THE EDGE AS THE CHOICE
(A CASE STUDY OF JAMU SELLERS IN THREE TRADITIONAL MARKETS, YOGYAKARTA CITY)

I Gusti Bagus Ary Putra dan Atik Triratna Wati
Department of Anthropology, Faculty of Cultural Sciences, University of Gadjah Mada
bagusarya.putra.arya@gmail.com

Abstract: The utilization of plants in the health sector has actually been as long as human civilization. This can be seen in jamu as a health care option, which is still in great demand at this time. Over the years, jamu is often identified as a nutritious drink for the lower middle class, but this does not apply to jamu in traditional markets, in Yogyakarta City. The community with various backgrounds also consume jamu. This study aims to find out the reasons behind the choice of Javanese jamu as a health care option in the midst of the modernization of the medical world in Yogyakarta City. This study was conducted in three traditional markets in Yogyakarta City, namely: Kranggan Market, Demangan Market, and Prawirotaman Market. This journal's cultural focus is related to ethnomedicine. This research is a qualitative research with data collection using participatory observation techniques, semi-structured interviews, and literature review. The findings of this research are that jamu, which is considered edge by some, is actually an option for certain parties. Jamu as the center and the edge really depends on the point of view used to see it. The choice of jamu is basically a consumer's self-belief and readiness to change behavior in determining health care choices.

1 INTRODUCTION

A healthy body condition is a dream and guarantee for humans to carry out their life activities. An important aspect of the current dilemma is understanding under what conditions humans learn and adapt to the environment in which they live (Moran, 2017: 122). With regard to maintaining a healthy body, actually it has been applied by the Indonesian people (especially the Javanese) for a long time, and the knowledge related to it has been passed down from generation to generation. One of the adaptive strategies of Javanese society can be seen from the tradition of drinking jamu. According to Gardjito, et al (2018: 193), jamu is the original knowledge of the Indonesian nation which is rooted in the philosophy and outlook of life of Indonesian society in general, and Javanese society in particular.

The rapid development of modern Western medical, supported by increasingly advanced health service facilities, and easy access to health care sources, as well as government support through the National Health Insurance (JKN) system, has made the position of jamu increasingly shifted towards extinction. Often by several parties and from certain points of view, modern Western medicine is seen as the center, while traditional medicine in this case jamu in traditional markets is seen as an edge. From a modern Western medical perspective in seeing jamu in traditional markets, always see it as an edge. This is based on the ideology of modern Western medicine which prioritizes rationality, hygiene, and on the basis of clinical trials. However, jamu does not always exist and is seen as an edge, especially among Javanese consumers as owners and users of the medical system. The term center-edge really depends on what point of view it is used and from what background it is seen. It is necessary to develop better and more comprehensive jamu production, in order to maintain the position of jamu as a drink with medicinal properties of the Indonesian nation (Widyawati et al, 2018; Nurdin et al, 2018).

Modern Western medical sophistication is not always able to provide a complete cure for patients who receive treatment. The factors of knowledge, technology, and competent abilities cannot guarantee a patient's recovery. Therefore, to complement the existing health care, Javanese people look to traditional health care, in this case jamu as an alternative health care. The reasons for choosing jamu as a choice of traditional health care cannot be separated from the influence of tradition passed down from generation to generation, natural ingredients that are considered relatively safer for consumption,
affordable prices are also a determining factor for consumers choosing jamu, and the benefits that consumers feel after drinking jamu (Marni & Ambarwati, 2015; Andriati & Wahjudi, 2016). Jamu as a choice of traditional health care, in practice can be seen in the city of Yogyakarta, especially in the seller of jamu in traditional markets. The community believes that the benefits of consuming jamu are to maintain a healthy body and overcome complaints of minor illness. According to Mi (2019), jamu exists as a system of local knowledge about body care that is integrated with Javanese awareness and ideas, as well as knowledge and skills. This jamu seller can be found in traditional markets in Yogyakarta, such as in Kranggan Market, Demangan Market, and Prawirotaman Market. Various backgrounds in society such as consumers from non-Javanese ethnicities are also enjoy this jamu, some even become regular customer.

