

Power, Relationship and Politics of Early Nursing Development in Brunei Darussalam: A Historical Study

Dyg. Nourfaidzoul Aidzoul binti Haji Awg. Basar @
Haji Zulkifli, Armah Tengah, Hjh Jainah Musa,
Norashikin Hj Md Sofian, Prof MuniKumar.

Presenter: Hjh Salmah Hj Mohd Noor,

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INTRODUCTION

- Global changing trends and issues
- Formal Health Care - 1907 (Yapp, 2012)
- First dresser (Mr Leong Ah Ng - 1911) (Yapp, 2012)
- Formal training programme (UNICEF/WHO)
- 1951 (Yapp, 2012)
- Little knowledge have been published



AIM AND SIGNIFICANCE OF STUDY

AIM:

- To explore the early nursing trends and development in Brunei Darussalam

SIGNIFICANCE:

- Determine factors leading to the progression of nursing profession
- Provide a benchmark for a more efficient delivery of healthcare
- Reveal the growth of nursing profession

PARTICIPANTS

INCLUSION CRITERIA

- Retired local nurses
- Registered with the Nursing Board of Brunei Darussalam
- Worked with the Government of Brunei previously
- Able to recall past events clearly

EXCLUSION CRITERIA

- Too ill
- Refused to consent

PARTICIPANTS

- In total, there were 8 potential participants
- Six participants agreed to participate

CHALLENGES

- Time constraints
- one participant declined to be interviewed face-to-face but agreed to give information through text messages and WhatsApp application
- Others either busy or cannot be contacted

FINDINGS (DEMOGRAPHIC SECTION)

- 3 MALES, 3 FEMALES
- 5 MALAY, 1 CHINESE
- AGE BETWEEN 57 TO 75 YEARS OLD
- TOTAL YEARS OF SERVICES BETWEEN 29 TO 47 YEARS

