LAPORAN AKHIR
PENGABDIAN MASYARAKAT SKEMA PKM REGULER

EDUKASI TANAMAN OBAT YANG BEKERJA PADA SISTEM SARAF

Bangunawati Rahajeng, Dr. apt., S.Si., M.Si.	(0505117002)
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Andy Kurniawan Saputra, apt., S.Farm., M.Clin.Pharm	()
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Dr. apt. Woro Supadmi S.Si.	

UNIVERSITAS MUHAMMADIYAH YOGYAKARTA

Dibiayai Oleh Direktorat Riset dan Pengabdian (DRP)
Universitas Muhammadiyah Yogyakarta
Tahun Anggaran 2024/2025

UMY
UNIVERSITAS MUHAMMADIYAH YOGYAKARTA

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LAPORAN AKHIR PENGABDIAN

Informasi Data Usulan Pengabdian

1. IDENTITAS PENGABDIAN

A. JUDUL PENGABDIAN

Edukasi Tanaman Obat Yang Bekerja Pada Sistem Saraf

B. SKEMA, BIDANG, TEMA, DAN TOPIK PENGABDIAN

Skema Pengabdian	Bidang Fokus Pengabdian	Tema Pengabdian	Topik Pengabdian
PKM Reguler	Kesehatan - Obat	Pengembangan dan penguatan sistem kelembagaan, kebijakan kesehatan, dan pemberdayaan	Penguatan pengetahuan dan pengembangan kebiasaan masyarakat dalam berperilaku sehat.

C. RUMPUN ILMU PENGABDIAN

Rumpun Ilmu 1	Rumpun Ilmu 2	Rumpun Ilmu 3
ILMU KESEHATAN	ILMU FARMASI	Farmakologi dan Farmasi Klinik

D. PENELITIAN

Judul Penelitian
Penerapan Model Pelayanan Kefarmasian pada Pasien dengan Gangguan Kejiwaan

E. PELAKSANAAN

Tahun Usulan	Tahun Pelaksanaan	Lama Pengabdian
2024	2025	1 Tahun

F. SUSTAINABLE DEVELOPMENT GOALS

Tujuan	**Target**	**Indikator**
3. Kesehatan yang Baik dan Kesejahteraan	Target 3.4.	Mengurangi hingga sepertiga angka kematian dini akibat penyakit tidak menular, melalui pencegahan dan pengobatan, serta meningkatkan kesehatan mental dan kesejahteraan

2. IDENTITAS PENGABDIAN

Nama	Peran	Tugas
Bangunawati Rahajeng, Dr. apt., S.Si., M.Si.	Ketua Pengusul	

Nama	Peran	Tugas
Pinasti Utami, apt., S.Farm., M.Sc.	Anggota Pengabdian	Tim Teknis
Nurul Maziyyah, apt., S.Farm., M.Sc.	Anggota Pengabdian	tim teknis
Nurul Hikmah, apt., S.Farm., M.Clin.Pharm	Anggota Pengabdian	Tim Teknis
Andy Kurniawan Saputra, apt., S.Farm., M.Clin.Pharm	Anggota Pengabdian	tim teknis
Zelmi Dwi Novita, A.Md.	Anggota Tendik	Tim Konsumsi
Syieva Renisa	Angota Mahasiswa	Tim dokumentasi
Khalida Mutia Abiska Br Harahap	Angota Mahasiswa	Tim Konsumsi
Indah Suryani	Angota Mahasiswa	Tim Kuisioner

3. MITRA KERJASAMA PENGABDIAN (JIKA ADA)

Pelaksanaan pengabdian dapat melibatkan mitra kerjasama, yaitu mitra kerjasama dalam melaksanakan pengabdian, mitra sebagai calon pengguna hasil pengabdian, atau mitra investor

Nama Institusi Mitra	Majelis Kesehatan PRA Prenggan
Nama Mitra	Yuliana Azizah
Bidang Mitra	Kesehatan Masyarakat dan Lingkungan
Provinsi	Daerah Istimewa Yogyakarta
Kabupaten/Kota	Kota Yogyakarta
Kecamatan	Kotagede
Alamat	Kitren RT 23/RW 05 Prenggan Kotagede
Link Google Maps	https://www.google.com/maps/place//@-7.8249922,110.3938977,17z/data=!4m6!1m5!3m4!2zN8KwNDknMzAuMCJTIDExMMKwMjMnNDcuMyJF!8m2!3d-7.8249922!4d110.3964726?hl=id&entry=ttu&g_ep=EgoyMDI0MTEyNC4xIKXMDSoASAFQAw%3D%3D
Kordinat	7Â°49'30.0"S 110Â°23'47.3"E

4. MITRA KOLABORASI/KOLABORATOR

Pelaksanaan pengabdian dapat melibatkan mitra kolaborasi/kolaborator, yaitu kolaborasi kerjasama dalam melaksanakan pengabdian.

