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**BUSINESS PLAN ON
BEAUTY CONFINEMENT CARE**

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CANDIDATE'S DECLARATION



I declare that the work in this business plan was carried out in accordance with the regulations of Universiti Teknologi MARA (UiTM). It is original and is the result of my own work, unless otherwise indicated or acknowledge as referred work. This topic has not been submitted to any other academic institution or not academic for any degree of qualification. In the event that my business plan is found to violate the conditions mention above, I voluntarily waive the right of conferment of my Master's Degree and agree to be subjected to the disciplinary rules and regulations of Universiti Teknologi MARA (UiTM).

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ABSTRACT

After birth confinement period is a phase where the women will experience changes in their physical and emotional and transitioning to a new role as a mother. It started as soon as the baby being delivered and last up to 6 weeks where the mother's body will return to its non-pregnant state. During this period, postpartum women may experience few problems such as tiredness, gaining weight, constipation, haemorrhoids, and soreness of breasts as minor problems; to serious problems such as wound infections, pain, haemorrhage, psychosis and postpartum depression (PND). The essential features in the Malay postpartum care include the use of herbs, heat, and Malay postnatal massage (Akmal, 2015).

This study was conducted to identify the problems in public health care services in handling pregnancy, birth and post-natal period; and to learn the services that customer needs for confinement care in Kuching, Sarawak. Data were obtained from interview questions from the customer of Surianitra Jelitia, that consist of part A, B, C, D and E on their experience with health care services and confinement care services.

Problems in health care services is the understaffing and poor information provider, while the traditional Malay confinement care services is not being widely expose to the new generation and is not properly handle by the service provider. The market potential for a Bumiputera beauty and confinement care in Kuching is still presence especially for the traditional Malay confinement care and their nutrition needs. In term of financial, it is easy to get an incentive in the form of grants, capital needs, rental subsidiary through government institution or affiliate program; and loans from bank. Overall, the study of Malay traditional confinement care and beauty services is still relevant as it is still needed by pregnant ladies and mothers after giving birth. This is important as it helps mother to recovers to their pre-pregnancy state faster.

Keywords: Confinement Care, Sarawak Malay, Beauty Spa, Mobile Spa, Nutrition, Single Mothers.

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CHAPTER ONE

INTRODUCTION

1.0 INTRODUCTION

This chapter outline the research design and methodology that was used to explore the services of healthcare and confinement care in Sarawak. For the process design, the researcher firstly needs to define the problem. Second, the objective of the study is declared as discussed in the next section. The next step is to develop the interview questions to gather all data that the researcher needs to achieve the objectives. After that, the researcher launched the interview process and gathered the results. The researcher analyses the result and determined the conclusions for this study.

1.1 AIM OF THE STUDY

The fundamental aim of the study is to observe the factors that contributed to the successful and sustainability of a confinement care services and learn how they experience the public health care services offered in Kuching, Sarawak based on the mother's experience during pregnancy, birth and post-natal period.

1.1.1 Objective of the Study

Objectives of this study are stated in Table 1.1.

Table 1.1: *Objectives of the study*

Theme	Objective
Public health care services	1) To identify the problems in public health care services in handling pregnancy, birth and post-natal period.
Confinement care service	2) To learn the services that customer needs during confinement care period.

1.2 METHODOLOGY

The methodology is the way of the researcher conducts research (Jonker, 2010). It is a process to gather data and information. The purpose of research methodology is to help making business decisions that give direction to the corporate mission. The methodology may be a qualitative research, quantitative research or combination of both. The methods may include observations, interviews, surveys, publication research and other techniques. In this study, the researcher uses a qualitative research, and chooses to do a semi-structured interview and uses the interview questions as a guided interview method to meet the aim of the study.

1.2.1 Qualitative Research

Qualitative research is one of the primary approaches to conduct social science research. As one of the primary supporter of qualitative methods has explained, "Quality refers to the what, how, when, and where of a thing. Qualitative research refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things." The data that is used in qualitative research come from a range of collection methods, that include interviews with individuals, observations of people, places and actions or interactions, immersion in settings. This is to understand the what, how, when and where and how of social structure and action or interaction, the analysis of media whether written, spoken, drawn, or others content, and guided conversations with groups of individuals which is by focus groups. Each of these approaches to data collection differ in the sources of information and what actual tasks the researcher does to collect information, yet all also include the idea of pulling together examples of the content of regularly encountered situations and things (Tewksbury, 2009). Qualitative research is engaged in this research as it involves a process of naturalistic inquiry that seeks understanding of social phenomena within their natural setting. It focuses on the "why" rather than the "what" of social phenomena and relies on the direct experiences of human beings as meaning-making agents in their everyday lives. Rather than by logical and statistical procedures, qualitative researchers use multiple systems of inquiry for the study of human phenomena including biography, case study, historical analysis, conversation analysis, ethnography, thematic and phenomenology.

Quantitative research is typically considered to be the more "scientific" approach to doing social science. Qualitative methods provide a depth of understanding of issues that is not

possible through the use of quantitative, statistically based investigations. Qualitative methods are the approach that centralizes and places primary value on complete understandings, and how people (the social aspect of our discipline) understand, experience and operate within milieus that are dynamic, and social in their foundation and structure (Tewksbury, 2009). The three major focus areas are individuals, societies and cultures, and language and communication. Although there are many methods of inquiry in qualitative research, the common assumptions are that knowledge is subjective rather than objective and that the researcher learns from the participants in order to understand the meaning of their lives. To ensure rigor and trustworthiness, the researcher attempts to maintain a position of neutrality while engaged in the research process.

1.2.1.1 *Interview*

Interviews are usually structured conversations that researchers have with individuals. Like everyday life, one of the most productive ways to learn about a person, place, or set of activities is to ask questions of people who have knowledge or experience about that topic. Interviews are used to seek information from people, just as quantitative researchers ask questions with surveys. However, the difference is that when a qualitative researcher asks questions of a person, they are interested in understanding how the person being interviewed understands, experiences or views some topic. The quantitative researcher inquires about if and how a person knows something, and how that knowledge can be translated into a numeric value. This most frequently requires the use of closed-ended questions on surveys, limiting the possible answers to those identified by the researcher, not in whatever form of understanding the person being interviewed holds and can explain to the researcher doing the interview. In this way, interview data is “richer” than quantitative data in that not only does the researcher learn how the interviewee sees and knows something, but so too does the qualitative researcher get an explanation of that observation or knowledge. In short, interview data provides the answers that quantitative surveys questions produces, but qualitative interview based data also provides the answer in an unlimited range of possibilities and with an accompanying context (Tewksbury, 2009).

For this project, semi-structured interview or guided interview is conducted with an objective to get information on the mother’s experience during pregnancy, birth and post-natal

period and learn how they experience the public health care services offered in Kuching, Sarawak and what are the services that customer needs for confinement care.

For this research, researcher interviewed female customers from Surianitra Jelitia using interview questions regarding their pregnancy and post-natal care as a tool to collect the data. A total of 151 interview questions were asked based on a study done before for the Norwegian health system. The women responded to the survey using a pregnancy and maternity-care patients' experiences questionnaire (PreMaPEQ). The questionnaire collects patient reported experience measures (PREMS) and cover mainly nontechnical aspects of the health-care services, such as patient centeredness and patient information. The development and evaluation of the questionnaire is presented in detail elsewhere with the conclusion that the PreMaPEQ is a valid, reliable and acceptable instrument for collecting women's experiences of the entire course of maternity care in health systems with features in common with the Norwegian health system (Sjetne, 2015).

1.3 RESEARCH PARTICIPANTS AND DATA COLLECTION

For qualitative research, the research participants for the interviews are ten women from Surianitra Jelitia customers (SJ). As for criteria of selection, it based on their marital status in SJ's client lists. The customers who are married with children or currently pregnant are chosen to participate in the interview with their consent. Qualitative methodology is mainly preferred as the effective way to achieve the research objective. The data gathering took place between October 2019 until November 2019. First, the researcher contacted the respondents to ask for permission to interview them on their next appointment date at the shop. For the whole October 2019, data gathering is conducted at the shop in Kuching with permission of SJ's owner. All the respondent's background is summarized as below as obtained from part D of questionnaires.

Table 1.2: *Background of respondents*

Interviewee	Age	Education	Job	Number of Children
• Participant 1	57 years old	Upper secondary school	Housewife	4
• Participant 2	30 years old	University	Employed	2
• Participant 3	37 years old	University	Employed	1
• Participant 4	30 years old	University	Employed	1
• Participant 5	41 years old	College	Employed	4
• Participant 6	52 years old	Upper secondary school	On sick leave	4
• Participant 7	27 years old	University (more than 4 years)	Self-employed	4
• Participant 8	28 years old	University (more than 4 years)	Employed	Pregnant (due in January 2020)
• Participant 9	50 years old	Upper secondary school	Housewife	2
• Participant 10	38 years old	College	Self-employed	4

The researcher also interview on their opinion about the confinement care services that they previously experienced if any, and their opinion on what do they think confinement care services should be like and the improvement that can be done for confinement care in Sarawak. The responses from the interview process were positive. Interviews time taken estimated taken around one hour per session.

1.4 INTERVIEW QUESTIONS DEVELOPMENT

For interview session, we develop a question that represents the category of pregnancy, birth, post-natal period and confinement care related questions. Appendix A shows the list of question asked to assist during the interview process.

The first part of questions asked is from part D, which include normalized questions to provide basic information about the interviewee regarding name, contact detail, age, and other backgrounds. This section is designed for interviewer to get closed with the respondent by calling his or her name or their company profile.

Part A covers the pregnancy period of the respondents. Part B consists of question about their childbirth period. Part C is on their post-natal period whether the keep contact with the health care after giving birth. The final section is part E, about the confinement care experiences and recommendations.

A total of 151 questions were asked and 144 questions were based on a study done before for the Norwegian health system where the women responded to the survey using a pregnancy and maternity-care patients' experiences questionnaire (PreMaPEQ). The questionnaire collects patient reported experience measures (PREMS) and cover mainly nontechnical aspects of the health-care services, such as patient centeredness and patient information. The development and evaluation of the questionnaire is presented in detail elsewhere with the conclusion that the PreMaPEQ is a valid, reliable and acceptable instrument for collecting women's experiences of the entire course of maternity care in health systems with features in common with the Norwegian health system (Sjetne, 2015).

1.5 DATA ANALYSIS

Qualitative research meaning and utility stays vague to many. Qualitative research examines text, interviews, comments, and other types of “unstructured data” which must be interpreted for meaning. This method of research is widely used across disciplines. According to The SAGE Encyclopaedia of Qualitative Research Methods, qualitative research consists of a set of interpretive material practices that make the world visible. Qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Scales, 2013).

In this research, researcher used thematic theory to analyse the data since the data obtained through a semi-structured interview. Thematic analysis is a method of analysing qualitative data that usually applied to a set of texts, such as interview transcripts. The researcher closely examines the data to identify common themes such as topics, ideas and patterns of meaning that come up repeatedly. There are various approaches to conduct thematic analysis which includes familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up. It is a flexible method that can be adapted to the purposes of the research. Thematic analysis is a good approach in finding out people’s views, opinions, knowledge, experiences or values from a set of qualitative data such as interview transcripts, social media profiles or survey responses (Caulfield, 2019).

CHAPTER TWO

LITERATURE REVIEW

2.1 MALAYSIAN HEALTH CARE

Nowadays, almost every Malaysian who need medical treatment have access to government clinic or hospital at reasonably priced rates. However, there are number of flaws in Malaysian health care services. This include the inexperienced junior doctors in misdiagnoses and delays in diagnosis. Secondly, the poor managing of primary healthcare system where patients must wait for out-patient screening before going to specialist. Thirdly, the overcrowded government clinics and hospitals in terms of double patient's number in wards with long waiting list that some are discharged early, leads to medical personnel stresses and contribute to patient's discomfort and risks to hospital-acquired infections. Other than that, the shortage of government specialists where doctors migrate to private sectors within a few years leads to delays in specialist assessment, diagnosis and misdiagnoses, inadequate supervision of junior doctors, treatment errors, loss of faith in government hospitals, and long waiting periods to get certain investigations done can take months, putting patient at risk of suffering further deteriorating their condition. Besides that, the two-tier healthcare system where those who cannot afford private hospitals go to the government hospitals, where sometimes, delays in investigation, diagnosis and treatment leading to poorer outcomes. Next is the rising costs of 'co-payments' where newer devices and treatment modalities are not provided free by the government hospitals and must be bought by patients. Finally, the tragic expenditure of patient's families with critical illnesses are often under severe financial stress to obtain the best treatment for their loved ones (Devaraj, 2019).

2.2 CONFINEMENT CARE AND SPA

Postpartum period, also known as post-natal or after birth confinement period is a phase where women will experience physical and emotional changes, while transitioning into a new role as a mother. It starts as soon as the baby is being delivered and last up to 6 weeks where the mother's body will return to its non-pregnant state. During this period, postpartum women may experience minor problems such as fatigue, weight gain, constipation, haemorrhoids, and

soreness of breasts; to serious problems such as wound infections, pain, haemorrhage, psychosis and postpartum depression (PND) (Akmal, 2015).



Picture 2.1: Malay confinement care needs which include baby care, postnatal massage, hot compression, body wrap, and diet food (taken from website: says.com)

In many cultures, traditional postpartum or confinement beliefs and practices are common. In general, most Asian traditional practices of postpartum care aim to restore the balance in the body elements described as; soil, which is dry; fire, which is hot; air, which is cold; and water, which is wet. As blood is considered as ‘hot’ element, giving birth that involves losing blood is thus described as ‘cold’ element. This aim to restore the normal function of sexual and reproductive organs, increasing wellbeing and energy of the mothers, promoting wound healing, weight loss and for aesthetic reasons. Malaysia is a multicultural country consisting of three major ethnic groups, namely the Malays, Chinese and Indians, each having their own confinement practices that may vary across different states in the country but share some similar principles. They diligently observe the confinement period ranging from 30 to 44 days during which several practices such as massage, hot compression, traditional girdle or corset and herbal baths are performed. A woman must remain at home and restrict her behaviour to special diet, specific activity and practices with the help of a midwife or her female family member. The essential features in the Malay postpartum care include the use of herbs, heat, and Malay postnatal massage. Heat is used in the form of direct exposure such as hot compression (bertungku), warm baths or indirect exposure such as consuming ‘hot food’ during confinement. The former is also an essential practice in the Malay postnatal massage apart from

whole body massage and body wrapping (barut). Massage is performed for a minimum of three days, six to seven times during the confinement period. Hot compression is believed to dissolve residual blood clots in the uterus, to help contract, break down fat tissues and help the woman's body return to its pre-pregnancy state. Body wrapping is widely believed to help reduce weight and tone the body, protect the internal organs as well as help swollen organs return to their pre-baby state and promote good posture that will aid in breastfeeding (Akmal, 2015).

Returning a mother to their non-pregnancy state is associated with the mother's beauty inside and out. That is when beauty services are needed to maintain women's beauty physically and mentally by having beauty treatments such as facial treatments, manicure and pedicure, slimming treatments and more. Providing spa experiences where various forms of relaxation are recommended for mothers in confinement is due to sacrifices that pregnant women must face in concerns for the health of the unborn child. One of them is the use of cosmetic services offered by salons which will be beneficial for the body and psyche of the future "mother". Cosmetic salons offer wider range of treatments, including face, neck, cleavage and body massage excluding the abdominal area where it helps to improve blood circulation, prevents swelling, and relaxing. Secondly, with the use of delicate cosmetic peels, masks, serum or ampoules and creams helps in moisturizing, soothing, eliminating inflammation and strengthening the blood vessels of the face and body. Thirdly, the alternate showers of hot and cold water which is offered by SPA beauty salons will improve the tension and blood circulation of the skin. Fourth is with the use of cosmetics with moisturizing and elasticizing properties (collagen, hyaluronic acid, sweet almond oil, macadamia oil, shea butter) to prevent stretch marks and cellulite. Finally, the manicure which can improve the appearance and condition of the nail plate (Warowna, 2019).

