
An Overview of the Implementation of Traditional Self-Care at the Manyaran Community Health Center in Semarang City

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Abstract

Traditional herbal medicine remains an important part of Indonesian public health practices because it is easily accessible, affordable, and has been used for generations. The high rate of self-medication, limited access to formal health services, and the potential side effects of long-term use of chemical drugs make strengthening community-based promotional and preventive efforts an urgent necessity. The Family Medicinal Plant Self-Care Program (ASMAN TOGA) is a government initiative to integrate traditional health into healthcare services while promoting community independence through the use of Family Medicinal Plants (TOGA). This study aims to describe the implementation and distribution of the ASMAN TOGA Program in Semarang City. The method used is descriptive quantitative, utilizing secondary numerical data sourced from official reports of the Primary and Traditional Health Services Section (PKPT) of the Semarang City Health Office. The results of the study show that there are 236 ASMAN TOGA groups spread across 39 community health centers. The Manyaran Community Health Center has the largest number of groups, namely 32 groups (13.6%) spread across the Manyaran Village with 10 groups (31%), Krapyak Village with 9 groups (28%), and Kembangarum Village with 13 groups (41%). The ASMAN groups in RW 6 and RW 10 of Manyaran Village showed the highest level of activity, characterized by plant care, regular meetings, utilization of TOGA, and administrative record keeping. Challenges include inadequate training, low community involvement, and the lack of communication media between groups. Therefore, it is necessary to strengthen training, conduct ongoing socialization, and optimize the administration and communication systems.

Keywords: Self-care, Family Medicinal Plants, Traditional Medicine

INTRODUCTION

Before the emergence and development of modern medicine, communities around the world had long relied on traditional medicine as a way to maintain health and treat illnesses (1). In Indonesia, rising healthcare costs, limited access to healthcare facilities in some areas, and dependence on imported raw materials mean that modern medicines are not always easily accessible to all segments of society. This situation has prompted people to seek more affordable, accessible, and everyday alternatives to modern medicine, one of which is through the use of traditional herbal medicines. The use of herbal medicines and traditional remedies has been part of Indonesian culture for generations, and remains relevant in community health practices today (2).

Findings from the Central Statistics Agency (BPS) in 2024 show that 26.27% of Indonesians experienced health complaints in the past month, and 61.87% of those who did not seek outpatient services chose to self-medicate (3). Data from the 2018 Basic Health Research (Riskesdas) further reinforces this phenomenon, noting that 59.12% of Indonesians consume herbal medicine, with 95.6% feeling its benefits. The high practice of self-medication shows that the community still relies on traditional knowledge as part of their efforts to maintain health. This is in line with Indonesia's potential, which has more than 2,850 species of medicinal plants and more than 22,000 documented traditional herbs (4).

On the other hand, long-term use of chemical or pharmacological drugs, especially without supervision by health professionals, has the potential to cause various side effects. The World Health Organization (WHO) reports that irrational drug use can cause adverse drug reactions, such as gastrointestinal disorders, liver and kidney damage, allergic reactions, and an increased risk of drug resistance, especially to antibiotics (5). The risk of side effects also increases when a person takes more than one type of drug at the same time. Several studies show that prolonged use of chemical antirheumatic drugs can cause organ dysfunction, especially in the liver and kidneys, with a greater risk in vulnerable groups such as the elderly and patients with chronic diseases (6).

One form of traditional medicine utilization that continues to grow is Family Medicinal Plants (TOGA), which are medicinal plants cultivated in home gardens to meet simple health needs independently. The government supports the development of TOGA through Minister of Health Regulation No. 9 of 2016 concerning the development of traditional health through TOGA-based selfcare and skills (7). This program encourages families to utilize medicinal plants and traditional health skills in treating minor health complaints safely, rationally, and sustainably.

The formation of Family Medicinal Plant Self-Care Groups (ASMAN TOGA) is carried out through a specific mechanism. Each group is led by a cadre who mentors at least five beneficiary families. Beneficiary families are required to have at least five different types of medicinal plants and have been practicing the independent use of TOGA for at least two years. Cadres play a role in providing education, assisting in the practice of simple herbal medicine preparation, and facilitating regular discussions related to health complaints that can be handled independently. The coaching of ASMAN TOGA groups involves cross-sectoral collaboration, including community health centers and village officials, to ensure the sustainability of activities and fulfillment of program standards.

