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Navigating Pluralism in Medicine: Healthcare Practices Among Older Adults in West Manggarai, Indonesia

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Navigating Pluralism in Medicine: Healthcare Practices Among Older Adults in West Manggarai, Indonesia

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Abstract

This study examines the pluralism model in healthcare practices among older adults in West Manggarai, East Nusa Tenggara, Indonesia. Due to limited access to modern healthcare, many older adults in rural areas rely on traditional medicine. Consequently, this research investigates how they integrate traditional and modern practices to meet their health needs. A qualitative approach was used, involving semi-structured interviews with 10 older adults from Pantar village, selected through purposive sampling. The data were thematically analyzed to identify patterns in healthcare-seeking behavior and the perceived effectiveness of traditional versus modern healthcare options. This study reveals a complex and dynamic relationship between conventional and traditional healthcare practices among older adults in West Manggarai. Many older adults use a hybrid approach, relying on conventional medicine for acute or emergency conditions, while traditional medicine—such as herbal remedies and spiritual healing—are often preferred for initial treatment and prevention. Trust in ancestral wisdom, accessibility, and cultural beliefs significantly influence healthcare decisions. Conventional care is often perceived as distant and impersonal, strengthening reliance on traditional practices. In conclusion, healthcare pluralism in this region is shaped by accessibility, cultural beliefs, and perceived efficacy of various medical systems. The study highlights the need to integrate traditional knowledge with conventional practices to foster more inclusive and effective health services for older adults in rural Indonesia and improve health outcomes in aging populations.

Keywords

pluralism medicine, older adults, rural area, traditional medicine, conventional medicine

1 Introduction

The global demographic landscape is undergoing a significant transformation due to the rapid growth of the aging population. Over the last century, increased life expectancy and declining birth rates have led to a rising proportion of older adult individuals worldwide. By 2050, nearly two billion people are projected to be aged 60 years or older (Dewi et al., 2024). This demographic shift is observed in both developed and developing countries, whereas advancements in healthcare, nutrition, and living conditions have extended life spans. However, this demographic shift also poses significant challenges for healthcare systems, particularly regarding ensuring access to healthcare services, resource allocation effectively, and the need for specialized care to address age-related health concerns.

In Southeast Asia, Indonesia exemplifies this demographic shift as the country with the fourth-largest older adult population globally (Widagdo et al., 2022). Over the decades, Indonesia's older adult population has increased significantly from 5.3 million in 1970 to 20.7 million by 2014—a nearly fourfold rise in just 44 years (Pramono & Fanumbi, 2012). By 2021 the individuals aged 60 years and older constituted more than 10% of the total population, signaling the country's transition into an aging society (Misniarti, 2017). While this demographic growth reflects progress in public health and social developments, it also highlights the pressing need to address healthcare challenges faced by older adults, particularly in healthcare access and equity. These challenges are compounded by the shortage of healthcare professionals, including general practitioners, nurses, and geriatric specialists, as many young healthcare professionals prefer urban areas with better opportunities (Dewi et al., 2024; Green et al., 2022). Consequently, rural older adults experience delayed diagnoses and inadequate treatment, leading to poorer health outcomes.

Geographical isolation further worsening these issues. Inadequate transportation infrastructure in rural areas often makes it difficult for older adults to access healthcare facilities, particularly during emergencies (Green et al., 2022; Nanur et al., 2020). This logistical barrier is further compounded by financial constraints, as many older adults in rural Indonesia rely on fixed incomes or are heavily dependent on family support, which is often insufficient to cover transportation or healthcare costs (Green et al., 2022; Lelyana, 2024). The absence of coverage under Indonesia's national health insurance scheme (BPJS Kesehatan) for many rural older adults further deepens their vulnerability to healthcare inequities (Misniarti, 2017). In response to these systemic challenges, healthcare practices among older adults in regions such as West Manggarai have become increasingly pluralistic. The rugged terrain and inadequate infrastructure in this area hightlight the limitations of conventional healthcare delivery. However community-based initiatives, such as *Posyandu Lansia* (Integrated Health Posts for Older Adults) have emerged as potential solutions for promoting preventive care and engaging local communities (Dewi & Zaharuddin, 2024). Despite these efforts, many older adults in West Manggarai frequently turn to traditional medicine due to its cultural relevance (alignment) and accessibility. This pluralism reflects both a practical response to healthcare limitations and the deep-rooted influence of local traditions.

Traditional medicine practices such as herbal remedies and spiritual healing remain a significant role and integral to the healthcare strategies for older adults in rural areas. As older adults often rely on these practices for initial treatment, reserving conventional medicine for more severe conditions (Dewi et al., 2024). While programs such as *Posyandu lansia* aim to bridge the gap between modern and traditional medicine, their effectiveness is hindered by resource constraints and inconsistent implementation (Kadar et al., 2014). The coexistence of these systems, while valuable, sometimes leads to discrepancies in treatment approaches and patient confusion, particularly when advice from traditional and modern practitioners conflicting on each other thus affect health outcomes. This intersection of traditional and modern healthcare (as a pluralism model) raises critical questions about quality of care, patient safety, and the integration of diverse medical practices. Pluralistic healthcare systems require a holistic approach that values both conventional and traditional medical knowledge while addressing systemic gaps in access and infrastructure (Green et al., 2022; Kadar et al., 2014).

