

Strengthening General Health Professions through the Integration of Educational Interventions and Traditional Health Services

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ABSTRACT

Purpose of the study: This study aims to investigate the integration of educational interventions with traditional health services in Tanjung Raya Village, Way Kanan, to enhance community knowledge and align practices with Fiqh Siyasah principles, ensuring culturally and religiously compliant healthcare.

Methodology: A qualitative field research design was employed, collecting primary data through observations, interviews with traditional practitioners, community leaders, and residents, and document reviews. Data were processed using editing, reconstruction, and systematization, and analyzed through qualitative content analysis to identify themes and patterns in traditional health practices.

Main Findings: Traditional health services remain widely utilized and trusted. Educational interventions improved understanding of safe and permissible practices, increased compliance with Fiqh Siyasah, and encouraged a balance between traditional and modern health knowledge. Community trust, affordability, and cultural familiarity remain key factors in service utilization.

Novelty/Originality of this study: The study integrates empirical, cultural, and religious perspectives to address a gap in previous research by combining health education with traditional practices under Fiqh Siyasah. This approach offers a novel model for culturally sensitive and legally compliant health interventions in rural communities, advancing knowledge on integrating tradition and modern education.

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1. INTRODUCTION

Traditional health services refer to empirically based medical practices and treatments that have been preserved and transmitted within communities for generations, often involving herbal remedies, spiritual rituals, and manual therapies as primary approaches to health maintenance and illness treatment [1]. These services remain prominent in many settings because they are deeply rooted in cultural heritage and are perceived to be accessible, affordable, and aligned with local beliefs and lived experience of health and illness [2]. Research on accessibility has shown that in rural and marginalized communities, cultural, social, and economic factors strongly influence the choice of traditional services over formal medical care, underlining that health interventions must account for these determinants [3]. Studies of community health systems also highlight how traditional and biomedical practices coexist and are integrated in local health behaviors, suggesting that understanding such integration is essential for culturally sensitive health policies and education programs [4]. Furthermore, systematic reviews of traditional and complementary medicine integration into primary health care

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systems emphasize the importance of policies, quality and safety measures, and collaborative models to ensure that traditional health practices can be aligned with public health standards without undermining cultural values [5].

In many rural communities, reliance on traditional health services persists despite the presence of formal medical systems, and this reliance often conflicts with established healthcare regulations and evidence-based standards. Research on global traditional-modern medicine integration highlights that inadequate regulatory frameworks and policy coherence hinder effective incorporation of traditional practices into formal health systems, causing tension between informal healers and biomedical practitioners [6]. Scoping reviews on traditional, complementary, and integrative medicine (TCIM) identify governance challenges, service delivery problems, and barriers to policy implementation that reflect systemic conflicts between culturally embedded healing practices and modern medical regulations [7]. Studies examining policy research on the role of traditional medicine in emergency health systems show that while traditional practices are widely used, differences in standards, validation, and governance can create confusion and inconsistencies in health service delivery [8]. Legal analyses in Indonesia demonstrate that integrating local wisdom with modern regulatory systems remains complex due to differing priorities between cultural practices and statutory requirements for safety and efficacy [9]. Clinical research also underscores that culturally grounded approaches to traditional medicine require rigorous frameworks to ensure evidence-based safety without dismissing community values, pointing to persistent tension between empirical traditions and formal health standards [10]. Taken together, these findings illustrate that conflicts between traditional health services and modern healthcare regulations are multidimensional, involving policy, regulation, cultural belief systems, and community health outcomes, underscoring the necessity of culturally sensitive health education as a mediator for harmonious integration [11].

Previous studies have highlighted that educational interventions significantly enhance public understanding of health services and improve health literacy, particularly in rural and underserved populations where access to formal healthcare is limited [12]. Research in rural Indonesian communities demonstrates that structured community education can increase awareness of health issues such as diabetes risk factors, disease prevention, and general health practices, leading to measurable improvements in knowledge levels after intervention [13]. Systematic evaluations of health literacy promotion programs in low-to-middle income settings report that targeted education improves comprehension of disease management and preventive behaviors, underscoring the value of educational initiatives in public health [14]. However, such studies often focus primarily on modern healthcare adoption or general health knowledge without adequately incorporating traditional health practices or the cultural context in which they occur [15]. Additionally, the complex interaction between cultural beliefs, utilization of traditional medicine, and formal legal-religious frameworks remains underexplored in the literature, particularly in contexts where religious doctrine influences health behavior [16]. This gap underscores the need for research that bridges health education, traditional practices, and frameworks like Fiqh Siyasah to create culturally sensitive and legally coherent health intervention models in rural communities.

