

Independence of Madurese Women's Healthy Lifestyle with *Ajhemo*

Kemandirian Cara Hidup Sehat Perempuan Madura Dengan *Ajhemo*

SRI RATANAWATI, MOCH ALI & GEDE WIRATA

ABSTRACT

Ajhemo (herbal drink) is part of the routine of Madurese women in maintaining their health and fitness. This habit is the effect of biological traits of women who experience menstruation and childbirth. Women are required to drink herbal medicine by following the cycle. In addition, cultural factors encourage women to do *ajhemo* to meet the demands of their husbands. In connection with this, many Madurese women choose the type of *jhemo* (herbal medicine) related to the health of sexual organs. Nowadays *ajhemo* is a healthy way of life that Madurese women continue to do as the art of body exercise that includes cleanliness, beauty and health. *Ajhemo* for women has become a healthy way of life that has continued for generations. *Ajhemo* is a daily need believed to increase fitness to arouse sexual desire and aesthetics.

Keywords: *Jamu*; Madurese women; ethnomedicine; aesthetics

ABSTRAK

Ajhemo (minum jamu) menjadi bagian dari kebiasaan perempuan Madura dalam menjaga kesehatan dan kebugaran tubuhnya. Kebiasaan tersebut sebagai efek dari biologis perempuan yang mengalami menstruasi dan melahirkan, maka perempuan dituntut meminum jamu dengan mengikuti siklus tersebut. Selain itu, faktor budaya mendorong perempuan untuk *ajhemo* demi memenuhi tuntutan suami. Sehubungan dengan itu, perempuan Madura banyak memilih jenis *jhemo* yang terkait dengan kesehatan organ seksual. Kini *ajhemo* menjadi cara hidup sehat yang terus dilakukan perempuan Madura sebagai seni olah tubuh yang mencakup kebersihan, keindahan dan kesehatan. *Ajhemo* bagi perempuan menjadi cara hidup sehat yang berlangsung turun temurun. *Ajhemo* menjadi keperluan harian yang dipercaya dapat meningkatkan kebugaran membangkitkan gairah seksual dan estetika.

Kata kunci: *Jamu*; perempuan Madura; ethnomedicine; estetika

INTRODUCTION

Ajhemo means *jamu/jhemo* or traditional medicinal drinks which was practiced by Madurese people throughout generations for curative and preventive purposes. *Ajhemo* is a traditional Madurese alternative medication that existed long before modern medication. In her article, Jane Beers (2001:32) explains although modern medicine and beauty experts seem to have just discovered this idea, the Javanese have practiced it for centuries. Foreign experts also have admitted that *jhemo* developed by our ancestors in 18th century has existed long before the birth of modern medications. This fact shows that Indonesian has developed its own unique medication system based on their local wisdom.

Etymologically, the word *ajhemo* is the derived form of the base form *jhemo* means *jamu*. *Jamu* is

derived from Old Javanese Word *jamuju* (Purwadi 2004: 410). In Webster Dictionary, *jhemo* is defined as types of specific plants with medicinal functions, ingredient or concoction of medicinal recipe. Indonesia is the second largest home of medicinal plants after Brazil. 3500 of 40000 species of medicinal plants in the world live in Indonesia (Wiwaha 2012: 64).

In general, the concoction of *jhemo* refers to traditional recipe passed by the ancestors (Handayani 2008: 46; Limananti 2003: 12; Siswanto 2012: 204; Beers 2001: 15). Every region in Indonesia has its own unique medicinal plant species that can be processed into different variants of *jamu*. In scientific world, the process is known as folk knowledge, traditional knowledge, western science or traditional ecological knowledge. In Regulation of Ministry of Health Number 003/Menkes/Per/I/2010, *jamu*

is defined as traditional ingredients consisting of plants, animal ingredients, minerals, and extracts or a mixture or concoction of these ingredients which is traditionally used to cure illnesses in accordance with social norms.

