

## **Sarawak's Malay: The Traditional Ways of Confinement Care**

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### **Abstract**

Confinement is a grounded period for a mother to have an ample time to physically recover from her pregnancy and childbirth. In Sarawak's Malay society, the traditional ways of treating mothers in confinement, include the use of herbal treatments, and age-old ways of physical care. However, the underlying philosophies of the most do's and don'ts during the confinement are not clearly explained, and neither are they properly documented. For the young generation today, the traditional confinement care is perceived as not modern in this scientific age. This perception lessens the number of traditional care midwives, as well as those involved in the preparation of traditional confinement herbal medicines; leading to the depletion of knowledge on herbal plants used during confinement care. Hence, realizing the need for the restoration of indigenous knowledge, the main objective of this paper is to document and explain the traditional Malays' ways of confinement care in Sarawak. The phenomenology approach used in this paper recorded the traditional practices in the Sarawak's Malays of confinement care. The traditional practices of confinement care discussed in this paper are qualitatively narrated through autoethnographic recorded experiences of the first author. The Sarawak's Malay confinement care is classified into five functions and labelled as curing, cleansing, heating and toning, energizing, and gastronomy. Significantly, the findings would assure that with proper post-natal care, the risk of *meruyan* could be reduced. The details of the confinement care and support for the wife, attempt to answer most unexplained reasons in traditional confinement practices.

Keywords: Confinement Care, Sarawak, Malay, Indigenous Knowledge

### **Introduction**

Pregnancy and childbirth are the periods for a woman to experience physical, mental and emotional health changes. The traditional healthcare which particularly created for the mother is demonstrated during antenatal, childbirth and postnatal period. The

postpartum period is considered special yet challenging for the woman and her new-born, especially for a very first time experiencing a life-changing event. According to Haron and Hamiz (2014), the postpartum period and the mother's disabilities have always been neglected as the attention mostly given during pregnancy and birth.

In Malaysia's healthcare system, it is the responsibility for the mother 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 new-born are taking appropriate medical attention. However, it is believed that the insufficient daily care being offered to women and their new-born at home would add to the postnatal tension. Depletion of available traditional midwifery and a specialised nanny or care-taker often force the young parents to be dependent to their aging mother or mother-in-law and to take the midwife role during confinement care. To some, the daily care services charged by the midwife or postnatal care-taker will come up to RM5000.00 for the whole confinement period. It may give an additional financial burden, especially to the young parents. The strains that may arise due to the inexistence of postpartum support from family members (living in distance) and the unavailability of trained and experienced midwifery or postnatal care-taker. The depression might also cause death of the mother, due to the physical disabilities and emotional instability, which is known as *meruyan* (post-natal blues). According to Razali (2016), the psychiatric issues after childbirth are said to be post-partum depression, post-partum psychosis (serious mental disorder includes delusion or irrational act) or post-partum blues (emotional stress). For Malay's traditional midwifery, all those postnatal abnormal behaviours or causalities are referred to as *meruyan*.

Without proper postpartum care, *meruyan* is believed to be experienced spontaneously after childbirth, or probably during the postpartum period or much later of aging. The mother will easily catch a cold, fever, freezing, goose-bump, stiff hand, finger or feet, headache or fainted. The weather, food or even the sound of a crying baby may trigger the *meruyan*. The misery may blast where the mother may get angry, or will be crying or screaming for no reason, being excessively sensitive, being impatient, suffers excessive worry, insomnia or hypersomnia; or even being constantly worried of hurting the baby. Worst postpartum 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 Lan Camp, Kota Bharu, Kelantan [February 4, 2017], St. Louis, Missouri, America [February 2, 2018], and at the José Sarney Bridge, Sao Luis, Brazil, [March 18, 2018]. These incidents prove that the *meruyan* effect does not exclusively occur among the Malays.

Scientifically, a woman's body would experience hormonal instability and changes due to pregnancy, antenatal and postnatal issues (Razali, 2016). Hence, good diet, nutrition, breastfeeding, physical care and isolation avoidance are the remedies to *meruyan*. Traditionally, postpartum massage and *bertungku* (hot compress) are found to be effective in reducing the risk of postnatal issues. Postpartum care is relatively similar among the Malay community in Malaysia, which includes herbal baths, corseting, hot compress and herbal medicine. However, the application and practices varied geographically due to the availability of herbal medicine and other socio-ecocultural variation (Rozaimie, 2018). A study by Withers, Kharazmi, and Lim (2018) proved that the traditional beliefs and practices in pregnancy, childbirth, and

postpartum among Asian women are continuously practiced but geographically differentiated.

