Symbolic Valuation of Traditional Medical Services : The intersubjective construction of Indonesian Traditional Medicine

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Abstract. This economic sociology research analyzes the construction of the market value of Indonesia Traditional Medicine (ITM). The paradigm discourse of knowledge of traditional medicine practice with western medicine is still happening. Despite this, traditional medicine remains popular in the community health care system. Intersubjective assessment is used to analyze the meaning of the value of Indonesia Traditional Medicine (ITM). This research is based on digital research with a digital-grounded research approach. Digital data mining is done through data scraping techniques, while data processing analysis uses qualitative methods with Atlas.ti 24. This study found the dominance of symbolic values in assessing ITM intersubjectivity. Sentiment analysis and connectivity between narratives are part of shaping intersubjectivity assessment in the interaction process between actors in the field. Finally, the theoretical contribution of this study is to enrich the concept of intersubjectivity assessment construction in the market from the meaning model introduced by Beckert (2019). Empirically, this study provides an overview of the size of the ITM market. In addition, this research is part of efforts to advance ITM

Keywords: symbolic value, valuation, intersubjective, Indonesia traditional medicine, economic sociology

1 Introduction

This research examines the socioeconomics of the Indonesian Traditional Medicine market, especially among traditional health practitioners known as non-formal-trained traditional medicine practitioners (NTMP). NTMP or known as traditional health practitioners are traditional medicine practitioners who provide empirical traditional health services obtained through hereditary experience or non-formal education. Official statistics in 2021 show that the number of NTMP in Indonesia is very dominant, reaching 281,492 practitioners [1], compared to formally trained traditional medicine practitioners (FTMP) which only number 494 workers (Ministry of Health of the Republic of Indonesia, 2022) [2]. That is why this research focuses on NTMP. The proportion of the number of NTMP is occupied by maternity shamans and traditional medicine practitioners, namely, 122,944 are maternity shamans and 51,383 are general

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traditional medicine practitioners; 32,237 herbalists, 25,077 massagers, 18,456 circumcisions, 12,496 spiritualists, 10,118 supernaturalists, and 8,781 bonesetters [3]. Traditional medicine practitioners who are close to the needs of the community provide alternative health services, both in curative, promotive, and preventive forms.

The integration of traditional and complementary medicine into the healthcare system is an increasingly popular concept, not only in Indonesia but around the world [4]. The majority of people in developing countries continue to use traditional medicine for basic health needs due to its affordability, accessibility, and cultural acceptability [5][6]. Certain regions of the world, especially in Africa and Asia where 80% of the population still relies on traditional medicine practices for most primary health needs. The use of traditional health care has increased in recent years in the member countries of the Association of Southeast Asia (ASEAN), including Indonesia [7] Ministry of Health, 2013 [8] [9]. It is estimated that most of the rural population mainly uses traditional health care in ASEAN countries. Most 96.2% use traditional healthcare methods and 3.8% complementary ones such as acupuncture. Interest in traditional medicine services as alternative health is also shown from the proportion of Indonesian people utilizing finished herbs at 48%, homemade herbs at 31.8%, manual skills at 65.3%, thinking skills at 1.9%, and energy skills at 2.1% [10]. This data illustrates that traditional medicine service practitioners have a strategic role in public health service providers. That is why this research focuses on NTMP.

From the perspective of market sociology, the characteristics of the NTMP market arena include first, the degradation of the role of NTMP in the treatment market arena. Regulations issued by the government related to traditional health services in Government Regulation (PP) number 103 of 2014 are stated to limit the space for NTMP's business to move in the medical market arena. The practice of NTMP services is limited to only promotive and preventive, not curative. Second, it was found that there is still competition in the practice and paradigm of knowledge of traditional medicine and western medicine related to the quality of services provided, especially curative treatment in cases of common diseases is the trigger for the competition. Third, the quality of medical practice services provided by NTMP is still doubtful in its competence. The competence of traditional medicine practices that are curative is suspected to have not met the qualifications in terms of the legitimacy of medical practice. Fourth, the wages formed from the price of services are based on the personal authority of NTMP users. The adhesion of cultural values and beliefs in NTMP is a distinctive element in the intersubjective service quality.

