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Ethnography of *Irup (Jamu)*: Medicinal Disclosure of the Traditional Malay's Midwifery Practices in Sarawak

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ABSTRACT

The Malay Archipelago has long practised the use of herbs and/or organic plants to make herbal decoction drinks (jamu) for medicinal purposes. However, the practice of ingesting herbal decoctions has been gradually eroding due to the surge of modernisation and simplicity, as well as the decline in the number of practitioners of traditional medicine. In particular, the consumption of herbal concoctions (referred to locally as irup) by women in confinement after childbirth, which is a practice of traditional midwifery among Malays in Sarawak. This indigenous wisdom is increasingly dwindling and experiencing diaspora issues due to a lack of written records or pertinent reference materials and the ingredients of the sorts of herbs and plants mixture used in the making of irup being typically not shared openly. Thus, using ethnographic inquiry methods, a qualified traditional midwife in Kuching, Sarawak, discloses the specifics of the herbs and plant mixture used to make the irup. The findings discussed in this paper are crucial because they convey society's contemporary perception of the traditional herbs found in the making of irup, especially its potential to prevent or lessen the risk of postpartum depression and the blues. It is important to preserve social aspects of traditional practices for the benefit of future generations, as well as to help shape the Malay community's constantly disappearing cultural identity and indigenous medical knowledge, especially among Malays in Sarawak.

Keywords: indigenous knowledge literacy; traditional midwifery; local wisdom; ethnography; UNESCO SDG 11

INTRODUCTION

A woman's physical, mental, and emotional well-being is disturbed throughout pregnancy and childbirth. Traditional postpartum medical care and healthcare encompass the stages of pregnancy, childbirth, and the postpartum period. Due to restricted mobility and taboos or limits on the types and quantities of food and drink consumption, the postpartum time is thought to be an emotionally, psychologically, and spiritually challenging period. The severe strain is particularly felt by women who are giving birth for the first time and need mutual support and assistance, especially from family members, to get used to the new life with a new member of the family. A woman's rational thinking is altered by postpartum psychological stress because of health issues, changes, and different lifestyles experienced during pregnancy and childbirth (Haron and Hamiz, 2014).

In Malaysia's healthcare system, a woman is responsible for reporting her child's birth to the nearest government health facility (polyclinic). Follow-up examinations for the mother and her newborn baby, as well as scheduled home visits by nurses, will be organised to ensure that both (the mother and newborn baby) receive the medical care they require. In the interim period, skilled, qualified, and experienced medical professionals are needed to attend to the mother's and newborn baby's daily care needs at home. The burden felt by the woman was affected by the insufficient number of skilled medical professionals or traditional midwives, as well as the absence of assistance, information, and abilities for a mother to manage herself, the newborn child, and the home. In certain areas of Sarawak, postnatal care services for mothers and babies by qualified medical practitioners can cost up to RM10,000.00 for the entire postpartum confinement period (40 or 44 days) (Rozaimie, 2024; Rozaimie, Tom and Jalil, 2023). As a result, a woman, especially a "young mother", greatly depends on the help of her biological mother or mother-in-law, who acts as a midwife for postpartum care. Couples confront a financial strain because of this circumstance, particularly young couples or those who are working and living far away from their family members due to the employment obligations. Such psychological and financial constraints compel “young mothers” to take only the hospital-provided substances (typically folic acid and painkillers like paracetamol) and to practise the least amount of self-care.

Postpartum depression, also referred to as postnatal depression (emotional stress) or postpartum psychosis (a serious mental disorder that causes a person to be in a state of delusion, hallucination, or irrational behaviour), is caused by psychological and environmental pressures that a new childbirth mother must deal with (Razali, 2016). These psychological issues have been referred to as "*meroyan*" disorders or diseases in traditional Malay obstetrics. Women who suffer from "*meroyan*" symptoms include those who are prone to easily catching colds and have a persistent fever, chills, shivering, stiff hands, fingers, or legs, headaches, or fainting. Traditionally, the "*meroyan*" condition was thought to be triggered by specific meals (taught as cold in nature), the weather, or even the sound of a wailing infant. Scholars (Barriyyah, 2016; Haron and Hamiz, 2014) contended that women who are under stress may exhibit unexpected behaviours, such as losing patience, being extremely sensitive, becoming furious, sobbing or yelling without apparent cause, experiencing excessive anxiety, sleeplessness or hypersomnia, or worrying about hurting the unborn child.

