

Practices of village midwives ('*bidan kampong*') in Brunei Darussalam: A qualitative study

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ABSTRACT

Introduction: Local midwives in Brunei Darussalam, referred to as '*bidan kampong*' locally, have been documented to have existed since the 1900s. However, little have been documented and published about their practice. This paper provides the first empirical evidence that documents how they acquired their skills and knowledge, and their scope of practices in Brunei. **Materials and methods:** A qualitative study through in-depth face to face semi-structured interviews were conducted with village midwives. **Results:** This study confirmed that village midwives are still in existence until the present day, albeit diminishing in numbers and restricted in their practices. The safety and hazards of their practices to women are not exactly known as the treatment and care are hugely based on nature such as plants, herbs, woods, spices, and fruits. Their practices are also strongly influenced by culture and religion in the wider community, and also within the different races in the country. In the contemporary time, their practices have undergone changes to keep phase with the needs of women. **Conclusion:** '*Bidan kampong*' still exist to date and remain to give care for women during pre-conception, antenatal, post-natal, and women's general health. Although their practices are not at the alarming state, there is a demand for research to confirm that their practices are safe for women. Since village midwives are well trusted by other women, there is also a need to examine if they can be of significant contribution and work together with the health care professionals in the promotion of women's health in Brunei.

Keywords: Midwives, midwifery, birth attendants, traditional, Brunei

INTRODUCTION

The practices of midwifery have long existed before progression of modern human civilisation. ¹ In Brunei Darussalam, midwifery practices have existed before the 1900s and were

practiced by local midwives, known locally as '*bidan kampong*'. ² It had been widely assumed that '*bidan kampong*' were commonly old women, ² however they consisted of women of any age who had acquired their knowledge and expertise through real life experiences and knowledge that have been passed on to them from other women or from one generation to the next. ²⁻⁴

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Village midwives are trusted women whom initially care for women in their family. Their expertise spreads from through the words of mouth that consequently resulted to the expansion of their roles to outside of their family. They are highly respected and viewed as skilful in major aspects of women's general health including the provision of care throughout childbirth. The enforcing and legalising of the Midwives' Acts between the 1930s and 1956 in Brunei diminished the numbers of village midwives. Until currently, women described that it is very rare for village midwives to be involved with care in the labour period. Their main focus are mainly the pre-conception, antenatal, postnatal and women's general health by using products from nature such as plants, herbs, spices and trees. Their practices are also largely influenced by the different culture and religion of the different ethnic groups in Brunei.

To date, there are no indications that their practices are declining and the practice continue to carried out in silence. There is also no available research that examines their practices. Hence, little is known on the safety or danger of their practices on the women. This study aimed to explore the practices of village midwives from their perspectives.

MATERIALS AND METHODS

A qualitative study was determined to be of relevance, and most suitable as the study aimed to learn, by means of exploration of human's perceptions and experiences of the phenomenon being studied.^{5, 6} In qualitative research, the purpose of sampling is exploring and increasing understanding of a phenomenon.⁷ The participants for this study, therefore, were selected based on their ability

to give the information that relates to the study, i.e. purposive.⁸ The participants must be village midwives whom were involved with caring for women's general health including childbirth. Snowball sampling was also employed where the participant identify and lead the researcher to other participants that could inform the research.⁷

The study was approved by the City University's London Research Ethics Committee. Prior to conducting the study in Brunei, permission to pursue with the research was also gained from the Ministry of Education via the Department of Technical Education, as the main sponsor for the study. Potential participants who met the inclusion criteria were contacted through telephone communications, and personally approached where eight participants voluntarily participated. Written consent was obtained and they were informed that they can withdraw at any points throughout the study.

Data were collected through semi-structured, in-depth, individual interview that lasted between 30 and 90 minutes. Interviewing provides a way of generating empirical data about the social world by asking people to talk about the investigated topic.⁹ An interview schedule (Table 1) was developed in advance to ensure that the same topic questions are covered when interviewing the participants. Using the semi-structured interview, facilitated by the interview schedule, enable the expansion of the scope of the research inquiry to obtain in-depth data.¹⁰

The qualitative data were analysed inductively as espoused by Charmaz¹¹ using the principles underpinning thematic analysis.

