



Self-Medication Practices in North Celebes: Trust, Interaction and Cultural Beliefs

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Abstract. During the globalization era, the popularity of self-medication is promoted by reasonable costs and the authority to make convenient self-decisions. This practice is popular in Indonesia. However, the practice constantly raises several risks, such as dependence or drug abuse, failure drug interactions, side effects until death. Minahasa community in Woloan 1, Tomohon has a strong self-medication practice, called “obat PAR” which means a combination of dexamethasone, amoxicillin, allopurinol, and a vitamin that has the function to treat gout. Interestingly, obat par still existed in the community caused by the success of obat par in dealing with gouty arthritis and the spreading of information. The aim of this study was to explore information accessibility on par treatment in gouty arthritis patients in Woloan 1, Tomohon. Qualitative ethnographic methods were used to explore phenomena based on the point of view of the indigenous people. The chosen location is selected because it is still closely related to culture and is dominated by indigenous Minahasa people. Data collection was done by September 2020 to January 2021 with seven participants who met the criteria, namely a retired nurse and six community leaders or traditional elders. The results revealed that the effectiveness of information on obat par was driven by a strong relationship between a traditional elder and a retired nurse. This retired nurse mixes several drugs and sells them secretly without any information about what kind of drugs. The spreading of information was carried out through thanksgiving events, various worship services, baptisms, and family gatherings. The strong relationship between obat par and community made them trust obat par more than physician prescription drugs. Even the Tomohon people call par as obat dewa (medicine that comes from God) because it has the power to cure people and has a fast effect.

Keywords: Gout arthritis · Minahasa · PAR Drugs · Self-medication

1 Introduction

Minahasa community still depends on its culture. They still carry out cultural practices at celebrations such as *mapalus* (cooperation technique in Minahasa culture), thanksgiving, baptism, *sidi* (confession of faith in Protestant churches), and other celebrations [1].

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These activities provide a tradition of eating and drinking. Serving food is vital because it strengthens the relationship between each family and guests who come. The Minahasa community has a tradition always to provide certain foods, such as pork, chicken, duck meat, dog meat, and various other types of meat. Green vegetables such as kale, cassava, long beans, and vegetables processed with coconut milk. Not only food but Minahasa people are also attached to *saguer* and alcoholic beverages (*cap tikus*), which are considered as body warmers as a menu complement at every celebration [2].

The continuous practice of eating by the Minahasa community can interfere with health and cause various diseases. One of them is gout arthritis [3]. Gout arthritis, which is influenced by genetic factors, is magnified by the eating and drinking culture of the Minahasa community. The high purine content in meat and vegetables during celebrations can trigger increased gout arthritis levels in the blood [4]. Another factor that increases gout arthritis levels even in the first 24 h is alcohol which is used as a drinking culture and complements the menu during celebrations [5]. The condition of joint inflammation and severe pain in patients with *gout arthritis* prompts the need for fast and appropriate treatment [6].

Based on an interview with one of the Woloan 1 village administrators in Tomohon, the local Minahasa community considered that legal treatment of gout arthritis was very slow in reducing pain. Most of the Minahasa community in Tomohon trusted word-of-mouth information and treatment resulted from their trials more than medical treatment of gout arthritis. Treatment information circulating from local community talks was widespread and was more effective than legal treatment. The power of receiving information by word-of-mouth dramatically impacts the determination of a person's decisions, including treatment preference [7]. Cultural and social factors that occur contribute to a person's decisions and behavior. The culture of receiving treatment information affects people's attitudes and behavior in choosing alternative medicine [8].

Based on an interview with one of the Woloan 1 sub-district administrators in Tomohon, the treatment preference that the local community believed was effective in dealing with gout arthritis was self-medication with PAR medicine. PAR medicine was a local term that meant a pair, package, combination, or mixture of several medicines that reduced swelling, pain, and gout arthritis levels. This medicine consisted of Phenylbutazone and Dexamethasone or Prednisone. The content in PAR medicine was classified as complex medicine that was not traded freely by the government and required a doctor's prescription [9]. Rules regarding the indirect use of PAR medicine in Government Regulation No. 50 of 2009 concerning Pharmaceutical Work and Regulation of Ministry of Health No. 919 of 1993 concerning Criteria for Medicine Allowed to be Delivered were written for prohibiting the sale of medicine that were classified as complex medicine without a doctor's prescription.