A scientific study (ref. Haron and Hamiz, 2014) has shown that pregnancy, childbirth, and the postpartum period constitute hormonal instability and alterations in a woman's body. Therefore, among the main therapies and factors practised in traditional postpartum care and treatment to cope with postpartum circumstances are consuming adequate nutrition, breastfeeding, physical care, and avoiding isolation. According to a study by Withers, Kharazmi, and Lim (2018), traditional beliefs and traditions practised mostly among Asian women during the pregnancy, childbirth, and postpartum periods prove helpful in avoiding psychological stress problems. However, due to socio-ecocultural variances (Rozaimie, 2018), different procedural practices exist throughout the archipelago's diverse cultural populations. Previous research (see Rozaimie, Bolhassan and Johari, 2022) identified six traditional postpartum care and treatment

processes based on the Malay community's traditions in Sarawak, including healing, cleansing, heating and toning, energising, and gastronomy. Various herbs and plants are utilised in traditional care, with the primary goal of restoring a woman's energy and blood circulation following pregnancy and childbirth. Traditional postpartum care for women comprises not only physical treatment but also the consumption of herbal and organic plant-based foods and beverages. Hence, this paper focuses on the unfolding of a mixture of ground herbs locally known as *irup* (a kind of *jamu,* or herbal medicine, that is commonly consumed among communities in the Nusantara archipelagos), particularly among the Malay people in Sarawak.

LITERATURE REVIEW

Indigenous knowledge and local wisdom are interchangeable terms that refer to the knowledge and practices within indigenous traditions that are practised and applied in the cultural society, which illustrate the identity and way of life of the local community. Indigenous knowledge provides an overview of the values, value assessment, and ethics that have evolved throughout time, as well as how particular cultures historically viewed environment and existence. The integrated outcomes of observation, innovation, practices, and beliefs that demonstrate the sustainability of life (Rozaimie, 2024; Rozaimie *et al.*, 2023) as well as the ethical management of natural and cultural resources obtained through human-environment interaction (James-Williamson *et al.*, 2024; Bruchac, 2014) are all included in indigenous knowledge, also referred to as traditional wisdom or traditional ecological understanding. Indigenous knowledge is transmitted and descended through social gatherings, oral traditions, particular ceremonies or practices, storytelling, and other means, either formally or informally, among family members and the local community. Indigenous theory is defined by Kim and Berry (1993) as "*a theory of human behaviour or mind that is specific to a context or culture, not imported from another context/culture, and designed specifically for the people living in that context or culture*." However, an operational definition of indigenous communities differs depending on the academic goals, teaching mission, and physical region. The preservation of different social-cultural norms and institutions constitutes one of the fundamental components of accepting indigenous identity (Peredo et al., 2004; Kim *et al.*, 2000; Kim and Berry, 1993). Thus, indigenous communities are identified through "*descendants of the population that inhabited an area before later inhabitants and dominate the geography, politics, and/or economy by later inhabitants or immigrants*" (Peredo *et al.*, 2004, pp. 5). The material culture or extant cultural aspects of the specific indigenous populations give a place a distinct identity that draws tourists to a given village, state, country, region, or location. However, when population migration, intercultural marriages, or the consequences of colonisation cause the ancestral indigenous knowledge to deteriorate far from its original source, it is referred to as extinction or cultural diaspora (Safran, 1991). Since they are deemed unnecessary in contemporary society or do not adhere to the application of constitutional legislation, most of the indigenous knowledge and wisdom have vanished.

Meanwhile, the Sustainable Development Goals (SDGs) are an agenda for sustainable development that aims to make cities and human settlements inclusive, safe, resilient, and sustainable. SDG goal 11(4) explicitly states the protection of the world's cultural and natural heritage (UNESCO, 2001). The SDGs were outlined by the United Nations Educational, Scientific, and Cultural Organisation (UNESCO). Furthermore, the UNESCO Proclamation of Masterpieces of the Oral and Intangible Heritage of Humanity were released on May 18, 2001, by the United Nations Educational, Scientific, and Cultural Organisation (UNESCO) Convention for the Safeguarding of the Intangible Cultural Heritage (ICHC). Most worldwide sociocultural phenomena, such as music, theatre, ceremonies, and folklore, are acknowledged and safeguarded by this proclamation. Meanwhile, intangible cultural heritage is defined as "practices, representations, expressions, knowledge, and skills, as well as instruments, objects, artefacts, and cultural spaces associated with them that are recognised by communities, groups, and, in certain cases, individuals as part of their cultural heritage" (UNESCO, 2001). Therefore, given the need to preserve endangered (extinct and/or lost) intangible culture for future generations' knowledge and reference, cultural preservation initiatives are vitally needed and required (Prott, 1998). Indigenous knowledge is