In Tanjung Raya, traditional health practices continue to thrive due to community trust, perceived affordability, and cultural familiarity with locally available remedies, which is consistent with findings in diverse rural Indonesian settings where traditional medicine remains a central component of healthcare behavior [17]. Studies evaluating patterns of traditional medicine use in rural villages have reported that many community members rely on traditional remedies and self-medication due to accessibility, cost considerations, and ingrained norms, even when formal medical facilities are reachable [18][19]. Ethnomedicinal research documents the extensive use of medicinal plants and ancestral healing knowledge passed through generations, underscoring the embedded nature of traditional health practices within community belief systems [20]. Research into independent community self-medication practices has similarly shown that traditional medicines are routinely used for treating common ailments with little formal guidance, raising concerns about safety, appropriate dosage, and informed use [21]. Such continued reliance, despite national health policies advocating evidence-based care, highlights gaps in structured education and informed decision-making regarding safe and lawful healthcare choices [22]. Therefore, assessing current practices and identifying educational needs within communities like Tanjung Raya is vital to develop culturally appropriate interventions that improve health outcomes while respecting local belief systems and reducing risks associated with unregulated traditional treatments.

The urgency of this study is reinforced by the need to protect community health while respecting religious and cultural values. Evidence shows that structured health education improves decision-making among rural residents and reduces reliance on potentially harmful traditional practices [23]. Tailored educational interventions that integrate local customs and beliefs have been associated with better compliance to preventive measures and reduced risk of complications in similar communities [24]. Policymakers and religious authorities increasingly require evidence to design interventions that are both culturally acceptable and legally compliant [25]. Community-based participatory programs that combine health education with traditional practices promote ethically sound, effective healthcare delivery and strengthen residents' understanding of safe practices [26].

Furthermore, studies indicate that culturally-sensitive educational models can be scaled to similar rural contexts, providing a replicable framework for integrating modern health education with local social structures [27].

The novelty of this study lies in its integrated perspective combining health education, traditional health service utilization, and fiqh siyasah principles. Unlike prior research that typically examines only health literacy or traditional practices in isolation, this study evaluates how structured education can align traditional practices with religious and legal frameworks. By examining the interaction of culture, religion, and education, the study contributes new insights into holistic healthcare interventions. The findings aim to inform both policy and practice for culturally sensitive, legally compliant, and medically effective health programs. Ultimately, this research bridges the gap between tradition, law, and modern education to improve public health outcomes in Tanjung Raya Village.

2. RESEARCH METHOD

2.1 Research Design and Approach

This study employed a field research design to investigate the integration of education and traditional health services from the perspective of Fiqh Siyasah in Tanjung Raya Village, Way Kanan. Field-based qualitative research is considered appropriate for exploring traditional health practices because it enables researchers to capture social, cultural, and religious dimensions that shape community health behaviors [28]. The research is descriptive-analytical in nature, aiming to systematically and objectively describe the characteristics, practices, and relationships among elements involved in traditional health services, as commonly applied in studies examining culturally embedded healthcare systems [29]. By directly observing and interacting with traditional health practitioners and local residents, this study aligns with prior research emphasizing the importance of participatory observation and in-depth interaction to understand indigenous and faith-based health practices within community settings [30].

Furthermore, this approach provides detailed insights into the cultural, educational, and religious aspects of healthcare practices, which are often inseparable from normative and ethical frameworks in Muslim communities [31]. From the perspective of Fiqh Siyasah, traditional health services are not merely medical practices but are also closely related to public welfare (maslahah), governance, and social regulation, making descriptive-analytical methods particularly relevant for examining policy and value alignment [32]. The focus on descriptive analysis ensures that both factual conditions and contextual meanings are captured accurately, allowing a comprehensive understanding of how educational interventions can be harmonized with traditional health practices and religious principles within local governance structures.

2.2 Data Sources

Data for this study were obtained from both primary and secondary sources. Primary data were collected directly from traditional health service providers, local leaders, and residents who utilize these services in Tanjung Raya Village. Secondary data included books, journal articles, government reports, and online resources related to traditional healthcare, health education, and Fiqh Siyasah. Combining primary and secondary data allowed triangulation, enhancing the credibility and validity of the findings. These sources provided a comprehensive perspective on the practices, perceptions, and regulatory context of traditional health services.

