Summary

The purpose of this study is documenting the practices of traditional Javanese reproductive health care among the Javanese-Surinamese in the Netherlands. What makes women follow these traditions even after two successive immigrations? To what extent Javanese traditional rituals are still actively practised by Javanese Surinamese?

To gain the data, I interviewed 11 female informants which age ranging from 27 to 70. Six of them are younger than 45 and have been chosen because they are still in their reproductive active period.

The study observes that the Javanese-Surinamese community in The Netherlands is divided into two groups: modernist-puritans outlook Muslims (Islam madep wetan) and traditionalist outlook Muslims (Islam madep kulon). These two groups bring with them a latent conflict over the relationship between culture/tradition and religion. This conflict has existed for as long as the two groups have been in the Netherlands. The first group (Islam madep wetan) regards tradition as outside of religion: the second group (Islam madep kulon) regards tradition (in particular Javanese tradition) as a part of religion.

Nevertheless, in reproductive health care context, the two groups have been able to find common ground. They practice a kind of pluralistic approach that combines a biomedical approach with a Javanese one. The only difference is the method of employing traditional rituals. In order to protect religious purity, the Islam madep wetan employs traditional Javanese health care, but without the use of ritual communal meals (selamaten), which are regarded as contrary to Islamic doctrine. Islamic traditionalists, by contrast, consider ritual communal meals very important in order to achieve and maintain good health. Thus, regardless of their religious groups, both practices urut and pijit (two types of message), some drink jamu (herbal medicine) and some don’t. Some practice Javanese ritual for reproductive health care such as mitoni (ritual for 7 month of pregnancy) and selapanan (ritual 35 days after birth). Some also go to the dukun for mbenaka (putting the unborn baby in the right position before giving birth).

The study uncovered several paradoxes. For instance the Islam madep wetan group reject every Javanese rituals on the grounds that they contradict the purity of Islamic teaching, on the other hand, the younger generation is encouraged to sustain Javanese tradition as part of their cultural identity, including the practice of the Javanese tradition of reproductive health care. While those of the Islam madep kulon group strongly believe in the Javanese health tradition, they also fully accept the tradition of biomedicine in their daily life.
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Lies Marcoes-Natsir
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Chapter 1
Introduction and research objectives

1.1 Introduction

According to Javanese philosophy, the Javanese term *metu* (meaning to be born), *mantu* (to marry), *mati* (to die) refer to three steps of life which are interconnected. Familiar though they are to me, I was surprised when, in the Netherlands, I suddenly heard them expressed by a traditional Javanese-Surinamese healer, or *dukun* who lives in The Hague. She subsequently became one of my informants. The English equivalent of those terminologies, however, I found in a study by Pembanton (1994), in which the author, quite aptly, uses the words: hatched, matched, and dispatched (Pembanton, 1994: 216). These three terms are the key elements in this research, in particular as used and seen by the Javanese from Suriname in the Netherlands.

It appears that Javanese-Surinamese women who presently live in The Netherlands still follow some original Javanese health traditions with respect to birth and reproductive health. What makes these women follow these traditions, which are still upheld even after two successive periods of immigration? To what extent do they understand the Javanese traditional practices? Do they feel the benefit from it, or do they consider it as an unavoidable cultural burden that should be carried out by women? How do these traditional practices match biomedical practice? In case of conflict between the two paradigms, which approach do they favour? Why and how do they justify their choice?
Initially I wondered about the inherent tension between a biomedical approach, as practiced generally in the Netherlands, and a traditional Javanese approach, as I assumed would be practiced among the Javanese-Surinamese community. As will be indicated in Chapter 4 (discussion and conclusion), one can clearly see a pluralistic approach, in which individuals are motivated to combine the best from the approaches.

This present study focuses on the practices of traditional Javanese reproductive health rituals, and the factors which influence them to do so. This topic is of particular interest to me because I have been working in support of women's reproductive health for several years in Indonesia; therefore, a study in this field would be relevant for my current activities. Furthermore, the study gives me an opportunity to analyse the motivations of women who practise such pluralistic approaches in their reproductive health care and how the different practises are combined.

This study is relevant first, because it allows for the documenting of the oral traditions concerning health-seeking behaviour among Javanese-Surinamese women in the Netherlands. Second, it relates to scientific interest, because systematic recording on this topic has not been done before. This study does not only record the strategies in coping with conflicting approaches in health care, i.e. between modern and traditional approaches, but also on different schools of thought within the Javanese-Surinamese community: such as Islam madep wetan (modernist & puritan group) and Islam madep kulon (traditionalist group) and the corresponding impact of these choices.

1.2 Objectives and Research Questions

The study explores to what extent traditional Javanese practices related to reproductive health care are still adhered to by Javanese Surinamese women in the Netherlands, side by side with biomedical care. This general objective was divided into several specific research objectives:
1. To define to what extent Javanese traditional rituals are still actively practised by Javanese Surinamese in the Netherlands and to ascertain how important these practices are in their lives.

2. To identify if there are contradictions in pregnancy and delivery care between the (traditional) Javanese approach and the biomedical approaches. If so, how and why do Javanese Surinamese women decide in favour of either the one or the other approach?

3. To identify the main contributing factors to the survival of these traditional Javanese practices after a two-fold immigration.

4. To identify the relationship, if any, between the women's specific Islamic background (Islam madep kulon or Islam madep wetan) and their perceptions and practices related to pregnancy and delivery care.

5. To understand the Javanese-Surinamese women's views on Javanese traditions in general and in relation to the ideas about reproductive health in particular.

This thesis is divided into five chapters. In chapter one, I will introduce this study and its objectives. In chapter two, I will explore the context of Javanese-Surinamese in the Netherlands and discuss some crucial Javanese ethnomedical concepts. In chapter three, the methodology and fieldwork experiences are discussed. In chapter four, the findings will be presented, followed by discussions and conclusions in the last chapter.
Chapter 2
Javanese Surinamese in the Netherlands

2.1 Javanese-Surinamese: A historical background

The Javanese-Surinamese in the Netherlands are the second and the third successive generations of Javanese immigrants to Suriname. The first generations were brought to Suriname under Dutch colonial rule as contract workers on sugar plantations. They were the last ethnic group of immigrants brought to Suriname after the Creole who were brought by British colonies as slaves in the sixteen century, and Chinese and Hindustan as plantation workers in the seventeenth century. When Indonesia declared its independence in 1945, the Javanese in Suriname were given the opportunity to choose Dutch or Indonesian citizenship. Some of them returned to Indonesia and others stayed in Suriname and some of them migrated to the Netherlands.

To understand the context of a Javanese-Surinamese family in the Netherlands, I will discuss the historical background of how Javanese-Surinamese migrated to Suriname.

Javanese migration to Suriname

Geographically, Suriname is part of the Guiana landscape in the northeastern region of South America. In 1650, Great Britain claimed Suriname as their colony and brought in a large number of British and French colonizers as well as African slaves, and soon Suriname was transformed into a prospering plantation economy. In 1665, a war broke out between England at the end of which the Netherlands laid claim to the territory; on May 1, 1668 Dutch began their colonial rule in Suriname.
Throughout the eighteenth and nineteenth centuries Suriname remained a plantation colony, but in the middle of the nineteenth century plantation agriculture began to decrease. The main cause for this decline was the abolition of slavery in 1863, which caused a shortage of cheap and available labour. (De Waal-Malefijt 1963: 14-15)

In order to fill the gap of plantation workers, the Dutch colony recruited labourers from Java who were employed as contract labourers and workers at the Dutch plantations in Suriname. On August 9, 1890 the Netherlands trading company W.I.C. shipped the first group of 94 Javanese to the sugar plantation at Marienburg, while in 1894 some 584 Javanese arrived. During the whole period from 1890-1939 a total of 32,956 Javanese immigrants arrived in Suriname, and of these 60% were men with an agricultural background. Most of them came from the interior of Central Java, West Java and from Sumatra. During the same period 8,120 Javanese returned home, the others remained in Suriname. (De Waal-Malefijt, 1963: 19-23; Suparlan, 1995; Hoefte, 1987).

Historical records show that these immigrants exhibited poor mobility and slow assimilation into Suriname life, both of which were a direct result of colonial policies. For in order to control the immigrants, the colonial authorities developed separate compounds for the different groups of immigrants such as Chinese and Hindustan which had been brought to Suriname by English colonial administration. The Javanese were described as being very traditional in their outlook, and showed little initiative for adaptation and integration. They seemed to be content even with a low standard of living and had difficulty with the Dutch language (Suparlan 1995).

Javanese-Suriname migration to the Netherlands

When Suriname gained its independence in 1975, a number of the Javanese-Surinamese opted for Dutch nationality and migrated to the Netherlands. At
present, more than 31,000 Javanese-Surinamese live in the Netherlands, mainly in the cities of The Hague, Amsterdam, Rotterdam, Tilburg, Waalwijk, and Groningen (Towikromo, 1997:23).

The Javanese-Surinamese arrived in the Netherlands in several waves. Before Suriname independence, they came to the Netherlands for education, either privately or with a government grant. After 25 November 1975, many more of them arrived as a result of the unsettled and chaotic political situation in Suriname. This too can be seen as a consequence of Dutch political economy in the colonial period, during which time promises were made – which were not kept – to the first generations of labourers, that they would be taken back to Indonesia after their contracts on the plantations expired. (De-Waal Malefijlt, 1963; Suparlan, 1995).

Even though some of the Javanese families in Suriname had been there for more than two generations, “being Javanese” was, for most of them, very important: after all, they considered Suriname a foreign country. For most of them, Java came to represent almost a holy land; to maintain the Javanese culture, and thereby their own identity, was therefore crucial for them.

More than just a “Holy land” for Javanese Surinamese, Java represented an asset of values and a certain philosophy of life as well. In terms of religion, the majority of Javanese in the Netherlands adhere to the Islamic faith. But like other Javanese people in Indonesia, the majority of the Javanese Moslems in the Netherlands adhere to a form of traditionalist Islam that gives much respect to local Javanese culture and traditions. (Suparlan 1995). In this sense, Javanese Moslems are different from Arab or Middle-Eastern Moslems.

---

1 Interview with Harrien Mingoen, one of the Javanese Surinamese third generations who had been studying in the Netherlands before the independence. She is now also a leader of the Stichting Budi Utomo, the Javanese Surinamese organisation for the Den Haag region. Interview 9 July 2000.
Koentjaraningrat (1984)² posits that Islam in Java developed into two variant religious traditions: a Javanese with syncretic characteristics (Islam Kejawen) on the one hand, and a "puritan" Islamic tradition (Islam Santri) on the other (1984:310). The first portrays an Islam which has absorbed a complex mix of animist and Hindu-Buddhist beliefs and concepts, and which is inclined to mysticism; the other form is much closer to the dogmas of orthodox Islam (1984: 312).

In accordance with these differences, Javanese Surinamese have developed their own terminology to define and explain the different categories of 'traditionalist' and 'puritan' forms of Islam. Thus Islam santri is called Islam madep wetan (lit: ‘facing east’/direction east) and is considered more modern and puritan in the same time, while the Islam Kejawen is called Islam madep kulon (‘facing west’/direction west) and is considered to be more old fashioned and traditionalist.

The terminology of Islam madep wetan and Islam madep kulon originally refers to the direction of kiblat or centre toward which one will direct one’s prayers, and which is geographically placed in Mecca. Seen from Java, facing the West (madep kulon) would mean facing Mecca. However, seen from Surinam Mecca would be in the East, and as a true Moslem one would, therefore, direct one’s prayers to the East (madep wetan). This ‘geographical problem’ divides the Javanese Islamic community in Surinam, where the group "Islam madep kulon" is considered old fashioned and traditionalist, while "Islam madep wetan" is considered both modernist as well as more puritan.³ (van Wengen 1975, Towikromo 1997, Suparlan 1995)

Regardless of their religious preference, it seems that for the Javanese Surinamese, being Javanese does not merely involve using the Javanese language or cooking Javanese dishes, but also includes behaving in a way known as njawani or ‘behaving like a Javanese’. Thus being Javanese includes adhering to Javanese culture and philosophy in its entirety, involving its views on life and death, sickness and health, happiness and suffering.

³ Interview with Yvonne Towikromo.
Julia (case 1): a portrait of a Javanese-Surinamese family in the Netherlands

Julia (51) is a mother of six children, five of which are girls. Four are classical Javanese dancers. Julia lives with her family in a 3-storey house in suburban areas in the southern part of Netherlands. She has lived in Den Bosch for 24 years. One of her daughters and her two children also live with her.

When I set foot in the front yard, I immediately feel as if I have entered a Javanese nobleman’s (priyayi) house. Under the staircase, leading to the living room, two birdcages produce the soft sounds of small birds singing and twittering. Even though these birds are different from the highly priced burung perkutut (small type of dove) which one can find at the house of a refined priyayi family in Java, it is something I haven’t yet seen in any other Javanese family house in Holland. I also hear, in a distance, the sound of traditional Javanese music playing.

Julia welcomes me in a hospitable and friendly way. She is dressed in a green shirt and matching sweater, and wears some jewellery—two gold bracelets and a necklace—completed with large golden earrings. She looks very slender for her age.

When I enter the house, it resembles a Javanese home even more. A batik-cloth covers the dinner table; on the walls hang two large decorative paintings with Arabic script in the form of fans, as well as photographs and paintings Indonesian nature of scenes. On the TV-set and buffet hang two large photographs of the whole family. In one of the photographs the whole family is wearing European attire, while in the other one they are dressed in traditional Javanese costumes.

From those two types of photographs I get a strong impression—a symbolic understanding, as it were—that this family is at home in two worlds: one modern Western, and one traditional and Javanese. It makes me wonder how

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A fictitious name is used for the sake of confidentiality. In appendix a full details of demographic data of informants are provided. In the text, the number of informants will be mentioned as it is used in the appendix.
they combined these two worlds, staying in the west and being 'Dutch', yet trying to maintain their original culture as Javanese.\(^5\)

2.2 Javanese-Surinamese perceptions of Javanese culture

Among the Javanese-Surinamese immigrants there seems to be a split in attitude towards their allegiance to the Javanese culture. On the one hand they consider themselves to be different from other groups of immigrants, and different from the Dutch. Here they emphasise their Javanese identity in various forms: *siji ora seje* literally means, "We are one and nothing different". On the other hand, they are aware of differences between themselves: *siji namung seje* means "we are one but different". These differentiations stem from different schools of thought concerning religion (Islam *madep kulon* vs. Islam *madep wetan*), different social backgrounds (urban vs. rural experience), and differences in age.

To illustrate these differentiations a number of interviews will be presented and discussed.

