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Original Research

Exploring the key aspects shaping traditional therapy adoption for stroke treatment: An ethnographic inquiry

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Abstract

Background: Traditional therapy is commonly utilized for stroke treatment in various communities, including Indonesia. However, there is limited knowledge about the aspects influencing the adoption of traditional medicine for stroke in Indonesia.

Objective: This study aimed to explore the key aspects contributing to the traditional therapy adoption for stroke treatment in Banjarmasin, Indonesia.

Methods: An ethnographic approach was employed, involving seven key informants who were family members of stroke patients. Purposive sampling was used to select the informants. Data were collected through observations, in-depth interviews, and focus group discussions from December 2018 to February 2019 in Banjarmasin, South Kalimantan, Indonesia. Content analysis was utilized for data analysis.

Findings: The study developed seven themes that affected the adoption of traditional therapy for stroke treatment: 1) Role of social media, 2) Desire for recovery and perceived benefits, 3) Economic considerations, 4) Psychological factors and self-motivation, 5) Health insurance and access to healthcare facilities, 6) Cultural influences: Culture, traditions, and community beliefs, and 7) Support from others and therapy logistics.

Conclusion: This study provides important insights into the essential aspects that influence the adoption of traditional therapy for stroke treatment in

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Indonesia. The findings highlight the need for healthcare policies and practices to consider these aspects to optimize the use of traditional treatment and enhance stroke management outcomes. However, further research is necessary to expand upon these findings, fostering a more comprehensive understanding of the adoption of traditional therapy in stroke treatment.

Keywords

Stroke; traditional therapy; culture; Indonesia; qualitative; ethnography

Background

Stroke, the second leading cause of death globally and the primary cause of disability imposes significant financial burdens on treatment (Katan & Luft, 2018; Rajsic et al., 2019). Annually, 15 million individuals experience a stroke, resulting in five million fatalities and another five million permanently disabled individuals. The impact of stroke falls heavily on families (Benjamin et al., 2018), significantly diminishing the quality of life for those affected. Consequently, the burden of stroke remains substantial (Benjamin et al., 2018; Venketasubramanian et al., 2017).

In Indonesia, stroke cases have risen to 334,295, with 212,9636 deaths (Indonesian Ministry of Health, 2018). South Kalimantan province ranks fourth in terms of the highest number of cases (Indonesian Ministry of Health, 2018). Timely and appropriate treatment upon the early detection of symptoms can prevent fatalities (Agianto et al., 2022). However, most stroke patients are admitted to hospitals after an average of 48.5 hours, as patients and their families are unfamiliar with the symptoms, and health facilities are often located far away (Benjamin et al., 2018). Since immediate, safe, and effective treatment is vital for stroke patients, they seek therapies that can enhance the effects of rehabilitation, such as traditional therapy.

A pilot study has indicated that traditional therapy is popular among stroke patients, with many utilizing complementary and alternative medicine (CAM) massage. Within the past four weeks, 26.5% of stroke patients have used massage as a form of self-medication (Chuang et al., 2016; Kadir et al., 2015). The use of CAM is on the rise worldwide ((Kadir et al., 2015), and approximately 80% of the population in developing countries relies on traditional healing practices (Peltzer & Pengpid, 2015). Traditional and complementary healthcare has also gained traction in ASEAN countries, including Indonesia (Pengpid & Peltzer, 2018). Recognizing the significance of traditional medicine (TM) or non-conventional medical practices, the World Health Organization (WHO) has integrated them

into national healthcare systems as part of sustainable strategic efforts ([World Health Organization, 2013](#)).

