Balo and To Kribo is discussed through deliberation by deliberation, but if it does not reach consensus, then deliberation is carried out by involving local government officials. Family members are gathered to discuss what actions should be taken on the problem of medical expenses or even the place of care for patients. The actions of these family members can be included in the term of caring. According to Sujana in Sari (2012), caring in general can be interpreted as an ability to be dedicated to others, watching with caution, feelings of empathy for others, and feelings of love or affection. The faster the decision taken without setting aside certain considerations can help patients to get care by health practitioners properly(11).

A principle of life that has taken root in the community of To Balo and To Kribo is "other people, if they are good, must be considered as his own family". In general, the typical character of citizens of To Bentong includes obedience, friendliness, courtesy, inferiority, shyness, helpful, and alertness(12). Families served as a health care unit because the medical issue of any families interrelated and influence each other so that family support to health care is needed, especially for the society of To Bentong. Health issues faced by one of family members will affect other families or the community as a whole. The family is the channel that is effective in improving public health. Family behavior can cause health problems, but can also prevent health problems and become a resource to solve them(13). Family of To Balo and To Kribo support each other in carrying out treatment to health services. This is in accordance with what was explained by Sarafindo in Bratanegara et al (2012) who said that a person cannot meet his physical and psychological needs alone. Individuals need social support, one of which comes from family, the presence of others in one's personal life is very necessary(14).

In making decisions before going to health care, the ones who play an important role in the family of To Balo and To Kribo are the parents, heads of families, and families who are considered to have more knowledge, especially about health and medical personnel themselves in this case the local government. Even though it only has one community health sub-centre (known as PUSTU), the village government still seeks access to health services that are evenly distributed to the community, especially the community of To Balo and To Kribo who live the remote villages with road and terrain conditions that are still under construction, such as holding mobile health centers once in 3 months. Based on the theory, the family health support system consists of 2, namely informal and formal. Informal support systems are the number of healthy family members, family and community relations, how families solve problems, and family-owned facilities to support health, while the formal support system is family relationships with petrified parties from health care institutions or other institutions related (the presence or absence of supporting facilities in the community, especially for those related to health)(15).

From some of the explanations above, it can be concluded that family relationships and decision-making methods are considered not in conflict with health so that the intervention that can be given is cultural care preservation/maintenance, which is maintaining or improving the existed habits.

**Conclusion**

The support of family and government to the community of To Balo and To Kribo on health based on social factors and family attachment (kindship and social factors) in the leininger sunrise enabler was that sick and health were influenced by family and community support (local government). Both provided a major role in accessing health services.

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