

Qualitative Study: Health Empowerment Model of Suku Anak Dalam (SAD) Along the Central Crossing Sumatera Indonesia

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ABSTRACT

Background: Health problems are still a major issue for the Suku Anak Dalam (SAD). Knowledge of health, personal hygiene, trust with migrants, desire to improve themselves and economic ability are still obstacles to healthy living. Efforts have been made but have not shown maximum results. **Objectives:** The research aims to find strategies for empowerment approaches to improve healthy behavior for SAD along the Central Cross of Sumatera. This research is expected to produce an empowerment strategy to improve health and enable people to behave healthily. **Methods:** The research design for this study is qualitative, with 43 informants consisting of the Public Health Department, Public Health Center, tumenggung, jenang, Pundi Sumatra NGOs, and SAD residents in four residential areas of the research location. Data collection was done using in-depth interviews and observations. The research locations are in Sarolangun District, Merangin, and Bungo Jambi District. **Results:** Health empowerment research conducted by the Health Service and Community Health Centers has been carried out with outreach activities, free treatment, and reproductive health, but has not shown success because no special SAD assistants are living in the settlement to provide examples of the healthy behavior they expect. Empowerment is carried out by non-governmental organizations (NGOs) with a strategy of providing special workers as companions in residential locations so that they can meet the needs of the community along with other stakeholders and can increase community trust so that it is easier for community mobilizers to accept change. **Conclusion:** The strategy of the health empowerment approach is to prepare a companion for each group who lives with them and understands sufficient health knowledge. Tumenggung's role as a mobilizer is becoming a key figure in the SAD community movement.

Keywords: Empowerment, SAD, Sumatera

INTRODUCTION

The population of SAD in Jambi Province in 2010 was 3,205 people and there was an increase in population to 12,909 people or 2951 families in 2019 (BPS Jambi Province, 2019). Data obtained from the NGO Pundi Sumatera SAD along the Sumatran Cross spread from Sarolangun to Damasraya consist of 10 rombongan (groups) totaling 491 people including Rombongan abas, rombongan Yudi, and Rombongan marni Rombongan sir, and Bujang rendah, rombongan tumenggung lintas, Rombongan tumenggung Jurai, Rombongan storm, Rombongan Nurani, and Rombongan Ngilo.

The government has made efforts to improve welfare in the economic sector in collaboration with non-governmental organizations including increasing health independence, but it is still not optimal,

one of which is the problem of low behavior. NGO and government collaboration is needed to carry out empowerment for the SAD (Eliza, 2018). There is an absence of local regulations on the recognition and protection of ethnic groups which has resulted in village officials not having a concept in granting decent rights to them so they have a SAD life in Merangin Regency (Bakhtiar et al., 2020). Socialization to the Kades and their officials is needed in order to find out the condition of the Selapik Hamlet community which has an inner tribe (Asra et al., 2018). Tumenggung leadership patterns affect social life, political awareness, environmental awareness and health awareness among the SAD (Samsu et al., 2022). Health problems are still a problem for the SAD community. Unsafe childbirth of inner children assisted by shamans and



carried out in nursing homes that have a SAD care can facilitate access to health services for the SAD (Ridwan & Lesmana, 2018). Health cadres who come from the SAD will be able to influence healthy behavior (Ridwan et al., 2020). The search for maternity assistance in the SAD community prioritizes shamans (Ridwan et al., 2021).

Health empowerment of the SAD along the Central Cross of Sumatra in Sarolangun, Bungo and Merangin districts in the promotive and preventive fields has not shown success. The efforts made by the public health center are still limited to treatment efforts due to the difficulty of building communication and mobilization to the community. This is evidenced by the low personal hygiene of the community, the cleanliness of the residential environment, and knowledge about maintaining the health of individuals and families. The study was conducted on communities that had settled or had settlements. SAD along the Sumatran Cross lives mostly from various activities that are greater than SAD who are still in the jungle. Some already have oil palm plantations, become police officers and have been able to continue their education at university. Community access to rural communities is getting closer. It is interesting how the inner tribe empowerment approach is applied to improve healthy behavior so that it has an impact on social life with people outside the community. The purpose of the study is to find how the empowerment approach strategy is carried out to improve the healthy behavior of SAD in the Central Cross of Sumatra Jambi.

METHODS

This research uses qualitative methods, with a case study approach, in four groups/rombongs. The head of the group in high risk of complications and can result in death (Guspianto et al., 2019).

