



**JOURNAL OF TOURISM,
HOSPITALITY AND
ENVIRONMENT MANAGEMENT
(JTthem)**
www.jthem.com



EXPLORING MALAYSIAN TRADITIONAL POSTPARTUM CARE PRACTICES AMONG PRACTITIONERS

Adni Halianie Adnan^{1*}, Hasif Rafidee Hasbollah², Dzulkifli Mukhtar³, Adlina Azmi⁴

¹ Faculty of Hospitality, Tourism and Wellness, Universiti Malaysia Kelantan, Malaysia
Email: h21d010f@siswa.umk.edu.my

² Faculty of Hospitality, Tourism and Wellness, Universiti Malaysia Kelantan, Malaysia
Email: rafidee@umk.edu.my

³ Global Entrepreneurship Research and Innovation Centre, Universiti Malaysia Kelantan, Malaysia
Email: dzulkifli@umk.edu.my

⁴ Faculty of Hospitality, Tourism and Wellness, Universiti Malaysia Kelantan, Malaysia
Email: h21d004@siswa.umk.edu.my

* Corresponding Author

Article Info:

Article history:

Received date: 22.01.2024

Revised date: 08.02.2025

Accepted date: 28.02.2025

Published date: 10.03.2025

To cite this document:

Adnan, A. H., Hasbollah, H. R., Mukhtar, D., & Azmi, A. (2025). Exploring Malaysian Traditional Postpartum Care Practices Among Practitioners. *Journal of Tourism Hospitality and Environment Management*, 10 (39), 93-109.

DOI: 10.35631/JTthem.1039008.

This work is licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)



Abstract:

This study explores traditional postpartum care practices among practitioners in Malaysia, focusing on techniques, dietary practices, and the role of education and certification in ensuring effective care. It aims to understand how these practices, deeply rooted in cultural and historical beliefs, contribute to maternal recovery during the postnatal period. The findings reveal that traditional practices, including hot stone compression, postpartum massage, body wrapping, vaginal steam baths, and herbal remedies, are widely utilized to promote healing and restore physical and mental health after childbirth. Dietary practices align with traditional beliefs emphasizing "hot" foods for recovery and modern approaches focusing on balanced nutrition. Practitioners' knowledge, often inherited or formally trained, plays a critical role in maintaining the efficacy and safety of these methods. Certifications such as SKM and DKM ensure professionalism, while modern adaptations like saunas offer safer alternatives to certain traditional techniques. Traditional postpartum care practices in Malaysia significantly aid maternal recovery by integrating cultural wisdom and modern healthcare standards. While these methods remain vital for physical and emotional well-being, further emphasis on formal training and safety enhancements can help sustain their relevance in contemporary healthcare settings. This study underscores the importance of blending tradition with innovation to improve maternal health outcomes.

Keywords:

Exploring, Malaysian, Postpartum, Practices, Practitioners

Introduction

Traditional postpartum care practices in Malaysia are an important part of the postnatal period, which begins immediately after the baby's birth and extends for about six weeks when the mother's body returns to the non-pregnant state. Traditional postpartum care practitioners adhere to a wide range of beliefs, some of which include managing weight loss, using it for aesthetic purposes, enhancing mothers' health and vitality, promoting wound healing, and restoring normal function to the sexual and reproductive organs (Ministry of Health Malaysia, 2015). Postpartum mothers commonly follow traditional customs and beliefs about caring for both the mother and the newborn that have been passed down through the centuries. These customs might change based on one's ethnic background and beliefs (Abd El-Salam et al., 2024). Most traditional postpartum care practices in Asia aim to restore the balance of the body's components, commonly known as hot fire, dry soil, cold air, and wet water. Blood is thought of as a "hot" element, thus for postnatal moms, the blood lost after childbirth is seen as a "cold" element (Abdul-Basir et al., 2018). Three major ethnic groups make Malaysia a multicultural nation: the Malays, Indians, and Chinese (Jamaludin et al., 2024). These groups have diverse traditional postnatal care, however, they all have some common values. These communities may have location-specific variations (Fadzil et al., 2016; Mohd Yusoff et al., 2018).

According to Chauhan 2022, women who have recently given birth experience a period of confinement that can range from thirty (30) to forty-four (44) days. They receive postpartum massages, wear body wrap which is corsets or traditional girdles (bengkung), use hot stone compression (bertungku), vaginal steam bath (bertangas), wearing pilis, tapel, and param, take herbal baths, and berdiang or bersalai throughout this period (Fadzil et al., 2016; Sator et al., 2023). Postpartum women must stay at home with their newborns and follow certain rules on what to do, what not to eat, etc. Help from an older family member or another family member can be obtained. The safety and effects of traditional postpartum care in postpartum women have received relatively little research, despite its long history of usage. This is particularly valid for studies carried out in regional contexts (Chauhan, 2022).

According to recent studies, the bidan, or traditional Malay midwife, is crucial to protecting the health and welfare of Malay women. The bidan's midwifery abilities were inherited from her great-grandmother or grandmother and were passed down through the years. Traditional postpartum care typically shows symptoms one to two weeks after a baby is delivered. This guarantees that any stitches used during childbirth or labor have fully recovered to avoid potential issues like wound gaping or infection. It is possible to need sutures during labour or childbirth. The Chinese midwife, sometimes known as a confinement lady, goes by the name Yuet Pui Pok or Pui Yit, an Indian midwife called Marrutuvacci (Sidek, 2021). Using their beliefs and practices as a guide, they perform traditional postpartum care on postpartum mothers intending to rewarm and revitalize the woman's body. Traditional postpartum care is administered to recently delivered mothers. They also thought that the blood loss that happened during childbirth caused the body to enter a cold phase (Basir, 2019). However, this study explores the traditional postpartum care practices among practitioners in Malaysia.

