



The Pandemic in Aceh History: Tracing the Acehnese Muslim Handlings of the Infected Patients

Sejarah Pandemi di Aceh: Melacak Penanganan Pasien Terinfeksi oleh Masyarakat Muslim Aceh

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Abstract

Multiple occurrences of the pandemic have happened throughout human history. In Aceh, the westernmost province of Indonesia, the plague is known as *Taeun*, from the term *Taeun Ijabroek*, or the plague that attacks the lowly in dirty, bad clothes. It becomes *Taeun Wabasampoh*, the plague that attacks anyone, including the king and *ulee balang* (the local administrators). In November of 1873, a cholera outbreak reached Aceh, brought by the Dutch army. In December of the same year, the death toll reached 150, and 500 others were treated. In 1876, the death toll reached 1,400 as a result of *Taeun*. In 1947 and 1960s, another smallpox outbreak struck Aceh. This present study uses a qualitative method by using library inquiry with a descriptive analysis approach. Formulating the problem, how could the government's policy help deal with *Taeun's* outbreak in Aceh? Research indicates that the government's policy on the treatment of pandemics is divided into preventive and curative measures, whether through the medical or non-medical fields. Medical curative is performed by giving standard medicines to patients, while traditional curative is conventionally conducted by giving traditional medicines like herbs. Preventive measures are taken to keep ourselves and the environment clean. Judging from the traditional Acehnese home that offers water pots on the front side of the house next to the main door, providing isolation for the sick, the *tulak bala* (disaster prevention supplication) ceremony is performed by praying together. Additionally, advertising and vaccinations are used in contemporary preventive measures.

Kata Kunci:

Muslim Aceh; Sejarah; Pasien Terinfeksi; Pandemi.

Abstrak

Sepanjang sejarah, pandemi telah berulang kali melanda umat manusia. Di Aceh, provinsi paling barat Indonesia, wabah dikenal dengan sebutan *Taeun*, yang berasal dari istilah *Taeun Ijabroek*, yaitu wabah yang menyerang kaum rendah dengan pakaian kotor dan lusuh. Selanjutnya berkembang menjadi *Taeun Wabasampoh*, yakni wabah yang menyerang siapa saja, termasuk raja dan *ulee balang* (para pejabat lokal). Pada November 1873, wabah kolera masuk ke Aceh dibawa oleh tentara Belanda. Pada Desember tahun yang sama, jumlah korban meninggal mencapai 150 orang, sementara 500 lainnya dirawat. Tahun 1876, korban meninggal akibat *Taeun* meningkat hingga 1.400 jiwa. Pada 1947 dan 1960-an, Aceh kembali

diguncang oleh wabah cacar. Penelitian ini menggunakan metode kualitatif dengan pendekatan studi pustaka dan analisis deskriptif. Rumusan masalah penelitian adalah bagaimana kebijakan pemerintah dapat membantu penanggulangan wabah *Taeun* di Aceh. Hasil penelitian menunjukkan bahwa kebijakan pemerintah dalam menghadapi pandemi terbagi dalam dua aspek, yaitu langkah preventif dan kuratif, baik melalui jalur medis maupun non-medis. Penanganan kuratif medis dilakukan dengan memberikan obat-obatan standar kepada pasien, sedangkan kuratif tradisional dilakukan secara konvensional dengan pemberian ramuan herbal. Langkah preventif ditempuh dengan menjaga kebersihan diri dan lingkungan. Hal ini tercermin, misalnya, dari tradisi rumah tradisional Aceh yang menyediakan kendi berisi air di depan pintu masuk, adanya isolasi bagi orang sakit, serta pelaksanaan upacara tolak bala (tolak bencana) melalui doa bersama. Dalam konteks kesehatan, langkah pencegahan juga dilakukan melalui kampanye kesehatan dan vaksinasi.

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INTRODUCTION

Background of the Problem

The pandemic has become a global issue since the end of 2019. The world order instantaneously changed when the virus was first discovered in Wuhan, Hubei, China, which then spread worldwide. The virus impacts health, tourism, the economy, religion, education, trade, agriculture, the aviation industry, and various other fields (Arof et al., 2021). The world is still adapting to various changes due to the pandemic.

