

STUDI ETNOGRAFI TENTANG DIARE ANAK BALITA PADA ETNIK BUGIS DI MANUBA KABUPATEN BARRU PROVINSI SULAWESI SELATAN

A R M A N

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RINGKASAN

Frekuensi kejadian diare pada masyarakat etnik Bugis Sulawesi Selatan masih tinggi. Jumlah penderita diare, selalu menempati urutan pertama dari 10 penyakit terbanyak yang di masyarakat, terutama pada anak Balita. Penyebaran kuman penyebab diare (melalui makanan, air, udara), faktor pejamu, dan faktor lingkungan serta perilaku, diduga sebagai kausa utama. Namun, beberapa hasil penelitian menunjukkan bahwa, kejadian diare tetap tinggi di masyarakat dengan faktor risiko rendah terhadap kausa utama tersebut. Dugaan lain adalah pemahaman dan interaksi antara penyebab diare, lingkungan, dan orang, serta eksistensi diare pada masyarakat etnik Bugis berdasarkan budaya dan sistem sosial yang berlaku di masyarakat.

Setiap sikap yang diwujudkan berupa tingkah laku sosial pada suatu kelompok etnik, tidak lahir begitu saja. Ada sesuatu yang melatarbelakangi sikap tersebut yang berasal dari kebudayaannya. Begitu lahir, manusia langsung berada ditengah masyarakat dan kebudayaannya yang merupakan reka bentuk kehidupannya. Pada kondisi tersebut, hakikatnya setiap individu berada di tengah suatu sistem nilai yang mengatur perilakunya mengenai yang wajib dilakukan, mesti dilakukan, harus dilakukan, boleh dilakukan, dan yang pantang dilakukan.

Penelitian ini bertujuan untuk menemukan dan mendeskripsikan pemahaman masyarakat tentang diare pada anak Balita, yang berkaitan dengan kausa, tanda dan gejala, diagnosis, pengobatan, prognosis, dan pencegahannya menurut budaya etnik Bugis di Manuba.

Digunakan jenis penelitian kualitatif dengan pendekatan etnografi yang berusaha memahami aspek budaya melalui serangkaian pengamatan dan interpretasi perilaku manusia. Secara spesifik, penelitian etnografi berfokus pada apa yang dilakukan oleh sekelompok orang (*cultural behavior*), apa yang mereka ketahui (*cultural knowledge*), dan benda apa saja yang mereka buat dan penggunaan (*cultural artifacts*). Dilakukan pengamatan terlibat (*participant observation*) dan tinggal bersama masyarakat dalam kurun waktu tertentu, untuk menangkap makna dari setiap aktivitas informan yang relevan dengan kajian penelitian.

Pada penelitian ini ditemukan bahwa kausa diare disebabkan oleh mahluk halus (*to alusu* atau *to tenrita*), disharmonisasi alam, dan disharmonisasi tubuh. Melalui pemahaman tersebut, diidentifikasi jenis diare yaitu *sai*, *musa'*, *naiso parakang*, *wolang pella*, *wolang cekke*, *lessei* atau *lenynyei simulajajinna*, *urekeng* atau *jambang ure*, *jambang lempu*, dan faktor makanan yang dikonsumsi. Pengenalan tanda dan gejala, metoda diagnosis, pengobatan, prognosis, dan upaya

pengecegan, didasarkan pada jenis diare dan ciri khas yang menyertai kejadian diare pada anak Balita.

Upaya penyembuhan diare, ditujukan terhadap aspek kausa dan jenis diare yang diderita. Secara umum, setiap upaya penyembuhan didasarkan pada prinsip harmonisasi (panas-dingin, kering-lembab). Pembuatan ramuan untuk obat dengan memanfaatkan berbagai jenis tanaman yang tumbuh di sekitar lingkungan mereka. Beberapa jenis tanaman obat tradisional yang mereka manfaatkan adalah; jambu biji (*Psidium guajava*), mangga (*Mangifera indica*), pulai (*Alstonia scholaris*), kemiri (*Aleuritis holuccana*), pisang (*Musa paradisiaca*), bangle (*Zingiber purpureum*), tapak tangan (*Elephantopus scaber*), kunyit (*Curcuma domestica*), sirih (*Piper betle*), merica (*Piperis nigr*), minyak kelapa (*Oleum cocos nuciferae*), pinang (*Areca catechu*), daun lanra, dan daun rellu. Pengetahuan, keahlian, dan keterampilan mengolah dan menyiapkan setiap ramuan obat diperoleh dari generasi sebelumnya.

Masyarakat etnik Bugis di Manuba telah memiliki pemahaman tentang segala aspek mengenai kejadian diare pada anak Balita. Namun, sebagian besar masih membuang tinja di daerah terbuka, termasuk di daerah aliran sungai yang merupakan tempat mandi, mencuci, dan sebagai sumber air bersih. Diare dipahami sebagai penyakit yang tidak menular, meskipun diakui bahwa penderita diare frekuensinya meningkat setelah berinteraksi dengan penderita diare sebelumnya. Oleh karena itu, perlu pendekatan holistik untuk menurunkan frekuensi kejadian diare.

