

# Turnitin Originality Report

Processed on: 21-Jul-2020 15:34 WIB  
 ID: 1360329806  
 Word Count: 2751  
 Submitted: 1

Similarity Index

2%

## Similarity by Source

Internet Sources:	2%
Publications:	0%
Student Papers:	2%

Madurese Perception of Family Illness: A Phenomenological Study By Yessy Arna

2% match (student papers from 02-Jun-

2020)

[Submitted to Universitas Negeri Jakarta on 2020-06-02](#)

Madurese Perception of Family Illness: A Phenomenological Study Yessy Dessy Arna, Asnani Asnani1 Abstract --- The strong cultural and religious values embraced by the Madura community also affect the strong emotional relations between society and family. Most of the people in Madura stated that among them, they still know each other and were very close to their families for up to three generations. The purpose of this study was to illuminate the lived experiences related to the Madurese perception of their family member's illness condition. A purposive sample was taken of 23 Madurese individuals. Semi-structured interviews were conducted over the Madura region. Three key themes were found from the data analysis: the definition of family, the social factors, family attachment, and the concept of illness. The closeness between families across the three generations makes them feel responsible for giving attention to others, in both a healthy or sick condition, and regardless of whether or not they are rich or poor. The focus between them remains well-maintained. It proves that if one of the family members is ill, they feel the need to be "reinforcements" for that person. The family members will take the ill person to the hospital together and provide them with a feeling of "reinforcements." All of the family members will stay in the hospital to accompany and treat the sick one. Keywords: culture, family health, phenomenology, qualitative. I. INTRODUCTION The Madura tribe is an ethnic group with an abundant population in Indonesia that mostly resides on Madura Island. The population of Madura in 2017 was 3,873,184 [1]. The shape of Madura Island is like a cow's body, consisting of 4 regencies: Bangkalan, Sampang, Pamekasan and Sumenep [2, 3]. The characteristics of Madurese are people who have a high work ethic and a people who like to migrate because the conditions of the region are not suitable for farming[4, 5]. Madurese migrants generally work as traders including buying and selling scrap metal, hawkers and market traders[6, 7]. The majority of the Madurese population are Muslim. The Madurese are famous for their blunt speaking style and openness. They are disciplined and hard workers [8–10]. To make the Hajj (pilgrimage), the Madurese will try to set aside their money even if they have a low income [11, 12]. The Madurese are known to have strong Islamic traditions, although they sometimes perform the Pethik Laut ritual or the Roket Tasse (the same as the offerings barrel) [13, 14]. The strong cultural and religious values embraced by the Madurese community also influence the strong emotional relations between society and family [15]. Based on the results of the interviews conducted by the researchers with the Madurese individuals about the relationships between family and

relatives in the Madura tribe, most of them stated that they still know each other and that they are very close to their families for up to 3 generations. This is known as "telo popo." 1 Yessy Dessy Arna, Asnani Asnani Poltekkes Kemenkes Surabaya, Indonesia Corresponding Author Yessy Dessy Arna Poltekkes Kemenkes Surabaya, Indonesia Email: yessydessyarna1976@gmail.com 7503 The closeness between the families across the three generations, or what is meant "telo popo," makes them feel responsible when it comes to paying attention to one another in either a healthy or sick condition. This applies for both the rich and poor, and the focus between them remains well maintained. This means that if one of their family members is ill, they feel as though they have "Bala" for that person. All of the family members will take the ill person to the hospital and they feel "Bala" between them. They will stay in the hospital to treat the sick one. This phenomenon means that health workers must be able to understand the behavior of the Madurese community when caring for sick family members. This ability is useful for establishing a positive collaboration between clients, their family and the health workers. This research aims to explore the Madurese perception of the family illness condition. II. METHODS This study used a qualitative phenomenological research design to examine the meaning of caring among the Madurese participants focused on the condition of family illness. The data collection technique used an in-depth interview to gain the crucial information required as a source of information. The Madurese were natives who worked and resided in Madura. The key participants were community leaders who were recognized by the surrounding community in terms of their abilities and their understanding of the culture of reinforcement in Madura. In phenomenology research, we can investigate 10 - 30 people until reaching the point of data saturation. The participants of this study were 23 Madurese individuals residing in Bangkalan, Sampang, Pamekasan and Sumenep. The key participants consisted of 8 people who were religious leaders in 4 research areas, 12 people were considered to be community leaders in the study area and 3 were young people who were socially recognized around the informant's residence. Almost all of the participants in this study were male (87%). In this study, the researcher was the main instrument in the data collection. The data collection tool used was a mobile phone as a voice recorder, in addition to storing the interview guidelines. The data obtained in the meetings can be refined, detailed and deepened (called soft data) because it can still experience changes. The data collected in qualitative research takes precedence over the data obtained through a conversation through questions and answers (verbal) III. RESULTS There were three themes revealed by this study as follows: The concept of family according to the Madurese community Based on the results of the interviews, several participants gave similar arguments. Almost all of them said that when they heard the word 'family', they directly assumed that it was the same as a blood relation or relatives who lived either close to or far from the participants. Family is categorized into two, namely close family and distant family. Close family refers to a blood relation or a relative of the wife/husband who lives nearby. Distant family is a family member who lives far away. "Family has an important meaning in my life. Family for me is a close and distant relative (I/2)" "Family is a treasure for kinship (I/7)" "Family is important for my life because family is the most valuable treasure (I/12)" "I consider my neighbor as becoming my family because they have an important meaning in my life (I/5)" "I regard my neighbor to be my own family (I/3)" Social factors and family attachments From the results of the interviews, it can be seen that several participants gave the same statement. Most of them said that social relations and family attachments were very close to the definition of caring, mutual assistance and helping each other. If one of them does not care for one family member, then they still have a moral responsibility to help others. "[The] family is a protector and deliberation (I/1)" "Families have a responsibility

