

# The Triumph of Practicality

TRADITION AND MODERNITY IN  
HEALTH CARE UTILIZATION  
IN SELECTED ASIAN COUNTRIES

Edited by

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## Preface

The idea for this volume began taking shape during the preparation for the session on traditional and modern medicine, which was one of the sessions organized by the Research Committee on Medical Sociology (now Sociology of Health) of the International Sociological Association (ISA) as part of the XIth World Congress of Sociology held in New Delhi in August 1984. I was invited by the Chairman of the Committee, Ray Elling, to organize that session. Three of the papers presented in the session, namely, the paper on Hong Kong, Sonoda's paper on Japan, and the paper on China, were selected for inclusion in this volume. They appear here, revised and enlarged, as Chapters 5, 3, and 2, respectively. Their contributors, Rance Lee, Yuet-wah Cheung, Kyoichi Sonoda, and Li Jing-wei, had worked extensively on the study of medical systems from

different perspectives and were specially invited to participate in the ISA Congress. For the other chapters, I approached Tsunetsugu Munakata from Japan and Santhat Sermsri of Thailand, prompted by their valuable contributions to the study of medical systems in their respective countries. Sonoda's chapter provides an overview of the link between traditional and modern medicine in Japan while Munakata centres on the more specific area of mental health, which is a very relevant aspect in the high-technology and rapid pace of life in Japan in the 1980s. One of the main contributions of this book is that it offers the views of social scientists from the countries studied. Of course, we paid the price in terms of time. Indeed, as is common in collaborative efforts, the bulk of the revision work was done by correspondence. However, in the spring of 1988, I had the opportunity to go to Beijing to finalize the chapter on China.

The main aim of this study is to present current documentation on the resilience of the traditional medicine system in Asian nations undergoing rapid modernization and to explore the reasons for people's persistent combination of modern and traditional medical resources in their everyday life. The intended audience for this book is the growing number of social scientists interested in medical systems, problems of modernization and tradition, and the process of modernization and its consequences in Asia. But the book will also offer useful information, as a reference volume, to modern medical practitioners and medical students, particularly those concerned with public health and working in Asia.

Finally, I am indebted to the kind and valuable inspiration I received from the writings of Professors Charles Leslie and Ray Elling and the ideas I have been fortunate to obtain personally from both of them on various occasions over the years. I wish to express my appreciation to the six contributors for their kind co-operation in putting together this volume. Without their goodwill and scholarly spirit this work could not have been possible.

August 1988

Stella R. Quah  
Singapore



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# The Triumph of Practicality

STELLA R. QUAH

Until not too long ago, ethnographic descriptions of traditional healing practices were welcomed by experts as ancient jewels of human behaviour that had to be preserved in records before they became extinct. It was taken for granted that such traditional ways of preventing or handling illness would eventually disappear as people became enlightened by the concepts and effectiveness of modern medicine.

However, as the query on how different communities deal with disease continues and more evidence is collected, the premiss on the extinction of traditional health practices can no longer be accepted (Leslie, 1976; Kleinman, 1984). Indeed, the study of traditional ways to treat and cure disease has evolved from being the curious subject of a few erudite scholars to the theme at the forefront of health care analysis by a wide range of



disciplines. Cost-benefit analysis, geographical, sociological, and anthropological studies suggest that traditional healing practices have survived the competition of modern medicine.

Studies documenting the survival of traditional health practices substantiate the argument advanced by Gusfield (1973). He identified a set of six fallacies on the study of tradition and modernity, four of which are fully corrected by the evidence from the dual utilization of traditional and modern health services. These four fallacies are: "old traditions are displaced by new changes"; "traditional and modern forms are always in conflict"; "tradition and modernity are mutually exclusive systems"; and "modernization processes weaken traditions" (Gusfield, 1973: 335-39).

This book addresses the dual utilization of traditional and modern medical systems as it takes place in societies undergoing rapid modernization, and seeks to document the premiss that traditional practices are not merely "surviving" but, rather, they are "established" traditional ways of healing actively interacting with modern practices in health-related behaviour. By analysing the situation of five Asian nations at various stages of development and with diverse cultural settings, we will be able to compare the pervasiveness of the dual use of systems of health care, and the accommodations that have taken place in recent years on the part of traditional and modern medical systems to coexist and to meet the health needs of consumers in these countries.

This chapter discusses three aspects of relevance to the comparative analysis of the five countries included in this study. The first aspect deals with the definition of concepts and explains the approaches used in this study. The second aspect concerns the review of the main theoretical pronouncements in the social science literature explaining the "survival" of traditional medicine and the corresponding data on dual health care utilization. The third aspect covers the main questions guiding this study and the reasons for the selection of the five countries.

## Concepts and Approaches

Social scientists studying the survival and development of beliefs, attitudes, and behaviour involving health and illness, have used a variety of terms to refer to the same phenomena thus, unwittingly, creating confusion and limiting the usefulness of comparative research. It appears