

LOCAL MITIGATION OF PANDEMIC FOR SUSTAINABLE PUBLIC HEALTH ACCORDING TO JAVANESE CULTURE AND BELIEF

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ABSTRACT

Disease prevention is almost always done with a modern approach through medical science or other public health sciences. This approach is the primary reference in mitigating the spread of the disease. In fact, in Indonesian society, there are local wisdoms in the traditions of each ethnic group in tackling the spread of disease, for example, the Javanese tradition. Javanese culture has local wisdom in dealing with pandemics passed down from generation to generation. This study attempts to answer how the mitigation pattern in Javanese culture is. Anthropologically, pandemics can be studied under health anthropology on disease. By taking the case of the Javanese people in Indonesia, this article describes local ways of preventing and overcoming disease outbreaks or mitigating disease outbreaks. The data source of this article is produced from qualitative research through interview techniques, focus group discussions, online seminars, and the study of manuscripts from magazines published in Java. The results showed that local communities, in addition to knowing the causes of disease, also developed ways to prevent and eliminate diseases, and mitigate outbreaks and pandemics. Javanese people see the mitigation of diseases physically and psychically. Physical mitigation tends to be in line with modern medical methods and the application of new normal. The mitigation of psychics is done by using mantras and songs and developing Javanese attitude of “narima ing pandum” (take it as it comes).

Keywords: Local Mitigation; Pandemic; Public Health; Javanese Culture, Belief

INTRODUCTION

Since December 2019, the world has been shocked by the Corona Virus Disease-2019 (Covid-19) outbreak in Wuhan City, China. The disease is caused by a novel coronavirus infection of a new type that repeatedly causes Severe Acute Respiratory Syndrome (SARS) disease, which first appeared in Guangdong City, China, in 2002. The Covid-19 disease was previously also referred to as Sars nCov-2, yet the World Health Organization (WHO) later officially named it Corona Virus Disease-2019 (Covid-19) and designated it as a global pandemic (Tingbo 2020).

Several countries are trying to mitigate this global pandemic to reduce the risk of outbreaks through medical efforts in treatment and prevention, awareness efforts, and improved ability to deal with pandemic threats (Fujiwara 2020). Some shreds of evidence show that the transmission of Covid-19 can be controlled with severe and systematic mitigation. The key to this success is the community's involvement as the subject, seriously following health protocols, and the participation of local communities in the transition to a new way of life.(World Health Organization (WHO) 2013).

Some studies have shown that the active

involvement of local communities is what gives the understanding that the Covid-19 pandemic is also strongly related to cultural aspects and religious life. Some studies, such as those conducted by Biddlestone, explain how people's cultural orientation responds to Covid-19 (Biddlestone, Green, and Douglas 2020). Then, the researchers focused on the worship pattern and the religious presence in conjunction with science in response to the Covid-19 pandemic (Capponi 2020; Imber-Black 2020; Lorea 2020). Then, another study looked in-depth at how the role of Islamic teachings in the context of the pandemic focused on implementing Islamic values in tackling the Covid-19 outbreak (Al Eid and Arnout 2020).

Specifically, research on Javanese culture has been conducted by many scholars. These studies can be grouped into three tendencies. Firstly, the study of the Javanese cultural system in general in the context of social and cultural issues. For example, the study of life views and symbols of Javanese culture (Ja'far et al. 2021; Muslich 2016; Rahayu 2019; Rochyat and Sunarto 2020; Setiawan, Suyanto, and Nugraha Ch. R. 2018) then cultural expressions in language and literature (Ahimsa-Putra 2019; Onok Yayang Pamungkas 2021; Rahayu 2019), architecture (Depari and Setiadi 2014; Yuuwono 2015). Secondly, responses to cultural developments in general such as modernity, gender issues, politics, economics, and others (Daryono, Santoso, and Ma'ruf 2020; Faristiana 2021; Fitrahayunitisna 2018; Nurbayan and M.Tahir 2019; Santoso and Lewa 2019; Setiawan, Tallapessy, and Subaharianto 2020; Supeni 2013; Usmanij and Akbar 2020). Thirdly, Javanese society's religious systems (Amrozi 2021; Christian and Labeti 2021; Ghofir, Mauzen and Man 2020; Ruslan 2020; Sayyida and Ridho 2021; Umi Shofi'atun 2022; Usmanij and Akbar 2020; Yuliana and Zafi 2020). The studies have not explicitly examined how Javanese culture is used as a perspective

in tackling diseases and pandemics. This paper specifically touched upon the issue of how local religion and culture view Covid-19 and its impact. Thus, this research becomes essential to do.