RESULTS AND DISCUSSION

Table 1. Characteristics of informants.

No	Informer Code	Age	Position	Location / rombongan / kab
1	KB.01	57 /LK	Tumenggung	Dwikarya Bhakti Village, Bungo Regency
2	KH.02	40 /LK	Tumenggung	Dwikarya Bhakti Village, Bungo Regency
3	KT.03	55/PR	Citizen	Dwikarya Bhakti Village, Bungo Regency
4	KS.04	70/PR	Citizen	Dwikarya Bhakti Village, Bungo Regency
5	KR.05	23/PR	Citizen	Dwikarya Bhakti Village, Bungo Regency
6	KM.06	65/LK	Citizen	Dwikarya Bhakti Village, Bungo

Traditional healers have knowledge and skills from ancestral spirits. Traditional healers treat various diseases in the community by using herbal medicines (Sodi et al., 2011). SAD empowerment model with the SAD Community is called a tumenggung. Suka jadi Rombongan Village/Cross district group Sarolangun, Dwikarya Bhakti village consists of two groups, namely Tumenggung Hari and Tumenggung badai Bungo regency. Tumenggung group Jurai Pematang Kejumat limbur tembesi village Sarolangun Regency. Rombongan tumenggung Yudi pelakar jaya village, Merangin Regency. Data collection was conducted through in-depth interviews with all informants due to the difficulty of communicating with SAD residents. Observations are made to see health behaviors in daily life. The study was conducted for 3 months from September to December 2023. The study involves 43 informants, consisting of five tumenggungs, 27 from the SAD community, and one jenang and from the government (consisting of social health department and public health center) as many as six people, and four informants from non-governmental organizations (NGOs). Data analysis is using *content analysis*. The results of in-depth interviews with the SAD community and stakeholders were transcribed, followed by coding, namely interpreting the words from the in-depth interviews. The coding results are combined into sub-themes which are then are combined to produce research result themes. The themes of the research results are expressed in writing and connected to the results of previous research and existing theories about empowerment. This research has received ethical equality from the Health Research Ethics Committee of the Jambi Ministry of Health Poltekkes No. LB.02.06/2/624/2023, dated September 18, 2023.



				Regency
7	KK.07	45/LK	Citizen	Dwikarya Bhakti Village, Bungo Regency
8	KP.08	50/LK	Citizen	Dwikarya Bhakti Village, Bungo Regency
9	KN.09	70/Pr	Citizen	Dwikarya Bhakti Village, Bungo Regency
10	PJ.01	40/LK	Tumenggung	Pelakar Jaya Village, Merangin Regency
11	PJ.02	35/Pr	Citizen	Pelakar Jaya Village, Merangin Regency
12	PJ.03	32/PR	Citizen	Pelakar Jaya Village, Merangin Regency
13	PJ.04	34/PR	Citizen	Pelakar Jaya Village, Merangin Regency
14	PJ.05	40/Pr	Citizen	Pelakar Jaya Village, Merangin Regency
15	PJ.06	49/LK	Citizen	Pelakar Jaya Village, Merangin Regency
16	PJ.07	58/PR	Citizen	Pelakar Jaya Village, Merangin Regency
17	PK.01	23/Lk	Citizen	Limbur Tembesi Village, Sarolangun Regency
18	PK.02	63/Lk	Tumenggung	Limbur Tembesi Village, Sarolangun Regency
19	PK.03	62	Jenang	Limbur Tembesi Village, Sarolangun Regency
20	PK.04	50/lk	Citizen	Limbur Tembesi Village, Sarolangun Regency
22	PK.06	50/PR	Citizen	Limbur Tembesi Village, Sarolangun Regency
23	PK.07	40/PR	Citizen	Limbur Tembesi Village, Sarolangun Regency
24	RL.01	37 /LK	Tumenggung	Sukajadi Village, Sarolangun Regency
25	RL.02	40/LK	Citizen	Sukajadi Village, Sarolangun Regency
26	RL.03	53 /LK	Citizen	Sukajadi Village, Sarolangun Regency
27	RL.04	18/LK	Citizen	Sukajadi Village, Sarolangun Regency
28	RL.05	20/LK	Citizen	Sukajadi Village, Sarolangun Regency
29	RL.06	19/PR	Citizen	Sukajadi Village, Sarolangun Regency
30	RL.07	20/PR	Citizen	Sukajadi Village, Sarolangun Regency
31	RL.08	18/p	Citizen	Sukajadi Village, Sarolangun Regency
32	RL.09	40/p	Citizen	Sukajadi Village, Sarolangun Regency
33	RL.10	47/p	Citizen	Sukajadi Village, Sarolangun Regency
34	FS.01	28/LK	Facilitator of NGO Sumatra pundi	Dwikarya Bhakti Village, Bungo
35	FS.02	27/L	Facilitator of NGO Sumatra pundi	Sukajadi, Sarolangun Regency
36	FS.03	26/P	Facilitator of NGO Sumatra pundi	Bhakti Dwikarya Village, Bungo Regency
37	FS.04	40/PR	Sumatran Pundi	
38	PM.01	53/LK	Government	Health Department Bungo Regency
39	PM.02	57/PR	Government	Department social Bungo Regency
40	PM.03	53/LK	Government	Public Health Center Rantau Keloyang , Bungo Regency
41	PM.04	48/LK	Government	Health Department, Sarolangun Regency
42	PM.05	46/PR	Government	Public Health Center Pamenang , Merangin Regency
43	PM.06	34/LK	Government	Health Department Merangin Regency

