
The confinement period for Malay mothers: postpartum practices and adapting traditions

By: Rachel Ham, Tiana Mahncke, Ashling Morone & Lucy Washington

With: Arif Aizuddin Idris, Muslimah Imran & Esther Chua Pei Wei



Pictured: (top row, left to right) Muslimah Imran, two participants (Mamacare *mak bidans*), Tiana Mahncke, Esther Chua Pei Wei, Arif Aizuddin Idris, (bottom row, left to right) Ashling Morone, Lucy Washington, Rachel Ham.

ATS3248 Field Methods in Anthropology and International Development

Monash University

Contents	Page no.
Introduction	2
Background and context	3
<i>Segamat and SEACO</i>	4
Aim and objectives	5
Methodology.....	5
<i>Study participants</i>	5
<i>Data collection</i>	6
<i>Data analysis</i>	8
Findings and discussion.....	9
<i>Practices</i>	9
<i>Tradition and modernity</i>	12
Conclusion.....	16
Acknowledgements.....	17
References.....	19
Appendix.....	22

Introduction

The postpartum period is defined as a period of time succeeding childbirth, and is associated with tremendous physiological, psychological and social change. The bodily practices that one adheres to during this stage have the potential to promote postpartum recovery, prevent future ill-health, and reshape a woman's identity as a mother (Fadzil, Shamsuddin & Wan Puteh 2016; Whittaker 1999). In Malaysia, many new mothers participate in confinement, a postpartum practice that encompasses a number of other practices, including dietary modification, heat therapy, and restricted activity (Dennis et al. 2007).

In recent decades, Malaysia has achieved rapid economic development coupled with major health reforms and increases in health expenditure (Ariff & Beng 2006). Consequently, the Malaysian healthcare system has become pluralist in nature, that is, patients may consult both biomedically-trained physicians and traditional practitioners for a single condition (Stoner 1986). Malaysia has concurrently undergone modernization (Merican & bin Yon 2002). Evidence from other Southeast Asian regions indicates that subsequent shifts in social values and access to technology has the capacity to reshape the way in which women view and practice traditional postpartum care (Whittaker 1999).

Our study seeks to understand how Malay women residing in the semi-rural region of Segamat practice confinement. To do this, we will first present contextual literature that led to the formation of the study aims and objectives. Next, we outline the methodology guiding data collection and analysis. In the findings section, we describe common confinement practices. One participant defined confinement as "a time when the mother needs to take care of herself, including her body and consumption"; we use this emic definition to guide our data analysis. We also discuss how and why Malay women continue to engage in traditional practices. Finally, we examine the ways in which contemporary Malay women draw upon novel technologies and support networks in order to modernise traditional practices. Particular attention is paid to the ways in which traditional practices are altered to accommodate caesarean section (C-section) births by drawing on one participant's

story as a case study. The report closes with a discussion of the implications of this study, as well as suggested directions for future research.

Background and context

The vast majority of the Malaysian population (67.4%) are Bumiputera (Department of Statistics Malaysia 2011). Bumiputera comprises of mostly Muslim Malay people, but also includes the Indigenous peoples of Malaysia (Gomes 2004). Ethnicity and religion are uniquely linked under the Malay constitution in that all ethnic Malay people are defined as Muslim under law (Husin & Ibrahim 2016). Ethnicity is reflected in Malaysia's plural healthcare system. Medically pluralistic societies offer a variety of treatment options from both traditional practitioners and biomedically-trained healthcare workers, which patients may choose to utilise exclusively, successively, or simultaneously (Stoner 1986).

Health data indicates that Malaysia's healthcare system has rapidly improved alongside significant economic development over the last 65 years (United Nations, 2017). Advances in a country's healthcare system is a commonly used indicator of modernity, a concept that is central to the present study. We draw upon a definition of modernity that encompasses the following three components: scientific rationality; specialization and individualism; and commodification (Jackson & Hogg 2010, p. 476). There is evidence to suggest that modernity is beginning to influence traditional birthing practices in Malaysia, as showcased through the high caesarean delivery rate. In recent years, the number of births with biomedical intervention has increased notably. Indeed, the Malaysia's National Obstetrics Registry (NOR) found that births via C-section accounted for 25.08% of all deliveries in Malaysian hospitals surveyed (NOR 2012). We consider the increasing rate of C-sections in Malaysia to be an indicator of modernity in that birthing practices are increasingly informed by scientific rationality and biomedical knowledge. Aspects of specialisation and individualism are also demonstrated through the case-by-case nature of determining the need for a C-section.

Whilst there has been a strong emphasis on mainstreaming modern biomedical science (Kim 2017), traditional medical services continue to be accessed

in high numbers (Siti et al. 2009). Traditional healthcare practices in Malaysia largely draw upon humoralism, a system of medicine which posits that the human body consists of hot and cold humours that need to be kept in balance in order to optimize health (Fadzil, Shamsuddin & Wan Puteh 2016). After childbirth, mothers are considered to be in a 'cold' physical state, due to the loss of 'hot' blood (Laderman 1983). Thus, practices that keep mothers warm are favoured during the postpartum period. These include strict dietary restrictions such as consuming foods with 'warm' properties, whilst also avoiding 'cold' foods (Kim-Godwin 2003).