2.3 CONFINEMENT CARE AND NUTRITION

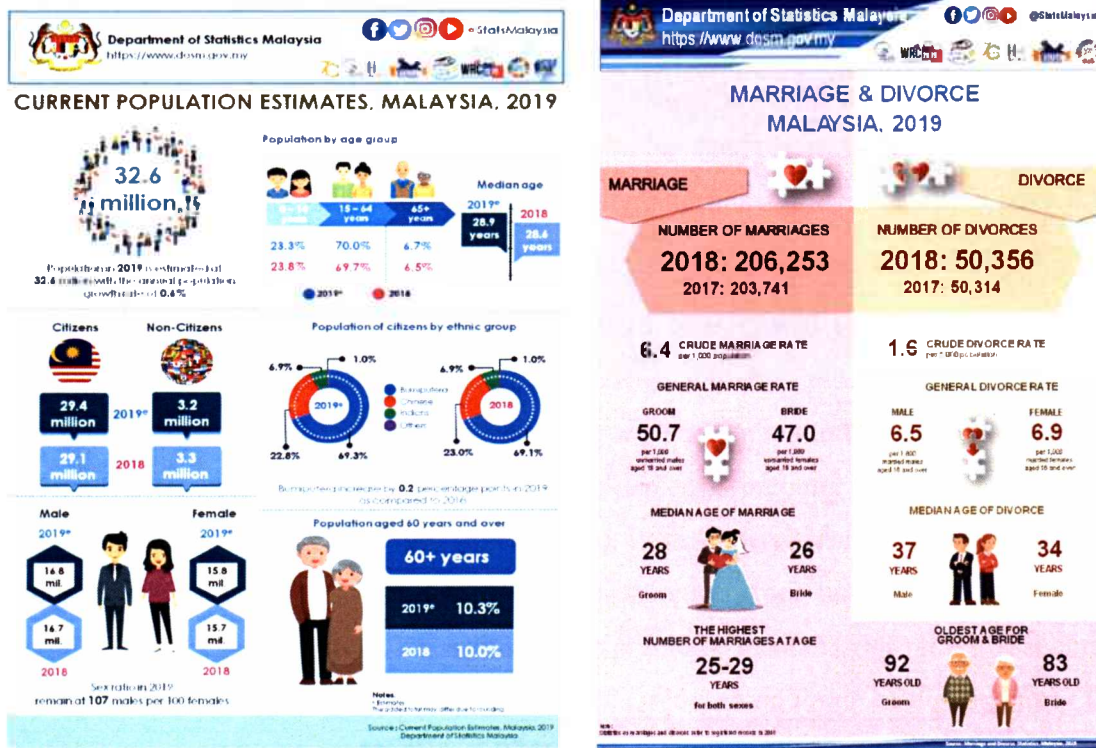
In terms of confinement care and nutrition, there are several food taboos that postpartum women need to be aware of. Food taboo has been defined as an intentional avoidance of specific food or food groups with purposes other than just simple dislike. In many cultures passes down from generations, food taboos are usually practiced during pregnancy and after giving birth in the belief that this can protect the mothers and their babies. The practice considered as periods of great vulnerability and periods of increased energy and nutrition needs. As dietary diversification is viewed to be a workable method in combating malnutrition,

the obedience to food taboos prevents these from happening. Pregnant women and lactating mothers against food taboos, have been linked to low-birth-weight babies, micronutrient-deficient breast fed children and later to an increased risk of maternal and neo natal death (Köhler, 2018).

In Kuala Lumpur, the compliance of food taboos among pregnant women is surprisingly high, despite it being the largest and modern city in Malaysia. In the cross-sectional study conducted in 2016, 70.2 percent of the pregnant respondents followed food taboo. During the postpartum period, it was reported that about two-thirds of all maternal deaths occur at this time in developing countries. Different cultures adhere to different postpartum practices which constitute a period of rest, coupled with food and mobility restrictions. The Malay women (Malay, Javanese, Buginese or Minangkabaus descent) undergo a confinement period (*masa dalam pantang*) of 40-44 days. Chinese women are known for “doing the month” (*zuoyuezi*), which takes 30 days, while Indian descent takes 40 days. Women following the Islamic faith adhere to a 44-day confinement period. According to Chinese tradition, the mother is in the period of strongest yin (cold) during the postpartum period; hence, her diet should be composed of yang (hot) foods. She should avoid cold foods such as vegetables and fruits for the body to regain its balance. The avoidance is believed to protect the mother and child from further negative complications such as getting leprosy, deafness, having a deformed abdomen, suffering from womb itchiness, slow wound healing, either loose bowel movement or constipation, hypertension, drowsiness and allergic reactions. On the other hand, the devotion to food taboos during the postpartum confinement is one of the cultural practices linked to postnatal depression (Köhler, 2018).

Postpartum breastfeeding is the natural approach of supplying babies with essential nutrients for their survival, optimal growth and development. It should be initiated within the first hour right after delivery, and exclusive breast feeding is recommended up to six months up to two years of age or beyond, together with suitable complementary foods. Breastfeeding beneficial to the child and good long-term effects on the mother’s health. Only 38 percent of infants under six months of age are exclusively breastfed in the world (Köhler, 2018).

2.4 MALAYSIA STATISTICS



Picture 2.2: Malaysia population, marriage and divorce in 2019 (taken from website: Department of Statistic Malaysia)

In 2019, the current population of Malaysia is estimated to be 32.6 million (32,581,400 to be exact), where 29.4 million is Malaysian citizens. The female population in Malaysia increases to 15.8 million. The population aged 15 to 64 years old which is the working age, increases to 70%. The increase of working age and the old age population contributed to incline of the median age which is 28.9 years (Department of Statistics Malaysia, 2019). Based on The Official Portal of Sarawak Government, the population of Sarawak is 2,471,140 for the year 2010, where Kuching population is estimated around 705,546 (Sarawak Population, 2010). Women population in Sarawak by 2017 is estimated to be around 1,320,000 based on Department of Statistic Malaysia, Official Portal and 2,770,000 estimated for Sarawak population in 2017. 52.1% of women in Sarawak are working in the year 2017 which is 687,720. Population of group age between 20 to 40 years old is 853,100 (Population & Demography, 2019).

The Population and Housing Census is conducted once in every 10 years by Department of Statistics Malaysia. The average number of persons per private household in Malaysia declined to 4.2 persons in 2010. Sarawak recorded an increased to 4.8 person in a household. In Census 2010, 71.0 per cent of private households are reported to own a mobile phone (Department of Statistics Malaysia, 2019). Based on the statistic, each household in Sarawak have a 4.8 person. Assuming 2 person is the mother and father, each household have 2 to 3 children.

The median income of a household in 2016 is estimated to have an increased to RM5,228 and the mean income is also increased to RM6,958. Five out of ten household which is 50 percent received RM5,228 per month or less. The main sources of income are paid employment (63 percent), self-employed (15.6 percent), property and investment (12.9 percent) and current transfer received (8.5 percent). Poverty decreased to 0.4 percent in 2016. Household group of low income (B40) share 16.4 percent which have a median income of RM2,629 and mean of RM2,848. Household group of middle income (M40) share 37.4 percent which have median of RM6,275 and mean RM6,502. Household group of high income (T20) share 46.2 percent which have median of RM13,148 and mean RM16,088. Median income for Sarawak is RM4,163 (Department of Statistics Malaysia, 2017).

The household expenditure in 2016, Malaysian spent 0.19 percent on health and 0.50 percent for recreation services and culture. The expenditure mean is RM4,033 and median RM3,314. In Sarawak, the mean monthly household consumption expenditure is RM3,118 (Department of Statistics Malaysia, 2017).

Based on the Department of Statistics Malaysia, the number of marriages in Malaysia shows an increased for 2018 which is 206,253 and the number of Muslim marriages recorded is 150,098. While the number of divorces in Malaysia for 2018 also shows an increased which is 50,356 and the number of Muslim divorces shows a decreased to 40,269. The highest number of marriages is at the age of 25 to 29 years old where most bride median age is 26 years. While the highest number of divorces is at the median age of 34 years old (Department of Statistics Malaysia, 2019). We can try to estimate the married couple in Sarawak and Kuching using the rate given, where in Sarawak is around 15,815 people and in Kuching is around 4,515 people after calculation.

In terms of tourism statistics, Sarawak targets five million visitor's arrival in the year 2017 with an expected RM8.98 million in tourism receipts. State Tourism, Arts, Culture, Youth

and Sports Minister Datuk Abdul Karim Rahman Hamzah said, as of January to April 2017, Sarawak received 2.67 million visitors, indicating an increase of 17.26% as compared to the same period in 2016. He said there was a need to create a brand identity for the state as it was not known overseas compared to Kuala Lumpur, Sabah, Penang, Langkawi and Malacca. The plan includes, the upgrading of tourism infrastructure and facilities, developing of new products, upgrading work of the Kuching Waterfront and creating fringe events for several iconic events (The Sun Daily, 2017).

2.5 WOMEN EMPOWERMENT

Nowadays, women also hold high economic power. Majority of women in Malaysia are working, which is estimated about 54.1% of the total 9.9 million potential labour force in 2015 (The Star Online, 2018). Department of Statistic Malaysia 2016 stated that 40 percent of Malaysian have low household income which is classified at RM3000 per month and the other 60 percent have an income of more than RM3000 per month (Department of Statistics Malaysia, 2017).

40 percent of single mothers in the low-income group (B40) can boost their economic situation (The Star Online, 2018). Puan Hasiah Haniza Abd. Wahab, Chairperson of the Islamic Single Mothers Association for the Federal Territory and State of Selangor stated that financial independence struggles as majority of single mothers that hail from rural areas usually lack specialized job skills, as well as the education or training required to get proper employment. They face no option other than accepting poorly paid, low-level jobs in generally unfavourable working conditions, with an unfortunate few resorting to the sex trade to make ends meet (community perceptions). They are unable to afford childcare and often loaded with the additional burden of caring for extended family members, many more single mothers are housebound and forced to rely on modest government assistance to even put food on the table. Especially aged 40 and above, they found it a real challenge to get into the formal workforce as most of them had never work before because they entered straight into marriage at a very young age. They tend to become slightly lost and do not know how to go about obtaining a job, especially if they lacked the necessary education, skills and training required to make them employable (UNDP, 2019).

Three definitions of single mothers defined by the cabinet are wife with a dependent child who are divorced by husband, mothers who are breadwinners for the family with

dependent children and support husbands who are disabled, bedridden or even deceased which unable to work, divorced women with adopted child or have children out of wedlock (Lai, 2015).

There are 9 major social issues in Sarawak which is teenage pregnancy, marriage and divorce, sexual crime against children and women, homelessness, as stated by KKWP, now lead by YB Dato Sri Hajjah Fatimah Abdullah (Borneo Post Online, 2018). There are barriers for single mothers with Tertiary Education, 72 percent of single mothers are willing to work. The target for single mothers is that they will at least operate small business to help enhance the family financial standing (New Sarawak Tribune, 2017). Single mother in the country is 800,000 from Statistics Department in 2010 and redefined based on the categories is 235,000 (Lai, 2015). In Sarawak, there is 15,000 single mothers identified (New Sarawak Tribune, 2017).

CHAPTER THREE

RESEARCH RESULTS

3.1 QUALITATIVE RESEARCH RESULT

Qualitative data is analysed using thematic analysis method. The analysis follows the specific research questions and the researcher implying the importance of the words or comments were repeated numerous times. The researcher also selects the “cut and paste” method of analysis. Table 3.1 summarizes the research finding.

Table 3.1: *Summary of the Research Findings*

Theme	Objective	Description
Public health care services	1) To identify the problems in public health care services in handling pregnancy, birth and post-natal period.	<p>PART A</p> <ul style="list-style-type: none"> • Pregnancy (8 respondents answered): hard to get appointment from midwife and general practitioner, receiving conflicting information from health personnel, fairly well organized <p>PART B</p> <ul style="list-style-type: none"> • Birth (9 respondents answered): some unsatisfied with health personnel service and information given which they find conflicting, complain of childbirth pain • Post-natal period (6 respondents answered): more than 2 days hospital stays are too long, poor information on childcare, other than that is physical health after giving birth, possible mood changes after birth, breast feeding and other ways to feed the child <p>PART C</p> <ul style="list-style-type: none"> • Health clinic (6 respondents answered) More than 6 times check-up is too much,

some still unsatisfied in terms of services and childcare information and their inquiries in between check-ups, most did not go to post-natal or breast-feeding outpatient clinics

Confinement care service 2) To learn the services that customer needs for confinement care.

PART D (Respondents Background)

- Age range: 20's to their 50's (most in their 30's),
- Status: Married and never divorce
- Most respondents have 4 children in total
- 7 respondents are with tertiary education, 3 are at secondary education level
- 5 of them are working
- All of them believe they are in good health, free from diseases, only one with caesarian

PART E

- 4 respondents experienced confinement care and 2 of them share their opinion on what to improve, 6 respondents never been to one but 3 of them share their opinion to improve confinement care service
 - Location: Home (mobile)
 - Facilities: Comfortable, clean, can bring husband
 - Price: RM400 to RM6,000
 - Service menu: Post-natal massage, hot compress, body wrap, herbal bath, sauna, baby bath, baby massage, laundry, cooking, cleaning, nursing guide, nutrition consultation and confinement meal, educating parents, wide range of services
-

-
- Confinement lady work ethic: Dedicated, trustworthy, responsible, skilful, passionate, mood enlightenment, appropriate communication, professional, sincere, caring, helpful, not bias, clean, hygienic, kind, smart, knowledgeable
-

3.1.1 Problems in Public Health Care Services

In part A, which is questions on the pregnancy period based on the research done, 8 of the respondents use public health care services during pregnancy check-ups by a midwife, general practitioner and doctor whether at the health clinics or at the hospital. They went for their first check up at less than 8 weeks to 12 weeks of the pregnancy and went to check from 5 to more than 17 times in total, and they feel that it is an appropriate number for check-ups. 4 of them did not get check-ups by midwife for at least 2 times or more than 4 times and it is hard for them to get an appointment with the same or different midwife, while 7 of them did get check-ups from the general practitioner for 1 time at least but mostly more than 4 times, and they find it is important for them to get the check-ups but some of the does not find it easy to make appointments. Mostly, their general practitioner treats them politely and with respect, spend enough time with the doctor, they are open with questions, caring and they are confidence with the general practitioner confidence. The overall impression of the information they received during this period, most of them receive enough information on their physical health, possible mood changes, and baby development; fairly information on birth expectation, pain relief during birth, and post-natal period. However, most of them agree that they receive conflicting information from the health personnel. For the ultrasound scan, they did at least twice and most of them undergo up to 5 or more times ultrasound scan which they think is an appropriate number and received enough information about them and are happy with service given. For the organization and availability of health care, most of them think of it fairly that the public services they use is well organized, and mostly find that the midwife and general practitioner cooperated well with each other and with the hospital.

In part B, which is the birth and post-natal period based on the research done, 7 respondents give birth in the delivery ward at the hospital, and some at the birth center by the midwife while one of the respondent have not deliver but wish for the delivery to be done at the hospital delivery ward as well. All of them give birth to one child at a time, at least in 33

to 36 weeks into pregnancy and mostly at 37 to 41 weeks into pregnancy, mostly with child's birth weight at 2501 to 4500 grams, by mostly normal birth followed by minimal of caesarean section. 7 respondents stay at the delivery ward, mostly reported that they were taken seriously when they say they wanted to give birth and are received well at the delivery ward. Most respondents stated that, the health personnel there treated them politely and with respect, attentive to them and their questions, caring, and they have confidence with the personnel's professional competence. However, there are a few that still unsatisfied with service given at the delivery ward. Most received enough information during their stay, but they find the information given by the health personnel is conflicting. For the organization and involvement at the delivery ward, mostly they find the service at the delivery ward is well-organized, the health personnel cooperated well during the birth, some still unsure of who had the main responsibility over them, and respondents are involved in decision making concerning their birth as they wish, however not most of them receive enough pain relief during labor. For their husbands, they reported that their husbands are received well by the health personnel and they arranged so that their partner can be present during labor. The information they receive in that period is enough and not conflicted with other health personnel.

For their post-natal stay, 8 respondents stay at the maternity ward and birth center after giving birth for up to 3 to 4 days but mostly are in 1 to 2 days. They find that more than 2 days stays are too long, so 1 to 2 days would be enough where most of them stays in a multiple-bed room in maternity ward. The health personnel are polite and respectful, attentive to them and their questions, care about them with their child, and have confidence in the personnel's professional competence. However, they are still some that did not agree. The information given to them during their post-natal stay are still poor especially for childcare, other than that is physical health after giving birth, possible mood changes after birth, breast feeding and other ways to feed the child. However, they did get guidance on breastfeeding and childcare during the stay. The organization during post-natal stay, they find that the services were well organized, health personnel cooperated well, received fair information on who have main responsibility over them, and fairly on the things are arranged to get them enough peace and rest. Their partner is fairly being received well and things are arranged so that their partner can be present. Most of them go for individual consultation from midwife before going home, some in group, while some did not go, where it is benefitted for them to go. Some of them did not know that they could inquire questions after going home, and the contact people are not easy to get in touch, and the question are fairly answered when they did contact them. Most of them fairly satisfied

with the service received and expected it. Most of them did not feel that their child or themselves is given an incorrect treatment.