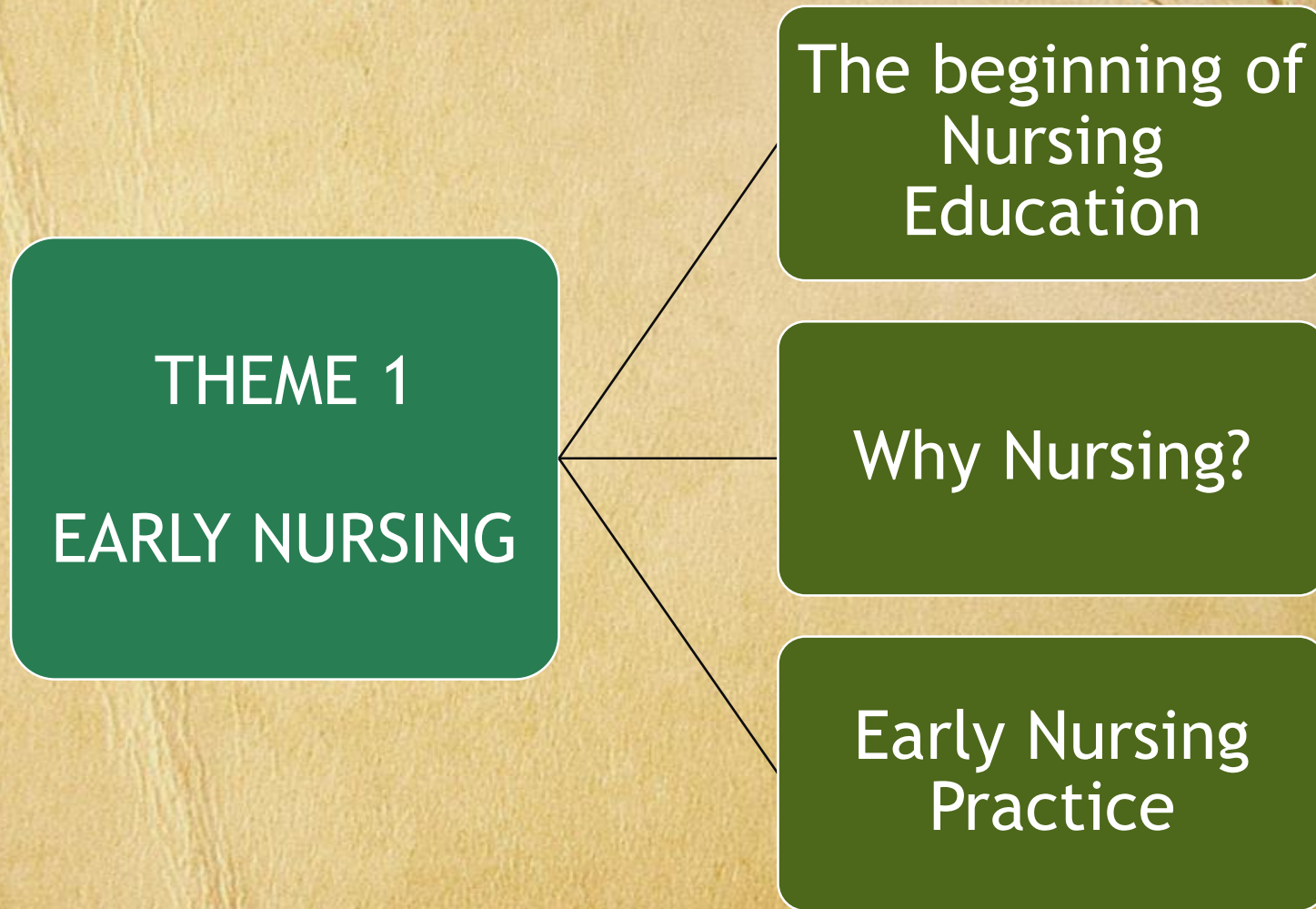
MAIN FINDINGS

THEME 1
Early Nursing

THEME 2
English Matron,
Chinese Managers and
Strict Doctors

THEME 3
We were better

MAIN FINDINGS



The Beginning of Nursing Education

Majority (nurses) were hired from East Malaysia due to unavailability of English subjects (in Schools). Local trainees started from the second intake...Earlier Malay locals were Assistant Nurse. But those who were converted to Trained Nurse were Chinese. There were no Malays.” (1960) (Participant N05)

Our qualification was not really high. Even myself, I had insufficient credits for my Malaysian Certificate of Education, but I still can be a nurse...”.(1970) (Participant N01)

“Majority were terminated if we failed the Preliminary Testing System. Maybe 4 to 5 years later, they were given up to three chances. Failing the last chance will be demoted or transferred to other unit...” (1960) (Participant N05)

Why Nursing?

“Initially, my interest to be a nurse was when I saw my friend’s uniform...Coincidentally at that time, there was an advertisement on job vacancy, so I applied. I was called for interview and medical check shortly after that...”. (1970s)

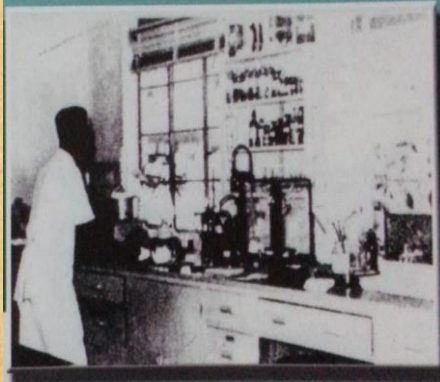
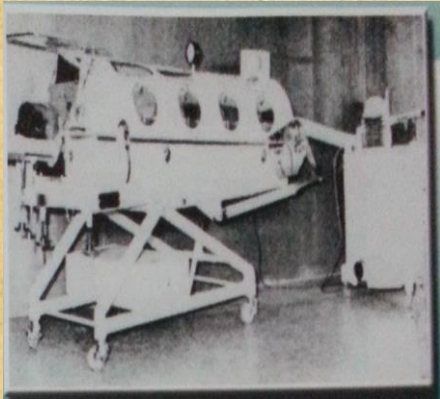
(Participant N04)

“...I quite enjoy nursing in our time. Quite often patients appreciate us by bringing fruits. Nursing at our time was very friendly...the patients treated us with respect. We were really respected in the past. We work happily and enjoyed working”. (1980s)

(Participant N06)



Early Nursing Practice



“...During my time, we need to work harder due to inadequate staff everywhere...no considerations. Even pregnant nurses reaching due dates still work. I have experienced working Night Shift as an in charge, looking after 3 Wards with only an Attendant in each Ward. When a Dispenser was on leave, I was sent to work as a Dispenser for two years. In the past, we do everything” (1960s)

(Participant N05)

“During our time, we need to test diabetic patients’ urine by boiling it using a candle and holder by putting 2 to 3 drops of solution to see the changes. There were no intravenous infusion. So we counted the drops manually. But I really enjoyed working at that time.” (1970s)

(Participant N04)

DISCUSSION

- In 1930s-40s, few nurses employed were mainly expatriates (Yapp, 2012)
- Free movement of Malaysian race to Brunei (State of Brunei Annual Report, 1947)
- Low standard of education (State of Brunei Annual Report, 1947)
- Lack of Bruneian trainee with suitable qualification (State of Brunei Annual Report 1955 and 1958)
- Significant value - Preliminary Training School

DISCUSSION

- Image - Earning a living, 50% have passion in giving care, 37% attracted by the white uniform that were worn by the English nurse who came to the school when recruiting students and the remaining 12.5% were influenced by their relatives (Saritah, 1991)
- Findings suggested the image of nurses and attainment of public acknowledgment was depending on the quality of care they received and professional attitude of the nurses

DISCUSSION

- Significant value- Practices and services of early nursing were more comprehensive
- Since 1947, dispensaries in charged by the dressers (Tutong, Temburong, Muara and Kuala Belait) and traveller dressers pay monthly visits up-river (State of Brunei Annual Report, 1947)
- Inadequate doctors in the 1940s to 80s
- In 1956, the Health Services was only manned by four doctors (Duraman, 2002)
- In 1971 onwards, Flying Medical team only consisted of experienced Senior Hospital Assistant and a nurse trained in the midwifery (State of Brunei Annual Report, 1971)
- United Kingdom nurses performing upper gastrointestinal endoscopy ($p=0.006$) (Smale et al, 2003)



