Socio-cultural foundations of Medical Practice in Rural Malay Communities

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Introduction

One of the chief impediments to the improvement of health in many developing countries is not so much the lack of technical knowledge as the inability to apply it on traditional cultures to produce the desired effect. This inability to apply technical knowledge is related to the fact that attempts to alter people's way of life, beliefs, and customary behaviour are never made in *vacuo,* but in competition with, and against the resistance of deep-rooted and time hallowed beliefs and practices. Too often our efforts to provide health care are not meaningful to individual members of traditional cultures. However much can be achieved if the health worker consciously and systematically sets out to study, understand and manage the interactions between modern science, and traditional and religious beliefs and practices, and builds his practice upon the firm foundations of socio-cultural rapport. The following paper outlines the socio-cultural foundations upon which medical practice in rural Malay communities may be based.

Malay culture

Present day Malay culture can be diagrammatically depicted as interactions between Islamic ideals, inherited traditional beliefs and modern scientific knowledge which form the three points, A, B, and C, of a hypothetical triangle (Mohd. Taib, 1972).

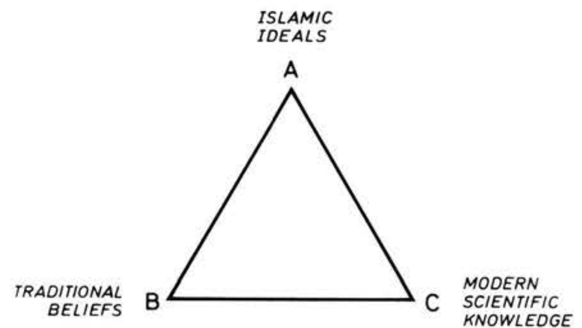

Figure 1. Graphic representation of present day Malay culture

Islamic ideals are the pre-eminent goals towards which members are supposed to strive. But in reality they have to take into account traditional beliefs as well as modern scientific knowledge. Conflicts between Islamic ideals and traditional beliefs (line AB) is a constant feature of Malay life. For example the exhortations in many *jampi* (incantations of the *bomoh*) refer to Hindu Gods (Winstedt, 1961). Such conflicts may be resolved by an injunction made in the name of Islam prohibiting the practice of a certain local custom; or certain reinterpretations are made so as to give "Islamic" meaning to a traditional practice; or the traditional practice may continue as an "informal" belief system fulfilling the day-to-day pragmatic needs side by side with the "formal" religion.

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An example of the interaction between traditional beliefs and modern scientific knowledge (line BC) is the competition between modern medical knowledge and traditional concepts of disease causation and practices. The problem is not medical in nature but socio-cultural. Can the practices of the two be married harmoniously within the basic principles of modern medical practice so that not only is the best choice offered to the people but it is also a culturally acceptable choice?

The interaction between Islamic ideals and westernization (line AC) is exemplified by the modern banking system which comes into conflict with the Islamic law on interests. Such a conflict can be resolved by an interpretation given as a *fatwa* (ruling) by a *mufti* (Islamic jurist). Family planning and organ transplants represent other areas of conflict. Let us then return to the first of our questions namely: Can traditional beliefs be merged with modern medical practices so that not only is the best choice offered to the people but it is also a culturally acceptable choice? As a prerequisite to a description of a practical approach towards the resolution of conflicts between traditional and modern medical practices, a brief description of examples of traditional beliefs and practices that influence health will be given below.

Interaction between traditional and modern medicine

I. Traditional concepts of disease causation

Traditional Malay medicine ascribes illnesses to three categories of causative factors: physical, supernatural, and predisposing causes (Fig. 2). Physical causes include certain foods (such as fish which is thought to cause ascariasis), "heat" and "cold", "wind" (thought to cause swellings), *kuman* (tiny parasites, bacteria and atoms) and physical trauma. Physical causes can arise directly, as when "cold" foods such as papaya is eaten, or they may arise from the workings of a supernatural agent as when a spirit makes an individual "cold".