In the midst of the COVID-19 outbreak that is occurring in almost all parts of the world, the tradition of drinking jamu has returned to existence. This was followed by a recommendation from President Joko Widodo to return to regularly consuming jamu, as an effort to prevent the transmission of the Corona Virus. The enthusiasm of the community is returning to using jamu as a drink in an effort to prevent disease. It can be seen in the traditional markets in Yogyakarta, where many consumers are hunting for ingredients for jamu or looking for jamu. Many of the ingredients for making jamu come from medicinal plants, which are beneficial for health (Nurdin et al, 2018).

Amid the increasingly advanced Western medical onslaught and the increasingly dominating use of modern Western pharmaceutical drugs, the choice of traditional health care through jamu is still in demand in Yogyakarta City. This makes this paper necessary to find out the reasons for the choice of Javanese jamu as a choice of health care by consumers in Yogyakarta City, as well as to gain an understanding of the decisions of non-Javanese ethnic consumers in influencing the choice to consume jamu.

2 RESEARCH METHODS

The research related to the existence of jamu as a choice of traditional health care in the midst of the modernization of the medical world (a case study of jamu sellers in three traditional markets, Yogyakarta City), uses ethnographic research methods which are included in qualitative research. This research took place from June 2020 to October 2020. The three markets, namely Kranggan Market in Jetis Subdistrict (in the middle of Yogyakarta City), Demangan Market in Gondokusuman Subdistrict (eastern area of Yogyakarta City), and Prawirotaman Market which is in the Subdistrict of Mantrijeron (southern region of Yogyakarta City).

In this qualitative study, the selection of informants was determined through a purposive technique. The criteria are set to become key informants in this study, namely that the informant is a maker and seller of jamu, where the herbal ingredients are processed directly on the spot, the herbs are made using natural ingredients without any combination of packaged herbs, the processing of jamu is dominated by the squeezing technique which done by using hands, and knowledge of jamu processing is obtained based on heredity through the learning process. In addition to the selection of key informants, the author also determines which informants are from consumers of jamu who are determined based on ethnic backgrounds, namely non-Javanese ethnicities. The type of data used is qualitative data, while the data sources used are primary data sources (observation and interviews) and secondary data sources (literature review).

The key informants in this study were three jamu sellers in each market, namely Mrs. Narti (jamu seller at Kranggan Market), Mrs. Puji (jamu seller at Demangan Market), and Mrs. Sis (jamu seller at Prawirotaman Market). The writer considers this jamu seller informant to be able to represent and provide an overview related to the existence of jamu as a traditional health care option in the midst of the modernization of the medical world in Yogyakarta. Furthermore, there were four informants from the jamu consumers, namely Mr. WS (Chinese), GD (Dayak), Mr. K (Madurese), and Mrs. SH (Lampung). Besides that, there is also Mr. Sunu who is the son of Mrs. Narti who is also an informant in this study.

3 RESULTS AND DISCUSSIONS

The Decisions of Non-Javanese Ethnic Consumers in Influencing Choices to Consume Jamu

Modern Western medical developments that are advanced and dominate health care, do not fully influence consumers from non-Javanese ethnicities to choose jamu as their traditional health care option. Although jamu is often synonymous with consumers from Javanese ethnicity and consumers from the lower to middle class. However, this is different from the consumers of jamu in the three markets where this research is located. The consumers of jamu in the three markets are from Chinese, Madurese, Lampung, Dayak, and so on. The decisions of non-Javanese consumers in influencing the choice to consume jamu in the three markets include: a consumer’s belief factor in a jamu seller, a consumer’s closeness to the jamu seller, a factor of ancestral traditions, a cost factor, and a curiosity factor.
A Consumer’s Belief Factor on Jamu Seller

One of the factors that most underlie the rational choice that influences consumers of non-Javanese to consume jamu is the factor of belief. The belief here, the author sees it is related to a consumer's belief in the figure of a jamu seller, and belief in alternative actions taken. This can be seen from Lampung consumers at Prawirotaman Market and the Chinese consumers at the Kranggan Market.

