

## Conference Paper

# Sanro: The Contestation of Traditional Medicine with the Modern Health Regime in Jalangnge, Barru Regency, Indonesia

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Development in the field of science and technology has driven advancements in medical treatment. However, these advancements do not necessarily diminish the existence of local medicine. As seen in Jalange, Barru Regency, Indonesia, *Sanro* medicine persists as a traditional treatment alongside modern medical civilization. This research employs a historical-discontinuous approach using Michel Foucault's concept of the archaeology of knowledge. Data is collected through heuristic, interpretation, historiography, and criticism stages, with a focus on the years 2005 to 2021. The study reveals that *Sanro* medicine in the Jalange community contests modern medicine, existing through the discourse of local knowledge as its foundation. The treatment methods employed vary depending on the type of disease. Disease names are understood within their community texts, such as Bempalureng, Sarampa, Puru-puru Api (a category of skin diseases that frequently affect the local community), difficulties in childbirth, toothache, and Co'Coereng (accompanied by supernatural beings). Healing is performed through prayers in the Bugis language and the Qur'an, sometimes utilizing water as a medium. Water that has been blessed through prayer is believed to be a source of blessings and healing. Additionally, *Sanro* practitioners possess herbal concoction skills and employ physical touch, such as applying pressure to the patient's nerve points. Through these healing practices, *Sanro* medicine can contest the discourse of modern knowledge while maintaining local culture in the Jalange community of Barru Regency, Indonesia.

**Keywords:** *Sanro*, contest, local medicine

## 1. Introduction

One element of regional culture that has been passed down through generations is traditional healing systems. The rapid development of science and technology has not completely replaced traditional healing practices. Traditional healing grows from the experiences and knowledge of communities in addressing their daily issues, particularly in dealing with illnesses. Communities choose traditional healing methods that are believed to have fewer side effects and are closely tied to their beliefs. [1] state

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that traditional healing can play a role as an innovator within the context of modern healthcare systems.

[2]”Traditional Healers in the Modern Health Care System” emphasizes that traditional healing possesses unique knowledge and skills in caring for communities holistically, considering cultural, spiritual, and social aspects. However, traditional healing is not just a medical phenomenon but also has broader meanings as a socio-cultural phenomenon [3].

In Barru Regency, South Sulawesi, the community is familiar with a traditional healing system performed by a traditional healer known as Sanro in the Bugis language. The treatments and diagnoses performed by Sanro are always associated with the supernatural intervention, combining rational and spiritual powers. Therefore, they are believed to have supernatural abilities.

The people of Barru still seek the services of Sanro for various treatments. Sanro refers to a person who treats and provides spells or incantations. Those who seek the services of Sanro are referred to as “berdukun” seeking help from the traditional healer [4] The Sanro referred to here does not involve black magic or deviant teachings such as hexing or rainmaking. Instead, these traditional healers aim to assist in healing the community through traditional remedies.

In previous periods, especially in the Jalange area of Mallawa Village, Mallusetasi District, Sanro was the primary choice for the community in treating illnesses. However, the advancements in the medical field have posed challenges to the continuity of Sanro. Traditional healers have had to confront the sophistication of modern medicine. Healthcare services have reached rural areas, as observed in the field, with the availability of general hospitals in the city, health centers at the sub-district level, and sub-health centers at the rural level. Additionally, the presence of village midwives plays a role in direct engagement with rural communities. This sharpens the encounter between two often contrasting methods of treatment.

Based on observations and available documents, this research limits the data from 2005 to 2021. This time span will demonstrate the transition process of Sanro healing practices over time. This transition becomes the focus to reveal the discontinuity of healing practices in their struggle against modern medicine.

## 2. Method

This research on Sanro in its contestation with the modern healthcare system is a qualitative study that utilizes a critical historical approach. The main theoretical analysis

is based on Michel Foucault's concept of discontinuity. Concepts such as archaeology, as used by [5], are employed to uncover changes in the medical system related to the development of science, technology, power, and the representation of knowledge. This approach highlights how understandings of disease and medical practices are shaped by institutional practices and existing power systems of the time.

