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Research Paper

Reconstructing Local Wisdom through Islamic Law: Public Policy and Health Implications of the Newborn River-Bathing Tradition

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Abstract: This study analyzes the *Nuron Nemiak Kaik* tradition, a customary ritual of bathing newborn babies in rivers practiced in West Kalimantan, Indonesia from the dual perspectives of Islamic jurisprudence (*'urf* and *ḥifẓ al-nafs*) and public health policies. Previous studies have predominantly addressed this ritual through an anthropological lens, creating a critical research gap regarding how local customary practices can be harmonized with formal child health protection standards and legal norms. Employing an empirical socio-legal method with semi-structured interviews across 14 key informants (customary leaders, religious scholars, healthcare practitioners, and parents), this study evaluates the legal and operational boundaries of cultural preservation. The findings reveal that while the ritual fosters communal solidarity and cultural identity, performing unheated river immersion during the early neonatal stage violates World Health Organization (WHO) neonatal thermal protection guidelines, posing severe risks of acute hypothermia and water aspiration. From an Islamic legal standpoint, the tradition cannot be categorized as *'urf ṣaḥīḥ* (valid custom) in its unedited form due to the violation of *ḥifẓ al-nafs* (preservation of life). However, rather than abolishing the practice, this study proposes a constructive legal reconstruction framework. Practically, local governments and village authorities are advised to institutionalize village-level public health regulations (*Peraturan Desa*) that mandate delaying the water ritual past the critical 24-hour neonatal threshold and substituting cold river immersion with symbolic water sprinkling using boiled, hygienic water.

Keywords: *Hifz al-Nafs*, Infant Public Health, Islamic Jurisprudence, Local Customary Law, *Urf* .

1. Introduction

Indonesia presents a profound diversity of local traditions that govern human life cycles, ranging from birth rituals to funeral ceremonies. Customary practices often function as the primary social regulator in rural areas, maintaining communal solidarity and transmitting ancestral values across generations [1]. However, in modern governance, the persistence of traditional practices frequently creates tension with formal legal norms, fundamental religious doctrines, and evidence-based public health standards. This intersection is particularly sensitive when traditional rituals directly involve vulnerable demographics, such as newborn infants whose physiological mechanisms are exceptionally fragile [2].

Within Islamic legal discourse, the interaction between local culture and religious norms is mediated through the doctrine of *'urf* (customary law) and the overarching objectives of Islamic jurisprudence (*Maqāṣid al-Sharī'ah*) [3]. While Islamic law accommodates local traditions under the maxim *al-'ādah muḥakkamah* (custom is recognized as a legal basis), this recognition is strictly conditional [4]. Customary practices that contradict clear scriptural mandates or generate manifest harm (*maḍarrah*) are categorized as *'urf fāsid* (invalid custom) and must be modified or discarded [5].

A critical locus of this conflict is observed in the *Nuron Nemiak Kaik* tradition practiced in Senaning Village, Ketungau Hulu District, Sintang Regency, West Kalimantan. In this tradition, neonates are brought to the local river shortly after birth to undergo a formal bathing ritual. The local community maintains a deep-seated belief that omitting this ritual will expose the infant to supernatural calamities (*bala'*) or physical illnesses [6]. To validate these ancestral obligations, community members often exhibit uncritical adherence (*taqlid*), resisting modern medical directives in favor of inherited customary mandates [7]. Scriptural warnings against uncritical ancestral imitation are explicitly highlighted in the Qur'an (Surah Al-Ma'idah: 104), which commands believers to evaluate traditional practices through rational inquiry and divine guidance [8].

However, a significant analytical gap exists in the literature. While Quranic passages emphasize spiritual purity and reject superstitious adherence, a critical academic bridge must be established between Islamic legal reasoning (*fiqh*) and empirical medical realities. Theological imperatives alone are insufficient to transform community behavior without concrete public health parameters.

When an infant is submerged in cold river water during the immediate postnatal period, the environmental thermal shock triggers rapid heat loss, predisposing the neonate to severe hypothermia, respiratory distress, and potential water aspiration [9]. Modern public health frameworks, particularly WHO guidelines, strictly advocate thermal protection and delayed bathing to ensure neonatal survival [10]. Therefore, evaluating this tradition requires transitioning from purely theological critiques to an integrated legal-medical analysis.

