IIUM Journal of Human Sciences
**Vol. 1, No. 2, 2019, 11-19**
**ISSN 2682-8731 (Online)**

# The Fading Birth Practice: Urban Malay Mothers in Malaysia Negotiating Confinement Practice

Sh Fatimah AlZahrah Syed Hussien

*International Islamic University Malaysia*

## ABSTRACT

*Malay mothers' postpartum experiences often include a period of confinement, similar to other Asian parallel practices of "doing the month". This confinement period comprises of a set of beliefs, rules, and practices based on traditional eastern medicinal knowledge. Cultural practices of postpartum confinement, or berpantang, among urban mothers in Malaysia is competing with modern western medicine in the contemporary setting. The data for this presentation is from a phenomenological study utilising twelve open-ended interviews of couples and two focus group discussions with mothers on their experience of berpantang. Even though it is still widely performed, the elements within berpantang are handpicked by these mothers. According to these mothers, the traditional practices are thought to be inadequate or inferior when compared to the authority of western biomedicine. In events where medical practitioners give opposing advice, all mothers chose to adhere to, and accept biomedicine's explanations and justifications over the traditional practice. The former cultural figure head, the bidan (midwife), is no longer a part of the birthing process in these urban settings. Urban mothers today rely on or refer to their maternal mothers for knowledge and guidance on berpantang. Urban mothers who practise berpantang describe the main reason for their practise was to maintain familial peace. This paper seeks to highlight social and cultural implications this hegemony has particularly on challenging the continuity in the chain of traditional knowledge.*

Keywords: *Traditional birth practice, motherhood, medical sociology, western hegemony, confinement practice*

## INTRODUCTION

The event of birth is a time of change and is often laden with norms that reflect the values of a particular culture. The contemporary world looks at birth generally from a biomedical point of view with more mothers today delivering under medically managed environment than ever before. It has become an ethical debate and a health and safety issue for mothers choosing to seek alternative experience. From a sociological lens biomedicine, much like other medicinal forms, is a social construct and thus hold certain values and norms particular to the society's social context. This paper analyses the effects of biomedicine on traditional Asian postpartum culture.

Biomedicine is the professional medicine of Western cultures, also known as allopathic medicine or simply medicine, and has become the dominant form of medical intervention. But biomedicine like the medicine of other cultures, is influenced by conditions and beliefs in the culture, and therefore reflects the value and norm of its creators (Weber, 2016). Whereas Eastern or Asian medicine refers to the body of medicine based on Eastern or Asian beliefs including but not exclusive to Ayurvedic and humoral medicine. Medical hegemony is the dominance of a biomedical model that

actively suppresses alternatives, and the corporisation of personal, clinical medicine into pharmaceutical and hospital centred treatment (Baer, Singer and Susser, 2003). Modern biomedicine is concerned with professionalism, privacy and confidentiality, commercialisation of services and products and hospital centred services (Baer, Singer and Susser, 2003).

Postpartum or postnatal practise refers to the time period after the delivery of a baby. There has been a myriad of studies on birth practises and postpartum practices in Malaysia, as well as in other parts of Asia, researched and written by both Western and Eastern scholars. However, the research and work on the relationship of eastern postpartum practice with modern medicine do not focus of the hegemonic nature of modern medicine and its possible effect on the traditional practise and cultural change in this sphere.

This paper highlights the seen effects among contemporary studies of Asian mothers in Western countries as well as Eastern countries. I present some of my findings of urban young mothers in Malaysia and discuss the long term effect it might have on the social supports mothers receive, as well as compare them with the Eastern postpartum practise and culture, whenever applicable.

