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THE PRACTICES OF TRADITIONAL HEALTHCARE AMONG MALAY WOMEN OF JAVANESE DESCENT IN MALAYSIA: *JAMU*, CULTURAL IDENTITY AND SENSE OF BELONGING

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Abstract

This article addresses the contention of cultural identity in a traditional healthcare practice among Malay women of Javanese descent in Malaysia. The Malaysian Javanese are constitutionally recognised as Malays. However, in some aspects of life, particularly traditional healthcare practices, this community still retains the ways and images of being Javanese while at the same time keeping the Malay image intact. Through ethnographic fieldwork in the district of Sabak Bernam, Selangor, this study reveals that the practice of *jamu* (herbal medicine) consumption among Malay women of Javanese descent as the everyday medication practice reinforces their Javanese identity and sense of belonging to their communities.

Keywords: Traditional healthcare, Malaysia, women, cultural identity, Javanese-Malay

Introduction

This article seeks to explore the cultural aspects of *jamu* as the representation of self and culture in Malaysian Javanese community. *Jamu* is the Indonesian and Malay term for lay-prepared herbal medicines that is popular widely across Southeast Asian countries, especially Indonesia, Malaysia, Singapore and Brunei (Beers 2002; Tuschinsky 1995). In Indonesia, *jamu* becomes a part of everyday culture. It is consumed by common people not only in Javanese villages but also on the outskirts of urban areas throughout the country. The popularity of *jamu* in Indonesia spreads beyond the Javanese communities by which ethnically diverse Indonesians regard it as their traditional medicines (Antons and Antons-Susanto 2009; Beers 2002). On the contrary, *jamu* in Malaysia and Singapore is only known and used by members of Malay society. The Malays acknowledge *jamu* as their traditional medicines in contrast to the Chinese and Indian herbal medicines (Zakaria and Mohd 2010; Tuschinsky 1995).

Jamu originates from Java and has become common herbal medicines across the Malay world. According to Beers (2002), the earliest references of *jamu* dated back in the eighteenth century, namely *Serat Centhini* (Book of *Centhini*) and *Serat Kawruh bab Jampi-jampi* (A Treatise on All Manner of Cures) that were available in the Surakarta Palace Library. The *jamu* consumed by Malay communities in Malaysia is believed to be adopted from Javanese healthcare system (Zakaria and Mohd 2010; Tuschinsky 1995). This traditional healthcare system refers to

... complex theories of anatomy, the origin and treatment of disease, a large number of herbal and mineral medicines and a system of social interaction directing potential patients towards specialists who treat only a small subset of the culturally recognized ailments (Woodward 2011:70).

Basically, Malay and Javanese traditional healthcare systems are derived from the same cultural source. Therefore, there are significant similarities between the Malay and the Javanese traditional healthcare practices in terms of causations and healing techniques. Both traditional societies believe that illnesses are caused by the imbalance in the natural system of the human body that can be cured only with the help of traditional healers who employ some healing procedures such as exorcism, ritualistic spells, methods of manipulation and the use of herbs or *jamu* (see Woodward 2011; Chen 1981; Geertz 1976). However, both societies follow their own local philosophy, cultural beliefs and religious convictions in terms of the application.

The traditional healthcare system has its roots in culture which appears to be pervasive, fluid and dynamically moves from one location to another due to human transnational movements. In order to maintain their cultural identity in a new place, transnational communities are likely to go through processes of “culturalism” in which they have to deal with new cultures while retaining their cultural practices and belongings (Appadurai 1996). Apparently, the Javanese who migrated to the Malay Peninsula experienced this process by learning local customs (Tamrin 1984; Tamrin and Bohari 1980), but at the same time, they retained some cultural traditions including traditional healthcare practices (Mohamed 2001; Miyazaki 2000). In this matter, we seek to explore to which extent the practices of traditional healing represents Javanese communities in Malaysia. Specifically, we focus on the use of *jamu* by the Malay women of the Javanese descent in a rural community.

From ethnographic fieldwork in a rural Javanese community of Sabak Bernam, which is located in the Northwest Selangor, this article reveals that *jamu* remains to be a cultural identification of Javanese identity in the country. The traditional medicine that becomes a part of their everyday culture connects them to the Javanese imagined communities in Indonesia.