In part C, which is the contact with the health care after giving birth based on the research done, 6 respondents had contact with the public health clinic since birth such as by telephone, at check-ups or vaccination, or home visits. 4 respondents are offered home visits from health clinic which they feel benefitted, while the other 2 are not offered. Most of them go for their first check-ups at less than 2 weeks after birth, while others after 2 weeks. Most of respondents initiate contact for appointment whenever they are ready. They would go for check-ups at 6 or more times and most respondents find it appropriate number of times while other find it too many, but all agree that it gives benefits for them. Most agree that it is important to get appointments with the same health clinic staff upon check-ups. Most think that the staff are well informed about their birth, treated politely and respectfully, attentive to them and their questions, caring and have confidence in the staff's professional competence. The overall impression of information from the health clinics are received well on the services, physical health after birth, possible mood changes after birth, child's development and health, vaccines for child, breast feeding techniques, and child care, even though some are still unsatisfied in terms of services and child care information. Some of them still receive conflicting information from the staff, while most does not. The organization and availability at the health clinic, mostly are well organized and easy to make appointments. Most knows that they can inquire if they have questions between check-ups and people are easy to contact, questions are answered sufficiently, even though some are still unsatisfied. But overall, they are satisfied with the services received. Mostly feel that their child has never received any incorrect treatment. However, most of them did not contact the post-natal or breast-feeding outpatient clinic since birth.

3.1.2 Mother's Needs or Experience of Confinement Care

In part D, which is the respondents' background questions based on the research done, respondents' age is range from 20's to their 50's where most are in their 30's, married and not divorce, where 5 of respondents have 4 children in total. 7 respondents are with tertiary education, while 3 are at secondary education level. 5 of them are working. All of them believe they are in good health, free from diseases and only one respondent undergo caesarian which got infected and treated at the health clinic with care.

In part E, which is on the confinement care services based on the research done, only 4 respondents experiences confinement care services, while the others did not. 2 out of 4 of the respondents share their opinion on what to improve in confinement care services. While 6 other respondents never been to one, but 3 of them share their opinion to improve confinement care service. Most of them preferred home as their confinement care location which is by mobile service where confinement ladies come to their house or stay. In terms of facilities, they wanted a comfortable, clean, and where their husbands are present. The price range that they can afford is in between RM400 to RM6,000 depends on the package offer. The services that needs to be in the menu for the confinement care is post-natal massage, hot compress, body wrap, herbal bath, sauna, baby bath, baby massage, laundry, cooking, cleaning, nursing guide, nutrition consultation and confinement meal, educating parents, and offers wide range of services. The confinement lady work ethic and characteristics must be individual who are dedicated, trustworthy, responsible, skillful, passionate, mood enlightenment, appropriate communication, professional, sincere, caring, helpful, not bias, clean, hygienic, kind, smart and knowledgeable.

3.1.3 Concluding Remarks from Research Part

Based on the research result done, both objective of this research paper can be answered. The problems in public health care services is that pregnant mother have a hard time getting appointment from midwife and general practitioner, receive conflicting information from health personnel, unsatisfied with health personnel and complain of childbirth pain. They find that more than 2 days hospital stays are too long and given poor information on childcare, physical health after giving birth, possible mood changes after birth, breast feeding and other ways to feed the child. At the health clinic, they find that more than 6 times check-up is too much, some still unsatisfied in terms of services and childcare information and their inquiries in between check-ups, and most did not go to post-natal or breast-feeding outpatient clinics. Second objective is on the services that customer needs for confinement care where they prefer, home for confinement care, where the surrounding needs to be comfortable, clean, and husband is around. Paying the price ranging from RM400 to RM6,000 they wanted a place offering wide range of services including nutrition consultation, and ethical and knowledgeable confinement lady. To conclude, the research elements of this dissertation provide a worthy idea to proposed beauty confinement care centre. This business idea of beauty confinement care is discussed in the following section.

CHAPTER FOUR

BUSINESS PLAN

4.1 EXECUTIVE SUMMARY

Surianitra Jelitia (SJ) is a “One Stop Beauty Centre” concept where we are providing variety of spa and beauty services under one roof by qualified therapist and beautician from low income group that offers spa services, beauty aesthetic, nail parlour, hair treatments, selling various range of beauty products, and providing makeup service. SJ wants to add confinement care into the picture as this service are much needed by women based on the research done in the previous chapters, in order to create a platform for confinement beauty care services by mobile confinement lady. In chapter three, we can see that the mothers preferred the location for their confinement care to be at home where they are more comfortable and always have their husband and family around. So, they wanted a mobile confinement care service, where the confinement lady come to their home.

Confinement care, also known as postpartum or postnatal care has been around for a long time. Sarawak Malay traditional confinement care are still relevant in this modern era and should be continued by the younger generation to recover themselves to the condition before pregnancy after they have given birth and to preserve our culture practices as well. Even in Kuala Lumpur, the compliance of food taboos among pregnant women is surprisingly high, despite it being the largest and modern city in Malaysia (Köhler, 2018). The postnatal or postpartum period begins immediately after the birth of the baby and extends for about six weeks during which, the mother's body return to the non-pregnant state. During this period, postpartum women may experience few minor problems to serious problems (Akmal, 2015).

The existing services that benefit our customers are it is less hassle as it is a one stop beauty centre. The customers can experience the luxury and relaxing environment at lower price compared to another luxurious spa. All customers are handled by qualified and certified beauticians, and certified nutritionist or dietician, so the customers will feel satisfied with the quality of the service given, as we care for workplace safety and hygiene practice as well. Customers have fewer worries with products used as it is of good quality and safe products. With complete equipment, machine and tools which are safe to use, customers will be satisfied. Furthermore, we are giving free skin screening and free skin consultation for our clients to understand their skin condition better.

Returning a mother to their non-pregnancy state is associated with the mother's beauty inside and out. That is when beauty services are needed to maintain women's beauty physically and mentally by having beauty treatments such as facial treatments, manicure and pedicure, slimming treatments and more. Providing spa experiences where various forms of relaxation are recommended for mothers in confinement is due to sacrifices that pregnant women must face in concerns for the health of the unborn child (Warowna, 2019). The differences of what this business of service has to offer are that SJ are prioritizing Sarawak beauty culture and confinement care practices to the customers inclusive of one on one nutritional consultation during the confinement period for their confinement meal which is not offered anywhere else in Sarawak. We provide the care and guidance for the mother care and childcare which they did not sufficiently received in Sarawak health care services. We are also promoting local entrepreneur such as the confinement lady to give them more exposure and platform for their products or services, providing more job opportunities for the local itself. It is an expansion as it involves giving a larger scale of services to the customer but at the same time a new business where the concept of a confinement care and a one stop beauty care is applied.

In 2019, the female population in Malaysia increases to 15.8 million. The population aged 15 to 64 years old which is the working age, increases to 70 percent. The increase of working age and the old age population contributed to incline of the median age which is 28.9 years (Department of Statistics Malaysia, 2019). Based on The Official Portal of Sarawak Government, the population of Sarawak is 2,471,140 for the year 2010, where Kuching population is estimated around 705,546 (Sarawak Population, 2010). Women population in Sarawak by 2017 is estimated to be around 1,320,000 based on Department of Statistic Malaysia, Official Portal and 2,770,000 estimated for Sarawak population in 2017. 52.1 percent of women in Sarawak are working in the year 2017, which is estimated around 687,720. Population of group age between 20 to 40 years old is around 853,100. (Population & Demography, 2019)

Sarawak recorded an increased to 4.8 person in a household. In Census 2010, 71.0 per cent of private households are reported to own a mobile phone (Department of Statistics Malaysia, 2019) which gives SJ an opportunity to market the services online to reach their target market. Based on the statistic, each household in Sarawak have a 4.8 person. Assuming 2 person is the mother and father, each household have 2 to 3 children. The median income of a household in 2016 is estimated to have an increased to RM5,228 and the mean income is also increased to RM6,958. Five out of ten household which is 50 percent received RM5,228 per

month or less. Household group of low income (B40) share 16.4 percent which have a median income of RM2,629 and mean of RM2,848. Household group of middle income (M40) share 37.4 percent which have median of RM6,275 and mean RM6,502. Household group of high income (T20) share 46.2 percent which have median of RM13,148 and mean RM16,088. Median income for Sarawak is RM4,163. The household expenditure in 2016, spent 0.19 percent on health and 0.50 percent for recreation services and culture. The expenditure mean is RM4,033 and median RM3,314. In Sarawak, the mean monthly household consumption expenditure is RM3,118 (Department of Statistics Malaysia, 2017). Based on the research result, mothers are willing to pay for confinement care service in the range of RM400 to RM6,000.

Based on the Department of Statistics Malaysia, the number of marriages in Malaysia shows an increased for 2018 which is 206,253 and the number of Muslim marriages recorded is 150,098. While the number of divorces in Malaysia for 2018 also shows an increased which is 50,356 and the number of Muslim divorces shows a decreased to 40,269. The highest number of marriages is at the age of 25 to 29 years old where most bride median age is 26 years. While the highest number of divorces is at the median age of 34 years old. (Department of Statistics Malaysia, 2019). In Sarawak, it is estimated around 15,815 are married and 4,515 in Kuching. They may have an average of 2 to 3 children. This allow us to have secure market of two to three times the customer will come back to us for their next confinement care.

Nowadays, women also hold much economic power. Majority of women in Malaysia are working, which is estimated about 54.1 percent of the total 9.9 million potential labour force in 2015 (The Star Online, 2018). Department of Statistic Malaysia 2016 stated that 40 percent of Malaysian has low household income which is classified at RM3000 per month and the other 60 percent have an income of more than RM3000 per month (Department of Statistics Malaysia, 2017). 40 percent of single mothers in the low-income group (B40) can boost their economic situation (The Star Online, 2018). 72 percent of single mothers are willing to work. The target for single mothers is so that they will at least operate small business to help enhance the family financial standing (New Sarawak Tribune, 2017).

We are aware of these opportunities on what these women needs, wants, and demands. We want to provide quality beauty services and confinement care services at affordable price to help these mother recover faster. We want to provide a comfortable stress-free environment to our customers while using quality products in par with the luxurious spa that exist in the

current market. We want to help boost our client's self-esteem and confidence thus increasing their quality of life. At the same time, we want to provide job opportunities for Bumiputera in this beauty industry as well as practicing traditional confinement care.

4.2 COMPANY PROFILE

The company profile is an introduction to the company and aims to inform about the company's products or services. It is a concise description including company information, financial and human resources and reputation.

4.2.1 Company Details

Company's Name	: Surianitra Enterprise (Appendix A)
Registration No.	: 107647
Address Registered	: Pejabat PIBU Kuching Book B, Tingkat 2, Kompleks CIDB, Wilayah Sarawak, Jalan Sultan Tengah 93050 Kuching, Sarawak.
Telephone number	: 019-9190930
Email	: surianitraenterprise@gmail.com
Type of business	: Sole proprietorship
Business operation	: 7 October 2016
Owner	: Nurul'Azizah Binti Hj.Sulaiman
Bank details	: Maybank - 561293002131 (Surianitra Enterprise)
Project title	: Surianitra Jelitia Beauty Confinement Care
Main activities	: Confinement care services, beauty care services and beauty products supplier
Location	: 1 st Floor, Lot 263, Section 44, tabuan Road, 93100 Kuching, Sarawak
Shop space	: 800 sq ft
Estimated Loan	: RM200,000

BMC: Surianitra Jelitia Beauty Confinement Care










8) Key Partners Suppliers    Women Association   Skill Institution    Tourism 	7) Key Activities Beauty & confinement care for women & baby Marketing: Promotional activities (expo, flash sales, online ads), words of mouth Demonstration for women NGO	2) Value Propositions <ul style="list-style-type: none"> One Stop Beauty Confinement Care (Mobile Spa) Malay Sarawak culture & qualified beautician & confinement lady (from low income group) Certified dietitian/nutritionist for confinement meal Luxury at lower cost (long term asset investment) Quality & safe products 	4) Customer Relationships Customer Service Membership benefit Loyalty Rewards Free gifts Promotions Quality Control SOP	1) Customer Segmentation <ul style="list-style-type: none"> 25-40 years old Married couples Pregnant women Working women Household in middle to high income group Staying in Kuching area
9) Cost Structure				
<ul style="list-style-type: none"> Development: RM138,000 (initial) Operation (labour): RM48,000/year 	<ul style="list-style-type: none"> Marketing: RM71,280/year Administration: RM72,950/year Total cost: RM330,230 (1st year) 	5) Revenue Streams Package 1: RM1,400 (7days), RM2,400 (14 days), RM3,400 (21 days), RM4,500 (28 days), RM6,500 (44 days)	Package 2: RM1,800 (7days), RM2,600 (14 days), RM3,700 (21 days), RM4,800 (28 days), RM6,700 (44 days)	Confinement Care Set: RM400

Figure 4.1: Business Model Canvas for Surianitra Jelitia Beauty Confinement Care

The company is planning to do a confinement care services combining with the existing beauty services that they are offering. The main services are mobile spa confinement care service for women and baby.

In customer segmentation, we need to divide the market into segments of customers. Then target marketing comes in where we select the segment that we can cultivate. The marketing segmentation is differentiated into few segments to get a niche market segment. Having a niche market is more cost-efficient compare to larger market segments. For Surianitra Jelitia, we are targeting customers based on psychographic, demographic, geographic and behavioural. In behavioural, it is influence by cultural, social, personal, psychology and buyers themselves. For consumers socioeconomics characteristics includes gender, age, occupation, income, family life cycle, education and location. As we are located at the heart of Kuching city, we are bound to attract tourist visitors as well. So, our current customer and client's base are analysed based on our own customer data collection when they fill in the customer profile form and also from the research results. We have found that our current customers are of 25 to 40 years old, female, with income of middle to high, located in Kuching, Sarawak. We are targeting women aged 25 to 40 years old, married, pregnant, working with middle to high income, or from middle to high household income group, located around Sarawak specifically Kuching area.

The company offers luxury but at lower cost beauty confinement care with qualified beautician and confinement lady compare to other competitors. The company also offers mobile services for spa and confinement care where the product use is from quality and safe sources and done by qualified beautician and confinement lady. Other than that, the company offer one on one diet consultation services by certified dietitian or nutritionist for mother and baby according to their condition and needs for their confinement meal preparation.

To deliver the value to the customers, we are using social media such as Facebook and Instagram, website, networking especially with women organization, direct selling and participating in booth exhibition.

The company targets to generate income of RM500,000 per year from confinement care services. The company key partners are:

- 1) Beauty suppliers such as Magicboo, Boss Beauty, Shopeee
- 2) Women NGO such as JWKS and PiTSA
- 3) Skill institution such as Giatmara, Politeknik and Kolej Komuniti

The key resources are the company has a physical shop premise which is about 800 square feet, qualified and trained beautician and confinement ladies, certified dietician or nutritionist, enough equipment and materials for operating the business.

The main activities are confinement care services (mobile or in shop), beauty and spa services, and promotional activities such as collaboration with women association for beauty demonstration.

The total cost for this project is estimated around RM330,230 for initial year, where it includes the development cost, operation cost, marketing cost, and administration cost.

