Rethinking Public Health Pedagogy in Muslim Countries Postcolonially

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ABSTRACT

This article discusses the history of modern education in developing countries and attempts to look at Public Health (PH) education and curriculum from a Muslim and postcolonial perspective. It argues that, since modern PH pedagogical practices in Muslim countries are derived almost entirely from the western educational model and paradigm, they need reconstruction mainly for compatibility and relevance checks. The reconstruction of PH that this paper proposes aims at complementing and enriching the existing syllabi and involves three stages: fundamental, intermediate and advanced. In the first stage, students are equipped with a strong foundation of western and Islamic philosophies; the second one involves the incorporation of Islamic principles into the existing PH curriculum; while the third entails a critical analysis and deconstruction of some PH concepts and approaches in order to nurture students' creativity in solving complex, emerging problems in the light of Islamic teachings as well as the need of Muslim sociocultural settings.

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Introduction

The philosophical underpinning and origin of modern science and education goes back to the historical phenomenon of the European Renaissance and the clash between European enlightenment philosophy and the Christian church. In a battle between dogmatic, irrational belief in Christianity and the supposed superiority of human rationality, reformers had the upper hand and led Europe out of the darkness of the so-called Middle Age into a new era of 're-birth' characterized by an exclusive stress on scientific methods, reason and intellectual ability. Religion – mainly referred to Christianity in Europe at that time – and transcendental ethics were seen as obstacles to intellectual and material progress; hence, both were gradually neglected and considered irrelevant clutter.

Religion and its associated values and perspectives were relegated to the confines of the private sphere or treated merely as superficial social customs with constrictive effects. With such a profoundly secular conviction and reasoning, Europe thrived in the realms of science and material progress, far surpassing other contemporary civilizations. Europe's superior achievement in different branches of knowledge made room for its cognitive dominance, which unfortunately led to a point when the subjugation and exploitation of other nations began. Known as the era of classical imperialism, it signalled the beginning of a historical phase with innumerable tragic events and massive sufferings of millions of people to date.

One of the consequences of colonialism was the spread of the western system of knowledge and its dominance in different parts of the world. This was used as a concomitant tool for disseminating cultural imperialism and for sustaining colonial rule and control, which eventually

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facilitated the pillaging and plundering of resources from colonies at will. Considering this complex relationship and implicit connection between colonialism and education, Said (1994/1993, p. 269) regards imperialism as "an educational movement". Accordingly, during and following the colonial era, a western education system – designed to serve the needs of the colonial state and based on the western paradigm – was introduced and, in many instances, imposed upon local communities in order to prepare them for their new roles in the colonial context. As Laffey (1999: 109) puts it:

> Empires and imperial states in the core of the international system – many of them liberal democratic – have repeatedly deployed force against states and populations in the periphery in the service of the imperial project of extending European rule and social institutions to the rest of the world.

Because of the imposition of western cognitive frames and assumptions on other peoples, colonized societies have been programmed to inherit and embrace the legacy of western education. It has sustained and perpetuated the imperial order in which the local elites conversant with western knowledge systems assume positions of power previously enjoyed exclusively by the colonizer. Such discursive dependence on the west has intensified in the postcolonial era, as western/European countries have continued to increase their economic ties and exert cultural dominance through what is now regarded as neo-colonialism.

The perpetuation of such a colonialist education system has facilitated the creation of a group of elite intermediaries or comprador intellectuals who play a key role in legitimating imperial domination and paving the way for economic exploitation, as they serve the interest of Western neo-colonialists. Almost the whole edifice of the education system in many former colonized countries is based on the western framework, and syllabi are largely derived from western prototypes. In the era of decolonization, western schooling among the peoples of Asia, Africa, Latin America, and the Pacific practically acts as a tool of neo-colonization and cultural imperialism. As a result, educational policies in many developing countries are now "based on perpetuating the secularized systems of which they [the educated elite] themselves were a product so as to maintain their economic and socio-political advantage" (Cook, 1999, p. 340). This results in the persistence of a unilateral transfer of western knowledge, norms, values, and ways of thinking. Such an educational climate has contributed to the continuous westernization of the ruling and aristocratic class and to the proliferation of secular worldviews in the postcolonial world order. What is more, the political and intellectual elite trained in the western system of knowledge now occupy top administrative and academic positions and help preserve the status quo.

Given the above background, this paper attempts to elaborate the history of modern education in developing countries and link it to medical education – specifically the subject of Public Health (PH) – using a Muslim and postcolonial perspective. It underscores the need to reconstruct or modify modern PH pedagogical practices in Muslim countries, which have been derived almost entirely from the western educational model and paradigm, for compatibility and relevance checks. Our call in this paper echoes the ideas and works of Omar Hasan Kasule who has written extensively on the integration of Islamic philosophy and values into medical education (Kasule, 2009). In a similar vein, Werneman and Werneman (1986) highlighted the need for reform in medical education in Muslim societies, while Hassan and Noor (2009) promoted the inclusion of Islamic values in the medical syllabus of pre-clinical years.

