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REASONS UNDERLYING THE MATERNAL CHOICE OF MIDWIVES IN RURAL MALAYSIA

by *Paul C. Y. Chen*
MBBS, AM, MD, MPH, MSc, FMSA
Professor
Department of Social and Preventive Medicine
Faculty of Medicine, University of Malaya
Kuala Lumpur, Malaysia

INTRODUCTION

IN MANY PARTS OF the developing world, a proportion of domiciliary deliveries are still attended by traditional birth attendants, known variously as *dukun bayi* (Indonesia), *bidan kampung* (Malaysia), *mohtamyae* (Thailand), *hilot* (Philippines), *dai* (India, Pakistan, Bangladesh) *daya* (Middle East) and *matrone* (Africa). In Malaysia the majority of these traditional birth attendants have never received any training in modern obstetrics or hygiene, while a proportion have had some training usually conducted by local government health staff. With the development of rural health services, an increasing number of trained midwives are being introduced into rural areas, so that, at the present moment many rural areas are served by all three types of midwives, namely, untrained *bidan kampung,* partly-trained *bidan kampung* and trained government midwives. The rural Malay mother is at liberty to choose the type of midwife she prefers. The purpose of this paper is to briefly describe the type of midwife found in rural Malay communities and to examine the reasons given by a sample of mothers for having selected the type of midwife who attended her most-recent-birth.

TYPES OF MIDWIVES

As has been mentioned earlier, there are three basic types of midwives who are available to the rural Malay mother.

The Untrained *bidan kampung*

The untrained *bidan kampung* has been the traditional source of midwifery care in rural Malaysia. She continues to remain prominent and in 1972 was responsible for 55% of all births in the predominantly rural state of Trengganu. During pregnancy she is responsible for providing advice and instructions concerning antenatal behaviour (taboos and behavioural avoidances), but does not provide antenatal care in the modern sense of the word. Once she has been booked she does not leave the village and is available to come as soon as she is called.

Once labour begins, she is not only responsible for the actual delivery but is also expected to take all the traditional precautionary measures to keep evil spirits at bay, provide reassurance to the mother, ritually bathe the mother, supervise the disposal of the afterbirth, wash all soiled linen, bathe the newborn, manage the umbilical stump and swaddle the newborn in an abdominal binder.

During the first 44 days after delivery, she is expected to provide advice and instructions concerning dietary and other taboos, to supervise the "roasting" of the mother's body, a process known as *bersalai* or *berdiang,* and the "roasting" of the abdomen, known as *bertungku* (Fig. 1). She is also expected to provide "heating" medicines and is responsible for the traditional *urut-mengurut* (massage) and the health of the newborn until the stump of the umbilical cord has dropped off (Chen, 1973). To the rural Malay mother, the trained government midwife only performs two of these several duties, namely, the actual delivery and the care of the newborn.

Traditionally, *bidan kampung,* do not have delivery kits. Standards of hygiene are generally