Based on the phenomenon found from the results of interviews with several traditional elders of Woloan 1 in Tomohon, people with gout arthritis chose PAR medicine because the medicine's effect was very fast in overcoming disease complaints, namely about five minutes to one day. The community considered PAR medicine to be effective in overcoming pain and reducing swelling. However, like other self-medication, PAR medicine could pose a dangerous risk to the consumer's body [10]. Long-term use of the medicine could attack the patient's kidneys and stomach. The side effect was that

the patient could die due to organ damage. However, there were still Minahasa people in Tomohon who took PAR medicine without a doctor's prescription.

A journal on treating degenerative diseases such as *gout arthritis* in Tomohon City has been previously that focused on increasing public understanding about the use of certain plants [11]. Furthermore, another researches related to alternative medicine for *gout arthritis* just focused on the use of traditional plants [12–14]. However, there has been no research on access to information on self-medication, such as PAR medicine in the Tomohon City community. Access in the *Great Indonesian Dictionary* (KBBI) means entrance. Access to information in this research was aimed at accessing or receiving information about PAR medicine in people with gout arthritis. Access information must be explored because it could continue PAR treatment. Furthermore, the research objective was to explore access to information related to PAR treatment in patients with gout arthritis in Tomohon City. The information obtained was expected to be initial information regarding the spread of PAR treatment to inform the origin of PAR treatment and the parties involved in disseminating PAR treatment information. Therefore, it was widely spread and trusted by the surrounding community.

2 Method

The research method used was qualitative because the researcher explored access to PAR treatment information by using open-ended questions without fixing certain question boundaries. Additionally, this research used an ethnographic approach during the data collection process. Iskandar [15], says the ethnographic approach aims to understand by exploring or investigating phenomena that occur and then describe from the ipoint of view of the natives. The ethnographic approach that had been used helped researchers to comprehensively understand and explore phenomena related to access to information on PAR treatment for indigenous Minahasa people with gout arthritis.

The research location was in Woloan 1 Village, Tomohon City, from September 2020 to January 2021. Tomohon City was an area that is recorded as having many gout arthritis sufferers with a prevalence of 27.3% (172 sufferers out of 630 people) [16]. The number of patients with gout arthritis in Tomohon City encouraged researchers to prefer it as the research location on this joint disease. In addition, Tomohon Regency is one of the areas targeted by research institutions. Hence, researchers understood the issues circulating there, especially those related to gout arthritis and people's behaviors. Woloan 1 was one of the villages in Tomohon City and became the research location due to the many local people who lived there. The researchers were also part of the local community, namely the Minahasa people involved in various cultural practices. They had much understanding about the local community's behavior and environmental conditions there.

Data collection techniques consisted of open-ended interviews, observation, and documentation. Interviews were conducted with seven participants who met the research inclusion criteria. The participant's characteristics were divided into several categories with their respective codes, namely a traditional elder who was the head of one of the large family pillars (P.A 1); village administrators (P.B 1 and P.B 2); village administrators as well as consumers of PAR medicine (P.B 3); a traditional elder who was one of the

majority religious leaders there and a consumer of PAR medicine (P.B 4); a traditional elder who retired from the village administration, who was also the first to use and introduce PAR medicine there (P.B 5); Lastly, medicine dealers who incorporated PAR medicine (P.E 1).

The data collected from the participants were then tested in a data triangulation process and involved three additional participants. The participants' characteristics included PAR medicine consumers in Woloan 1 with precarious jobs (P.C 1); consumers of PAR medicine outside Woloan 1 who lived in the same area as those who combined PAR medicine (P.D 1); lastly, the participants who worked as health workers at the community health center in Woloan 1 of Tomohon (P.F 1). The participants were told about the occurrence of gout starting from triggers and their feelings when relapse to the treatment of gout, including PAR medicine based on each participant's perspective. Obstacles were experienced during the research, namely the secret sale of PAR medicine. It made participants hesitant to tell the process of distributing PAR medicine. The relationship built with the participants made the participants trust the research process and the confidentiality of their identity in the research. The stages of research analysis started from preparing and selecting the data collected from participants, compiling a clear picture of the overall data based on the verbatim results, then analyzing in more detail by coding the data or processing it into specific categories until a theme of the results emerged.