Despite the similarity and overlap in ideas, this paper contributes to the existing knowledge and discourse on Islamization of medical education in the following ways: First, it approaches this subject from a postcolonial perspective. This is in contrast with previous publications that have largely focussed on Islamic perspectives and based their arguments on Muslim writers and scholars. Our paper broadens the scope of discussion by including the experiences of non-Muslim countries but with comparable colonial history and entanglement. Second, the vast majority of publications and works related to Islamization of medical education have clustered at the undergraduate level. Our paper, on the other hand, addresses the restructuring of curriculum at the postgraduate level, and more specifically, of the subject of Public Health.

Discontents of western cognitive imperialism

As discussed before, the colonial and neocolonial orders have sustained their dominance through introducing western knowledge systems (in preference to indigenous traditions) in (former) colonized societies. They seek to supersede local cultural values and to colonize the minds of the elite with the western worldview, which amounts to cognitive imperialism. Battiste (2000, p. 193) defines cognitive imperialism as "the imposition of one worldview on a people who have an alternative worldview, with the implication that the imposed worldview is superior to the alternative worldview." Cognitive imperialism can also be described as "a form of mind control, manipulation, and propaganda that serves elites in the nation" (Battiste, Bell, & Findlay, 2002, p. 83). Since historically (neo)colonialism functions through local intermediaries, it creates a comprador class (the local elite) and exposes it to western knowledge.

Scholars of colonial and postcolonial studies have discussed this phenomenon – domination of westerns systems of knowledge – extensively and pointed to the continuation of colonialist culture in former colonized societies. For example, the British Nobel laureate in literature Doris Lessing maintains that modern education especially in the former colonies is "Eurocentered" and "the single biggest hang-up Europe has got. It's almost impossible for anyone in the West not to see the West as the God-given gift to the world" (quoted in Hazleton, 1982). Gandhi (1998, p. 17) comments on "a theoretical alignment between the adverse symptoms of the 'colonial past' and the 'colonial present'" and believes that, even though "the psychological resistance to colonialism begins with the onset of colonialism," colonial domination "does not end with the end of colonial occupation." Referring to the "cases of Afghanistan, Cuba, Iran, and Iraq," Young (2003, p. 3) argues that "for the most part, the same (ex-)imperial countries continue to dominate those countries that they formerly ruled as colonies." Boehmer (2005, p. 10) states: "Despite anti-imperial developments, despite the apparently subversive energies of postcolonial writing, in a world order powered by multinational companies, colonialism is not a thing of the past." What these scholars of postcolonial studies argue is that the end of direct colonial rule does not necessarily imply the end of all forms servitude of the colonized, as imperial domination now manifests itself in the employment of colonial tropes and intellectual legacies through education and other systems of thought control. The penetration of western thoughts and ideas in the academic milieu of non-western settings happens through the content and curriculum of education.

For example, the replication of western curriculum in the Indian education system not only contains excessive theoretical bias and lacks practical orientation, but bears "no relevance to the Indian situation" (Sreenivasan, 1982, p. 289). Similarly, Bell (1982, p. 61) believes that the influence of American scholarship on Thailand has "produced a set of ideologically-rooted and capitalist/social democratic bias paradigms of social life which fundamentally distorted the nature of Thai society." In the same vein of thought, Selvaratnam (1988, p. 50) argues that the dependence of many Third World countries on western powers in terms of developing educational institutions and curriculum has only made them "more and more subservient to the Western generated ethnocentric knowledge paradigms, political and cultural ideology, and public policy which act more as an impediment than as an impetus to their developmental aims and objectives." Nguyen, Elliott, Terlouw and Pilot, (2009, p. 109) corroborate this apprehension and claim that the shaping of educational systems and thinking elsewhere by western paradigms is a form of "educational neo-colonialism," and that it is crucial for non-western populations to "reconstruct imported pedagogic practices in accordance with their own world views and in line with their own norms and values." Mangan (2012, p. 1) talks about "the relationship between imperialism, culture and curriculum," which makes the interplay between colonial power and modern education more pertinent. Contesting the overarching western influence on the indigenous education system in the African continent, Chitumba (2013, p. 1275) poses this rhetorical question: "When are African feet ever going to divorce European shoes?" The adoption of western education and curriculum indicates not only the mental servitude of non-western societies, but also the inevitable "irrelevance of education to the real socioeconomic environment" of non-western countries (Llorent-Bedmar, 2014, p. 102). At universities, students receive education which they cannot apply to their surroundings or for the benefit of those whom they represent.

