

Malay Women's Healthcare Practices in Sik, Kedah.

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Abstract

Health is a crucial factor in the daily life of every human being. Good health ensures happiness and harmony in life. Medical anthropology studies diseases, healthcare systems, medical practices, healing, and mental illness with a cross-cultural perspective. Medical anthropologists work with physicians, nurses, and other public health care workers to use their knowledge of cultural practices in different settings to provide more effective treatment. Culture has a close relationship with human health phenomena. Healthcare encompasses the actions individuals take to preserve their health, including activities that enhance overall well-being and avoiding behaviors that could lead to illness. The healthcare sector can be categorized into four levels: individuals, families, social groups, and communities. This study, however, specifically focuses on the healthcare practices of Malay women in the district of Sik. The information for the study was collected using questionnaires and interviews. This study found that Malay women in Sik, Kedah, are serious about their healthcare. They use both traditional and modern healthcare methods to ensure continued health....

Keywords: Medical anthropology, culture, healthcare, Malay women, Sik Kedah.

Introduction

Since its independence, Malaysia has been highly committed to improving the health status of women. The government has implemented measures to ensure women have access to health services, including primary healthcare and prenatal care. This commitment is reflected in life expectancy statistics for Malaysian women, which have steadily increased from 72.2 years in 2000 to 77.2 years in 2020. However, the life expectancy for women dropped to 76.5 years in 2021 and continued to decline in 2022, reaching 76.4 years (Malaysian Statistics Department, 2022). Currently, Malaysia's life expectancy for women is lower than that of Singapore, Thailand, Brunei, and Vietnam among ASEAN countries (The Star, 2022). Factors influencing women's life expectancy in Malaysia include lifestyle choices (Bae, Kim, and Lee, 2017), health practices (Sisto, 2023), awareness (McCarthy, 2022), and the overall health system (Disable World, 2022).

The implementation of comprehensive and effective health programs and research designed to meet the needs of society, particularly for women, is essential for enhancing overall health quality (Costantino, Casuccio & Restivo, 2020). As heads of households, women serve as agents of change for the next generation through internal and external self-care (Maas, 2020). Therefore, prioritizing self-care is crucial to reducing the risk of serious diseases such as cervical cancer, breast cancer, and diabetes. Appropriate and effective approaches must be developed to raise health awareness in society, especially among women, to enhance the quality of life through improved overall well-being (Hamulyák, Brockmeier & Killas, 2020). However, for these transformations to be effective, women must take the initiative and become more attuned to their health. This awareness is necessary to effectively fulfill their roles as change advocates for others (Tabrizi, Doshmangir & Khoshmaram, 2024).

The scientific discovery by Latiffah (2014) helps the community improve women's health by exposing them to healthy and nutritious diets, including sunnah foods such as black cumin or its scientific name, *nigella sativa*. In line with the agenda of ensuring the family's health is at an optimal level, current and future generations of women need to be knowledgeable about the importance of self-health care by practicing healthy and nutritious eating, as well as detecting chronic diseases such as cancer, diabetes, hypertension, and others. To maintain optimal health levels, it is essential to emphasize proper healthcare practices, which ultimately depend on the choices made by women themselves. Since the Malay community is a significant part of Malaysian society, discussions around healthcare practices among Malay women are more prevalent. However, it raises the question: to what extent do traditional health practices among Malay women contribute to their overall well-being? Additionally, how do these traditional practices compare to modern healthcare practices—are they more effective or less so?

Every woman experiences a natural inclination to utilize the healthcare system, making them its primary users (Nor 'Asyikin, 2021). Traditional healthcare practices are a legacy passed down from our ancestors to promote the well-being of society. These practices include treatment methods, ingredients, diagnosis of diseases, and related taboos that are integral to our local culture and have been transmitted through generations (Ariff & Beng, 2018).

Women's healthcare practices typically commence with the onset of menstruation, during pregnancy, throughout the confinement period, and post-confinement period. These practices are associated with various taboos that are observed to ensure that women maintain their vitality, particularly as they age (Halina, 2018). This is crucial because women are the backbone of human development within the family. They contribute to building healthy and positive family dynamics, which help foster productive and prosperous communities (Intan Mas Ayu, 2020). As caretakers, women play a crucial role in maintaining their health and that of their families. Therefore, various programs are implemented to help women manage their health, ensuring they remain healthy and free from health issues.

