

THE BELIEFS OF HEALTH SEEKING BEHAVIOR FISHERMEN IN COASTAL PUGER JEMBER REGENCY

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ABSTRAK

Tingginya risiko kesehatan pada pekerjaan sebagai nelayan meningkatkan potensi perilaku pencarian pengobatan para nelayan. Perilaku pencarian pengobatan juga diterapkan oleh masyarakat Puger yang merupakan wilayah pesisir selatan di Kabupaten Jember, walaupun berdasarkan studi pendahuluan tidak sedikit dari mereka yang mengabaikan masalah kesehatannya. Tujuan penelitian ini untuk mengetahui pengaruh kepercayaan perilaku pencarian pengobatan nelayan. Desain penelitian kuantitatif dengan pendekatan *cross sectional* yang dilakukan peneliti memiliki sampel 110 responden yang diambil secara *simple random sampling* dari Populasi berjumlah 5247 nelayan dan berdomisili di Dusun Mandaran dan Dusun Krajan, Desa Puger Wetan, Kecamatan Puger, Kabupaten Jember. Data yang dihasilkan diuji menggunakan regresi logistik. Hasilnya kepercayaan memiliki pengaruh signifikan dengan nilai $p < \alpha$ yaitu sebesar $0,000 < 0,05$. Seseorang yang memiliki kepercayaan terhadap pengobatan modern cenderung berpengaruh 21,333 kali lebih besar dalam menentukan perilaku pencarian pengobatan dibandingkan dengan responden yang memiliki kepercayaan pengobatan tradisional. Saran perlu digali lebih dalam masing-masing jenis kepercayaan perilaku pencarian pengobatan nelayan menggunakan metode kualitatif dan promosi kesehatan tentang perilaku pencarian pengobatan yang aman bagi kesehatan nelayan.

Kata kunci: nelayan, perilaku pencarian pengobatan, Puger, Jember

ABSTRACT

The high health risks of working as fishermen increase the potential for health seeking behavior of fishermen. Health seeking behavior is also applied by the Puger community, which is a southern coastal area in Jember Regency, although based on a preliminary study not a few of them ignore their health problems. This type of research is a quantitative research with a cross sectional approach. A sample of 110 respondents was taken by simple random sampling from a population of 5247 fishermen and domiciled in Mandaran Hamlet and Krajan Hamlet, Puger Wetan Village, Puger District, Jember Regency. The resulting data were tested using logistic regression. The result showed that trust has a significant effect with $p < \alpha$ value of $0.000 < 0.05$. Someone who has a belief in modern medicine tends to have a 21.333 greater influence in determining health seeking behavior compared to respondents who have a belief in traditional medicine. Suggestions need to be explored more deeply in each type of belief in fisherman's health seeking behavior using qualitative methods and health promotion on safe health seeking behavior for fisherman's health

Keywords: fisherman, health seeking behavior, Puger, Jember

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1. INTRODUCTION

Individual healthy behavior in health seeking or healing is determined by several things including knowledge, personal attitudes, beliefs, traditions, availability of facilities, and attitudes of health workers and staff as well as the response given by health workers who will support and become a strong foundation in forming a behavior (Notoatmodjo, 2014:195). This is part of the predisposing factors, enabling factors, and reinforcing factors that lead to the formation of health seeking behavior. For example, regarding the predisposing factor when experiencing a cold, the community considers this a mild illness caused by excessive wind exposure. The treatment that is often carried out by the community is based on the belief that scratching a coin on the body will expel wind and the body will immediately feel relieved even though there is possible symptoms of heart disease similar to symptoms of colds (Widayanti et al., 2020:9). In addition, the existence of health facilities as a supporting factor (enabling) is provided by the government to support the development of coastal areas such as existing health centers that can be used as treatment facilities or to maintain public health with the assumption that the availability of medical personnel and medical equipment is more complete (Prihartanto, 2020:107). There is a need for social support from health workers and community leaders in the form of examples of actions and directions as a form of reinforcing factors that influence people's behavior, for example in strengthening a mother's decision to immunize her child (Notoatmodjo, 2014:195).

The health seeking behavior is also applied by the Puger community, which is a southern coastal area in Jember Regency. Puger Wetan Village and Puger Kulon Village are two villages which are fishing communities on the coast of Puger. Puger Wetan Village has the characteristics of the population working as fishermen with the largest number in the Puger District area, as much 5247 fishermen (Pemdes, 2021:1). The cultural characteristics of fishermen in this village can be seen from the fishing skills inherited from their ancestors or their parents by using different fishing gear technologies (Fitriyah dkk, 2016:10).

