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MODELS OF TRADITIONAL HEALTH TOURISM BASED ON LOCAL WISDOM IN LOMBOK

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ABSTRACT

Development of tourisme in Indonesia is increasing exponentially nowadays, especeially in Lombok. It is important to creating several new destination or rearranged tourism destination that was established. One of Lombok asset is traditional health culture such as traditional massage, spa, and several biodiversities that contain medication effect. Those cultures can be integrated to tourisme destination. Writers was conduct a study to developed models of traditional health tourisme based on local wisdom in 3 district in Lombok (West, Midle and North Lombok) during 2012-2013. Several activities was conducted in these study, including site visit, exploring traditional health culture in those 3 district, meeting with local stake holedrs, and focus group discusion. Based on the study, we developed 2 models. The first models is integrating the local park in suranadi (west lombok) that equipped by various natural facilities such as herbal plant, monkey forest, etc, with several traditional health culture in one places. The second models is integrating National Rinjani geopark in North Lombok that contain various herbal plant, waterfall, mountain tracking , etc, with several tradisonal health culture in one places. As a conclusion, these two models are potentials two implemented and could be developed as an alternatif destination in Lombok.

1. BACKGROUND

West Nusa Tenggara consists of Lombok Island, Sumbawa Island and several beautifull small islands (gili’s). This province has 15 tourisme destinations which is selling beautifullness, naturalisme and excotisme of Lombok, Sumbawa and several Gili’s. On the other hand, traditional health culture such as traditional massage, spa, and several biodiversities that contain medication effect were not explored optimally yet.

According to World Health Organization (WHO) in 1985, about 80% people all over the world was predicted using medicinal plants as a prevention of primary health (Dorly,2005). In 2008, WHO reported that traditional medicine user in Australia were 68,9%, China 90%, Korea 86%, Malaysia 55,6% and Singapura 53%. WHO also supported that traditional health services as an integral part of primary health care.

Several factors contributing the use of traditional medicine such as longer life expectancy and increased of chronic diseases as well as spreading information of herbal medicine on the worldwide (Lucia, 2006). On the other hand, Gitawati and Handayani (2008) said that traditional medicine was favored because of its safety properties and cheaper than conventional medicines.

Based on those backgrounds, it is important to make a new concept to combined tourisme and traditional health services. Traveler visiting numbers to West Nusa Tenggara is increase every year, said the head of culture and tourism board. In 2011, visiting rate were 886.880 consist of local (nusantara) traveler 522.684 while 364.196 were abroad traveler. In 2012, more than 1 milion traveler has been visiting West Nusa Tenggara and this numbers was continued to increase every year.

A big numbers of visitors to this province nowadays are a chance to all stake holders to increase their services to the traveler. It consists of strengthening an existing destinations and also creating some new destination, including integration of traditional health services and tourism.

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2. RESEARH METHODS

Work plan was done by research and development methods. These methods consist of serial activities as a chain of assesment-intervention-reflection-evaluation and results a product. Product of this research is traditional health services models based on local wisdom and policy formulation to implement the models.

2.1. Research samples

This research was done in 3 tourisme region, West, Central and North Lombok. The subject in this research were stake holders in those region including policy makers in tourism and health services, tourism community, traditional health services community and community sorounding the region.

2.2. Research Phase

This research was performed in 2 phase during 2 years. The first phase is the first year activity, it’s consist of several activities such as field visit, structured interviews with stake holders, collecting local wisdom related to health traditional cultured and health traditional tourism in three region in Lombok. Based on those data, researcher will make a draft of health traditional tourism models.

Second phase in second year consist of several activities such as interviews and sending questionaire to stake holders to colecting data, focus group discussion (FGD) and participatory rural appraisal (PRA). Based on those data, researcher will examine the chance to developing health traditional tourism models from several technical aspects such as social, cultural, economic and health services. Finally, researcher will make health traditional tourism models according to local wisdom in each region. After the models was depeloved, the next important thing is how to implement it, what is the recomendation to stake holders and how to evaluation.

2.3. Data analysis

All collected data will analysis quantitaively and qualitatively. Quantitative analysis will done by simple percentage, using graph and tabulation, otherwise qualitative data will analyze with deducting the meaning of idea when interviews then proceed it reflectively trough 3 analysis step; reduction data, data display and conclusion drawing/verification.

3. RESULT AND DISCUSION

3.1. First phase result

There are 3 important things that collected from the first year, including configuration of traditional health services, configuration of local wisdom in traditional health services and the chance to developing traditional health tourism 3 regions of Lombok (Central, West and North Lombok). The explanation of these aspect will be described as bellow:

1. The configuration of traditional health services was regulated by Republik Indonesia Health Minister Decision No 1076/Menkes/SK/VII/2003 about Traditional medicine care and guide draft traditional health service care special on “skills treatment”. Otherwise, there isn’t any regulation was made by local goverment to support the Health Ministry Regulation. Some health departement in study region was implementing traditional health services especially in Puskesmas but it found several obstacles, such as an untrained human resources. Departement of tourism was agree to depeloved traditional helath tourism models because it is unique and never been perform before.
2. Configuration of local wisdom in traditional health services in the study region including health norms that grow, depelove and maintain by the community such as slogan,

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disallowence and sugestion. Example of Slogan “as long as several leafs are found, we can life with healthy”. Example of Disallowence “don’t cutting off the tree’s”. Example of sugestion “always keep the relationship between all beeing and universe” The community also still believe that several plants and animals sorounding them are usefull to treat their health problem. It’s including piper retrofactum, minyak jeleng (natural coconut oil), banten leaf, jarak, pace/mengkudu, kumis kucing, lidah buaya, daun bebele, curcuma etc. Also animal such as leeches, bees and geckos.

