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THE RELATIONSHIP BETWEEN THE LEVEL OF KNOWLEDGE AND ATTITUDES OF THE COMMUNITY REGARDING THE USE OF FAMILY MEDICINAL PLANTS (TOGA) AS AN OPTIMIZATION OF COMMUNITY HEALTH

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ABSTRACT
Family medicinal plants (TOGA) are a form of traditional medicine that has long been used by Indonesians to maintain health, but the level of knowledge and attitudes of the community towards their use still varies. This study aims to determine the relationship between the level of knowledge and attitudes of the community regarding the use of TOGA as an effort to optimize public health in Catur Boyolali Village. This study used a correlative descriptive design with a cross-sectional approach. The study population consisted of 40 members of the Catur Village germas group, selected using total sampling technique. Data were collected through knowledge and attitude questionnaires, then analyzed using Spearman Rank correlation test. The research instruments demonstrated content validity based on validation conducted in previous studies. The questionnaires met reliability criteria and showed good measurement consistency based on previous studies. Most respondents had a good level of knowledge (60%) and a good attitude (52.5%). The Spearman Rank test results showed a p-value of 0.901 (>0.05), which means that there is no significant relationship between the level of knowledge and attitude of the community towards the use of TOGA. There was no relationship between the level of knowledge and attitude of the community in the use of TOGA. The attitude of the community was influenced by other factors such as culture, experience, beliefs, and social support. Culture-based education and sustainable health promotion are needed to optimize the use of TOGA.

Keywords: attitudes; family medicinal plants; level of knowledge; public health

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INTRODUCTION

Indonesia is known as a country rich in biodiversity, including various types of plants that have medicinal properties. Medicinal plants have long been used by the community as a relatively safe, inexpensive, and easily accessible alternative to traditional medicine (Yulianto & Kirwanto, 2016). The use of plants as medicinal ingredients is part of local wisdom that has been passed down from generation to generation. Plants not only serve as decorations or food ingredients, but also play an important role in the prevention and treatment of various minor to chronic diseases.

TOGA are plants that are grown in home gardens, orchards, or agricultural land and are used as natural medicinal ingredients (Harefa, 2020). The community has come to know TOGA as a living pharmacy because these plants are easy to grow and can be used for simple treatments such as coughs, fevers, wounds, or even chronic diseases such as hypertension and diabetes mellitus. The existence of TOGA is very important, especially for families who have limited access to health facilities such as health centers or hospitals (Anggraeni, 2021).

Riskesdas data (2018) shows that TOGA use is more prevalent among older people (aged 55–64 years) at 34.8%, with female users (27.6%) outnumbering male users (22.2%). Workers with professions as farmers/agricultural laborers constitute the largest user group (38.8%), especially in rural areas (30.9%) compared to urban areas (20.3%). These data illustrate that the use of TOGA is

still dominated by rural communities with lower secondary education levels, indicating that there is still a gap in knowledge and awareness of TOGA use among other community groups.

Several types of TOGA have proven medical benefits, such as sambiloto leaves, insulin leaves, red betel leaves, moringa leaves, and basil leaves, which have the effect of lowering blood glucose levels, as well as binahong leaves (Anredera cordifolia), which are useful for improving blood circulation and accelerating wound healing (Dhirisma et al., 2024; Amigo et al., 2021). However, public knowledge about the processing and utilization of these plants is still limited, so the potential of TOGA has not been optimally utilized.

A preliminary study conducted in June 2024 in Catur Village, Sambi District, Boyolali Regency, showed that most residents work as farmers with natural conditions that support agriculture, such as fertile soil and a good irrigation system from the Wonoroto Reservoir. Although some residents have planted TOGA crops such as ginger, turmeric, temulawak, butterfly pea, and moringa leaves, their use is still limited to simple consumption and has not been developed into traditional medicinal products. In addition, the majority of elderly residents in Catur Village have diabetes mellitus and hypertension, which can actually be prevented or controlled through the use of TOGA.

This phenomenon shows the great potential of TOGA plants and the actual level of utilization by the community. Although the village government has provided education and guidance on the cultivation and benefits of TOGA, some residents have not consistently applied this knowledge. This indicates that the level of knowledge and attitude of the community towards the utilization of TOGA still needs to be further studied as a basis for developing local wisdom-based health programs.

Based on the above background, the researcher aims to conduct research with the title “The relationship between the level of knowledge and attitudes of the community regarding the use of Family Medicinal Plants (TOGA) as a means of optimizing public health in Catur Village,” with the aim of determining the relationship between the level of knowledge and attitudes of the community regarding the use of Family Medicinal Plants (TOGA) as an effort to optimize public health in Catur Village, as well as describing the knowledge and attitudes of the community towards the use of TOGA in the context of rural socio-culture.

