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Original Research Paper

# Implementation of Integrated Traditional Healthcare Policy at the Traditional Health Clinic of Puskesmas Sawit

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**Abstract**

**Background**: The integration of traditional medicine into the primary healthcare system expands community access to services, functioning as both an alternative and a complement to conventional treatment while strengthening promotive and preventive efforts. In Indonesia, this initiative is supported by several regulations, including Ministry of Health Regulation Number 37 of 2017. **Objective**: This study aimed to describe the implementation of integrated traditional health service policies at the Traditional Medicine Clinic of Sawit Primary Health Center. **Methods**: A qualitative descriptive design with a case study approach was used. Data were collected through semi-structured interviews lasting 40–45 minutes and document review. The study involved eight informants, including the traditional health program manager at the Boyolali Regency Health Office, the Head of Sawit Primary Health Center, healthcare workers, and community members who used the service. **Results**: The findings showed that implementation of integrated traditional health services was not optimal. Key constraints included a shortage of competent traditional health personnel, the absence of a dedicated operational budget, and limited service hours. **Conclusion**: Improving implementation requires recruiting qualified traditional health workers, providing continuous training, allocating specific budgets, and adjusting service duration to enhance effectiveness, sustainability, equity, accessibility, and overall community health benefits outcomes.

**Keywords:** Policy; Integration; Traditional Health; Health Center.

## Introduction

Policy can be defined as an action taken to address a problem within a particular group or society, encompassing the goals, plans, or programs intended to be executed. According to James E. Anderson, public policy is a series of actions undertaken by individuals or groups to solve a specific problem[1]. The implementation of public policy is a process where actors, organizations, procedures, and techniques work together to carry out the policy to achieve its established objectives[1]. Policy implementation is a crucial stage in the public policy cycle and plays a significant role in determining the success of a policy in achieving the expected outcomes[2].

Traditional health services are a form of healthcare that has long existed, even before the emergence of conventional medicine. This service remains a popular and diverse choice in various countries, including Indonesia. According to a World Health Organization (WHO) report, more than 80% of the world's population, across more than 170 of 194 countries, use some form of traditional medicine[3]. These practices vary significantly depending on the respective country and region. An analysis of 40 studies from 14 countries, including 21 national surveys and one cross-country survey, indicates that the use

of Traditional, Complementary, and Alternative Medicine (TCAM) products such as herbal medicines, TCAM therapies, or a combination of both is quite high among the general population, with prevalence rates ranging from 24% to 71.3%[4].

In Indonesia, public enthusiasm for traditional health services also shows an increasing trend. Data from the Basic Health Research (Riskesdas) show an increase in the proportion of households that have ever utilized Traditional Health Services (Yankestrad), from 30.1% in 2013 to 31.4% in 2018[5]. This indicates that traditional health services are increasingly accepted by the community as a healing effort.

In general, medicine is divided into two main types: modern and traditional. Modern medicine is based on scientific principles, while traditional medicine uses ingredients and methods grounded in experience, hereditary skills, or the results of education and training, and is practiced according to societal norms[6]. Traditional medicine is also considered part of alternative medicine, a method chosen when conventional treatment does not provide satisfactory results, and it plays a role in health maintenance, disease prevention, as well as patient care and rehabilitation[6]. The government supports traditional health services (Yankestrad) through regulations, such as Law Number 17 of 2023, Government Regulation of the Republic of Indonesia Number 103 of 2014, and Ministry of Health Regulation Number 37 of 2017, to preserve and develop traditional medicine[7].

Today, traditional medicine is increasingly recognized as an essential part of the primary healthcare system, in both developing and developed countries. The integration of traditional medicine into the national health system provides more suitable treatment alternatives that align with the needs and conditions of the community[8]. Traditional, Complementary, and Integrative Medicine (TCIM) is considered capable of strengthening primary health services, supporting chronic disease management, and aiding preventive care and health promotion[9]. Several countries, such as China, India, and Malaysia, have successfully integrated these services into various levels of their health facilities.

The benefits of integrating traditional services are significant for the community, such as increased access to treatment, more affordable costs, and minimal side effects. With an evidence-based approach, this integration can support the equitable distribution of health services and strengthen the primary care system[10].