This issue is fascinating because the local community has a complex foundation of cosmic consciousness to see outside threats. Clifford Geertz asserts that local frames are structural frameworks of various social phenomena. Different social articulations in response to multiple phenomena it faces are based on essential awareness, namely religious and cultural awareness (Geertz 1983). Raymond Pierotti asserts that local knowledge provides assurance and certainty of the relationship between consciousness and external factors faced (Pierotti 2011).

By developing a paradigm of local awareness, the Covid-19 pandemic is another force—in addition to the power of stakeholders and capital holders who become a global way of looking so that it is always in self-awareness with communities based on the locality cultural awareness. By following the pattern of resistance from James C. Scott, the perspective of local religion and culture in responding to the covid-19 pandemic becomes very important (Scott 1985). Finally, the issue that comes to the fore is how the construction of religious awareness and local culture in response to the covid-19 pandemic. For this reason, research on this issue becomes interesting to do.

In the Indonesian context, Java is essential in controlling the covid-19 pandemic because, besides being the administrative center of government, ethnic Javanese occupy the largest population of the entire population in Indonesia. Based on the distribution per island, the results of the 2020 population census show that the Indonesian population is still concentrated on Java Island. With about 7 percent of the total

territory in Indonesia, Java island is inhabited by 56.10 percent of Indonesia population (Badan Pusat Statistik 2020). As for the spread of covid 19 pandemic victims that have been confirmed according to BNPB data in February 2021, Java became the majority of approved areas of covid 19, which amounted to 63.5% of 1,078,314 confirmed victims (Peta Sebaran | Covid19.go.id, n.d.). Based on the description above, the study of the pandemic from the perspective of local Javanese religion and culture, as described in the following article, found its urgency.

Literature Review

Each community has developed different ways to address the challenges posed by the environment, including the challenges of spreading diseases that hit over a large geographic area, such as pandemics. Therefore, adaptation has always occupied a central place in studying human ecology. Adaptation can occur due to physical exposure and environmental factors, from interactions with other species and individual interactions within the same species (Callejas-Fernández, Estelrich, and Forcada 2014; Coimbra Jr. et al. 2005). In this context, disease and pandemics are primary human concerns. The development of appropriate behavioral patterns to address disease has become paramount and significant for survival in the process of adaptation to disease.

Many medical texts have not unequivocally defined the term pandemic, but there are several indicators to understand pandemics. Such indicators include the spread of disease over a large geographical area, the movement of the disease, the novelty of the disease, the severity, the high rate of attacks and explosions, minimal population immunity, and rapid transmission. Pandemics have been linked to enormous negative impacts on the national and global community's health, economy, society, and security. In

addition, they have caused significant political and social disruption (Chakraborty 2020; Qiu et al. 2017)

Thus, the study of pandemics can begin with the study of diseases. In the study of anthropology in health, pain can be categorized into three concepts, namely illness, disease, and sickness (Manderson, Cartwright, and Hardon 2016). Illness is a term that is interpreted as the experience of a sick person for their suffering by referring to his cultural perspective. So ill and illness refer to physical disorders as they are known in the medical world but ill and illness depend on the concept of their respective cultural communities.

According to the medical world, disease refers to pain, a pathological process that deviates from biological norms. For example, pathological processes most often occur according to physical symptoms such as throat infections or bronchial cancer, sometimes indefinite as schizophrenia. What can be determined to identify it is a deviation from biological norms.

Sickness is a negotiation about the position of whether a person can be said to be sick or unwell or a public recognition that a person is said to be in a state of being sick (Boyd 2000). Sickness is an external way and a way of understanding unhealthy conditions. So in sickness, the determination is not only from the study results of specific symptoms but also a kind of negotiation with patients and even the public that he is indeed sick.

Anthropology of pain developed in a sub-discipline called Anthropology of Health (Winkelman 2009). Although the illness is an individual problem, the conception and treatment of diseases and outbreaks are collective, especially if it has become endemic and pandemic, of course, a group problem. The treatment of sick people is also in a public perspective, so there is an ill

institution and the treatment of sick people.