Today, the education system in most (if not all) developing countries – including Muslim-majority nations – is still heavily influenced by western models and is used as a tool of cognitive

imperialism. Universities in the modern sense, for instance, in all Third World countries are structurally shaped by European colonial influences, as a result of which, in many cases, they are alien to the spectrum of local realities and unsuited to meet local needs. This is especially so because the modern tertiary education system was implanted into these (former colonized) countries during the colonial period. One consequence of the colonial education system is that Muslim countries in general now have a dual education system – one that is considered modern and western and another, traditional or religious. Such a dualism in the education system in Muslim countries dates back to a time when resistant Muslims refused to accept western education and continued to inculcate religious teachings and ways of tradition and provide the populace with an Islamic system they could not find in the colonial, secular state.

The existence of such a dual education system has been criticized for perpetuating a "neo-colonial status" and producing a generation of students who are "deluded hybrids" (Cook, 1999, p. 341). In other words, Muslims educated in western schools – a model introduced into Muslim countries during the colonial era – are generally detached from their own tradition and classical heritage. One inevitable outcome of such a duality is multiple divisions among the population as well as the cultural rootlessness of the educated elite who are at the receiving end of western influences.

Given the fact that western education is utilized as a tool of domination and control of natives and the on-going grave concerns of scholars across the globe over the danger of replication of, or excessive dependence on, its models and philosophy, it is imperative that educational curricula in non-western nations be 'liberated' from western modes of thought and practice. Otherwise, such intellectual mimicry will continue to impede creativity, originality and growth of potentials derived from native resources and better suited for serving local communities. Education of a community ought to be tailored and moulded according to its own worldviews, values, priorities, concerns and considerations. Ideas, orientations and ethos from a different (western) system can be accepted and used only as supplementary or auxiliary, not as an essence on which educational ingredients and framework are fundamentally based. After discussing the dominance of western systems of knowledge in the postcolonial world in general, in what follows we will touch on its implications for medication education, especially in Muslim societies.

Critiquing the westernization of medical education

Mainly because of the prevalence of postcolonial studies in academic practices involving the humanities and social sciences, western influences in related disciplines are discussed and critiqued extensively. However, the westernization of medical education and health care is relatively under-researched and under-discussed. This is despite the fact that the westernized content of medical syllabi can potentially be completely irrelevant to local realities of a non-western setting. As, in the context of India, Patil, Somasundaram and Goyal (2002, p. 132) state:

> The present westernised hospital-based medical education and training, which is supported by public funding, has proved beyond doubt that new doctors are not inclined to and capable of meeting the needs of the majority of the public (i.e. rural people), which is where their services are most required.

Such ill-considered application of western medical standards and practices and their estrangement from local social realities are equally true in respect of Muslim-majority countries. Ironically, even though western medicine has its origin in the intellectual culture of the past golden era of Islam (Majeed, 2005), current medical curricula and health systems operating in most developing countries are western in both form and content. The terms 'western medicine' and 'modern medicine' are somewhat considered interchangeable and, in fact, used synonymously. The notion of modern health care is fundamentally different from most traditional systems of medicine and healing previously practiced in Third World countries. During the period of European colonization, colonial powers introduced a western version of medical school and curriculum and set up healthcare facilities following the western pattern. The main purpose, however, was to provide health care services to the European settlers who were facing health hazards and diseases previously unfamiliar to them.

Improving the health status of the under-privileged, indigenous (majority) population – which occurred to a smaller extent – was merely a by-product of the colonial health care system.

In Britain's largest colony, India, the Native Medical Institution was abolished and replaced by Calcutta Medical College where students learnt the Western mode of medical education and medical care, and that in the English language. Interestingly, the College was established in 1835, the same year when Thomas Babington Macaulay recommended the introduction of western education in the subcontinent in his (in)famous "Minute on Education in India (1835)," as a result of which the English Education Act (1835) was passed. A similar educational intervention took place in Egypt in 1881, when, upon occupying the country, the British reorganized the medical education system, drastically overhauled its curriculum and imposed the use of English in education.[4] These cases represent only a small portion of such colonialist educational interventions; there are many other such examples of western interference in the colonial education sector, especially by the British and other European colonial powers.

In the case of India, interestingly, even decades after independence in 1947, the curriculum that medical trainees follow has "not been fundamentally altered since the days of the Raj" (Anshu, 2016, n. p.), and that, despite multiple calls to re-orientate the medical curriculum according to national priorities and goals. Anshu thus stresses that "merely mimicking the West, without paying heed to local priorities will amount to reinforcing the worst aspects of colonial practices" and that medical education in India ought to be modified to make it more meaningful for the local community (Anshu, 2016, n. p.).

Other scholars of medical education have echoed rather similar concerns. Among those concerns are the unreflecting and unquestioning attitudes of medical educators who characteristically and somewhat dogmatically advocate the large-scale importation of western curricula, educational approaches and instructional materials which are said to be "steeped in a particular set of cultural attitudes that are rarely questioned" (Bleakley, Brice, & Bligh 2008, p. 266). With regard to medical ethics curriculum, Hafferty and Franks (1994, p. 861) highlight the importance of taking into account the "broader cultural milieu" in order to develop a comprehensive ethics curriculum. On the whole, scholars are concerned that the continuing phenomenon of the globalization of medical education including curriculum design – if not brought under comprehensive scrutiny and eventual redesign in favour of local priorities – might augur a new wave of imperialism.

