Women, Bodies, and Medicine: The Tradition of Drinking Jamu (Herbal Medicine) among Indonesian Transmigrant Women

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Abstract

Jamu (traditional herbal medicine of Indonesia) emerges from Javanese culture that is passed down through generations. The tradition was brought by Javanese transmigrants in Lampung, Indonesia. Social interaction between transmigrants and locals led to the cultural assimilation of Javanese culture within local culture. The combination of two cultures brings a different meaning to Jamu consumption among the transmigrants. This study aims to explore the significance of traditional medical practices in transmigrant communities. This research uses a descriptive, qualitative method with an ethnographic approach. Participants were three first-generation transmigrant, elderly women, who consume herbal medicine and live in Dwi Mulyo Village, Penawartama District, Tulang Bawang Regency, Lampung. Although the participants were few, in-depth interviews and participatory observation were done to collect data. The results show that the Javanese tradition of drinking herbal medicine is a manifestation of the interaction between culture and women. Javanese women use herbal medicine in their daily lives, such as during menstruation and childbirth. Javanese women also use Jamu to maintain their family’s health and to boost their immunity during COVID-19. The ability to produce herbal medicine is inherited by daughters from their mothers or traditional birth attendants during pregnancy. However, in Lampung, women face obstacles to using herbal medicine as their main choice due to the lack of availability of some herbal ingredients. These changes indicate that the local knowledge transfer process is a dynamic process. Furthermore, this continuing process can create a sustainable local knowledge.

Keywords: Women, Local Knowledge, Jamu, Transmigration, Herbal Medicine

Introduction

Transmigration is a national development strategy in Indonesia to improve people's welfare and provide a distribution of people across different islands in Java. The strategy is carried out in three main ways, namely population relocation, utilization of vacant land outside Java, and regional development (Lagiani et al., 2018). The program can also be considered as a process of cultural displacement, because the majority of displacements

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occurred from Java and Bali to Sumatra, Sulawesi, Kalimantan and Papua. However, the transfer of culture is not complete, because the displaced people still maintain their knowledge through their daily behaviors.

The process of transmigration is closely related to the culture that appears in the knowledge, beliefs, and behavior of transmigrants. One form of behavior that is inherent in the community is behavior in addressing health problems. Transmigrants who are moved from Java to various regions tend to maintain a culture of herbal medicine known as *jamu*, which uses Javanese medicinal herbs and plants. At first, *jamu* in Java was used by the royal nobles to treat members of the palace when they were sick, but over time it was disseminated to all Javanese people and became a tradition that continues to be passed on to their descendants to this day. *Jamu* is made by steeping parts of plants, such as leaves, roots, fruit, rhizomes, into concoctions by traditional healers. The recipes are preserved in Javanese Primbon books. Javanese people believe that jamu helps treat various diseases, so people maintain the culture of consuming jamu to this day (Andriati & Wahjudi, 2016; Lestari, 2017). In addition, the ingredients for making jamu are easily available in the surrounding natural environment. This tradition is passed down from generation to generation. Lampung transmigrants from Java still maintain the culture of drinking jamu.

Jamu by transmigrants is used as an alternative treatment for disease and health improvement. *Jamu* is made with ingredients that are found in the local environment and formulated according to the cultural knowledge possessed by the community. Usually, people use some specific herbs or spices around their homes to make *jamu* (Sari et al., 2015). The plants that are commonly grown in the yard are ginger, turmeric, kencur (galangal), temulawak (Javanese turmeric), lemongrass, bay leaves, temu sleigh and temu kunci (finger root). Apart from being easy to find in the home environment, people believe herbal medicine has low side effects and is cheap and easy to make, so it is the main treatment option used by many people when they are sick (Jeniffer & Saptuty Ningsih, 2015).

Encounters between transmigrants and local communities involve cultural interactions. The process of cultural assimilation allows changes to Javanese cultural traditions. Starting from the continuous social interaction carried out by the Javanese community with other cultural communities, individuals will respond and adapt to other cultures, and this adaptation process causes changes in the habits of their cultural traditions (Utami, 2015). In addition, changes in new environmental conditions that occur can also cause traditions to change. For instance, environmental changes cause the herbs used to make jamu to change.