This study focuses on the construction of value for services provided to NTMP using the market from meaning model introduced by Beckert (2019). The 'market from meaning' model describes that there are goods whose symbolic value is more dominant than their material value. In this model, the meaning of symbolic value comes from the intersubjective valuation of individual judgment of quality that occurs in mutual observation in the field by actors in the market arena. Beckert (2019) emphasized that in this model, an institutionalization process in product confidence-building is needed, such as the reputation-generating power; constituting 'how-to' rules, and calculative devices in solving the uncertainty of the quality of goods. This research aims to identify the characteristics of NTMP services related to the possibility of dominance of symbolic value over material value. For symbolism, the value is based on 1) philosophical beliefs as a holistic approach to medicine; 2) trust in treatment methods

based on the culture and beliefs of the people; 3) Belief in medicine using mineral herbs, animal parts, spells, and other methods. Meanwhile, the material value of NTMP related to the efficacy of treatment practice services with the quality of treatment methods, the use of herbal medicines, and the quality of treatment devices as intrinsic to the service [11]. According to Beckert (2011), physical/material value refers to function or benefit while symbolic value represents symbolic aspects such as social and cultural value. They are attached to objects and complement each other [12]. Akerlof (1970) in the market for "lemons", that goods with material value are based on intrinsic quality, and require institutional roles in building trust, such as product guarantees, good brand reputation, and product licensing in overcoming market uncertainty.

In the process of mutual observation of NTMP service quality assessment, actors are faced with a comparison of service assessments against western medicine (IWM practitioners) in the market arena. The assessment of the two services is part of the interaction of the actors in the formation of intersubjective valuation. Although the two services empirically have separate authority; however, there is competition between NTMP and IWM practitioners; And there is also complementarity between the two through mutual reference or mutual advocacy between actors in the market arena. For this reason, the assessment of NTMP service quality always intersects with the perspective of IWM practitioners' service assessment.

At least there is economic sociology research related to ITM, namely Nurmajesty et al (2022) on the valuation of the herbal medicine market in general. This study describes that herbal medicine, as one of the traditional medicines, has a symbolic value position in the drug market arena, in addition to the efficacy contained in it [13]. This research on NTMP is intended to complement the map of the ITM market arena, in terms of ITM healthcare providers. In addition, empirically, this valuation characterization analysis presents a perspective on the assessment of the NTMP market in Indonesia. This contribution is the basis for strengthening the strategic role of ITM Practitioners in the market arena.

2 Literature Review

The symbolic quality assessment process requires intersubjective narrative credibility related to the quality of the declared product. Confidence in product quality assessment from actors is an important element in measuring the credibility of the narrative. By creating confidence in multiple actors, a narrative can become a convention in product quality assessment. In the "market from meaning" model introduced by Beckert (2019) on the art market, this belief is generated institutionally and involves experts to assess products with transparency according to institutional references. Beckert (2019) suggests that building confidence resulting from the convention in the "market from meaning" model can be in the form of three things, namely first, institutionalizing product reputation. The commodity exemplified in his article is painting, where the power produces the reputation of the product through a famous exhibition or painting museum. This activity produced a perspective from the actors that the quality of the product can be inferred from the selection of artists who participated in the exhibition/museum.

Second, institutionalize conventions that form "how-to rules" of products. These conventions help create stable and recognized guidelines or rules, which ultimately provide clarity and reduce uncertainty in the market. Third, institutionalizing a calculative device as a tool or mechanism that helps in the assessment of price or product value. This tool is used as an accepted convention in the art market to assess the market price of artworks [14].