3 Result and Discussion

1. Gout Arthritis in Woloan 1, Tomohon

People in Woloan 1 of Tomohon, North Sulawesi Province, were still attached to eating and drinking culture. The tradition of eating and drinking in the Minahasa community had strong socio-cultural meanings and values. The Minahasa community interpreted food and drink as a sign of the importance of an event. The variety of food served was dominated by types of meat such as pork, beef, dog, snake, bat, and chicken dishes. From this variety, several types were only considered normal on the dining table by the Minahasa community, such as dog meat, snakes, and bats. Meanwhile, the drinks provided in various events were liquor, known as *saguer* and *cap tikus* alcohol. The tradition of eating and drinking has survived to this day. It also appeared in the Woloan 1 village, which is expressed as follows:

“rupa laengkali dang ibadah baptisan ato sidi to rupa pesta kaweng, pangucapan sama deng apa jo kwa tu sagala makanan to... sagala rupa babi, sapi, rw to blum le tu sayor-sayor kong minuman paket doh dapa tako” (Participan 1, Januari 2021).

“Sometimes when doing ‘baptism or *sidi*’ (Christian faith readiness), a wedding party, or thanksgiving, we could find many kinds of foods. All kinds of pork, beef, dogs, vegetables, and liquor could be found there. Those were scary”.

The eating tradition of the Minahasa community did not only appear when there was an event, but it has become a habit. Their access to food supported this habit. Forests and gardens, which were considered as sources of food supply, provided various types of vegetables, such as spinach, *pangi*, kale, and other types of vegetables that were ready to

be processed. Not only vegetables, but various types of animals such as porks, dogs, rats, snakes, bats, and various other animals were also provided to be hunted and made into processed food ingredients. Obtaining food from nature was not the only thing that made it easier for people to access various food. Nowadays, people become more accessible by the occurrence of various markets, both traditional and supermarkets that provide a variety of vegetables and meat to be cooked directly.

In addition, the Minahasa community was attached to the tradition of drinking liquor. Like food, support from the local environment made people easier to access various types of liquor. People took advantage of sugar palm plants known as *seho* trees into a liquor called *saguer* and *cap tikus* alcohol. Lendo (2014) also revealed that the Minahasa community used the sugar palm plant as the liquor ready to be sold. In addition to using plants, the people could easily access the *cap tikus* liquor on small stalls and the roadside. It was also reported in Lungan's [18] research that the sale of *cap tikus* liquor is currently mushrooming and can be easily obtained in small stalls by the Minahasa community.

The tradition of eating and drinking in the Minahasa community, which was maintained and made into a daily menu habit, had a negative effect on health. The tradition of eating and drinking that provides a variety of food and liquor above had turned out to be a risk factor for various degenerative diseases, such as hypertension, cholesterol, coronary heart disease, stroke, diabetes mellitus, obesity, and gout arthritis [19–21]. It also happened in the Woloan 1 village of Tomohon and caused the incidence of joint disease there to be included in the category of the top ten most common diseases, which are described as follows:

“jadi torang kwa ada kriteria-kriteria dang 10 penyakit terbanyak nah kalo yang peradangan ini yang arthritis dia pernah maso dia 10 besar” (Participan 10, Januari 2021).

“We have criteria for the top ten most common diseases. Then, inflammation, especially arthritis has ever been in the top ten”.

The number of people with gout that attacked the joints was also expressed by the sixth participant as follows:

“sini asam urat sampe pa apa so sampe so samua sto so ja kena asam urat” (Participan 6, September 2020).

“Everyone in this place seems has been affected by gout arthritis”.

People were aware that many gout diseases were caused by their eating and drinking behavior. However, the local community still maintained various consuming types of high-purine foods and liquor. It was also expressed by one of the traditional elders who was a participant in both studies, as follows:

“Tomohon le kwa yah kurang ja so nda talalu ee apa tu kontrol makang karna makanan pemicu (penyakit asam urat) itu mudah didapat di Tomohon” (Participan 2, September 2020).

