

## Acceptance of Kuala Lumpur Malay's Residents towards *Rukyah* (Incantation)

Siti Nor Azhani Mohd Tohar\*, Nurdeng Deuraseh, Amaluddin Ab. Rahman and  
Zarina Muhammad

*Department of Government & Civilization Studies,  
Faculty of Human Ecology, Universiti Putra Malaysia  
43400 UPM, Serdang, Selangor, Malaysia*

*\*E-mail: realmei9@yahoo.com*

### ABSTRACT

The aim of this study was to describe the acceptance of Kuala Lumpur Malay residents towards: i) treatment through *rukayah* (incantation), ii) traditional Malay healer (*bomoh*), and iii) learning of *rukayah* (incantation). For this purpose, 343 respondents from various backgrounds were identified using a convenient sampling technique. Taman Segambut SPPK and PPR Kg. Baru, Air Panas were randomly selected as research locations. Data were collected using a questionnaire and analyzed as a descriptive statistic. Findings indicated that the level of acceptance towards the treatment through *rukayah* (incantation) and the Malay traditional healer (*bomoh*) was moderate. Meanwhile, the level of acceptance towards learning of *rukayah* (incantation) was low. In conclusion, the respondents were found to accept treatments done through *rukayah* (incantation) and the Malay traditional healer (*bomoh*) moderately, but they were less acceptance towards the learning of *rukayah* (incantation). These bring the implications that the respondents living in the city still accept treatments through *rukayah* (incantation) and the traditional Malay healer (*bomoh*) but they are not interested in the learning of *rukayah* (incantation). Thus, based on the findings of the study, it is recommended that efforts which give prestige to the *rukayah* (incantation) be supported by all parties to maintain the practice of the Islamic medicine.

**Keywords:** Islamic medicine, Malay community, Malay medicine, *rukayah* (incantation)

### INTRODUCTION

After the arrival of Islam to the Malay world as early as the 7<sup>th</sup> century, according to the arrival theory of Islam from Arabs, the worldviews of the Malay community went through an assimilation process to achieve a balance between Islam and the worldviews before the arrival of Islam. Islam (5 pillars of practice) and *Iman* (6 pillars of faith) together with the al-Quran and al-Hadith are referred to as guides. In addition to that, Islam itself instructs its followers to pray to Allah SWT as an unseen, which is similar with the central belief of the Malay community who believed in the supernatural before the arrival of Islam.

Islam arrived in the Malay world equipped with the medical aspects which emphasize the treatment of *rukayah* (incantation), and this is parallel to the usage of *mantera* which became the practice of the Malay community before the arrival of Islam. The *mantera* continued to experience the process of adapting to the Islamic influences in the Malay land as late as 15<sup>th</sup> century (Haron Daud, 2001). The contents of *mantera* were replaced by prayer (*doa*) using the verses from the al-Quran and the words of the prophet Muhammad SAW (Haliza Mohd Riji, 2000). There are *mantera* which are known as prayer (*doa*) and have Quranic verses which at

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\*Corresponding Author

least begin with 'Bismillah' (Mohd. Taib Osman, 1983). During incantation, the pronunciation such as 'salam', 'syahadah', 'Bismillah', i.e. name and attribute of Allah SWT, name of rasul and prophet, the name of Islamic warrior and many other names which show the Islamic influence are constantly jumbled up with the names of Hindu deities and a touch of animism (Amran Kasimin, 2003). Most of the contents of *mantera* have been changed or adapted into *rukyah* (incantation) which contains holy verses from al-Quran or hadith of the Prophet SAW to adhere to the laws of Islam which are related to Allah SWT. Among other, the word 'incantation' is used to represent the word '*rukyah*' in reference to the usage of the words which have the same roles to treat and prevent sickness, especially in relation to jinn and devil. The word *mantera* in the Arab language is referred to as '*rukyah*' which means 'protection'. In other words, asking the protection against evil. It has also been known as '*al-muawwizat*' which also means protection. The usage of *rukyah* is frequently used than the word *muawwizat* (Amran Kasimin, 1995).