Malaysian Javanese identity

The Malaysian Javanese in this article refers to the Malays of Javanese descent who were born in Malaysia and had been granted Malaysian citizenship. They are the offspring of the Javanese migrants who migrated from Java Island prior to the independence of

Malaysia in 1957. The other common terms used to refer to this community include “Javanese Malay” (Miyazaki 2000) and “*Orang Jawa*” or Javanese (Mohamed 2001; Tamrin 1984). The second term often refers to the Javanese migrants in their early settlement in the Malay Peninsula, but is not restricted to their descendants in the present days. However, the term does not apply to the recent Javanese migrants because they are more generally known as Indonesian migrants.

The Malaysian Javanese are among the ethnic groups of Indonesian origin that constitute a part of the current Malay population, and are often referred as a “branch” of the Malay race (Milner 2002). Although Malay and Javanese are two distinct ethnic groups in Indonesia, the Malaysian constitution views both communities as an entity under one racial category. As Malaysia defines race and ethnicity according to the similarities in “customs and religion” (Milner 2002:68), the Javanese who appear to be culturally and religiously proximate to the Malays are inclusive of the Malay society. This conception of race makes “Malayness” as an “inclusive culture” because Islam as the key marker of the Malay identity enables similar Indonesian ethnic groups to be anointed as one race (Reid 2004).

According to the Malaysian constitution, the Malays are Malaysian citizens who habitually speak Malay language, practice Islam as a religion, and follow Malay *adat* (see Kahn 2006; Vickers 2004; Nagata 1974). The *adat* here refers to the orthodox customs or customary laws that originate from pre-Islamic culture and regulate “bilateralism in gender relations, openness about sexuality and sensuality, belief in magical healing and mysticism” (Khoo 2006:5). It was basically derived from the Hindu-Buddhist cultural norms and values which prevailed in the old Malay world and were disseminated by the Javanese under the reign of the kingdom of *Majapahit* (Maier 1999). The mutual interactions between the Javanese and the Malay in the past finally generated hybrid cultural customs in which the Malay *adat* itself is dubbed as “a mixture of Malay and Javanese styles” (Vickers 2004:41).

The construction of Malaysian Javanese identity cannot be separated from the conception of Malay identity and vice versa. As Vickers (2004:26) argues, the constitution of Malay identity is not solely invented by the Europeans but rather includes “a local construction onto which colonial forms of hegemony were imposed,” in which the Javanese presence plays a significant role. Ras (1992) reported that there were intense interactions and cultural exchanges between the Javanese and the Malays around the twelfth and thirteenth centuries. During the Malacca Sultanate (1403-1511), the Javanese traders were involved in trading business in the area where they frequently interacted with the local Malays (Reid 2004; Maier 1999; Thomaz 1993). When Malaya was under the British colonials, the Javanese and the other ethnic groups from the Indonesian Archipelago appeared as “Malayan” in contrast to native “Malays” in the colonial census (Kahn 2006; PuruShotam 1998). Later in the post-colonial era, the Indonesian migrants that had been granted Malaysian citizenship were recognised as Malay through the process of localization which involved social and cultural interactions (Tan 2000). The Javanese too experienced this process but there was no clear explanation as to how the cultural amalgamation took place between both communities (Miyazaki 2000). In any case, the process of defining and redefining Malay and Javanese identity continue to overlap, especially in the matter of representation.

Identities are constructed within representation and always in production (Hall 2000). Members of society may hold a number of identifications in terms of ethnicity, culture, gender, economic class, age, and country which represent them. Hall (2000:4) notes:

Identities are about questions of using the resources of history, language, and culture in the process of becoming rather than being: not “who we are” or “where we came from”, so much as what we might become, how we have represented and how that bears on how we might represent ourselves.

As identities concern the utilisation of resources that are available in history, language and culture, every element within these human aspects can be identified as the representation of self. Traditional healthcare practices which exist in the centre of culture and are used by members of a society to cater their health needs can act as a representation of certain features of that particular society. For example, Miyazaki (2000) notes that Javanese traditional healers in Malaysia consider themselves as more powerful and fearless compared to their Malay counterparts due to their mystical divination skills. However, they regard themselves as less competent compared to *dukun* (the Javanese term for traditional healers) in Java because they have become “Malay and pious Muslims” (Miyazaki 2000:88). It indicates that these particular community members are aware of their cultural identity by which traditional healing skills are used as the indicators for generating the sense of “imagined community.”