Existing scholarship on Indonesian birth rituals has primarily focused on anthropological descriptions or generic cultural preservation, largely failing to articulate concrete mechanisms for harmonizing customary practices with public health laws and *Maqāṣid al-Sharī'ah***.** To address this research gap, this study examines the *Nuron Nemiak Kaik* tradition by explicitly integrating the principles of *'urf*, *ḥifẓ al-nafs* (preservation of life), and neonatal public health regulations. The primary objective is to delineate a legally defensible and culturally sensitive reconstruction framework that transforms a potentially harmful customary practice (*'urf fāsid*) into a medically safe and religiously valid custom (*'urf ṣaḥīḥ*), providing actionable insights for local public policy formulation.

2. Literature Review

2.1. Theoretical Framework of 'Urf in Islamic Law

In the legal framework of *Uṣūl al-Fiqh*, *'urf* is defined as the collective actions, social behaviors, or verbal expressions that are continuously recognized, accepted, and practiced by a specific community across generations [11]. Legal scholars emphasize that *'urf* develops organically through dynamic social interactions, environmental adaptations, and shared historical experiences, eventually crystallizing into unwritten customary norms that govern daily life. Within the context of rural Indonesian communities, such customary traditions frequently dictate social harmony and serve as primary behavioral guides, particularly regarding family life cycles and birth rituals.

Classical and contemporary Islamic legal scholars systematically categorize *'urf* into several distinct classifications based on its scope and mode of expression [12]. In terms of expression, customary law is divided into *'urf qawlī* (verbal custom) and *'urf fi'lī* (practical custom), where the latter pertains directly to physical actions and social rituals performed by community members. In terms of geographic and demographic scope, it is categorized into *'urf 'āmm* (general custom

practiced universally across Islamic societies) and *'urf khāṣṣ* (specialized custom restricted to a specific region, tribe, or locality). The river-bathing ritual of Nuron Nemiak Kaik exemplifies a local practical custom *('urf fi'lī khāṣṣ*) uniquely bound to the riverine ecosystem of Sintang Regency.

Crucially, Islamic jurisprudence evaluates the normative legal validity of any customary practice by classifying it as either *'urf ṣaḥīḥ* (valid custom) or *'urf fāsid* (invalid custom). *'Urf ṣaḥīḥ* refers to local traditions that align with the spirit of *Sharī'ah*, do not contradict definitive textual sources (*naṣṣ qaṭ'ī*), and generate tangible public benefit (*maṣlaḥah*). Conversely, *'urf fāsid* encompasses customary practices that violate fundamental Islamic doctrines, involve prohibited elements (*ḥarām*), or induce direct physical or moral harm (*maḍarrah*) to human beings. Determining whether a local ritual falls under valid or invalid custom requires a meticulous examination of its underlying beliefs and physical procedures [13].]

To achieve legal recognition as a legitimate source of supplementary law or social regulation, a customary practice must strictly satisfy four fundamental legal conditions (*shurūṭ al-'urf*) established by usulists. First, the custom must be predominantly and consistently practiced within the community. Second, the custom must be existing and active at the time the legal assessment or action occurs. Third, the practice must not violate an explicit contractual agreement or definitive scriptural text. Fourth, and most critically for health-related rituals, the execution of the custom must not inflict manifest harm or endanger the basic rights and physical well-being of the individuals involved [13].

The normative integration of valid local customs into Islamic legal reasoning is anchored in the authoritative legal maxim *al-'ādah muḥakkamah* (customary practice is recognized as a basis for legal rulings). This foundational maxim reflects the inherent flexibility and adaptability of Islamic law (*taysīr and murūnah*), allowing jurisprudence to accommodate diverse cultural heritage without sacrificing core normative principles. In the Indonesian context, this doctrine provides a legal mechanism for local traditions to be preserved and harmonized with formal regulations, provided they promote communal solidarity and public welfare [14].

