
THE LABOR MARKET OF TRADITIONAL MEDICAL PRACTITIONERS IN THE SOCIOLOGICAL PERSPECTIVE

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Abstract: This article presents analytical data on labor market opportunities, especially for traditional medical practitioners and a reflection of Government Regulation Number 103 of 2014. The need to maintain physical health is the main thing for the community. Many people try to maintain their health so they don't get sick easily. There are many ways to maintain endurance, including consuming healthy food and drinks from natural ingredients, one example is herbal medicine from natural ingredients. In addition, people have a tendency to panic too much when their body health is disturbed, for example fever, flu and cough, the symptoms experienced may resemble those of being infected with covid-19, but not all of these symptoms always diagnose that they have been infected with covid-19. In the covid-19 pandemic situation, for example, there are still many people who check their health at traditional medical practitioners. The results of this study reveal that the traditional labor market for medical practitioners is still in great demand by the community, even though there has been government regulation on traditional health services.

Keywords: labor market, tradisional medical practitioners, government regulation

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INTRODUCTION

Indonesia is a country that has its own characteristics in traditional health services, knowledge about traditional medicine is obtained by means of regeneration, even many communities or traditional health organizations open training practices to provide traditional medicine. Until now, there are hundreds of traditional medicine practitioners who have expertise and provide traditional medicine services. Places of traditional medicine are very easy to find in every area, both in urban and rural areas.

The traditional health workforce market in this era is growing and competing with the modern health workforce market. Both also use digital technology in offering various types of health services. Basically, traditional medical practitioners offer traditional medicine independently or collectively under the auspices of a particular community or organization. However, the implementation of traditional health services is not directly under the supervision of government health institutions.

In connection with that, all risks that are accepted by the client or patient of traditional health services are borne by the provider and the client itself. Various information data that form the basis for government health institutions, including the Ministry of Health of the Republic of Indonesia and the Department of Health in each

region, seek to minimize the risks of traditional health services.

Efforts are made by conducting quality assessments on traditional medicine practitioners. This prompted the birth of new regulations on traditional health services in Indonesia. These regulations are ratified in central and local government regulations. The regulations in question include Government Regulation Number 103 of 2014 concerning Traditional Health Services, Minister of Health Regulation Number 61 of 2016 concerning Complementary Traditional Health Services, Minister of Health Regulation Number 37 of 2017 concerning Integrated Traditional Health Services, while Regional Government Regulations are adapted to conditions and needs in each area.

Regulations governing traditional health services have a considerable influence on the traditional health labor market. Traditional medicine practitioners who do not meet the requirements as referred to in the regulations are prohibited from performing traditional health services. This has caused polemics from various parties, traditional health workers who have worked for a long time slowly closing their health service practices so that they are unemployed. Although there are still many practitioners of traditional medicine who offer traditional health services, this is also done in certain markets accepting the offer of traditional medicine.

Traditional medicine practitioners also take advantage of the market in digital media to offer their traditional medicine, such as through social media such as twitter and facebook. The use of social media as a marketing strategy is a fairly strategic way to reach consumers (Simon Malesev, et al., 2021). The strategy is to create personal accounts and social media group accounts to open traditional health service offerings.

For traditional medical practitioners who are carrying out new transformations by adapting existing regulations, they have more opportunities or promising opportunities to work. The transformation of the labor market for traditional medical practitioners is increasingly varied, in addition to being integrated into independent traditional health services in "Griya Sehat", also integrated with integrated health services (a combination of traditional and modern health services), there is even a special traditional health service integrated with the tourism sector.

LITERATURE REVIEW

Traditional health services have long been used by people both in Indonesia and in other countries. In addition, herbal medicine based on the results of several studies has also developed in Western and Eastern countries since thousands of years ago. Basically specifically for herbal medicine used for community alternative therapy (Yu-Sheng Wu, et al, 2017). In the beginning, the practice of traditional health care and traditional medicine was the only way to treat physical health ailments that were contagious in the community. However, with the development of more modern health care practices, traditional health services and traditional medicine have become part of alternative health services.