In Indonesia, including in Boyolali Regency, efforts to implement traditional health services have also begun. Based on an interview with the traditional health program holder at the Boyolali Regency Health Office, there are five Primary Health Centers (Puskesmas) that are pilot studies for the implementation of traditional health services, namely Puskesmas Andong, Boyolali II, Musuk, Ngemplak, and Puskesmas Sawit. Of these five, only Puskesmas Sawit provides traditional health services within its building.

However, to date, there have been few studies that specifically examine how traditional health service policies are implemented, especially at the primary service level like Puskesmas in regional areas. Yet, understanding the policy implementation process is crucial to assess the extent to which the policy is running according to its objectives and can provide real benefits to the community. Therefore, this research is expected to answer the main question of how this policy is executed at the Traditional Health Clinic of Puskesmas Sawit, covering the types of services available, various obstacles and challenges faced, forms of support provided, as well as the impacts and benefits felt by the

community and parties involved in the service delivery.

## Materials and Methods

### *Study Design*

This study employed a qualitative descriptive design with a case study approach. The research was conducted at Puskesmas Sawit, Boyolali Regency, which has a Traditional Health Clinic. The study took place from August to December 2024.

### *Sample*

Subjects were selected using purposive sampling. The informants in this study consisted of two categories: key informants and supporting informants, as presented in Table 1.

**Table 1**. Informant Characteristics

| No. | Informant | Age | Position | Education |
|---|---|---|---|---|
| 1 | Key Informant | 29 | Traditional Health Manager, Boyolali Health Office | Bachelor's in Public Health |
| 2 | Key Informant | 51 | Head of Sawit Primary Health Center | Dentist |
| 3 | Key Informant | 44 | Person in Charge of Traditional Health, Puskesmas Sawit | Diploma in Nursing |
| 4 | Supporting Informant | 43 | Patient | Bachelor's in Physiotherapy |
| 5 | Supporting Informant | 46 | Patient | High School Diploma |
| 6 | Supporting Informant | 55 | Patient | High School Diploma |
| 7 | Supporting Informant | 56 | Patient | Bachelor's in Education |
| 8 | Supporting Informant | 41 | Patient | Bachelor's in Public Health |

Key informants were characterized as individuals playing a vital role in implementing the traditional health program. These characteristics included the traditional health program manager at the Boyolali Regency Health Office, who understands the policy and overall program management at the regional level; the Head of Puskesmas Sawit, who knows the field-level program implementation; and the health personnel providing traditional health services, who have direct experience in serving the community.

The selection criteria for key informants were a deep understanding of the policy, implementation, and direct experience in managing the traditional health program. Meanwhile, supporting informants were characterized as community members who had utilized traditional health services at the Traditional Health Clinic. Their selection criterion was having received services directly, thus enabling them to provide an account of their experiences and perceived benefits. In total, eight subjects were selected as informants for this study.

### *Data Collection Technique*

Each subject willing to be an informant in this study provided consent by filling out an Informed Consent form. This study aimed to explore the concept of traditional health program policy implementation, which includes the types of services provided, barriers encountered, existing support, and the impacts and benefits of the traditional health program for the community and related parties. Research data sources consisted of primary data obtained through interviews with informants, while secondary data were collected from documents directly related to the research topic. Data collection techniques were performed through triangulation, namely: a) semi-structured interviews, conducted openly using an interview guide; b) documentation (document review), including Law Number 17 of 2023 on Health, Government Regulation Number 103 of 2014 on Traditional Health Services,

Ministry of Health Regulation Number 37 of 2017 on Integrated Traditional Health Services, and the Standard Operating Procedures (SOP) for traditional health and acupressure services.

### *Data Analysis Technique*

The qualitative data analysis technique in this study used thematic analysis. The obtained data were transcribed by listening to interview recordings, re-checked, and re-read to ensure their accuracy.

### *Ethical Considerence*

This study obtained permission from the Boyolali Regency Health Office with letter number 423.4/5645/4.2/2024. This research also passed ethical review from the Health Research Ethics Committee of the Faculty of Health Sciences, Universitas Muhammadiyah Surakarta, with number 506/KEPK-FIK/VIII/2024.

