

## Analysis of health seeking behavior of farming families in Kayu Aro, Kerinci

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### Abstract

**Background:** Kayu Aro District in Kerinci Regency, Jambi Province, is a mountainous agricultural area with unique geographic and socio-cultural characteristics. The majority of its population is farmers, primarily tea and vegetable growers. Based on data from the Kayu Aro Community Health Center (Puskesmas) in 2023, local residents tend to delay seeking formal treatment when experiencing health problems, primarily due to limited access to health facilities, the availability of traditional medicine, and economic factors. The geographical location, which includes highlands with limited transportation access, contributes to the unique patterns of healthcare seeking in this region. **Objective:** The objective of this study is to analyze the family medicine seeking behavior of farmers in Kayu Aro and to analyze community beliefs about the treatment of family diseases. **Methods:** This study uses a qualitative research method by interviewing 5 informants and using thematic analysis. **Results:** This study describes several common illnesses experienced by families, including fever, influenza, gout, ulcers, pruritus, back pain, hypotension, and others. Furthermore, people still rely on traditional healing methods before seeking medical care. **Conclusion:** Families still use traditional methods to treat family illnesses, especially when in the garden, because the distance to health facilities is too far.

**Keywords:** Health seeking behavior; traditional healing methods; farmers; belief.

### Cite This Article

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## INTRODUCTION

Family health constitutes a fundamental component of broader public health. As the smallest unit in society, families play a significant role in determining the health status of their members. In this context, health-seeking behavior serves as a determining factor in disease management and family health maintenance. Health-seeking behavior is defined as a series of actions taken by individuals who perceive themselves as having health problems to find appropriate treatment [1,2]. In Indonesia, health-seeking behavior is strongly influenced by various social, economic, and cultural factors. Data from the 2023 Basic Health Research (Riskesdas) indicate that a substantial proportion of the Indonesian population still chooses informal or traditional pathways as their first response to illness management, with the percentage reaching 30.4% [3]. This phenomenon demonstrates a complex pattern in the health-seeking behavior of Indonesian communities.

Kayu Aro District in Kerinci Regency, Jambi Province, is a mountainous agricultural area with unique geographical and sociocultural characteristics. The majority of its population works as farmers, particularly tea and vegetable farmers. Based on data from Kayu Aro Community Health Center in 2023, there is a tendency among local communities to delay seeking formal medical care when experiencing health problems, with the main reasons being limited access to health facilities, availability of traditional medicine, and economic factors. The geographical conditions, characterized by highland terrain with limited transportation access, create unique patterns in how communities in this area seek treatment. Parents, as the primary decision-makers in families, play a crucial role in determining when, where, and how treatment is pursued when family members fall ill. Their understanding of disease, perception of disease severity, access to health facilities, financial capability, as well as social and cultural influences often become determining factors in health-seeking behavior [4-5].

Research on health-seeking has been extensive, but is still limited to farming families. Several studies cited in this study are as follows: A study examining factors influencing health-seeking behavior in families with toddlers in West Java used a quantitative approach. This study found that education level, knowledge of the disease, and access to health facilities were the main factors influencing health-seeking behavior. A qualitative study examining the dynamics of decision-making in seeking treatment among families with members with chronic illnesses in Surabaya. This study found that decision-making was significantly influenced by perceptions of disease severity, previous experiences with healthcare services, and social support.

Another study conducted a mixed-methods study of health-seeking behavior in rural communities in East Nusa Tenggara, focusing on the influence of cultural factors. This study found that traditional beliefs and social norms still significantly influence health-seeking behavior in the area. A multinational study comparing health-seeking behavior in Southeast Asian countries, including Indonesia, found that economic factors and accessibility were the main determinants of health-seeking behavior across all countries studied [16]. A systematic review of the role of parents in health-seeking behavior for children in developing countries. This review highlights the importance of understanding illness perceptions, financial capacity, and access to health information in influencing parental decisions [6].

