

The Communication Adaption by Health Workers in Health Services Towards Remote Indigenous of Baduy Communities in Banten Province

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Abstract - Health services performed by health care professionals in the community have an important meaning. Especially for remote indigenous communities (KAT) who live with all the difficulties, limitations, as well as limited on human resources, economics, geographical, social, and cultural conditions which are sometimes resistant to modern medical health care. Various dynamics have to be faced by health personnel in the village Kanekes, Leuwidamar sub district in Lebak of Banten province. During the assignment, the health workers have acquired single and interesting experiences. The focus of the paper is to find how exactly are the circumstances of the behavior of health workers in line of their duties. Qualitative research method used in this paper with phenomenology approach. Symbolic interactionism is used to confirm the results of the research. The research data were obtained through in-depth interviews with which ten health personnel are selected purposively, with participant observation and literature study. Data analysis techniques are accomplished by means of data reduction, presentation and drawing conclusions. The study found that in serving health services, the health personnel in Baduy perform adaptation of communication, both in verbal and nonverbal communication. This adaptation is based on the familiarization of Baduy culture. The adaptation forms a pattern of empathetic communication aimed to develop relationships which focus on helping clients. The adaptation of communication by health personnel in Baduy resulted of a form of health communication based on the cultural values which served the Baduy community.

Index Terms - Health personnel, indigenous community, Baduy, adaptation communication, health communication.

I. INTRODUCTION

Baduy traditional community located in the area of Kanekes Village, Leuwidamar District, Lebak Regency, Banten Province is one of the community groups that enter as Remote Indigenous Community (KAT). Year 2015 the number of Baduy population has reached 11,620 people, of which 5,870 men and 5,750 women. Meanwhile, the number of villages as a whole is 64 villages. They are known as a group of people who until now firmly and faithfully adhering to cultural values and customary law in their life. In this connection, [3] as quoted by [4] convey his view of the Baduy people that, “...they are one of the most puritanical people still living in this world and try truly to make peace with nature. They believe that their God is the only true God”. The puritan attitude of the Baduy community mentioned by Choy above is reflect-

ed in the various areas of their lives, ranging from belief systems, educational systems, cultivation patterns, home architecture, to medical and health systems. Baduy people hold strong character in the system of values and customary law often give dilemma for health workers. On the one hand it is an ethnic identity as well as local wisdom that deserves to be appreciated and respected, but on the other hand it is sometimes a challenge and an obstacle to efforts to help them improve their health in life.

Since 1975 health workers began to be assigned government in Baduy. The purpose of their placement is clear, to provide health services, both in a curative, preventive or promotive service. During their duties, many obstacles and challenges faced by health personnel. The challenge is mainly two things, the first cultural challenge and the two geographic challenges. Culturally, traditional Baduy people live with the values and customs that are present in the form of *pikukuh* (adat rules) and *buyut* (taboo / custom ban) whose core concepts contain the value of "let what it is, without any change" [13]. While geographically, the location of live Baduy residents scattered on the slopes of the mountains Kendeng, with a remote and steep terrain that can only be traveled by foot because vehicles of any kind (including horses) are prohibited customarily to drive.

After more than 30 years health workers have been performing their duties in Baduy, whereas now, in general there is no longer the harsh resistance of Baduy indigenous people towards the modern health services. One of the most obvious examples of changes in attitude and views of public health services offered is the acceptance to family planning program (Keluarga Berencana-KB). Previously it was strongly rejected and therefore illegally prohibited. Apparently with the approach and understanding to the customary leaders and their citizens, currently Baduy adat communities have received family planning programs. At least, according to the report by the midwife of Kanekes Village, in 2015 more than 1000 women in Baduy Luar (Outer Baduy) and 23 women in Baduy Dalam (Inner Baduy) have become KB acceptor [6].