Before becoming a unitary state, the Republic of Indonesia consisted of kingdoms spread across the islands of Indonesia. The tradition of using traditional health services and the use of traditional medicines has long been embedded in people's lives since the days of the kingdom. The practice of health services carried out by practitioners was originally learned from generation to generation. Families who have descendants from parents who are experts in providing traditional health services will usually pass their

knowledge on to their offspring. But along with the times, Indonesian people are very easy to establish relationships and networks, then form various types of communities and community organizations that learn about traditional health service knowledge (interview with traditional health care observer, 2021).

In Indonesia, there are still quite a lot of communities and organizations that develop traditional health services, such as “therapists” and mixing various types of traditional medicines. Especially for traditional medicines whose ingredients come from nature, such as plants (Hesham R. El-Seedi, et al, 2013). Traditional medicine is believed by the community not to contain harmful chemicals, so it is safe for consumption. Medicinal ingredients from plants are also very diverse, the territory of Indonesia is one of the regions of the country that has various kinds of plants that can be used as medicinal ingredients. Since ancient times, Indonesian people have a habit of growing various types of medicinal plants.

Traditional medicine apart from plants is also made from animals. There are certain animals that are believed by the public to be used for medicinal purposes. In other countries traditional medicinal ingredients from animals are also often used, one example of this animal is the pangolin. The use of medicinal ingredients derived from animals lately has also caused a lot of contradictions, this is due to the large number of animals which when used as medicinal ingredients can cause scarcity in these types of animals (Durojaye A. Soewu and Temilolu A Adekanola, 2011). Similar cases also occur in many countries, so regulations are also needed that regulate the use of animal ingredients for medicine compounding.

Traditional medicine services in the form of practice are still in great demand by the community from the age of children, adolescents to adults. Families who have the habit of going to traditional medical practitioners often pass this habit on to their children. As in Indonesia, early childhood before the age of one year usually often receive traditional health services commonly referred to as “baby massage” services. There are various benefits of “baby massage” services, among which are believed to increase the baby's immune system, stimulate the baby's nervous system, and many other benefits.

Traditional health services for infants, children and adolescents are also very important and need to be controlled by adult family members, this is to avoid unwanted things, one of which is excessive action when carrying out traditional health services (N. Lange-Herr, et al., 2021). Parents or other adult family members should pay attention and accompany their children when they want traditional health services such as “therapists”, including the need for supervision when consuming traditional medicines so that they are not too excessive, even though traditional medicines are safer to consume because they are made from natural ingredients. but still must be in accordance with normal consumption doses or according to the recommendations of traditional medical practitioners.

The existence of community needs for traditional health services and the availability of human resources who have knowledge of traditional health services, this is a livelihood opportunity for certain communities, especially for people who have special competencies in handling diseases using traditional health services. In this context, economic sociology sees a socio-cultural and community economic approach that can grow together even in the traditions of new economic societies (Jens Beckert, 2006). Traditional health care is a product of community culture that has long been attached and continues to grow, even at the time of the emergence of modern health services, the

existence of traditional health services is still quite high among the community, both urban and rural communities.

METHODS

The research method used is a mixed method, using digital research methods and qualitative research methods. In research using digital research methods, researchers use Social Network Analysis (Bolibar, 2015) to explain the market dynamics of traditional medical practitioners, the object of research is Twitter social media. While in research that uses qualitative research methods, researchers conduct interviews with medical personnel who are able to provide information in accordance with research questions. The qualitative data analysis used is data reduction, data presentation, conclusion drawing: withdrawal/verification (Upe Ambo, 2010). This study was conducted with the aim of digging up information about the market development of traditional medicine practitioners in Indonesia after the issuance of a new policy from the Ministry of Health of the Republic of Indonesia which regulates the licensing of traditional medicine practices.

DATA COLLECTION

In the digital research method, researchers crawl data on Twitter social media with netlytic and gephi software to the stage of social network analysis (Bolibar: 2015). While in qualitative research methods, researchers use interview techniques (Sugiyono: 2013). The interviews conducted were structured and unstructured interviews.