Although numerous studies have examined health-seeking behavior, there is still limited research specifically analyzing this behavior in the context of the health of farming families in mountainous areas such as Kayu Aro, Kerinci. The qualitative

approach aims to explore in-depth information about family disease history and how health-seeking behavior patterns relate to local beliefs.

## **METHODS**

### ***Study design and setting***

This study uses a qualitative research method.

### ***Population, samples and sampling***

The population in this qualitative research consisted of the community with farming occupations residing in Kayu Aro. There were 5 informants selected using purposive sampling method.

### ***Instruments and criteria***

The qualitative instrument in this study was the researcher themselves as the primary instrument, since the researcher was directly involved in data collection and analysis. Supporting instruments included interview guides and recording devices.

### ***Procedure and data collection***

The research procedure was conducted by approaching potential informants to establish rapport and obtain ethical approval for in-depth interviews. Subsequently, the researcher collected data through in-depth interviews while simultaneously audio-recording the responses provided by informants. Following data collection, the researcher explored the prepared questions in the interview guide. Subsequently, the audio recordings were transcribed into written format for further analysis and presented in the form of result interpretation.

### ***Statistical analysis***

The analytical method employed thematic analysis to identify patterns and main themes. The analysis was conducted manually by creating verbatim transcripts from the interview recordings and developing matrices based on codes and themes.

## **RESULTS**

The Kayu Aro community is predominantly agricultural, cultivating a variety of crops, from vegetable gardens to chilies and onions to cinnamon bark farming. Sungai Renah Village, located in Kayu Aro District, is quite remote from other villages. Surrounded by hills, the village makes it quite far from health services. For this reason, the researchers chose this village as the location for their research on the actions and roles of parents in health-seeking behavior among farming communities.

The researchers used qualitative methods to obtain as much and in-depth information as possible about the roles and actions of parents in health-seeking behavior within families within the farming community. This included questions about common illnesses within the family, what to do if a family member becomes ill, local beliefs about illness and its treatment, whether the community uses health care facilities when sick, the availability of health workers, and other information that could be used as additional information for this study.

When the researcher asked about the most common illnesses experienced by the community, several people answered fever, flu, gout, stomach acid issues (gastritis/Maag), skin itching, back pain, hypotension, and others.

One informant explained that she often suffers from gout, with symptoms including inability to move or walk when the disease recurs. She feels pain in the area

from her thighs to her waist. This was noted by the researcher because the informant reported experiencing the pain two to three times a week, which is a frequent recurrence.

*P= What is the illness you most frequently experience?*

*I= Gout*

*P= How often do you experience the disease?*

*I= 2-3 times a week*

*"... If it suddenly relapses, I cannot walk or stand."*

*"Pain in the area from the thigh to the waist, to the point where I cannot walk."*

Other informants stated that their families only experience common illnesses such as fever, flu, cough, and stomach acid issues (acid reflux/gastric issues).

*"fever and flu"*

*"What is frequent is acid reflux, fever is also frequent."*

*"Usually in our family, the sicknesses are only fever, flu, and cough, there are no serious illnesses."*

The researcher further explored how families manage existing health problems within their households, such as the family illnesses mentioned above. Some individuals choose to leave the illness untreated because it is considered minor, as stated by the following informant.

*"If it's flu, we don't treat it; usually it resolves by itself. You shouldn't drink ice, but drink warm water to recover."*

There are also informants who perform rituals or other practices, such as smoking their body with the smoke of "Kamenyan" (incense, in Kerinci language) while they are in the fields, which are about a 1 to 2-hour walk away. They admitted to performing this based on the teachings of their ancestors and elders. However, they do not fully practice the ancient belief rituals like their ancestors did, which were called "pelaho," as these are now rarely performed in the Kerinci community, especially in Sungai Renah village.

*"Oh, if we are in the fields, we just smoke ourselves with the kemenyan wood fire/smoke."*

The process of smoking the entire body to treat illnesses is carried out for two days, every evening before nightfall, specifically after the Maghrib prayer. This smoking process is believed to cure various family illnesses, especially those contracted while they are in the fields.