However, the application of al-'ādah muḥakkamah is strictly bounded by secondary regulatory maxims, most notably *al-ḍarar yuzāl* (harm must be eliminated) and *dar' al-mafāsid muqaddam 'alā jalb al-maṣāliḥ* (preventing harm takes precedence over procuring benefits) [14]. When applied to neonatal customary practices, any traditional element that exposes fragile newborns to environmental hazards or unsterile conditions introduces manifest harm (*maḍarrah*). Consequently, the legal flexibility granted by *al-'ādah muḥakkamah* cannot be invoked to justify practices that compromise physical safety or health standards.

Therefore, when analyzing customary birth rituals like Nuron Nemiak Kaik through the theoretical framework of *'urf, Islamic* jurisprudence does not adopt a rigid binary of absolute acceptance or complete prohibition. Instead, it employs a constructive analytical approach that separates the ritual's beneficial social aspects from its hazardous physical procedures. Customary practices that pose health risks to neonates are subjected to normative legal reconstruction, transforming an otherwise invalid custom *('urf fāsid*) into a health-compliant, valid local tradition *('urf ṣaḥīḥ*) that aligns with both Islamic law and modern public health standards [15].

2.2. The Principle of Maqāṣid al-Sharī'ah: Hifẓ al-Nafs

In the conceptual structure of Islamic jurisprudence, *Maqāṣid al-Sharī'ah* represents the higher objectives, underlying wisdoms, and moral purposes embedded within divine rulings. Classical jurists, most notably *Al-Ghazālī and Al-Shāṭibī*, systematically structured these essential objectives into five foundational protections known as al-ḍarūriyyāt al-khamsah. These five basic necessities comprise the protection of religion (*ḥifẓ al-dīn*), life (*ḥifẓ al-nafs*), intellect (*ḥifẓ al-'aql*), lineage (*ḥifẓ al-nasl*), and wealth (*ḥifẓ al-mā*l) [16]. Among these universal imperatives, the preservation of human life serves as an indispensable prerequisite, as the fulfillment of all religious and social duties fundamentally depends on the existence and physical well-being of the individual.

From an etymological and legal standpoint, *ḥifẓ al-nafs* combines the concept of protection or preservation (*ḥifẓ*) with the human self, soul, or physical vitality (*al-nafs*) [17]. In classical fiqh discourse, this principle was primarily operationalized through negative imperatives, such as strict prohibitions against murder, physical harm, and bodily mutilation, enforced by legal sanctions. However, modern legal scholarship has expanded the scope of *ḥifẓ al-nafs* toward a proactive and comprehensive framework. This contemporary interpretation encompasses positive duties, including the duty to secure optimal health conditions, provide adequate nutrition, protect individuals from environmental hazards, and establish robust public safety regulations [17].

Within the specific domain of maternal and child healthcare, the application of *ḥifẓ al-nafs* assumes an extraordinary level of legal priority. Newborn infants represent the most physically vulnerable segment of society, possessing an underdeveloped immune system and limited biological resistance to thermal and environmental stressors. Consequently, Islamic legal theory demands that any social practice, parental decision, or customary ritual involving neonates must strictly align with the imperative of safeguarding their physical health and life. Exposing a newborn to preventable physical hazards directly contradicts the sacred obligation of preserving human life [18].

When evaluated through the legal methodology of *Maqāṣid al-Sharī'ah*, public health standards and evidence-based medical guidelines are recognized as vital instruments that directly realize the objective of *ḥifẓ al-nafs*. Medical recommendations such as maintaining neonatal thermal protection, avoiding unsterile water exposure, and preventing hypothermia are not merely secular health advice; they constitute legal indicators of *maṣlaḥah* (public benefit) [19]. Therefore, adhering to modern healthcare protocols for newborns directly operationalizes divine commands to protect life, transforming medical precautions into religiously recognized legal obligations.