*Eastern Postpartum practise*

Traditionally, mothers post-delivery in Asian culture observed specific postpartum practices. The Malays call this *berpantang* (to confine) (Al-Attas, 2016), Korean,Thai and Vietnamese mothers also practise confinement (Kim-Godwin, 2003; Liamputtong, 2005; Lundberg, 2011), the Chinese label it as doing the month (Ngai, Chan, & Holroyd, 2012), and the Japanese equivalent is the *Satogeri* (Doering, Patterson, and Griffiths, 2016). The key elements within these practices vary within regions, and even among families. They commonly include, but are not exclusive to, a period of confinement, maternal rest, the belief of hot and cold humours, dietary restrictions and recommendations, and the close-knit and participative relations with extended family members and local community. The postnatal period is considered a vulnerable period, and Malaysian mothers from all the three major ethnic groups are expected to abide by specific rules and understanding of the postpartum period. These are shaped by traditional and cultural beliefs, but practised alongside biomedical recommendations, with some compromises from biomedical practitioners and traditional practitioners that will be explained further on (Eshah, Mohamed, Aziz, & Bidin, 2012; Karim, 1992; Laderman, 1987a; Naser et al., 2012).

After delivery, mothers are considered to be in a cold state. Childbirth is associated with the loss of heat through the ‘hot’ blood leaving the body, which leaves the mother in a cold, vulnerable, and dangerous state (Eshah et al., 2012; Laderman, 1984; Manderson, 1981a; Naser et al., 2012). Her body is seen as dirty, cold, tired, and weak (Eshah et al., 2012). Not all of the elements of the humoral system are present in the existing Malay practice of confinement, but the balancing of ‘hot’ and ‘cold’ is the guiding practise (Manderson, 1981b). Accordingly, many post-partum practices are aimed at helping the mother keep warm, or getting back to the warm state, a state of homoeostasis.

Post-delivery, mothers are generally expected to stay confined within the home to restore bodily functions and to avoid harm from the outdoor environment. The duration of confinement among the different societies might differ, but generally, mothers are expected to stay within the household for a period of time ranging from two weeks to, more commonly, 40 to 60 days. The purpose of the 40 days confinement period is to restore the mother’s health, sexual prowess, pre-pregnancy shape, and to reduce risk of sickness or infertility caused by humoral imbalances of ‘hot’ and ‘cold’ elements (Eshah et al., 2012; Karim et al., 2003; Laderman, 1987b; Manderson, 1987;

Naser et al., 2012). It is a time for rest, treatment, and cleansing (Eshah et al., 2012; Naser et al., 2012). During the postpartum period, mothers are relieved from day-to-day responsibilities and roles such as cooking, cleaning, intimate relations, and to some extent, childcare (Karim et al., 2003; Karim, 1992; Manderson, 1981; Naser et al., 2012; Ong et al., 2014).

In the literature surrounding the Malaysian confinement period there are a number of additional practices or treatments recorded. These included, but are not limited to: massages, *bertungku* (hot stones), mandi *teresak* (herbal bath), *berdiang* (roasting), *berganggang* (vaginal washing and steaming), and *benkung* (traditional corset) (Eshah et al., 2012; Laderman, 1984; Laderman, 1987a; Manderson, 1981a; Naser et al., 2012). Studies in the 1970s and 1980s in the northern region of the peninsular of Malaysia reported that most mothers observed confinement practices religiously, both in rural and urban areas, even when the mothers had biomedical education and training (Karim et al., 2003; Laderman, 1987a; Manderson, 1981). However, Naser et al. (2012) and Eshah et al. (2012) suggested that the number of mothers foregoing the traditional confinement practices have increased in the 21st century. According to Naser et al. (2012), some mothers reported that traditional practices were non-beneficial, so they were selective in the adherence to the practice. Naser et al. (2012) and Ong et al. (2014) further argued that western imperialism may have precipitated individualistic behaviours in regard to traditional postpartum practice; women maintain practices that they deem beneficial and supportive based on western biomedical and postnatal practices. Additionally, technology has allowed easy access to other understandings of postpartum recovery (Naser et al., 2012). In Ong's et al. (2014) Singaporean study of first-time mothers from different Asian ethnicities, mothers reported that they followed the cultural practices out of respect for their elders rather than their personal belief. There has been little discussion on how these changes affect the experience and transition to motherhood (Al-Attas, 2016; Liamputtong, Yimyam, Parisunyakul, Baosoung, & Sansiriphun, 2005).