Therefore, this study aims to examine the pluralistic nature of healthcare practices among older adults in West Manggarai, focusing on how cultural beliefs, socioeconomic factors, and systemic barriers shape health-seeking behaviors. By exploring these dimensions, the research seeks to contribute to the broader discourse on health equity, addressing the unique needs of older adults in rural Indonesia. Through a deeper understanding of the coexistence of modern and traditional practices can provide valuable insights into adapting healthcare systems to be more inclusive and equitable, ensuring that older adults receive the care they need to lead healthy and fulfilling lives in underserved regions.

2 Methods

This study used qualitative methods to explore pluralistic healthcare practices among older adults in Pantar Village, West Manggarai, East Nusa Tenggara, Indonesia, from November 2022 to September 2023. The approach aimed to deeply explore the relationship between cultural beliefs, healthcare practices, and interactions with formal and informal providers. As part of a broader mixed-methods investigation across three Indonesian sites, this design embraced the iterative nature of qualitative research, fostering closer engagement with the phenomenon studied (Aspers & Corte, 2019). Conducted in a rural area predominantly inhabited by the Catholic and Muslim Manggarai Tribe, the study offered how cultural and religious values shape healthcare practices amid limited facilities.

Purposive sampling was used to recruit participants with diverse perspectives (Moser & Korstjens, 2018). The sample consisted of 10 older adults over 60 years. Sampling continued until data saturation was reached, ensuring comprehensive coverage of the research questions (Sidhu et al., 2017). Data collection involved in-depth, semi-structured interviews lasting 30 to 40 minutes, guided by open-ended questions to elicit detailed narratives. Probing questions provided further insights and clarification (Moser & Korstjens, 2018). Participant observations complemented the interviews, capturing the context of healthcare utilization and offering a deeper understanding of the cultural, religious, and systemic influences on healthcare decisions (Aspers & Corte, 2019).

Thematic analysis processed interview and observational data through iterative steps. Interviews were transcribed verbatim, and field notes organized for analysis. Inductive coding identified recurring patterns and themes, which evolved into sub-themes and overarching themes based on research questions and theoretical frameworks (Moser & Korstjens, 2018). Themes were validated through co-researcher

reviews and participant feedback, with divergent cases analyzed to refine themes and address inconsistencies (Sidhu et al., 2017).

Challenges included accessing participants in remote areas, language barriers, and cultural sensitivities, which were mitigated by collaborating with local facilitators and adaptation of data collection methods for participant comfort. Ethical approval was granted by the Medical and Health Research Ethics Committee (MHREC) of the Faculty of Medicine, Public Health, and Nursing at Universitas Gadjah Mada – Dr. Sardjito General Hospital (Approval No. KE/FK/1412/EC/2022 and KE/FK/1908/EC/2023). Informed consent was obtained from all participants, ensuring their voluntary participation and understanding of the study's purpose and confidentiality.

3 Results and Discussion

3.1 Healthcare Availability in Pantar Village

Access to conventional healthcare services in West Manggarai presents significant challenges, particularly in rural areas. According to the 2023 national government report, the healthcare facilities in East Nusa Tenggara include only three hospitals, two *Puskesmas*, and five *Poskesdes*, which are primarily concentrated in urban centers such as Labuan Bajo (BPS Kabupaten Manggarai Barat, 2023). This limited infrastructure creates disparities particularly for older adults living in villages, where facilities like *Poskesdes* and the nearby *Puskesmas* serve as the primary points of care. However, these centers are staffed only by nurses and midwives, with no regular presence of doctors. This situation aligns with the national government data, which indicates that only 74 doctors are available in the region showing the scarcity of medical professionals in the area (BPS Kabupaten Manggarai Barat, 2023).

The *Posyandu lansia* program for older adults serves as a lifeline for preventive healthcare in rural communities. Managed by *Poskesdes*, this program focuses community engagement by involving volunteers to facilitate various services. These services include free health check-ups and giving health education sessions, reflecting a community-oriented model that compensates for the shortage of specialized medical personnel (Dewi & Zaharuddin, 2024). However the limited availability of healthcare personnel and advanced facilities, combined with reliance on national health insurance for financing, shows the systemic constraints in rural healthcare delivery (Dewi & Zaharuddin, 2024).

> "*Posyandu lansia* is the only way to monitor my blood pressure regularly. Although it does not provide advanced care, it is very supportive of basic health needs." (Older adult MG, male, 76 years old).