Supernatural causes include the workings of a large variety of spirits, the use of witchcraft and the will of God. Predisposing causes include the loss of *semangat* (vital force or soul substance), and incorrect behaviour. It is believed that although healthy individuals can be afflicted by supernatural and physical causes, any individual with a predisposing condition is even more vulnerable (Chen, 1970).

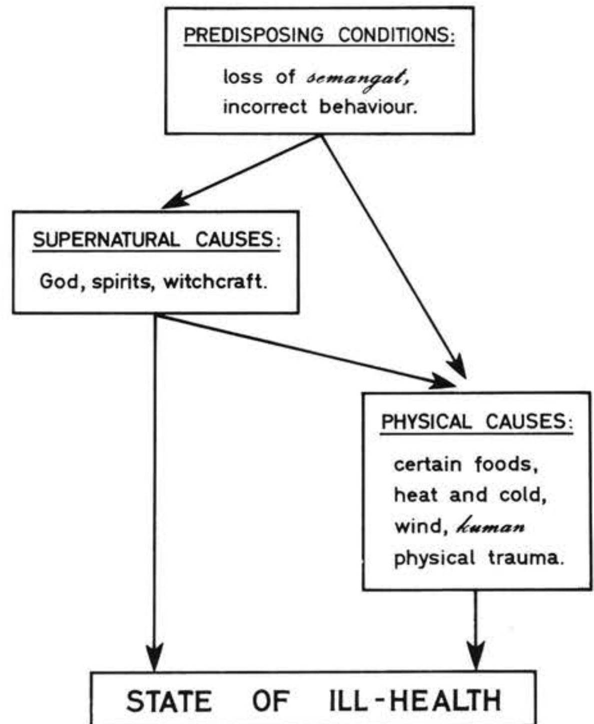

Figure 2. Traditional Malay concepts of disease causation

II. Traditional practices affecting health

Traditional practices affecting health usually represent attempts to prevent ill-health on the basis of the concepts of causation mentioned earlier. To prevent ill-health the rural Malay can attempt the following: firstly he can take action to avoid a predisposing condition such as a loss of *semangat,* and secondly, he can avoid contact with those objects that cause disease namely evil spirits, and physical agents such as foods that carry "wind". The following are a few examples of traditional practices in relation to health.

(a) Measures against predisposing conditions:

1. It is believed that the *semangat* leaves the body and wanders about during dreams. Thus, it is considered dangerous to rudely awaken an individual lest he wake up without his *semangat.*
2. The husband of a pregnant woman should not shoot a beast in the eye or the child will be born blind (Colson, 1969).
3. During child-birth, all doors, windows and cupboards must be left open, knots in the woman's clothes undone and her hair left to hang loosely and she must lie parallel to the nearest stream with her feet pointing downstream lest labour becomes obstructed.

(b) Measures against supernatural causes:

1. Various charms (Fig. 3) are worn during early childhood to protect the child against illnesses. These include the *tangkal sawan* (a talisman against convulsions which are usually ascribed to the *Hantu Sawan);* the *gelang bajang* (an amulet of black silk thread against the *Hantu Bajang);* and the *tangkal cacing* (a talisman against worms).
2. An infant may not be taken from the house if there are high winds or it threatens to rain, or the *Hantu Sagawang* who travels with the wind may descend and eat the child's liver (Colson, 1969).
3. A thorny bush placed under the raised floor of the house at the time of child-birth is used as a counter measure against the *Hantu Penanggalan,* a vampire spirit thought to be responsible for still-birth and post partum haemorrhage. It is believed that the spirit is deterred by the thorns for fear that her intestines might be caught in them.

Figure 3. A Malay child wearing a *tangkal sawan* (talisman against convulsions) and a *tangkal cacing* (talisman against worms) around his neck.