An anthropological perspective illustrates the importance of the emic view for health, namely how certain cultures perceive health problems and shape public health behaviors. Through an anthropological perspective, an ethical system is built that recognizes universally effective mechanisms, i.e., when found practices in the health of a cultural community are located in the practices of other groups. Anthropological findings point to the limitations of biomedical claims as a universally applicable ethical framework in describing cultural differences in health needs. Doctors often assume a legitimate scientific and healing process, which apply to everyone. Anthropological studies show significant cross-cultural differences ineffective health and treatment concepts (Winkleman and Sessa 2019).

Anthropologically, culture plays three essential roles in influencing disease and mortality patterns in a population. First, culture forms behavior patterns such as eating, water use, sexual practices, and other activities that affect individuals against disease attacks. Second, cultural practices such as war, agriculture, and other living practices can change their environment, and that environmental change results in a degree of susceptibility to disease. Historical and archaeological records indicate that anthropogenic ecological changes impact disease rates, both positively and negatively. Third, cultural models of etiology, patients, and treatment (including neglect) have influenced the way people treat the sick (Singer and Erickson 2011).

The anthropological perspective is also contributive to discovering local health care systems. As a cultural system or social system, health care has subsystems or structures, i.e., institutional organization, the role of care

experts, the rules of interaction, and the power of relationships attached to it. In many cases, the dimensions of the health care system in many communities are also unrecognizable to biomedicine, such as folk healers (massage therapists, *benzedeiras*, *curanderos*), healers, and faith-based healers (*priest*, *benzedeiras*, *ustadz*, *kyai*, and others), as well as shamanism or shamanism (Magno-Silva, Rocha, and Tavares-Martins 2020; B. Singh et al. 2020; Taïbi et al. 2020).

Anthropological studies of pain tend to exist in ethnomedicine studies. Ethnomedicine is very popular as a study of beliefs and practices related to diseases that develop indigenous, local (native) cultures (Lokman et al. 2019; Sandberg et al. 2019; P. Singh et al. 2020). Ethnomedicine studies are a development of the ethnoscience paradigm (Balázs et al. 2020; Belayneh et al. 2020; García-Pérez et al. 2020). The study comes from the tradition of cognitive anthropology (Boster 2012). He studied the lives of fishers who went to sea without using compasses and modern scientific ways but used natural signs such as constellations for sea, wind direction, etc. Ethnoscience studies later evolved in health anthropology into ethnomedicine and ethnopharmacology (Boster 2012; Graffigna et al. 2011; Thagard 2021).

The study of pandemics can also be developed from ethnomedicine because it relates to society's ideas or culture. However, there is a problem in that ethnomedicine studies often get caught up in the dichotomy between the modern and the local. Treatment with local/traditional systems is often considered a complement and an alternative only, not primary. It can also be inferred from the conventional medicine paradigm called Traditional and Complementary Medicine (TCM) (Diorio et al. 2020).

WHO provides an understanding of TCM by dividing it into traditional medicine and complementary medicine (World Health Organization (WHO) 2013). Conventional medicine is understood as a system of medicine that has a long history is a series of knowledge, skills, and practices based on theories, beliefs, and experiences derived from different cultures. From the modern medical aspects of the traditional medical system, ethnomedicine is often considered scientifically unexplained. It can be used to maintain health, including prevention, diagnosis, and treatment of physical and mental diseases.

As for the second, complementary medicine or alternative medicine refers to a set of health care practices that are not part of a country's official or legal tradition or conventional treatment. Therefore, alternative medicine is also considered not integrated into the dominant health care system. In some countries, alternative medicine is used interchangeably with traditional medicine (Quezada, Briscoe, and Cross 2016).

The ever-growing presence of traditional medicine and alternative medicine in many countries can be attributed to local religion and culture. The response from the local religion and cultural perspective becomes significant among the many perspectives carried out by various parties in overcoming pandemics. Because religion and culture contain cosmology about the relationship between man and nature, where the disease is considered to arise due to the relationship that is not harmonious between humans and nature, it influences the alternative medicine (Fakhriati and Yusuf 2020; Schnittker 2020). Anthropologists and enthusiasts of religious studies are well-positioned to critically examine the biological, cultural, historical, and social structures that make up the trajectory of the disease, from who is at risk of infection to how individuals, communities, and institutions

respond (Singer and Rylko-Bauer 2021; Subudhi and Biswal 2021).