The desire to witness the recovery of their family members can motivate individuals to opt for traditional therapy ([Pengpid & Peltzer, 2018](#)). Herbs are often claimed to offer various health benefits, including protection, prevention, and treatment of diseases. Studies indicate that around 95% of respondents believe in the efficacy of herbs ([Nurhayati & Widowati, 2017](#); [Rahayu, 2012](#)). Traditional therapy has been passed down through generations, and families are often willing to explore all avenues, including traditional medicine, to aid in the recovery of stroke patients. Some individuals claim to have experienced benefits from such practices. In other words, numerous elements influence the adoption of traditional therapy for treatment by patients and their families. However, no research conducted in Indonesia has specifically identified the aspects that contribute to the adoption of traditional therapy for stroke treatment. While there have been numerous studies on traditional therapy in Asia, such as massage, acupuncture, and acupressure for stroke rehabilitation, the factors driving the adoption of traditional therapy remain unexplored. Therefore, this study aimed to address this gap and examine the adoption of traditional therapy among stroke patients in Banjarmasin, Indonesia.

Methods

Study Design

A qualitative ethnography design ([Atkinson & Hammersley, 2007](#)) was employed to uncover the aspects contributing to the adoption of traditional therapy for stroke treatment. Critical ethnography is particularly suitable for exploring the cultural elements that influence people's beliefs and choices regarding treatment, encompassing both traditional and medical approaches. By gathering information on the aspects influencing the adoption of traditional therapy, healthcare professionals can adopt novel strategies to educate and encourage patients and their families to optimize the use of such therapy for stroke treatment.

Participants

The study involved interviews with seven key informants, who were family members of stroke patients. The interviews continued until the data reached saturation, meaning no new information or themes emerged. Purposive sampling was utilized, and the inclusion criteria for selecting participants were as follows: 1) being 18 years of age or older, 2) being a family member of a stroke patient who had adopted traditional therapy, 3) serving as a caregiver for the

stroke patient at home, 4) having a kinship relationship with the stroke patient, 5) being able to communicate in either Banjarese or Indonesian, and 6) expressing willingness to participate in the study. Exclusion criteria were applied, and individuals were excluded from the study if they met any of the following conditions: 1) having a terminal illness, 2) having a history of substance abuse, 3) having a history of alcoholism and dementia, or 4) experiencing hearing problems.

Data Collection

The research was conducted in Banjarmasin, Indonesia, from December 2018 to February 2019. Prior to commencing the study, the researcher established contact with a nurse from the Public Health Nursing program, who facilitated access to the research site and assisted in identifying potential key informants. The data collection process involved several steps, beginning with participant observation, which spanned over two months. During this phase, the researcher observed the activities and daily life scenes of the respondents in relation to traditional therapy. Detailed field notes and an observation guideline were used to document the collected data during morning, afternoon, and evening observations. Following participant observation, in-depth interviews were conducted over a period of three weeks. These interviews took place when the key informants were available and not occupied, such as during breaks. A structured interview guideline and a recorder were utilized to ensure consistency and accuracy in data collection. Once saturated data were obtained from the in-depth interviews, the final step in data collection involved a focused group discussion (FGD). Key informants were gathered at a specific location and time, usually in the afternoon on a Sunday. Group interviews were conducted using a recorder and an interview guideline. The researcher acted as a facilitator, guiding the discussion to explore the desired data for the study.

Data Analysis

The collected data were analyzed using content analysis (Atkinson & Hammersley, 2007), which employed various analytical techniques such as typology, matrix, and thematic analysis. These methods enabled the systematic examination of the data, allowing for the identification of patterns, categorization of information, and extraction of key themes and concepts. A comprehensive understanding of the data was achieved through content analysis, facilitating the exploration of meaningful insights and generating valuable findings.

Trustworthiness

Various measures of trustworthiness were implemented, including credibility, dependability, transferability, and confirmability. Credibility was achieved by thoroughly describing and interpreting their experiences as a researcher, consulting with participants, and allowing them to review and discuss the research findings. By involving the participants in this manner, the credibility of the study was strengthened. Dependability was maintained by ensuring that each stage of the research process was traceable and well-documented. This included providing a clear trail of the steps the investigator took, enabling others to arrive at similar or comparable conclusions potentially. By maintaining rigorous documentation and traceability, the dependability of the study was upheld. Transferability was considered to assess the extent to which the findings could be applied to other contexts. The researcher examined whether the results could be applicable and relevant in different settings or situations. Confirmability was addressed by promoting objectivity and transparency throughout the research process. The researcher aimed to maintain a neutral and unbiased stance, ensuring that personal biases and preconceptions did not influence the analysis and interpretation of the data.

