

Masuk Angin in Javanese Healthy Lifestyle: A Qualitative Analysis Using Health and Indigenous Psychology Approaches

Tommy Prayoga and Yosef Dedy Pradipto

Department of Psychology
Bina Nusantara University

The term *masuk angin* (MA) has been widely used among Indonesians in describing the process of the entering of wind into the body, causing illness. The real concept, however, still remain ambiguous as it is only used to describe a cluster of symptoms. The aim of the study was to find out how the Javanese perceive M A to give more detailed explanation of its concept indigenously. The methods used were descriptive qualitative involving interviews and literature analysis. Using two illness cognition models and the view of indigenous psychology combined with the interview results, it was suggested that M A is the indigenous identity of Javanese healthy lifestyle. It acts as a guidance of health and well-being behavior in everyday life, thus become an inseparable culture identity. The study has shown that cultural factors play a role in perceiving eastern medicine.

Keywords: masuk angin, well-being, indigenous, illness, Javanese, illness cognition models

Istilah masuk angin (M A) telah digunakan secara meluas oleh masyarakat Indonesia dalam menjelaskan proses masuknya angin ke dalam tubuh dan menyebabkan penyakit. Namun konsep aslinya masih dipertanyakan karena digunakan untuk menjelaskan beberapa gejala berbeda. Tujuan studi ini ialah mengetahui bagaimana orang Jawa mempersepsikan M A untuk memberikan penjelasan yang lebih mendetail dan membudaya. Metode yang digunakan ialah metode kualitatif deskriptif dengan wawancara dan analisis literatur. Dengan menggunakan dua model mengenali penyakit (*illness cognition*) dan pandangan psikologi ulayat yang digabung dengan hasil wawancara, penulis menemukan bahwa MA merupakan identitas ulayat gaya hidup sehat masyarakat Jawa. M A berperan sebagai panduan perilaku sehat di kehidupan sehari-hari, sehingga menjadi identitas budaya yang tidak terpisahkan. Studi ini telah menunjukkan bahwa dalam memandang studi kesehatan timur, faktor budaya memiliki perannya tersendiri.

Kata kunci: masuk angin, perilaku sehat, ulayat, penyakit, masyarakat Jawa, model mengenali penyakit

Almost every day in our lives, we are faced with the risk of becoming sick or having an illness. In his study of the beliefs of young healthy adults, Lau (1995) has found a few dimensions from the participants' responses (as cited in Ogden, 2004). Two of them were just simply described 'not feeling normal' and 'the absence of

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Correspondence concerning this article should be addressed to Tommy Prayoga or Yosef Dedy Pradipto, Department of Psychology, Faculty of Humanities, Bina Nusantara University, Jl. Kemanggisari Ilir III No. 45, Kemanggisari/Palmerah, DKI Jakarta 11480. E-mail: ygtommyyoung@gmail.com; ypradipto@binus.edu

health' as being unhealthy. Healthy condition or a state of good health, as defined by World Health Organization in 1974 is 'a state of complete physical, mental and social well-being' which tells us that an illness affects three aspects of a human (as cited in Ogden, 2004). However, the definition (and many studies) of health-related behavior were established in the western medicine culture which mostly relate illness to the presence of bio-agents that cause problems toward the body, mental and well-being. For example, the name of "cold" or "influenza" is related to temperature, and it is a common knowledge that it is caused by bio-agent virus.

Many medical articles about cold have let us know that if we catch a cold, we are susceptible to low temperature

and thus, we ought to avoid it. However, the illness did not only influence an individual's behavior, it also influences the cultural background the individual came from. In some societies, health is viewed as a quality of the individual's body, as well as the mind, spirit of family, social relationship, the balance with the nature (Lyons & Chamberlain, 2006) and emotional well-being for adults of various ages and for both gender (Aneshensel, Frerichs, & Huba, 1984; Meeks, Murrell & Mehl, 2000; Vilhjalmsson, 1998, as cited in Yorgason, Almeida, Neupert, Spiro, & Hoffman, 2006). This explains why people, before the medical world discovered influenza virus, associated the illness with low temperature. The name "influenza" is derived from the Italian term *influenza di freddo* which means 'influence of the cold', and recent medical studies have confirmed that the virus increase its power and protective barrier during low temperature, hence the probability to get sick is higher during low temperature—influence of the cold (Nieman Foundation, 2009). This shows that the cultural aspect of illness still ought to be considered as important as medical empirical studies in viewing health and well-being.

