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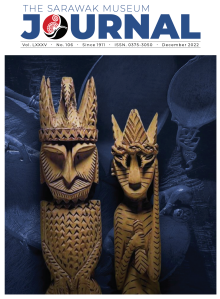

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Preserving Indigenous Knowledge of Conventional Postnatal Care: A Case of Sarawak Malay's Practices

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ABSTRACT

In Sarawak's Malay society, the conventional ways of treating mothers in confinement include the use of Malay traditional herbs of herbal treatments and age-old ways of physical care. However, the underlying philosophies of most do's and don'ts on traditional confinement care from the perspective of Sarawak's Malays are not clearly explained by the midwife or elderly, and neither published in any academic publication. Hence, realising the need for the preservation of indigenous knowledge, this paper aims to document and explain the conventional Sarawak Malays' ways of postnatal care. The conventional practices of postnatal care as discussed in this paper are qualitative in nature, where they are narrated through autoethnographic experiences, based on a self-reflective form of record by the first author. Sarawak's Malay postnatal care is classified into five care routines for the mother, which include healing, cleansing, heating and toning, energising, and gastronomy. Significantly, the findings would assure that with proper postnatal care, the risk of meruyan (postnatal blues) could be reduced, and to convey two essential benefits of longevity and fertility of the womenfolk. Conservation and preservation of conventional social elements are significant as tutelage for the future generations as well as for establishing a national identity. It is vital to ensure that the indigenous (postpartum care) knowledge is properly documented with the hope that the social identity, especially among Sarawak's Malays would be preserve.

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PRESERVING INDIGENOUS KNOWLEDGE OF CONVENTIONAL POSTNATAL CARE: **A CASE OF SARAWAK MALAY'S PRACTICES**

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Keywords: Postnatal Care, Sarawak, Malay, Indigenous Knowledge, Intangible Cultural Heritage, Midwifery

INTRODUCTION

Pregnancy and childbirth are the periods for a woman to experience physical, mental and emotional health changes. The traditional healthcare which is particularly practised by the midwife, is applied to the mother during antenatal, childbirth and postnatal (postpartum) periods. The postnatal period is a challenging life-changing period, especially for the mother who experiences childbirth for the first time. According to Haron and Hamiz (2014), the disabilities of the mother during the postnatal period have always been neglected as the attention is mostly given during pregnancy and giving birth.

In Malaysia's healthcare system, the mother is required to report her childbirth to the nearest government's polyclinic. Hence, a scheduled visit by nurses will be periodically arranged to ensure the mother and her newborn are receiving appropriate medical attention. However, this form of post-natal care seems to be not sufficient as it is conventionally believed that insufficient daily care is being offered to mother and their newborn at home, adding to the postnatal tension (Barakhbah, 2007). Depletion of available conventional midwifery and a specialised nanny or care-taker often force the young parents to be dependent on their ageing mother or mother-in-law and to take the midwifery roles themselves during postnatal care. Notably, the International Confederation of Midwives (ICM) defines Midwifery as the profession of midwives (ICM, 2017) and this profession entails unique body of knowledge, skills and professional attitudes, and plays significant contribution to the maternal and newborn care (Renfrew *et al.*, 2014). However, today, most of the daily care services charged by the midwife or postnatal care-taker will come up to RM5000.00 for the whole postnatal period (Barriyyah, 2016; Haron and Hamiz, 2014). It may cause an additional financial burden, especially to young parents. The strains that may arise are due to the lack of postnatal support from family members (who are living afar in different geographical locations) and the unavailability of trained and experienced midwives or postnatal care-takers. Hence, most of the young mothers nowadays only consume the hospital's prescription medicine (normally Paracetamol and Iberet Folic).

In certain circumstances, due to physical disabilities and emotional instability after childbirth, postnatal depression might cause 'affectionate death' of a mother. According to Razali (2016), the psychiatric issues after childbirth are said to be postnatal depression, postpartum psychosis (serious mental disorder which includes delusion or irrational act) or postpartum blues (emotional stress). For Malay's conventional midwifery, all those postnatal abnormal behaviours or causalities are referred to as *meruyan*.

The weather, foods and even the sound of a crying baby may trigger *meruyan*. When *meruyan* occurs, the mother will easily catch a cold, prolonged fever, feeling of cold shiver with goose-bumps, stiff hand, finger or feet, headache or fainting spells. Other symptoms of *meruyan* include: the mother may get angry or will be crying or screaming for no reason, being excessively sensitive, being severely impatient, suffer excessively worry, insomnia or hypersomnia; or even being constantly worried about hurting the baby and other depressive and anxiety symptoms (Barakhbah, 2007; Barriyyah, 2016; Haron and Hamiz, 2014; Hartley *et al.*, 2018; Hill, Bailey, Fuller-Tyszkiewicz and Skouteris, 2018). The worst postnatal depression happens where the patients are at high risk to commit suicide, to kill or attempting to kill. Such cases were reported in media such as the cases in Tengku Ampuan Afzan Hospital, Pahang [September 6, 2012], Taman Setia Jaya, Alor Setar, Kedah [March 31, 2015], Quarters of Desa Pahlawan Kok Lanas Camp, Kota Bharu, Kelantan [February 4, 2017], St. Louis, Missouri, America [February 2, 2018], and at the José Sarney Bridge, São Luís, Brazil, [March 18, 2018]. These incidents have proven that *meruyan* effects (as well as postnatal depression and psychosis) do not exclusively happen among the Malays.

Some reasons given for such occurrence are because of hormonal instability and changes in a woman's body, due to pregnancy, antenatal and postnatal issues (Razali, 2016; Lara-Cinisomo, Grewen, Girdler, Wood and Meltzer-Brody, 2017). Without proper postnatal care, *meruyan* is conventionally believed to be experienced spontaneously after childbirth, or probably during the postnatal period or much later, during ageing. Hence, in conventional postnatal care, a good diet, nutrition, breastfeeding, physical care, and isolation avoidance are believed to be the remedies to *meruyan* (Barakhbah, 2007; Barriyyah, 2016; Haron and Hamiz, 2014). Physically, the conventional postnatal massage, *bengkung* (corseting) and *bertungku* (hot compress) are conventionally believed to be effective in reducing the risk of postnatal issues. A study by Withers, Kharazmi and Lim (2018) proved that the conventional beliefs and practices during pregnancy, childbirth and postnatal among Asian woman are continuously practised but the application and practices are varied geographically due to the availability of herbal medicine and other socio-ecocultural variation (Rozaimie, 2018). The conventional postnatal care is relatively similar among the Malay's community in Malaysia, which includes herbal baths, corseting, hot compress and herbal medicine.

In particular, the postnatal period is literally a test of patience in which the hormones in her body will slowly stabilise as she recovers (Lara-Cinisomo *et al.*, 2017). The most important issue is to adapt to a new life-changing process with a new member into the family. The postnatal period is usually 44 days for the very first childbirth and 41 days (or more) for subsequent childbirths. This is known as the grounded period during