



CULTURAL DIMENSIONS OF BIRTHING SPACES
IN MALAYSIAN PUBLIC HEALTHCARE SYSTEM
-THE MALAY-MUSLIM PRACTICES

BY

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ABSTRACT

Birthing, in the continuum of life, is a natural event and not a clinical process. Each society celebrates a new life with different cultural significance. Birth has traditionally been conducted at home in a family atmosphere. However, due to concern for safety of the mother and the unborn child in home-birth setting, societies were encouraged for hospital birth. Medicalization of birth for a natural event in a clinical setting is currently a fact. Birthing spaces in current maternity facilities are designed as 'clinical spaces' for the function that ensures safety of the mother as well as the safe delivery of the unborn child. This realisation led to movements in the Western society to de-medicalise or humanise the birthing process and environment to how it was. The emergence of the 'homelike', or 'salutogenic environment' approaches to birthing spaces, with a home-like treatment, familiar to mothers, is one of the most crucial transition phases in normalizing birthing experience. Many researches in the development for a safe and comfortable birthing environment linked its findings to the mother's cultural dimension i.e. the familiar or normal daily environment. The cultural dimension would provide the calming effect, and, therefore, create a humanised experience for better birth experience. In Malaysia, with the exception of a few, almost all mothers gave birth in hospitals. Birthing spaces or labour delivery rooms (LDR) are not design to the need of the Malaysian mothers' cultural dimension. The aim of this thesis is to highlight the importance of cultural dimension in the design of birthing spaces for Malaysians, with the Malay-Muslim practices as the case study. The thesis focuses on the architectural design of birthing spaces only.

Qualitative and quantitative research methods are appropriately employed to achieve the objective of this thesis. The thesis had gathered both observational and empirical data through content analysis, post-occupancy-evaluations (POE), including semi-structured interviews in identifying the cultural aspects of the Malay-Muslims birthing practices. The thesis explores and assessed current birthing spaces design in-use, for both cultural and clinical dimension, in the LDR spatial studies within the Malaysian public healthcare system. The analysis identifies the core space of birthing within the LDR as the 'critical dimension', while considerations for privacy, family involvement and required tangible and non-tangible cultural traditions as the 'cultural dimension' or the 'soft space'. The findings identify 'culturally imbued environment' as a safe and comfortable environment for birth. The findings also noted that although the 'cultural dimension' exist in the form of obligations to privacy, modesty and psychological support spaces in existing LDR, is significant, it is however, required to be gazetted as an essential activity within the standard operating procedure (SOP) for designers to mandatorily include in the space planning and design. It is, therefore, imperative that the cultural dimension of the birth practice be integrated holistically with the 'critical dimension', as part of the design process, to achieve appropriate space and configuration for the safe birthing. With the Malay-Muslim birth practices as the case study, these findings thereby serves as a recommendation for the future LDR room designs for Malaysians, and thus act as an impetus to the designs of other healthcare spaces that cares for Malaysians.

