

# Female Patients' Treatment-Seeking Behaviour and Factors that Influence their Seeking of Islamic Solutive Treatment

Susanne Dida<sup>a</sup>, Elnovani Lusiana<sup>b</sup>, Evi Novianti<sup>c</sup>, Saleha Rodiah<sup>d</sup>, Rostika Yuliani<sup>e</sup>, <sup>a,b,c,d,e</sup>Faculty of Communication Sciences, Universitas Padjadjaran,  
Email: <sup>a</sup>[susanne.dida@unpad.ac.id](mailto:susanne.dida@unpad.ac.id), <sup>b</sup>[evi.novianti@unpad.ac.id](mailto:evi.novianti@unpad.ac.id),  
<sup>c</sup>[elnovani.lusiana@unpad.ac.id](mailto:elnovani.lusiana@unpad.ac.id), <sup>d</sup>[saleha.rodiah@unpad.ac.id](mailto:saleha.rodiah@unpad.ac.id),  
<sup>e</sup>[rostika12001@mail.unpad.ac.id](mailto:rostika12001@mail.unpad.ac.id)

In maintaining their health, human actions take the form of utilising health services, including through traditional health services, which was formerly known as alternative medicine. The research used a qualitative method with a case study approach. The number of informants in this study was six people who were determined based on specific considerations and objectives with data collection techniques, such as observation, in-depth interviews, and literature studies. The study results were female patients visiting Rumah Sehat Z had treatment-seeking behaviour based on professional information (doctors), the acquisition of alternative medicine places, aspects of trust in choosing, and the herbal medicine concept. While the healing behaviour performed is receiving treatment procedures, knowing the benefits of treatment reduced by obstacles, satisfaction with results, and therapy combined with medication. This study also obtained new findings that supporting factors triggered the female patient's behaviour in seeking Islamic solutive treatment, namely the Thibbun Nabawi.

**Key words:** *Health communication, female patients, solutive treatment, treatment-seeking behaviour.*

## Introduction

The 1945 Constitution of the Republic of Indonesia in Article 28 H paragraph 1, states that everyone has the right to obtain health services, which means that health is one of the fundamental rights of every Indonesian citizen. Health is a human right and an essential

capital in carrying out daily activities. As confirmed by Isriaty (2015) that with the inclusion of health rights in the constitution, the right to health is officially an absolute legal right protected by the government, and the government is obliged to fulfil the health rights of its citizens through concrete efforts.

Every human being desires to live healthily or at least maintain his health status. The human action to maintain health is by utilising health services, both traditional and modern medicine. However, the relationship between health and demand for health services is not that simple, as various factors, including distance, rates, quality of service and the patient's confidence influence the utilisation of health services.

Currently, there is a tendency in society to shift their place of treatment to traditional treatment facilities. A report from the Ministry of Health of the Republic of Indonesia shows data from *Riskesdas* (Basic Health Research) 2019, on the use of traditional health efforts in populations of all ages, that in 2018, 31.4% of Indonesians used traditional treatment services and 65.3% of them used the traditional manual treatment services. There is an increase in the 2013 *Riskesdas* data that 30.4% of households use traditional health services.

Law Number 36 the Year 2009 regarding Health in Article 1 Paragraph 16 states that traditional health services are medicines and treatments that refer to experiences and skills empirically down and down that can be accounted for and applied by applicable norms in public. The World Health Organisation, as a world health organisation, defines that traditional medicine or alternative medicine is the science and art of medicine based on a set of knowledge and practical experience. Both can or cannot be explained scientifically in making a diagnosis, prevention, and treatment of social, mental and physical imbalance (WHO, 2010).

The majority of people still used traditional or alternative medicine, not of lack of affordable formal health service facilities; however, due to Indonesian cultural factors that still have a strong belief in alternative medicine. The culture inherent in an individual affects the way an individual thinks and acts.

One treatment that does not use medical treatment is the Islamic treatment of *Thibbun Nabawi*, a medical procedure, and the rule that is widely exemplified by the Prophet Muhammad SAW which was passed down through his noble best friend (Ihsan, 2016). The *Rumah Sehat Z* in East Bandung also adopted this type of Islamic treatment and has a Registered Traditional Medical Examination (STPT). It serves a variety of health therapies, including diagnosis, reflection, acupuncture, acupressure, chiropractic, tapping on the face (*totok wajah*), tapping for weight loss (*totok langsing*), herbal nutrition, and cupping (*bekam*).

However, the manager of *Rumah Sehat Z*, *ibu* Matahari, emphasised that the term alternative medicine was not appropriate, as explained in the following:

"The *Thibbun Nabawi* treatment is not an alternative treatment, but a solutive treatment based on religious teachings, meaning according to the instructions of God through the Prophet Muhammad SAW." According to *ibu* Matahari, "the Prophet Muhammad SAW teaches that all types of therapy are right; the most important is that the placement must be proper for what kind of case."

From an interview with *ibu* Matahari, the author obtained information regarding the selection of one of the therapeutic methods, namely, acupuncture. She mentioned that

"Western or eastern medicine is Allah's knowledge. As the Prophet said that you know more about the affairs of your world."

Related to the phenomenon in the field, the results of observations and interviews with *ibu* Rembulan as manager and therapist at *Rumah Sehat Z* showed that 65% of patients visiting *Rumah Sehat Z* were female. When we conducted the research, most of the patient's families, including their sister and husband, accompanied the female patient visiting *Rumah Sehat Z*.

The phenomenon that more female patients visit *Rumah Sehat Z* is understandable because if a woman is healthy, she will have the energy and strength to do daily work to fulfil tasks in the family and community and to foster relationships with others. As mentioned by Burns et al. (2016), women's health can affect all aspects of their lives. So improving women's health is not only by treating their health problems but also changing their environmental factors so that they have control over their health.

These conditions sometimes result in more women having no control over the right to receive basic health services and are unable to access essential health services and information. For example, women (such as mothers) when having health issues related to costs and time will access health services, after the needs of other family members (parents, husband or children) are met.

As Foster and Anderson (1986) point out in their book "Health Anthropology" that there are ongoing problems in developing countries, namely that there is a tendency for mistaken assumptions in society about medical (health) decision making is usually a group decision. It involves things like status, rank, age, gender, and traditional roles. This condition is still often found in Indonesian society because, generally, essential decisions related to women's health, such as when to get health services, are made by extended families.

