



Explanatory Models of Local *Demarinen* Illness in Tegal, Central Java

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ABSTRACT

Demarinen is a local illness resulting from the reconstruction of Javanese culture. The people of Ketanggungan village refer to *Demarinen* as an illness resulting from an energy imbalance between pregnant women and children. This paper explores *Demarinen* using Arthur Kleinman's explanatory model, which helps analyze how people explain the causes, symptoms, changes in body functions, impacts, and treatments chosen to treat *Demarinen*. The research was conducted using a qualitative and descriptive approach. The results showed that *Demarinen* is an illness that affects children under or at zero to two years, with the characteristic of children becoming cranky. Although there is a hereditary pathway in diagnosing the illness, *Demarinen* is not an illness resulting from genetic predisposition but rather a result of social, cultural, and local beliefs by a community group. By understanding how the community interprets the disease through explanatory models, more effective, culturally-based, and accessible health strategies can be developed to improve the community's overall health.

Keyword: *Demarinen*, Ethnomedicine, Explanatory Models, Local Illness

ABSTRAK

Demarinen merupakan sebuah penyakit lokal hasil rekonstruksi budaya masyarakat Jawa. Masyarakat desa Ketanggungan menyebut *Demarinen* sebagai penyakit akibat dari ketidakseimbangan energi antara ibu hamil dengan anak-anak. Tulisan ini mengeksplorasi penyakit *Demarinen* menggunakan model eksplanatori Arthur Kleinman, yang membantu menganalisis bagaimana masyarakat menjelaskan penyebab, gejala, perubahan fungsi tubuh, dampak, dan pengobatan yang dipilih untuk mengobati *Demarinen*. Penelitian dilakukan dengan menggunakan metode kualitatif dengan menggunakan pendekatan deskriptif. Hasil penelitian menunjukkan bahwa *Demarinen* adalah kondisi sakit yang menyerang anak di bawah atau pada rentan usia nol hingga dua tahun, dengan ciri-ciri anak menjadi rewel. Meskipun terdapat jalur keturunan dalam mendiagnosis penyakit, *Demarinen* bukanlah suatu penyakit akibat dari kecenderungan genetik, melainkan akibat dari pengaruh sosial, budaya dan kepercayaan lokal oleh suatu kelompok masyarakat. Dengan memahami cara masyarakat memaknai penyakit melalui explanatory model, strategi kesehatan yang lebih efektif, berbasis budaya, dan mudah diterima dapat dikembangkan untuk meningkatkan kesehatan masyarakat secara keseluruhan.

Keyword: *Demarinen*, Etnomedisin, Model Eksplanasi, Penyakit Lokal



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1. Introduction

As evolved cultural beings, humans certainly have medical knowledge based on cultural perspectives (Wardani et al., 2023). This perspective is influenced by knowledge, beliefs, art, values, morals, laws, customs, and habits that are interpreted differently by each group in a particular region (Foster & Anderson, 2006). However, despite differences in beliefs and medical practice choices, the concepts of health and illness have universal similarities.

Health is the main thing that is the hope of all human beings in the form of a state of well-being so that they can carry out their daily activities in peace (Candrawati et al., 2023; Hertiana et al., 2023). Meanwhile, illness is often associated with each individual's assessment of the experience of suffering from an illness. According to Suryanti (2021), illness in the sociological concept is related to individuals' unique role in connection with their feelings of pain and having new responsibilities, namely, seeking recovery treatment. Individuals are said to be sick when they experience a disturbance in function in the body that was initially normal in whole or in part (Kleinman et al., 2006).

Foster & Anderson (2006) categorize the causes of illness into two, namely those related to biological (disease) and social (illness) contexts. Disease is an objective condition where the individual's body condition is experiencing pain. At the same time, illness is related to the state of individuals who experience pain subjectively, such as feelings that make individuals uncomfortable (Marliana et al., 2020). Imbalances that occur in individuals accompanied by symptoms are called diseases (Muzaham, 2007). Localized illness refers to illness prevalent in a particular region or population. Local illnesses are often interpreted as conditions that threaten the primacy of individual body conditions and are part of comprehensive local wisdom (Njatrijani, 2018).