The Islamic ways of treatment through *rukyah* (incantation), among other, are *surah al-Fatihah*, *al-Kursi* verse, *muawwidhat* verses (*surah an-Nas* and *surah al-Falaq*), *zikrullah* and *seribu dinar* verse which refer to application to Allah SWT. Abi Khuzamah says:

*"I say: Oh Rasulullah! What is your opinion on prayers (doa) imploring recovery (rukiyyah), we pray that the rukiyyah in regard to medication are use to cure illness and prayers (doa) imploring protection/nurturing (takiyyah) and so we pray the taqiyyah? Doesn't it mean that we are rejecting Allah's destiny? Therefore Rasulullah SAW replied: 'This is also Allah's destiny.'"* (Riwayat Ahmad and Tirmizi).

The above *hadith* explains that *rukyah* (incantation) was a part of Prophet's treatment (*Tibb Nabi*) which was extensively practiced during the Prophet Muhammad's time and continued by his followers. According to Ibn Qayim al-Jauziah, the medical system carried out by Rasulullah SAW comprised of three ways, namely i) *tabiah* treatment (natural or physical), ii) spiritual treatment by way of prayers (*doa*) and the use of certain verses which are stated as *rukiyyah*; and iii) the combination of the abovementioned treatment (al-Jauziah, 2000).

As such, spiritual healing by *rukyah* (incantation) involves the spiritual aspects that require the practitioner to return to *fitrah tawhidiyyah* which is to humble oneself with confidence that everything that happens is Allah SWT's will. This treatment is an effort to cleanse the soul with the belief that each illness created by Allah SWT will have a cure. The illness is a form of test from Allah to his followers, who are always patient. As said in *Surah al-Baqarah* verses 155 and 156:

*"be sure we shall test you with something of fear and hunger, some loss in goods or lives or the Fruits (of your toil), but give glad tidings to those who patiently persevere, who say, when afflicted with calamity: "To Allah we belong, and to Him is Our return"*

The treatment through *rukyah* (incantation) is done as a spiritual healing method by many Malay traditional healers known as '*bomoh*'. Even though there are some opinions which suggest that the practice by the Malay traditional medicine are different from the Islamic medicine, the researcher took into account the historical view of the Malay's world, in which the Malay traditional medicine was assimilated with the Islamic medicine after the arrival of Islam to this region. Before the arrival of Islam, the institution of *bomoh* was the social

institution in the Malay community and they still maintain their role in giving advice to the Malay community for their well-being, especially in the aspect of health even after the arrival of Islam. There may not be another social institution in the Malay community that can challenge the Malay traditional medicine institutions in terms of old practices and their continuation of the practice, but it still functions in daily lives of the community until this day (Mohd. Taib Osman, 1977). There are two members (specialists) in the Malay community; the first being '*imam*' ('*lebai*' and others), followed by '*bomoh*' ('*pawang*', '*dukun*' and others). At times, an *Imam* also plays the role as *bomoh* (Mohd. Taib Osman, 1983). This show that a *bomoh* is still carrying their role even after the arrival of Islam. In addition, an *imam* is still being consulted whenever there is a problem, particularly when it is related to an illness in the belief that the prayers from *Imam* are easily accepted by Allah SWT. With that being said, the role of *imam* is directly connected with the role of *bomoh*, and hence, he is also called a *bomoh* in treating illnesses.

#### PROBLEM STATEMENT AND RESEARCH OBJECTIVES

Malaysia strives to strengthen the research on science and technology to be at par with modernization that is taking place in the world. With the development in science and technology, the Western medicine gained entry to Malaysia around the 19<sup>th</sup> century and has then been gradually accepted by the community, especially by the people living in the city. Thus, the position of the traditional medicine has been challenged by the presence of western medicine or modern medicine (Hashim Awang, A. R., 2007). The irony of the situation was that the traditional medicine became an alternative to the Malay community, apart from western medicine, as an endeavour to curing sickness (Mohd. Taib Osman, 1983). Treating illness by means of the Noble Quran is a practice that was abandoned for a while, and remained unknown except to a small number of scholars, to such an extent that the people knew nothing about it, but

instead, witches and soothsayers, and the wares of charlatans and frauds have become popular (Ameen, 2005).