RESULT AND DISCUSSION

TRADITIONAL MEDICAL PRACTITIONERS IN INDONESIA

Since 2014 the Government of the Republic of Indonesia has begun to pay more attention to and regulate traditional health services in Indonesia. In the Government Regulation of the Republic of Indonesia Number 103 of 2014 concerning traditional health services, it has been stated that traditional health services are divided into three, namely (1) empirical traditional health services, namely the application of traditional health whose benefits and safety are empirically proven; (2) Complementary traditional health services, namely the application of traditional health that utilizes biomedical and biocultural sciences in their explanations and their benefits and safety are scientifically proven; (3) Integrated traditional health services, namely a form of health service that combines conventional health services with complementary traditional health services, either as a complement or a substitute (Peraturan Pemerintah RI No.103, 2014).

The three types of traditional health services are further regulated in several Regulations of the Minister of Health of the Republic of Indonesia, namely (1) Empirical traditional health services are regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 61 of 2016; (2) Complementary traditional health services are regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2018; (3) Integrated traditional health services are regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 37 of 2017.

“Panti Sehat” is a place used to provide empirical traditional health services

(Government Regulation No.103, 2014). In some areas it is called “Rumah Sehat”. Traditional medicine practitioners in the field of complementary traditional health services are required to have a Traditional Health Personnel Registration Certificate, hereinafter referred to as STRTKT. (Peraturan Pemerintah RI No.103, 2014). If there are practitioners who do not have these certificates, they are usually not allowed to practice health services.

Health service facilities as a tool and/or place used to organize health service efforts, whether promotive, preventive, curative or rehabilitative carried out by the government, local government, and/or the community. Traditional health service facilities are health service facilities that provide complementary traditional health care/treatment (Peraturan Pemerintah RI No.103, 2014).

Government regulation No.103 of 2014 aims to: (a) build a traditional health care system that is in synergy with conventional health services; (b) build a complementary traditional health service system that synergizes and can integrate with conventional health services in health care facilities; (c) provide protection to the public; (d) improve the quality of traditional health services; (e) provide legal certainty for users and providers of traditional health services.

In addition to the Indonesian government regulating traditional health services, the government also regulates the production and distribution of traditional medicines. Traditional medicine is an ingredient or ingredient in the form of plant material, animal material, mineral material, sarian (galenic) preparation, or a mixture of these materials which have been used for generations for treatment, and can be applied in accordance with the prevailing norms in society. (Peraturan Pemerintah RI No.103, 2014).

In relation to the implementation of government regulations governing traditional health services, discussions related to traditional health services on the week of 20/07/2022 to 30/07/2022 were still widely discussed on social media, one of which was Twitter. especially the type of “therapist” which is included in the categorization of empirical traditional health services:

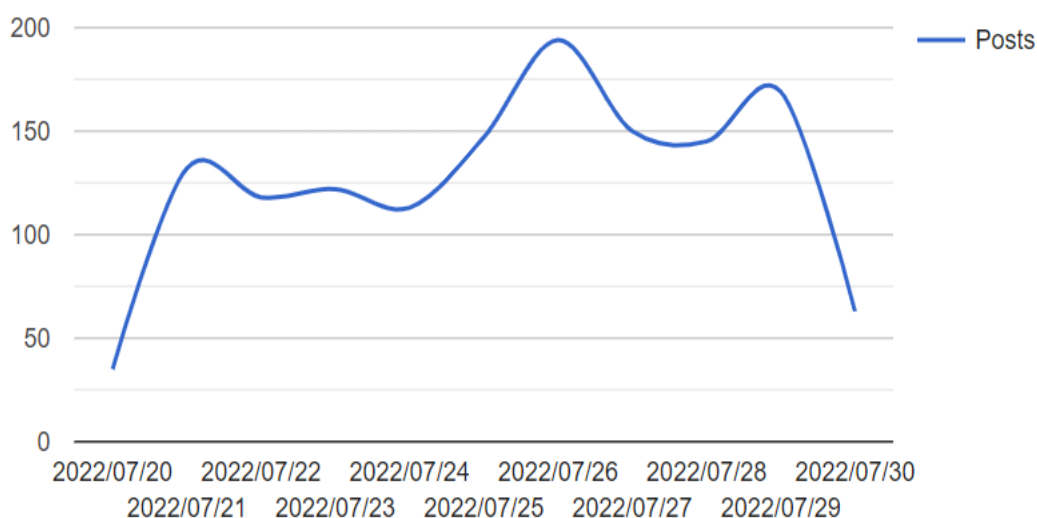


Figure 1. Diagram of public conversation about traditional “therapist” health services

Based on the diagram of the public discussion about traditional health services of

the “therapist” type, the owner of the traditional medical practitioners account has the most dominant influence on the public's perception and interest in discussing traditional health services, with an influence level of 37.2%. Apart from accounts of traditional medical practitioners, account holders from the general public who use traditional health services also have an influence on public perception and interest in discussing traditional health services, followed by other accounts..