*Siji ora Seje, Siji namung Seje: Ideas about unity and diversity among Javanese immigrants in the Netherlands*

After arriving in the Netherlands, the need to develop a distinct Javanese identity was felt strongly by most Javanese-Surinamese immigrants. The experience of Julia's family serves as an example. Although her husband adheres to a puritan form of Islam, with strict rules about religious conduct, their daughters, for instance Lucky (case 6), were taught Javanese traditional dancing, which contained important cultural traces that are not always in accordance with their parent's religious views, but which were important for the development of a strong Javanese identity.

\(^5\) Field notes 15 April 2000.
Ideas about unity (Siji ora Seje)

According to Mr. Daly, Julia’s husband (case 1), it is as follows:

"Javanese dances are part of our heritage. Javanese should keep it as an obligation to maintain their own culture. We are still Javanese. Even though we live here, making a living, we will never be able to let go of our Javanese heritage. You know, as for me, we are of Javanese descent. We have originated from Javanese people. I think this will be so forever and everlasting. That is why, I think, we should conserve it, not let it slip away. As long as I live, I will be Javanese. No matter where in this world I will live, I will stay Javanese. It cannot disappear. Holland is only a citizenship. It is printed on paper; I could lose it or change it...
The same also holds for religion; but my Javanese identity can never disappear."

The need for the strong Javanese identity is especially felt when facing either other immigrants from Surinam, or autochthonous Dutch. Mak Tumi (case 2), a 69-year old woman who has been living in the Netherlands for 22 years, explains,

"I am a Javanese, and I speak Javanese with my children. Javanese should speak Javanese. I am an old woman; do you think I can speak Dutch? No. I am sure that old women in Java don't speak Indonesian [but Javanese]. From the younger generation, some can and some can't. It depends on their parents. I taught my children. [I said] 'In school you can speak Dutch, up to you, but at home, with your mother, you speak Javanese. Look at the Hindustani people, they maintain their language, the Creoles too... Wherever you are, no matter how many years you went to school until you got your doctorandus, you shouldn't lose your own language. If for instance someone asks "Are you Chinese?" and you say yes, they would then say why don't you speak Chinese? That would be embarrassing, wouldn't it? No matter what or how, a people should retain their language".

"I have three children and all of them married other Javanese. Javanese marrying Javanese is good. What do Dutch wives do? They don't take good care of their husband; they can't cook, and just eat patat in the shop. I don't want that for my sons. A Javanese wife will prepare breakfast and drinks in the morning. Javanese bathe after waking up, do their hair, and go to the kitchen. Dutch men don't clean their mouth but drink first. Bathing doesn't matter to them. That is why they are smelly. If you sit besides them in the train, you will smell them, won't you? They smell like cheese, don't they?"

The urge to maintain Javanese traditions is not only found among the older generation, but also among those approximately between 27-40 years of age. Nunky (case 10), who has lived in Utrecht for 22 years, argued:

"Well, I don't know why we did not marry with Dutch, but we never thought of marrying a Dutch person. From my family only one of us got married to a Dutch woman. The three others married Javanese Surinamese. Not because our parents
will not permit it. They only object to dating a black person (Creole). Marrying a Javanese means that there is no difference: we speak the same language, we eat the same food, we have the same culture, and it makes communicating easier; don't you agree? ... I have two sons, the first one was born in the hospital, and I therefore didn't practice any of the Javanese rituals, but the second one was born at home. I had sent for my mother, who invited a traditional midwife who took care of the umbilical cord. I also asked my husband's permission to have our son circumcised; my husband is Christian so for him it's not obligatory. But for me it's important. No matter what, my children are of Moslem descent. They are Javanese, so they should circumcise”.

The idea of a Javanese identity is also strong among the young generation. Lucky (case 6), daughter of Julia (case 1), 29 years explained:

“I was very interested in traditional dancing, because it is part of our culture. In my 20th year I also started to learn the Javanese language. I have always had a dream that one day I will stay in Indonesia or another warm country. We have lived here for so many years, but I can't get adjusted to the weather, ever. If I could, I would like to stay in a warm country, like Indonesia. But here there are the best possibilities for one's education, work, job and all health care. So that is the reason why I am still here. Otherwise... I am very interested in speaking Javanese. You know, we are living here in Holland and one can speak many European languages, but one can't speak one's own language. It seems a bit strange. That is why Evy, my sister, and I started learning to dance, and then we were followed by the others of our family”.

Idea about diversity (Siji namung seje)

“Outsider” and “insider” attitudes appear strongly present among the Javanese Surinamese in the Netherlands. This attitude of differentiating between one group and the other was very prominent in connection with the traditional perception and practices that are linked with health and rooted in the Javanese culture... This differentiation is caused mainly by their adherence to one or the other school of thought in Islam, which in this case shows a latent tension among these groups. This tension is also clearly in evidence in their attitude toward Javanese culture. Mr. Saman, Mrs. Rina's husband (case 5), who has been living in Utrecht for more then 20 years and belongs to the Islam madep wetan (puritan) group, for instance, says:

"... Formerly when we were in the village, we were still carrying out Javanese tradition because I didn't know any better; I was not yet aware and only knew how to follow my parents' behaviour. But for few years now I do not any longer [practise it]; it's just practised by those who believed in peculiar things, but I don't. If I am ill, actually from the beginning, I have never gone to the dukun (traditional healer) or to the tukang pijit (masseurs). Instead I go to the doctor".
Mr. Saman believes, in accordance with the Islam *made wétan* point of view, that Javanese healers (*dukun*) and therapies are just the practices of people who have been left behind in the modernisation process and who do not yet appreciate the benefit of biomedicine.

According to Towikromo (1997), there is an undeniable tension between Islam *made wétan* (modernist puritan) and Islam *made kulon* (traditionalist), which can be seen in the presence of hidden confrontations.

The Islam *made wétan* group, which gets support from missionary organisations in other countries like Saudi Arabia (UAR) and Indonesia, has been relatively successful in persuading the Javanese-Surinamese people to join them. They have programs that are considered good; their organisation is managed in a modern and professional way, and they also are active in teaching the Javanese language, in addition to Arabic.

Much more important is that clearly, by means of Islam *made wétan*, people appear to get liberated from their bleak past as a offspring of contract labourers for colonial plantations. One key informant for instance said. "...my mother no longer uses her Javanese name Rohmiyem anymore. Instead she prefers to use her Islamic name Rahmah. Rohmiyem seems to remind her of her life in the past, while Rahmah is her life for the future ...". Modern Islam seems to have given them a new identity, somewhat akin to a "rite the passage". They are of the opinion that people who adhere to Javanese traditions, those who still burn incense and practise *selametan*, are still *jahiliyah*, superstitious and uncivilised.

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6 Interview with Yvonne Towikromo 17 June 2000.

7 The term "rite of passage" is often used to refer to "life cycle" or "life crisis" rituals concerned with a change of status in the lives of individual and group (Bowie 2000: 161). This concept has been criticised by anthropologist Victor Turner (1969). Critical here is the fact that those concepts neglected an aspect of the relationship between social and religious forms, and consequent social organisation (Zadra 1990: 141-146). Turner introduced the ritual as a transformational journey, or rite of passage. In this passage Turner argues that the participant in a ritual establishes or revises a person's religious identity. (Abdurrahman 1996: 117-132).
People like that, according to the Islam _madev wetan_ group are not yet civilised.

On the other hand, the group that still pursues the Javanese traditional practices maintains that they are indeed civilised people because they continue to foster their ancestral traditions. According to this group, maintaining their ancestral tradition is part of civilisation.

Even so, they admit that modern Islamic teachings are increasingly diminishing the interest of Javanese-Surinamese in Javanese culture. For example, Mak Jainah (case 3), a 67-year old dukun who has been living in Den Haag for 14 years, said:

"Nowadays, after the Arabic influence was enforced, many Javanese people have begun to leave behind the traditional practices of their parents. In my opinion, however, if it were Gods will that all people should pray in the Arab way, why then is it that God has given wisdom to Javanese people to speak the Javanese language? In short, why has God given to mankind different languages and rites? Why has God given different voices for frogs and birds even though they are all animals? Why has God not given them only one kind of all those, the Arabic ones for instance. Therefore in my opinion, this is so because God wishes that mankind would pray to Him each in their own way. Each village has its own tradition and practice..."

Still in daily activities there is plenty of evidence that those who follow Islam _madev wetan_ do not seem to have completely abandoned Javanese traditional practices. They have, for instance, not abandoned their life cycle rituals. In several cases they modify Javanese ritual practice but give a new name for the same activities. Instead of mentioning as _selametan_ or _kendurenan_ they prefer to give a new Arabic name _syukuran_ or _sedekahan_ which literally means ‘utter blessing’ or ‘thanksgiving’.

Broadly speaking, it seems that they try to select or leave out those traditions and or ceremonies that are considered harmful to the purity of Islamic teaching. Thus prayers are no longer uttered in Javanese, but in Arabic instead, and the habit of _sajens_ (offerings) and _ngobong menyan_ (the burning of incense) is abandoned altogether for this is not considered appropriate in puritan Islam.
In conclusion, one can state that those adhering to Islam *madep kulon* (traditionalists) and the *Kejawen* groups are, theoretically, the groups who continue to perform the traditional health practices based on Javanese traditions. This does not mean, however, that those belonging to the Islam *madep wetan* (modernist puritan) do not make use of these traditions. For them, making use of traditional medical practices (like taking the traditional herbal medicine and practising traditional massage) still forms part of their health seeking behaviour, albeit only as far as these can be rationally accepted, especially as a result of their effectiveness.

This is not a surprising fact nor is it a new observation. It has been evident for a long time that Javanese culture is syncretic. Javanese tradition has never experienced a clash with other civilisations. On the contrary it is of a very assertive character. Cultures entering from many different directions have through the ages been welcomed, although in later stages such syncretic forms are subject to a process of Javanisation.

2.3 Javanese Ethno-Medicine

*Wilujeng Rahayu*: The essence of being healthy from a Javanese point of view

In this part I will elaborate on some of the Javanese views concerning the meaning of being healthy, the manner in which to achieve that condition, and what one does or can do to maintain one's good health. Factors that have an impact on the achievement of a person's good health will also be mentioned. The points in this discussion will draw on references from the literature, and will also include personal experiences, because I am Javanese myself, and will, most of all, also be based on data obtained from interviews with core and key informants.
2.3.1 Wilujeng Rahayu

Although I was born and grew up in a Javanese family, it sometimes still surprises me how profound and universal some of the traditional Javanese health concepts are. One can even find that some of the Javanese concepts, at least in some respects, surpass the health definitions of WHO. Thus in the introductory statement to the WHO constitution, the concept of ‘health’ has rather broadly been defined as “…a state of complete physical, social and mental well-being, not only the absence of disease…” (WHO, 1985). However, surpassing this definition in completeness, according to the Javanese view, a healthy condition is seen as, and can only be attained as part of, a complete and perfect life, a state of physical and mental (well) being which, in Java, is known as ‘wilujeng rahayu’.

‘Wilujeng rahayu’ (sometimes also called ‘sugeng rahayu’) is a concept that is comprised of a complex of ideas. Literally those two words encompass health, happiness, welfare, well-being, calmness, peace, even longevity. Besides a purely physical condition, it also refers to a spiritual or mental state of (well) being. Furthermore, ‘wilujeng rahayu’ also carries the meaning of sufficient social and economic stability condition and therefore very often the expression ‘wilujeng rahayu’ is followed by the expression “anyukupi sandang lan pongane”, meaning ‘sufficiency in food and clothing’ (Magnis-Suseno 1988).

During my field study I observed that the term wilujeng rahayu was used by the modin, or kaum (an informal religious leader of Islam madep kulon), as well as the dukun bayi on the occasions that they led the prayers during a selamatan. Looking at the context of the language, the expression would be uttered as a plea at the moment of prayer. Following the ritual specialists’ expression “… wilujeng rahayu…”, this would consecutively be followed by the participants of the selamatan with an “… inggih…” (meaning: “yes, I wish it”) or “… amen…”.

From the expressions uttered in the prayer we can see that the term ‘wilujeng rahayu’ forms the focus of all that is hoped for. The offering of jenang (rice
pudding) for Fatima, the daughter of the prophet Mohammed, for example, is in the hope that God will bestow His blessings on them. ‘Wilujeng rahayu’ in this context refers to the person mentioned in the prayer, in the hope that s/he will be able to care for her/his family and household, and be blessed with good health, both physically as well as mentally, and the wish that s/he will meet no disturbances in whatever form or coming from whatever direction.

As an example of a prayer during selamatan for a wedding ceremony in The Hague (10 July 2000), the president of the stichting PARI (one of the organisations of Javanese Surinamese in The Hague), uttered in his prayer—among others, the following:

“... Kaping kalih, niki kula ngaturaken jenang putih jenang abang dateng Ibu Dewi Siti Pertimah sing ngrumati ragane wong wedho neng alam durya. Mugo Gusti Allah maringi wilujeng rahayu berkah selamet kangge anak kula Rebecca anggone ngrumati bojo lan rumah tangane. Mboten enten alangan menapanenapa, dirumati rino kalawan mbengine, mboten wonten gangguan pun napa saking pundi mawon dugine. Utanime saking andap saking duwur saking kiblat papat kelimo pancer...”

“Secondly, with this I offer jenang putih (white rice pudding) and jenang abang (red rice pudding) that we present to Ibu Dewi Siti Pertimah [the daughter of the prophet Mohammed] who has given her care and protection to all the women in the world. May God render health, peace, and welfare to my ‘daughter’ Rebecca, and bless her in her effort to care for her husband and her household. Let there be no disturbances of any kind whatsoever. In the first place not from below [i.e. the ground], not from above [the sky], and neither from the four directions of the wind nor from the centre of the earth”.

In every selamatan ritual, ‘wilujeng rahayu’ is expressed several times when the different kinds of food are offered. As there are many kinds of food offered, so too are the words sugeng rahayu repeatedly delivered to God.

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8 Beatty interprets kiblat papat lomo pancer as “sibling four, five body”. I also heard the same interpretation from Mak Legi (case 8) when she explained about the meaning of 5 types of rice pudding for mitoni ritual. The four siblings are the personal guardian spirits, important in magic and protection from sorcery (Beatty 1999: 40). But in this context, in accordance with the whole prayer I interpreted it as a direction of the four winds.
2.3.2 Health in Javanese Culture

First of all, one should realize that the term health, as it is used in the biomedical and traditional paradigms, can have different meanings which may clash. From the literature of medical anthropology we recognise that the root of such cultural clashes lies in the different understandings of concepts of ‘body’, ‘health’ ‘sickness’ and ‘illness’ (Sciortino 1995: 25-34).

In the biomedical paradigm the body is defined as a collection of physiological and chemical processes. In the opinion of biomedicine, the nature of an illness (disease) is neutral, universal, visible, verifiable and scientifically explorable. However, within the traditional paradigm, the body is considered much more than just a collection of physiological and chemical processes (Helman, 1997).