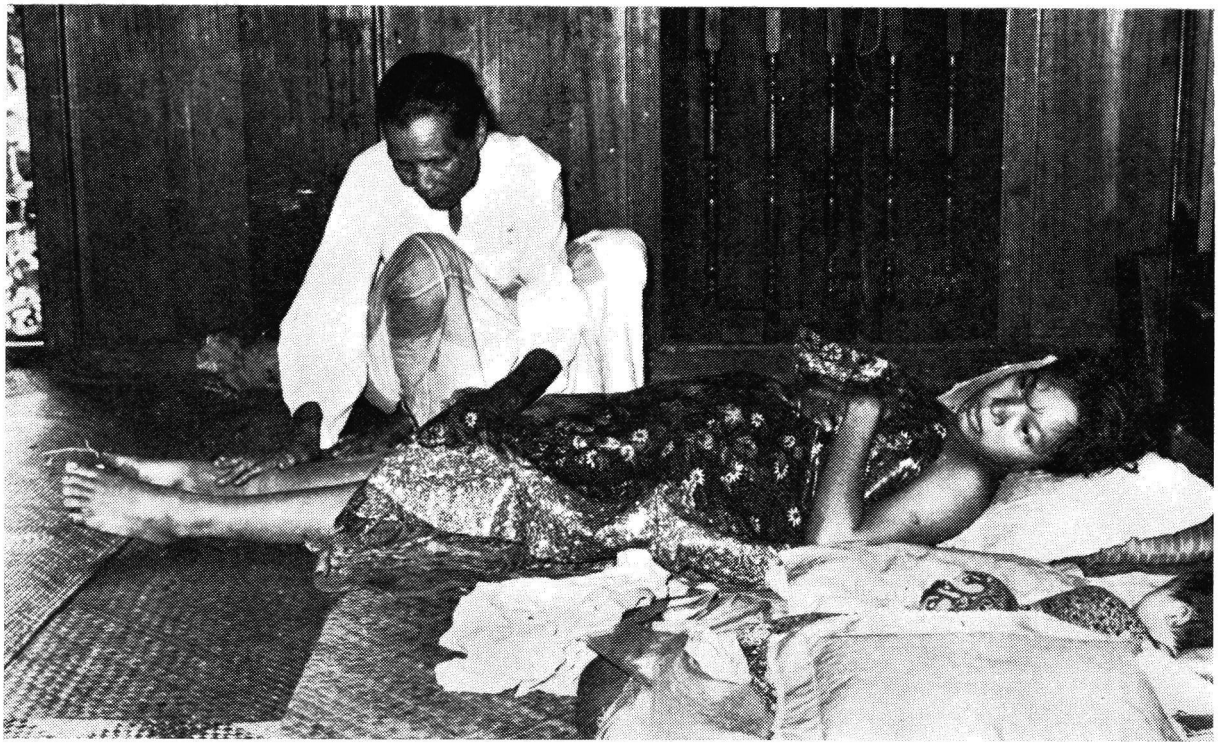

Fig. 1. An untrained *bidan kampung*, the traditional birth attendant, massages a new rural Malay mother with herbs. On her left lies the newborn baby.

low and the umbilical cord is usually cut after it has been rubbed with ashes from the kitchen hearth, knotted seven times and cut over a piece of tumeric "to keep the wind out", the cord being cut witn a freshly prepared *sembilu* (sharp sliver of bamboo). The risk of neonatal tetanus is obviously great.

The Partly-trained *bidan kampung*

Some *bidan kampung* have been partially trained by the local health staff. Training is usually brief and may consist of a dozen classes on elementary hygiene and the need to refer obstetrical complications to the hospital. After training, some are given UNICEF delivery kits while the others are required to buy their own locally assembled delivery kits containing soap, nailbrush, basin, bowls, artery forceps, scissors, antiseptic solution, flavin-in-spirit, cord ligatures, cotton swabs and gauze.

Supervision is generally poor as there is a shortage of health staff. It most usually takes the form of a monthly "supervision class", when the delivery kit is inspected, stocks are replenished and a talk or discussion is held (Fig. 2). These talks are usually on simple hygiene or the need to refer complications. Inspite of the limitations, partly-trained *bidan kampung* are more hygienic in their practices and have the advantage that they are able to call for help should complications arise. In addition, unlike the untrained *bidan kampung*, the partly-trained *bidan kampung* refer the majority of their patients for antenatal care available from the trained midwife.

The Trained government midwife

Trained government midwives are auxiliary midwives who have received from 18 to 24 months of training and who have passed the necessary examinations to enable them to be officially registered. Unlike the majority of the *bidan kampung*, trained midwives are educated and are relatively young. Like the *bidan kampung*, many of the trained midwives live among the villagers she will serve in a specially designed building, half of which is her home while the other half is a clinic from which she operates. Up to 1974, 1236 such midwife stations had been completed.

The trained midwife provides antenatal care to the bulk of pregnant women in her area. In the community studied she provided antenatal care to

Fig. 2. A group of eight partly-trained *bidan kampung*, traditional birth attendants, each holding a delivery kit, listens to a talk at a monthly "supervision class".

96% of the mothers although she eventually only delivered 47% of the mothers, the remaining 53% being delivered by the partly-trained *bidan kampung* (43%) and the untrained *bidan kampung* (10%).

METHODS

In order to study the reasons given by rural Malay mothers for selecting the type of domicilliar midwife who attended her most-recent-birth, a sample of 284 mothers resident in a community in the District of Kubang Pasu, Kedah, was selected and interviewed. Of the 284 mothers, 132 (47%) were most recently delivered by trained midwives, 123 (43%) by partly-trained *bidan kampung* and 29 (10%) by untrained *bidan kampung*. In the paragraphs that follow, the reasons given by the mother for selecting the midwife of her choice are presented. The data presented in this paper was collected in the course of field work towards a doctoral thesis submitted to the University of Malaya (Chen, 1975).