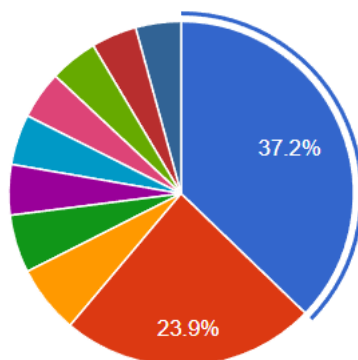


Figure 2. Chart of account dominance in conversations about traditional health services “therapists”

The general public, including practitioners of traditional medicine, are still trying to understand government regulations governing traditional health services. In this government regulation, the most controversial in the community is the Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2018 concerning Complementary Traditional Health Services (interview with observers of traditional health services, 2021). The regulation explains that traditional medicine practitioners who can provide complementary traditional health services are only traditional medical practitioners who have the knowledge and skills obtained from higher education in the health sector at least Diploma Three (D3). This is because there are still many practitioners of traditional medicine who do not have sufficient funds to obtain or continue the education needed.

LABOR MARKET OF TRADITIONAL MEDICAL PRACTITIONERS

The labor market with all aspects of people's lives attached to it describes a dynamic social reality. The dynamics of labor market changes are determined by the quantity and quality of available labor. The quantity of labor is closely related to the availability of labor. While quality is seen from the aspect of added value attached to the workforce, although in other situations, quality is also not always attached to the workforce itself, but is determined intersubjectively (Beckert, 2019). In addition, social and cultural conditions of the local community also participate in shaping preferences and wage formation in labor markets, including related institutions.

The development of the labor market, especially in the health sector in Indonesia, has changed from time to time, both in the traditional and modern health fields. As in other world countries, especially countries in Asia, the traditional health sector is still growing rapidly along with the development of the modern health sector. International organizations in the health sector such as the World Health Organization (WHO) at the implementation of the Congress on Traditional Medicine in China gave a statement to

WHO member countries that traditional medicine that has been practiced safely and has benefits can be integrated in integrated health services.

WHO also formed a resolution to encourage member countries to develop traditional health services according to the conditions in each country (Kemenkes RI, 2011). Seeing the community's need for traditional health services, creating a labor market for practitioners of traditional medicine still exists today, besides that this need also encourages the Indonesian government to continue to strive to improve the traditional health care system through various policies that have been set. This then affects the dimensions of quality assessment and wage formation in the workforce of traditional medical practitioners.

Valuation on the quality of labor in labor markets that are tied to government institutions, in this case there is a relationship with the market structure of purchasing power, quality valuation is more viewed from the aspect of the competence of existing human resources. In this study, there is a quality valuation of the competence of traditional medical practitioners. Quality valuation has an important role in influencing bargaining in the labor market, so there is a need for regulation and assessment instruments (Gerlach, 2013). There are many ways to conduct quality valuation, apart from the agencies and actors who rely on the regulations that govern, they also carry out valuation with quite a variety of instruments.

On the characteristics of the labor market that are different from before, quality valuation is mostly determined based on mutual observations in the field by agencies and actors in the market. Employers provide quality judgments based on intersubjective assessments (Beckert, 2019). The assessment of the quality of entrepreneurs in this study is not only influenced by the assessment between actors, but is also influenced by the social and cultural characteristics inherent in these community groups. The locus of this research shows that each community group living in several areas that are the object of research has a different social and cultural environment. This can also be seen in the labor market that uses digital media as a promotional tool.