2.3 Data Collection Methods

Data collection was conducted using qualitative techniques, including observation, interviews, and document review. Qualitative data collection methods are widely used in health and social research to capture complex social interactions, cultural meanings, and contextual realities that cannot be adequately explained through quantitative approaches alone [33]. Observation involved systematically recording practices at traditional health service locations to understand patterns of service delivery, interactions between practitioners and patients, and prevailing cultural norms. Interviews were conducted with key informants, including the village head, traditional healers, religious leaders, and community members who utilize traditional health services, allowing the researcher to obtain both factual information and experiential perspectives. In addition, document review of local regulations, previous studies, and community records was conducted to contextualize field findings within legal, cultural, and religious frameworks, as recommended in qualitative health research to strengthen data triangulation and analytical validity [34]. These methods ensured a comprehensive and multidimensional understanding of the phenomenon under study.

2.4 Population and Sampling

Population consisted of all users of traditional health services in Tanjung Raya Village, comprising 452 families across four sub-villages. Due to practical constraints, a purposive sampling method was applied to select

participants who could provide relevant and detailed information. The sample included village officials, traditional health practitioners, community leaders, religious leaders, and residents from two selected sub-villages, totaling 13 informants. This approach ensured that participants represented the diversity of traditional health service users and stakeholders while focusing on those most knowledgeable about the practices.

2.5 Data Processing

After collection, the data were processed in several stages to ensure accuracy and clarity. Editing involved reviewing all raw data to check for completeness and consistency with field observations, a procedure commonly applied in qualitative research to enhance data credibility and trustworthiness [35]. Reconstruction organized the data logically according to themes and research objectives, allowing patterns and meanings to emerge systematically through thematic structuring [36]. Systematization then arranged the data in alignment with the article’s structure, facilitating subsequent analysis and interpretation. These steps ensured that the final dataset was reliable, coherent, and suitable for in-depth qualitative analysis.

2.6 Data Analysis

The processed data were analyzed using qualitative content analysis to identify patterns, themes, and relationships. This method allows researchers to interpret the quality and context of traditional health practices while integrating educational and religious perspectives. By systematically coding and categorizing the data, the study examined how traditional practices interact with health education and Fiqh Siyasa principles. The analysis focused on understanding both the informational and psychosocial dimensions of traditional health services. This approach provides evidence-based insights for designing culturally sensitive and legally compliant health interventions.

3 RESULTS AND DISCUSSION

Observations and interviews revealed that traditional health services in Tanjung Raya Village remain active and widely utilized by the local community. Practitioners, including dukun, tabib, and spiritual healers, employ herbal remedies derived from local plants and rituals passed down through generations. Residents reported trusting these services due to cultural familiarity, perceived effectiveness, and affordability. The practices are still guided by local norms, yet they occasionally include elements considered inconsistent with Islamic law, such as mystical chants. This indicates the coexistence of empirical knowledge and cultural beliefs in traditional healthcare practices.

Table 1. Overview of Traditional Health Services in Tanjung Raya

No	Type of Traditional Practitioner	Treatment/Practice	Community Perception	Notes
1	Dukun	Herbal remedies, mystical chants	Trusted, effective, affordable	Some practices inconsistent with Islamic law
2	Tabib	Plant-based medicine	Widely used for minor illness	Guided by local norms
3	Spiritual Healer	Rituals, mantras	Mixed perception; some skepticism	Emphasis on ancestral knowledge
4	Combined Practices	Herbal + ritual	Trusted for tradition	Integrates empirical and mystical elements

The study found that educational interventions provided by local health educators and community leaders helped improve community understanding of safe health practices. Health education sessions focused on combining evidence-based medical information with respect for traditional practices and Fiqh Siyasa principles. Participants reported better comprehension of which practices were safe and legally permissible in Islam. Observations suggested that integrating education with existing traditional services increased trust in medically sound practices without dismissing cultural values. This highlights the potential of culturally sensitive health education in rural settings.

Interviews showed that the community perceives traditional health services as essential, especially for minor illnesses and preventive care. However, there was growing awareness among residents about the limitations of some practices, particularly those involving unverified mystical rituals. Many participants expressed appreciation for guidance from educational programs, indicating a shift toward combining traditional and modern health knowledge. Residents emphasized that religious guidance is important in determining the permissibility of certain practices. Overall, this suggests that education can influence health behavior while respecting local beliefs.

Despite educational interventions, several challenges remain in aligning traditional services with legal and religious guidelines. Some practitioners continue to use practices that are not fully compliant with Fiqh Siyarah, and community members occasionally follow instructions without critical assessment. Accessibility, lack of formal regulation, and deep-rooted beliefs pose obstacles to fully integrating health education with traditional services. Moreover, varying levels of literacy and religious knowledge among residents affect how educational messages are received. These findings indicate a need for continuous, adaptive educational strategies.