We believe that traditional healthcare system can serve as a cultural symbol for an individual to imagine their fellow community members. The Javanese-Malay experience the sense of belonging to the “imagined communities” of Javanese in Indonesia because they share the same knowledge of traditional healing with their comrades across the sea (Miyazaki, 2000). The notion of “imagined communities” (Anderson 2006) refers to the construction of a nation as an imagined political community by which the citizens hold the images of their fellow countrymen through a set of mediums. Mediums such as language, physical appearance and shared culture may differentiate a nation from another because “communities are to be distinguished, not by their falsity/genuineness, but by the style in which they are imagined” (Anderson 2006:6).

Essentially, the notion of “imagined communities” (Anderson 2006, 1991) is meant to represent the comradeship of diverse peoples as one nation under collective images of national identity which is disseminated by textual and contextual symbols including media content. However, the definition of imagined communities can extend beyond geopolitical boundaries in which it also refers to societies that are united by the sense of belonging to “kinship” and “religion” (Anderson 1991:5). For example, Anderson (1991:6) sees Javanese as an imagined community that is connected by affinities with “kinship and clientships” regardless of their nationalities. In that sense, the healing practices maintained by the Javanese descendants in Malaysia can serve as an imagined subject for them to identify their fellow compatriots in the country and other parts of the globe.

Every individual belongs to at least one place, society, culture and nation. In modern days, people's sense of belonging becomes more reflexive depending on how they present self-identity (Giddens 1991). As identity construction takes place in both "authority-defined" realities that are shaped by hegemonic power, and "everyday-defined" realities that involve social and cultural interactions (Shamsul 1996:477), people are likely to be caught in between two or more cultures. However, they have capabilities to identify and verify all the aspects that constitute their self and collective identity. Unfortunately, many minority groups may be trapped in the representations of dominant culture (Pritchard 2009). After all, the notions of "culture" and "cultural" are often generalized "to maintain specific conceptions of how people belong and what belongs to people" which somehow ignore the unique characteristics of these people (Pritchard 2009:121).

Likely, the Javanese in Malaysia who belong to the dominant Malay society are framed in identity politics which require them to observe the cultural values and norms of being Malay, and at the same time maintain their cultural origin in order to distinguish themselves from the others. Drawing upon the concept of belonging, we argue that the Malaysian Javanese still retain a sense of belonging to their cultural origin. They seem to be undoubtedly compliant with the Malay hegemony, but they are still connected to their ancestors through certain cultural belonging, such as cultural traditions and traditional healthcare practices (Mohamed 2001; Miyazaki 2000). In the case of traditional healthcare practices, the social constitution of *jamu* can reflect and reinforce their Javanese culture and identity.

***Jamu*: Traditional healthcare practice and cultural identity**

Many studies have discussed *jamu* from medical aspects concerning its ingredients, principal uses, and scientific development (Adnan and Othman 2012; Jamal *et al.* 2011; Zakaria and Mohd 2010). However, the discussion of cultural and social aspects of *jamu* is still underrepresented. Although some scholars have addressed its social and cultural implications, the discussions mostly focus on the co-presence of *jamu* as an alternative to modern medicines (Tuschinsky 1995), its cultural constitutions (Beers 2002; Riswan and Sangat-Roemantyo 2002) and its position in Javanese traditional healthcare system (Woodward 2011; Sudardi 2002). Drawing upon the concept of cultural identity, we seek to explore the use of *jamu* as a cultural attribute for a community to build a sense of belonging.

Jamu is part of the old pagan culture but it has been adapted to follow Islamic norms and values in today's Malay world. In Malaysia, Javanese-Malay *bomoh* (traditional healers) no longer use Javanese spells but instead chant Koranic verses while preparing the herbal medicines (Miyazaki 2000). Similarly, modern *jamu* producers in Singapore consider the Islamic principles and western pharmaceutical standards in both manufacturing and marketing practices (Tuschinsky 1995).

