



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

**HEALTH AND ILLNESS BELIEFS AMONG
RURAL MALAYS: A CASE STUDY IN
KAMPUNG PASIR PANJANG, PAHANG,
MALAYSIA**

BY

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**INTERNATIONAL ISLAMIC UNIVERSITY
MALAYSIA**

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**A THESIS SUBMITTED IN PARTIAL
FULFILMENT OF THE REQUIREMENT FOR
THE DEGREE OF MASTER OF
HUMAN SCIENCES IN
SOCIOLOGY AND ANTHROPOLOGY**

**KULLIYYAH OF ISLAMIC REVEALED
KNOWLEDGE AND HUMAN SCIENCES
INTERNATIONAL ISLAMIC UNIVERSITY
MALAYSIA**

March 2005

ABSTRACT

This study examines the health and illness beliefs among rural Malays in Kampung Pasir Panjang, Pahang, Malaysia. The objectives of the study are: to examine these beliefs and practices. Second, to examine their health seeking behaviour, including women, in relation to health and illness. Lastly, to identify the contributing factors that influence them to seek either traditional or hospital-based medical treatment. The study used a qualitative approach. Several methods of data collection were utilised. These included in-depth interviews, direct observation and secondary data. The findings of the study show that health does not only mean the ability to work or being physically healthy but it also covers the mental, spiritual and emotional dimensions. However, the perception of illness embodies the patient's subjective perception or sometimes the perception of those around him. The rural Malays believe that illness could be attributed to both the supernatural and non-supernatural forces. Furthermore, the study also shows that the different use of health resources among rural Malays in Kampung Pasir Panjang, Pahang is related to perceptions of the causes of illness and to the types of treatment, either traditional or modern. Rural Malays are gradually beginning to accept the role of hospital-based medicine in dealing with women's health and illness as in the case of pregnancy, childbirth and the post-partum period. At the same time, many Malay women hold strongly to traditional health-related rituals. It is clear that the rural Malays' concept of health and illness as well as their utilisation of health services in Kampung Pasir Panjang was largely influenced by their traditional belief system. However, there was also evidence of a slight decline in their continued conformity to traditional health practices due to exposure to current modern health practices.

APPROVAL PAGE

I certify that I have supervised and read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality as a thesis for the degree of Master of Human Sciences in Sociology and Anthropology.

Noor Azlan Mohd. Noor
Supervisor

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality as a thesis for the degree of Master of Human Sciences in Sociology and Anthropology.

Pute Rahimah Makol-Abdul
Examiner

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This thesis was submitted to the Kulliyah of Revealed Knowledge and Human Sciences and is accepted as partial fulfilment of the requirements for the degree of Master of Human Sciences in Sociology and Anthropology.

Mohammad @ Md. Som Sujimon
Dean, Kulliyah of Revealed
Knowledge and Human Sciences

DECLARATION

I hereby declare that this thesis is the result of my own investigations, except where otherwise stated. Other sources are acknowledged by footnotes giving explicit references and a bibliography is appended.

Name: DJHOANNA S. SUGARAN

Signature **Date**

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MALAYSIA**

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Date

“And when I am ill, it is
He Who cures me.”

[Qur'an 26: 80]

ACKNOWLEDGEMENTS

In the name of Allah, the most Merciful, the most Gracious. It is He who gives me courage, motivation, strength, and forbearance in all my trials and efforts. Praise be to Allah (SWT), who granted me the ability to complete this thesis.

This thesis would have not been possible without the help of several persons to whom I am deeply indebted. I pray that Almighty Allah (SWT) will bestow upon them His mercy and blessings.

I would like to acknowledge with respect and gratitude the efforts of my supervisor, Dr. Noor Azlan Mohd. Noor, who had tremendous patience, and gave me constant support, guidance and encouragement. His concern, meticulous supervision and cooperation are invaluable. Any errors must naturally remain my responsibility.

Special thanks are due to Dr. Pute Rahimah Makol-Abdul, for the guidance, tolerance, encouragement and support she offered throughout my studies. I am also thankful to the members of her family namely, Dr. Teng Abdul (husband), Muhammad Shaharil (son), Dr. Badriya Makol-Stark (sister), and Dr. Jan Stark (brother-in-law) for their kindness and support.

My deepest thanks to my cousin Mr. Salem Yunos Lingasa, his wife Mrs. Armi Uyan-Lingasa, and my niece and nephew Noor Saleha and Mohd Saleh, for providing me a home in Malaysia and for giving me support through the years.

Thanks are also due to my parents, brothers, sisters, sisters-in-law and brothers-in-law who have stayed behind my success throughout my whole educational career. I am thankful for their love, encouragement and unwavering support. May Allah (SWT) reward all of them.

I would also like to express my special thanks to Mr. Habib @ Jun Jun F. Tagitis whose love, care, patience, understanding and support have given me wings to fly.