In the city of Semarang, the commitment to utilizing Family Medicinal Plants (TOGA) is reflected in the Decree of the Head of the Semarang City Health Office regarding the formation of the Semarang City TOGA and Skills Independent Care Advisory Team for 2023, as well as the implementation of ASMAN TOGA cadre training by the Semarang City Health Office. One of the training activities was conducted on October 14, 2025, based on Invitation Letter Number B/23707/400.7/X/2025 in the Manyaran Community Health Center working area. According to the activity minutes, the materials covered included the identification of commonly used medicinal plants, TOGA cultivation techniques in limited areas, the preparation of simple herbal remedies, and acupressure training as a supporting skill for self-care.

This capacity-building activity aims to improve the capacity of cadres in managing ASMAN TOGA groups, expand the use of TOGA at the family level, and strengthen community independence

in maintaining health in a practical, effective, and economical manner. From an economic perspective, the use of TOGA can reduce household expenditure on chemical medicines and formal health care costs, especially for the treatment of minor health complaints. In addition, TOGA can be a long-term investment for families because the plants can be cultivated sustainably at a relatively low cost. Strengthening ASMAN TOGA is an important part of efforts to shift the orientation of health services from a curative approach to a promotive and preventive one, while also supporting the efficiency of public health financing. With the expansion of guidance in various regions, the utilization of communitybased traditional health is expected to develop optimally, evenly, and sustainably, and contribute to improving health levels.

METHOD

This study uses a descriptive analysis design to describe the implementation of the ASMAN TOGA Program in Semarang City in 2025 based on available numerical data. This approach was chosen because the study focuses on mapping the number and distribution of ASMAN groups, not on testing the relationship between variables. The unit of analysis in this study is all Community Health Centers (Puskesmas) in Semarang City as the implementers of ASMAN TOGA guidance. Each community health center is analyzed based on the number of ASMAN groups under its guidance and their distribution at the village level.

The data used is secondary numerical data obtained from official reports of the ASMAN TOGA Program through the Primary and Traditional Health Services Section (PKPT) of the Semarang City Health Office. The data includes the number of ASMAN groups per community health center, the distribution of groups per sub-district, and a summary of coaching activities. The data was analyzed using descriptive statistics, including calculating the frequency of the number of groups per health center, identifying minimum and maximum values, mapping the distribution of groups between regions, and determining the health centers with the most and fewest groups

RESULTS

To determine the distribution and capacity of guidance in each region, the following data presents the number of ASMAN groups guided by each Community Health Centers in Semarang City.

Tabel 1. Proportion of ASMAN TOGA in all Community Health Centers in Semarang City

| Health Center | Number of ASMAN | % | Health Center | Number of ASMAN | % |
|-------------------|-----------------|-----|-----------------|-----------------|-----|
| Ngemplak Simongan | 2 | 0,8 | Karanganyar | 4 | 1,7 |
| Pudak Payung | 2 | 0,8 | Bulu Lor | 5 | 2,1 |
| Tambak Aji | 2 | 0,8 | Kagok | 5 | 2,1 |
| Karangdoro | 3 | 1,3 | Tlogosari Wetan | 5 | 2,1 |
| Krobokan | 3 | 1,3 | Bangetayu | 6 | 2,5 |
| Candilama | 3 | 1,3 | Ngaliyan | 6 | 2,5 |
| Rowosari | 3 | 1,3 | Gayamsari | 7 | 3,0 |
| Ngesrep | 3 | 1,3 | Kedungmundu | 7 | 3,0 |
| Padang Sari | 3 | 1,3 | Bugangan | 8 | 3,4 |
| Sron dol | 3 | 1,3 | Pandanaran | 8 | 3,4 |
| Karangmalang | 3 | 1,3 | Lebdosari | 8 | 3,4 |
| Purwoyoso | 3 | 1,3 | Pegandan | 8 | 3,4 |
| Plamongan Sari | 3 | 1,3 | Genuk | 8 | 3,4 |
| Bulusan | 3 | 1,3 | Mijen | 10 | 4,2 |
| Bandarharjo | 4 | 1,7 | Lamper Tengah | 11 | 4,7 |
| Halmahera | 4 | 1,7 | Gunungpati | 12 | 5,1 |
| Karangayu | 4 | 1,7 | Poncol | 12 | 5,1 |

| | | | | | |
|-----------------|---|-----|--------------|------------|------------|
| Tlogosari Kulon | 4 | 1,7 | Miroto | 12 | 5,1 |
| Sekaran | 4 | 1,7 | Manyaran | 32 | 13,6 |
| Mangkang | 4 | 1,7 | Total | 236 | 100 |

Overall, there are 236 ASMAN groups spread across 39 community health centers. The Manyaran Community Health Center has the highest number of groups, namely 13.6% or 32 groups, while the lowest is found in the Ngemplak Simongan Community Health Center, Pudak Payung Community Health Center, and Tambak Aji Community Health Center with the same percentage and number, namely 0.8% or 2 groups.