Jamu is a part of Javanese everyday culture. It is common to find a woman pedlar with her *jamu gendong* (a basket of bottles filled with *jamu* and carried on the back)

in villages and on the outskirts of Javanese cities. In fact, *jamu* has become a source of income and represents a cultural image for Javanese women, (Torri 2012; Riswan and Sangat-Roemantyo 2002; Zuriana *et al.* 1990). Nowadays, *jamu* is produced in a mass scale using modern technology but it preserves Javanese identity on its packaging, logo and even the brand name (Natadjaja *et al.* 2013). For example, some popular *jamu* producers such as *Air Mancur*, *Sido Muncul*, *Jamu Jago*, *Nyonya Mener* and *Jamu Iboe* use the portrait of a Javanese woman wearing traditional *kebaya* (low-cut lacy blouse) and Javanese-styled hair bun in the logo or packaging (Natadjaja *et al.* 2013:10). Despite using western standards, many modern *jamu* producers retain the cultural attributes of the traditional medicine in accordance with Javanese principal courts (Antons and Antons-Susanto 2009). It indicates that *jamu* indeed serves as a cultural symbol for Javanese to imagine their fellow community members. Through the consumption of *jamu*, the Javanese around the world may evoke a sense of belonging to the “imagined communities” of Java in particular and Indonesia in general.

Apparently, *jamu* is commonly popular among Malays of Javanese descent communities in Malaysia. For example, Malay women in the state of Johor where Javanese descendants are mostly found, would consume a set of traditional herbs called *jamu rempah ratus* for postnatal care (Zakaria and Mohd 2010). In fact, there exists a community of Javanese-Malay women who cultivate medicinal plants for *jamu* in the district of Muar (Jamal *et al.* 2011). Javanese communities in the state of Selangor also consume *jamu* as their alternative medicines (Mohamed 2005). Mohamed (2001:266) identifies that Javanese mothers in the state usually brew a particular kind of *jamu* to heal mild pains such as fever or nausea in children. In her study about the consumption of traditional medicines among Javanese communities in Selangor, Mohamed (2001) points out that the Javanese traditional remedy is identical with the local ones but only differs in terms of the application as it sometimes uses Javanese mystical elements such as spells.

It is noticed that *jamu* as part of Javanese healthcare practices and culture serves as an indicator for negotiation of identity among communities of Javanese descendants. The adaptation of *jamu* to fitting the Islamic Malay milieu in Malaysia and Singapore (Miyazaki 2000; Tuschinsky 1995) represents a means for integration of Javanese communities into the Malay society. It shows that the element of traditional healthcare system can provide a platform for negotiation of identity formation.

Ethnographic experience in Sabak Bernam

The data presented here is a portion of findings from preliminary fieldwork conducted in Kampung Parit Tujuh, a rural community of Javanese descendants in the district of Sabak Bernam, northwest Selangor, Malaysia. The preliminary fieldwork that took place between April and September 2013 employed one-to-one in-depth interviews and participant observation, involving seven women aged from 43 to 71. The selected informants belong to the first and second generations of Javanese descendants whose father or mother was a migrant from Java. They were born in the country as legal citizens and have experienced the Malaysian way of living throughout their lives.

About Kampung Parit Tujuh, an interview with *Pak Sidang* (village headman) revealed that the *kampung* (village) was established by a group of fourteen Javanese migrants back in 1935. They initially cleared a forest area for agriculture and later built houses and worked in the paddy fields. During the establishment of the *kampung*, the migrants adopted *perparitan* (drainage system) which allowed water to flow back and forth between the paddy fields and the Malacca Straits which is adjacent to the village in the west. Today, the *kampung* has a population of 1,440 which disperse in some 288 households. The Javanese descendants make up almost 90 percent of the population while the other 10 percent consists of the Malays of *Banjarese* descent and native Malays who married the local people. According to *Pak Sidang*, the Javanese communities congregate along the coastline of the Malacca Straits while the *Banjarese* and the local Malays reside near the paddy fields. It makes sense since the Javanese, especially women, prefer gardening to farming.

