

10-31-2022

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Recommended Citation

Sarwono, Solita (2022) "Ravando (2020), "Perang melawan influenza; Pandemi flu Spanyol di Indonesia masa kolonial, 1918-1919". Agus Suwignyo (ed.) (2020), "Pengetahuan budaya dalam khazanah wabah",." *Wacana, Journal of the Humanities of Indonesia*: Vol. 23: No. 3, Article 11.

DOI: 10.17510/wacana.v23i3.1010

Available at: <https://scholarhub.ui.ac.id/wacana/vol23/iss3/11>

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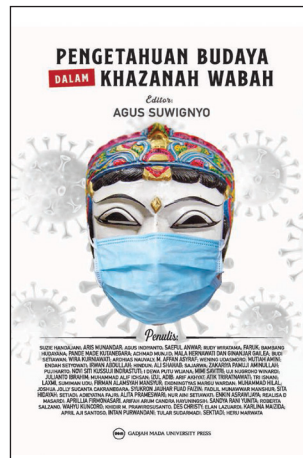
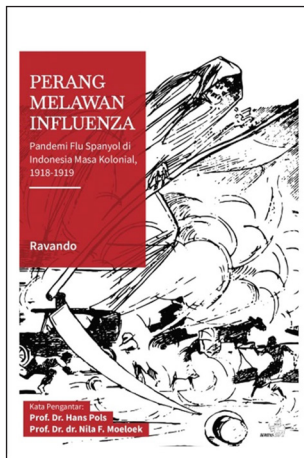
Review essay

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Ravando, *Perang melawan influenza; Pandemi flu Spanyol di Indonesia masa kolonial, 1918-1919*. Jakarta: Kompas, 2020, xxxvi + 468 pp., Bibliography, Index. ISBN (Indonesia) 978-623-241-554-6, ISBN 978-623-241-555 (PDF). Price: IDR 149,000 (softcover).

Agus Suwignyo (ed.), *Pengetahuan budaya dalam khazanah wabah*. Yogyakarta: Gadjah Mada University Press, 2020, xxxviii + 508 pp. ISBN 978-602-386-900-8. Price: IDR 148,000 (softcover).



Since the eighteenth century, to go back no further, the world has been afflicted by numerous pandemics. Malaria, tuberculosis, measles, pest, rabies, and influenza, to name only a few, have caused the death of millions of people in all continents. When influenza was encountered for the first time in the early nineteenth century little was known about the disease. Hence, people gave it various names, such as *la grippe* (French), strange disease, today's disease, and Russian disease – later changed to Spanish flu. In fact, although the symptoms of Russian disease and Spanish flu are quite similar, they are actually caused by different viruses, namely the H3N8 and H1N1 viruses.

This review covers two books that share a similar focus, namely the course of the flu pandemic in Indonesia. These two books were published in the same year (2020), not long after the first corona cases (popularly known as Covid-19) were detected in Indonesia, and complement each other.

The first book (*Perang melawan influenza; Pandemi flu Spanyol di Indonesia masa kolonial, 1918-1919*, 'The war on influenza; Spanish flu pandemic in the Indonesian colonial period 1918-1919') describes the influenza pandemic from a historical point of view, from the onset and the spread of Spanish flu in the early years of the century. The 1889-1890 pandemic influenza is the most important antecedent and is particularly interesting due to its similarities and differences with respect to the later Spanish Influenza. The second book (*Pengetahuan budaya dalam khazanah wabah*, 'Cultural perceptions relating to epidemics') illustrates the actual conditions in the field two centuries later, describing people's experiences and their reactions to the corona pandemic. People's reactions are seen to be influenced by various factors, such as gender, age, race, education level, and socio-cultural aspects. (It is a pity that no further elaboration on the relevance of the population's socio-demographic character in relation to each individual's perception of the onset and spread of the pandemic.)