Nama	NIDN/NIDK	Instansi	Kepakaran	Dana
Dr. apt. Woro Supadmi S.Si.	0507027401	Fakultas Farmasi Universitas Ahmad Dahlan	Farmasi Klinik	Rp. 1,000,000

5. LUARAN DAN TARGET CAPAIAN

Luaran Wajib

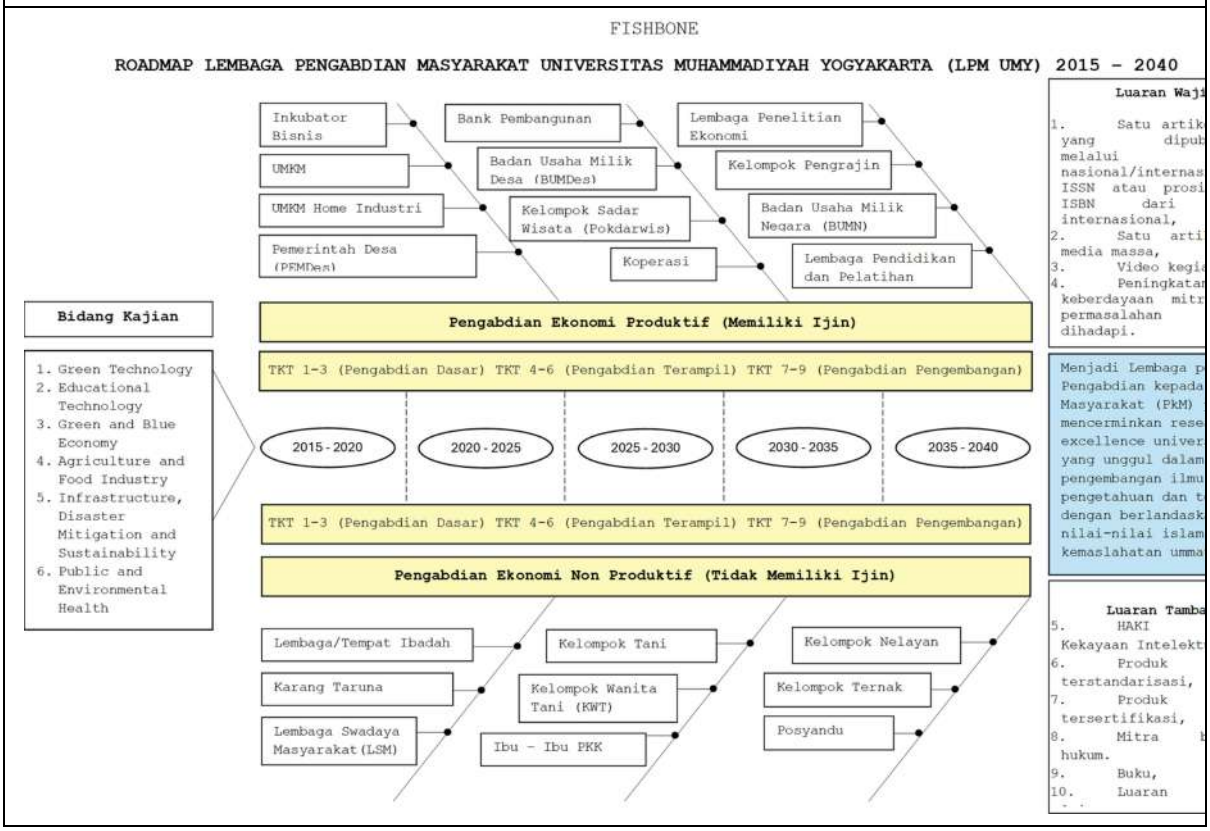
Tahun	Jenis Luaran
1	Artikel ilmiah yang dipublikasikan melalui Jurnal nasional/internasional ber ISSN atau prosiding ber ISBN dari seminar internasional
1	Publikasi Media Masa
1	Video Program Pengabdian

Luaran Tambahan

Tahun	Jenis Luaran

6. KLUSTER DAN ROADMAP

Kluster
Sustainability-Public and Environmental Health

Roadmap Universitas


Roadmap Fakultas

Lampiran Surat Keputusan Dekan
Nomor : 03.3/KEP-FKIK/UMY/I/2022
Hal : Road Map Pengabdian Kepada Masyarakat FKIK UMY Tahun 2020 - 2022

ROAD MAP PENGABDIAN KEPADA MASYARAKAT FKIK UMY 2020 – 2025

Yogyakarta, 2 Januari 2022
Dekan

Dr.dr. Sri Sundari, M.Kes.

Roadmap Prodi


Roadmap Personal


7. ANGGARAN

Rencana anggaran biaya pengabdian mengacu pada PMK yang berlaku dengan besaran minimum dan maksimum sebagaimana diatur pada buku Panduan Penelitian dan Pengabdian kepada Masyarakat.

Total Keseluruhan RAB Rp. 8,000,000

Total Keseluruhan Biaya Dari Institusi Lain Rp. 1,000,000

Tahun 1 Total Rp. 8,000,000

Jenis Pembelanjaan	Komponen	Item	Satuan	Vol.	Harga Satuan	Total
BAHAN	ATK (Kertas/Tinta/Alat Tulis dll)	ATK	Paket	1	Rp. 200,000	Rp. 200,000
BAHAN	Hibah Alat/Barang	Hibah	Unit	1	Rp. 3,200,000	Rp. 3,200,000
PENGUMPULAN DATA	Transportasi/BBM	BBM	OK(Kali)	10	Rp. 100,000	Rp. 1,000,000
ANALISIS DATA	Biaya Konsumsi Rapat	Konsumsi	OH	10	Rp. 25,000	Rp. 250,000
ANALISIS DATA	Biaya Konsumsi Rapat	Konsumsi	OH	44	Rp. 25,000	Rp. 1,100,000
ANALISIS DATA	Honorarium Pengolah Data	Olah data	Per Penelitian	1	Rp. 500,000	Rp. 500,000
ANALISIS DATA	Honorarium Narasumber	Honor narasumber	OJ	3	Rp. 500,000	Rp. 1,500,000
ANALISIS DATA	Honorarium Pengolah Data	Video	Per Penelitian	1	Rp. 250,000	Rp. 250,000