In traditional health care, as reflected in the Javanese traditional system, the human body is considered to resemble a container. Like a container, the body is filled with visible, tangible (lahir: outer) elements such as the organs, and invisible, intangible (bathin: inner) elements, such as budi (consciousness), nafsu (passion, instinct, desire) and rasa (feelings) (Sciortino 1995:29). This concept stems from the Javanese cosmological view, which recognises that the macro-cosmos, albeit on a much smaller scale, is reflected in a human being, who is seen as a container comprised of contents and a source (Woodward 1985).

The source and regulator of all these visible and invisible elements is the soul (either nyawa: vital energy; or sukma: the divine), the centre of human existence. The soul’s characteristic is constant and is not subject to change by spiritual or physical means, whereas the composition and distribution of the other elements besides the soul are changing continuously. This means that the equilibrium between the container and its contents is vulnerable to imbalance (Geertz 1960, Koentjaraningrat 1980, Velsink 1996).
In daily conversation a Javanese person expresses perfect health and well being with a word waras, meaning that one's own health is physically and mentally perfect. In order to achieve this state of physical health, according to a traditional Javanese viewpoint, one needs what is believed to be a balanced, harmonious physical condition. This harmony may be affected by such diverse elements as the weather, food, energy, among other things, all of which have some influence, or, more specifically, a chemical influence on the human body. Generally it is believed that physical harmony is rooted in some form of harmony between 'hot' and 'cold' (humoralism). (See Laderman, 1992: 272-287)

Various means are used, traditionally, to achieve such a state of harmony. First, there are a number of restrictions, rules, and taboos concerning food, which are categorised in so-called 'hot'/'warm' and 'cold'/'cool' foods. For instance, when a person experiences a health disturbance that is causing a fever, restrictions (taboo) concerning so-called "hot food" in particular are implemented. In the case of a person suffering from hypertension, for example, it is assumed that the person's blood inside the body is 'hot'. In that case it is taboo to eat foods that are considered 'hot', like sticky rice, goat-meat, certain fruits (durian) and beans (petai) and alcoholic drinks. The advice is then to take foods that are considered 'cool', such as cucumber, papaya, certain kinds of vegetables, honey, or chicken eggs, for example. In order to achieve a harmonious relation between hot and cold, both in the physical and spiritual realms within the body, the Javanese also practice: tirakatan, restriction for certain activities such as sexual intercourse; lek-lekan (decreasing time for sleeping in the night); ngasrep (a salt-free diet); mutih (a diet that consists of eating only white rice and water); ngrowot and nggandul (a diet comprising of eating only tubers and fruits). In addition, they may engage in some form of fasting, such as puasa Senen-Kemis, (fasting on Monday and Thursday), or
puasa wedal (a weekly fasting on one's birth day; for example, if one was born on Sunday then fasting is done every Sunday). (Murder 1978.)

Furthermore, the use of jamu, or traditional herbal medicine, is considered an essential part of achieving (and maintaining) one's health: the various Javanese jamu provide those ingredients that are carrying elements enhancing the right balance between 'hot' and 'cold'. Finally, there are also various forms of massage and deep tissue treatment, similarly based on attaining and/or emphasising this balance (Neihof 1988: 235-252).

Besides maintaining a harmonious balance in physical condition, according to Javanese viewpoints, one should also concern oneself with a healthy 'harmonious' condition of a non-physical nature. One way of achieving such a state of non-physical harmony is to perform certain rituals or so-called selamatan (communal meal), and sajen (offering).

2.3.3 Selametans and Sajens

Selamatan, sometimes also called kendurenan, can be defined as the Javanese version of what is perhaps mankind's most common ritual - that of having a religious collective meal accompanying important life cycle events. The selametan originally is taken from the Arabic word salam which means peace. Within the process of creolisation of Javanese languages this Arabic word entered into the Javanese language to become selamet, which literally means saved and guarded (Beatty 1999:3).

In the words of one researcher, it can be seen, "...almost everywhere, ...[as] symbolising the mystic and social unity of those participating in it...". 9 Selamatan are very important occasions in Java both from a social as well as from a religious point of view, in other words in both the domestic and public

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spheres, and can be given in response to almost any occurrence one wishes to celebrate, or to ameliorate or sanctify. Birth, name-changing, circumcision, marriage, illness, sorcery, bad dream, death, moving house, harvest, supplication of the village guardian spirit, opening a factory, starting off a political meeting – all these occasions, and many others, call for selametan (Geertz 1960:14). One could say that each selametan ritual is the centre of the whole Javanese religious system and includes the whole cycle of their life: seko metu, mantu nganti mati when one is born (hatched), married (matched) until one dies (dispatched) (Pemberton 1994: 216). In a rare excursion into ritual analysis, Levi-Strauss explored how the symbolic effectiveness of ritual might translate into therapeutic efficacy to facilitate difficult childbirth (Levi-Strauss 1963, Atkinson 1987). A selamatan that is held before the birth can be compared to that.

The various rituals connected to selametan are carried out in order to maintain a state of harmony in various relations, and, by doing so, to achieve a healthy physical and mental condition.

Javanese selametan can be divided into two types: one category it serves to ensure harmony on an individual level as well as on social/communal level, concerning the whole community. The other category includes rituals and ceremonies marking one’s life cycle. (Malefijt 1963, van Wengen 1975: 11-23, Beatty 1999:25).

Selamatan rituals and sajen (an offering) are an important source of achieving ‘wilujeng rahayu’ and include efforts of a physical, as well as a non-physical nature. From a philosophical point of view, the expression of ‘wilujeng rahayu’ bears a strong relationship to the Javanese concept of happiness. The essence of happiness, from a Javanese point of view, is to achieve a state of harmony with all the entities that one is surrounded by. For instance, when referring to the political structure of the state, it points to the inter-relation of harmony between
the ruler and the ruled, while in the context of a family it is the harmonious relation between husband and wife and/or parents and children, and in the workplace it concerns the harmonious relation both among the workers, as well as between workers and their supervisors.

As can be noted from the examples mentioned here, the Javanese concept of 'harmony' is strongly hierarchal in character, with fairly strong gender-biased relations in favor of men. Yet, although men and women are seen as performing different roles, these are not necessarily seen as unequal or less valued. This becomes clear in the performance of selamatan, where male and female ritual specialists have different tasks (for further examples see chapter four).

Besides relations between people, the concept of harmony also refers to the relations between humans and their surrounding, the environment as well as with other, more 'imperceptible' beings—whether these are animist spirits or the spirits of our ancestors.

An important aspect characterising the concept of harmonious relations is that it presupposes that any two or more parties in a relationship are naturally in an unbalanced position, whereby one is weaker and the other one stronger. In order to achieve a state of harmony between two such different, unbalanced entities, it is believed that humans have to carry out rituals such as selametan as a means to achieve that harmony. In Javanese culture it is believed that whenever the relations between two or more parties or entities are either disconnected or severed, misfortune or even great disasters such as plague or diseases will occur.

Another important aspect of selametan is sajens or offerings. Like the slametans, sajen play a very important part in the religious life of the Javanese and are intended not only to cultivate but also to strengthen harmonious
relations between the world of the spirits and the worlds of people as much as possible. A sajen is a small offering, which can be set out on every possible occasion and in every kind of place and dedicated to one or more spirits and ancestors. Sajen normally consist of food. But besides food the sajen can consist of many different kinds of objects such as tobacco, pipes and cigarettes, betel nuts and betel vines, mirrors and combs, flowers (in particular jasmine), scented water, needles and thread, and so on.

In the outline above, one can see that the concept of health in Javanese culture is intricately related to many aspects of daily life. It has to do with one's actual state of physical health, one's mental state of mind, as well as one's attitudes towards one's surrounding—be it other humans or non-physical beings.
Chapter 3
Methodology

3.1 Introduction

This study was exploratory in its orientation: how do Javanese Surinamese women practise certain rituals and customs related to reproductive health care according to Javanese tradition. It is primarily a descriptive study. By taking two informant groups, one adhering to Islam *madep kulon* and the other to Islam *madep wetan*, comparisons between two groups could also be made by taking the religious affiliation into account.

This study was conducted between 27 March and 14 August, 2000, and was divided into three parts: six weeks for preparation & study design, six weeks for fieldwork, and six weeks for writing the report.

In general this study looked at non-sensitive issues. The latent conflict between two groups is well-known and has already been studied in other contexts. Nevertheless fictitious names are used for the sake of confidentiality of informants. In addition, I also obtained permission from all informants before recording or taking photographs, in particular for certain rituals that are considered related to personal and individual life.

Data from the study were processed manually. Analysis was based on the specific objectives and research questions. Women's experiences and perceptions of Javanese tradition were transcribed using their own way of talking (Belenky 1986). I summarised data of informants on a compilation sheet (see appendix 2), which was helpful in making the connection between women's experiences and perceptions and environmental influencing factors.
3.2 Data collection techniques

To learn the practices and perceptions of Javanese-Surinamese women in the Netherlands as they related to Javanese traditions on reproductive health care, this study used the following techniques.

1. Interviews

Core Informants

I conducted interviews with eleven core informants and six key informants. With some of the informants I had more than one interview. Each interview lasted from 2 to 4 hours. What follows is the list of core informants, categorised according to profession, religious group and city of place of interview.

- Three elderly women who also work as dukun or traditional healers. One of them belongs to Islam madep wetan, the other two to Islam madep kulon and Kejawen. All three work as traditional midwives, but they are also active as traditional healers, do traditional make-up for brides, and perform the traditional rituals for female corpses.

- Two elderly housewives, whose daughters also became informants.

- Six younger women who live in different cities and suburban areas such as Amsterdam, Utrecht, Rotterdam, The Hague, and Den Bosch. Four of them are married, one is still single, and one is divorced. In terms of religious outlook, they come from different Islamic groups. One comes from an Islam madep wetan family, but is married to a Christian Javanese-Surinamese. One belongs to Kejawen. Another is a member of an Islam madep wetan organisation, but her husband used to be an activist in Islam madep kulon. Yet another is a daughter of an Islam madep wetan leader, but she herself is more interested in following Kejawen traditions rather than following her parents’ views, probably because she is active as a traditional Javanese dancer.
• **Key Informants**

As for key informants, I deviated from my original proposal when I realised that even though the focus of the study was to be health-seeking behaviour among Javanese-Surinamese women in relation to reproductive health care, I became aware that this issue does not specifically belong to women. The root of their ideas concerning health is immersed in the Javanese culture and religion and thus part of the male worldview as well. Besides, cultural and religious organisations among the Javanese-Surinamese people in the Netherlands that I have come to know are led and/or dominated by men. For that reason I took some insider Javanese-Surinamese men as key informants: (1) the leader of the organisation *Stichting Rahmatullah Islam-Brabant*; (2) an ex-member of Islam *madep kulon* (in Rotterdam), who, after he went to Mecca, was no longer involved in this group; and, (3) a representative of an Islam *madep Kulon*-group, who at the same time leads the organisation *Stichting PARI* (The Hague).

I also conducted interviews with four key informants who, by profession, work as experts related to my subject: a expert on Javanese cosmology from the Department of Anthropology at the University of Leiden; a female informant of Javanese-Surinamese descent, who wrote her thesis on Javanese-Surinamese religion; the leader of the organisation *Stichting Budi Utomo* - The Hague, who is also of Javanese-Surinamese descent and is considered a 'mother' in many respects for the Javanese-Surinamese in the Netherlands; and a representative of the one of the Islamic organisations in the Netherlands that is partly sponsored by the Islamic world organisation. He is a Javanese, not from Suriname, but from Indonesia, and the organization for which he works has a mission to promote a more puritan approach in Islamic teaching. His role is important for understanding the hidden
conflicts between the two Islamic groups in the Javanese-Surinamese community.

The sampling technique used in this study is snowballing or chain sampling. Through so-called ‘gatekeepers’, who had a natural relation with some of the Javanese-Surinamese informants, the chain is connected. The sampling is stratified. I selected sub-groups according to two characteristics: mazhab, i.e. different schools of thought in Islam; and age.

In addition to academic reasons, I must admit that my interest in the subject of my research also sprang from personal reasons. Once, as a student, I met and befriended a Dutch student, Alma, who came from a Javanese-Surinamese background. Then, I found myself wondering to what extent she follows the traditional Javanese rituals which she practised during her studies in Jakarta several years ago.

At my ‘gate keeper’ instigation, I sought contact with one Javanese-Surinamese family, Julia (case 1), who brought me in to contact with Lucky (case 6), Julia’s daughter, and then Mak Tumi (case 2), the traditional healer or dukun. From Mak Tumi, I contacted with two of her ‘patients’ Widi (case 9) and Rina’s family (case 5), and Rina introduced me her daughter Nunky (case 10). It became quite clear that, because Julia’s family belongs to Islam madep wetan group, then all of that chain were also members of the Islami madep wetan group. To find a balance and gather information from the Islam madep kulon group, I contacted Mak Jianah (case 3), who was pointed out by someone from the social organization or Stichting ‘Budi Utomo’ The Hague. Mak Jainah then brought me into contact with Rebecca (case 8), who conducts traditional Javanese-Surinamese marriage rituals. Quite unexpectedly, I was also able to contact some informants in Rotterdam through a nurse, Dini (case 7), whom I had met during a farewell party for Indonesian students in Leiden. Although Dini herself is strictly puritan, she did mention Mal Legi (case 4) to me, who is actively involved in Kejawen, or more traditionally inclined.
Finally Minah (case 11) I met, by chance, at a dance party in the northern suburban of Amsterdam (Asterweg, Amsterdam-Noord).

2. Participant Observation

I conducted participant observation as a tool to describe the performance of both Islamic religious practices and Javanese traditional rituals related to reproductive health care. Since I realised that the aim of this research is also to document oral traditions on health seeking behaviour among the Javanese-Surinamese, I observed several traditional rituals in different towns mainly in The Hague and Rotterdam. I also attended some rituals such as mitoni (a ritual held in the seventh month of pregnancy), selapanan (a ritual dedicated to the welfare of the young child, which is held on the 35th day after the birth) sikum, and panggih (part of the Javanese-Surinamese marriage ceremony). I also observed some dukun practising traditional healing through urut and pijit (two different types of massage). As far as religious ceremonies are concerned, I was able to participate in a kendurenan for the muludan ceremony (commemorating Prophet Mohammed’s birthday), as conducted by the organisation Stichting PARI (Islam madep kulon and Kejawen group); and attended pengajian or Quránic reading/teaching.

In relation to young generation activities I attended the anniversary of Werkgroup Jongeren “Perkumpulan Budi Sediati”, and in addition I also listened to the Javanese-Surinamese radio, Radio Bangsa Jawa, and participated in website discussion posted on “Suriname Net”.

3. Life history

An important subject within the interviews was the interviewee’s life history, which focused on the subject of reproductive health, and specifically related to the practising of Javanese traditions in pregnancy and delivery care. The
interviews primarily emphasised women's experiences in this realm. In order to maintain consistency in information obtained, I asked for the women’s perceptions and views only at the end of the interviews, in order to avoid any leading questions or in any way to affect their opinion.

