

The Relationship between Community Trust and Traditional Medicine in the Karang Tengah Health Center Working Area

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ABSTRACT

This study aimed to analyze the relationship between community beliefs and the use of traditional medicine in the working area of Karang Tengah Health Center, Sukabumi. This study used a quantitative research design with correlational analytic method and cross-sectional approach. A total of 99 respondents were selected using accidental sampling technique from a population of 20,790. Primary data were collected through a questionnaire that evaluated the community's belief in traditional medicine as well as the frequency of its use, while secondary data were obtained from the annual report of the puskesmas and official sources of the Ministry of Health. Data were analyzed using the Chi-Square test to measure the relationship between variables. The results showed that the majority of respondents had a high level of trust in traditional medicine (43.4%) and most used traditional medicine at a moderate level (44.4%). Bivariate analysis revealed a significant association between the level of trust and the use of traditional medicine with a p value of <0.05. Factors such as bad experiences with modern medicine, socio-cultural influences, and more affordable costs encourage people to choose traditional medicine. This study concludes that people's trust significantly influences their decision to use traditional medicine. These results are expected to contribute to the development of more inclusive health policies by effectively integrating traditional and modern medicine

Introduction

Traditional Medicine is one of the methods in an effort to cure diseases, which is carried out for generations and has become a tradition in the community. Traditional medicine is well-known in various countries, including Indonesia, which is rich in culture and qualified resources to support the process of practicing the treatment. (Sillia & Husain, 2023) In addition to culture, environmental and economic conditions are one of the factors that influence the use of this treatment. Such as difficult access to health facilities, the cost of medical measures and the unavailability of certain medical measures .

According to the World Health Organization (WHO), 65-80% of the world's population, especially in developing countries, relies on Traditional medicine to cure their illnesses. In addition to cultural factors, poverty is the cause of difficulty in obtaining medical treatment services. (Kumar et al., 2021). WHO Says that 170 of its 198 member countries, use traditional medicine as a real health resource reference and efforts to integrate methods, products and practitioners into their national health systems (WHO, 2023) Whereas in Indonesia, 32% of the population uses traditional and alternative medicine along with the rapid development of traditional medicine services (Ministry of Health, 2022) .



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Previous studies have suggested that in addition to socio-cultural beliefs, knowledge and education levels are part of the decision-making process. Some areas with a low education index, lack of knowledge of medical treatment, make people tend to choose traditional medicine, because they are comfortable with what they know from generation to generation and assume that only certain people have the ability to cure these diseases (Hariati, 2024). Regardless, empirical research that directly investigates the level of community beliefs with the decision to use Traditional medicine is very limited. Research to find out why these beliefs exist in the midst of the development of modern medicine and how this modern medicine can have an impact on these beliefs, even in urban areas. Further investigation into how these beliefs are formed is needed, so that we can better respond to what is needed for health.

Although traditional medicine persists across various socio-cultural contexts, limited empirical studies have explored the underlying beliefs and psychological motivations driving its continued use, particularly in urban settings where modern healthcare is accessible. This is a critical gap, especially given global health transitions and the push for universal health coverage. Understanding why traditional medicine remains a preferred choice is urgent not only to inform inclusive healthcare policies but also to address potential risks from unregulated practices. In addition, research that investigates the cognitive and cultural foundations of community trust in traditional medicine is essential to navigate the tension between tradition and modernity in public health.

Therefore, the aim of this research is to analyze the relationship between the level of community trust and the use of traditional medicine in the working area of Karang Tengah Health Center, Sukabumi. This study also seeks to identify key influencing factors that reinforce community reliance on traditional medicine despite the availability of modern healthcare services. The findings are expected to enrich public health discourse and contribute to developing more inclusive, culturally sensitive, and evidence-based health policies that bridge traditional and modern medical systems.

Methods

This research design uses quantitative, the method used is correlational analytic using a *cross sectional* approach emphasizing the time of measurement or observation of data on the independent variable and the dependent variable only once, at one time. The population in this study was 20,790 people in Karang Tengah Village, Karang Tengah Health Center working area, Gunung Puyuh Subdistrict, Sukabumi City with the number of samples determined using the *Accidental Sampling* technique, namely 99 people. Accidental Sampling is used to reduce selection bias that may occur if researchers have certain criteria for selecting participants, thus providing diverse views. The primary data source obtained from this study is the distribution of community questionnaires in the working area of Karang Tengah health center and secondary data obtained from the annual report of the health center and the Ministry of Health website. The instrument in this study will use a questionnaire to obtain data on variable X1 public trust and variable X2 traditional medicine. To ensure instrument quality, the validity and reliability of the questionnaires were tested prior to data collection.