Modern, career-oriented, and affluent Malay women would typically choose treatments at beauty salons and spas that offer special post-natal care packages, such as sauna facilities, massages, and advanced equipment for detoxifying the body, which include comfortable, pleasant, and clean facilities. Based on some feedback from our interviews, post-natal confinement for Malay women has been significantly modified compared to the traditional confinement methods. According to the informants, several factors such as work commitments and the improving socioeconomic conditions nowadays have led many Malay women post-delivery to prefer shortening their confinement period, especially in terms of herbal intake, dietary confinement methods, and also shortening the duration of massage, *bertangas* (steam baths), and *bertungku* (traditional heating). According to the village midwives interviewed, it is rare for women to strictly adhere to the confinement period of 44 days or 100 days, as practiced by Malay women in the past (Razanah, Suhair & Farah Ayuni, 2022).

In Malay healthcare, for example, the consumption of chicken eggs is not recommended for mothers after childbirth, especially during the early confinement period. This is because there is concern that the wound may become infected, especially after a cesarean birth. On the other hand, in modern healthcare, there is no such prohibition; in fact, it is encouraged to consume this protein source as it speeds up the healing process. This 'contradiction' often causes confusion among mothers about whether to choose traditional Malay healthcare or modern healthcare for self-care during confinement (Nor 'Asyikin, 2021).

There are two general differences between the two healthcare approaches: healthcare knowledge and healthcare treatment. Modern healthcare practitioners acquire specialized healthcare knowledge, specifically from bodies recognized by the government, such as universities that collaborate with certain hospitals. Modern healthcare practitioners have licenses or qualifications to treat patients. They have expertise in specific fields such as orthopedics, etc. On the other hand, traditional healthcare practitioners do not receive specific training or knowledge in healthcare. They inherit healthcare knowledge from their ancestors based on experience and understanding of certain diseases (Bernama, 2024).

In modern healthcare, the treatment of a patient depends on the severity of the disease experienced, whether it is at a critical stage or not. If a disease is critical, more serious treatment options may include surgery or similar procedures. In contrast, for less critical conditions, patients may be prescribed medications. Traditional healthcare approaches can vary significantly, even for patients experiencing serious illnesses. In this context, the classification of diseases as serious or not is not applicable, as it often relates to an imbalance in the nutrients consumed by the patient (Chen, 2019). Based on the discussions presented, there are evident differences between these two types of healthcare. Therefore, this study will examine the healthcare practices of Malay women in Sik, Kedah.

Literature Review

Healthcare practices are deeply embedded in cultural exchanges and are passed down through generations (Kaewsarn et al., 2003; Ozsoy & Katabi, 2008). An individual's understanding of health, illness, and healthcare is often shaped by their family and community (Suheryla & Ozsoy, 2008; Otto et al., 2015; Wang et al., 2019). Traditional beliefs and practices influence our lives from birth to death, making them difficult to change, as they are ingrained in our socialization process. Childbirth is a significant rite of passage in a woman's life. The pregnancy journey and postnatal period are momentous and unforgettable, particularly for first-time mothers. This experience not only alters routines and social roles but also requires adjustment to physical, physiological, and psychological changes (Fadzil et al., 2015). In comparison to Western society, Asian cultures place a significant emphasis on supporting women during pregnancy and the postpartum period. Many women in Asia recognize the importance of engaging in traditional postpartum practices and rituals to ensure their long-term health. They often adhere to various cultural beliefs and customs during this time (Mohd Azmi et al., 2019). Eastern mothers typically follow many antenatal and postnatal rituals, prescriptions, and prohibitions (Jamaludin, 2014; Jamaludin, 2017). Reproductive health is strongly connected to cultural practices, with the overarching goal of safeguarding the well-being and safety of both mother and child (Lundberg & Thu, 2011).

