

Anthropological Study of Folk Medical Practices in the Multi-ethnic Settings of North Sumatra, Indonesia

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どの社会においても、人々の健康維持と病気治療のために、医療システムが複数存在する。本報告では、医療人類学の一つの課題である「複数医療システム」の研究を深化させるために、多民族地域における複数の「民俗医療システム」のあり方に焦点をあてる。インドネシアの北スマトラ地域は、19世紀末からオランダによって農園が開発された結果、各地からさまざまな民族の労働者が移住し、多民族社会が形成された。それぞれの民族は独自の民俗医療システムをもっているが、近代医療以外の複数の民俗医療システムとの接触や交流が生じてくる。筆者はフィールドワークを通じて、移民であるジャワ人と先住民族であるシマルングン人の治療者と患者の事例を収集し、民俗医療の利用と民族の交流のあり方を探った。

The Study of Medical Pluralism in North Sumatra

Anthropological investigation of health care practices have demonstrated that medical pluralism, or the existence and use of many different health care alternatives within societies, is the rule and not the exception the world over. This complex of medical pluralism includes markedly diverse folk medical resources that have been described for various societies.

In order to advance our understanding of medical pluralism and the utilization of a local or folk medical system, we must also analyze the local health care system in a wide range of cultural contexts. The medically pluralistic setting in North Sumatra, Indonesia, includes cosmopolitan medicine, some regional medical systems such as Indian, Chinese, Arab, and multiple-local medical systems such as Toba Batak, Javanese, Simalungun, Malay, Minangkabau, and so forth. In this pluralistic setting, for example, Javanese medical system is very likely to interact with other local health care cultures.

The Study of Interaction of Folk Medical Systems in the Multi-ethnic Settings

Indonesia is one of the multi-ethnic countries in Southeast Asia. However, folk medical practices have not been much investigated in this pluralistic settings apart from the work done by Chen(1975), Golomb(1985) and Kunstadter(1978). Most anthropological studies of folk healers and their patients in Southeast Asia, for example, those of Salan and Marezki(1983), Jordan(1985), Lieban(1981) and so on, did not pay attention to their ethnicity because healers and patients belonged to the same ethnic groups. Therefore, the study of a medically pluralistic setting like North Sumatra will offer a base for observing the interaction between and the choice of multiple local or folk medical systems in the pluralistic setting. I will treat two types of interaction: interaction between folk practitioners and interaction between folk practitioners and their clients.

The Interethnic Transactions between Folk Practitioners

Folk Practitioners in Southeast Asia usually provide both therapeutic and non-therapeutic services. Golomb(1985) spotlighted interethnic practices and clients relations within the folk medical systems of the pluralistic societies of Thailand and Malaysia. He stressed non-therapeutic services such as love magic in the interethnic transactions. He neglected interethnic transactions between folk practitioners. However, folk practitioners in North Sumatra play an important role in therapeutic transactions. Very serious ailments (chronic or non-chronic) have often been attributed to sorcery and spirit possession in this area. Therefore, I pay attention to the medical aspects of the interaction between folk practitioners and the interaction between the folk practitioners and their patients. Then, I can demonstrate the continuing viability of folk practitioners in health care not only in the rural area but also in the city area.

The Development of Plantation Agriculture and the Formation of Multi-ethnic North Sumatra.

The coastal area of North Sumatra, Indonesia, is one of the most economically prosperous in Indonesia because plantation agriculture was developed there by the Dutch in the early 1860's and has been maintained by the Indonesians after the Independence. The rapid expansion of the plantation industry transformed the ethnic composition of this region. Not only Westerners came as planters, but also many other ethnic groups such as Achenese, Angkola Batak, Mandailing Batak, Toba Batak, Chinese, Minangkabau and Javanese migrated to this region. They outnumbered indigenous population such as Malay, Simalungun and Karo Batak.

Migration and Adaptation of Folk Practitioners in Tebing Tinggi

I encountered many folk practitioners of various ethnic groups in Tebing Tinggi area, about 80 km southeast of Medan, provincial capital of North Sumatra. The most numerous among them are Javanese, especially in the rural area, reflecting the majority of the population in the area. I also met many Simalungun practitioners in the city as well as rural areas although they are minority in the region (Yoshida, 1992).

Folk practitioners in Tebing Tinggi are also migrants to this region and have maintained their survival by adapting to the multi-ethnic environment in various ways. They can speak Indonesian language in addition to their own dialect. Most of the patients of Sitorus, a Batak healer in Tebing Tinggi, are Toba Batak, but he speaks in Indonesian in public. Only when a group of patients becomes smaller, does he begin to talk in Batak. Banun Purba, a Simalungun healer, understands Karo language and uses it in his prayer because he had lived in the Karo land for a quite a long time. Like Sitorus and Purba, it is not unusual that folk practitioners are bilingual or multilingual because many of them have experienced migration.

Adaptive Efforts of Folk Practitioners in the New Setting

Most of the Javanese practitioners are migrants from Java. When they came to Sumatra, they could not speak Indonesian as well. Most of them, like other migrants, had to start learning Indonesian in their new setting. Sadmin, a Javanese healer from Central Java, still feel more comfortable speaking the Javanese language than Indonesian. Dirjo, also from Java, did not speak Indonesian when they came to Penggalian in 1962, but

now he speaks it very well.