خلاصة البحث

ان نظام الصحة العامه في ماليزيا كان قد تطرق الى فضاءات الولادة وتصاميمها السريره التي تضمن سلامة الام وولادة الطفل كحاله انسانيه طبيعيه ومتداوله بثقافة المجتمع لاستمرارية الحياة . كما ان التطورات المضطرده في نمط العلاج الانساني ومسببات الامراض والعنايه الصحيه كحاله انسانيه تنعكس في جوانب فيها ابعاد الثقافة المجتمعيه التي تتأكد ضرورة اخذها بنظر الاعتبار لتوفير الراحة عند الولادة بمزاوجتها بالتطورات المعاصره في تصميم الفضاءات. لقد اثبتت تجارب الباحثين وجود صلة مؤثره بين اجهاد الولادة والمخاطر المتوقعه على المواليد الجدد ونمط تصاميم فضاءات الولادة . ان الولادات الكثيرة في المساكن عن طريق القابلات او المولدات وكذلك في المستشفيات وتعدد مواقع الولادات وانتشارها واختلافها ساعد على ظهور مباني متخصصة وصلات ولاده بانماط متعدده وبمواصفات تصميميه خاصه بالتوليد . ان ظهور نموذج "الصاله البيتيه" للولاده ذات السمات الخاصه التي توحى بحميمية بيئه الدار وكأن الفضاء هو الدار الذي له التأثير الكبير في اضافة الطمأنينه والموائمه للولاده المريحه . وعلى هذا الاساس يكون الربط بين الفضاءات السريره للولادة والقيم المتوارثه والعادات الاجتماعيه المتتابعه لاجيال هو ذو تأثير ايجابي على نمط العلاج والاستشفاء . ان هذا البحث يهدف الى تسليط الضوء على تأثير النمط التقليدي الاجتماعي المتوارث وتأثيره والحاجه اليه في التصميم المعماري لفضاءات الولادة لخلق انماط علاج متجاوبه مع التقاليد في نظام العنايه الصحيه للماليزيين .وعلى الرغم من ان ماليزيا قد طورت وكيفت النماذج المستورده في نظامها الصحي الخاص واستتبعت محددات تصميميه ماليزيه للمعماريين ومخططي المجمعات الصحيه فان التأكيد على القيم المجتمعيه الموروثة لثقافة المجتمع وتقاليدته التي تضيف الراحة وتخلق البيئه المناسبه لولادة المرأه يجب ان تؤخذ بنظر الاعتبار كاحد المتطلبات الضرورية والانسانية لتجديد النسل. ان هذه الدراسة قد اعتمدت الرصد الشامل لصلات الولادة والمقاييس والاحصائيات الميدانيه ايضا في تقييم الفضاءات بعد اشغالها وقد اعتمدت ايضا المقابلات مع المعنيين والعاملين فيها من اجل تحديد تأثير المقومات الثقافيه الموروثة ومن ثم تحديد معايير تصميميه مستقبليه لفضاءات الولادة .ان البعد الثقافي لاي مجتمع يغطي مختلف العادات والتقاليد وان هذه الدراسة تركز على تأثير هذه القيم الموروثة للمجتمع على التصميم المعماري لصلات الولادة بهدف تحديد المعايير المؤثرة في وظيفة فضاء الولادة. لقد تم الاخذ بنظر الاعتبار البحوث التي ناقشت فضاءات الولادة وتأكيد البعد الثقافي للمجتمع كاحد مقومات التصميم بل هو البعد الابداعي المضاف لفضاء الولادة . لقد شخصت نتائج الدراسة مواصفات البيئه الفضائيه المريحه والامنة للولادة الطبيعيه كفضاء مناسب للاستشفاء وذلك من خلال توصيف الفضاء الرئيسي للولادة ومحدداته الابداعيه التصميميه بما يوفر الخصوصيه والتفاعل العائلي مع المريض وابرز تأثيرات القيم الاجتماعيه الموثقة والشفاهيه كبعد ثقافي واجتماعي ذو دور مؤثر في خلق فضاء معماري نموذجي للولادة. على الرغم من ان القيم الثقافيه متوافره ضمنا في مراعاة الخصوصيه والاحتشام والدعم النفسي للمريض في صالة الولادة فهي على اية حال غير منصوص عليها فعليا في نظام اداره العمل الصحي .ان الاستنتاجات ستكون توصيات للتصميم المعماري المستقبلي الملائم المتوقع لصلات الولادة في ماليزيا وبما يشكل اضافة للمعايير المعماريه الماليزيه لفضاءات الرعاية الصحيه.