## Results

### *Overview of Yankestrad Services at the Primary Health Center*

The traditional health program (Yankestrad) in Boyolali Regency was formally developed following the establishment of the Traditional Health Services Section within the Organizational Structure and Work Procedures (SOTK) of the Boyolali Regency Health Office in 2017. The program implementation is supported by several legal frameworks, including Law Number 17 of 2023, Government Regulation Number 103 of 2014, and Ministry of Health Regulation Number 37 of 2017 concerning Integrated Traditional Health Services. At the Puskesmas level, including Puskesmas Sawit, the program has been implemented since 2018.

*"Since 2018, the traditional health program has been introduced, so for about 6 years, Puskesmas Sawit has been running the traditional health service program until now." (Key Informant).*

Puskesmas Sawit operates a Traditional Health Clinic equipped with dedicated facilities, such as an acupressure room. Program implementation is supported by planning documents, including the Activity Proposal Plan (RUK), Activity Implementation Plan (RPK), and Standard Operating Procedures (SOPs) aligned with applicable regulations. In 2019, Circular Letter No. 460/603/13/2019 was issued to strengthen program development at the regional level.

Administrative records show an increasing number of visits to the Traditional Health Clinic over time.

**Table 2.** Number of Visits to the Traditional Health Clinic

| Year | Number of Visits |
|---|---|
| 2021 | 10 |
| 2022 | 20 |
| 2023 | 30 |
| 2024 | 90 |

***Source**: Secondary Data, Puskesmas Sawit*

### *Implementation of Integrated Yankestrad Services (Inside the Building)*

Puskesmas Sawit is the only Primary Health Center in Boyolali Regency that provides a complete range of traditional health services inside the building. Services offered include acupressure, cupping (bekam), and herbal medicine (jamu).

*"Only Puskesmas Sawit has the complete range of services." (Key Informant)*

Interview results indicate that cupping therapy is the most frequently utilized service.

*"The most effective or most liked one is cupping." (Key Informant)*

Patients reported perceived health benefits after undergoing cupping therapy.

*"My body feels better after cupping… I don't get tired or dizzy as often." (Supporting Informant)*

*"I feel healthier and fitter after cupping." (Supporting Informant)*

***Barriers to the Traditional Health Program***

*Human Resources*

The main barrier identified was the limited availability of human resources. Only one health worker is responsible for traditional health services, while also carrying other clinical duties.

*"Yes, there are obstacles in terms of limited HR." (Key Informant)*

Health personnel reported physical fatigue affecting service quality, particularly for massage-based therapies.

*"When my body is not fit… it's not optimal, because there is no one to replace me." (Key Informant)*

Additionally, services are provided by trained general health workers rather than certified traditional health personnel (nakestrad).

*"It's not directly from a traditional health practitioner… but the service itself was safe and good." (Supporting Informant)*

Another concern relates to the absence of specialized traditional health personnel (nakestrad):

*"Another obstacle is perhaps the health personnel providing the service. It's not directly from a traditional health practitioner, so in my opinion, it's still lacking, but in terms of the service, specifically the cupping I've had, there were no obstacles at all; everything was safe and good." (Supporting Informant)*

*Budget Constraints*

There is no dedicated budget allocation for traditional health services. Funding is integrated into other programs or sourced from BOK funds when needed.

*"For the traditional health budget itself, there is none… it's included in public health." (Key Informant)*

This limitation affects service development and training opportunities for health personnel.

***Support for the Traditional Health Program***

The issuance of Regent Regulation (Perbup) Number 41 of 2021 on service tariffs increased service availability from once a week to daily.

*"After the tariff regulation was issued, we can provide traditional health services every day." (Key Informant)*

Traditional health services are managed by trained nursing staff appointed through an official decree.

*"There is an in-house traditional health manager… a nurse who has received training." (Key Informant)*

Supporting facilities include a dedicated service room and appropriate equipment. Accessibility is enhanced by the strategic location of Puskesmas Sawit and active community outreach through cadres, social media, and cross-sectoral meetings.

***Impacts and Benefits***

The implementation of integrated traditional health services has increased public understanding and utilization of traditional medicine.

*"The positive impact… is the increased public understanding of traditional health services." (Key Informant)* Patients reported perceived benefits such as symptom relief, improved comfort, and affordability.