My sincere appreciation is also due to my foster family, Encik Abdullah Hassim Muda and family, for their priceless help in making the fieldwork possible. I would also like to express my gratitude to all my informants, the headman of the village, to the staff of Pekan City Council (Majlis Perbandaran Daerah Pekan), Pekan District Office (Pejabat Daerah Pekan), the Health Office of Pekan, Klinik Desa at Kampung Pasir Panjang, the outpatients Department and Hospital

Pekan, for helping me to secure all the necessary data for the study, for their cooperation and understanding during the fieldwork.

Great appreciation likewise goes to all my countrymates, friends, roommates and classmates for their advice, encouragement and assistance through the years. My special thanks also go to Ms. Ashna D. Ontok for sharing her computer expertise.

I am also thankful to the Department of Sociology and Anthropology staff and lecturers, particularly, the Department Head, Professor Dr. Ahmad Abd Al-Rahim Nasr, Professor Dr. Jamil Farooqui, Professor Dr. Mohamed Aris Othman, Associate Professor Dr. Saiyad Fareed Ahmad, and Associate Professor Dr. Hazizan Mohd Noon, for sharing their astute knowledge throughout my studies.

Finally, I would like to convey my gratitude and appreciations to the International Islamic University Malaysia, for giving me a place to study, to the Kulliyyah of Islamic Revealed Knowledge and Human Sciences, and to the Centre for Postgraduate Studies for the necessary cooperation provided to me during the entire period of my studies.

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CHAPTER I

1.1 Introduction

Health and illness beliefs vary from one society to another. Each cultural group has its own unique concepts and practices related to health and illness in order to maintain the well-being of its members. The variations in health belief systems may be due to a wide range of demographic, socio-economic, geographic, and cultural factors. However, there are also common elements of beliefs that may be shared among members of a cultural group and a general familiarity with these can be very helpful in understanding a patient's particular perspective. For instance, members who are younger, more educated, more affluent, and more acculturated into the mainstream of modern society may not adhere to popular and folk medical beliefs. However, it is likely that others in their social network will rely upon these concepts when such an individual becomes ill in order to identify the illness; suggest treatment; and evaluate prescribed treatment. It is therefore necessary for policy makers and health care professionals to be culturally competent to enable them to provide optimum health care services to society in general.

Medical anthropologists developed the distinction between the concepts of health and illness to better understand the dynamic relationship between culture, medicine and physician-patient communication. Health and illness are based on the beliefs and world-view of the individual and the community. A world-view is the living lens through which people perceive and understand human existence. According to Babujane (2003), the health beliefs and healing practices may arise from the concept that spiritual powers influence life, perceptions, values and behaviours.

Health can be experienced in various ways. It may be simply an absence of illness or the unawareness of the body. Illness, on the other hand, has a negative impact on the physical, mental and emotional well-being of every individual, but it also prevents an individual from performing the tasks for which he or she has been socialised (Herzlich, 1973).

For the Malays, the concept of health is expressed by the word *sihat*. According to Colson (1969), the term *sihat* is a positive attribute, it is something other than the absence of illness, but also refers to one's physical vigour, age and ability to perform assigned roles. In another instances, *sihat* can be associated with one's *semangat* (Colson, 1969; Endicott, 1970).

It is undeniable that Malaysia has a good health care system, and has made great improvements in mortality reduction. The overall thrust of the government's health policy and program is to improve the health status of Malaysians, especially the rural population and disadvantaged groups in the rural and urban areas. However, rural Malays are often assumed to be 'traditional' and more isolated from modern health services than urban dwellers (Heggenhougen, 1980a) due to their beliefs on health and illness. This assumption should be verified empirically. The crucial issue is to identify rural Malay beliefs and practices concerning health and illness. To what extent do they conform to traditional and modern health beliefs and practices? What are the factors that influence them to seek either traditional or modern treatment? Do women in the village utilise both traditional and modern treatment during pregnancy, childbirth and post-partum period? How and to what extent? This study is designed to answer these questions in the discussion that follows.

1.2 Objectives of the Study

The objectives of this study are as follows:

- 1) To examine the health and illness beliefs and practices of the rural Malays in Kampung Pasir Panjang, Pekan, Pahang.

- 2) To examine their health seeking behaviour, in relation to health and illness.
- 3) To identify the contributing factors that influence them to seek either traditional or modern medical treatment.