Another type of traditional health services is traditional massages (that spread in all region), bekam, accupunture, and herbal drink (jamu).

3. A chance to developed traditional health tourism based on local wisdom in the study region is very good. The reasoning is based on 3 aspect, tourism itself, traditional health services and local wisdom aspect. The main supporting factors is a comittment of health institution and tourism board, also natural resources of herbal trees, otherwise human resources are enough but the skill in traditional health services is need to be improved.

3.2. Second Phase result

The result of study in first year was combined with the second year, mainly a technical, social, cultural and economic aspect. Furthermore, all data will use to describe which component are major and supporting on traditional health tourism models.

1. A chance of developing models based on social, cultural and economic aspect Indicator of social aspect are studied by perception, attitude and community contribution to proposed models. Perception about illness, wellness and variety of herbal trees are formed by socialization process from generation to generation about its certainty (Suli, dkk, 2012). The correlation between human being and environment are decided by local culture as a certainty knowledge and becoming a source of value (Siagian, 1999).

Indicator of culture aspect are seen from art aspect and an artist themself. On the other hand, economic indicators are studied by community scoring to the effect of proposed models will altered community economic. Table 1, showing indicators of social aspect that was collected from 3 study regions.

Tabel 1. Social aspect of traditional health tourism

|  |  |  |  |
| --- | --- | --- | --- |
| Indicators | Lombok Barat | Lombok Tengah | Lombok Utara |
| Comunity perception | Excelent | Good | Moderate |
| Community attitude | Good | Good | Good |
| Community contribution | Good | Good | Good |

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Tabel 2. Culture aspect of traditional health tourism



Table 3. Economic aspect of traditional health tourism



2. Mapping the supported and obstacled factors on developing models Tabel 4. West Lombok region



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Tabel 5. Central Lombok Region



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Tabel 6. North Lombok Region



4. DESIGNING MODELS

Design is a planning to make an object, system, component or structure. In detailed, design is an activity to construct the multi quality in the object. Furthermore, design is a key factor in inovation and it’s process is integrated with community value, social and economic. Based on the explanation above, design has a great task in maintain the sustainability of global environment and it’s process. On the other hand, design should have benefit and freedom either individually or collectively to the community. Design has considerable implication in shaping the mindset of the market because it’s begin one of culture diversity supporting in the world. Finally, design must be present as well-established form when it’s created and coherent with the complexity that arise in midst of society.

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Design developed in this study is a design of traditional health tourism models, based on local wisdom. Therefore, product of this design is a draft of traditional health tourism models that containing local wisdom among society. Development of traditional health tourism based on local wisdom is new breaktrough in making a new destination.

The aim of this development are:

1. To Increase the traveler enticement especially to Lombok Region
2. To Give a standard health traditional services
3. To conserve and to develope culture value and local wisdom
4. To increase the society knowledge about traditional health services
5. To empower the society around tourism region

Based on those aim, the basis of the development of health traditional tourism adopt agrowisata development policy profounded by Fandeli and Nurdin (2005), ie :

1. Health traditional concept, nature environment and socio-cultural as a basis of tourisme development without violation to the norm in society and environment.
2. Quality of human resources is a main factors in producing an excelent health traditional services, on the other hand, remain uphold the local wisdom.
3. The existance of the organization that manages traveler region should be preserved and coordinate with other stakeholders.
4. In the region of traditional health tourism, traveler can enjoy all facilites and the activites can leading a new knowledge.
5. Traveler usually wanted a good quality secrvices, equal to their spending.
6. Expectation of traveler are vary, it depend on traveler characteristic and not all type of  expectation can be met.
7. Planing must be done quickly and continously improved according to development of  tourism. It’s including components inventory around tourism region, particularly affecting the needs of travelers.

Based on those policy, it’s important to make a good plan and construction. So, it can reduced the risk later. Construction is started by conducting a study of tourism development oppotunities in 3 region of Lombok.

The next step is descriptive analysis of human resources and natural resources, the present of regulation, supporting and obstacles factors if the models will be applied. The analysis result is used to establish the model’s component. Component is divided to major component and supporting component. Major component is including health traditional services, resources of herbal medicine and knowledge resources. On the other hand, supporting component including supporting component for services, supporting component for knowledge, supporting component for socio- cultural activites and supporting component for tourism fascilities.

All of the components are compiled in a draft model with the attention to structuring concept that promotes comfort, beauty and harmony for visitors and stakeholders. Writer concludes 2 models from this study as showed by figure 1 and 2.

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