Research on the characteristics of female patients was obtained by Lubis (2014) from "The Experience of Infertile Women in Seeking Treatment in Yogyakarta", which stated that infertile women in seeking treatment performed various medical and non-medical treatments. Infertile women face barriers to seeking treatment from husbands who do not allow it. Also, medical costs are expensive and disappointment due to treatment failure. While the source of infertile women's decisions in determining treatment is obtained from discussions with her husband, and then the woman herself decides to seek treatment.

Research conducted by David Ka Ki Wong (2019) explains how information seeking is carried out by patients, both male and female patients, to obtain information on the health field. Most patients are notified directly about seeking health information by doctors and accessing them online.

Subsequent research conducted by Emma Warnecke (2014) stated that doctors must be able to provide comfort, even the words spoken by a doctor are the best component of medical treatment. Moreover, in the development of physicians, effective communication skills must focus on patient-oriented services. Effective open communication is vital, especially in facing mental health.

In public health studies, one of the predisposing factors for seeking treatment services is gender. According to Notoatmodjo (2016), Anderson's opinion in "A behavioural model of families' use of health services" suggests that the behaviour of the sick going simultaneously to health services is affected by the predisposing factors. The predisposing factors comprise of the following factors, (age, sex, education, employment), enabling factors (family economy, access to existing health care facilities and the guarantor for medical costs) and need factors (specific conditions including complaints of illness).

While in the study of health communication, there are three systems to examine health, illness, and disease, namely: Biomedical, Personalistic, and Naturalistic systems (Mullavey-O'Byrne, 1994; Sullivan, 2001 in Mulyana et al., 2018: 9). This study examines more focus on personalistic systems that not only explore individual beliefs about a disease that is believed to be due to the intervention of supernatural substances but rather how the treatment is chosen and believed to be the best effort in the disease healing process.

Based on the cases mentioned above, the researchers are interested in further studying the treatment-seeking behaviour of female patients, bearing in mind that women's health is not just a healthy reproductive field. Hopefully, this study will be able to explain the phenomenon of female patients who choose to seek treatment at an Islamic solutive treatment clinic at *Rumah Sehat Z* in East Bandung. For this reason, this study aimed to examine in more depth the behaviour of seeking treatment places and seeking healing in female patients

to obtain a communication model of seeking treatment behaviour of female patients at *Rumah Sehat Z*.

## Methods

This research used a qualitative method with a case study approach. The selection of a qualitative method with a case study approach was considered appropriate for researching the treatment behaviour of female patients at *Rumah Sehat Z*. Qualitative research focuses on human analysis as a research tool or instrument, utilising qualitative methods, relying on analysis inductively, directing research objectives to find fundamental theories, descriptive, which prioritise process over outcome.

This study analysed the female patient's seeking behaviour for Islamic solutive treatment. Furthermore, the complexity of the cases that occurred indicated that not all cases could be comprehended and generalised. Complex cases would be formulated based on samples that represented these cases since each case was unique, and not all could be generalised.

The study subjects were four female patients at *Rumah Sehat Z*, in East Bandung area. The subjects were determined purposively, chosen with specific considerations and objectives (Sugiyono, 2014). The criteria of the study subjects were aged 20 - 60 years, psychologically healthy, and had carried out consultations and therapies at *Rumah Sehat Z*.

The object of this study was the behaviour of the female patients' behaviour seeking Islamic treatment in looking for a place of care and behaviour in seeking healing. Data collection techniques used in this study were observation, in-depth interviews and literature studies.

## Results and Discussion

This study described the health behaviour of women seeking Islamic solutive treatment at *Rumah Sehat Z*. Notoatmodjo (2014) mentions that health behaviour is all activities, or any action of a person both observable and unobservable, in this case, the behaviour of people who are sick or have been affected by health problems, to obtain healing or solving health problems. This paper raised women as individuals who were active in seeking information on Islamic treatment sites and efforts to obtain treatment.

### *Care-Seeking Behaviour*

According to Dean in Widayanti (2012), when someone feels symptoms that interfere with one's health, then several possible actions will be sought, including seeking healing by making referrals or consulting with other parties. Efforts to seek referrals from other sources

can be professional or non-professional health workers, in various places, such as conventional/formal health service centres (such as health practice clinics, health centres, and hospitals) or can be in the form of other service centres such as clinics for complementary and alternative, as well as solutive treatment.

The problems faced by female patients at *Rumah Sehat Z* were health problems as they felt there was something wrong with their bodies. Health problems felt by female patients vary. They often experienced headaches, cold feet, high blood pressure, stomach aches, irregular periods, and autoimmune disease. There was also a feeling of being overweight, which interfered with their activities.

Some of these informants did a health check first by going to the doctor to ascertain their health problem or disease. However, there was also one informant who came to the *Rumah Sehat Z* Clinic, for she was interested in the services offered, namely acupuncture and abdomen acupressure therapy for slimming.

Informants in the search for Islamic solutive treatment got various information on traditional treatment places and the types of treatments. According to Belkin, in Suwanto, in *Giwangkara* (2019), information needs to arise due to uncertain conditions that emerge due to a gap in humans between the knowledge they have and the knowledge they need. They faced health issues related to knowledge gaps as well as information on what treatment they need to cure the health problems they faced.

Some informants, previously carried out a doctor's examination, as told by one of the informants. Melati, said that since attending high school, almost every year, she had been treated in a hospital, diagnosed with wet lung disease, typhus, hepatitis, and a swollen. Therefore, she was determined to find a herbal-based treatment place, while informant Mawar mentioned that the doctor diagnosed herself with potassium deficiency along with high blood pressure.

Both informants sought to find an Islamic treatment place that could support their healing by visiting several similar Islamic medicine sites to get treatment. Until finally, a friend's information (word of mouth) showed to seek treatment at *Rumah Sehat Z*. Around 2010 until now, these two informants also made *Rumah Sehat Z* as a place of reference for treatment besides controlling a specialist doctor, even though each of their friends who recommended this place of therapy never revisited *Rumah Sehat Z*.