Many previous researchers have researched local illnesses. *Demarinen* is one of the local illnesses among Javanese people. The people of Ketanggungan village understand *Demarinen* as an illness that affects children, and many people associate it with the presence of pregnant women in a family. Research on *demarinen* was also found in the Semarang district. According to Suprapti & Prasetyo (2018), the people of Lanjan village, Sumowono sub-district, refer to *Demarinen* as an illness whose sufferers are toddlers. *Demarinen* is caused by the presence of potential new family members (who are still in spirit form) in the stomach of pregnant women; the presence of these potential new members is then reconstructed to cause toddlers to experience pain with symptoms such as fever, cough, runny nose, and fussiness. The pain experienced by the toddler is believed to be a form of protest because he feels threatened (feeling jealous) by the presence of new prospective members in his family. However, the study only focused on the etiology and treatment of *Demarinen* illness.

In addition, other local illnesses that affect children are found in *Sawan*. *Sawan* is an illness that can affect various ages, including infants. Children affected by *Sawan* have symptoms such as restlessness, continuous crying, loss of appetite, and diarrhea (Khoiriyah & Jannah, 2023; Suyami et al., 2025). Illness with local names also exists in other parts of the world, such as *Karabasan*, as a cultural interpretation of the phenomenon of sleep paralysis in Turkey, which is believed to be the result of interference from supernatural beings (Jalal et al., 2021). *Saka* is an emotional disorder and hallucination in Malay culture (Hasbullah & Yusoff, 2012), and *Susto* is an anxiety disorder in Latin American culture (Martínez-Radl et al., 2023).

More than that, an illness can be studied more exploratively. To fill knowledge gaps that have not been covered before, this research examines local *Demarinen* illness more complexly using the explanatory model popularized by Arthur Kleinman. One use of the explanatory model concept is found in explaining epilepsy; Kpobi et al. (2018) mention that biological, social, and supernatural causes influence community beliefs and perceptions of epilepsy. Treatment involves herbal and spiritual practices. People believe that epilepsy has profound social implications for sufferers, especially for people with epilepsy who are female. Access to formal biomedical care is unaffordable for people living in sub-Saharan Africa, which leads people to utilize traditional or alternative medicine practitioners.

An explanatory model of illness is an approach used to explain the perception of illness in a society from a cultural perspective (Kleinman, 1980). The Explanatory Model can help understand individuals and explain the social context and journey of individuals who experience illness (sick role) to create a better understanding of an illness (Laws, 2016). This study aims to explore the experiences and meanings of individuals related to *Demarinen* as an illness and the search for *Demarinen* treatment using an explanatory model that examines it in terms of etiology, symptoms, pathophysiology, implications, and treatments.

2. Method

The method used in this research is qualitative research with a descriptive approach. The descriptive approach is used to examine the understanding of the phenomenon of *Demarinen* illness from the perspective of individuals directly involved. The location that became the focus of this research was Ketanggungan village, Dukuhuri sub-district, Tegal regency, Central Java. The presence of the phenomenon of *Demarinen* illness in the area influenced the choice of location. The research was conducted from November and December 2024 to January 2025 at specific times.

Table 1. Classification of Research Informants Types

No.	Type of Informan	Amount	Details
1.	Main Informant	2	Family of people with <i>Demarinen</i> illness
2.	Supporting Informant	10	People who know about <i>Demarinen</i> illness consist of: <ol style="list-style-type: none"> 1. Baby Shaman (2) 2. Midwives (2) 3. Muslim Faith (2) 4. Citizen of Ketanggungan Village (4)

(Source: Research Data 2024)

The informants in this study are classified into two types, namely the main informants consisting of Mrs. FK and Mrs. NH as families of people with *Demarinen*, and supporting informants comprised of traditional and modern health practitioners, as well as the citizens of Ketanggungan village who have an understanding of *Demarinen* illness.

The problem focus of this research will be elaborated using Arthur Kleinman's explanatory model of local illness, *Demarinen*. This research uses primary and secondary data collection techniques. Primary data is obtained through semi-structured interviews with main informants and supporting informants, field observations, and documentation analysis. In contrast, secondary data is obtained from previous literature references relevant to the research.