The preliminary study was conducted in Puger Wetan Village by conducting interviews with the head of the Health Information System at the Puger Health Center, the Head of Puger Wetan Village, and the Secretary of Puger Wetan Village regarding the problem of illness that is often experienced by coastal residents, most of whom are fishermen and health which has not been prioritized by the Head Villages and not used as material for discussion in the village called "*Musrenbang*" even though health cases are still high including maternal and child health problems and stunting in the Puger Wetan Village area (Actionaid, 2019). In addition, many of the fishermen treat the illness they suffer as normal and are not considered a health problem, for example, an illness caused by a jellyfish sting which is cured by self-medication and traditional treatment (Ningrum dan Moelyaningrum, 2016:6).

It is important to know the diseases that have become a trend in the Puger area within one year so that the causes can be predicted, so the researchers conducted a preliminary study by reviewing data at the Puger Health Center. The results of data acquisition at the Puger Health Center show that most of the population who work as fishermen have acute respiratory tract infections, acute bronchitis, muscle tissue

disorders, intestinal infections, gastritis, and primary hypertension are the diseases with the highest number of patient visits at the Puger Health Center in 2020 (SIK, 2020:1). The health seeking behavior of people in this area varies both in modern and traditional medicine. However, there is no clear data on the behavior of the fishermen.

2. METHOD

This research is a quantitative study with a cross sectional approach. With the aim to determine the influence of fishermen's health seeking behavior beliefs. The research was conducted in Puger Wetan Village from January to July 2022 with a sample of 110 fishermen obtained by simple random sampling of 5247 population in this study who work as fishermen and live in Mandaran Hamlet and Krajan Hamlet, Puger Wetan Village, Puger District, Jember Regency. Fishermen were chosen because 50% of the population of the village work as fishermen. The independent variable is the predisposing factor to the respondent's characteristics (age, gender, education, length of work, income, education, and type of disease, belief) and the dependent variable is health seeking behavior. Data were obtained from questionnaires and observations. Data were analyzed using logistic regression test. Results the ethical test that has been carried out states that this research is feasible as evidenced by the issuance of an ethical certificate No.154/KEPK/FKM-UNEJ/II/2022

3. RESULT

The results of this study for the distribution of the characteristics of the respondents were obtained as follows:

Table.1 Frequency Distribution Based on Respondent Characteristics

Respondent Characteristics	Total	Percentage (%)
Age		
Early Worker Age (25-34 years)	13	11,8
Middle Age (35-44 years)	52	47,3
Pre-retirement Age (45-54 years)	32	29,1
Retirement Age (55-64 years)	11	10,0
Elderly (>65 years)	2	1,8
Total	110	100
Gender		
Male	110	100
Total	110	100
Education		
Low	104	94,5
Intermediate	6	5,5
Total	110	100
Length of work		
New	8	7,3
Currently	5	4,5

Respondent Characteristics	Total	Percentage (%)
Long Total	97 110	88,2 100
Type of Fisherman		
Labors/Workers/Pandhega	69	62,7
Skipper	11	10,0
Individual	30	27,3
Total	110	100
Income		
≥2.355.662,91	40	36,4
<2.355.662,91	70	63,6
Total	110	100

The beliefs is included in the socio psychological factors of cognitive components that are rational and irrational towards beliefs about right or wrong. Belief is formed by knowledge, needs, and interests. Errors in acting can be caused by

beliefs that are not based on knowledge (Notoatmodjo, 2014:18). Beliefs are rational and irrational to the belief in right or wrong. In this study, the beliefs held are beliefs in traditional health seeking behavior and modern health seeking behavior or health seeking behavior carried out both traditionally and modernly by fishermen. Based on the results of research that was conducted offline on 110 respondents, namely fishermen in Puger Wetan Village, Puger District, Jember Regency, obtained the distribution of data related to belief as follows:

Table 2. Distribution of Respondents Based on the Beliefs of Research Respondents

Beliefs	Total	Percentage (%)
Traditional Beliefs	18	16,4
Modern Beliefs	59	53,6
Tradisional and Modern Beliefs	33	30,0
Total	110	100

Based on table 1 above, it can be seen that most fishermen belong to the modern belief category, namely 59 respondents with a proportion of 53.6%.