In the eastern culture, the cultural aspects have developed and co-exist with the western medicine in terms of health and well-being. The richness of indigenous value on how they perceive illness varies across countries, ethnics, culture, and even religions, but the main guideline and purpose is the balance or equilibrium. One of the countries with vast cultural values, especially in health and well-being is Indonesia. Indonesia as one of the ten countries in ASEAN, exhibits a wide diversity in health systems, health situations (Kanchanachitra et al., 2011), and health perspectives that are novel for western medical field. When dealing with cold, which is usually translated as *masuk angin* (M A) in articles, the Javanese—one of the richest cultural ethnics in Indonesia and South East Asia in terms of health habits and philosophies (Mukhopadhyay, 2007)—have a different view. The term, which is widely used across Indonesia, cannot exactly be translated to common cold in English. It has much wider and deeper meaning than just common cold.

The widespread of Javanese people all over Indonesia has made M A not only an ethnic cultural value, but also Indonesia's. For example, there are traditional liquid herbs medicines produced by pharmaceutical companies to specially treat M A. It does not treat the symptoms, but rather focus on getting rid of the wind which made the medicine one of the most remarkable traditional products that can compete with western medication. It is the one that people come to, even when they are suffering from the symptoms of another illness.

In facing health problems, belief itself is one of the key points. For example, evidence from UK suggested that a belief system affects health decisions, such as end-of-life decisions (Pugh, Song, Whittaker & Blekinsopp, 2009). How the belief of M A has influenced one of the most populated countries in the world has proven that this study is worth conducting because the indigenous underlying background. Using indigenous and health psychology approaches, this study aimed to investigate the ideas behind M A for Javanese. This is because people's ideas about health and the body can be seen as important in that they shape individual and social actions (Lyons & Chamberlain, 2006) and they use these ideas to locate themselves within the cultural and social context and determine how they act within these environments (Popay et al., 1998, as cited in Lyons & Chamberlain, 2006). In this case, this is how we can identify that M A is part of Indonesian cultures, especially since it is originated from the Javanese.

The behaviors and knowledge related to M A are the cultural values worth studying because it explains how Indonesians react in a medical context. This study would show how their beliefs shape their action, lifestyle and characteristics that are so indigenous, it is widely known across the whole country despite the variety of cultural backgrounds. Health is perceived as belonging to the individual, and is "displayed through his/her active involvement in society" (Lyons & Chamberlain, 2006, p. 66) and every individual participating in the health and cultural context of the society shape the society, as well as identify and accentuate the cultural background.

Different part of the world value different health views, cultural beliefs of individuals, definition of health and illness, and when and how they will seek access to health care (Trip-Reimer, Johnson, & Rios, 1995, as cited in Armer & Radina, 2006). In addition, one study reported different cultural beliefs resulting in different well being and health outcomes (Lim, Gonzalez, Wang-Letzkus, & Aishing-Giwa, 2009). This study may even help Indonesians to better understand indigenous values of their own country, because most countries do not officially recognize their indigenous groups (Gracey & King, 2009), let alone trivial matters such as their healthy lifestyle.

