



# RPCPE

Review of Primary Care Practice and Education  
(Kajian Praktik dan Pendidikan Layanan Primer)

Journal Homepage:  
<https://jurnal.ugm.ac.id/rpcpe>

ISSN 2613-943X (print)  
ISSN 2620-5572 (online)

DOI: 10.22146/rpcpe.112542

## Culturally Sensitive Primary Care in Indonesia: How Should It Work?

Ryan Rachmad Nugraha<sup>1</sup>, Mora Claramita<sup>2</sup>

<sup>1</sup> Department of Family and Community Medicine; Faculty of Medicine, Public Health, and Nursing; Universitas Gadjah Mada; Indonesia

<sup>2</sup> Department of Medical Education and Bioethics; Faculty of Medicine, Public Health, and Nursing; Universitas Gadjah Mada; Indonesia

### Corresponding Author:

Ryan Rachmad Nugraha: Department of Family and Community Medicine, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada  
Email: [ryan.rachmad.nugraha@ugm.ac.id](mailto:ryan.rachmad.nugraha@ugm.ac.id)

To cite this article:

Nugraha RR, Claramita M. Culturally sensitive primary care in Indonesia: How should it work?. *Rev Prim Care Prac and Educ.* 2025;8(1):2-4.

### The Need for a Culturally-Sensitive Primary Care

As globalization rises and populations grow, cultures intermingle, prompting us to understand culture in the way we interact with each other, and most importantly, in care and practice. This coins the term “culturally sensitive primary care,” or often referred to cultural competence or cultural humility, which is the ability of providers to understand and respond to patients’ cultural belief, values, and language needs. Embracing this culture is critical for improving patients’ outcomes and reducing health disparities. Studies have shown when care is tailored to patients’ cultural context, it leads to better communication and therefore higher patient satisfaction and adherence to treatment, and even enhanced clinical outcomes<sup>1,2</sup>. Doctors who have been trained on culturally adapted communication were found to be associated with patients who were more satisfied, had better understanding of their condition, and showed improved health indicators, such as blood pressure and glucose. Conversely, when cultural understanding is not considered in interacting with patients, miscommunication may occur, such as misunderstanding due to language barriers or difference in health beliefs, which may result in distrust and poorer health outcomes<sup>3</sup>.

Cultural sensitivity is especially important in primary care, particularly as primary care physicians (PCP) become the patients’ first point of contact within the health system. Patients’ health beliefs and behavior are driven by their culture, and thus failure to acknowledge this phenomenon might lead to missed critical information. For example, cultural practices may influence patients’ behavior and shift away patients from accessing appropriate care. A study proved that the higher Traditional Birth Attendants (TBAs) density in a given area is linked with higher odds of mothers not utilizing cascades of maternal services<sup>4</sup>. On the other hand, PCPs that are culturally adept may use it to their advantage to improve care. A meta-analysis showed

that, across interventions targeting underrepresented adults, those with cultural relevance tailoring significantly improved medication adherence compared with non-tailored approaches<sup>5</sup>.

A culturally sensitive approach is not only a matter of patient-centered practice, but also central to public health goals. Cultural sensitivity aligns with global calls for people-centered primary health care, as highlighted since the Alma-Ata declaration. Health systems around the world, including low- and middle-income countries (LMICs), recognize that cultural barriers can impede access to care. For example, instead of going to the physician, patients may seek care from traditional healers due to cultural perception of certain diseases. A study conducted in Aceh found that psychiatric patients are often treated by traditional healers since families believe that mental illness is considered “village sickness” rather than “hospital sickness”<sup>6</sup>. Without cultural sensitivity, PCPs might dismiss such practice and therefore potentially further isolate patients from receiving care.