A life history technique was chosen, as it allows women to speak about themselves and express their experiences and opinions freely (an emic approach). To gain the data from all of the informants, semi-structured questionnaires were used (See appendix 1).

3.3. Fieldwork Experiences

Desperately seeking Alma

Apart from academic reasons, I have to admit that I was interested to this topic for study because of personal interest. When I was at university, more than 15 years ago, I met a Dutch student, whom I shall call Alma, who had a Javanese-Surinamese family background. Although Alma was not born and raised in Java, I was surprised to find her performing certain Javanese customs. For example, she would drink jamu (herbal medicine), ask a dukun for pijit (traditional massage), and sometimes follow a special diet like ngasrep (a salt-free diet) or mutih (a diet consisting of eating only white rice and drinking water). She would even, at certain times engage in some form of fasting, like puasa Senen-Kemis (fasting on Monday and Thursday). I wondered, would Alma practise the same things after she comes back to the Netherlands?

Alma then became my obsession. After a long search, I found her at last and made a phone call. She exclaimed in surprised when she heard my voice. We then had a warm conversation about the memories we had and I told her about my research.

I was very happy at that time. I was sure that our friendship could help me in my research in her community, especially when she told me that she also had
experience searching for traditional remedies for her reproductive health problem. But life sometimes has its own way. Alma, at the end, refused to be my informant and asked me not to contact her any more. I was surprised and even shocked.

Then I began to enter into this community without Alma, but I continued to wonder why Alma had decided to refuse my request, why, and what happened to her. And why did she avoid me even after I accepted her decision and I wanted just to meet her as an old friend, not for the research?

The existence of Alma for me was changed from curiosity to a mystery. But then, after a few weeks of fieldwork, I experienced something unbelievable, which showed me that her reaction was symbolic of the hidden conflict between the Islam madep wetan (modernist Puritan) group and Islam madep kulon (traditionalist) group. Through a completely unrelated source, I learned that Alma was married an Islamic teacher from Islamic madep wetan group. Her husband is one of the missionaries from Indonesia who had studied in Saudi Arabia. Suddenly I understood her difficulty and internal conflict when I approached her to be my informant.

Moreover, Alma’s reaction, by refusing my request to be my informant made me realise the ambivalence of the Javanese-Surinamese, especially from the Islam madep wetan group, regarding the existence of Javanese tradition and practices. On the one hand they declare that they do not follow any Javanese traditions anymore since they realise it is contradictory with Islamic teaching, but on the other hand they follow some Javanese rituals and practices because they are still Javanese.

As a result of these experiences I would like to explain that even though the study was initially designed with a specific focus, in the field I made some modifications and explored other directions in order to gain a deeper
understanding. These were important, even though these explorations sometimes did not relate directly to health issues.

*The power of participant observation*

To understand Javanese-Surinamese traditions on health seeking behaviour taken from the Javanese traditions requires an understanding not only of the Javanese philosophy and point of views, but also of daily life. For Javanese values are reflected in daily life. That is why, besides interviewing, I also did observation.

The interview with my key informants were normally conducted directly. By this I mean I collected data from my key informants directly; I met them and asked them using structured questions. The interview took an hour or two and I recorded all interviews.

However, for my core informants, sometime I couldn’t do the same thing. I could not ask them directly on the subject since in every interview they would first treat me as a family guest. Thus not only were my core informants there with me but also all of their family members, including their husband and parents (for the younger generation of informants), or their children and grandchildren (for the older generation of informants). For that reason, during my first visit normally I did not do any interview but rather simply observed. It doesn’t mean that these occurrences were nothing; on the contrary from those family activities I observed and collected general information such as family size, age, background of their education, occupational status, marital status and type of marriage (endogamous or exogamous marriage), location of their residence, historical background of migration etc.

Then on the second visit I interviewed them on a specific subject, in particular regarding their experience with Javanese tradition in relation to health seeking behaviour and their reproductive health care. Therefore, I needed various times
to interview each of my subjects, depending on the circumstances. Usually, I would needed three to six hours to interview them, but since I was living with them in some cases, the interviews could go on much longer, from six hours to two days. One of these families not only invited me to have dinner together and come to an anniversary party of a Javanese-Surinamese organisation, but also invited me to spend one night in their home. I agreed. With another family I was even more than an interviewer or researcher but was invited to become involved as a “family member” when they had a family gathering for their marriage ceremony.

Almost in every informant’s house they invited me to have lunch or dinner together. They were so proud to give me unique Javanese-Surinamese food, but it was food that I had never seen in Java. But most of all, I realised that by discussing with them in the dining room what food they served, I gained some important information regarding their knowledge and practices about drinking jamu, home remedies and life cycle ritual, from the time they were children up to and including the time they had children of their own.

This is the way I like to obtain information from my informants because for me it is important not to separate the information from the context. From this combined technique, for instance, I suddenly could grasp the value of ambivalence: on the one hand they avoided Javanese culture, but at the same time they still did it informally, as well as keep their values of the Dutch culture.

The observation as a part of data collection techniques is no less important. These techniques are very useful in order to understand their daily life. I did these techniques differently. For instance, I spent the night with one of them without doing any structured interview but instead simple observed how they interacted each other. Sometimes I spent the evening together in a dance party celebrating the anniversary of the Javanese-Surinamese organisation.
Sometimes I also listened to a special radio broadcast for Javanese-Surinamese. By listening to the radio, I was also able to recall my own knowledge of the Javanese language through the jokes, poem, proverbs, that were exchanged among the listeners.

It goes without saying that my observation activities became a wonderful experience for me. What is more, one evening, listening to the radio I heard that there would be a night dance party in a certain building on Asterweg-North Amsterdam. I changed my clothes quickly and found the place on the map, and I went there. At eleven o’clock that evening, the party began. Even though the lights were quite dim, I could see everything that happened there. There was a band playing music with young Javanese-Surinamese singer singing the cha-cha with Javanese lyrics. The rhythm of the music made the audience begin to dance.

The dance party made me realise other things. It separated me as a Javanese who came from Indonesia, from them, who were Javanese who lived and grew up steeped in Latin America and European culture. Watching them dancing the cha-cha or salsa with energetic movements made me realise that they were more Latin American then Javanese. I did not see the softness in their movement like serimpi dance with very romantic and melancholic gestures. There I saw some energetic, aggressive and brave Javanese women. I was astonished.

On other days I observed even more contradictory activities. On one overcast afternoon, in one old building, I saw there was a Javanese-Surinamese male and female, old and young generation sitting together in a circle for a traditional ritual ceremony. In that building I saw them practising kendurenan (a traditional communal meal). There was no hearty laughter on chatting: there was only silence.
In the middle of the circle there were several kinds of food brought by the participants. After prayer in the Javanese and Arabic uttered, they have meal together.

I have to say that in this building the time stood still. Even though they replaced banana leaves with aluminium foil and a plastic bag for wrapping rice and other meals, the silence, the way they sat on the floor and the food which they cooked and distributed, was reminiscent of when I was child in the village in the coastal areas of West Java-Indonesia. For a long time I had not see occurrences like this, until that event in a corner of The Hague, the Netherlands.

**Comical experiences in using Javanese ngoko**

Mostly the interview used a Javanese *ngoko* style.\(^1\) To be honest, I had much difficulty in the beginning because in my childhood my parents had always instructed me to use Javanese high style whenever I spoke with others, especially with the elderly. At first I usually talked in Javanese high style with core informants, but most of them asked me to use the Javanese *ngoko* style.

I also used English, in particular with some younger generations who had grown up and had been educated in the Netherlands. They chose English because they did not speak Javanese fluency.

In terms of language usage, I sometimes had comical experiences. For example when I found myself unable to express something I would automatically use my *bahasa Indonesia* or English, which they did not understand. On the other hand they would switch to Dutch when they found themselves in the same predicament, which was a language I could not understand. Nevertheless, as far as language was concerned, in general I didn’t encounter serious problems.

\(^1\) In Javanese there are various speech-levels, used separately, and depending on who one is addressing whom. One uses a ‘higher’ and more polite (*alus/halus*), or ‘lower’ and more familiar form of Javanese (*ngoko/kasar*); *ngoko* is an everyday vernacular used among one’s friends, relatives, and social equals.
In practical terms, while doing interviews, I didn't use a translator, but this did not mean that I did not use a translator because most of the printed information was written in Dutch. In those cases I approached my gatekeeper who took over that part of my work on literature.

**Final thoughts about the fieldwork**

One thing I concluded from this experience, no matter how I did my study, I had a very wonderful and incredible experience—the experience of having been a researcher in the foreign country.

In terms of research methods: how to collect data, strategies for approaching informants, being patient and tenacious in the field, maintaining reliance of the informants, integrity within the whole process of the study and writing, were relatively nothing new for me. But those research elements became different when I took the study in foreign country. In order to uphold the trust of the informant for instance, I had to learn how to read a map so I would arrive to my informant's house on time. This is probably a small thing but it proved true that sometimes I got very frustrated trying to read maps; sometimes, instead of approaching the house of informants I ended up far away from them because I had read the opposite way. All this was because searching for place through the use of a map is not part of my culture. I also had to learn how to use a night bus since I was not eager to use a taxi in the middle of night in Amsterdam.

However difficult I found my fieldwork and the writing process of this study, I truly learned a great deal, and moreover I enjoyed it as a part of my life experience, one which I will not forget for the rest of my life.
Chapter 4

Javanese health rituals in a Dutch context

This chapter, in which the findings from my fieldwork are presented, is divided into five parts: description of the sample, description of some Javanese-Surinamese ritual concerning reproductive health, the role of the dukun, informants experience and their motivation practising Javanese health tradition.

4.1 Description of the informants

Age and sex groups

All of my informants were female, with ages ranging from 27 to 70 years; six of them were younger than 45, while the others belonged to the older generation, with ages ranging from 45-70 years. Both groups were born in Suriname. The older informants were second-generation Javanese ‘immigrants’, while the younger ones comprised the third generation; in general they were teenagers, or younger when their parents moved to Holland. The younger generation was chosen firstly because all of them were born as third generation Javanese immigrants; half of their roots are therefore here in the Netherlands. Secondly, they are still in their reproductive active period: menstruation, pregnancy, giving birth and feeding their baby. This allowed me to examine which traditional practises were and were not being used.

I asked older informants to concentrate on their memories, since they were no longer in their reproductive years. Even though they were no longer reproductively active, this did not mean that they did not practise any kind of the Javanese traditional healing anymore. They had, instead, become more
active in visiting dukun (traditional healers) for urut and pijit (forms of traditional, so-called ‘deep tissue’ and massage). Some also admitted to still drinking jamu (traditional herbal medicine), such as jamu sehat perempuan (herbal drinks for maintaining healthy conditions), jamu susut perut (to decrease one’s abdomin), jamu batu ginjal (to dissolve kidney stones), and jamu pegel linu (to reduce painful muscle tension).

Language
In terms of language I can say that almost all of my informants spoke and used Javanese ngoko (or: kasar). Three of the five members of the older generation spoke the more refined and polite alus i.e. ‘high Javanese’; two of them were dukun, the others learned to speak it from their grandmother. One of them was fluent in Dutch and English, but she could not speak Javanese fluently.

With regard to the ability to use the Javanese language among the young generation, there seems to be a correlation with their parents’ background and origin in Suriname, in particular their mother’s background. Those of the younger generation, for instance, could only speak very little Javanese because their mothers were born and grew up in the city of Paramaribo, where they studied in a Catholic private school; it didn’t seem to make a difference that their fathers were born in the rural areas—on the plantation, or ‘kebonan’, and spoke Javanese ngoko fluently. Interestingly enough, knowledge about traditional rituals and practices among the younger generation could also be determined from the extent to which they were able to speak Javanese; of the younger generation, for instance, those not quite familiar with some of the idioms of Javanese rituals could also not speak Javanese.

All younger informants spoke Dutch. Some of them spoke English quite well and some didn’t, and only one of them spoke Indonesian, or bahasa Indonesian well; among the older generation only one informant spoke bahasa (a dukun who learnt it from her Indonesian patients).
**Occupational status and education**

In terms of occupational status, only one informant belonging to the old generation had held an intermediate position as a government official (at the 'burgelijke stand'). The other informants were housewives, while three of them were self-employed as dukun. Among the younger generation only one had no experience working outside: she was a full-time housewife; the others were working either in the private sector or as government officials (nurse, post office staff).

There is a clear correlation between educational background and opportunities for a job in the Netherlands. The majority of the older generation of Javanese-Surinamese only finished elementary i.e. lagere school; only one of my informants went to Teacher's College in Paramaribo.

After their parents moved to Holland, the younger generation found themselves having better opportunities for education. Most of them finished their high school, some went to HBO (institutions for higher education), and some of them followed specialised training courses.

**Marital status and number of children**

The majority of my informants married other Javanese-Surinamese (endogamous marriage). Only one of them (the young generation) had married an outsider (Egyptian); after they divorced, she re-married a Javanese-Surinamese. Of the younger informants one remains single, while another is divorced. Among the older generation, only two of them still have their husband; the others are widows.

Nine of the eleven informants have children. The number of children ranges from one to six. The younger generation normally has only one or two children, while the old generations they has three to six children. When asked why they
have so many children, they answered, firstly, that at that time there were no contraceptive methods and, secondly, they admitted to have been abiding by the idea that "...okeh anake okeh bandane, okeh sing rewangi nyambut gawe..." (the more children you have, the more property you will own, and the more helping hands there will be).11 Neither older nor the younger informants had any experience with abortion or child mortality. One of the younger generations had an experience with pregnancy outside marriage which resulted in her having to quit her studies from high school.

4.2 Javanese-Surinamese rituals on reproductive health: from womb to tomb

Long before the Cairo Conference (1994) and Beijing Conference (1995) concepts concerning reproductive health, mentioning physical and mental health from birth (womb) until death (tomb) were formulated by Javanese philosophy. It was already custom in Java to view life as a whole—a continuous cycle from birth until death. According to the Javanese view, human life is only one element between what comes before and what comes after. The idea of continuity is most strongly expressed in the many rituals regarding reproductive health. As expressed by Mak Legi (case 4), for instance, it is considered important, especially during pregnancy, to establish and further develop harmonious relations with one’s surroundings, including its ‘invisible’ elements, for these will influence the process of giving birth.

Even though Javanese people look at human life as a continuum starting with birth through marriage until death, the focus of ritual I studied is limited into two events that are of major importance according to Javanese people, namely ritual for pregnancy care (mitoni) and giving birth care (selapanan).

11 Interview with Mrs. Legi, a dukun from Rotterdam, 1 June 2000.
Mitoni/tingkeban ritual

Tingkeban is a ritual in the seventh month of pregnancy. As other selametan for life cycle, tingkeban is lead by a dukun. According to Mak Legi (case 4), as a dukun she will support the woman who is about to give birth by uttering prayers. In Suriname she would also have assisted during the actual giving birth itself. Since in Holland a professional midwife or a doctor usually carries this out, her involvement is more concentrated on offering assistance, and especially on a spiritual level during giving birth and caring for mother and child after giving birth.