1.3 The Fieldwork

1.3.1 Background of the Study

A. Introduction

Malaysia is a constitutional monarchy in Southeast Asia on the South China Sea. The country's estimated 2003 population was 23,092,940. Malaysia is divided into two regions, known as West Malaysia and East Malaysia. West Malaysia, also known as Peninsular Malaysia (see Map 1), consists of the southern portion of the Malay Peninsula and nearby islands. Thailand borders West Malaysia on the north, and Singapore lies off the southern coastal tip. Malaysia is a federation of 13 states (Johore, Kedah, Kelantan, Malacca, Negeri Sembilan, Pahang, Perak, Penang, Perlis, Sabah, Sarawak, Selangor, and Terengganu) and two federal territories (Kuala Lumpur and Labuan). Kuala Lumpur, coextensive with the federal territory, is the capital and largest city (Microsoft Encarta, 2004).

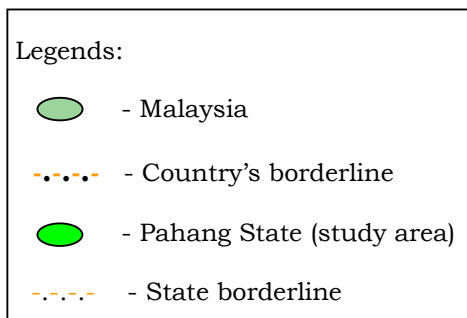
Furthermore, Islam is the country's official religion, although the constitution guarantees freedom of religion. 59% of Malaysians are Muslims, including nearly all ethnic Malays, Chinese represent 20%, Indians 7%, and others 8% (Microsoft Encarta, 2004).

Geographically and administratively, Pahang state is divided into eleven districts and Pekan is one of the districts in Pahang. Pekan means a "town" and it was once declared the capital of the state of Pahang. The town of Pekan stretches along the banks of the Pahang and Pahang Tua Rivers as far as Tanjong Langgar. Pekan is frequently associated with the royal town of Pahang, where the Royal family lived. Pekan is situated in the East part of Pahang and it is a coastal area

MAP 1: Map of Malaysia



Source: Microsoft Encarta Reference Library 2004. Microsoft Corporation.



(see Map 2). It is bordered by Kuantan district in the North, Maran District in the West and Rompin District in the South. It covers an area of 380,500 sq. km and the population density is 23 per sq. km. In 2000, the total population of Pekan was 103,184 (see table 1). Pekan district is divided into eleven sub-districts or *mukims*, namely, Pekan, Kuala Pahang, Pahang Tua, Pulau Rusa, Langgar, Ganchong, Temai, Pulau Manis, Lepar, Penyor and Bebar. Bandar Pekan is the capital of Pekan District and is located 45 km away from the city of Kuantan and 522 km away from Kuala Lumpur.

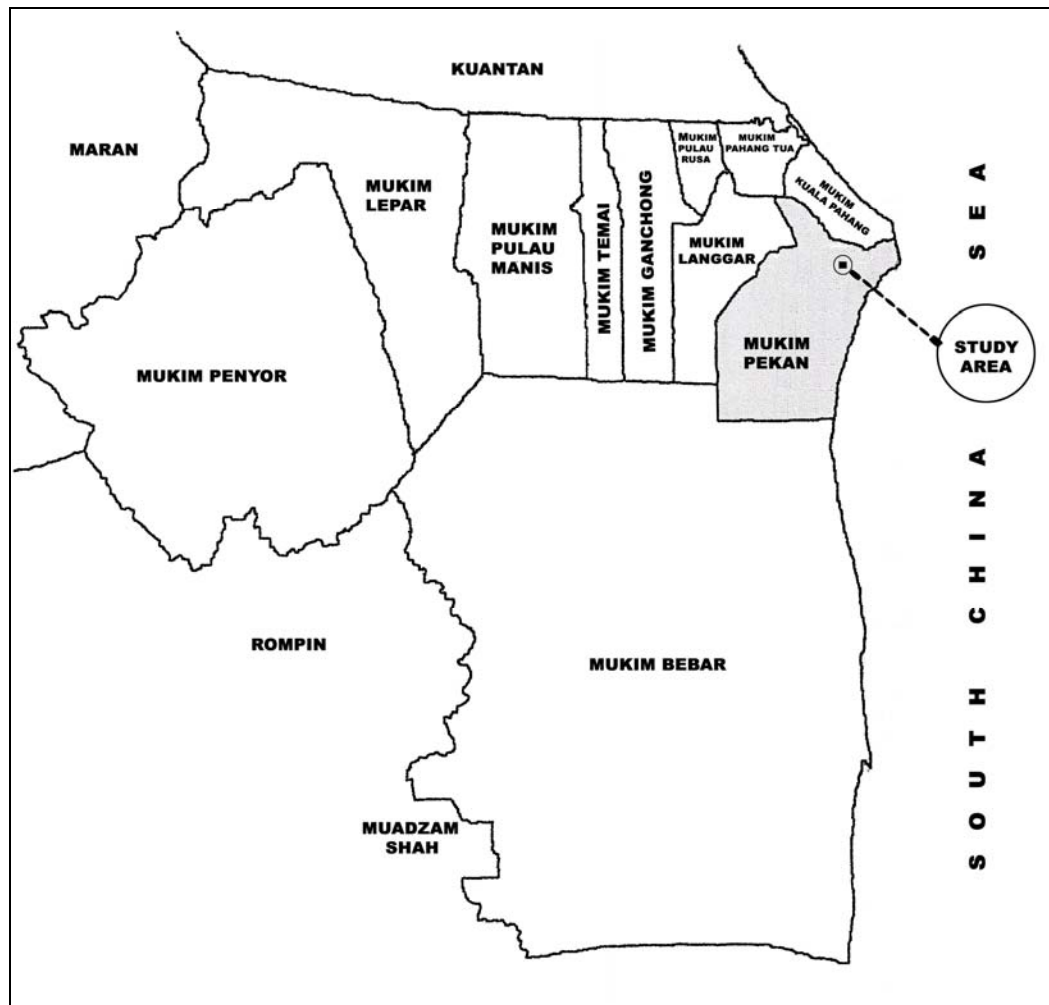
Table 1: Population and Area of Pahang by Districts, 2000