“People in Tomohon do not have much control over their foods because triggering foods (gout arthritis triggerings) were easy to get in Tomohon”.

The eating and drinking behavior of the Tomohon people in Woloan 1 was also influenced by the cultural values that characterized the Minahasa tribe. Keesing [22] reveals the existence of cultural control or control on an individual's behavior also happened to the Minahasa community in Woloan 1, Tomohon. The tradition of serving various food and drinks influenced people to maintain that behavior.

The eating and drinking behavior of the Minahasa community had a significant effect on the incidence of gout arthritis, especially in Woloan 1 of Tomohon. The tradition of providing various types of high-purine foods and alcoholic beverages at various events continued to be carried out and has even become a habit of the community. In addition, the ease of access provided by the environment seemed to support the community to maintain their behavior in consuming these foods and beverages. Even though they were aware of this, the local community still consumed various types of foods and drinks that triggered gout.

2. PAR Drugs as a 'obat dewa' Gout Arthritis

The Minahasa community often referred to gout arthritis as *foot pain* because the signs and symptoms were pain in the joints, especially the joints of the feet. After several years of suffering from gout, many sufferers would have lumps in the joints as a complication. This condition was known as Gout Arthritis. The process of gout arthritis often occurred in the joints in the toes, knees, heels, wrists, fingers, and elbows [23, 24]. Gout disease that caused lumps with pain in the patient's legs was treated with the consumption of PAR medicine or what used to be known as 'foot pain medicine.'

Currently, local people call 'pain medication' with PAR medicine (*obat PAR*), which means a pair, package, combination, or mixture in the Manado language. PAR medicine combined several types of complex medicine believed to overcome inflammation and pain due to increased gout arthritis in the body. Even this medicine was often referred to as a God's medicine because it could directly cure gout attacks. When there was inflammation and pain in the joints, many sufferers could only lie down. However, after taking PAR medicine, the pain immediately disappeared, and they could return to activities. The expression of a health worker as the tenth participant is as follows:

"obat dewa dorang ja bilang dari kan pas pe minum langsung bae. tu obat kwa capat skali biasa kalo torang minum nda lama langsung bae. kalo obat dokter kwa lama" (Participan 10, Januari 2021).

"They usually called PAR medicine as a God's medicine. Because after drinking it, they recovered immediately. The medicine was famous for its swift healing. If we drank it, not long after that, we would immediately recover. In contrast, drinking doctor's medicine took a long time".

Foot pain medicine, which was later called God's medicine, was used by most sufferers of 'foot pain' in Woloan 1 of Tomohon. The medicine consisted of four different medicine, namely Dexamethasone, Allopurinol, Ampicillin/Amoxicillin (Antibiotics), and Vitamins (Participants 1 and 2, September 2021). Participants received information on the type of medicine because they had collaborated with this medication with prescription medication and asked the doctor about this type of medicine. Participants expressed the following:

“itu obat PAR itu to, ini semacam amoxicillin mungkin am e ampicillin itu ato apa ee antibiotik itu dan juga obat panas dan itu dexta deng vitamin. ini 4 ini” (Participan 6, Desember 2020).

“It was a PAR medicine. It was a kind of amoxicillin. Perhaps it was ampicillin or an antibiotic and also a fever medicine. Meanwhile, these were dexta and vitamins. Here were these four”.

The four types of medicine were made into one ‘PAR’ or one pair or package of medicine packaged in small transparent plastics to be sold without using a doctor’s prescription. One package consisted of two medicine packages. One package consisted of four different medicines. The medicine mixture in one package was different in color from the other packaging. Although there were color differences, the function of the medicine remained the same, namely to treat gout arthritis. One pack of medicine was sold for IDR 10,000. This expression also appeared in interviews with PAR medicine consumers who were the seventh participant in this research, “*cuman di ee plastik kecil cuma sepuluh ribu satu*” (Participan 7, September 2020) (It was packed only in a small plastic bag. The price was ten thousand for each pack) (Fig. 1).