Instrument Validity was assessed using Pearson correlation with SPSS version 20. For both variables, all items showed an r-value greater than the r-table value of 0.301 ($n = 45$), indicating all items were valid. For example, items measuring community trust ranged from $r = 0.440$ to $r = 0.716$, and for the use of traditional medicine from $r = 0.486$ to $r = 0.791$.



Instrument Reliability was measured using Cronbach's Alpha. The community trust questionnaire produced an alpha of 0.862, and the traditional medicine usage questionnaire yielded an alpha of 0.863, both exceeding the accepted threshold (> 0.7), demonstrating high reliability.

Data analysis was conducted in two stages:

1. Univariate analysis was used to describe the characteristics of respondents and distribution of each variable using frequency tables, since the data are ordinal in nature (Notoatmodjo, 2018).
2. Bivariate analysis employed the Chi-Square test to determine the relationship between the independent variable (community trust) and the dependent variable (use of traditional medicine). A significance value of $p < 0.05$ was used as the threshold to determine a statistically significant relationship.

Results

This research was conducted in Karangtengah Village for one month, starting from December 12, 2024 to January 6, 2025, involving 99 respondents from Karangtengah Village. The following is a description of the research results presented through two types of analysis, namely univariate analysis and bivariate analysis.

1. Analysis

The purpose of this univariate analysis is to describe the characteristics of each variable studied. The data analyzed in this study are characteristics including gender, age, education and occupation which can be explained in the following table:

a.

Before explaining the results of this thesis research, the researcher first describes the respondent's identity based on gender.

Table1 . Distribution of respondent characteristics based on gender (n=99)

Gender	Frequency (Person)	Percentage (%)
Male	51	51,5 %
Female	48	48,5 %
Total	99	100 %

Based on table 1, it shows that the male gender is 51 people (51.5%) and the female gender is 48 people (48.5%). The majority of men are 51 people (51.5%).

b. Age

Before explaining the results of this thesis research, the researcher first describes the respondent's identity based on gender.

Table2 . Distribution of respondent characteristics based on age (n=99)

Age	Frequency (people)	Percentage (%)
17 - 20	15	15,2 %
21 - 30	45	45,2 %
31 - 40	18	18,2 %
41 - 50	11	11,1 %
51 - 60	3	3,0 %
61 - 70	5	5,1 %
71 - 80	2	2,0 %
Total	99	100%

Based on Table.2 shows that the age of 17 - 20 years amounted to 15 people (15.2%), age 21 - 30 as many as 45 people (45.2%), age 31 - 40 as many as 18 people



(18.2%), age 41 - 50 amounted to 11 people (11.1%), age 51 - 60 as many as 3 people (3.0%), age 61 - 70 as many as 5 people (5.1%), age 71 - 80 2 people (2.0%). The majority of respondents aged 21-30 years were 45 people (45.2%).

c. Education

Before explaining the results of this thesis research, the researcher first describes the respondent's identity based on education.

Table3 . Distribution of respondent characteristics based on education (n=99)

Education	Frequency (Person)	Percentage (%)
Junior High School / Equivalent	10	10.1 %
Senior High School / Equivalent	70	70.7 %
Bachelor	12	12.1 %
Megister	4	4.0 %
Doctor	1	1.0 %
Diploma	2	2.0 %
Total	99	100 %

Based on table 3 shows that junior high school / equivalent education is 10 people (10.1%), high school / equivalent education is 70 people (70.7%), undergraduate education is 12 people (12.1%), master's education is 4 people (4.0%), doctoral education is 1 person (1.0%), diploma education is 2 people (2.0%). The majority of respondents' education in this study was high school / equivalent as many as 70 people (70.7%).

d. Job

Before explaining the results of this thesis research, the researcher first describes the respondent's identity based on work.