The interview was first transcribed and then fully translated in the English language as they were conducted in the Malay language. Each interview transcript was next read, sometimes more than once, to increase familiarity with the data. 'Coding', a central process of data analysis was performed, initially line-by-line, open coding, then to a more focused coding¹¹ that eventually lead to the formation of themes.¹² Data analysis progressed deductively,¹¹ where data in the same interview transcript, as well as with another interview transcript were compared. Many themes were developed, and they were also refined until the final themes were formed. Two of the themes are presented in this paper: characteristics of the village midwives; and their practices, transition and modernisation.

RESULTS

Participants are women aged between 52 and 85 years whom have 20 to 60 years of experiences from three different villages in Brunei (Table 2). They first provided care to women between 1950s and 1980s when they were around 25 to 45 year old. To maintain confidentiality and anonymity, the name of the villages are not reported and pseudonym are used (for example, Village Midwife 5 as 'VM5'). The symbol [tr.] indicated the approximate English translation or meaning of the Malay words, and the brackets () explain the words before that.

Characteristics of village midwives' in Brunei: All participants confirmed that their major role was initially caring for women's childbirth.

"During the old days, our responsibilities are mainly helping with childbirth, I helped with my cousin's childbirth when I was about 25

Table 1: Interview schedule.

- What were your practices?
- How do you learn your practices?
- How did you performed your practices?
- Who needed your practices? And when?
- Why did they need your practices?

year old. I helped my grandmother in women's childbirth since I was at around 15 year old. My grandmother has been helping with childbirth long before I was born." (MW1)

The village midwives described that they developed their confidence through observation of the elderly village's midwives practices and acquired their experiences from attending the numerous childbirth.

"I have helped my cousins, my sisters, and then later my daughters. I was nervous when I first help them. I have no experiences at all except for my observations in helping with my grandmother. I just reflect back on my observations, try to remember every single thing that needed to be done, and Alhamdulillah [tr. Praise to Allah (the Muslim's God) the almighty], the childbirth was successful without any complications." (MW3)

The village midwives described that they did not have any midwifery training. Many of them were only educated between primary three and five, and some did not even attend

Table 2: Characteristics of participants.

Code	Age	Year of experiences
VM1	77	45
VM2	78	53
VM3	83	55
VM4	85	60
VM5	52	25
VM6	55	25
VM7	53	25
VM8	58	28

any education. They stated that they were drove by the strong obligations to help each other, and considered that being involved with childbirth as their destiny that was determined by 'Allah'.

"I have no idea on how to conduct delivery when I help my sister in-law with her childbirth. But, it is a sense of being a woman, having no knowledge of what to expect and wanting so bad that somebody would be able to help. Those were the reasons that made me decide to help her childbirth." (MW2)

"I was not thinking of anything else. I just wanted to help, as no one else were there that knew how to deal with childbirth. Besides, I am a woman and a mother myself... It was my destiny to help other women. This is my fate from 'Allah'. I have accepted it with an open heart." (MW8)

Four village midwives mentioned that somewhere in the 1950s, some of them undergone a short midwifery training in the General Hospital. They viewed the training as difficult because their literacy capability was minimal. In addition, they were unfamiliar with the modern instruments in the kit provided during the training.

"The 'ketua kampong' announced that we must attend the training (midwifery training). Our practices were viewed as risky. But, we felt awkward to learn as the instruments inside the bag were all new to us." (MW4)

Despite enforcement of midwifery training and the Midwives Acts, all the participants highlighted that women still needed their services. They emphasized the importance of handing down their expertise from a generation to another in order to keep the tradition alive so that it will never extinct.

"The tradition (practices of village's midwives)

must not be stopped, it must be continued and remained alive, either in our blood-line, or those close to us. Our practices are not harmful. We do not use harmful substances and our home remedies are natural. These practices must not be leaved extinct." (MW6)

Village's midwives practices and the transition to modernisation:

The practices of the village midwives encompassed a huge sphere of women's general health. Cultural and religious aspects were identified to have influences their practices. During the antenatal period, they promote women's health throughout pregnancy. This include preparing home remedies for minor ailments, promotion of healthy pregnancy, and the prevention of miscarriage.