An ethnographic study by Salmah et al. (2023) about Melanau women's healthcare during pregnancy and postpartum provides an understanding of their worldview and practices commonly used for healthcare. The postpartum period is essential in a woman's life as it allows them to regain their energy and health before resuming daily activities. During this period of confinement, women maintain their health by adhering to traditional postpartum rituals. Melanau women rely on conventional methods to restore their health and beauty. Among the postpartum confinement rites still practiced are *berpilis*, wearing *bengkung*, *bertangas*, *barut*, *bertungku*, drinking tree roots and plant water, *najum*, *erup*, and bathing in plant water. Most of these practices use plants as the main ingredients. These practices are inherited from the elders and applied during confinement to preserve and improve women's health.

In their study titled "Socio-Cultural Influence of Indigenous Peoples on Health Care Behavior: A Literature Review," Kelly et al. (2020) examined various socio-cultural factors that create barriers to healthcare access for Indigenous peoples. The researchers emphasized the importance of intervention strategies, including enhancing health promotion and education, fostering economic participation, and improving technology and decision-making processes. Furthermore, involving Indigenous peoples in planning health promotion strategies and the health workforce can help overcome cultural barriers and increase their access to healthcare services. The researchers believe that culturally relevant health promotion strategies can help reduce the health inequality gap between Indigenous communities and mainstream society.

Muhd Abdul Hadi et al. (2024) examined the "sickness-disease culture" of the Kedah Malay community. This study highlights the uniqueness of the Kedah Malay community's self-care system, which has its own principles, practices, and identities capable of preventing and curing diseases. This community utilizes natural (nature) and non-natural (religion, spirit) elements. A cultural perspective enhances the modern health system, but applying this local value system to contemporary health approaches presents a challenge to modern health approaches. A

"bottom-up" approach is needed to understand the lifestyle of this community, and the results of this study can be used for policy planning, health education strategies, and the preservation of intangible culture. The researcher has suggested that future studies can explore sociological and interactional aspects to support the concept of health culture dynamics.

Humairah Zainal et al. (2021) have made significant contributions to bridging the gap between current Islamic-based health discourse and the challenges that hinder improvements in women's health. One approach is to revive religious concepts and narratives to enhance gender relations, ultimately positively impacting women's health. The Quran contains many empowering verses that promote gender equality and respect for women, which could be integrated into health discussions. Many perspectives related to health and disease, particularly those concerning women's health, are frequently neglected, primarily due to the enforcement of Islamic laws and standards by men. This study highlights the significance of considering these perspectives when developing health programs and interventions that focus on Islamic and gender-specific issues, aiming to enhance the well-being of Muslim communities. It emphasizes that women's health should be regarded as a social issue rather than just an individual concern, thereby shifting the responsibility for improving women's health from individuals to society as a whole.

Methodology

Research design

This study used a quantitative method derived from field research. Ninety-nine sets of questionnaires were distributed to Malay women in Sik from April to June 2024. The collected data were analyzed descriptively using the SPSS method. Additionally, several interviews were conducted to support the findings from the field research.

Location of Sik

Sik is located in Kedah, Malaysia (Map 1). It is the largest district in Kedah. Sik is bordered by Thailand to the northeast and north, the Baling district to the east and south, the Kuala Muda district to the southwest, and the Pendang and Padang Terap districts to the northwest (Map 2). The district of Sik covers 166,793.67 hectares and is divided into four mukims (sub-districts): Mukim Sik, Mukim Jeneri, Mukim Sok, and Mukim Teloi. Mukim Sik has the largest population (50,734), followed by Mukim Jeneri (18,719) and Mukim Sok (10,897) (Sik District Council Website).

Map 1: Map of Malaysia



Source: <https://ms.maps-malaysia-my.com/img/0/malaysia-peta-lokasi.jpg>

Map 2: Map of Kedah



Source: <https://www.visitselangor.com/information/malaysia-maps/map-of-kedah-state/>

In 2019, the Kedah District and Land Office reported that Sik District had a population of 76,300. The male population was 38,197, while the female population was 38,103. This demonstrates that the gender ratio within the population of this district is well-balanced. (https://webpdt.kedah.gov.my/profil-10/?utm_source=chatgpt.com).