Traditional medical practices that do not conform to biomedical health models demonstrate Lock's (1993) concept of 'local biologies'. Local biologies can be defined as the coproduction of biologies and cultures, which subsequently shapes **local** discourse and how one experiences their body. Lock's (1993) theory underpins our findings discussed in later sections.

Whittaker's (1999) exploration of postpartum practices in a modernizing Thailand describes the ways in which mothers are negotiating the separate domains of a pluralist healthcare system. She found that village women are asserting their ethnic and female identity by engaging in traditional postpartum care, however this choice is complicated by the unequal power wielded by the state health system. Many traditional postpartum practices, including peoples' rationale for maintaining them, have been documented in a number of Southeast Asian cultures (Fishman, Evans & Jenks 1998; Lundberg & Thu 2011; Shrestha 2014; Whittaker 1999), including Malaysia (Jamaludin 2014; Laderman 1983; Manderson 1981; Shruki et al. 2018). Hence, this study attempts to further knowledge in the ways in which Malay mothers are engaging with postpartum tradition whilst navigating the hegemonic influence of Western biomedicine.

Segamat and SEACO

Our research was undertaken in collaboration with the South East Asia Community Observatory (SEACO), a health and demographic surveillance system operationally managed by Monash University Malaysia. SEACO is located in

Segamat, the northernmost district within the state of Johor, and operates in partnership with the communities in five of Segamat's eleven sub-districts. Our research was conducted within two of these sub-districts, Jabi and Sungai Segamat. Malay people represent the largest ethnic group in both Jabi and Sungai Segamat (SEACO 2013a; 2013b).

Aims and objectives

Aim

The aim of this study was to understand the practice of confinement in the postpartum period amongst Malay women.

Objectives

- To explore the bodily practices that occur during the postpartum period.
- To understand what health services (biomedical or traditional) are accessed and whether health practitioner perspectives impact on confinement practices.
- To understand how confinement is influenced by other external factors (e.g. personal finances, support networks).

Methodology

Study Participants

In total, there were 42 participants, which included mothers, grandmothers, *mak bidans* (women that provide traditional postpartum care) (Fadzil, Shamsuddin & Wan Puteh 2016), and one Chinese medicine practitioner. Participants ranged in age from 18 years to elderly grandmothers. As all participants were native Malay-speakers, SEACO staff were employed as Malay-English translators. Originally this study sought to include participants from multiple ethnicities, however due to sampling constraints, all participants apart from the Chinese practitioner were Malay. Hence, data collected from the Chinese practitioner has not been included.

Ethical considerations

A concise explanation regarding the objectives of the research was given at the commencement of each data collection session, and participants were assured about the confidentiality of the information that they chose to share. Verbal consent was obtained from each respondent at the time of invitation to participate. This was reconfirmed with the signing of a formal agreement at the end of each session.

Data Collection

This research was undertaken through a qualitative design informed by ethnography. The data collection techniques used were focus group discussions (FGDs) and interviews. A table detailing our data collection activities can be found in the appendix. Detailed field notes were collected by all researchers who were not involved in translation. Field notes were written with the goal of capturing 'thick description' (Geertz 1983).

FGDs are a useful tool for exploratory research as they enable information to be generated from a collective viewpoint (Delli Carpini 1994). The first FGD conducted included 5 grandmothers and 1 mother, and followed a semi-structured question line that consisted of both open and closed questions. The question line was developed to obtain data in a systematic way, whilst remaining flexible. However, it was found that the size of FGD made this approach chaotic and difficult to attend to. Indeed, a common disadvantage of FGDs is that group dynamics can be difficult to control. Further, outspoken participants may dominate the conversation (Babbie, 2010). Therefore, for subsequent data collection sessions, participants were split into smaller groups and activities were included to guide the discussion. This strategy also proved to be a valuable means of separating certain participants. For example, grandmothers, who had the tendency to be quite outspoken, could be separated from younger mothers who may have been influenced by their position of authority. Further, over time it became apparent that the research topic was more sensitive than originally appreciated due to the heavy cultural emphasis placed on the confinement period. Consequently, interviews were increasingly used to minimise potential social embarrassment and conformity in responses.

Activities were strategically selected to initiate discussion and maximise participant engagement. Activities used were timelines, body mapping and card sorting. For the timeline activity, participants were asked to place important events and practices that occurred during their confinement period on a timeline. Depending on the nature of the participants, some would write and draw on the timeline themselves, whereas others would direct SEACO translators to do so. Guided by a core question line, the facilitator would prompt participants further about what they had marked on the timeline.

The body mapping activity was designed to capture an intimate understanding of how the postpartum body feels, and how the body responds to confinement. This activity followed an approach similar to the timeline, however participants were instead asked to mark relevant areas of the body on an outline of the female form (see image 1 for an example).