The women in this study are fulltime homemakers whose daily activities revolve around domestic sphere. Despite being unemployed, they earn a living from their garden where they plant coconuts and oil palms. They also cultivate various kinds of herbs and spices such as turmeric, sweet flag, black pepper, lemongrass, ginger, garlic, limes, and many more. From the oil palm, these women make around 400 Malaysian Ringgit (USD90) per tonne of the palm fruits. Though they tend the trees by themselves, they hire Indonesian migrant workers when it comes to harvest time. They harvest the fruits every twenty days and collect about one to two tonnes and they have to share fifty percent of the earnings with the workers. The earnings from the garden are in fact a small portion of their family income but they actually depend on other financial sources. Half of these women own a paddy lot but they lease it to peasant farmers and receive three thousand Malaysian Ringgit (USD688) of rent fees, twice in a year, for an area of three hectares.

Sabak Bernam district is popular for its rice plantations that become the main source of income of the population. Apart from that, the district also serves as the home for communities of Javanese descendants who still preserve some semblance of Javanese culture. Majority of the communities can speak Javanese and retain a number of cultural practices and traditions including *rewang* (the practice of mutual assistance), *kuda kepang* (a welcoming dance), *barakan* (visiting neighbours during Eid festival) *leklekan* (late night gathering) and *jamu* (traditional herbal medicines). These cultural elements serve as cultural identifications for Javanese communities in Selangor particularly and Malaysia generally as they distinguish the communities from other sub-ethnic groups in Malay society. To investigate the validity of this claim, this particular study presents the cultural contestation of *jamu* as an indicator of Javanese identity and a shared symbol for reinforcement of Javanese imagined communities.

***Jamu* and sense of belonging**

The key point of the discussion in this article is how *jamu* represents the cultural identity of Malay women of Javanese descent in Malaysia. Basically, the traditional herbal medicine that constitutes a part of everyday culture in the ethnically diverse Malay

world is often associated with Indonesia (Miyazaki 2000; Tuschinsky 1995). In fact, the Malay women in this particular study generate symbolic images of Indonesia from the consumption of *jamu* as a practice of traditional healthcare. In this way, *jamu* serves as a cultural symbol for the members of the Javanese community in Sabak Bernam to construct the “imagined communities” of Indonesia.

The participants of this study believe that *jamu* becomes a part of Javanese culture which they inherit from their Javanese migrant parents and grandparents. As their ancestors migrated from Java that is part of present Indonesia, they maintained that the traditional healthcare element originates from the country. This perception is based on their experiences of using *jamu* and its related herbal ingredients. For example, a participant recalled her first-hand encounter with Indonesian signature of *jamu* pedlars when she visited her father’s homeland in Pacitan, a small district in East Java.

In Indonesia, we could find women selling *jamu gendong* from door to door. We cannot find it here. Over there, *jamu* is easy to find. The ingredients are abundant. Here (in Malaysia), there are some stores that sell *jamu* but it is not the same as the ones in Indonesia (Halimah, interview, April 18, 2013).

From the experience, this particular participant acknowledges that *jamu* represents Indonesian everyday life. Comparing the habit of *jamu* consumption between two countries, she added,

Over there, young kids also drink *jamu*. Kids here do not. I do not know what kind of *jamu* it was but they said it is *jamu* for kids which is good for their health (Halimah, interview, April 18, 2013).

It is interesting that the diaspora women in this study imagine Indonesian culture and people by observing the healthcare practice and products. In fact, the popularity of Indonesian made *jamu* in Malaysia leads them to linking it to its culture of origin. They are aware that *jamu* originates from their ancestors’ homeland and perceive that the best quality of medicinal plants used for *jamu* usually come from Indonesia. For example, a participant admitted:

The *jamu* I bought from that *mbah* (an elderly Javanese woman) tasted good. She bought the ingredients from Indonesia. She said that some of the ingredients could not be found in the forest here (Zaiyah, interview, April 29, 2013).

This participant has never travelled to Indonesia but she can imagine Indonesia from television and *jamu*. From her experience of satisfaction with the quality of Indonesian herbs, she perceives that the traditional healthcare element roots back to Indonesian culture. She acknowledges that *jamu* belongs to the Javanese traditional healthcare system. Furthermore, she feels proud of being a member of Javanese community for its distinctive traditional healthcare practices.