The Javanese view M A as a discomfort feeling caused by the entering (*masuk*) of the wind (*angin*) into the body, affecting the body function (Triratnawati, 2011). The wind, which is invisible, came in many ways such as stomach gas built up, through the body holes, perspiration pores, or even through food. In general, the main causes of the wind entering the body are: (a) wind exposure, (b) the

consumption of low temperature food and drinks, (c) fatigue, (d) random pattern of eating and (e) low temperature, all of which are related to the imbalance of the body. These imbalances will eventually affect other body functions and cause symptoms such as ulcers, heartburn, cold, cough, nausea, and dizziness. This is because the wind stays in the body, mainly in the stomach, causing gassy tummy and the feeling of the stomach being stirred up. The wind may sometimes be released as burp, or flatus, but if the wind is still building up in the body, it will hardly go away. If the wind stays inside the body for too long, it may lead to other worse conditions, including diarrhea, as it affects intestine absorption. The wind may also affect the head, causing dizziness, headache, and dropped body temperature. In worse cases, it can cause fever which makes the body even more tired. Basically, because it makes people ill, it may also influence their emotions, attitudes, and feelings. Appetite would likely be dropped, energy would be drained, and motivation would be lost. The crisis and disruption that people face through illness lead them to take action of their lives and react to their illness (Lyons & Chamberlain, 2006). As a result, the individual will have to restore the balance of their body in order to return to their “normal” condition.

The Health Belief Model that was first introduced in 1950 (developed by Becker in 1980) (Sanaeinasab et al., 2014; Murray-Johnson et al., 2006) suggests that people make decisions about health-related behavior based on two kinds of appraisals: belief about the threat of illness and the behavior itself (Bennet & Murphy, 1997, as cited in Stephens, 2008). After M A people certainly believe in the behavior that will help them recover and restore the balance, some will start with recovering from the symptoms (e.g. taking medicine, revamping eating pattern) or focusing to remove the wind to cope with the illness. To release the wind from the body, one can drink warm beverages to restore body inner temperature, hence the wind will be gone (Triratnawati, 2011).

One of the ways is to use the traditional Javanese method of Coin Rubbing or *kerokan* by rubbing coin and balm against body parts (Tamtomo, 2008). If people want to avoid M A, they would find ways to avoid or prevent it from happening, because they believe that the threat of illness will cause them to suffer. The Health Belief Model suggests that individuals evaluate whether or not they are really susceptible to a threat and whether or not the threat is truly severe or significant, in this case, based on their beliefs (Murray-Johnson et al., 2006). The Health Belief Model predicts that behavior is a result of a set of core beliefs, which

have been redefined over the years (Ogden, 2004). Some of the original core beliefs include the perception of the susceptibility of the illness, the individual's perception of the severity of the illness, and the costs and benefits involved in carrying out the behavior. For example, giving on how M A may affect their lives in some ways and might lead to worse sickness increases their awareness of how dangerous it is. Thus, the stronger the perceptions of severity, susceptibility, and benefits, the greater the likelihood that health-protective actions would be taken (Witte, Stockols, Ituarte, & Schneider, 1993; Vanlandingham, Suprasert, Grandjean & Sittitrai, 1995, as cited in Murray-Johnson, 2006).

People would avoid drinking cold beverages often, especially after the sun has set, wear jacket in the windy weather, avoid direct hit from the fan and air conditioner, conduct a healthy diet, and dry up as soon as possible after being in contact with water. These behaviors are related to the self-regulatory model by Levanthal in 1884 which suggests that illness/symptoms are dealt with by individuals in the same way as other problems. It is assumed that given a problem or a change in the status quo the individual will be motivated to solve the problem and re-establish their state of normality (Ogden, 2004). Traditional models describe problem solving in three stages: (1) interpretation (making sense of the problem); (2) coping (dealing with the problem in order to regain a state of equilibrium); and (3) appraisal (assessing how successful the coping stage has been). According to the models of problem solving, these three stages will continue to occur until the coping strategies are deemed to be successful and a state of equilibrium has been attained (Ogden, 2004).

In line with the aim of the model, the Javanese also aim to achieve their balance in dealing with M A. According to Diefenbach and Leventhal (1996, as cited in Hekler et al., 2008), there are five dimensions of illness beliefs or common sense for lay people in viewing illnesses, including: (1) Identity, involves labeling of a condition, (2) Perceived causes of the illness, (3) Consequences of the illness, (4) Timeline of the illness and (5) Illness curability. These five factors underlie the processes of self-regulatory model as they help to interpret the illness and help to cope with it. Although it is not used under the scientific name, it is applied in the daily life (common sense) of the lay person (in this case Javanese viewing M A).