Urbanization that was and are taking place during the pre- and post-independence Malaysia has certainly resulted in an enormous change in value and attitude of the people. The immigrants, especially the Malays who were mostly born and grew up in the *kampongs* (rural villages), would certainly find and have to adopt the new and different kinds of social and cultural surroundings. In addition, they have to live in and make themselves familiar to the new form of neighbourhood and social interaction consisting of people from different cultures and belief systems (Nobaya Ahmad *et al.*, 2007).

Furthermore, a research conducted by Deuraseh (2008) among the Malay community in Kelantan and Terengganu found that the level of the respondents acceptance was low towards the treatment by way of *rukayah* (incantation). Meanwhile, a research by Haron Daud (2001) revealed that those who looked at *mantera* in a negative way were mostly those below 40 years of age. From the above findings, it is shown that the community was beginning to reject this treatment and it is also a cause for concern that in the future, this particular form of treatment will eventually become extinct as the younger generation has negative perception towards the treatment.

In the light of these situations, it is crucial to know the acceptance of *rukayah* (incantation) as attributes to the spirituality among the modern Malay community which has been influenced by the scientific and logical mode of thought.

Therefore, this research was carried out to look for answers to questions regarding the acceptance level towards the treatments through *rukayah* (incantation), the Malay traditional healers (*bomoh*), as well as how far they want to learn *rukayah* (incantation) given the fact that its effectiveness can not be scientifically proven to the people in the city who have been exposed to modernisation and urbanization.

In addition, this research was also done to understand the level of acceptance the urban residents have towards the treatment

through *rukyah* (incantation). This research was also aimed at understanding the acceptance level of the urban residents towards Malay traditional healers (*bomoh*) as the community generally tends to lend the title '*bomoh*' to the Malay traditional healers who practice *rukyah* (incantation). This research was also meant to understand the level of acceptance of the urban residents to learn *rukyah* (incantation) so as to determine the continuity of this art in future generations.

Within this research, the efforts that lead to giving prestige to the treatment by way of *rukyah* (incantation) were supported by all relevant parties to maintain the practice of the Islamic treatment and to raise the level of Islamic cultures and the *sunnah* of Rasulullah SAW in the medical field.

### METHODOLOGY

In this research, *rukyah* refers to incantation by prayer (*doa*) using the verses of the al-Quran and the *hadith* of prophet Muhammad SAW. As parts of the Islamic medicine, *rukyah* attributes to spiritual healing, and it is constantly used by the Malay community as a treatment, to avoid illnesses and also as a protection from *jinn* and devil.

The study was done in Kuala Lumpur, as it is the capital city of Malaysia which apparently receives the impacts of modernization, globalization and urbanization processes. With the density of 803.5 thousand people (Malaysian Department of Statistic, 2008) that comprises various ethnics and religions, modernization and complex life routine, the people in this city absorbed new belief, value, and culture into their lifestyle.

For the purpose of this study, the researchers randomly chose two out of the six Kuala Lumpur Strategic Zones, and these are from Sentul Manjalara to Wangsa Maju Maluri. The researchers also randomly selected one housing area at each zone. As a result, Taman Segambut SPPK represented an area in Sentul Manjalara whereas PPR Kg. Baru, Air Panas was selected from the Wangsa Maju Maluri area.

Meanwhile, the convenience sampling was used due to cost constraints, and because the researchers required huge amounts of fund to obtain the list of residents living in each housing area selected. Furthermore, the researchers faced time constraints, whereby data collection data should be conducted in not less than three weeks to ensure that the research was completed on time. These approaches provide easy access to large group of targets with the advantage that the investigators obtain research participants without spending a great deal of money or time on sampling (Cozby, 2001). Meanwhile, the researchers also take into account the fact that this new research was still in the adaptation process to the methodology and the theory applied. In particular, the convenience sampling technique was used to carry out the research in the new areas where the methods and theories do not fully work. There is always time to replicate the research on a true random sample later on (Bainbridge, 1989).

