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Use of Traditional Medicines for Self-Medication Among the Community of Bulutellue Village, Bulupoddo District, Sinjai Regency

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Abstract

This anthropological study aims to explore the practice of self-medication as an expression of the autonomy and cultural resilience of the community in Bulutellue Village. Employing a qualitative research method with a medical anthropology (ethnographic) approach, data were gathered through participant observation and in-depth interviews with villagers and local traditional leaders. The findings indicate that the community's increased initiative in taking responsibility for domestic health is driven by limited geographical access to urban medical facilities and physician services. In this context of spatial isolation, self-medication has evolved into a rational adaptive strategy to save time and costs. The use of over-the-counter modern medicines is harmoniously combined with the use of medicinal plants from family gardens. From an anthropological perspective, the phenomenon of self-medication in Bulutellue Village is not merely a curative medical act but a social construct reflecting local understandings of health, time efficiency, and the utilization of domestic space as a bastion of autonomous health management. The study concludes by highlighting the importance of clear, targeted education to ensure that self-medication practices remain safe and rational without losing their roots in local wisdom.

Keywords: Self-medication, Medical Anthropology, Rural Resilience

INTRODUCTION

Health represents an optimal state of physical, mental, and social well-being for every individual. In the modern era, which demands constant productivity and achievement, health is undoubtedly paramount. Without a healthy body and mind, one cannot lead a normal life; thus, people constantly strive to maintain their health. Whether an individual, a family, or a community is healthy depends on human actions. When a person falls ill, they naturally seek alternatives deciding whether to treat the illness or leave it be, and determining who should handle the treatment. These actions vary from person to person, ranging from choosing between modern and traditional medicines or seeking professional healthcare to practicing self-medication (Dongoran et al., 2023).

When I once had a cold, a neighbor recommended consuming certain medicinal plants. Based on her experience, these plants were highly effective at curing the common cold knowledge she had acquired from her parents. This knowledge regarding traditional medicinal plants is transmitted through oral tradition. For many communities, oral culture plays a significant role in shaping knowledge, covering everything from morality to health (Folayan et al., 2025). Yet, if one asks specifically why these plants are effective at curing or at least alleviating the flu, hardly anyone around me who uses traditional medicine can provide a definitive or detailed answer. Traditional communities often lack precise knowledge regarding the specific mechanisms linking medicinal plants to diseases. This is due to the absence of the comprehensive, specialized healthcare systems found in modern societies.

Nevertheless, despite this limited knowledge, the use of traditional medicine persists within the community. Various factors shape this behavior, and these will form the central focus of my research. The use of traditional medicine for self-medication is not driven solely by economic conditions; it is also deeply rooted in culture. It is precisely this interplay between ecology and culture that serves as the focal point of medical anthropology (Hastuti et al., 2021). Certain medical conditions that fall outside the scope of local knowledge are often attributed to spirit possession or the influence of *jin* (genies). One case I encountered involved an individual exhibiting symptoms of epilepsy; their family believed the person was possessed by a *jin*, so they took the patient to a *sanro* a traditional healer for a unique form of treatment. To date, plant-based traditional remedies have primarily been used for relatively mild physical ailments with symptoms recognized within the local culture. More serious illnesses are often perceived as the work of evil spirits or *jin* rather than as physical diseases requiring a doctor or hospital. People continue to attribute illness to supernatural causes, believing the appropriate remedy is to consult a *sanro* capable of communicating with the supernatural realm (Fajar, 2022).

To the best of my knowledge, there has been no research into how people in the Indonesian archipelago both in pre-literate and literate eras classified medicinal plants. Understanding this is crucial, given the vast diversity of traditional medicinal plant knowledge in Indonesia. Although not directly related, the discovery of human fossils in South Kalimantan provides evidence that amputation surgery was performed as early as 31,000 years ago. This discovery was

published in the journal Nature. It demonstrates that the inhabitants of the Indonesian archipelago 31,000 years ago had developed sophisticated medical techniques; the precision of the amputation is evident in the skeletal remains. The journal notes that the individual survived for ten years following the procedure, implying knowledge of antibiotics that enabled the patient to successfully navigate the post-operative recovery period (Juliatri Widi Wulandari et al., 2019).