8. LEMBAR PENGESAHAN

HALAMAN PENGESAHAN
LAPORAN AKHIR PENGABDIAN MASYARAKAT SKEMA:

Judul	: Edukasi Tanaman Obat Yang Bekerja Pada Sistem Saraf
Pengabdi/Pelaksana	: Bangunawati Rahajeng, Dr. apt., S.Si., M.Si.
NIDN	: 0505117002
Jabatan Fungsional	: Lektor
Program Studi/Fakultas	: Profesi Apoteker
Nomor HP	: 081326869829
Alamat surel (e-mail)	: bangunawati.r@umy.ac.id

Anggota

Nama	: Pinasti Utami, apt., S.Farm., M.Sc.
NIDN	: 0518038501
Jabatan Fungsional	: Lektor
Program Studi/Fakultas	: Farmasi

Nama	: Nurul Maziyyah, apt., S.Farm., M.Sc.
NIDN	: 0518108801

Jabatan Fungsional	: Lektor
Program Studi/Fakultas	: Profesi Apoteker
Nama	: Nurul Hikmah, apt., S.Farm., M.Clin.Pharm
NIDN	:
Jabatan Fungsional	:
Program Studi/Fakultas	: Farmasi
Nama	: Andy Kurniawan Saputra, apt., S.Farm., M.Clin.Pharm
NIDN	:
Jabatan Fungsional	:
Program Studi/Fakultas	: Farmasi
Nama	: Zelmi Dwi Novita, A.Md.
NIK	: 19931124202004 100 437
Unit Kerja	: Fakultas Kedokteran & Ilmu Kesehatan
Nama	: Syieva Renisa
NIM	: 20210350116
Prodi	: S1 Farmasi
Nama	: Khalida Mutia Abiska Br Harahap
NIM	: 20210350138
Prodi	: S1 Farmasi
Nama	: Indah Suryani
NIM	: 20210350003
Prodi	: S1 Farmasi
Mitra	: Majelis Kesehatan PRA Prenggan
Nama Mitra	: Yuliana Azizah
Kepakaran	: Kesehatan Masyarakat dan Lingkungan
Kolaborator	: Dr. apt. Woro Supadmi S.Si.
NIK	: 340407470274004
Institusi	: Fakultas Farmasi Universitas Ahmad Dahlan
Biaya	: Rp. 8,000,000
Biaya Dari Institusi Lain	: Rp. 1,000,000

Yogyakarta, 28 Juni 2025
Mengetahui,
Direktur Direktorat Riset dan Pengabdian,

apt. RR. Sabtanti Harimurti, M.Sc, Ph.D.
NIK. 19730223201310 173 127

IDENTIFICATION OF THE LEVEL OF KNOWLEDGE AND BEHAVIORAL FACTORS IN THE USE OF TRADITIONAL MEDICINE BY AISYIAH PRENGGAN KOTAGEDE WOMEN: A PRELIMINARY STUDY USING THE THEORY OF PLANNED BEHAVIOR

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Abstract. There is an increasing trend towards healthy lifestyles characterised by practices such as "clean eating" and a return to natural living. This trend additionally affects individuals' approaches to treatment for their illnesses. The utilisation of herbal medicine is prevalent among the Indonesian population; however, public awareness of the scientific evidence underpinning its use is significantly limited. This study seeks to assess the knowledge level regarding traditional medicine and the behavioural factors that affect its use among the women of Aisyiyah Prenggan Kotagede. A non-experimental, cross-sectional analysis. Purposive sampling was employed to select women from Asyiyah Prenggan Kotegede as respondents. An analysis was conducted based on questionnaire responses categorised into three knowledge levels: high, medium, and low. The independent variables related to behavioural aspects encompass attitude, subjective norm, and perceived behavioural control, as outlined in the Theory of Planned Behaviour (TPB) framework. The dependent variable is behavioural intention. The validated questionnaire is grounded in the Theory of Planned Behaviour (TPB) framework. Regression analysis was employed to investigate the influence of behavioural characteristics on intention. Forty-six respondents completed the questionnaire, revealing that 69.56% possessed good knowledge, 21.74% had adequate knowledge, and 8.69% exhibited poor knowledge. The findings suggest that attitude and subjective norms do not play a role, whereas perceived behavioural control has a partial contribution to the intention to utilise traditional medicine among mothers in Aisyiyah Prenggan Kotegede. These three factors collectively account for 39.6%, whereas other factors account for 60.4%.

1 Introduction

In Indonesia, there remains a significant reliance on traditional medicine within the community for health maintenance. The application of herbal medicine as a preventive, curative, and rehabilitative therapy is on the rise, particularly in the context of the COVID-19 pandemic. The COVID-19 pandemic has led to an increased inclination towards the utilization of specific medicinal plants thought to enhance immunity, including red ginger [1,2]. In Indonesia, there are 30,000 species of plants in tropical forests, of which 9,600 species are valuable as medicinal plants. However, only about 300 species of plants have been used as raw materials for natural medicines [3]. Research conducted by Widayati and Candrasari in the Dieng highlands revealed that the local community has a positive attitude toward using traditional medicine for self-medication.