Ethical Considerations

The study obtained ethical approval from the Faculty of Medicine ULM IRB, with reference number 1057/KEPK-FK UNLAM/EC/XII/2018. In order to uphold the dignity and respect of human subjects, informed consent was obtained from all participants. Furthermore, confidentiality measures were implemented to protect the information shared by the key informants. The principle of autonomy was also observed, allowing the research to be conducted with sensitivity to the local culture and its values. These ethical considerations ensured the integrity and welfare of the participants throughout the research process.

Results

The majority of the key informants in this study were women, accounting for 71.43% of the participants. Among them, most were spouses of stroke patients. The average age of the key informants was 42.29 years. All key informants identified as Muslim, representing 100% of the participants, and the vast majority were married (85.71%). However, a small percentage of participants (14.25%) were single due to being the caretakers of their children who were stroke patients. Regarding educational background, over 50% of the key informants had completed senior high school (57.14%) (Table 1).

Table 1 Demography characteristic (n = 7)

Characteristics	f	%
Sex		
Male	2	28.57
Female	5	71.43
Age (Mean = 42.29, Min 22, Max 77)		
18-28	1	14.29
29-39	3	42.85
40-50	1	14.29
> 50	2	28.57
Religion		
Islam	7	100
Marital Status		
Married	6	85.71
Single	1	14.29
Educational Background		
Elementary school	1	14.29
Junior high school	1	14.29
Senior high school	4	57.14
University	1	14.29

Table 2 Thematic findings

Theme	Participants' Quotes
Role of social media	"Yeah, it was on YouTube, but I did not know if there was any information here. If the traditional therapy is not complicated, just boil it. I only watched videos on YouTube, but now there is more information about stroke." (Interview: Mrs. NH) "I just search via Google as it is easier (laughs)." (FGD)
Desire for recovery and perceived benefits	"Well, who knows if it would be comfortable to walk again and not too heavy. If healing is possible, it is okay to get a massage (laughs). We try to make an effort first." (Interview: Mrs. D) "The benefit of acupuncture is to improve blood circulation. It is effective for movement and synchronizes the brain and locomotor organs. From limb to being able to walk." (Interview: Mr. AYH)
Economic considerations	"It is enough because we are pensioners. If we were not retired, it would be a bit more difficult. Thank God I happen to be a retiree, so the pension is for living. Thank God we have money even just for a meal and to live." (Interview: Mr. K)
Psychological factors and self-motivation	"Sometimes he does not want a massage. Yes, that is why he does not want to say it. He screams if he does not want to be held. He fights like that, so he cannot be massaged. He has been stressed too." (Interview: Mrs. SR)
Health insurance and access to healthcare facilities	"But it is difficult to go to hospital and health facility. They are far away. It takes a long time to wait. The queue is too long." (Interview: Mrs. SR) "If doing therapy at the hospital, we do not have to pay. It is covered by the national health insurance (BPJS). Hospitals do not pay BPJS. They pay for massages and medicines." (FGD)
Cultural influences: Culture, traditions, and community beliefs	"Most people who suffer from a stroke are recommended to get massages and medication. Most who are massaged recover. The massages continue routinely, just a few months. He continued to get massages regularly and healed. Massage has become a habit in the family." (Interview: Mr. RR)
Support from others and therapy logistics	"He is sometimes given to people, his family. If there is money, he will be brought there for traditional treatment. No one has money, but people help with the funding." (Interview: Mrs. RR)

This study identified seven prominent themes that contributed to adopting traditional therapy for stroke within the community. The themes include 1) Role

of social media, 2) Desire for recovery and perceived benefits, 3) Economic considerations, 4) Psychological factors and self-motivation, 5) Health insurance and access to healthcare facilities, 6) Cultural influences: Culture, traditions, and community beliefs, and 7) Support from others and therapy logistics. Exemplars of participants' quotes in each theme can be seen in [Table 2](#).