Health workers are seen as playing a major role in encouraging the transformation of Baduy attitudes towards modern medical health services that were previously rejected. This success is considered the fruit of communication per-

formed by health personnel in the Baduy customary community.

However, in fact if further examined not all health workers are accepted and successful in Baduy. According to the records of [6], not all health workers ever assigned to survive. There are also less acceptable or not because they have to deal with traditional indigenous people who have a characteristic attitude, character and culture. Health workers who served in Baduy, whether they were midwives, doctors or nurses, are not enough just provided with knowledge and technical skills in the field of biomedicine. Moreover, they must have good health communication skills with the clients they serve. Especially if that should be handled in a remote indigenous people who are very different in the knowledge, socioeconomic status, trust, values, and culture.

Understanding the beliefs, cultural values and worldviews of indigenous peoples on various health issues, is an important concern by health workers when working on health services there. For health workers who consider and treat exactly the same in health services between traditional indigenous people as Baduy and the modern society can be a huge mistake. The understanding on patient's culture must be held by health personnel, because the cultural background, values, and belief systems adopted by a person from a particular culture greatly affect his or her perspective on health, disease, causes of illness, mode of treatment and types of drugs believed to be able to cure. Based on the above phenomenon, the experience of health personnel in doing adaptation of communication in health service in Baduy become interesting thing to be examined further. This paper aims to reveal the behavior of communication adaptation conducted by health personnel in health service towards Baduy traditional community.

II. LITERATURE REVIEW

Symbolic interactionism emphasizes the relationship between symbols and interactions. [3], who is regarded as the originator of this theory states, people act on symbolic meaning that arises in a particular situation. [19][20] describe symbolic interactionism essentially as a frame of reference for understanding how humans, along with others, create a symbolic world and how the world, in turn. Based on this, Mead argues that there is interdependence between individuals and society. The assumption of the theory of symbolic interactionism can at least be confirmed in seeing how health workers in performing their duties in exchanging of symbols in their interaction with Baduy people. In those interaction, they will continuously give meaning (mind) to him (self) in the community of Baduy community (society) that he serve. In short, Mead defines "mind" as a social phenomenon that grows and develops in social processes as a result of social interaction. Therefore, conception "Mind" in Mead's view is more a process than a product. It's just that the mind is formed after the occurrence of self-conversation, ie when a person has a self-talk which is also referred to as thinking; For Mead, self or self is not an object but a conscious process that has the ability to think. There are four phases in this socialization process,

namely preparatory stage, play stage, game stage, and generalized other. An important concept of self, according to Mead is the distinction between "I" and "Me", ie between the self as the subject and the self as the object. The self as the object is described by Mead as "Me", while the self as the subject is described as "I"; and the last is Society, which is not in the macro sense with all the existing structures, but the society in a more micro scope, the social organization where the mind and self appeared [19].

Larossa and Reitzes mentioned at least three major themes expressed by the theory of symbolic interactionism. The three major themes are: 1. The importance of meaning for human behavior 2. The importance of self-concept, and 3. The relationship between individuals and society. In addition to focusing on the problem of meaning within the individual generated through interaction that then guides behavior, symbolic interactions also focus on the importance of self-concept, or a relatively stable set of perceptions that people believe about themselves. The concept of self is closely related to one's answers and beliefs to the inner question of "who am I?". This self-concept provides an important motive for a person to behave. The concept of one's self in the understanding of symbolic interactionism is not static, it develops through social interaction and as the experience of the individual. Mead sees itself as a process, not a structure. An important principle in symbolic interaction is the idea that beliefs, values, feelings, self-assessment affect behavior and behavior [20].

In general, health communication is defined as all aspects of human-related communication related to health. Health communication is specifically defined as all types of human communication whose message is related to health [14]. [14][15] say that health communication leads to the process of communication and messaging that surrounds health issues. [17] explains. "Health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behavior, practice, or policy that will ultimately improve health outcomes ". PP. Law No. 32 of 1996 on Health Personnel (Article 1) and Law No. 36 Year 2014, Health Personnel is defined as "... every person who devotes himself in the field of health and has knowledge and / or skills through education in the field of health which for certain types require authority to make health efforts ".