4.2.3 Value Proposition and Customer Segment Canvas

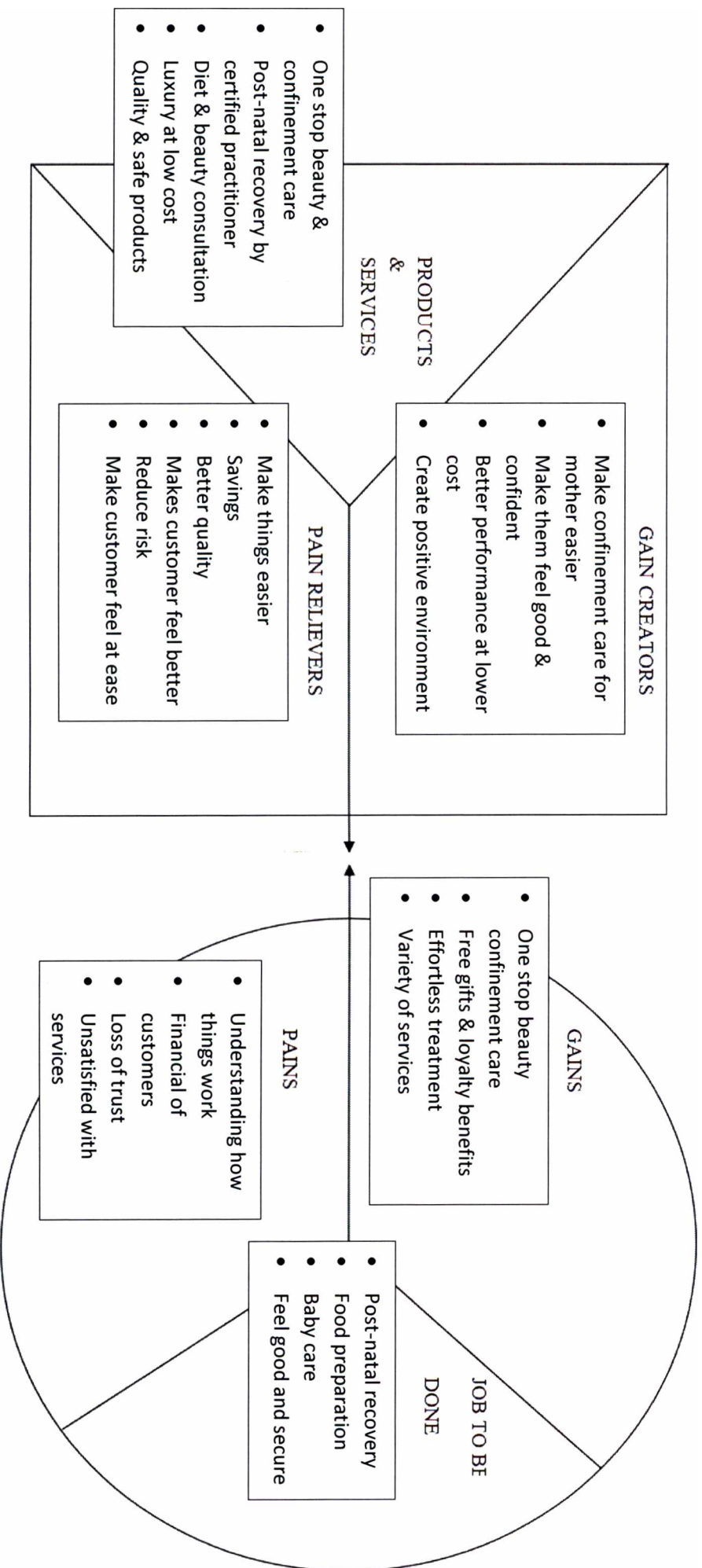


Figure 4.2: Value Proposition and Customer Segmentation for Surianitra Jelitia Beauty Confinement Care

We are targeting women aged 25 to 40 years old, married, pregnant, working with middle to high income, or from middle to high household income group, located around Sarawak specifically Kuching area. The highest number of marriages is at the age of 25 to 29 years old where most bride median age is 26 years. The population aged 15 to 64 years old is the working age (Department of Statistics Malaysia, 2019). Nowadays, women also hold much economic power. Majority of women in Malaysia are working, which is estimated about 54.1 percent of the total 9.9 million potential labour force in 2015 (The Star Online, 2018). Based on the statistic, each household in Sarawak have a 4.8 person. Assuming 2 person is the mother and father, each household will have atleast 2 to 3 children. Five out of ten household which is 50 percent received RM5,228 per month or less. Household group of middle income (M40) and high income (T20) share 83.6percent which have median of RM6,275 to RM13,148 and mean of RM6,502 to RM16,088. Median income for Sarawak is RM4,163. The household expenditure in 2016, spent 0.19 percent on health and 0.50 percent for recreation services and culture. In Sarawak, the mean monthly household consumption expenditure is RM3,118 (Department of Statistics Malaysia, 2017).

The company offers mobile spa focusing on Malay Sarawak confinement care service and beauty where our beautician or confinement lady can go to customer's place to perform the treatment they wanted, or they can come to our place instead. We provide luxury ambience for customers but at lower cost where the cheapest confinement care package that starts at RM1,400 for minimum of 7 days compare to other competitors. Treatment are done by qualified beautician and confinement lady which are chosen from the low-income group such specifically single mothers in order to help them generate their own income. There are 72 percent of single mothers are willing to work. The target for single mothers is they at least operate small business to help enhance the family financial standing (New Sarawak Tribune, 2017). Single mother in the country is 800,000 from Statistics Department in 2010 and redefined based on the categories is 235,000 (Lai, 2015). In Sarawak, there is 15,000 single mothers (New Sarawak Tribune, 2017). We are also providing a platform for low-income group to register under us, using our brand, our material and equipment to generate their own income with certain specification. The product use is from quality and safe sources that does not give side effects to mothers and babies in that delicate period. Other than that, the company offer diet consultation services by certified dietitian or nutritionist for mother and baby according to their condition and needs for their confinement meal preparation as confinement meal is important for recovery.

The qualities customers' value the most on our services is that we have selection of wide variety of service from head to toe. It is convenient, where our place is situated in the eye of the Kuching city and we can come to the customer house if needed. The services are great where quality services are given to each customer according to the SOP provided. We are reliable as highly trained beautician and confinement lady are presents to handle customers. We are always available for our customers because we are open every day from 8 a.m. till 10 p.m. The affordability of our services is reasonable where we are targeting middle to high income group, hence all service is priced reasonably.

4.3 OBJECTIVE OF BUSINESS PLAN

Objectives are the specific step that needs to be structure in order to reach the goal. It is an important thing to think before planning the business.

4.3.1 Objective of Company

- 1) To fulfil local demand of Malay beauty confinement care services in Kuching, Sarawak for middle to high income group.
- 2) To promote the Malay confinement culture and products related on a unique perspective where our services are differentiated from others.
- 3) To provide job opportunities to the Bumiputera low-income group, in order to help enhance their financial standing and improve the quality life.
- 4) To sustain, enhance and preserve the traditional confinement care and beauty practices in Sarawak.
- 5) To become profitable confinement care and beauty spa.

4.3.2 Vision

To become the number one successful platform of social enterprise in Malaysia in encouraging the unfortunate low-income group (single mothers, unemployed women, school dropouts) by providing them with a platform to become an entrepreneur or job opportunities in this beauty field and preserving Sarawak's Malay confinement and beauty culture.

4.3.3 Mission

By providing a one stop confinement care and beauty centre, a platform operated by low-income group, oriented for women to enjoy the relaxing treatments and spa moments in Kuching, Sarawak. The business will seek to offer customers the balance of relaxation and Sarawak Malay confinement and beauty culture, by providing options of various beauty services and the compulsory Malay confinement practices from head to toe with a mixture of modern and traditional style of Sarawak whether mobile or in store.

4.3.4 Brand / Logo



Picture 4.1: Surianitra Jelitia Logo

The branding of “Surianitra Jelitia” comes from two entrepreneurs of Surianitra Enterprise and Jelitia Enterprise founders. “Suria” means the sun that gives out sunlight. “Suri” also carries the meaning of “suri rumah” which is the home maker or a housewife of a family. “Surianitra” gave an Indonesian vibe as the family ancestral down line of the founder herself is from Indonesia and as a respect of not forgetting the family ancestral values, thus the name is engraved in the business. Jelitia on the other hand is a combination of the word “Jelita” which means beautiful and “Tia” the name of Jelitia founder. So, from the combination of both names “Suiranitra Jelitia” or SJ for short, we believe that it carries the meaning that a women deserves to be beautiful even after marriage and after becoming a mother. She will still shine and gives radiance towards her family despite the challenges and sacrifices that she has gone through while delivering a baby and keeping the house as a home for her new family.

From the motto “Your Beauty Forte”, “Forte” is a french word that means strength. “Your” here means the customers. So “Your Beauty Forte” below our brand name means your beauty strengths. It literally means choose us as your fort to revive yourself to be beautiful again as it is our company strength to beautify you and take care of you from head to toe, even in a sense of spiritually other than physical beauty. We want our customers to be beautiful inside and out.

Our logo for our business card consists of our brand name, our motto and a simple box. This simple design describes our simplicity and you do not have to be overly accessorize with materials like clothes and jewellery, but instead you prepare yourself and take the beauty out of the original you by taking care of your body. The colour scheme we choose is white and pink as white symbolizes purity, innocence and cleanliness, while pink symbolizes a female which is the women. We hope that the services that we offer will create a beauty fort for the women to rejuvenate, by relaxing and having their treatments at the shop.

4.4 SERVICE DESCRIPTION



Picture 4.2: Surianitra Jelitia's customers

“Surianitra Jelitia Beauty Confinement Care” is a place where clients can get overall post-natal care and beauty treatments from head to toe all under one roof. Clients that is going for postpartum confinement services do not have to worry on going to another place for different beauty treatments or confinement services. We have a wide selection of service from head to toe Among the beauty services provided are facial treatments, body massage, body scrub, body masked, manicure, pedicure, henna, eyelash perm, makeup and more. Among the confinement services provided are post-natal body and breast massage, hot compression (tungku) and abdominal wrapping (barut), herbal bath, herbal drinks, and baby care. We provide mobile spa and confinement care services as it is convenient for those customers that prefer us to come to their place instead. We are also selling beauty products like body scrubs, body masks, body oil, essential oil and other related beauty products. We provide enough equipment and materials for mothers and baby care. We will be providing specified room for mothers, their husbands and their baby to have their own privacy. Other than that, we provide

diet consultation from a certified dietitian and nutritionist to help mothers recover better. The services are great where quality services are given to each customer according to the SOP provided. We are reliable as highly trained beautician and confinement lady are presents to handle customers. We are always available for our customers because we are open every day from 8 a.m. till 10 p.m.

The company offers mobile spa focusing on Malay Sarawak confinement care service and beauty where our beautician or confinement lady can go to customer's place to perform the treatment they wanted, or they can come to our place instead. We provide luxury ambiance for customers but at lower cost where the cheapest confinement care package that starts at RM1,400 for minimum of 7 days compare to other competitors. Treatment are done by qualified beautician and confinement lady which are chosen from the low-income group such specifically single mothers in order to help them generate their own income. There are 72% of single mothers are willing to work. "The target for single mothers will at least operate small business to help enhance the family financial standing" (New Sarawak Tribune, 2017). Single mother in the country is 800,000 from Statistics Department in 2010 and redefined based on the categories is 235,000 (Lai, 2015). In Sarawak, there is 15,000 single mothers (New Sarawak Tribune, 2017). We are also providing a platform for low-income group to register under us, using our brand, our material and equipment to generate their own income with certain specification. The product use is from quality and safe sources that does not give side effects to mothers and babies in that delicate period. Other than that, the company offer diet consultation services by certified dietitian or nutritionist for mother and baby according to their condition and needs for their confinement meal preparation as confinement meal is important for recovery.



Picture 4.3: Treatment room for massage, body scrub, facial, sauna and waxing



Picture 4.4: Skin analysis, consultation and facial treatment for customers



Picture 4.5: Demonstration of facial care, manicure and makeup services

4.5 MARKET TREND ANALYSIS

A market trend analysis is a study of the dynamic activity of the market. Trend analysis presents information of what happened and gives an idea of what will happen in the future. It is done to formulate strategies on how to run the business effectively.

Nowadays, pregnant woman had a hard time to find a confinement place that includes beauty treatment as well as diet consultation. Most of the confinement care in Sarawak only care for the mother and baby post-natal care such as massage, hot compress, and the usual. We do not have a proper confinement care place that provide a luxurious ambience, beauty treatment as well as confinement care for mothers and babies, and guide food intake from a certified nutritionist. There is a post-natal care provided by the government hospital but due to insufficient staff and space for mothers, they are not able to enrol themselves for that package. From the research result, Sarawak healthcare services does not provide fully the information and guidance for mother care and childcare. We want to prevent the complication for mothers especially in term of postpartum depression. Below are some factors that may contribute to the market trend.

4.5.1 Environment Analysis



Figure 4.3 PESTEL analysis (taken from website: Business To You)

The PESTLE analysis is used to do a market analysis. PESTEL is an abbreviation of political, economic, social, technology, environment and legal factors. It is a tool used to analyse and monitor the macro-environmental factors that may have a great impact on an organisation's performance. This tool will help the company's strategic decision making include assessing the company's internal capabilities, how the company responds to external forces and help with the definition of company's strategy (B2U, 2016).

4.5.1.1 Political forces

These factors are about how and to what degree a government intervenes in the economy or a certain industry. Basically, all the influences that a government has on your business could be classified here. This can include government policy, political stability or instability, corruption, foreign trade policy, tax policy, labour law, environmental law and trade restrictions. Furthermore, the government may have a profound impact on a nation's education system, infrastructure and health regulations (B2U, 2016).

Based on the research section, there are number of flaws in Malaysian health care services. This include the inexperienced junior doctors, poor managing of primary healthcare system, overcrowded government clinics and hospitals, shortage of government specialists, two-tier healthcare system, rising costs of 'co-payments', and tragic expenditure of patient's families with critical illnesses (Devaraj, 2019). Based on the research result, some of the mother received insufficient information and guidance for mother care and childcare after giving birth, where the mother finds this information is important for them. In terms of single mother empowerment, it is supported by YB Dato Sri Hajjah Fatimah Abdullah herself and Puan Hasiah Haniza Abd. Wahab that these women need to have the opportunity in small business.

4.5.1.2 Economic forces

Economic factors include economic growth, exchange rates, inflation rates, interest rates, disposable income of consumers and unemployment rates. These factors may have a direct or indirect long-term impact on a company, since it affects the purchasing power of consumers and could possibly change demand/supply models in the economy. Consequently, it also affects the way companies price their products and services (B2U, 2016).

Sarawak recorded an increased to 4.8 person in a household. In Census 2010, 71.0 per cent of private households are reported to own a mobile phone (Department of Statistics Malaysia, 2019) which gives SJ an opportunity to market the services online to reach their target market. Based on the statistic, each household in Sarawak have a 4.8 person. Assuming 2 person is the mother and father, each household have 2 to 3 children. The median income of a household in 2016 is estimated to have an increased to RM5,228 and the mean income is also increased to RM6,958. Five out of ten household which is 50 percent received RM5,228 per month or less. Household group of low income (B40) share 16.4 percent which have a median income of RM2,629 and mean of RM2,848. Household group of middle income (M40) share 37.4 percent which have median of RM6,275 and mean RM6,502. Household group of high income (T20) share 46.2 percent which have median of RM13,148 and mean RM16,088. Median income for Sarawak is RM4,163. The household expenditure in 2016, spent 0.19 percent on health and 0.50 percent for recreation services and culture. The expenditure mean is RM4,033 and median RM3,314. In Sarawak, the mean monthly household consumption expenditure is RM3,118 (Department of Statistics Malaysia, 2017). Based on the research result, mothers are willing to pay for confinement care service in the range of RM400 to RM6,000.

4.5.1.3 Social forces

The general environment represents the demographic characteristics, norms, customs and values of the population that the organization operates. This includes population trends such as the population growth rate, age distribution, income distribution, career attitudes, safety emphasis, health consciousness, lifestyle attitudes and cultural barriers. These factors are especially important for marketers when targeting certain customers or something about the local workforce and its willingness to work under certain conditions (B2U, 2016).

In 2019, the female population in Malaysia increases to 15.8 million. The population aged 15 to 64 years old which is the working age, increases to 70 percent. The increase of working age and the old age population contributed to incline of the median age which is 28.9 years (Department of Statistics Malaysia, 2019). Based on The Official Portal of Sarawak Government, the population of Sarawak is 2,471,140 for the year 2010, where Kuching population is estimated around 705,546 (Sarawak Population, 2010). Women population in Sarawak by 2017 is estimated to be around 1,320,000 based on Department of Statistic

Malaysia, Official Portal and 2,770,000 estimated for Sarawak population in 2017. 52.1 percent of women in Sarawak are working in the year 2017, which is estimated around 687,720. Population of group age between 20 to 40 years old is around 853,100. (Population & Demography, 2019)

Based on the Department of Statistics Malaysia, the number of marriages in Malaysia shows an increased for 2018 which is 206,253 and the number of Muslim marriages recorded is 150,098. While the number of divorces in Malaysia for 2018 also shows an increased which is 50,356 and the number of Muslim divorces shows a decreased to 40,269. The highest number of marriages is at the age of 25 to 29 years old where most bride median age is 26 years. While the highest number of divorces is at the median age of 34 years old. (Department of Statistics Malaysia, 2019). In Sarawak, it is estimated around 15,815 are married and 4,515 in Kuching. They may have an average of 2 to 3 children. This allow us to have secure market of two to three times the customer will come back to us for their next confinement care.

Based on research result, respondents' age is range from 20's to their 50's where most are in their 30's, married and not divorce, where 5 of respondents have 4 children in total. 7 respondents are with tertiary education, while 3 are at secondary education level. 5 of them are working. Most of them preferred home as their confinement care location which is by mobile service where confinement ladies come to their house or stay. In terms of facilities, they wanted a comfortable, clean, and where their husbands are present. The price range that they can afford is in between RM400 to RM6,000 depends on the package offer and the needs for one on one diet consultation is very much needed as discussed in previous chapters.