Furthermore, the legal doctrine of *Maqāṣid al-Sharī'ah* establishes a clear hierarchy when fundamental objectives come into tension with customary practices. While cultural identity and social customs are respected under the secondary objective of preserving social order, the primary objective of protecting human life (*ḥifẓ al-nafs*) occupies a strictly superior position [20]. Whenever a customary ritual poses a verifiable threat to the physical health or survival of an infant, the preservation of life unconditionally overrides the preservation of unedited cultural traditions. Customary rituals must yield to, or be reconfigured by, the imperative of health protection.

The operationalization of *ḥifẓ al-nafs* is further governed by the foundational Islamic legal maxim "*la ḍarara wa la ḍirār"* (there shall be no harm nor reciprocating of harm). In the context of neonatal care, this principle mandates the proactive elimination of all forms of physical risk, whether immediate or potential. Customary birth rituals that involve exposing fragile neonates to extreme temperature changes or unhygienic environments introduce manifest harm (*maḍarrah*). Islamic jurisprudence dictates that such harmful practices cannot be sustained under the guise of tradition and must be systematically corrected to ensure complete alignment with safety norms [15].

2.3. Purity of Aqidah, Critique of Blind Taqlid, and Public Policy

Aqidah constitutes the fundamental foundation of a Muslim's religious life, as it encompasses the basic beliefs concerning Allah, His messengers, the revealed scriptures, angels, the Hereafter, and divine decree. The purity of aqidah means that such beliefs are grounded in religiously authoritative sources and principles, particularly the Qur'an and Sunnah, rather than being derived merely from social customs, cultural traditions, or uncritical acceptance without proper understanding [20].

Closely tied to the preservation of pure aqidah is the epistemological critique of blind taqlid, defined as the uncritical imitation of ancestral customs or opinions without understanding their underlying validity, rationale, or legal status. While legitimate taqlid exists in complex jurisprudential matters for laypersons following qualified jurists, blind taqlid regarding ancestral traditions frequently leads to the rigid preservation of harmful or superstitious practices. In the context of customary birth rituals, parents often comply with hazardous procedures purely out of social pressure and inherited fear, ignoring both scientific health warnings and Islamic scriptural commands to exercise reason [7].

The Quranic discourse explicitly critiques blind adherence to ancestral heritage at the expense of divine revelation and rational inquiry, as highlighted in *Surah Al-Ma'idah*, verse 104. This scriptural directive establishes a clear mandate for believers to evaluate inherited practices through the dual lenses of revealed knowledge and empirical reason [21]. Deconstructing blind taqlid does not imply a rejection of cultural respect or communal elders; rather, it requires an epistemological shift wherein community members adopt traditional practices based on conscious understanding, moral benefit, and medical safety rather than unexamined fear [22].

Conceptually, taqlid refers to following the opinion or judgment of another person without knowing or understanding the underlying basis or argument. Within Islamic jurisprudence, taqlid constitutes a distinct subject of discussion and does not necessarily carry a negative connotation. Individuals who lack the capacity for ijtihad may reasonably follow qualified scholars who possess the requisite expertise. However, when taqlid is applied uncritically to matters of aqidah, such that individuals merely accept beliefs without making an effort to understand their basis and validity, it may give rise to what is commonly described as blind taqlid. A 2024 study by Mohd Firdaus Mohamad Darwi and colleagues specifically distinguishes the issue of taqlid in matters of aqidah

from the necessity of engaging in naẓar, or rational inquiry and reasoning [23].

The critique of blind taqlid and the purification of aqidah play a pivotal role in enabling public health interventions within rural traditional communities [24]. When local populations adhere blindly to inherited rituals, state-sponsored health campaigns regarding neonatal care, thermal protection, and hygiene often encounter deep cultural resistance. Overcoming such behavioral barriers requires demonstrating that modern healthcare protocols do not conflict with religious piety, but rather fulfill the authentic spirit of Islamic law by eliminating superstitious harm and protecting fragile lives [25].

Furthermore, bridging religious reform with public policy formulation provides a viable path toward institutionalizing safer community standards [26]. In rural regions like Sintang Regency, village governance frameworks (such as *Peraturan Desa*) serve as effective legal instruments to regulate public health and customary governance [27]. By actively engaging local religious scholars (*ulama*) and customary leaders (*pasirah*), public policy can formally reframe traditional birth rituals replacing fear-based, mystical assumptions with monotheistic prayers and health-compliant procedures.