The community possesses knowledge of various species of medicinal plants that thrive in their vicinity and can accurately identify them. Nonetheless, the utilization of herbs or medicinal plants is relatively limited among the general population. There is a limited number of individuals who engage in the intensive

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cultivation, maintenance, and utilization of medicinal plants [4]. The Special Region of Yogyakarta ranks second in the use of traditional medicine (47.1%), according to the 2023 Indonesian Health Survey. The use of ready-made herbal remedies accounts for 33.3%, traditional health services' herbal formulations 50.7%, and self-prepared herbal remedies 59.4% [5]. Other studies on knowledge and utilization of medicinal plants in various regions of Indonesia have provided similar findings, namely that knowledge and practices regarding the utilization of medicinal plants are at a low to moderate level [6–8]. In general, 92% of the public knew about traditional medicine. However, when asked further about the development of traditional medicine as herbal medicine, most of the public (88.2%) only knew about "Jamu." Meanwhile, 29.4% of the public knew about standardized herbal medicines, and 3% knew about phytopharmaceuticals [9]. Further research found that consuming herbal medicine derived from plants is one-way people in the Yogyakarta region, especially women, maintain their health [10]. Knowledge about the use of traditional medicine is essential because it can influence a person's attitude toward the use of traditional medicine [11].

A few studies have been carried out regarding the usage behavior of traditional medicine based on the Theory of Planned Behavior, resulting diverse outcomes. Zaini and Soediono (2018) identified that both attitude and subjective norms significantly influence consumer intentions regarding the use of herbal medicine in Banjarmasin. [12]. The study conducted by Widiarti et al. in 2016 identified a notable correlation between attitude factors and perceptions regarding the severity of illness, which impacts the utilization of local wisdom as traditional medicine in Palangkaraya [13]. Meanwhile, Sarmento (2016) studied the influence of the intention to purchase herbal medicine due to a lack of confidence in herbal medicine. Widayati et al. (2022) also used the TPB application on adolescents to examine the behavioral factors of traditional medicine use [14,15].

This study examines the knowledge level among Aisyiyah women in Prenggan Kotagede. Kotagede is a special subdistrict in Yogyakarta that is rich in historical buildings. The densely populated village has a diverse sociodemographic profile, which can be considered a rural area. Traditional herbal remedies, or jam, are commonly consumed by the people of Kotagede, particularly because several vendors are selling freshly prepared traditional jam at the market (morning and evening), and pre-packaged jam is available at some herbal medicine stores. Mothers were selected as respondents because they play a key role in family healthcare decisions, including using traditional medicine.

2 Methodology

2.1 Research types and designs

This study is non-experimental, utilizing a systematic methodology within a cross-sectional framework. The independent variables consist of X1: attitude, X2: subjective norms, and X3: perceived behavioral control. The variable that is influenced by other factors is Y: intention. The assessment of the advantages and drawbacks of traditional medicine reflects the perspectives held by respondents. Subjective norms relate to the approval or disapproval expressed by important individuals in the lives of respondents regarding the adoption or avoidance of traditional medicine. Perceived behavioral control (PBC) relates to individuals' assessment of their ability to engage with traditional medicine, shaped by a range of facilitating and obstructive elements. The objective is to analyze the respondents' tendency or preparedness to utilize conventional medicine.

2.2 Respondents and Sampling Techniques

This study focused on women who are members of Aisyiyah Prenggan, located in Kotagede, D.I. Yogyakarta. The sample size was established through a quota sampling method, resulting in a total of 46 respondents. Respondents were selected based on their membership in Aisyiyah Prenggan and their willingness to participate by signing an informed consent form. The criteria for excluding respondents were based on the

non-completion of the questionnaire. The sampling method employed was non-random purposive sampling, adhering to the established inclusion criteria.

2.3 Research Instruments

The instrument used in this study was a questionnaire adapted from a similar study conducted by Widayati et al.[16] The questionnaire contained 24 items, and a reliability test was conducted on 20 samples, resulting a Cronbach's alpha of 0.840. The validity test results indicated that all statements of the variables presented to the respondents were valid, as exemplified by the calculated r-value being greater than the table r-value (0.443). Consequently, the questionnaire is a viable instrument for the collection of research data, as all of its statements are applicable.

2.4 Data Collection

The Respondents were gathered at a regular event held by Aisyiyah Prenggan Kotagede to provide information about the study, their rights, and obligations if they agreed to participate, and then sign an informed consent form. Data collection took place in January 2025. After that, respondents were given a questionnaire.

2.5 Data Processing

The scoring used is 0 to 6 The calculations of variables employ formulas that are derived from data processing obtained through questionnaires, grounded in the Theory of Planned Behavior [17]. Variable X1 (Attitude) is determined through the equation: X1 = (a x e) + (b x f) + (c x g) + (d x h). In this formula, X1 represents the value of variable X1, while a to d denote the values of behavioral beliefs, and e to h signify the values of outcome evaluation. The value of variable X2 can be determined using the formula: X2 = (a x d) + (b x e) + (c x f). In this equation, X2 represents the outcome, while a to c denote the normative beliefs and d to f signify the motivation to comply. The computation of variable X3 is determined by the formula: X3 = (a x d) + (b x e) + (c x f). In this equation, X3 represents the value of the variable, while a to c denote the values associated with control beliefs, and d to f represent the values corresponding to the power of those control beliefs. Assessment of variable Y: The Intention Performance method is employed. The scoring system implemented ranges from 0 to 6.