In a study of Korean mothers in New Zealand, DeSouza (2014) illustrated that the current biomedical system did not acknowledge and cater for mothers with traditional postpartum beliefs. Korean mothers also believe in the "at-risk" body, which is opposite to the western ideal of the empowered mother (DeSouza, 2014). Mothers in DeSouza's (2014) study felt like they were marginalised and unsupported because their beliefs were not taken seriously. Similar findings were reported by Doering, Patterson, and Griffiths, (2016) when they explored Japanese mothers' experiences of the postpartum period in New Zealand. The conflict between their beliefs and birth traditions and that of other New Zealand family members and the healthcare providers caused a struggle for these mothers. This is an illustration of the negotiation between postpartum practices.

## METHODS

This phenomenological research utilised a qualitative research method though dyadic interviews and focus groups. A phenomenological research is a qualitative approach that endeavours to provide a description of an experience in its pre-reflexive state. Findings from this paper were taken from twelve dyadic interviews with four couples, and two focus group discussions with six Malay mothers.

Participants in the dyadic interviews consisted of four Malaysian couples with first-time mothers between ages of 25 and 28 years old. Participants from the focus group discussions consisted of mothers between the ages of 22 and 27. All mothers were Malay Muslims, had tertiary education and we live in urban areas in Malaysia (Kuala Lumpur and Selangor).

*Data Collection*

Dyadic interviews were open ended and conducted three times with each couple lasting between 45-95minutes each session. The intervals between the three interviews were between eight to 14 weeks. Data collected from the dyadic interviews guided questions for the focus group discussions. Focus group discussions lasted between 90-120 minutes.

Data were coded by author on NVivo 11. Themes were derived using phenomenological methods, involving reducing and eliminating recurring or overlapping themes and focusing only on the constituents that persist. Any vague themes that were not clearly expressed by the participants were also eliminated. The second step was to revisit the transcript on a different day and going through the themes again. This time, however, tags were added into the transcripts using NVivo nodes, or written notes.

## FINDINGS

This traditional cultural belief imposed certain childrearing and parenting ideals; extended familial support is present and expected, childrearing was shared with other familial members, mothering was learned and taught within this period in stages, and there was a distinction between female and male realms within the family. The families that practised *berpantang* enjoyed more familial support in the first few weeks which was intertwined with their beliefs in confinement. Postpartum mothers are considered to be in a weak and vulnerable state, they are expected to be relieved of any household duties and must eat a particular diet for recovery. Typically, first-time mothers will return to their maternal home or have their mothers stay with them. The confinement period was governed by clear female and male spheres and focused on the maternal figures; the new mother, the grandmother, and the confinement lady or female masseuse. Using pseudonyms, the following paragraphs present the findings from the research.

Misha, (mother) returned to her parents' home and stayed there for the duration of her confinement period. Lisa (mother) was staying in an extended family's household, she had her mother to care for her during the confinement period. Farah (mother) returned to her mother's home and then went to stay with her mother-in-law after the second week because her mother was still working and her parents-in-law offered to help. Nurin (mother) returned to their own home but had her mother-in-law stay with them for a few nights. Mothers were almost entirely relieved from housework if they stayed with their parents or in-laws during this period. There was also a lot of help with caring for the baby. Grandparents, uncles, and aunts would generally watch over the baby during the day, to allow the mother to rest or for her to attend to traditional therapies such as massages and vaginal steaming. Lisa and Misha explained that they were solely responsible for caring for the baby at night, and during the day they had more support from their mothers and families. This also meant that mothers had the opportunity to learn to care for their babies from observing their mothers.

Refusing to practise confinement not only meant that mothers did not follow the restrictions, it also meant that they forfeited the support that came with it. Feelings of isolation were brought up by Farah and Nurin who felt like they did not have a positive support experience. Farah and Halim, and Nurin and Luqman, had different ideas about parenting than their families, and this made them feel isolated during the first few weeks. Nurin and Luqman, in particular, did not want to do the confinement practice and felt like it was them against everyone else. Farah and Halim too, were very

selective of how and what they chose to do in regard to the confinement practice. They felt like they did not have a lot of positive support because their families did not really help with caring for the baby. Both these couples used the phrase, "It really felt like it was just the two of us".