Informant Mawar's story was different because the herbal medical doctor who treated her allowed her to do health therapy to stabilise her physical condition. Due to an autoimmune disease that attacks her muscles, Mawar often tries treatments that are added to Islam, hoping

to reduce the pain that affected her body. She started from a place of treatment offering cupping, reflexology, and leeches. Until one day, she saw an acupuncture sign on the roadside that pointed to a housing complex.

Mawar once underwent acupuncture treatment from her seniors in the office and felt the results when the numbness in her legs reduced. She was curious to find the location of acupuncture treatments which was reasonably close to her home. For this reason, Mawar browsed the Internet until she obtained the complete address for the treatment location labelled as natural and divine.

Although Mawar visited *Rumah Sehat Z* several times for acupuncture therapy, she did not perform a detailed health examination. She just wanted to be treated with acupuncture according to her complaints at that time, such as headaches, pain in the shoulders, and cold feet. She refused when the therapist asked her to complete the treatment with herbal medicines provided at *Rumah Sehat Z*. Mawar reasoned that she already went to a herbal medical doctor and took the medication that the doctor suggested.

However, on one occasion, the owner who was also a counsellor at *Rumah Sehat Z*, who also diagnosed patient complaints, saw the acupuncture therapy process and asked about her illness. She had often seen Mawar coming for acupuncture therapy and asked Mawar to have her health examined through her pulse and tongue. From that time on, every time Mawar visited *Rumah Sehat Z*, she always had her health checked before being treated and was willing to take the recommended herbal medicines.

Unlike Anggrek, she obtained information about the *Rumah Sehat* (Healthy Home) when reading the nameplate in front of *Rumah Sehat Z*. One of the therapies offered was acupuncture. Anggrek, who felt overweight, believed that acupuncture could help her, given that when in college, Anggrek had successfully followed acupuncture therapy for the same purpose.

Almost similar to Mawar, when Anggrek came to *Rumah Sehat*, she immediately asked for acupuncture therapy without being diagnosed first, both from the *sinshe*, the owner of *Rumah Sehat* (Healthy Home) and from the doctor. When the therapist performs acupuncture therapy, he first checks the pulse and tongue. The therapist mentioned, Anggrek had problems with blood metabolism and reduction of food intake would be dangerous. For this reason, it was better to strengthen the body's organs for health, such as the spleen, heart, and kidneys, while improving their diet. The therapist also examined through the observation senses the pulses, the location of pain, and energy organs.

Regarding those who convinced female patients to seek treatment at *Rumah Sehat Z*, all informants said that they decided to visit this clinic. The results of this narrative indicated that female patients who became informants were independent in determining what was best for their health, not based on the advice or invitation of others, such as parents or husband. These data showed that the behaviour of female patients who became informants of this study was not by the health behaviour theory, that the advice of people who are critical or influential on a person's life could affect treatment actions.

The study results by Yuniari, Suastika, and Ani (2013) state that the higher the community's knowledge about traditional herbal healers and the higher the need for health services outside of conventional services can improve people's behaviour in seeking health services in traditional herbal healers.

However, there were various informants' opinions regarding the reasons for choosing treatment, such as Melati, who mentioned choosing this Islamic solutive treatment for she wanted to switch to herbal medicine, having subscribed previously to a specialist whenever there was a health problem. Meanwhile, Lily mentioned choosing treatment at *Rumah Sehat Z* as she felt the benefits directly from the first treatment.

Anggrek and Mawar had different thoughts when they firmly chose treatment at *Rumah Sehat Z*. Anggrek was steady in choosing acupuncture treatment because, in fact, from the beginning, she was interested in acupuncture treatments. Anggrek said that when in college; she was overweight and managed, reducing it with acupuncture therapy, while Lily noted that the owner of *Rumah Sehat* mastered more and more knowledge on medicine, which was known before, as the supporting factor.

The researchers' observations also indicated that the counsellor and therapists at *Rumah Sehat Z* were professional and skilled in treating their patients. This condition is in line with the demands of the Minister of Health Decree No. 1076 of 2003, Article 30, that every traditional healer must-attend education, training, or courses to increase scientific knowledge and skills and obtain a certificate of expertise. Kartika et al. (2016) analysed this from a legal perspective, stating that the Article contains the principle of protection for patients so that they could provide health services according to the latest standards, to achieve optimal patient health.

The use of Islamic treatment labels is as an effort to attract female patients in seeking a place of treatment. During the study, patients and families who came mostly wore Muslim clothing, including their toddlers. This convinced the informants in selecting *Rumah Sehat Z*. Moreover, Lily, Melati, and Mawar argued, the advantages of *Rumah Sehat Z*, among others, were that as Muslims, they were comfortable as female therapists handled the treatment. As

adult women, when seeking treatment with male doctors, it was also unnecessary to undress. Moreover, this clinic provided acupuncture treatment, which was usually performed by doctors or sinshes, which caused this service according to Islamic teachings, strengthened the informants to select *Rumah Sehat Z*.

The study results of Ihsan, Muhammad (2016) indicated that the Prophet's way of treatment as an anthropological approach has a positive influence on society both spiritually and spiritually and add faith in Allah SWT. Female patients choosing treatment, according to Islamic teachings, can be an effort to follow the advice of the Prophet Muhammad. The Prophet's advice is as follows, first, use *halal* and functional medicine, for if someone wants to heal, then the medicine used must be practical and blessed by Allah SWT. Second, do not cause *mudharat*, meaning use drugs according to the disease. Third, treatment does not contain TBK elements, such as *Tahayul/Superstition*, *Bid'ah* and *Khurafat*, also, is not *syirik*, meaning do not go to a *shaman*. Lastly, always endeavour and trust, as Islamic medicine teaches that if two drugs are of the same quality, then consider choosing the effective drug without side effects.

The *Rumah Sehat Z* counsellor stated that the treatment she performed was holistic, namely divine, natural, and scientific. The source of the disease was found through the root of the problem. Holistic here included both elements, namely the spirit and the body. *Ibu Matahari* stated:

"The holistic medicine (overall) has 5 (five) philosophies, namely: the relationship between man and Allah SWT, with nature (mountain, sea), the man himself, plants/animals, and with the man himself (his own body). The type of treatment provided at *Rumah Sehat Z* is a combination of natural medicines, which are given based on diagnosis, cupping, reflection, tapping, and acupuncture with divine medication, in the form of *ruqyah*."