4.5.1.4 Technology forces

These factors relate to innovations in technology that may affect the operations of the industry and the market favourably or unfavourably. This refers to technology incentives, the level of innovation, automation, research and development (R&D) activity, technological change and the amount of technological awareness that a market possesses. These factors may influence decisions to enter or not enter certain industries, to launch or not launch certain products or to outsource production activities abroad. By knowing technology-wise, may prevent company from spending a lot of money on developing a technology that would become outdated very soon due to disruptive technological changes elsewhere (B2U, 2016).

Customer's feedback would be most effective to improve and understand the customer's needs. Workers will be sent for training to learn and revamp their skills in this industry as technology always changes so we need to keep our knowledge updated. Marketing team would need to do R&D to make our business stays relevant in the long run.

4.5.1.5 Environment forces

Environmental factors have become important due to the increasing scarcity of raw materials, pollution targets and carbon footprint targets set by governments. These factors include ecological and environmental aspects such as weather, climate, environmental offsets and climate change which may especially affect industries such as tourism, farming, agriculture and insurance (B2U, 2016).

There might be occurrence of flooding in certain area of Kuching, Sarawak. This may occur during heavy rain season which usually falls around Chinese New Year season, in January or February. So, customers located at flood area could not be reach unless they prepare to stay at somewhere that do not have flood. We need to keep in mind of using environmentally friendly material and products in the service we provided, such as biodegradable plastics and more organics.

4.5.1.6 Legal and regulatory forces

Although these factors may have some overlap with the political factors, they include more specific laws such as discrimination laws, antitrust laws, employment laws, consumer protection laws, copyright and patent laws, and health and safety laws. Companies need to know what is and what is not legal in order to trade successfully and ethically. In addition, be aware of any potential changes in legislation and the impact it may have on the business in the future. Recommended is to have a legal advisor or attorney to help (B2U, 2016).

The need to have our logo and brand patented, as well as our SOP so that other would not have the chance to copy what we are doing. We need to make sure our employees are all certified and is in good health to perform service for our customers to avoid future problems. Workers will need to be registered and interview thoroughly, with a signed contract of terms and agreements.

4.6 MARKETING PLAN

The company's marketing strategy outlines which customers niche the company will serve and how it will create value for their customers. It describes business activities involved in delivering value to the customer and accomplishes the company's objective.

4.6.1 Target Market

Based on the research done, the target market for the services we offer is especially for pregnant mothers aged 25 to 40 years old. We are also targeting women in Kuching who is looking out for a place or confinement lady that do postpartum confinement services for themselves and their babies. Besides that, is married couple that is conceiving their first-born child or the next born child where we can introduce to them the proper way to care for their postpartum confinement period in terms of physical relaxation, food and baby care to prepare them for their future baby. Other than that, is pregnant woman or mothers that want to take care of themselves in term of both physical beauty and their mental health wellbeing in order to recover back to their normal state. Woman who is health conscious about their diet such as how to boost their milk production or how to get back their slim body.

In customer segmentation, we need to divide the market into segments of customers. Then target marketing comes in where we select the segment that we can cultivate. The marketing segmentation is differentiated into few segments to get a niche market segment. Having a niche market is more cost-efficient compare to larger market segments. For Surianitra Jelitia, we are targeting customers based on psychographic, demographic, geographic and behavioural. In behavioural, it is influence by cultural, social, personal, psychology and buyers themselves. For consumers socioeconomics characteristics includes gender, age, occupation, income, family life cycle, education and location. We are targeting women aged 20 to 40 years old, working with middle to high income, located around Sarawak specifically Kuching city. As we are located at the heart of Kuching city, we are bound to attract tourist visitors as well. So, our current customer and client's base are analysed based on our own customer data collection when they fill in the customer profile form. We have found that our current customers are of 25 to 40 years old, female, with income of middle to high class, located in Kuching, Sarawak. The company's customer segments are pregnant mothers, working mothers, or with household income of middle to high income group, aged 25 to 40 years old, staying around Kuching area.

4.6.2 SWOT Analysis

SWOT is an essential technique involves in the company's internal strengths, weaknesses, its opportunities for growth, and threats the external environment. It is important to analyse company's internal and external aspects to positions the company at the right place in the beauty business.

4.6.2.1 Strengths

We provide a place where clients can get overall post-natal care and beauty treatments from head to toe all under one roof including for their newborn baby. Clients that is going for postpartum confinement services do not have to worry on going to another place for different beauty treatments or confinement services. We have a wide range of services and packages that customers can choose from. Among the beauty services provided are facial treatments, body massage, body scrub, body masked, manicure, pedicure, henna, eyelash perm, makeup and more. Among the confinement services provided are: post-natal body and breast massage, hot compression (tungku) and abdominal wrapping (barut), herbal bath, herbal drinks, baby care and more. We sell beauty products like body scrubs, body masks, body oil, essential oil and other related beauty products. We provide sufficient equipment and materials for mothers and baby care. Products used in all treatments will be organic and tested so it is safe to be used on customers. We will be providing specified room for mothers, their husbands and their baby to have their own privacy. Other than that, we provide diet consultation from a certified dietitian and nutritionist to help mothers recover better or diet to boost milk productions.

4.6.2.2 Weaknesses

We may have difficulty to convince customer on the product that is used during their treatment. That is why we are using product which is organic and have been tested for our customers to try. Other than that, the new confinement service that we will introduce to the market where the customer will have doubt on how good it is compare to the other existing business in the market. To counter this, we can start to do promotion and demonstration of the services that we have at beauty expo and collaborate with women NGO in Kuching to give us more exposure to customers and future prospects. In this industry, the entrance of new competitors is a sure thing to happen, for this we will need to make sure our quality is always

at its best by having a proper SOP that must be followed by employees to ensure our customer's satisfaction is at its best. Other than is the existing business in the market where we need to be a step ahead of them, copy and innovate from what they have in order to grab the market attention

4.6.2.3 Opportunities

There are few of Bumiputera mobile spa growing in the Kuching market as well as for confinement lady where they have to go to the client house and some of the houses might not have a suitable environment for mother recovery period such as Mama Care, D'Karlas Maternity Care, Qhaura Azur and more. However, for a place with proper premises, there is only few that is run by Chinese and most of them does not serve halal food and practices modern and chinese style confinement care. This is where the opportunity that we can grab, by offering a proper place for mothers to experienced Malay confinement care for them and their babies, with qualified beautician and confinement lady, as well as dietitian or nutritionist to take care of their daily diet menu.

4.6.2.4 Threats

The threat of supplier increasing their price for our raw material, that is why we have few suppliers to take care of this situation and having a good connection with of them to have their trust on our business as well. The consequences of employee getting sick and unable to work, we may need to find an extra helping hands to counter this problem such as having a part timer or engaged with practical students for training to avoid additional cost to hire a part timer.

4.6.3 Competitive Analysis

The company needs to find out all it can about its competitors before plan the effective marketing strategies. Step to analysing competitor is first to identify the company's competitor. After that, the researcher assessing competitors' strategies, strengths and weaknesses and select which competitors to attack or avoid. The researcher uses Porter's five forces model to analyse the competitive among rivalry.

4.6.3.1 Porter's Five Forces Model

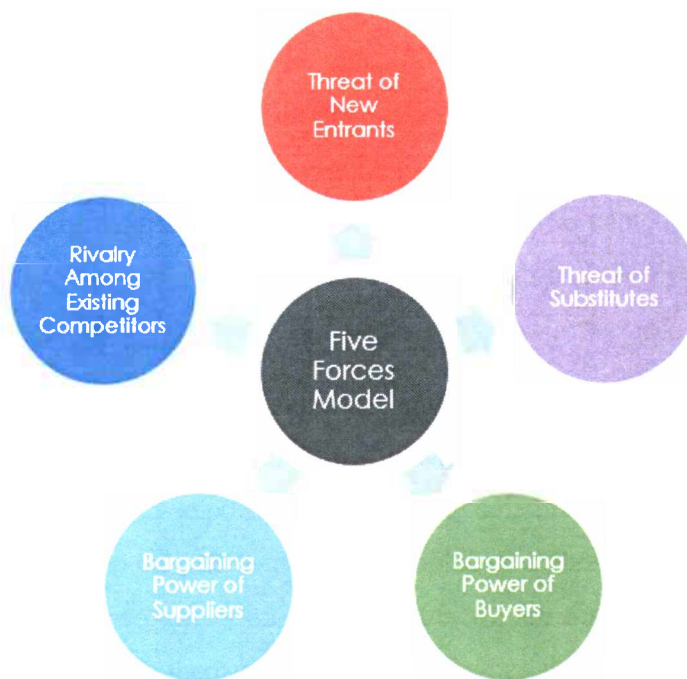


Figure 4.4: Porter's Five Forces Model (taken from website: Google image)

Using the Porter's Five Forces Model, it can help us to better position this business for successful penetration in the marketplace. It is a tool used to analyse the competitive among rivalry and develop strategies. This model holds that competitive pressures on companies within an industry come from five sources. This include:

- 1) Threats of new entrants
- 2) Threats of substitutes
- 3) Bargaining power of buyers
- 4) Bargaining power of suppliers
- 5) Rivalry among existing competitors

The first forces is the threat of new entrants, where this is a common thing in business. We might have a few new entrants in the future offering a much better service than us. So it is important for us to have a proper SOP and revision of what can be improved from time to time in order to compete and stay relevant in the industry. Since we are concentrating on Sarawak Malay woman confinement services, we need to make sure the raw material used are of good qualities, good interior environments that can help client to appreciate their stays.

Next is the threat of substitutes, where your competitors might improve their existing services or copy the services that your company offers. This will make the customer waver on which one to choose. We can handle this by adding value to our services for example giving a certification for existing customers that she and her baby have completed their confinement services at our place to give sentimental attraction for them to choose us again for their next visit. We can also offer free gift such as towels with their baby's name engraved on it so that they will feel special and would recommend us to their friends and family. Word of mouth is a powerful thing.

In bargaining power of buyers, it is important for us to give the best services to our customers. We need to be able to grab our prospect attention by getting more exposure such as joining beauty expo and activities with collaboration with women NGO. The more we expose ourselves to the public, the more people know about our existence. When they know about us, they will be curious on what services we are doing and will contact us for further inquiries. This will turn them into prospects and when the time come for the to use our service, they will become our customers. Words of mouth is important and a powerful marketing tools, we need to care for our existing customers so that they can recommend us to the public such as their friends and family. These future prospects will be convinced because they trust the one who recommend them to us. To keep them loyal, we need to add extra value to the services such as giving out certificates from mother n baby that completed their confinement service with us or free gifts such as towel engraved with their baby's name to bring back home to give them sentimental value and in hope that they will bring their next newborn to us again. We can also do loyalty rewards for their every beauty treatment visits to get free treatments and offer or birthday special promotion to celebrate their special month.

For bargaining power of suppliers, it is important for us not to have just one suppliers because if that supplier increases their price for the items we purchase from them, it will be a problem since we are forced to increase our price or reduced our service quality to maintain our profit margin. So, to avoid situation like this, we need to have a variety of suppliers. When the suppliers increase their price, we can go to other suppliers that offer the price that we wanted instead of solely depending on that one supplier.

Rivalry among existing competitors is how much your market share that you can obtain and cater. As in the pie chart below, based on the Facebook page likes and followers of the company, we can see that D'Karlas Maternity Care has the most market share in this industry

which is 61% that caters around 7,600 customers. As a newcomer, we will start of with 4% of the market share, catering about 500 customers for the beginning and will try to improve further soon.

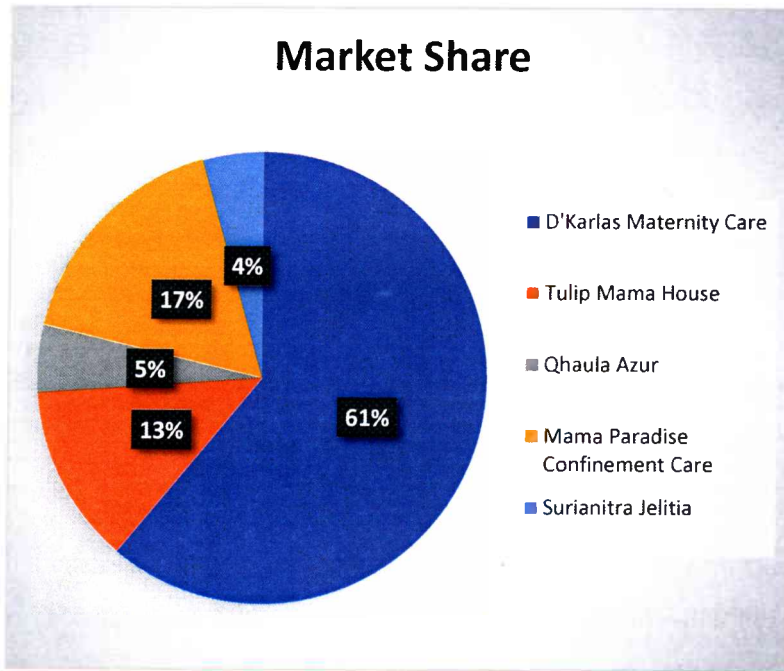


Chart 4.1: Market share for Surianitra Jelitia and its competitors

4.6.3.2 Strategic Plan

Hence after the competitive forces have been identified, strategic plans have been crafting for competing with rivals.

Strategic Plan Process

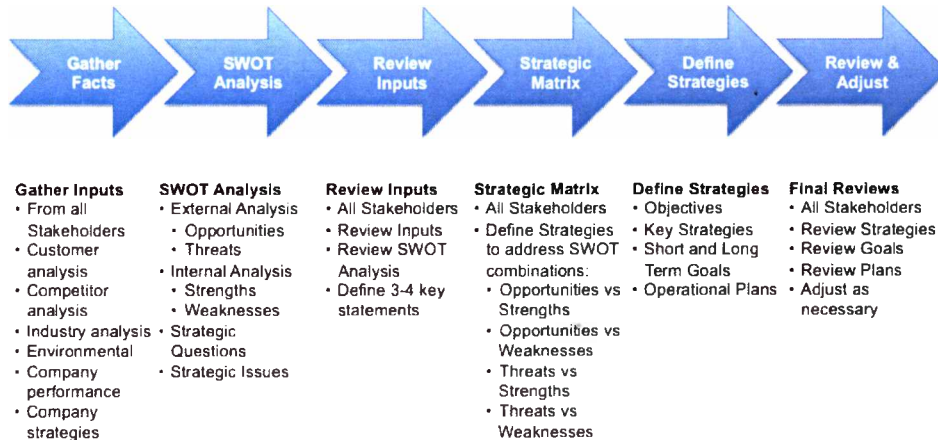


Figure 4.5: Strategic plan process (taken from website: Google image)

We may have difficulty to convince customer on the product that is used during their treatment. That is why we are using product which is organic and have been tested for our customers to try. Other than that, is the new confinement service that we will introduce to the market where the customer will have doubt on how good it is compare to the other existing business in the market. To counter this, we can start to do promotion and demonstration of the services that we have at beauty expo and collaborate with women NGO in Kuching to give us more exposure to customers and prospects. In this industry, the entrance of new competitors is a sure thing to happen, for this we will need to make sure our quality is always at its best by having a proper SOP that must be followed by employees to ensure our customer's satisfaction is at its best. Other than that, is the existing business in the market where we need to be a step ahead of them, copy and innovate from what they have in order to grab the market attention

The threat of supplier increasing their price for our raw material, that is why we have few suppliers to take care of this situation and having a good connection with of them to have their trust on our business as well. The consequences of employee getting sick and unable to

work, we may need to find an extra helping hands to counter this problem such as having a part timer or engaged with practical students for training to avoid additional cost to hire a part timer. We are also using confinement lady that registered under us, to be able to stay in the service as the more customer they get, the more commission they will receive. Wea are also taking care of the wellbeing of our workers such as their safety and health. This will motivate them to work harder.

4.6.4 Marketing Mix

Marketing mix is the set of marketing tools that a business uses to sell products or services to its target customers. After the company has decided on its overall marketing strategy, it is ready to begin planning the details of the marketing mix. For this section, the researcher collects the seven groups of variables known as the “seven Ps”: Product, price, place, promotion, people, physical evidence and process. Each P strategy will describe further in the following section. (Lake, 2019)

4.6.4.1 Product and Price

Among the services that we provide will be categorized as confinement care and beauty services. Confinement care includes postnatal massage, breast massage, hot compression, and body wrapping for the mother and also baby care. Beauty services includes facial treatment, hand and feet spa, slimming treatment, body scrub and masker, waxing and makeup services. Some of the services are categorized into package that would be suitable for mothers and for other ladies. The ala-carte services and prices for beauty services are listed in the table below.