progressively replaced and/or abandoned due to the modernisation and the simplicity of modern life, which leads to the loss of intangible culture. Particularly in the context of postnatal care for women among the Malay community in Sarawak, the recent development of information and communication technology and scientific breakthroughs may aid in the preservation of the intangible culture before indigenous knowledge and valuable local wisdom become reducible into folklore or historical relics.

In the context of traditional midwifery, scholars (Rozaimie *et al.*, 2022; Barriyyah, 2016; Haron and Hamiz, 2014; Barakhbah, 2007) stated that ethnobotanical studies are highly needed to scientifically emphasise the advantages of investigating a number of herbs and natural plants that are frequently used in daily life, especially among the Malay community, which adapts plants, herbs, and flora as sources of food and medicine to maintain health. It is essential to comprehend the morphology, anatomy, and applications of these plants to accurately identify and distinguish them. Although the Malay community's forebears acquired these skills, they were not directly transmitted to the present day through written documents or references. The lack of written records can be attributed to potential problems, including illiteracy among the ancestors, which led to a taboo against preserving records in written form (Rozaimie et al., 2022; Rozaimie *et al.*, 2023). Particularly, self-experimentation and the experience of seeing the efficacy of plants and herbs utilised in the daily lives of earlier ancestors are the initial sources of the knowledge or wisdom that was held. These phenomena put values on the herbs and plants and illustrate how the Malay people in the archipelago rely on plants and herbs that they find in their surroundings (Adnan and Othman, 2012).

Stated earlier, consuming a mixture of pulverised herbs, known locally as *irup* (a type of *jamu* or herbal medicine), is one of the millions of indigenous knowledge practices especially used in the traditional postpartum care for mothers, especially among Malays in Sarawak. The indigenous knowledge for precisely choosing, combining, and processing certain plants (free from toxins or material poisoning) to be applied to a lady after childbirth is one of the invaluable local expertise that is dwindling over time. *Jamu*, or herbal medicine, has been used for generations to treat illnesses and preserve health, especially among Indonesian indigenous communities according to Sumarni, Sudarmin, and Sumarti (2019). Sumarni *et al.* (2019) state that indigenous knowledge about traditional herbal medicine has never been properly investigated, regardless of its advantages, production methods, efforts to procure high-quality herbs, or the constituent components in medicinal plants. Types of *jamu* among the Javanese community, as discussed in the Sumarni *et al.* (2019) study, include *jamu kunir asem* (a mixture of turmeric and tamarind), *jamu beras kencur* (a mixture of rice and aromatic ginger), *jamu paitan*, *jamu godong kates* (papaya leaves as the main ingredient), *jamu cabe puyang* (a mixture of Java chilli and *lempoyang*), and *jamu temulawak* (the rhizome of *temu pauh* as the main ingredient). Additionally, to achieve the best possible taste and/or health advantages, some *jamu* makers add additional ingredients, including *kedawung* seeds, ginger, cardamom, *temu kunci*, cinnamon, turmeric, lime, and/or nutmeg.

In the traditional medicine of the Malays of Sarawak, assorted herbs and plants are mixed and processed into a powder, as illustrated in Figure 1. It is recommended that users take a tablespoon of the herbal powder twice a day, in the morning and late in the afternoon, and mix it with hot water. Specifically aimed at improving the healing process of the traditional postpartum treatment, there are two forms of *irup*: *irup sireh* (a herbal powder which mainly contains betel leaves) and *irup rempah* (an herbal powder which contains a mixture of spices). Traditional midwives or the traditional medicine practitioners advise consuming *irup sireh* (betel leaf powder diluted with warm water) every day for the first 15 days after childbirth, then followed by the *irup rempah* (spice powder diluted with warm water) for the next 15 days until the 40 or 44-day confinement period is over. However, if the baby is breastfed and has not yet been verified to be clear of jaundice symptoms, contemporary medicine does not advise a mother to consume a herbal medicine. Otherwise, it is suggested to consume the warm herbal drink in one large gulp and then follow it up with flavoured water, such as warm chocolate, to eliminate the bitter taste of the herbs (betel or spices). It is traditionally thought that the consumption of *irup* and other traditional herbal remedies promotes internal healing, particularly for uterine care, especially the removal of "*darah uguk*" (internal