In practice, the informants found the diagnosis results dissimilar to previous medication diagnoses, such as from doctors. Melati stated that the *thibbun nabawi* treatment (based on the teachings of the Prophet Muhammad SAW) implemented at *Rumah Sehat Z* used a disease diagnosis system through pulse detection and the patient's tongue condition.

From the data in the field, three undergraduate informants chose a combination of treatment-seeking efforts, which Mawar explained as follows:

"In my opinion, it is important because we can take strength from each treatment so that healing is faster and more comprehensive."

Lily argued that she combined doctor and herbal medicine. Doctors intend to treat the symptoms that arise, but in this *Rumah Sehat*, to correct the root of health problems. Similarly was Melati's opinion, who stated that she still consulted a doctor to be analysed based on the blood test results (supporting).

This field data agrees with the study conducted by Liu and Liu in Taiwan, quoted by Widayati (2012), that older women with higher education tend to search for a combination of self-care treatments, such as rest, healing without medication and self-medication. Moreover, non-self-care treatment, such as efforts to seek referrals to health professionals, carried out through informal health service centres or outside health care centres. However, the middle to lower classes tends to self-medicate.

### ***Female Patient's Healing Behaviour***

Furthermore, the sick role behaviour is to carry out their obligations as a patient, including obeying the advice of a doctor or nurse to speed up his/her recovery. In Islamic medicine (*thibbun nabawi*), some principles differ from conventional medicine in general, which are self-cure and self-care, as exemplified by the Prophet Muhammad, who conducted self-medication in the form of healthy food and non-chemical drugs.

The results of data collection in the field showed that the informants stated there were differences between conventional treatment systems and Islamic-based treatment. As Melati said, the therapist at *Rumah Sehat Z* pointed out that in the *Thibun Nabawi* theory, treatment was based on four syndromes of the Chinese medicine system, which was initially based on Islamic teachings, so that the treatment of the same type of disease would differ.

In contrast to Lily's opinion, based on her experience in medical treatment at *Rumah Sehat Z*, doctors usually concluded that it is a disease based on symptoms. However, in *Rumah Sehat Z*, the symptoms were not considered as the conclusion. So, doctors sought the root of the problem. For example, high blood pressure that she suffered based on diagnosis at *Rumah Sehat Z* was due to a lack of blood nutrition, so the heart had to pump rapidly to nourish the whole body.

In Mawar's treatment experience, there were dissimilarities between the diagnoses of herbal medical doctors and those at *Rumah Sehat Z*, as follows:

"The herbal medical doctor states that my blood is thick, so I need to multiply consuming raw vegetables and fruits and reduce the consumption of foods containing gluten."

Whereas at *Rumah Sehat Z*, Mawar was diagnosed with the cold syndrome, so she can only consume raw vegetables that are warm, such as basil. She must first leave raw vegetables such as cucumbers, watercress, and fresh string beans. Likewise, cold fruits, such as watermelons, pineapples, and melons, should be avoided. So, fruits that Mawar could consume were bananas, avocados, apples, and dates. At the clinic, as well as being asked to avoid foods containing gluten, were foods that contained chocolate and cheese.

Unlike Mawar's treatment experience, Anggrek, who wanted to lose weight, only had to improve her diet, with a drinking pattern, performed one hour before or after the main meal. Then, when consuming food, she should eat fruits first. Also, during the mastication process, especially foods containing carbohydrates were made as smooth as possible to stimulate the production of stomach acid to digest food. The checking process was through the senses of observation in the form of body posture and urine check.

Treatment at *Rumah Sehat Z* is very diverse. However, there were several reasons why female patients who became informants decided to choose the type of treatment recommended. Mawar said it was initially to complement the advice of doctors who invited her to follow other therapies to strengthen antibodies, such as acupuncture, taking propolis and leech therapy. So, Mawar did not mind being advised to undergo acupuncture therapy.

While Anggrek, whose goal was to lose weight, was asked to take acupuncture therapy to strengthen some of the organs and improve the eating patterns. After enhancing her eating patterns, the desire to snack between main meal times began to decrease, and she no longer experienced constipation.

Melati had a different experience when deciding to choose the type of treatment. She believed the treatment approved at *Rumah Sehat Z* would cure her. Previously, the therapist explained about her illness, and acupuncture, which speed up the use of herbs. Furthermore, it explains if sick, then the cure uses a type of reflection treatment, and if the stomach is uncomfortable, it uses stomach-pressure therapy. However, informant Lily chose cupping therapy when in an unhealthy condition, while acupuncture was carried out to maintain health, among others, to strengthen the heart muscles and nerves.

Of all the healing processes carried out by the informant, there was a common thread that they accepted the treatment procedure performed at *Rumah Sehat Z*. Melati said:

"I followed the therapist's recommendations according to the clinic owner's diagnosis who conducted the examination. It is an integrated treatment; there are consultations for health checks, therapists who carry out various types of therapy, and are supported by recommended herbal medicines."

However, not everyone can directly adapt to the treatment carried out at *Rumah Sehat Z*. Some felt scared and amused by the type of cupping or acupuncture treatment. The informants of this study also had a variety of opinions related to the adaptation carried out while undergoing treatment. Like Lily, who suggested herself with acupuncture would gain something (health), so she was still undergoing this type of treatment due to the benefits. Similarly were Anggrek's adaptation efforts who endured pain when undergoing acupuncture, as she would immediately feel the benefits. However, Anggrek experienced another type of treatment, namely to warm feet with TDP.

Informant Mawar still felt the pain like electrocuted during the acupuncture therapy process; however, tried to endure for she had a strong desire to recover. Mawar said that it was somewhat challenging to abstain from food, which she commonly consumed (such as having to abstain from drinking young coconut water). Similarly, to drink an hour before or after meals, this sometimes made her forget to drink.

In taking medical treatment, even though it is beneficial, individuals sometimes take into account obstacles or constraints. Similarly, with the informants in their efforts to get healing at *Rumah Sehat Z*, there were several obstacles in conducting this treatment, such as costs for treatment, time of treatment, and the distance to the treatment place.