343 respondents comprising of 162 respondents from Taman Segambut SPPK and 181 respondents from PPR Kg. Baru, Air Panas took part in this study; they were selected using the convenience sampling procedure whereby anyone who was contacted and the individual concerned was questioned on a voluntary basis. The researcher used any available individuals, rather than selecting from the entire population, and no or only limited attempt was made to insure that the sample would be an accurate representation of a larger group or population (Cozby, 2001).

As a result, the findings of this study are limited to the respondents only and they cannot be generalized to the population because of the convenient sampling technique used. The parameters of generalizability in this type of sample are negligible (Cohen *et al.*, 2001).

This quantitative study employed an exploratory research design. The data were collected using a self-administered questionnaire and assisted by trained enumerators. The respondents were briefed on the purpose of the study, and they were given 20 minutes to complete the questionnaire.

The collection of data took about one month and the respondents chosen aged between 17 to 68 years, as this research considered three stages of human development, namely teenager, adult and senior citizen.

The scope of research was only limited to the acceptance aspect among the modern Malay community, including the acceptance towards the treatment through *rukayah*, Malay traditional healers (*bomoh*) and the learning of *rukayah*.

The instrument used in this study was adapted from Deuraseh (2008) (alpha coefficient was 0.883) and was revised for clarity and effectiveness in achieving the objectives of the study and the appropriate length of time. The research instrument was pre-tested on 36 respondents. The results from the pre-test showed that the reliability scores on (i) acceptance towards treatment through *rukayah* (incantation) was 0.651, while the (ii) acceptance towards the Malay traditional healers (*bomoh*) was 0.765, and the (iii) acceptance towards the learning of *rukayah* (incantation) was 0.835.

Meanwhile, the statistical analyses used in the study were descriptive statistics analyses which generated frequencies, percentages, means, and standard deviations using SPSS version 13.0.

## RESULTS AND DISCUSSION

The five-point Likert scale was constructed to measure the instruments (1=strongly disagree to 5=strongly agree) to be used in the study. The level of each item was divided into three levels, namely low, moderate and high, based on the highest score=5, minus the lowest score=1, and divided by 3. Thus, the low level ranged from 1.00 to 2.32, moderate being 2.33 to 3.66, and high was between 3.67 and 5.00. Meanwhile, the level of acceptance of the treatment through *rukayah* (incantation), traditional Malay healer (*bomoh*) and learning of *rukayah* (incantation) were categorized into three levels based on the items and scores using the equal class interval method. These were low, moderate, and high

and were calculated as follows: the minimum score was 5 points (1 point x 5 items) and the maximum score was 25 points (5 points x 5 items). The class interval was 6  $[(25-5)/3]$ . Thus, the level was categorised into low (5-11), moderate (12-18), and high (19-25).

However, in this session, the five point Likert Scale was reduced to only 3 scale (namely disagree, undecided, agree) to ease the discussion. For the 'undecided' scale, the researchers regarded the fact that the respondents accepted the statement as 'being neutral'. This approach is in accordance with the study on the level of knowledge which showed the respondents' high level of general knowledge on *rukayah* (incantation) (Siti Nor Azhani M. T., 2010). Therefore, the respondents were assumed that they had knowledge of each statement stated but chose to be 'undecided' instead, as they accepted it on a neutral basis only.

### *Profile of the Respondents*

As shown in Table 1, more than half of the respondents were female (58.6%) and 41.4% others were male. More than half of the respondents were between 26 and 40 years old (56.4%) and those who were less than 25 years old comprised 31.3%. The percentages of the married and single respondents were almost the same, with 49.3% and 48.1%, respectively.