The instruments consisted of interview and observation guides developed to examine the knowledge, views, and experiences of *Demarinen* pain. The data obtained were then analyzed through several stages: data reduction, presentation, and conclusion drawing (Miles et al., 2014). Data reduction was carried out by sorting out all data from interviews, field notes, and observation results obtained so that the data could be visualized according to the needs and formulation of the problem, and then conclusions were drawn.

3. Result and Discussion

3.1. Overview on Life in Ketanggungan Village

Ketanggungan village is west of Tegal Regency, bordering Kabupaten Brebes (Brebes Regency) (BPS Kabupaten Tegal, 2023). The predominant religion practiced in Ketanggungan village is Islam. This village is an agrarian area with vast expanses of irrigated rice fields. The environment, abundant in fields and yards, indicates that most inhabitants are engaged in agriculture, mostly cultivating shallots as their principal commodity (KKN Desa Ketanggungan, 2020). They often choose to migrate and establish "*Warung Tegal*" (Tegal Food Stall) businesses.

The nearest health services are available at the Kupu village community health center, around two kilometers from the Ketanggungan village hall. Ketanggungan village has one village midwife and actively integrated health post cadres who conduct health service activities in the village. However, the community continues to depend on traditional medicine and the function of traditional medicine practitioners as an option in selecting illness treatment.

Agrarian communities believe that human existence should align with nature (Widyatwati & Mahfudz, 2019). The people of Ketanggungan village use natural resources wisely through traditional medicine, such as herbal plants or beliefs about certain times that are good for treatment. Furthermore, due to the community's religious background, traditional healing practices with a spiritual touch are also widely practiced, such as *ruqyah* (Quranic healing) and holy water.

3.2. Understanding of Ketanggungan Village Community Toward *Demarinen* Illness

Demarinen is a condition that affects children aged zero to two or, in other cases, toddlers who cannot walk. It is an illness with specific characteristics and prevalence in a certain area, and in this case, it is found in agrarian societies. Its existence is bound by the community's belief about the presence of pregnant women in a family, which then causes other children in the family to behave unusually.

The characteristics recognized in *Demarinen* patients are frequent whining or crying, which people also refer to as "*ngengkeng*" or fussing. In this case, the individuals capable of diagnosing *Demarinen* illness are elders, specifically the family's senior members, or traditional health practitioners, such as baby shamans. This ability often results from practical experience, individual intuition in diagnosing illness, and cultural changes passed down from generation to generation. Understanding an illness in a community group is also influenced by cultural values and an understanding of the relationship between humans and nature.

3.3. Model Explanatory of Local Demarinen Illness

The explanatory model explains illness in a cultural and traditional context, popularized by Arthur Kleinman. This descriptive model examines the experience of illness from an alternative viewpoint, asserting that illness is not just determined by biological elements but also by social, cultural, and psychological influences (Kleinman, 1980). This model helps explain how certain communities understand, interpret, and treat illness based on their belief systems. Kleinman identified that certain groups have different understandings of an illness, which include five primary elements:

Etiology of Demarinen Illness

The phenomenon of *Demarinen* illness is described by the presence of fussy children and pregnant women in a family (with blood ties). Javanese society generally adheres to a bilateral kinship system, a family relationship involving both sides of the father's and mother's lineage. However, social practices that tend to follow the father's lineage are often encountered.

Mbah Karsih, a baby shaman in Ketanggungan village, believes that children undergoing *Demarinen* may be influenced by the presence of pregnant women from either the paternal or maternal lineage. The community defines *Demarinen* as representing negatively connoted feelings like anger, anxiety, or discomfort. This is felt by sufferers towards the existence of a baby in the womb of a pregnant woman.