MAIN FINDINGS

THEME 2

ENGLISH MATRON,
CHINESE MANAGERS
AND STRICT
DOCTORS

English matron and
Chinese managers

Strict doctors

English Matron and Chinese Managers

“The public had lack trust with Government midwives and nurses. Because they are young and most of the nurses were Non Malays. There were very few Bruneian Malays...the Nursing Sister at that time were English people. Like in the old hospital, in the wards, you have to get the bed straight. They were very Military style. Classic set up. The Chinese nurses are very particular in giving care. They don’t want the patients to complain. They are not locals.” (1970s)

(Participant N02)

“...The English Matron BK promised “you can change your post to Provisional Nurse”. So I went back and requested her to keep her promise, even though my English was limited. But the English people at that time, really kept their promise...” (1970s)

(Participant N01)

Strict doctors



Doctors at that time were very strict and not that friendly. Of course we have to know the duty and responsibility we have to carry out...Surgeon in the Operating Theatre were very sarcastic. He will knocked on your hand, when you are not holding strong..."

(1980s)

(Participant N06)

"During our time, we were scared of the doctors. We arranged and organized everything ready for the doctor. When we assisted him, he asked every single thing about the patients and complimented me "very good" if I remember everything. We must memorize the patient's name, age, admission date, diagnosis, medication and treatment... (1970s) (Participant N04)

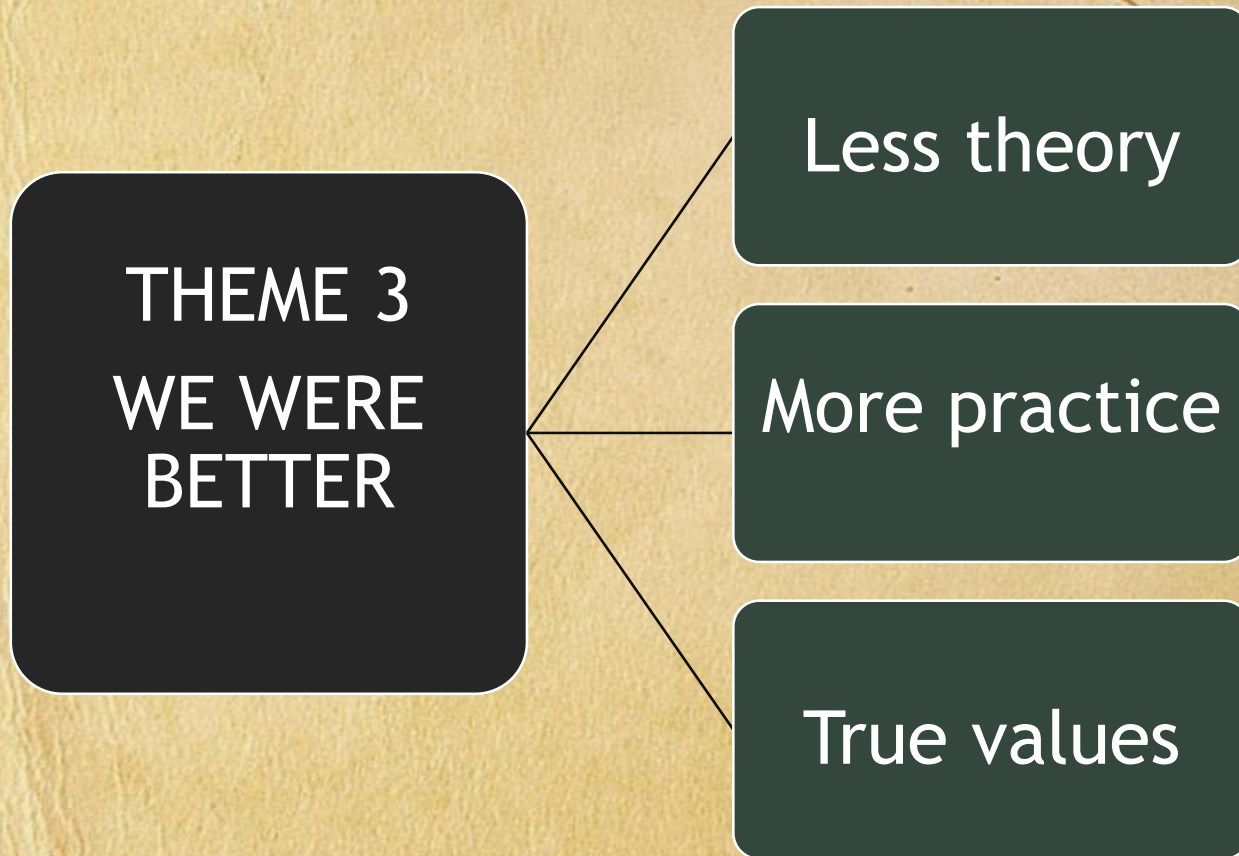
"Majority in UK, the doctors respected the role of nurses as their working partner. However, when I came back to Brunei, it's like a reality shock where majority of the doctor who are contracted expatriate see nurses as working for them...playing Hand Maiden's role..." (1980s)

(Participant N03)

DISCUSSION

- The earlier nursing services were not widely acceptable by the Public
- Notable increase in Chinese immigrants since 1931 to 1947 (State of Brunei Annual Report, 1947)
- Statutory framework of Nurses act was formulated in 1961 and updated in 1984 (Nurses Registration, Cap 140, 1984)
- Power is an attribute (Manojlovich, 2007)
- Education and professional roles and responsibilities - separate nurses and doctors (McKay and Narasimhan, 2014)

MAIN FINDINGS



Less theory

“The trend now is mostly theory. Maybe much more to theoretical aspect. During our time, we don’t have much theory, and then we were sent to the Wards, to work like coolie.”