Before COVID-19 spread at the end of 2019, a pandemic was not an entirely new issue in human civilization. The Peloponnesian pandemic was the earliest recorded pandemic during the Peloponnesian War (430 BC) (Littman, 2009). Historians suspected the disease originated in Ethiopia and became a plague in Athens just as the Spartan army surrounded it. Two-thirds of the population died. The disease killed about 25% of the population (Ridho, 2020). Then during the reign of Justinian, I, the emperor of the 6th-century Byzantines, there was a bubonic plague known as the Justinian plague. *The plague of Justinian* is estimated to have killed 30 to 50 million people around 541 AD (Nursastri, 2020). Then, the plague known as the Black Death in Europe killed 25 million people and occurred between 1347 and 1351 (Mardatila, 2020).

The world was again faced with the pandemic issue in London. *The Great Plague of London*, which occurred in 1665, killed 100,000 Londoners (Johnson, n.d.). The first smallpox plague in America occurred in 1429 AD, which killed about 20 million people, or 90 percent of the population at that time (Greenspan, 2020). In Spain, a deadly plague in 1918 known as the Spanish Flu or H1N1 infected about 500 million people (Andrews, 2020). Then a cholera plague hit India for the first time in 1961 (World Health Organization, 2023). More than 1.3 to 4 million people were infected annually, with a death rate of between 21,000 and 143,000 (Rusdi, 2020). This disease is caused by food or drinks contaminated with bacteria due to patterns and lifestyles, social inequality, and low levels of health.

In the modern era, the SARS (Severe Acute Respiratory Syndrome) plague was recorded as a disease caused by one of seven types of coronavirus that can infect humans. The plague spread in 2003 from Guangdong, China, which later became a global pandemic when it spread to 26 countries, infected 8,000 people, and killed about 774 people (Ahmad et al., 2009). In 2009, the Swine Flu infected more than 60.8 million people in America, with a data rate of 151 to 575 people (Al Hajjar & McIntosh, 2010). In 2014, the virus, later named Ebola, attacked countries in Africa, killing 11,325 people out of 28,600 infected people (Rusdi, 2020).

Likewise, Aceh, the westernmost province of Indonesia, one of the most popular Muslim communities entitled as the Veranda of Mecca, identifies the plague as *Taeun*, rooted from the Arabic word of *Tha'un* (Yusuf, 2020). During the Aceh War, the *raging Taeun Plague* became a challenge for Acehnese fighters fighting the Dutch colonial administration. Many believed that this disease was brought by the Dutch army, which came to Aceh in 1873 (Hurgronje, 1997). In the second military aggression, the Dutch sent almost thirteen thousand troops along with cholera plague to Aceh. It was reported that when the ship arrived in Aceh, more than 60 people had died due to cholera (Said, 2007). It was estimated that 150 Acehnese died from cholera every day. Until 1876, cholera, dysentery, and typhus have killed 1,400 people. In the 1940s and 1960s, a smallpox plague outbreak took place in Aceh, and various efforts were made by the local administration to minimize the casualties. Therefore, it is intriguing to explore the plague's history in Aceh and to find how the government and community authorities dealt with it, including the role of diverse customs and local wisdom in handling this plague at that time. "Cholera became an integral part of the largest troop expedition ever deployed by the Dutch in the east," wrote historian Anthony Reid in *Asal Mula Konflik Aceh, dari Perebutan Pantai Timur Sumatra hingga Akhir Kerajaan Aceh Abad ke-19*.

Aceh has a fairly unique prevention and treatment system in dealing with infectious disease pandemics, of course, it cannot be detached from religious values which dynamically integrated with the healing tradition itself. Like Rabu Abeh, Tulak Bala (repelling disaster by praying and special rituals), while saying prayers and when arriving at the village gate reciting the call to prayer. Besides that, there is also the tradition of "*Menghanyutkan Lancang*" (*Boih Lancang*) (Snouck Hurgronje, 1906).

The Covid-19 pandemic has also revived Acehnese traditions in an effort to prevent the spread of disease outbreaks, such as the *Meujalateh* tradition, especially in Woyla, West Aceh. *Meujalateh* is going around the village reciting the *Kalimah Ya Lathif* while carrying palm fiber sticks. It is usually done by men when they have finished performing the Isha prayer, while women read prayers and the *Yasin* letter in *Meunasah*. Furthermore, religious leaders invite the public to recite *Qunut Nazilah* at every five daily prayers and recite prayers to ward off evil, in addition to traditional medicine which relies on plants and rhizomes that grow abundantly in the land of Aceh.