2.6 Data Analysis

2.6.1 *Descriptive Analysis*

Descriptive analysis, including: 1) Describing the characteristics of respondents; 2) Describing the level of knowledge of respondents; 3) Describing each TPB construct.

2.6.2 *Descriptive Analysis*

Analytical testing. Includes: 1) Data normality testing using the Kolmogorov-Smirnov method; 2) Hypothesis testing with Utilizing regression analysis to assess the impact of independent variables on dependent variables.

3 Results and Discussion

A total of 46 participants engaged in the completion of the questionnaire for this study. Table 1 presents the characteristics of the respondents.

Table 1. Characteristics of Respondents in the Prenggan PRA Service Program

Participant Characteristics		Number of Respondents (n = 46)	Percentage (%)
Age	36–45 years old (late adulthood)	6	13,0
	46–55 years old (early geriatric)	14	30,4
	> 56 years old (late geriatric)	26	56,6
Level of Education	Elementary School	4	8,70
	Junior High School	8	17,39
	Senior High School/Vocational School	21	45,65
	Bachelor's Degree	13	28,26
Occupation	Laborer	4	8,70
	Teacher	4	8,70
	Housewife	31	67,39
	Private Sector Employee	2	4,35
	Self-Employed	3	6,52
	Retired	2	4,35

The knowledge level of the Aisyiyah women in Prenggan Kotegede was assessed by assigning a score of 1 for correct responses and 0 for incorrect ones.

$$\text{Cumulative score} = \frac{\text{Number of questions}}{\text{Total questin}}\ x\ 100\% \quad (1)$$

The results of the calculation are categorized into three levels, namely:

a. Good if the knowledge score obtained by respondents is 76% - 100% of the total answers.
b. Fair if the knowledge score obtained by respondents is 60% - 75% of the total answers.
c. Poor if the knowledge score obtained by respondents is ≤ 60% of the total answers.

The findings regarding the knowledge level of Aisyiyah women concerning traditional medicine are presented in Table 2.

Table 2. Level of Knowledge of Respondents

Category	Frequency (n)	Percentage (%)
Poor	4	8,69
Fair	10	21,74
Good	32	69,56
Total	**46**	**100.0**

From the analysis of the knowledge level of Aisyiyah women in Prenggan Kotagede, 69.56% were classified as good. This could be because Aisyiyah women are active in social activities, making it easy to exchange information. This study's results align with those of other studies conducted in other regions in Indonesia [18–20].

3.1 Overview of Community Intensity in the Use of Traditional Medicine (Variable Y)

The intention of the respondents to utilize traditional medicine reflects their desire to engage with it. The desire of the respondents was quantified using a scale ranging from 0 to 6, as illustrated in Table 3. The findings of this study indicate that a significant majority (76.74%) of Aisyiyah women in Prenggan Kotegede possess a strong intention or desire to utilize traditional medicine. Additional investigations in Central Java have similarly recognized a strong commitment to utilizing traditional medicine within the community, particularly in the Dieng and Wonogiri areas. [4,21].

Table 3. Level of Intensity of Traditional Medicine Use Among Respondents in a Study of the Intensity of Traditional Medicine Use Among Aisyiyah Women in Prenggan Kotagede.

Scale	Meaning	Number of Respondents (Percentage)
0	No intention to use traditional medicine (non-intender)	0 (0%)
1-2	Some desire to use traditional medicine	0 (0%)
3-4	Fairly strong desire to use traditional medicine	33 (71,74%)
5-6	Very strong desire to use traditional medicine	13 (28,26%)

3.2 Overview of Public Attitudes Toward the Use of Traditional Medicine (Variable X1)

The evaluation of the scoring outcomes related to the Attitude variable among respondents regarding the utilization of traditional medicine is presented in Table 4.

Table 4. Attitudes Towards the Use of Traditional Medicine Research Respondents Intensity of Traditional Medicine Use by Aisyiyah Women in Prenggan Kotegede

Predictor	Number of Respondents (Percentage) N=46						
	Positive			N	Negative		
	K	S	L		K	S	L
Attitude	26 (56,52%)	8 (17,39%)	12 (26,09%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Details: K = strong, S = moderate, L = weak, N = neutral

Table 4 indicates that all respondents maintained a positive attitude toward the use of traditional medicine. The identified positive attitudes were categorized into strong, moderate, and weak levels. The formation of these positive attitudes primarily stems from the belief that traditional medicine is safe due to its lack of side effects, easy accessibility, and the possibility of home preparation [4]. This perception is not entirely correct. The use of herbal or traditional medicines must still consider the risks related to their safety [22]. The strong positive attitude of Aisyiyah women towards the use of traditional medicines is influenced by the environment of Kotagede, which still maintains traditions. In addition, traditional medicines are easily accessible in Kotagede. This assumption needs to be proven through further research.

3.3 Overview of Subjective Norms in the Use of Traditional Medicine (Variable X2)

The evaluation of the scoring outcomes for the subjective norm construct among research participants is presented in Table 5.