bleeding, or lochia) that may still be embedded in a woman's uterus after childbirth. It is also thought that consuming this herbal medicine can aid in detoxification (removing toxins from the body), avoid bloating, promote blood circulation and body strength, and remove excess fat that has accumulated in bodily tissues (Hasbullah and Hassan, 2017; Latip and Omar, 2024). Thus, to maximise the benefits of traditional care and treatments, researchers (Rozaimie *et al.*, 2022; Barriyyah, 2016; Haron and Hamiz, 2014; Barakhbah, 2007) advocate that all midwifery's advice, guidelines and prohibitions be strictly followed during the confinement period. Traditionally, it has been considered that consuming decoctions or beverages made from mixes of hot-natured foods and beverages is essential for the natural healing process after childbirth (WH *et al.*, 2017; Adnan and Othman, 2012; Ong *et al.*, 2011; Barakbah, 2007). The following section discusses the methodology for gathering indigenous knowledge, specifically the type of herbs, spices, tree roots, and specific plants used to make an *irup* herbal powder.

FIGURE 1: *Available irup (herbal powders) on the market. (source: author)*

METHODOLOGY

This phenomenological paper sought to preserve and chronicle traditional postpartum care, which specifically discloses the different types of herbs and plants used to make *irup* (a mix of herbal powder) consumed after childbirth by women among Malays in Sarawak. Phenomenological research is defined as "*the understanding of the meaningful concrete relationships implied in the original description of experiences within a specific situational context, which becomes the primary target of phenomenological knowledge*" (Moustakas, 1994, p. 14). The key objective of this paper is to develop prevalent knowledge

about the various types of herbs and plants utilised to make *irup,* not to develop substantive theories, test conceptual models, or hypothesise, nor to generalise the fundamental understanding of the practice of consuming *irup*. Fundamentally, the traditional Malay midwifery practices and their indigenous knowledge and wisdom should be preserved in fostering the comprehension of societal development for the benefit and references of future generations.

Furthermore, using an ethnographic research approach explicitly seeks "*to experience a comprehensive description that provides a basis for reflective structural analysis to depict the essence of the experience*" (Moustakas, 1994) and is employed to examine the empirical phenomenon as discussed in this paper. The ethnographic approach is a form of narrative research in which knowledgeable and engaged people document and write about the subject matter being studied (Creswell, 2013; Creswell and Clark, 2017; Spry, 2001). Ethnographic technique is defined as "*a self-narrative that describes and/or critiques one's own position in relation to others within a social context*" (Spry, 2001: 710). Thus, cultural beliefs, assumptions, or the wider premise are reciprocated with knowledge, experience, discourse, and self-understanding (Trihn, 1991). According to Miller (1999), self-importance affirmations should be interpreted to validate self-criticism or self-reflection that motivates others based on their self-life experiences and knowledge, as well as their relationships with others in a sociocultural setting (Spry, 2001). Thus, informants are referred to their related indigenous knowledge, local wisdom, experiences, and skills, which serve as active agents in this study, where the ethnographic study's research specifically centres on the research focus subject—that is, the various types of herbs used to make *irup*. The absence of pertinent or prescribed reference materials and the requirement for observation and presentation of the distinct local socio-cultural environment (i.e., the use of herbs in traditional medicine, specifically regarding the making of herbal medicine of *irup* among the Malays in Sarawak) further demonstrate the reliability of the adapted ethnographic method as in this paper.