In Indonesia, *jhemo* was first introduced by the Javanese royal family before it hailed to Sumenep royal family. When the power of Sumenep royalty began to fade, the knowledge on how to make *jhemo* started to spread to the community until today. Although the Madurese learned about *jhemo* from the Javanese, they developed their own *jhemo* based on Madurese cultural values by emphasizing on the physical strength and might inspired by their admiration on *Joko Tole*, a local legendary character. This character has inspired the Madurese to integrate the image of physical strength and that leads to the promotion of *jhemo* products.

Discourse analysis on Madurese proverbs, myths, and expressions had been conducted to explain the internal logics behind this habit. The implementation of *ajhemo* is closely related to the way of Madurese people promote healthy life based on their local wisdom centuries ago. In explaining the importance of *ajhemo* to their children by persuading them that the drink could cure and keep them healthy. *Ajhemo* is also considered as the manifestation of *bares* and *sake'* practiced throughout generations. The perception remains unchanged although there are many *jhemo* users who consumes *jhemo* once in a while. This expression brings forth many interpretations about spirit of life inherited and practiced by their descendants throughout generations too.

The concept of *bares* and *sake'* incorporates the ethical dimension composed of values and norms believed and practiced by the local community. In order to define this concept, we need to understand the culture of an ethnic group through emic approach by understanding how the people in Branta Pesisir region perceive the concept of *bares* and *sake'* according to the local culture encompasses of socio-cultural factor, economic factor, and education. Capra (2004:395) defines health as a multi-dimensional phenomenon involving interrelating physical aspect, psychological aspect, and sociocultural aspect. Each individual within the community may define *bares* and *sake'* differently based on his/her personal experiences therefore the definitions may be very relative. The definition may incorporate not only medical perspective but also involve cultural and religious perspective. Based on religious perspective, health is affected

by religiosity and spirituality of an individual. The correlation between *ajhemo* and *bares* is based on individual experience of consuming *jhemo* for years or even for his/her lifetime. They believe that drinking *jhemo* will make the person *bares* (healthy). Only those who have been accustomed in drinking *jhemo* are able to tell this experience, meanwhile those who never consume *jhemo* will never do. Such experiences serves as an empirical fact that strengthens the expression *ajhemo ekabares* and wanting for a healthy life.

World Health Organization stated in its constitution that a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Meanwhile, Law Number 23 Year 1992 defines health as a state of physical, mental, and economic well-being. Based on these definitions, health must be perceived as a holistic unity incorporates physical element, mental element, and economic well-being. These definitions therefore imply that health as a system strongly correlates with social factor, economic factor, education, and psychology. The degree of health known as psycho-socio-somatic health well-being is the resultant of four different factors namely environment, behavior, heredity, and healthcare service (i.e. preventive, proactive, curative, and rehabilitative health program). Among these four factors, it seems that environment and behavior are the most dominant factors affecting health behavior of traditional Madurese community. For example, if people experiencing toothache, they normally would drink *jhemo selokarang* rather than going to a dentist.

Health behavior is related to observable concrete habit manifested in the social system of a community. Dumatubun (2002) states that health behavior relates to knowledge, beliefs, norms and values implemented in a socio-cultural environment and therapies to prevent illnesses. The people of Branta Pesisir region has their own set of knowledge concerning health composed of individual perspectives. These individual perspectives are determined by personal experiences of each individual concerning health problems.

During the process to understand the concept of *bares* and its correlation with *ajhemo* practice, the writer gains information/explanations from perspectives of philosophy, socio-culture, and biology. Similarly, the writer also obtains information concerning the definition of *sake'* based on cultural etiology of illness. *Bares* and *sake'* are antonyms yet their definitions complements one to another.

The use of *jhemo* (traditional medicinal drinks) is not an exclusive phenomenon of the Madurese or Indonesians. People in many developing countries also use traditional medicine to fulfill their primary health needs. In Madurese community, traditional midwives do not only help childbirth process, they also concoct *jhemo* to be consumed by mothers after giving birth.

For Madurese women, *ajhemo* may be consumed as *nom-enoman* (daily beverages) that can be consumed daily without causing any side effects because its ingredients consist of medicinal herbs such as turmeric, Javanese ginger (*temu lawak*), finger roots (*temu kunci*), betel leaves, and areca-palm (*pinang*). These ingredients illustrate how Madurese local wisdom has affected their health behavior. These plants are deliberately planted by the Madurese for its medicinal purposes just in case one of their relatives gets sick and needs medication.