Conceptual Framework

This research focuses on local traditions in Java in response to pandemics in mitigation strategies. To analyze this problem, the theories of Medical Anthropology according to Lenore Manderson and the Anthropocene concept of Stephen Silvern became the main analytical tools. According to Silvern and Davis, the Anthropocene concept is a model of understanding the position of humans in a particular living space. This living space has a reciprocal relationship with humans. The position of humans affects the environment in which they live, but on the other hand, the space in which they live impacts human life itself (Silvern and Davis 2021). In this relationship, the value system becomes the primary reference. The value systems inherent in this relationship include religion, culture, and ethical norms (Conty 2021; Poveda 2020; Turner 2017). This value system provides the basis for the human perspective to anticipate, respond to, and overcome the problems it faces (Ivakhiv 2019; Watling 2018; Wickman and Sherman 2020), including the diseases or outbreaks and how to treat them (Prescott and Logan 2019; Ray 2021).

Related to this view, Leonore Manderson positioned the Anthropocene concept against relationship patterns with the environment to anticipate and treat diseases. The cultural conditions and value systems inherent in them are one of the factors for responding to disease in addition to modern medicine. The model proposed by Manderson refers to Medical Anthropology that was developed earlier (Manderson et al. 2016). These analytical models will examine how local wisdom in Javanese traditions and some local traditions in Indonesia respond to pandemics in the closest context: the Covid-19 Pandemic and the rest of the other diseases. Furthermore,

these models are also applied to analyze disease mitigation and treatment strategies based on local beliefs and traditions.

RESEARCH METHOD

The local community focused on the Javanese community, which was taken to understand this pandemic. The data source of this article is the result of research on Pandemics in this local perspective, conducted by applying qualitative research methods. In addition to the complexity of ethnoscience data in the five Java, the focus on Java is also based on easy access to data sources and informants.

Data was collected through online-focused discussions or webinars and studies of old manuscripts published in *Sasadara* and *Kajawen* magazines in the 1900s. Data were also obtained from in-depth interviews and documentation. Interviews were conducted with Javanese cultural figures from Yogyakarta and several areas in Central Java such as Klaten, Semarang, and Surakarta. Pandemic emergencies cause fieldwork by visiting various local community areas to observe, and interviews are not possible. Therefore, both discussions and in-depth interviews are conducted online.

The team conducted a radiant webinar from August to November 2021. Several sources were presented online, including academics and culturalists who can talk about illness and pandemics according to the origin of their respective cultural communities. The discussion participants were also presented by paying attention to their interest in local religion and culture. The discussion results are then observed, and some essential things are explored by conducting in-depth interviews online.

The data that has been collected is then analyzed descriptively and interpretively. The interpretation of data is made through three

stages. The first is data reduction, which is selecting some data relevant to the theme or problem of the study. The results of the data selection are then aired in various charts according to their respective contexts. Data display produces discernment and interpretation from researchers or ethical shorts without leaving emic aspects.

RESULT AND DISCUSSION

Sick in the Perspectives of Javanese Beliefs and Culture

The study of pandemics from local cultures and belief systems can begin with understanding pain in local communities. Various local communities in Indonesia, such as the Javanese, Toraja, and Dayak people, have different perceptions of pain and handling. Every community has a sick and healthy concept and a concept of cured people (Hestiyana 2019).

Although perceptions and treatment differ, there can also be some similarities in local concepts of disease and pandemics. For example, the cured *manis* almost the same in some areas; in Bali, there is *Balian*. In Sasak, there is *Balian*; the Loksado people in the Meratus Mountains are also called *Balian* traditional healers. In Anthropology, the cured in various local communities can be associated with shamanism (Arenas 1987).