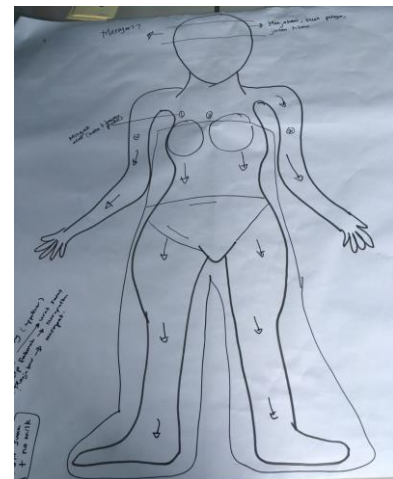


Image 1: One of the body maps produced in our data collection activities

The card sort activity sought to understand the relative importance of individuals within a mother's broad support networks during the confinement period.

People that we believed to be influencers on confinement practice, including one's mother, doctor, and husband were displayed on individual cards. Participants were then asked to arrange the cards in a certain way, for example, "Can you arrange these cards in order of importance?" The facilitator of these sessions would use the card arrangement to guide further questions regarding how and why other people contribute to a woman's confinement.

In contrast to FGDs, interviews are useful for eliciting individual and sometimes privileged information (Alshenqeeti, 2014). Hence, interviews were the most appropriate technique for collecting data from the Chinese practitioner and *mak bidans*. As these interviews were conducted with the participants individually, issues regarding group management and outspoken participants found throughout the FGDs did not arise. Therefore, the use of activities was not required. Question lines

used for the practitioners were different to those used for the mothers and grandmothers in that they focused on the practices used in confinement, rather than personal experiences. However, the questions asked were similar in design, that is, they included a range of open and closed questions.

Data collection was aided by daily debriefing sessions where we discussed our separate findings and began to identify key recurrent themes. This focused our data collection and informed question lines over subsequent days. Image 2 illustrates this process.

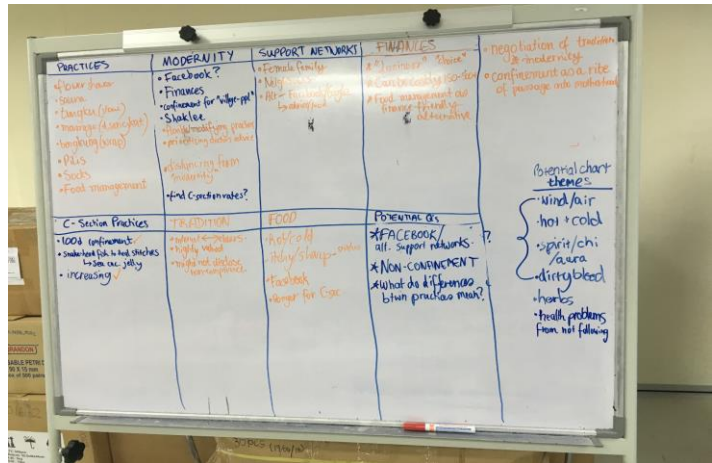


Image 2: Daily thematic analysis work

Data Analysis

In addition to the daily debriefing sessions and basic thematic analysis, mind-mapping activities were used to further refine our themes. Six broad themes were identified, in addition to twelve types of practices. These were charted online in two thematic matrices, where the themes could be visualised across multiple sessions. A subsequent round of mind-mapping identified several themes and subheadings that brought our objectives and findings together in a comprehensive way. The finalised mind-map can be seen in figure 1.