Table 4.1: List of beauty services and price

Services	Price (RM)
<i>Facial Treatments</i>	
● <i>Hydra-V</i>	120
● <i>Oilicious Momento</i>	120
● <i>Viva Jelitia</i>	120
● <i>Diva Diamond</i>	170
● <i>Superstar</i>	170
● <i>Casmara</i>	208
● <i>Casmara Diva Diamond / Superstar</i>	238
<i>Hand Spa</i>	
● <i>Mani manicure</i>	45
● <i>Maniqueen</i>	65
<i>Foot Spa</i>	
● <i>Pedicure</i>	45
● <i>Pediqueen</i>	65
● <i>Happy Feet</i>	55
<i>Body Treatment</i>	
● <i>Jelita Body Massage (1 Hour / 2 Hours)</i>	99/160
● <i>Raindrop Technique</i>	170
● <i>Body Scrub & Masker</i>	120
● <i>Sauna Basic</i>	30

● <i>Sauna Herbs</i>	60
● <i>Steam Bath</i>	80
<i>Waxing</i>	18++
<i>Eye Drama</i>	45++
<i>Makeover</i>	60++

Problem will come to the mothers who is avoiding confinement care. Confinement care 44 days practices after delivering baby is not outdated and need to be continued by generations without being shameful of how old it is. Malay confinement ladies that practices traditional confinement care are still relevant in this modern era, especially for taking care and recovering the mother's physical body and health after going through painful delivery of their new-born child. The most important thing in confinement is taking care of the uterus and reproduction system of the mother after giving birth and to prevent flabby tummy and protruding tummy which can be considered unattractive.

Below are examples of the services and packages offered for confinement care for the mother and baby, that the mother can choose according to their budget and needs. They can also customize their package if the current package offer for that time is not into their liking. Changes in package promotion will be done from time to time to make it more interesting.

Table 4.2: Price list for stay-in and day-visit package

Stay-in Package	Price (RM)
<i>This is where the confinement lady stays in their house.</i>	7 days: 700
<i>9 am to 8 am</i>	14 days: 1,400
	21 days: 2,000
	28 days: 2,600
	35 days: 3,250
	44 days: 3,500
Day-visit Package	Price (RM)
<i>This is where the confinement lady drops by their house.</i>	7 days: 350
<i>9 am to 9pm</i>	14 days: 700
	21 days: 1,000
	28 days: 1,300
	35 days: 1,600
	44 days: 1,750

Table 4.3: Price list of confinement care packages

Package 1	Price (RM)
<i>Mother</i>	
● 4x Post-natal body massage	7 days: 1,400
● 1x Body scrub ("Lulur")	
● 2x "Bertangas"	14 days: 2,400
● Everyday Sauna	
● Everyday Hot compression ("Bertungku")	21 days: 3,400
● Herbal bath	
● Confinement meal (based on diet consultation)	28 days: 4,500
<i>Baby</i>	44 days: 6,500 (FREE Playpen)
● Bath	
● Massage	
● Hot compression ("Tuam")	
● Laundry (mother & baby)	
● FREE Corset	
Package 2	Price (RM)
<i>Mother</i>	
● Everyday Post-natal body massage	7 days: 1,800
● 2x Body scrub ("Lulur")	
● 3x "Bertangas"	14 days: 2,600
● Everyday Sauna	
● Everyday Hot compression ("Bertungku")	21 days: 3,700
● Herbal bath	
● Confinement meal (based on diet consultation)	28 days: 4,800
<i>Baby</i>	44 days: 6,700 (FREE Playpen)
● Bath	
● Massage	
● Hot compression ("Tuam")	
● Laundry (mother & baby)	
● FREE Corset	
Package 3	Price (RM)
<i>Mother</i>	
● Everyday body wrap ("Bengkung"), "Param", "Pilis"	7 days: 1,650
● Everyday Post-natal body massage	
● 1x Body scrub ("Lulur")	14 days: 2,550
● 3x "Bertangas"	
● Everyday Sauna	21 days: 3,650
● Everyday Hot compression ("Bertungku")	
● Everyday Herbal bath	28 days: 4,750
● Confinement meal (based on diet consultation)	44 days: 6,650
<i>Baby</i>	
● Bath	
● Massage	

- *Hot compression ("Tuam")*
- *Laundry (mother & baby)*
- *FREE Bag Mat & Herbal Bath set*

Package 4	Price (RM)
<i>Mother</i>	
● <i>Everyday body wrap ("Bengkung"), "Param", "Pilis"</i>	7 days: 1,350
● <i>4x/week Post-natal body massage</i>	
● <i>1x Body scrub ("Lulur")</i>	14 days: 2,350
● <i>2x/week "Bertangas"</i>	
● <i>Everyday Sauna</i>	
● <i>Everyday Hot compression ("Bertungku")</i>	21 days: 3,350
● <i>Everyday Herbal bath</i>	
● <i>Confinement meal (based on diet consultation)</i>	28 days: 4,550
<i>Baby</i>	
● <i>Bath</i>	44 days: 6,550
● <i>Massage</i>	
● <i>Hot compression ("Tuam")</i>	
● <i>Laundry (mother & baby)</i>	
● <i>FREE Bag Mat & Herbal Bath set</i>	

Package 5	Price (RM)
<i>Mother</i>	
● <i>Everyday body wrap ("Bengkung"), "Param", "Pilis"</i>	7 days: 1,650
● <i>4x/week Post-natal body massage</i>	
● <i>1x Body scrub ("Lulur")</i>	14 days: 2,650
● <i>2x/week "Bertangas"</i>	
● <i>Everyday Sauna</i>	21 days: 3,650
● <i>Everyday Hot compression ("Bertungku")</i>	28 days: 4,650
● <i>Everyday Herbal bath</i>	
● <i>Confinement meal (based on diet consultation)</i>	35 days: 5,850
● <i>1x/week Slimming Therapy</i>	
<i>Baby</i>	
	44 days: 7,150
● <i>Bath</i>	
● <i>Massage</i>	
● <i>Hot compression ("Tuam")</i>	
● <i>Laundry (mother & baby)</i>	
● <i>FREE "Tungku Herba"</i>	

Package 6	Price (RM)
<i>Mother</i>	
● <i>Everyday body wrap ("Bengkung"), "Param", "Pilis"</i>	7 days: 1,850
● <i>5x/week Post-natal body massage</i>	
● <i>1x Body scrub ("Lulur")</i>	14 days: 2,850
● <i>3x/week "Bertangas"</i>	
● <i>Everyday Sauna</i>	21 days: 3,850
● <i>Everyday Hot compression ("Bertungku")</i>	28 days: 4,950

● <i>Everyday Herbal bath</i>	
● <i>Confinement meal (based on diet consultation)</i>	35 days: 6,250
● <i>2x/week Slimming Therapy</i>	
<i>Baby</i>	44 days: 7,450
● <i>Bath</i>	
● <i>Massage</i>	
● <i>Hot compression ("Tuam")</i>	
● <i>Laundry (mother & baby)</i>	
● <i>FREE "Tungku Herba"</i>	

Package 7	Price (RM)
<i>Mother</i>	
● <i>Everyday body wrap ("Bengkung"), "Param", "Pilis"</i>	7 days: 1,550
● <i>4x/week Post-natal body massage</i>	14 days: 2,550
● <i>1x Body scrub ("Lulur")</i>	21 days: 3,550
● <i>2x/week "Bertangas"</i>	28 days: 4,650
● <i>Everyday Sauna</i>	
● <i>Everyday Hot compression ("Bertungku")</i>	35 days: 5,850
● <i>Everyday Herbal bath</i>	
● <i>Confinement meal (based on diet consultation)</i>	
<i>Baby</i>	44 days: 6,750
● <i>Bath</i>	
● <i>Massage</i>	
● <i>Hot compression ("Tuam")</i>	
● <i>Laundry (mother & baby)</i>	
● <i>FREE "Bengkung" & "Tungku Herba"</i>	

Package 8	Price (RM)
<i>Mother</i>	
● <i>Everyday body wrap ("Bengkung"), "Param", "Pilis"</i>	7 days: 1,850
● <i>Everyday Post-natal body massage</i>	14 days: 2,850
● <i>1x Body scrub ("Lulur")</i>	21 days: 3,850
● <i>3x/week "Bertangas"</i>	28 days: 4,950
● <i>Everyday Sauna</i>	
● <i>Everyday Hot compression ("Bertungku")</i>	35 days: 6,250
● <i>Everyday Herbal bath</i>	
● <i>Confinement meal (based on diet consultation)</i>	
<i>Baby</i>	44 days: 6,950
● <i>Bath</i>	
● <i>Massage</i>	
● <i>Hot compression ("Tuam")</i>	
● <i>Laundry (mother & baby)</i>	
● <i>FREE "Bengkung" & "Tungku Herba"</i>	

Post-natal Care Customized Menu	Price (RM)
---------------------------------	------------


-
- *Facial treatment (select one) x _____ times*
 - *Hand Spa (select one) x _____ times*
 - *Foot Spa (select one) x _____ times*
 - *Post-natal massage (hot compress + breast massage) x _____ times*
 - *Body treatments (1x body scrub & masker + 1x sauna herbs) x _____ times*
 - *Herbal bath x _____ times*
 - *Body wrapper (+forehead herbs paste, pilis)*

(price varies
depends on service
selected)

Baby Care

- *Baby bath*
 - *Baby hot compress*
 - *Baby massage*
-

Below is the example of the menu layout so that the customer has a better understanding of what are the treatments available and the explanation of each treatment is described properly.



Facial Treatment
SURIANITRA JELITIA

HYDRA-V	RM120
OILICIOUS MOMENTO	RM120
VIVA JELITIA	RM120
DIVA DIAMOND	RM170
SUPERSTAR	RM170
CASMARA (ADD RM30 FOR MACHINE)	RM208

*Price may differ according to add on for type of services



Hand Spa
SURIANITRA JELITIA

MANI MANICURE (N.P: RM70)	RM45
MANI QUEEN (N.P: RM90)	RM65

EXTRA ADD ON: (+RM15/EACH)
* paraffin wax treatment
* normal nail colour

FREE NAIL SERUM FOR HEALTHY NAILS



Foot Spa
SURIANITRA JELITIA

PEDI PEDICURE (N.P: RM80)	RM45
PEDI QUEEN (N.P: RM100)	RM65
HAPPY FEET (N.P: RM80)	RM55

EXTRA ADD ON: (+RM15/EACH)
* paraffin wax treatment
* normal nail colour

FREE NAIL SERUM FOR HEALTHY NAILS

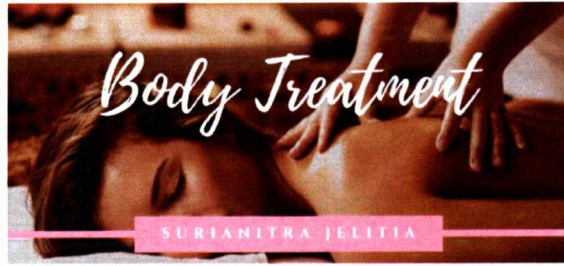
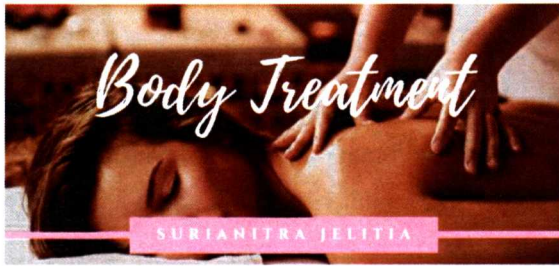


WAX ME GOOD
BY SURIANITRA JELITIA

UPPER LIP RM20 (N.P: RM35)	UNDERARM RM39 (N.P: RM60)
HALF ARM RM49 (N.P: RM80)	HALF LEG RM79 (N.P: RM120)
FULL ARM RM179 (N.P: RM140)	FULL LEG RM139 (N.P: RM210)

FREE POST-TREATMENT CARE !!!

Picture 4.6: Menu for facial treatment, hand spa, foot spa and waxing



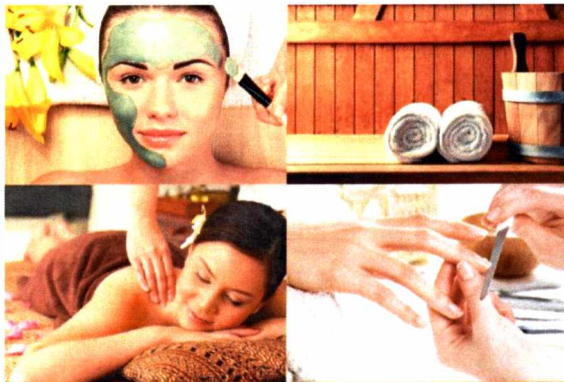
JELITA RM99 (1 Hr)
 RM160 (2 Hr)

RAINDROP TECHNIQUE RM170

BODY SCRUB & MASKER RM120

SAUNA (WORTH: RM125) RM30 (BASIC)
 RM60 (HERBS)

STEAM BATH (WORTH: RM175) RM80



FREESIA PACKAGE

by SURIANITRA JELITIA

- Full Body Massage, 2H
- Body Scrub/Masker, 1H
- Sauna Herbs, 30Min
- Casmara Facial Treatment, 2H
- Mani Manicure, 1H
- Pedi Pedicure, 1H

@ RM599 ONLY
 WORTH: RM770



JASMINE PACKAGE

by SURIANITRA JELITIA

- Full Body Massage, 1H
- Body Scrub/Masker, 1H
- Sauna Herbs, 30Min
- Oilicious Momento Facial Treatment, 2H

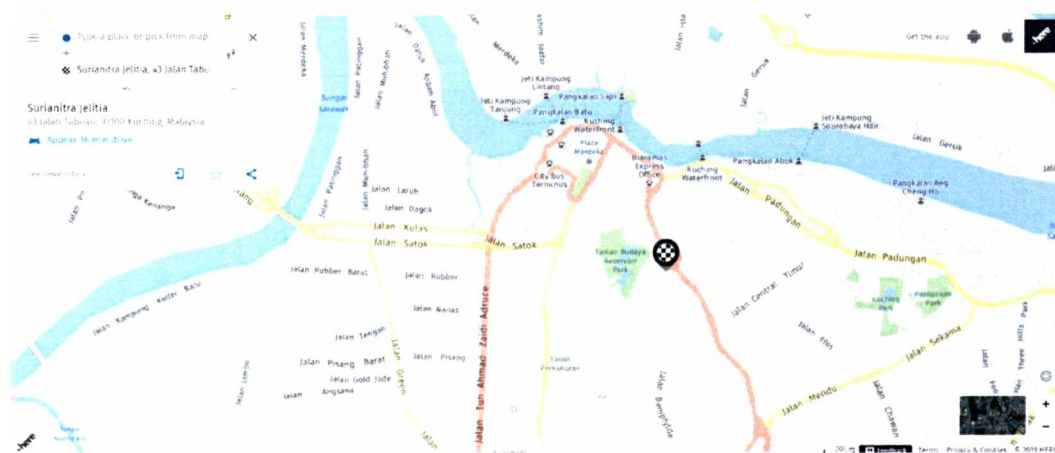
@ RM320 ONLY
 WORTH: RM399



Picture 4.7: Menu for body treatment and spa packages

4.6.4.2 Place

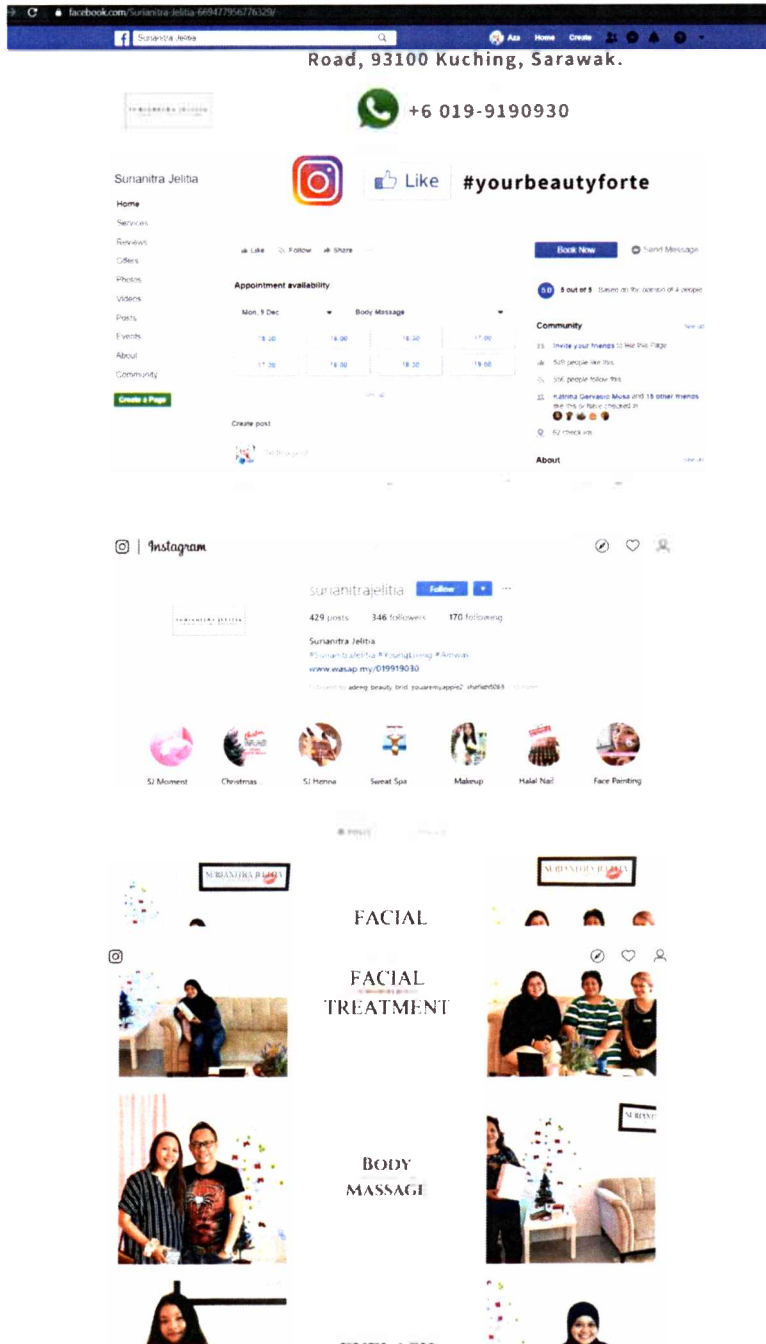
The location of the shop is at 1st Floor, Lot 263, Section 44, Tabuan Road, 93100 Kuching, Sarawak. We choose this shop lot due to its strategic location, which is in the town area, so customers from different parts of Kuching can easily access this place. It is a new shop lot and is near to shopping malls, gas station, convenient stores, pharmacies and easily accessible parking space. Below is the map from Google maps of the shop lot location.