Constraints for each informant differed, as stated by Lily that the cost and distance to the location of *Rumah Sehat Z* was not an obstacle. Still, as a housewife, Lily felt constrained by the treatment time, which could take more than 1 hour, for that she used the time for treatment when the children were at school. The time factor was also the reason when the household assistant was unavailable. Lily coped with making drinks such as boiled ginger or infusion to relieve the pain.

Mawar, who is a teacher, also feels time constraints. However, Mawar resolved it by coming to *Rumah Sehat Z* before the *Ashar* Prayer.

"I joined the prayer there first before therapy. If I come during work breaks, there will be a long queue constrained by the narrow waiting room."

The way Anggrek coped with time constraint was different again, as she stated as follows:

"Although the therapist is always ready at practice time from 9:00 to 16:00, at certain hours patients need to queue. I usually use the morning at 10 am, as there are relatively fewer patients."

For Melati, time was not an obstacle in conducting treatment at *Rumah Sehat Z*, as with Whatsapp facilities, she could make an appointment with her therapist. However, as a single parent who is the head of the family, medical expenses became an obstacle for her. Sometimes, she had to stop the treatment process temporarily. However, Melati tried to overcome it by making herbal medicines from the kitchen, such as *kencur* and ginger drinks.

In the search for a cure, the informant gained various experiences, including related to the use of herbal medicine. Due to Melati's experiences, she has made herbal medicine from *Rumah Sehat Z* as her first-aid kit. Likewise, Lily's opinion about the herbal medicine she consumed:

"If I feel the symptoms of illness, I take medicine A, it feels beneficial when taking herbal medicine."

The informant's experience in taking herbal medicines was the sense of feeling safe since *Rumah Sehat Z* provided certain types and dosages of medication. As suggested by WHO (2010), rational use of drugs refers to the use of drugs that are correct, appropriate, and precise. Rational is if patients receive a medicine dose that suits their needs, for an adequate period, and with the lowest possible cost for the patient and their community.

The informants felt that after taking medication and following the counsellor's advice, both therapy and taking herbal medicine, their health problems were getting less. Anggrek mentioned that after more than two months, her health condition improved after taking several herbal pills and following the advice and trying to prevent abstinence.

Similarly, Mawar said that by going to *Rumah Sehat Z*:

"Alhamdulillah (Thank God), they do not just treat. God heals; they try. Since they have the same belief, together they endeavour. So it forms a positive mindset that becomes one thought for healing. My health has improved; in the past, I took six pills daily; now, only one pill to avoid high blood pressure."

However, as an individual who has free will, sometimes the *Rumah Sehat Z* female patients could be obstinate, still carried out the abstinence suggested by the counsellor. For instance, Melati, who mentioned that sometimes she felt "dropped" while again doing the abstinence, especially related to food.

Study results of Safitri (2016) indicated that service is one of the factors that affect one's interest in visiting traditional medicine. Satisfactory services both in terms of the facilities provided and the attitude of traditional medicine officers who provide services.

However, there were new findings from this study; there were aspects of communication management carried out by managers and therapists at *Rumah Sehat Z*. This communication management might be in the form of control that was not realised by the management and therapist. However, it provided decisive support for the female patients' satisfaction who got treatment. The informants mentioned the separation of places between men and women; therapists covered the *aurat*, and prayer time was noticed (services were closed). The availability of prayer rooms and interactions between employees were also following Islamic teachings.

From observation results, researchers also saw a *kencleng* box in the waiting room, which was available for donations for disadvantaged patients. There was also a wall clock with pointers showing the time from left to right. When asked about the counsellor, she answered that the wall clock used the *tawaf* direction. One female therapist, besides wearing Muslim clothing, also wears a veil. The researcher once asked regarding this to the therapist, who used the veil, and she answered as follows:

"Now, I also serve the administration which deals directly with customers, so to take care of myself and be more comfortable interacting."

Informant Anggrek mentioned that when conversing, the therapist who handled her was always polite and friendly; this made her comfortable getting treatment. Besides, there were also suggestions based on Islamic teachings during the therapy process. During the acupuncture therapy process, the therapist also reinforced that they could be patient with the disease. Likewise, Melati felt that the persuasion technique carried out at *Rumah Sehat Z* was proper. So, in the patient's mind, she was invited to get well, be friendly, emphasising those who came to have a sense of pleasure when visiting, invited to joke when they felt uncomfortable.

Even so, as observers, the informants could also feel that each therapist had a style of communicating in treatment activities. Some therapists seemed to be bound by technical guidelines in the therapy process, especially related to time. However, informants comprehended it as a form of professionalism in equating all patients who went there for treatment and anticipating the queue of health services.

Other non-verbal communication management performed by the therapist includes the sincerity of facial expressions, eye contact, and personal touch. It could be that this was the advantage of this Islamic solutive treatment as there were informants who said that the therapist sometimes touched her hand to strengthen her to be patient. As Lily's experience, namely:

"Before conducting therapy, the therapist faces the health problem."

Furthermore, the study results cited by Mulyana (2018) argued that medical professionals do not meet patients' needs for touch.

From interviews, it found that the therapist mumbled before the therapy process. The therapist said he/she prayed that my illness would be taken away by God. Then I saw the therapist maintaining friendly interactions with patients and their families and fellow therapists. Mawar's opinion differed again:

"I see from the facial expressions, eye gaze, and gestures of the therapist that he/she does it professionally, but still add a personal touch in providing treatment. Sometimes in therapy, I want to add an acupoint, and she/he readily adds it."

Research conducted by Tina (2018), reported that in carrying out therapeutic communication in the thibbun nabawi treatment, it found several dimensions. The dimensions were in the form of the belief that God is the only healer, surrender through prayer, inner calm, patience, adherence to sharia, understanding of treatment methods based on Prophet Muhammad's hadith and ability to convey religious messages to patients. The religiosity functions of therapeutic communication in the thibbun nabawi treatment process in Indonesia are to provide comfort and positive advice to patients and increase therapist credibility.