"Women always require body massages for promoting the sense of healthiness throughout their pregnancy. During the 'mengidam' [craving] period, women also suffer many minor disorders such as morning sickness, headache, and the feeling of wanting to vomit. I treat these by preparing mixture either in liquid form or in pill forms." (MW5)

"I gave women herbs that would strengthen the uterus and prevent miscarriage from occurring. I also remind them to always remember Allah [tr. The Muslim God], practice of recitation of part or full verses from the Qur'an [tr. The holy book of the Muslim] such as ayat Al-Kursyi and surah Al-Masad, and 'zikir' ya Mubdi." (MW7)

During labour, village midwives prepare massage oil for the women's back and abdominal area that they believed would enhance the progress of labour, and conduct delivery of baby. They acknowledged that labour is a very intense experience, and their support along with the women's family for maintaining natural birth as possible are of the utmost important.

"Childbirth (labour) is a normal condition that should occur naturally. It is not a sickness requiring women to go to the hospital....I massage the woman's back to ease her pain and coach her to do some 'zikir' and pray to Allah for normal uncomplicated birth. The woman need support from me and her family for natural birth to occur with limited interventions as possible." (MW4)

The maintenance of women's health throughout postnatal period commenced immediately after labour until forty four days of postnatal period. Some of the village midwives practices include the disposal of placenta, preparation of concoction, cooking healthy foods, perform body massage, and many more.

"Women's body need to be kept warmth for good blood circulation. I emphasised 'berdiang' (heating charcoals on fire and put these into a big can and women lie beside the can). A warm towel containing a small flat stone which is initially heated can also be put on the tummy, or by using 'tapal' and 'berbarut' (areca nut, betel, and whiting either grind in a mortar or crunch in the mouth and spit on a binder cloth, and bind around the women's tummy). Lastly, 'hirup-hirupan' (a drink mixture, usually containing ground black pepper, oak galls, star anise, cumin, clove, cinnamon, and cardamom) or 'makjun' (the solidified drink) can also be taken orally." (MW3)

"In our Chinese culture, the normal practice is to care for the women for forty four days and I am paid for these. I visited the women at 8.00 in the morning and return home at around 6.00 pm. I gave bath to the baby, do house chores such as washing cloths and cleaning the house. I also cooked healthy food for her. She can only eat hot food, not the cold food. I massaged her body, helped her with breastfeeding her baby, and ensure that she had enough sleep and rest, so that she will regained strength at the end of her postnatal confinement." (MW6)

Village midwives also give care for women's reproductive and sexual health. These include such as home remedies and practices that promotes fertility, increasing libido during

menopause, premenstrual ailments, increasing sexual satisfaction, leucorrhoea, and fibroids. They also promote women's health such as internal and external beauty which is popularly known as the practice of 'awet muda' [tr. maintaining youthful] through eating 'makjun'.

"I have helped many women to deal with maintaining body's strength by massaging their body with coconut oil. I also prepare drink mixture for women with problem of overproduction and smelly vaginal discharge. Some women also need me to prepare them with remedies for increasing their sexual satisfaction through increasing vaginal tightness. I usually prepare these remedies by mixing 'manjakani' [tr. Oak galls] with other spices. These ingredients are not harmful as compared to medicine from the hospitals that may contains a lot of substances (chemicals)." (MW4)

"A woman came to me with a case of infertility for about eight years. I prepare some local herbs for her to consume along with a mixture of roots and spices. Four months after that she was pregnant." (MW2)

The participants highlighted that although women still seek for their care until the current state, but, they are rarely called for conducting deliveries. However, they are still hugely involved with the other care mentioned earlier. In view of the current trend in the modern day, they explained that some modifications have to be made in their practices. For examples, two village midwives offer packages for postnatal confinement care. They stated that their daughters were supporting them by incorporating steam bath, clay body's mask, Spa or even Jacuzzi. Unlike the old days where women can always seek help of village midwives at any time, at the present day, women need to make appointment with the village's midwives in order to avoid traffic and delay in receiving care from

the village midwives.