to help each other (I/7)" "It has become a family need to help each other (I/4)" "If we have a celebration or there is distress, the family will be happy to come to help. The assistance provided can be in the form of money or goods (I/8)" "We will record the assistance given by the family so then in the future, we can return the assistance to at least the same level as we have received (I/3)" "We feel ashamed if the assistance that we have received from our family in the future will not be something we are able to respond to (I/9)" "If the family wants to help us, we have to be willing to help them (I/11)"

The concept of illness according to the Madurese community The concept of sickness according to the Madurese comes in one of two kinds: illness due to disease and illness because "made/divination" by others. The information obtained from several participants indicated that the condition is commonly caused by an infection. If the sickness experienced causes strange symptoms that are generally not experienced by others, then it is said to be caused by "black magic/divination" sent by other people. "Normal illness occurs if the symptoms that appear are the same as that experienced by many people. If there are strange symptoms, it is due to black magic (I/2)" "Black magic that can make people sick in Madura still exists (I/6)" "A doctor can treat a typical illness but if it sick because it is "blown," then the person cannot recover if he goes to the hospital so they have to go to the religious people(I/14)" "If people are sick with the symptoms of black blood vomiting, then it means that it is because of black magic. If vomiting and the blood is red, it is an ordinary disease (I/3)" "Ordinary sick, see a doctor and recover but if you get sick because of black magic, you should go to the religious people (I/5)" "There is my family who is sick of vomiting nails, needles. It certainly is not an ordinary disease (I/7)"

IV. DISCUSSION The family relations for the Madurese were very close. Family, for the Madurese, is the first priority in their lives. For the Madurese community, the family does not only have blood relations but there is a sense of kinship and closeness between them [16]. Close family refers to anyone who lives around their home and who has a blood connection. Some of the participants stated that family relations, for them, have the aim of helping one another, not only in conditions of distress or grieving but also in situations of family celebration. According to Leininger (1961), religion is a symbol that results in a very realistic view of its adherents. Spirituality provides a powerful motivation to put the truth above everything else, even above one's life [17]. Religious factors must be taken into account by the nurses inclusive of the religion adopted, marital status, the client's perspective of the cause of the illness, the methods of treatment and the spiritual habits that will have a positive impact on health. Most Madurese individuals attend school in the form of Islamic boarding schools and Islamic-based classes. Religious education provided by religious teachers has influenced their mindset about the importance of family in their lives. People must always behave cleanly and take care of their health because they believe that cleanliness is part of their faith. A believer engages in clean living to prevent disease from invading their body. The social relations and attachments between families for the Madurese community are very close [18, 19]. Their presence shows mutual assistance by bringing money or other necessities to celebrate weddings, for example. In addition to coming to joyous events, they also visit to help with difficulties. The family member who receives assistance in the form of cash or assets will record what types of support they receive from other family members. It becomes their responsibility to do the same action if able in the future, or at least to give them money or goods in the same amount to what they received. If the amount was not the same and the other family members consider the care of the giver to not be balanced, then this will cause guilt and shame for the family who is unable to reciprocate the help of the other family members. Leininger (1961) said that health technological factors allow individuals to choose or to get alternative solutions to problems through health services [17].