Determinations to prevent the spread of disease outbreaks were also accomplish after the tsunami tragedy hit Aceh due to infrastructure damage and the number of tsunami victims reaching hundreds of thousands of people. The health Team carries out various activities such as chlorination of drinking water sources, provision of PAC (rapid water purifier), disinfection of public places and evacuation sites as well as treatment of infectious diseases so that they do not become a source of infection.

Moreover, it also monitors several diseases that have the potential for outbreaks, namely DHF (Dengue Hemorrhagic Fever), Malaria, Diarrhea, Cholera, Measles, and ARI (Acute Respiratory Infection). From this monitoring, reports of measles cases were obtained (there are always cases throughout Indonesia) although what is important is that there was no spread in a short time. Efforts made are to provide measles immunization to children aged six months up to 15 years and carry out ring vaccination, if reports of

measles cases are found in refugee barracks, then all refugees will be given priority to receive immunization. Blue Vitamin A also provided for children aged 6-12 months, red Vitamin A for children aged 1-5 years by coverage of 18,639 children.

In cases of infectious diseases, such as malaria, which is spread sporadically in several places, in diarrhea cases, cholera was not found, and several cases of dengue fever were not categorized as outbreaks (extraordinary event) yet. Likewise, the number of tetanus cases found after the tsunami decreased because the incubation period had passed due to better handling of cases of injuries that occurred in volunteers and refugees.

Thus, it understandable that the people of Aceh have formed a positive character in preventing the potential emergence of disease outbreaks, especially infectious diseases. Therefore, this article is written to answer the research question, namely, what are the traditions of the Acehnese people in preventing the spread of infectious disease outbreaks. The purpose of writing the article is to analyze the traditions commonly practiced by the people of Aceh in preventing the spread of infectious disease outbreaks.

Identification of the Problem

Historical records show that Aceh has experienced repeated outbreaks of infectious diseases, ranging from cholera, smallpox, beriberi, to the recent COVID-19 pandemic. However, studies that specifically examine how Acehnese Muslim communities historically responded to pandemics—through a combination of religious practices, local wisdom, and government intervention—remain limited. Most existing research focuses either on medical aspects of pandemics or on contemporary policy responses, while historical and socio-religious perspectives are often overlooked. This gap leads to an incomplete understanding of how local traditions and government policies interacted in shaping community resilience during pandemic situations in Aceh.

Formulation of the Problem

Based on the background and identification of the problem, the research questions of this study are formulated as follows:

1. How did the Acehnese Muslim community historically understand and respond to pandemic outbreaks in Aceh?
2. What forms of preventive and curative measures were implemented by the government and local communities in dealing with pandemics in Aceh?
3. How did local wisdom, religious beliefs, and traditional practices contribute to the handling of infected patients during pandemics?

Research Objectives and Benefits

This study aims to:

1. Examine the history of pandemics in Aceh from a socio-historical perspective.
2. Analyze the role of government policies in managing pandemic outbreaks in Aceh.
3. Identify and explain the traditional, religious, and cultural practices used by the Acehnese Muslim community in handling infected patients.

The benefits of this study are:

1. Academic Benefit: To enrich historical and interdisciplinary studies on pandemics by integrating historical, religious, and socio-cultural perspectives.
2. Practical Benefit: To provide insights for policymakers and public health practitioners on the importance of local wisdom and community-based approaches in managing pandemics.
3. Cultural Benefit: To preserve and document Acehnese traditions related to disaster and disease prevention for future generations.

THEORETICAL AND CONCEPTUAL FRAMEWORK

Pandemics occur in every era and change the course of human life. Ibnu Khaldun, a Muslim philosopher, and scientist, created a ground-breaking theory of historical change in the *Muqaddimah* Holy Book (1377 A.D.) by merging the social, political, economic, and demographic dimensions (Khaldûn, 2015). According to Ibn Khaldun, the plague is an integral component of the collapse of civilization. A plague is not just God's destiny or a random natural phenomenon. It is also a vulnerable phenomenon with a rational explanation (Rusdi, 2020). According to Ibnu Khaldun, epidemiology is the result of population growth (Sadeghi, 2013). A strong civilization with good governance will facilitate population growth. But paradoxically, the demographic increase will trigger deadly epidemic diseases and social disintegration (Shang et al., 2021).