In this context, indigenous psychology plays a major role, as Kim, Yang, & Hwang (2006) explained that it “represents an approach in which the content (i.e., meaning, values, and beliefs) and context (i.e., family,

social, cultural, and ecological) are explicitly incorporated into research design” (p.3). Indigenous psychology also guides the explanation and interpretation of M A in the Javanese cultural context as “it advocates examining knowledge, skills, and beliefs people have about themselves and how they function in their familial, social, cultural, and ecological context.” (p.4). Indigenous psychology also emphasizes to discover and understand how human function in cultural context, in this case it is to describe human functioning related to M A. Studying people in their context involves two starting points of indigenization: externally and internally (Enriquez, 1993, as cited in Kim, Yang & Hwang, 2006). The first starting point involves taking existing psychology theories, concept and models and modifying them to fit local cultural context. The second starting point involves theories, concepts and models which are developed internally form the indigenous information. From these two starting points, it is very possible to examine and make an indigenous meaning of M A concept in a local (Javanese) context.

Soejoeti (2005) of the Indonesian Health Department stated that the concept of health and sickness is not universal and has to be understood in both clinical and, more importantly, cultural context which support the understanding of each other. Maas (2004) argued that the most fundamental aspect of health, such as diet, is culture related, as different cultural practice induces different diet practice, such as for pregnant woman and infants.

Method

Participant and Study Design

As the purpose of the study was to find how the Javanese perceive M A to give more detailed explanation about the concept, this study was expected to uncover the meaning behind M A from Javanese people so the knowledge gathered will be as real and valuable as possible. The method used was descriptive qualitative, involving interviews and literature analysis to explain about M A to be better and clearly understood. The participants ($N = 35$) were 35 Javanese respondents who participated through convenient and snowball sampling. Interviews were conducted between December 2013 and February 2014. The interviews with the first 11 participants were done in Jakarta, and each participant had given the authors access to more participants across Java to obtain more varieties of answers. The rest of the participants, however, due to the limited

transportation access and their time availability were only able to give information via online. But there was no significant problems obtaining the responses from the participants. They were first informed about the interview regarding M A and then were kindly agreed to inform the interviewers about M A to their best knowledge in relation to themselves and Javanese in general. The answers then were all recorded in written form and saved as a document.

Socio-demographic Variables and Interview Protocol

The authors obtained responses from all Javanese participants with at least undergraduate educational background. The participants' age ranged from 18-51 years old (one 75 year-old interviewed together with the other two, answering simultaneously thus counted as one) and only nine out of thirty five are males. Four out of 35 participants had a master and a doctoral degree in psychology, and the other two were graduate students; the rest were undergraduate students and their family (referred to as local) across cities in Java from Jakarta (Jabodetabek), Malang, Jogjakarta, Semarang and Banyuwangi and many others to ensure the diversity of the perceptions from East to West Java who were at least born and raised there.

The participants were ensured to have basic knowledge about M A, and personally experienced one before. The participants were first asked about their name, age, and experience and familiarity with M A. After that, the next question asked was how they would describe M A in general and specifically based on their experience. Then they were asked about how M A has an impact on their life and when struck, which behavior and lifestyle was affected. The next question was about the treatment of M A they know about. The details were asked after each question to ensure the answer given was thorough and clear. Then the authors asked about the conclusion or any additional information or comment they would like to add to their responses. Interview questions were open-ended and broad in order to elicit a detailed description of the answers required. On average, the interview lasted for approximately 20 minutes. The recorded verbal interviews were then transcribed into document form.

Results

The study yielded a few information about M A related to the health behavior and well-being of Javanese. From the literature and information provided by the

participants, the results of the study can be divided into several aspects: causes, symptoms and extreme conditions, and treatment and prevention.