The study identified opportunities for collaboration between health authorities, religious leaders, and traditional practitioners. Educational programs that respect both cultural and religious frameworks can enhance public health while maintaining community trust. Participants suggested structured guidance, certification of practitioners, and regular training to ensure compliance with health and religious standards. Such measures can strengthen the integration of education and traditional services. This highlights the potential of Fiqh Siyarah-informed interventions in improving the quality and legality of health services in rural areas.

The study revealed that traditional health services in Tanjung Raya remain widely utilized and trusted by the local community. Practitioners such as dukun, tabib, and spiritual healers continue to use herbal remedies and rituals passed down through generations. The findings highlight the coexistence of empirical knowledge and cultural beliefs in shaping community health behaviors. Observations also indicated that certain practices incorporate elements inconsistent with Islamic law, reflecting the tension between tradition and religious compliance. This underscores the need for careful integration of educational interventions within existing traditional practices.

Educational interventions in the village improved community understanding of safe health practices while respecting Fiqh Siyarah principles, as participants reported clearer distinctions between permissible and impermissible traditional health practices, indicating the role of education in shaping health-related decisions within religious and cultural boundaries. This finding is consistent with studies showing that culturally and religiously sensitive health education positively influences community health behaviors and acceptance of recommended practices [37]. Aligning health education with local belief systems has also been shown to enhance trust, participation, and sustainability of health interventions in rural settings [38]. However, most existing studies emphasize either knowledge improvement or behavioral change without sufficiently addressing religious and ethical compliance simultaneously, particularly in Muslim communities where health practices are closely tied to normative religious values [39]. Therefore, the integration of education and traditional health services adopted in this study represents a novel approach to bridging empirical health guidance with religious-ethical considerations, as supported by interdisciplinary research on Islamic governance, public interest, and public health policy [40].

The dual focus on knowledge improvement and alignment with Fiqh Siyarah demonstrates the novelty of this research, as previous studies on traditional health services have predominantly emphasized health knowledge acquisition or the prevalence of traditional practices without sufficiently addressing psychosocial and religious dimensions [41]. Recent evidence indicates that religious values significantly influence health behavior, ethical decision-making, and community acceptance of healthcare interventions, particularly within rural Muslim communities [42]. This study shows that educational interventions can enhance health understanding without marginalizing cultural and religious beliefs, supporting findings that culturally and religiously sensitive health education strengthens trust, participation, and sustainability of community-based health programs [43]. Furthermore, integrating religious considerations into health education aligns with contemporary public health frameworks that emphasize ethical, culturally responsive, and community-centered interventions [44]. Consequently, this research contributes a conceptual and practical model for integrating educational strategies, traditional healthcare practices, and religious governance principles, thereby supporting more effective, ethical, and socially accepted public health programs in similar sociocultural contexts [45].

The implications of these findings extend to both policy and practice. Health authorities can collaborate with religious leaders and traditional practitioners to implement structured guidance, certification, and training programs. Educational programs that respect cultural and religious frameworks may enhance public health while maintaining community trust. By combining informational and psychosocial strategies, parents and community members can make safer health decisions. Ultimately, this approach can strengthen the quality, legality, and acceptance of traditional health services in rural areas.

Despite the promising results, this study has limitations. The research was conducted in only two of the four dusuns in Tanjung Raya Village, which may limit generalizability. Data collection relied on interviews and observations, potentially introducing respondent bias. Literacy levels and prior religious knowledge among participants may have influenced how educational messages were received. Future research could expand the sample size, include quantitative measures, and assess long-term behavioral outcomes. These limitations should be considered when applying the findings to broader policy or practice contexts.

4 CONCLUSION

This study demonstrates that integrating educational interventions with traditional health services in Tanjung Raya Village can simultaneously enhance community knowledge and align healthcare practices with Fiqh Siyash principles, addressing the longstanding tension between cultural traditions, religious compliance, and formal health regulations. Findings indicate that residents continue to rely on dukun, tabib, and spiritual healers due to trust, affordability, and cultural familiarity, yet educational programs improve understanding of safe and permissible practices, bridging gaps in both health literacy and religious guidance. The research highlights a novel approach by combining empirical, cultural, and religious perspectives, providing evidence that culturally sensitive education can foster safer, more legally and ethically compliant healthcare behaviors without dismissing traditional beliefs. Implications for practice include recommending structured health education programs, practitioner certification, and collaboration between health authorities and religious leaders to enhance the quality, legality, and acceptability of services, ultimately promoting public health while respecting local values. Despite limitations such as the small sample size and focus on only two sub-villages, the study offers practical recommendations for policymakers and educators, suggesting that future initiatives expand coverage, include quantitative assessments, and monitor long-term behavioral changes to optimize the integration of education and traditional healthcare in rural communities.

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