METHOD

This study uses a correlative descriptive approach with a cross-sectional design, which aims to determine the relationship between the level of knowledge and attitudes of the community regarding the use of Family Medicinal Plants (TOGA) as a means of optimizing public health in Catur Village, Sambi District, Boyolali Regency. The measurement tools in this study were knowledge and attitude questionnaires adapted from research instruments owned by (Syahputra Eko, Novianty Lily, 2023) with permission for use. The measurement tool consisted of 10 questions for knowledge, which were assessed using the Guttman scale (Yes = 1, No = 0), and 10 questions for attitudes, which were measured using a four-point Likert scale (Strongly Agree to Strongly Disagree). The supporting equipment used included informed consent forms, writing instruments, and computer devices for data processing using statistical programs.

The population in this study consisted of all 40 members of the Germas Desa Catur group who had participated in training and planted TOGA. The sampling technique used was total sampling. Data were collected through the distribution of questionnaires directly after respondents gave their written informed consent. The questionnaire results were edited, coded, and entered into software for analysis. The data were analyzed univariately to describe the frequency distribution of community knowledge and attitudes, and bivariately using Spearman's rank correlation test, because one of the variables was not normally distributed. The significance level was set at $p < 0.05$ with a

95% confidence level. This study was conducted in Catur Boyolali village on June 21, 2025, in collaboration with the Catur village Germas group. This study has obtained ethical approval from the Health Research Ethics Committee of the Faculty of Medicine, Muhammadiyah University Surakarta, with number 5761/B.1/KEP-KFKUMS/VI/2025.

RESULT

This study was conducted by collecting data directly from respondents using questionnaires distributed to members of the Germas group in Catur Boyolali village. In this sampling, respondents were asked to fill out questionnaires regarding their age, gender, education, and occupation, with a total of 40 respondents

Table 1.
Distribution of respondent characteristics (n= 40)

Characteristics	Category	f	%
Gender	Female	40	100
Education	No schooling	1	2.5
	Elementary	9	22.5
	Junior high school	15	37.5
	Senior high school	15	37.5
Age	25-35	4	10.0
	36-45	15	37.5
	46-55	5	12.5
	56-65	11	27.5
	>65	5	12.5
Employment	Laborer	7	17.5
	Instructor	1	2.5
	Housewife	21	52.5
	Merchant	2	5.0
	Farmer	9	22.5
Level of knowlwdge	Good	24	60.0
	Fair	15	37.5
	Poor	1	2.5
Attitude	Good	21	52.5
	Bad	19	47.5

The results of the study show that all respondents were female (100%). The study shows that most respondents have a junior high school and high school education level, with 15 people (37.5%) in each category. The age distribution shows that the 36–45 age group is the largest, with 15 people (37.5%). Based on the results of the study, most respondents worked as housewives, namely 21 people (52.5%). The results of the study show that most respondents have good knowledge about the use of TOGA, with a score of 60%. The results of the analysis show that most respondents have a positive attitude towards the use of TOGA, namely 52.5%.

Table 2.
Spearman Rank Test Relationship between knowledge and attitude levels regarding the use of TOGA

Correlation				
			Attitude	Knowledge
Spearman's rho	Attitude	Correlation coefficient	1.000	0.020
		Sig. (2-tailed)		0.091
		N	40	40
	Knowledge	Correlation coefficient	0.020	1.000
		Sig. (2-tailed)	0.091	
		N	40	40

The results of this study show that there is no relationship between the level of knowledge and attitudes about the use of TOGA. This can be seen from the results of Spearman's rho statistical test with a significance value of p = 0.901 (p > 0.05), which means that respondents' knowledge about TOGA does not directly influence their attitudes towards its use.

DISCUSSION

The results of the study show that all respondents were female (100%). This reflects the social reality in rural communities, where women, especially housewives, play a central role in managing family health. Women usually play a role in planting, caring for, and using medicinal plants as an alternative to traditional medicine for their families. Women's role in traditional medicine practices is also influenced by cultural values and social norms, where women are more active at home and have responsibility for family health. According to health behavior theory, gender factors can influence a person's role in making decisions related to family health care and treatment.

Research shows that most respondents have a junior high school and high school education level, with 15 people (37.5%) in each category. This indicates that the majority of the people in Catur Village have completed secondary formal education. A secondary education level enables individuals to have sufficient literacy skills to understand and process health information, including information related to the use of Family Medicinal Plants (TOGA). This finding is in line with research conducted by Aferu et al. (2022), which explains that education level has a positive relationship with people's attitudes towards traditional medicine. Individuals with higher education tend to have more positive attitudes towards the use of traditional medicine because they have easier access to health information and are able to assess its benefits rationally. However, other factors such as culture, social environment, and community customs also play a role in shaping these attitudes.

The age distribution shows that the 36–45 age group is the largest, with 15 people (37.5%). This age group is classified as productive age, which generally has high social activity, involvement in community activities, and concern for family health. This condition has the potential to make them more open to health information, including the use of TOGA. These results are consistent with the findings of Febriyanti et al. (2024), who stated that age affects the level of knowledge and attitudes toward traditional medicine. Traditional knowledge is often passed down from older generations, while the productive age group acts as a bridge between the older and younger generations in maintaining traditional health practices.