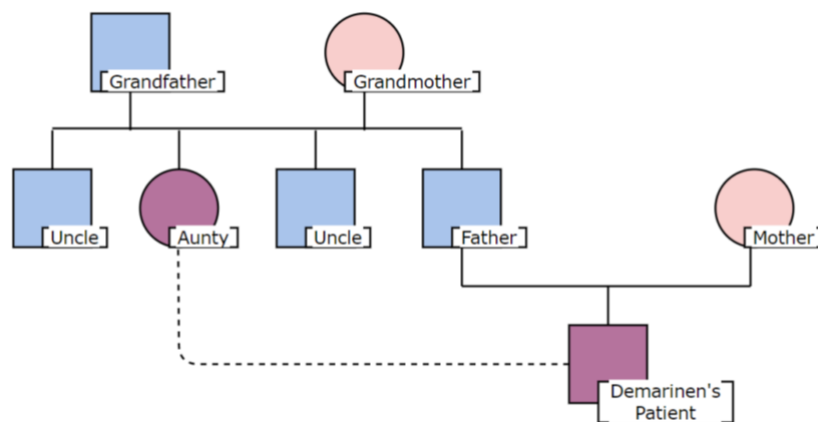


Figure 1. Padigree of a Family with *Demarinen* Illness (1)
(Source: Research Data 2024)

In Mrs. FK's case, the existence of pregnant mothers is in the lineage of her husband (the father of the person with *Demarinen* illness), namely the younger brother of Mr. SG. The patient experienced *Demarinen* at the age of 7 months and was not yet able to walk.

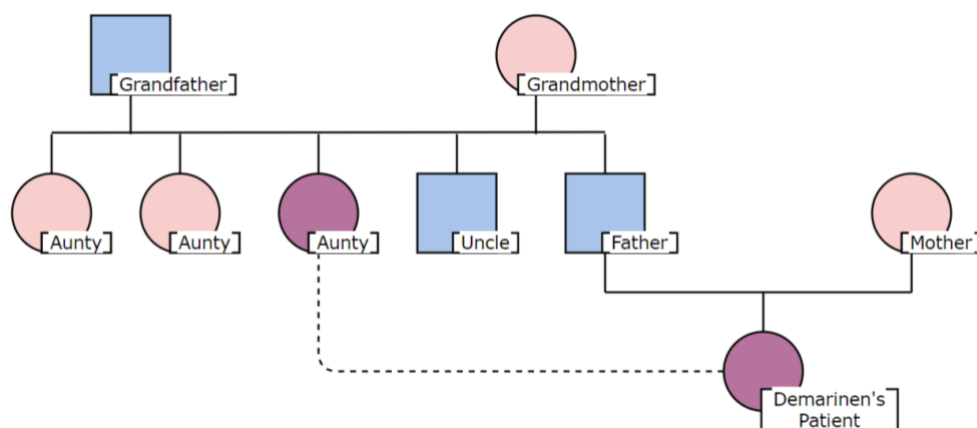


Figure 2. Padigree of a Family with *Demarinen* Illness (2)
(Source: Research Data 2024)

In Mrs. NH's case, the presence of pregnant mothers was also identified in her husband's lineage, specifically in the younger brother of DY's father. The patient was the nephew of the pregnant woman and developed *Demarinen* at the age of 9 months. At that time, the pregnancy was in the second trimester, approximately 20 weeks along.

Both *Demarinen* patients originated from the "*Sedulur Lanang*" (brother's line), which denotes the paternal line of descent that includes older and younger siblings. The paternal kinship line is frequently regarded as significant in transmitting specific traits or personalities through biological, genetic, cultural, or traditional frameworks. Similar to clans in Batak society, it represents a form of individual identity inheritance conferred by the paternal lineage, grounded in customary or cultural values (Saputri et al., 2021). However, the influence of the maternal lineage kinship system also has a big role.

Overall, there is no specific naming to indicate the lineage that causes someone to experience *Demarinen*. However, in the research of Suprapti & Prasetyo (2018), the people of LanJan village gave a difference in their mention that *Demarinen* originating from "*Sedulur Wadon*" or the mother's lineage is referred to as *Demarinen Ulinen* and that originating from the father's lineage is referred to as *Demarinen* without any frills. On the other hand, in the case of *Demarinen* illness in the Tegal region, no specific name distinguishes between *Demarinen* from the father's and mother's sides.