Factors

According to the participants, the cause of M A varies in context. First, the day and night shifts; at night time, we may get M A by simply being exposed to the night wind, or drinking cold beverages. Other might say that it is because of the night wind, if we stay up all night, went out without jacket, or take a night bath that we might get M A because we are in a condition prone to night wind. Removing blanket, sleeping on the floor or in a spot where the night wind can easily hit you (sleeping with the windows open) were also mentioned as night vulnerability of M A. In the context of weather, if the weather is unstable, we can get M A in cold-and-hot day, rainy and stormy day, windy day or just simply a very cold day. In the context of our body, M A is caused by extreme tiredness, fatigue, unhealthy diet, gastric acid overflow, or lacking sleep/rest, hence increasing the chance for the wind to 'enter' the body. One of the participant (AN, 21) stated that consuming high-carbohydrate food such as sweet potato might cause the gastric acid to overflow and gas building up in the stomach.

Few participants indicated that mental factor plays a role as well, such that M A is a result of too many thoughts going in mind. When a person is anxious, worried, or feeling hopeless, he/she might be very vulnerable to wind attack. This is because when someone is emotionally unstable, his/her body would go through some changes; hence weaken his or her immune system. From the big picture, there are at least 3 factors that contribute to a person's M A: (1) internal factor of the body; e.g. our food consumption, health condition, behavior and mind, (2) external factor of weather; such as rainy day, windy day or sunny day which contribute to weaker body and fatigue, and (3) night time, when the night wind approaches, the likelihood of our sleeping body to catch M A would increase.

Symptoms and Implications

The implication towards the body does not vary much among the participants. Reported symptoms of M A include: bloated feeling in stomach, dizziness, crumbling stomach, vomiting, rapid change in body temperature, ulcers, sore muscles, less-energized or weak and losing appetite. A few more extreme answers include diarrhea, influenza, and fever. M A makes them unwilling to do

anything, hence affecting their work, study and daily activities. Statement such as 'torturing' or 'too tired to do anything' and 'wanting only rest and sleep' are commonly found from the answers provided.

In serious conditions, M A can cause death. The wind may build up inside the body little by little without the person's awareness as a result of physical and psychological fatigue. The participants stated that the wind will block and rupture eventually, causing the heart to stop. The condition is known as *angin duduk* or 'sitting wind' resulting from fatigue neglect and extreme tiredness, usually happens to farmers who worked too much in the fields.

Treatment and Prevention

When dealing with M A it seems that the participants do not take it as much of a problem. The first thing first about dealing with M A is restoring balance, that is, by fixing diet, taking medicine and just taking rest. After a balanced diet and a few good sleep, they will recover. However, in more serious conditions such as fever, sore muscles and ulcers, the Javanese has some unique methods to get rid of the wind.

One of the methods is the coin-rubbing, also known as *kerokan* described earlier, using coin or hard material resembling the structure and texture of a coin to rub against the back. Applying the coins with balms, which is made of traditional herbal material, and rubbing it according to the pattern of the ribs and spine. The result is skin inflammation forming the pattern of backbone. Usually they will feel the wind is being pushed out of the body as the heat of the coin rubbing combined with balm is warming the inside part of the body. The smell of the balm also clears the sinuses, clearing nose and air circulation in the body. Usually during the process, burping and flatus is inevitable. However, according to the participants there is one side effect, that is making the body more susceptible to M A, as respondent E (25) stated that "I'm addicted to *kerokan* because it felt really good relieving the wind from the skin, but then again I seem to get M A lot more common than before".

Another method is, quite unheard of, inhaling steams. According to one of the participants, inhaling steams relieves them from headache, stuffed nose, and release the cold air from the body. Pouring hot water in a bowl, covering it with a towel, and letting out a small opening so the steams can be inhaled. Then the wet towel was used to compress the face, like compressing forehead for fever. The purpose is still, to release the wind and make the body warm. Another participant

also stated that the balms used in *kerokan*, can be replaced by other herbs and spices such as onion, and chewing them also works.

To prevent M A onset, the participants suggested that it is wise to not drinking cold beverages after nightfall. We should eat on schedule every day, remember to rest well and stop worrying so much, letting unnecessary thought going off mind. Other regulations such as wearing jacket, not facing fan or air conditioner directly and most importantly staying warm and fit is the most effective way to prevent the onset of the illness.