Discussion

The adoption of traditional therapy among stroke patients in Banjarmasin, Indonesia, is affected by seven themes. These themes are interconnected and related to the patient's culture, beliefs, and overall physical and mental well-being.

The first theme, "role of social media," has emerged as a powerful influence on adopting traditional therapies for stroke treatment among families in Banjarmasin, Indonesia. Families increasingly use social media platforms to gather information, seek advice, and validate treatment choices. This trend can be attributed to the significant relationship between social networks and health service behavior. Previous studies have highlighted the role of the Internet in shaping healthcare decisions, with families relying on online resources to navigate treatment options ([Rahayu, 2012](#); [Setyoningsih & Artaria, 2016](#)).

The second theme, "desire for recovery and perceived benefits," indicates the decision to opt for traditional medicine is often driven by the strong desire of families to witness their loved one's recovery from stroke. Families believe traditional therapies can expedite healing, allowing patients to regain mobility and alleviate stiffness. Internal factors, such as the patient's motivation to recover, and external factors, like family members' support, significantly influence treatment choices. This is supported by previous research highlighting the correlation between motivation and traditional medicine choices ([Burns & Tomita, 2015](#); [Setyoningsih & Artaria, 2016](#)). The perceived benefits and efficacy of traditional medicine further reinforce its appeal to families seeking effective stroke treatments ([Peltzer & Pengpid, 2015](#); [Pengpid & Peltzer, 2018](#)).

The third theme, "economic consideration," plays a pivotal role in shaping the choice of traditional therapy among stroke patients and their families. The affordability of alternative medicine is a key factor in its preference over conventional treatments. However, it is essential to note that the cost of traditional therapies can vary, and in some cases, they can be as expensive as or even more costly than conventional medical treatments ([Rahayu, 2012](#); [Setyoningsih & Artaria, 2016](#)). Thus, economic factors, including the allocation of financial resources for herbal medicines, transportation, and treatment costs,

heavily influence decision-making (Burns & Tomita, 2015; Nurhayati & Widowati, 2017; Rahayu, 2012).

The fourth theme, “psychological factors and self-motivation,” greatly impacts the adoption of traditional therapy among stroke patients. Families often turn to alternative medicine, believing it can address stroke-related mental disorders. Cultural beliefs that attribute illnesses to supernatural powers contribute to the high usage of traditional medicine for mental disorders in developing countries (Setyoningsih & Artaria, 2016). Additionally, self-motivation plays a crucial role in treatment decisions, as individuals with strong internal or external motivation exhibit greater persistence and enthusiasm in their recovery process (Burns & Tomita, 2015; Setyoningsih & Artaria, 2016).

The fifth theme, “health insurance and access to healthcare facilities,” is a vital consideration in adopting traditional therapy. In many countries, national insurance systems, including Indonesia, do not cover complementary and alternative medicine (CAM), leading individuals to opt for self-medication. This factor significantly influences the type of treatment chosen by stroke patients and their families (Peltzer & Pengpid, 2015; Pengpid & Peltzer, 2018). Moreover, the proximity and affordability of healthcare facilities also impact the decision-making process, as stroke patients and their families consider the convenience and cost-effectiveness of traditional therapies (Pengpid & Peltzer, 2018).

The sixth theme, “cultural influences: culture, traditions, and community beliefs,” profoundly impacts the adoption of traditional therapy. Traditional medicines have been deeply ingrained in Indonesian culture and are often passed down through generations. The recommendation and support from family members and the community further reinforce the choice of traditional therapy (Burns & Tomita, 2015; Rahayu, 2012; Setyoningsih & Artaria, 2016). Various cultural practices, including weddings and religious activities, contribute to the strong belief in and utilization of traditional medicine (Rahayu, 2012). Religious activities, such as *Maulid* (an Islamic commemoration that celebrates the birth of the Prophet Muhammad), *Mourning* (involving prayers, recitations from the Qur'an, and moments of private meditation and reflection on the goodness of God, the brevity of life, and the inevitability of death), and *Yasinan* (recitation and collective reading of Surah Yasin, which is the 36th chapter of the Quran. Yasinan is believed to have spiritual benefits and is considered a form of remembrance and supplication for the deceased), hold significant importance and impact the decision to seek traditional therapy for stroke treatment.