Table 3 Distribution of Respondents Based on Health Seeking Behavior

Health Seeking Behavior	Total	Percentage (%)
Unsafe Health Seeking (doing nothing, buying medicine at the shop)	51	46,4
Safe Health Seeking (going to modern health care facilities, selfmedication, traditional medicine, buying medicine at a pharmacy)	59	53,6
Total	110	100

The health seeking behavior of fishermen is mostly included in the category of safe treatment with the assumption that they seek treatment from those who understand the disease either in

a modern or traditional way. Details of the respondents' health seeking behavior are presented in the following table:

Table 4 The Distribution of Respondents' Health Seeking Behavior

Health Seeking Behavior	Yes		No		Total	
	n	%	N	%	N	%
Unsafe Health Seeking:						
Do nothing (take a break)	20	39,2	31	60,8	51	100
Self-medicating, done by applying kerosene	35	68,6	16	31,4	51	100
Buying medicine at a shop that sells medicine	24	47,1	27	52,9	51	100
Safe Health Seeking:						
Traditional Medicine:						
a. Traditional massage*	50	84,7	9	15,3	59	100
b. Tabeeb**						
c. Cupping	10	16,9	49	83,1	59	100
d. Ruqyah	22	37,3	37	62,7	59	100
e. Concocting your own herbs/concoctionc ***	5	8,5	54	91,5	59	100
Buying medicine at the pharmacy	28	47,5	31	52,5	59	100
Modern Medicine						
	40	67,8	19	32,2	59	100
	59	100	0	0	59	100

*. Doing traditional massage, "sangkal putung" certified

**.. Healing with prayers, water media and ingredients in the form of turmeric, broken glass flowers

***. Eating eggs that are burned in papaya, drinking boiled water betel leaves, ginger water

Based on the results of the influence analysis between belief and health seeking behavior in 110 fishermen in Puger Wetan Village, Puger District, Jember Regency, the following results were obtained:

Table 5. Effect of Belief on Health Seeking Behavior

Beliefs	Health Seeking Behavior				Total	P	OR (95%CI)
	Unsafe		Safe				
Traditional	n	%	n	%	n	%	0,000
	2	1,8	1	14,6	18	16,4	
Modern	25	22,7	3	30,4	59	53,6	21,333
Traditional and Modern	24	21,8	9	8,2	33	30	
Total	51	46,4	5	53,9	11	100	

Based on the results of statistical tests regarding the influence exerted on beliefs and health seeking behavior in table 2 above, it was found that the majority of respondents had safe health seeking behavior. The results of statistical tests carried out using the logistic regression test obtained $p < \alpha$, which was $0.000 < 0.05$ (there was a significant effect). A person who has a belief in modern medicine tends to have a 21.333 times greater influence in determining health seeking behavior compared to respondents who have a belief in traditional medicine.

4. DISCUSSION

Fishermen work in a changing work climate. Climate changes include rising temperatures, rising sea levels, and extreme winds and waves. Changes in climate and weather suddenly cause fishermen to have good adaptability to prepare for conditions in the ocean because it is related to health, economy, and so on. Adaptability can be related to age, where age will affect a person's level of adaptation in life. Therefore, in line with research, Malaysian coastal communities have confirmed that age, income, educational status, and length of stay significantly influence adaptation practices in the face of climate change (Shaffril et al., 2015). Research also reveals that older fishermen have weaker adaptation practices than younger fishermen due to decreased physical abilities, poor health, decreased mobility and strength, and loss of vision or hearing (Samah et al., 2019:7). Therefore, the effect of increasing age has an impact on their abilities.

The research results on fishermen in Puger Wetan Village, Puger District, Jember Regency stated that the fishermen who became the majority of respondents were aged 35-44 years, followed by 45-54 years. The age group is the middle age group and the pre-retirement age group. Middle age is a mature age for a person to seek or fulfill the needs of his life and family. At these ages, it is also known that a person has entered the peak of his life. It is preparing them to face a decline in their physiological abilities.