Given this, it is not unreasonable to assume that our communities have been developing knowledge of medicinal plants for tens of thousands of years. Naturally, this knowledge was not shared by every individual in a community; rather, it was held by specific people possessing particular skills individuals who enjoyed the trust of their fellow community members. They are known by various titles, such as *panrita*, *sanro*, *dukun*, or shaman. Beyond serving as healers for their communities, they often acted as leaders of religious ceremonies (Resqiyah Naila, 2026).

Today, knowledge regarding traditional medicinal plants or traditional pharmacology is accessible to almost everyone (Abdi et al., 2017). Advances in information technology have accelerated the flow of information about medicinal plants, making it easy for us to access pharmacological studies on the traditional plants used by specific communities. Jared Diamond recounted his experiences studying the lifestyle of a tribe in Papua, noting that the local tribe's pharmacological knowledge was acquired through trial and error. Unlike modern pharmaceutical experiments conducted using sophisticated equipment and scientific procedures, the trial-and-error approach in traditional societies involves consuming a substance first to determine whether or not it is effective. Western ethnobotanists have studied the knowledge regarding medicinal plants held by these traditional societies, and Western pharmaceutical companies have extracted medicines from them. Nevertheless, Diamond emphasizes that "the overall effectiveness of traditional medical knowledge tends to be limited." Conditions such as epilepsy, malaria, and smallpox cannot be treated with these traditional remedies .

Self-medication is commonly practiced to address minor ailments or illnesses experienced by the public. It generally involves the use of medicines classified as relatively safe for self-administration. A crucial consideration in self-medication is that the drug used must be both safe and effective; a medication that is safe for the majority of people may not be safe for specific individuals and can pose risks if used incorrectly. Indonesia possesses one of the world's richest diversities of plant life. Plants serve as the raw materials for herbal medicines (Sambara et al., 2016). Based on their history of use, herbal medicines can be classified into traditional and non-traditional categories. Indonesian traditional herbal medicines commonly known simply as "traditional medicines" contain medicinal plants that have been used for generations, representing a part of Indonesia's cultural heritage (Saranani et al., 2021).

Traditional medicines consist of natural formulations used for treatment based on accumulated experience. The diversity of medicinal plants supports the availability of ready-to-use traditional medicines. Traditional medicines remain widely used as an alternative within the community, demonstrating that the public continues to acknowledge the efficacy of traditional treatments. People who use traditional medicines consider them to be safer even safer than chemical drugs as well as cheaper and more easily accessible (Amin et al., 2024).

The practice of self-treatment using traditional medicines has been preserved by the community itself. To maintain well-being, it is essential to enhance the community's capacity for self-care specifically the ability to treat oneself, recognize symptoms, and manage health. Traditional medicine holds great potential in this regard, as it is already familiar to the public and deeply embedded in the community's socio-cultural fabric (Prasanti, 2017). Families naturally prioritize health and consider where to seek medical attention; however, residents of Bulutellue Village in Sinjai Regency the site of this study generally tend to opt for self-treatment when ill, citing reasons such as the mildness of the ailment, cost-effectiveness, and time savings. This self-medication practice in Bulutellue Village relies on traditional remedies derived from medicinal plants such as *kumis kucing* (cat's whiskers), guava, and *kencur* (aromatic ginger) which are typically cultivated in home gardens and prepared by the residents themselves.

Because these traditional remedies have been passed down through generations or recommended by others who successfully used them for similar ailments, the community has strong confidence in their efficacy. Furthermore, they perceive plant-based remedies as having a gentler side-effect profile compared to factory-processed pharmaceuticals. Researcher observations of social phenomena in Bulutellue Village (Bulupoddo District) confirm this trend; for instance, guava leaves are commonly used to treat diarrhea by pounding them, squeezing out the juice with water, and drinking the mixture. Another notable observation is that even individuals with relatively high levels of education tend to prefer self-treatment with traditional remedies over modern medical care. It is this mindset and knowledge that drive the community to choose traditional self-treatment provided the condition can be managed that way rather than immediately visiting a community health center (*puskesmas*) or hospital, even though health facilities are located only about 3.1 km from the study area. Based on the above, the researcher is interested in conducting a study on the use of traditional medicines for self-medication among the community of Bulutellue Village, Sinjai Regency.