There are 3 types of health personnel who are currently present to provide health services for Baduy residents. The three types of health personnel are medical personnel, obstetricians, and nursing health personnel. Medical health worker in this case is a doctor who served in Ciboleger Puskesmas, Lebak District. Midwifery health worker is a midwife in charge of health service and delivery of Baduy society. Beyond that there are health care workers. According to [5], health services in a series of actions in order to meet public health needs in the form of healing, prevention, treatment, and restoration of organs function to return to normal as normal.

MOH RI (2009) defines health services as any effort that is conducted jointly or jointly within an organization to maintain and improve health, prevent and cure diseases and restore the health health of individuals, families, groups and or society.

The approach on culture, according to [3] is a complex whole that includes knowledge, belief, art, morals, laws, customs, and other abilities and habits that human beings learn as members of society many cultural definitions can complement each other. The breadth of this cultural understanding is inevitable if we consider culture as a comprehensive pattern of life. It is complex, abstract and broad. The socio-cultural elements are scattered and include many human social activities [16]. Cultural aspects are closely related to communication. Moreover, language as an integral part of the human self is a cultural element that is quite central. The way a person communicates, the communication circumstances, language and language styles that people use, including non-verbal behaviors, are all responses to and at the same time a function of the culture he possesses. Culture and communication can not be separated because culture not only determines who talks with whom, about what and how people encode messages, the meaning they have for messages, and the conditions for sending, watching and interpreting messages [16]. Every society with a different cultural background, different in view of health and healthy living behavior. The cultural aspect plays an important role in health. This is evidenced by certain diseases only known in certain cultures. Treatment of the disease was closely related to culture. In fact, the naming of the disease is closely related to a particular culture of a particular society. For example the name of "Raja Singa"(gonorrhoea) is only known in Indonesia and is suspected to be problematic in the US when translated as 'king lion' disease [10].

Its own healthy term in practice contains diverse cultural, social, and professional content. This is reflected in the concept of disease and illness that means different things. Disease more shows the condition of the disorder or irregularity in the anatomy of the body or physically. The point refers to the pain of the body so it is considered real, concrete, scientific and objective. On the contrary illness is rooted in the belief that there are individual conditions of a person experiencing discomfort or decline in body condition that is influenced by the value and construction of social and cultural environment. Illness is considered a condition of pain that is rooted in the mind so that it is considered more subjective. The dichotomy of disease and illness is reflected in the public health belief system of the causes of disease categorized into two, ie naturalistic and personalistic causes. The naturalistic cause is the cause of a person suffering from illness or disease caused by environmental factors, living habits, imbalances in the body, as well as belief in cold-hot concepts such as colds and congenital diseases. While the concept of personalistic assume the emergence of disease caused by the intervention of an active agent that can be non-human beings (ghosts, spirits, ancestors or evil spirits), or human beings who have magical powers (sorcerer witches, sorcerers, and sorcerers).

III. METHODOLOGY

The research paradigm used in this research is interpretive paradigm. This paradigm is oriented to understand and interpret the meaning of a reality. [7] mentions, the interpretive paradigm is a paradigm used for communication research with qualitative methods in the approach of phenomenology, etnometodology, symbolic interaction, ethnography and cultural studies. The phenomenological approach in this paper is used as a general assumption to refer to the subjective experience of the various types and types of subjects encountered in the study [9]. Phenomenological study aims to know the world from the point of view of people who experience it directly or related to the nature of human experience [7] This research takes the research subject of health workers who perform health services in Baduy, both in Inner Baduy and Outer Baduy. Research subjects were chosen by purposive methods based on their position, life experience, and willingness to express their experiences consciously.