Ultimately, the alignment between purified aqidah, rational critique of taqlid, and proactive public policy fosters a harmonious environment for sustainable community development [28]. By stripping customary practices of superstitious elements and hazardous physical demands, local traditions are elevated into refined cultural expressions [29]. In the case of the Nuron Nemiak Kaik tradition, this theological and policy alignment ensures that welcoming a newborn becomes a celebration grounded in genuine faith, communal solidarity, and evidence-based public health protection.

3. Methodology

This study employed an empirical legal research design utilizing a socio-legal approach to examine the operational reality of customary law (law in action) within the community of Senaning Village, Ketungau Hulu District, Sintang Regency, West Kalimantan.] Socio-legal methodology is essential for evaluating how legal and religious norms interact with lived social practices and public health realities.

Fieldwork was conducted between October 2025 and January 2026. Informants were selected using a purposive sampling strategy based on their direct involvement, administrative authority, or expertise regarding the Nuron Nemiak Kaik tradition and infant health care. A total of 14 key informants participated in this study, comprising:

1. Customary Leaders (Tokoh Adat / Pasirah) (n = 3): Responsible for overseeing ritual execution and preserving cultural norms.
2. Religious Leaders (Ulama / Kyai) (n = 3): Providing Islamic legal perspectives and spiritual guidance.
3. Healthcare Practitioners (Midwives / Public Health Officers) (n = 3): Evaluating neonatal health risks, thermal care, and medical standards.
4. Parents / Caregivers (n = 5): Families who had recently participated in or performed the ritual for their newborns.

Data collection was executed through semi-structured interviews, direct field observations of ritual preparations and river environments, and documentary analysis (village records and health reports). To ensure data validity and rigor, data triangulation was applied across both sources and methods. Source triangulation involved cross-verifying accounts between customary leaders, health workers, and religious scholars. Methodological triangulation compared interview transcripts with direct field observations and medical literature.

Qualitative data were analyzed using the Interactive Model proposed by Miles, Huberman, and Saldana, comprising three concurrent steps: data condensation, data display, and conclusion drawing/verification. Empirical findings regarding ritual steps and medical risks were synthesized with normative legal frameworks (*'urf*, *ḥifẓ al-nafs*, and public health regulations) to construct a scientifically defensible model for traditional reconstruction [30].

4. Finding and Discussion

4.1. Empirical Context and Anthropological Structure of Nuron Nemiak Kaik

The *Nuron Nemiak Kaik* tradition is an ancestral birth ritual observed by the local community in Senaning Village. The ceremony involves bringing a newborn baby often within days or even hours after delivery to the bank of the Ketungau River. The primary steps include reciting traditional

incantations, immersing or bathing the infant in the river water, and performing communal prayers accompanied by symbolic food offerings.

Culturally, the tradition functions as a rite of passage, signifying the infant's formal introduction to the natural ecosystem and the social community. Similar river-bathing practices are observed among indigenous groups in Borneo, such as the *Ngemai Mandi* tradition of the Dayak Seberuang community. While these rituals foster social cohesion, historical continuity, and environmental connection, their unedited physical execution presents acute medical vulnerabilities for neonates.

From the perspective of Islamic law, the existence of a particular tradition does not automatically mean that it must either be preserved or prohibited. A tradition must instead be assessed based on its substance, objectives, underlying beliefs, and consequences. Recent scholarship on al-'ādah al-muḥakkamah emphasizes that customary practices may be considered within Islamic law insofar as they do not conflict with Islamic principles and satisfy the requirements for legal recognition. Accordingly, Nuron Nemiak Kaik may be positioned as an object of analysis through the concept of 'urf, rather than being assessed merely as a cultural practice based on its historical origin.