*Confidence in traditional practise:*

Almost all Malaysian mothers from the study practised some form postpartum practice, but their confidence in the traditional practice were low. The postpartum is practised not for the participants understanding of the traditional knowledge. This was visible in their narrative of the experience. The lack of traditional medicine knowledge as well as scepticism is present among these urban families. Most of these participants followed these practices due to filial piety. Some follow only when observed by senior family members. One of the fathers, Halim, in the first interview was still receptive to the traditional practice:

> *The advice has been there for a while. I think there has to be some truth in the tales (folklore) or whatever it is, says. They might have a point; why don't we try. If the particular practice is nonsense, then we won't follow*.

In the final interview, which was conducted a month after, he had changed his mind and was adamant that the traditional practice brought more negative pressure on them, particularly his wife, Farah. This was mainly due to disagreements they had about breastfeeding, there were several contentions between the biomedical view and traditional practise. This experience was not exclusive to this couple, even though three couples practised *berpantang* they did not really do it out of their own motivation.

Misha, who stayed with her parents while she was in confinement, explained to me what she chose to practise:

> *We didn't really do the pantang, we didn't do tunku, bertangas, we did the massage for 3 days and on the 40$^{th}$ day. I didn't do anything that people in confinement shouldn't do like carrying heavy weights, I wore the kain batik and bengkung*.

These parents selectively chose the parts which they agreed with and omit parts they did not agree with.

*Reliance on medical knowledge*

When dissonance arise between biomedicine and traditional practise, all parents chose to let go of the traditional practise. Malik (father) said: *"[We will] follow [listen to] the doctor. Whatever the doctor says, we would follow [do]. We didn't really follow [abide to] the prohibitions."*

Maternal figures played an important role in these cases, particularly maternal grandmothers. The chain of *berpantang* knowledge is transmitted through maternal grandmothers and in some cases the paid masseuse or confinement lady. Only one of the mothers from the focus groups hired a confinement lady. They mostly depended on their mothers. Lisa (mother), explains her mother's role:

> *My mother doesn't really follow the Malay confinement methods. As long as I have protein, fruits, vegetables it's okay. You know when we read about the Malay confinement it's really*

> *strict. We can't drink water, we can only drink a little. I followed the doctor's recommendation. Eat well so that I have milk.*

Again, it is observable the fading nature of the confinement practice even within the generation before them. As we can see from the quotation above, biomedicinal framework is considered more superior.

Another excerpt below from Lisa illustrates some of the dissonance between biomedicine and traditional medicine:

> *…so, when the baby was yellow I asked what the baby could have. I mean, the baby just has milk but what can the mother have, so they said I can't take black pepper or ginger. I was having soup, and the soup had ginger, so after that the soup was not as tasty (laughs)*

These mothers often negotiated these ideas through separating them into three categories: biomedicine, traditional practice and religious beliefs. Traditional practise was considered inferior because it did not meet the western and modern notion of medicine, therefore, having less credibility.

Damia (mother) describes her mother's restrictions:

> *She even rationed the amount of water I took… Food was strictly singgang (soupy dish), ikan bakar (grilled fish), bakar (grilled food) that's it. I was mad at my mum, because of the water, I had a fight with her about it, I said how can you expect me to produce enough milk when you ration my water intake, she was like 'oh it's just how it is, the people in the past didn't drink that much water'.*

Damia, different from her mother, analyses these practices based on scientific logic and thus find that it is more important than embracing culture like her mother accepting is "just how it is".

*Isolation*

One of the effects of rejecting the traditional practise was that parents did not get enough social support. Although the traditional practice of *berpantang* appear to be a medicinal aspect of postpartum, much of the practise has social value as well. Two of the couples, Farah and Halim, and Nurin and Luqman decided to omit the *berpantang* aspect as they did not belief in the humoral medicine. By doing so, they did not realise that this meant that they were going to lose social support as well.