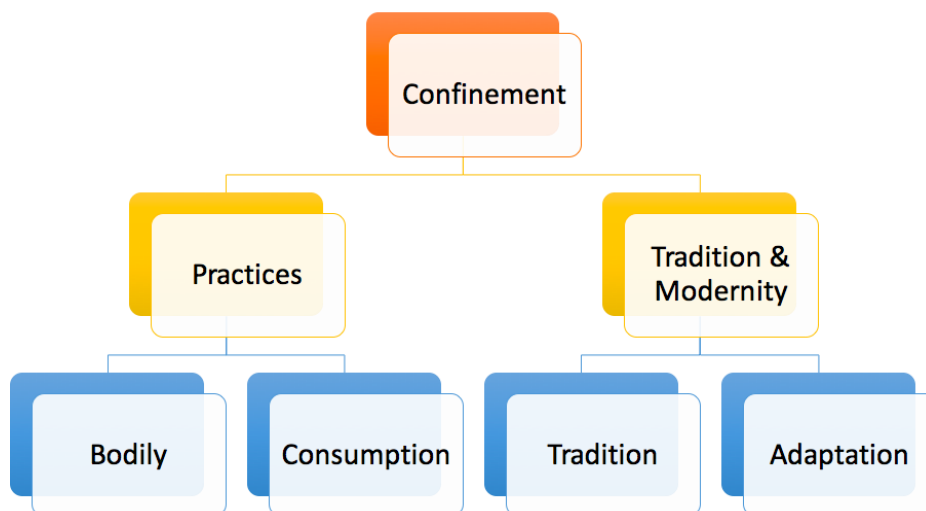


Figure 1: Finalised mind-map

Findings and discussion

All participants reported observing some form of confinement period or practices. The traditional confinement period was typically understood to last for 44 days, although a number of our participants observed shortened confinement periods for health or financial reasons. In keeping with our participant's definition of confinement as "a time when the mother needs to take care of herself, including her body and consumption," we have categorised confinement practices according to bodily and consumption practices. These involve management of the external body, and the ingestion and/or taboo of various foods and drinks, respectively. As mentioned earlier, the de-centring of western biomedical theory is essential to any coherent reading of these practices. Our findings represent an attempt to centre alternate bodily understandings, as implicated within the broader concept of 'local biologies' (Lock 1993).

Practices

Bodily Practices

Five types of bodily practices recurred heavily throughout our data collection. These practices and their outcomes are summarised in Table 1. Of all the practices, many participants mentioned that massage was especially important; there was also a strong emphasis on covering up the body.

Practice	Description	Purpose
Sauna	Involves the use of steam on the body, particularly vaginally.	To heat and refresh the body.
Massage	Full-body soft-tissue massage is traditionally performed for three consecutive days at both the start and end of the confinement period	To heat, refresh, and re-energise the body. Improves circulation

Sengkat	A specific type of massage that focuses on the lower abdomen	To “pull up the womb” and to encourage the removal of “dirty blood.” ¹
Tungku	Massage using a heated object, focussing on the lower abdomen. Traditionally, a hot stone is used, although we also encountered the use of hot water bottles and other heated objects or devices.	To heat the body and womb
Herbs	Topical application of various remedies. Often used in conjunction with massage.	Varied
Pilis	A paste of ground herbs that is applied to the mother’s forehead	To make the mother feel refreshed. Helps with eyesight.
Bengkung	The binding of the abdominal and buttock regions using corset-like wrappings	To slim and reshape the body and lift/contract the womb
Bodily covering	The use of clothing and material to minimise skin exposure (eg. long sleeves and pants; especially socks).	To prevent wind from entering the body ²

¹ After giving birth, the blood in the body is considered dirty. This dirty blood leaves the body vaginally and is darker in colour than non-dirty blood.

² Wind is believed to enter the body through the pores, unfused sections of the skull, and especially the big toe. Excess wind in the body is associated with a range of ill health effects, including aches, pains, bloating, and poor mental health.

Although commonly recurring practices are examined in depth here, it should be noted that alongside this overlap, there was also significant variation. For example, there was little consensus regarding the ingredients of the *pilis*, with many using pre-packaged herbs, but some mentioning the use of grated guava or ginger. There was also variation in the starting day of the three-day massage periods, with some mentioning that these occurred on a specific day of the confinement period, while the start-date for others was determined by their return from hospital.

Consumption

Both bodily and consumption practices were heavily based around principles

of 'hot' and cold' that are well documented in the literature (Laderman 1983). As the postpartum period is considered a cold state, hot foods are encouraged (and cold foods discouraged) to balance the predominance of cold humours. There was consensus among our participants that consumption was an especially important aspect of confinement, perhaps because of its accessibility. Food management seemed to be considered the 'minimum' practice - eg. when finances or health conditions would not allow other practices. In addition to hot and cold foods, many of our participants mentioned avoiding 'itchy' or 'sharp' foods during the confinement period. These food-types are less documented in the postpartum literature than hot or cold foods, although there is evidence that such restrictions occur in Thailand (Whittaker 1999) as well as the east coast of peninsular Malaysia (Basir et al. 2018). Table 2 summarises these food types with examples and associated outcomes of consumption during the postpartum period.

Table 2: Common categories of food to be consumed or avoided during confinement		
Food	Examples	Effects on the body
Hot	Ginger; garlic; physically warm food and drinks	Heat the body
Cold	Cabbage; guava; ice and physically cold food and drinks	Cool the body; mental health effects; can affect the baby through breastfeeding
Itchy/sharp	Soft drinks; seafood; sweet potato	Associated with itching and pus (particularly relating to stitches).

In addition to the food types documented here, there were a vast array of individual foods or recipes that were encouraged or discouraged according to their associated outcomes. Documentation of these is beyond the scope of this report, but some examples include sticky rice, which is thought to produce wind, and a recipe of hot rice, grilled fish, ginger and vinegar which had the combined effects of contracting the womb, reducing smell, and making the face look radiant.