Number of informants are 10 health personnels who served in the adat community Baduy at least within 2 years, within 2 years interaction with Baduy community residents, which is enough to give the impression and deep experience in health personnel. The object of research is the experience of adaptation of intercultural communication by health personnel from informants. Researchers collect data through three ways, namely a). Indepth interview, b). Field observation by participatory, and c). Review relevant documents. Validation of research data is using member check technique and rational analysis.

The research location is done in Kanekes Village, Leuwidamar District, Lebak Regency, Banten Province which is the residence of Baduy traditional community which is usually visited by health workers to provide health service for Baduy people.

IV. RESULTS

Ability to adapt to customary rules and culture of citizens for health services to be accepted by the Baduy community is one way to be able to provide health services more optimal in Baduy. Adaptation actions to the cultural identity of Baduy community are carried out by health workers in two fields of cultural identity; 1). Adaptation to Verbal Cultural Identity, and 2). Adaptation to Non Verbal Cultural Identity. The following is the matrix of health manpower adaptation in Baduy which is done in Baduy.

TABEL.I
THE MATRIX OF HEALTH MANPOWER ADAPTATION IN BADUY WHICH IS DONE IN BADUY.

No	Infor- mant	Adap- tation Cultural Identity	Adaptation Characteristics Health Services in Baduy by Health Manpower
I	II	III	IV
1	Health Man- power in Baduy	Verbal	- Communicate using Sundanese language and dialect Baduy - Use terms / vocabulary / calls; lheng, nyaneh, gen, derapon, rabib, etc.
		Non-	- Using Baduy clothes / accessories

	verbal	<ul style="list-style-type: none"> - Use a do'a (prayer) water during labor - Service / treatment follow the conception of space and time of Baduy people - Counseling / health socialization at monthly gathering event byjaroandpanggiwa
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Sundanese language with Baduy's dialect is a language used daily by Baduy people in communicating, both with their fellow and outsiders. Included with health personnel in health care activities. Although there are some people have been able to communicate with Indonesian language, but its use is still limited. Nevertheless the informant's health workers can all speak Sundanese.

Even so, according to IR there are many vocabulary or terms that are only known in Sundanese Baduy.

"When asked about something, often the Baduy people will reply with the word" iheng "it means I don't know "teu nyaho" in Sundanese Priyangan that we use. In addition to the word iheng, another word that is typical of sunda Baduy is "nyaneh" which is the equivalent of the word "ku maneh" (according to you), "nyatu" to call the "dahar" (eat), "gen"Means yes, and the word "rebib" to call ugly and "shabby" unused cloths. There are many others that are different with Sundanese language I know. "

DH acknowledged that many of the typical terms in the language of Baduy people should be the attention of health workers. He considered the difference in language that could be the entrance to get closer to the Baduy people.

"Many of the typical terms that only developed among them. The word "iheng" which means do not know, also the word "derapon" which means carelessly also known only in Sundanese Baduy. To call the disease "frambusia" they call it "butul", while elsewhere the term from frambusia is "patek". Some other types of diseases have their own designations in Baduy, such as "hambar" or "hembor" for hot fever, "mejur" for diarrhea, "salesma" for cold cough, "budug" for itching, "nyeri angen" is pain for heartburn, "encok" is for rheumatism, mejen for difficult Defecate, also "raheut" or "mokla" to mention the tearing of the skin. We often slipped in such verbals in communicating, let them understand and believe that we are already melting with their culture. The point is, trust each other. "

ER admitted that she had made a fatal mistake because she did not understand the purpose of a woman from Inner Baduy, who came to her house for the purpose of consulting about family planning.