Despite the needs, however, culturally sensitive care often is lost in translation. The medical curriculum lacks the cultural content; if this gap is not addressed, it may produce graduates without cultural proficiency, an especially serious concern given that medical graduates are often viewed as leaders in their community. This is often referred to as “social accountability” in medicine, which medical curriculum needs to encompass real-world issues such as healthcare quality, disparities, and other issues rising in medical practice but beyond the clinical field<sup>7</sup>. A study in Indonesia found that social accountability can be defined and taught as equipping medical students with proficiency in rural-remote medical practice<sup>8</sup>. This can play a huge role in reducing healthcare disparities in Indonesia, as the nation grapples with geographical inaccessibility

due to its archipelagic nature. Moreover, there is currently lacking national regulation and guidelines to accommodate services to indigenous groups and culturally-grounded communities. This is a missed opportunity, since Indonesia is a culturally-diverse country with over 1,331 indigenous groups scattered across thousands of islands.

### Constructing a Culturally-Sensitive Care Ecosystem: Where Should We Start?

There is clear demand for culturally-sensitive care, and therefore a need to translate culture into multiple layers of instruments related to medical practice. Globally, there are multiple frameworks to accommodate such. One widely used model is Campinha-Bacote framework, which regards cultural competence as an ongoing process involving five components: cultural awareness, cultural knowledge, cultural encounters, cultural skills, and cultural desire<sup>9</sup>. In practice, this means a physician should reflect on their own culture biases (**awareness**), acquire knowledge about other cultures (**knowledge**), engage with patients with different cultural backgrounds (**encounters**), develop effective cross-cultural communication and clinical skills (**skills**), and genuinely be willing to become culturally competent (**desire**). Defining such competence and translating it into curriculum can ensure trainees to regularly be exposed and systematically build their attitude and abilities oriented towards cultural competence. Studies have shown that cultural competence that is tailored to training is effective<sup>10</sup>; and in turn, the lack of such would impact uncertainty and occupational stress especially when physicians need to deal with culturally diverse patients<sup>11</sup>.

Within the national context, it is pivotal to tailor these frameworks into local values and real-world settings. Indonesia is a multicultural nation, which emphasizes “Bhinneka Tunggal Ika” or unity in diversity, with over hundreds of ethnic groups and languages, which imposes a blend of traditional and modern health practices. Within these groups, modern healthcare is often looked at as alternative rather than primer, meaning that patients would rather visit traditional practices and avoid medical care. In some instances, such as North Maluku, diseases are regarded as the result of committing sins, and therefore hospital admission is regarded as an embarrassment<sup>8</sup>. Thus, a PCP that is culturally trained, may have the lens to appreciate and respectfully address such beliefs. Additionally, learning basic local dialects or terms was suggested to build positive rapport with patients, as suggested by the same study in Maluku. All and all, these important lessons prompt us to redefine care when it is faced with spectrums of cultural variations.

A practical approach to translate cultural sensitivity into everyday clinical practice is to use communication frameworks that embed cultural respect. This is exemplified by a study which made use of the “Greet-Invite-Discuss” in Indonesian context<sup>2</sup>. The guideline was designed to match a culturally-sensitive, partnership-oriented communication model, aligned with the hierarchical and community focused aspect of Javanese culture in Indonesia. In this approach, doctors begin by formally and respectfully greeting the patient (acknowledging their status or elders),

inviting them to share their perspective and wishes, and then discussing the patient management plan in a collaborative manner. Implementing the Greet-Invite-Discuss model led by PCPs ultimately impacts better patient satisfaction and understanding of their illness or condition. Moreover, the study also proved improved clinical benefits associated with using the approach, exemplified by decreasing mean blood pressure and glucose. PCP or Family Medicine training center may reflect from this experience and encourage employing this tool, and in the process, incorporate culturally-acceptable communication style and foster partnership rather than the “business as usual” which often involves one-way, paternalistic patient-doctor communication style.