In the perspective of Javanese tradition, pain is interpreted as a condition of a person who trespasses the regularity in relations between himself and other subjects outside him. Including ties with the environment and the surrounding nature, other realms outside the human realm (supernatural realm), and violates the order determined by God (Basir and Prajawati 2021; Widodo 2016). Therefore, Wood informs that in treating such pain, it is necessary to combine *olah batin* (spirituality), *olah roso* (feeling), and modern medicine (Woods 2007). Furthermore,

Chatterji emphasized that cultural determination, in addition to *olah batin* (magic), *olah roso*, and medical, is a fundamental aspect of the pattern of response to disease in Javanese traditions (Chatterji 1999). This response pattern becomes a whole unit preserved in Javanese people to rise from the condition of illness, especially in rural areas (Subandi 2015).

Curing the disease with prayers can be seen as irrational for people with dichotomous views. So when anyone claims to have invented a remedy from herbs with local ingredients, it is generally questioned from a modern medical perspective. Of course, it is not entirely in the assumption of modern medical circles because modern medicine can also accommodate local ways, which in many cases can be scientifically proven (Macfarlane and Abouzahr, 2019). The trend in attitudes toward the current local treatment system can open up hope, growing the assumption among medical experts that indigenous and modern medicine can be integrated. This issue means that traditional local ways can be combined with modern science (Asrat et al., 2020).

It is based on the assumption that modern medicine is rooted in cultural science, and local therapy is based on experience knowledge (Asrat et al., 2020). In Javanese terms, experience knowledge can be aligned with the word *ngelmu titen*, and the *titen* is also scientific. *Titen* is understood as a system of working human cognition based on experiences that produce good fortune and bad luck. The Javanese believe that there is a high power beyond the human self that determines human fate, but humans can learn all that will be based on parents' experience who can observe and predict events. Because the path of modern medical knowledge, among others, through experience and trials, can be juxtaposed between local ways of pain and treatment in modern medical ways (Canaway 2017).

It can be presented with a very famous reality how many people are still developing local knowledge about pain and treatment. For example, in India, ayurvedic medicine (Wolfgram 2010) can be attributed to the perception that pain is caused by a disharmonious relationship between macrocosm and microcosm. In Ayurveda, the disease is related to three elements in the body, namely phlegm, bile fluid, and wind in the digestive tract. These three elements must be balanced so that the body is healthy. If not balanced, it will hurt (Mathpati et al., 2020; Meenakshi et al., 2021). Phlegm is associated with the young or the growing season, so young people have more mucus elements and aggressive properties. Then bile in middle age is associated with the rainy season. Wind in old age, so that if people are 40 years old and above begin to often get sick because of most elements of wind. This case can be used as a picture of experimental knowledge, and it can be viewed as a way of looking at the disease rationally (Evans and Thébault 2019).

The perception of diseases in Ayurveda and Javanese can be understood as the diffusion of knowledge from India to Java or vice versa. What is in Ayurveda can be connected with elements of the human body that must be balanced in Javanese perception. As contained in the book of *Sasangka Jati* as the doctrine of *Pangestu* belief in Java, it is mentioned that the earth, water, fire, and air become elements of the human body (Soehadha 2014). The balance of the four elements becomes loaded from the condition of the human body that is healthy and stable.

In Soehadha's research on the Dayak Loksado people in Borneo, illness or heat was also associated with human harmony with the environment (Soehadha 2018). The disease consists of two diseases due to blood and wind disease. Diseases due to blood refer to the type of disease known in modern medicine. Blood

diseases are caused by physical disruption due to fatigue, eating irregularly, and being bitten by animals, including viruses. Treatment of disease due to blood is done medically modern by going to the hospital or doctor. In addition to healing through modern medicine, they are also familiar with local therapy with ingredients from foliage, roots, and certain plants.

In ethnomedicine study, traditional medicine can be referred to as ethnopharmacology, which is local ways related to the natural resources of local communities, both from animals and plants that can be used to heal (Magno-Silva et al. 2020; B. Singh et al. 2020). Thus, modern medical and traditional ways can complement each other in handling diseases due to blood.

Meanwhile, disease due to wind, according to the perception of the Loksado People, points to illnesses caused by the behavior of subtle creatures. A person can suffer illness due to wind for two things. First, due to the influence of black magic sent by the enemy called the *machete*. The second factor is caused by the impact of evil spirits inhabiting sacred places, referred to as *kapuhunan* (Soehadha 2018). Healing of diseases due to wind is done by going to Balian and is usually done through shamanism. Thus, in general, the views of various local cultural communities in Indonesia, illness, and pandemic can be associated with disharmony conditions in the relationship between humans as a microcosm and nature as a macrocosm (Schluderer 2018).