(Participant N01)

The role of the nurses, those days were enough. I think even with just clinical practice itself and not on theoretical wise...” (1970s)

(Participant N02)

More practice

“I can say at that time we don’t have any problem. After we passed the training 3 years 4 months, we are very confident. I can tell you. We were asked to be in-charge in the Second Year. Look after the patient, passed report, take down the doctors’ orders, carry out three shifts. And what more in Third year. That is our time...”

(Participant N06)

“During my time, I think a lot of nurses are multitasking. It is probably at those time we don’t have enough doctors, then a lot of procedures were done by the nurses. And perhaps it is empowering the nurses as well. Compared to my time in United Kingdom, once a staff nurse graduated as State Registered Nurse, the nurses are limited to certain procedures according to the professional ethics, or law of govern. What nurses can do, what nurses can’t do. When I started practicing nursing in Brunei, it surprised me, like set up Intravenous infusion, catheterization of patient, it’s all done by the nurses. Where in UK we were not allowed to do that. Because that should be done by the doctors.” (Participant N03)

True values

“... I quite like nursing in our time. Very friendly. When we finished our job, we spend our time to talk to our patients. That’s why we have rapport with our patients and their families. When we go out, they say hello. We know the patient and know their name as well...” (1980)

(Participant N06)

“Public may have thought about the type of care they received. Because the nurses see them as many, but if you provide good service, and your communication skills are good, public will not complain, they will remember you forever. But if you are harsh to them, they remember as well”

(Participant N02)

“During our time, two nurses managed taking care of 28 patients. We work like a ball but with a proper system. We do everything. Supposedly we go home at 7 but we went home at 7.30, 7.45. That’s our sacrifice. Nobody complained. Without responsibility then you have problem. During our time, we don’t have phones, next day you will receive a warning letter”

(Participant N06)

DISCUSSION

- The current nurses - more theory and less practical skills.
- Bed side nursing and providing therapeutic touch were seldom.
- Advancing technology, clinical innovation, inadequate workforce, evidence based practice and changes in the nature of the nurses' professional roles

(Jayasekara, 2009, Chang, et al, 2015; Huston, 2013 and Swiadek, 2009).

CONCLUSION

- A qualitative study contributing to history and development of nursing in Brunei (
- Future studies are required to explore current nurses' development, the scope of practice, power relationship between nurses and doctors and attainment of professional identity

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OLDER BRUNEIAN WOMEN'S NARRATIVES ON TRANSITIONS IN MIDWIFERY CARE SINCE BRITISH COLONISATION: A HISTORICAL INQUIRY

¹ Zarinah Mohammad, ² Jainah Musa, ³ Munikumar Ramasamy, Venkatasalu.

¹ BHSc Midwifery Candidate, ² Lecturer (Nursing/Midwifery),

³ Professor in Cancer and Palliative Care

Affiliation:

PAPRSB Institute of Health Sciences, Pengiran Anak Puteri Rashidah Saadatul Bolkiah,
Universiti Brunei Darussalam, Brunei

- In **history**, majority of women all over the world gave **birth at home** (Cohen, 2008; Sheehy, Aung & Foster, 2016)
- Midwifery practices started by lay women through **apprenticeship** from one generation to the next generation in **caring for pregnant women, conducting their labour** and giving **postnatal care** (Osubor, Adesegun, Fatusi and Chiwuzie, 2006; Hildebrand, 2012; Abdul Mumin, 2015)
- In **Australia**, by early 1900s, most of the women had their babies at home assisted by **vocational midwife** (Fahy, 2007)

- In Brunei Darussalam, the **practices** of traditional village midwife were seen as **not safe** in 1900s (Mckerron, 1929)
- Midwifery training started to achieve **safer child birth in 1933**; starting point for formal education and training for Midwifery profession (Carey, 1933)
- The shifting of **homebirth to hospital birth started to take place in the late seventies** (Ministry of Health Brunei, 1998)
- In 1985, the rate of **homebirth declines further** until in 1995, 95% of the deliveries took place in the hospitals (UN WOMEN, 1995).