The confinement period is literally a test of patience to the mother so that she could recover and stabilize the hormones in the body. The confinement period is usually 44 days for the very first childbirth and 41 days (or more) for the next childbirth. This is known as the grounded period where the woman needs to observe the *pantang* (restrictions) to regain their pre-baby figure, looks, health, and, energy level, as well as emotional and spiritual health. The small number of experienced traditional midwifery (especially in the urban areas), availability of herbal medicine and those involved in the preparation of traditional confinement herbal medicines have generally reduced the options for those seeking for traditional confinement care. Besides, the ideas of traditional confinement care being complicated and messy, giving discomfort, tedious, and involving bitter and smelly blended herbs, could add to the lack of interests to use traditional Sarawak Malay confinement care. Although modern confinement treatment is available, it is believed that the effects of traditional treatment are much better. Hence, realizing the need for this indigenous knowledge restoration, this paper attempts to document and explain the traditional Sarawak Malay's way of confinement care. The following section discusses the study's methodology. The concept of indigenous knowledge and discussion on the findings of confinement care from the traditional Sarawak's Malay perspectives are next to be discussed. The future of traditional Sarawak's Malay confinement care and the conclusion will end the writing.

### **Methodology**

The phenomenology mode of inquiry aims to restore and document the traditional Sarawak Malay's postnatal care. Phenomenology inquiry relates to "the understanding of meaningful concrete relations implicit in the original description of experience in the context of a particular situation is the primary target of phenomenological knowledge" (Moustakas, 1994). This study does not attempt to establish a substantive theory or test a conceptual model or hypothesis, nor is generalization of the fundamental understanding on the postnatal care but the basic investigation to spread understanding among young generations on the needs, process and significance of the traditional Sarawak Malay's postnatal care. It is important to restore the traditional practices to enhance the understanding of the social development.

Specifically, the empirical phenomenological embodied in this study is "to experience the comprehensive descriptions which provide the basis for a reflective structural analysis to portray the essences of the experience" (Moustakas, 1994). The experience is nurtured when the first author of this paper has experienced the postnatal care and processes by himself by taking care of his wife who gave birth at recent. Additionally, the initial data primarily consisted of the in-depth conversations developed from casual encounters with an individual (Burgess, 1995). According to Polkingshorne (2005), the narratives or stories are the data that exclusively stand as an untainted description of the experiences. Additionally, the practical experiences are experienced through an extensive coaching and demonstration by a traditional midwife. The data gathered were important to reduce the postnatal issue highlighted in this study. The main issue posited is to identify the significance of the traditional

postnatal care to the young generation today. Thus, the findings presented by the autoethnography approach are descriptively unique in context.

Methodologically, autoethnography is a form of narrative study recorded and written by the individual of experience and, the subject of the study (Creswell & Clark, 2017; Creswell, 2013; Spry, 2001). It is “a self-narrative that critiques the situatedness of self with others in social contexts” (Spry, 2001: 710). The ethnographer has a realist agenda which is considered as a privilege and “... maintain commitments to outmode the conceptions of validity, truth, and generalizability” (Denzin, 2006: 20). The experiences, discourse, and self-understanding are found to be unified against larger cultural assumption (Trihn, 1991). The expression of self-interest (Miller, 1999) ought to be a form of confirmation on the self-reflective critique that inspires the others upon their own life experience and interactions with others within the sociocultural contexts (Spry, 2001).

The autobiography writing of the researcher’s experiences acts as an active agent, where the research’s investigation is expressed through the ethnographic study, mainly on a certain observed subject. The realism of the investigation is reinforced by the field notes, observations, interviews and practical experiences. In addition, the present study indicates that the imposed autoethnographic methods are credible due to the insufficiently related references, and domestically and exceptional socio-cultural appearances from the observed environment. The following sections discusses the concept of indigenous knowledge to understand the traditional confinement care processes.