In the process of cultural assimilation, Javanese culture is more dominant in daily life and other cultures are affected as a result. Javanese herbal medicine culture influences other cultural communities to consume herbal medicine when sick. This begins with the social interaction that is continuously carried out by the Javanese people as they share information about herbal medicine treatments with other cultural communities when they are sick.

Many studies that discuss transmigration have been carried out, such as the research of Maruawe & Ardiansyah (2020), which discussed the socio-economic conditions of the transmigrant community that improved after transmigration. Research conducted by Nova (2016) discussed the socio-cultural changes of the transmigrant community due to cultural assimilation between the transmigrant community and the local community. In addition, research conducted by Rochmawati et al., (2020) discussed the empowerment of the transmigrant community to improve its health as well as its social and economic status. Despite the positive implications, transmigration also leads to inequality in social class between rural, suburban, and urban areas as the policy started with central development (Akita & Miyata, 2008; Wilsonoyudho et al., 2017).
Most transmigration research focuses on the socio-cultural and economic life of the transmigrant community, but there is little research discussing the process of interpreting medical practices in the transmigrant community. Therefore, this article aims to explore the meaning of the medical practices of jamu as a part of Javanese cultural identity in transmigrant communities.

Research Method

This study uses a descriptive, qualitative method with an ethnographic approach. The ethnographic approach reveals the traditional Javanese behavior of drinking jamu among transmigrants from Java who moved to Lampung. The traditional behavior of drinking herbal medicine is closely related to Javanese culture even after Javanese people transmigrate. The study was conducted in August-October 2021 in Dwi Mulyo Village, Penawartama District, Tulang Bawang Regency, Lampung Province, Indonesia.

In an effort to obtain participants who fit the criteria as first-generation transmigrants from Java living in Dwi Mulyo Village and making their own jamu, the researcher was assisted by the local RT.4 Three participants met the criteria. They are elderly women, because they were the first generation to transmigrate to Lampung. The process of collecting data during the COVID-19 pandemic was adapted to meet health protocols, so researchers always used masks, washed their hands, and kept a safe distance from the participants. The data collection was done by in-depth interviews and observation. Observations included the researcher working with participants in the activity of making jamu, such as turmeric acid, temulawak and godokan drinks. Although the number of participants was limited, this research maintained valid data through four in-depth interviews (at least one hour each) for each participant. For participatory observation, the researcher participated in the jamu-making process while discussing the process and the participant’s attachment with traditional medicine. The participant observation started with ingredients collection and ended with jamu tasting. One researcher is originally from Dwi Mulyo Village and her grandparents transmigrated from Java to Lampung; this “insider” personal experience helped the researcher to understand the context of Dwi Mulyo and the participants’ situations.

In the interview process, obstacles were found, namely the elderly women could only use Javanese and their ability to understand questions was limited, so the interview process was repeated four times. During the interviews, the researcher was assisted by elderly relatives to translate Javanese questions in a simpler way. After the data was collected, the researcher made a coding data transcript and analyzed it using data reduction, which was then categorized and formed into themes for the content of the results and discussion.

Results and Discussion

Transmigration and Transmigrant Change

Transmigration in Lampung has been carried out since 1950 in Gedong Tataan. At that time, transmigration occurred because of the dense population of Java (Khoiriyah et al., 2019). This experience was shared by the three participants in this study who transmigrated with their children and husbands. The families decided to transmigrate because they wanted to improve their economic conditions by becoming farmers and obtaining new land in Lampung. They transmigrated from Java in 1962. One participant described the journey as follows: “I joined transmigration in 1962 [at that time] with a group from East Java. I went to Lampung from Jakarta and then went straight to Sremsem. From Java to Jakarta, we took the train and then went to Lampung by boat, so it took days” (Participant, August 1, 2021).

4 RT is a neighborhood association that consists of several households in every village, and usually, it will have one leader.
Arriving in Lampung, transmigrant women and their families continued the transmigration process, known as local transmigration within Lampung province. The local transmigration extended to Tulang Bawang Regency where Sidomukti Village was formed. The village then underwent expansion into a new village which was named Dwi Mulyo Village after the name of a village in Java. The naming was based on the transmigrants' desire to treat the new land as their own (Khoiriyah et al., 2019). The transmigrant women in this study live in Dwi Mulyo Village.