Despite its limitations, the *Posyandu lansia* program represents a significant step toward addressing healthcare gaps in the village. The integration of monthly visits by healthcare personnel and community-driven initiatives through a grassroots approach ensures that older adults maintain access to essential services (Dewi & Zaharuddin, 2024). However challenges such as transportation barriers, limited awareness about the program, and intermittent service delivery hinder its full potential in rural areas. Consequently, many older adults in these regions find it difficult to access services beyond the *Poskesdes* and *Puskesmas*, particularly when higher-tier facilities in Labuan Bajo city are necessary. These issues echo findings from other rural contexts, where geographic remoteness and transportation limitations worsened health inequities (Dewi et al., 2024).

> "Reaching [healthcare] facilities in Labuan Bajo are almost impossible for most older adults, unless there is family assistance, particularly with transportation is a big challenge." (Older adult FS, male, 65 years old).

Parallel to the structural limitations of conventional healthcare, complementary and alternative medicine (CAM) practices that are deeply rooted in Manggarai culture offer accessible and culturally relevant healthcare options for older adults. The reliance on herbal medicine reflects both pragmatic and philosophical motivations. Many older adults prefer plant-based remedies due to their perceived safety, cultural resonance, and affordability compared to pharmaceutical treatments. The widespread use of herbal remedies reflects both cultural heritage and pragmatic responses to systemic gaps in healthcare (Dewi et al., 2024). These remedies, often sourced from local forests or home gardens, are guided by

ancestral wisdom passed down through generations and are sometimes perceived as spiritual callings, reportedly communicated through dreams.

> "I have always trusted herbal remedies for ailments such as body aches or stomach issues. We prepare them ourselves using plants from our gardens, and they are safer and more cost-effective." (Older adult KK, male, 79 years old).

> "I use a mixture of herbs combined with prayer for swollen areas, particularly when there are no open wounds. I was guided through dreams by my late mother-in-law, who also practiced [traditional] healing" (Older adult LS, female, 64 years old).

Herbal medicines serve not only as therapeutic agents but also as symbols of cultural identity and ecological stewardship. In-depth interviews with older adults reveal that nearly all respondents possess extensive ethnobotanical knowledge. These studies align with the extensive ethnobotanical knowledge of older adults in rural areas, which includes the use of plants such as *Curcuma longa* (turmeric) and *Annona muricata* (soursop) to manage common ailments like hypertension and gastrointestinal disorders. The preparation methods—boiling, pounding, and mixing herbs—are communal activities that reinforce intergenerational bonds and cultural continuity, which are often seen as more aligned with the community's values than modern pharmaceuticals (Dewi et al., 2024).

> "For hypertension, I often use turmeric and soursop leaves. These remedies have been passed down from our ancestors and are part of our daily lives." (Older adult HH, male, 71 years old).

> "Preparing herbal remedies often brings our family together. It's a tradition that keeps us connected and helps preserve our heritage." (Older adult MY, female, 71 years old).

3.2 Medical Pluralism in Pantar Village

Medical pluralism defined as the coexistence and simultaneous use of multiple medical systems is a prominent feature of rural healthcare landscapes in Indonesia, particularly in West Manggarai. The local population navigates between these systems based on factors such as accessibility, cultural beliefs, and perceived efficacy. Conventional healthcare offers structured medical interventions, while traditional medicine fills gaps in service delivery, especially in remote areas with limited access to formal healthcare (Dewi et al., 2024). In Pantar village, older adults often rely on herbal remedies as their primary healthcare strategy, turning to conventional medicine mainly for prolonged or severe illnesses. This dynamic reflects a nuanced relation between cultural traditions and practical healthcare needs (Dewi et al., 2024). Although with national healthcare insurance improving access to conventional care, the continued preference for herbal remedies highlights the enduring influence of cultural identity, economic considerations, and ancestral wisdom in shaping health-seeking behaviors (Dewi & Zaharuddin, 2024).

> "Herbal medicine is not just a remedy for us but a way of honoring the knowledge of our late parents [and ancestors]. We teach our children how to identify and use these plants." (Older adult HH, male, 64 years old).

Efforts to integrate traditional medicine into formal healthcare systems have produced mixed results. Existing programs, such as *Yankestrad* (*Pelayanan Kesehatan Tradisional*) attempt to validate and incorporate traditional practices within the national framework; however, challenges such as quality control and herb-drug interactions remain significant (Rukmini & Kristiani, 2021). The World Health Organization (WHO) advocates the importance of safety and efficacy in the integration of traditional medicine into public health policies (Gradellini & Cantarino, 2021). In Indonesia, this integration is still evolving with rural areas like West Manggarai serving as testing grounds for hybrid healthcare models or medical pluralism.