## DISCUSSION

During this transition, these Malaysian parents navigate, weave, and challenge the dominant discourse of mothering and parenting, as stated in earlier studies (Miller, 2014; Oakley, 1981; Urwin et al., 2013). Although socially sanctioned and dominant ideals of parenthood as authoritative knowledge (Miller, 2005) were distinguished from parents' own beliefs, the findings of this study support explanations made by Urwin et al. (2013) on managing different voices within and giving each different weight. This was especially true for Malaysian families as they negotiated their cultural and religious beliefs with contemporary ideas (Urwin et al., 2013). Malaysian families considered their internal voices that include religious beliefs, understanding of traditional practices, and biomedicine, to comprehend their experience and make decisions such as which aspects of the confinement practice to perform or avoid, and whether or not to accept advice from their elders. It was

clear that the beliefs they were most invested in shaped their narrative and decisions (Urwin et al., 2013). Filial piety was another distinct character of the Malaysian experience (Juhari et al., 2013). Malay family systems often included grandparents, uncles, and aunties, and maintaining harmony between all of these members was important for them

Where medicine is concerned the term traditional medicine often denotes backwardness and inferiority or is associated with it exotic nature. It is an alternative medicine, which highlights the hegemonic nature of biomedicine. The visible challenges of the fading birth practise highlight several possible outcomes, the disappearance and degeneration of Asian communal and strong extended family systems, and the loss of medicinal knowledge that carries this culture and beliefs.

Biomedicine today has its values in professionalism and hygiene. It is based on scientific data, there is little value given to traditional belief and value system because modern medicine has its value in systematic practices. While treatment is personal it is also impersonal when compared to Malaysian traditional practise. Medical personnel handle the physiological symptoms, especially in Malaysia, because that is the role they play. For the participants in this study that have chosen to part with the traditional ways there were very little support for them because the support came together with these practices. Urbanisation has equally driven people away from their families and support system. Equally, grandmothers are also now working leaving perhaps new mothers with less opportunity to get familial support.

While some practices may contradict biomedical beliefs. Many parts of postpartum practices are being ruled by biomedical paradigms, redesigned to suit values of commercialisation. Fresh herbal supplements are preferred in tablet forms for example. The system in Malaysia dependent both familial support and biomedical support to provide a holistic environment for mothers. The fading away of traditional practices risks leaving mothers in an unsupported front. The pressure to maintain traditional practices that they do not believe in could force mothers into isolation.

Several suggestions that can be deduced here is to provide the availability of support in different arenas regardless of choice of postpartum practised. Equally in Western societies, the education and implementation of culturally friendly avenues for mothers to expressed cultural differences will be beneficial. Midwives and biomedical personnel's acknowledgement of an alternative or supplementary traditional practise would prove to be beneficial for the wellbeing for mothers. Especially in cases where mothers feel most isolated without familial or close relation support.

There is a research gap in the area of how postpartum practices support first-time mother's transition to parenthood (Al-Attas, 2016; Liamputtong et al., 2005). For example, the move away from the confinement practices will have a social impact on the experience of becoming a mother (Al-Attas, 2016). The next step would be to explore Malaysian families that are moving away from confinement practices, and alternative support that may be available and useful for them.

## CONCLUSION

The practise of *berpantang* although considered a traditional practice, has other cultural and social roles and significance. The loss of which will not only result in the loss of culture but also will have an effect on how new parents learn to parent, particular mothers. Others may contest the authority of traditional medicine in the healing process during the post-partum period, in so doing, it must be considered that the elimination of these practices will also affect the other roles the practices play. Secondly, the hegemonic nature of biomedicine needs to be acknowledged, this may be especially significant in societies where Asian cultures are a minority. The effects of biomedical

hegemony affect not only Asians living in western societies but also Asian within Asian societies. Finally, the chain of knowledge that holds these cultures are broken down by the replacement of the traditional *bidan* with a medical professional. Further research is needed from this lens to identify how widespread these trends are among mothers across Malaysia, in both urban and rural settings.