ABSTRAK

Kelahiran adalah proses semulajadi dan bukan klinikal. Kelahiran diraikan oleh setiap masyarakat dengan pengertian budaya yang berbeza. Kelahiran pada tradisinya berlaku di rumah didalam persekitaran kekeluargaan. Kini masyarakat lebih yakin terhadap perubatan moden dalam mendapat penjagaan keselamatan ibu serta anak yang bakal dilahirkan. Melahirkan anak dalam suasana klinikal juga suatu kelaziman sehingga terdapat kesedaran bahawa proses kelahiran kini diancam dengan gejala memperubatkan proses semulajadi. Terdapat pergerakan dalam masyarakat Barat yang muncul untuk kembalikan kelahiran ke pangkal jalan dengan proses '*de-medicalise*' berteraskan kemanusiaan. Pergerakan ini telah merekabentuk ruang bersalin suasana kediaman yang sehati dengan si-ibu yang berteraskan pendekatan '*salutogenik*'. Peralihan ini amat penting dalam memulihkan pengalaman kelahiran kembali ke keadaan semulajadi. Hasil kajian yang mengkaitkan kepada dimensi budaya si-ibu amat ketara. Dimensi budaya dapat merangsang perasaan ketenangan si-ibu agar dapat merasai pengalaman kelahiran dengan penuh kemanusiaan. Hampir semua ibu di Malaysia melahirkan anak di hospital. Walaubagaimanapun ruang bersalin (LDR) sediaada tidak di rekabentuk untuk memenuhi keperluan dimensi budaya si-ibu. Adalah tujuan tesis ini untuk menekankan kepentingan dimensi budaya dalam merekabentuk ruang kelahiran holistik untuk rakyat Malaysia amnya dan berteraskan amalan Melayu-Muslim, khususnya. Tesis ini memberi tumpuan kepada rekabentuk senibina ruang kelahiran sahaja. Kaedah penyelidikan kualitatif dan kuantitatif digunakan dengan sewajarnya untuk mencapai objektif tesis ini. Tesis ini telah mengumpul jenis data secara empirikal melalui analisa isi kandungan, penilaian pra-penghunan (POE), termasuk temubual separa struktur. Tesis ini juga telah meneroka dan menilai rekabentuk ruang kelahiran semasa dari sudut dimensi budaya dan klinikal pada ruang LDR yang terdapat di dalam sistem kesihatan awam Malaysia. Hasil kajian telah mengenalpasti ruang teras LDR sebagai 'dimensi kritikal' manakala pertimbangan untuk keperluan privasi, penglibatan kekeluargaan serta tradisi kebudayaan yang ketara dan tidak ketara sebagai 'dimensi budaya'. Penemuan ini juga telah mengenalpasti 'persekitaran yang disemai budaya' adalah persekitaran yang selamat dan selesa untuk proses kelahiran. Kajian juga menekankan amat penting dimensi budaya ini diwartakan ke dalam prosedur operasi standard (SOP) agar secara mandatori dimensi tersebut diterapkan di dalam perancangan dan rekabentuk ruang bersalin masa depan. Adalah penting dimensi budaya disepadukan secara holistik dengan 'dimensi kritikal' sebagai sebahagian daripada proses merekabentuk untuk mencapai ruangan serta bentuk tatarajah yang sesuai bagi kelahiran yang selamat serta mesra kepada si-ibu. Dengan amalan kelahiran masyarakat Melayu-Muslim sebagai kajian kes dalam merekabentuk LDR, penemuan tesis ini juga merangkumi rekabentuk LDR untuk rakyat Malaysia amnya dan seterusnya memberi dorongan kepada kajian lanjut ruang kemudahan kesihatan yang lain bagi memelihara kesejahteraan rakyat Malaysia yang kaya dengan budaya.

APPROVAL PAGE

The dissertation of Norwina Mohd Nawawi has been approved by the following:

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DECLARATION

I hereby declare that this dissertation is the result of my own investigation, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

Norwina Mohd Nawawi

Signature.....

Date:

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In dedication
to my multi-talented mother, Nek Nor Zarah Abdullah,
my devoted husband, Md. Alwi Haji Che Ahmad
and my inspirational late father, Mohamed Nawawi Mahmood
in a cycle of life, May Allah blesses them all.

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