

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

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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 (Widyowati 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* pahitan, 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 factor 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 Harahap (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 undeniably 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.

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