The percentage of the respondents who were raised in the urban was the largest (55.4%) as compared to those who grew up in the suburban areas (44.6%). Meanwhile, 33.9% of the respondents had SPM/Certificate/Diploma as their highest education level, and this was slightly the same with 32.7% respondents who had attained their highest education at the Bachelor Degree level. A majority of the respondents (74.4%) received their secondary education in at national schools. Most of the respondents (49.4% or 167) are working as officers/executives, and this was closely followed by clerical jobs (29.3%).

TABLE 1  
Demographic profile of the respondents

Demographic factors		Frequency	% (n=343)
Gender	Male	139	41.4
	Female	197	58.6
Age	Less than 25	105	31.3
	26 – 40	189	56.4
	41 and above	41	12.2
Marital status	Single	161	48.1
	Married	165	49.3
	Widower/widow	9	2.7
Place raised	Urban	186	55.4
	Suburban	150	44.6
Highest education	Primary school	2	0.6
	Secondary school	97	28.6
	STPM/certificate/diploma	115	33.9
	Bachelor degree	111	32.7
	Masters/PhD	14	4.1
Secondary school type	Religious school	66	19.6
	National school	250	74.4
	Chinese/Tamil school	3	0.9
	English school	15	4.5
	Not related	2	0.6
Type of Job	Officer/executive	167	49.4
	Clerical	99	29.3
	Self-employed/entrepreneur	11	3.3
	Student	48	14.2
	Housewife/not working	11	3.3
	Others	2	0.6

**ACCEPTANCE TOWARDS  
TREATMENTS THROUGH RUKYAH  
(INCANTATION)**

Table 2 shows that the respondents' acceptance towards the treatment through *rukayah* (incantation) is in moderate level (mean = 13.12, S.D = 4.36) (Item 1). However, the treatment through *rukayah* (incantation) is not the respondents' first choice because 45.2% of them preferred to be neutral while 44.6% others did not agree or did not opt for this kind of

treatment as compared to the modern treatment. As for effectiveness (item2), it was found that the majority of the respondents (58.1%) were neutral towards the modern treatment effectiveness as compared to the effectiveness of *rukayah* (incantation) treatment. This scenario or outcome could probably be due to the credibility of the modern treatment, whereby recklessness often happens at clinics and hospitals, particularly in the government sectors. Furthermore, slightly half of the respondents

(50.9%) disagreed that (item 3) the *ruk yah* (incantation) treatment is not suitable in today's era. This indicates that the Malay traditional medicine still plays its role as an alternative choice to the Malay community even though it is not their first choice. This can be seen in all places where *bomoh*'s services are offered, regardless of whether they are at squatters, villages, or hotels (Ahmad Zuhairi Abdul Halim, 1999). Moreover, the urban residents are more exposed to the media like the internet that offers a lot of information giving them more choices. In fact, the majority of the respondents possess high qualifications (SPM and above), and these individuals will always search for information that is does not come from only one source. The establishment of alternative treatment institutions in the cities has also given the community more choices in their lives. One can see a large number of patients who need treatments at these traditional institutions that offer them (Amran Kasimin, 1995).

As for Item 4, about 46.0% of the respondents did not give any opinion, and this was almost the same with those who opted to be neutral (40.5%) in giving an opinion to their family members about the *ruk yah* (incantation) treatment. Furthermore, for item 5, most of the respondents (46.5%) did not give any opinion and more than one third (37.4%) were being neutral in giving opinion to their friends about the specialty of the *ruk yah* (incantation) treatment. The results show that the acceptance in giving opinion to family members and friends is less preferred. Subsequently, this scenario is able to influence the spread of the *ruk yah* (incantation) treatment to the community in general. The traditional culture depends on whether there are people who are still practising it, when the functions are less clear and less affective when used, and so by itself the traditional elements faces an uncertain future (Haron Daud, 2001). These show that the community needs to be active in maintaining and encouraging others to get treatment through *ruk yah* (incantation). Otherwise, the fate of the *ruk yah* (incantation) treatment remains uncertain and may totally disappear in the coming generations.