One of the consumers of jamu at Prawirotaman Market who comes from the Lampung, namely Mrs. SH. She has been a customer of Mrs. Sis since 2000. Every time Mrs. SH goes to Prawirotaman Market, she always takes the time to drink jamu at Mbah Sis’ stall. Mrs. SH has no complaints about illness. The reason for buying jamu at Mbah Sis’ stall is more to maintain a healthy body. According to Mrs. SH, there is no tradition in Sumatra to drink jamu. The first time Mrs. SH started to drink jamu was when she moved and lived in Yogyakarta City. Mrs. SH believes that the jamu made by Mrs. Sis is able to maintain her health, because she sees Mrs. Sis herself. Seeing the figure of Mrs. Sis at an age that is no longer young, still looks fit and well-preserved, makes Mrs. SH’s belief to consume jamu made by Mrs. Sis even higher. Mrs. SH used to buy jamu pahtah and, often drank it on the spot.

Furthermore, the belief in consuming jamu is also related to alternative actions that must be taken. This can be seen as one of the consumers of jamu in Kranggan Market from Mrs. Narti’s stall. The consumer is named Mr. WS, who is a consumer of jamu from the Chinese ethnicity. Mr. WS has been a customer of Mrs. Narti’s jamu for the last two years. The initial reason Mr. WS decided to drink jamu at Mrs. Narti’s stall was because he suffered from stomach acid and wanted to reduce pharmaceutical medicine from the doctor. Mr. WS chose complementary actions between pharmaceutical medicine and jamu in overcoming stomach acid he suffered. Mrs. Narti gave jamu made from turmeric and curcuma to give to Mr. WS. Mr. WS used to buy jamu from Mrs. Narti’s stall every two times a week. The belief from consuming this jamu was getting higher, when Mr. WS began to feel the good things he got from this jamu. He also tends to worry about the condition of his body if he continuously consumes pharmaceutical medicine whose ingredients are chemical compared to herbs that use natural ingredients. What Mr. WS has done is a reflection of medical pluralism. According to Triratnawati (2019: 3), medical pluralism is very clearly seen in Indonesia, where each culture of modern and traditional medical services can both coexist peacefully without being hostile to each other.

The Closeness Of A Consumer To The Jamu seller

The relationship between health care choices and closeness factors greatly influences consumer decisions, because the closer the consumers are to a jamu seller they choose, the higher the level of consumer belief in getting cured when drinking jamu from that seller. Consumers of non-Javanese can comfortably complain about their illness to the jamu seller. In fact, jamu sellers are often good listeners to complaints of illness from consumers, and it is the interactions between jamu sellers and consumers that form this closeness. In fact, this can be seen in the three jamu sellers who are the subject of the author’s research. The closeness factor can be seen in consumers of jamu from Mrs. Puji. There is Mr. K who is a consumer of jamu from the Madurese ethnicity and GD from the Dayak ethnicity.

Mr. K learned about Mrs. Puji’s jamu from a friend who likes raising chickens, who is also Mrs. Puji’s younger brother. Initially, Mr. K had acid reflux and was examined by a doctor. He told about this to Mrs. Puji’s younger brother. Then, the younger brother of Mrs. Puji suggested that he try drinking the jamu his sister made, and asked for suggestions regarding the right choice of jamu to drink. Mr. K followed his friend's suggestion who was already considered close by him. Mrs. Puji recommends and provides jamu made from turmeric and curcuma with a thick texture. Mrs. Puji also told me that this jamu is good to drink in the morning before breakfast, and also suggested eating raw white tofu as a companion in drinking this jamu. This combination is believed to have special quality in dealing with stomach acid pain. Sure enough, Mr. K felt much better after taking this jamu. He obtained this good condition after drinking about six bottles of the jamu a week. Currently, Mr. K is no longer seeing a doctor, and routinely drinks this jamu every three days. Here, it can be seen that the closeness factor is one of the rational choices that influence non-Javanese consumers in consuming jamu.