Literature Review

Traditional Postpartum Practices

Postpartum Massage

Traditional Malay medicine is a significant component of postpartum care for mothers. After giving birth, mothers receive a full-body massage and a prenatal massage specifically designed for the breasts and abdomen (MOH, 2017). The therapeutic technique of Malay massage, also known as Urut Melayu, combines kneading, stroking, and pressing movements with herbal oils to activate various bodily systems. Practitioners may use tools like wooden sticks, combs, or horns to assist with the massage process (Institute for Public Health Malaysia, 2015).

After childbirth, deep tissue massage and therapeutic full-body massage are also offered by professional therapists. The practitioner decides which part of the body to massage, starting from the top of the head and ending at the feet. Massage therapy is crucial to speed up blood flow, as women's blood flow slows down after childbirth, leading to body aches and weakness (Mohd Yusoff et al., 2018). Practitioners typically massage with fingers and hands, with some using elbows for thighs and lower body areas. Most practitioners avoid massaging with feet due to the belief that it interferes with the healing process (MOH, 2017). Practitioners often begin by massaging the stomach, followed by the thighs, calf, footprint, back, breasts, shoulders, and arms, before finishing at the head (MOH, 2017).

Hot Stone Compression (Bertungku)

Bertungku is a type of massage that uses hot stones or iron to treat postnatal pain (Ministry of Health Malaysia, 2015). In Kelantan, most practitioners practice hot compression treatment starting on the third day after giving birth. The duration of pregnancy varies, with waiting periods usually lasting three days and continuing until the 40th day. For normal births with episiotomy wounds, the treatment is recommended after the wound has healed within seven to ten days (MOH, 2017).

There are three common forms of tungku: stone tungku, iron tungku, and herbal tungku (Mohd Yusoff et al., 2018). The tungku is warmed up using direct heat and wrapped with fabric or cloth to prevent direct heat transfer to the mother's body. A mixture of herbal leaves, such as *Alpinia galangal* (lengkuas), *Morinda citrifolia* (mengkudu), *Piper betle* L. (sirih), and other medicinal herbs may be used as needed (Mohd Yusoff et al., 2018; Sator et al., 2022). Tungku is believed to ease muscle spasms, reduce gastrointestinal bloating, enhance blood circulation, and encourage relaxation. It also dissolves any remaining blood clots in the womb (Ariffin, 2023).

The tungku is applied directly to various parts of the body, such as the arms, shoulders, thighs, hips, abdominal area, tummy, and feet. An hour to an hour and a half is typically allowed for the hot compress session (Ariffin, 2023). To be more effective, hot stone compression must follow specific rules, starting from the stomach area, followed by the thighs, buttocks, back, calves, and soles of the feet (MOH, 2017).

Body Wrapping (Berbengkung)

Another form of postpartum care is *barut* or *berbengkung*. Similar to the ideas of a body wrap, belly binding, or girdle, the term "*bengkung*" refers to a particular cloth that is firmly wrapped

around a confinement mother (Fadzil et al., 2016; Mohd Yusoff et al., 2018). Traditionally, before binding, an herbal paste comprised of particular herbs and spices is applied over the entire abdomen to wear a *bengkung* (Sator et al., 2022). A long, corset-like piece of fabric is used to tightly wrap or bind the abdomen, starting just below the breast and going all the way down to the thighs (Norbaiah Mat Yaacob, 2022).

In addition, the practice of using *bengkung* for body wrap is highly recommended to restore the slimness of the body as it was before pregnancy and childbirth. Usually, *bengkung* is used by mothers immediately after giving birth or on the second day up to the 40th day. For optimal effects, the girdle should be used for 100 days. The majority of practitioners advise that body wrap be used for several hours in the morning and at night. It is recommended to use a girdle after bathing and before eating (MOH, 2017). Wearing a girdle has several advantages for postpartum mothers, including the ability to tighten skin, eliminate wind from the body, prevent the belly from becoming swollen and flabby, adjust the position of the back, restore the mother's normal body posture and shape by deflating her abdomen after childbirth (Mohd Yusoff et al., 2018; Sator et al., 2022). Various forms of *bengkung*, including Bengkung Jawa, Bengkung Panjang, Bengkung Roda, Bengkung Tali Kasut, and modern bengkung/girdle, are utilized in postpartum treatment depending on the practitioners' or the mother's preferences (A Ida Farah, 2015).

Vaginal Steam Bath (Bertangas)

Tangas or *bertangas* means to warm the body, bathe, or smoke with steam until sweating. The steam or smoke used in these kinds of vaginal steaming or smoking comes from the heated herbal composition (Hashim, 2022). *Bertangas* is one of the postpartum care that aims to heal wounds, shrink the female private parts (vagina), and uterus, and refresh the body (Azmi et al., 2019). In addition, defecating can also remove excess blood after childbirth. Abstinence usually starts on the third day of abstinence until the end of the abstinence period, which is once a day in the morning (Hashim, 2022).

The Malay society frequently uses two different types of tangas: dry tangas (*tangas kering*) and wet tangas (*tangas basah*). It just depends on the comfort level of the individual concerned. Both have the same advantages. The tangas chair, also known as the *kerusi tangas*, and the *bekas tangas* are the primary *bertangas* tools (Azmi et al., 2019; Mohd Yusoff et al., 2018).

A variety of selected herbal ingredients can be used for defecation. For dry tangas, among the ingredients used are fenugreek (*Trigonella foenum-graecum*), majakani (*Quercus infectoria*), black cumin (*Nigella sativa*), henna (*Lawsonia inermis*) and turmeric (*Curcuma longa*). For wet tangas, the commonly used ingredients are fenugreek, betel leaves (*Piper betle*), galangal (*Alpinia galangal*), pandan leaves (*Pandanus amaryllifolius*), lemongrass (*Cymbopogon nardus*), lime (*Citrus aurantifolia*), tamarind (*Garcinia atroviridis*) and henna leaves. (Hashim, 2022).