In most Muslim-majority countries, where 'clashes' between traditional (Islamic) and modern (western) values are incessantly debated, the influence of colonial ideology as well as of western philosophies on local education systems has not been adequately questioned or critically analysed in a meaningful and effective manner. Medical schools – often considered training institutions intended for the 'cream of society' – mostly replicate, adapt and conform to western models of education in terms of syllabus, language, approach, technique and method of evaluation. This is because over the years, a subconscious assumption that 'west is best' has developed among people in the upper echelons of the educational bureaucracy of the various governments of non-western countries. These are generally the privileged elite who have been exposed to westernized education or whose predecessors were trained in western learning during the colonial era. Any alternatives to the western models are deemed inferior and incompatible with progress, even if evidence is inconclusive or no exhaustive endeavour has been made to explore other possibilities derived from indigenous resources. Likewise, little consideration is given to make meaningful efforts to (re-)design medical syllabi which are highly contextual, specific and congruent with the cultural milieu in which medical training is supposed to function.

Reforming public health curriculum

An integral part of the medical curriculum, Public health (PH) is defined as "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Acheson, 1988, p. 1). PH differs from conventional medicine in the sense that it diagnoses and deals with 'diseases of a society' rather than addressing individual patients and their ailments, and it focuses

[4] For more details, see Jabbour, S., Yamout, R., Giacaman, R., Khawaja, M., & Nuwayhid, I. (Eds.). (2012). *Public health in the Arab World*. Cambridge University Press.

on the prevention of diseases rather than the cure. Formal PH training is usually offered at post-graduate level and entails subjects like epidemiology (the study of the distribution and determinants of health-related states or events), biostatistics (the application of statistics to the analysis of biological and medical data), community nutrition, family health, social and behavioural health, health economics, health policy, medical ethics, medical law, environmental health and research methodology. Given that PH lies in the interface between health sciences (medicine) and sociology, there is a huge overlap between the two. The main difference is that PH brings in health perspectives in the discussion of social sciences and studies, and intervenes with society's characteristics, behaviours and motivations pertaining to bodily and mental wellbeing, whereas social sciences concern the condition of society, human behavioural practices and cultural representations of human life.

As PH pedagogy is often considered part of the medical sciences and therefore 'neutral', little scrutiny and examination has been undertaken to look at its curriculum and approach from the Islamic or non-western perspective. The current western-oriented approach can have negative implications on Muslim students, which may include internal crises resulting from a perceptible contradiction between western epistemology and the Islamic worldview. It may result in their inability to interpret and innovate PH science from angles outside the western framework, as it can create a spiritual vacuum in their lives. For instance, the approach and framework for sexual and reproductive health (SRH) and the way the subject is taught at most universities, including those in Muslim-majority countries, are almost a replica of what is taught at western universities. The western perspective on this arena emphasizes sexual liberty and individual freedom while attempting to achieve the often stated goal, that is, prevention of unwanted pregnancy and sexually transmitted diseases through the practice of 'safe sex'. In modern western culture, conventional sexual morality is disregarded, and transcendental ethics are somewhat considered neither relevant nor important. In fact, these entities are often regarded as an impediment to objective thinking and rationality. Approaches based on abstinence and religious values are, therefore, seen as ineffective and incompatible with progress and with the modern world.

Conversely, the Islamic framework deals with sexual and reproductive health in a different manner. While accepting safe sex practices, it stresses sexual modesty, self-restraint and abstaining from sex outside marriage and regards these as some of the ways of preventing unwanted pregnancies and sexually transmitted diseases. In addition, it addresses issues related to sex at multiple levels. Islam encourages individuals not only to avoid promiscuous sex and illicit orgies, but it necessitates 'a healthy environment' in which a culture of sexual titillation and provocation – through the widespread proliferation of sexual images and *ikhtilat* (free intermingling between men and women) – is not promoted. The question of morality and transcendental ethics are central to Islam, and autonomy or individual liberty is not absolute, as it is tied with a sense of responsibility for family relationships and is subject to rules and regulations.

The need for concern for Islamic principles and sexual morality does not mean that PH practitioners should assume the role of religious preachers or conflate health programs with religious sermons. It simply emphasizes the need for the Islamic view to be taken into consideration and incorporated into the PH curriculum and health programs. The possibility of accommodating and integrating Islamic perspectives into PH studies needs to be debated in an academic manner so that PH students and practitioners are adequately equipped with an alternative view (in addition to the western one) and can design programs which are more culture-bound and context-specific and hence more relevant and acceptable to indigenous health care resources and services. Tailoring public health programs specific to the worldview and cultural sensitivities of Muslim communities may help remove misgivings and reservations among many of them about PH practices. As a result, the usual resistance of Muslim communities to mainstream SRH programs and sexual education can easily be loosened and reversed if the Islamic spirit is taken into consideration while handling such issues in a 'Muslim-friendly' way.

