The fading birth practice: Urban Malay Mothers in Malaysia negotiating confinement practices.

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The framing of these medicinal types as “complementary” to and “alternative” to the conventional medicine (Torri and Hornosty, 2017).

This highlights the power relations among them.
Modern biomedicine

Concerned with professionalism, privacy and confidentiality, commercialization of services and products and hospital centred services (Baer, Singer and Susser, 2004)
Post-partum experience and care live within its social and cultural context.

The Malay call this *berpantang* (to confine), the Chinese label it as doing the month, and the Japanese equivalent is the *Satogeri*.
They commonly include, but are not exclusive to:

1. A period of confinement,
2. maternal rest,
3. the belief of hot and cold humors,
4. dietary restrictions and recommendations, and
5. the close-knit and participative relations with extended family members and local community.
Childbirth is associated with the loss of heat through the ‘hot’ blood leaving the body, which leaves the mother in a cold, vulnerable, and dangerous state (Eshah et al., 2012; Laderman, 1984; Manderson, 1981a; Naser et al., 2012)
1. Methodology and Methods
2. Findings:
   a. Confidence in traditional practice
   b. Reliance on biomedical knowledge
   c. Isolation
The visible challenges of the fading birth practise highlight several possible outcomes:

1. the disappearance and degeneration of Asian communal and strong extended family systems, and
2. the loss of medicinal knowledge that carries this culture and beliefs.
Call for discussion
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