Healthcare decision-making among older adults in West Manggarai are deeply rooted in sociocultural contexts, including communal values and spiritual beliefs. The community perceives health as a harmonious balance between human and natural forces with traditional practitioners and herbal remedies playing essential roles. For instance, the belief in the efficacy of herbal treatments which have been passed down through generations has fostered a strong reliance on local remedies. This pattern echoes findings

from other regions in Indonesia, such as Aceh, where plants like turmeric and soursop are commonly used to address various ailments (Suryawati et al., 2023). These remedies are aligned with local values, which serve as logical and practical first choices in regions where healthcare infrastructure may be limited, particularly in rural areas (Rukmini & Kristiani, 2021). Similar patterns are observed in rural societies beyond Indonesia, such as the *albularyo* traditions in the Philippines and plant-based remedies in Bangladesh, where cultural legitimacy through collective trust and shared cultural heritage sustains traditional medicine alongside conventional approaches (Rahaman, 2023; Rebuya et al., 2020). Consequently, the symbolic efficacy of these remedies often arises from their integration into their socio-cultural systems, where illness is seen and perceived not merely as a physical distress but a disruption of cosmic balance, necessitating interventions that address the spiritual and cultural dimensions (Uibu & Koppel, 2021). These give us meanings why older adults in West Manggarai persistent to place their trust in traditional medicine despite the availability of conventional care services.

> "The current healthcare system in rural areas [in the village] lacks the flexibility… *Puskesmas* opening hours often don't align with patients urgent needs, forcing reliance on either traditional medicine or waiting for available medical services." (Older adult FS, male, 65 years old).

> "I always encourage my children to learn about these traditional practices because our ancestors survived on these remedies. Although modern medicine is accessible, we must not lose this knowledge." (Older adult MR, male, 66 years old).

Despite this cultural affinity for herbal remedies, communities recognize their limitations particularly in addressing chronic or severe illnesses. Pragmatically, older adults shift to conventional healthcare facilities such as *Poskesdes* or *Puskesmas* when their symptoms persist for more than three to four days (Dewi & Zaharuddin, 2024). This pragmatic approach to healthcare highlights the fluid and context-specific nature of healthcare-seeking behavior which illustrates the adaptability of medical pluralism. The intergenerational caregiving norms, which in West Manggarai whereas older adults often live with their children further support this approach. These living arrangements facilitate the transmission of traditional knowledge while enabling practical support for accessing both conventional and traditional healthcare services. While community-based programs like *Posyandu lansia* reinforce this collective health model, emphasizing the preventive and curative care in rural Indonesia (Dewi & Zaharuddin, 2024).

> "In the village, the *Puskesmas* is essential, because it is the nearest health facility where we check blood pressure and sometimes [even] blood sugar levels. The staff always advise us to visit the *Puskesmas* if any symptoms worsen" (Older adult MR, male, 66 years old).

> "We rely on herbal medicine for general health maintenance, but if conditions become severe, visiting the *Puskesmas* for professional medical advice and treatments is necessary." (Older adult LS, female, 64 years old).

The hybrid healthcare in West Manggarai demonstrates the complementary strengths of traditional and conventional systems that address cultural and medical imperatives. However the challenges on this approach remain, including the lack of standardization in traditional medicine and concerns over dosage, quality control, and herb-drug interactions (Rasoulian & Kheirandish, 2017). Similar concerns also highlighted in other studies where pharmacovigilance of herbal medicines remains a significant challenge and hinder the broader acceptance of herbal medicine due to the complexity of chemical compositions and inconsistent preparation methods (Skalli & Jordan, 2017). Moreover the marginalization of indigenous knowledge within evidence-based frameworks necessitates the development of culturally sensitive healthcare strategies (Pieroni et al., 2013). Nonetheless, the cultural and economic significance of these remedies such as turmeric, soursop, and ginger, parallels practices documented across Southeast Asia, whereas herbs are integrated into primary healthcare strategies for their affordability and perceived safety (Rajesh et al., 2015; Suryawati et al., 2023). Addressing these challenges requires culturally sensitive healthcare strategies that respect local traditions while improving safety and efficacy standards; this due to the reliance on traditional medicine contrasts with conventional medicine paradigms which often fail to account for cultural nuances (Dewi & Zaharuddin, 2024). Conversely the deep cultural roots of traditional practices offer opportunities to develop inclusive healthcare strategies that respect local values while addressing the persisting systemic gaps.

> "The main challenge in relying on herbal remedies is the lack of standardization and the potential for herb-drug interactions, particularly when combined with conventional treatments. Many [older adults] still use traditional methods because of economic constraints and limited access to advanced healthcare." (Older adult FS, male, 65 years old).

> "In our community, herbal remedies such as *kayu metang* for eye issues or other natural medicines have been used for generations. They are seen as effective and align with our cultural practices." (Older adult KK, male, 79 years old).

For older adults in West Manggarai, the preference for herbal medicine is not merely an economic consideration, as all the older adults are holders of national healthcare insurance, thus making them already have access to affordable conventional care. Instead this preference reflects the deeper cultural identity and ancestral wisdom embedded in traditional practices, reflecting a deep connection to the natural environment and collective memory. This pattern is consistent with findings from Ghana, where medical pluralism arises out of necessity and a connection to community heritage rather than choice (Asante et al., 2023). Similarly in Northeastern Brazil, the intergenerational transmission of indigenous therapies highlights the resilience and the adaptability of traditional systems despite social changes (Pieroni et al., 2013).