4.2. Medical Evaluation and Public Health Risk Synthesis

A rigorous empirical assessment of the Nuron Nemiak Kaik tradition requires evaluating its physical procedures against established neonatal physiology and evidence-based medical standards. Field interviews conducted with local healthcare practitioners, particularly village midwives (Bidan Desa) and public health officers in Ketungau Hulu District, revealed that traditional birth rituals in rural West Kalimantan often proceed without prior medical risk screening. In its unedited customary form, the ritual involves taking a neonate to the riverbank shortly after birth frequently within the first 24 to 48 hours of life and immersing or bathing the child directly in untreated river water.

From a physiological perspective, the physical constitution of a newborn baby is exceptionally fragile, characterized by an immature thermoregulatory system, thin subcutaneous fat layers, and a high body surface-area-to-mass ratio. When a neonate is exposed to cold ambient air and submerged in unheated river water, the rapid drop in environmental temperature induces extreme heat loss through conduction, convection, and evaporation. Healthcare practitioners highlighted that such acute thermal shock immediately triggers cold stress, which quickly escalates into neonatal hypothermia a critical clinical condition defined as a core body temperature dropping below 36.5°C.

Clinical literature demonstrates that neonatal hypothermia leads to severe systemic complications, including metabolic acidosis, hypoglycemia, respiratory distress, and increased oxygen consumption. In severe cases, prolonged exposure to cold river water can precipitate pulmonary hemorrhage and sudden cardiovascular collapse, significantly increasing neonatal mortality risks in remote regions with limited emergency pediatric facilities. The risk is further compounded when infants born with low birth weight (LBW) or subtle prematurity are subjected to the tradition due to customary mandates and social pressure.

In addition to thermal hazards, the microbiological quality of open river water in rural districts presents substantial infectious risks for newborns. Natural river systems in agrarian areas frequently contain dynamic loads of environmental pathogens, agricultural runoff, and organic pollutants. Immersing a neonate in untreated river water exposes unhealed anatomical barriers most notably the fresh umbilical cord stump, conjunctival membranes, and mucosal lining to potential bacterial contamination, markedly elevating the incidence of neonatal sepsis, omphalitis, and severe ophthalmia neonatorum.

Furthermore, the mechanical process of bathing a fragile infant in flowing river currents introduces a high risk of accidental water aspiration. Inadvertent ingestion or inhalation of contaminated river water into the underdeveloped neonatal respiratory tract can cause acute airway obstruction, chemical pneumonitis, or bacterial aspiration pneumonia. Local healthcare workers reported that parents often mistake early symptoms of aspiration distress or hypothermic lethargy for spiritual disturbances or ancestral signs, thereby delaying critical medical intervention at local health centers (Puskesmas).

4.3. Legal Reconstruction and Policy Harmonization Framework

In addition to the aspects of 'urf and aqidah, Nuron Nemiak Kaik must also be assessed through the principle of hifẓ al-nafs, which refers to the protection and preservation of human life. This principle is particularly relevant because the ritual involves newborn babies, who are highly vulnerable to changes in temperature and environmental conditions. The 2025 WHO guidelines recommend that the first bath of a healthy, full-term newborn be delayed beyond 24 hours after birth. WHO also

emphasizes the importance of minimizing heat loss during bathing, immediately drying the newborn, ensuring appropriate clothing according to the environmental temperature, and maintaining close contact between the mother and baby.

To resolve the friction between customary preservation, Islamic jurisprudence, and neonatal public health standards, a normative framework for legal reconstruction is required. In Islamic legal theory, traditions are not immutable entities; rather, they are subject to continuous legal verification (*takhrīj al-manāṭ*) to ensure their alignment with changing social conditions and fundamental divine objectives. When evaluating the Nuron Nemiak Kaik ritual through this analytical lens, Islamic jurisprudence distinguishes the ritual's core socio-spiritual intentions from its physical execution procedures.

The physical procedure of submersing a neonate into cold, untreated river water shortly after birth must be categorized as *'urf fāsid* (invalid custom). As established by empirical medical data, this physical act induces severe hypothermia, sepsis risks, and thermal shock, thereby directly violating the paramount Islamic legal objective of preserving human life (*ḥifẓ al-nafs*). Under the foundational legal maxim *al-ḍarar yuzāl* (harm must be eliminated), any customary practice that poses a verifiable threat to bodily integrity loses its normative legal validity and cannot be justified through ancestral heritage.