METHOD

This study employs a qualitative research method. Qualitative research is specifically concerned with the study of social relationships and the facts arising from the plurality of the "lifeworld." This method is applied to observe and understand research subjects and objects such as individuals and institutions based on facts as they naturally appear (Suhartono, 2000). Meanwhile, (Ikbar, 2012) notes that characteristics or factors indicating variation can be categorized

by function into three types: causal, intervening, and outcome variables; causal variables can be further distinguished into independent, moderator, and random control variables.

Based on the perspectives above, it can be concluded that qualitative descriptive research focuses on phenomena, events, behaviors, and attitudes, and leans towards social research (Komara, 2014). A specific description is required within the study. The researcher chose a descriptive approach because the study involves direct investigation of the community regarding the use of traditional medicines for self-medication in Bulutellue Village, Bulupoddo District, Sinjai Regency; this aligns with the nature of qualitative descriptive research. This study utilizes a single-variable design, examining the use of traditional medicines for self-medication among the residents of Bulutellue Village, Bulupoddo District, Sinjai Regency. The research design aims to describe these practices, thereby providing knowledge to the community. The researcher will also provide a comprehensive account of the facts discovered in the field, describing findings related to specific individuals, situations, symptoms, and conditions. This aligns with the definition of descriptive research as a method concerned with addressing current issues and presenting findings based on collected data specifically, issues that are currently unfolding (Moleong, 2007).

Figure 1. Family Medicinal Plants

RESULT AND DISCUSSION

Conceptualization of TOGA and the Historical Roots of Vernacular Medicine

"Tanaman Obat Keluarga" or TOGA, as the acronym is widely known refers to a collection of cultivated plants possessing therapeutic properties, intentionally grown in home gardens, yards, or available plots surrounding a residence. Functionally, communities utilize TOGA as a primary resource for preparing traditional remedies to maintain health and treat various minor ailments. The practice of utilizing these medicinal plants is not a recent or sudden phenomenon; rather, it represents a form of inherited knowledge practiced by the ancestors of the Indonesian people for centuries (Harefa, 2020).

In the pre-modern era, the limitations of synthetic pharmacology and the absence of chemical medicines compelled past civilizations to rely entirely on the biodiversity of their immediate environment. When faced with health issues, they developed empirical knowledge through trial and error to identify specific plant parts such as rhizomes, leaves, stems, bark, or fruit that were effective in alleviating symptoms. This body of applied botanical knowledge was subsequently passed down through generations via oral traditions and ancient manuscripts, establishing a robust foundation for community-based health resilience that endures to this day.

In rural areas, family medicinal plant gardens (TOGA) have evolved into a cornerstone of community health self-reliance, particularly for managing minor ailments such as fever, coughs, diarrhea, digestive issues, and external wounds. This rural community resilience is rooted in a strong cultural belief in the efficacy of herbal remedies. Medicinal plants are considered to possess inherent advantages, as they do not cause significant biological side effects provided they are consumed in appropriate dosages and formulations. This contrasts with synthetic chemical drugs; while the latter may offer rapid relief, they often lead to dependency or the accumulation of chemical residues that can damage internal organs such as the liver and kidneys if used in an uncontrolled manner over the long term. Economic affordability also drives this resilience. Accessing modern medicines requires financial purchasing power, which often imposes an additional burden on the household economies of farmers and farm laborers. In contrast, traditional remedies derived from TOGA can be obtained for free or at a negligible production cost. This self-reliance frees rural communities from absolute dependence on commercial pharmaceutical markets for basic and preventive medical needs.

The most crucial factors driving the continued reliance on herbal remedies in rural areas are geographical conditions and disparities in healthcare infrastructure. Many remote regions in Indonesia remain spatially isolated, characterized by poor road conditions, a lack of reliable public transportation, and vast distances to Community Health Centers (Puskesmas) or Regional General Hospitals (RSUD). Whether facing medical emergencies or common, everyday ailments, these spatial barriers impose high opportunity costs on rural communities. To see a doctor or purchase

commercial medication, residents must sacrifice working hours, incur significant transportation costs, and endure exhausting journeys. It is these objective realities that compel local communities to adopt adaptive and pragmatic approaches, utilizing their home gardens as a frontline defense for health. By picking a handful of betel leaves to treat nosebleeds, squeezing ginger rhizomes for coughs, or crushing guava leaves to alleviate diarrhea, rural communities have successfully created a self-reliant, immediate, and effective health risk mitigation system right in their own backyards.