## REFERENCES

Al-Attas, F. (2016). Confinement practices of young Malay Muslim mothers. In M. A. Papano & D. M. Olwan (Eds.), *Muslim Mothering: Global Histories, Theories, and Practices*. Bradford: Demeter Press.

Baer, H. A., Singer, M., & Susser, I. (2003). *Medical Anthropology and the World System*. London. Greenwood Publishing Group.

DeSouza, R. (2014). One woman's empowerment is another's oppression: Korean migrant mothers on giving birth in Aotearoa New Zealand. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society / Transcultural Nursing Society*, *25*(4), 348.

Doering, K., Patterson, J., & Griffiths, C. (2016). Negotiating *Wa* (Harmony): A qualitative study about the challenges Japanese women who live in New Zealand have in maintaining their birth traditions. *International Journal of Childbirth*, *6*(1), 27-36.

Eshah, A., Mohamed, H., Aziz, A., & Bidin, H. (2012). Penjagaan kesihatan wanita semasa dalam pantang: Amalan dan kepercayaan Women's health care during postpartum. *Malaysia Journal of Society and Space*, *8*(7), 20–31.

Juhari, R., Yaacob, S. N., & Talib, M. A. (2012). Father involvement among Malay Muslims in Malaysia. *Journal of Family Issues*. 208–227. https://doi.org/10.1177/0192513X12461339

Karim, W. J. (1992). *Women and Culture: between Malay Adat and Islam*. United States of America: Westview Press.

Kim-Godwin, Y. S. (2003). Postpartum beliefs and practices among non-Western cultures. *MCN. The American Journal of Maternal Child Nursing*, *28*(April), 74–80.

Laderman, C. (1987a). Destructive heat and cooling prayer: Malay humoralism in pregnancy. *International Journal of Childbirth*, *25*(4), 357–365.

Laderman, C. (1987b). *Wives and Midwives: Childbirth and Nutrition in Rural Malaysia*. Los Angeles, California: University of California Press.

Liamputtong, P., Yimyam, S., Parisunyakul, S., Baosoung, C., & Sansiriphun, N. (2005). Traditional beliefs about pregnancy and child birth among women from Chiang Mai, Northern Thailand. *Midwifery*, *21*(2), 139-153

Lundberg, P. C. (2011). Vietnamese women's cultural beliefs and practices related to the postpartum period. *Midwifery*, *27*(5), 731–736.

Manderson, L. (1981a). Roasting, smoking and dieting in response to birth: Malay confinement in cross-cultural perspective. *Social Science & Medicine. Part B: Medical Anthropology*, *15*(4), 509–520.

Manderson, L. (1981b). Traditional food beliefs and critical life events in Peninsular Malaysia. *Social Science Information*, *20*(6), 947–975.

Miller, T. (2005). *Making Sense of Motherhood: A Narrative Approach*. Cambridge: Cambridge University Press.

Naser, E., Mackey, S., Arthur, D., Klainin-Yobas, P., Chen, H., & Creedy, D. K. (2012). An exploratory study of traditional birthing practices of Chinese, Malay and Indian women in Singapore. *Midwifery*, *28*(6), 865–71.

Ngai, F.-W., Chan, S. W.-C., & Holroyd, E. (2012). Maternal coping during early motherhood among first-time Chinese mothers. *Journal of Health Psychology*, *17*(2), 189–96.

Oakley, A. (1981). *From here to maternity: Becoming a mother*. New York: Penguin Books.

Ong, S. F., Chan, W.-C. S., Shorey, S., Chong, Y. S., Klainin-Yobas, P., & He, H.-G. (2014). Postnatal experiences and support needs of first-time mothers in Singapore: A descriptive qualitative study. *Midwifery*, *30*(6), 772–778.

Urwin, C., Hauge, M.-I., Hollway, W., & Haavind, H. (2013). Becoming a mother through culture. *Qualitative Inquiry*, 19(6), 470–479.

Weber, D. (2016). *Medical Hegemony*. Int J Complement Alt Med 3(2): 00065. DOI: 10.15406/ijcam.2016.03.00065