Demarinen is an illness resulting from the cultural reconstruction of Javanese society. The cultural construction in understanding an illness is influenced by how a community understands, explains, and treats the illness (Salsabila et al., 2024). Because the agent of the cause of this illness is humans (pregnant women), which causes sufferers to experience negative connotations, this illness is personalistic, namely mentioned by (Foster & Anderson, 2006) as an illness caused by the intervention of supernatural forces. In modern medical knowledge, illness is generally considered a biological disorder caused by infection by microorganisms or genetic disorders (Fuadi & Sijid, 2021). However, in many cultures, illness can also result from spiritual disturbances, curses, karma, or negative energy.

Symptoms of *Demarinen* Illness

Children with *Demarinen* will show symptoms characterized by hysterical crying. When crying, the child will look up and raise his or her hands as if surprised, and the eyes will be wide with a sharp gaze. The community believes that the child's crying is an emotional outburst with a negative connotation in the form of an unpleasant expression of emotion. In these conditions, the child also becomes difficult to control. Children over one year old will also show *mobat-mabit* or restless movements, such as thrashing, rolling, and kicking.

"Nangisnya tuh tanpa sebab, terus nangisnya terus-terusan. Soalnya udah disusuin, udah tidur, udah digendong tetep nangis mulu. Mana nangise ndengal-ndengal..." (Interview with Mrs. NH, 2024).

"She cries for no reason; she just keeps crying. Even after being fed, put to sleep, and carried around, she still cries. She cries all over the place...." (Interview with Mrs. NH, 2024).

In addition to hysterical crying, the symptoms experienced by *Demarinen* sufferers can also include stool that is yellowish-green or mossy-green in color and tends to have a texture like the aquatic plant Lemna, which the people of Ketanggungan village call as *Mata Lele* (the catfish eye plant).

"...Iya, dang ngisinge sejen, ana banyu, toli kae ana ijo-ijone, kaya mata lele, kue jare wong kuna kue demarinen sedulur wadon, kaya kue keh demarinen dulure manekane koen..." (Interview with Mbah Karsih, 2024).

"...Yes, just take a moment; there is water, but the leaves are green and shiny, like the eyes of a cat, cakes that make you think of your sister's birthday, like chocolate cakes made for your brother's birthday ..." (Interview with Mbah Karsih, 2024).

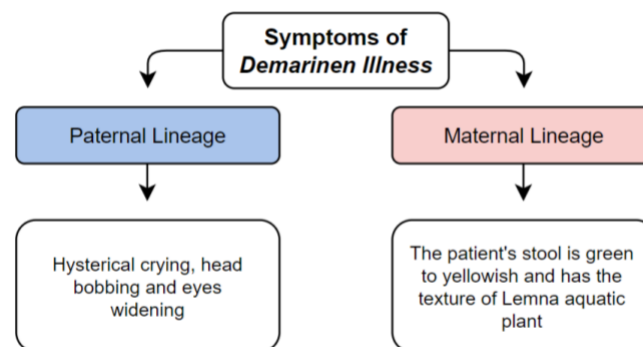


Figure 3. Chart of Symptoms Experienced by Patients with *Demarinen* Illness
(Source: Research Data 2024)

These symptoms do not represent a collection of symptoms that *Demarinen* patients will encounter. These symptoms indicate the origin of the pregnant mothers, which leads to the infant experiencing *Demarinen* patients. The afflicted individual's father and mother can induce *Demarinen* patients in their offspring. This is distinguished from the symptoms that appear.

Crying is natural for children. Children often express disappointment through nonverbal cues such as roaring, crying, screaming, or shouting (Azmiati & Nuryani, 2021). However, in the case of *Demarinen* illness, the eyes are the key to distinguishing a baby's cry from a baby's cry. Children suffering from *Demarinen* will cry with wide open eyes and eyelids pulled up, also known as “*mendelik*”. Prolonged crying with alternating protesting whining is crying that defines a child as fussy (Laguna et al., 2023).