Hence, understanding why people consume *jhemo* is not as simple as understanding why people consume pills and modern medicine. People only consume modern medicine because they are sick. Meanwhile, people drink *jhemo* not because of they are sick but more to keep their body fit. Apart from this, *jhemo* also provides mystical experiences such as life energy restoration. According to the locals, *Ajhemo* does not only heal them physically, it also heals their mental. Capra (2004) defines this integrated medication system as one of unique characteristics of Oriental medicine idealizing the harmony between yin and yang.

As a result, Indonesian government (through The Ministry of Health) has conducted certification on *jhemo* products (Siwanto 2012:1) to standardize the quality of traditional herbal medicine so that these traditional medicine are more hygienic and safe to consume. The standardization has been carried out by traditional medicine producers such as *Sido Muncul* and *Air Mancur* producing traditional herbal medicine like *Tolak Angin*. In Madura, *jhemo* is still processed traditionally by home industries run by housewives concocting traditional herbal medicine in forms of powder, liquid, and solid.

RESEARCH METHOD

The ability to explore medicinal method based on cultural values and natural resources is inseparable from ancestral teachings transmitted through oral culture. The concept of healthy life is formulated in proverbs, advice, myths, and epochs. Soon, the oral

culture develops into a set of discourse of knowledge concerning healthy life and experiences in treating illnesses developed into reality grow alongside the community. In fact, proverbs and mantras greatly affect the definition and understanding cultural knowledge. Before knowing the writing system, the ancestors told their construct of ideas to their descendants. Therefore, anything they thought was transmitted orally.

Considering this phenomenon, the study applied Spradley's methods of ethnography specific in cognitive anthropology school. Spradley's methods of ethnography assume that every community has its own unique system of knowledge. By understanding this system of knowledge we can understand the perception and organization of mind operated by the community about material phenomena occurring around them (Spradley 2006: xii). This method is applied to reveal conceptual tools used by *ajhemo* consumers to classify, organize, and interpret their social and natural universe (Kaplan 2002: 194-195). Through this method, *ajhemo* is not merely perceived as a material object, it also functions as consumer behavior phenomenon.

By applying ethnographical approach, the behavior of *jhemo* consumers and producers can be examined using *Communication Ethnography* proposed by Fasold (1980), namely language as communication media. Fisman perceived (as cited in Fasold 1980: 12) language as the integral part of a community. Therefore, in order to be able to interact with *jhemo* consumers, a researcher/observer must use local language. Mastering local language is very important in gathering more information concerning *jhemo*.

AJHEMO: THE HEALTHY LIFESTYLE

Different from modern lifestyle which only emphasizes on material aspect and tend to be personal, traditional lifestyle may be carried out individually or in group. When a modern woman wants to look beautiful, she will use cosmetics and go to beauty salon to get facial treatments. This information is transmitted massively on social media and advertised on television. On the other hand, when the women of Branta Pesisir region want to look beautiful, they drink *jhemo* as told by the ancestors *ajhemo ekaradin ekaserra'ngoda'*

Ajhemo has become "*cara hidup*" (the way of life) for people in Branta Pesisir region (Cheney 1996: 157). In KBBI (Indonesian General Dictionary

2008), the word “*cara*” is defined as a method or attitude performed by an individual (or a group) to reach specific goals. In the context of *ajhemo*, *ajhemo* practice does not only generate the concept of health but also several myths, such as: make healthy, beautiful, youthful, strong. For the people of Branta Pesisir region, *ajhemo* is a construct that is completely different from the construct of health. The way people of Branta Pesisir region perceive the concept of *ajhemo* is a mixture of rationality and myths.