Source: Primary Data

From the results of in-depth interviews with informants from the Health Department and Public Health Center, informants have made efforts to approach tumenggungs and tribal groups/rombongs to provide education and treatment activities. Activities in the community are carried out every month by the Health Department through the Public Health

Center, to conduct coaching, counseling, health checks, free medicine, mass circumcision, and health promotion activities, maternal and child health, and disease control and prevention. The following is an excerpt from the explanation above:

Community facilities are generally the same as the community, only what distinguishes it is public health centre

personnel who visit their place every month to carry out services, health coaching, health checks, and many others (PM.04)

...health departments and public health centers provide counseling, treatment, and circumcisions...the treatment that the community receives is the same as that done at SAD... (PM.03)

The inhibiting factor in running a health program is the lack of understanding from the inner tribe, both knowledge and routine application. The community has great difficulty remembering health knowledge. Most cannot read so media in the form of writing becomes an obstacle in their understanding. In addition, there are no health workers as companions in the community so the program that is carried out is not as expected, behavior is still far away from expectations, and personal hygiene from the community is still very low. This is in contrast to the activities of NGO Pundi Sumatra which places facilitators in the community so that this approach is more successful for approaching and mobilizing communities. Here are excerpts from interviews with informants:

... The obstacle in the SAD community is that sometimes they want to do counseling, and sometimes some want to listen, not (PM.04)

... Suku Anak Dalam health program has been carried out by the sub-district health center..., but no health workers are living there (PM.06)

We place facilitators in this community as a strategy of empowerment approach that we do, to connect needs with stakeholders and can accompany other community activities on site (FS.04)

Observations and interviews were carried out in four research locations; one location in Dwikarya Bhakti Bungo village has differences when viewed from the ability to behave healthily. The interview found that many programs that were intervened by various stakeholders made a difference in receiving information and the desire to carry out healthy behaviors. One

of them is the inclusion of the estungkara program from the Sumatran pundi program which provides a touch of health programs with training of health cadres, and programs to make additional food for toddlers. The task of the report facilitator is also to continue the health program to assist the community in the practice of daily healthy behavior. Another health program is a practice program for health students from universities with longer stays in the community. These students provides examples of healthy behavior in everyday life such as bathing, washing hands with shabu, combing hair, throwing out garbage, and cleanliness of the home environment.

... at the location of Dwikarya Bhakti there has been a good change, the family has been able to live a clean life, bathe, dress and clean the residential environment. This is also supported by their economic capabilities, because they already have an oil palm plantation along with other activities... (FS.01)

We are happy that many people come here because they can help our children to learn health and read, can dare to convey health messages in front of friends, learn to cook nutritious meals, and take many more baths that we get, for example, students ... (KT.03)

Another program is a special posyandu activity SAD where this posyandu is carried out to train cadres to provide education to fellow communities and give confidence to the community to be able to deliver health. This posyandu can provide independence for the community about health empowerment. The posyandu program in its implementation, the role of tumenggung and figures in the group are very influential in the context of community mobilization. With this special posyandu, government programs in the health sector can be felt by the community through posyandu. Previously, the posyandu activity community joined the village community; this was a conflict with the village community due to a lack of acceptance by the community.