Table4 . Distribution of respondent characteristics based on occupation (n=99)

Jobs	Frequency (Person)	Percentage (%)
Housewife	20	20.2
Labor	19	19.2
Honoror	3	3.0
Private	20	20.2
Merchant	8	8.1
Self-employed	4	4.0
Farmers	4	4.0
Educators	1	1.0
Civil Servant	4	4.0
Freelance	1	1.0
Tni/Polri	4	4.0
Advocate	1	1.0
Student	10	10.1
Total	99	100.0

Based on table 4 that the work of housewives as many as 20 people (20.2%), labor jobs as many as 19 people (19.2%), honorary jobs as many as 3 people (3.0%), private as many as 20 people (20.2%), traders as many as 8 people (8.1%), self-employed as many as 4 people (4.0%), farmers as many as 4 people (4.0%), educators as many as 1

person (1.0%), civil servants as many as 4 people (4.0%), freelance as many as 1 person (1.0%), military / police as many as 4 people (4.0%), advocates as many as 1 person (1.0%), student students as many as 10 people (10.1%). The majority of respondents' jobs in this study were housewives as many as 20 people (20.2%) and private as many as 20 people (20.2%).

2. Bivariate Analysis

Bivariate analysis in this study is to determine whether there is a relationship between public trust and traditional medicine in the Karangtengah Health Center area. Hypothesis testing in this study was the Chi Square test.

Table5 . Relationship between Community Trust and Traditional Medicine in the Karangtengah Health Center working area

Community trust	Medication Usage						Total		P Value
	Low		Medium		High				
	F	%	F	%	F	%	F	%	
Low	8	8,1%	8	8,1%	5	5,1%	21	21,2%	0,000
Medium	6	6,1%	24	24,2%	5	5,1%	35	35,4%	
High	3	3,0%	12	12,1%	28	28,3%	43	43,4%	
Total	17	17,2%	44	44,4%	38	38,4%	99	100%	

Based on the results of tabulation table 5, it is known that, low public trust with low use as many as 8 people (8.1%), low trust with moderate use as many as 8 people (8.1%), low trust with high use as many as 5 people (5.1%), medium-level public trust with low treatment use as many as 6 people (6.1%), moderate trust with moderate use as many as 24 people (24.2%), moderate trust with high use as many as 5 people (5.1%), high community trust with low treatment use as many as 3 people (3.0%) high trust with moderate use as many as 12 people (12.1%), high trust with high use as many as 38 people (38.4%).

The P value obtained from the chi square test for asymp sig. (2-sided) is 0.000. This value shows the result of $p < 0.05$ and means that H_a is accepted and H_0 is rejected. So it can be concluded that there is a significant relationship between community beliefs and the use of traditional medicine in the karangtengah puskesmas working area.

Discussion

1. Overview of trust

The results showed that respondents with low trust were 21 people (21.2%), respondents with moderate trust were 35 people (35.4%), respondents with high trust were 43 people (43.4%). This is in line with research Damanti, (2021) , showing that this belief arises from the experience of failure or uncertainty in conventional medicine, as well as the fear of excessive use of chemical drugs and surgery in certain diseases. This encourages patients to seek other treatment alternatives that are considered more suitable. Based on the information and experiences they receive, patients begin to explore options beyond conventional medicine.

According to Tifla et al., (2024) factors that influence people in believing in traditional medicine is that there is hope for recovery that makes them hold on to this method, although there is also a sense of hopelessness that encourages them to look for other alternatives. In addition, external influences, such as opinions or information from other people, also influence their beliefs. Not a few are also influenced by beliefs in mystical things, thus strengthening people's belief in the existence of the disease they experience.

Syahrani et al., (2022) mentioned that a strong belief in using traditional medicine is based on an understanding that has been passed down from generation to generation, that when facing



an illness, the first step taken is to visit traditional medicine. This tradition is a legacy from their ancestors that they continue to carry out and believe in to this day. In addition, Fitriani, (2020) states that the social and cultural relationship between patients and traditional medicine practitioners affects the trust in using the treatment.

According to the researchers, this study shows that the level of public trust of 99 respondents, the level of public trust arises based on various factors. Bad experiences and fears of some medical treatments and the risk of overusing chemical drugs encourage people to seek alternatives in choosing treatment. In addition, the hope for healing that focuses on methods passed down from generation to generation, belief in mystical things, and social and cultural relationships between practitioners and patients encourage people to seek treatment outside conventional medicine.