### ACCEPTANCE TOWARDS MALAY TRADITIONAL HEALERS (*BOMOH*)

In the Malay community, *bomoh* is divided into two categories, namely *pawang* and *dukun* (Haron Daud, 2001). In relation to this, the researchers took into account the term *bomoh* represents the Malay traditional healers or other kinds such as *pawang* and *dukun*.

Item 1 in Table 3 shows the majority of the respondents (69.7%) disagreed to see *bomoh* for their illnesses. Besides, only in certain cases (item 2) the majority of the respondents (55.6%) indicated that they would use the alternative treatment, i.e. seeing a *bomoh* for treatment with more than one third (38.3%) of respondents (item 4) preferred seeing the *bomoh* who used al-Quran and al-Hadith as *ruk yah* (incantation). In contrast, 33.3% of the respondents disagreed in seeing *bomoh*. Furthermore, the majority of the respondents (74.0%) disagreed (item 3) to spend their time and money to find out the best *bomoh*. Other than that, almost half of the respondents (40.5%) would not suggest while one third (37.0%) were neutral (item 5) to the idea of suggesting to their family members and friends if there is any reliable *bomoh* who can cure any illness that is caused by jinn and devil.

Overall, the respondent's acceptance towards *bomoh* is in moderate level (Mean= 13.21, S.D=5.14). This result is parallel with the result of acceptance towards treatment thru' *ruk yah* (incantation) which is also in the moderate level.

From the researchers' point of view, the respondents did not fully accept the treatment through *bomoh* due to the existence of pretentious *bomoh* who spreads lies and evil on patients as portrayed by the printing media. They are a few healers who use *ruk yah* (incantation) that is added with unnecessary worshipping of other things, beside Allah SWT, and thus causes uncertainty among the Malay community. Many of these Malay traditional healers worship jinn including those who claim that they practice 'Islamic treatment' (Zakaria Stapa, 2003). There are two groups of *bomoh*; one which practice based solely on Islam and the other on black

TABLE 2  
Acceptance towards Rukyah (Incantation) treatments

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean (SD)	Level of acceptance*
	f (%)	f (%)	f (%)	f (%)	f (%)		
1) I prefer having treatment through <i>rukayah</i> (incantation) than modern treatment	46 (13.5)	106 (31.1)	154 (45.2)	25 (7.3)	10 (2.9)	2.55 (0.92)	Moderate
2) Modern treatment is more effective as compared to <i>rukayah</i> (incantation) treatment	15 (4.4)	59 (17.3)	198 (58.1)	60 (17.6)	9 (2.6)	2.97 (0.79)	Moderate
3) Treatment through <i>rukayah</i> (incantation) is not a suitable practice in today's time	35 (10.3)	138 (40.6)	146 (42.9)	15 (4.4)	6 (1.8)	2.47 (0.81)	Moderate
4) I always give opinion to my family members the specialty of treatment through <i>rukayah</i> (incantation)	45 (13.2)	112 (32.8)	138 (40.5)	43 (12.6)	3 (0.9)	2.55 (0.90)	Moderate
5) I always give an opinion to my friends about the specialty of treatment through <i>rukayah</i> (incantation)	45 (13.2)	114 (33.3)	128 (37.4)	51 (14.9)	4 (1.2)	2.58 (0.94)	Moderate
Overall						13.12 (4.36)	Moderate**

n=343; \*Mean score: 1.00-2.33 (Low); 2.34-3.66 (Moderate); 3.67-5.00 (High); \*\*Overall mean score: 5-11 (Low); 12-18 (Moderate), 19-25 (High)

magic. *Bomoh* who uses black magic carries out worship or rituals that are against the teaching of Islam to fulfil individual's wishes. There are a few *bomoh* from this particular group who are not sincere in giving their services. In fact, some are even more selfish by charging high rates for their services. Besides, there are also *bomoh* who take advantage to fulfil their sexual desires. These actions develop the fear in people and also other *bomoh* (Haron Daud, 2001). There are parties who take advantage by mixing up many acts that are different from our values. On being self-centred, the *bomoh* institution is ruined by those who are irresponsible. There are *bomoh* institutions that are based on Islam, a partial of Islam (mixed-up) and also *bomoh* who are completely astray with wrong teachings. Among the three types of institution, there is one empty space which is fake *bomoh* (Ahmad Zuhairi Abdul Halim, 1999).