Tradition and modernity

Tradition

The role of tradition during the postpartum period emerged as a strong theme within our data. Both mothers and grandmothers reported that they highly value engaging in traditional confinement practice. All participants said that mothers ought to complete 44 days of confinement as it is fundamental to repairing the postpartum body, maintaining youthful beauty and fertility, and guarding against physical and mental ill-health in old age. Many health repercussions for not following tradition were cited, including joint pain, weight gain, migraines, and low mood. The role of traditional postpartum practices in maintaining the health and wellbeing of new mothers has been documented in a number of other ethnographic studies (Basir et al 2018; Fadzil, Shamsuddin & Wan Puteh 2016; Whittaker 1999). Whittaker (1999) also found that postpartum practice is important in the continuance of local Thai identity. Whilst our participants predominantly focused on the role of tradition in maintaining and sustaining health, a *mak bidan* reported that when one visits a home and can sense the smell of traditional herbs, one instantly knows that it is occupied by a women in confinement. This theme is not explored any further here, however understanding the role of practicing confinement as a means of asserting one's identity as a Malay women is worthy of future study.

During the card sort activity, many participants reported that their own mothers were among the most important influences during their confinement period. That is, they were both a key member of their support network, as well as an integral source of knowledge of the ways in which one executes confinement practice. Fadzil, Shamsuddin & Wan Puteh (2016) also report that during confinement, postpartum care is often led and supervised by older women, specifically, mothers or mothers-in-law. Further, like Fadzil, Shamsuddin & Wan Puteh (2016), we found that a smaller but significant number of mothers choose to engage the services of *mak bidans*. *Mak bidans* are often costly, however, the fact that the vast majority of participants are still practicing traditional confinement despite the differences in socioeconomic status of the sub-districts visited may be attributed to the support received from older female kin. A number of participants reported that they intend to

continue the tradition of woman-to-women knowledge sharing by passing practices down to their daughters and daughters-in-law.

Comparable to the findings of Fadzil, Shamsuddin & Wan Puteh (2016), many participants in the present study practiced confinement because of self-belief, stressing that it is predominantly a mother's choice. However, over the course of our FGDs we realised that there may be strong socio-cultural pressures to conform to traditional confinement practice. It is possible that our research is limited by the fact that mothers are reluctant to publicly admit that their beliefs and practices deviated from tradition. We attempted to mitigate this by drawing more heavily on one-to-one interviews, however we ought to acknowledge the fact that our study may not have accurately captured the changing perceptions of contemporary mothers.

Whittaker (1999) reported that women face other pressures that influence her choice as to how or whether she practices confinement. Indeed, many Thai mothers are told by biomedically trained hospital staff that traditional practices are not necessary or may elicit possible ill-effects. Similarly, Basir et al. (2018) found that food served in Malaysian hospitals were taboo during confinement. For example, postpartum mothers receiving clinical care are often served oily chicken during their confinement period. The present study found little evidence of conflict between traditional and clinical postpartum care providers. Indeed, many mothers cited that doctors were just as or equally as important members of their support network as their female kin. One participant reported that the food that she was served in hospital adhered to all traditional recommendations. In the succeeding section, the ways in which Malay mothers are successfully incorporating modern postpartum care services into their traditional practices will be explored further.

Adapting Traditional Confinement for Modernity

Our findings showed that while tradition is still held in high esteem, there is a process of modifying traditional medical practices due to the influence of modernity. While Whittaker (1999, p. 229) found that the co-occurrence of tradition and modernity led to a contestation between traditional knowledge and 'modern' scientific knowledge, we instead found that there was a careful negotiation between the two knowledge systems that led to the modification of traditional practices. Evidence of

such modifications can be seen in the use of alternative support networks, in the commercialisation of products and services used during confinement, and in the postpartum experiences of women who have had C-sections.

Support networks

The types of support networks used by our participants and the ways in which they are accessed, highlights how women can structure their confinement to engage with traditional and modern practices. During the card sort activity, when asked who was most influential on/important to their experience of confinement, most participants would rank the biomedical doctor in the top three. A participant who ranked the doctor as number one, felt that it was important to receive check-ups and listen to the opinion of the doctor. When asked “Why is the doctor, higher than the *mak bidan*?”, the participant explained that if mothers are not listening to the advice of the doctor, than they might as well have the baby at home. This finding reflects those of Whittaker (1999) who found that bodies are being used as sites of modernisation through the biomedical healthcare system. Technological advances have also modernised the ways in which mothers access knowledge about confinement. Several participants mentioned the use of alternative online support networks as a means of finding out information about confinement. Only in one focus group discussion, in a particularly traditional area, no participants had heard of such a practice. In other focus groups and interviews, Facebook was mentioned several times as a means to identify foods that were and were not allowed to be eaten during confinement. One participant also mentioned using Google to search for “confinement practices”, as a way to informally research practices that she found most appealing. This is an interesting combination of traditional practices alongside modernised communication platforms, demonstrating the sort of individualistic choice characteristic of modernity. This element of individualism was strongly expressed by several participants, where many emphasised that it is the mother’s choice as to how she wants to structure her confinement. Elements of individualism, were also examined through the commodification of confinement products and services.