Picture 4.8: Shop location in Google map

4.6.4.3 Promotion

The promotion of the business is done via media social such as Facebook and Instagram, physical banners and business cards, vouchers and loyalty, Whatsapp story and messages. Some activities that can be done is celebrating customer's birthday by giving special promotion for their birthday month, giving out loyalty card, flash sales and festive season promotion, and early birds treat.



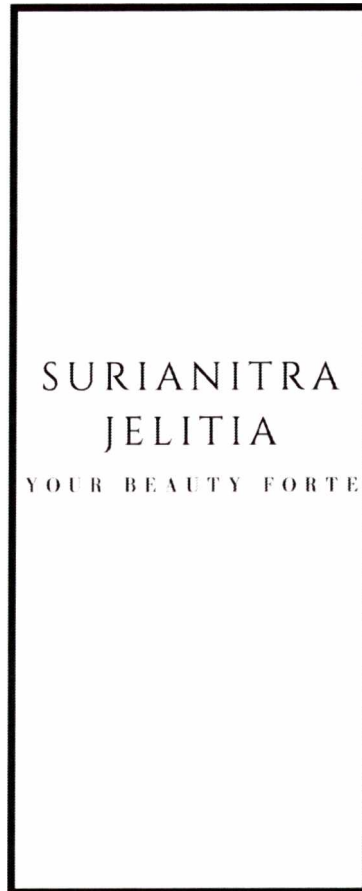
Picture 4.9: Social media

SURIANITRA
JELITIA
YOUR BEAUTY FORTE

SERVICES	PRICE
Eye Drama	
<i>Eyebrow Shaping</i>	
<i>Eyelash Perm/Lift</i>	
<i>Eye Treatment</i>	
Facial Treatments	
<i>Lancige Love</i>	
<i>Oilicious Memento</i>	
<i>Viva Jelita</i>	
<i>Diva Diamond</i>	
<i>Superstar</i>	
<i>Casmura</i>	
Body Treatments	
<i>Body Mask/Scrub</i>	
<i>Full Body Massage</i>	
<i>Raindrop Technique</i>	
<i>Sexy Back</i>	
<i>Steam Bath</i>	
<i>Sauna</i>	
Hand Spa	
<i>Mani Manicure</i>	
<i>Maniqueen</i>	
Foot Spa	
<i>Pedi Pedicure</i>	
<i>Pediqueen</i>	
Waxing	
<i>Leg/Arm/Underarm/Upper Lip</i>	
Henna Art	
Makeover	
<i>Makeup</i>	
<i>Costume Rental</i>	
<i>Hairdo</i>	



019-9190930

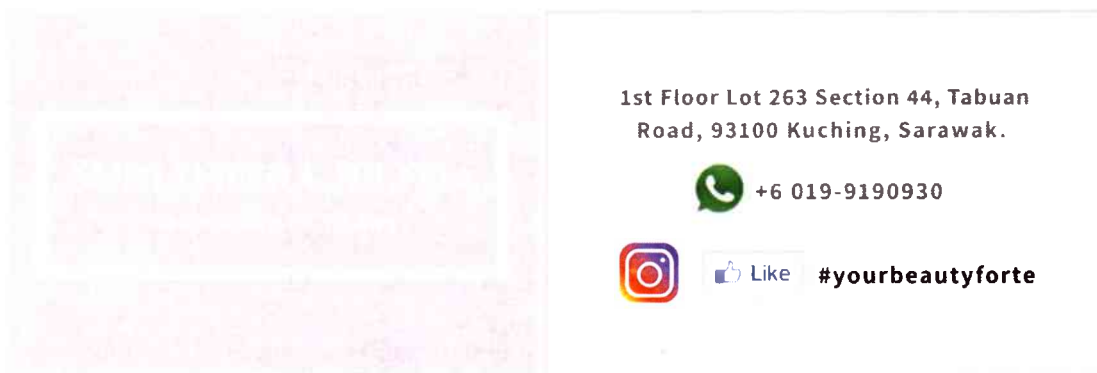


1st Floor Lot 263 Section 44,
Tabuan Road, 93100 Kuching,
Sarawak.

019-9190930



Picture 5.1: Banner design



1st Floor Lot 263 Section 44, Tabuan
Road, 93100 Kuching, Sarawak.



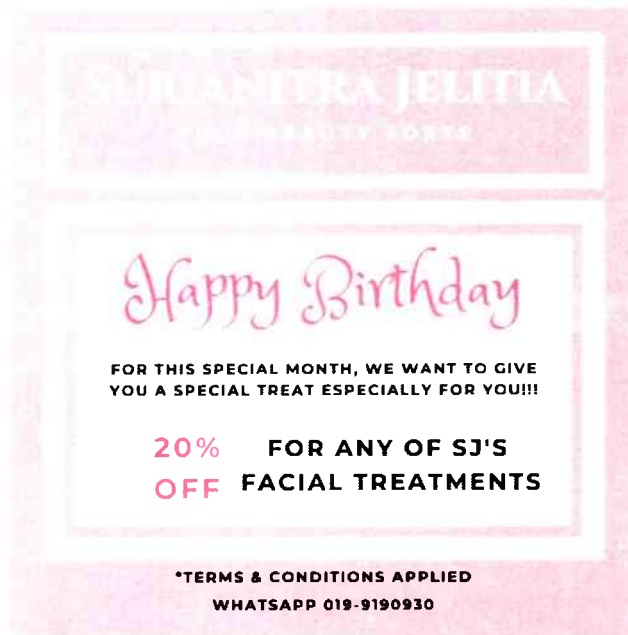
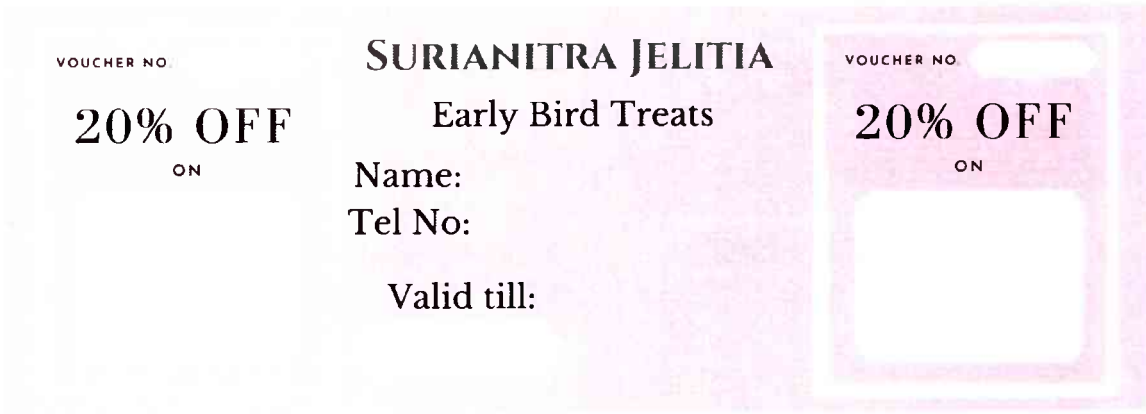
+6 019-9190930



Like

#yourbeautyforte

Picture 5.2: Business card design

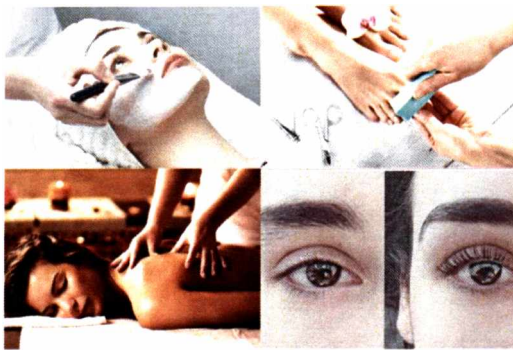


Earn a stamp for every visit.
Get a free service* for every 10 stamps.



* Terms & Conditions apply

Picture 5.3: Example of discount voucher, birthday treat voucher, loyalty card



SOFT OPENING TREATS

BY SURIANITRA JELITIA

SIGNATURE FACIAL
RM69 (WORTH RM120)

**PEDICURE
+ HERBAL FEET SOAK**
RM65 (N.P. RM180)

**FULL BODY MASSAGE
2 HOURS**
RM119 (WORTH RM160)

EYELASH LIFT
RM45 (WORTH RM150)

VALID till 4 JUNE 2019

SURIANITRA JELITIA
X-Mas Special!

NAILS	
Manicure	RM33
Maniqueen	RM48
Pedicure	RM35
Pediqueen	RM48
Happy Feet	RM41
EYE DRAMA	
Eyelash Perming	RM33
Eyebrow Shaping	RM9
Eye Treatment	RM26
MAKEOVER	
Day Makeup	RM45
Dinner Makeup	RM60
Engagement Makeup	RM112
Wedding Reception	RM187
Photoshoot	RM75
Face Painting	RM11 (T&C)

WHATSAPP +6 019 9190930

SURIANITRA JELITIA
X-Mas Special!

WAXING	
Eyebrow	RM13 (hard)
Upperlip	RM13 (hard)
Underarm	RM28 (hard)
Half Arm	RM36 (soft)
	RM51 (hard)
Full Arm	RM66 (soft)
	RM88 (hard)
Half Leg	RM51 (soft)
	RM66 (hard)
Full Leg	RM96 (soft)
	RM126 (hard)
Bikini	RM43 (hard)
Brazilian	RM103 (hard)

WHATSAPP +6 019 9190930

SURIANITRA JELITIA
X-Mas Special!

FACIAL TREATMENT	
Hydra-V	RM90
Oilicious Momento	RM90
Viva Jelitia	RM90
Diva Diamond	RM127
Superstar	RM127
Casmara	RM156
	RM178 (with machine)
BODY TREATMENT	
Jelitia Full Body	RM74 (1 Hour)
Massage	RM120 (2 Hours)
Raindrop Technique	RM127
Body Scrub & Masker	RM90
Sauna	RM22 (Basic)
	RM45 (Herbs)
Steambath	RM60

WHATSAPP +6 019 9190930

Picture 5.4: Example of special promotion for soft opening and Christmas promotion

SURIANITRA JELITIA

ARTISTRY
HYDRA-V™

DISCOVER A NEW LEVEL
OF DEEP HYDRATION

A hydration innovation inspired by a Nobel-
Prize winning discovery. Imagine your skin
feeling utterly fresh, surging with vitality.



**HYDRA-V EXPRESS
FACIAL TREATMENT**

WHAT WILL YOU GET:

- MAKEUP REMOVAL
- DEEP CLEANSING
- SKIN EXFOLIATION
- SKIN SOFTENING
- REFRESHING GEL TREATMENT
- NOURISHING GEL TREATMENT

HOW!!!

RM88 ONLY

NP: RM120

WHATSAPP: 019-9190930

SURIANITRA JELITIA

**FLASH
SALE!**

WHATSAPP: 019-9190930



**EXPRESS
MANICURE / PEDICURE**

WHAT WILL YOU GET:

- NAIL SHAPING
- NAIL COLOUR (ONLY BREATHABLE)

RM30 ONLY

Picture 5.5: Example of flash sale promotion

4.6.4.4 People

Key partners engage with us include customer are as below, our suppliers which is Magicboo, Beauty Boss Saloon Supplies, and Shopee. Our place to get single mothers which is “Jabatan Wanita dan Keluarga Sarawak” (JWKS) and “Persatuan Ibu Tunggal Sarawak” (PiTSA). Place to send our beautician and confinement lady for training is also at JWKS where they can learn about beauty treatment and post-natal care. We can collaborate institution of skill with Giatmara, Politeknik and Kolej Komuniti to have them send practical students for training that is related to our industry.



Chart 4.2: Key partners chart

4.6.4.5 Physical Evidence

Below is the picture of the shop of Surianitra Jelitia, its surrounding location view and inside of the shop.



Picture 5.6: Shop, shop surrounding and inside view

4.6.4.6 Process

Below is the example of flow chart for customer booking from promotion.

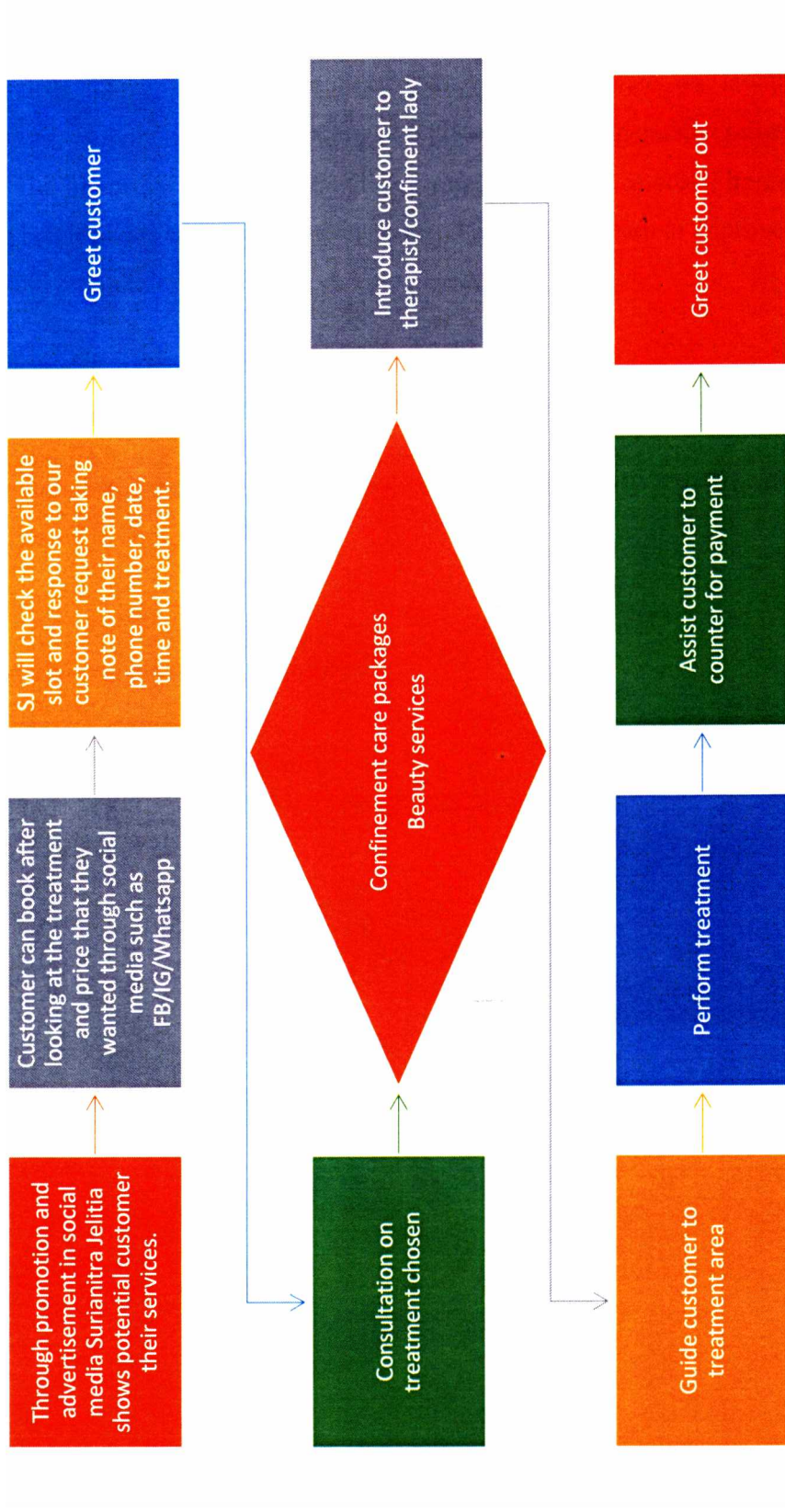


Chart 4.3: Process of operation flow

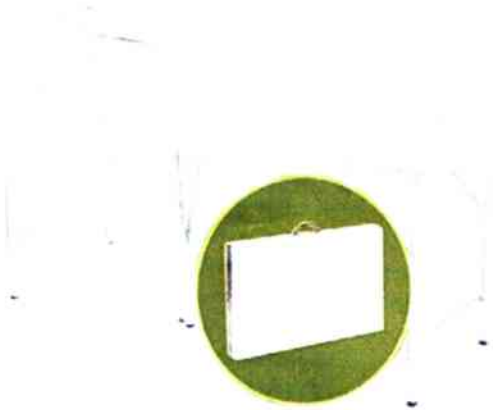
4.7 OPERATIONAL PLAN


In this paper, we will be discussing on the operations management proposed for Surianitra Jelitia (SJ) specified for massage service which give us higher profit margin compare to other services. There are 10 operations management strategies which includes design of goods and services, managing quality, process strategy, location strategies, layout strategies, human resources, supply chain management, inventory management, scheduling, and maintenance. The important reason of operation strategy is to reduce costs, improves supply chain, provide better goods and services, to understand markets, to learn to improve operations, and to attract and retain talent.