Based on the 2020 Malaysian Census data, the total population of Sik District, Kedah, was 67,925. However, no detailed information on the number of male and female residents in the district is available in the referenced sources. Overall, in Malaysia in 2020, the gender ratio was 110 males for every 100 females. If the ratio is generally applied, the estimated number of male residents in Sik District is approximately 35,745, while the estimated number of females is around 32,180. (Ms.Wikipedia.Org). The ethnic composition of Sik District is as follows: Malay: 69,250 people (93.1%), Chinese: 1,115 people (1.5%), Indian: 61 people (0.1%), Others: 5,874 people (5.3%). Most of the population was Malay, followed by other ethnicities in smaller numbers (https://webpdt.kedah.gov.my/profil-10/?utm_source=chatgpt.com).

RESULTS OF THE STUDY

Demography of the Respondent

A descriptive statistical analysis was conducted to summarize the frequency distribution and percentages of various demographic characteristics among the respondents. Data from 99 respondents were collected to offer a clear overview of their demographic profiles based on age, education level, occupation, income, marital status, and number of children. These criteria were included to give insight into the demographic profile of the sample.

Age of the Respondent

Table 3.1 shows the distribution of respondents by age. Based on the findings, the respondents involved in this study were between 24 and 65 years old. The data indicate that the largest group of respondents was those aged 45 years, totaling 10 people, or 10.1%, out of 99 respondents surveyed.

Table 3.1: Age of the Respondent

Category	Frequency	Percentage (%)
24	1	1.0
25	2	2.0
26	2	2.0
27	3	3.0
28	1	1.0
29	2	2.0
30	3	3.0
32	3	3.0
33	1	1.0
34	1	1.0
35	2	2.0
36	2	2.0
37	4	4.0
38	4	4.0
39	1	1.0
40	5	5.1
41	1	1.0
42	4	4.0
43	2	2.0
44	5	5.1
45	10	10.1
46	1	1.0
47	3	3.0
48	2	2.0
49	1	1.0
50	4	4.0
51	3	3.0
52	3	3.0
53	1	1.0
54	2	2.0
55	5	5.1
56	5	5.1
57	1	1.0
58	2	2.0
60	1	1.0
61	1	1.0
62	3	3.0
63	1	1.0
65	1	1.0
Total	99	100.0

Education Level of the Respondent

Table 4.1 shows the distribution of respondents according to education level. According to the findings, most respondents had secondary school education, totaling 59 individuals (59.6%). This was followed by those with

diplomas, who represented 29 respondents (29.3%). There were six respondents (6.1%) with a university education, while the smallest group consisted of 5 respondents (5.1%) with only primary school education.

Table 4.1: Education Level of the Respondent

Category	Frequency	Percentage (%)
Primary School	5	5.1
Secondary School	59	59.6
Diploma	29	29.3
University	6	6.1
Total	99	100.0

Occupation of the Respondent

Table 5.1 shows the distribution of respondents by occupation. Based on the findings, the number of self-employed respondents exceeded other respondents, which was 55 (55.6%). Then, followed by respondents who worked in the government sector, 19 (19.2%). For respondents who were not employed, there were 15 (15.2%). Meanwhile, respondents who worked in the private sector were 10 (10.1%).

Table 5.1: Occupation of the Respondent

Category	Frequency	Percentage (%)
Not working	15	15.2
Self-employed	55	55.6
Public sector	19	19.2
Private sector	10	10.1
Total	99	100.0

Income of the Respondent

Table 6.1 shows the distribution of respondents' income. The findings regarding income indicate that the category for RM1000 and below has the highest representation, with 54 respondents (54.5%). This is followed by the "no income" category and the RM1001 to RM2000 category, which recorded 15 respondents (15.2%) each. In the RM2001 to RM3000 income category, there were 14 respondents (14.1%). Finally, for the income category above RM3000, there was only one respondent (1%).

Table 6.1: Income of the Respondent

Category	Frequency	Percentage (%)
No income	15	15.2
RM1000 and below	54	54.5
RM1001 to RM2000	15	15.2
RM2001 to RM3000	14	14.1
Above RM3000	1	1.0
Total	99	100.0

Marital Status of the Respondent

Table 7.1 shows the distribution of marital status of the respondents. This table shows that most respondents in this study were married, totaling 84 (84.8%). Next, 12 respondents (12.1%) were in the divorced/widower category. Only three respondents (3.0%) identified as single.