The preparation of herbal remedies often involves communal participation, which reinforces social bonds and cultural continuity (Gustina et al., 2022). This collective support is echoed in Sari et al. (2021) study, whereas knowledge dissemination among older adults and other individuals not only preserves traditional practices but also integrates preventive health measures, addressing severe and chronic conditions prevalent in aging populations. Therefore medical pluralism in West Manggarai is not merely about tradition versus modernity; rather, it is a pragmatic adaptation to local realities. The fluidity observed in healthcare choices highlight a dynamic process where older adults shift between systems based on the severity of illness, resource availability, and family influence. This aligns with findings from Nepal by Thorsen (2015), where healthcare choices are reflected and shaped by both temporal (past vs. present) and spatial (home vs. city) considerations. The findings from Pantar village suggest that leveraging medical pluralism can foster more inclusive healthcare models. By recognizing the role of herbal medicine in early treatment and supporting the pragmatic use of conventional care for complex conditions, healthcare systems can achieve a balance between cultural preservation and scientific innovation. Initiatives such as the *Posyandu lansia* in West Manggarai indicate this approach, through combining community engagement with preventive and curative services (Dewi & Zaharuddin, 2024).

> "When traditional herbs are unavailable or the condition worsens, I shift to using medications from the *Puskesmas*, demonstrating a pragmatic approach." (Older adult KK, male, 79 years old).

> "Traditional medicine, like the use of green chiretta leaves for reducing fever or treating symptoms of malaria, is effective when prepared properly. This knowledge passed down from older generations; complements but does not replace formal medical care." (Older adult MR, male, 66 years old).

The pluralistic healthcare practices in West Manggarai highlight the necessity for adaptive and culturally resonant health policies. Efforts to bridge traditional and modern medical systems should prioritize community voices, thus ensuring that healthcare solutions align with local values and needs (Gjermestad et al., 2023). Collaborative strategies, such as integrating traditional healers' plant-based knowledge into formal healthcare systems, can enhance trust and expand program reach. By fostering partnerships between traditional and conventional practitioners, West Manggarai can serve as a model for equitable and effective healthcare solutions that respect indigenous knowledge systems while addressing modern health challenges. Therefore such culturally inclusive strategies provide a pathway to equitable and effective healthcare solutions in West Manggarai and beyond.

3.3 Propositions on Existing Healthcare Programs

Healthcare in West Manggarai reflects a deeply pluralistic system that is shaped by cultural heritage and community practices. Traditional healing practices are not merely therapeutic; they also embody a broader

connection to ancestral wisdom and community identity. The older adults in the region often rely on plant-based medicine which is related with spirituality and local rituals. This dual approach to health—integrating physical distress with spiritual well-being—emerges as part of a cultural understanding of disease and healing (Gradellini & Cantarino, 2021). The WHO highlights the importance of recognizing cultural beliefs within healthcare systems, particularly in areas where these beliefs influence health-related decisions. Recognizing these dimensions is essential to ensuring that healthcare access is not only available but also acceptable to older adults. Numerous studies indicate that formal healthcare structures often fail to accommodate these cultural nuances, resulting in mistrust and reluctance among older adults to seek conventional treatment. An integrative approach such as the pluralism model, which legitimizes traditional healing practices—including rituals, plant-based remedies, and indigenous knowledge—alongside conventional care, can foster trust and improve health outcomes. This phenomenon has been observed in regions such as Bangladesh, where traditional *Kabiraji* systems coexist with modern healthcare, demonstrating how such integration can bridge cultural divides while maintaining therapeutic efficacy, as seen in the case of West Manggarai (Rahaman, 2023).

The foundation of West Manggarai's traditional healthcare system lies in plant-based medicine which uses local flora to treat a wide range of health issues, ranging from inflammation to chronic conditions. Plants such as turmeric, ginger (*Zingiber officinale*), soursop, and green chiretta (*Andrographis paniculata*) are central to these remedies which supported by generations of empirical knowledge—as it passed down through generations (Rajesh et al., 2015; Rasoulian & Kheirandish, 2017; Suryawati et al., 2023). Despite their cultural significance and proven efficacy, these practices remain informal and largely unregulated, hindering their integration into broader healthcare frameworks. Without standardization, issues such as variable quality, misuse, and contamination, thereby diminishing trust in these remedies among those unfamiliar with their application. To bridge this gap it is essential to formally recognize plant-based medicine by establishing and developing guidelines that ensure safety, dosage accuracy, and quality control. Such measures would not only validate traditional medicine but also foster trust, ensuring the preservation of its cultural integrity while aligning with contemporary safety standards. Skalli and Jordan (2017) emphasize that regulatory oversight is essential to mitigate the risks associated with unregulated herbal medicines. Collaborative efforts between healthcare institutions and traditional practitioners can establish protocols for the integration of herbal medicine into primary care, thereby ensuring evidence-based validation of treatments while maintaining their cultural significance.