Pilis

Pilis is a preparation that is applied to the forehead (Jamal et al., 2011). The use of pilis aims to prevent or treat dizziness, blurred vision, discomfort in the eyes, and fainting for women after childbirth (Diah, 2023). In addition, there are also Malay medical manuscripts that record that pilis are used to treat windy diseases (*meroyan angin*). The use of pilis is practiced two to

three times a day throughout the abstinence period which is for 40 to 44 days (Norbaiah Mat Yaacob, 2022).

Most pilis ingredients contain a mixture of 9 species of plants and spices in a certain measure. Examples of plants that are often used are Ginger (*Alpinia galanga*), Cekur (*Kaempferia galanga*), Mother of Turmeric (*Curcuma longa*), Bonglai (*Zingiber cassumunar*), White Cumin (*Cuminum cyminum*), Cloves (*Syzygium aromaticum*), Flower of Lawang (*Illicium verum*), Cinnamon (*Cinnamomum verum*), Tail Pepper (*Piper cubeba*), and Twisted Chili (*Helicteres isora*) (Norbaiah Mat Yaacob, 2022).

Tapel

Tapel is a traditional remedy applied directly to the stomach's surface. For a mother giving birth naturally, tapel can be used whenever she feels ready. However, if the mother is giving birth surgically, tapel should wait to be used until the doctor declares the surgical wound healed, which is usually two weeks following delivery (Laili, 2019). Also, the use of tapel aims to deflate the stomach, tighten the skin of the stomach, accelerate the contraction of the uterus/birth, and improve blood circulation (Mustapha, 2022).

There are various tapel ingredients used by practitioners and the most basic ingredient is a mixture of lime juice (*Citrus aurantiifolia*) and lime. Some mothers after giving birth have side effects as a result of using ingredients such as lemon juice mixed with lime, among which the abdominal skin becomes dry, blistered, or chafed and can cause scars. So, other ingredients that are used to balance the side effects and increase the effectiveness include tamarind (*Tamarindus indica*), ginger (*Zingiber officinale*), turmeric (*Curcuma longa*), jaggery (*Acorus calamus*), bonglai (*Zingiber montanum*) and garlic (*Allium sativum*) (Mustapha, 2022).

Param

The aim of applying param is to keep the body warm, enhance blood flow to reduce breast and body swelling and help to smooth the skin. Usually, the param is used for 40 days following childbirth (Yuniantini & Nurvembrianti, 2022). Param ingredients consist of 5-9 ingredients including spices and herbs. Among the spices used are white cumin (*Cuminum cyminum*), sweet cumin (*Pimpinella anisum*) and black pepper (*Piper nigrum*) while herbs such as ginger (*Zingiber officinale*), turmeric (*Curcuma longa*), jarangau (*Acorus calamus*) and cekur (*Kaempferia galangal*), and rice. The rice used is rice that has been soaked first until it crumbles or finely ground rice. Rice plays a role in beautifying the skin. The rice mixture also allows the param to form into lumps (Mustapha, 2022).

Herbal Bath

According to Traditional Complementary and Medicine, Kelantan called herbal baths a "Mandi Teresak" (MOH, 2017). Women after childbirth who take herbal baths can enhance their physical and mental wellness (Jahiman et al., 2021). According to certain Malay customs, mothers are not allowed to take a bath for three days following childbirth. Nevertheless, to improve blood flow, the mother's body would be cleaned with warm water after giving delivery. Some people, on the other hand, do not follow this rule, allowing them to take a bath the day following delivery. To prevent the "wind" from entering the body and producing aches and pains, it is also advised that postpartum mothers avoid taking a bath in the early morning (Hla Myint et al., 2019; Mohd Yusoff et al., 2018; Sator et al., 2022).

The water for the herbal bath should be warm to hot, preferably heated, and a variety of herbs, including *Desmodium gangeticum* (daun Meringan), must be included (Mohd Yusoff et al., 2018). Not only that, a variety of spices and selected herbal leaves that are easily available such as galangal leaves, noni leaves, pandan leaves, betel leaves, ginger leaves, henna leaves, turmeric leaves, kaffir lime leaves, lemongrass, kaffir lime and also a little mixture of fenugreek and cinnamon bark are used for herbal bath (MOH, 2017). Furthermore, the woman receives a basic body massage while soaking in water at the same time. The purpose of this massage is to release the woman's painful muscles and eliminate the stress that during the delivery process had built up in her body (Jahiman et al., 2021; Mohd Yusoff et al., 2018).

Heat Treatment (Berdiang/ Bersalai)

Heat treatment (*berdiang/ bersalai*) or old people called as a *Adat Rombak Dapur* is a practice of women giving birth for generations to take care of their health and release taboo bonds during the period of abstinence which is 40 days or 44 days. The community calls it a period of abstinence or bereavement which means a period of rest from doing daily chores that are harmful to the mother's health. This period can also discipline the confined mother by eating good food and taking care of herself to continue to stay healthy (Norbaiah Mat Yaacob, 2022). *Berdiang* or *Menyalai* for Terengganu people is the process of warming up the body, cleaning dirty blood, promoting blood circulation, and shrinking birth. The mother who has just given birth is lying on a bed under which is placed a hearth stove whose fire is made of wood and charcoal. The heat of this fire is very necessary to warm the body and aims to shrink veins and veins and remove dirty blood (Norbaiah Mat Yaacob, 2022).

Dietary Intake During Postpartum Practices

Traditional Beliefs

After giving birth, abstinence is a practice often performed by women in Malaysia, whether they are Malay, Chinese, or Indian. Chinese and Indian women abstain for thirty (30) days, while Malay women abstain for forty (40) to forty-four (44) days (Fadzil et al., 2016). Adherence to the nutritional diet during the confinement period is important to ensure the recovery process goes smoothly. The concept behind traditional dietary practices is that local foods are categorized into 'hot' and 'cold' regardless of the actual temperature of the food (Dennis et al., 2007).