Aim;

To **explore** on how the **transitions of midwifery services** in Brunei Darussalam were **experienced by older Bruneians** giving birth during the year 1940s until 1980s

Significance of study;

It can **evaluate** way how women and their family experienced and expressed **evolution in midwifery care**

M e t h o d s

Research Design

- Qualitative historical approach
- Purposive and snowball sampling

Recruitment

- Words of mouth
- Each potential participant was called by phone

Settings

- Participants' residents
- One interview was done in the hospital

Participants

- 6 service-users (including a male)

Data

- Collection – Face to face interview
- Analysis – Thematic analysis

Demographic characteristics

Age

Age range: 55 yrs-85 yrs

Average participants age:
72 yrs

Place of residence

Lambak Kanan village: 2

Kilanas village: 1

Kebia village: 1

Lambak Kiri village: 1

Lumapas village: 1

Marital status

Married: 5

Widowed: 1

Findings

Theme (3)	Subthemes (7)
1. In-house wise women as traditional village midwives since 1940s	1. Inherited knowledge
	2. Practice remedies
	3. Collaborative practice
2. Government midwives (Bidan kerajaan) since 1940s	1. Image of government midwives
	2. Functions of government midwives
3. Hospital Midwives since 1970s	1. Hospital saves lives
	2. Hospital as quick and comfort

Theme 1

In-house wise women as
traditional village midwives
since 1940s

Subtheme 1: Inherited knowledge

*"Back in the days, midwifery practices were
handed over from older generations to the
younger generations in the family..."*

(Zainab, 75 years)

Theme 1

In-house wise women as
traditional village midwives
since 1940s

Subtheme 2: Practice remedies

"Because we believed in the knowledge of the elderlies. When my wife was pregnant, we would really follow the guidelines set out by our elderlies, maybe that was why my wife delivered her babies easily"

(Jumat, 85 years)

"Back in the days pain relief medicine was not available, I only drink water which is read with special verses from holy Qur'an by the elderlies"

(Maimunah, 55 years)

Theme 1

In-house wise women as
traditional village midwives
since 1940s

Subtheme 3: Collaborative practice

"The traditional midwife and government midwife work closely. They are part of our community, that's why they are close, if we are in labour pain, we will call the traditional midwife first, after that the government midwife"

(Zainab, 75 years)

Theme 2

Government midwives (Bidan kerajaan) since 1940s

Subtheme 1: Image of government midwives

"They brought a bag that look like james bond bag, made up of steel. From my observation, midwives and nurses looks the same, they also wear white uniform, all are the same back in the days. Yes, they wear cap, but during home delivery, they will not wear cap, gown only..."



(Maimunah, 55 years)

Theme 2

Government midwives (Bidan kerajaan) since 1940s

Subtheme 2: Functions of government midwives

"I told the government midwife, we already called her early, but my wife delivered earlier before she came to our house. So I argued with her, she was the government's official, so I threatened her that I would take the matter to the immigration, at last, she signed the birth certificate"

(Jumat, 85 years)



Theme 3

Hospital Midwives since 1970s

Subtheme 1: Hospital saves lives

"13 children I delivered at home, the last one number 14, I was advised to deliver in the hospital due to anemia, actually I was not willing to deliver in the hospital, but I was told because of anemia, I had to deliver in the hospital"

(Zainab, 75 years)

Theme 3

Hospital Midwives since 1970s

Subtheme 2: Hospital as quick and comfort

"...when it was time for my wife to see the Doctor, she lied on the examination table and delivered our baby"

(Jumat, 85 years)

"... at the hospital is more secure"

(Mariam, 70 years)

"...facilities are more complete"

(Maimunah, 55 years)

"Now there are a lot of technologies, it is scary"
(Zainab, 75 years)

- **Older women at home**, the mother of the weomen at times remained as people who deliver midwifery care during **1950s**. Similarly, in other countries such as South Nigeria, **traditional village midwives** were recognized as **traditional birth attendants with skills acquired from their own mothers or relatives** (Osubor, Fatusi & Chiwuzie, 2006). In Tudor England, during the 15th until 17th century, **'midwife' was usually an elderly female relative or female neighbor with no medical knowledge** (Trueman, 2015).
- The utilization of traditional remedies and practices during child-birth were also reported in this study. Similar customs of folklore, herbal and religious and superstitious practices being used for labor and relief of pain also reported in Ancient Roman History (Todman, 2007).
- Our study described that the **traditional village midwives** as **working collaboratively** with the **government midwives** until the period of early 1980s. As observed by Musa (2009) that the **practices** of traditional village midwives at that time was as a **companionship for the birthing women**, as a **spiritual healer**, providing **physical comfort and assisting delivery** done by the government midwives. While, Abdul-Mumin in her study found that traditional village midwives **still silently existed** until present, with their practices focusing on **antenatal period, postnatal confinement** and **women's general health**.

- Many of the participants narrated the identification of Government midwives (bidan kerajaan); white uniform and their '**medical stuffs**' that they carried along during home delivery and home visit
- One of the importance reasons of government midwives of the miwife's attendance at the birth of the baby was to **sign the birth certificate**. This was in conjunction with the **compulsory registration of birth** where the **birth and death registration became legally compulsory** from the **year 1923** (State of annual report, 1923). Similarly in **Australia**, the **compulsory civil registration** began as early as **1856** for the **registration of all births, deaths and in addition to marriages** (NSW government, 2016).
- The **shifting** of **home delivery** to **hospital delivery** occurred in the **late 1970s (Ministry of Health, Brunei 1998)**. The same trend was observed when there was a decline of home birth **since 1970s** (Walsh, Common and Noble, 2014). Most of the participants in the study had their hospital deliveries only in the year 1970s when they were **diagnosed to have complications** with their pregnancy for **better facilities and security**.