Discussion

It is shown from the responses that the M A has much of an impact towards people's life. And by impact, it means that M A somehow are the cause of imbalance lifestyle, as stated by the participants, such as too tired, too cold, too much wind, too late, too little rest or too much work. It can be concluded that there are something that is too much than usual and ought to be decreased. Unhealthy diets, dizziness, ulcers and nausea indicate that the body is not functioning well-imbalance.

The Illness Cognition Self-Regulatory Model

As few of the participants (Ag-29, NS-19 and AA-20) suggested, M A is not a disease, but instead a cluster of discomfort in certain contexts such as windy or cold environment that is described by the words. The participants' responses also supported this statement as none of them really understand what the wind really is (by simply answer *angin* is just 'wind') and described it as a cluster of discomfort (fatigue, cold, gassy stomach). The process of the illness cognition was also found to be in accordance with the modern model of illness cognition by Leventhal in 1980 which first went through interpretation, coping and appraisals (as cited in Ogden, 2004).

Firstly, in terms of the interpretation, they interpreted the symptoms which might be M A such as when they were feeling dizzy or experiencing crumpling stomach. It is stated in the model that besides affecting physical condition of an individual, illness may also affects their emotional state (Ogden, 2004). At this stage, one will try to find an explanation about what causes the discomfort and then relate them to one another. For example, crumpling stomach, ulcers and continuous flatulence or burping indicate

that the stomach is gassy. It may be caused by factors such as skipping meals, or consuming food that causes gas. Secondly, individual may cope with in two ways, with method related to restore the balance, restore body temperature, fixing diet, rest, avoiding night wind and so on to put balance in their body once again. This process is called avoidance coping. Sometimes they would focus on fighting the illness with the help of traditional method such as *kerokan*, or by taking herbal medicine which is called the approach coping (Ogden, 2004). By coping in such a way the wind is then released from the body, thus restoring the balance. Combining both stages, individuals can relate the cause and effect of the symptoms with the wind that has left the body and it made it comfortable.

The next stage is appraisal, within which the individual evaluates the effectiveness of the coping behavior, also seeking ways to prevent the illness, in this case, M A, to occur in the future by preventing the wind to enter the body. The individuals would modify their behaviors, habits and regulate their health well-being (which is why it is called self-regulatory model) to avoid M A. These behaviors, if believed to be effective, would later be conformed into norms that govern their health well-being. This is where the behavior is analyzed from the notion of health belief model.

The Health Belief Model (HBM)

The last stage of the illness cognition model is highly believed by the authors to be complementary with the Health Belief Model. It is based on expectation value (value-expectancy) of some health outcome that drives the adoption of the behavior that might influence that outcome (Lewin, Dembo & Festinger, 1944, as cited in Butraporn et al., 2004). So, according to the model, the core beliefs (mentioned above) should be used to predict the likelihood that a behavior will occur. By appraising and evaluating the how-to and when-to, individuals would realize in order to prevent this M A, which can happen in various ways in various occasions, some practices like avoiding drinking cold drinks or wearing more clothes during a windy night. A study by Lippke, Nigg and Maddock (2012) showed evidence that people change their pattern of health or risk related behavior, according to transfer theory when they can applied what is learned from one context to another context. It shows that M A has the potential to be applied to their local community, the entire ethnic and in this case, the entire nation. It has become some consequences on health which governs their health lifestyle.

The View of Indigenous Psychology

What is so fascinating about the M A phenomenon is the indigenous value. In indigenous psychology, an individual is viewed as the agent of their own action and collective agents through their culture (Kim, 1999, 2000, 2001, as cited in Kim, Yang, & Hwang, 2006). It means that analyzing individuals or cultural behavior through not only from third person perspective, but also first-person experiential perspective (such as their beliefs and intention) and second-person analysis (such as discourse) for a descriptive approach to complete the goal of psychology in understanding how people function, in their natural context (Kim, Yang, & Hwang, 2006). Thus, it is an efficient and suitable approach towards the value the authors wanted to understand and explain.