In traditional Malay medical practice, mothers should always be in a 'hot' state, eating foods with hot elements such as ginger and black pepper and avoiding foods with cold elements like long beans, cucumbers, bamboo shoots, pineapples, crabs, watermelons, and certain types of fish. They are encouraged to practice tonic drinks (*jamu*) or herbal paste (*maajun*) made from herbs considered hot (Fok et al., 2016; Mohd Yusoff et al., 2018).

In Chinese society, mothers after giving birth are advised to drink more water boiled with dried longan and red dates than plain water. They are also encouraged to consume herbs such as ginseng soup, red dates, and "lihing," which is a liquor made from fermented rice boiled with ginger and chicken. Some fish, such as pomfret, red fish, and white fish cooked with sesame oil and ginger, are considered safe and non-itchy for women after childbirth (Hishamshah et al., 2012; Mohd Yusoff et al., 2018; Naser et al., 2012).

Indians follow several nutritional diets during confinement periods, avoiding foods considered "cold" or "windy." Fruits such as grapes, eggplant, jackfruit, moringa oleifera, fenugreek seeds, shark meat, cardamom, ginger, turmeric, anise, and black pepper can cause a postpartum mother to become "cold." The addition of spices in cooking is also advised. After giving birth, the mother is given a mixed herbal drink called makjun and is not allowed to take ice cold water, but can occasionally drink warm water (Hishamshah et al., 2012; Mohd Yusoff et al., 2018; Naser et al., 2012).

Modern Beliefs

Postpartum dietary intake is crucial for optimal recovery, lactation support, and overall well-being. A nutrient-rich diet and adequate caloric intake is essential for supporting the mother's recovery and facilitating breastfeeding (Aparicio et al., 2020; Malhotra et al., 2022). Postpartum mothers need an additional 330 to 400 calories per day to maintain milk production (USDA, 2020). This includes a variety of fruits, vegetables, whole grains, legumes, lean protein, and healthy fats (Ball et al., 2022). If necessary, multivitamins or supplements may be considered.

Hydration is essential for milk production, tissue repair, and body function. Drinking water every time after breastfeeding and consuming hydrating foods like watermelon, cucumber, celery, oranges, and strawberries contribute to overall fluid intake and provide additional nutrients (Zhou et al., 2019).

Protein is essential for tissue repair, recovery, and overall health. Foods rich in protein include lean meat, chicken, fish, eggs, dairy products, legumes, and plant-based protein sources (de Castro et al., 2019). While iron-rich foods, such as lean meats, poultry, fish, beans, lentils, fortified cereals, and dark leafy greens, can help prevent and treat postpartum anaemia (Hu et al., 2019). Postpartum mothers should adopt a diet rich in fibre to promote digestive health and prevent constipation (Turawa et al., 2020).

Education And Information Among Practitioners

Practitioners' Knowledge

Practitioner knowledge refers to the specific knowledge, abilities, and perspectives acquired through professional practice and real-world experience in a particular field or study (Papantos, 2023). Both mothers and practitioners must provide postnatal-related treatments (Wang & Yates, 2006). Healthcare workers may lack the necessary knowledge and abilities, making it difficult for them to provide mothers with the necessary information about therapies. Practitioners must learn about therapies and apply best practices to build a talent to treat from the viewpoints of mothers (Therapies, 2015).

A certificate of massage is essential for practitioners to demonstrate their proficiency in massage therapy (Melayu, 2021). In Malaysia, the Skills Development Department has prepared a recognized skills program to help the community find job opportunities and produce trained workers. To become a postnatal care practitioner, individuals need a Malaysian Certificate of Skills Level 3 (SKM 3) in massage therapy. Mamacare offers training and programs for practitioners, requiring a Malaysian Skills Diploma 4 (DKM 4). Candidates must pass Level 4 and meet certain conditions to practice MamaCare post-natal care services using the MamaCare brand (Mamacare, 2017).

Practitioners' Certificate

The Capacity Training Program under MamaCare aims to empower women's economies by providing maternal care services after childbirth through traditional Malay medical practices. Implemented in 2012 under the National Blue Ocean Strategy, the program aims to improve the well-being of women, families, and communities (LPPKN, 2018). To strengthen this initiative, a standard, comprehensive, and recognized training program was established through the National Occupational Skills Standard (NOSS), which focuses on Traditional Postpartum Mother Care. This NOSS aims to produce skilled practitioners with skills in maternal massage, exercise, healthy eating, breastfeeding, baby care, herbal preparation, family counseling services, parenting of young children, guidance and assistance, and domestic management (LPPKN, 2018).

To obtain the Level 4 Malaysian Skills Diploma Certificate, candidates must be competent in performing complex technical work activities, responsible for their work, and responsible for resource allocation. To practice maternal care services using the MamaCare brand, candidates must comply with LPPKN conditions and take the General Works Management elective competency unit in DKM 4. Candidates who pass Level 5 must master basic principles and more complex techniques, prioritize work, handle resource allocation, and be responsible for analysis, planning, implementation, and evaluation (Mamacare, 2017).

Research Methodology

Research Design

This study uses qualitative research to understand traditional postpartum care practices among practitioners in Malaysia. Data is collected through interviews with 12 practitioners from different confinement centres. This research has used multiple case studies with holistic (type 3) as stated in Figure 1.1 to focus on traditional postpartum care practices. Multiple case studies have been used for this research because it has different six (6) confinement centres and the respondents are practitioners in the confinement centres. This confinement centre is located in Klang Valley. Single embedded has been used to determine traditional postpartum care practices among practitioners. The respondents are practitioners from these centres, selected by top management and practitioners' confinement centres.

| Types | Single Case Designs | Multiple Case Designs |
|---------------------------------------|---------------------|-----------------------|
| Holistic (single unit of analysis) | Type 1 | Type 3 |
| Embedded (multiple units of analysis) | Type 2 | Type 4 |

Figure 1.1: Types Of Case Study Design

Research Instrument

This study used a questionnaire to gather information from practitioners in registered confinement centres in Malaysia. The questionnaire contained two parts which are demographic background and traditional postpartum care practices. A semi-structured interview was chosen to gather data, which was followed by observation and informal and unstructured interviewing. The language used was chosen based on the respondents'

understanding level, and the original questionnaire was written in English and Malay. The results were recorded using a smartphone, and the results were transcribed verbatim.