Beyond communication techniques, frameworks for culturally sensitive primary care in Indonesia should leverage the country’s communal values and existing primary health care infrastructure. The concept of *gotong royong* (mutual cooperation), for example, can be harnessed to build community support networks for patients. A study by Rochwulaningsih et al (2023) found that *gotong royong* became a basis of strategy used by the community to survive during COVID-19 pandemic<sup>12</sup>. Through social solidarity and communal work, communities assist those who were in isolation. The same concept also helps flourish the effort of community-based health monitoring, particularly for pregnant women, children, as well as elderly with chronic diseases. *Posyandu*, or village/subdistrict health posts, conducts these activities regularly while being supported by *cadres*, an army of community-based volunteers who helped with administering the health posts. Thus, it is pivotal to train PCPs to work closely with these community-based resources as to enhancing culturally-sensitive care delivery.

In summary, implementing culturally sensitive primary care requires a multi-faceted approach: education and training frameworks to build provider competence, communication models adapted to cultural contexts to ensure culturally-relevant care, and system-level strategies to involve community and family. In the future, policy instruments should also be leveraged to put these efforts on paper, while ensuring culturally-sensitive care to be upscaled and sustained.

### REFERENCES

1. Cipta DA, Andoko D, Theja A, Utama AVE, Hendrik H, William DG, et al. Culturally sensitive patient-centered healthcare: A focus on health behavior modification in low- and middle-income nations—insights from Indonesia. *Front Med*. 2024 Apr 12;11:1353037.
2. Claramita M, Arininta N, Fathonah Y, Kartika S, Prabandari YS, Pramantara IDP. A partnership-oriented and culturally sensitive communication style of doctors can impact the health outcomes of patients with chronic illnesses in Indonesia. *Patient Educ Couns*. 2020 Feb;103(2):292–300.
3. Health Policy Institute. Cultural competence in healthcare: Is it important for people with chronic conditions? *Health Policy Institute Report*. 2004.
4. Aryastami NK, Mubasyiroh R. Traditional practices influencing the use of maternal health care services in Indonesia. In: Brownie SM, editor. *PLoS One*. 2021 Sep 10;16(9):e0257032.
5. Conn VS, Enriquez M, Ruppert TM, Chan KC. Cultural relevance in medication adherence interventions with underrepresented adults: Systematic review and meta-analysis of outcomes. *Prev Med*. 2014 Dec;69:239–47.

6. Marthoenis M, Aichberger MC, Schouler-Ocak M. Patterns and determinants of treatment seeking among previously untreated psychotic patients in Aceh Province, Indonesia: A qualitative study. *Scientifica*. 2016;2016:1–7.
7. Saniee N, Motamed S, Barati M, Goodarzi F, Hassanzadeh G, Kohpayehzadeh J, et al. Components of social accountability in medical education: A scoping review. *BMC Med Educ*. 2025 Mar 6;25(1):349.
8. Noya F, Carr S, Thompson S. Social accountability in a medical school: Is it sufficient? A regional medical school curriculum and approaches to equip graduates for rural and remote medical services. *BMC Med Educ*. 2024 May 11;24(1):526.
9. Campinha-Bacote J. The process of cultural competence in the delivery of healthcare services: A model of care. *J Transcult Nurs*. 2002 Jul;13(3):181–4.
10. Renzaho AMN, Romios P, Crock C, Sonderlund AL. The effectiveness of cultural competence programs in ethnic minority patient-centered health care: A systematic review of the literature. *Int J Qual Health Care*. 2013 Jul 1;25(3):261–9.
11. Pieper HO, MacFarlane A. “I’m worried about what I missed”: GP registrars’ views on learning needs to deliver effective healthcare to ethnically and culturally diverse patient populations. *Educ Health*. 2011;24(1):494.
12. Rochwulaningsih Y, Sulistiyono ST, Utama MP, Masruroh NN, Sholihah F, Yudha FGP. Integrating socio-cultural value systems into health services in response to COVID-19 patients’ self-isolation in Indonesia. *Humanit Soc Sci Commun*. 2023 Apr 12;10(1):162.