Table 7.1: Marital Status of the Respondent

Category	Frequency	Percentage (%)
Single	3	3.0
Married	84	84.8
Divorced/Widower	12	12.1
Total	99	100

Number of Children of the Respondent

Table 8.1 shows the distribution of the number of children among the respondents. In this study, the number of children reported ranged from one to eight. The most common response was four children, with 23 respondents (23.2%).

Table 8.1: Number of Children of the Respondent

Category	Frequency	Percentage (%)
1	4	4.0
2	14	14.0
3	19	19.2
4	23	23.2
5	19	19.2
6	9	9.1
7	5	5.1
8	3	3.0
Total	96	100.0

Analysis of Mean and Standard Deviation

This study used descriptive analysis to explain the mean score and standard deviation. According to Sekaran and Bougie (2013), mean is the average value of a data set. Mean is used in this study to measure the central tendency by dividing all the total values together by the number of values in the data set. The mean value will be evaluated based on three levels, namely high, medium, and low, according to the score for each variable in the questionnaire. Table 9.1 displays the classification of the mean values of the study.

According to Sekaran and Bougie (2013), the standard deviation is a measurement tool of spread and dispersion given by the positive square root of the variance. In this study, the standard deviation will explain the variation of the spread of the sample distribution obtained from the mean. Small standard deviation values, which are less than one, show that the respondent scores for the study variables are consistent and uniform. If the standard deviation value is large (exceeding 1), this indicates that the respondent scores are very different or varied. This study found that nearly all standard deviation values for the five variables are below 1, indicating that the respondent scores are consistent and have a high mean value..

Table 9.1: Mean Score Interpretation

Mean Score Value	Mean Score Interpretation
1.00 to 2.33	Low
2.34 to 3.67	Medium
3.68 to 5.00	High

Source: Londell (1977)

Table 10.1 presents the mean scores and standard deviations for all dependent and independent variables in this study. Overall, the mean scores for the five dependent and independent variables ranged from 4.76 to 4.99, indicating a high level. The lowest mean score was 4.76, associated with the practice factor, with a standard deviation of 0.402. Conversely, the highest mean score was 4.99 for the attitude factor, with a standard deviation of 0.028. The external influence factor mean score was 4.91, accompanied by a standard deviation of 0.260. The perceived self-control factor recorded a mean score of 4.98, with a standard deviation of 0.059. Additionally, the preparedness factor scored a mean of 4.93, with a standard deviation of 0.219.

Table 10.1: Mean and Standard Deviation

Variable	Mean	Standard Deviation	Mean Score Interpretation
Attitude	4.99	.028	High
External Influence	4.91	.260	High
Perceived Self-control	4.98	.059	High
preparedness	4.93	.219	High
Practice	4.76	.402	High

The table of means and standard deviations reveals that all variables have high mean scores, suggesting a positive level of healthcare for Malay women in Sik, Kedah. Below is a detailed analysis of each variable.

In terms of attitude, this score shows that women in this district have a very positive view of the importance of health care. The small standard deviation (0.028) indicates that most respondents have a consistent attitude. This attitude may result from exposure to information, education, or strong cultural beliefs about the importance of health. A positive attitude and high self-confidence indicate the need for these women to take care of their health. However, despite this strong score, a good attitude does not necessarily guarantee perfect healthcare practices.

The external influence score shows that factors such as family, friends, community, and possibly the media significantly shape healthcare practices. A higher standard deviation of 0.260 highlights notable variation in how respondents perceive external influences. This perception may depend on the level of social support or the individual's environment. A stronger external influence indicates that the local community and culture can positively impact healthcare practices. Nevertheless, this influence is not as strong as factors like attitude or self-control due to potential variations in social support levels.

The nearly perfect self-control perception score suggests that most women believe they have authority over their healthcare decisions. The low standard deviation reveals a consistent viewpoint among this group. This aspect is crucial, as women who possess confidence in their decision-making abilities are more inclined to engage in proactive healthcare behaviors.