The function of ritual is to realign the relationship between humans and nature. Rituals are essentially attempted to rebalance between the macrocosm and the microcosm. The microcosm's actions will impact the macrocosm, and the child universe will impact the microcosmos. This balance is what causes the *pageblug*, which is endemic or epidemic. Therefore, in this reasoning, the culture of Javanese proposed the concept

of his name *mamayu*, *hayu*. *Mamayu* makes beautiful, *hayu* it from *rahayu* means salvation.

Likewise, in Toraja culture, illness and plague such as the Covid-19 pandemic are also understood as a microcosm disharmonious relationship with the macrocosm. Therefore, some rituals are performed as a form of *massuru'*. The ritual is performed not by the Toraja people who follow the belief of *todolo*, but some other communities of Toraja society, such as Christians and Muslims, also organize it. Among the rituals performed is *mangrompo tondo'*. Etymologically, the word *mangrompo* means fencing, and the term *tondo'* means country, so this term means to fence the country. This ritual aims to provide preventive and curative references to the pandemic.

In Toraja cosmology, man is an existence that occupies the highest layer of the cosmos that lives together, the highest spirit as a god believed in the Toraja tradition. To maintain his life, humans are equipped with *suru'*. In Toraja language the phenomenon is called to *na riatangkean suru'*, *na tetangan lindo sara'ka* (carried and carried a comb). The concept of *suru'* is not only understood as a passive concept in maintaining harmony, i.e. leaving everything in a state of harmony, but is understood as *massuru'* which is a call to return something to a state of always harmony that was not previously harmonious.

Massuru' ritual is a ritual of cleansing or purification of actions that have violated the norm. People who have been the subject of *massuru'* rituals will usually repent and feel guilty, so it will be difficult to perform actions that violate the norm again (Rumbi 2018). If a person finds something in life that is seen as having deviated from the moral order, the social order, something that is not good, then he is called to return to that harmoniously ordered state. He needs to do what is called *massuru'*. Therefore,

when this is associated with the phenomenon of disease or plague, then the disease or plague is seen as a form of *malutu* (disruptor of harmony). Plague and disease are aspects that are contrary to the concept of harmony.

Active Strategy for Local Mitigation

The Javanese call the spread of disease outbreaks that spread in one wide area, such as endemic and pandemic as *pageblug*. *Pageblug* is an epidemic of plague containing understanding as a spread of infectious diseases and becomes a disaster for the community (Aborode et al. 2021; Capitanio 2021).

If the calamity in the form of disease plagues all people is not limited to territory, origin, ethnicity, race, religion, or any social degree referred to as *pageblug mayangkara*. The image of *pageblug mayangkara* in Javanese puppet art is commonly narrated in the extreme; *esuk lara*, *sore mati*, *sore sambat*, *esuk padhalayat*. For the Javanese *pageblug* as the pandemic that occurred is addressed as destiny or the provision of God. The impact of pandemic disasters is usually expressed as a condition prohibiting food and cloth (the price of clothing and expensive food). Javanese generally try not to panic too much in dealing with it.

Based on reports from *Kajawen* magazine and *Sasadara* in the 1900s, some types of *pageblug* or diseases transmitted en masse can also be understood. From 1900 to 1933, several diseases were recorded in *Kajawen* magazine, including Spanish flu, *gudhig*, cholera, malaria, tuberculosis, typhus, and dysentery. The outbreak of the disease many children due to bad behavior in maintaining good health (Akhodza Khiyaaroh and Atik Triratnawati 2021; Mashuri and Alfin 2021; Puguh, Amaruli, and Utama 2021).

In the face of disease, there is a dichotomy of the response between the modern and the

traditional. But the arrival of westerners and colonialism, the traditional perspective gradually began to change due to the influence of modern medical views that came along with western colonialism.