In addition to crying, the stool produced by the sufferer is also a consideration in determining the cause of demarinen. The frequency of defecation (bowel movement) in children is generally determined by age, diet, and organic factors in each individual's body (Tehuteru et al., 2016). In the age range of zero to one year, the normal frequency of defecation is four to seven times per day and will decrease with age. Children with diarrhea will have changes in the stool's frequency, consistency, and color (Makuta et al., 2024). In contrast to diarrhea, in the case of *Demarinen*, the sufferer's digestive system is in a normal state, it is just that the stool or feces excreted have a color and texture that are believed to be *Demarinen* feces.

Pathophysiology (How Illness Affects the Body)

In *Demarinen* illness, changes in bodily function experienced by patients are the result of energy imbalance. In Javanese society, energy imbalance occurs when an individual's energy distribution overlaps with that of other individuals, affecting physical, emotional, and spiritual health. In this case, the energy the pregnant mother possesses invades the body of the small child to whom she is related.

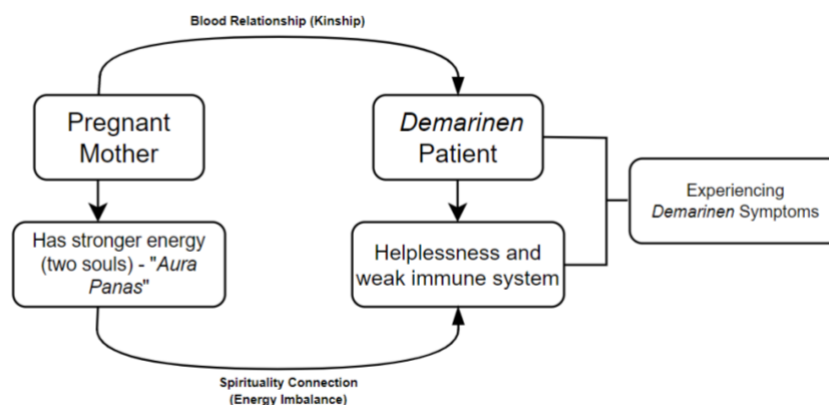


Figure 4. The *Demarinenic* Process of Body Function Change

Pregnancy is considered a sacred phase for a woman. The Javanese believe pregnant mothers have stronger energy because they carry two souls. This energy is referred to as an “*Aura Panas*” and can affect the health of young children around her. This energy also causes a change in the body odor (spiritually) of pregnant women, which is liked by supernatural beings, such as Kuntilanak and Genderuwo. Klarissa et al. (2019) state that this phase is an ambiguous situation, namely a transition when a woman is between two main statuses in her life.

Young children are perceived as innocent individuals with weak immune systems and more sensitive to supernatural energies. Young children are often associated with their ignorance of the rational world and the assumption that they are “*close*” to the paranormal world. This spiritual connection then causes a child to experience *Demarinen*, pregnant women are considered to carry “*strong energy*” that can disrupt the health of children who are weaker in energy and endurance. This energy imbalance then makes the child fussy and cry. Children feel powerless over the presence of stronger energy carried by pregnant mothers.

Certain cultures have a unique perspective on how individual or environmental energy can affect the health of others. Another version verifies that sitting in the wind is similar to illnesses also caused by energy imbalances. Novira (2019) explain that the people of Enggano Island, Bengkulu, have local knowledge to explain the *Angina Pectoris* illness due to exposure to evil energy that takes over a person's body.

Impact of Demarinen on the Lives of Participants

In some cases, the course of an illness can develop and impact one individual to another. This includes the risk of transmission and the effect on lifestyle and family members. In this study, the family of the *Demarinen* patient mentioned several implications experienced during the patient's illness. These impacts are categorized into two types: those experienced by the patient and those encountered by the family caregiver, specifically the patient's parents.

The emotional expressions of individuals suffering from *Demarinen* during their illness might significantly affect their physical condition. The mind, emotions, and body maintain a strong and ongoing interaction. In this case, intense negative emotions may trigger numerous detrimental physiological reactions. Individuals with *Demarinen* will experience bodily soreness due to the muscular tension induced by frantic sobbing.