Next, this can also be seen from one of Mrs. Puji’s consumers who comes from the Dayak ethnicity, who is currently studying in Yogyakarta, namely GD. Mrs. Puji’s relationship with GD is quite close, even when it comes to jamu, GD is sometimes distributed to Mrs. Puji, such as lectures, family, and even moving boarding houses. This closeness is built due to frequent encounters, in this case between jamu sellers and consumers. Usually GD buys jamu turmeric tamarind at Mrs. Puji’s stall. GD’s reason for consuming jamu is more to maintain a healthy body. Before this pandemic, it was not uncommon for GD to buy several bottles of jamu from Mrs. Puji to be distributed and sold to his college friends. This closeness can also be seen from how GD ordered jamu to Mrs. Puji through Whatsapp media. So, when he arrived at the herbal market, his order is already ready.
Ancestral Tradition Factors

The decision of consumers from non-Javanese ethnicities in choosing to consume jamu for their health care is also closely related to factors of ancestral traditions. The tendency of this ancestral tradition makes consumers more able to adapt their health care practices while choosing to consume jamu. This can be seen from the Madurese and Chinese ethnic consumers who actually have a tradition inherited from their ancestors in consuming medicinal drinks.

Like Mr. K, who is a consumer of the Madurese ethnicity, actually also already has a tradition of jamu, in this case is Madurese jamu. However, it was the first time for Mr. K to drink jamu when he had acid reflux and it was the jamu made by Mrs. Puji. Through a familiar and close cultural atmosphere, in this case the tradition of drinking jamu which is also in the cultural background of Mr. K (from the Madurese ethnicity), makes it easier to adjust and choose jamu as his choice of health care.

This can also be seen from Mr. WS, who is a consumer of jamu from Chinese ethnicity at Mrs. Narti's stall. Where the Chinese ethnic cultural background has TCM (Traditional Chinese Medicine) almost has a similar tendency to the tradition of drinking jamu in Javanese ethnicity. This made the adjustment of health care chosen by Mr. WS in this regard to consuming jamu much easier and felt closer. However, with regard to consuming medicinal drinks, this is also the same as Mr. K. Where it is the first time Mr. WS has consumed a new medicinal drink from Mrs. Narti's jamu.

The Cost Factor

The fact that also has an influence on the decision of non-Javanese ethnic consumers to choose to consume jamu is the cost factor. Affordable health care costs are the dream of consumers, especially if these consumers come from the lower middle class. This can be seen from non-Javanese ethnic consumers in the three markets who choose jamu as their health care. The affordable price of herbal concoctions with extraordinary benefits for the body makes jamu the right, routine, and inexpensive choice of traditional health care for consumers.

This can be observed from one of the consumers of jamu from the Madurese ethnicity, namely Mr. K. One medium-sized bottle of jamu that he bought from Mrs. Puji for Rp. 15,000. He has already drunk six bottles of the jamu, until he feels better than before. The pain from stomach acid that he was suffering from had subsided. This is a consideration for choosing jamu as a health care option compared to going to a doctor, which is definitely different in terms of costs. Only at the beginning did Mr. K go to the doctor to confirm the pain he was experiencing, then he took jamu as a health care for his illness.

In addition to affordable prices, you also get natural ingredients, which are very good for the body. This is one of the factors influencing the decision of non-Javanese ethnic consumers to consume jamu. Although currently the government has provided health insurance that is well accessible, the tendency to choose jamu as a traditional health care option is still in demand.

The Curiosity Factor

The last factor is the curiosity factor. Starting from curiosity, which made consumers of non-Javanese ethnicity try jamu. In addition to that, often seeing and passing jamu stalls becomes a support for trying to consume jamu. One of them can be seen from Mrs. Narti's jamu stalls at Kranggan Market. Before the pandemic, there were often consumers from abroad along with tour guides visiting and consuming jamu made by Mrs. Narti. Usually the tour guide will first provide an explanation for these foreign consumers. If the tourists are curious, later they will try to drink jamu for the first time. Not infrequently from the beginning, the tourists continue to consume jamu until they become consumers of jamu.

Regarding curiosity and trial and error at the beginning of consuming this jamu, there is also the role of a tour guide who acts as an intermediary. In fact, it is not uncommon for tour guides to usually drink the jamu first, then be seen by tourists and then become interested in trying to consume jamu. This often happens to foreign tourists who are in a tour group. Guided by the observations and interviews above, the curiosity factor becomes one of the factors that influence the decision of consumers from non-Javanese ethnicities to consume jamu. Moreover, coupled with the results felt after drinking jamu, which has a good impact on the body, makes consumers from non-Javanese ethnicity come again. From trial and error to addiction.