Commodification and commercialisation

The commercialisation of products and services used during confinement came out in our interviews when some mothers disclosed that they were willing to

purchase certain products, such as herbs, rather than follow the traditional methods of self-sourcing because of convenience. Some participants, especially grandmothers, viewed buying herbs as being lazy - although they acknowledged that mothers who live in cities may not have the option of self-sourcing. Commercially packaged herbs could come in the form of products such as soaps and oils, which were often packaged together in 'confinement boxes'. We spoke with some *mak bidans* from a commercial confinement support service 'MamaCare,' who showed us several products that had been redesigned to be more practical and easy to use when compared to their traditional equivalents. The commercialisation of these services showcases how traditional practices are being modified to better suit the individual needs of modern Malay mothers. However, the cost of accessing these services can act as barrier to completing confinement.

Findings indicate that financial circumstances can impact choices regarding confinement. An 18 year old participant, who would have liked to have done a 'proper confinement', only did a week of confinement due to her financial situation. Thus, a mother's financial situation may dictate how she approaches her confinement period. One *mak bidan* had the perception that her clients were quite wealthy, because she had never experienced a client who was unable to pay for her services. It could be the case that mothers who are not able to afford her, do not access her services. Another participant also referred to a 'full package' service, where mothers can pay RM10,000¹ to have all aspects of confinement provided. This includes cooking and childcare. The commodification and the ability to access confinement products and services is an element of modernisation that is influencing approaches to the confinement period.

Postpartum experiences of women who have had C-sections

The modification of traditional practice can also be seen in the postpartum experiences of women who have had C-sections. One *mak bidan* who we interviewed noted her observation that more women are increasingly undergoing C-sections, which is supported by data from the National Obstetrics Registry (NOR 2012). She explained that massage techniques needed to be adapted, as to not

¹ To contextualise this figure, the Department of Statistics Malaysia (2017) reported that the 2016 median monthly household income was RM5,228.

damage the C-section wound. To demonstrate how having gone through a C-section can affect the experience of the postpartum period for Malay mothers, we will share the story of one participant, Aishah. Aishah is a 39-year-old woman who had a child via C-section after 11 years of trying for a biological child. This difficulty in falling pregnant, in addition to other complications led to the decision to have a C-section. Aishah did not follow most traditional confinement practices based on her doctor's advice. She did get a massage, but not until after the traditional length of confinement, although she did not get a *sengkak* (womb massage). This showed a negotiation between the traditional (being the massage) and the biomedical (being the advice Aishah received from her doctor). During the postpartum period, Aishah ate sea cucumber jelly. Striped snakehead fish is traditionally used to heal stitches (Arif Aizuddin Idris, pers. comm., 2018), but Aishah does not like the taste of snakehead fish, so she used sea cucumber jelly as an alternative. This demonstrated individualism – a component of modernity – within a traditional practice. Aishah has found that not following traditional confinement practices has led to physical consequences that include gaining weight, which is then difficult to lose, and back pain on rainy days. Aishah is concerned about facing further consequences in the future. This demonstrated that Aishah still holds traditional practices in high regard, despite her choice not to practice them herself. This reflects Tanabe and Tokita-Tanabe's (2003, p. 4) assertion that people in modern Asian societies feel they must 'retain their traditional self identities in distinction from' Western modernity. Aishah did not face criticism from family for not following traditional confinement practices as they wanted her to follow her doctor's instructions, especially given the difficulties she had faced. This shows that family members of new mothers, at least in Aishah's situation, are willing to accept modifications to tradition based on biomedical advice.

Conclusion

This study aimed to understand the practice of confinement in the postpartum period amongst Malaysian women. To examine the aim and objectives, we collected data from mothers, grandmothers, *mak bidans* and a Chinese medicine practitioner. Data collection was undertaken through a qualitative and ethnographic approach and

was analysed using basic thematic analysis. From this analysis, several themes were recognised. First, findings were presented to showcase bodily and consumption practices. Bodily practices identified included, sauna, massage, herbs, bengkung and bodily covering. Consumption practices focused around foods that are hot, cold, and itchy/sharp. This part of the findings, corresponded to the first objective of exploring bodily practices. Next, the ways in which tradition and modernity are adapted during confinement were presented. Findings, suggested that the role of tradition during the confinement period is highly important. However, mothers are adjusting traditional practices to suit elements of modernity. This aspect of the findings is relevant to the second and third objectives by deepening our understanding of how health services are accessed in the confinement period and the degree to which this is influenced by external factors.

The findings from this study, hold the potential to be generalised to the greater Malay Muslim population, as practices of confinement were consistent across our participants. However, due to the small scale nature of this study, further research to confirm this is required. Further research, with a larger sample size holds the ability to influence postpartum policy reflecting the traditions of confinement. There is also space for further research into whether the negotiation between tradition and modernity is being played out in a similar manner across the wider Malay population, or if there are localised differences. For example, further research may reveal clear distinctions between urban and rural areas.