The last theme, “support from others and therapy logistics,” plays a crucial role in the adoption of traditional treatment, aside from economic considerations. Families rely on the assistance of others to accompany the patient to traditional healers and provide support during treatment and care at home (Burns & Tomita,

2015; Pengpid & Peltzer, 2018). Accessibility to therapy locations, measured by travel time, also influences decision-making. The need to avoid long waiting times prompts families and stroke patients to arrive early at therapy centers. However, this can pose challenges for family members with demanding work schedules (Rahayu, 2012). The availability of support and the practicality of therapy logistics significantly impact the adoption of traditional therapy among stroke patients and their families.

Implications of the Study

Based on the identified themes, here are the implications of this study for healthcare policy and practice:

First, healthcare policymakers and practitioners should recognize the influence of social media in shaping treatment decisions among stroke patients and their families. Efforts should be made to leverage social media platforms to provide accurate and reliable information about stroke treatment options, traditional therapies, and their potential benefits.

Second, there is a need for comprehensive stroke education programs that target both stroke patients and their families. These programs should address the benefits and limitations of traditional therapies, providing an understanding of the available treatment options and promoting informed decision-making.

Third, economic considerations significantly influence the choice of traditional therapy. Healthcare policies should aim to make conventional stroke treatments more affordable and accessible, particularly through national health insurance coverage. Additionally, efforts should be made to regulate the cost of traditional therapies and provide financial support for stroke patients and their families in accessing conventional treatment modalities.

Fourth, cultural beliefs and practices play a crucial role in adopting traditional therapy. Healthcare policies should acknowledge and respect cultural diversity within communities, ensuring that healthcare providers are trained to understand and address the cultural factors that influence treatment decisions. Integrating traditional healers and community leaders into the healthcare system can promote cultural sensitivity and enhance stroke care delivery.

Fifth, recognizing the widespread use of traditional therapies, healthcare policies should encourage collaboration between traditional healers and conventional healthcare providers. This collaboration can involve sharing knowledge, establishing referral systems, and promoting a holistic approach to stroke management. By integrating traditional healthcare systems, patients can benefit from a more comprehensive and patient-centered approach to care.

Sixth, geographical barriers and limited access to healthcare facilities can hinder the adoption of appropriate stroke treatments. Healthcare policies should focus on improving the distribution and accessibility of healthcare facilities, especially in underserved areas. Telemedicine and mobile healthcare initiatives can also be explored to overcome geographical barriers and provide timely access to stroke care.

Seventh, caregivers play a critical role in stroke management. Policies should prioritize support programs for caregivers, including respite care, counseling services, and financial assistance. By addressing the needs of caregivers, healthcare policies can help alleviate the burden and promote better patient outcomes.

Limitations

The study appears to focus on stroke patients in Banjarmasin, Indonesia. Therefore, the findings may not be generalizable to other populations or regions with different cultural, economic, or healthcare contexts. Also, the study relied on a relatively small sample size of only seven key informants, who were family members of stroke patients. The limited sample size raises concerns about the generalizability of the findings to a larger population. Future studies need to consider these limitations and validate the results.

Conclusion

This qualitative ethnographic study provides valuable insights into the aspects contributing to the adoption of traditional therapy for stroke treatment. The findings highlight the role of social media, the desire for patient recovery, economic considerations, cultural beliefs, social support, and access to health facilities. The study underscores the importance of considering these aspects in healthcare policies and practices to optimize the use of traditional therapy. However, further research is needed to enhance the robustness of the findings.

Declaration of Conflicting Interest

The authors declared no significant competing interests in this study.

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Authors' Contributions

All authors contributed equally and met the ICMJE authorship criteria. In addition, all authors were accountable for each step of the study and approved the final version of the article to be published.

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Data Availability Statement

Data were available upon request to the corresponding author.

Declaration of the Use of AI in Scientific Writing

Nothing to declare.

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