Healthy lifestyle practiced by the people of Branta Pesisir throughout generations has become a culture that lived and existed long before the development of medical concept and medical perspective which are completing each other to develop the construct of health. These discourses discussed above have illustrated how *ajhemo* has become a folkway, a normal way that is repetitiously practiced by the people of Branta Pesisir. On the other hand, the role of *ajhemo* becomes stronger if the habit has become a family tradition. For example, in Elis’ family, when a *jhemo* peddler comes to their house, all family members gather and voluntarily drink *jhemo* together, including their children. Eventually, *ajhemo* becomes daily practice, especially for girls. They experience menstruation each month and their *ajhemo* habit follows their menstrual cycle. After delivering baby and during breastfeeding period, a woman must drink *jhemo*. It is compulsory for them to drink *jhemo* because *jhemo* makes the mother and her child healthy. In this situation, *ajhemo* has become a daily beverage in Madurese word known as *ekariyan*.

For Madurese women, the need to consume *jhemo* cannot be ignored. *Ajhemo* becomes more important after they get married. In order to please their husbands, Madurese women will do a series of body treatment (*araksa aba*) including by *ajhemo Sari Rapet* while young girls drink *jhemo Harum Pengantin*. We must admit that the existence of modern medical system is inseparable from the work of our ancestors utilizing medicinal plants growing around their home and concocted them into *jhemo*.

Ajhemo has become a cultural expression of people in Branta Pesisir region. Health quality of the community depends on their understanding on the function of *jhemo*. Since a long time ago, *ajhemo* has become a habit practiced throughout generations. The habit has been deeply rooted and developed to a daily need which is hard to remove from daily activity. It is very hard to remove cultural disposition from memory of the users of certain

culture. Several cases of *ajhemo* phenomenon among fisherman families indicate that their children are getting used to see their parents *ajhemo* not only when they are sick but also in healthy condition. These events influence the mind of the children and their perceptual ability concerning *ajhemo* keeps developing as the individual grows old and able to formulate the perception into comprehensive knowledge concerning the essence of *ajhemo* that *ajhemo* is strongly related to curing illnesses whereas the truth he/she perceives is not so.

The habit of consuming *jhemo* is always perceived as a process to make someone healthy. This agreement applies almost universally among *jhemo* users through the saying *ajhemo ekabares* (drinking *jhemo* makes you healthy). Although there are *jhemo* users who drink *jhemo* once in a while, this does not change the collective agreement on the benefits of *jhemo* which are greater than its failure.

The belief on the benefits of *jhemo* can be verified by the experiences of *jhemo* users. During their lifetime, *jhemo* users stay healthy and never complain about their health. Some of them even say *tada’orang mate polana ajhemo* (no one dies because of drinking *jhemo*). This belief is no more than a dogma taken for granted without critical logics. In Bourdieu terminology, this type of acceptance is known as *doxa* (Bourdieu 1990:68) *Doxa* is defined as beliefs and unconscious values which are deeply rooted, fundamental, and considered universal.

Doxa tends to legitimate the certain existing social order through *ajhemo* practice of the people of Branta Pesisir region. *Ajhemo* practice carried out by the youths of Branta Pesisir region is an imitation process and due to orders and force of their parents. As experienced by a girl living in a boarding school who are going to marry in the next month. Among her marriage preparation is by “*ajhemo harum pengantin*”. She knows this kind of *jhemo* from her mother who asks her to drink this kind of *jhemo* twice a week in order to make her body smell good when she gets married. Not only during the wedding procession, a girl is also expected to smell good every day. A girl must perform certain body treatment to make her body smell good and free from body odor every day. Based on this reason, woman must drink *jhemo* regularly.

Here we can see how close *ajhemo* practice to the life of a woman. Women must *ajhemo* because they experience menstrual period every month. *Ajhemo* practice follows their biological structure (i.e. menstrual cycle and childbirth cycle). The biological factors become the main reason of *ajhemo*

which in turn develops into a cultural principle. The distinctive biological structure of woman makes them *ajhemo* more frequently than a man. Since their childhood, a girl has been prepared to drink more types of *jhemo* than a boy. The *jhemo* consumed by a girl is more various than the *jhemo* drank by a boy, which only consists of two types.