Another example is the conventional approach to the subject of medical ethics. Discussions on issues such as euthanasia, organ donation, abortion and assisted reproductive techniques in the mainstream syllabus are often one-sided, giving greater weight to the western perspective which is made to appear 'neutral' and 'universal'. Other alternatives (including the Islamic viewpoint), if ever mentioned, are listed in a 'by-the-way' fashion and given little importance despite the fact that the

Islamic view on these issues has been well-established and well-documented. Ironically, the subject is taught with a western slant to students who are expected to later engage with Muslim communities. The paradox of divorcing Islamic elements from health education and curriculum which are eventually expected to function within societies very much influenced by Islamic values deserves more critical attention.

A third example is how PH-related topics such as female genital mutilation (FGM), domestic violence (DV) and child marriage (CM) are often misrepresented and portrayed as originating from, or endorsed by, Islamic teachings. Such mainstream biases have pervaded not only the media but also medical and academic discourses to the extent that many social science students, activists and health practitioners have explicitly or implicitly subscribed to the notion that Islam is the underlying force behind the perpetuation of these gender oppressive practices. This phenomenon may have prompted many Muslim experts, activists and policy-makers to choose the wrong battle or target the wrong elements while attempting to protect the public interest. Excessive reliance on western sources without an original endeavour to comprehend the above-mentioned problems from alternative perspectives may not only give the wrong picture, but also result in remedial approaches irrelevant and alien to local traditions. Since Islam is often considered part of the problems of FGM, DV and CM, many believe that finding solutions to them in the religion is inconceivable. The scope of this paper does not allow us to discuss in detail these issues from the Islamic perspective. However, it may suffice to state here that Islam has the potential to provide various schemes and instruments for fighting these social ills, especially in the context of Muslim societies.

Unlike modern (western) education and the knowledge system which depends entirely on empirical evidence, Islam views that knowledge and reality are not confined to human intellect and empirical processes alone. The Islamic approach to knowledge and education is one that emphasizes a balance between, and combination of, aspects of divine 'revelation' and the 'real-existential' (al-Alwani, 1995). It acknowledges both the real-life experience and what goes beyond humans' sensory and extra-sensory perception. From the Qur'anic perspective, real knowledge is attained through the reading of 'two books' – the book of God (divine revelation) and the book of universe (worldly phenomena) – as demonstrated in the opening verses of Chapters 96, 68 and 55 of the Qur'an. Referring to several Qur'anic verses, such as, 55: 1-3, 68: 1-2 and 96: 1-5, al-Alwani (1995, p. 85) states that

> humanity has been commanded to undertake two different kinds of readings and to understand its situation in the universe through an understanding of how the two complement one another. The first reading is the book of Allah's revelation (the Qur'an), in which all matters of religious significance are explained, and the second one is the book of His creation (the natural universe), from which nothing has been omitted. To undertake a reading of either without reference to the other will neither benefit humanity nor lead it to the sort of comprehensive knowledge necessary for building and maintenance of civilized society or to knowledge worthy of preservation and further development or exchange.

This philosophy of knowledge that al-Alwani enunciates is relevant to all fields of education. Knowledge of human life and society needs to be guided by revelation which in turn requires to be understood and implemented in the light of existential realities. As regards PH, the ethical values and moral considerations are to be determined by divine revelation; and its practical aspects are to be informed by real-life experiences. Accordingly, PH practices in a Muslim society are required to incorporate both the demands of divine revelation and the realities of social contexts. That is to say, the pedagogy and practice of PH will be rooted in Islamic values without neglecting existing, contextualized evidences and practical aspects of the social and cultural environment of the community.

For Muslim students, a medical and PH pedagogy derived purely from a western paradigm can become a source of dilemma and mental crisis, as the Muslim psyche has accepted and is accustomed to the concept of God and transcendental ethics. The humanities and social sciences perhaps bear greater implications in such cultural debates, which is beyond the scope of this article. The natural sciences, on the other hand, are wrongly presumed to be 'neutral' and impervious to

cultural influences and independent of such affiliations. Therefore, disciplines of hard sciences are generally not brought under the purview of such scrutiny and reform, even though they can create an equally subliminal and distorted insight when understood purely through the western framework.