Parents have an important role and responsibility in caring for their ill children. On the other hand, this role can put pressure on them, affecting their physical condition. First, physical pressure. A fussy child will require care throughout the day, including bedtime. This will cause parents to experience a temporary lifestyle change (only during illness), but it will also affect their physical condition. Parents tend to ignore eating and resting because they are focused on taking care of their children, which causes parents to experience fatigue and lack of sleep.

The second is emotional pressure. Children who cry continuously and cannot communicate their feelings verbally will cause parents to experience confusion. The emotional burden increases and the sense of helplessness grows because the symptoms experienced by sufferers do not go away. Furthermore, according to Mikolajczak et al. (2018), a prolonged illness can make parents feel like they are missing out on the happy times of seeing their child's growth and development.

Treatments of Demarinen Illness

The choice of treatment based on family preferences and the symptoms experienced by the patient is often influenced by cultural factors, beliefs, access to health services, and individual experiences. The search for treatment is the culmination of Arthur Kleinman's explanatory model. Each cultural group has its own way of dealing with illness in this phase, including herbal medicines, healing rituals, or modern medical practices. Based on this, the process of seeking treatment by the family of a demarinen patient can be analyzed:

Table 2. Treatment Search Process for *Demarinen* Patients

Aspect	Patient 1	Patient 2
Family Background	Patient 1's family is typical, with the head of the family working as a farmer and his wife working as a housewife.	The family of Patient 2 is religious because the head of the family is a teacher, and Ustadz (Islamic teacher) and his wife are housewives
Background of Pregnant Mother	The <i>Demarinen</i> patients are both the second child of each couple. Pregnant mothers are within reach of the patients, as they both live in Ketanggungan village.	Pregnant mothers are out of the patient's reach. Pregnant mothers and patients do not live in the same neighborhood.
Family Awareness	The patient's family found out about <i>Demarinen</i> through consultation with a baby shaman.	The patient's family does not know <i>Demarinen</i> , and assistance from the patient's mother is needed to diagnose the illness.
Description of Patient Condition	The patient experienced <i>Demarinen</i> at 7 months; at that time, the patient could not walk.	The patient experienced <i>Demarinen</i> at 9 months; at that time, the patient could not walk.
Selected Treatment	Treatment is carried out by “ <i>diidoni/diiduhi</i> ” (spitting on by the pregnant mother)	Modification of treatment by agreement between the pregnant mother and the patient's family. The chosen treatment is to blow (it should be spit).

Some families choose traditional medicine services due to dissatisfaction with the sense of curiosity they experience when seeking treatment from modern medicine services. As Mrs. NH experienced, before her child was diagnosed with *Demarinen*'s illness, the family had taken the sufferer to modern medical services, but the symptoms did not go away. This was the background to how Mrs. NH's child was diagnosed with *Demarinen* and chose traditional medicine.

"Iya, Bibinya nggak mau ngeludahin, katanya, "Melas temen, bocah ayu-ayu di idoni. Mene tak dongakna bae," jadi Ainun cuma didoain sambil ditiup-tiup ubun-ubunnya" (Interview with Mrs. NH 2024)

"Yes, her aunt didn't want to spit, she said, "My dear friend, a beautiful child in my arms. I don't look up to her," so Ainun was just prayed for while her forehead was blown" (Interview with Mrs. NH 2024)

However, in practice, NH's family chose to modify the treatment because there were things that contradicted the healer's beliefs (pregnant mother). This modification of treatment was based on the pregnant mother's view of life. In this case, the pregnant mother felt terrible when he had to spit on the sufferer. There was a feeling that went against tradition.

In the case of *Demarinen* illness, the treatment is more personal because it only involves the cause as well as the healer and the patient, namely the pregnant mother as the cause. The niece, who, of course, has a family relationship, feels the impact, and then, in the end, it is the pregnant woman who can only provide treatment. This type of illness often does not require medical treatment but rather a holistic treatment process.