The next factor is preparedness. This score indicates that most women were ready to practice healthcare. However, a slightly larger standard deviation than attitude or perceived self-control may indicate that there are certain factors (e.g., finances or access to services) that affect their preparedness differently.

Although the practice factor recorded a high mean score, it is still the lowest compared to the other variables. The data reveals a significant standard deviation of 0.402, highlighting considerable variation in healthcare practice levels. This discrepancy may arise because, while Malay women in Sik, Kedah demonstrate strong attitudes, external influences, self-control, and preparedness towards healthcare, their successful implementation of these practices is often obstructed by practical challenges. Factors such as time constraints, awareness, and resource availability are crucial in this gap. Although the community demonstrates robust beliefs regarding healthcare, the actual execution of healthcare practices is somewhat lower, primarily due to these external obstacles. To address this issue, further research is recommended to identify and understand these practical barriers, which could ultimately enhance healthcare practice levels in the region.

Analysis of Mean and Standard Deviation Based on the Factors

This study explores various healthcare practices among Malay women in the Sik district of Kedah, utilizing five key factors for analysis. The findings include detailed statistical measures, specifically the mean and standard deviation, which provide insights into these healthcare practices based on the identified factors.

Attitude

Table 11.1 presents the mean score and standard deviation for the attitude factor, assessed using six items in this study. Overall, all items reflected high mean levels. The descriptive analysis revealed that the highest mean value was 5.00, which was associated with the following items: B1 "Women's internal healthcare is important," B3 "Women's healthcare is necessary in the early stages of childhood," B4 "Society needs to be sensitive to fertility care," and B5 "I take steps to ensure my reproductive health is in good condition." In contrast, the lowest mean value of 4.97 was recorded for item B6, "The practice of eating vegetables, such as ulam-ulaman, improves my reproductive health." Overall, the total mean average for the attitude factor was 4.99, indicating that it had the highest mean compared to other variables assessed in the study.

Table 11.1: Attitude

Attitude (6 Items)				
Item	Mean	Standard Deviation		Mean Level
B1	5.00	.000		High
B2	4.98	.100		High
B3	5.00	.000		High
B4	5.00	.000		High
B5	5.00	.000		High
B6	4.97	.141		High
Total Average Mean	4.99	.028		High

Attitudes toward personal health refer to a person's views, feelings, and behaviors toward maintaining and improving physical, mental, and emotional well-being. This attitude plays a crucial role in determining the extent to which a person takes proactive steps to maintain their health.

The mean average of 4.99 indicates that the respondents' overall attitude is high. The findings indicate that respondents have a very positive attitude toward women's healthcare, particularly in relation to fertility and reproductive health. The consistently high mean levels across all items confirm that the respondents' attitudes toward women's internal healthcare are overwhelmingly positive. This analysis sheds light on their perceptions and attitudes regarding women's health issues, especially concerning reproductive healthcare and healthy eating habits.

Examples of positive attitudes toward personal health include prioritizing a balanced diet, exercising regularly, ensuring adequate rest, and taking proactive steps through regular health check-ups. All the informants interviewed agreed that maintaining a positive attitude is beneficial for health. For instance, Nor Syamsiah Mahamad (30 years old) and Che Nah Ahmad (56 years old) practice healthy eating and have regular check-ups. Similarly, Ros Atikah Anuar Sham (22 years old) has check-ups every six months and follows a balanced diet.

Perceived Self-control

Table 12.1 presents the mean scores and standard deviations for the perceived self-control factor. This study evaluated the perceived self-control factor using five items, all of which showed high mean scores. The descriptive analysis indicated that the highest mean value was 5.00 for item D4, which states, "I try to avoid using products that can affect my internal female health," as well as for item D5, which reads, "Traditional medical practices such as massage can maintain my reproductive health." Conversely, the lowest mean value of 4.97 was recorded for item D1, "I try to provide a balanced diet for my family," and item D3, "I will ensure that my daughter is given the HPV vaccine to prevent cervical cancer." The overall mean score for the self-control perception factor was 4.98, ranking it second among the measured factors, which also recorded high mean scores.