Sampling Design

This study chooses purposive sampling also known as judgment sampling which is a type of non-probability sampling technique. A purposive sampling sample was used for six (6) confinement centre which were selected and willing to participate in this research. The researcher will choose respondents from the listed practitioners registered in the National Population and Family Development Board (LPPKN). The sample of this research will be determined using the sample size by Cresswell (2016). According to Cresswell (2016), mentions 5 – 25 respondents are sufficient in qualitative research. However, Morse (1994) recommends at least six (6) respondents in qualitative research. There are six (6) postnatal care centre were selected in this study.

Data Collection

Data will be collected through semi-structured interviews conducted at participants' workplaces. The interviews will be recorded on a smartphone and transcribed verbatim. Participants will be contacted via email and telephone, allowing for open and in-depth discussions about their work experiences and research topics. The interview schedule is based on table 1.1. The interviews will be conducted in English and Malay, fostering a respectful and compassionate relationship between the researcher and participants.

| | |
|---|--|
| Objective 1: Traditional Postpartum Care Practices | <ul style="list-style-type: none"> - Hot stone compression - Postpartum massage - Body wrapping - Vaginal steam bath - Pilis - Param - Tapel - Herbal bath - Berdiang/ bersalai |
| Objective 2: Dietary intake during postpartum period | <ul style="list-style-type: none"> - Food intake in traditional beliefs - Food intake in modern beliefs |
| Objective 3: Education and information | <ul style="list-style-type: none"> - Certificate - Knowledge |

Table 1.1: Interview Schedule

Data Analysis

The data gathered from the interview are analysed using Thematic Analysis (TA) following Braun and Clarke's (2006) theory. Six (6) steps were taken for this study to meet the standards for having a good theme analysis process:

| Phase | Description of the process |
|--|---|
| 1. Familiarizing yourself with your data | Transcribing data (if necessary), reading and re-reading the data, and noting down initial ideas. |
| 2. Generating initial codes | Coding interesting features of the data systematically across the entire data set, collating data relevant to each code. |
| 3. Searching for themes | Collating codes into potential themes, gathering all data relevant to each potential theme. |
| 4. Reviewing themes | Checking if the themes work to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis |
| 5. Defining and naming themes | Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme. |
| 6. Producing the report | The final opportunity for analysis. Selection of vivid, compelling extract examples, the final analysis of selected extracts, relating of the analysis to the research question and literature, and producing a scholarly report of the analysis. |

Table 1.2: Phases of Thematic Analysis

Sources: Adopted by Braun and Clarke (2006)

Discussions

Traditional Postpartum Care Practices

Hot Stone Compression

The study found that postnatal massage is crucial for a mother's physical and mental recovery, and practitioners must understand the difference between massage techniques for normal and cesarean mothers. Professional therapists perform deep tissue and therapeutic full-body massages, starting from the top of the head and ending at the feet. Massage therapy is essential to speed up blood flow, as women's blood flow slows down after childbirth, causing body aches and weakness. Postpartum massage encourages stress release, pain treatment, and relaxation, contributing to a quicker postpartum recovery and improved health. It can reduce back pain, muscle pain, and tension caused by pregnancy and birth, as well as stimulate breast milk production. Practitioners must ensure that every massage technique is correct to ensure the mother's effectiveness and not disturb the injured part of the abdomen. Postnatal massage is essential for traditional postnatal care treatment, and practitioners must be aware of the differences between normal and cesarean labor.

The study found that hot stone compression is a popular practice in traditional postpartum care among the Malay community. It is used to speed up physical recovery and reduce milk swelling in nursing mothers. However, it is not recommended for mothers who give birth by cesarean due to abdominal wounds. The Ministry of Health recommends treatment after the wound has healed, within seven to ten days. Practitioners use various types of hot stone compression, including stone tungku, iron tungku, and herbal tungku. Before use, the tungku is wrapped with herbal leaves and covered with fabric. The study highlights the importance of hot stone compression for physical and mental recovery, improving blood circulation, removing wind, and reducing muscle pain.

Postpartum Massage

The study found that postnatal massage is crucial for a mother's physical and mental recovery, and practitioners must understand the difference between massage techniques for normal and cesarean mothers. Deep tissue and therapeutic full-body massages are performed by professional therapists, starting from the top of the head and ending at the feet. Massage therapy is essential to speed up blood flow, as women's blood flow slows down after childbirth, causing body aches and weakness. Postpartum massage encourages stress release, pain treatment, and relaxation, contributing to a quicker postpartum recovery and overall improved health. It can reduce back pain, muscle pain, and tension caused by pregnancy and birth, as well as stimulate breast milk production. Practitioners must ensure that every massage technique is correct to ensure the mother's effectiveness and not disturb the injured part of the abdomen. Postnatal massage is essential for traditional postnatal care treatment, and practitioners must be aware of the differences between normal and cesarean labor.

Body Wrapping

The study found that wearing body wraps during confinement is crucial for postpartum recovery. Various types of body wraps are used, including bengkung litit, bengkung barut, bengkung modern, and bengkung Java. These wraps provide physical benefits such as deflating the stomach, supporting the spine, and supporting the abdomen and uterus. The technique of using body wraps should be easy for the mother to open and use, and mothers who give birth by cesarean should know the technique to avoid pain in the wound.