One of the goals of transmigration is the clearing of forest to prepare new land for agriculture. The government determined the plants to be planted: rubber, oil palm and tubers, such as sweet potatoes and cassava. Usually the cassava was consumed with rice after being processed into *tiwul*. This staple food (made from cassava) was chosen at that time because of the high price of the rice. Here are some participants' memories:

In Lampung, I was told to grow oil palms, rubber trees, and tubers. First, the food was pounded from cassava and made into *tiwul*. Before, I didn't eat rice, I ate *tiwul* because the situation was difficult (Participant 1, August 2021).

When in Java, the primary food was *tiwul* from processed cassava. Then after moving to Lampung, it was still *tiwul* because the farmer's husband also grew tubers (Participant 2, August 2021).

When a family decides to transmigrate, they anticipate the benefits of an increase in the welfare and economic conditions of the family. Unfortunately, the reality was that the participants experienced difficulties when they first arrived. This occurred because the transmigrants were pioneers on new land, so the economic situation was not stable. This situation also affected their ability to satisfy their nutritional, educational, and health needs. The difficulties experienced by transmigrants encouraged them to form a close relationship with the local Lampung community to be able to help each other. However, during this process, they still maintained their respective cultures (Maruwae & Ardiansyah, 2020).

In Lampung, transmigrant women from Java still maintain Javanese cultural practices. One cultural tradition that is maintained is commemoration. The commemoration occurs on the 100th day anniversary of a death (*nyatus*), thanksgiving (*genduren*), or birth (*muyenan*). In addition, in the process of giving birth, transmigrant women still use *jamu* to support their bodies and the healing process. Here is one participant's account: “In Lampung, we still carry out the *muyenan* tradition after giving birth, people's death for forty days, a hundred days, a thousand days, the same as usually a *genduren* (thanksgiving) event” (Participant 3, September 2021).

Although transmigrant women still maintain their culture, their interactions with local communities allow for the possibility of changes in their own culture. These changes can be seen from how the Javanese language is used. Because of Lampung’s geographical location in the island of Sumatra, the language used daily in communicating with neighbors is Javanese mixed with Sumatran. Furthermore, this assimilation interaction occurs because transmigrant women live side by side with Sumatran people in Lampung, Palembang, Jambi and surrounding areas. The Javanese mixed with the Sumatran is intended to help local people understand when communicating with transmigrants. This shows that transmigrant women experience cultural assimilation in their language use. Assimilation also occurs in the local community, which is the original Lampung community. This can be seen in the practice

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5 *Tiwul* is another staple food in the dry areas of Java. It is made with cassava.
of taking jamu made by transmigrant women for sickness that local people have adopted. Here is one participant's statement:

Usually when I make jamu, I share it with my neighbors when they are sick. It's like a stomach ache. Later my neighbor asked to make another bottle like that one earlier. They are addicted because they say jamu are delicious and then they feel the benefits (Participant 1, August 2021).

**Javanese Women's Attachment to Jamu**

Jamu is more often consumed by women, although all ages and genders drink jamu to maintain health and cure illness. The women's attachment to jamu in this study was inspired by the availability of the ingredients around the house that met their daily needs. Moreover, jamu for Javanese women is often used to maintain health and maintain their bodies when they are still young, pregnant, or after they have given birth (Putri et al., 2021). These practices are still trusted and used by transmigrant women in Lampung:

I will make jamu if I only have mild pain. While I was a kid, my mother often made jamu, such as turmeric and tamarind to reduce my pain and lessen the blood smell during a period. My mother also made jamu after I gave birth. The name is gebyokan jamu (Participant 1, August 2021)

While I have stomach ache then I will drink jamu. It is a combination of turmeric, bitter ginger (lempuyang), ginger, and Javanese turmeric. When I am sick, I rarely go to the public health center because it is far away (Participant 2, August 2021).

Sometimes I make jamu if my body doesn't feel well. Usually, I will boil honey, shallots. After I drink it, my body will feel warm and also my stomach (Participant 3, August 2021).

Transmigrant women's knowledge of how to make jamu was usually obtained when they were girls and menstruating. Javanese women learn to drink jamu made from turmeric and tamarind. Sour turmeric jamu is believed to reduce stomach pain and fishy odor during menstruation. Tamarind and turmeric jamu contain curcumine and anthocyanine, which function as an anti-inflammatory, analgesic and antipyretic that can soothe and reduce pain (Widiatami et al., 2018). Transmigrant women use the tamarind and turmeric jamu to relieve menstrual pain and expedite milk production after giving birth, as one participant reported: “If I have my period, I will drink turmeric tamarind to make my stomach feel good. It is also good for breastfeeding mothers, it makes breast milk less smelly. For Javanese people, it will make our children healthy” (Participant 1, August 2021).