The medicine was consumed instantly, which was 2×1 days after eating. The medicine consumed in one drink consisted of four types of medicine, namely two large and two small with different colors. The method of using the medicine also appeared in an interview involving one of the traditional elders and the first participant of the research, “*ini dua kali ampa macam*” (Participan 1, September 2020) (These were two times four kinds).

The instant way of consuming medicine, the cheap selling price of medicine, and the speed of the healing effects of medicine made PAR drug (obat PAR) called by the public God’s medicine at this time. The story of changing medicine nicknames was developed by local people based on their judgment. The community initially called this medicine foot pain medicine because it handled complaints of recurrence of gout that attacked the patient’s feet. Furthermore, the community named it PAR medicine because it combined several drugs. Then, people gave the nickname ‘God’s medicine’ because it was considered fast in overcoming complaints at a low price and instant way of use.



Fig. 1. PAR drug’s packaging (Personal data was collected in September 2020 and January 2021).

3. The Recurrence of Gout Arthritis is the Reason for the Dependence on PAR Drugs

Patients with gout arthritis felt unable to withstand severe pain when gout recurred, especially in a short time. Feelings of severe pain interfered with daily activities so that it encouraged sufferers to choose the treatment that was considered fast and appropriate to overcome their complaints. It also happened to the sufferers in Woloan 1, Tomohon, which the sixth participant revealed, as follows:

“dari mo pi kantor so nimbole no bayangkan kalu dia datang saki skali hehehkan mo badiri susah.. mo tahang so saki skali mo pi kobong nda bisa heleh ta sontong di apa jo mo jatung, no saki skali” (Participan 6, Desember 2020).

“I could not even go to the office. Just imagine, if I had a relapse, it was hard for me to stand up. I could not stand the pain when I wanted to go to the garden, even if I only touched anything. I felt that I would fall. It hurt terribly”.

The widely chosen treatment to treat gout was self-medication using PAR medicine. PAR medicine was considered capable of curing pain quickly but was at risk of injuring the stomach and kidneys of medicine users if consumed continuously. Even the worst risk of medicine use could lead to death. This expression also appeared in an interview with one of the health workers who became the tenth participant, as follows:

“depe efek samping itu yang torang temui biasa dia kase luka lambung deng ginjal le jadi biasa ada yang datang malah so tatambah-tatambah, lalu te cuma hyperuricemia to tau to kelebihan kadar asam urat skarang datang yah so deng luka lambung ato nda ginjal itu. jadi yah biasa orang bilang dia mati karna gout arthritis mar katu bukung karna itu to, gara-gara minum tu obat talalu banya sampe depe efek katu bahaya sampe depe diagnosa pas meninggal katu karna tu luka lambung ginjal itu” (Participan 10, Januari 2021).

“The side effects that we encountered usually injured stomach and kidneys, so it was common for someone to come, and there had been additions. Previously, it was only hyperuricemia. You have to know it well, the excess gout arthritis level now came with stomach ulcers or the kidneys. So, usually, people say that the patient passed away due to *gout arthritis*, but actually, it was not because of that. The reason was that the patient took too much medicine until the effect turned out dangerous. Then, he was diagnosed with gastric ulcers on the kidneys”.

The local community has widely known the dangerous side effects of PAR medicine. Not a few sufferers were aware of the risks that arose due to the side effects of using PAR medicine self-medication. However, they still chose to use it because of the speed of healing of pain and inflammation due to recurrence of gout attacks. In the other side, self-medication behavior had several risks of use [10]. It also happened to self-medication with PAR medicine used by the Minahasa community in Woloan 1 of Tomohon.

Even though it had side effects and dangerous risks of using the medicine, patients with gout still preferred PAR medicine with PAR drug over other treatments, including medicine according to doctors' prescriptions. Consumers seemed to depend on this divine medicine and ignore the dangerous risks of this treatment option. The recurrence of gout that could not be contained encouraged consumers to look for treatment options that quickly deal with their complaints. It was also what made some gout sufferers there depend on PAR drug and bore the side effects and dangerous risks.