### ***Indigenous (Confinement Care) Knowledge***

Indigenous knowledge (IK) is defined as “... *the body of historically constituted (emic) knowledge instrumental in the long-term adaptation of human groups to the biophysical environment*” (Purcell, 1998: 260). IK carries the attributes of an observable environment and the knowledge on people. It is also about an ideological, ethical and epistemological information (Haron & Hamiz, 2014; Purcell, 1998). The information is sacred, unique, mystical and invented by the natives, based on the forces of nature, inherited, being used and practiced by local people in the certain environment in making their living (Barriyyah, 2016; Haron & Hamiz, 2014). The cultural system of beliefs, norms, values, rituals, and expression will blend the knowledge into a traditional practice. The IK could be adjusted, depending on the changes or suitability of the environment before being put into practice. The IK includes the technical aspect of living and other socio-politic, socio-economic and spiritual aspects of life. The evolution of information and communication technology and scientific advancement have turned the IK into folklore or historical information. This concern might be relevant to the context of Malay indigenous confinement care knowledge, which is gradually diminishing.

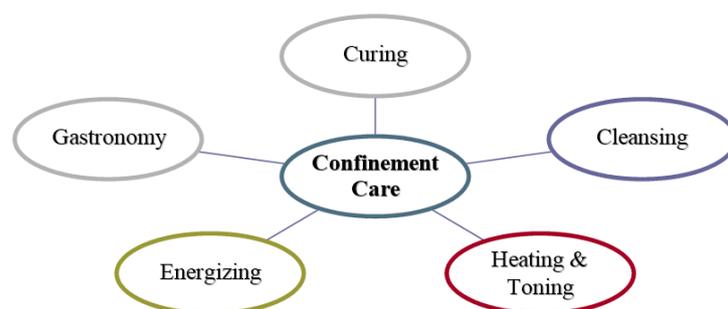
Confinement care practices stood from the belief that the woman’s womb is a life force, and this affects her physical, mental and emotional health. Thus, keeping a healthy womb is important to ensure that the woman stays radiant and alluring (Barakbah, 2007). The womb is perceived as elastic and the most important section that requires extra attention, especially in relation to the prevention of diseases, diagnosis, healing, and the treatment of the related illness. Particularly, the postnatal care from Sarawak Malay’s traditional perspectives unite the two forces of practicality and spirituality. In practical, a woman’s body will be swollen, and she will

gain weight during the prenatal development, to support the presence of the fetus in her womb. Upon childbirth, the womb is shrunken, and the cellulite will appear, and pores will be exposed. Hence, the traditional midwifery is believed to be influenced spiritually where certain elements of magic will affect the postpartum health of the mother. Mystically, the *meruyan*'s evil spirit will possess the mother's body, gaining entry through the crown, open pores, and vagina. Therefore, the *pantang* duration and the treatments (herbal baths, massage, corseting, hot compress and herbal medicine) are enforced, heating the body and chasing away the bad spirit. However, Islamic teaching provides remedies to the mystical nuisance through *Dua*'s and prayer.

Apparently, the scientific reason for the traditional treatment processes and selected materials being used are still unexplainable. The sole reason for this practice is being the typical Malay, no question or argument will be raised to the wiser elders or midwife, due to respect. The modern living of today prefers the scientific justification such as the treatment application, foods and medicine intake, which further contributes to the lack of interest towards the traditional postpartum care (besides, lessening supplies of traditional herbs and experienced practitioner). As mentioned earlier, the focus of this study is to autoethnographically document and explain the process and related materials used during the traditional Sarawak Malay's postnatal care. The following section illustrates the findings of the highlighted subject of this study.

## Findings

The analysis of the data revealed several functions incorporated in the Sarawak's traditional Malay confinement care as illustrated in Figure 1. As mentioned earlier, the confinement care among the Malays in Malaysia is basically similar which includes herbal baths, corseting, hot compress and herbal medicine. However, the differences are found in terms of specific herbal medicine being used and the care processes. In this study, the confinement care is classified into five functions and labelled as curing, cleansing, heating and toning, energizing, and gastronomy. The confinement care discussed is exclusively applied for mothers who experience normal childbirth.



**Figure 1: Sarawak's Traditional Malay Confinement Care**

Source: Author

### ***Curing***

During normal delivery, there is a possibility of vaginal tears. It is the common case through childbirth due to the baby's head size is larger than the vagina to stretch around. Inexperienced mother with incorrect pushing techniques will also cause this problem. Besides, common risks that occur to a first-time mother will be excessive weight baby, lengthy delivery and assisted birth (vacuum or forceps). The tears can heal within a week upon delivery with proper care to avoid bacterial infection. Stitches or other healthcare prescriptions (medicated creams and ointments) is given depending on the severity of the tear.