In addition, jamu is also used for the postnatal recovery process. The jamu for childbirth consumed by transmigrant women is called gebyokan jamu. The transmigrant woman explained that gebyokan means fresh milk. Gebyokan jamu provides benefits for facilitating breast milk, increasing the appetite of the mother after giving birth and helping to reduce the fishy odor in breast milk. Here is one participant's description:
When I gave birth, I made herbal medicine called gebyokan jamu. Gebyokan jamu keeps my breast milk to stay fresh. The gebyokan jamu is made from pineapple leaves, jeburan leaves, beluntas leaves, then papaya leaves, turmeric, lempuyang, limes that are pounded and then squeezed and then drunk. (Participant 1, August 2021)

In addition to the herbal medicine gebyokan, transmigrant women also consume cabe puyang. According to Shanti & Izzati (2014), puyang chili is a Javanese herbal medicine that can increase stamina and eliminate fatigue. No wonder the cabe puyang is consumed by transmigrant women as herbal medicine after giving birth to increase their stamina.

However, not all transmigrant women in Lampung still consume herbal medicine for childbirth. Movement to a new area is one of the causes of changes in cultural traditions. These changes occur due to different natural conditions and intercultural encounters that lead to assimilation (Nova, 2016). Many transmigrant women cannot obtain some traditional herbal ingredients such as sigaran leaves, kutu leaves, jalem leaves, klandri leaves, legetan leaves, krokot leaves, and other leaves in the Lampung area. In addition, the social environment of local women who do not drink herbal medicine after giving birth discourages transmigrant women from drinking herbal medicine after giving birth. The only foods that are allowed to be consumed after giving birth are kulupan (boiled leaves). Transmigrant women also do not eat tempeh and tofu, because they are considered to slow down the postnatal wound healing process. Here are one participant's expressions:

Yes, when we do not drink jamu, then we need to limit our consumption, such as no tofu, no tempeh and only eat boiled leaves. In the past, people could eat anything. We only eat boiled cassava leaves with chili. We only smash the chili then put on boiled cassava leaves (Participant 2, September 2021).

The culture of drinking jamu is part of the local knowledge of the Javanese people (Putri et al., 2018). Local knowledge results from activities, experiences, belief systems and communal wisdom and becomes a habit that is passed on to descendants orally in order to maintain their survival (Adelia, 2016). This is the daily practice of transmigrant women. The knowledge of jamu making comes from their parents and traditional birth attendants. That knowledge is more often taught to women, because according to Javanese tradition, women have a domestic role of masak (cooking), manak (giving birth), and macak (dressing up) (Budiati, 2010). Jamu is employed by women as a traditional local practice during periods and giving birth. In carrying out these tasks, Javanese women are required to take care of their bodies from a young age so that they can always be healthy and prepare themselves to give birth after marriage, because women are considered honorable if they can provide offspring for their family.

Jamu making also operates in the gray space between the private and public sphere for women. Although jamu functions to resolve health problems in private areas, it also becomes popular in public space. Participants indicate that they usually make jamu for their

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6 Centella asiatica
7 Pluchea indica
8 Coleus amboinicus lour
9 Sauropus androgynus (L.) Merr.
10 Ricinus communis
11 Bridelia Monoica
12 Acmela oleracea
13 Portulaca gradiflora
community when requested. The Indonesian government even promotes it as local medicine to prevent COVID-19. For women, their private spheres are constructed as very public processes where state, economy, and religion play their parts (Steven, 1998).

Within a transmigration context, *jamu* changed its position in society. In Javanese culture, it is usually drunk by the royal family to maintain their health, and thus occupies an elite position belonging to the high class community or state to promote. This context creates limitations on the transfer of knowledge. While it comes to a different place, such as Lampung, the cultural interaction leads to different practices. In Dwi Mulyo Village, *jamu* is used as a reminder of Java Island for the transmigrant. It keeps *jamu* alive and allows it to become the property of a new society. Nevertheless, modernization makes older people feel no need to pass their local knowledge to the younger generation. *Jamu* only becomes a symbol of their intimacy with their homeland.