Over time, the motivation for cultivating medicinal plants in rural areas has shifted from a spontaneous survival measure to a structured health-awareness movement. This surge in collective spirit has spurred the widespread adoption of "living pharmacy" programs at the household level. Communities have come to realize that an ideal health paradigm should not focus solely on curative aspects treating illness after it occurs but must also be grounded in preventive measures and health promotion (enhancing physical well-being). Home gardens that were once left empty or overgrown with wild vegetation are now being productively transformed into mini herbal laboratories. The layout of these gardens typically integrates various medicinal plant species, organized according to clearly defined functional categories, such as:

1. Rhizome Group (Zingiberaceae): Ginger, turmeric, aromatic ginger (*kencur*), and Java ginger (*temulawak*), which serve as anti-inflammatory agents, body-warming aids, and appetite stimulants.
2. Medicinal Leaf Group: Soursop leaves, Java tea (*kumis kucing*), *beluntas*, and aloe vera, used for regulating blood pressure, supporting urinary tract health, and healing skin tissue wounds.
3. Shrub and Tree Group: Plants such as *mahkota dewa* and moringa (*kelor*), which are rich in antioxidants that help combat free radicals.

By establishing "living pharmacies" in every household, the village community has successfully secured a supply of fresh, hygienic, and sustainable medicinal raw materials. This movement not only strengthens the residents' collective immune systems but also reinforces the village's health sovereignty amidst limited state medical interventions.

Medicines and Traditional Treatments in the Bulutellue Village Community

Illness, with its associated pain and suffering, is both a predictable biological condition and a pervasive cultural phenomenon. Every living being has experienced and inevitably will experience illness caused by external and internal factors. Illness is considered a cultural phenomenon because perceptions of it are not universal; rather, they are shaped by the specific skills and knowledge of individual communities. These perceptions determine how a society manages or treats illness, giving rise to the diverse range of medical practices found across the world.

The presence of illness in the human body necessitates cultural adaptation to achieve healing. Consequently, humans have developed knowledge regarding medicines and medical treatments. In traditional societies, this knowledge is typically passed down orally through successive generations and preserved through hands-on practice. A medicine is defined as any substance whether chemical or plant-based that, when administered in an appropriate dosage, influences bodily functions to maintain normal operation. Conversely, excessive doses can transform the substance into an unwanted poison or, at the very least, trigger unintended symptoms of toxicity. Meanwhile, doses that are too low may lead to the risk of the disease developing resistance to the treatment. The public often fails to realize that medicines, while curative, can also have adverse health effects. Risks associated with medication often arise from misuse such as indiscriminate use, excessive frequency, or incorrect dosages (Widjayanti, 1998).

Traditional medicine refers to substances or formulations comprising plant, animal, or mineral materials, galenical preparations, or mixtures thereof that have been used for treatment over generations and are applied in accordance with prevailing societal norms. Traditional medicine was originally associated with herbal concoctions known as *jamu*; to this day, *jamu* is still regarded as a potent remedy for various ailments and has even been developed within modern industries. Knowledge regarding medicinal plants varies by region. Such knowledge is typically passed down through generations, and often, only a small segment of the community is familiar with the specific types of medicinal plants involved.

Traditional medicine is a form of healing developed by traditional communities using remedies available in their immediate environment, such as plants and minerals. A distinctive characteristic of traditional medicine is the concept of personalistic causality regarding the illness suffered. "Personalistic" implies that the disease is caused by agents who intentionally inflict the ailment upon their victims (such as through *santet*, or sorcery). While often dismissed as primitive, unscientific, or outdated, such perceptions regarding the use of traditional medicine are somewhat misguided. In reality, traditional medicine is prepared with precision; for instance, when measuring medicinal plants, the composition is not limited to rough estimates like a handful, a spoonful, or a segment. Instead, measurements down to the milligram are employed in formulating the remedy (Maghfirah, 2021).

Currently, many people still rely on medicinal plants for self-treatment. Treatment using plants or natural substances is based on a holistic concept; while the active constituents exist in complex forms, the therapeutic effect is not targeted at a specific body part but rather addresses the body as a whole. The use of medicinal or healing plants serves several objectives: maintaining health, promoting longevity and productivity, curing diseases, and alleviating suffering when a cure is not achieved (Mulyani et al., 2016).