"About two weeks after doing counseling about KB in Baduy, "icik-icik" (rushly came) a mother from the Inner Baduy to the house. She said, "Ibu .., hayang aing siga batur" (M'am, I want to be like others). I thought she wants to get KB (Family Planning) injec-

tion, and without thinking I gave her KB injections. That was my first experience to give KB injections to residents of Inner Baduy. Apparently, after the injection, that woman said, if it is injected means she could be able to get pregnant like others. Wow, apparently I misunderstood the meaning of the talk, "Ibu..hayang aing siga batur". Turned out she wanted to have children like others. I panicked, and realize I made a huge mistake. Deep down I said please God have mercy on me. "

Since that case, ER confessed if there are people who come to get treatment, KB or other injections, she must be absolutely sure of the health care intentions.

In addition to verbal language, health personnel are also required to be able to understand the nonverbal language of Baduy community who have differences compared to other society, such as conception of space and time, especially for residents of the Inner Baduy.

UN who is now the head of Cisimeut Health Center exemplifies some events in serving the treatment of Baduy residents which can not do the same way as to the outside community. There are certain places and times that are considered taboo for Baduy people to get treatment or certain health services. For example Injections should not be done at home or in an area that enters a residential area. The customary Kampung TangtuTilu is considered as a prohibition of land. Injection in treatment activities in Inner Baduy Dalam is done under *leuit* (rice granary) or *saung huma* which is placed outside the settlement of citizens. Adaptation in the matter of time also affirmed by ER.

"Doing Posyandu activities, we can not determine the time posyandu in accordance with our will. For example, because Sunday usually we have our own agenda, so we decided Monday we are doing our job. Whereas in Baduy its people goes to the fields other than Sunday. For that, we have to adjust into their activities. We can not force them to join our schedule. "

IR calls how to approach the mainstay that he did during the Baduy as *anjang sono* (personal visit to the house). Through such a way in months, Baduy people are know close and *teu isin* (not shy), so then they are more open and able to talk freely almost without any hesitation. The absolute thing done by health workers in Baduy according to IR is to approach the public figures there, both traditional leaders and youth leaders and rural apparatus. All informants are cohesive that the approach to *kakolot* (elder) and *adat* (custom) leaders are the key to penetrate the health care in Baduy. MN, YS, OR, UN, HA, RN and IM as midwives, Mantri DH said if the *jaro* and traditional figures in Baduy have a very important role in the process of receiving health services in Baduy society. The opinion leader is a position that is very important and decisive, whether the health workers can be accepted or not in Baduy. According to ER, if the traditional leaders (*kakolot*) and community council (RT/RW) has been captivated, then he

can continue the custom (*adat*) leaders to collect the community. Indefinite, the community will all participate if the custom (*adat*) leaders express their support and willing to help. IR Mantri asserts:

"The key lies at the jaro of custom law, as the "vice president". The "puun" will act according to "jaro". Jaro pamarentah (village chief of Kanekes / Outer Baduy) and "jaro tangtu" (Inner Baduy). They are the one that should be approached by us and the rest is history. The Baduy community will follow their leaders. "

Another adaptation of health personnel in the practice of treatment or health services that he did isto adjusted to customs or practices commonly taken by the Baduy people. And that became important in building relationships of communication and trust with Baduy people to health workers. ER tells how he practices treatment that is adapted to the traditions of the Baduy people.

"Frankly I also follow their way, prayed like "paraji"(traditional midwife), after the opening is complete, they asked a drinking water from me for the laboring woman. I said bismillah, certainly we know that complete opening by itself means soon the baby will be born. They are getting stronger in beliefs after being given a water of do'a (prayer). Finally, give them the impression that us, as midwife can also give medical treatment. They have become more certain about the method of delivery that we use."