> "When older adults gather at *Posyandu lansia* programs, it helps us understand our health better and stay connected to others, improving both [our] physical and mental well-being." (Older adult MR, male, 66 years old).

> "Similarly like in the past, experienced older adults guided us; now midwives also guide us in childbirth and health practices. [Both] their knowledge kept us safe" (Older adult MY, female, 71 years old)

In addition to regulatory measures, it is imperative to raise awareness regarding the appropriate use and safety of herbal remedies. Older adults, who often rely on traditional medicine may inadvertently misuse herbal medicine or delay seeking necessary convenience care for severe conditions. Consequently, implementing regular healthcare sessions aimed at educating both communities and practitioners about the safe integration of traditional and conventional practices can help mitigate these risks. For instance, studies conducted in Turkey have demonstrated that older adults who frequently combine herbal therapies with conventional care are at an increased risk of adverse drug interactions (Gözüm & Ünsal, 2004). Therefore the establishment of community-driven educational programs can effectively address these challenges by promoting informed decision-making and fostering trust in both healthcare systems. These sessions should highlight the benefits of each approach while clarifying the circumstances under which intervention with conventional medicine is essential, without neglecting the value of existing traditional practices.

The healthcare needs of older adults in West Manggarai are deeply influenced by regional peculiarities. A blanket one-size-fits-all or universal healthcare model that prioritizes conventional medicine often fails to adequately address the cultural, logistical, and economic realities faced by this population. For instance, in West Manggarai, healthcare initiatives that solely emphasize conventional care solutions frequently overlook or neglect the importance of traditional medicine and plant-based remedies which are integral to local healthcare practices. This oversight can result in diminished trust in formal healthcare systems. Such an approach reflects systemic biases rooted in colonial legacies; wherein indigenous knowledge systems were often disregarded in favor of Western medical practices (Rahaman,

2023). These biases continue to persist, even today, thereby perpetuating healthcare inequities in culturally diverse regions.

> "We trust our own practices and use what we have in the community. Modern medicine feels distant unless there is no other choice." (Older adult RL, male, 75 years old).

> "Healing is more than medicine; it is about connecting with people and giving them hope." (Older adult VL, female, 61 years old).

Traditional healing practices are not inherently opposed or at odds with conventional medicine; rather they serve as complementary pathways to health that are often more accessible, affordable, and trusted by local communities. For instance, studied by Thorsen (2015) demonstrates how patients in Nepal navigate pluralistic medical fields by balancing traditional and spiritual care with conventional care approaches depending on their circumstances. Similarly older adults in West Manggarai exercise agency in selecting treatments that align with their cultural and practical realities. Recognizing this model of pluralism and integrating it into healthcare delivery is essential for creating inclusive patient-centered systems.

The historical dominance of conventional medicine is closely tied to its imposition during colonial periods, during which traditional medicine was often dismissed as primitive or unscientific. Rahaman (2023) identifies this phenomenon as a form of biomedical hegemony, wherein Western medical systems assert authority while marginalizing indigenous knowledge. This imbalance perpetuates power dynamics that devalue traditional medicine and practices, despite its continued relevance in regions such as West Manggarai. Overcoming these biases requires a paradigm shift in how healthcare systems view indigenous knowledge. It is imperative for governments and healthcare institutions to recognize that traditional medicine and practices should be viewed not as competitors, but as collaborators in the pursuit of holistic health. Collaborative models such as those observed in Bangladesh and certain parts of Europe demonstrate how the integration of traditional medicine into formal healthcare systems can enhance accessibility, trust, and health outcomes (Pieroni et al., 2013; Rebuya et al., 2020).

The integration of diverse medical systems offers an opportunity to deliver more personalized and holistic care for older adults. Traditional practitioners contribute valuable cultural insights and experiential knowledge that complement the technical expertise of conventional care practitioners. By integrating these approaches, healthcare systems can address not only the physical but also the spiritual and emotional dimensions of health. For instance Uibu and Koppel (2021) highlight how integrative approaches, which prioritize and value individual experiences and needs can help mitigate the polarization between conventional and traditional medicine. In the context of West Manggarai, this means fostering mutual respect between healthcare providers and traditional medicine practitioners is essential. Establishing pathways for collaboration and ensuring that older adults have access to diverse treatment options that align with and reflect their cultural preferences can significantly enhance healthcare delivery and outcomes.

The pluralistic healthcare practices observed in West Manggarai reflect a complex relationship between systemic healthcare limitations and deeply rooted cultural traditions. By promoting and fostering collaboration between conventional and traditional medicine systems, the region can address existing disparities while preserving its cultural heritage. Specific actions could include establishing joint training programs for practitioners of conventional and traditional care, creating community health forums to discuss integrative care models, and implementing policies that provide better understanding between both sides. These initiatives would not only foster trust and mutual respect but also ensure that healthcare delivery is inclusive and responsive to local needs. Furthermore, they would contribute to broader discussions on the integration of traditional medicine into national healthcare frameworks, offering valuable insights for similarly underserved regions globally.