Bengkung is highly recommended for restoring slimness and supporting the spine and abdomen. It can help correct posture, eliminate back pain, and strengthen weak abdominal muscles. Various forms of bengkung, such as Bengkung Jawa, Bengkung Panjang, Bengkung Roda, Bengkung Tali Kasut, and modern bengkung/girdle, are used in postnatal treatment depending on the practitioner's preferences. The study suggests that body wraps can accelerate uterine contraction, support abdominal muscles, maintain body posture, reduce bloating, and shape the mother's body after childbirth.

Vaginal Steam Bath

The study revealed that most participants understood the use of vaginal steam baths, or tangas, in traditional postpartum care. Tangas is a Malay practice that involves herbal steam treatment for women postpartum to aid in wound healing and recovery. However, three participants did not recommend it during early labor due to potential harm to the mother. The practice has two techniques: wet tangas and dry tangas, with the choice depending on the mother's comfort level. Both techniques involve heated river stones and herbal decoction, with the latter using charcoal and Arabic incense. Tangas is still practiced in traditional postpartum care, benefiting mothers

by aiding wound healing, reducing discomfort, and improving perinatal health. However, its use should be done carefully and under controlled conditions, especially for new mothers and those with birth complications.

Pilis

The study revealed that pilis, a traditional Malay practice, is still practiced in postpartum care. It involves applying herbal ingredients to the mother's forehead after giving birth, providing mental and physical health benefits. The use of pilis can reduce headaches, freshen the body, remove wind, and provide balance. The herbal ingredients used include turmeric, ginger, lemongrass, and lime. To get the best effect, the mother should wear pilis for 3-4 hours every morning and night. Pilis is also used to prevent or treat dizziness, blurred vision, eye discomfort, and fainting. The practice is practiced two to three times a day during the 40-44-day abstinence period. The use of pilis is believed to help reduce headaches, calm the mind, prevent wind, and refresh the mother.

Param

The study reveals that not all participants understand the use of param during the abstinence period. Param is an herbal concoction applied to the mother's body after giving birth as part of traditional Malay treatment during confinement. It helps speed up physical recovery, reduce pain, and restore energy after childbirth. Practitioners emphasize the importance of param in Malay traditional treatment after childbirth, as it speeds up the recovery process. The main ingredients used in param are ginger, galangal, live turmeric, betel nut, and pandan leaves. Ginger improves blood circulation, reduces fatigue, prevents bloating, and tightens the skin. The aim of applying param is to keep the body warm, enhance blood flow, reduce swelling, and smooth the skin. The mixture of herbs and rice is ground, formed into small pieces, and dried in the sun. Practitioners still practice param in postpartum care, resulting in increased energy, reduced swelling, and a sense of comfort for the mother.

Tapel

The study revealed that out of twelve participants, eleven (11) understood the use of tapel, a traditional Malay practice used to care for mothers after childbirth. Tapel is an herbal concoction applied to the abdomen to aid the body's recovery process, restoring body shape and internal health. It shrinks the uterus, removes wind, and makes the stomach feel more comfortable. The ingredients for making tapel include betel nut, tamarind, and other herbs. It can help in the internal recovery process and restore energy by improving blood circulation. Tapel is applied directly to the stomach's surface and can be used for natural births or surgically if the surgical wound is healed. Its main ingredients are lime juice and lime, with other ingredients like tamarind, ginger, turmeric, jaggery, bonglai, and garlic to balance side effects. The use of tapel in traditional postpartum care continues to be practiced today.

Herbal Bath

The study found that herbal baths during abstinence are crucial for postpartum recovery. These traditional practices involve using bath water mixed with healing herbs like betel leaves, ginger, fragrant lemongrass, turmeric leaves, and kaffir lime. These baths help restore body energy, reduce wind, relax tense muscles, and speed up the internal recovery process. The right technique is essential for effective results. The practice also enhances physical and mental wellness, providing peace and freshness. Overall, herbal baths are a traditional practice for postpartum recovery.

Heat Treatment (Berdiang/ Bersalai)

Due to safety concerns, the study found that traditional postpartum care practices, such as berdiang or bersalai, are no longer used in the Malay community. Berdiang involves the mother lying close to a heat source, such as coals or a stove, to aid recovery after childbirth. However, this practice has safety and temperature control limitations, leading to its replacement by saunas. Saunas offer advantages such as electronically controlled heat and a cleaner environment, while berdiang uses charcoal for heating and cleaning. Both saunas and berdiang are meant to warm up the body and aid in postpartum recovery, but saunas use electronically controlled heat, while berdiang uses coals for careful monitoring.

Dietary Intake During Postpartum Practices

Traditional Beliefs

The study found that nine out of twelve participants have a deep understanding of dietary intake during postpartum care practices. Traditional beliefs focus on keeping the body in balance through the consumption of hot foods, herbs, and herbs to speed up recovery and restore energy. Abstinence against cold foods, seafood, and windy foods is important in this belief. However, practitioners note that there are taboos to follow to prevent the mother from getting sick quickly. For example, mothers after giving birth are only allowed to eat rice with dry dishes and not to drink too much plain water. Chinese and Indians also have prohibitions, such as consuming ginger in cooking and drinking alcohol during abstinence. Despite these taboos, dietary intake during postpartum care practices plays a crucial role in accelerating the mother's physical and mental recovery, maintaining energy balance, and reproductive health.

Modern Beliefs

The study found that eight participants have a deep understanding of postpartum diet intake in terms of modern beliefs, focusing on science-based balanced nutrition. Modern beliefs emphasize the importance of proper nutrition to help mothers restore energy, improve body health, and provide adequate nutrients for babies through breastfeeding. Postpartum nutrition involves nutrient-dense foods, such as fruits, vegetables, whole grains, legumes, lean protein, and healthy fats, to support overall health and recovery. Adequate caloric intake is crucial for recovery, energy levels, and potential lactation. Postpartum mothers need an additional 330 to 400 calories per day to maintain milk production. Hydration is essential for recovery, breastfeeding, and overall well-being. Protein is essential for tissue repair, recovery, and overall health. Postpartum mothers are encouraged to adopt a diet rich in fiber to promote digestive health and prevent constipation. The modern postpartum nutritional approach emphasizes a balanced diet rich in essential nutrients to support maternal recovery, breast milk production, and maintaining mental health.