The focus on health well-being has marched into wide enough context, such as the society, as Stephens (2008) stated that the requirements to conform with ideals, moral structures, from family, peers and wider society are far more important to our social well-being than the requirements to prevent disease, and many of us are controlled by others with greater power and more access to resources. This has been shown exactly in the phenomenon of M A, in which people interpret, cope and evaluate the action taken against the illness (self-regulates). If successful, it is then applied and shared among the people of the same culture (health belief). This has shown that not only they are their own agent in dealing with the illness, but also acting as a collective agent in sharing the method of treatment and prevention of the illness which include actions, intentions, beliefs that are put into discourse. The discourse of well-being on M A which form the collective identity of health among the people.

The Importance of Balance

Practical evidence from daily life as an implementation to those beliefs and intention can be seen as well. Participants would occasionally warn others about putting on jacket while going out, not staying up late, eating on time, not lying on the floor, not sitting directly facing fan or air conditioner, and soaking the body in lukewarm water after getting wet from the rain to avoid being entered by the wind. All of these are the methods of maintaining balance in the body. Javanese believe that M A is a matter of imbalance. They are encouraged to increase what is less, such as temperature, rest and adequate meal, and decrease

what is too much such as work, stress, and cold beverages.

While the aftermath of M A can be serious, treatment such as *kerokan*, inhaling steams, and chewing herb or spices are methods to restore the balance of the body. *Kerokan* with the balm has a restoring effect for M A patient. It gives comfort and transfer heat into the muscle, joints and blood vessels to relieve the stiff muscles, release the cold air, harmonize and relax the body in every single balm/herb applied pressure on the body (Haddad, 2014). Inhaling steams and compressing wet towels also provide relaxation effect as it clears stuffed nose, warms the lung, helps the body to relax (Haddad, 2014), and hydrates the inner part of the body with warm air that help relieving irritation (Vertigan & Gibson, 2012). The benefits of chewing herbs and spices, beside the medication effect, are also due to the heat. Heat is very important because M A is essentially associated to cold, so it is very logical to combat it with heat. Fighting cold with heat, fighting unhealthy diet with adequate nutrition, psychological stress with relaxation, sore muscles with coin-rubbing, exhaustion with rest and other medication against M A all serves one purpose that is to restore the balance.

From the examples above, we can truly say that M A is a series of consequences faced when the body is not balanced. It is the balance that governs the healthy life-style and well-being of Javanese people and the role of the illness are merely warning that our body is on its limit. If the warning is ignored then the consequences would be more serious illness that disrupt with daily activities, reminding people about the importance of balance. It is fascinating that other illness and disease do not have this function. Maybe it is because other diseases have been discussed specifically and mostly dissociated from cultural context and more to biological, while M A can be said as more indigenous, cluster of illness that is closely related to the health balance concept of Javanese.

Conclusion

The *masuk angin* is one illness that is common among Indonesians, especially Javanese people. Described as the process of wind from outside that 'enters' the body, it is closely related to the interaction between the body and the surrounding. Any imbalance caused by the interaction such as work exhaustion, burnout, unbalance diet, and drinking cold beverages may cause the body to be prone to the wind. This wind is

a sign of warning which if ignored can cause more serious problems such as fever, ulcers, nausea, sore muscles and weaken the body even more. Analyzing the interview results using self-regulatory health model and health belief model through indigenous perspective, the authors concluded that people went through stages of interpretation, coping and coping appraisals during the onset of M A. Through HBM the authors analyzed that the illness is believed to be caused by imbalance (wind as a sign of imbalance) of the body, and methods of coping and prevention that serve to restore balance are shared among people with the same culture, which fits perfectly to the notion that people are collective agent in their culture in the view of indigenous psychology. This shared concept, the value of balance is one of the example set by Javanese that health context can be viewed as a cultural context as it is an essential part toward the healthy lifestyle and good health well-being. In this way, the collective identity of health is formed among the people.

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