The disease is always associated with death, but it becomes major issue when humans enter an agrarian civilization phase (Rusdi, 2020). During the prehistoric age of hunting and gathering food, more deaths were caused by malnutrition, infanticide, and geronticide (Weeks, 2002). However, with the agricultural revolution, the causes of death changed. Even though humans already have better nutrition and closer interaction with animals, it has made diseases become easily spread and threaten human's life (Weeks, 2002). Notably; the disease spreads faster today than it did in the past due to all the human mobility (Stevens, 2020). This is also one of the reasons for the rapid spread of COVID-19.

The World Health Organization (WHO) 2020 explained that the coronavirus as a virus that will cause the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (CoV) (Organization, 2020). Then there are allegations that the coronavirus was initially transmitted from animals to humans, and it was discovered that it could also be transmitted from humans to humans. The virus, first discovered in China, has spread to more than 221 countries. [Worldometers.info/coronavirus](https://www.worldometers.info/coronavirus) noted that until May 10, 2021, 118.36 million people were infected with the virus, with a death rate of 2.6 million and a recovery rate of more than 94 people worldwide (Worldometer, 2020). Indonesia is currently ranked 18th in the world, with an infected number of 1.3 million people.

The ideology of Islam transforms the sociocultural behaviour of the community into an integral aspect that cannot be isolated from all behaviour patterns of people's lives. This is because Islam encompasses all facets of human life, whether physical, mental, worldly or spiritual aspects (Yunus & Rezki, 2020). Similarly, in addition to the government suggestions and restrictions, the Acehnese have their local wisdom-based approaches in addressing the COVID-19 outbreak.

RESEARCH METHODS

This study used a qualitative method with a descriptive analysis approach, describing the state of the research object based on the facts that appear or as they are, which are then analysed and interpreted based on the issues raised (Moleong, 2017). This study focuses on the pandemic in Aceh from a historical perspective to see how the people and the government handled the disturbing and deadly plague. The data sources for this research were obtained by conducting interviews with historical actors and searching for data through reports issued regarding pandemics in the Aceh's history. Documentation of data is also obtained through books, newspapers, online news, journals, official websites, and various related documentation related to the themes raised (Miles & Huberman, 1994). After collecting the essential data, the researchers conducted data analysis. This study included descriptive and qualitative methods of data analysis (Sonhaji, 1977). The data analysis step involves analysing and editing the data deemed important to the research so that the research's inspection procedure is accurate and accountable (Creswell & Creswell, 2017).

RESULTS AND DISCUSSION

History records that a deadly plague hit Aceh during the second Dutch military aggression. The Dutch army brought the deadly disease to Aceh in 1873 AD. Thousands of people crammed into the military expedition to Aceh later became the cholera victims. When the ships reached Aceh, more than 60 died because of cholera. The lack of medical personnel increases the number of victims of the cholera plague on a daily basis (Veer, 1985).

The second expedition brought nearly thirteen thousand people. With details of 389 officers, 8,156 subordinates, 1,037 servant officers, 3,280 prisoners and 234 women, 18 steam warships, seven naval steamships, 12 barges, two armed patrol vessels, 22 transport ships with landing gear consisting of six steamers, two iron rafts, two wooden rafts, approximately 80 lifeboats, several naval lifeboats, and a large number of barges (Alfian, 1981). Shortly after the arrival, at the end of December of the same year, 150 people died from cholera. Eighteen officers and hundreds of subordinates were immediately taken to a hospital (Saputra & Zuriah, 2020). During those difficult times, around 150 people were buried due to the plague. It was reported that Sultan Mahmud (the king of Aceh at that time) also died from a cholera plague on January 29, 1874 (Oktorino, 2019). At the same time, his four-year-old son stayed alive, later became the last king of Aceh, Sultan Muhammad Dawod (Madjid & Wahyudhi, 2014).