Education And Information Among Practitioners

Certificate

The study reveals that ten participants in a postpartum care study have over 10 years of experience, with most having SKM massage therapy certificates. These practitioners have expertise in traditional postnatal care techniques, such as postnatal massage and the use of herbs. They are trained to check the mother's blood pressure before starting the practice. Practitioners must obtain the Malaysian Skills Certificate (SKM) level 3 to become a

practitioner in Malaysia, and take the Malaysian Skills Diploma (DKM) level 4 to further develop their careers. To become an instructor at an institution related to postnatal care, practitioners must continue their studies in the Malaysian Advanced Diploma of Skills.

The Capacity Training Program under MamaCare aims to empower women's economy by providing maternal care services after childbirth through traditional Malay medical practices. To ensure the quality of MamaCare services, national job skills standards for MamaCare were developed. To obtain the Level 4 Malaysian Skills Diploma certificate, candidates must be competent in performing complex technical work activities, responsible for work, and responsible for resource allocation. To obtain the Level 5 Malaysian Skills Diploma Certificate, candidates must master basic principles and more complex techniques, have great personal skills, and prioritize work. After passing the requirements, they will be awarded the Advanced Diploma of Malaysian Skills Level 5.

Knowledge

The study reveals that traditional postpartum care practitioners possess deep knowledge of practices that aid mothers in recovery after childbirth, derived from generations of experience, formal training, and cultural appreciation. These practitioners are well-versed in mother and baby care, handling various situations. Practitioners must understand the meaning of postpartum care, which involves physical treatment, nutrition, and specific techniques like massage, bending, herbal baths, and dietary practices. This knowledge is based on decades of experience as a village midwife. Practitioner knowledge is acquired through professional practice and real-world experience, and it helps consumers feel more confident in using therapies. Basic knowledge encourages the best decision-making process, enhancing interactions with mothers and family members.

Conclusion

This study successfully achieved its objectives by exploring traditional postpartum care practices among practitioners in Klang Valley, analyzing dietary intake variations, and assessing the role of education in enhancing practitioners' knowledge. The findings contribute valuable insights into the cultural significance of postpartum practices and emphasize the importance of certification (SKM, DKM) in ensuring safe and professional care. However, limitations such as a small sample size and reliance on qualitative data may affect generalizability. Future research should expand to a broader population, incorporate quantitative analysis, and explore integration with modern medical practices for improved maternal healthcare.

Acknowledgement

We want to express our heartfelt gratitude to Universiti Malaysia Kelantan (UMK) for providing the necessary support and resources for this study, especially the Faculty of Hospitality, Tourism, and Wellness, as well as the Global Entrepreneurship Research and Innovation Centre, for their invaluable guidance. We also extend our appreciation to the traditional postpartum care practitioners who generously shared their knowledge and experiences, which were instrumental in shaping the findings of this research. Special thanks to the National Population and Family Development Board (LPPKN) and other related institutions for promoting standardized training programs and certifications for traditional postpartum care practitioners.

References

- Abd El-Salam, A. A., El-Maghawry, A. M., Abdelrhman, S. I., Mahmoud, S. F., Elbahrawe, R. S., Ramadan, M., & Elsehrawy, M. G. (2024). Traditional practices and beliefs of postpartum primipara mothers concerning maternal and newborn care. *Rawal Medical Journal*, 49(4), 904–909.
- Abdul-Basir, S. M., Abdul-Rahman, M. S., Abu-Bakar, W. A., & Mohd-Shukri, N. A. (2018). Perception on Postpartum Dietary Practices Among Malay Women in Kuantan , Pahang. *International Journal of Allied Health Sciences*, 2(1), 244–264. <http://journals.iium.edu.my/ijahs/index.php/IJAHS/article/view/122>
- Aparicio, E., Jardí, C., Bedmar, C., Pallejà, M., Basora, J., & Arija, V. (2020). Nutrient intake during pregnancy and post-partum: ECLIPSES study. *Nutrients*, 12(5), 1–12. <https://doi.org/10.3390/nu12051325>
- Azmi, N. A. M., Rahim, N. A. A., & Omar, E. A. (2019). Malay traditional practices surrounding the postpartum period: A qualitative case study. *Evidence Based Midwifery*, 17(2), 40–46.
- Ball, L., De Jersey, S., Parkinson, J., Vincze, L., & Wilkinson, S. (2022). Postpartum nutrition. *Australian Journal of General Practice*, 51(3), 123–128.
- de Castro, M. B. T., Cunha, D. B., Araujo, M. C., Bezerra, I. N., Adegboye, A. R. A., Kac, G., & Sichieri, R. (2019). High protein diet promotes body weight loss among Brazilian postpartum women. *Maternal and Child Nutrition*, 15(3), 1–9. <https://doi.org/10.1111/mcn.12746>
- Dennis, C. L., Fung, K., Grigoriadis, S., Robinson, G. E., Romans, S., & Ross, L. (2007). Traditional postpartum practices and rituals: A qualitative systematic review. *Women's Health*, 3(4), 487–502. <https://doi.org/10.2217/17455057.3.4.487>
- Fadzil, F., Shamsuddin, K., & Wan Puteh, S. E. (2016). Traditional postpartum practices among Malaysian mothers: A review. *Journal of Alternative and Complementary Medicine*, 22(7), 503–508. <https://doi.org/10.1089/acm.2013.0469>
- Fok, D., Aris, I. M., Ho, J., Lim, S. B., Chua, M. C., Pang, W. W., Saw, S. M., Kwek, K., Godfrey, K. M., Kramer, M. S., Chong, Y. S., Agarwal, P., Biswas, A., Bong, C. L., Broekman, B. F. P., Cai, S., Chan, J. K. Y., Chan, Y. H., Chen, H. Y. H., ... Yeo, G. S. H. (2016). A Comparison of Practices During the Confinement Period among Chinese, Malay, and Indian Mothers in Singapore. *Birth*, 43(3), 247–254. <https://doi.org/10.1111/birt.12233>
- Hishamshah, M., Ramzan, M., Rashid, A., Mustaffa, W. W., & Haroon, R. (2012). Belief and Practices of Traditional Post Partum Care Among a Rural Community in Penang Malaysia”. *The Internet Journal of Third World Medicine*, 9(2). <https://doi.org/10.5580/49f>
- Hla Myint, M., Rao, S., Mie Cho Win, M., & Rajan, P. (2019). Traditional Practices during Postpartum Period among Women in Ampang, Malaysia. *Journal of Management and Science*, 17(1), 98–105.
- Hu, R., Fei, J., Zhai, Y., Feng, Y., Warren, J., Jin, Y., Papi, B., Stahl, B., Wang, Z., & Li, J. (2019). The dietary Intake of two Groups of Lactating Women in Shanghai During the Puerperium. *Asia Pacific Journal of Clinical Nutrition*, 28(1), 106–115. [https://doi.org/10.6133/apjcn.201903_28\(1\).0015](https://doi.org/10.6133/apjcn.201903_28(1).0015)
- Institute for Public Health Malaysia. (2015). National Health & Morbidity Survey 2015. In *Institute for Public Health, National Institutes of Health, Ministry of Health Malaysia, Kuala Lumpur: Vol. IV*. <http://iku.moh.gov.my/index.php/research-eng/list-of-research-eng/iku-eng/nhms-eng/nhms-2015>