(c) Measures against physical causes:

1. After the child is born, the *bidan kampung* does not usually cut the umbilical cord until after the expulsion of the placenta. This delay has been shown (McLean, 1951) to add an appreciable amount of iron into the body of the child. The cord is knotted several times, rubbed with ash and then placed on a piece of tumeric "so that wind won't get in", and cut with a sharp sliver of bamboo *(sembilu).* Later the umbilical stump is dusted with a powder derived from pepper, tumeric and ginger "to ensure that wind won't get in". Undoubtedly the latter measures must contribute to an increased risk of *tetanus neonatorum.*
2. During the postnatal period it is belived that the mother's body is easily subject to "cold" and "wind", and thus various measures are taken to prevent this and to ensure that she remains "heated" (Chen, 1973). For example, she is usually required to externally heat her body by roasting herself over a bed of hot coals, *menyalai* and to heat her abdomen with a warm hearth stone wrapped in herbs, *bertungku.* As an added precaution, she is heavily dressed in warm clothes (Fig. 4).

Figure 4. A mother dressed in heavy clothing, woollen cardigan and socks, undergoing the customary "roasting" known as *menyalai* by lying on a temporary bed over a fire.

3. In addition to the foregoing, she receives from the *bidan kampung* on three days in the first week a form of massage the *urut-mengurut,* in which specially prepared "hot-medicines" are massaged into the skin to enhance circulation, restore muscle tone and keep the body "heated".

4. In addition to external heat, the mother also heats herself internally by drinking "hot medicines", such as that derived from "one hundred trees", either prepared by the *bidan kampung* or purchased from village shops.

5. During the postnatal period, the mother is enjoined to avoid all foods that are "cooling" and these include most fruits and vegetables. In addition she has to avoid foods that are *bisa-bisa* ("poisonous") such as prawns, cat-fish, cuttle fish, cockles, *belachan* (prawn paste) and certain varieties of fish, as well as foods that "carry wind" such as cassava, cassava tips, sweet potatoes, pumpkin, taro, maize and jackfruit. On the other hand "heating" foods such as pepper, chillies, smoked and salted fish, eggs and coffee are advocated. The end result is a diet consisting of rice, spices, salted fish and coffee. Such a restricted diet has been found to result in low serum levels for folic acid, carotene and iron (Wilson *et al.*, 1970).

III. An approach to the interaction

How then can the practices of traditional and modern medicine be married harmoniously within the basic principles of modern medical practice so that not only is the best choice offered to the people but it is also a culturally acceptable choice? As a first step, it is advocated (Williams and Jelliffe, 1972) that we should investigate as far as is possible relevant indigenous practices and then make an unprejudiced analysis of the effect of these practices on the physical and psychological health of the people. We can then divide the relevant practices into four categories and manage them accordingly.

(a) Beneficial: that is valuable to health in the local circumstances, such as the *urut-mengurut*, protecting an infant from chills, and delay in cutting the cord. Such measures should be actively encouraged.

(b) Harmless: that is with no obvious effect either way as far as health is concerned, such as most measures to avoid predisposing conditions and supernatural causes. Although such practices may be unaesthetic to the outsider, they are best left unaltered.

(c) Uncertain: that is, with possible beneficial and harmful effects at the same time, but which are difficult to classify such as the use of herbs, the *bertungku* practice and the indigestion of "hot medicines". These practices should be further studied but can be left unopposed in the meanwhile.

(d) Harmful: that is, with deleterious effects as far as health is concerned, and include the dietary restrictions mentioned in relation to the postnatal period, cutting the umbilical cord with a bamboo knife and dressing the umbilical stump with powder from the rhizome of tumeric and ginger. Such practices must obviously be slowly overcome by friendly persuasion in the form of personal or group health education and convincing demonstration.

In the above manner, not only will it be possible to help the people make choices that will be to their benefit, but it will also permit them to observe tradition and rituals (many of which are quite harmless but appear to us as irrational and unnecessary). Such traditional practices help the people identify with their community and are a cardinal factor in social stability.