RESULTS

Reasons for selecting the untrained *bidan kampung*

A total of 58 reasons given by 29 mothers for selecting the untrained *bidan kampung* are summarised in Table I, the average number of reasons given by each respondent being two reasons. The principal reason, which was given by 24 (83%) of the mothers, was that the untrained *bidan kampung* provides many services. As was noted earlier, a large number traditional duties are expected of her, including such services as the disposal of the afterbirth, the washing of soiled linen, and the rendering of the traditional *urut-mengurut* (massage), the trained midwife being perceived to perform only two of these duties.

The fact that the untrained *bidan kampung* is a relative is mentioned by 13 (45%) of the mothers, while eight (28%) claim that acquaintanceship and familiarity are important reasons for their selection of the untrained *bidan kampung*, and four (14%) say

that they chose the untrained *bidan kampung* because she is the traditional source used by generations before them.

The fact that the midwife lives nearby is mentioned by seven (24%) of the mothers, indicating that geographical proximity is an important factor determining utilization patterns, since there is a tendency to utilize the nearest midwife. Two (7%) mothers indicated that they selected the untrained *bidan kampung* when the trained midwife was not available. Thus, mothers tend to choose the untrained *bidan kampung* for the reason that she provides many services, is a relative or acquaintance, is traditionally used and lives nearby.

Reasons for selecting the partly-trained *bidan kampung*

A total of 193 reasons given by 123 women for selecting the partly-trained *bidan kampung* as the principal midwife for their most-recent-births is summarised in Table II. As in the case of the untrained *bidan kampung,* the principal reason, offered by 67 (54%) of the mothers, for selecting the partly-trained *bidan kampung* is the fact that the partly-trained *bidan kampung* provides many services. Similarly, geographical proximity is important, although in the case of the partly-trained *bidan kampung,* this is mentioned by an even larger proportion (45%) of the mothers than was the case (24%) with those selecting the untrained *bidan kampung*. The fact that the midwife is a kindred, that the mother is acquainted or familiar with her way of life, and that the partly-trained *bidan kampung* is the traditional source used by past generations, is another important set of reasons, as was the case with those selecting the untrained *bidan kampung*. A total of eight (7%) of the mothers mentioned that they selected the partly-trained *bidan kampung* as the trained midwife was not available when they required her services, while 16 (13%) of the mothers mentioned that the partly-trained *bidan kampung* had government approval since she had received some form of training at the monthly "supervision classes", and nine picked on the partly-trained *bidan kampung* as a result of a fear of hospitalization or rudeness on the part of the trained midwives.

In other words, like the untrained *bidan kampung,* the partly-trained *bidan kampung* was selected by mothers for the reason that she provided many services, lived nearby, was a relative or acquaintance, shared her cultural norms, and was traditionally used by past generations. However, unlike the untrained *bidan kampung,* the partly-trained *bidan kampung* was selected for the additional reason that she had government approval and training, insignificant as the training might seem relative to that of the trained midwife. She thus appeared as an acceptable substitute to nine mothers who feared hospitalization and rudeness (imagined or real) of trained midwives.

Reasons for selecting the trained midwife

A total of 142 reasons given by 132 mothers for selecting the trained midwife as the principal midwife for their most-recent-births are summarised in Table III.

The fact that the service offered by the trained midwife is modern and safe, is given as the reason for her selection by only 37 (28%) of the mothers,

Table I

Reasons given by 29 mothers for selecting the untrained *bidan kampung* as the principal midwife for their most-recent-births

Reasons for selecting the untrained *bidan kampung*	Number of responses	Per cent of respondents expressing the reason
1. Provides many services (e.g. washes soiled linen)	24	83
2. Kindred of midwife	13	45
3. Acquainted or familiar with midwife's way of life	8	28
4. *Bidan kampung* is the traditional source used by past generations	4	14
5. Midwife lives nearby	7	24
6. Trained midwife was not available	2	7
Total number of responses	58*	

* on the average each respondent gave two reasons.