...we are happy that there is a posyandu in our settlement because our children can be healthy... we also learn a lot about health.... (KR.05)

In the past, posyandu joined the community, but SAD residents did not want to go there because of the lack of acceptance by residents... some come but can't do the whole (KN.09)

To mobilize the people of SAD, tumenggung's role is very important because it is tumenggung who they consider as their leader (PK.03)

Children and young women are more receptive to new experiences and knowledge, while parents are more difficult because their past culture is ingrained in their lives. The community more quickly forgets what is conveyed by health workers and facilitators with the lecture method. This was conveyed by residents of the SAD Community:

...We are easier to understand with pictures easy to remember.... (KR.05)

... we see that residents can do what is conveyed with picture posters and practice what we say, for example: steps to wash hands with soap (FS.03)

From the results of interviews with informants, community knowledge can be increased by giving media posters with more pictures and practicing the message to be conveyed; this will enable greater understanding and they are given counseling with lectures. An easy target for intervention is girls and adolescents.

Table 2. The difference in empowerment is carried out by requesters and non-governmental organizations from the level of success.

No	Government	Non-governmental organizations
1	There is no special companion in the settlement	Facilitators settle in settlements with the community
2	It is difficult to mobilize the community because of incidental activities	It is easier to mobilize because every day it interacts with the community
3	Community Trust is very low	More trust because at any time you can accompany the community to solve the problems faced
4	Non-continuous program	The program focuses more on accelerating health and economic improvement and is sustainable
5	Only set up the community to be able to interact with the Community	Preparing community acceptance of the community by involving the SAD program with the village government and preparing to interact with the community

The role of the government through the Health Department and Public Health Center has made efforts to empower community health throughout Central Sumatra but has not been maximized due to the lack of assistance to the community in behaving healthily. This has an impact on the level of community trust so that it is difficult to mobilize the community to live healthy. The central figure in the SAD community is the tumenggung so that in order for the health empowerment program to run well, the involvement of the tumenggung is the key to its success. Unlike programs by non-governmental organizations, placing special facilitators in settlements will have an impact on the results of empowerment activities that are carried out more easily in mobilizing for healthy behavior change. Regular training and mentoring of health workers is also

needed to monitor the skills of public health workers, especially in providing health education to the community (Dewi et al., 2023). The empowerment of Remote Indigenous Communities by the Regional Government of Bengkalis Regency has not run as it should be where it is only limited to providing facilities and infrastructure assistance both in the field of human resource empowerment, social environment and social protection and advocacy, and the assistance provided has not been utilized by the people of Remote Indigenous Communities (Andriyus et al., 2021). The level of knowledge of the isolated and vulnerable Bonai ethnic community is included in the low category (Suparman et al., 2019). The program is carried out but is still routine, for example, mass treatment activities or visits several times a year, but does not

specialize programs and personnel to provide assistance in the community. The problems faced by KAT residents are very complex, so they require the right strategy in implementing KAT empowerment (Tranggano et al., 2020). The most effective model of community empowerment to free shackling is always to involve health cadres and health workers (Poltekkes et al., 2018). The results of empowerment research in coastal communities found that low health behavior is caused by; (1) low public education; (2) low willingness to learn; (3) limited health workers conducting health socialization and promotion activities; (4) access to information using leaflets (brochures) provided for those present (Yuliastina et al., 2020).

From the results of conversation and interviews with informants, health empowerment in communities cannot run alone, requiring collaborative work with many government sectors, NGOs, universities and the business world. Coordination between the programs of the parties is necessary so that the programs carried out will be useful and do not overlap between one program and another. Collaborative work will accelerate changes in the inner child tribe. In discussing the problem, it was stated that the difficulties faced by KAT are aspects of empowerment, namely power, cognitive, psychological, economic, and political (Hadiyanti, 2009). The Collaborative Cooperation Program in SAD of the children tribe in the village water pump in Batanghari district shows success in the development and empowerment program through government and CSR efforts with the division of authority and building commitment between the two (Efendi, 2020). The study concludes that there is a systematic and strategic exclusion of tribal representatives, who are ready and able to participate in local governance and successfully represent tribal interests (Rout & Patnaik, 2014). The causes of interethnic conflict are economic inequality, lack of religious understanding, and unfair treatment (Rashid et al., 2023). The involvement of the Batek community in empowering Indigenous tourism in Malaysia needs to be increased directly. The tourism sector which involves Indigenous peoples, if implemented with the right methods and strategies as discussed, allows the Batek community to