Between blowing and spitting both have the elements of water and wind. In Javanese cosmology, water and wind are part of the four elements of life, namely the concept of *Sedulur Papat Limo Pencer*, about the harmonization between humans and nature (Sari & Muttaqin, 2021). Cosmology is the knowledge about the natural world with universal power (Pramudita et al., 2020). The four *Pencer* or human soul elements are water, wind, fire, and earth. The lust within humans is the manifestation of *Sedulur Papat*. A person experiencing *Demarinen* shows symptoms of negative emotions. With holistic treatment, illness is not only seen as a physical problem but also as an imbalance in the emotional aspect.

The practice of the *Demarinen* treatment considers the interaction between individuals and the elements that make them up. *Ngidoni* or *ngiduhi*, which pregnant mothers do, is an effort to harmonize the elements in the body. When someone who experiences *Demarinen* shows negative feelings or emotions, the fire element dominates their body. The water or wind element is needed to cleanse negative energy and restore health.

In other cases, when pregnant mothers cause a child to experience *Demarinen*, which is beyond the reach of the sufferer and his family, the people of Ketanggungan village have an alternative treatment that can be carried out according to the case: hitting the sufferer's head against a banana tree with Plantain species or *Pisang Raja*. The choice of *Pisang Raja* or Plantain Tree as a treatment medium is because the Javanese people believe that this plant is "the king" and is used as a symbol of healing.

Plantain has a deep symbolic meaning and is often associated with various aspects of life, especially in culture, tradition, and spiritual beliefs. In the case of *Demarinen*'s illness, plantain is used as a treatment because it symbolizes leadership and wisdom that benefits many people, including curing illness.

Plantain is used as a sacred medium in traditional rituals and religious ceremonies. This is also the case in the *Mitoni* or *Tingkeban* ceremony, a traditional ritual performed when a person's pregnancy enters the seven-month mark. Plantain symbolizes the fetus being conceived (Wulandari et al., 2024), with the hope that the baby will be born safely and bring good luck, like plantain, which has many benefits for human life.

However, the medicinal practice that uses plantain symbolism has other recommendations. A good day is dedicated to performing this treatment: on Friday, the sermon priest climbs the pulpit and begins arguing. The Javanese consider Friday a day full of blessings and the perfect time to start something, including treatment. People believe that the blessings and virtues of Fridays will also bring healing. Moreover, Friday is also considered a day with positive energy and spirituality.

The practice of treating children with *Demarinen* patient by hitting their heads against a banana tree is done three times with the intention of "I'm not going to hit the child; I am just going to hit him so he will not be fussy and quiet," meaning that the community tries to treat the patient by shocking him with the impact of his head against a banana tree to trigger a healing reaction. The intention is intended as a prayer that is hoped will release all the symptoms experienced by the sufferer. However, the community believes that all forms of healing come from Allah SWT. Treatment methods that appear harsh or use pressure are also found in *Rugyah* treatment practices to cure possession; the patient is given a blow or stab at the point where the jinn resides and is also shocked by the recitation of verses from the Qur'an aloud (Arifin & Zulkhair, 2012).

4. Conclusion

Communities have unique understandings and practices of healing and how their belief systems influence their approach to health. Explanatory models help identify how communities explain the etiology, symptoms, changes in bodily functions, impacts, and treatments they believe in and practice daily.

The results show that in some cultures, people have their own beliefs about the origin of illness, which may differ from medical explanations. *Demarinen* is an illness reconstructed from Javanese culture. This research states that *Demarinen* occurs due to an energy imbalance between pregnant women and children. Pregnant mothers, who are represented as containing new life, have more potent energy and invade the energy of the children, causing them to become cranky. Although there is a hereditary link in diagnosing the disease, *Demarinen* is not an illness due to genetic predisposition but rather due to the influence of cultural beliefs by a group of people.

Sometimes, *Demarinen* can have implications for sufferers and caregivers during illness. It has been found that people who experience *Demarinen* have physiological responses in their bodies, while people who provide care to *Demarinen* sufferers experience both physical and emotional stress. This has an impact on the selection of treatment practices; the treatment chosen not only considers the value of tradition but also the view of life that the healer personally believes. The treatment process is open but does not eliminate the essence of the values of harmonization with nature. By understanding how people interpret illness through the explanatory model, more effective, culturally-based, and acceptable health strategies can be developed to improve the community's overall health.

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