Table 5. Subjective Norms Regarding the Use of Traditional Medicine Research Respondents Intensity of Traditional Medicine Use Among Aisyiyah Women in Prenggan Kotagede

Predictor	Number of Respondents (Percentage) N=46						
	Positive			N	Negative		
	K	S	L		K	S	L
Subjective Norms	25 (54,35%)	5 (10,87%)	16 (34,78%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Details: K = strong, S = moderate, L = weak, N = neutral

From Table 5 above, it is identified that subjective norms related to the use of traditional medicine have positive values, with strong, moderate, and weak categories. This indicates that the individual's environment provides support that respondents tend to comply with regarding traditional medicine. These results are also shown by previous studies, which indicate that the family and friendship environments support decisions to use traditional medicine [4].

3.4 Respondents' Perceptions of Behavioral Control in Using Traditional Medicine

The assessment of the results of the behavioral control perception construct scoring for the research respondents can be seen in Table 6.

Table 6. Perceptions of Behavioral Control Over the Use of Traditional Medicine Research Respondents Intensity of Traditional Medicine Use Among Aisyiyah Women in Prenggan Kotagede

Predictor	Number of Respondents (Percentage) N=46						
	Positive			N	Negative		
	K	S	L		K	S	L
Perception of behavioral control	27 (58,70%)	10 (21,74%)	9 (19,56%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Details: K = strong, S = moderate, L = weak, N = neutral

Table 6 shows that the perception of behavioral control related to the use of traditional medicine among Aisyiyah women in Prenggan Kotagede tends to be positive, in the strong, weak, and moderate categories. The ease of obtaining traditional/herbal medicine supports a positive perception of behavioral control [23]. This means that the individuals in this study have control and confidence in making decisions about using traditional medicine.

3.5 Contribution of TPB Constructs to the Intention to Use Traditional Medicine

Table 7 below shows the results of statistical tests to determine the contribution of each variable.

Table 7. Results of Multiple Linear Regression Test on the Intensity of Traditional Medicine Use among Aisyiyah Women in Prenggan Kotagede

	Coefficients				
	Unstandardized Coefficients		Standardized Coefficients	t	Sig
Model	B	Std. Error	Beta		
Constant	0,806	0,185		4,361	0
Attitude	0,138	0,198	0,263	0,701	0,487
Subjective Norms	0,072	0,069	0,147	1,041	0,304
PBC	0,449	0,207	0,79	2,163	0,036

The t-table value (0.025;42) is 2.0018. Since the t-calculated value (4.361) is greater than the t-table value (0.025;42), it indicates that there is no partial contribution of variable X to variable Y and vice versa. The p-value (sig) for attitude and subjective norms is greater than 0.05, indicating that variable X does not have a partial contribution to variable Y, and the same applies in reverse. In the meantime, the p-value (sig) for PBC being less than 0.05 suggests that variable C has a partial contribution to variable Y, and the relationship is reciprocal..

Table 7 indicates that the attitude and subjective norm variables do not exhibit any partial contribution to the intention to use traditional medicine. Simultaneously, the perceived behavioural control affects the intention variable among Aisyiyah women in Prenggan Kotagede. The correlation between behavioural control and traditional medicine is significant, as motivating factors like facilities, infrastructure, and support programmes enhance the intention to utilise traditional medicine. Laila et al.'s (2022) study reveals that behavioural control significantly influences intention. The results presented here contrast with the study conducted by Xia et al. (2021) in China, which indicated that attitude, subjective norms, and behavioural control each have a positive impact on the intention to utilise traditional Chinese medicine during the pandemic. The study identified attitude as the main factor influencing the intention to utilise traditional Chinese medicine. [24,25].

Table 8. Goodness of Fit Test in Multiple Linear Regression Test Research on the Intensity of Traditional Medicine Use among Aisyiyah Women in Prenggan Kotagede.

Goodness of Fit Test	Parameter	Result	Decision
F Test	F	9,16	There is a simultaneous contribution of X1, X2, and X3 to Y
	Sig	0	There is a simultaneous contribution of X1, X2, and X3 to Y
Determination Test	R2	0,396	Variables X1, X2, and X3 together contribute 39.6% to variable Y. Other variables not studied contribute 60.4%

Confidence level 0.05
Calculated F value 9.16
Therefore, calculated F value (10.503) > table F value (3;42) = 2.827
Therefore, there is a simultaneous contribution of variable X to variable Y and vice versa
Sig < 0.05 indicates a simultaneous contribution between variable X and variable Y and vice versa

The findings presented in Table 8 indicate that all independent variables—attitude, subjective norms, and perceived behavioural control—contribute simultaneously to the intention to use traditional medicine among Aisyiyah women in Prenggan Kotagede. The findings of this study indicate an R-square value of 0.396, suggesting that attitude, subjective norms, and perceived behavioural control together account for 39.6% of the community's intention or desire to utilise traditional medicine. Research conducted by McIntyre et al. (2019) identified that attitude, subjective norms, and control beliefs serve as significant predictors of the intention to utilise herbal medicine among patients experiencing anxiety. The remaining 60.4% of the influence identified in this study can be ascribed to factors that lie beyond the scope of the TPB construct. These findings necessitate additional investigation. [26].