One of her prayers could be as follows:

"...Bismillahirrahmanirrahim
njawab sedulurku papat lima pancer
kakang kawah, adi ari ari,
kakang mbarep adi ragil,
sedulur papat lima pancer,
pancere jabang bayi sapa (sebutjeneng ibune)
Dijaluki pendungo slamet
Sugeng rahayu
Kang momong rino lan mbengi
Kiwo lan tengene, ngarep lan mburine,
Iku sirahmu sing mayungi bidadari
Ancik anciknu mbok segara bumi
Kaki bumi nini bumi
Sing neruske mbok dukun sejati
Ungkurane widadari

"... Bismillahirrahmanirrahim,\textsuperscript{12}
Calling upon my siblings (sedulurku),
Four siblings five body (papat lima pancer)
My older sibling, the amniotic fluid (kakang kawah),
My younger sibling, the placenta (adi ari ari),
The oldest (kakang mbarep) and youngest (adi ragil) siblings,
My siblings, all corners of the world and its center,
The source (pancer) of the baby’s existence, [mentioned name of the mother],
In this prayer I beseech your blessing,
Health and well being (sugeng rahayu)
Those who take care during the night and the day,
At your left and right, front and back,
At your head the angel (widadari) that protects you,
At your feet far-stretching mother earth,
Grandfather earth, grandmother earth,
Faithful (sejati) mother dukun (midwife) will continue,
She is standing behind your guardian angel (widadari)....".

\textsuperscript{12} Islamic recitation, uttered at the beginning of a prayer.
Here all the elements, both worldly (nature) and from the ‘invisible’ realm influencing the baby’s birth, are being asked to protect the newborn. According to Mak Legi:

Mak Legi (case 4) Concepts concerning pregnancy and giving birth

"...The moment you emerge from your mother’s womb after nine months, it is like an oorlog [a war]. Daarom [that is why], according to those giving birth, it is like a perang sabit, a Holy war—a fight for life or death; that is how arduous giving birth is. That is why a woman needs to prepare herself from the moment she knows she is pregnant. Her thoughts should be stable. This is only possible when we respect our 'twin' who will also support you when you give birth. The one who makes it possible to come out in to the world is your kakang kawah [amniotic fluid]. If the amniotic fluid doesn't start coming out, you won't come out either. That is why you should thank this your “kakak” [older sibling], because isn't it this person who opens the way for you so that you can come out into this world? After kakang kawah comes out, the baby comes out too and behind it is your “adik” [younger sibling], who pushes you from behind. Isn't that the placenta which comes out afterwards? That is why in the dukun’s prayers we always mention “your older sibling, the amniotic fluid, and your younger sibling, the placenta”. Your place is in between those two.

You see, above you there is an angel (widodari). She protects you for nine days and after that Ibu dukun sejati will take over. During the rest of your life you are not only standing on the ground, but on grandfather and grandmother earth. So you see, you are being protected from all different directions. Don’t you agree that you should thank and respect all of them? That is the reason why we show them respect through our offerings. Jenang sengkolo and Jenang palang symbolise your protection from all corners of the world. These offerings are especially for you. They will help you as long as you show respect towards them and remember their support in bringing you out into the world”.

Prayers to invoke the protection of the newborn are uttered by the dukun all through the pregnancy: tingkeban (7 month pregnancy ritual), brokohi (the day of the birth) and selapanan (35 days after the birth). However, both Mak Legi and Mak Janiah agree that tingkeban, also called mitoni, is the most important ritual. In is in accordance with de Waal Malefijt and van Wengen.

Mak Legi (case 4) and the mitoni ritual

"...Mitoni ritual is most important for the first child. However, it is also important for any children that follow, but then a modest selameian (communal meal) will suffice.

13 Kakang kawah ade ari-ari.
14 Kaki bumi nini bumi
Mitoni has to do with spiritual cleansing (diruwah rosul). Bathing takes place in the 7th month on an auspicious day, depending on the mother's birthday. Because the mother's womb is where the baby resides, during mitoni we try to cleanse the baby, so that it is born pure, smooth and without dirt, and that the birth itself is not hindered by anything. We address God and those who accompany the baby, meaning the placenta and the amniotic fluid. We also ask berkah rahayu (blessing) of its forefathers who have entered the spiritual realm and ask them not to disturb the process of giving birth. Well, you see, for this reason the mother has to be bathed with air suci (holy water) and air kembang setanum (specially prepared water with seven kinds of flower petals). The father too has to be bathed, because his sperm formed the baby, while the mother carries it.

First the mother is bathed and brought back to where her family sits. In Suriname this would be in the front yard, but here the bathing is done inside. After that she has to put on seven different sets of traditional batik clothing (kain batik) and each time the dukun will ask the family whether the costume looks good on her or not. (Pye pantes ora?). The family will then respond, “ora” “No, not yet!” and this is repeated, until the seventh time, and then everyone will say “wis pantes, apik” “Yes, that's fitting!” The mother will then stay dressed in this costume. A palm leaf will be tied around her belly. Thereafter the couple will perform one other ritual: the mother will do dodo! rujak and the father dodo! dawet (‘selling’ fruit salad and a coconut drink).

Normally this ritual is performed by those belonging to the Islam madep kulon and kejawen group. A more simple syukuran with more Islamic elements is performed by the other group or Islam madep wetan, and usually will be held after the birth.

Selapanan

In an effort to depict a ceremony in relation to postnatal care of a baby (selapanan), I am going to relate what I witnessed at the house of a certain dukun in The Hague. Her name is Tumi (case 4). She has three children and has lived in The Netherlands for 30 years.

Mak Tumi a Javanese-Surinamese Dukun and a selapanan ritual

A green painted door opened when I arrived there at the house on a certain afternoon in early spring. This is where Mak Tumi, a dukun bayi (traditional midwife) lives. ‘Mak’ in Javanese is a kind of address to an elderly woman. This house is located at Wisma Tungal Karsa The Hague, which a housing complex built by the housing administrator of the Dutch Government in 1992. The Stichting Budi Utomo, a Javanese-Surinamese immigrant organisation, operates this housing complex. It is a dwelling complex especially dedicated to the elderly Javanese-Surinamese immigrants.

The selapanan ceremony which I observed in Mak Tumi house is a ritual for twin babies of a couple Widi and Fery (both pseudonyms). This ritual consisted of tying sawan cord around one ankle, massaging the whole body of the baby,
shaving the baby's hair, bathing them and nggebyak (which literally means shocking or startling the baby by slapping the pillow on which it is laying).

The selapanan ceremony starts with certain preparations. First, Mak Tumi gets her instruments from the box which she takes out from the sideboard. In this box there is a black cloth that has been sewn into the form of a robe. This robe contains herbs and dried roots; tringo, bengle and kunyit (turmeric). According to Mak Tumi, all those herbs and roots protect the baby from bad weather that may cause instant illness of the baby (sawan). She also puts two five-cent pieces into a cup, which is filled with water and mint leaves. For the shaving she uses a razor and a small pair of scissors.

When everything is ready, she rolls out a mat in the middle of the room and she sits with her legs stretched forward. She takes a plate that is filled with coconut oil and Johnson & Johnson baby lotion and starts unbuttoning the baby's clothes. When the baby is naked she takes the plate and holds it straight above the head of the baby and she uttered a prayer. She starts her prayer by uttering Bismillahirrahmanirrahim, and at the same time blowing on the plate.

The massage ritual is started by her staring at the baby’s penis. “How beautiful it is, your penis is big; you will easily produce lots of children” she utters while laughing. Then she starts massaging the baby beginning from the back to the thighs and legs. She then turns over the baby and begins to massage its head, its face and the whole body of the baby up to its feet.

Then the shaving ceremony starts. As the cradle cap on the baby's head has dried up to a rather thick layer, she has to change the razor several times and asks Fery to take off the flaky skin from the razor.

Having finished she takes the baby to the bathroom to be bathed. She use Johnson and Johnson baby soap. There are no flowers in the water as Javanese normally use in this kind of ritual.

Then she brings the baby into the middle of the house and lays it down on the pillow that she has put down on the mat before. The next ritual is what they call nggebyak or startling the baby by slapping the pillow three times on which it is lying. The whole ritual is repeated for the second one.

After both babies have been shaven, Mak Tumi takes a rest for a moment while she is carrying one of the baby's because Widi is preparing a bottle of milk. The moment this baby is asleep, she invites Widi and her husband to put the twins in her bedroom.

A short time thereafter Mak Tumi invites Fery to enter the consultation room to undergo massage. At first Fery refuses because he is running a fever. But Mak Tumi insists that it should be carried out as a prerequisite in the selapanan ritual series. The massage process itself lasts only 15 minutes. Outside the consultation room Fery appears to be shivering from the cold. Mak Tumi, then, gives him panadol and let him sleep with the babies in Mak Tumi's room. In the meantime Mak Tumi starts to massage Widi.

Mak Tumi massages Widi a little bit longer then Fery giving her in the meantime advice about drinking jamu because she has observed that Widi is growing a little bit fatter. “Look you are growing fat because you are not drinking jamu and you do not want to use a bengkung”. Widi answers that her midwife doesn't allow her to use a bengkung, but Mak Tumi replies that it is only because of Widi being lazy.
As to previous patients before, Mak Tumi offered *jamu pegal linu* to Fery who then bought three boxes. When Widi went to the kitchen to heat the milk I asked how much she had to pay to Mak Tumi apart from the *jamu*. She said that usually she paid 25 guilders for a * pijit* therapy, but this time she would be paid twice the amount because it was not only a massage she had given. Later on Widi explained that Mak Tumi was like a granny for her to whom she could turn to for any kind of problem. Her position she was holding in their life they considered alternate parents because they were living in Holland without any relatives as their own parents were still in Suriname.

Around five in the afternoon Mak Tumi’s activities of that day had finished; she looks tired and slumps down on the sofa. I too had to say goodbye with the promise to return once more as Mak Tumi had told me that the following week she would be massaging a young women who suffered from indigestion.

The *selapanan* ritual by Mak Tumi differs from the description given by van Wengen (1974) and De Waal Malefijt (1964), who both mentioned the use of offerings at life cycle ceremonies. In *selapanan* this is considered most important.

*Selapanan* ritual and offerings consisted of *sega gudangan* (rice and various kinds of vegetables in coconut sauce), boiled eggs, *jajan pasar* (various kinds of cakes, fruits and kinds of tubers), five kinds of rice pudding—all neatly stacked on small plates and completed with flowers and incense. The *sega gudangan* together with *jajan pasar* will be given to the *selametan* attendants, while the sajen will be placed under the newborn baby’s bed.

The way this kind of *selapanan* ceremony was carried out by Mak Jainah (case 6), another *dukun* who lives in the Hague, resembles the description by van Wengen and De Waal Malefijt. According to her, in *selapanan*, besides shaving and massaging the baby, one should also prepare an offering for the baby’s companion: this is what we call the placenta and amniotic liquid, both inseparably linked to the baby’s journey until birth. According to her that is why we should respect these two elements, as symbolised in the form of an offering. Thus the main offering for *selapanan* is five kinds of *jenang* all
prepared together with jajan pasar and sego gudangan. As Mak Jainah explained, the jenang is symbolic of many things:

"...The white jenang symbolises the father’s sperm; the red jenang the pregnant mother; the brown jenang stands for everything that comes out with it during birth. Jenang sengkolo is used to ward off evil spirits and finally jenang palang, (a blue cross) in which horizontal and vertical lines symbolise the possible bad influences from the four directions of the wind..."

However, apart from preparing offerings, the process of selapanan which I saw with Mak Tumi resembled very much with what I heard from Mak Jainah. According to Mak Jainah, first the baby should be diurut (massaged), then shaved, bathed and its nails cleaned from everything that comes out at birth.

The shaving was explained as follows:

"...The dirt on the baby’s head comes from its father’ sperm, because it is not possible what the parents did not have sex for nine months. If it is not cleaned away, it will later become dandruff (sindapen), no matter how often one will wash one’s hair..."

4.3. The changing role of Dukun

Apart from van Wengen’s observation, there doesn’t seem to be a separation between different specialisations of the various dukun in Holland, and they seem to be all-round. In Suriname, according to van Wengen, every dukun seems to be a specialist in one field or another. Every dukun is a healer, both on a physical as well as a spiritual level. The specialization of spiritual healing involves two types: dukun kebatinan (spiritual healer) and dukun prewangan (spirit medium). The difference between the two is that dukun prewangan are believed to have ‘magic powers’, able to command certain spirits, for instance through special rituals. While dukun kebatinan concentrate more on healing one’s inner or spiritual well-being.

Moreover, every individual dukun has his/her own specialization, usually learnt from a parent or grandparent. A separate dukun is needed to prepare the offerings, or sajen, called dukun sajen, usually a man. At weddings a pair of dukun, or dukun manten, performs all the necessary rituals, including applying
the special make-up, hairdo, and costumes. Furthermore a *dukun tjalak* is called upon for male circumcision, usually performed for young boys, and this dukun too is usually a man. Lastly, there is the *dukun bayi*, assisting in all aspects of reproductive health care: menstruation, pregnancy, giving birth. (van Wegen 1974: 24-29). However, van Wegen did not mention the various types of massage or *pijit*, an important aspect of traditional Javanese healing, which are performed by most dukun, because according to the Javanese view pijit is considered an indispensable part of health care behaviour.

During my research I did not find any separations between the various dukun I interviewed. In fact the above-mentioned *dukun tjalak* seems to have disappeared, partly as a result of the Dutch health policy of offering assistance for circumcisions in the hospital. Also I did not find the special *dukun sajen*, because offerings as part of communal rituals don’t play an important role among the Javanese -Surinamese in Holland.

Female dukun, however, have assumed a most important position, because they perform all the rituals pertaining to life cycle events, which have become the most frequently performed rituals. Furthermore, they play a crucial role in the socialization process, teaching and providing information concerning Javanese cultural norms and values.

During a wedding ceremony I witnessed in Den Haag, values on gender were illustrated clearly through symbolic objects and recitations. The ritual included stepping on and crushing a raw egg by the groom, while his foot was cleaned by the bride (*midek endog*), symbolizing the breaking of the virginity as well as the obedience of a wife towards her husband; next, *kacar kucur* ('to pour'), where the groom pours the content of a white cloth, which is filled with small objects such as grain of rice, flower petals, coins, etc., in to the lap of the bride. This symbolises the husband’s obligation to provide for his wife, while she accepts what ever he gives her, good as well as bad. (Rebecca wedding, 15 July 2000)
The dukun is crucial in interpreting the right way of performing the ritual, including, if necessary, applying modifications. This is illustrated by Mak Jainah, in the case of burying the placenta, which is usually done in the back yard, but here that was impossible due to lack of space. To solve this problem, Mak Jainah suggested the following:

"...I asked the parents to give me a large flower pot, big enough to plant a whole palm tree. We filled it with earth, and there I buried the placenta, before we planted the palm tree or banana tree on top of it. Now it can be used as a house decoration. Even more practical, when they move, they will be able to bring it..."