The death of the Sultan brought a change of mind about infectious diseases to the Acehnese people. *Ta'eun* disease (plague), initially in the community's perspective, was a disease considered only experienced by the poor and dirty environment. The disease was thought to stick to dirty clothes and other unhygienic objects, or the Acehnese called it *ta'eun ija brok*. *Ija* in Acehnese means cloth, and *Brok* means dirty. Thus, this disease was initially thought to only attack the poor and dirty individual. However, the death of the Sultan brought a new perspective, which was then called *ta'eun geureuda sampoh* or *ta'uen waba sampoh*, a plague that can attack anyone; even nobles and kings are not spared from this deadly disease. From the Acehnese people's perspective, *Ta'eun* (plague) infects humans and animals, particularly poultry, also known as *Ta'eun Manok* (Bird Flu).

Niclou wrote a report "*Beriberi te Atjeh*" in 1876 AD (Arsa, 2015). In his account, the first and most severe *beriberi* epidemic was experienced in Aceh, spreading to other areas. During the Aceh War, *beri-beri* was the main obstacle for the Dutch to conquer the rebellion. Due to its significant impact, in 1886, the Dutch government sent the *Beriberi*

Commissie Pekingharing-Winkler to the Indies to study the *beri-beri* issue and provide views and suggestions on how to treat the disease. Scientists were brought to Aceh to observe the *beriberi* plague (Arsa, 2015). In 1886, 5,383 cases of *beriberi* were recorded in Aceh and until 1914; there were only four cases left. In 1886, nearly half of the Dutch soldiers died in Aceh due to *beri-beri* plague (Niclou, 1887). In 1886, 6,069 people were evacuated, and there were 4514 people diagnosed with *beri-beri*. The report in 1884 noted that a year earlier, many *beri-beri* patients had been evacuated from Aceh to Padang in West-Sumatera. At that time, Padang already had the more extensive and more adequate *Fort de Kock* hospital, which since the beginning of the Aceh War had been expanded (Loedin, 2002).

Aceh and Islamic law are two things that cannot be separated. Therefore, various traditions of disaster prevention supplication ceremony found in Aceh are based on the people's beliefs on the Islamic teaching. Likewise, *tolak bala*, the religious ritual of refusing all harm, is carried out by praying and doing *dhikr* to beg for forgiveness from all harm and destruction. In the Islamic world, an epidemic is not new, and it occurred at the beginning of Islam. The cholera epidemic killed approximately 25,000 victims (Supriatna, 2020).

Siti Hawa, or Mak Haji, shared her experience when a smallpox epidemic occurred in Aceh around 1948 to 1949 (Interview with Siti Hawa-90 Years Old, 2021). When Mak Haji was 15 years old, Mak Haji described how the plague was very difficult to cure. The community or the family isolated the sick person by separating or confining the sick family in separate rooms under mosquito nets. Food and drinks are the responsibility of the family. Mak Haji still remembers at that time, the plates used for the sick were not allowed to be used for other family members.

Smallpox patients are treated traditionally by consuming spices and leaves, which are believed to cure the disease. Mak Haji explained that smallpox emits an intense, festering smell even if it is in the most severe conditions; larvae come out of the affected skin. If someone dies, the procession of bathing the corpse and the funeral are carried out; there is no special ritual. The Ujong Kalak and Kuta Padang were used as burial areas for victims of the smallpox plague in the Meulaboh area, in the West Aceh District and gravediggers were overwhelmed because the number of victims continued to fall.

At that time, smallpox patients were not taken to the hospital. Various healing efforts are carried out traditionally, and *dirajah* by reading a prayer, sprinkles them with powder, and regularly gives them coconut water. According to Mak Haji, the people at that time did not know about injections and vaccines. In addition, *tolak bala* rituals such as *meujalateh*, namely praying to read the *Isim Yalatif*, along with the ritual of going around the village using a torch while saying prayers, *Qunut Nazilah*, and the name of Allah. In addition, using henna on three fingers, alternately, cooking *leumang* and cooking the seven ingredients of compote, as well as torch procession and praying together, are routinely carried out in Aceh. Then, in the 1960s, a smallpox epidemic took place again in Aceh. Yet, according to Mak Haji, at this time, it was not as bad as it was in 1948. However, the *tolak bala* tradition is still being carried out, including *meujalateh*, using henna, cooking seven kinds of compote, *leumang*, and *Rabu Abeh procession*, torch procession and praying together.