In the process of assessing product quality objectively, trust is needed for actors who sell products. In the market, consumers with objective quality are often faced with the problem of information asymmetry. Akerlof (1970) describes how information asymmetry occurs in the 'market from lemon' model, which refers to goods sold of low quality. This information asymmetry results in uncertainty in the quality received by consumers because there is a risk of moral hazard carried out by sellers. The idea of Akerlof (1970) overcomes the uncertainty of objective quality in the consumer market situation through countering institutions, namely quality assessment is regulated through institutions. Countering institutions are carried out to create public trust related to the quality assurance of products/services offered. This institution functions to build trust, namely the trust of a less informed party that he will not be deceived by a more knowledgeable party. Building trust consists of three main elements, first, guarantees (product guarantees) are one way to reduce quality uncertainty, where the manufacturer guarantees the quality of the goods sold. Second, good brands indicate quality and allow consumers to reduce purchases/consumption if the quality does not meet expectations. Third, licensing, where certification for professions such as doctors, lawyers, and barbers helps demonstrate the achievement of certain skills, reducing uncertainty about the quality of the services they provide. Academic degrees and awards also serve as a form of certification. Counteracting institution concepts such as guarantees, brands, and professional certifications help give certainty to consumers regarding quality, thereby reducing uncertainty in the market and generating trust in consuming products.

3 Methods

This study uses a digital grounded research approach with an exploratory qualitative method. This digital research was carried out through data mining from netizens' comments/opinions on the social media platform YouTube using data scraping techniques and articulate meaning techniques. The content of fracture treatment services is used as a representative phenomenon of ITM practitioners/NTMP studied. This is based on the high popularity of ITM services on Google Trends data or on the Google search engine that is most searched for by netizens. Data was collected from youtube content sources about the content of traditional medicine for Ida Dayak fractures, the treatment of Haji Naim fractures, and the content of various open discussions between medical experts, doctors, sociologists, and the government regarding the phenomenon of traditional fracture treatment. Data scraping technique to export youtube content comments using the export comments features tool. Furthermore, the results of data scraping are applied by exploratory qualitative methods with data processing and data analysis with the Atlas.ti 24 device. Qualitative method analysis through the process of open coding, axial coding, and selective coding to articulate or explain the meaning of digital data. Illustration of the methodology

conceptual framework in Figure 1. In this research, the coding and categorization process using the category of assessment meaning is based on the characteristics of ITM and IWM practitioners. This is based on the explanation in the introduction that the two intersect in determining treatment preferences in the community.The codes compiled in the qualitative data analysis consist of 29 codes and 6 categories based on preliminary research. Coding and categorization are presented in Table 1.

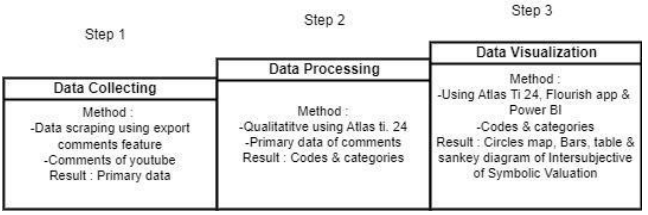


Figure 1 Methodology Framework

Table 1. Codes and categories for Atlas.ti 24

No	Categories	Concept	Codes
ITM Practitioners/NTMP			
1	Evidence-based efficacy plus hereditary beliefs	Confidence-based empirical treatment services based on hereditary experience and evidence-based efficacy.	1. Hereditary medical belief 2. Evidence-based efficacy and biocultural belief 3. Medical skills endowed by God's blessings 4. Absolute sincerity of practitioners
2	Building confidence	Confidence in the credibility of the narrative about 1) generating reputation power; 2) how to rules; and 3) calculative devices	5. Institutional recognition of hereditary traditional medicine 6. Transparency of traditional medicine 7. Testimonials from health experts/academicians 8. Presence of traditional medicine clinics 9. Hereditary and welfare of traditional medicine methods 10. Hereditary traditional medicine equipment 11. Price and affordability
3	Referral confidence/ Confident advocacy	Referrals to strengthen confidence level against ITM practitioners' preferences	12. Collaboration between practitioners of traditional and western medicine 13. Refers to traditional medicine 14. Multifaceted disappointments/distrust of western medicine 15. Adverse effects of western medicine
IWM Practitioners			
4	Clinical Efficacy	1. The actual effectiveness of drugs and interventions is measured through measures of effect in clinical studies and the importance of	16. Biomedical based efficacy 17. Sophisticated medical devices 18. Validity of medical record