4 Conclusions

The findings indicated that attitude and subjective norm did not have a partial contribution, whereas perceived behavioural control did contribute partially to the intention to utilise traditional medicine among Aisyiyah women in Prenggan Kotagede, D.I. Yogyakarta. Nevertheless, these three factors collectively accounted for 39.6%, whereas the remaining 60.4% was attributed to other influences. Consequently, additional investigation is required to explore other elements that influence the intention to utilise traditional medicine within the Indonesian community.

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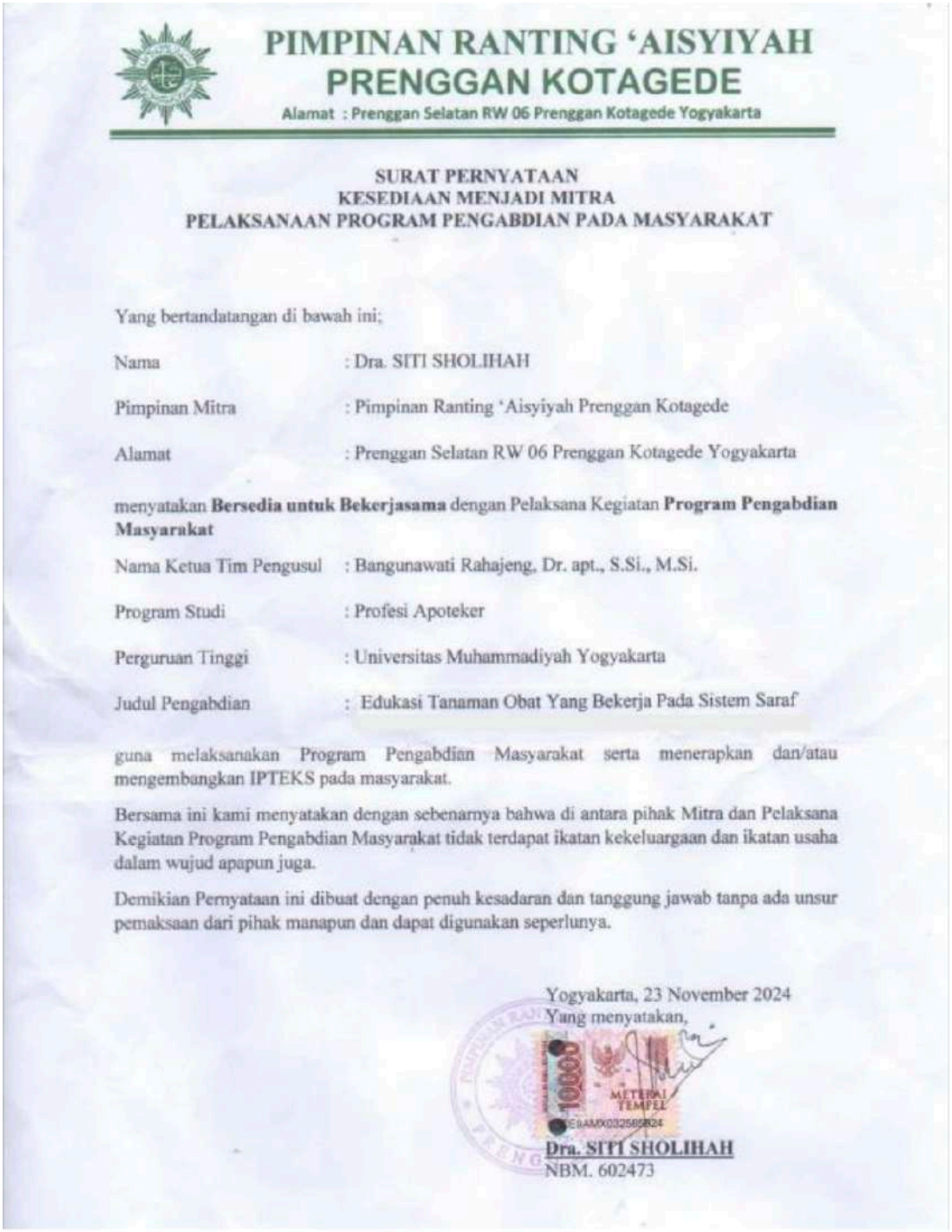
LAMPIRAN-LAMPIRAN

a. Surat Kesedian Mitra



PIMPINAN RANTING 'AISYIYAH
PRENGGAN KOTAGEDE
Alamat : Prenggan Selatan RW 06 Prenggan Kotagede Yogyakarta

SURAT PERNYATAAN
KESEDIAAN MENJADI MITRA
PELAKSANAAN PROGRAM PENGABDIAN PADA MASYARAKAT

Yang bertandatangan di bawah ini;

Nama	: Dra. SITI SHOLIHAH
Pimpinan Mitra	: Pimpinan Ranting 'Aisyiyah Prenggan Kotagede
Alamat	: Prenggan Selatan RW 06 Prenggan Kotagede Yogyakarta

menyatakan **Bersedia untuk Bekerjasama** dengan Pelaksana Kegiatan **Program Pengabdian Masyarakat**

Nama Ketua Tim Pengusul	: Bangunawati Rahajeng, Dr. apt., S.Si., M.Si.
Program Studi	: Profesi Apoteker
Perguruan Tinggi	: Universitas Muhammadiyah Yogyakarta
Judul Pengabdian	: Edukasi Tanaman Obat Yang Bekerja Pada Sistem Saraf

guna melaksanakan Program Pengabdian Masyarakat serta menerapkan dan/atau mengembangkan IPTEKS pada masyarakat.