For the traditional care, coarse salt is diluted with the guava leaf. The *pandan* leaf's (screwpine or *pandanus amaryllifolius*) is added but it is optional, just for fragrance purposes. Once it is warm, soak this mixture at the stitches area while taking bath or whenever necessary within a week upon delivery. Next, the *cengkani/manjakani* (oak gall or *quercus infectoria/aleppo oak*), *sirih* (betel or *piper betle*) leaf and *gambier* (*uncaria gambir*) are put to boil; then the warm mixture is applied for the same usage until the patient is confident that the stitches are thoroughly healed. All these ingredients are believed to heal the wounds and can be used as organic feminine wash. The *cengkani/manjakani* is a popular herb in India and Malaysia as it is believed to be a vaginal tightening agent even though there is no scientific evidence of approval. For Sarawak's Malay midwifery, this herb is used to dry out the wounds of vaginal tears.

### ***Cleansing***

The mother needs to take warm water bath daily. Few betel leaf's, *sembong/sembung* leaf (*blumea balsamifera*), *serai wangi* (fragranced lemon grass or *cymbopogon nardus*) and *tepus* leaf (*zingiber spectabile*) are put to boil and then, added into a bucket of water. Traditionally, all these plants are capable to reduce a 'muscle knot', bloated or flatulence (the accumulation of gas in the alimentary canal) problems. Among others, the *sembong* leaf contains some nutritious elements of glycoside, tannin, limonene, cineole, myricetin, borneol, pyrocatechic, limonene, palmitic acid, sesquiterpene and essential oil. It is believed to reduce fever, blood pressure, urine infection, and reduce Premenstrual Syndrome (PMS) pain.

### ***Heating and Toning***

Under normal circumstances upon conception, the fertilized 'egg' will implant itself on the endometrium or uterine lining inside the woman's uterus chamber. The blood-rich tissue will stay intact and the womb is expanding accordingly to the growth of the fetus. Upon childbirth, the placenta is separated with the uterus chamber and may cause some uterus bleeding. The accumulation of uterus bleeding is known as *darah uguk* (blood clots) among the traditional Sarawak's midwifery. Besides, the flabby uterus will slowly shrink and may be fuelled with the air known as *angin pasang* (flatulence). The *meruyan* casualties might mainly happen due to the improper treatment and care to these courses (flashing out the *darah uguk* and *angin pasang*). Hence, the *bengkung* (traditional corset) and *tapal* (mixtures of herbs), massage, herbs medicine and *bertungku* (hot compress) show their significance in traditional confinement care, particularly to dissolve blood clots inside the uterus.

First, before putting-on the *bengkung*, the ointment or *minyak rempah* (herbs oil) will be spread to the whole-body bottom-up (toe to tip) with gentle 'one-

direction' massage. More oil will be massaged to the abdominal and hipbone areas before applying the *tapal*. Additionally, for the whole first week of the confinement period when applying *tapal*, few betel leaves are chewed and *sembor* (spit sprayed) to the abdominal area. It is believed that the nutrient of the betel leaf is activated once chewed. The *tapal* then is covered with another few betel leaves before covering it with *tapal-wrap* (a piece of fabric with a size of approximately 160cm by 200cm) around the abdominal section, then tightening the *bengkung*. This traditional corseting is believed to help shrink the uterus, flatten the tummy, reduce weight (break-down fat and cellulite), tone the body, protect the internal organ and restructure the body posture (especially in breastfeeding). The *bengkung* is used the whole day of confinement period except when taking baths. The *bengkung* is slipped-up a little bit and tighten back after urinating.

For the first-half of the confinement period, the herbs mixture used for *tapal* are *limo purut* (kaffir lime or *citrus hystrix*), *leyak idup* (local ginger, also locally known as *leyak Dayak* or *zingiber officinale*) and *banglely* (*zingiber casumounar*). All these herbs are pounded and keep in the freezer. Scoop few tablespoons of the mixture and warmly heated before applied to the abdominal and hipbone area. Once the first mixture has been used completely, the second mixture of herbs for *tapal* is pounded which comprises of *limo purut*, *leyak idup* and *entemu kunin* (*polyalthia lateriflora*). All these plants are believed to give a heating function.