No	Categories	Concept	Codes
		patient-oriented outcomes. 2. Efficacy of medical practices influenced by technologies and methodologies that ensure safety, reduce contamination, and improve diagnosis and treatment outcomes.	
5	Building trust	Trust in products and services through 1) guarantees, 2) brand-name good, and 3) licensing related to licensing practices also reduces uncertainty in the quality of products/services.	19. Social security from health insurance 20. Legal medical competence of doctors/health workers 21. Hospital with good reputation 22. Legal medical practice license 23. Protected by the Indonesian Medical Association (IDI)/Health Workers Association 24. Protected by Yayasan Lembaga Konsumen Indonesia
6	Referral trust/Trust advocacy	Referrals that are used to strengthen trust levels on the preferences of ITM practitioners	25. Collaboration between practitioners of western and traditional medicine 26. Refers to western medicine 27. Adverse effects of traditional medicine 28. The long healing process of traditional medicine 29. Medical insecurity of traditional medicine

Source : Oktariani *et al.,* 2024

4 Results and Discussion

The analysis of the process of determining the dominance of symbolic value is based on an intersubjective assessment derived from the meaning of the subjectivity of the actors. Intersubjectivity refers to the process by which the meaning of perception is sourced through interaction between individuals, which results in a relatively stable shared understanding within a particular society or group [15] [16] [17] [18].

In the results of this study, the process of finding intersubjective assessment of the quality of ITM services is based on the number of citations that are based on the most citations in the analysis of qualitative data processing of netizens' comments on social media YouTube. The illustration of the code that has the highest number of citations is shown by the evidence-based efficacy and biocultural belief code of 289 citations, followed by the institutional recognition of the hereditary traditional medicine code of 240 citations (Figure 2). This describes netizens' comments intersubjectively judging traditional medicine because of the belief that this empirical service is proven to be curable.

The theme of evidence-based efficacy and biocultural belief describes the belief in the effectiveness of traditional medicine supported by scientific evidence and biocultural beliefs that exist in society. Biocultural beliefs show that cultural values, local beliefs, and hereditary heritage play a role in strengthening public perception of the effectiveness of traditional medicine. In Indonesian society, the basic values and culture embedded in empirical traditional medicine are still seen as local wisdom. Confidence in evidence of healing is also strengthened by the influence of visualization of the presentation of YouTube video content in the form of fracture treatment attractions directly to patients. This intersubjective assessment narrative refers to the great influence of the message of cultural traditions captured by netizens from the services offered by traditional health workers. For this reason, the intersubjective assessment of empirical traditional medicine services is evidence of the working combination of cultural traditions, social constructions, and concrete visualizations of tangible evidence of healing.

The findings also show that the intersubjective assessment of traditional medicine is followed by the recognition of empirical services by the community, institutions, and even families institutionally. This theme refers to formal or institutional recognition of traditional medicine that has been passed down from generation to generation. This includes recognition from government agencies, medical associations, or other official institutions. Institutional recognition is essential to provide legitimacy, support, and potential for better regulation of these traditional practices, allowing them to be more widely accepted in society.

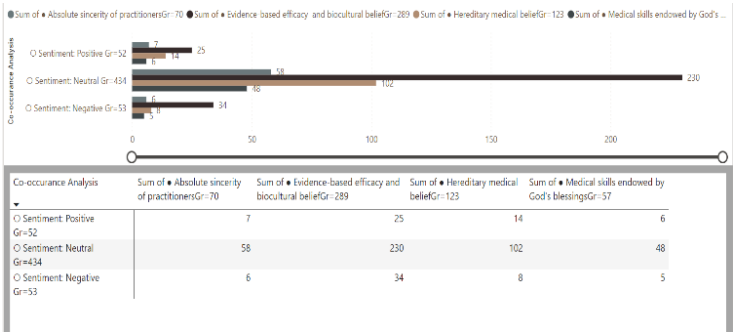
The institutional recognition code of hereditary traditional medicine is an intersubjective narrative based on the experience of utilizing traditional medicine traditions, both testimonials of one's own experiences and various social testimonials. The use of traditional medicine services from the use of treatment methods including the use of herbal medicines to the recognition of the quality of medical devices as intrinsic to the service. This implies that social constructs in shaping intersubjective judgments are followed by reinforcing confidence in the credibility of an institutionally recognized narrative. By the data processing process, the evidence-based efficacy and biocultural belief code are included in the category of evidence-based efficacy plus hereditary beliefs elements, while the institutional recognition code of hereditary traditional medicine is classified as the building confidence category. This implies that ITM's intersubjective assessment is dominated by symbolic value. The findings show that service assessment is based on the dominance of symbolism or social meaning inherent in NTMP. This value is constructed socially and is not completely inherent in the NTMP, such as the quality of treatment methods including the quality of herbal medicines and traditional medicine medical devices.