Hence, most of the Malay community takes a precaution of getting *bomoh*'s services to avoid being lost into sinful acts and lies because of the existence of various kinds of *bomoh* who are against the teaching of Islam, black magic and fraud.

#### ACCEPTANCE TOWARDS THE LEARNING OF *RUKYAH* (INCANTATION)

From Table 4, item 1 shows that the majority of the respondents (79.2%) were not knowledgeable in *rukayah* (incantation). In fact, in item 2, majority of the respondents (64.7%) would not try to probe the *rukayah*'s (incantation) knowledge that they have while one third of the respondents (33.8%) were neutral in (item 3) learning on how to cure an illness that is caused by *jinn* and devil using the Quran. Moreover, the majority of the respondents (59.4%) did not (item 4) learn *rukayah* (incantation) from books, al-Quran, al-hadith and Muslims scholars. This is further enhanced by the findings of the majority of the respondents (69.7%) who had not (item 5) used the treatment through *rukayah* (incantation) classes, lectures or talks.

Overall, the acceptance towards learning of *rukayah* is at the low level (mean = 11.04, S.D = 5.28). The researchers viewed that the lack in reading culture among the Malay community has given an impact on the low acceptance of *rukayah* (incantation) treatment. In particular, the tradition of getting knowledge through reading or academic books is very low among the Malay community and they have more faith on words by mouth or verbal communication as compared to searching for realities of facts (Zainal Abidin Borhan, 2003). It is not their choice or interest to learn about *rukayah* (incantation) but if they are told spontaneously or incidentally by the people in their surroundings, there is a possibility that they will be more cautious of that knowledge. This gives an interpretation that this knowledge is possessed by certain individuals only and is therefore not a passion for the general public or community.

Moreover, it is the norm of the Malay community to assume *rukayah* (incantation) is specifically a treatment of illnesses caused by *jinn* and devil disturbance. People who encountered such illnesses (i.e. caused by devil or *jinn*) would just prefer the healing touch of *bomoh*. Thus, the acceptance to learn and deeper understand *rukayah* (incantation) was less.

#### CONCLUSION

Treatment through *rukayah* (incantation) is one of the treatments by prophet SAW who used the holy words of al-Quran or al-Hadith and it is according to Allah SWT as a sign of humility and hope to Him by emphasizing the aspect of spirituality in curing an illness.

The findings of this study reveal that the respondents moderately accept treatments through *rukayah* (incantation) including *bomoh*. However, from the aspect of accepting the *rukayah* (incantation) knowledge, it is found that the respondents are less interested in learning and understanding the knowledge.

Thus, although they are living in a metropolitan area which has the impacts of modernization, the respondents still accept the

TABLE 3  
Acceptance towards Malay traditional healers (*Bomoh*)

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean (SD)	Level of acceptance*
	f (%)	f (%)	f (%)	f (%)	f (%)		
1) I prefer seeing bomoh if I'm concerned about my illness	88 (25.7)	151 (44.0)	84 (24.5)	10 (2.9)	10 (2.9)	2.13 (0.93)	Low
2) In certain cases of illness only, to see the bomoh is my alternative way of healing	20 (5.8)	49 (14.3)	83 (24.3)	160 (46.8)	30 (8.8)	3.38 (1.03)	Moderate
3) I'm willing to spend my time and money to find out the best bomoh	122 (35.6)	135 (39.4)	72 (21.0)	12 (3.5)	2 (0.6)	1.94 (0.87)	Low
4) I prefer to see a bomoh who uses al-Quran and al-Hadith as ruqyah (incantation)	27 (7.9)	87 (25.4)	97 (28.4)	80 (23.4)	51 (14.9)	3.12 (1.18)	Moderate
5) I'll suggest to my family members and friends if there is any reliable bomoh who can cure any illness that is caused by jinn and devil	77 (22.4)	62 (18.1)	127 (37.0)	64 (18.7)	13 (3.8)	2.68 (1.13)	Moderate
Overall						13.21 (5.14)	Moderate **