The Existence of Jamu as a Community Traditional Health Care Option

Regarding the existence of jamu as a choice of traditional health care, it cannot be separated from the figure of jamu seller who makes jamu concoctions and the existence of jamu consumers. Existence according to Rodgers and Thompson (2015: 6), namely existence can be interpreted as appearing, and regarding human existence there are key characteristics, such as we are always out of ourselves, looking for something, planning, and organizing the future. The profession of jamu sellers in the three markets in Yogyakarta City has had a significant influence on health. This can be seen from the choice of jamu by consumers in an effort to care for and maintain their health. Therefore, the choice of jamu in traditional health care in Yogyakarta City still exists and is in demand, even though modern medical health facilities and personnel are advanced and easily accessible.
The existence of jamu really depends on the existence of a jamu seller and a jamu consumer. This is because, from the hands of a jamu seller who makes, mixes, and processes the ingredients of the jamu can be consumed by consumers. If the existence of the jamu seller is missing, the jamu does not exist either. The discussion of jamu cannot be separated from the discussion of agents who produce and sell jamu (Yusa, 2016; Sumarni et al, 2019). The role of a jamu seller must be carried out as well as possible so as not to create role conflicts and separation between individuals and their actual roles (role distance). Likewise with the existence of jamu consumers, if there are no jamu enthusiasts, surely there is no demand for jamu.

The five factors that the author mentioned earlier have an influence on the decision of non-Javanese ethnic consumers to consume jamu as a health care option. Apart from this, the tradition of drinking jamu and the existence of jamu sellers are also supported by the concept of back to nature, in this case the use of natural ingredients which are considered to have no side effects to the body, related to maintaining traditions, good merit that can felt, and also nostalgia (ngangeni).

**Jamu in Traditional Markets: The Edge as the Choice**

Modern medical developments that have advanced and dominate health life in Indonesia, especially in the city of Yogyakarta, cannot be denied that they also have an influence on traditional health care, such as jamu. The impact of the development and advancement of modern medicine can be seen from the position of jamu in traditional markets in Yogyakarta, which are increasingly marginalized. From a modern Western medical perspective in seeing jamu in traditional markets, always see it as an edge. This is based on the ideology of modern Western medicine which emphasizes rationality, hygiene, and on the basis of clinical trials.

Jamu in traditional markets is not fully located and viewed as an edge. For some parties, in this case, Javanese ethnic consumers who are the owners and users of the knowledge system in the field of health life, see jamu as the center. According to Mi (2019), the need to drink jamu is culturally regulated according to the internal logic of the Javanese. In this COVID-19 pandemic, the position of jamu can be said to be at the center. This was followed by a recommendation from President Joko Widodo to return to regularly consuming jamu, as an effort to prevent the transmission of the Corona Virus. The President also placed jamu at the center in order to maintain a healthy body in the midst of the COVID-19 pandemic. According to Jamaludin (2016: 99), the term edge is a form of preserving inequality and rationalizing injustice, which often leads to domination of the center over the edge.

The existence of various modern health service facilities with easy and adequate coverage and access, apparently cannot fully guarantee someone to go there for treatment. There is still a tendency to choose alternative health care measures, in this case by going and consuming jamu at jamu sellers' stalls in traditional markets. There are things that cannot be found and found in modern Western medicine, but that can be found and found in traditional health care. The choice of jamu is basically a consumer's self-belief, as well as a readiness to change behavior in determining health care choices.

**Consumer’s Belief in Jamu**

Regarding the consumer's belief in jamu as an option to maintain and care for their health, it is the same as what is described in the HBM theory. According to Maulana (2014: 218), the HBM theory states that the healthy belief of an individual is based on three essential factors, namely the readiness of the individual to change behavior in preventing a disease or reducing health risks, the encouragement of the individual's environment that makes him change behavior, and individual behavior himself.