The distribution of ASMAN groups in Table 2 is an elaboration of Table 1, which shows that the Manyaran Community Health Center has the highest number of ASMAN groups. The Manyaran Community Health Center is spread across three subdistricts, namely Kembangarum, Manyaran, and Krapyak, with varying proportions. The following is the distribution of ASMNA groups in each subdistrict:

Tabel 2. Proportion of ASMAN at Manyaran Community Health Cente

| Village/Neighborhood | Number | % |
|-----------------------------|---------------|------------|
| Manyaran | 10 | 31 |
| Krapyak | 9 | 28 |
| Kembangarum | 13 | 41 |
| Total | 32 | 100 |

Table 2 shows that most ASMAN groups come from Kembangarum Village (41%) or 13 groups. Although Kembangarum Village has the most ASMAN groups, ASMAN activities are most active in Manyaran Village. Table 3 shows the assessment of ASMAN activity levels in Manyaran Village

Tabel 3. Overview of the Most Active Neighborhoods in Manyaran

| Most Active Neighborhood | Activity Assessment |
|---------------------------------|---|
| Manyaran | Rw 6 Plant care Regularly attending meetings, Utilization of TOGA, |
| | Rw 10 Regularly recording medicinal plants. |

The table shows that Manyaran Village is the most active area in implementing ASMAN activities, particularly in RW 6 and RW 10. This indicates the high level of commitment and awareness of the community in supporting community-based traditional health programs.



Figure 1. Training of ASMAN TOGA cadres at the Manyaran Community Health Center

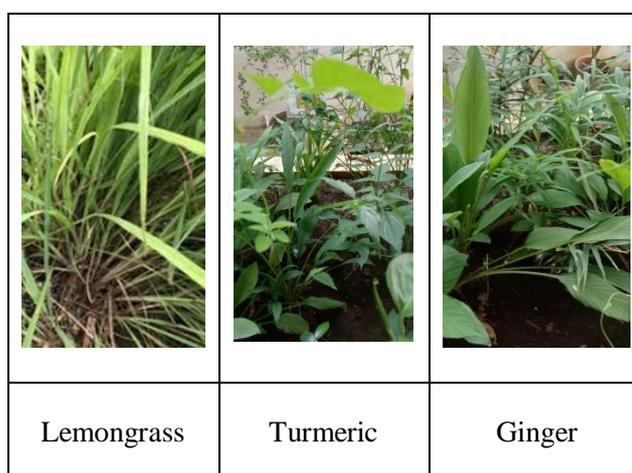


Figure 2. TOGA Plants at Manyaran Health Center

Source: Supporting Data for the Kestrad Cluster 3 Program at Manyaran Community Health Center

DISCUSSION

The Family Medicinal Plant Self-Care Program (ASMAN TOGA) is a government initiative to encourage the community to maintain their health and treat minor health problems independently through the use of family medicinal plants, as stipulated in Minister of Health Regulation No. 9 of 2016 concerning traditional health development efforts. Based on data on the distribution of ASMAN groups in the city of Semarang, with a total of 236 groups in 39 community health centers, this reflects the local government's commitment to integrating traditional health into promotive and preventive efforts. Preventive efforts against diseases, including degenerative diseases, can be carried out through daily food intake (8). If developed further, this could have economic value in fostering community independence (9).