A certified practitioner of traditional and complementary medicine (TCM) (Malay traditional medicine) who possesses the necessary indigenous knowledge that she has acquired through experience, passed down, studied, and diligently practised recorded the data pertaining to the various types of herbs and plants used in the making of irup. As mentioned in the previous section, practitioners and traditional midwives hardly ever disclose the specific ingredients (plants and herbs) of the *irup* publicly. Thus, for instructional purposes and the exchange of indigenous knowledge, the empirical data presented in this paper was obtained from contacted traditional medicine practitioners, who then validated and verified the data with other midwives and traditional Malay medicine practitioners. Furthermore, using qualitative research methods as recommended by scholars (ref. Burgess, 1995), in-depth discussions arising from informal conversations with the involved informants to obtain preliminary empirical data (types of herbs and plants used in the making of *irup*). As a licensed practitioner of traditional Malay medicine, the main informant's indigenous knowledge and understanding were reciprocated with the empirical facts collected. Polkinghorne (2005) states that narrative storytelling, as used in the historiographic research technique, is empirical data that solely functions as an original account of an individual's experience and/or knowledge. Thus, in their context, the research findings presented in this paper through an ethnographic approach are descriptively unique. Meanwhile, the names of the informants referenced in this paper are pseudonyms to protect and preserve the privacy of their identities.

In presenting the study's findings, some herbal names, like *bigik kedaong* (*kedawung* seeds), are described in this paper as using the Sarawak Malay dialect. Referring to empirical data, the herbal composition utilised to make irup varies slightly according to the region or specific location from which traditional medicine practitioners come from (especially between the Asajaya, Samarahan, and Kuching districts). Traditionally, the *irup*'s ingredients are determined by the specific herbs and plants that are available according to the *irup* maker's geographical origin area. This phenomenon indicated an unstandardised *irup* recipe. Therefore, to determine the level of indexing codes associated with the types and local names of the involved herbs, the empirical data is illustrated and contextualised. Next, the indexed

codes were analysed to find any recurrent patterns or single commonalities. Based on a comprehension of the contextual information, the types of herbs and plants used to make *irup* were labelled. The ingredients or types of herbs and plants that were labelled were validated and verified by contacting midwives or traditional medical practitioners who have provided empirical data for this study again. In terms of research ethics, this paper complies with the Helsinki Declaration (WMA, 2024), which outlines ethical principles for medical research involving human participants. By sharing empirical data and providing a thorough explanation of the objectives of the study, traditional Malay midwifery and medical practitioners have expressed concern about the consent to publish information and indigenous knowledge about the types of herbs and plants traditionally used in the making of *irup* (Rozaimie, 2024). For the validity (Winter, 2000) and credibility (Patton, 1999) of the study methods and empirical data, the discussion of the research findings in this paper is therefore confidently and accurately portrayed and accepted. The following section discusses the study findings that descriptively illustrate the examination of the subjects highlighted in this paper.

FINDINGS

It is reiterated that the objective of this paper is to document and describe the types and general advantages of the herbs used to make *irup*, which is utilised in the postpartum care practices among Malays in Sarawak. Ms Hariah, a practitioner of traditional medicine from Sarawak's Kuching area, clarified:

> "The knowledge and practices of postpartum care and treatment were passed down from my late mother, especially during my confinement period after childbirth. She provides midwifery services and imparts her priceless traditional wisdom, which has been passed down through her elderly, both practically and orally, without the use of written notes. There are particularly two varieties of *irup* that are known to be consumed during the confinement period: 1. Betel leaf *irup*, which is specifically aimed at warming the lady's womb to expel lochia (clotted blood) and to treat internal wounds in the womb after childbirth. 2. Spice *irup*, which helps the body get rid of toxins or excess gas trapped in the womb and body. Additionally, some makers of traditional herbal medicines made other types of *irup*, like *pegaga* and turmeric *irup*, for specific uses." (Ms Hariah)

Nevertheless, Mrs Hariah did not give specific details regarding the geographic source of her knowledge of the types and composition of herbs, spices and plants mixed in those various types of *irup*. However, the empirical information gathered for this paper primarily addresses the ingredients, i.e., types of herbs used in the making of *irup*, to be consumed by a lady in confinement, particularly among the Malays in the Kuching area of Sarawak, which is listed in Table 1. In particular, the herbs' local names as narrated by the informants (further desk search for their scientific names and properties) were mentioned in the descriptions that followed.

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TABLE 1: Herbal ingredients in the *irup* mixture powder.

Spice irup (Source: Mak Uda)	*Betel leaves irup* (Source: Mak Uda)	*Spice irup* (Source: Puan Mas)
Bangley (bonglai)	Pinang tua	Bunga lawang
Bigik Kedaong	Pegaga	Bigik Kedaong
Jintan putih	Sireh	Cekur
Jintan manis		Cengkani (manjakani)
Ketumbar		Cengkih
Leyak mirah (halia bara)		Halia
Temuyang (Temu pauh/paoh)		Jintan hitam
		Jintan manis
		Jintan putih
		Kemukus
		Ketumbar
		Kulit kayu manis
		Maswi (kayu kasoyi)
		Musi

1. Bangley (bonglai) (*Zingiber cassumunar*): scientifically, it has been found to contain alkaloids, tannic acid, galactose, and sitosterol, which are used as medicine to treat hepatitis. Traditionally, it is used to help relieve fever and muscle pain, increase appetite, and treat wounds.