It is understood that the participants of the study inherit the practice of *jamu* consumption from their Javanese mothers. They confirm that the practice of *jamu* consumption is passed down to them from their elders. Furthermore, they perceive that Javanese women should have the ability to prepare the herbal medicines. They also recognise Javanese *jamu* sellers whom they get the herbal remedy from. Remembering her experience with her Javanese mother, a participant said:

Drinking *jamu* after giving birth is a must. That was my mother told me. If not, our body will suffer from joint pain, tendon pain and so on. ... But I cannot make *jamu* on my own. I usually buy it in Tanjong Karang (a neighbouring village). She (the seller) is a Javanese old woman (Mariam, interview, April 17, 2013).

Similarly, another participant expressed:

I used to drink *jamu* after I give birth to my children. I made the *jamu* myself. I learnt about it from the people in the *kampung* where I grew up. They were Javanese too (Sumirah, interview, April 17, 2013).

Both participants realise that drinking *jamu* is a common custom in Javanese communities. It is understood that they only recognise Javanese *jamu* makers in spite of the fact that *jamu* has become popular beyond the Javanese heartland. Such gesture indicates that they preserve a sense of belonging to their Javanese community.

***Jamu* and cultural identity**

Living with two cultural identities, the Malaysian Javanese have to deal with identity switching in their daily cultural and social interactions. For example, they admitted that they are Malay and Javanese at the same time. They regard themselves as *Wong Jowo* (Javanese) to separate them from other sub-ethnic groups in Malay society such as *orang Banjar* (Banjarese), *orang Kelanten* (the Malays from Kelantan state) and *Melayu Kedah* (the Malays from Kedah state). In regard to their racial category, they identify themselves as *Melayu* or Malays to differentiate their community from the Chinese, Indians and *Orang Asli* (indigenous groups).

In general, Malaysian Javanese are akin to Malays especially in terms of religious practices and cultural characteristics. As the members of Javanese communities in Malaysia constitute Malay society which is by law associated with Islamic faith, they have to abide with being Muslims. In contrast, Javanese in Indonesia belong to various religious faiths including Christianity, Hinduism, and Buddhism. It is apparent from the observation in Sabak Bernam that Malaysian Javanese strongly believe in Islam and practice the religion that has been adapted to Malay ways of living. For example, the women in this study modestly cover their body and hair with *Baju Kurung* (Malay traditional two-piece apparel) and *tudung* (head scarf), and routinely attend a Koranic congregation in the community *surau* (praying hall) every Friday. They also follow

Malay *adat* (traditional customs) by exercising *budi bahasa* (Malay concept of courtesy). On a daily basis, they favourably speak Javanese within their own community and only use *Bahasa Melayu* (Malay language) when conversing with younger generation and Malaysians of other ethnicities.

Despite their compliance with Malay cultural milieu, the Sabak Bernam women retain Javanese image in an aspect of traditional life. Particularly, in practicing traditional healthcare, they still view *jamu* as representative of their Javanese identity. They use the practice of *jamu* consumption as a way to differentiate themselves from other Malays. For example, a participant described:

My sister-in-laws from Kelantan and Perak did not consume *jamu* during confinement period. They prefer (modern) postnatal pills. However, my sister-in-law from Johor follows my mother's advice (to drink *jamu*) because she is a Javanese (Farhanah, interview, May 14, 2013).

This participant perceives that only women of Javanese descent consume *jamu* during confinement period. As a Javanese descendant, she follows her mother's advice pertaining to *pantang* (taboos/restrictions) during confinement period. She believes that a woman's body is susceptible to *angin* (wind or bloatedness) which requires women to consume "hot" dietary supplements. Hence, she conceives of drinking *jamu* as a way to warm up a woman's postnatal body and to drive away the wind. This cultural belief is also popular among the Malays (Jamal *et al.* 2011, Tuschinsky 1995) but the Javanese female descendants persist with the assumption that only Javanese women consumed *jamu* during treatment process. Like this participant said:

The native (Malaysian) *Banjarese* do not really care about (the importance of) *jamu*. Like my neighbour next door, she only knows *jamu* because her mother-in-law is a Javanese. Somehow, whoever marries a man from this village, she ultimately turns to be Javanese (Riyana, interview, May 26, 2013).