Table 12.1: Perceived Self-control

Perceived Self-control (5 Items)				
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Item	Mean	Standard Deviation	Mean Level
D1	4.97	.141	High
D2	4.98	.100	High
D3	4.97	.141	High
D4	5.00	.000	High
D5	5.00	.000	High
Total Average Mean	4.98	.059	High

Perceived Self-control is a process through which a person manages how they want to be seen by others. It involves taking specific actions, communication, and behaviors to influence others' perceptions of them. This perception control often occurs consciously or unconsciously in social interactions.

All five items showed high mean scores, with an overall average of 4.98. This indicates that respondents have good self-control perceptions in health and overall well-being, such as preparing healthy food for the family, avoiding harmful products, and practicing traditional medicine. The self-control perception factor ranked second among the variables in this study. This suggests that while there may be other factors with higher mean values, self-control still holds significant importance. Overall, the findings indicate that respondents possess a strong perception of self-control, particularly in areas that are crucial for their personal and family health.

Preparedness

Table 13.1 presents the mean scores and standard deviations for the preparedness factor, which was assessed using four items in this study. Overall, all items displayed high mean scores. The descriptive analysis revealed that the item with the highest mean score was E3, "I am prepared to receive modern medical treatment compared to traditional ones," with a mean value of 4.94. The item with the lowest mean score was E1, "I am prepared to plan for birth spacing," with a mean value of 4.90. The overall mean score for the preparedness factor was 4.93, indicating that it ranked third among other variables, all of which also had high mean levels.

Table 13.1: preparedness

preparedness (4 Items)			
Item	Mean	Standard Deviation	Mean Level
E1	4.90	.322	High
E2	4.93	.239	High
E3	4.94	.220	High
E4	4.92	.257	High
Total Average Mean	4.93	.219	High

The self-preparedness factor in healthcare pertains to the various elements that affect an individual's mental, emotional, and physical readiness to take action regarding their health. Self-preparedness is crucial in determining how effectively a person can adopt a healthy lifestyle and make informed health decisions.

All items received high mean scores, resulting in an overall average of 4.93. This indicates that respondents felt well-prepared in several areas related to health planning, including access to modern medical treatments, planning for birth spacing, and following medications and advice from doctors. While the preparedness factor ranked third compared to other aspects in this study, it still achieved a high score. Overall, the respondents demonstrated a strong level of preparedness in various health-related areas, particularly in seeking modern treatment and health advice. Although there is some slight variation among specific items, especially regarding birth spacing, the overall preparedness level remains significant.

The interviews revealed that most informants agreed that modern medicine is necessary for treating diseases that cannot be cured with traditional methods. For instance, Rabiiah Mat Daud, 67, stated that she would consult a medical doctor for physical illnesses and turn to an Ustaz, or bomoh, when dealing with mystical matters. This sentiment is echoed by Hasliza Mat Daud, 50, who mentioned that she would seek help from a bomoh for illnesses connected to magic and spiritual disturbances. The informants' willingness to pursue treatment, whether through modern or traditional medicine, is influenced by their perceptions and understanding of the illnesses they experience.

External Influence

Table 14.1 displays the mean score and standard deviation for the external influence factor, assessed using four items in this study. In short, all the items have high mean levels. The results of the descriptive analysis test showed that the highest mean value was 4.93, item C4, "HPV injection given by the hospital can prevent me from getting cervical cancer." While the lowest mean value was 4.86, item C1, "My friend reminded me to practice a balanced diet." Overall, the total mean value showed a value of 4.91, which means that the external influence factor was in fourth position compared to other variables with high mean levels.

Table 14.1: External Influence

External Influence (4 Items)				
Item		Mean	Standard Deviation	Mean Level
C1		4.86	.420	High
C2		4.92	.257	High
C3		4.90	.288	High
C4		4.93	.239	High
Total Average Mean		4.91	.260	High

External influence factors in healthcare refer to external elements that influence the way individuals or communities manage their health. These factors can come from various aspects, including social, economic, cultural, and environmental. On the whole, external influence factors have a high mean level with an average of 4.91, indicating that respondents acknowledge the importance of external influences, such as friends and health services, in influencing their attitudes or actions. Overall, these findings indicate that external influence factors are important in the context of this study, with HPV vaccination as the most reliable element in influencing the reproductive health of respondents. These findings also provide an impression that external influences are elements that promote significant women's healthcare practices.