Secondly, it is believed that the woman's cervix and bladder are pushed-down upon the normal delivery. Apart from corseting, the *tali agas* (hip rope) is tighten around the hip to heal and place the cervix and bladder properly, and to tighten the vagina. The rope is made of a fabric with a size of approximately 160cm by 200cm. Traditionally, extra rope will be tightened around the knee to prevent the woman from walking with big steps and to avoid shaken womb.

Third, *kasey badan* (body foundation) is basically a powder diluted with warm water and applied justly to the whole body (neck, shoulder, chest, back-side, and hands). The main reason for the application of *kasey* is to cover the pores. Fourth, a similar function to *kasey badan* and *kasey muka* (face foundation) is to apply the dilution to the whole face. Fifth, *peles* is a mixture of herbs (basically red ginger (*alpinia purpurata*), clove and cinnamons) and it is in the form of powder. It is diluted with warm water and applied on the forehead. It helps to reduce headache, stabilize the blood circulation in the head, refresh the eyes and the crown, avoid apoplexy (black-out or temporary loss of consciousness) and flatulence. Lastly, *bertungku* is the essential external treatment where the hot compress helps to melt the blood clots inside the uterus. A brick or stone is heated on the stove and covered by a cotton fabric properly before gently tapping it to the abdomen. In addition, rub some *minyak rempah* to the surface of betel leaf; heat it over slow fire for few seconds, and tap it around the breast to activate the alimentary vein for breastfeeding.

### ***Energizing***

The *irup* (herbal medicine also known as *jamu*) is an essential drink which is produced in powder form. A tablespoon of herbal powder must be diluted with hot water and to be drunk immediately once it gets warm. Its bitterness, herbal and spicy smell force some women to opt for the modern made form of herbal medicine (in the form of capsule). According to the Sarawak's traditional Malay midwifery, the herbal powder in the form of capsule is ineffective and does not give the initial function of

heating. Therefore, for the first-half of the confinement period, the patient is required to drink a cup of *irup sireh* (betel powder) before breakfast and later in the afternoon. Once *irup sireh* is completely consumed, it will be followed by *irup rempah* (spices powder). These herbal medicines are believed to help to heat the body, melt the blood clots inside the uterus, reduce a ‘muscle knot’, bloating or flatulence. It has a similar function to *bertungku* but *irup* gives the internal treatment functions. Normally, the traditional herbal medicine maker sells an approximately 500gm per pack for each type of *irup* which will be consumed sufficiently for the whole-period of the confinement. In addition, a warm *ayek periok* (herbal tea) is also advisable to drink for the whole day which mainly aims to sooth the blood circulation and heat the body. Besides, a woman is strongly recommended to drink a sufficient volume of boiled warm water (a minimum two-thirds of the body weight) daily. After the confinement period is over, the woman is strongly recommended to take *majum* (a traditional herbal concoction, made into paste balls) to re-activate the fertilization system and to act as sheer conception for family planning.

### **Gastronomy**

Specifically, gastronomy is a study of the relationship between food and culture, preparing, serving the foods, cooking styles and science of good eating. For this study, gastronomy is operationally referring to the preparation of foods during confinement. Among others, a yolk of local egg added with honey, is advisable to be taken to boost the energy. To cure the uterus wound, the essence of black (snakehead) fish is the best option.

A Chinese recipe of *Ka Chang Ma* (motherwort) is an herbaceous plant of the mint family cooked with chicken that is found to be the best dish for womb treatment. For herbalists, *Ka Chang Ma* is used to treat heart-related problem, anxiety, menstrual, over-active thyroid, flatulence, bad eyesight, shingles, itchiness, and to stimulate uterine tone and blood flow. For the Chinese, it is known as ‘the mother of all dishes’ which is considered as a herb of longevity, as it also stimulates tears flow and deeper sleep, soothes menopausal symptoms and relieves other ‘internal’ pains.

Locally, *paku uban* (creeping sword fern), red Amaranth and red Malabar spinach are the best selections of vegetables that are believed to have high nutrition and help in producing milk for breastfeeding. In general, it is advisable to avoid ‘cold-nature’ foods and drinks, and those re-heat dishes. All the *pantang* (prohibition) in terms of food and drinks might give some significant implications to the mothers on what would be the best options in recovering postnatal bodies. The following section discuss the highlighted issues of this study.