*"only two days in the evening"*

*"yes, after the Maghrib prayer"*

However, some others choose to seek treatment at healthcare facilities, such as the village midwife, which is only 5 to 10 minutes from the community's homes. When the medication given by the midwife is deemed ineffective, the community is forced to travel quite far for treatment. They must travel 40 minutes to 1 hour to reach the Public

Health Center (Puskesmas), and 1 to 2 hours to reach the Regional Hospital. This long distance is what sometimes makes the community hesitant to use health services for treatment unless they suffer from a severe illness. This distance presents a constraint and a challenge for the community in accessing healthcare facilities. In the context of health-seeking behavior, community members who are far from health services especially those staying overnight in the fields prefer to use herbal methods or follow their ancestors' beliefs by using "kamenyan" smoke.

## DISCUSSION

This study identified several key patterns of health-seeking behavior among Kayu Aro farmers, such as informants who still choose not to seek medical treatment for minor illnesses such as the flu, believing the illness will heal on its own. They only take simple supportive measures such as avoiding cold drinks and drinking warm water. The community still maintains traditional healing practices inherited from their ancestors, particularly the smoking ritual using "kamenyan" (incense wood).

This ritual is performed for two consecutive days every afternoon after the Maghrib prayer, especially while working in the fields. This practice reflects the syncretism between traditional beliefs and Islamic values adhered to the local community. and The community accesses formal health services through village midwives (5-10 minutes from home), community health centers (40 minutes-1 hour drive), and regional hospitals (1-2 hours drive). However, long geographic distances are a significant barrier to accessing health services. Health seeking behavior is the action taken by individuals when experiencing symptoms of illness in order to seek healing. According to Notoatmodjo, treatment-seeking behavior encompasses three main responses: inaction, self-treatment, or seeking treatment from traditional or modern health services. [7-9]

Research by Mashuri et al. found that geographic factors and distance to health facilities were significant barriers to treatment-seeking behavior among people in rural areas. This finding aligns closely with research in Sungai Renah Village, where residents had to travel 40 minutes to 2 hours to reach adequate health facilities. Both studies confirmed that geographic barriers are a significant determinant of people's decisions to seek formal treatment [10-13]. Laraswati's research identified that affordability of health services ( $p$ -value = 0.000  $< \alpha = 0.05$ ) was a significant factor influencing treatment-seeking behavior. This finding aligns with research in Kayu Aro, which showed that limited geographic access led people to prefer alternative treatments or ignore minor illnesses. Both studies emphasize the importance of accessibility in determining people's treatment choices.

A systematic review by Widayati et al. confirmed that Indonesians, particularly in rural areas, still strongly uphold traditional healing practices as a first-line option before seeking modern treatment. This finding aligns closely with research in Sungai Renah Village, which demonstrated that the practice of smoking incense remains a form of traditional healing, particularly when people live in fields far from health facilities. Both studies demonstrate that belief in traditional medicine persists in the modern era, especially in rural communities. Given the above issues, the researchers recommend empowering local health workers to increase the rate of health service utilization among the community and developing health education programs that integrate local beliefs.

## CONCLUSIONS

The health-seeking behavior of farming communities in Sungai Renah Village, Kayu Aro District, exhibits a complex pattern influenced by multiple factors. Geographical barriers, including long distances to formal health facilities, are the primary determinants driving the community to maintain traditional healing practices based on ancestral beliefs, particularly the incense smoking ritual.

## CONFLICT OF INTEREST

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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## DECLARATION OF ARTIFICIAL INTELLIGENCE USE

We hereby confirm that no artificial intelligence (AI) tools or methodologies were utilized at any stage of this study, including during data collection, analysis, visualization or manuscript preparation. All work presented in this study was conducted manually by the authors without the assistance of AI-based tools or systems.

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