Through observation, in-depth interviews, and documentation, the researcher aims to elucidate the periodization of Sanro in medical practices within the Jalange community of Barru Regency. To obtain in-depth information, Sanro practitioners and the community in Jalange, specifically those who seek the services of Sanro, are interviewed. Using Foucault's archaeological analysis, this research strives to uncover the relationship between power, knowledge, and social practices in the medical context. The study provides insights into the transformation of medical perceptions and the power implications associated with medical practices and the production of community knowledge.

Furthermore, this research utilizes accurate data through a triangulation validity system. Triangulation is essentially a multi-method approach employed by researchers during data collection and analysis. In terms of data examination, triangulation refers to a technique of validating data by utilizing other factors (data) for cross-checking or data comparison. As [6] asserts, triangulation is the process of combining or integrating various methods, data sources, or perspectives to obtain a richer and more comprehensive understanding of the phenomenon being studied.

### 3. Result and Discussion

Barru Regency is a trans-Sulawesi crossing route and an inter-district area located between the cities of Makassar and Pare-pare. Barru Regency consists of 7 districts and 55 villages. One of the villages in Barru Regency is Mallawa Village, located in Mallusetasi District. Mallawa Village is one of the 8 villages in Mallusetasi District and is characterized by its coastal/fishing area typology. Mallawa Village is located 30 km from the capital of Barru Regency. It covers an area of 7.5 km<sup>2</sup> and has a population of 4,158 people

This study involves eight informants, including three Sanro practitioners and five community members or patients. For the purpose of providing an overview of the informants, the researcher identified their brief profiles. These profiles include their names, ages, and the diseases they handle. As for the patients or community members, data on the diseases they have experienced or consulted with Sanro practitioners are included. The following are their profiles:

TABLE 1: Sanro.

No	Name	Age	Types of Diseases That Can Be Treated
1.	Sanro Sumarni	65 Years	Treated Diseases: Co'ciereng (Fever), Difficult Delivery, and Irregular Menstruation
2.	Sanro Nuppa'	70 Years	Co'coereng, Sarampa, Bempalureng, Stomachache, Headache and Lump
3.	Sanro Sudir	80 Years	Sarampa, Bempalureng, and indigestion, tuo-tuo(cacar), puru api

TABLE 2: Patient.

No	Name	Age	Types of Disease Ever Suffered
1.	Siti	65 Years	Sarampa, Stomachache
2.	Ita	47 years	Co'coereng , Puru Api, and Irregular Menstruation.
3.	Wiwit	32 Years	Indigestion, Toothache, Headache, difficulty giving birth
4.	Herwin	42 Years	Bempalureng,
5.	Sudarmin	55 Years	Co'coereng, Sarampa, Puru-puru api

### 3.1. Sanro within the framework of the health regime

3.2. This research collected data on traditional healing practices from 2005 to 2021. Within this 16-year period, several phenomena occurred, which will be divided into three distinct time periods: the first period from 2005 to 2013, the second period from 2014 to 2019, and the third period from 2020 to 2021. These three periods represent descriptions of the discontinuity of the health regime encountered by Sanro as a religious and locality-based traditional healing practice. The following provides an explanation for each period:

#### 3.2.1. Pre-BPJS regime (2005-2013)

From the research findings, it was discovered that in the year 2005, there were ten Sanro practitioners in the Jalange community. This information was obtained through an interview with one of the informants, Sanro Sudir, who is 80 years old and the oldest Sanro practitioner in the Jalange community.

*“wettuna taung 2005 engka seppulo sanro, mega mupi tomatowa wedding rionroi mabbura. Engka nene tani, sanro sawe, sanro Saini, sanro boni, sanro nanga, sanro sonre, sanro beddu, sanro tenna, La Nuppa, siba ia tonna salasiddinna.”* (During the year 2005, there were more than ten Sanro practitioners in the community, indicating that there were many skilled traditional healers in the past. Some of the notable Sanro

practitioners during that time were Nenek Tani, Sanro Sawe, Sanro Saini, Sanro Boni, Sanro Nanga, Sanro Sonre, Sanro Beddu, Sanro Tenna, La Nuppa, and myself.)”

During that time, seeking the services of Sanro practitioners remained the primary choice for the community. Various ailments were commonly treated, including skin diseases such as sarampa (measles), bempalureng, and puru api (a type of skin rash). Additionally, Sanro was sought after for treating conditions like toothaches, stomachaches, headaches, and fever. The longstanding trust in traditional healing practices, coupled with the low economic status of the community and the high cost of hospital treatment, contributed to the continued existence of Sanro as a preferred option during that period.