2. Bigik Kedaong (*Parkia timoriana*): scientifically, it is a source of carbohydrates, vitamins, minerals, and protein that exceeds other types of legumes. *Bigik kedaong* is traditionally believed to help improve inflammation of internal organs such as intestinal disorders, haemorrhoids, dysentery, diarrhoea, cancer, and skin diseases.

3. Bunga lawang (*Illicium verum*): a cooking spice recommended for breastfeeding mothers to increase milk production. Star anise can function as a sedative or an appetite stimulant.

4. Cekur (*Kaempferia galanga Linn*): the seeds or rhizomes of cekur are specifically used for treating cough and chest pain, in addition to being believed to help with digestive problems, particularly bloating. Curcuma is also believed to help reduce inflammation and body aches, as well as restore energy after childbirth.

5. Cengkani (manjakani) (*Quercus infectoria*): scientifically, it contains antiviral, antibacterial, and anti-larval properties that help improve the digestive system and is used as a laxative because it is high in fibre. Traditionally, it is used to help restore and improve the elasticity of the uterine wall.

6. Cengkih (*Syzygium aromaticum*): scientifically contains a lot of manganese, a mineral that helps the body produce enzymes to repair bones and regulate metabolism and energy. Traditionally, cloves are believed to help stabilise certain hormones in the body.

7. Jintan hitam (*Foeniculum vulgare*): scientifically, it contains high levels of carbohydrates and fibre, which help the digestive system and boost the body's disease resistance. Traditionally, it helps to restore skin damage that expands, especially among women during pregnancy.

8. Jintan manis (*Pimpinella anisum*): it is scientifically shown to have a significant analgesic effect similar to morphine and aspirin, and the fixed oil of anise was investigated for anti-inflammatory and analgesic activity in mice. Traditionally, this cooking spice is also believed to help overcome digestive issues, particularly bloating, and to expedite uterine recovery after childbirth.

9. Jintan putih (*Cuminum cyminum*): scientifically, cumin contains high iron content and plays a role in overcoming fatigue and strengthening the immune system to combat infections. Traditionally, cumin is also believed to be a traditional remedy with antiseptic properties and capable of addressing issues such as wind in the body, digestion, and muscle cramps.

10. Kayu kulit kayu manis (*Cinnamomum verum*): scientifically, it has been found to be rich in fibre, calcium, iron, and manganese, which can stabilise cholesterol and blood sugar levels, preserve the cardiovascular system, reduce the risk of cancer attacks, and prevent bacterial and fungal infections that cause diseases. Traditionally, it is believed to be able to overcome problems of depression, fatigue, and unpleasant body odour; relieve muscle tension; restore menstrual health for women; reduce acne; and help maintain skin smoothness.

11. Kemukus (*Piper cubeba*): is black pepper with the skin left on, traditionally believed to help treat various diseases such as syphilis, gonorrhoea, asthma, diarrhoea, stomach pain, and dysentery.

12. Ketumbar (*Coriandrum sativum*): scientifically investigated as a source of vitamin C, calcium, magnesium, potassium, and iron. Coriander seeds are traditionally believed to contain chemicals that may lower blood pressure by causing blood vessels to dilate. Meanwhile, coriander essential oil may have antibacterial effects.

13. Leyak mirah (halia bara) (*Zingiber officinale*): traditionally, it is believed to help treat problems with the digestive system, muscles, bones, and joints, as well as assist in weight loss.

14. Leyak (halia) (*Zingiber*): scientifically and traditionally helps the body eliminate germs and prevent common illnesses such as fever, cough, and colds; aids the digestive system and improves blood circulation.

15. Pegaga (*Centella asiatica*): scientifically, it is a source of triterpenoid chemicals that help protect the skin and improve blood circulation to heal wounds. Traditionally, it is believed to help heal wounds, particularly those involving the female uterus during childbirth, lower blood pressure, and have anti-ageing properties.