However, declaring the physical immersion as '*urf fāsid* does not necessitate the total abolition of the Nuron Nemiak Kaik tradition. Islamic jurisprudence prefers constructive modification over outright prohibition under the jurisprudential principle of *dar' al-mafāsid muqaddam 'alā jalb al-maṣāliḥ* (repelling harm takes precedence over acquiring benefits) combined with the preservation of valid local wisdom. The intangible elements of the ritual such as expressing gratitude for childbirth, fostering communal solidarity, offering monotheistic prayers (doa), and conferring cultural identity constitute genuine social benefits (*maṣlaḥah*) that fall under *'urf ṣaḥīḥ* (valid custom).

Consequently, legal reconstruction operates by decoupling the beneficial symbolic purpose from the hazardous physical act, transforming the tradition into a health-compliant customary practice. Under this reconstructed protocol, the ritual is delayed beyond the critical 24-to-48-hour neonatal thermal window to comply with World Health Organization guidelines. Furthermore, direct immersion in cold river water is replaced by symbolic water sprinkling using warm, boiled water held in a clean, traditional vessel at the riverbank, effectively eliminating thermal and microbiological hazards while retaining the cultural connection to the river.

To ensure the long-term sustainability of this reconstructed custom, the normative framework must be institutionalized through local public policy harmonization. Rural communities in West Kalimantan operate under a dual structure of customary authority (*pasirah*) and statutory village governance. Relying solely on verbal advice from health workers is often insufficient to shift deeply ingrained ancestral practices. Therefore, formalizing the reconstructed ritual requires an integrated policy mechanism that binds both customary norms and public health directives within local legal instruments.

To provide a comprehensive operational framework for this integration, the systematic alignment between traditional practices, medical safety standards, Islamic jurisprudence (*uṣūl al-fiqh*), and the proposed reconstructed measures is summarized in Table 1.

Based on the structural changes outlined in Table 1, the implementation of these reconstructed protocols necessitates formal administrative support. At the administrative level, village governments (*Pemerintah Desa*) in Sintang Regency can utilize their autonomous legislative authority under Law No. 6 of 2014 to enact specific Village Health Regulations (*Peraturan Desa / Perdes*). These bylaws can formally incorporate the reconstructed birth ritual protocols, mandating that all traditional birth ceremonies be conducted in coordination with village midwives (*Bidan Desa*). By establishing mandatory health screenings and symbolic warm-water procedures as official customary standards, the village regulation bridges state law, Islamic legal principles, and local custom.

Ultimately, this policy harmonization model transforms the interaction between Islamic law, public policy, and local wisdom from one of conflict into one of constructive synergy. By utilizing *ḥifẓ al-nafs* as an overarching legal filter, Islamic jurisprudence guides public policy to refine customary practices rather than erase them. The institutionalized reconstruction of Nuron Nemiak Kaik ensures that local cultural identity is preserved, monotheistic faith is protected, and infant health rights are fully safeguarded within a modern legal framework.

Table 1. Reconstruction of the Nuron Nemiak Kaik Tradition: A Comparative Analysis