- In this study, most of the participants experienced quick hospital delivery where they gave birth, not long after arriving in the hospital. Perhaps, this may due to most of the participants are already **multigravida** when they were referred to have hospital delivery.
- On the other hand, in the history of **Britain**, during the **1970s and 1980s**, most of their mothers also had **quick hospital delivery**, but this was due to the **increasing trends of use of induction and acceleration of labour as a routine practice** (Davis, 2013).

- **Retrospective** in nature and may be limited by **recall bias**
- **Earlier midwifery services before 1940s** and **after** the period **1980s** is not available and **comparison between past and present midwifery services** cannot be rule out
- Most participants in this study started **accessing** the **hospital service** in the **late 1970s**, so earlier history not accessible
- Despite these limitations, the findings from this study **enriched** the **data** to the **existing information** which are already available on the transitions of the midwifery care services in Brunei Darussalam.

- The findings of this research **provides insights** about **the profession of midwifery** in Brunei Darussalam from the year **1940s until early 1980s**. This will serve as a foundation for more comprehensive future studies
- This study provides further knowledge on **midwifery** which was first started as **an independent profession** and later had gone through transition via in-depth exploration of study participants' experience of the services given

Image and Power Relationships of Water Village Midwives during British Colonization: Older Midwives Reminiscence on Early Midwifery

Rosnah binti Kambar, Norashikin binti Hj
Md Sofian, Hjh Jainah binti Hj Musa,
Armah binti Tengah, Professor Munikumar
Venkatasalu

Presenter

Rozita binti Haji Tamin

Lecturer (Nursing)

**Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah Institute
of Health Sciences (PAPRSB IHS), Universiti Brunei
Darussalam [UBD]**

rozita.tamin@ubd.edu.bn

Brunei Darussalam – Water Village



INTRODUCTION

- The midwifery profession started in Brunei Darussalam from Traditional village midwives (TVM) since 1900 (Abdul-Mumin,2015)
- TVM practices were not 'favourable' by the British resident (McKerron 1929 & 1930)
- Few local women were appointed and trained as probationary midwives under the supervision of expatriate maternity and health nurse (Carey,1933)
- Their duties – to educate women and replaced the 'harmful' practiced by the TVM (McKerron,1929, Musa,2009).

- In 1933, the imposed of 'fine' to whom gave birth without being attend by trained and qualified nurse (Carey, 1933).
- After World War II (important development)
 - ❖ WHO provided 2 health nurse to help in training and supervising local midwives (Pretty, 1949 & 1950)
 - ❖ 1951 – New General Hospital was built (healthcare,2012)
 - ❖ 1956 – School of Midwifery established (State of annual report,1956).
 - ✓ Maternal mortality rate reduced from 20 cases in 1960 to 3 cases in 1977 (State of Brunei Annual Report, 1960 & 1977)
 - ✓ Homebirths slowly become less common
 - ✓ The strengthening of Midwifery At in 1955, TVM had diverted their role (Musa 2009)

The significance of study?

- ✓ To fill and narrowing the 'gaps'
- ✓ To explore the history of midwifery in Brunei Darussalam

METHODS:

MW DANG DAMIT (70)
Trained in 1966

MW SARIPAH (67)
Trained in 1968

MW AISAH (71)
Trained in 1968

MW SALMIAH (67)
Trained in
Malaysia/ worked
in Brunei in 1968

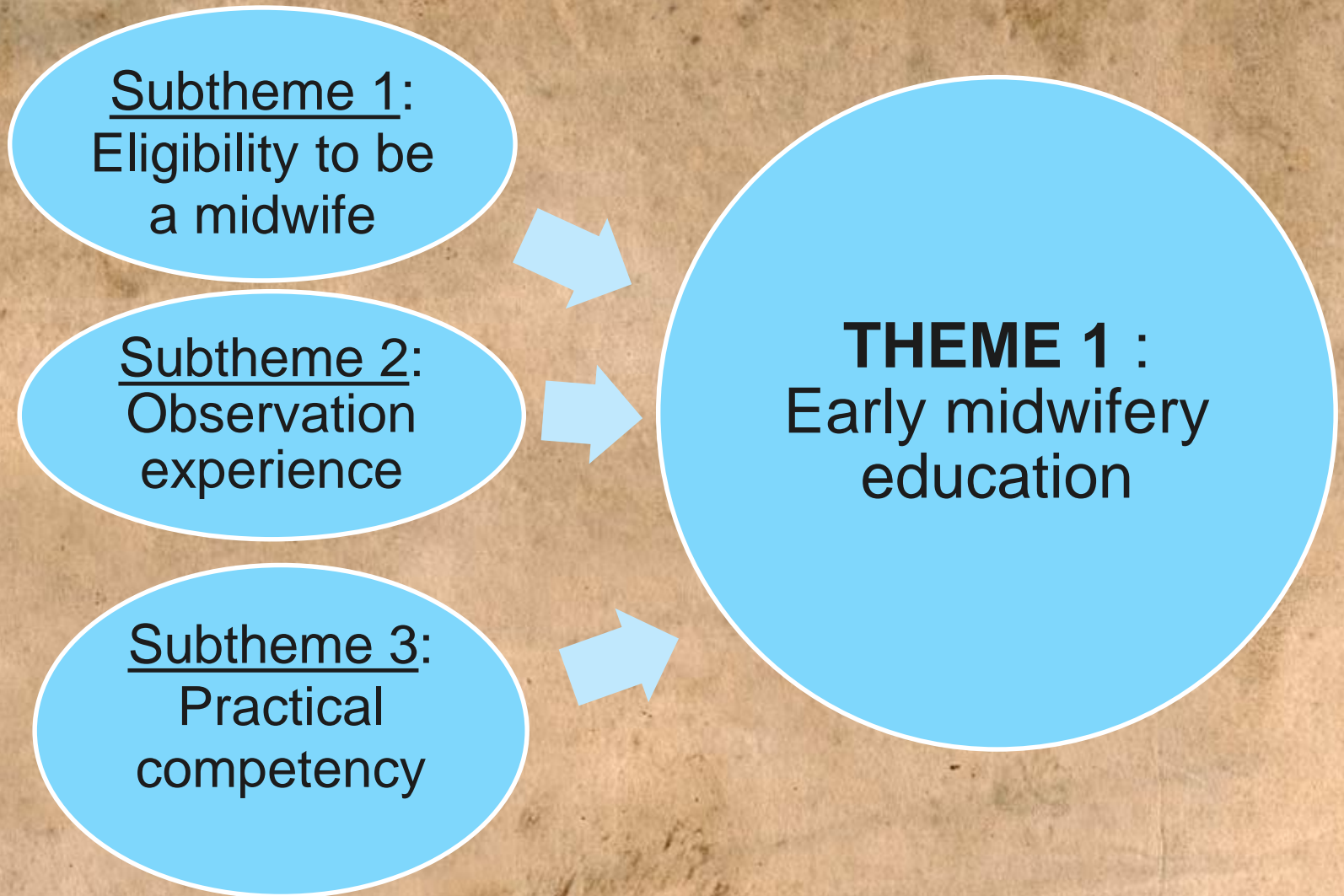
**MW HJH RAFIAH HJ
TENGAH (83)- real name**
Trained in 1952

MW Dang Siti (68)
Trained in 1969

PARTICIPANTS INCLUSION CRITERIA:

- Registered with the midwifery enactment act 1955
- Work with the government of Brunei previously
- Can recall past events clearly.

FINDINGS



Subtheme 1:

Rowing to
be a midwife



Subtheme 2:

Flying
midwife



THEME 2 :
Water
village
midwives

Subtheme 1:
Midwives
relationship
with health care
professional



Subtheme 2:
Midwives
relationship with
public



THEME 3 :
power
relationship

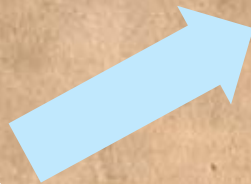
Subtheme 1:
Traditional
practices

Subtheme 2:
Refused
hospital
delivery

Subtheme 3:
Postnatal care

Subtheme 4:
'Angpao' and
'Sedekah'

THEME 4 :
Practices

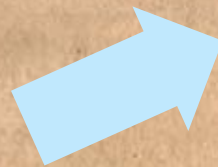


Subtheme 1:
Digusted
profession vs
easy to work

Subtheme 2:
uniform as
identity

Subtheme 3:
Known as
nurse

THEME 5 :
Image of
early
midwives



Theme 1. EARLY MIDWIFERY EDUCATION

Subtheme 1: Eligibility to be a midwife:

In 1950s

Mw Hjh Rafiah (83) revealed , “ *Sister decide who can be midwife by choosing someone who are honest, and her voice can be clearly heard*’.

1960s

Mw Dang Damit (70) recalled, “...*during my time, as long as one passed a certain level in school, it doesn’t matter what primary you are in*”

1969

“*Anyone can enter but have to be from primary 7 and know to write...no need English*”

(Mw Dang Siti,67)

Subtheme 2 : Observation experience and practical competency

1950s

“...they told us to observe how to conduct complicated delivery...*we need to count how many cases we had done. We passed when everything was good*” (Mw Hjh Rafiah Hj Tengah, 83)

1960s

“During our time, mostly it was more on practical compared to theory... *We need to complete 20 delivery cases in village...*”

(Mw Aisah,72)

late 1960s

“During training, they did taught on care of antenatal women, postnatal mothers, suturing and episiotomy but not on real person. We do it to dummy only...we can do booking as many as possible ...but they supervised us at least for 20 – 30 cases”

(Mw Dang Siti, 67)

Theme 2. Water Village Midwife

Subtheme 1: Rowing to be a midwife;

“we used boat at water village and we had experienced of boat sinking...its frightening”

(Mw Hjh Rafiah Hj Tengah, 83)

“its different if in water village. if wrongly step on the ‘titian’ while walking, will fall directly on to the river and floating with the midwife’s bag”

(Mw Dang Damit, 70)

Subtheme 2 : Flying midwife;

1950s

"Yes have to walk...have to go for miles inside the jungle...the roads were covered with big stones. my station was not near..."