Bersama ini kami menyatakan dengan sebenarnya bahwa di antara pihak Mitra dan Pelaksana Kegiatan Program Pengabdian Masyarakat tidak terdapat ikatan kekeluargaan dan ikatan usaha dalam wujud apapun juga.

Demikian Pernyataan ini dibuat dengan penuh kesadaran dan tanggung jawab tanpa ada unsur pemaksaan dari pihak manapun dan dapat digunakan seperlunya.

Yogyakarta, 23 November 2024
Yang menyatakan,

10000
METERAI TEMPEL

Dra. SITI SHOLIHAH
NBM. 602473

b. Berita Acara Hibah Barang

BERITA ACARA SERAH TERIMA HIBAH KEPADA
MITRA PENGABDIAN KEPADA MASYARAKAT
UNIVERSITAS MUHAMMADIYAH YOGYAKARTA

Pada hari Kamis, tanggal 2 Januari 2025 yang bertanda tangan di bawah ini:

1. Nama : Dr. apt. Bangunawati Rahajeng, M.Si
   NIK/NIDN : 19701105201104 173 154
   Jabatan : Ketua Tim Pengabdian
   Alamat : Jl Suryo 158 RT 001 RW 010 Jagalan Jebres Surakarta

   Selanjutnya disebut Pihak Pertama bertindak sebagai dan atas nama perwakilan Universitas Muhammadiyah Yogyakarta
2. Nama : Dra. Siti Sholihah
   Pimpinan Mitra : Pimpinan Ranting 'Aisyiyah Prenggan
   Alamat : Prenggan Selatan RW 06, Prenggan, Kotagede, Yogyakarta

PIHAK PERTAMA menyerahkan hibah kepada PIHAK KEDUA dalam kegiatan pengabdian kepada masyarakat yang dibiayai oleh Universitas Muhammadiyah Yogyakarta pada tahun anggaran 2024/2025.

PIHAK KEDUA menerima hibah dari Universitas Muhammadiyah Yogyakarta dalam kegiatan pengabdian kepada masyarakat.

PARA PIHAK bersepakat untuk menandatangani berita acara ini sebagai kelengkapan serah terima yang dibubuhi materai dan mempunyai kekuatan hukum yang sama.

Pihak Pertama

Dr. apt. Bangunawati Rahajeng, M.Si
19701105201104 173 154

Pihak Kedua

Dra. Siti Sholihah

Lampiran Berita Acara Serah Terima Hibah

Dari pihak pertama (Dr. apt. Bangunawati Rahajeng, M.Si) kepada pihak kedua (Dra. Siti Sholihah)

Tanggal : 2 Januari 2025

Daftar Barang :

NO	HIBAH	TAHUN	NOMINAL
1	Dana Pembinaan	2024	Rp 2.500.000
		Total	**Rp 2.500.000**

Terbilang: : Dua Juta Lima Ratus Ribu Rupiah

Pihak Pertama

METERAI TEMPEL
A4409ALX267305789

Dr. apt. Bangunawati Rahajeng, M.Si
19701105201104 173 154

Pihak Kedua

Dra. Siti Sholihah

c. Peran Mitra

Mitra PRA Prenggan Kotagede berperan penting dalam mendukung kegiatan pengabdian masyarakat bertema "Edukasi Tanaman Obat yang Bekerja pada Sistem Saraf" dengan memfasilitasi lokasi kegiatan, serta menjembatani komunikasi antara tim pelaksana dan masyarakat. PRA Prenggan Kotagede juga turut menjaga keberlangsungan edukasi dan praktik pemanfaatan tanaman obat untuk mendukung kesehatan sistem saraf masyarakat.

d. Surat Keterangan Selesai

PIMPINAN RANTING 'AISYIYAH
PRENGGAN KOTAGEDE
Alamat: Prenggan Selatan RW 06 Prenggan Kotagede Yogyakarta

SURAT KETERANGAN
PROGRAM PENGABDIAN MASYARAKAT

Yang bertandatangan di bawah ini:

Nama	: Dra. Siti Sholihah
Pimpinan Mitra	: Pimpinan Ranting 'Aisyiyah Prenggan
Alamat	: Prenggan Selatan RW 06, Prenggan, Kotagede, Yogyakarta

Menyatakan bahwa:

Nama	: Dr. apt. Bangunawati Rahajeng, M.Si
	apt. Pinasti Utami, M.Sc
	apt. Nurul Maziyyah, M.Sc
	apt. Nurul Hikmah, M.Clin,Pharm
	apt. Andy Kurniawan Saputra, M.Clin.Pharm
	Zelmi Dwi Novita, A.Md
	Syieva Renisa
	Khalida Mutia Abiska Br Harahap
	Indah Suryani
Program Studi	: Farmasi
Perguruan Tinggi	: Universitas Muhammadiyah Yogyakarta
Topik	: **Edukasi Tanaman Obat yang Bekerja pada Sistem Saraf**

Telah selesai melaksanakan Program Pengabdian Masyarakat dengan baik
Demikian keterangan ini dibuat dan diberikan untuk dipergunakan sebaiknya.

Yogyakarta, 2 Januari 2025

Dra. Siti Sholihah