As previously explained, there are five factors that influence the choice of consumer decisions from non-Javanese ethnicities to consume jamu, including: a consumer's belief in a jamu seller, a consumer's closeness to a jamu seller, a similar cultural background factor, a cost factor, and the curiosity factor. Where these factors are relevant to what is expressed by Sudarma (2008: 58), there are four main beliefs for a person to determine treatment for himself when experiencing illness, which is based on beliefs about the individual's vulnerability to illness, belief in the seriousness or malignancy of a disease, belief against the likely costs, and the belief in the effectiveness of the actions taken in relation to the possibility of alternative courses of action.

The consumer's belief in consuming jamu arises from his own will and is influenced by the environment outside himself. The environment outside the consumer, such as family, relatives, friends, and other people, in this case a tour guide for foreign tourists who take group tours, and so on. This is because the closest person is likely to have a greater share of an individual's health care choices.

**Readiness to Change Behavior in Making Health Care Options**

Determining health care options, in this case consuming jamu definitely requires a readiness from within the consumer. Moreover, jamu consumers, in this case consumers from non-Javanese ethnicities
who have and previously been accustomed to utilizing the services of modern medical personnel, make the need for readiness from within consumers. Readiness here is readiness to change behavior in determining health care choices. According to Marimbi (2009: 81), human behavior is a reflection of various psychological symptoms, such as knowledge, beliefs, interests, will, motivation, perception of attitudes, and so on.

Relating to human behavior in the health sector or determining health care options (health behavior), is something related to individual actions or activities in maintaining and improving their health (Marimbi, 2009: 108). This can be seen from consumer behavior in choosing jamu as a choice of health care when they experience complaints of illness, or in order to maintain health. According to Utami and Hariyadi (2019: 120), public health culture forms, regulates, and influences the actions of individuals in a group to meet health needs, in an effort to prevent disease or heal themselves from disease. This health culture will lead consumers to play a health behavior, or sometimes also experience or act as an illness behavior.

According to Marimbi (2009: 108), illness behavior is any action or activity carried out by individuals who feel sick to recognize and feel the state of pain or health. This relates to individual knowledge in terms of identifying disease, causes of disease, and efforts to prevent the disease. Certainly, jamu consumers, in this case consumers from non-Javanese ethnicities, have their own knowledge in terms of feeling sick conditions and have choices in preventing the disease, namely by coming to the jamu seller and consuming jamu.

Readiness to change behavior in determining health care choices is undeniable also influenced by the immediate environment of a consumer. The members of adult relatives, in this case the extended family and in a wider kinship, make decisions about what health care they will choose. This can be seen in WS consumers of jamu seller, Mrs. Narti. Apart from consuming jamu for himself, WS also packaged jamu to be given to his younger brother who was also sick. Incidentally, WS's younger brother had a decrease in platelets. WS gave jamu to his younger brother because he already felt the benefits of consuming jamu, where his stomach acid pain was getting better after consuming the jamu. This can be seen where the influence of relatives determines the choice of health care.

4. CONCLUSION

The ethnoscience study in the field of medical anthropology on the existence of jamu in traditional health care options in Yogyakarta City has produced several findings that can help in seeing jamu sellers who are closely related to the existence of a herbal concoction, which is a guardian, intermediary, and conservationist from the heritage of Indonesian health ingredients, as well as jamu in traditional markets which are the choice in order to care for the health of consumers. The existence of jamu depends on jamu sellers and jamu consumers. If the existence of the jamu seller is missing, the jamu does not exist either. Likewise with the existence jamu consumers, if there are no jamu enthusiasts, surely there is no demand for jamu.

From a modern Western medical perspective in seeing jamu in traditional markets, always see it as an edge. For some parties, in this case, Javanese ethnic consumers who are the owners and users of the knowledge system in the field of health life, see jamu as the center. The terms center and edge really depend on the point of view used to view them. The authors' findings show that there are five factors that influence the decisions of non-Javanese ethnic consumers in their choice to consume jamu. Regarding the consumer's self-belief in consuming jamu, it arises both from his own will, as well as the influence of the environment outside himself. The choice of jamu as health care by consumers is also based on their readiness to change behavior. Readiness to change behavior in determining health care choices is undeniably influenced by the immediate environment of a consumer. Reflecting on these findings, the position of jamu concoctions and the profession of jamu sellers are currently between choice and extinction.

REFERENCES