Figure 2 Circles map of codes: The comments of YouTube (Processed in Atlas.ti 24 & Flourish App)

These findings show that the role of intersubjectivity in value formation is key in building and agreeing on symbolic values. The value of an object becomes real and accepted in society only if there is a mutual agreement about the symbolic meaning. That is symbolic values are formed and sustained through a social process in which various individuals or groups share, communicate, and acknowledge the same meaning towards an object or concept. In this case, reinforcing confidence is formed by intersubjective understanding which is associated with a symbolic meaning that is recognized collectively to get a higher value from the service. For this reason, the process of forming symbolic values through this common understanding is essential in creating a perception of values that are not only objective, but also subjective, by prevailing norms, cultures, and social narratives.

This study also found a description of the sentiment analysis of netizens when determining the intersubjectivity of the evidence-based efficacy plus hereditary belief category as the perception of ITM service assessment. Sentiment analysis can identify, measure, and interpret how emotions and collective attitudes are formed through the process of social interaction. An illustration of sentiment analysis of the perception of attitudes and emotions of netizens towards the assessment of ITM services, especially in the codes in the category, can be seen in Figure 3.

Figure 3 shows the sentiment of ITM assessment analysis in intersubjectivity on evidence-based efficacy and biocultural belief, namely neutral public sentiment. The neutral sentiment is illustrated by the highest number of 230 comments related to evidence-based efficacy and biocultural belief most often appearing in neutral contexts. This shows that the public discusses this theme more informatively without strong emotional content. On the other hand, negative sentiment towards evidence-based efficacy and biocultural belief in ITM, 34 comments were found that questioned or did not support the efficacy of evidence-based and biocultural ITM. However, most of the comments on ITM's assessment refer to the evidence-based efficacy plus hereditary belief category, related to neutral sentiment. This indicates that the market for traditional medicine in Indonesia is still very large.



Co-occurance Analysis	Sum of • Absolute sincerity of practitionersGr=70	Sum of • Evidence-based efficacy and biocultural beliefGr=289	Sum of • Hereditary medical beliefGr=123	Sum of • Medical skills endowed by God's blessingsGr=57
O Sentiment: Positive Gr=52	7	25	14	6
O Sentiment: Neutral Gr=434	58	230	102	48
O Sentiment: Negative Gr=53	6	34	8	5

Figure 3 Sentiment Analysis of evidence-based efficacy plus hereditary belief category (Processed in Atlas.ti 24 & Power BI)

The results of this study also found a relationship between themes in the intersubjectivity of ITM service assessment comments. The Sankey diagram illustrates the relationship between themes in the category of evidence-based efficacy plus hereditary belief and other themes (Figure 4). The interconnection between these themes illustrates that the narrative of intersubjectivity appears to be influenced by other narratives in shaping public judgment. This Sankey diagram shows how the themes in the evidence-based efficacy plus hereditary belief categories of public comment are interrelated.

Figure 4 shows that evidence-based Efficacy and Biocultural Belief have a strong connection with several other themes, compared to the themes of medical Skills Endowed by God's Blessings and Absolute Sincerity of Practitioners. Evidence-based efficacy and biocultural belief are related to seven other themes. This shows that intersubjective narratives are formed by their association with various other narratives as a process of social construction through interaction between actors.

The Sankey diagram illustrates the strongest connection between evidence-based efficacy and biocultural belief, namely the relationship with the long healing process of traditional medicine, institutional recognition of hereditary traditional medicine, and hereditary and welfare of traditional medicine methods. This relationship could suggest that biocultural beliefs that are based on scientific evidence are often associated with views of longer healing durations in traditional medicine and the need for institutional recognition. This view leads to a public view of integrative or complementary medical needs between ITM and IWM. Commentary on the longer traditional healing process is part of the category referral trust/trust advocacy, which refers to IWM services. This result is reinforced by the connection between evidence-based Efficacy and Biocultural Belief with a view towards collaboration between traditional health practitioners and IWM practitioners (see Figure 4).