2. Overview of medicine use

The results showed that respondents with low treatment use were 17 people (17.2%), moderate use amounted to 44 people (44.4%), respondents with high use amounted to 38 people (38.4%). in line with Keytimu, (2021) factors that influence decision making in choosing treatment include personal experience and encouragement from the social environment. Experience includes observation and learning from the experiences of others, while encouragement from the social environment takes the form of motivation, advice, or positive opinions about treatments available nearby.

According to Amisim et al., (2020) some people are of the opinion that alternative medicine is safer compared to medical treatment as well as positive perceptions regarding traditional medicine, it has proven to be effective among the general public, mainly due to the more affordable costs and efficiency offered. Many people rely on traditional medicine that has been used for generations, inherited from their parents. This creates perceptions that support positive attitudes within the community, making them more likely to choose these alternative treatments in an effort to maintain good health.

Irma Yanti et al., (2021) mentioned that a person's interest in traditional medicine comes from information obtained from friends, family, relatives and other close people, who have experienced the benefits of this treatment. Often, alternative medicine users hear about successful healing from new people they know, family, or friends who may have experienced healing from similar illnesses through this alternative medicine method.

According to researchers in this study, the use of traditional medicine is greatly influenced by internal and external factors. Factors from the individual himself who believes in the benefits of the treatment, as well as external factors that come from cultural factors and the social environment, such as information from the closest people who have proven successful recovery by using the treatment. In addition, economic factors are decisive in decision making, people use traditional medicine because they feel it is cheaper than treatment at medical facilities.

3. The relationship between community beliefs and traditional medicine

Based on the results of the study, it is known that, low public trust with low use as many as 8 people (8.1%), low trust with moderate use as many as 8 people (8.1%), low trust with high use as many as 5 people (5.1%), medium-level public trust with low treatment use as many as 6 people (6.1%), medium trust with medium use as many as 24 people (24.2%), medium trust with high use as many as 5 people (5.1%), high community trust with low treatment use as many as 3 people (3.0%) high trust with medium use as many as 12 people (12.1%), high trust with high use as many as 38 people (38.4%).

This is supported by research Dian Astri Maulani & Jonyanis, (2024) sustainability of traditional medicine is influenced by various factors. Community involvement and participation



support the sustainability of traditional medicine practices. Traditional medicine is an alternative for the community to cure certain diseases and is relatively cheaper. As well as some circles of society consider that traditional medicine is a cultural heritage of ancestors carried out for generations.

People's choice of traditional medicine as an alternative is influenced by various factors, including social, cultural and habitus. Social factors include the influence of family, friends and the surrounding environment, while cultural factors relate to traditional values that are highly upheld by the community. The habitus factor refers to habits and mindsets that have taken root in daily life.

The impact of traditional medicine on people's decision-making is very positive. Besides being proven effective in treating various diseases, these methods are also known to have low or no adverse side effects. This gives people the confidence to continue choosing and practicing it as a trusted and sustainable form of health care (Sulfiana et al., 2024).

Thus, the assumption of the researcher is that community beliefs encourage the use of traditional medicine as an alternative in healing and health care. The use of traditional medicine takes place with the participation and involvement of the community based on several main factors, such as the social environment, cultural factors that consider traditional medicine as a cultural heritage of the ancestors, and the assumption that the cost is cheaper and more affordable.

Conclusion

Based on the characteristics of the respondents, the male gender amounted to 51 people (51.5%) and the female gender was 48 people (48.5%). The majority of male gender is 51 people (51.5%). The majority of respondents in the study aged 21-30 years were 45 people (45.2%). In this study, the majority of respondents' education was high school / equivalent as many as 70 people (70.7%). The majority of respondents' jobs in this study were housewives as many as 20 people (20.2%) and private as many as 20 people (20.2%).

Low trust was 21 people (21.2%), moderate trust was 35 people (35.4%), high trust was 43 people (43.4%). The majority had high trust as many as 43 people (43.4%).

Low treatment use was 17 people (17.2%), moderate use amounted to 44 people (44.4%), respondents with high use amounted to 38 people (38.4%). Mayotias moderate use amounted to 44 people (44.4%).

The *P value* obtained from the *chi square* test for *asympt sig. (2-sided)* is 0.000. This value shows the result of $p < 0.05$ and means that H_a is accepted and H_0 is rejected. So it can be concluded that there is a significant relationship between community beliefs and the use of traditional medicine in the karangtengah puskesmas working area.

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