From the pre-colonial period perspective, *pageblug* or spread of the disease outbreak is believed to be a curse because the community has made many mistakes. Pre-colonial societies tend to believe in myths, follow *gugontuhon* (superstition), use herbal medicine or traditional medicine, and use *mantra* or *raja*. Amin (2007) informed that *mantra* is the vehicle for such a journey. The spell is very ancient and is over 10,000 years old. *God reveals mantras* to wise men. The pious sages (*maha-rsi*) have transmitted this *mantra* to enable us to navigate the world to happiness. In Sanskrit, *mantra* means one, which protects the mind (*mantra* comes from where *mana* and *trai*, *mana* = mind, *trai* = protects). *Mantras* are the most important tool for clearing the mind. *Mantras* help break down our thought patterns and desires, which keep us ensnared by insatiable materialistic urges (Amin 2007: 4-5). The current change to modern civilization, marked by the arrival of colonialism in Java, has affected modern medical developments. A perspective emerged that then juxtaposed two reasons in responding to disease, both traditional and modern medical means.

Apart from the dichotomy of traditional and modern views, which need to be noted from the response of the Javanese in the face of *pageblug* or the spread of disease outbreaks, is a calm attitude. In Javanese expression, a calm and non-panic attitude is commonly referred to in *ora grusa-grusu* (thinking calmly). The calm attitude is based on Javanese philosophical views, namely *narima ing pandhum*, meaning to accept what God is destined to do (Zamroni, Prihartanti, and Hertinjung 2020). Scientifically the attitude of *narima ing pandum* makes humans relax. The

condition stimulates delicate massage of the glands in the body, balancing emotions (Prayekti et al. 2019).

In Javanese tradition, there is also a description of the community's attitude in responding to *pageblug*, during the cholera outbreak. The community links *pageblug* with the belief of *gugon tuhon* (superstition or fictitious story) about *Nyai Roro Kidul*, the subtle spirit of the ruler of the southern coast of Java. *Pageblug* is associated with a myth about *lamphor* related to the activities of a fictitious kingdom, namely the *Kraton Segara Kidul* controlled by *Nyi Rara Kidul*. Oral stories are growing that the emergence of *lamphor* is related to activities in the South Coast Kraton. The ruler of the south coast *Ratu Kidul* is said to have *gawe* (*hajaj*, unique festival). There was a train from the south sea to Mount Merapi (Andayani and Jupriono, 2019; Damayanti et al., 2020).

This narrative understood that *pageblug* occurs due to myths about activity in the *Kraton Segara Kidul* led by *Nyai Rara Kidul*. While having a *hajaj*, *Ratu Kidul* needs people to help *Ratu Kidul*, by taking people to become soldiers of the *Kraton Segara Kidul* (Suaka 2020). Believed by some Javanese, the way to find the prospective soldier is to send *lamphor* who are ready to take the lives of the residents. *Lamphor* is tasked with finding the energy that will help the activities or activities of *Ratu Kidul*. The cholera outbreak that caused many people to die is considered a *lamphor* act. Their spirits take them, then brought to be subtle beings to be helpers in the ceremony of *Nyai Roro Kidul* (Wessing 2016). This story shows that major diseases at that time are still associated with myths or *gugon tuhon* (Andari and Widhyasmaramurti 2020; Kurwidaria et al. 2020).

In Javanese tradition, disease outbreak mitigation is divided into two, namely psychic

and technical mitigation. The technical mitigation described in the magazine is similar to the mitigation pandemics nowadays. The first is implementing clean and healthy living behaviors or implementing health protocols in present terms. This form of *pageblug* mitigation can be attributed to the new normal mitigation of the Covid-19 pandemic today. In the past, defecation was usually made in the river because many people still did not have a place or bathroom at home. At that time, there was also community counseling, such as clean and healthy living behaviors, healthy ways in prominent water odors, sanitation, septic tank making, and facilities for bathing and defecating.

The second way of mitigation is health quarantine. In Javanese tradition quarantine is called *nenepi* or *manekung* (Sisdianto 2021). This quarantine is implemented to anticipate the spread of infectious diseases such as typhus and cholera. This quarantine is carried out for 40 days in the middle of the ocean. Quarantine is intended for people outside who will enter Java, especially ships outside and dock. They are required to quarantine for 40 days, not yet able to go down before 40 days, so they must remain in the middle of the ocean. Javanese people also respond to disease through treatment and prevention by consuming herbs, for example, with ingredients from several types of spices. Spices and other herbs are intended to prevent disease transmission or maintain body immunity (Akhodza Khiyaaroh and Atik Triratnawati, 2021).