According to the interview with Sanro Sudir, there were specific illnesses that could only be cured through Sanro’s treatments and proved to be challenging to treat in hospitals. By the year 2013, the community still considered Sanro as their primary choice for healthcare. However, during this time, the number of Sanro practitioners began to decrease due to several Sanro passing away. From the interview with Grandfather Sudir or Sanro Sudir, it was discovered that three Sanro practitioners had passed away within those five years, namely Nenek Tani, Sanro Sawe, and Sanro Saini.

*“Riolo pakkamponge pada mabbura Sanro mi, lebbi ko lasa sarampa, bempalureng,, puru api, peddi isi, peddi ettang, peddi ulu, siba cocioreng. Majarang mupi mabbura ruma saki’nasaba masoli na biasa nalasai mopi tauwwe, engka metto lasa dennulle liburai ruma saki, bura”ogi pa mememng nacoco padanitu ciociorenge”*

Translte:

During that time, the majority of the village community relied on Sanro’s services for treating various illnesses, especially those related to measles (sarampa), bempalureng, puru api, toothaches, stomachaches, headaches, and fever. It was uncommon for people to seek medical treatment at hospitals due to the high costs involved. Moreover, there were certain ailments that could only be cured through traditional treatments performed by Sanro practitioners, making them difficult to treat using hospital-based medicine.

*Taung 2013 mega mupi pakkampong mabbura sanro. ya Engka toni tu sanro man-golo iyanatu nenek tani, sanro sawe, sibawa sanro Saini”*

It means;

In 2013, many villagers still relied on Sanro’s services for their healthcare needs. However, during this time, some Sanro practitioners had passed away, namely Nenek Tani, Sanro Sawe, and Sanro Saini. Despite the loss of these Sanro practitioners, the community continued to utilize the services of other available Sanros for their treatment.

Until the year 2013, the community continued to prioritize Sanro as their primary choice for treating illnesses. However, due to factors such as age, some Sanro practitioners passed away, resulting in a decline in the number of Sanros in Lingkungan Jalange.

Furthermore, the community expressed concerns about the complicated administrative processes and excessive requirements in public health centers and hospitals, reflecting a critique of the modern healthcare regime. Foucault would perceive this as a form of resistance against the control and restrictions imposed by the modern healthcare system. Negative experiences encountered by the community can influence their perceptions of modern medicine and motivate them to seek alternative treatments that are deemed easier or more effective.

The community maintains traditional healing practices due to their beliefs, cultural heritage, or dissatisfaction with modern medicine. Petersen and Lupton (2000) argue that traditional medicine often stems from the beliefs, values, and cultural traditions of specific communities, while modern medicine is based on scientific knowledge and standardized medical practices. Contestation arises when the beliefs and values underlying traditional medicine conflict with the knowledge and practices of modern medicine. People tend to choose healthcare approaches based on their beliefs and values.

Foucault would interpret this as a form of resistance against the knowledge and power imposed by the modern healthcare regime. In some cases, the community chooses traditional medicine based on their belief that certain diseases can only be cured through traditional treatments. Additionally, the closer accessibility to traditional healing practices such as Sanro may also be a factor in the choice of treatment. Foucault would view this as a practice of power that reflects the individual's freedom and autonomy in choosing their preferred method of treatment.

### **3.2.2. BPJS regime (2014-2019)**

Entering the year 2014, with the enactment of Law No. 24 of 2011 concerning the Social Security Organizing Agency (BPJS), BPJS Kesehatan (Health Insurance) began its operation starting from January 1st. The government's objective in implementing BPJS is to provide benefits to the public in need of healthcare services, both in urban and rural areas. The process of utilizing BPJS involves individuals paying monthly premiums, with Class 1 costing Rp. 150,000 per person, Class 2 costing Rp. 100,000 per person, and Class 3 costing Rp. 35,000 per person (BPJS Law, 2011). The existence of BPJS has

brought positive impacts to the community; however, it poses challenges for financially disadvantaged individuals who struggle to pay the monthly premiums. This is also the case for the community in Lingkungan Jalange. Many of them expressed their concerns and eventually continued to choose traditional medicine by seeking the services of traditional healers or Sanros.