n=343; \*Mean score: 1.00-2.33 (Low); 2.34-3.66 (Moderate); 3.67-5.00 (High); \*\*Overall score mean: 5-11 (Low); 12-18 (Moderate), 19-25 (High)

TABLE 4  
Acceptance on learning of *Rukyah's* (Incantation) knowledge

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean (SD)	Level of acceptance*
	f (%)	f (%)	f (%)	f (%)	f (%)		
1) I'm knowledgeable in <i>rukayah</i> (incantation)	155 (45.5)	115 (33.7)	54 (15.8)	15 (4.4)	2 (0.6)	1.81 (0.90)	Low
2) I'll try to probe the <i>rukayah</i> (incantation) knowledge that I have	124 (36.3)	97 (28.4)	81 (23.7)	32 (9.4)	8 (2.3)	2.13 (1.08)	Low
3) I'll learn on how to cure an illness that is caused by <i>jinn</i> and devil from Quran	63 (18.4)	70 (20.4)	116 (33.8)	68 (19.8)	26 (7.6)	2.78 (1.18)	Moderate
4) I've learned all the <i>rukayah</i> (incantation) from books, al-Quran, al-Hadith and Muslims scholars	108 (31.6)	95 (27.8)	93 (27.2)	34 (9.9)	12 (3.5)	2.26 (1.11)	Low
5) I've followed the healing through <i>rukayah</i> (incantation) classes/lectures/talks	122 (35.6)	117 (34.1)	73 (21.3)	25 (7.3)	6 (1.7)	2.06 (1.01)	Low
Overall						11.04 (5.28)	Low **

n=343; \*Mean score: 1.00-2.33 (Low); 2.34-3.66 (Moderate); 3.67-5.00 (High); \*\*Overall mean score: 5-11 (Low); 12-18 (Moderate), 19-25 (High)

treatment through *rukayah* (incantation) and bomoh, despite the fact that they not interested in gainin the *rukayah* (incantation) knowledge. This shows that the treatment through *rukayah* and bomoh will still be used whenever they face certain situations involving diseases that are caused by *jinn* and devil as an alternative after having the modern treatment. Whereas, the *rukayah* (incantation) knowledge will become extinct in the future because the respondents clearly indicated that they are not interested to learn it.

The modern medicine is based only on physical therapies. Hopefully, with the knowledge from this research, the community will become more knowledgeable in *rukayah* (incantation) and that they will integrate this spiritual healing together with the physical healing which offered by the modern medicine to get a better outcome, as stated by Maier-Lorentz who suggested holistic nursing practice, and prayer may be a very effective type of cognitive therapy that nurses should use to help elders minimize the negative effects of stress and, thus, feel better, and promote an optimal level of health (Maier-Lorentz, 2004).

Meanwhile, several efforts need to be encouraged via the media, workshops or seminars by the government, non-government organizations (NGO), and individuals to raise the level of acceptance by the Malay community towards this treatment, particulaly from the aspect of learning the *rukayah* to complete the spiritual filling within themselves and to ensure that this treatment will not become extinct in future generations.

The researcher believes that *bomohs* who are fake and sinful need to be prevented and prohibited so that the community will not have doubt in getting this treatment and to increase the credibility and excellence of treatment through *rukayah* (incantation). In addition, JAKIM needs to take stern action against the fake *bomohs*, either from a legal point of action or by approaching them and advised them to improve or deepen their faith. At the same time, the government and non-government

organizations (NGO) are required to prepare lists of *bomohs* who provide genuine services which are according to the teachings of Islam as reference for the public before obtaining such services.

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