Although most community health centers supervise two to five ASMAN groups, there are variations in the number of groups between regions, indicating differences in supervision capacity, institutional support, and community participation levels. According to the Ministry of Health of the Republic of Indonesia (2017), the success of ASMAN TOGA implementation is greatly influenced by the active role of community health centers in coaching, the availability of competent cadres, and community involvement in the sustainable use of TOGA. In addition, community participation is a key

factor in the health empowerment program, as it determines the sustainability and effectiveness of community-based interventions (10)

The Manyaran Community Health Center has the largest number of ASMAN groups, namely 32 groups spread across the villages of Manyaran, Krapyak, and Kembangarum. The high number of groups can also be attributed to the optimal ongoing guidance activities. This guidance plays an important role in increasing the knowledge of the community and cadres regarding the benefits and uses of Family Medicinal Plants (TOGA). According to the Knowledge, Attitude, Practice (KAP) health behavior theory, knowledge is the initial factor that influences the formation of attitudes, which in turn encourages individuals to engage in certain health practices (11). Increasing knowledge through coaching can shape positive attitudes towards the use of TOGA, thereby giving rise to practical actions in the form of the establishment and management of ASMAN groups in the community. This is supported by previous research revealing that the training and empowerment of TOGA ASMAN cadres contributes to increasing community knowledge and skills in the utilization and processing of medicinal plants, thereby playing a role in maintaining program sustainability (12)

However, the level of ASMAN group activity still varies between sub-districts. ASMAN groups in Manyaran Sub-district, particularly RW 6 and RW 10, show the highest level of activity compared to other areas. Based on interviews with the person in charge of the ASMAN Program at the Manyaran Community Health Center, the high level of activity of the groups in RW 6 and RW 10 is influenced by the characteristics of the community, which has a penchant for planting and gardening. This habit encourages the community to be more diligent in caring for their family's medicinal plants and to take the initiative in carrying out ASMAN activities on an ongoing basis. This condition is in line with the concept of community participation, where the success of health programs is greatly influenced by the active involvement and interest of the target community (13). Communities that are interested in an activity tend to play a more active and sustainable role in the implementation of community-based health programs

Conversely, in Kembangarum Village, although the number of ASMAN groups is relatively higher, their activity level tends to be low due to the community's busy daily activities, as time constraints often influence the participation of cadres and the community in public health activities. Meanwhile, the activity level of ASMAN groups in Krapyak Village is moderate, which is influenced by the dual role of cadres. In addition to implementing the ASMAN program, cadres are also involved in various other health activities such as posyandu and posbindu, so that the time and focus of cadres in managing the ASMAN program is limited. This condition is in line with research findings which state that health cadres often perform many tasks simultaneously, which can increase their workload and potentially reduce productivity and effectiveness in implementing tasks in public health programs (14)

In addition to time constraints and the dual roles of cadres, the lack of socialization to the community also hinders active participation in community-based health programs. People who do not understand the benefits of TOGA and acupuncture skills tend to be less enthusiastic about participating in these activities. This condition shows that in addition to cadre support, community understanding and awareness also play an important role in the sustainability of health programs. This is in line with the results of research by Eriyana et al., which shows that community understanding of the Family Medicinal Plant Care (TOGA) program and acupuncture skills in Ngawi Regency is still relatively low, so that program implementation has not been optimal due to a lack of community enthusiasm and limited outreach activities (15)

In addition, the implementation of the ASMAN TOGA program still faces several obstacles, particularly in terms of administration, scheduling meetings, and communication between groups. The limited time available to cadres who have dual roles in various health programs and activities also affects the continuity of group activities. Therefore, strengthening the administrative recording system and utilizing communication media, such as the ASMAN group WhatsApp group, is expected to improve coordination, activity, and the sustainability of the ASMAN TOGA program in Semarang City.

CONCLUSION

The Manyaran Community Health Center has the highest number of ASMAN groups, namely 13.6% or 32 groups, which indicates a relatively high level of guidance and community involvement compared to other community health centers. However, the level of activity of ASMAN groups in the Manyaran Community Health Center's working area and other community health centers still varies and is influenced by the quality of guidance, the quality of cadres, and the enthusiasm of the community. Cadre training plays an important role in increasing the capacity of ASMAN TOGA cadres, but the implementation of the program still faces obstacles in terms of socialization, administration, and coordination. Therefore, it is necessary to strengthen training and continuous socialization, as well as optimize the administration and communication systems, in order to increase the activity and sustainability of the ASMAN TOGA program in Semarang City.

RECOMMENDATIONS

The ASMAN TOGA program needs to be strengthened comprehensively through good cooperation between community health centers, sub-districts, the Health Office, academics, and ASMAN groups. This can be done by increasing continuous socialization and education, providing technical assistance and training in traditional health skills to cadres and foster families. Additionally, utilizing vacant land as TOGA gardens, the active involvement of the community and local leaders in every stage of the activities, and establishing minimum standards for TOGA cultivation in each region

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