Also in case of the offerings, Mak Jainah came up with some changes:

"... As a dukun I should know the situation of my clients. If they can afford it, good, I will perform every thing according to Javanese customs. But that is not always possible. For instance, it is very difficult to obtain melati flowers in Holland, so I revert to using other white flowers, like chrysanthemums or roses. What is really difficult to find here but should be used is janur (palm tree leaf), for it carries many symbolic meanings. Be it dried, that doesn’t matter, it is indispensable for selapanan and kembar mayang. For that janur normally I asked my relative to send it from Suriname."

A comparison of the role dukun (healer) in performing on reproductive health rituals

As we can see from Mak Jainah and Mak Tumi performance, there were difference types of ritual for the same ceremonial i.e. selapanan. The main difference between the two dukun is the use of offerings. The question posed here is why is it, however, that Mak Tumi in accordance with Van Wengen, or Mak Jainah, did not practise this? I presume this is so because Mak Tumi’s interpretation differs from the original Javanese source.

Perhaps Mak Tumi acquired her skills in a different way from the Javanese original and she is not aware of the detailed tradition. She confirms having learned massage from a specialist in Indonesia, and the other rituals from just having seen them being carried out by specialists in Suriname.

15 Selapanan is a ritual performed on the 35 days after giving birth.
Genealogically Mak Tumi does not come from a *dukun-*family. This is a condition for the transmission of inner knowledge, which is given from (grand) parent to child. To be a descendent of a *dukun* is an important factor for the legitimisation of any *dukun*. Or, as Mak Legi (case 4) explained: “...Anyone can say s/he is a *dukun*, but to be a true *dukun* cannot be learnt; the knowledge comes from one’s background, and it is transmitted through one’s forefathers, as one’s duty to be continued unconditionally...”

To illustrate how the inner knowledge is transmitted from one generation to the next, I will discuss the experience of Mak Jainah:

“...I was born in 1933 as the sixth child of my mother, and the fourth of my father. When my mother arrived in Suriname she already had two children. But my mother arrived here without her husband. According to her, she was sold as a worker and brought to Suriname. My parents came on the same ship, but didn’t know one another. They got married after their contracts had finished.

As a young child I was always interested in healing. My aunt recognised the signs: I was weak, often ill and had a skin disease that could not be treated. Because of that I couldn’t go to school, and I had to bring a little white flag every time I went out, as a sign that I was still sick.

My aunt introduced me to healing practices when I was 17. She told me to accept my fate (as a healer) even though it meant that perhaps I wouldn’t marry. As a married woman the household would not be stable, and as a widow I would often be ill. For my children they would be greater risks, because after all I would often be involved in spiritual matters. How strong would I be? What would happen if some one else would have greater powers than I and disturb my life and my family?

At that moment I kept all this to myself. I did not feel ready yet. My aunt only said that I now knew, that I should carry it out myself. But I said that I was still too young, I wasn’t ready yet. I wanted to have some fun first. Next my aunt used a parable “It’s up to you. I already bought you clothes, but if you don’t want them yet, put them away in your closet; if the moment arrives that you need them take them and use them”. Then I knew that if one can’t use the knowledge yet, one should save it first, until the moment comes.

I did not use my inner knowledge until I was 45 and my elders sister grandchild gave birth, and the *dukun* was not there, even though, the contractions had already started and my sister asked me to help. I didn’t decide right away, I asked for some time and for a sign from God. Perhaps this was my time, I thought. From that moment on I have worked as a *dukun*.

Kembar mayang is a special decoration, put up on either side of the bridal couple’s chair, as well as at the gate.
In Suriname I did this until I was 53. My foster child who had gone to Holland, asked me to come over, because in Suriname I already lived alone. Here I continued my forefathers’ traditions. As a woman dukun I perform all rituals, from marriages, pregnancies, births, and deaths”.

Such a life history is often found among dukun, apart from acquiring their knowledge genealogically. Often someone becomes a dukun in order to help a close relative, or one’s grandchildren.

This is the case for Mak Legi (case 4), a 70-year old dukun in Rotterdam.

“...I started as a healer after I had 5 children. The preparations took a long time, more than 7 years. From when I was little I joined my grandmother in fasting and so on, maar echt [but truthfully] I only became a true dukun when I was much older. I acquired my knowledge from my grandmother who taught me while she herself worked as a dukun bayi (traditional midwife). I was aware how difficult it was to have many children. If one was sick, we needed to go here and there, to find a traditional healer to make the child better and so on. My grandmother was already old and she told me “listen, now that I am old, the moment has come for you to replace me. We are not like snakes, which regenerate themselves; I have already given you the knowledge.” After she gave me her blessing, I started my own practice as a dukun until now.

However, there might be another reason that Mak Tumi doesn’t exactly adhere to the traditional ways. Perhaps the demands for her practices also play a role. Mak Tumi belongs to the Islam madep wetan group (puritan), or at least most of her patients do.

They celebrate most rituals connected to life cycle events, leaving out several elements that they believe is not in accordance with puritan Islamic teachings; perhaps Mak Tumi is aware of this, and has adapted her skills to this situation. In fact, the two Islamic groups have their separate adherents with their separate needs and demands for a dukun. How busy a dukun can get I will describe here based on the information of dukun Mak Jainah (case 3).

Mak Jainah and a busy dukun

“...My agenda for this month (July) is very full. On the first there is tingkeban; on the third is a selametan puputan. This selametan is performed after a birth. On the fifth I assist in performing circumcision. Even though a doctor performs the actual circumcision, I have to make the offerings and do the cooking for the kendurenan. On the seventh and the eighth I go to Rotterdam for the marriage of my grandchild. On the ninth there is another selametan tingkeban, and on the tenth visitors are coming to discuss the preparations for a wedding. On the eleventh and twelfth I have to start the preparations for Rebecca’s wedding (case 8). On July 13th I have
to cook for her and make the traditional kembar mayang (two ornaments made from palm leaves, flowers, banana plants and coconuts symbolising the male/groom and female/bride) as well as making the couple's marital chair and preparing a sikum ceremony. On July 14th I continue to cook for Rebecca's wedding in the afternoon for the slametan after panggih ritual. I will not attend Rebecca's big party, because I need to go to Heerlen, which is three hours by train, for a selapanan the next day. On the 17th I will have visitors for consultations concerning a wedding. On July 18th and 19th there is tingkeban for a couple in Rotterdam who lost their first child when it was 8 months old. After this happened, they came to me for the special massage after which the mother became pregnant. Now they are asking me to perform tingkeban for their child. On the 21st I promised to visit a pregnant woman for treatment (mbenake) before she will go to the hospital to give birth. On the 22nd there is a birthday of the head of our organisation, and on the 23rd I have to do another tetesan/female circumcision in Alkmaar. On the 25th and 26th there is selapanan in The Hague, and from the 27th to the 29th I assist in the preparations for a wedding from the very beginning until the sikum and panggih and the selametan at the end. On the 2nd of August there is another massage for mbenake, for a woman who according to her doctor will be giving birth on the 12th. So you see, those are my activities in July. Besides, there are always patients coming to the house for massage..."

This illustrates how actively involved a dukun is in Javanese-Surinamese society, involving many different families and social classes, and illustrates what Mak Jianah has said about serving people from birth until death.

Their views concerning health also differs from the Islam madep kulon group. When I asked Mak Tumi concerning female health conditions during her pregnancy, she explained:

"...A healthy pregnant woman looks fresh, not pale; her legs will not be swollen. If this happens she should reduce the intake of salt; otherwise, she will get hypertension. This is dangerous because the bleeding might start..."

Sometimes from a medical point of view this is not totally correct, but we still recognise notions from biomedicine, for instance concerning her understanding of fertile and infertile women:

"... When a woman who cannot get pregnant visits me, first I will give her a massage near her belly button and lower stomach. If that part becomes more tender and the position of the womb feels right, I can recognise whether she will have children or not. I do this by massaging the belly button, where I can feel a sort of sound "dek...dek...dek."(ticking) like a clock. That means that she can get pregnant, and I only have to loosen the muscles that disturb the passing of the sperm. But, if don't feel that sound, she will never get pregnant; she has no fertile ground. Like a hen she has no uritan, which is a sign that it will lay eggs..."

A similar argumentation is used concerning the tali sawan (small rope) tied to a baby's ankles. According to her, it will protect the baby from the cold air
especially around its feet because various herbs are tied in the *tali sawan*. The herbs bear no relation to the influence of bad spirits etc. It is merely a means to protect a child from the cold.

Although both groups emphasise the importance of pregnancy and giving birth and much attention is given to the pregnant woman, the *madep wetan* group is concerned with a more direct, ‘logically understandable’ care. The *madep kulon* group emphasises more the spiritual elements, which is more in accordance with their view of the continuity of human life. Thus they will address the tangible as well as the intangible relations guiding one’s life so that the *selametan* and *sajen* become important and make sense in their performance of the rituals.

### 4.4. Informants’ experiences concerning practices of traditional Javanese health care

Several rituals were selected to see to what extent my informants practiced traditional healing practices. For this selection, I first took information from some references in the literature (De Waal Malefijt 1964, van Wengen 1975, Suparlan 1995) and I chose reproductive health-care rituals. Next, I compared the situation in Suriname with the situation in Holland, according to some *dukuns*. I then made a list of rituals and asked my informants which ones, and how often they would practice it.

For myself I had already grouped life cycle rituals together: starting from pregnancy, then giving birth (*metu*-hatched), then followed by menstruation and marriage (*mantu*-matched), and finally death (*mati*-dispatched). The first ritual included *mitoniltingkeban, mbrokohi*, burying the placenta, keeping the umbilical cord, *tetesan* or female circumcision and *selapanan*. Next, came rituals pertaining to menstruation, i.e. *nggarap sari*, marriage (*sikum* and
Finally, I asked about which rituals the informants would use in case of death: surtanah, pitung dino, patangpuluh dino, nyatus, nyewu, pendak. However, this last category I considered less relevant because these are usually family decisions, and therefore I concentrated on reproductive health care rituals. I also included more general questions about other forms of health seeking behaviour, such as drinking jamu and massage.

From eleven informants, five belong to the older generation, six to the younger. Regardless of religious outlook, the older ones who had their children in Suriname, admitted to have performed Javanese reproductive health traditions without any second thoughts. As expressed by Mak Legi (case 4):

“...We didn’t have midwives or doctors. In Paramaribo, yes, but in other places, like Lelydorp, Taman Rejo, Saramaca, there were only a few midwives. I think most women gave birth with the help of dukun. And of course every ritual from birth to puputan and selapanan was performed regardless of religious outlook...”

Julia (case 1) told a similar story

“...In my village, I performed all the rituals for pregnancy and giving birth. But I did not drink jamu while I was pregnant, I feared it would affect the baby. We lived in the city and my children where born in the hospital. But right after giving birth I asked my family in the village to ask the dukun to prepare special jamu, and have the bottle brought to us in town. They sent me my jamu every time until 40 days after giving birth. After that I organized selapanan, and also nindik piercing the ear and tebesan (circumcision) of the newborn...”

If the older generation generally practiced the traditional rituals, how do their children see or think about this? The findings of my informants, both the older and the younger ones, are givinghere.

Mitoni/tingkeban

This ritual was performed by two of the four older women for their daughters. Two others did not perform it, one on account of her in-laws being Christian, and they did not consider it important, while the other one told me that her husband did not permit it, also on account of religious considerations (case1). However, he did send his daughter to see a dukun when she was pregnant for
mibenake. The two others who both are dukun, both had their babies undergo this ritual.

From the younger ones, five of them had children, and only two of them performed mitoni. One of these mentioned her husband, who was Kejawen/Islam madep kulon, for whom practicing this ritual is considered important (case 7). One other feels that she is too far away from her parents and wants to concentrate totally on the actual birth (case 9).

Four others did not perform it, for various reasons: one is married to a non-Javanese husband (case 8), the next one because her husband is Christian (case 10), and one more who says that she is too far away from her family (case 11).

**Giving Birth**

Only one woman out of the four women of the older generation gave birth in the hospital. The others gave birth at home and where assisted by a dukun, or a midwife who was called to the house.

Of the six younger women who live in Holland, five of them mentioned that either a doctor or a midwife was present at the birth, which was conducted either at the home or in the hospital. None of them have called upon a dukun bayi.

**Burining the placenta, and brokohi** 16

Brokohi is a modest ceremony, consisting of a communal meal (slametan among-among) and preparing a small offering. Together with brokohi, there is a special ritual concerning the burying of the placenta. Usually a number of small objects are buried along with it (gawan). 17

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16 Rituals performed right after the birth.
17 Gawan (meaning ‘luggage’) consists of pins and thread, pencil, a mix of herbal remedies, salt and sugar. Coin these are considered to ensure a beautiful life and be a pleasing child, smart, rich and creative.
All the older informants said that for all their children they organized slametan brokohi and also the burying of the placenta. One of them only partly performed this, because she gave birth in the hospital (case 1), but she did provide sega gudangan for the communal meal with the family. Another mentioned that she did have the communal meal and did bury the placenta, but this was done without the special ceremony (case 5). The two others (case 2 and 4) performed the complete ceremony.

Among the young generation only one performed the brokohi and burying of the placenta ritually (case 7). The others admitted not to have performed brokohi, because they gave birth in the hospital, and that no one could help in for preparing that rituals, and for their husbands it didn’t seem to be important (case, 8,9,10,11). However, for the second child, two of them did perform both rituals, because in both cases they gave birth at home (case 9,10). Giving birth in the hospital did not mean, however, that it couldn’t be performed. Giving birth at home became for them a defining factor in deciding in favour of performing these rituals, as if religious considerations and influence of husband and in-laws were less important. According to Dini (case 7)

"...My daughter was born in the hospital, but before the birth I asked the midwife to give the placenta to my husband, so that we could bury it. And she agreed to that..."

**Preserving the umbilical cord**

All my informants admitted that they preserved the umbilical cord of their children. All gave the same reason and said that, once dried up and soaked in water, it is believed to cure the child if there is a sudden fever by administering it on its skin.

For the young generation, although all of them say that they keep the umbilical cord, not one has actually used it.
Selapanan

All of the older generation have organized selapanan ritual for their children. However the ceremonies are varied. Some took the child to the dukun for massage and shave its hair; others organized a communal meal (selametan) for family, neighbours and friends. A son or a daughter did not make a difference as far as the ritual was concerned, but the girls' ears were pierced and they were circumcised. 18

Only three informants of the younger generation have organized selapanan for their child, i.e. Dini (case 7), Widi (case 9) for her second child, and Nunky (case 10). Dini followed the request of her in-laws and she herself also wanted to do this. Widi wanted to do whatever was best for her child.