*"Traditional medicine helps reduce pain… without chemical drugs." (Supporting Informant)*

*"The cost is cheaper, and I feel confident drinking herbal medicine." (Supporting Informant).*

## Discussion

The findings indicate that the increasing utilization of integrated traditional health services at Puskesmas Sawit reflects a broader

societal shift toward complementary and alternative medicine. This trend aligns with the "back to nature" paradigm, where communities increasingly value natural and holistic approaches to health management[11]. The consistent rise in patient visits suggests growing trust in traditional health services as both preventive and complementary care. This trust is reinforced by regulatory recognition that legitimizes traditional medicine within the formal health system. Legal frameworks provide assurance of safety, standardization, and accountability, which are critical for public acceptance. Thus, policy alignment plays a central role in sustaining community engagement with Yankestrad services.

Cupping therapy emerged as the most preferred service, highlighting its perceived effectiveness in addressing common health complaints such as fatigue, pain, and dizziness. Empirical evidence supports these perceptions, as cupping has been shown to improve blood circulation and reduce pain intensity[12]. The preference for cupping also reflects a demand for interventions that provide immediate and tangible health benefits. From a public health perspective, such services can support non-pharmacological management of chronic and minor conditions. This reduces reliance on chemical drugs and may lower the risk of side effects. Therefore, cupping therapy functions not only as an alternative treatment but also as a supportive modality within integrated care.

Despite positive outcomes, human resource limitations represent a significant barrier to optimal program implementation. The reliance on a single trained health worker increases workload and risks service quality decline. Similar challenges have been reported in other settings, where integration of traditional health services is constrained by insufficient specialized personnel[13,14]. The absence of dedicated traditional health practitioners (nakestrad) limits service depth and continuity. This condition highlights a structural gap between policy intent and operational capacity. Addressing this gap is essential to ensure service sustainability and consistency.

Budgetary constraints further exacerbate implementation challenges, particularly in capacity building and service expansion. Limited funding reflects the perception of traditional health programs as non-priority initiatives, as observed in previous studies[15]. This situation contradicts regulatory provisions that allow financing from national and regional budgets. Inadequate funding restricts training opportunities, despite competency development being a regulatory requirement[16]. Without continuous training, health personnel may struggle to keep pace with scientific and clinical developments. Consequently, financial commitment is crucial for strengthening both human resources and service quality.

Supportive regulations, such as tariff policies, have positively influenced service accessibility and frequency. Increased service availability enhances convenience and reduces barriers to utilization, reinforcing findings that accessibility extends beyond geographic proximity[17]. Socialization efforts through cadres and media further improve community awareness and acceptance. These strategies foster trust and normalize the use of traditional health services within everyday healthcare choices. Additionally, perceived safety and lower side effects contribute to positive attitudes toward traditional medicine[18]. Such factors collectively strengthen program effectiveness and public confidence.

The impacts and benefits identified underscore the role of traditional health services in improving quality of life and expanding healthcare options. Integrated Yankestrad services function as a strategic complement to conventional care, particularly in promotive and preventive contexts[19].

Cultural relevance and affordability further enhance community acceptance and sustained use[20]. Patients' expectations for service improvement indicate high engagement and perceived value. These findings are consistent with evidence that accessibility and cost-effectiveness drive preference for traditional medicine[21]. Overall, integrated traditional health services hold substantial potential to strengthen culturally responsive and inclusive primary healthcare systems.

## Conclusion

The implementation of the integrated traditional health service policy at the Traditional Health Clinic of Puskesmas Sawit is not yet optimal, although it has referred to existing regulations, such as Ministry of Health Regulation Number 37 of 2017. The available services, including acupressure, cupping, and herbal medicine, have seen an increase in visits, reflecting community interest, especially in cupping therapy. However, the main constraints include the limited number of traditional health personnel, minimal specific budget, and limited service duration. Supportive policies like the Regent Regulation, the involvement of health cadres, and active socialization contribute to increasing community awareness.

To optimize implementation, the recruitment of traditional health personnel, continuous training, allocation of a specific budget, and adjustment of service duration are needed so that this policy can run more effectively, sustainably, and provide maximum benefits to the community.

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