Based on the results of the study, most respondents worked as housewives, namely 21 people (52.5%). This shows that women have a very important role in managing family health. Housewives have direct responsibility for selecting, preparing, and utilizing medicinal plants for daily needs, both for prevention and minor treatment at home. This is in line with health behavior theory, which states that a person's work environment and social role can shape their health attitudes and behaviors. This finding is also supported by research by Yumita et al. (2023), which explains that even if a person's level of knowledge is low, a positive attitude towards the use of medicinal plants can still be formed if there are supporting factors such as the availability of resources in the surrounding environment. Thus, jobs directly related to domestic activities such as housewives have the potential to strengthen the sustainable use of TOGA in the community.

The results of the study show that most respondents have good knowledge about the use of TOGA, with a score of 60%. This indicates that most people understand the meaning and benefits of TOGA and understand its use as an effort to optimize health. People's knowledge about traditional medicine is not only influenced by the information they receive, but also by various factors such as social, cultural, and environmental conditions. According to Febriyanti et al. (2024), knowledge is generally passed down from generation to generation through families, especially from parents to

young people. However, this process has begun to weaken due to modernization, urbanization, and lifestyle changes that have shifted traditional values. Factors such as age, education level, gender, ethnicity, and occupation also influence how deeply a person masters knowledge about traditional medicine.

The results of the analysis show that most respondents have a positive attitude towards the use of TOGA, namely 52.5%. This explains that more than half of the respondents show an accepting and positive attitude towards the use of TOGA as an effort to optimize health. This positive attitude explains that the community still believes in traditional values, family experiences, and information about the use of TOGA from health workers and the social environment. According to Aferu et al. (2022), the level of education and place of residence have a significant effect on the attitudes of respondents. Those living in rural areas are 2.79 times more likely to have a positive attitude than those living in cities, while participants who can read and write are 1.76 times more likely to show a favorable attitude than those without formal education. Additionally, cultural differences, access to modern medicine, and economic factors were also identified as elements that can influence acceptance of traditional medicine. Therefore, although knowledge is important, attitudes are also greatly influenced by the social context, place of residence, and educational level of the community. These results emphasize the importance of considering environmental and social factors in efforts to improve health and optimize the use of TOGA.

The results of this study show that there is no relationship between the level of knowledge and attitudes about the use of TOGA. This can be seen from the results of Spearman's rho statistical test with a significance value of $p = 0.901$ ($p > 0.05$), which means that respondents' knowledge about TOGA does not directly influence their attitudes towards its use. This finding indicates that even though someone has good knowledge about the benefits of TOGA, this is not always followed by a positive attitude towards its use. Attitudes are influenced by various factors other than knowledge, such as personal experience, cultural beliefs, social environmental influences, availability of facilities, and values and norms that apply in society. As in the study conducted by Yumita et al. (2023), working as a farmer makes it easy to utilize medicinal plants due to their availability in the surrounding area, so that a positive attitude is still formed even though the level of knowledge is not yet deep. This study reinforces the view that attitudes are not always proportional to the level of knowledge. In line with the theory of health behavior, attitudes are influenced by several factors, namely cognitive factors (knowledge), affective factors (feelings and beliefs), and social environmental factors (norms and culture). Thus, it can be concluded that in order to improve the community's positive attitude towards the use of family medicinal plants (TOGA), it is not enough to simply increase knowledge, but other aspects such as culture-based education, family support, and contextual health promotion must also be taken into consideration.

CONCLUSION

The results of research on the relationship between the level of knowledge and attitudes of the community regarding the use of Family Medicinal Plants (TOGA) in Catur Village, Boyolali, show that most respondents have a good level of knowledge and show a positive attitude towards the use of TOGA as an alternative to traditional medicine. The community understands the benefits of TOGA in maintaining health, but not everyone has an attitude that is in line with their level of knowledge. The Spearman Rank correlation test results show that there is no significant relationship between the level of knowledge and community attitudes with a p-value of 0.901. This indicates that good knowledge is not always followed by a positive attitude towards the use of TOGA. Other factors such as traditions passed down from generation to generation, personal experiences, beliefs in modern medicine, and the influence of the social environment also play a role in shaping community attitudes towards the use of medicinal plants. Thus, increasing the public's positive attitude towards the use of TOGA cannot only be done through increasing knowledge, but also requires a culture-based approach, family support, and continuous educational activities.

Based on the results of this study, the people of Catur Village are expected to increase their use of TOGA in their daily lives as part of their efforts to maintain family health. Educational institutions are expected to play an active role in providing education and training on the benefits of TOGA, both through academic activities and community service. Health service agencies such as community health centers and health cadres are expected to implement sustainable outreach and assistance programs on the proper processing and use of medicinal plants. For future researchers, it is recommended to examine other factors that may influence community attitudes, such as motivation, cultural values, and social support, and to use a mixed approach in order to gain a deeper understanding of community behavior towards the use of Family Medicinal Plants.

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