She had lost her first child as the result of brain cancer so that her second child very precious, another reason was that felt far away from her parents, and the dukun replaced that contact.

Nggarap sari (menstruation)

All of the older informants mentioned that their mothers took care of them in a traditional way when they first experienced their period. This care consisted of making herbal remedy (jamu kunir asem), applying massage (mijetke) and ritual meal called nggarap sari. Here too there are some variations in the ritual, but religious outlook and/or traditional views are an important motivation.

Both Julia (case 1) and Rina (case 2) did not do anything special when their daughters experienced their first period. They consider menstruation to be a normal event and both felt that a special ritual was not necessary. Moreover, neither of them could make the appropriate herbal remedy (jamu) and the

18 Boys are circumcised at a later age.
dukun would not always have the necessary ingredients. Besides, their daughters did not like drinking jamu, due to its bitter taste.

Only one woman from the younger generation had a daughter who had reached puberty (Dini, case 7), but she did not perform any ritual for her first menstruation; although her husband is Kejawen, neither he nor his relatives asked her to ‘celebrate’ this event in any special way.

Nevertheless according to Mak Legi (case 4) nggarap sari rituals is considered to be a very important ritual in order to maintain women’s reproductive health condition in the future.

“... The most important thing in nggarap sari is the jamu (this will cleanse the womb). This jamu consists of various remedies, like temu ireng (black turmeric), temu lawak (wild-turmeric), temu giring ( - ), kunir (turmeric), boiled together with the leaves and roots, added with lempuyang, bengle, and beluntas leaves, grounded and, after boiling it, filtered. In the morning the young girl should be bathed with some of that, and be given jamu to drink, while standing in the doorway, facing east, when the sun comes up. This will make her keep her young looks, healthy, slender, and without stomach- or other aches in the womb. Next she should be massaged.

If she is taken care of in this way, she will not become big after giving birth. But if she is not taken care of in this way, she will certainly grow big and fat after giving birth, and her child will easily attract a skin disease (korengan) and itching, because her womb was not cleansed....” (Mak Legi, oral information).

**Jamu and Pijit**

All my informants from the old generation admit to drinking jamu regularly. This is commercially produce jamu that one can buy in the shop (jamu cap timbangan), or some times jamu godogan (home made). The same applies to pijit: all of my older informants admit to regularly receive massage treatment by the dukun.
From the younger generation, three out of six admit going to the dukun for *mbenakke* (case 7, 9, 10) and one of them always received pijit from her grandmother (case 10). The others never go to the dukun with the reason given that they live far from any dukun. Only one (case 6) sees a dukun regularly, because she suffers from menstruation pain.

"...It's a pity that Mak Tumi lives in Den Haag now, before when she lived near by I often visited her for pijit. I have a problem with my menstruation, and I also have an eating disorder. Usually she massages my stomach and says "iki lo piuie tak benake..( translation: here you know, is your stomach I will set it straight). Normally I will feel better and eat more afterwards..."

One of young generation was believed that pijit also could help her with healing her reproductive health problem. During the process of *selapanan* ritual in Mak Tumi house (case 2) Widi (case 9) and her husband, for instance, recount how they have tried their utmost to conceive twins. According to Widi it was a gift of God because her first-born would be 5 years old if he were still alive. That child died two years ago from brain cancer. After her child had died she stopped using contraceptives in order to get pregnant. She also consulted a gynaecologist but according to her all those efforts were not successful. Following the advice of her brother, Widi was introduced to Mak Tumi in order to undergo her massage. After only two sessions of massage therapy, Widi conceived. Widi and Ferry are fully convinced that this pregnancy was the result of the massage and deep tissue therapy carried out by Mak Tumi. For them it was a miracle that they had twins considering the fact that in either of their families there was no history of twins.

4.5. Motivation to undergo Javanese rituals concerning reproductive health

Here I will concentrate on the views and practices as found among the younger generation—women who are still in their reproductive years (and who do submit to practices of the *dukun*), who are the third generation descendants with a strong Dutch cultural background.
• Conviction

Dini (case 7), age 43, one child.

"...My mother-in-law firmly believed in Kejawen and my uncle who lives in Den Haag, is a dukun. There you can see many visitors who come there for spiritual healing. Now, alhamdulillah, thank God, she is truly Islam not Kejawen anymore. But in terms of sickness and health she still chooses a Javanese approach. Even here in Holland, she prefers seeing her brother rather than going to the doctor. Some time ago she stayed with him for three days because she was sick. Even though he only treated her with a mix of betel vine leaves and water, she recovered. It can only be through conviction and believing. I told her that going to the dukun is not in accordance with Islamic teaching, but she replied that she believes in God and not in the dukun—that the dukun is only an intermediary. I can’t make her stop going there. What’s most important is that she feels healthy."

Individual conviction and belief that the dukun possesses extraordinary knowledge often are the reasons why people seek treatment from the dukun. This is especially the case for ‘ailments’ that need special care and attention like pregnancies. Concerning reproductive health, I came across several cases where individuals visited the dukun for massage invoking pregnancy.

• Alternative for regular biomedicine

Along with changing perceptions among the younger generation regarding returning to a more natural way of life, attitudes refuting a pattern of overconsumption and excessive reliance on medication also influence the choice to see a dukun and try traditional Javanese ways of healing, almost as an alternative therapy. Unlike in Java, they don’t start drinking jamu, which they consider bitter, expensive, and difficult to obtain. Rather they ask for urut and pijet (massage). According to Lucky (case 6), age 29:

"...Every month I have this problem: my menstruation. Sometimes it is very bad, especially in the winter. That is why I went to see the dukun, who gives me a massage. After moving to another city, I couldn’t visit her every month, but at least once every 2-3 months I see her. I visited the regular doctor many times but he can’t do anything about it and just gives me painkillers. I don’t want that anymore. I want a more natural, healthier medicine. Too bad jamu is so bitter. But I do drink
a ginger drink every month before my period. That helps a lot to take away the pain..."

- **Distance from relatives**

I also noted a strong desire to protect the child, when one is far away from one’s own parents: in that case a *dukun* becomes almost a surrogate parent. According to Widi (case 9):

"... My first child was born in Suriname. I was only 18 years then and lived in my parents’ house. I don’t remember clearly whether my mother practised any Javanese traditions or not, but when my second child was born here, my mother wasn’t around. I had to decide for myself how to care for and to protect my child. Then I asked my husband’s permission for the *selapanan* ritual. I believe strongly in the good fortune of this ritual because if it weren’t important, our parents would not have performed it..."

On the other hand, being away from one’s parents gives the opportunity to stay away from the Javanese rituals. The knowledge about Javanese traditions is there, but women don’t perform any of the rituals because no one expects them to do so. As according to Minah (case 11):

"...As far as my beliefs are concerned, I am *Kejawen*. I am neither Islam nor Islam *madep kulon*. But when my children were born, I did not practise any Javanese rituals, because no one in my family was here and my sister lives far away in Groningen. My mother lives in Suriname, so I only did what the Dutch do..."

- **Influence from relatives**

The presence of one’s parents or in-laws often influences one’s decision to visit the *dukun* or execute Javanese rituals. Dini (case 7), a 42-year old described it as follows:

"... When I gave birth to Amanda, I was still very young, only 21 years old. First I went to the hospital, but after the birth I went to a clinic where I was taken care of by the midwife and my mother-in-law. I don’t think it exists anymore. Nowadays women are advised to give birth at home. My mother-in-law was truly *kejawen*, and therefore I performed all the *Kejawen* rituals from the beginning of the pregnancy, even though I did not understand everything."

Nunky (case 10), age 40, told me:
"...My mother practised mitoni selametan when I was pregnant, but after giving birth there were no special rituals. My first child was born in the hospital, and I don’t remember that the placenta was brought home with us. But for my second child, who was born at home, my mother asked the dukun to take care of me and bury the placenta. I also kept the tali ari ari, the umbilical cord because my mother asked me to do so. I have never used it. I have only heard that it is good for warding off a fever when the child gets sick..."

- Role of the husband

The husband also plays an important role in deciding whether a woman will carry out traditional rituals or not. According to Rebecca (case 8):

"...My first husband was Egyptian and when I was pregnant with Nadya I did not practise any Javanese rituals. No selametan, not slapanan, nothing. Perhaps this is because I was not closely involved with the Javanese-Surinamese society. There was no one to support me in these things and my husband did not know any of them. I have no getun (regrets); I only hope that nothing bad will happen to Nadya. Now my second husband is a Javanese-Surinamese. I agree with him that we are Javanese and that is why we follow all the customs and rituals. Thus our wedding was performed in Javanese fashion, complete with all the necessary rituals. And I am very happy, I am satisfied and I feel relieved..."

Conclusive remarks

I found that there are many different motivations to either follow Javanese traditions, or refute them, regarding reproductive health care and ritual practises. I did not find great differences between the Islam madep wetan and Islam madep kulon groups concerning the performance of rituals and individual motivations.

There seems to be an overall pluralist approach, regardless of religious attitudes, but each instance is influenced by an individual’s view concerning Javanese identity and culture, and belief in biomedicine.
Chapter 5

Discussion and Conclusion

It can be asserted conclusively that all informants, from the older as well as the younger generation, are more than familiar with the traditional Javanese rituals and practices concerning reproductive health care. The older generation turned to traditional dukun and midwives not only because they believe in it, but also because they felt they did not have a choice when there was limited access to public health services. For the young generation it can be said that some do, and others don't follow traditional rituals. Variables influencing their choice are, among others, the influence of parents and in-Jaws, attitude of the husband, place of residence, and place of giving birth.

Surprisingly religious viewpoints had not much influence, in other words it was not a significant factor. Perhaps when people were still in Suriname, the Islam madep wetan group was not very influential. Even if, in their religious practices they already turned eastward, regarding life cycle rituals they still followed and practiced the Javanese traditions. In Holland maintaining these traditions has become part of their cultural identity, regardless of their religious outlook.

In the following section I explain some notes in order to highlight in greater detail some of the information I received from the eleven informants.

Religion and identity

According to mazhab (school of thought in Islam) and as I found in my study, the Javanese Surinamese in the Netherlands consist of two groups: a modernist group known as Islam madep wetan, and a more traditionalist group known as Islam madep kulon.
Islam *madep wetan* is characterised by a more puritan outlook, in which the spiritual elements of Javanese culture are not considered very important. Some would even reject its existence. They stick closely to Islamic teaching and some of their organisations receive direct support from missionary organisations from other Islamic countries, such as Saudi Arabia. In fact one could say that they reject all expressions of culture and tradition as far as these bear no relation to religion. As far as their Javanese identity is concerned, they do not consider this as important as religion. Religion becomes the determining factor for them to choose a spouse. However, they speak Javanese and their children preferably marry other Javanese-Surinamese (endogamy).

Islam *madep kulon* is, as indicated by the word ‘Islam’, also religious in outlook, but here more respect is given to traditions, and somehow these are more woven into their religious practices. The existence of an intangible, spiritual world taken from Javanese philosophy plays an important role, not only in their religion but also in daily life. Their cultural identity is more clearly shaped in accordance with Javanese cultural traditions. Some of their children have married non-Javanese (exogamy).

**Health seeking behaviour**

The Islam *madep wetan* group considers Javanese health traditions as being rooted in the pre-Islamic culture, and therefore contradictory to puritan Islamic teachings. Javanese healing according to this group is considered ‘illogical’ and is therefore not in line with the modern and rational medical world. In addition, those kinds of practices belong to people who have been left behind in the modernisation process. They, therefore, tend to avoid the Javanese health traditions particularly in relation to *kesehatan bathin* (inner, spiritual, magical healing).

However, according to Islam *madep kulon*, humankind unites both physical (*lahir*: tangible and visible) and spiritual (*bathin*: invisible, intangible).
elements. Humankind needs to maintain their *kesehatan batin* (inner, spiritual health) in order to maintain those two elements in a balanced relation. *Kesehatan batin* needs to be sustained with rituals through which the physical and spiritual elements keep each other in balance. This will result in the attainment of harmony, which in turn makes for a healthy life condition.

In order to maintain good physical health one needs to practise *urut* and *pijat* (two types of Javanese massage), drink *jamu* (the traditional herbal medicine produced by *jamu* industries in Indonesia), or drink remedies made specifically by the *dukun* (traditional healer). Both the Islam *madep wetan* and Islam *madep kulon* groups conduct these practices.

Massage is usually practised by a female *dukun*. It usually helps to ease fatigue, reduce pain in the bones, headaches, and disorder of the reproductive organs as well as overcome gastric disorders. To maintain one's spiritual health, various rituals are performed, both communally and individually. The Islam *madep kulon* group openly admits performing such rituals.

Both groups pay special attention to and care for reproductive health care practices, but the Islam *madep wetan* group emphasises more direct, and 'logically' understandable care for pregnant women and the newborn. Biomedical treatment is usually considered sufficient. Although certain rituals are still being performed, these are simpler and less often executed compared to the Islam *madep kulon* group.

According to the Islam *madep kulon* group, besides purely physical attention and care for pregnant women through biomedical treatment, there also needs to be special care for all the beings in the spiritual realm. The belief in spiritual elements is so strong, that it is assumed that every baby has a younger and an older sibling accompanying and protecting it in the mother's womb.
Thus offerings, the burning of incense, uttering of the prayers, and seeking protection by spirits is all considered an indispensable part of one's health seeking behaviour by the Islam *madep kulon* group, while they are rejected by the Islam *madep wetan* group.

**Rituals**

Both groups believe in the performance of rituals for life cycle events. However, for the Islam *madep wetan* group this takes the form of *syukuran*,—in accordance with Islamic teaching—without burning incense or preparing *sajen* (offering).

The Islam *madep kulon* group performs many more *selametan* rituals. Although prayers are always uttered, these are usually directed in an effort to establish and maintain a harmony (balance) between two different realms that together guide human life: the tangible, natural, human existence, versus the intangible, supra-natural, spiritual world. *Selametan* and *sajen* are important elements in the rituals.

Originally there were two types of rituals: public and private. The public rituals normally relate to agricultural and communal welfare activities. After they move to Holland, however, Javanese-Surinamese are no longer involved in farming, while many welfare communal activities are taken over by the Dutch government. In this situation the rituals in the domestic sphere have taken on a more prominent role.

The domestic sphere rituals are usually related to life cycle rituals. Those currently performed by the Javanese-Surinamese in the Netherlands are: *mitoni* (7 months of pregnancy) *brokohi* (the day of giving birth and burying of the placenta), *puputan* (the day when the navel cord falls off from the baby's body), *selapanan* (a ritual which takes place 35 days after birth), *tetimesan/sunatan* (female circumcision), *tindik* (ear piercing, normally as a
symbolic gesture), *nggarap sari* (a ritual on the first day of the first menstruation), *sikum* and *panggih* (two steps of the Javanese marriage ritual).