In the rules of dealing with the disease, there is socialization about drinking to take water directly from well water, not from rivers and other unclean places. The community is also given the understanding to drink from well water that has been boiled. Because of past habits in Java, many people still take drinking water not from well water but rivers; drinking water is also often not

boiled first. The outbreak mitigation model can be seen as a new normal in context at the time.

In ancient times, there was usually a well in front of the house, and there was a container of water in front of the house to purify. Because the Javanese at that time generally worked as farmers, returning from the rice fields, they washed first accomplices, doing *eresik* (cleaning themselves) before entering the house. The habit was also well introduced as a good habit at that time, so that they were clean when they wanted to enter the house (Hoeft 2014; Suzuki 1988).

In the present, making a well in front of the house is considered inefficient; even now, more use drill wells, not digging wells. Nevertheless, after being hit by the covid-19 pandemic, conditions such as returning to the rules or institutions of the Ancient Javanese. The well in front of the house has been replaced with faucets that drain water from the well located in or behind the house. Even now, people begin to put back water containers, such as a sanctified place to clean themselves after going outside the house, before re-entering their homes washing their hands and other body parts by draining water through faucets placed in front of the house.

In some literature on disease management, Ouwehand states that diseases are treated with structured mitigation models and emergency measures. If there is an outbreak in a country, healthy people should be given the cholera vaccine. People who have been given the cholera vaccine are generally far from the disease, or if exposed, not so severe, in contrast to people who have not been vaccinated. If the season of plague or pandemic is like that, people should eat regularly and not get too full, eat with side dishes and many ingredients (Ouwehand, 1961).

Mitigation of this Javanese perspective psychic can be divided into two roads. The first is to treat and heal the sick with chants or spells.

The second is to take a surrender or *narima ing pandum* attitude, accepting God destiny. *Songung* or *mantra* in Javanese treasures is a chant of prayer aligned with verse and song tone to build the strength of the heart. In Javanese tradition, the song often chanted when a disease is *Kidung Rumeksa ing Wengi*, by Sunan Kalijaga. *Kidung Rumeksa ing wengi* by some Javanese is believed to be a *bala* repellent prayer, so this song is also called *mantra wedha*, because it brings magical power for healing (Goleman, Daniel; Boyatzis, Richard; Mckee, 2016; Nafsiyah and Ansori, 2017). *Kidung Rumeksa ing wengi* is also believed to be a mantra to avoid *disaster*, *repel santet*, *teluh* or disturbance of subtle creatures.

For the Javanese *kidung* and being a prayer, also self-suggestion to strengthen the heart when experiencing a disaster. The song is a self-fight against the fears that exist. *Kidung* gives a sense of optimism to get out of the disaster. If in Islam there is *zikr* to strengthen the heart and a kind of chant of *zikr* that is smoothed with the art of *tembang* to penetrate in Javanese style.

The second psychic mitigation is with a calm attitude and *narima ing pandum*. *Narima ing pandum* is an attitude of surrender, patience, or surrender to events that befall a person in the past and present so as not to cause disappointment and despair (Zamroni et al. 2020). All that has happened in the world is God's will, therefore it is appropriate for a man to accept all of God's provisions. Even the Javanese often consider disease as a reward. With the arrival of humans, diseases are given a warning and become a way to eliminate sin (Prayekti et al. 2019; Putri 2020).

CONCLUSION

The cause of the coming outbreak of disease or *pageblug* for The Javanese and other local communities in Indonesia is connected with their belief system. The disease is God's will,

and is caused by disharmony between man as a microcosm and nature as a maximalist. Rituals have become a way for humans to restore the harmony of macrocosm and microcosm. In addition to the ritual path, the Javanese also apply methods in line with modern medicine in prevention and treatment. They are often combined with traditional medicine in herbal medicine or medicine that uses herbal ingredients.

They also know disaster mitigation in the form of physical and psychological mitigation. Physical mitigation is done by implementing health protocols and the socialization of new institutions. Psychic mitigation is done through the attitude of “*narima ing pandum*”, implementing *mantras* and prayers, and chanting songs or local verses and songs that also mean *mantras*.

Based on the two mitigation models, tackling diseases or pandemics needs a holistic approach, namely in addition to countermeasures through medical aspects and psychics in the form of mental readiness and toughness through spiritual practice: prayer, delusion, and improvement of mental attitudes.

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