Word count: 4526

Acknowledgements

The authors gratefully acknowledge the following staff at South East Asian Community Observatory (SEACO) for their invaluable contributions to this research project: Arif Aizuddin Idris, Muslimah Imran, and Esther Chua Pei Wei. Without your language skills and tireless efforts at participant recruitment, our research would not have been possible. We also thank Nur Adhaliah Md Salleh for all of her administrative support. We extend our most sincere gratitude to the study

participants for volunteering their time and knowledge. To Dr. Narelle Warren and Dr. Bruce Missingham, we thank you for your academic support and guidance. Finally, we wish to thank Paige McCarthy for the research that she contributed in the preliminary stages of this project.

References

- Alshenqeeti, H 2014, 'Interviewing as a data collection method: a critical review', *English Linguistics Research*, vol. 3, no. 1, p. 4.
- Ariff, K & Beng, K 2006, 'Cultural health beliefs in a rural family practice: A Malaysian perspective', *Australian Journal of Rural Health*, vol. 14, no. 1, pp. 2-8, doi: 10.1111/j.1440-1584.2006.00747.x.
- Babbie, E 2010, *The Practice of Social Research*, 12th ed., Wadsworth Cengage, California.
- Basir, SMA, Rahman, MSA, Bakar, WAMA, Shukri, NAM 2018, 'Perceptions on Postpartum Dietary Practices among Malay Women in Kuantan, Pahang', *International Journal of Allied Health Sciences*, vol. 2, no. 1, pp. 117-128.
- Delli Carpini, MX 1994, 'The method is the message: focus groups as a method of social, psychological, and political inquiry', in MX Delli Carpini, L Huddy, and R Shapiro (eds.), *Research in Micropolitics: New Directions in Political Psychology*, vol. 4, JAI Press, Connecticut, pp. 57-85.
- Dennis, CL, Fung, K, Grigoriadis, S, Robinson, G, Romans, S & Ross, L 2007, 'Traditional postpartum practices and rituals: A qualitative systematic review', *Women's Health*, vol. 3, no. 4, pp. 487-502, doi: 10.2217/17455057.3.4.487.
- Department of Statistics Malaysia 2011, *Population Distribution and Basic Demographic Characteristic Report 2010*, viewed 14 June 2018, www.dosm.gov.my/v1/index.php?r=column/cthememenu_id=L0pheU43NWJwRWVVSzkIWdzQ4TIhUUT09&bul_id=MDMxdHZjWTK1SjFzTzNkRXYzcVZjdz09.
- Department of Statistics Malaysia 2017, *Report of Household Income And Basic Amenities Survey 2016*, viewed 26 July 2018, https://www.dosm.gov.my/v1/index.php?r=column/cthememenu_id=RUZ5REwveU1ra1hGL21JWVIPRmU2Zz09&menu_id=amVoWU54UTI0a21NWmdhMjFMMWcyZz09
- Fadzil, F, Shamsuddin, K & Wan Puteh, SE 2016, 'Traditional postpartum practices among Malaysian mothers: A review', *The Journal of Alternative and Complementary Medicine*, vol. 22, no. 7, pp. 503-508, doi: 10.1089/acm.2013.0469.
- Fishman, C, Evans, R & Jenks, E 1988, 'Warm bodies, cool milk: Conflicts in post partum food choice for Indochinese women in California', *Social Science & Medicine*, vol. 26, no. 11, pp. 1125-1132, doi: 10.1016/0277-9536(88)90188-8.
- Geertz, C 1983, 'Thick description: Toward an interpretive theory of culture', in RM Emerson (ed.), *Contemporary Field Research*, Waveland Press, USA, pp. 37-59.