Religiosity performed by the therapist is essential in the thibbun nabawi treatment process as it will affect the communication goals of thibbun nabawi therapy, which is to assist patients in the recovery process, spiritual strengthening (*rukhyah* therapy), and mental enhancement of patients.

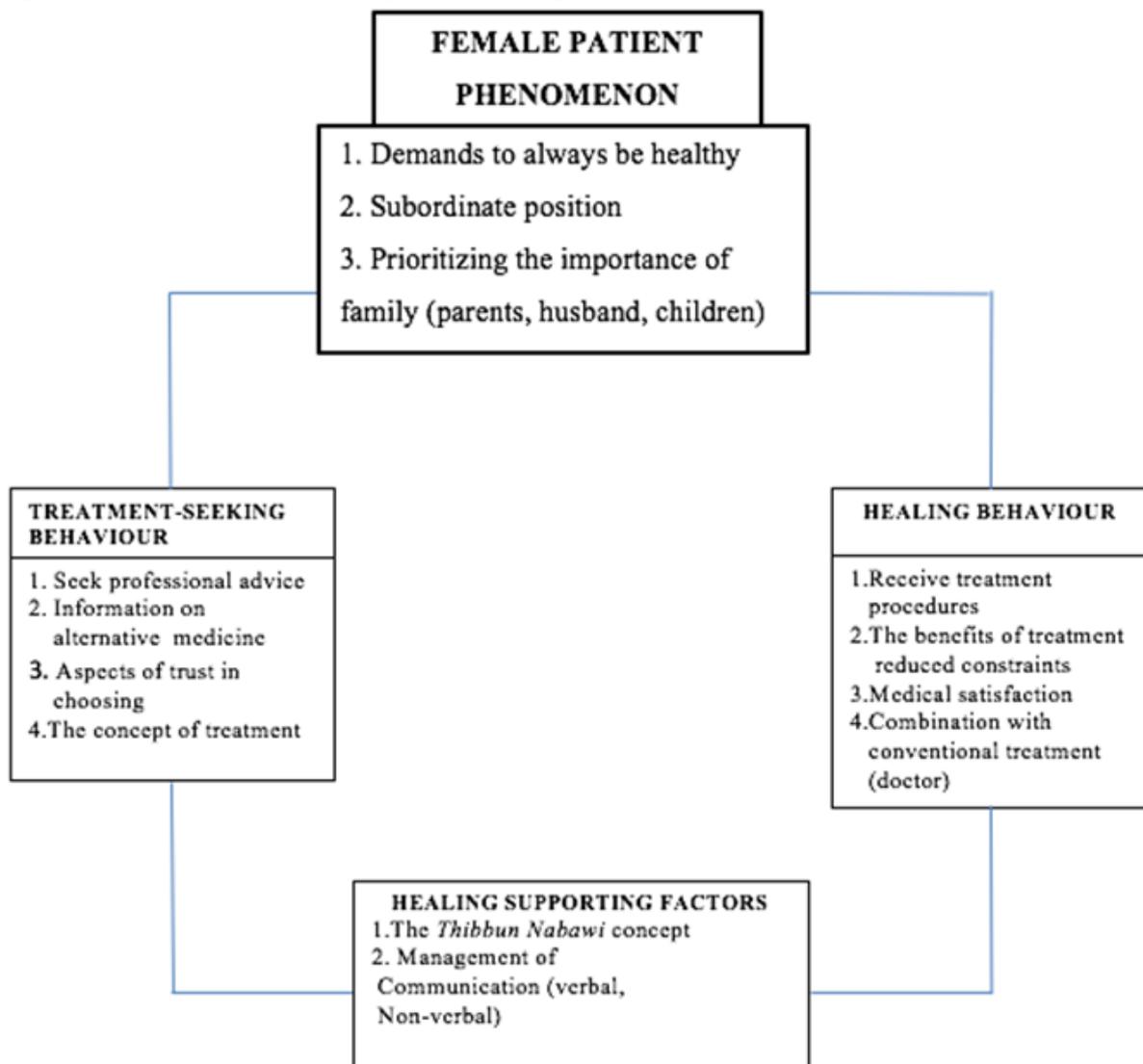
Rahim (2015) explained that the *Qur'an* and the *Sunnah* of the Prophet serve as a basic guideline for Muslims. The guidelines widely provide suggestions for finding a cure for diseases as well as for instructions for some medical treatments. The Prophet Muhammad has also presented many examples or models of overcoming illness and simple treatments that work well in the healing process, carried out by Muslims. The essence of care, thought by the Prophet Muhammad, can be divided into three parts: spiritual care, material care, and proper treatment. Noteworthy are the guidelines outlined by the *Qur'an* and *Sunnah*, to avoid treatment with the elements of *shirk* (*haram*) or *haram* (forbidden) and believe that medicine and physicians are as intermediaries.

According to Sara Al-Rawi (2012), eighty per cent of the population in developing countries depends on traditional medicine, and 70-80% of the people in developed countries use a complementary therapy. Despite the healing traditions in the modern life of Muslims in

Arabia, there is no clear definition or model for organising multiple and interrelated elements. The researchers define Traditional Arabic and Islamic Medicine (TAIM) as a healing system, practised since time immemorial in the Arab world in the context of the Islamic religion influence. TAIM consists of medicinal herbs, dietary practices, mind-body therapy, spiritual healing, and applied treatment. Many of these elements reflect a long-lasting interconnection between Islamic medical and prophetic influences, while local healing practices emerge from specific geographical and cultural origins.