Various arguments against the perceived neutrality of the natural sciences can be put forward. First, even though their content itself is neutral, their underlying philosophy is not. The philosophy of science – or in simpler words, the angle from which science is interpreted and presented – is often bound to the cultural temperaments and social environment from which it originates (Asad, 1987, pp. 67-68). In this case, the west is always the point of reference in the various disciplines of the natural sciences. While science does not carry any ideological label, it is extremely difficult for a science student to divorce his scientific knowledge from the delicate philosophical ideas attached to it. These philosophical ideas are shaped by the education model and social construct. Second, from the colonial era to this day, the trend of sending the brightest students to study the social or natural sciences abroad has continued. It is inevitable that most of these best minds – who later in all likelihood occupy important positions in politics and in the academia – become fascinated with the material prosperity and sophistications they witness in the west and thus readily and subconsciously internalize the putative superiority of the western approach to education.

Muslim students may somehow feel confronted and confused when delving into the current PH syllabus for a number of reasons. First, medical and health-related sciences – the foundation of PH – are presented in such a way that they are completely estranged from any elements of divine manifestations or religious outlook. This often happens to the extent that any attempt to link these natural sciences to divine elements is rebuffed or regarded as lacking objectivity as well as scientific and methodological rigour. Second, the sole and singular emphasis on health – treated as an absolute goal – sometimes tends to disregard other aspects given equal importance by Islam, and contradicts its worldview that treats health as a means, not a goal, to fulfil a higher purpose in life. Third, ethics and morality are treated as separate entities and are often given secondary importance. Fourth, when Islam is allowed to enter the discussion of contemporary PH discourse, it is usually presented as an alternative on the other extreme, enforcing the common notion of 'dichotomy' between religion and science. It is rarely portrayed as an element which can work in harmony with modern, existing frameworks or as a source from which a 'middle ground' (Qur'an, 2: 143) approach can be derived. For example, the debate on abortion tends to give an impression that Islam, like other religions, is an impediment to women's right to their bodies and reproductive choices. Students are rarely informed about the balanced and measured approach that Islam adopts to this issue. That is to say, in addition to the permissibility of abortion at any stage for compelling medical reasons, Islam's attitude towards abortion prior to four months of gestation – considered as the period of ensoulment – is rather liberal and flexible (Hussain, 2005; Alamri, 2011). Lastly, the current emphasis on evidence-based PH compels students to accept and confine their arguments to existing scientific literature that is largely dominated by western scientists and scholars. Thus, alternative approaches to the various PH problems are deemed impractical as they 'lack' evidence corroborated by western theories. This, however, does not indicate that Islam does not value scientific evidence, for quite the contrary, the practice of evidence-based medicine (EBM) has its roots in Muslim scientists and scholars of the golden era of Islam (Shoja at el, 2011).

The reconstruction of PH pedagogy and practice is an area that deserves more attention and academic endeavour. However, the aim is not to radically revolutionize or totally replace the conventional PH syllabus with an Islamic one. Rather, it is a form of enrichment and supplementation to the existing curriculum where removal, addition, amendment and extension processes take place. Certain subjects may not need much change at all, especially those dealing with technicalities such as research methodology, epidemiology and biostatistics. PH subjects which may need to be scrutinised for compatibility checks and be modified for enrichment include social and behavioural sciences, family health, health economics, medical ethics, health policy, and mental and global health.

More specific objectives of PH reconstruction include: 1) making PH students aware of the current western-oriented PH educational model and approach – its history, philosophy, strengths and weaknesses. This will enable students to be more critical in their analysis, de-construct their old patterns of thoughts and expand their intellectual horizon; 2) portraying the natural and social sciences of PH as relevant to the Islamic concepts and worldview; 3) combating the inferiority complex and self-defeatism felt by average Muslim students as a result of long exposure to western education; 4)

educating PH students on the compatibility and integration of science and faith, and how to harmonize Islamic teachings with the science of PH; 5) offering new insights and possible innovations to the current PH curriculum, which will be based on an Islamic approach and its rich traditions.

Strategies or steps of the reconstruction of PH pedagogy and practice can be divided into three levels; fundamental, intermediate and high. The first level – fundamental – refers to additional subjects to be undertaken as a foundation to PH. This is mainly to equip future PH students with the right understanding of western philosophy, the Islamic perspective on knowledge, and the nature of science before embarking on formal PH training. In this phase, students will be furnished with subjects like the philosophy of science and knowledge from Islamic and western perspectives, concept of health in Islam and in traditional sciences, concept of society, collectivism and community engagement in Islam, and Islamic guidelines for health protection and approach to disease prevention. This phase is the most crucial one, as it furnishes PH students with the ability to face a more advanced level of PH studies. The undertaking of Islamic-related subjects however should not undermine the importance of core PH modules which form the foundation of this discipline. Even though sceptics will argue that mixing Islam or Islamic-related subjects with PH is a form of indoctrination or that it will be a huge drawback to the current progress of PH, newer approaches to PH curriculum have highlighted the importance of integration of different branches of knowledge, systems-based solutions and trans-disciplinary approach in solving complex PH problems (Fried, Melissa, Bayer, & Galea, 2014). Religion or any system of belief is without doubt part of the larger system affecting society's practices and health (Ellison & Levin, 1998).