16. Pinang tua (*Areca catechu*): scientifically contains antibacterial properties. Traditionally, it is believed to help prevent problems related to the intestines and digestive system as well as the urinary tract.

17. Sirih (*Piper betle*): is a plant used for medicinal purposes, specifically to treat intestinal-related diseases, relieve bloating, and improve the digestive system.

18. Kemuyang/Temuyang (Temu pauh/paoh) (*Curcuma amada*): is an anti-cancer plant that is traditionally believed to help treat nerve tension, reduce cholesterol and high blood pressure, and help alleviate digestive tract issues and blocked blood vessels.

19. Maswi (kayu kasoyi) (*Cryptocarya massoy*): is a complementary ingredient in herbal mixtures or traditional medicine, also used as a fragrance and a calming agent.

20. Musi **No information obtained.*

Basically, all of the herbs mentioned above are thought to assist with excess gas issues (gas buildup in the digestive tract) as well as stomach discomfort and other digestive system issues, which are thought to be a primary cause of psychological casualties, postpartum depression or psychosis in women after childbirth. Without proper care and/or treatment, the symptoms of *meroyan* (postpartum depression) are traditionally thought to manifest during the confinement period after childbirth, after the confinement period has ended, or when a person reaches advanced menopause age. Consuming such herbs, spices, and plants is also thought to have beneficial effects in lowering blood pressure, fever, urinary tract infections, and pain associated with premenstrual syndrome (PMS). Factually, all traditional dietary recommendations or restrictions on food and beverages are believed to have a significant effect on a woman's ability to replenish her blood and hormones, reshape the physical form of her body, control her emotions, and maintain her spirituality after childbirth. The following section discusses the significance and ramifications of the traditional use of plants and herbs in postnatal care for women.

DISCUSSION

The study's findings, presented above, illustrate the Malay community's values, customs, and disposition towards Sarawak's natural resources. It must be acknowledged that, particularly in rural area in the past, local understanding regarding the utilisation of natural herbs and plants that reflect medical technology and survival skills, and communication and transportation, was extremely limited and challenging. Hence, in the past, the Malay community has attempted to establish alternatives for the medical treatment and healing remedies of medical issues encountered, especially those concerning their own, their families', and the community's health. The younger generation today seems to disregard the value of conventional postpartum care for women, which has many traditional medical professionals worried about this contemporary phenomenon. Even though modern medicine has proved the existence of medical issues involving postpartum depression, postpartum psychosis (serious mental disorders including delusions, hallucinations, or irrational behaviour), or postpartum depression (emotional stress) among women after childbirth, some young mothers today thought the phenomenon of postpartum psychological disturbances to be mere rhetoric (see Razali, 2016; Rozaimie *et al.*, 2022).

In the meantime, it's vital for verifying that the types of herbs specified by qualified and experienced midwives and/or practitioners of traditional medicine are genuinely grounded in the inherited Malay cultural viewpoint. Even though the mainstream of modern medicine is increasingly disregarding the practice of consuming *irup*, traditional treatments and care are continuously in demand as some traditional medicine practitioners actively foster the public's awareness of the benefits of this valuable indigenous knowledge and local wisdom, particularly pertaining to traditional postpartum care and the use of herbal medicine. Furthermore, the government, through the Ministry of Health Malaysia (KKM), supports and outlines the rules, accreditation, and registration for practitioners of traditional medicine, facilitating the preservation and sustaining of the valuable indigenous knowledge and local wisdom. Withers, Kharazmi, and Lim (2018) assert that comprehension and competency in practising traditional care procedures and techniques provide beneficial support for the emotional and mental well-being of women after childbirth. In particular, the Malay archipelago believes that consuming herbal medicine of *jamu* and *irup* has numerous natural benefits for stabilising hormonal changes in a woman's body, particularly during the postpartum confinement period and the transitional phases from pre-baby, pregnancy, and childbirth (Hartley *et al.*, 2018; Hasbullah and Hassan, 2017; Barakhbah, 2007) and is strongly thought of as a natural remedy to prevent or lessen the consequences of psychological problems or postpartum issues.