On March 1st, 2015, during President Joko Widodo's administration, the Indonesian Healthy Card (KIS) was introduced. It serves as the identification card for participants of the National Health Insurance (JKN) managed by BPJS Kesehatan, replacing the BPJS card. Under the KIS JKN program, the government provides assistance to financially disadvantaged individuals by eliminating the monthly premium payments. This program has greatly helped middle-class communities, including the majority of the population in Lingkungan Jalange, Kel. Mallawa, Kec. Mallusetasi, Kab. Barru, who mainly work as fisherman. With the implementation of this program, the community gradually transitioned from using traditional medicine provided by Sanros to modern medical treatments in hospitals and public health centers, utilizing the KIS JKN program. As of 2021, almost the entire community in Lingkungan Jalange has been using modern healthcare services provided by public health centers and hospitals. However, it does not mean that they have completely abandoned the traditional medicine practiced by Sanros.

Based on the interview results, many community members still continue to use traditional medicine provided by Sanros to treat their illnesses. The reason behind this is that there are certain diseases that can only be cured through traditional medicine. For example, from the interviews conducted with several community members in Lingkungan Jalange, the first interviewee, Nenek Siti (female), aged 65, mentioned having measles and stomach pain. The second interviewee, Ibu Ita (female), aged 47, mentioned having Co'ciereng (fever), Puru Api, and irregular menstruation. Lastly, Ibu Wiwit (female), aged 35, mentioned having gastric problems, toothache, headache, and difficulties in childbirth. Their responses reflect the continuity of their preference for traditional medicine even after the implementation of BPJS.

„Yes, they still seek treatment from Sanros because there are certain diseases that can be cured by Sanros but not by hospitals. However, since the implementation of KIS, it has become easier to seek treatment at hospitals unlike before the existence of KIS“ (interview with Siti, one of the community members who seeks treatment from traditional healers).

Sometimes, for common ailments like stomachaches or skin rashes, I seek treatment from Sanros. But for more serious diseases like typhoid or other severe illnesses, I go to the hospital, especially with the availability of the free KIS card. However, one

advantage of visiting Sanros is that they are located nearby, so I don't need to travel by car or motorcycle (Interview with Wiwit, one of the patients who visits traditional healers).

Yes, I still go to Sanros because there are certain illnesses that cannot be treated at hospitals, so I have to seek treatment from Sanros as it has been proven effective since the past. Besides, it can be challenging to deal with the paperwork and requirements at the community health center (puskesmas) (Interview with Ita, one of the patients who visits traditional healers).

It can be concluded that upon the introduction of the BPJS or KIS policy, the majority of the population utilized it by seeking treatment through modern healthcare facilities such as hospitals or community health centers (Puskesmas). However, this does not mean that they have completely disregarded traditional healing practices by Sanros. They still resort to traditional treatments performed by Sanros for various reasons, such as the belief that certain illnesses can only be cured through traditional healing methods. Additionally, proximity to Sanros is a factor, as it eliminates the need for transportation. Many individuals also express dissatisfaction with the administrative requirements imposed by Puskesmas and hospitals, which further motivates their preference for traditional healing.

**3.3. The introduction of the BPJS or KIS policy signifies a shift in the mechanisms of power within the healthcare regime in Barru Regency. [5] emphasizes the significance of power mechanisms in regulating and controlling medical practices. In this case, the BPJS or KIS policy introduces new regulations that promote modern healthcare in hospitals or Puskesmas as the primary choice. This implies a change in the control of power, directing the population towards a wider utilization of modern healthcare practices.**

### **3.3.1. Covid 19 regime (2020-2021)**

Since the onset of the COVID-19 pandemic in Indonesia, there has been a new transition that actually strengthens the practice of traditional healing known as "sanro." The extensive mass media coverage of the number of fatalities caused by COVID-19 has created anxiety among the population regarding seeking treatment at hospitals or health centers. This is due to several reasons, such as certain cases being perceived as suspicious or lacking transparency, which has led to a sense of distrust towards



hospitals. Many people believe that these incidents are intentional or fabricated to attribute them to COVID-19.

As a result, in the community of Lingkungan Jalange, Kelurahan Mallawa, Kecamatan Mallusetasi, Kabupaten Barru, people have shown less concern for physical distancing and large-scale social restrictions (PSBB). There is a circulating rumor that anyone seeking medical treatment there will be diagnosed with COVID-19. Consequently, individuals who are ill prefer to utilize traditional healing practices with sanro (traditional healers or shamans).