The historical overview on Spanish flu indicates the magnitude of the disease. It is estimated that Spanish flu in the twentieth century caused two million deaths across Europe. The death toll on the American continent was more than 1.5 million (675,000 of which were in the USA). Asia was worst hit by the disease, which caused 26-36 million deaths, including 1.5 million people in Indonesia (out of the total population of approximately 50 million at the time). The epicentrum of the pandemic in Asia was Hong Kong, being the trade centre and the gateway to China. Hong Kong harbour was the transit port for ships from the USA and Europe.

The spread of the Spanish flu in Asia was shown to stem from the people's mobility within the region, as well as increasing numbers of people travelling to other continents. Development in transportation technology narrowed the distance between individuals, communities, and nations, but at the same time it increased the risk of disease contamination. During the Dutch colonial time, the disease was spread throughout the Indonesian archipelago, in particular, by the crew of the ships sailing from island to island. It spread rapidly in crowded and closed places such as military camps, prisons, and overcrowded hospitals. People ignored or were not aware of the importance of isolation when they contracted the disease.

The influenza death rate in Indonesia was the highest in the world despite the existence of the public health service established by the Dutch colonial government in 1918. The Dutch government policy failed to overcome disease transmission because it did not give the population early warning, despite the fact that other parts of the world had treated the disease with a sense of urgency. Moreover, the health personnel were not equipped with the proper medication and skills. The most popular medicines used to combat Spanish flu were quinine (medicine for malaria) and aspirin.

Identified as the main factors related to the onset and spread of the Spanish flu were poverty, poor nutrition, poor hygiene (the combination of those factors leads to low immunity to diseases), and unequal distribution of medicines and medical personnel. Once they were aware of those problems, the colonial government attempted to raise people's health awareness by means of public health campaigns.

Some critics considered the government's action to be insufficient for dealing with the pandemic. Abdul Rivai, a medical doctor, raised this issue in the debate at the *Volksraad* (People's Council). He challenged and criticized Th. de Vogel, the Director of the BGD (*Burgerlijken Geneeskundigen Dienst* or the Civil Health Service), for not doing anything to prevent massive transmission when the epidemic had already claimed so many lives. He also criticized the tendency of the colonial health authorities to blame the native population for using traditional medicine, which they alleged enabled the disease to continue to spread. Instead of focussing its efforts to combat the disease, he argued, the BGD was choosing to problematize the health practices of the indigenous population (pp. 4-6).

At the time, in order to prevent and treat the flu, the Dutch colonial government was working together with members of the local communities. This approach stressed joint responsibility. People's health was seen not as the sole responsibility of the government. Individuals and communities also needed to take independent action to maintain their health. However, during an outbreak, it was inappropriate for the government to blame the people for failing to maintain good health practices, in Abdul Rivai's opinion. He pointed out that there were numerous factors that affected the adoption of good health practices. Low education, lack of knowledge, lack of access to health services, socio-economic conditions, social norms, traditions and beliefs, all can lead to poor health. Moreover, it should be appreciated that to prevent and cure illnesses for generations, people have, with a certain amount of success, used traditional medicines that have derived from local wisdom and environmental knowledge.

Perang melawan influenza; Pandemi flu Spanyol di Indonesia masa kolonial, 1918-1919 describes in chronological order the history of Spanish flu: the onset, spread, magnitude and impact of the pandemic, method of transmissions, and people's efforts to cope with it. Clearly the governments and the people around the world were not able to prevent or stop the spread of the disease. Within that discussion of the history of Spanish flu, however, further elaboration of the factors hindering the preventive efforts would have given the readers a better understanding of how pandemics need to be handled. Adding practical tips about health maintenance in the book could perhaps motivate readers to take steps to adopt better hygienic behaviour.

Specific cultural attitudes to the pandemics were to be observed in people's perception of the disease and how they coped with it. People in various countries give different names and meanings to Spanish flu. The people of Thailand, for instance, called it Kai Wat Yai which means a high fever that

comes from all directions causing fear, where people are dying on the streets like flies (p. 84). In the Philippines, the illness was called *Trancazo*, meaning a blow with a heavy stick, since it caused the patient a severe headache as though he or she had been hit by a heavy stick (p. 98).