All sexes were male in this study. Activities carried out to earn income from the sale of caught fish are the goals of the fishing profession related to water areas. The fishing community considers it taboo for women to go to the sea; if women go to the sea, they will not get results. In such communities, the work of catching fish into the sea is dominated by men and women taking care of the household (cooking and babysitting). If he had to catch fish, he would only do it on the beach with simple equipment such as a hoist or nets and become laborers with lower wages than male workers, as mentioned in the study Anggaunitakiranantika (2018:50). The results of research conducted on fishermen in Puger Wetan Village, Puger District, Jember Regency, stated that all respondents were male, with the majority of respondents involved being the head of the family. Fishermen in Puger Wetan Village have a market economy orientation, namely that the men go to sea to get the catch while the women are involved in post-production activities. Previously, women also helped their husbands to catch fish by fishing or using nets on the shore. However, as time went on and fish became more and more difficult to find, the fishermen had to search deep into the ocean, so they decided to involve their wives in post-production activities.

A person's higher education will affect the knowledge he has. Education is directly proportional to knowledge; the higher a person's education, the higher the absorption and acceptance of information to increase personal knowledge (Dharmanwati dan Wirata, 2016:4). Education is needed to get information, for example, things that support health. The ability to receive information will help a person understand its relation to health, which can improve a person's behavior and improve health status (Nurmala et al., 2018:5). Good health behavior can be based on making the right decisions that will affect one's productivity, health, and welfare of one's life (Fuadzy et al, 2019:30). The research results on fishermen in Puger Wetan Village, Puger District, Jember Regency stated that most respondents belonged to low education. The last education taken by the respondents seems insufficient to be able to receive information and make the right decisions. Therefore, it is necessary to continuously stimulate or disseminate information related to existing health services and access to achieve them. Continuous interaction will provide a person's habit of receiving new information.

Length of work is a unit of time calculated by the year a person is in his job. The length of work for workers affects the adaptation process of workers to their work environment. Workers with new work ranges (<5 years) are still in the process of adaptation when compared to workers with medium ranges (5-10 years) and even older ones (>10 years). The longer a person is in his job, the more experience he gets. Likewise, fishermen's fishing experience includes facing job risks, health risks during fishing, and so on. The length of work will also determine workers' productivity, which is in line with research according to Jayanti (2021) explaining that the working period is seen from the length of time a person works. The longer a person works, the better the experience at work, which can affect productivity (Jayanti et al, 2021:81).

The results of research conducted on fishermen in Puger Wetan Village, Puger District, Jember Regency, stated that the majority of fishermen in these families had long working hours (> 10 years). Until now, fishermen and their families must be able to adapt to all the risks that arise during work. Years of experience is a provision in efforts to prevent illness at work and how to deal with illness from the risks of working as a fisherman that impacts health. However, work that is continuously carried out will have a negative impact if it is carried out and can trigger work stress, such as research conducted by Hardiyanti, dkk (2020). It states that the quality of life of fishermen can decrease due to health problems caused by feeling bored and bored by monotonous work as a fisherman, even though the fisherman has worked long enough and has quite a lot of experience (Hardiyanti et al, 2020:324).

The type of fisherman is a characteristic of fishermen related to capital in their work as fishermen. Large enough capital is usually only found in skipper fishermen. In contrast, small fishermen, such as individual fishermen and labor fishermen or workers, tend to have small capital considering their limited capabilities. Skipper fishermen and labor or worker fishermen are mutually beneficial and dependent on patron-client relationships. Putri (2020) states that this patronclient relationship occurs in the community's economic activities and social life. It has in the form of assistance from the skipper to his subordinates, such as lending money, paying medical expenses, providing transportation costs to return home, paying wedding expenses, and various other urgent needs (Putri, 2020:22).

Often there are deficiencies in the reciprocal relationship between the skipper and labor fishermen in the fishing community, such as the employer's obligation or obligation to provide social security in the form of payment of allowances to subordinates who cannot work due to work accidents. However, most of the skippers do not do it because even though the fishermen's obligations are not carried out, the workers still want to work to meet the needs of their families. This statement is in line with research that states that fisherman workers are not paid in the form of daily wages or salaries. However, they use a profit-sharing system, so costs, such as operations and other needs, are borne by the owner or skipper (Attamimi et al, 2019:232).

The research results on fishermen in Puger Wetan Village, Puger District, Jember Regency stated that most fishermen belong to labor fishermen or workers. The number of labor fishermen or workers is relatively large because they do not have fishing gear or boats, so they choose to work as skipper fishermen. The labor fishermen there have several payments or profit-sharing variations according to a predetermined agreement. When they need treatment due to accidents, fishermen borrow money from the skipper.