The dynamics of market reality with different characteristics and influencing the form of quality assessment and wage formation are interesting enough to be studied more deeply in the discussion of this article, so that the various study findings presented provide important novelties in the development of market theory from a sociological perspective. Departing from the typology of the labor market, social networks between structures, agencies and actors, as well as the uniqueness of quality assessment and wage formation in the labor market which is influenced by various aspects including the results of mutual observations in the field by institutions and actors, networks, promotional tools, and social local culture.

The following is a data visualization from twitter that describes the network of interactions carried out by twitter users in Indonesia as traditional health care providers and some as patients from traditional medical practitioners. The data obtained from Twitter type social media are 1388 messages that interact with each other (bargain) for traditional health services. In the data obtained, consultations on traditional health services of the "therapist" type.



Figure 3. Network of actors (traditional health care providers and users)

In visualizing the data obtained, it is known that the actor with the largest node and the naming node is the most influential actor in discussions related to traditional health services of the "therapist" type. The distance between one node and another node is close together, this shows the existence of statements that influence each other between the most influential actors in the discussion of "therapist" services. Most of the actors who provided information about traditional health services of the "therapist" type explained several things in detail, namely explaining prices, types of therapists, contact information for service providers, and explaining the function of "therapists". type of health service.

Digital data obtained from Twitter shows that people in Indonesia still have a lot of interest in getting traditional health services. Traditional health services are actually health services that have existed since the days of the kingdom in Indonesia. Currently, users of traditional health services are not only in demand by the elderly (sixty years and over), but are also in great demand by teenagers. There are also many families who use traditional health services such as the type of "therapist" to ward off diseases experienced by children. Many parents of children still believe in traditional health services from practitioners. Although the benchmark of trust in traditional medicine practitioners is not based on educational qualifications, the community provides an assessment of the feasibility of health services from practitioners based on the experience that many practitioners have done in curing various patient diseases (interview with traditional health care observer, 2021).

The price of traditional health services also varies, the price is determined based on an agreement between traditional medicine practitioners and patients who need traditional health services. However, there are also traditional practitioners who determine the price of the health services they provide so the price cannot be negotiated by the patient (interview with traditional health care observer, 2021). In addition to traditional health services, traditional practitioners also offer various types of traditional medicines made from natural ingredients. It is believed by the public that medicines produced by traditional medicine practitioners do not contain too many chemicals, some even do not use chemicals at all. Both the prices of traditional health services and traditional medicines offered by practitioners of traditional medicine are still relevant

and accessible to all people, including people with middle to lower economies. Although there are also types of traditional medicine that are expensive because of their powerful properties to cure certain diseases.

CONCLUSION

The labor market, especially for traditional medical practitioners during the covid-19 pandemic, is still very much needed by the community. Both urban and rural communities in Indonesia mostly have the habit of doing their own treatment to traditional medicine practitioners. Many traditional health care practices are still running, even though there are Indonesian government regulations that regulate the practice of traditional medical practitioners with certain conditions that must be met. These requirements are still widely debated by the general public, users of traditional health services and traditional medical practitioners, these requirements must be met to be able to provide health services, it is difficult to fulfill, especially the minimum educational requirements that must be achieved by traditional medical practitioners.

The social network of traditional medical practitioners is very functional as a marketing strategy for the practitioners to offer traditional health services to the community. The network is built through intense communication through social media such as twitter. It is not uncommon for people who are accustomed to using traditional health services through twitter to access information on various traditional health services offered by traditional medical practitioners. The communication that is built is quite interactive, even the people who use traditional health services often provide various assessments of the health services provided by practitioners. This encourages traditional medical practitioners to keep practicing on the grounds that there are still many people who need traditional health services.

The pricing of traditional health services is determined based on an agreement between traditional medicine practitioners and the people who use health services. Sometimes there are also traditional medical practitioners who charge special prices for the health services provided. The prices for the services provided are quite varied, depending on the type of disease experienced by the patient, but the majority of the prices for health services are still quite affordable for the lower middle class.

Considering the high number of people who need traditional health services and the large number of traditional medicine practitioners who are only oriented to the traditional health sector as their only livelihood. When there are government regulations that provide absolute requirements that must be met by traditional medical practitioners to be able to open a health service practice, further considerations need to be made to simplify the requirements that are not too burdensome for practitioners. Especially requirements related to human resources.