The second phase – intermediate – aims at incorporating Islamic principles and values into the existing PH curriculum. This may include; a) adding Islamic perspectives on hygiene, dietary patterns and lifestyles at the community level; b) incorporating relevant Islamic teachings into family health subjects; c) studying the Qur'anic approach to psychological and mental health; d) adding the Islamic remedial approach to the study of mental health, violence and abuse; e) introducing Islamic concepts of egalitarianism, social justice, equity, *zakat* and *waqf* to health economics, as alternatives to capitalism and the on-going, exploitative commercialization of healthcare and medical education; f) harmonizing Islamic ethics and principles with medical ethics and law; g) exploring the Islamic approach to environmental crises, and; h) offering insight from Islamic teachings and principles to health leadership, policy and management. This phase needs utmost creativity and innovation given the fast-paced evolution in public health issues and information technology, hence requiring the involvement of multidisciplinary teams.

The last or the advanced phase entails two elements. The first is a critical analysis that involves the deconstruction of existing PH concepts and approaches irrelevant and unsuited to local needs, values and priorities. This is especially applied to cases where outcomes of PH programs and interventions can be deemed questionable or sub-optimal, or in cases where there are contradictions with Islamic principles, or when doubt is raised with regard to the cultural compatibility of a PH initiative. PH students should be taught how to apply critical thinking to develop practical understanding from the combination of the natural and social sciences and Islam, in order to obtain a more holistic outlook on a particular health issue. The second is the application of Islamic principles in solving new, complex problems whose scope has never been covered directly by the two main Islamic sources, the Qu'ran and Sunnah. Here PH students are trained how to contextualize existing scientific evidence and innovate solutions to emerging PH problems in accordance with Islamic principles. Figure 1 illustrates the steps of PH reconstruction.

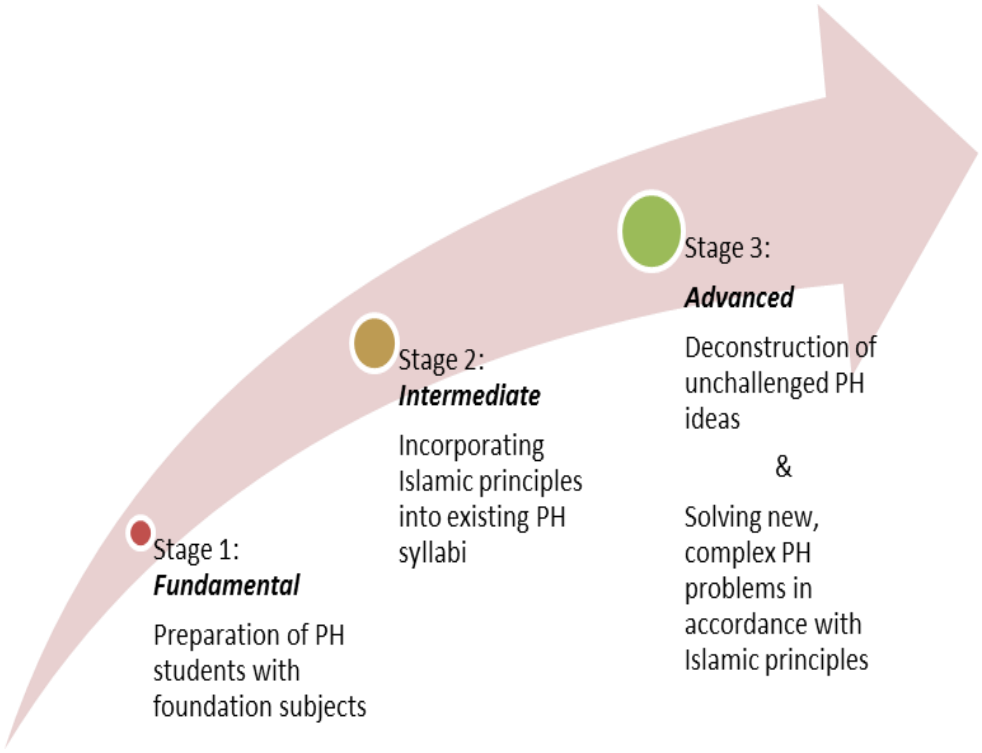

Figure 1: Steps of reconstruction of PH pedagogy

One example is the anti-vaccination phenomenon that has caused growing numbers of parents to refuse vaccination for their children in the last two decades (Tafuri, at el, 2014). Muslim countries and societies are not spared. In fact, in Muslim communities, there exists an anti-vaccination movement that makes speculative claims of conspiracy theories and safety issues, and use different forms of religious arguments to justify misgivings about vaccines (Lyren & Leonard, 2006; Nasir at el, 2014). Such a complicated health problem whose roots are not confined to the medical sphere needs a holistic, coordinated and trans-disciplinary approach. This requires that PH students and practitioners are equipped with: 1) adequate knowledge and understanding of the forces and dynamics governing society's behaviour and decision, bearing in mind that Islam influences, and is fundamental to, Muslim societies; 2) comprehension of the actual nature of vaccines and myths surrounding their controversies; 3) skills to engage with experts from multiple sectors and professions – including religious figures – in order to tackle the problem more effectively.