There is no certain criterion on when *ajhemo* should be introduced to children. Most parents just assume when the right time to introduce *ajhemo* is. Usually, the parents bring their children when they are *ajhemo*. They give their children *jhemo* with dominantly sweet taste, such as *sinom*. Madurese children (both boys and girls) drink the same types of *jhemo*. As listed in the table below:

Ajhemo in childhood age		Ajhemo in teenager	
Girl	Boy	Girl	Boy
Kunir asam	Beras kencur	Kunir asam	Kunir asam
Kunir asam	Berasa kencur	Berasa kencur	Berasa kencur
		Sirih kunci	-
		Pelancar haid	-

During childhood age, Madurese boys and girls consume the same types of *jhemo*. The first types of *jhemo* introduced to them are *konyi' accem* and *bherres kencor* which are dominantly sweet. This is a wise strategy performed by Madurese parents to introduce *jhemo* to their children. There is no certain regulation stating at what age a parent should introduce *jhemo* to his/her children. Commonly, parents introduce *ajhemo* since early ages (5-6 years old) by inviting their children drinking *jhemo* together.

Reaching their teenage age, the boys and girls start undergoing changes indicating their signs of adulthood. Girls experience their first menstrual cycle indicating their sign of adulthood. Since these ages, a mother should consider the menu of *jhemo* for their daughters by adding *jhemo sere konce*. This type of *jhemo* is special as *araksa aba'* (body treatment) for girls. It is uncommon for boys to consume this type of *jhemo*.

From this specification, we can see that *ajhemo* practice is very close to women. Women undergo menstrual cycle and childbirth process because of their biological structure that makes them different from men. The unique biological structure becomes the reason why women consume more types of *jhemo* compared to men. Since their childhood age, Madurese girls have been prepared to consume more types of *jhemo* than the two types of *jhemo* consumed by boys.

The instinct to drink *jhemo* on women is higher than men because of the biological condition. In their life, women undergo menstrual cycle. The habit of consuming *jhemo* follows this cycle. Women also experience childbirth and breastfeeding process.

They are expected to consume special *jhemo* to be consumed in these special occasions. In Madurese tradition, women are expected to drink *jhemo* for 40 days after giving birth.

Realized or not, these biological conditions form different attitude which in turn generate distinctive behavior between men and women. Therefore it is normal for women to be more concerned about the health of themselves and their families. A mother concerns about the health of herself and her family. She will notice any symptoms of illnesses experienced by her husband and children. For example, she touches her children's forehead to feel whether her children get fever. She then makes *jhemo kunir* for her children. Meanwhile, if the husband gets fever, she will make *jhemo kunir with egg yolks*.

Different to the life of people living in big cities who soon go to see doctor when they get sick, a mother living in rural areas is expected to be independent and having sufficient understanding on traditional medicine taught by her ancestors throughout generations. As stated by one of our respondents she must always be ready to cure herself when she gets sick. She said:

If I get sick, my household chores will be neglected. There will be no one to take care my children and there will be no food for my children to eat when they come home from school and they may be starving. Poor them! Therefore, I must keep working my household chores although I am sick. I prepare my own *jhemo* (in order to be healthy)

The responsibility as a mother has been internalized in Madurese women. Neglected children and unfinished household chores when they are sick become their burdens. Madurese women fully

concern about the noble role of a mother. Therefore a mother is expected to be able to prepare her own *jhemo* to cure her illnesses so that she gets better and ready to finish her household chores.

Based on this reason, a mother is very concerned about her own health in order to be able to fulfill her major responsibilities. As a source of righteousness, a mother symbolizes the trait of *sepi ing pamrih* (sincerity). She prioritizes on her moral responsibilities towards her family. She will do everything for her husband and children. Therefore, it is very logical if women's life is very close to *jhemo*.

The spirit of *ajhemo* among the women of Branta Pesisir region is inseparable from *araksa aba'* practices they perform. The practices include beautifying herself and maintaining her beauty, slimming her body, birth controlling, and treating her vagina. Women are expected to be concerned and having the ability to maintain her beauty and health. The efforts to maintain health starts from herself, namely by *ajhemo* regularly. The habit of *ajhemo* makes someone healthy and eventually dignified because by *ajhemo* regularly he/she can perform his/her daily activity and gain the meaning of life for himself/herself and other people.