SUMMARY

Frequency of diarrheal incidences in Bugis ethnic communities of South Sulawesi remains high. Number of patients with diarrhea invariably ranks top of the ten most common diseases among populations, especially children under five years old. Propagation of diarrheal-causing microbes (food-, water-, and airborne), host factor, environmental factors, and behavior constitute the putatively primary causes. However, findings of research indicated that the high incidences of diarrhea occurred in communities with low risk factors for those primary causes. Other putative causes are understanding and interplay among diarrheal causes, environment, people, and existence of diarrhea in Bugis ethnic communities on the basis of culture and the prevailing social systems within communities. Each and every attitude manifested in a social behavior in a given ethnic group is not generated in a vacuum. There is something behind that attitude that originates from their culture. Upon their births, human beings are instantaneously amidst their communities and cultures representing prototypes of their lives. In this context, every individual is essentially in a system of values that governs his behavior with regard to what obliged to be done, what should be done, what must to be done, what might be done, and what must not be done. The purpose of the present research was to discover and to describe communities' understanding of diarrhea among children under five years old with regard to its causes, signs and symptoms, diagnosis, treatment, prognosis, and preventions in relation to Bugis ethnic

culture of Manuba. The present research was of qualitative with ethnographical approach attempting to understand cultural aspects through a series of observation and interpretation of human behaviors. Specifically, an ethnographical study focused on what is done by a group of people (cultural behaviors), what they know about the world around the neighborhood and outside of their environment (cultural knowledge), and anything that they make and use (cultural artifacts). Participant observation and mingling amidst communities in a given period of time were carried out in order to capture the meaning of informants' every single activity relevant to the study. The present research indicated that diarrhea was caused by spirits (*to alusu* or *to tenrita*), natural disharmony, and bodily disharmony. On the basis of understanding of those causes, diarrheal types came to be identified, namely; *sai*, *musa'*, *naiso parakang*, *wolang pella*, *wolang cekke*, *lessei* or *lenynyei simulajajinna*, *urekeng* or *jambang ure*, *jambang lempu*, and a factor of diet consumed. The recognition of diarrhea causes, sign and symptoms, diagnosis, treatment, prognosis, and prevention possibility are based on the type and characteristics of diarrhea in children under five years old. Efforts of diarrheal cure were directed against aspects of causes and types of diarrhea contracted. Generally, every curative effort was based on the principle of harmonization (hot-cold, dry-humid). Medicinal herbs were prepared by making use of a variety of plants growing around them. Several kinds of traditional medicinal plants that they use are: guava (*Psidium guajava*), mango (*Mangifera indica*), Pulai (*Alstonia scholaris*), pecan (*Aleuritis holuccana*), banana (*Musa paradisiacal*), Bangle (*Zingiber purpureum*), palm (*Elephantopus scaber*), turmeric (*Curcuma domestica*), betel (*Piper betle*), pepper (*Piperis nigri*), coconut oil (*Cocos oleum nuciferae*), areca nut (*Areca catechu*), lanra, and rellu. Knowledge, expertise, and skill in processing and preparing medicinal herbs were acquired from previous generations. Bugis ethnic communities of Manuba have had an understanding of every aspect of diarrheal occurrence among children under five years old. However, they remained defecating in open places, including the catchment area representing the place for bathing, washing, and clean-water sourcing. Diarrhea was conceived as not infectious despite recognition of an increased frequency of diarrheal patients following prior interaction with diarrheal patients. Hence, a holistic approach was warranted in order to reduce the frequency of diarrheal incidences.

ETHNOGRAPHIC STUDY OF DIARRHEA IN CHILDREN UNDER FIVE YEARS OF BUGIS ETHNIC IN MANUBA, DISTRICT BARRU, PROVINCE SOUTH SULAWESI

ABSTRACT

Background: Frequency of diarrheal incidence in Bugis ethnic communities of South Sulawesi remains high. Propagation of diarrheal-causing microbes (food, water, and airborne), host factor, environmental factors, and behavior constitute the putatively primary causes. However, findings of research indicated that the high incidences of diarrhea occurred in communities with low risk factors for those primary causes. The aim of the study was to discover and to describe communities' understanding of diarrhea among children under five years old with regard to its causes, signs and symptoms, diagnosis, treatment, prognosis, and preventions in relation to Bugis ethnic culture of Manuba.

Method: The present research was of qualitative with ethnographical approach attempting to understand cultural aspects through a series of observation and interpretation of human behaviors. Specifically, an ethnographical study focused on cultural behaviors, cultural knowledge, and cultural artifacts.

Result: The present research indicated that diarrhea was caused by spirits, natural disharmony, and bodily disharmony. On the basis of understanding of those causes, diarrheal types came to be identified, namely; *sai*, *musa'*, *naiso parakang*, *wolang pella*, *wolang cekke*, *lenynyei simulajajinna*, *urekeng*, *jambang lempu*, and a factor of diet consumed. The recognition of diarrhea causes, sign and symptoms, diagnosis, treatment, prognosis, and prevention possibility were based on the type and characteristics of diarrhea in children under five years old.

Conclusion: Bugis ethnic communities of Manuba have had an understanding of every aspect of diarrheal occurrence among children under five years old. However, they remained defecating in open places, including the catchment area representing the place for bathing, washing, and clean-water sourcing. Hence, a holistic approach is warranted in order to reduce the frequency of diarrheal incidences.

Keywords: *diarrhea, children under five, ethnomedicine, understanding.*