make this sector a new economic source while being able to maintain their culture and way of life (Ibrahim et al., 2023). Health programs have not focused on mentoring efforts in maintaining cleanliness and healthy behavior. This is because the energy and budgeting in the Public Health Center have not been fulfilled to run programs for the SAD community. Community empowerment activities in risk management are carried out to three subjects of community elements, namely adolescents, parents and adults and local organizations (Akbar et al., 2019). Women need to be empowered by creating safe spaces for them, supporting their mobility and independence inside and outside the home, promoting savings among them, generating skills through training, improving their decision-making skills, improving their reproductive health and providing them with better education (Patidar, 2018). Continuing to empower women from social, cultural, and institutional barriers is critical, as emerging correlations between women's leadership, health systems, and peacebuilding are critical for long-term stability, the right to health, and health system response (Meagher et al., 2023).

CONCLUSION

The strategy of the inner tribe health empowerment approach used is to provide assistance to personnel who live in settlements to increase trust that can generate empathy. This has an impact on facilitating the mobilization of the SAD community. The success of the health empowerment program will be quicker by collaborating with cross-sectors (government, businesses, NGOs, and universities).

REFERENCES

Akbar, M., Social Rehabilitation of the Elderly, L., Jl Poros Bandara Haluoleo Kendari -Southeast Sulawesi, K., Susilowati, E., Social Welfare Jl Ir Djuanda, P. H., -West Java, B. (2019). Model of community empowerment in handling at-risk adolescents in Rw 09 Kebon Pisang Bandung City. *BIYAN: Scientific Journal of Social Work Policy and Services*, 1(2), 2019.

- Andriyus, A., Febrian, R. A., Handrisal, H., & Adni, D. F. (2021). Empowerment of Remote Indigenous Communities (KAT) by the Regional Government of Bengkalis Regency. *RUDDER : Journal of Government Science*, 6(01), 63-74. <https://doi.org/10.31629/kemudi.v6i01.3660>
- Asra, R., Naswir, M., Kalsum, U., & Lestari, A. P. (2018). Improving the Quality of Education for SADChildren in Selapik Hamlet, Muaro Jambi Regency. *Journal of Community Service Works*, 2(1), 1-8. <https://doi.org/10.22437/jkam.v2i1.5424>
- Bakhtiar, R., Anshar, S., Zumiarti, Z., Fitri, A., & Prayitno, R. (2020). Policy of Jambi Provincial Government of Merangin Regency regarding SADTribe. *UNES Law Review*, 2(4), 383-391. <https://doi.org/10.31933/unesrev.v2i4.128>
- BPS Jambi Province (Ed.). (2019). *Jambi Province in 2019 figures*. BPS Jambi Province/.
- Dewi, A., Supriyatiningih, S., Sundari, S., Sugiyo, D., & Dewi, D. T. K. (2023). Community health worker empowerment through collaborative models with community midwifery. *International Journal of Public Health Science*, 12(2), 510-517. <https://doi.org/10.11591/ijphs.v12i2.22431>
- Efendi, G.N., & Purnomu, E.P. (2020). Collaboration Government and CSR A Case Study of SADin Pompa Air village, Jambi-Indonesia *International Journal of Academic Research in Business, Arts and Science (IJARBAS.COM)*, 2(1), 19-39. <https://doi.org/10.5281/zenodo.3632103>
- Eliza, F. R. (2018). The Role of Government toward KAT SAD Empowerment Program in Jambi Province in 2018. *Jambi Kesmas Journal*, 2(1), 40-49.
- Guspianto, G., Amir, A., & Mekarisce, A. A. (2019). Analysis of Maternity Behavior of Remote Indigenous Communities in Bukit Duabelas National Park Area, Sarolangun Regency, Jambi Province. *Indonesian Public Health Media*, 15(4), 391. <https://doi.org/10.30597/mkmi.v15i4.7991>
- Hadiyanti, P. (2009). Empowering remote indigenous peoples through out-of-school education models. *Jiv*, 4(2), 197-203. <https://doi.org/10.21009/jiv.0402.8>
- Ibrahim, A., Abdullah, R., Jazmina, W. N., Ismail, W. N. A. T., & Olaitan, A. (2023). Strategy Formulation To Empower Indigenous Community Involvement in Cultural Ecological Tourism of Kuala Tahan National Park. *Planning Malaysia*, 21(1), 36-47. <https://doi.org/10.21837/PM.V21I25.1222>
- Jena, A., Mishra, P. K. K., Ojha, S., & Joshi, P. (2018). Women Empowerment Through Agripreneurship. *International Journal of Science, Environment and Technology*, 7(4), 1329-1333. <http://www.ijset.net/journal/2179.pdf>
- Meagher, K., Khaity, M., Hafez, S., Rodo, M., Achi, N. El, & Patel, P. (2023). Strengthening health systems and peacebuilding through women's leadership: a qualitative study. *Globalization and Health*, 19(1), 1-18. <https://doi.org/10.1186/s12992-023-00920-1>
- Patidar, H. (2018). Women's empowerment and fertility behaviour among the Tribals of Rajasthan, India. *Space and Culture, India*, 5(3), 129-139. <https://doi.org/10.20896/saci.v5i3.285>
- Poltekkes, S., Malang, K., Blitar, K., Soetomo, J., & Blitar, N. (2018). COMMUNITY EMPOWERMENT MODEL IN PASUNG LIBERATION ACCORDING TO JAVANESE CULTURAL PERSPECTIVE Community Empowerment Model In Liberation Airborne Java Cultural Perspective. *Mar*, 4(1), 27-43.
- Rasyid, A., Lubis, R. F., Hutagalung, M. W. R., Lubis, M. A., Mohd Nor, M. R., & Vinandita, A. (2023). Local Wisdom Recognition in Inter-Ethnic Religious Conflict Resolution in Indonesia from Islah Perspective. *Juris: Sharia Scientific Journal*, 22(1), 13-26. <https://doi.org/10.31958/juris.v22i1.8432>