CONCLUSION

The study concludes that there are numbers of *aljhemo* practiced by the Indonesian. First is *Ajhemo ekariyan*, it signifies the habit describing the attitude of a woman who regularly consumes *jhemo* from time to time. This discourse originates from ancestral knowledge that tells a woman to *ajhemo* regularly.

Sri Ratnawati
Fakultas Ilmu Budaya, Universitas Airlangga
Jalan Darmawangsa Dalam Selatan
Surabaya, Indonesia.
E-mel: sriratnawati57@yahoo.com

Moch Ali
Fakultas Ilmu Budaya, Universitas Airlangga
Jalan Darmawangsa Dalam Selatan
Surabaya, Indonesia.

Gede Wirata
Fakultas Ilmu Sosial Universitas Ngurah Rai
Jalan Padma Dangin
Denpasar Timur
E-mel: wirata,gede@yahoo.com

Received: 14 March 2019
Accepted: 27 January 2020

Ajhemo ekariyan is a social construct founded based on women perspective. Among Madurese people, *ajhemo* is more socialized on women than on men. *Ajhemo ekariyan* is strongly correlated with *araksa aba'*. *Araksa aba'* can be categorized as the way of life practiced by the people of Branta Pesisir region since long time ago which keeps developing in accordance with individual interests. *Araksa aba'* encourages people to *ajhemo ekariyan* and making *jhemo* as the object of *nom-enoman*. All of these concepts describe empirical structure of thought. Therefore, the dynamics of people in Branta Pesisir region can be interpreted by understanding the historical dynamic and local perceptions which is strongly rooted and become part of healing process until today. Within this framework, *ajhemo* process is summarized to often mixed up with myths whether intentionally or unintentionally with the main aim is to maintain healthy lifestyle.

NOTES

Ajhemo ekaradin means drinking *jhemo* makes you beautiful. *Ajhemo ekaserra'ngoda* means drinking *jhemo* makes you stay young. These two discourses functions as stereotype rather than truth.

REFERENCES

- Bourdieu, P. 1990. *The Logic of Practise*. USA: Stanford University Press
- Capra, F. 2004. *Titik Balik Peradaban*. Terj. M. Thoyibi. Yogyakarta: Bentang Pustaka.
- Chaney, D. 1996. *Lifestyles: Sebuah Pengantar Komprehensif*. Yogyakarta: Jalasutra.
- Dumatubun. 2002. Kebudayaan, kesehatan Orang Papua dalam perspektif antropologi kesehatan. *Jurnal Antropologi Kesehatan* 1(1).
- Fisman perceived (as cited in Fasold). 1980. *The Ethnography of Communication*. England: Basil Blackwell Publisher.
- Handayani, L. 2008. Minum jamu oleh Perempuan Suku Madura Sebagai upaya perawatan Fungsi Seksual. Tesis. Program Pascasarjana Universitas Airlangga.
- Jane-Beers, S. 2001. *Jamu the Ancients Indonesian Art of Herbal Healing*. Singapura: Tuttle Publishing.
- Kamus Besar Bahasa Indonesia*. 2008. Jakarta: Gramedia Pustaka Utama.
- Kaplan, D. 2002. *Teori Kebudayaan*. Jakarta: Pustaka Pelajar.
- Limananti, A. I. & Triratnawati, A. 2003. Ramuan jamu cekok sebagai penyembuhan kurang nafsu makan pada anak: Suatu kajian etnomedisin. *Jurnal Makara* 7(1): 11-20.
- Purwadi. 2004. *Kamu Bahasa Jawa*. Yogyakarta: Media Abadi.
- Spradley, J. P. 2006. *Metode Etnografi*. Cetakan ke-2. Yogyakarta: Tiara Wacana.

- Siswanto. 2012. Sainifikasi Jamu Sebagai Upaya Terobosan untuk Mendapatkan Bukti Ilmiah Tentang Manfaat dan Keamanan Jamu. Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI. Jakarta.
- Wiwaha, G. 2012. Tinjauan etnofarmakologi tumbuhan obat/ramuan obat tradisional untuk pengobatan dislippidemi yang menjadi kearifan lokal di provensi Jawa Barat. *Jurnal Medika Planta* 2(1).