The COVID-19, which occurred in the modern century, seemed to bring back these traditions in Aceh. The community again performs various rituals by praying together. The Acehnese have made various efforts as an effort to fight diseases, such as the *Manoe Laot* tradition (sea bathing) in *Rabu Abeh*, *Ie Lam Guci*, water in a jar placed in front of the stairs of the Acehnese traditional house, which symbolizes cleanliness, and *Pajoh Ranup* (eating betel nut), which is believed to strengthen the body (Saputra & Zuriah, 2020). As recorded in some historical records, the villagers who suffered the plague

held *khanduri tulak bala* or the religious ritual of refusing all harm at *meunasah* (praying sites) or *babah roet* (village gate) and processioned while saying prayers. When they arrived at the village gates, they recited the call to prayer or *azan* (Hurgronje, 1997). In *'The Acehnese'*, Snouck Hurgronje writes about four types of drugs used by the Acehnese people to cure *ta'eun* disease. First, *ta'eun* disease can be cured by drinking sugarcane mixed with turmeric powder. Second, infected patients can be given rice water mixed with a gambier. Third, consume mashed betel nut extract. Fourth, serving guava water/juice that has been heated to be consumed by the infected patient. These herbs are considered very effective for curing epidemic diseases for patients suffering from *ta'eun* (Johan, 2020).

In the book of *Future Developments and Challenges of Health Promotion in Indonesia* in 2009, it is stated that apart from preventive and curative efforts based on local habits and wisdom of the local community, the government has also taken part in treating and preventing disease (Indonesia, 2011). The Dutch Colonial Government established the Army Health Bureau (*Militair Geneeskundige Dienst*) in 1808. The development occurred during Governor-General H.W. Deandels administration. In 1809, a civil health business emerged, so a Government Regulation on the Civil Health Service was issued in 1820. The book also mentions that health services were initially aimed only at the Dutch people. Meanwhile, health services for the people as a whole were only intensified after the formation of the People's Health Service in 1925. The first health service provided was treatment (curative).

The book *The Future Developments and Challenges of Health Promotion in Indonesia* published in 2009 noted that public health efforts that were initially only in the curative sector slowly began to expand into the preventive sector. The first preventive or preventive effort was the smallpox vaccine, which was given to a group of people and was still limited. Another prevention effort was the isolation of leprosy sufferers, although these efforts are only limited to preventing transmission. The isolation of those who suffer from mental disorders can endanger others. When the cholera epidemic broke out in Batavia/Jakarta in 1911, the Dutch formed a body called the *Hygiene Commissie*. The plan is to vaccinate, provide drinking water, and recommend boiling drinking water. Dr. H. Mr. De Vogel was the pioneer of this program. Then, in 1920, the position of propagandist (news broadcaster) was formed, whose task was to provide health education to the people through publishing, distributing images, and making health films.

According to J. Leimena's (1952), Dutch plantations started implementing preventive and therapeutic measures to enhance the health of their employees. Additionally, this has a favourable effect on enhancing the work capacity (*arbeidscapaciteit*) and productivity of plantation workers. Since the development of a vaccine in 1979, smallpox has been completely eradicated. The first pandemic virus for which a vaccine was developed was smallpox vaccine. The World Health Organization then declared that chicken pox may be eradicated in the 1980s (Nursastri, 2020).

Three things become important notes and are considered the resolutions of health problems in the history of the Dutch East Indies. The first is vaccination, the second is quinine, and the third is colonial medicine (Muhsin Z., 2012). The government established a vaccination institution by increasing the number of vaccinators (vaccine orders) so that vaccinations are more effective. Then, Quinine, malaria was one of the deadliest tropical diseases. Quinine is believed to be able to reduce death from malaria. Then "Colonial Medicine" in the Dutch East Indies, which was indicated by the discovery of Ether and Anesthesia in 1848, the discovery of the causes of *beriberi* and vitamin C, the establishment of a native medical school at the *Batavia School of Tot Odleiding van*

Inlandsche Artsen (STOVIA) in 1852, the publication of health magazines and various other knowledge related to medical science (Muhsin Z., 2012).

Since COVID-19 started spreading at the end of 2019, the government has made regulations to deal with the growing number of infected people and even die from the virus infection. These rules include the obligation to wear masks when leaving the house or meeting other people, keeping a safe distance, avoiding crowds, washing hands, tracking or tracing the contacts of COVID-19 patients by using rapid tests or swab tests, and having COVID-19 patients isolating themselves. If particular care is needed, the next step is to put the person in hospital isolation (Aceh, n.d.). The most important thing to do next is to teach people how to keep living healthy lives. Lastly, the government is doing a lot for vaccination campaign. People were urged to adopt and adapt to the new norms to prevent the spread of the virus, which finally led to social change (Harun et al., 2021).