OR as the head of Puskesmas in Cisimeut, claimed that he never forbade the Baduy community to use their treatment, such as the use of herbs from plants, water, and also spells. They call the endeavor of medication taken by way of that tradition with the term *nyareat*. OR asserted,

"We as a health worker by far is also doing "nyareat"(something) through of medical treatment. So if we can cooperate by that why should prohibit them to do so. "

The lack of expression is commonly found in Baduy people, whether it is verbal or non verbal expression, is indeed influenced by the cultural system and religion derived from the teachings of *Sunda Wiwitan*. It teaches the attitude of life to maintain, receive and refrain from various outside influences. Philosophy of life thus gave meaning to the behavior of conformity all over the conditions they experienced in their life. The attitude of conformity is the attitude of succumbing a person within social pressure, both real nor imaginary [11]. Facing the condition of such society, health workers in Baduy trying to take various ways of adaptation with the values and cultural norms of Baduy customary such as *pikukuh*.

Below are the findings of research in the form of model adaptation to Baduy Cultural identity that conducted by health personnel who served in Baduy. Adaptation efforts are

also made in the form of providing 'facilities' of health services that refer to the customs and habits of Baduy people. Built *pangubaran* (treatment place/house) behind Puskesmas Cisimeut, whereas the architecture and construction materials similar to home residents Baduy. Adaptation is also carried out in the treatment of health workers, not only by not banning the use of traditional medicines, also accommodate traditional medication that believed by the residents of Baduy for generations. Traditional treatment of Baduy residents, are using traditional herbs such as *dangdaunan*, *tetaukeun*, *tubers* and *tree bark*, also use water or other media that have been given spells and prayers.

Health workers as individuals who have a cultural background different from the cultural background of Baduy people have displayed certain communication behavior when establishing communication and interaction with Baduy people. There is a close relationship between culture and communication. Culture will affect the way, style, perception of the object in communicating. Conversely, communication builds a culture owned by groups, ethnic, race, ethnicity, and nation [2].

Even so the behavior or actions of communication displayed by health personnel in the context of health services in Baduy is a response and reflection of the culture that health workers which displayed by the Baduy's. The exchange of cultural expressions in the interaction of health workers with Baduy people is called intersubjectivity.

The reality of intercultural communication between health workers and Baduy people gets confirmation when we refer to the theory of symbolic interaction, that actors not only interact with others and with social objects, they also interact with themselves. When we make decisions about how to act against a social object, we create a decision about how to act against a social object, we create what Kuhn calls a plan of action guided by a verbal attitude or statement that shows the values of what action will be directed [8]. For example, found in the results of this study, there is a cultural adaptation behavior performed by health professionals ER when handling birth in Baduy. For example by giving water of do'a (prayers) to mothers who want to give birth, as the habits taken by the *paraji* (traditional midwife) in Baduy. It creates a strong suggestion on the patient on giving birth and a good reception for the midwife. In order to reduce the social distance of Baduy people to health workers, health workers try to do various ways to approach Baduy people. For example, Baduy community rely on oral culture, for having not known literacy culture. All values and beliefs are passed between generations through speech, whether in the form of stories, verses, and customary (*pikukuh*) readings. In fact, until now, formal schools are banned. Faced with this condition, ER as midwife, trying to find ways how she involved the citizens to be in the management of Posyandu by making them cadres. Assistance of local cadres is needed, both in encouraging citizen participation and in administrative management such as recording the development of health of mothers and toddlers served. All in all she taught them to read and write.