The practice of giving a special name to this influenza was unusual, and the names given to it imply the people's feeling or anticipation of the illness, and above all, the feeling of fear. There are other life-threatening diseases like cancer or heart disease, yet they do not obtain culturally loaded folk names. Sometimes one replaces the word cancer with the letter "C" to mitigate the shock to people who (over)hear the conversation. Further research into the "labelling" of influenza may reveal interesting and useful information on cultural aspects related to the illness.

The book also describes another pandemic that occurred a century after the Spanish flu in Wuhan district of China and then spread out and infected the world at great rapidity with high morbidity and mortality rates. Caused by the coronavirus SARS-Cov-2 the disease was called Covid-19. It has changed the life of billions of people across the world.

In the period of March to June 2020, the global policies have been changed/adjusted several times following the development of the disease. At the moment responding to the decrease of new corona cases, strict measures (massive social distancing and total lockdown) have been relaxed. Economic activities and social mobility are now increasing in order to unlock or defreeze the country's economy and social life. At the same time, the less strict policies create risks for a potential new wave of the corona pandemic. So people are being urged to stay alert and be vigilant for fear of cross-contamination.

The influence of socio-cultural factors on one's reaction to illness is the specific focus of the second book (*Pengetahuan budaya dalam khasanah wabah*) which compares several thoughts/theories on the pandemic with the way people from various cultures and beliefs remember and experience it. It comprises the opinions, expressed in essays, of a group of academicians (lecturers, students, and graduates) of the Faculty of Cultural Sciences at the University of Gadjah Mada in Yogyakarta, on the Indonesian government policies implemented at the start of the corona pandemic and the impacts of those policies on people's lives. The editor has compiled and organised 49 essays into five chapters and written an introduction outlining cultural perspectives on the pandemic.

Cultural influence is especially observable in the methods of prevention and treatment of influenza. Local people tend to apply various remedies based on local wisdom they have heard about or learned from the older generations. To reduce fever, for instance, the people in Java rub the sick's person body with eucalyptus oil and keep him/her warm under the blanket to make him/her perspire. Perspiration is believed to be able to remove the heat out of the body, cool it off and thus cure the fever. Some people also practise spiritual rituals to scare away evil spirits, which they believe to be the cause of the illness.

Three years on, the world has accepted the "new normal" lifestyle, namely wearing face masks and keeping distance (physically as well as socially).

High rates of morbidity and mortality forced governments to implement a temporarily lockdown policy, closing public places, shops, offices, and schools. Working and studying from home became the new norm, thanks to modern digital technology. The change in the work setting also affected social interaction and family relations. Family members spent more time at home, with the sometimes negative effect of increasing the risk of stress and domestic conflicts.

Discussion in the book is focussed on a few basic concepts related to epidemic disease in general. Topics covered by the book are social distancing (which is at variance with local tradition), hand washing, the specific consequences of the corona pandemic, catastrophe, and the people's coping mechanism. People's experiences and memories are compiled and organized in a certain theoretical framework and are then analysed from various perspectives: cosmic, spiritual, religious, cultural as well as linguistic, in line with the authors' study fields. Reactions to corona in France and Italy are also presented, and, inter alia, the increase of racism since the corona pandemic is noted.

It is a pity that the book does not provide the views or remarks of medical doctors on various issues related to the people's experiences and coping mechanisms in dealing with pandemics in general, popularly known as *pageblug* (catastrophe) among the Javanese villagers. For centuries the Javanese have developed ways of coping with numerous diseases, using available herbs and traditional methods of treatment. A medical view or analysis of local people's interpretation and experiences in coping with pandemics could have enriched and enhanced the understanding of the local wisdom.

The book's final chapter reflects people's expectations and anticipations of the changes in the aftermath of the corona pandemic. Corona has hit global tourism very hard. Indonesia and other countries have begun to explore new perspectives to attract foreign as well as domestic tourists, such as finding new tourist destinations and promoting new touristic locations. In short, everyone has been required to change their attitudes and way of life to cope with corona that seems likely to be around indefinitely.