### **Discussion**

The findings on the Sarawak’s traditional Malay confinement care above indicate that there is a set of rules to follow. The rules seem tedious and the herbs used are disappearing and difficult to find, especially in urban or big cities. However, with the help of communication technologies and social media, the familial networking and contacts could spread the requests to get the supplies. Predominately, the husband should play an active role in preparing the necessities for the wife in confinement. The husband could take the initiative to learn and play the role as a care-taker which

will resolve the depletion of traditional midwifery problem. To highlight, the traditional confinement care conveys two essential benefits of longevity and fertility.

First, the curing, cleansing and gastronomy classification functions as discussed in the findings bring a notion of **longevity** that benefits a lady. It is important to keep hygiene and taking good diets in stabilizing the hormonal changes inside the body, during the transmission from pre-baby, pregnancy, antenatal to the postnatal period. Besides, the traditional confinement care is believed to reduce the possibility of *meryuan* issues. In married life, it is a harmonious tactic for the husbands to show their responsibility, support, and attention when they take the midwifery role in confinement care. The scientific cases have proven that emotional instability is the main cause for the *meruyan* or the postnatal issues. Thus, the wife-husband relationship will be enhanced when the husband helps in the heating and toning process (rubbing the *minyak rempah* on his wife's whole body before applying *tapal* and tightening the *bengkung*).

Secondly, the traditional herbs medicine used, especially in the heating and toning, and energizing processes are believed to trigger the **fertility** of the woman. The traditional herbs used are meant to cure and clean the womb after childbirth. Besides, it is a natural form of medicine that is traditionally prepared without a mixture of chemical or synthetic ingredients (which are found mostly in the modern medicine). For example, the paracetamol or other pain-killer helps to relieve the pain temporarily and for a long-term, this may gradually affect other organs, especially the kidneys. Comparatively, the herbs will naturally boost the blood circulation and remove toxins from the body (Barakhbah, 2007; Barriyyah, 2016; Haron, Hamiz, 2014). However, the recipe and the making of the traditional herbs (especially *minyak rempah*, *kasey*, *peles*, *irup*, *ayek masak* and *majum* which are not discussed in the present study) need to be documented for future references. The scientific benefits, dosage and nutrient facts of herbs used in the confinement will also need to be modelled (Haron & Hamiz, 2014) especially, its compatibility with the appropriate and recommended modern dietary system. It is found that in the present study, the appropriate dosage of the herbs medicine (especially *irup*, *ayek masak* and *majum*) is not sufficiently justified by the traditional midwifery. However, the acceptance of the traditional confinement care as illustrated in the findings is subjected to the empirical limitation, next to discuss.

### Limitation

Specifically, the present study only discusses the processes of the confinement care experienced by the first author, opinionated and demonstrated by two of Sarawak's Malay midwifery. The findings are not generalized to other traditional postpartum care practitioners which may have a different set of guided processes, as well as for the different ethnic group. Nevertheless, there as some recommendation to enhance the understanding on the Sarawak's ways of traditional confinement care discussed in the next section.

### Recommendation

Future study is granted to explore the postnatal practices by other traditional practitioners and care-taker. Predominately, the present study autoethnographically

discusses the experiences in nursing a mother in the confinement by applying the Sarawak's traditional postpartum care. To enrich the findings, the present study can be used as a catalyst for the future study to empirically validate the observed subject scientifically.

### Conclusion

Foremost, the findings demonstrate that proper post-natal care is necessary in reducing the risk of *meruyan* (the psychiatric issues or the postnatal abnormal behaviour) (Barakhbah, 2007; Razali, 2016). Hence, the proper confinement care through good diet, nutrition, breastfeeding, physical care and isolation / avoidance are the remedies to *meruyan*. To conclude, it is our obligation to keep the indigenous (confinement care) knowledge so that it will be properly documented in preserving the social identity, especially among Malays in Sarawak. Besides, the traditional confinement care, mainly the consumption of herbal medicine is found to be reliable in keeping the longevity and fertility, especially among married women.

### Acknowledgments

High appreciation is given to Ms. Ros of Kampung Niup and Ms. Kamariah of Kampung Baru, both from Kota Samarahan for the confinement care data and demonstration.

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