Table II

Reasons given by 123 mothers for selecting the partly-trained *bidan kampung* as the principal midwife for their most-recent-births

Reasons for selecting the partly-trained *bidan kampung*	Number of responses	Per cent of respondents expressing the reason
1. Provides many services (e.g. washes soiled linen)	67	54
2. Midwife lives nearby	55	45
3. Kindred of midwife	17	14
4. Acquainted or familiar with midwife's way of life	14	11
5. *Bidan kampung* is the traditional source used by past generations	7	6
6. Trained midwife was not available	8	7
7. Midwife has government "approval"	16	13
8. Afraid of hospitalization and rudeness of trained midwives	9	7
Total number of responses	193*	

* on the average each respondent gave 1.6 reasons.

clearly demonstrating the lack of successful health education of the mothers with respect to the advantages of modern maternity care. Eight mothers (6%) indicated that they were attracted by the fact that the service is free. A total of 38 mothers indicated that they chose the trained midwife since she was an acquaintance or had been recommended to choose the trained midwife. As in the case of the other types of domiciliary midwives, geographical proximity was another reason although this was mentioned by proportionately fewer mothers than in the case of the partly-trained or untrained *bidan kampung*.

A total of 24 (18%) mothers mentioned that they chose the trained midwife as a result of their desire to *turut undang-undang* (abide by the political directive for them to use government facilities and services), while six (5%) mentioned that they had specifically been instructed by the partly-trained *bidan kampung* to select the trained midwife.

In other words, as in the case of the two types of *bidan kampung*, some mothers selected the trained midwife since they were acquainted with her, and since she lived nearby although geographical proximity was less important than in the case of the *bidan kampung*. However, unlike the services of the two types of *bidan kampung*, the services offered by the trained midwife were thought to be modern and safe by about a fourth of the mothers and appreciated as free by others. On the other hand, a degree of pressure was perceived to have been exerted on mothers by both political sources as well as health agencies acting through the partly-trained *bidan kampung*, to select the trained midwife.

DISCUSSION

When the reasons expressed by mothers for their choice of domiciliary midwives are examined, three main features stand out. The first two revolve around the human interaction between mother and midwife, while the third concerns geographical proximity.

Bloom (1963) in examining the interaction between the medical worker and the patient, notes that their roles can be categorised into two: the "instrumental" role and the "expressive" role. He notes that "Instrumental roles are designed for solving problems, and emotion has little place in them. Expressive roles are patterned for the expression of feeling or emotion and are not concerned with getting anything done".

In terms of the "instrumental" role, it is seen that only 38 of the 284 mothers perceived that trained midwives are modern and safe. On the other hand, it is noted that 67 mothers selecting the partly-trained *bidan kampung* and 24 others selecting the untrained *bidan kampung* mentioned that they did so since the *bidan kampung* offers many more services than the trained midwife. In other words, in the eyes of the consumer, there is a short-coming in the extent of services offered by trained midwives and

Table III

Reasons given by 132 mothers for selecting the trained midwife as the principal midwife for their most-recent-births

Reasons for selecting the trained midwife	Number of responses	Per cent of respondents expressing the reason
1. Modern and safe service	37	28
2. Free	8	6
3. Acquainted with midwife	32	24
4. Recommended by friend	6	5
5. Midwife lives nearby	19	14
6. *Turut undang-undang* (abide by political directive to use government services)	24	18
7. Requested by partly-trained *bidan kampung* to select trained midwife	6	5
8. *Bidan kampung* not available	10	8
Total number of responses	142*	

* on the average each respondent gave 1.1 reasons.

that the best compromise seems to lie in the selection of the partly-trained *bidan kampung* who is a blend of the extreme two.

In examining the "expressive" role, it is noted that this manifests itself positively as *rapport* and that in the case of all three types of midwives it is the product of a combination of kinship feelings, acquaintance, and cultural familiarity. It is also noted that, in relation to this, the untrained *bidan kampung* stands out as the one who achieves the highest level of *rapport*. Fear of hospitalization and rudeness (real or imagined) on the part of trained midwives are the negative manifestations of the "expressive" role. In other words, the consumer holds that *rapport,* in the form kinship feelings, acquaintance and cultural familiarity, is an important component of the interaction between the medical worker and the consumer and that it influences the consumer's acceptance or rejection of the various resources available to her.

The third feature pertains to geographical proximity. It is noted that geographical proximity, with the accompanying advantages of convenience, promptness, and familiarity, is another important factor underlying the selection of the midwives available to the mother, and that the *bidan kampung* rather than the trained midwife is more likely to be selected for this reason.

SUMMARY

Many rural areas in Malaysia are served by a variety of midwives, namely, untrained *bidan kampung* (traditional birth attendants), partly-trained *bidan kampung* as well as trained government midwives. The rural Malay mother is at liberty to choose the one she prefers, choice being largely dependent on how the mother perceives the "instrumental" and the "expressive" roles of the midwife and whether she lives in close geographical proximity or otherwise to the mother.

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