"Previously, women occasionally require body massage, preparation of oral herbs for warming their body, and ritual bath at 14 and 44 days of the postnatal period. For the ritual bath, I used to prepare seven fragranced flowers in a pail. Nowadays, to make the postnatal experience more stimulating, my daughter had bought a Jacuzzi bath. My daughter also designed postnatal packages with different prices which she promoted through distributing leaflets in different health centres. The first package is only for the promotion of body warmth that include pre-prepared 'hirup-hirupan', 'tapal', and 'makjun'. Added in the next package is body massage once in every two weeks until the end of the postnatal period, and added in the last package are body Spa, clay mask and Jacuzzi bath together with the fragranced ritual birth at 14 and 44 days of postnatal period." (MW5)

Some participants also incorporate the use of other homemade essential oils apart from coconut oil in the body massage for women. Their family members also support them with this practice by incorporating essential oils during the massage for the purpose of aromatherapy. Essential oils are also integrated into the beauty advice, and other home remedies.

"I no longer only used coconut oil for performing body massage to the women. My granddaughter taught me how to add few drops of different essential oils in the coconut oil and other base oils. The smell is nice and women have invigorating experiences afterwards. I also offer different body massage packages, ranging from only the leg, or the body, or the head and hands, or the full body massage. I also give different prices for the use of different kind of oils for different purposes of healings." (MW7)

DISCUSSION

The findings from this study served as a basis for confirming, comparing and contrasting with the earlier data from the literature review on the development of midwifery in Brunei¹³

and the previous qualitative study on the descriptions of the village midwives' roles, functions and practices from the perspectives of women receiving their care. This study supports the previous findings¹³ and data on lay midwives in different countries,¹⁴⁻¹⁸ be it in the East, West, North and South parts of the world that their major role is caring for women during childbirth, specifically labour. This study offers an explanation why the lay midwives are universally called as traditional midwives or traditional birth attendants (TBA).¹⁹ In this study, tradition is identified as practices, skills and knowledge which are handed over from a person to another, one generation to another in the pursue to keep the tradition alive until the present day, hence prevention from extinction. Hence, the possibility for women practising the tradition is being addressed as traditional midwives or TBA by the World Health Organisation.¹⁹

Unlike in some other countries, whereby lay midwives are still hugely involved with labour,^{16, 18, 19} this study identified that at the present day, village midwives practice in Brunei focus mainly on the antenatal period, postnatal confinement and women's general health. It could be extrapolated from this study that the establishment of midwifery training in Brunei has resulted to the expansion of village midwives to encompass women's general health as a whole instead of only confined to childbirth.

By contrast to findings from previous unpublished study that indicated village midwives' families lack of interests in continuing their tradition, this study illustrated that their families such as daughters, daughters-in-law and grand-daughters showed keenness in

supporting their practices, thus, may be viewed as an expression of interests. The family members are also responsible for transforming and modernising the traditional practices of village midwives. Some of the examples mentioned are the incorporation of modern trends in women's health and beauty practices such as body Spa, clay mask, Jacuzzi bath, and the use of essential oils into the traditional practices. These move towards modernisation also highlighted that unlike the old days, where village midwives were mainly driven by their instinct or gut feeling and obligation to help another women, this study demonstrated that the provision of care for women's health are distinctly motivated by monetary values.

This study resonates with the previous literature that lay midwives homemade remedies origination mainly from natural products such as herbs, flowers, trees, roots and spices.¹⁴ As these remedies are derived from nature, the village midwives and women view them as not harmful. Although scientific studies on many natural products are widely documented, these were based on a single rather than mixture of these products.^{20, 21} There may be potential risks for negative reactions resulted from mixing different ingredients for the homemade remedies.

This study also proved that the foundations to the village midwives practices are their real-life experience instead of scientific knowledge. There are some reservations on the safety of their practices, such as abdominal massage during pregnancy to manipulate foetal presentations, and expediting the involution of the uterus in the postnatal period. Further studies deemed important for sci-

entific evaluation of the practices of village midwives, including that of their homemade remedies.

In conclusion, this study supported previous review and study on village midwives' practices in Brunei.¹³ Village midwives still exist in silence to date and there were no concerns that their current practices are at the alarming state. Over the past few years, they have significantly contribute to women's general health. Their practices also undergone modernisation in light of the current trends and development. Since women still seek for their care, there is a need for further research to evaluate whether their practices are safe for the women. As they are well trusted by women, there may also be a need to explore the feasibility of incorporating them into the healthcare system as an important resource for promotion of women's health.

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