Nurses need to assess the healthy perception of illness, the treatment habits or ways to overcome the health problems, their reasons for seeking health assistance, ideas for the clients when choosing alternative treatments and the client's perceptions related to the use and utilization of technology to overcome their current health problem [20, 21]. The conclusion is that people's opinions about the causes of illness greatly influence their decisions when utilizing the technological factors involved in the utilization of health service facilities. There needs to be appropriate assistance and an explanation given to the community detailing that the immune system formation and the invasion of germs can cause disease. They also assume that if a family member was sick and then they recover after seeing a doctor or paramedic/nurse, then it means that it was a common illness. If the illness doesn't go away, then it is because of the black magic sent by someone else.

V. CONCLUSION The Madurese family concept has a diverse meaning when referring to an individual being family, when caring for a member of the family and when viewing the illness itself. The concept of family for the Madurese has two categories, namely close family and far family. The social factors and family ties in the culture of the Madurese are very carefully concerned with helping one another. The concept of illness according to the Madurese indicates that there are two kinds of illness, namely illness due to disease and illness because of "made divination" by others.

REFERENCES [1] Badan Pusat Statistik. Proyeksi Jumlah Penduduk Jawa Timur Tahun 2010-2020. 2017. [2] Rochana T. Orang Madura: Suatu Tinjauan Antropologis. *Humanus* 2012; 11: 46–51. [3] Misnadin, Kirby J. Madurese. *J Int Phon Assoc* 2020; 50: 109–126. [4] Hidayat A. Karakter Orang Madura dan Falsafah Politik Lokal. *KARSA J Soc Islam Cult* 2012; 15: 1–14. [5] Has EMM, Syaltut M, Kusumaningrum T, et al. Early weaning food for infants (0-6 months old) in madurese people based on transcultural nursing theory. In: IOP Conference Series: Earth and Environmental Science. 2018. Epub ahead of print 2018. DOI: 10.1088/1755-1315/116/1/012059. [6] Hefni M. Patron-Client Relationship Pada Masyarakat Madura. *KARSA J Soc Islam Cult* 2012; 15: 15–24. [7] Djakfar M. Etos Bisnis Etnis Madura Perantauan Di Kota Malang: Memahami Dialektika Agama Dengan Kearifan Lokal. *IQTISHODUNA*. [8] Dharmawan A, Aji GG, Mutiah. Madurese cultural communication approach. *J Phys Conf Ser* 2018; 953: 012195. [9] Niehof A, Jordaan R, Santoso A. Technological and social change in a Madurese fishing village (1978- 2004). *Bijdr tot Taal-, Land- en Volkenkd* 2005; 161: 397–432. [10] Rozaki A. Social origin dan Politik Kuasa Blater di Madura. *Kyoto Rev Southeast Asia*; 12. [11] Lücking M. Working in Mecca. *Eur J East Asian Stud* 2017; 16: 248–274. [12] Haryono A. COMMUNICATION PATTERNS AMONG KIAIS OF NAHDLATUL ULAMA IN THE MADURESE ETHNIC GROUP. *Indones J Appl Linguist* 2018; 7: 714. [13] A`la A, Zamzami M, Udin NHW, et al. ISLAMISM IN MADURA: From Religious Symbolism to Authoritarianism. *J Indones Islam* 2018; 12: 159. [14] Pribadi Y. Religious networks in Madura pesantren, Nahdlatul Ulama and Kiai as the core of santri culture. *Al-Jami'ah* 2014; 51: 1–32. [15] Date P. An Integrative Framework Capturing Kyai Charismatic Leadership And Madura Society Welfare Level In East Java -. 2016;4(6):145–52. n Integrative Framework Capturing Kyai Charismatic Leadership And Madura Society Welfare Level In East Java -. 2016; 4: 145–152. [16] Muslihati. Nilai-nilai Psychological Well - Being dalam Budaya Madura dan Kontribusinya Pada Pengembangan Kesiapan Karier Remaja Menghadapi Bonus demografi. *J Stud Sos* 2014; 6: 120–125. [17] LEININGER M. Changes in psychiatric nursing. *Can Nurse* 1961; 57: 938. [18] Herawati N, Rohmah N. Culture Matchmaking in Madurese Ethnic: A Study of the Motives, Factors and Impacts in Marriage Life. *Int J Psychosoc Rehabil* 2020; 24: 1420–1426. [19] SIDDIQ A. The son of the mosque:: Religious commodification within social relationship between Kyai and Madurese workers in Malaysia. [20] Hidayat AAA, Nasrullah D, Festy P. Pengembangan Model Keperawatan Berbasis Budaya (Etnonursing) pada