It is important to note that some folk healers in multi-ethnic settings like Tebing Tinggi are changing by adopting new or different healing techniques from other ethnic cultures. For example, it is well known that Lubis, a Mandailing healer in Tebing Tinggi, has a special Chinese prescriptions for appendicitis. That prescription was originally presented to Lubis by a Chinese healer or *sinse* in Medan in appreciation because Lubis was successful in treating the mental disorder of the *sinse*'s daughter. Another Simalungun healer, Ridwan Damanik, learned a Chinese-style of healing especially for asthma through his apprenticeship when he suffered from it in his thirty's. Both practitioners are respected as specialists in the area.

Surviving Strategies and Increasing Ethnic Interaction

The vast majority of people are referred to healers as words of mouth. Coffee stalls along the streets in the villages and towns are one of the sources of information concerning healers and healing. It is not common for practitioners to advertise, but some practitioners in the city area make an effort to draw patients of various ethnicity in this way. Sitorus, a Batak healer, has an advertisement on the local radio program. Naim, a Minangkabau healer in town, prepares handouts describing the nature, diagnosis and treatment of childhood illnesses of Minangkabau called *sakit palasik* for his prospective patients.

Muslim Simalungun healers in the Tebing Tinggi area draw many patients from different ethnic groups. Most of them have obtained extensive healing knowledge and expertise from other ethnic groups – the Javanese, Banjarese, Karonese and Chinese – and are adapting to the demands of patients and clients of other ethnic groups. Ali Purba's curing is based on Islamic-style prayer and Simalungun herbal medicine. He learned the Simalungun healing art from his father when he was young. Ali further learned Islamic mysticism through books and also obtained extensive knowledge of Chinese, Arab and Javanese astrology. Therefore, the majority of his clients are Chinese in the city area because of his familiarity with Chinese astrological traditions.

Another Simalungun healer, Ismail Damanik, learned Javanese and Banjarese healing tradition while he worked for the estate in North Sumatra. Many of his patients are from different ethnicities who suffered from various kinds of skin diseases. Muslim Simalungun are indigenous but minority in the multi-ethnic setting of North Sumatra. In order to survive in such environment, they have to adapt themselves to cope with the majority of migrants in the area.

Interethnic Transaction between Javanese and Simalungun in Health Care

Interethnic transaction between folk healers and patients frequently occur in illness treatment and health care, especially when illness develops that cannot be handled either within one's own ethnic domain or in the biomedical domain. I will examine the pattern of therapeutic interaction of Javanese and Simalungun healers with their patients, mainly Javanese, in rural Tebing Tinggi.

Javanese healers in the estate and farming area usually treat the people in the same *pondok* or living quarters in the estate, which is geographically isolated and ethnically Javanese-dominant. Most Javanese healers in rural Tebing Tinggi are neighbor-oriented and have some disadvantage in developing social networks outside their routine activity in the estate. Their isolation in the Javanese dominant estates and villages, the limited range of their social network with other ethnic groups, and their monolingual language environment

may limit the ability of Javanese practitioners to draw a variety of patients of different ethnicities and geographical areas compared with practitioners in the city area and other ethnic groups like the Simalungun.

Javanese healers treated more acute self-limiting illnesses of infants and children such as *swan kengkeng*, childhood illness caused by evil spirits, whose symptom are fever, night weeping, loss of appetite, refusing breast milk and convulsions than any other illnesses. Patients of Javanese healers include more children than do those of Simalungun healers because the former treat patients in the vicinity.

Health problems that Javanese adults ask the help of their healers are cultural illnesses such as *sakit polong* or hysteria caused by evil spirits or sorcery, gynecological and fertility problems such as persistent miscarriage, difficult delivery, unusual pregnancy and so on. Javanese healers in the community are important health care resources for younger children with acute and self-limiting illnesses and for some adults afflicted with spirit-induced illnesses and with some gynecological problems (Yoshida, 1999).

When Javanese patients visit Simalungun healers, many of them have already been consulted by other healing resources. Adults have often resorted to modern health care resources or other folk health care resources. These Javanese, both children and adults, suffered from problematic chronic illnesses such as asthma, nasal polyps, hypertension, diabetes, cancer, rheumatism, eye diseases, back pain, skin diseases, and other cultural illnesses such as *sakit polong* and *sakit busung* or unusual stomach swelling due to sorcery. They felt that the previous treatments were unsuccessful or incomplete.

Simalungun healers in the rural area draw more geographically distant patients than the Javanese healers do. They have a great advantage in building extensive networks as original inhabitants in the area.

Simalungun healers are regarded to have more competence in treating spirit-induced illnesses among the Javanese and other ethnic groups in Tebing Tinggi. It is often said that many Simalungun are sorcerers. Javanese as migrants gradually accepted these ethnic stereotypes as they adapted to the area. Therefore, Javanese rural as well as city patients with chronic disorders, who have already been treated by medical doctors, tend to ask for the help of Simalungun healers. Some Simalungun, as already mentioned, are well known as specialists because they have developed different healing specialties and in terms of style of healing and specialization in order to meet the needs of certain groups of people in the region.

Interethnic transaction occurs in the treatment of local cultural illnesses and in cases of chronic symptoms when healer of other ethnic groups are believed to provide effective cure for these treatment. Simalungun healers in the region are an alternative folk healing resource when chronic or cultural illnesses of the Javanese have failed to be cured by other health care resources (Yoshida, 2008).

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