4. Popularity of PAR Drugs in Woloan 1, Tomohon

Information on the sale of PAR medicine was given to people who were trusted by the medicine dealer or lived in the same area. The sale of PAR medicine was carried out in secret because previously, there had been raids from the local government on stalls selling this medicine. This expression appeared in the interview with the second participant, a village administrator, as follows, "*memang disini so sempat ada swiping tu ba jual di warong*" (Participan 2, September 2020). "Indeed, there had been raids in some stalls here".

Another expression appeared in the results of interviews with a consumer of PAR medicine who was the eighth participant in this research, as follows:

"nda sembarang orang itu ba bli, musti dia kenal tu orang kong dia kase.. nyanda bebas kwa tu obat itu.. iyo musti kanal pa dia baru, kalo nyanda kanal yah biar mo bayar brapa dia nda mo kase dia bilang nyanda ada dia nentau.. kalo torang kan so baku kanal kong ba apa yah dia kase" (Participan 8, Januari 2021).

"Not anyone could buy the medicine. The people have to be known, and they would be given the medicine. It was not free medicine. Yeah, we had to know each other first. If we did not know the people, we would not give the medicine no matter how much he paid. However, if we already know each other, we could give anything".

When new people wanted to buy medicine, they would not be given it immediately. Medicine sellers would first pay attention to prospective buyers, ask where they live and the people who would use them. Although not distributed to just anyone, information about PAR medicine had long been known to the public in Woloan 1 of Tomohon. The information was first started by a traditional elder, the sixth participant. He had gout arthritis and was told to take PAR from the medicine seller's wife, who worked there. The statement of the seventh participant supported it, "*pertama da tau tu apa itu dari 'Participan 6 (P.B 5)..' kanal kwa tu bapak"* (First, we had to know where him (the Participant 6 (P.B 5).. He had known that man) (Participan 7, 23 September 2020). Another expression appeared in the interview of the sixth participant who was a traditional elder in Woloan 1 of Tomohon, as follows:

"so lama (konsumsi). diatas 10 tahun. dulu le no pas guru kong da sama-sama deng pak...(penjual obat) itu pe bini. cuma da babacirita kwa kong aa ternyata so baku maso to pas depe laki boleh ee ba kase akang jadi da coba-coba kong bagus capat to, kurang da babacirita akang itu daripada mo tahang so saki skali to mo pi kantor" (Participan 6, Desember 2020).

“It had been a long-term consumption. Perhaps it was over ten years. Back then, I was a teacher, same with the medicine seller’s wife. Well, we just talked. Then, I felt suitable for the medicine. Coincidentally, her husband could give it a try, and then it was good. It was what was told instead of having to hold back. It hurt so much for me to go to the office”.

The information received from the medicine seller’s wife was trusted by traditional elders and made him brave to use this medicine. People would dare to use treatment when they trusted the information or treatment advice they received from others [25]. He trusted the PAR medicine information because he knew the medicine seller’s wife and made him brave to use the medicine seller’s prescription or a mixture of medicine. Satisfaction with the immediate healing effect of PAR drug made him continue to maintain this treatment, even encouraging him to share information and his experiences of this treatment with the local community.

This traditional elder introduced PAR medicine by sharing his personal experience about the recurrence of the disease, the causative factors, and the treatments he chose, including PAR drug. People who have received information about PAR medicine also shared information at various gatherings, such as thanksgiving, categorical worship, mourning services, *sidi* events, baptisms, family associations, and other associations. The delivery of this information usually occurred when people talked casually at the end of the gathering, namely when they entered an eats-up time. The topics discussed in each association were various. One of the topics that were often discussed was gout arthritis. People usually discussed the presentation of food and drinks, which were considered factors in the recurrence of gout arthritis. Then, the discussion continued on the experience of recurrence of gout to the respective treatment options and the perceived effects of treatment. It was also supported by the expression of one of the traditional elders who became the first participant in the research, as follows:

“depe bacirita itu yah nda da waktu biasa dorang bicara-bicara kong so tasambung. ato rupa pas ibadah bagitu to duka biasa orang ba kumpul-kumpul ato rupa pas rukun bagitu biasa abis berdoa sudah so babacerita mar itu kwa bacirita laeng le bukang cuma PAR jadi banya ja bacirita termasuk PAR ini, rupa lalu ada yang saki to depe beso bakudapa “eh so bae? ohiyo da pake PAR” mar nda cuma itu ada le laeng ja babacirita dang. ato rupa laengkali dang ibadah baptisan ato sidi to rupa pesta kaweng, pangucapan sama deng apa jo kwa tu sagala makanan to kong so “eh pinjam hari dulu” nah itu kan makanan pemicu banya sagala rupa babi, sapi, rw to blum le tu sayor-sayor kong minuman paket doh dapa tako, itu biasa ja ta lanjut-lanjut no, rupa e e “eh bae-bae kage” somo ada yang jadi to mar bukang cuma asam urat dang cuma biasa orang so babacirita to dari pemicu samua to itu” (Participan 1, Januari 2021).

“Well, if there was no special time to tell the story, they usually told stories, and then they were linked. During worship, it was normal for people to gather together, or when they got along, when they usually finished praying, they started telling stories. Sometimes, they told stories about someone else, not just PAR. Therefore, many topics were told, including this PAR. Like in the last time, when someone was sick, then the next day when meeting, they told the story. “Eh, are you healed?” “Oh yeah, I took PAR medicine.” However, not only that, there were other things to talk about, right, or like sometimes baptism or *sidi* worship (affirmation of Christian faith readiness) or as a wedding party and thanksgiving. There was too much food, right. Someone has started to say, “Oh, we should borrow today” (expressions like enjoying first for today, do not think about taboos). There were many triggering foods, such as pork, beef, dogs, vegetables, and then packaged drinks (alcohol drinks). Those were scary” It usually continues, right? For example, “*eh bae-bae kage*” (be careful of relapsing later).” It has been something relapsed, but it was not only gout arthritis. It was anything familiar triggered disease told by people”.

The local community highly believed in disseminating information on PAR medicine discussed in various associations. It was also supported by research by Afrilian, Yulianda and Afriani [26], which revealed that there was power in word-of-mouth to attract someone’s attention to something. Putri’s research [27] revealed that people choose their treatment because there was a sense of trust, a desire to share, acceptance, and seeing objective evidence of the results of treatment. Furthermore, Yanti and Hengki [28] stated that evidence of the healing experience of sufferers with the same disease was one of the determinants of individual treatment choices. Public trust in PAR treatment information disseminated through word-of-mouth was strengthened by actual evidence of the speed of healing of PAR medicine in consumers.

Dissemination of information about PAR medicine did not only appear in associations but also became a story passed down from generation to generation in the family. This expression appeared in the interview of the fourth participant, who was one of the traditional elders and a consumer of PAR medicine, “*kenal obat PAR yah dari orang tua*” (We knew PAR medicine from our parents) (Participant 4, December 2020). This phenomenon proved that disseminating information about PAR medicine in Woloan 1 also occurred in daily interaction. Then, it was used as a story for generations. It has made the dissemination of information on PAR medicine more widespread and made PAR medicine more widely known in Woloan 1 of Tomohon.

4 Conclusion

The conclusion of this research revealed that access to information on self-medication with PAR medicine for people with gout arthritis in Woloan 1 of Tomohon started from the relationship between a traditional elder and a medicine seller who combined this PAR medicine. Dissemination of PAR medicine information occurred in daily interactions, namely word-of-mouth and gatherings such as thanksgiving, categorical worship, mourning services, *sidi* events (affirmation of faith readiness in Christianity), baptism events, family gatherings, and other associations. Discussions about PAR medicine usually began when people entered the eats-up time after the program. People usually talked

about the causes of gout recurrence, the feeling of pain when it relapsed, and treatment options, including PAR treatment. Dissemination of information about PAR medicine was not only disseminated at particular gatherings or moments but was also passed down into stories from generation to generation to this day.

This research still needs updating or improvement with contributions from other fields of science to reveal more fully the problem or phenomenon regarding PAR drugs. Suggestions for further research was that future researchers hopefully can collaborate with various disciplines such as pharmacy to explore more about the explicit content in PAR medicine, the reasons for the difference in the medicine color in each package but with the same function, as well as the duration of use or the average time of medicine use by consumers until medicine side effects appeared to death in medicine consumers.

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