- Ridwan, M., & Lesmana, O. (2018). Model of Empowerment of Tribe Children in the Health Sector. *Jambi Kemas Journal*, 2(2), 97-103.
- Ridwan, M., Reskiaddin, L. O., Ningsih, V. R., & Sari, P. (2020). Emotional demonstration approach in an effort to improve the practice of clean and healthy living behavior of SADin Pelakar Jaya Village. *Journal of Community Healthy Greetings (JSSM)*, 2(1), 42-48. <https://doi.org/10.22437/jssm.v2i1.11160>
- Ridwan, M., Sari, P., & Ningsih, V. R. (2021). Supporting Factors in Searching for Childbirth Assistance for the Anak Dalam Tribe (SAD) Community in Bungo Regency, Indonesia. *Aisyah Journal : Journal of Health Sciences*, 6(4), 631-638. <https://doi.org/10.30604/jika.v6i4.813>
- Rout, S., & Patnaik, P. (2014). Institutional Exclusion and Tribal Interest: Decentralized Government in the Context of Conflicts over Development in India. *Journal of Developing Societies*, 30(2), 115-143. <https://doi.org/10.1177/0169796X14525532>
- Samsu, S., Rusmini, R., Kustati, M., Ritonga, M., Novia Maulana, A., & Zulmuqim, Z. (2022). Tumenggung leadership and educational model in leading indigenous people: Suku Anak Dalam portrait. *Cogent Social Sciences*, 8(1). <https://doi.org/10.1080/23311886.2022.2123634>
- Sodi, T., Mudhovozi, P., Mashamba, T., Radzilani-Makatu, M., Takalani, J., & Mabunda, J. (2011). Indigenous healing practices in Limpopo Province of South Africa: A qualitative study. *International Journal of Health Promotion and Education*, 49(3), 101-110. <https://doi.org/10.1080/14635240.2011.10708216>
- Suparman, Saam, Z., Hidir, A., & Suwondo. (2019). The influence of bonai tribal remote indigenous community knowledge on the environment. *International Journal of Innovative Technology and Exploring Engineering*, 8(11), 1502-1509. <https://doi.org/10.35940/ijitee.K1878.0981119>
- Tranggano, M., Effendy, K., Lukman, S., & Tahir, I. (2020). Analysis of Policy Implementation of Empowerment of Remote Indigenous Communities in Buru District, Maluku Province. *Ejournal.Ipdn.Ac.Id*, XII, 97-112. <http://ejournal.ipdn.ac.id/JAPD/article/view/1362/771>
- Yuliastina, R., Tini, D. L. R., & Isyanto, I. (2020). The Role of Health Communication in Coastal Community Empowerment (Study on Madura Fishermen and Salt Farmer Groups). *Journal of Communication*, 14(2), 173-186. <https://journal.trunojoyo.ac.id/komunikasi/article/view/8826>