3.4 Pluralism as a Matter of Justice and Beyond

Pluralism in healthcare is often associated with the concept of justice, particularly in the context of multicultural societies and inclusive social systems. As explained by Muyskens' (2024), medical pluralism serves as a tangible example of how pluralism philosophical concept of pluralism aligns with justice. In the medical context, pluralism not only reflects the diversity of existing medical systems—both biomedical and traditional medicine—but also highlights the epistemic disparities between dominant and marginalized medical paradigms. Muyskens (2024) asserts that medical pluralism should be recognized as part of justice within liberal-multicultural societies. In his view, the diversity of medical practices is not merely a matter

of individual choice but also an integral part of cultural rights and group identity. Medical pluralism is rooted in the need to accommodate different systems of knowledge in healthcare, particularly when dominant medical systems tend to marginalize alternative practices that have long been part of a community's cultural heritage.

Kidd (2013)further elaborates on the importance of pluralism as an approach that integrates diverse knowledge systems without diminishing their intrinsic by using the perspectives of Feyerabend and Popper to illustrate that pluralism in science, including medical science, has significant cognitive value. Feyerabend rejected the notion of a singular, universally applicable scientific method, arguing that scientific progress relies on the competition of diverse paradigms (Kidd, 2013). In the context of medical pluralism, this approach becomes critical as a matter of justice. If only one system is deemed legitimate by medical institutions, other systems will face marginalization—even if those systems have been proven beneficial for certain communities. As described in our study, the communities in regions such as West Manggarai rely on traditional medicine as part of their healthcare system. If national healthcare policies fail to accommodate this practices, structural injustice may arise, limiting community access to the treatments they have trusted and practiced for generations. A framework of distributive justice offers a useful lens for addressing this issue, suggesting that healthcare should not be governed solely by the standards of Western biomedicine, but should reflect the diverse ways in which health, illness, and healing are understood across cultures (Muyskens, 2024). In this sense, the failure to recognize and support alternative medical traditions constitutes a form of epistemic injustice, wherein certain ways of knowing and healing are systematically devalued.

However, integrating medical pluralism into justice frameworks presents challenges, particularly in balancing respect for alternative traditions with the imperative to protect individuals from harmful or fraudulent medical practices—navigating the tension between autonomy and non-harm (Muyskens, 2024). This is where the distinction between cultural accommodation and regulatory oversight becomes essential. Kidd (2013) warns against the opportunistic co-optation of alternative medicine by biomedical institutions, which often seek to validate only those elements that fit within their scientific paradigms which refer as ‘forced assimilation’. As criticized by Kidd (2013), medical institutions often integrate alternative medicine by selectively adopting certain elements while disregarding their unique epistemic foundations. Such practices do not reflect genuine pluralism; instead, they represent an attempt to align traditional medicine with biomedical standards, ultimately maintaining the dominance of one system over the others. A truly just approach to medical pluralism would acknowledge the intrinsic value of alternative healing systems—not merely their instrumental utility within conventional medicine.

From the perspective of epistemic justice, recognizing cultural diversity in medicine is essential not only for improving treatment effectiveness but also for fostering trust in healthcare institutions within multicultural societies. Kirmayer (2011) argues that an overreliance on Western biomedical standards can create barriers to healthcare access, particularly for communities with distinct medical traditions. The disregard for local knowledge systems can result in what is known as to hermeneutical injustice, whereas certain groups lack the epistemic tools to articulate their health experiences in ways that are acknowledged by the dominant healthcare system. For instance, in many Indigenous communities, illness is often understood within a spiritual and social framework that does not always align with the pathophysiological approach of biomedicine. In response, Durante (2018) proposes a model of pragmatic multiculturalism in bioethics, which seeks to bridge epistemic differences without imposing a universal moral consensus. He critiques Beauchamp’s view that pluralism in bioethics should be grounded in universal moral norms, instead advocating for deliberative spaces that allow diverse perspectives to interact on equal terms. This framework suggests that a healthcare system committed to epistemic justice must accommodate various conceptions of health and disease without subordinating one system to another’s epistemic framework.

Building upon Kirmayer’s (2011) exploration of cultural recognition in healthcare, it becomes evident that the politics of recognition plays a critical role in shaping patients’ trust in medical institutions. Kirmayer (2011) notes that ignoring cultural differences can lead to misdiagnosis, non-adherence to treatment, and increased health disparities. Cultural competency, therefore, is not merely a matter of effective communication but a profound ethical obligation rooted in epistemic justice. By acknowledging patients’ cultural beliefs about health, illness, and healing, healthcare providers foster a more inclusive and responsive medical practice.