Furthermore, there are also members of the community who feel uneasy and frustrated when they hear the term "COVID-19," seemingly doubting the existence of the disease. The following are consistent findings from interviews conducted with multiple informants.

No, because there have been many news reports on television about the high number of deaths due to COVID-19, which has made people afraid to visit health centers or hospitals. During the COVID-19 pandemic, individuals are hesitant to go to health centers or hospitals because there are many positive cases, and they fear the risk of contracting the virus. Additionally, there is a fear of being labeled as COVID-19 positive, especially since there have been reports that even a slight fever is considered a symptom of COVID-19. (Siti, Ita, and Wiwit, community members who choose to seek treatment from traditional healers)

From the results of the interviews, it can be concluded that during the emergence of Covid-19, the majority of the community in the Jalange area preferred to use traditional medicine through sanro due to the fear of the increasing number of Covid-19 positive cases. There were also rumors circulating that anyone who sought treatment there would be diagnosed with Covid-19. Therefore, if community members fell ill, they would choose to use sanro treatment.

In the context of COVID-19, the health regime involves the government and health institutions using power and knowledge to collectively regulate the behavior of the community in order to maintain health. This includes movement restrictions, contact tracing, and the implementation of health protocols. Traditional healing practices like sanro may also be influenced by these biopolitical regulations [8]

Foucault emphasizes the importance of the normalization process in shaping the health regime. Health norms existing in society serve as a benchmark for determining what is considered healthy and unhealthy. During the COVID-19 pandemic, guidelines and rules are provided to the community aimed at collectively maintaining health.

Traditional healing practices like sanro may be associated with these normalization efforts, where the community is directed to adhere to the established health protocols.

In the health regime, medical authorities play a significant role in influencing health knowledge and practices. During the COVID-19 pandemic, healthcare professionals and medical institutions become the primary sources of knowledge for the community. [9] emphasizes the role of power in regulating and controlling practices and knowledge. Meanwhile, according to [10], power related to the biomedical field and its influence on society and individuals plays a role in regulating and controlling human life. However, it is important to acknowledge that medical authorities can also influence views on traditional healing practices like sanro. At times, traditional medicine may not be recognized or deemed unscientific by medical authorities.

Communities engage in resistance and dissent. Power does not only imply domination but also allows space for resistance and dissent. In the context of COVID-19, there are various forms of resistance and dissent against the implemented health regime, including protests against restrictions and distrust of medical authorities. Traditional healing practices like sanro may serve as a space where communities seek alternatives or resist the actions of the health regime that are perceived as restrictive.

Considering the changes in this domain, it aligns with the perspectives of [7] that traditional medicine and modern medicine can also be understood as distinct social constructions that may compete or contest each other in influencing how communities perceive and choose treatment approaches.

This demonstrates that the health regime is never fixed and constantly faces contestation. [11] in *A History of Public Health from Ancient to Modern Times* depicts the evolution of the public health system from ancient times to modernity. The research indicates paradigm shifts, changes in focus, and the development of methods and practices in efforts to protect and improve public health.

## 4. Conclusion

The modern medical regime establishes standards and practices of treatment that are considered valid and effective. Medical authorities create medical norms that regulate medical practices. Medical knowledge generated through scientific research and clinical trials is given authoritative status and deemed more valid than traditional knowledge. Traditional medical practices, such as Bempalureng, Sarampa, Puru-puru Api, and Co'Coereng (accompanied by supernatural beings), are considered unscientific.

Modern medicine is based on scientific methods, while sanro treatment is based on local beliefs and convictions. In this context, traditional medicine is often marginalized and categorized as alternative or complementary medicine. Modern medical power also plays a significant role in regulating and overseeing traditional medical practices, such as through legal regulations or supervision by medical institutions.

However, Foucault also highlights that within the dynamics of power and knowledge, there is space for resistance and opposition to medical authority. Traditional medical practices persist and are practiced by communities that recognize their value and effectiveness, even though they may be considered outside the modern medical regime dominated by medical authorities.

Thus, Foucault's analysis of traditional medicine within the context of the modern medical regime underscores the dynamics of power, knowledge, resistance, and opposition in medical practices, as well as the role of traditional medicine in society.

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