District	Population*	Area** (square km)	Population Density (per square km)
Bentong	101,533	1,831	55
Bera	81,991	2,214	38
Cameron Highlands	30,495	712	43
Jerantut	84,180	7,561	12
Kuantan	358,261	2,960	109
Lipis	77,844	5,198	16
Maran	116,636	1,917	58
Pekan	103,184	3,805	23
Raub	83,363	2,269	46
Rompin	108,095	5,247	26
Temerloh	142,794	2,251	64
Total	1,288,376	35,965	490

Sources: * Department of Statistics, Malaysia 2002

** Survey Department, Pahang 1998

MAP 2: MAP OF PEKAN DISRICT



Source: Rancangan Struktur, Majlis Daerah Pekan, 1996.

Legends:

- ⊙ - Pekan (Study Area)
- - Mukims Borderline

In terms of economic activities, there are three main economic sectors in the Pekan district. First, the agricultural sector, which plays an important role in economic development: second, construction and factories; and third, the business sector. In relation to this, the government is planning and focusing the development of the Pekan District to upgrade the life of the villagers and at the same time reduce the number of poor families, particularly by increasing their household income. Table 2 below shows the forecast of household income in the Pekan district from year 2000 to 2020.

Table 2: Forecast Household Income, Pekan District 2000-2020

Income (RM)	2000	2005	2010	2015	2020
	Percentage	Percentage	Percentage	Percentage	Percentage
< = 400	21.3	15.7	11.7	7.0	6.5
401 – 800	43.0	41.7	33.9	30.9	24.3
801 – 1200	18.7	17.8	25.7	26.5	27.0
1201– 1600	9.6	13.0	12.6	12.6	13.9
1601– 2000	3.0	4.3	7.4	8.7	11.3
2001 – 2400	2.6	4.8	3.5	7.0	7.0
2401 – 2800	0.5	0.9	3.0	2.6	2.6
2801 – 3200	0.5	0.5	0.5	2.6	2.6
3201 – 3600	0.4	0.5	0.4	0.4	2.2
3601 – 4000	0.4	0.4	0.4	0.4	0.9
> 4000	0.0	0.4	0.9	1.3	1.7
Total	100	100	100	100	100

Source: Laporan Pemeriksaan, Rancangan Struktur, Majlis Daerah Pekan. Pihak Berkuasa Perancang Tempatan Pekan, Januari 1996.

B. Kampung Pasir Panjang

Kampung Pasir Panjang is a Malay village which comprises 215 households with a total population of 852 people, i.e. 295 males and

557 females. Unlike other districts throughout the Peninsular, Kampung Pasir Panjang Malays speak Malay with the Pahang dialect. In terms of religion they are Sunni Muslim and subscribe to the Shafi'e's School of Thought.

Kampung Pasir Panjang is one of the 72 villages located in Mukim Pekan, Pekan, Pahang. It is a small community covering 3,840 sq. km and is situated approximately five kilometres away from Bandar Pekan. The *kampung* can be reached in between five to seven minutes by car, taxi and bus from Bandar Pekan.

The village is administered by the *Jawatankuasa Kemajuan dan Keselamatan Kampung* (JKKK) (literally, Village Security and Development Committee). The committee is headed by the *Ketua Kampung* (village headman) with different bureau namely, the bureau of health, bureau of women, bureau of *belia* (youth), bureau of education and religion, bureau of public access and bureau of security. The bureau are responsible for the economic, social and development of the village as a whole.

Kampung Pasir Panjang is a Malay fishing village: the majority (80%) of the villagers are fishermen, 10% are government servants, and 10% are in the private sector working as factory workers, labourers, and hotel workers. For fishing activities, some of them use their own