However, in the digital era, the government faces some challenging issues when dealing with COVID-19. People may now acquire information rapidly and without filters because to the advancement of online media, especially social media. On the one hand, the transmission and dissemination of news through internet allows the public to receive timely updates, including information regarding COVID-19. Therefore, it is safe to say that the government's efforts in dealing with infectious diseases involved both preventive and curative actions. For example the government conducted health propaganda and promotions, health education, vaccinations, and so on for its preventive approach. In addition, the government also issues regulations related to health issues to prevent health problems. For instance, the Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2020 regarding the Guidelines for Large-Scale Social Restrictions in the Context of Accelerating the Handling of Coronavirus Disease 2019 (Covid-19) on April 3, 2020. Meanwhile, with their knowledge, the community is also trying to prevent or take preventive measures against infectious diseases such as performing the *tulak bala* religious ritual of praying together, providing traditional medicines, and isolating patients infected with infectious epidemics.

Even though history is a past event that occurred far back, history often repeats itself with different patterns, types and time dimensions. Recurring pandemics that have occurred in the past can provide lessons or knowledge for current and future generations. Many local wisdoms have been implemented by our predecessors, such as providing water in jugs at the door of the house, this is to maintain cleanliness which is very relevant to recommendations for washing hands and maintaining cleanliness today. *Tulak Bala*, or rituals and prayers offered to ward off danger, apart from being related to belief, this is an effort carried out by the community which is believed to build immunity due to the growth of trust. In addition to consuming traditional and medical medicines for treatment. Separation (isolation) for those who are already infected has also carried out for a long time, this is also relevant to government recommendations during the Covid-19 pandemic. It's just that historical records regarding the Tulak Bala traditions and rituals in Aceh are still not well documented, therefore support from various parties are needed so that these historical stories can be a lesson for future generations.

Limitation

This study is limited to historical and qualitative data obtained from literature sources, historical documents, and selected interviews. Due to the nature of historical research, some traditional practices related to pandemic handling may not be fully documented or systematically recorded. Additionally, this research does not quantitatively measure the effectiveness of traditional practices but focuses on descriptive and interpretative analysis.

Novelty/Contribution

The novelty of this research lies in its integrative approach, which combines historical analysis, Islamic perspectives, government policy, and local wisdom in examining pandemic management in Aceh. Unlike previous studies that focus mainly on medical or contemporary policy responses, this article highlights the continuity between past and present pandemic responses and demonstrates how traditional Acehnese practices align with modern preventive measures. This study contributes new insights into the role of cultural and religious resilience in shaping public health responses over time.

CONCLUSION AND SUGGESTIONS

Conclusion

From BC and WWII until the present age, the world has been plagued by many epidemics of infectious diseases. Naturally, many issues arise, ranging from health issues to the breakdown of the economy, politics, society, and religion. Accordingly, we recorded the government policies for dealing with pandemics can be classified into preventive and curative efforts in the medical and non-medical domains. Medical curing is accomplished by administering medications, whereas traditional curing is achieved through administering traditional medications. Non-medical preventive measures are done by maintaining cleanliness, seen from the Acehnese house by providing a jar filled with water located at the front side of the house near the stairs/entry, isolating the sick, religious ritual (*tulak bala*), *meujalateh*, praying together, and so on. At the same time, medical prevention is also carried out by giving vaccines and health promotion.

Suggestions

Based on the findings of this study, several suggestions are proposed:

1. Future research should explore quantitative assessments of the effectiveness of traditional practices in supporting public health measures.
2. Government and health institutions are encouraged to integrate local wisdom and religious values into public health communication strategies.
3. Documentation and preservation of Acehnese traditional practices related to disaster and disease prevention should be strengthened through interdisciplinary collaboration.

STATEMENT OF CONTRIBUTION BY THE AUTHOR

The authors contributed equally to this research. Inayatillah conceptualized the study, conducted data collection, and drafted the manuscript. Mellyan contributed to literature review and data analysis. Saiful Akmal assisted in historical interpretation and discussion development. Muhammad Furqan contributed to manuscript revision and final editing. All authors have read and approved the final manuscript.

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