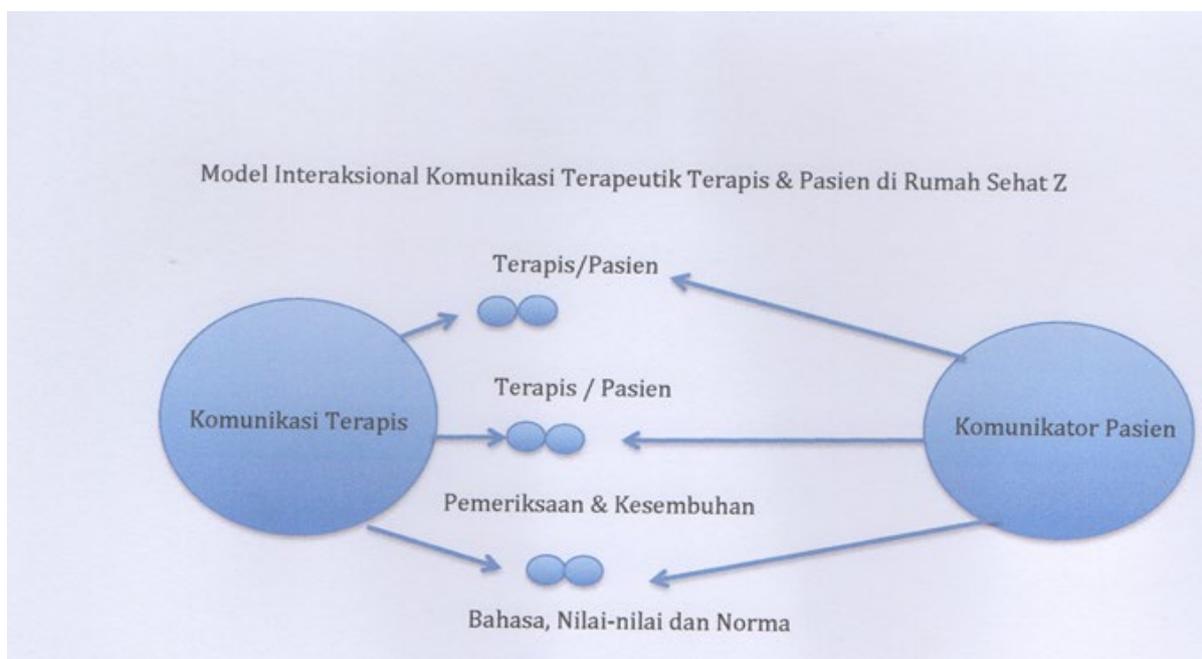
Based on the research results and discussion above, the researchers construct a model of female patients' treatment-seeking behaviour, as follows:

**Figure 1.** Phenomenon female patient seeking behaviour



Also, the treatment process carried out by *Rumah Sehat Z* refers to the interactional communication model proposed by Blumer, quoted by Mulyana (2012: 160) that humans act based on the meaning given by an individual to their social environment (verbal symbols, non-verbal symbols, physical environment). Second, the meaning is directly related to social interactions carried out by individuals with their social environment. Third, meaning is created, maintained and changed through the interpretation process carried out by individuals in dealing with their social environment.

**Figure 2.** Interactional Model of Therapists and Patients Therapeutic Communication at Rumah Sehat Z



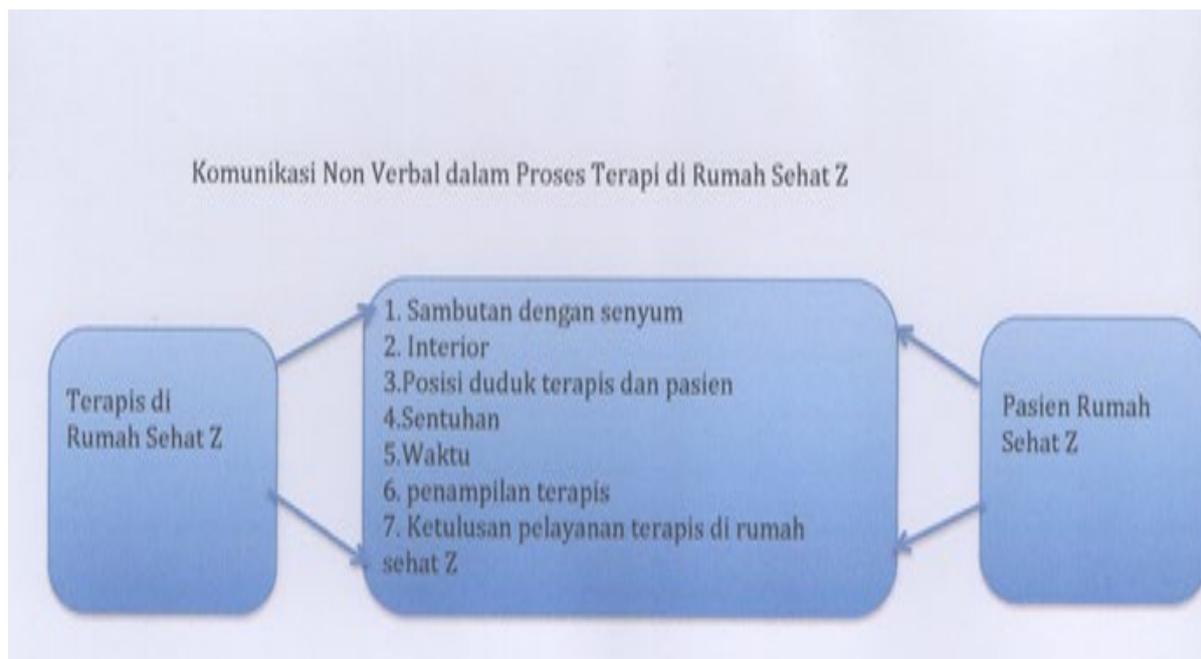
Based on the interactional model used in therapeutic communication carried out by the therapist with the patient then as communicators or communication actors, they are not passive. Still, conversely, the therapist and the patient are active actors. Since the two communicators, each interprets or forms meaning; thus, the therapist, as a messenger at a time, can be a listener. Next time, the patient will act as a messenger of complaints or conveying pain to the therapist, while the therapist becomes a listener of the complaints.

Thus, communication between the therapist and the patient is active because, as a messenger, they always exchange roles. It is reflective, for in face-to-face communication when consulting, thoughtful things will emerge, occurring when communication happens between the therapist and the patient. Communicators must make more effort so that listeners can comprehend the message by being creative in delivering messages. Likewise, communication between doctors and patients, both certainly, try to comprehend the meaning of the message conveyed. So, interpreting the right meaning will make the therapist and the patient can

decide what is best for the patient for this is expected from communication. If communication does not occur properly, it will convey complicated and hard to predict behaviours, so that the therapist does not get the best decision for his patient. For this reason, the two actors must be able to interpret the meaning that leads to the remedial action carried out by the therapist to the patient for examination, treatment and healing.