Beck (2015) further explores the ethical challenges posed by moral diversity in healthcare, arguing that bioethics must navigate between cultural imperialism—which dismisses non-Western medical traditions—and moral relativism, which risks endorsing potentially harmful practices. He critiques Beauchamp and Childress’s principlism for assuming a universal common morality that may inadvertently marginalize culturally specific health practices. He suggests that an ethics grounded in the lived experiences of diverse communities offers a more flexible and context-sensitive approach to bioethical decision-

making. This perspective emphasizes relationality and interdependence, countering the hyper-individualistic assumptions often embedded in Western medical models. The intersection of these perspectives showed the importance of culturally inclusive healthcare policies. Durante's (2018) model of pragmatic multiculturalism aligns with this approach by advocating for a deliberative bioethical framework. This model rejects a rigid, universal moral code in favor of ongoing, inclusive dialogue among diverse cultural perspectives. He argues that this approach does not imply ethical relativism but rather acknowledges the existence of core values—such as justice and respect—that can be interpreted in culturally specific ways. The challenge then is to establish procedural norms that ensure equitable participation in bioethical discourse rather than prescribing substantive moral principles from a dominant cultural standpoint.

Beck (2015) also highlights the potential for power imbalances in cross-cultural medical interactions, as he warns that contractarian approaches to bioethics, which rely on negotiated agreements between cultural groups, may inadvertently privilege dominant parties. Power disparities can lead to the imposition of norms that reflect the interests of majority groups, thereby perpetuating epistemic injustice. To counter this, he advocates for ethical principles that prioritize the voices and experiences of marginalized communities. This inclusivity not only enhances the ethical legitimacy of healthcare practices but also improves health outcomes by aligning treatments with patients' lived realities. The practical implications of these theoretical insights are evident in the growing emphasis on cultural competence training for healthcare professionals. Such training must go beyond linguistic translation to encompass an understanding of cultural worldviews and health beliefs. For instance, in mental healthcare, recognizing the role of spiritual and communal factors in patients' lives can inform more effective therapeutic interventions. Kirmayer's (2011) study demonstrates that culturally sensitive practices—such as incorporating traditional healing methods alongside biomedical treatments—can enhance patient engagement and treatment adherence.

Moreover, the ethical obligation to respect cultural diversity in medicine extends to policy-making and institutional practices. Healthcare systems must develop guidelines that accommodate diverse health practices while safeguarding patient safety and well-being. This requires ongoing collaboration with community representatives, ethicists, and healthcare practitioners to ensure that policies reflect the pluralistic nature of contemporary societies. The pursuit of epistemic justice in healthcare necessitates a nuanced understanding of cultural diversity and its implications for medical practice. By fostering inclusive dialogue, acknowledging power dynamics, and adopting context-sensitive ethical principles, healthcare institutions can better serve multicultural populations. This commitment to epistemic justice not only improves health outcomes but also reinforces the foundational principles of trust, respect, and equity in medical practice.

4 Conclusions

This study reveals the pluralistic nature of healthcare practices among older adults in West Manggarai, Nusa Tenggara, Indonesia, where conventional and traditional medicine coexist in a dynamic relationship. For these communities, the reliance on both systems is not merely a matter of preference but a necessity shaped by sociocultural norms and practical realities. Limited access to conventional healthcare facilities due to geographical isolation and resource constraints has led to the continued prevalence of traditional practices, including herbal remedies and spiritual healing. These traditional approaches address not only physical health concerns but also reflect a deep cultural identity, ancestral wisdom, and the intergenerational transfer of knowledge. The pragmatic use of herbal remedies for common ailments, alongside conventional medicine for more severe conditions, demonstrates the adaptability of older adults in navigating their pluralistic healthcare options.

The coexistence of traditional and conventional healthcare practices provides a pragmatic response to systemic healthcare challenges but simultaneously raises crucial concerns about safety, efficacy, and integration. Addressing these issues requires healthcare strategies that are both inclusive and culturally sensitive, validating traditional knowledge while meeting modern standards of safety and effectiveness. Collaborative models, such as pluralistic healthcare frameworks, can facilitate mutual respect between traditional and conventional practitioners, offering a pathway toward holistic and equitable healthcare delivery in underserved regions like West Manggarai. By embracing medical pluralism, healthcare systems can bridge cultural and systemic divides, creating an inclusive approach to care that acknowledges the deep-rooted traditions sustaining rural communities. Integrative models that respect traditional knowledge while ensuring safety and efficacy are essential to mitigating healthcare disparities faced by

rural older adults. Such efforts must be grounded in partnerships among healthcare providers, practitioners, and local communities to establish a sustainable framework that honors cultural heritage while addressing contemporary healthcare demands. This pluralistic approach not only addresses practical challenges but also empowers older adults, reinforcing their dignity and agency in shaping their healthcare journeys. It highlights the need for healthcare systems to balance cultural preservation with modern standards, fostering equity and sustainability in regions like West Manggarai.

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