It is also important to recognize the cultural absurdities in one's own culture and particularly to prevent their unwitting and harmful export in health education. Examples include the use of cow's milk in place of breast milk, expensive packaged and processed baby foods in place of home cooked semisolids for the young child, over-rigid attitudes towards toilet training and the clock-work regularity of infant feeding.

Interaction between Islam and modern medicine

Perhaps the most crucial area of interaction is exemplified by the apparent conflict between Islam and family planning. There are Islamic theologians who conclude that birth-control is *makruh* (frowned upon because of religious reasons), and they base their conclusions on the words of Syydina Abu Bakar, Umar and Ibn Massud (Syed Yusof, 1965). During the times of the Companions the act of preventing conception was called *al-azl* (coitus interruptus). It is recorded that when the Prophet was asked his opinion about this act, his reply was "It is best that you do not practice such acts. Every soul that God has seen fit to create even to the Day of Judgement must be born nevertheless".

As mentioned earlier, it is possible to resolve such a conflict between Islam and modern science by an interpretation given as a *fatwa*. A *fatwa* is based on the four *Shariah* evidences, namely the *Koran*, the

Sunnah (model conduct of the Prophet), *ijma* (consensus) and *quiyas* (analogical deduction). The following recent *fatwa* on family planning illustrate the value of working in conjunction with Islamic jurists in order to maximise the acceptability of choices we offer to the people.

(a) Haji Ali bin Mohamed Salleh, Chief *Kadhi,* Singapore April 1955:

"Steps to space a family because of maternal health reasons, are not in conflict with the teachings of Islam, whereas steps to sterilize mothers permanently are *haram* (forbidden). Abortion of a conception of four months or more is also *haram*" (Noh Abdullah, 1969).

(b) Haji Abdul Jalil bin Haji Hassan, Assistant *Mufti,* Johore November 1965:

"Prevention of pregnancy by the use of the pill and other measures, is permissible on condition that it does not result in permanent sterility. Sterilization using medicines or by other means is prohibited by Islam excepting where two doctors agree that the mother's life is in danger should she deliver again" (Noh Abdullah, 1969).

(c) Syed Yusof bin Ali Al-Zawawi, *Mufti,* Trengganu, January 1965:

"If prevention of conception is necessary for health reasons, whether of the wife, the husband, or the child-to-be there are absolutely no religious laws against it. Birth control practised for no health reasons or merely for the sake of preserving the beauty of the figure or as a means of escape from the responsibility of bringing up children is unanimously *haram.* Indeed birth control practised because of proverty and for no health reasons is not accepted by the laws of Islam".

"Sterilization without reasons sanctionable by religion, although done voluntarily is absolutely forbidden" (Syed Yusof, 1969).

A *fatwa* thus allows a precise interpretation of a practice that is ill-defined, stating clearly those conditions under which the practice is permissible, such as for reasons of personal health, and these conditions under which the practice is strictly forbidden, such as for reasons of beauty, economy and convenience. The doctor (for that matter any health worker) who operates within the context of a *fatwa* will obviously find minimal resistance. Where a *fatwa* does not exist, it will be necessary to seek such a ruling from the local *mufti.*

Summary

One of the chief impediments to the improvement of health is not so much the lack of technical knowledge as the inability to apply it on traditional cultures to produce the desired effect. Too often our efforts to provide health care are not meaningful to individual members of traditional cultures. However much can be achieved if the health worker builds his practice upon the foundations of socio-cultural rapport.

As a case in point, the socio-cultural foundations of medical practice in rural Malay communities is described. Present day Malay culture is depicted as interactions between Islamic ideals, inherited traditional beliefs and modern scientific knowledge. Practical methods of managing conflicts between modern medicine and traditional and Islamic beliefs and practices are suggested.

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