The income of coastal communities is unstable. This is because natural factors determine income. If the sea conditions are good, the fishermen can go to sea and get a large number of fish, but if the natural conditions are bad, the fishermen's income will decrease. In addition, the weather also affects fishermen in finding fish. Bad weather will prevent fishermen from going

to sea and thus not earning income. The market also determines a fisherman's income. If the price of fish in the market is high, fishermen will get a lot of results to meet their needs, conversely if the price of fish in the market is low, the income of fishermen will also decrease.(Ulfa, 2018:45). The results of research on fishermen in Puger Wetan Village, Puger District, Jember Regency, stated that most fishermen had an income <2,355,662.91, which was the minimum wage of Jember Regency. This is undoubtedly influenced by the climate, weather, and uncertain markets, so their income becomes unstable. This triggers fishermen to determine their behavior in maintaining health and choosing medical services for themselves and their families.

The fishing community in Puger Wetan Village still has faith in traditional medicine because the respondents are fishermen who in fact are ordinary people with health or non-health backgrounds so that the preference for traditional medicine based on tradition is still strong, but this is also due to empirical evidence for them that traditional medicine what is done is good for his health. This is in line with the results of research by Suharti, et al (2020) which stated that the percentage of public perception of the level of trust in the efficacy of traditional medicine in the health group was lower when compared to the non-health group. This happens because there are non-health communities who get encouragement and have confidence to seek treatment at traditional health services. Traditional health services are considered to be able to treat chronic diseases and there is public distrust of modern medicine because they are considered to have failed in treating diseases (*Suharti et al, 2020:4*).

The results of the analysis using the logistic regression test showed that there was a significant influence between belief and health seeking behavior in fishermen's families in Puger Wetan Village, Puger District, Jember Regency. This is in accordance with Lawrence Green's theory which states that belief is one of the predisposing factors that influence behavior (Notoatmodjo, 2014:194). The results of this study are also in line with research which states that in Doloksaribu Village, Toba Samosir Regency in 2015 it also shows that the pattern of health seeking behavior in the local community is determined by belief. The research explains that people have their own concept of belief in the disease they experience, such as when people believe that the disease will be cured without treatment, then they do not need to take any treatment including going to health facilities and only do self-medication at home or just buy medicine from the shop, and vice versa. Another research that is in line, namely the study of Bukan, et al (2020) which states that community health seeking is influenced by each person's belief in the causes and treatment of their illness. Someone who believes in a shaman to cure his illness, will seek a shaman as first aid for his illness, while someone who trusts medical personnel to cure his illness will combine the two types of treatment as an effort to cure his illness (Bukan *et al, 2020:14*).

The beliefs in traditional medicine is also enhanced by the existence of quite a lot of traditional medicine services in Puger Wetan Village. There is also a belief that people suffer from illness due to mystical influences such as sorcery, witchcraft, and incantations. Some complaints of this disease are usually taken to traditional medicine such as shaman. The fishing family community in Puger Wetan Village entrusts their health to a tabeab when their illness feels strange. Symptoms of dizziness such as banging your head, extreme pain in the stomach which when you go to the doctor and take an X-ray there is no problem. However, when they went to the tabeab they believed that the illness had elements of witchcraft. The results of the study stated that if the respondent adhered to the principle of always trying to find a source of

treatment which was "*jodho*" which means suitable. Thus, the disease can be cured and a feeling of comfort appears to carry out treatment. In addition, this is in line with research which states that more than half of the respondents stated that modern-traditional medical treatment is the best because the treatment is scientifically and medically reliable and there are people who do not want to depend on one source of treatment (Putro, 2018:106). This research is also supported by statements in the research which state that efforts to overcome disease depend on their belief in the causes of illness because the causes of illness are believed by the public in various forms (Amisim *et al*, 2020:11).

5. CONCLUSION

The results of this study found that the characteristics of fishermen who were respondents were dominated by middle age (15-> 65 years), all were male, the majority of respondents' education belonged to the low category, were small fishermen consisting of labor fishermen and individual fishermen, the majority has been working as a fisherman for >10 years, and has the majority income below the minimum wage for Jember Regency. Meanwhile, health seeking behavior is mostly safe and has belief. The result is that belief has a significant effect with a value of $p < \alpha$, which is $0.000 < 0.05$. Somebody who has a belief in modern medicine tends to have a 21.333 times greater influence in determining health seeking behavior compared to respondents who have a belief in traditional medicine. Suggestions, need to be explored more deeply in each type of belief in fisherman's health seeking behavior using qualitative methods and health promotion is urgently needed regarding health seeking behavior that is safe for health.

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