- Jahiman, N. A., Pa'Ee, F., Manan, N. A., & Md Salleh, N. A. (2021). Development of herbal bag for herbal bath during postnatal care from Temuan traditional knowledge. *IOP Conference Series: Earth and Environmental Science*, 736(1). <https://doi.org/10.1088/1755-1315/736/1/012027>
- Jamal, J. A., Ghafar, Z. A., & Husain, K. (2011). Medicinal plants used for postnatal care in Malay traditional medicine in the Peninsular Malaysia. *Pharmacognosy Journal*, 3(24), 15–24. <https://doi.org/10.5530/pj.2011.24.4>
- Jamaludin, S. S. S., Shian, B. H., Karupiah, P., & Jing, R. T. P. (2024). Role of Traditional and Complementary Medicine in Sustaining Health and Well-Being of Malaysians. *Journal of Sustainability Science and Management*, 19(3), 10–25. <https://doi.org/10.46754/jssm.2024.03.002>
- Laili, A. (2019). Hubungan Pengetahuan Ibu terhadap Penggunaan Tapel Perut pada Masa Nifas di Desa Banyumas Stabat Tahun 2019. *Excellent Midwifery Journal*, 2(1), 80–84. <http://jurnal.mitrahusada.ac.id/index.php/emj/article/view/78>
- Malhotra, A., Verma, A., Kaur, D., Ranjan, P., Kumari, A., & Madan, J. (2022). A Stepwise Approach to Prescribe Dietary Advice for Weight Management in Postpartum and Midlife Women. *Journal of Obstetrics and Gynecology of India*, 72(2), 114–124. <https://doi.org/10.1007/s13224-022-01643-w>
- Melayu, P. T. (2021). *Perubatan Tradisional Dan Komplementari (Pt & K) Tempatan*.
- Ministry of Health Malaysia. (2015). *Traditional Postnatal Care in Restoring Women's Physical and Mental Health*. 26. www.moh.gov.my/index.php/database_stores/attach_download/348/267
- Mohd Yusoff, Z., Amat, A., Naim, D., & Othman, S. (2018). Postnatal Care Practices among the Malays, Chinese and Indians: A Comparison. *SHS Web of Conferences*, 45, 05002. <https://doi.org/10.1051/shsconf/20184505002>
- 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), e865–e871. <https://doi.org/10.1016/j.midw.2011.10.003>
- Sator, P., Binti Marisen, N., & Wider, W. (2022). *Traditional Postnatal Care's (TPC) Effects on Postpartum Mothers' Well-being in Malaysia: A Concept Paper*. 62(October 2022).
- Sator, P., Pang, N. T. P., Balang, R. A. V., Saimon, R., Jeffree, M. S. Bin, & Arsat, N. (2023). The relationship between traditional postnatal care (TPC) and sociodemographic of postnatal mothers in Kota Kinabalu, Sabah, Malaysia. *Bali Medical Journal*, 12(3), 2392–2396. <https://doi.org/10.15562/bmj.v12i3.4616>
- Therapies, C. (2015). *Complementary, Alternative, and Traditional Therapies*. 34(6).
- Turawa, E. B., Musekiwa, A., & Rohwer, A. C. (2020). Interventions for preventing postpartum constipation. *Cochrane Database of Systematic Reviews*, 2020(8). <https://doi.org/10.1002/14651858.CD011625.pub3>
- Wang, S. Y. C., & Yates, P. (2006). Nurses' responses to people with cancer who use complementary and alternative medicine. *International Journal of Nursing Practice*, 12(5), 288–294. <https://doi.org/10.1111/j.1440-172X.2006.00584.x>
- Yuniantini, U., & Nurvembrianti, I. (2022). The Effect of Malay Health Care on Postpartum Mothers in Pontianak. *Journal of Asian Multicultural Research for Medical and Health Science Study*, 3(3), 41–46. <https://doi.org/10.47616/jamrmhss.v3i3.326>
- Zhou, Y., Zhu, X., Qin, Y., Li, Y., Zhang, M., Liu, W., Huang, H., & Xu, Y. (2019). Association between total water intake and dietary intake of pregnant and breastfeeding

women in China: A cross-sectional survey. *BMC Pregnancy and Childbirth*, 19(1), 1–10. <https://doi.org/10.1186/s12884-019-2301-z>