Riyana who used to dwell in a *Banjarese* community can identify the differences between that particular community and hers. During her ten years living with a *Banjarese* community in Kuala Lumpur, she has never seen any *Banjarese* women consume *jamu* after giving birth. From this experience, she perceives that *jamu* serves as one of cultural identifications of Javanese community.

Despite the claim, most of the Malay women of Javanese descent in this study do not have knowledge about the kinds of *jamu* ingredients. They understand the philosophy, cultural beliefs and affiliations behind the practices and the use of *jamu*, but they are ignorant about the scientific aspects of *jamu*. For example, a participant expressed,

I remember the unique taste of *jamu* that was prepared by my grandfather. Unfortunately, he did not teach us how to prepare it and what it was made of. So, I choose to buy it from the *jamu* vendors. Besides, there are many *jamu* makers in this *kampung*. (It is) not a problem at all (Tasnim, 61, interview, June 20, 2013).

This particular participant has knowledge about medicinal plants in spite of having no idea about *jamu* ingredients. During the fieldwork, we encountered her munching guava leaves that she picked from her back yard. When we asked the purpose, she answered that the leaves could heal stomach ache. She particularly believed that the leaves could cure digestive complaints more effectively than any modern medication.

In another occasion, we joined her while making a *penangkal* (talisman) from a medicinal plant in a form of bracelet for her eight-month grandchild. The *penangkal* is made from the dried stem of *jerangau* (*Acoruscalamus L.*) plant. She believes that the plant can drive away evil spirit from the human body, especially newborns. Recalling her past memory, she explained:

Back in the 50s, my grandfather told me that *jerangau* was effective in preventing *sawan* (convulsions). The old (Javanese) folks call it *dringo* but the Malays refer to it as *jerangau*. In the past, only Javanese made *dringo* bracelet for their babies. Today, the Malays also do the same (Tasnim, informal conversation, June 20, 2013).

From the participants' experiences, it can be said that *jamu* represents the cultural identity of Javanese community. They particularly regard the healthcare element as an indicator for distinguishing their community from other sub-ethnic groups within Malay society. They believe that the entire Javanese people share the same knowledge and practice about Javanese cultural elements including *jamu*. However, it should be noted that these particular women speak from their own perspective derived from their social and cultural experiences living as a dominant group within a multi-cultural Malay society where *Banjarese* and native Malays have to adopt their cultural practices.

In practice, Javanese communities in Malaysia have observed Malay customs and Islamic tenets but they still retain their Javanese identity practices. Previous studies have indicated that the Malaysian Javanese indeed preserve traditional healthcare practices including the consumption of *jamu* as a means to maintain a connection to their Javanese cultural roots (Mohamed 2001; Miyazaki 2000). The present study shows that *jamu*, as an element of the Javanese healthcare practices, turns out to be an instrumental site of identity negotiation for these diaspora women. In this way, the existence of *jamu* in the Malaysian Javanese community provides a platform for the community members to reflexively identify the culture they belong to.

Conclusion

The Malaysian Javanese live their everyday life with two cultural identities: Malay and Javanese (Miyazaki 2000; Mohamed 2001). At a glance, they look very similar to the Malays due to their religious and racial affiliations (Milner 2002; Reid 2004; Tan 2000). However, as they continually preserve the Javanese customs and traditions, they have to deal with the complexity of multiple identities construction. By taking *jamu* as the zone of cultural contention, this article reveals that the Malaysian Javanese women position themselves in two modes of negotiation of cultural identity. In terms of civil

engagement, they belong to Malay society while traditionally they retain linkages with Indonesia through Javanese cultural belonging. The participants of this study perceive the practice of *jamu* consumption during confinement period as a cultural identification of Javanese community which distinguishes them from the “other” Malays. In fact, the cultural aspects of *jamu* including its practices, knowledge and cultural beliefs provide them a space to imagine their sense of belonging. As a result, *jamu* as a component of traditional Javanese healthcare practices substantially strengthens the Javanese cultural identity among the Javanese female descendants in Sabak Bernam. It is argued that the Javanese traditional medicine and healing practices carry the images of Java which serve as cultural imagery to negotiate Javanese identity within the Malay society.

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