*Treatment Behavior of Transmigrant Women*

The behavior of consuming *jamu* among transmigrant women continues to this day. *Jamu* is used as the main aid when transmigrant women and their families are sick. Apart from trusting *jamu* as a hereditary tradition, transmigrant women choose herbal medicine as the main treatment when they do not feel well. Transmigrant women can easily make *jamu* due to the convenient access to herbs in their garden and neighborhood, and it is inexpensive. Thus, *jamu* becomes alternative medicine for them, since other forms of medicine may be too far away. Here are some participants' explanations:

In the past, the health center was far away, so it was better to drink *jamu*. If *jamu* can cure me then I will not go to community health center. It makes *jamu* become first aid (Participant 1, August 2021).

The health center is very far from home and we do not have any transportation. The community health center usually brings us as groups only. We also need to buy medicine there and we need money for it. But *jamu*, we only need to make it by ourselves and can drink it everyday (Participant 3, September 2021).

Limited access to health services is one of the determining factors that lead individuals to avoid health services and seek alternatives, so this needs to be considered in the health sector in order to improve health services (Napirah et al., 2016). This also needs to be considered by health workers who work in the transmigration area of Lampung in order to improve health services by increasing visits to the elderly and integrating healthcare services for the elderly in the transmigration area.

The health sector is still debating the pros and cons of the possible side effects of *jamu* (Summayah & Salsabilla, 2017). However, as a traditional medicine that transmigrant women have used since childhood, it can be consumed as an alternative treatment with the supervision of health workers in the area where transmigrant women live.

The experience of perceived benefits comes from the content of herbal ingredients that are often consumed by transmigrant women. The ingredients for the herbal medicine include turmeric, tamarind, Javanese turmeric (*temulawak*), *beras kencur*,

14 *Ingredients of* *beras kencur* *are Kaempferia galanga, rice, and palm sugar.

15 *Ingredients of* *cabe puyang* *are Javanese chili and Zingiber heynana.*

14 *Ingredients of* *cabe puyang* *are Javanese chili and Zingiber heynana.*
kencur, ginger, turmeric, lempuyang, temugiring, and Javanese turmeric (temulawak) are planted in the women's own yards so that they can be used at any time. One participant stated:

Usually, I drink the jamu with main ingredients, such as beras kencur, turmeric tamarind, cabe lempuyang. In addition, my grandparents also boil white turmeric, ginger, cinnamon, lemongrass, and fragrant pandan for me. But the most essential ingredients from my grandparents are fresh Javanese turmeric (temulawak) mixed with other ingredients (Participant 2, August 1, 2021).

The practice of consuming herbal medicine among transmigrant women is still maintained during the COVID-19 pandemic. During the COVID-19 pandemic, transmigrant women have consumed herbs such as Javanese turmeric (temulawak), red ginger, and turmeric. These herbal ingredients are believed to increase the body's immunity and to aid in warding off COVID-19. The use of herbal medicine by transmigrant women during the COVID-19 pandemic is due to the Javanese tradition of drinking herbal medicine to maintain health, according to Kusumo et al (2020). Drinking herbal medicine is part of a “back to nature” trend that is being discussed by many Indonesian people and that is thought to prevent the transmission of COVID-19. This was also encouraged by the media in reports that claimed herbal medicine provided benefits to prevent the transmission of COVID-19 that were shared by word of mouth throughout the village community.

**Conclusion**

This study shows that the tradition of drinking jamu is continued by transmigrant women in Lampung. Although transmigration creates cultural assimilation within local communities, jamu brings memories intact of Javanese land for transmigrant women. Although jamu is mostly discussed in the private sphere in Java, cultural interaction transforms jamu into public spaces in Dwi Mulyo, Lampung. The habit of consuming jamu among transmigrant women is passed on from generation to generation, to family members and especially to girls. Women are considered to be more diligent in educating their children about Javanese values and culture. Nowadays, however, modernization silences the process of knowledge transfer to younger generations. Transmigrant women use jamu when they are menstruating, pregnant, giving birth and caring for their family's health. Transmigrant women continue to consume jamu during the COVID-19 pandemic to increase immunity so as not to contract COVID-19.

**References**


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16 Kaemferia galanga
17 Zingiber zerumbet
18 Curcuma heyneana