	Original Cultural Element	Original Cultural Element	Original Cultural Element	Original Cultural Element
1	**Ritual Timing**	**Violation of WHO Thermal Protection Guidelines**	***'Urf Fāsid***	**Postponement of Ritual Execution**
	Bringing and bathing the newborn in a river immediately after birth (within the first 24–48 hours of life).	Increases the risk of cold stress, neonatal hypothermia (core temperature < 36.5°C), respiratory distress, metabolic acidosis, and neonatal mortality.	The early neonatal period is the most vulnerable phase. Bathing the newborn prematurely violates the primary objective of *Maqāṣid al-Sharī'ah*, specifically *ḥifẓ al-nafs* (the preservation of life).	The ritual is deferred until after the critical neonatal period (postponed for at least the first 24–48 hours post-birth), adhering strictly to WHO newborn safety guidelines.
2	**Bathing Method**	**Risk of Aspiration and Physical Trauma**	***'Urf Fāsid* and Violation of Non-Maleficence (*Lā Ḍarar*)**	**Symbolic Ablution / Pouring**
	Direct immersion or submerging of the newborn's body into the river current.	Submerging the newborn risks cold-induced shock, accidental choking/aspiration of river water into the respiratory tract (leading to aspiration pneumonia), and physical hazards from water currents.	Direct immersion causes demonstrable physical harm (*maḍarrah*). Based on the legal maxim *al-ḍarar yuzāl* (harm must be eliminated), this procedure must be modified.	Full-body immersion is replaced with symbolic sprinkling or pouring of water over the infant's limbs without submerging or exposing the child to river currents.
3	**Water Quality**	**Risk of Sepsis and Neonatal Infection**	**Contradiction with Islamic Hygiene and Safety Principles**	**Utilization of Sterile Warm Water**
	Direct utilization of untreated and unheated open river water.	Unboiled river water harbors pathogens and pollutants that present high risks of umbilical cord infection (*omphalitis*), eye infections (*ophthalmia neonatorum*), and systemic neonatal sepsis.	Exposing an immune-compromised newborn to harmful pathogens violates the fundamental Islamic legal obligation of life preservation (*ḥifẓ al-nafs*).	Water used for the ritual is boiled/sterilized and adjusted to a warm temperature, stored in a clean vessel during the ritual conducted at the riverbank.
4	**Incantations and Belief System**	**Delay in Emergency Medical Intervention**	***'Urf Fāsid and Theological Threat ('Aqīdah)***	**Islamic Transformation of Recitations and Health Education**
	Recitation of traditional incantations rooted in supernatural apprehension (*bala'*) and uncritical adherence (*taqlīd*).	Mystical beliefs often cause parents to delay seeking professional medical care at public health centers (*Puskesmas*) when symptoms of hypothermia or respiratory distress arise.	Blind adherence to mystical practices jeopardizes monotheistic purity (*'aqīdah*) and contradicts Islamic theological principles (e.g., Surah Al-Mā'idah 5:104).	Mystical incantations are replaced with monotheistic prayers (*du'ā'*), integrated with maternal-child health education and monitoring by village midwives or professional healthcare personnel.

5. Conclusion

Based on the findings and discussion, the Nuron Nemiak Kaik tradition represents a form of local wisdom practiced by the people of Senaning Village in connection with childbirth, manifested through a ritual of bathing newborn babies in a river. The tradition serves not merely a practical function but also embodies social and cultural values, communal solidarity, and the intergenerational transmission of local traditions. Its similarity to the Ngemai Mandi tradition practiced by the Dayak Seberuang community indicates that bathing children in rivers holds a particular position within the cultural life of local communities, although each tradition retains its own distinctive characteristics and meanings.

This study demonstrates that the Nuron Nemiak Kaik tradition, in its original unedited form involving direct neonatal immersion in cold river water, constitutes an invalid custom (*'urf fāsid*) under Islamic jurisprudence due to its direct violation of *ḥifẓ al-nafs* (protection of life) and WHO neonatal thermal care standards. However, rather than calling for total cultural eradication, Islamic law provides a constructive framework for tradition reconstruction. By modifying physical procedures specifically delaying the ritual past the critical 24-48 hour window, utilizing warm hygienic water symbolically, and replacing superstitious incantations with monotheistic prayers the ritual is successfully transformed into a valid custom (*'urf ṣaḥīḥ*) that preserves local cultural identity while safeguarding infant health.

Theoretically, this research advances socio-legal scholarship by establishing an integrated analytical model bridging Uṣūl al-Fiqh, neonatal medicine, and local governance. Practically, it offers actionable guidelines for local policymakers in West Kalimantan to enact Village Health Regulations (*Peraturan Desa*) that formally integrate customary leaders, religious scholars, and healthcare workers.

Limitations and Future Directions: This study is limited by its geographically specific case study in Sintang Regency and its focus on qualitative socio-legal perspectives. Future research should expand quantitatively to assess infant morbidity metrics across broader regions practicing river-bathing rituals, and evaluate the empirical effectiveness of enacted Village Regulations on maternal-child health compliance.

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