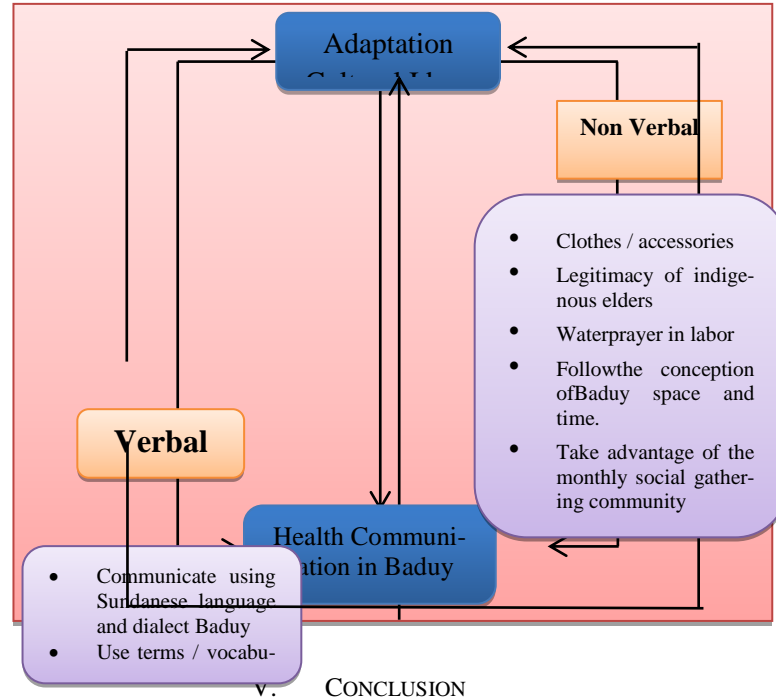
The communication interaction built by health workers with Baduy people is not only in the context of the relationship between health and patient personnel but rather as interpersonal relationships in multi-role, whether as a brother, sister, child, or friend. And mostly the performing of health services were done in a space, such as on the terrace of the house, under the barn, or in open space around the village. In addition to the conception of the place, the conception of time in one culture is also an important concern in communication. Edwart T Hall mentions, an obstacle in intercultural relationships is that every culture has its own time frame marked by unique patterns.

Nevertheless association of Baduy people with health workers, have their own time conception. The success of health workers in Baduy in conducting health service relationships will be influenced by their ability to understand conception, meaning and the use of time in Baduy life. Adapted with the understanding of how Baduy society view *wanci* or time, the health workers certainly adjust themselves in the process of interaction and communication with Baduy people, especially in the context of health services. Whereas for Baduy people, *huma* (rice field) is an inseparable part of their life and is closely tied to various other aspects of life. In their customary life, *huma* is a part of a very sacred religious order and lived its existence and function [4]. Therefore for the Baduy people, waiting for the arrival of health personnel who will perform treatment is not as important as going for *huma* (rice field)

Following the pattern of time usage in the life of Baduy people, IR admitted that during his duty at Baduy, he has a flexible time of service. Time to time he performed health services at night where Baduy residents gathered at their house after a full day of activity in *huma*. The acceptance by Baduy community can not be separated from the ability and the pattern of communication relations developed by health personnel. This corresponds to what Carl Rogers says [18] as a helpful relationship one can do to help, cultivate and bring change to others. It is important for a health worker, as Rogers discusses in his therapeutic communication he employs in the "client centered therapy" method, to build an intimate relationship with the client, warm emotionally and mutually understanding where the individual (client) is free from threats, to be who they really are. [14], the core element of the relationship is warmth and sincerity, empathetic understanding, and unconditional positive attention.

Approach is a key word in opening relationships in health services in Baduy. This is confirmed by all health workers who become informants. However in practice, concrete efforts in building closeness and familiarity with residents Baduy community is different from each other. Including the ability to build empathic, sincere and affectionate communication possessed by informants is also different. It is true what [18] argues that the nature of the concept of warmth and sincerity is very subjective. He thinks being warm and sincere is not a practical skill, but rather a step of the mind. Based on the exposure of the above research results, the adap-

tation of health communication of health personnel in Baduy can be described in the model as follows:



Adaptation of intercultural communication conducted by health personnel in Baduy occurs both in the realm of verbal and nonverbal communication. This communicative adaptation is an empathic communication that formed based on the recognition of the cultural identity of the health personnel themselves and the cultural identity of the Baduy people they served. The pursued orientation of health communication is to help the relationship with the client of Baduy community, to build a warm and to have sincere relationship, empathic, and unconditional positive attention. Through the adaptation of communication, health personnels in Baduy succeeded in reducing the distance and social prejudice of Baduy people, as the modern medical health services are finally accepted well.

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