Developing medicines from natural sources is neither easy nor simple, as it involves a wide range of complex issues. Therefore, development must proceed in a gradual and systematic manner. This process involves fostering the creation of phytotherapeutic medicines natural products, primarily plant-based, with proven benefits. These are produced from

raw materials (such as crude plant materials or galenical preparations) that meet minimum standards, thereby ensuring consistency in active components, safety, and efficacy.

Law No. 36 of 2009 defines traditional medicine as materials or concoctions derived from plants, animals, minerals, galenical extracts, or mixtures thereof that have been used for treatment over generations based on experience and established societal norms (Utami & Alawiya, 2018). While the use of traditional medicine is an integral part of Indonesian culture and has been practiced for centuries, its efficacy and safety have generally not yet been fully substantiated by adequate research .

Traditional medicinal practices have long been recognized and were implemented well before the advent of modern medical services. To this day, the public continues to acknowledge and utilize traditional healthcare services and traditional medicines. In line with the World Health Organization's declaration regarding the improvement and equitable distribution of healthcare services to the public, health initiatives utilizing traditional medicines need to be optimally harnessed and developed to enhance their efficacy and effectiveness.

Self-Medication Among the Community of Bulutellue Village

Self-medication is the act of selecting and using medicines whether traditional or modern by an individual to treat self-recognized illnesses or symptoms, or even specific chronic conditions previously diagnosed by a doctor. The community has become more proactive regarding responsibility for their own and their families' health. Consequently, there is a perceived need for clear and accurate guidance on the safe use of over-the-counter (OTC) medicines available in pharmacies for self-medication purposes (Burhanudin & Gozali, 2024).

Self-medication involves the selection and use of medicines whether traditional remedies or modern preparations by individuals to treat self-recognized illnesses or symptoms. This practice also encompasses the self-management of certain chronic conditions for which a diagnosis and treatment regimen have previously been established by a physician. This phenomenon reflects a paradigm shift in which the public is taking greater initiative and a proactive role in assuming full responsibility for their own health and that of their families. Such dynamics drive a significant need for clear, structured, and targeted educational programs regarding the safe use of over-the-counter medicines, thereby supporting responsible self-medication practices.

In practice, self-medication offers significant advantages in terms of time, effort, and financial efficiency, particularly for communities residing in rural or remote areas. Spatial barriers such as long distances to urban medical facilities and limited access to specialized medical care can be immediately mitigated by having basic medicines available in the home medicine cabinet. Furthermore, health resilience is bolstered by optimizing home gardens through the cultivation of medicinal plants. This combination of over-the-counter pharmaceuticals and the utilization of local biodiversity serves as a rational, adaptive strategy for local communities to undertake rapid, first-line medical interventions without relying entirely on formal clinical care systems.

However, the optimal benefits of self-medication can only be realized if the community consistently adheres to the principles of rational self-medication. Without adequate health literacy, self-medication carries the risk of adverse biological effects, ranging from misdiagnosis and incorrect dosing to the development of drug resistance. Therefore, integrating the use of home-grown medicinal plants with modern medication requires a balance of oversight and guidance based on valid clinical data. This is crucial to ensure that self-medication does not merely serve as a pragmatic response to limited healthcare facilities, but instead evolves into a safe, effective, and sustainable pillar of independent health management.

Self-medication yields optimal benefits when practiced rationally. One advantage is that the necessary medicines are often already available in the household medicine cabinet or derived from medicinal plants cultivated by the family. Furthermore, for those living in remote villages without local medical practices, self-medication saves significant time that would otherwise be spent traveling to the city to see a doctor.

Self-medication contributes significantly to health maintenance; however, if not practiced correctly, it can lead to undesirable outcomes, such as a failure to cure the illness or the emergence of new health issues caused by drug side effects. To engage in safe, effective, and affordable self-medication, the community requires relevant experience and skills. Access to clear and trustworthy information is essential so that decisions regarding medication needs can be made based on rational grounds (Suwarni et al., 2025). The categories of medicines suitable for self-medication include over-the-counter (OTC) drugs, limited OTC drugs, and pharmacy-only drugs:

1. Over-the-counter (OTC) drugs (*obat bebas*): These are medicines sold freely on the market and available without a doctor's prescription. The distinguishing mark on the packaging and label is a green circle with a black outline. An example of a drug in this category is paracetamol.
2. "Limited Over-the-Counter" drugs (*Obat Bebas Terbatas*) are medications that are technically classified as potent drugs but may still be sold or purchased without a doctor's prescription, provided they bear a warning label. The specific symbol on the packaging and labeling of these drugs is a blue circle with a black outline.
3. "Pharmacy-Only" drugs (*Obat Wajib Apotek*) are potent drugs that a pharmacist may dispense to a patient at a pharmacy without a doctor's prescription. When serving patients who require these drugs, pharmacists are required to (per Ministry of Health Decree No. 347/Menkes/SK/VII/1990): (1) Comply with the regulations and quantity limits specified for each type of drug per patient; (2) Maintain records of the patient and the medication dispensed; and (3) Provide information regarding dosage and directions for use, contraindications, side effects, and other relevant details the patient needs to know (Purwaningsih & Widiastuti, 2023).

In addition to synthetic medications, self-medication efforts also involve the use of traditional medicines. Indonesia is known for having a high prevalence of traditional medicine use. This high usage stems from the perception that traditional medicines are safe to consume because they are plant-based. However, what often escapes public attention is information regarding toxicity, drug interactions, and the side effects associated with traditional medicines (Firdausia et al., 2023).

The use of traditional medicines in self-medication has not been well documented, likely due to a lack of communication between healthcare professionals and the public. The use of traditional medicines increases the total number of medications consumed by the public, thereby raising the incidence of polypharmacy. Self-medication can pose health risks if guidelines are not followed, if the wrong medication is selected, or if medication is used incorrectly due to incomplete information from advertisements. The potential for interactions between traditional medicines and other drugs as well as their impact on specific patient conditions underscores the need to provide patients and the public with accurate information on the proper use of traditional medicines. Furthermore, public education is essential to prevent adverse effects resulting from the use of traditional medicines (Dirgantara et al., 2024).

The advantages of self-medication include safety when used according to instructions (with predictable side effects), the potential for self-recovery without healthcare professional intervention, lower medication costs compared to professional healthcare services, time savings by avoiding the need for healthcare facilities or professionals, a sense of satisfaction from actively participating in the healthcare system, the avoidance of embarrassment or stress associated with exposing certain body parts to healthcare professionals, and assistance to the government in addressing the limited number of healthcare workers available to the public. Meanwhile, the drawbacks of self-medication include potential health risks if medications are not used according to instructions, a waste of time and money due to improper use, and the slight possibility of adverse reactions such as hypersensitivity, side effects, or resistance as well as incorrect medication use resulting from misdiagnosis, with drug selection often influenced by past experiences and one's social environment (Tinambunan, 2025).

CONCLUSION

The optimization of family medicinal plants (TOGA) serves as a tangible reflection of the resilience, geographical adaptation, and local wisdom of rural communities in responding to limited access to modern healthcare facilities. Rather than acting as a hindrance, spatial isolation has served as a catalyst for achieving medical self-reliance through the utilization of home-garden biodiversity. By revitalizing their home gardens into "living pharmacies," rural communities have not only succeeded in preserving ancestral healing traditions—free from the risks of chemical side effects—but have also established a robust, affordable, and responsive system of independent health resilience that aligns with their sociocultural dynamics.

Human behavior is influenced by the environment both the physical and the sociocultural. It is the product of various experiences and interactions with one's surroundings, manifesting as knowledge, attitudes, and actions. In other words, behavior is an individual's reaction to stimuli originating from either outside or within themselves. Health behavior can be defined as the manifestation of an individual's experiences and interactions with their environment specifically regarding health-related knowledge, attitudes, and actions. To effectively approach health behavior change, health workers must understand the sociocultural background of the community in question. Therefore, health workers need to be well-versed in anthropology, particularly medical anthropology.

The utility of anthropology for the health sciences falls into three main categories. First, anthropology offers a clear perspective for viewing society as a whole as well as its individual members. It employs a holistic or systems-based approach, wherein researchers consistently examine how the various parts of the system fit together and how the system functions. This "distinctive approach" also emphasizes the importance of cultural relativism in evaluating diverse practices—specifically, the need to interpret indigenous forms within their own cultural contexts rather than passing judgment on them.Bagian ini berisi kesimpulan yang menjawab hal segala permasalahan yang terdapat didalam penelitian. Isi kesimpulan tidak berupa point-point, namun berupa paragraf.

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