Moreover, the communication process conducted by *Rumah Sehat Z* uses not only verbal communication in the interacting process with patients but also non-verbal communication. The communication is carried out either through body language or in the form of movements or touching behaviours that transmit meaning during the interaction. The non-verbal communication process carried out by the therapist to the patient is illustrated in the following picture.

**Figure 3.** Non-Verbal Communication Conducted by Therapists to Patients at Rumah Sehat Z



## Conclusion

The treatment-seeking behaviour of female patients visiting *Rumah Sehat Z* is based on professional information (doctors), acquisition of alternative medicine places, aspects of trust in choosing and the concept of herbal medicine. While the healing behaviour performed is receiving treatment procedures, knowing the benefits of treatment reduced by obstacles, satisfaction with results and medical combined therapy. This study also obtained new findings which are supporting factors that trigger the female patient's seeking behaviour for



Islamic solutive treatment, namely the existence of the *Thibbun Nabawi* concept and verbal and non-verbal communication management.

### **Acknowledgement**

Thank's to DPRM UNPAD which has donated this research as well.

## REFERENCES

- Abdullah, Muhammad Mahmud. 2010. *Sembuhkan Penyakitmu dengan Al-Qur'an*. Yogyakarta: Beranda Publishing
- Al-Rawi, Sara.Michael D. Fetters. 2012. *Traditional Arabic & Islamic Medicine: A Conceptual Model for Clinicians and Researchers*. Global Journal of Health Science, Vol. 4, No. 3.
- Burns, dkk. 2016. *Pemberdayaan Wanita dalam Bidang Kesehatan*. Editor : Sandy Nieman. Penerjemah : Faizah Jasin. Yogyakarta : ANDI
- Departemen Kesehatan RI . 2003. Keputusan Menteri Kesehatan Republik Indonesia Nomor 1076/MENKES/SK/VII/2003 tentang Penyelenggaraan Pengobatan Tradisional. Jakarta
- Foster & Shiavo. 198. *Antropologi Kesehatan*. Penerjemah : Priyanti & Meutia Jakarta : UI Press
- Ihsan, Muhammad. 2016. *Pengobatan ala Rasulullah SAW sebagai Pendekatan Antropologis dalam Dakwah Islamiah di Desa Rensing Kecamatan Sakra Barat*. Palapa : Jurnal Studi Keislaman dan Ilmu Pendidikan, Vol. 4 No. 2 (2016) November.
- Indonesia Kartika, dkk. 2016. *Pelayanan Kesehatan Tradisional & Perlindungan Hukum bagi Pasien* . SOEPRA Jurnal Hukum Kesehatan, Vol. 1, No. 1
- Isriaty, FS. 2015. *Tanggung Jawab Negara dalam Pemenuhan Hak atas Kesehatan Masyarakat Berdasarkan UUD RI Tahun 1945*. Jurnal Ilmu Hukum Legal Opinion. Edisi 2, Vol.3 <https://media.neliti.com/media/publications/145729-ID-tanggung-jawab-negara-dalam-pemenuhan-ha.pdf>
- Ka-ki Wong, David. Man-kuen chung. 2019. *Online health information seeking e-health literacy among patients attending a primary care clinic in hongkong : A cross-sectional survey*. Journal of medical internet research vol 21 no 3. 2019. 1-13
- Kementerian Kesehatan RI . 2011. *UU RI Nomor 36 Tahun 2009 tentang Kesehatan & UU RI Nomor 44 Tahun 2009 tentang Rumah Sakit*. Surabaya: Anfaka Perdana
- Kementerian Kesehatan RI. 2019. *Laporan Nasional Riskesdas 2018 Balai Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI*. Jakarta : Lembaga Penerbit Balitbangkes



- Lubis, Dina Putri Utami. 2014. *Pengalaman Perempuan Infertil dalam Mencari Pengobatan di Yogyakarta*. Tesis. Yogyakarta: Program Pascasarjana Fakultas Kedokteran Universitas Gadjah Mada
- Mulyana, Deddy. 2012. *Cultures and Communication*. Bandung: Remaja Rosdakarya.
- Mulyana, Deddy. 2018. *Komunikasi Kesehatan: Pemikiran dan Penelitian*. Bandung: Remaja Rosdakarya
- Notoatmodjo, Soekidjo. 2013. *Ilmu Perilaku Kesehatan Cetak 2*. Jakarta: Rineka Cipta
- Rahim, Rosdiana. 2015. *The Concept Of Islamic Treatment On Disease*. JICSA Volume 04-Number 02
- Safitri. 2016. *Determinan Perilaku Pasien dalam Pengobatan Tradisional Media Lintah*. Pustaka Kesehatan, Vol. 4, No. 1, Januari 2016
- Sugiono. 2014. *Metode Penelitian Kuantitatif, Kualitatif dan R & D*. Bandung: Alfabeta.
- Tina Rahmatin, Deddy Mulyana, Purwanti Hadisiwi, Susie Perbawasari. 2018. *Religiosity In Therapeutic Communication Of Islamic Medicine Thibbun Nabawi*. Advances in Social Science, Education and Humanities Research, Vol 225, 503-509.
- Warneke, Emma. 2014. *The Art Of Communication*. Australian Family Physician, Volume 43, Issue 3.
- Widayati, A. 2012. *Health Seeking Behavior di Kalangan Masyarakat Urban di Kota Yogyakarta*. Yogyakarta : Jurnal Farmasi Sains dan Komunitas, November 2012.
- World Health Organization (2010) Rational Use of Medicines, Retrieved From : <http://www.who.int/mediacentre/factsheets/fs338/en/index.html>, diakses 10 September 2019
- Yuniari, dkk. 2013. Pencarian Pelayanan Kesehatan pada Pengobat Tradisional Herbal di Kota Denpasar. Retrieved From [https://www.researchgate.net/publication/332345857\\_Pencarian\\_pelayanan\\_kesehatan\\_pada\\_pengobat\\_tradisional\\_herbal\\_di\\_Kota\\_Denpasar](https://www.researchgate.net/publication/332345857_Pencarian_pelayanan_kesehatan_pada_pengobat_tradisional_herbal_di_Kota_Denpasar) diakses pada tanggal 10 September 2019