Practice

Table 15.1 shows the mean score and standard deviation for the practice factor, measured by four items in this study. In short, all the items have high mean levels. The results of the descriptive analysis test showed that the highest mean value was 4.91, item F1, "I practice traditional massage to maintain my health." While the lowest mean value was 4.56, item F4, "I take supplements (for example, vitamin C, ginkgo, etc.)." Overall, the total mean value showed a value of 4.76, which means the practice factor was in the fifth position compared to other variables with high mean levels.

Table 15.1: Practice

Practice (4 Items)				
Item		Mean	Standard Deviation	Mean Level

F1	4.91	.308	High
F2	4.80	.488	High
F3	4.77	.615	High
F4	4.56	.847	High
Total Average Mean	4.76	.402	High

The practice factor in healthcare refers to the actions people or communities perform to maintain or improve their health. These actions are affected by several factors, including lifestyle, beliefs, education, and the environment. As a result, these practices can have positive or negative effects on overall well-being.

Descriptive analysis of the practice factor showed that all items had high mean scores with an overall average of 4.76, although there was a more significant variation in the standard deviation. This reflects that healthcare practices such as massage, balanced diet, exercise, and taking supplements are vital in the respondents' lifestyles, although some practices are more common than others. Taking supplements shows that these practices may be less consistent or depend on individual needs and understanding of the importance of supplements. For example, Che Nah Ahmad, 56, Nor Syamsiah Mahamad, 30, Siti Zulaiha Yusoff, 25, and Siti Aishah Mahamad, 32, practice taking supplements such as vitamin C for internal health.

The practice factor ranks fifth among the variables, suggesting that while these practices are important, other factors hold greater significance in this study based on their mean averages. Respondents demonstrated a strong commitment to health practices, emphasizing traditional methods such as massage therapy and a balanced diet. The consistency of their engagement in traditional massage techniques was notable. For instance, Siti Aishah Mahamad, 32, incorporates traditional massage into her routine once every three months.

Summary

The researchers concluded by examining the connection between the respondents' education levels, occupations, and healthcare practices. The findings revealed several key observations.

Firstly, there is a significant relationship between the respondents' education levels and healthcare. The study found that individuals with higher education levels, such as diplomas or university degrees, are generally more knowledgeable about the importance of healthcare. They tend to be more aware of healthy lifestyles, proper nutrition, and the necessity of regular health check-ups. In contrast, respondents with only primary or secondary education may have less access to accurate health information and might be more influenced by traditional or unhealthy practices.

Secondly, the study examined the relationship between occupation and the respondents' access to healthcare. Data analysis revealed that individuals employed in the government sector (19.2%) and private sector (10.1%) often have better access to healthcare facilities through employment benefits, such as health insurance and regular check-ups provided by their employers. In contrast, self-employed individuals (55.6%) may encounter challenges in obtaining consistent healthcare, as their access often depends on the stability of their income. Unemployed respondents (15.2%) may struggle to receive quality medical care due to financial constraints, forcing them to rely on public health services or traditional treatments.

Thirdly, the relationship between education, employment, and health was also observed. Respondents with higher levels of education and work in the formal sector are more likely to utilize modern healthcare services. In contrast, individuals with lower educational levels or those who are self-employed often depend more on traditional medical practices. Stable and well-paying jobs enable individuals to access better healthcare, including faster and higher quality private services.

Health awareness is generally lower among respondents who are less educated and lack permanent employment, which makes them less proactive in preventing diseases. Overall, education and employment are crucial factors in influencing healthcare decisions. Those highly educated and employed in formal jobs tend to have a better attitude towards their health and greater control over their healthcare choices.

On the other hand, self-employed or unemployed individuals may struggle to maintain consistent healthcare practices, even if they are highly motivated. Therefore, health awareness programs aimed at educating less educated and unemployed can be very effective in raising awareness among women about the importance of their healthcare practices.

Acknowledgement

This article is part of a research project titled 'Amalan penjagaan kesihatan wanita Melayu di daerah Sik Kedah' (Malay Women's Healthcare Practices in Sik, Kedah) under a University Grant, code S/O 21598

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