Among the arguments that can be used to convince vaccine sceptics and anti-vaccine activists relying on so-called 'Islamic reasons' include emphasis on the concept of prevention in Islam, the notion of giving public interest precedence over individual choices, debunking the myths of safety issues and conspiracy theories, clarification over 'halal' status, and clearing misconceptions with regard to fatalism, the concept of 'tawakkal' (reliance on God) and consuming 'sunnah' food. Further elaboration on these issues will require thorough and detailed research on each of them. This example is given only to show how curriculum reform and innovation in PH is needed to prepare its students and practitioners to face the ever-changing PH challenges of the modern world.

Real-life examples

On the ground, initiatives to inculcate Islamic input into the medical curriculum have been launched since the early 1990s. The most prominent model is the implementation of Islamic Input in the Medical Curriculum (IIMC) project that began in the Kulliyyah of Medicine of International Islamic University Malaysia (IIUM) in 1997 (Osman, 2016). To a large extent, IIMC can be regarded as a pioneer initiative in Islamization of medical education and somewhat successful, even though it is unclear if the program outcomes have been thoroughly and methodically evaluated. Likewise, the Cyberjaya University College of Medical Sciences (CUCMS) in Malaysia is another cited example of marriage between medical curriculum and Islamic input (Hassan and Noor, 2009). Others include

Universiti Sains Islam Malaysia (USIM), Riphah International University Islamabad, Peshawar Medical College (in Pakistan), and a number of medical schools in Indonesia. These institutes are said to have adopted IIMC in various forms (Kasule, 2008). These achievements deserve mention and should be emulated by other medical schools that aspire to follow a similar path of Islamization of knowledge. Nevertheless, in both the above-mentioned examples, reform in medical curriculum has principally clustered at the under-graduate level, with scarcity of evidence and discussions at the postgraduate level being palpable.

While incorporating Islamic input should certainly begin at the lowest level (undergraduate), it is important that such effort is sustained and remains consistent throughout subsequent trainings that a medical graduate undergoes. A similar reform at the postgraduate level is thus needed for a number of reasons. First, the impact of undergraduate curriculum that is enriched by Islamic input can fade – it may not withstand the influences of external ideas to which one is exposed with time. Second, postgraduate trainees that enrol in institutions that implement IIMC can come from secular backgrounds with little or no exposure to Islamic input during their undergraduate years. Third, postgraduate students mostly possess long years of working experience, hold higher job positions, and have greater influence on decision-making and policies. Missing the opportunity to empower them with an educational syllabus that is infused with Islamic values and concepts is a great loss. Lastly, some aspects of Islamization of medical curriculum – especially those which are more relevant to psychology or social and behavioural medicine – tend to require higher levels of critical thinking and are thus more suited to advanced (graduate) trainings. It is hoped that by highlighting the need for Islamic reform in the curriculum of Public Health at the postgraduate level, this paper will pave the way for future and meaningful discussions and initiatives in this arena. Importantly, the crux of postcolonial discourse in the field of education involves resisting and critiquing the domination of western colonialist systems of knowledge and evaluating them through the prism of local realities. Perhaps, the best way to do so in postcolonial Muslim societies is to inculcate Islamic values in various disciplines – including Public Health – which explains the convergence between postcoloniality and Islam in some ways.

Conclusion

As PH is a dynamic and evolving subject, new issues are bound to arise from time to time. The current demographic transition which is reflected by increasing longevity points to an ever-increasing relevance of PH to contemporary concerns. In addition, the biggest threats faced by humanity today – climate change, declining mental health and the threat of nuclear war – all are connected to health, in one way or another. PH students need to be well-prepared to reach accurate conclusions and make the right decisions when facing complex situations involving health problems. They should not be overwhelmed merely with facts, figures and statistics; rather they should be equipped with the moral armour and ethical discernment to question unfair health policies, unequal income distribution and mismanagement that adversely affects a community's health and wellbeing.

The inadequate weight given to the component of ethics and spirituality in the conventional education model, and the inability of PH students to see the link between PH knowledge and a higher purpose may continue to produce Muslim PH practitioners and academics whose minds and intellectual affinity are alienated from the value judgments of the society they serve. This does not only exacerbate the internal crises of mind and heart among Muslim PH students and practitioners, but also reduce the effectiveness of measures taken for disease prevention and health promotion for local communities. The reconstruction of PH pedagogy from an Islamic perspective is thus an attempt to 'liberate' the PH curriculum from being confined to the conventional, western outlook and re-orientate it according to Islamic values as well as local demands. It is hoped that by offering this alternative, the horizon of PH will be expanded and its limitations, remedied.

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