**Being in Holland**

For the Islam *madep wetan* group, living in Holland means accepting the overall western biomedical approach, since for them this is considered a rational approach that does not interfere with their religious outlook. Nevertheless regarding reproductive health care they do accept and perform certain rituals and treatment that come from their Javanese traditions. In this case they visit dukun for *pijit* and *urut*, are prepared to drink *jamu*.

While for Islam *madep kulon* the performance of rituals and ceremonies is considered most important, nevertheless, for reproductive health care they also take western biomedical treatment and experts into consideration. Subsequently their rituals have become more a part of their cultural identity, while for their health they are prepared to be dependent on medical treatment.

In conclusion, in the Dutch context, I do not see any conflict between the western biomedicine and the Javanese health tradition, particularly in the individual sphere which is related to choices made by the individual. The Dutch government’s regulations require their citizens to be involved with the health insurance system as part of community health facilities for which tax is imposed. The Javanese-Surinamese as members of Dutch society fully adhere to the rules and regulations regarding the medical health system. Nevertheless, the Dutch health system also allows people to choose alternative approaches. In terms of giving birth, for instance, the Dutch government even encourages people to give birth at home. Thus, the Dutch government’s system actually does not forbid using any kind of alternative medicine as long as there is no risk involved.
Discussion
The Javanese health tradition as practised by the Javanese-Surinamese in the Netherlands is filled with paradoxes. The following is a paradox, among others, which I noted. Islam *madep wetan*, for instance, on the one hand rejects every form of Javanese rituals on the grounds of its contradicting the purity of Islam teaching. On the other hand, the young generation, regardless of their religious background, is encouraged to sustain Javanese tradition as part of their cultural identity. The young generation of women from the two groups continue to perform rituals related to life cycle and reproductive health care: they practise the *mitoni* ritual, *selapanan* ritual, and burying of the placenta in the Javanese tradition and believe that the placenta is a baby's twin. They save the dried umbilical cord even though they never use it as an anti-fever medicine like their parents did when they were in Suriname. They take their daughter to the *dukun* when she enters adolescence and experiences her first menstruation. When they get pregnant, they also go to the *dukun* for *mbenake* (which literally means 'shaking the womb' in order to put the unborn baby in the right position before giving birth).

While the Islam *madep kulon* group strongly believes in Javanese health traditions, they also accept the western biomedical health traditions, even though, theoretically, the two forms of health traditions are considered to be based on different paradigms. In this context, both groups are trying to combine these two medical approaches. The *selamatan* rituals are more of an effort to sustain their Javanese cultural identity, rather then supporting their belief in its spiritual or magical power for their spiritual health.

Another paradox is also shown in the practice of the rituals themselves. Theoretically, Javanese rituals are performed in order to maintain harmony. However, the various rituals performed in the Netherlands are more related to life cycle events than to communal rituals, whereas according to a Javanese
point of view, both rituals are of equal importance. To emphasise the one and neglect the other would be conceived as disturbing the order of balance.

Contradiction and paradox is also noted in relation to the status of Javanese health traditions within other traditional health systems in the Netherlands. On the one hand, they agree that it is important to bring the Javanese health traditions to the public arena and to make it an alternative to the other health traditions also emerging in the Netherlands. On the other hand, however, a number of dukuns and Javanese leaders say that their ilmu (knowledge/wisdom) is an esoteric dimension of Javanese heritage. Moreover, this knowledge has been laid down through genealogical transmission from generation to generation. They believe once this ilmu is formalised, the essence of the medical elements will be lost. They do not believe that the knowledge/wisdom will disappear as long as the existence of Javanese descendant continue. Therefore, they say they prefer to keep it as part of an exclusively Javanese culture.
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### Appendix A: Demographic Data of Informants

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<tr>
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<td>+ Widi Nunki</td>
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<td>HBO partially completed</td>
<td>Dutch, English</td>
<td>Housewife</td>
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<tr>
<td>11</td>
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Appendix B: Interview Guideline

*Javanese Traditional Practices in Relation to Pregnancy and Delivery care among The Javanese Surinamese in the Netherlands*

1. **Introduction**
   - I will begin with an introduction: introduction about my family background and my study, introducing the research purposes.
   - Explaining confidentiality/anonymity of the informant, asking if the interview may be tape-recorded.

2. **Data of Informant**
   - Name (nickname for informant and real name for key informant)
   - Age
   - Education
   - Language(s) (Javanese, *Bahasa* Indonesia, Dutch, English)
   - Occupational status
   - General illness history
   - Marital status (history of marital status)
   - Location of residence (village, urban/city)
   - Husband’s ethnicity
   - Number of pregnancies
   - Number of children (age, sex, education, marital status)
   - Were they (the children) born in Paramaribo/Surinam or in the Netherlands?
   - Are her parents/in-laws/relatives livings near?
   - How did behaviour and/or attitude change as a result of circumstances, like: between first and last born child; regarding the place of delivery (home or hospital), or the country where the delivery took place (Surinam or The Netherlands).
• Adherence to Islam/religion (Islam madep kulo [Kejawen] or Islam madep wetan [roughly concurring with a puritan/orthodox viewpoint]).
• Attitude towards (dominant) Dutch culture and/or Javanese-Surinamese culture.

3. Traditional Javanese Practices:

3.1. Related to health seeking behaviour (general questions):
• What do you regard as “healthy” and “not healthy”? Can you compare the differences and the similarities in ideas about “healthy” and “not healthy” according to traditional Javanese health practices and the Dutch biomedical tradition?
• What would you do when you and/or one of your family members is /are ill? For what illness and in what cases would you adhere to/take a Javanese traditional medicine/practises (like going to a dukun urut or drinking jamu or practising Javanese diet), and why wouldn’t you go to a medical doctor. In case of masuk angin (“cold/flu”), for instance, what do you do?
• For what illness would you consider taking both approaches (traditional and bio-medicine)? And why? Have you ever been ill and just taken a traditional treatment without combining it with a bio-medical one, or vice versa (i.e. taking only a traditional Javanese medicine)? Why?
• From whom did you learn about these Javanese traditions concerning health?
• Do you drink jamu? What kind of jamu did you take and why?
• From where did you get that jamu, and how much does it cost/what is the price?
• Did you ever visit a dukun urut/dukun bayi (TBA), for instance for pijat (massage/deep tissue)? For what kind of treatment would you go to a dukun?
• Do you ever practice dieting according to Javanese food traditions and if so, what kind of diet and why?
• What are, according to your point of view, the advantages and disadvantages of practising Javanese traditions in health? What makes you adhere to the traditional Javanese practises, what advantages does it give to you?
• Are there any Javanese traditional practices related to health seeking behaviour that you know, but do not apply anymore? If so, what is the reason for this, and since when did you not apply it anymore? For what reason?

3.2 Related to cultural traditions on Pregnancy, Delivery and Reproductive health care:
• What symptoms related to pregnancy, delivery and reproductive function do you see as being “healthy” and “not healthy”, and why?
• For what treatment would you go to a medical doctor/gynaecologist/midwife, and vice versa, go to a dukun bayi? And why?
• What kind of care do you take for your menstruation, your pregnancy, postnatal care and/or related to reproductive function problems (either a bio-medical or traditional approaches, or a combination of both)
• Have you ever heard of female circumcision? If so, would you also apply this for your daughter (s)? Who would do this?
• Did you have a selamatan during your pregnancy (tingkeban, mitoni), and/or after giving birth (selapanan)? Can you describe/explain them one by one?
• Was any selamatan (pengajian, kenduren) organised for the newborn baby? If so, who was the leader of this ritual? (Imam, dukun bayi or grandparents of a newborn)?
• Do you practice contraception, and if so, what kind of method do you take, and have you (ever) taken a traditional Javanese contraceptive (like drinking jamu, urut / balik peranakan)?
• After you/your family member had a child in the hospital/ at home, what did you do with the ari-ari (placenta)? And with the umbilical cord (tali ari-ari): did you keep it, or not, and why?

• Are there any Javanese traditional practices related to pregnancy and/or delivery that you know, but not apply anymore? If so, what is the reason for not applying it and since when did you stop applying it? Why?

4. General Questions:

• Life history: immigrant experiences (socio-cultural background)

• Activities in relation to Dutch society: through the education of the children, through health seeking behaviour, through communication with Dutch friends, neighbours and/or colleagues, through contacts with Dutch social services.

• Membership of Dutch social and/or cultural groups (neighbourhood), involvement in (local) political party?

• Activities relating to Javanese identity: family background and activities, membership of social and/or cultural groups (arisun, kesenian), active involvement in (local) mosque (pengajian).

• Activities in Suriname as compared to current ones (influence of retirement)

• Perceptions of being Javanese: why would one either conserve, adapt, or reject the traditions ("why are some/all/none of the Javanese in the Netherlands concerned with their traditions?"). Which traditions do they initiate for the young generation?

• Perception of a religious group/school of thought (mazhab). What are the differences in relation to Javanese traditions?

• Active involvement in Javanese-Surinamese community: membership of/activities in religious and/or cultural groups (why, for how long).
5. Pluralistic approach: conflict or combination

- What is the relation between the two medical approaches, (Javanese versus Dutch), according to their experiences, both in general and related to pregnancy and reproductive health? Did they ever experience any problem combining the two approaches.
- Do they tell Dutch health personnel about the Javanese tradition which they practise, related to pregnancy and delivery care? What is their reaction to this information? Did they ever consciously not tell Dutch health personnel about Javanese health traditions?
- Did they hear from others about conflicts resulting from a purely biomedical approach?
- Did they experience directly differences of opinion, attitude, and practices with Dutch practices? How would they or the other women solve this conflict? Would they seek assistance from within their own community, and if so, from whom (elders – religious leaders – other women – relatives)? Or rather from Dutch friends and/or professionals (medical/juridical help)? Or do they refer back to their ‘roots’ in Java?
Appendix C: Glossary

Adi ari-ari  
Little sibling (placenta)

Alus/halus  
Polite/ higher style of Javanese language

Batik  
A special textile clothes and pattern

Batin  
The inner, invisible, intangible of humankind

Bengkung  
Abdominal sash worn after giving birth

Budi  
Consciousness

Burung perkutut  
Small type of dove

Dukun  
Javanese traditional healer

Dukun bayi  
Javanese traditional midwives

Ilmu batin  
Inner knowledge/ spiritual/magical knowledge

Ilmu lahir  
Outer, natural knowledge

Inggih  
Yes, I agree

Jahiliyah  
Uncivilised

Jajan pasar  
Part of sajen (offering) consisting of a variety of cookies, boiled banana, cassava and sweet potatoes

Jenang  
Rice pudding/ rice porridge

- abang  
Red rice pudding

- putih  
White rice pudding

- bara  
Brown rice pudding

- sekolo  
White rice pudding with four blue/yellow crossed lines

Jamu  
Herbal drink/herbal medicine

- susut perut  
Jamu to decrease one’s abdomen

- sehat perempuan  
Jamu for women health

- batu ginjal  
Jamu to dissolve kidney stones

- pegal linu  
Jamu to reduce painful muscle tension

Kakang kawah  
‘bother crater’ (amniotic fluid)

Kebonan  
Plantation

Kejawen  
Javanese religion/Javanism

Kunyit  
Turmeric
<table>
<thead>
<tr>
<th>Term</th>
<th>Translation</th>
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</thead>
<tbody>
<tr>
<td>Lahir</td>
<td>Outer, visible, tangible</td>
</tr>
<tr>
<td>Mantu</td>
<td>Hold wedding for one's daughter</td>
</tr>
<tr>
<td>Mati</td>
<td>Dies</td>
</tr>
<tr>
<td>Madep kulon</td>
<td>Facing to the west</td>
</tr>
<tr>
<td>Madep wetan</td>
<td>Facing to the east</td>
</tr>
<tr>
<td>Mazhab</td>
<td>School of thought within Islam</td>
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<tr>
<td>Mbenake</td>
<td>a massage to put the unborn baby in the right position</td>
</tr>
<tr>
<td>Mitoni</td>
<td>A ritual held in the seventh mount of pregnancy</td>
</tr>
<tr>
<td>Modin</td>
<td>Informal religious leader</td>
</tr>
<tr>
<td>Metu</td>
<td>Coming out when one is born</td>
</tr>
<tr>
<td>Muth</td>
<td>A diet consisting of eating only white rice and water</td>
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<tr>
<td>Muludan</td>
<td>Commemorating prophet's birthday</td>
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<tr>
<td>Nggarapa sari</td>
<td>Menstruation</td>
</tr>
<tr>
<td>Nggebyak</td>
<td>Part of the selapanan ritual: shocking or startling one's baby by burning the pillow on which it is laying</td>
</tr>
<tr>
<td>Ngobong menyen</td>
<td>Burning of incense</td>
</tr>
<tr>
<td>Ngrowot &amp; nggandul</td>
<td>A diet consisting of eating only tubers and fruits</td>
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<tr>
<td>Ngoko</td>
<td>Javanese language with lower style</td>
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<tr>
<td>Njawani</td>
<td>Every day vernacular used among one's friends and relatives</td>
</tr>
<tr>
<td>Nyawa/roh</td>
<td>Vital energy /soul/spirit</td>
</tr>
<tr>
<td>Pijit/pijet</td>
<td>Type of massage</td>
</tr>
<tr>
<td>Priyayi</td>
<td>Nobleman</td>
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<tr>
<td>Puasa</td>
<td>Fasting</td>
</tr>
<tr>
<td>- Seinen-Kemis</td>
<td>Fasting on every Monday and Thursday</td>
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<tr>
<td>- wedal/meton</td>
<td>A weekly fasting on one's birthday</td>
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<tr>
<td>Puputan</td>
<td>A ritual on the 7 day after giving birth</td>
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<tr>
<td>Pengajian</td>
<td>Qur'anic reading /teaching</td>
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<td>Rasa</td>
<td>Intuitive inner feeling</td>
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<td>Peace</td>
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<td>Sedekah</td>
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<td>Syukuran</td>
<td>Thanksgiving</td>
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<td>Sego gudangan</td>
<td>Rice and various kinds of vegetables and coconut sauce</td>
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<td>Selametan</td>
<td>Javanese communal meal as a core of ritual (Geertz)</td>
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Ritual feast (Beatty)

Selapanan A ritual of 35 days after birth
Sikum & panggih Part of Javanese-Surinamese ceremonies of marriage
Sukma Devine
Tringo, bengle Kinds of leaves and remedies for offering
Urut Massage
Wilujeng rahayu healthy, well being and longevity

**Javanese expression and mottos**

*Anyukupi sandang lan pangane* Sufficiency in food and clothing.

*Okeh anake, okeh bandane, okeh sing ewangi nyambut gawe*

The more children you have, the more property you will own, and the more helping hands there will be

*Siji ora seje, siji namung seje* We are one and nothing different; we are one but different.