The ability of traditional medicine practitioners to provide traditional health services that have been carried out for a long time and repeatedly so that they can successfully cure patients' illnesses needs to be considered for their feasibility to open a health service practice. Regarding the educational qualifications that must be taken for practitioners of traditional medicine, it is also an ideal requirement, but it is also necessary to consider what about traditional medical practitioners who are over 40 years old and do not have adequate educational costs. These problems need to get a fair policy from the government to be able to provide opportunities and convenience for practitioners who want to continue their education, this is done to be able to open

traditional health service practices for the community in accordance with applicable government regulations.

REFERENCES

- Beckert, J. (2006). Interpenetration versus embeddedness (the premature of Talcott Parsons in the new economic sociology). *Journal of Economic and Sociology*, 65(1).
- Beckert, J. (2019). Markets from meaning: Quality uncertainty and the intersubjective construction of value. *Cambridge Journal of Economics*, 43(1), 1–17. <https://doi.org/10.1093/cje/bez035>
- Bolibar, M. (2015). Macro, meso, micro: Broadening the ‘social’ of social network analysis with a mixed methods approach. *Journal of Quality & Quantity*, 50(5).
- Damsid, A. U. (2010). *Asas-asas multiple researches*. Tiara Wacana.
- Denzin, N. K., & Lincoln, Y. S. (2009). *Handbook of qualitative research*. Pustaka Pelajar.
- El-Seedi, H. R., Burman, R., Mansour, A., Turki, Z., Boulos, L., Gullbo, J., & Goransson, U. (2013). The traditional medical uses and cytotoxic activities of sixty-one Egyptian plants: Discovery of an active cardiac glycoside from *Urginea maritima*. *Journal of Ethnopharmacology*, 145.
- Gerlach, P. (2013). Evaluation practices in internal labor markets: Constructing engineering managers’ qualification in French and German automotive firms. In J. Beckert (Ed.), [Judul buku] (1st ed.). Oxford University Press.
- Herr, N. L., Rindlisbacher, A., Romano, F., & Jackowski, C. (2021). “Guboo” – Child abuse or traditional medical treatment? A case report. *International Journal of Legal Medicine*, 135, 1537–1540.
- Kemendes RI. (2011). Mengenal pelayanan kesehatan tradisional di Indonesia. Direktorat Jenderal Kesehatan Masyarakat. <https://kesmas.kemkes.go.id/konten/133/0/110114-mengenal-pelayanan-kesehatan-tradisional-di-indonesia>
- Kementerian Kesehatan Republik Indonesia. (2016). Peraturan Menteri Kesehatan Republik Indonesia Nomor 61 Tahun 2016.
- Kementerian Kesehatan Republik Indonesia. (2017). Peraturan Menteri Kesehatan Republik Indonesia Nomor 37 Tahun 2017.
- Kementerian Kesehatan Republik Indonesia. (2018). Peraturan Menteri Kesehatan Republik Indonesia Nomor 15 Tahun 2018.
- Malesev, S., & Cherry, M. (2021). Digital and social media marketing growing market share for construction SMEs. *Journal of Construction Economics and Building*, 21(1).
- Pemerintah Republik Indonesia. (2014). Peraturan Pemerintah Republik Indonesia Nomor 103 Tahun 2014.
- Ritzer, G. (2014). *Teori sosiologi (Dari sosiologi klasik sampai perkembangan terakhir postmodern)*. Pustaka Pelajar.
- Smelser, N. J., & Swedberg, R. (Eds.). (2005). *The handbook of economic sociology*. Princeton University Press.
- Soewu, D. A., & Adekanola, T. A. (2011). Traditional-medical knowledge and perception of pangolins (*Manis sps*) among the Awori people, Southwestern Nigeria. *Journal of Ethnobiology and Ethnomedicine*, 7(25).
- Wu, Y.-S., Lee, M.-C., Huang, C.-T., Kung, T.-C., Huang, C.-Y., & Nan, F.-H. (2017). Effects of traditional medical herbs “minor bupleurum decoction” on the non-specific immune responses of white shrimps (*Litopenaeus vannamei*). *Journal of Fish & Shellfish*

Immunology, 64.