(Mw Hjh Rafiah Hj Tengah, 83)

1960s

"At that time, had to use bicycle to go nursing" (Mw Dang Damit, 70)

1970s

"Back then, we used helicopter if we go to villages (remote) such as Kampong Long Mayan" (Mw Dang Siti, 67)

THEME 3. POWER RELATIONSHIP

Subtheme 1 :Relationship with health care professionals

1950s – 2004

“...we used to drink with doctors and sisters, just like friends...”
(Mw Dang Siti, 67)

“...because theirs (nurse) qualification were not the same as us (midwife)...they don't want to follow...we knew their education level were higher than us, so we don't teach them...”
(Mw Dang Damit, 70)

“...it was okey, all are the same. There was no difference. They (doctors and nurses) listened if we complained...” (Mw Saripah, 67)

Subtheme 2: Relationship with public :

1950s

"Sometimes, they called the TVM first and the government midwife later...they called us when the baby already out..."

(Mw Hjh Rafiah Hj Tengah, 83)

1972 – 2004

"...they (women and families members) accept us...certain villagers can't accept because they were choosy of who the midwives they want...they accepting us because...we collaborate with the TVM"

(Mw Dang Siti, 67)

Theme 4. Practices

Subtheme 1 :Traditional practices

Mid 1950s

“ I told them its 2-3 dilated, just wait if she having pain. Cannot do abdominal fundal pressure to the woman (hand gesture). The man even helped the TVM applied abdominal fundal pressure to the women. That why I against it and had quarrel with them...”

(Mw Hjh Rafiah Hj Tengah, 83)

Subtheme 2: Refused hospital delivery

Late 1960s

“...we gave advised to deliver at hospital, but they still refused ...even the primi mothers also refused to deliver in hospital”

(Mw Dang Siti, 67)

Subtheme 3 :Postnatal care

“...everyday we gave baby bathing when baby discharge from hospital until the umbilical cord fall off” (Mw Saripah, 67).

Subtheme 4 : “Angpao” and “sedekah” as appreciation

“Chinese gave us ‘angpao’, the muslim gave us ‘sedekah’ (elms), it not consider as bribe. It not consider as bribe because they gave it sincerely” (Mw Salmiah, 67)

Theme 5. Images

Subtheme 1: Disgusted profession versus easy to work

“ Midwife, if reviewed from people back then...people supposed it as a disgusted profession. My opinion on profession as midwife, good”
(Mw Salmiah, 67)

“It is easy working as a midwife, no body angry at you. You will get scolded if become a nurse. Being as a midwife is enjoyable. Have many friends”
(Mw Aisah, 71)

Subtheme 2 : Uniform as identity

“...white gown only. Have lace. Ours was green at that time”
(Mw Saripah, 67)

Subtheme 3 :Known as nurse;

“...even though you are a midwife, still they call you as a nurse. Mostly if in ward...even though midwives, they called them as nurse”

(Mw Salmiah, 67)

“Still midwife. Our profession is midwife so they call us midwife”

(Mw Saripah, 67)

DISCUSSION

- ✓ In 1950s, the character of the woman played an important criteria.
- ✓ Bruneian midwives were trained, taught and learnt their skills through live observation and also practiced on dummy.
- ✓ in America, a good moral character was emphasized as one of the qualification requirement to enroll in midwifery (Walsh, 1992)
- ✓ In Nunavik (Canada), strongly emphasized on the applicant personal's qualities and the education program also applied observation session in teaching (actual events) and a hand on care (Epoo, Stonier, Wagner and Harney, 2012).

- ✓ 7000 people lived in water village – comprised of a cluster of 28 small village (State of annual report, 1952)
- ✓ Perfect platform for midwifery training students' domiciliary placement to undertake their homebirth cases .
 - ✓ Encouraged them to be autonomous in their practices and obtain confidence working outside a hospital setting (De Vries, Nieuwenhuijze, Buitendijk, 2013)
- ✓ 1 Public health nurse to supervise the visiting health care service for the rural villages in Brunei including maternity care service (Pretty, 1950)
- ✓ Started facing the challenging geographical terrain.

- ❖ Although there was a gap in profession, the older midwives were able to work and collaborate.
- ❖ Philosophy MIB
- ❖ Midwives was seen as the women partners
- ❖ Younger generation need to uphold to sustain midwifery credibility.
- ❖ Cultural belief and practices posed great challenges and impact in the midwifery practice.
- ❖ Uterine rupture is one of complication from doing the fundal pressure (Kurdoglu, Kolusari, Yildizhan, Adali & Sahin, 2009)

- ❖ Cord care are stated in Midwifery Act, Chapter 139 revised edition 2012 (Law of Brunei, 2012)
- ❖ 'Sedekah' – one way of how Muslim can spend or share one's wealth by following the path that are blessed by Allah the Al Mighty ("Bicara agama", 2011)
 - ❖ In Cambodia, the women paid extra payments to midwives as form of gratitude for helping them during delivery (Ir et al, 2015)
 - ❖ Further clarification is needed through conducting study on the issuance of gift after childbirth.
- ❖ Identity confusion of midwives by the public
 - ❖ The same happen was reported in other part of the world for example New Zealand (Stojanovic, 2008)

CONCLUSION

- ❖ Revealed lot of information about midwifery
- ❖ How the midwives struggled to be known among women, public and others Health care professional.
- ❖ Midwife identity were still masked by nurse
- ❖ Intervention could be implement to uplift and give midwifery profession the recognition it deserves.