However, this study identifies several limitations and advocates further investigation, especially related to the consumption of *irup* in the traditional postpartum care and treatment. This study primarily enumerates the types of herbs, spices and plants that are used to make the powdered *irup* herbal mixture. The specific types of herbs, spices or plants used to make *irup*, the metric weight measurements of each herb, spice or plant mixture used, and the nutritional information (such as energy content, carbs, protein,

etc.) that are available in the market are all solely determined by the traditional herbal medicine maker's indigenous knowledge and wisdom that she inherited and believed in rather than by any particular standards. Therefore, this measurement issue proposes an immense amount of potential for further laboratory and clinical research, particularly for the growth of the local nutritional technology study. Scholars like Haron and Hamiz (2014) and Sumarni *et al.* (2019) have proposed that the scientific benefits, usage prescriptions or dosages, and nutritional facts are crucial health information that should be modelled and provide added value to products used for the traditional postpartum care and treatment. To correspond with the current nutritional system for medicine, foods, and beverages, it is imperative to establish a scientific standard for the nutritional facts and other relevant medical information of traditional herbs.

Specifically, the findings presented in this paper are not generalised to the indigenous knowledge held by other traditional postpartum practitioners, especially those coming from other parts of Sarawak. Other traditional postpartum practitioners or midwives might have distinct recipes, inherited indigenous knowledge, and a different understanding of the ingredients (plants, spices, and herbs) used to make herbal mixture powder of *irup*. Reiterated, the disparities in indigenous knowledge and local wisdom that exist are caused by different socio-ecological factors, including geographic factors, the availability of raw materials, spices, herbs, or plants in a specific area, local or specific beliefs about what works for their community groups (taboos), and other socio-ecological variations (Rozaimie, 2018; Withers, Kharazmi and Lim, 2018). Therefore, it is highly recommended that future research investigate, analyse, and collate empirical data on the herbal ingredients that other practitioners utilise in the making of *irup* and other related traditional herbal medicine. A comprehensive and holistic framework is essential to improve the reflectivity of traditional postpartum care practices for women and lessen bias in the attempt to generalise study findings and produce specific, reliable and verified standards, especially in the making of herbal remedies for postpartum care and treatment among Malays in Sarawak.

Indigenous knowledge, local wisdom, and local heritage must be preserved through appropriate theoretical and empirical education to gain public acceptance before they become extinct or lost to time (Rozaimie, 2024; Wahid, 2014). Socio-cultural preservation initiates by incorporating various viewpoints, stories, customs, and experiences into a database or specific academic programme; critically analysing intricate sociocultural problems; and encouraging a sense of patriotism and duty to protect the nation's heritage. According to Darling-Hammond *et al.* (2009), culturally relevant professional development programmes ought to set significant importance on learning via collaborative research, facilitated experiences, and ongoing reflection. The empirical data disclosed in this paper verifies the significance of social acceptability and social connectivity for subjective well-being, as emphasised by Arslan (2018) as a psychosocial resource for psychological empowerment. Hence, the final summary of this paper is discussed in the following conclusion section.

CONCLUSION

The findings and implications of the study, as presented in this paper, contribute to the diversity and enrichment of written indigenous cultural materials, especially those pertaining to indigenous knowledge and local wisdom, particularly regarding the plants, spices and herbs used in traditional herbal medicine and postpartum treatment among Malays in Sarawak. Planning for and navigating a more meaningful future becomes easier by comprehending, researching, and appreciating the past and the heritage inheritance from earlier generations. Indigenous knowledge, local wisdom, intangible heritage, and cultural transformation have all been profoundly impacted by urbanisation, economic development, and the innovation of digital technologies, among other modern changes. These developments have resulted in new insights into cultural expression and hybridisation (Rozaimie, 2024). This paper is primarily focused on uncovering the ambiguity of societal understanding regarding indigenous knowledge about the herbal ingredient of the *irup,* which is the beneficial socio-cultural heritage that must be preserved to promote understanding and appreciation of the indigenous knowledge and local wisdom. Scholars (Rozaimie, 2018; Withers *et al.*,

2018; Barriyyah, 2016; Haron and Hamiz, 2014; Adnan and Othman, 2012; Barakhbah, 2007) strongly advocate for and support traditional postpartum care and herbal medicine since these methods offer specific physical and psychological support and treatment and help to prevent isolation and other health difficulties, which may lead to psychological stress after childbirth. In conclusion, preserving indigenous knowledge is our responsibility, especially when it comes to the types of plants, spices and herbs used to make a herbal medicine of *irup*, as this indigenous knowledge and local wisdom need to be documented to sustain social identity, particularly among Sarawak's Malays.

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