In Figure 4, it was found that there was a relationship between the themes of Evidence-based Efficacy and Biocultural Belief, Institutional Recognition of Hereditary Traditional Medicine, and Hereditary and Welfare of Traditional Medicine Methods. The relationship with Institutional Recognition of Hereditary Traditional Medicine shows that trust in the effectiveness of traditional medicine supported by scientific evidence is closely related to the need for institutional recognition. Society demands scientifically proven traditional medicine to gain official recognition, which will strengthen its credibility and also support legal protection, standardization of practice, or integration into formal health systems. This linkage reflects the expectation that if traditional medicine can be supported by scientific research, then formal institutions will be more willing to recognize and support these practices as legitimate alternatives.

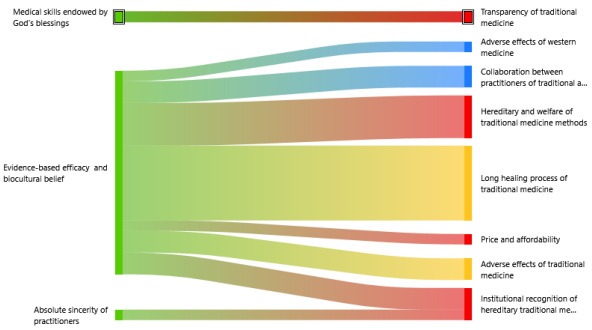


Figure 4 Sankey Diagram of Connectivity of evidence-based efficacy plus hereditary belief categories (Processed in Atlas.ti 24)

The findings of the relationship between Hereditary and Welfare of Traditional Medicine Methods include the welfare aspects of traditional medicine methods that have become a hereditary tradition. The well-being aspect implies attention to how traditional medicine can provide sustainable benefits for the health of communities that depend on these methods. The relationship of this theme with Evidence-based Efficacy and Biocultural Belief shows that belief in evidence-based effectiveness also has a relationship with the sustainability and well-being of inherited traditional medicine methods. People who believe in the scientific and biocultural efficacy of traditional medicine methods also often see the importance of maintaining the welfare of these methods for future generations. This can involve preserving these practices so that they remain relevant and beneficial to the communities that support them. The association also suggests that trust in traditional medicine depends not only on scientific evidence but also on the belief that the method has persisted in local cultures and provides comprehensive long-term benefits to community health.

The three relationships between the themes show that there are two relationships between categories, namely the evidence-based efficacy plus hereditary belief and building confidence categories. The intersubjective view of Evidence-based Efficacy and Hereditary Belief in traditional medicine cannot stand alone without the process of Building Confidence. While collective trust may already exist, building trust through evidence and socialization helps strengthen and expand public acceptance. The Building Confidence process allows people to feel confident that traditional medicine is a valid method, not only because of its cultural value but also because it is supported by scientific evidence. This helps the intersubjective view to become more stable, widely accepted, and enduring amid modern society.

5 Conclusion

The whole study provides the meaning that the assessment of intersubjectivity helps the product acquire a deeper and symbolic meaning, such as status, identity, or social value, that is collectively agreed upon. As a result, the product becomes more than just material with a specific function but becomes a symbol that reflects social values and recognized identities in society.

The results of the study found that the intersubjectivity assessment of ITM services was dominated by symbolic value. The symbolic value that emerges in the form of traditional medicine beliefs has been proven to be effective in healing because it has values and beliefs that have been passed down from generation to generation. Although evidence-based efficacy plus hereditary beliefs are an intersubjective assessment of ITM preferences, the

public needs to be strengthened in the form of building confidence in strengthening service utilization preferences. This indicates that symbolic values derived from intersubjectivity assessments require an institutionalization process in product confidence building.

This study also shows that the assessment of intersubjectivity is built by the connectivity between other narratives in the process of interaction between actors in mutual observation. In addition, the construction of the narrative of product assessment in an intersubjective manner is also influenced by sentiment analysis from the views of actors in the field. The results of this study then became part of the theoretical and empirical contribution of this study.

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