- Gomes, AG 2004, 'The Orang Asli of Malaysia', *International Institute for Asian Studies Newsletter*, no. 35, p. 10, viewed 29 July 2018, iias.asia/sites/default/files/IIAS_NL35_10.pdf.
- Husin, W & Ibrahim, H 2016, 'Religious freedom, the Malaysian Constitution and Islam: a critical analysis', *Procedia - Social and Behavioral Sciences*, vol. 217 no. 1, pp. 1216-1224, doi: 10.1016/j.sbspro.2016.02.152.
- Jackson II, RL, & Hogg, MA 2010, *The Encyclopedia of Identity*, Sage Publications, Thousand Oaks, pp. 476-479, doi: 10.4135/9781412979306.n156.
- Jamaludin, SSS 2014, 'Postpartum food restriction of rural Malay women', *Asian Journal of Humanities and Social Sciences*, vol. 2, no. 4, <https://ajhss.org/pdfs/Vol2Issue4/4.pdf>.
- Kim, Y 2017, 'The current studies of education for a traditional and complementary medicine in Malaysia', *Alternative & Integrative Medicine*, vol. 6 no. 2, doi: 10.1177/2156587217726882.
- Kim-Godwin, YS 2003, 'Postpartum beliefs and practices among non-Western cultures', *MCN: The American Journal of Maternal/Child Nursing*, vol. 28, no. 2, pp. 74-78, accessed 28 June 2018, journals.lww.com/mcnjournal/Abstract/2003/03000/Postpartum_Beliefs_and_Practices_Among_Non_Western.6.aspx.
- Laderman, C 1983, *Wives and midwives: Childbirth and nutrition in rural Malaysia*, University of California Press, Berkeley.
- Lock, M 1993, *Encounters with aging: mythologies of menopause in Japan and North America*, University of California Press, Berkeley.
- Lundberg, PC & Thu, TTN 2011, 'Vietnamese women's cultural beliefs and practices related to the postpartum period', *Midwifery*, vol. 27, no. 5, pp. 731-736, doi: 10.1016/j.midw.2010.02.006.
- Manderson, L 1981, 'Roasting, smoking and dieting in response to birth: Malay confinement in cross-cultural perspective', *Social Science & Medicine. Part B: Medical Anthropology*, vol. 15, no. 4, pp. 509-520, doi: 10.1016/0160-7987(81)90025-9.
- Merican, HMI & bin Yon, R 2002, 'Health care reform and changes: the Malaysian experience', *Asia-Pacific Journal of Public Health*, vol. 14, no. 1, pp. 17-22, doi: 10.1177/101053950201400105.
- National Obstetrics Registry (NOR) 2012, *3rd Report of National Obstetrics Registry 1st ed*, National Obstetrics Registry and the Clinical Research Centre (CRC), Ministry of Health Malaysia, accessed 19 July 2018, http://www.acrm.org.my/nor/doc/reports/NOR_REPORT_2012.pdf.
- Shrestha, K 2014, 'Food practices among postnatal mothers in a hilly township in Northeastern Nepal', *Nepal Medical College Journal*, vol. 16, no. 2-4, pp. 135-138, <http://nmcth.edu/images/gallery/Original%20Article%20/135-138.pdf>.

- Shruki, NAM, Basir, SMA, Rahman, MSA & Bakar, WAA, 2018, 'Perception on postpartum dietary practices among Malay women in hospital Tengku Ampuan Afzan (Htaa), Kuantan, PahangP', *International Journal of Allied Health Sciences*, vol. 2, no. 1, pp. 244-264, <http://journals.iium.edu.my/ijahs/index.php/IJAHs/article/view/122>.
- Siti, Z, Tahir, A, Farah, A, Fazlin, S, Sondi, S, Azman, A, Maimunah, A, Haniza, M, Siti Haslinda, M, Zulkarnain, A, Zakiah, I & Zaleha, W 2009, 'Use of traditional and complementary medicine in Malaysia: a baseline study', *Complementary Therapies in Medicine*, vol. 17, no. 5-6, pp. 292-299, doi: 10.1016/j.ctim.2009.04.002.
- South East Asia Community Observatory (SEACO) 2013a, *SEACO Community Briefs: Issue 02 (Jabi)*, published 15 April, Monash University.
- South East Asia Community Observatory (SEACO) 2013b, *SEACO Community Briefs: Issue 02 (Sungai Segamat)*, published 15 April, Monash University.
- Stoner, B 1986 'Understanding medical systems: traditional, modern, and syncretic health care alternatives in medically pluralistic societies,' *Medical Anthropology Quarterly*, vol. 17, no. 2, pp.44-48.
- Tanabe, A & Tokita-Tanabe, Y 2003, 'Introduction: gender and modernity in Asia and the Pacific', in Y Hayami, A Tanabe, & Y Tokita-Tanabe (eds), *Gender and Modernity: Perspectives from Asia and the Pacific*, Kyoto University Press, Kyoto, pp. 1–16.
- United Nations, Department of Economic and Social Affairs, Population Division, 2017, *World Population Prospects: The 2017 Revision*, <https://esa.un.org/unpd/wpp/>.
- Whittaker, A 1999 'Birth and the postpartum in northeast Thailand: contesting modernity and tradition', *Medical Anthropology*, vol. 18, no. 3, pp. 215-242, doi: 10.1080/01459740.1999.9966156.

Appendix

[No. 1]. Data collection activities

Data collection activity	Location	No. of participants	Participant demographic
Interview	Sungai Segamat	2	<i>Mak bidans</i>
Interview	Taman Yayasan ²	1	Chinese practitioner
Focus group	Sungai Segamat	6	5 grandmothers, 1 mother
Focus group	Jabi	7	Grandmothers
Focus group	Jabi	4	Mothers
Interview	Jabi	2	Mothers
Interview	Jabi	1	Mothers
Focus group	Jabi	3	Mothers
Focus group	Jabi	5	Mothers
Interview	Jabi	1	<i>Mak bidan</i>
Interview	Jabi	1	<i>Mak bidan</i>
Interview	Sungai Segamat	2	Mothers
Interview	Sungai Segamat	1	Mother/ <i>mak bidan</i>

² This was not in one of the 5 sub-districts that SEACO operates in.

Interview	Sungai Segamat	1	Mother
Interview	Sungai Segamat	1	Mother
Interview	Sungai Segamat	2	Mothers
Interview	Sungai Segamat	2	Mothers