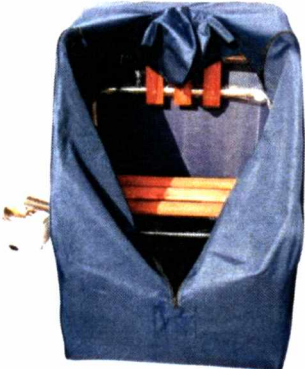
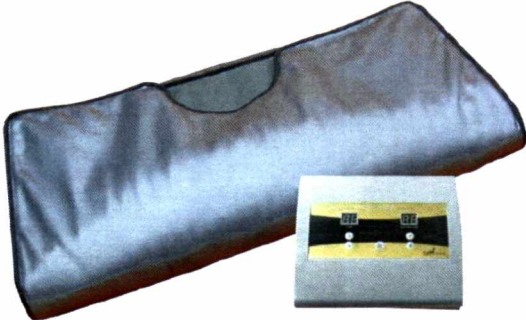
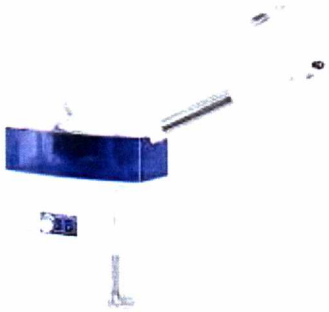
4.7.1 Material and Equipment Requirement

All the item listed down below is to be used as assets for daily activities at workplace. Stocks will be listed in another table.

Table 4.4: Material and equipment required




No.	Types of Material and Equipment	Unit	Cost (RM)
1.	Portable Bed (6027) 	5	500


5.	Towel Sterilizer with UV (BF-209)	1	300
		1	300
7.	Bed sheet set	10	200
			

8.	Portable Sauna Set 	5	380
9.	FIR Shaping Blanket (BF-100) 	5	830
10.	Hot & Cold Steamer (BF-68A) 	2	340

11.	Skin Scrubber (BF-005) 	1	350
12.	2 In 1 Vacuum & Spray (BF-188) 	1	330
13.	Diamond Peeling (BF-07A) 	1	750

14.	LCD Skin/Hair Microscope (BIO-999)  <p>Optional: 红膜仪</p>	1	2,500
15.	Paraffin Wax (BF-392) 	1	210
16.	Hot compress 	10	20

17.	<p>Body wrapper</p> 	10	100
18.	<p>Towel</p> 	40	20
19.	<p>Feet Jacuzzi</p> 	2	500

20.	Baby tub 	5	50
21.	Bath robe 	10	100
22.	Manicure set 	2	100
23.	Water boiler 	1	200

4.7.2 Operation Flow Chart

Below is the example of flow chart of the process.

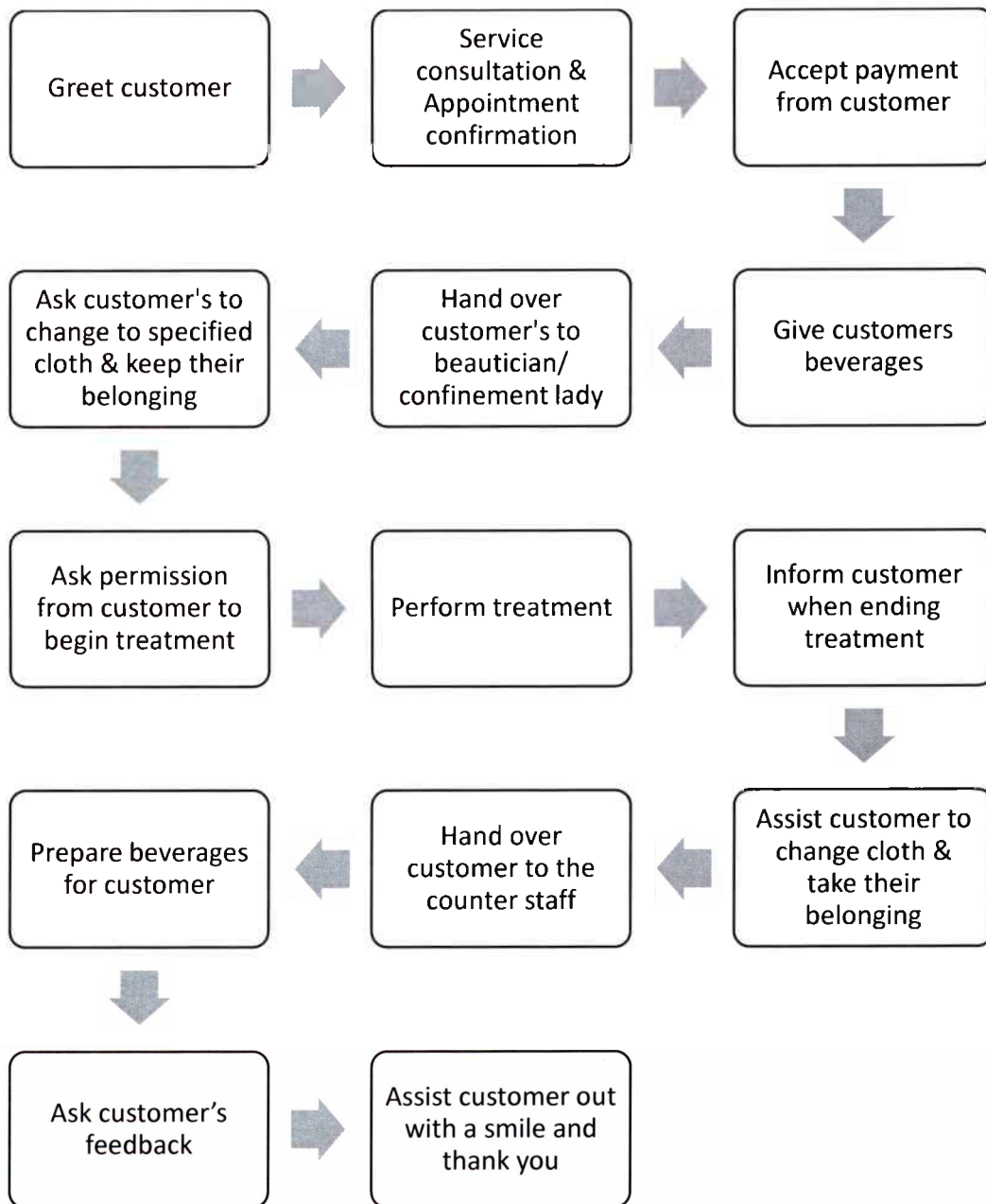


Chart 4.4: Flow chart for in store operation



Below is the example of the detail process for facial treatment.

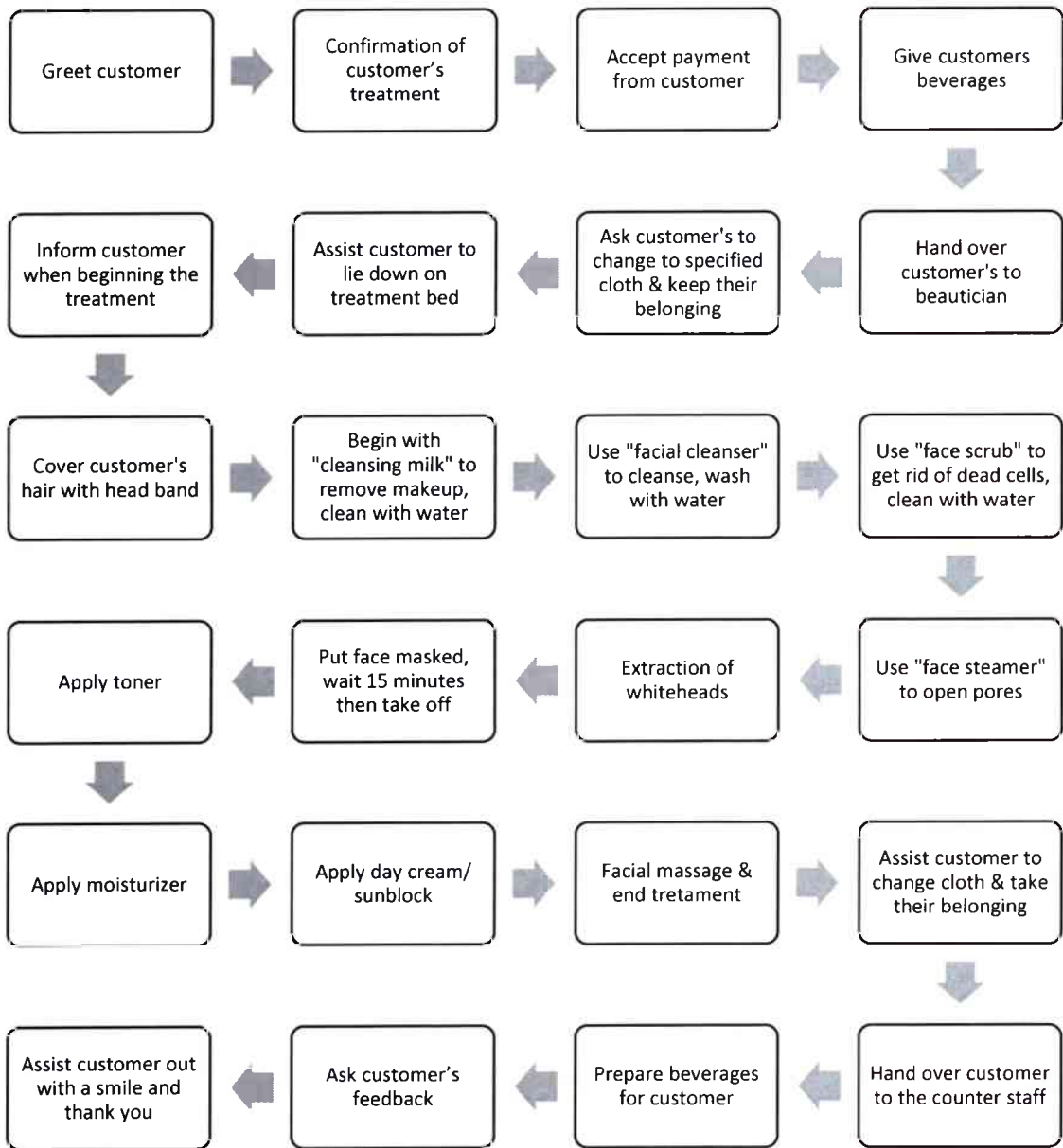


Chart 4.5: Flow chart for facial treatment

Below is the example of flow chart for single mothers that wants to apply for beautician or confinement lady position.

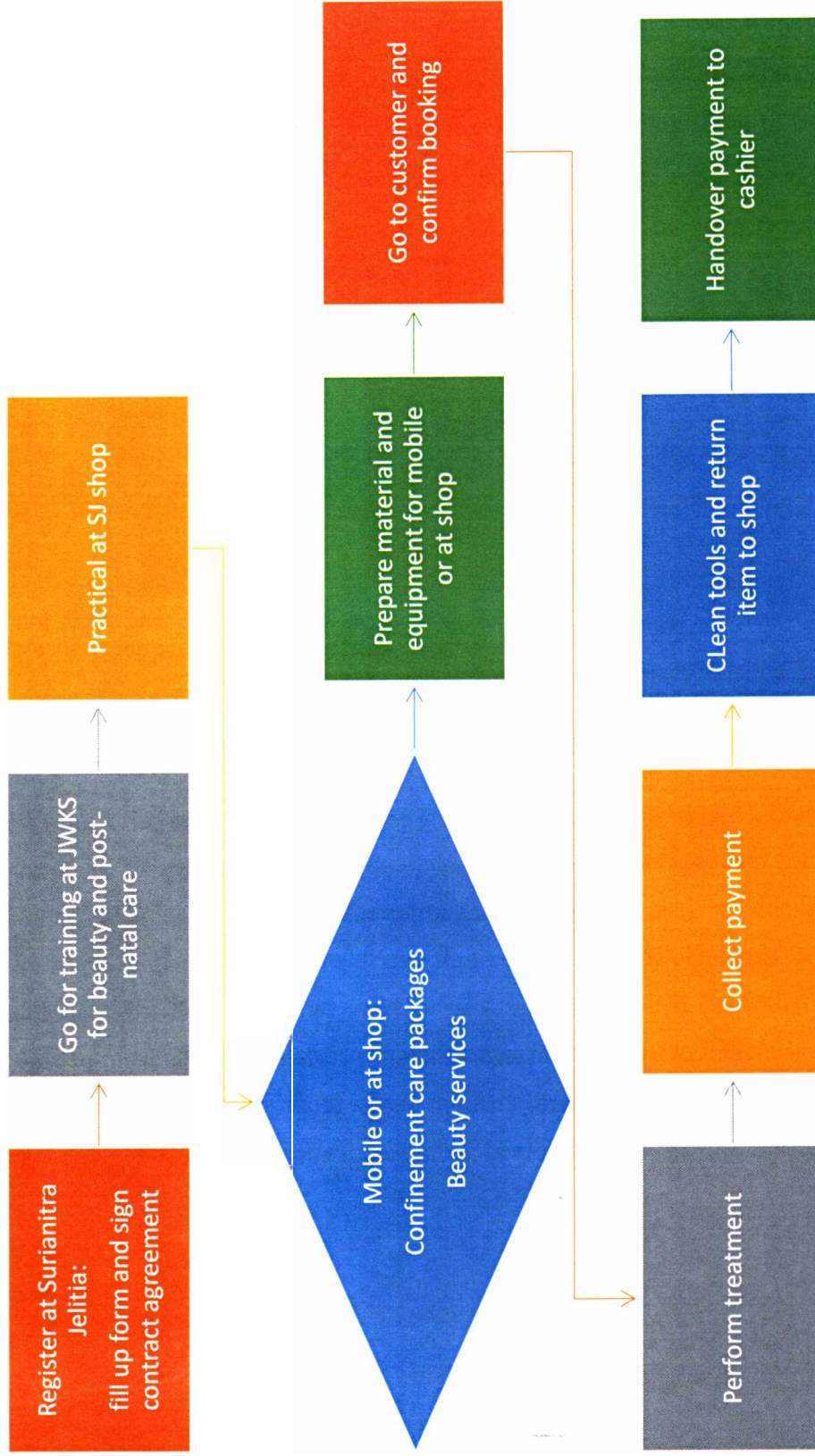


Chart 4.6: Flow chart for beautician or confinement lady position

4.7.3 Operation Output

Below is the example of operation output flow chart for customer that choose massage service. First, raw material from supplier is obtained and together with the massage therapist help to prepare customer for treatment, bring them to treatment area and perform massage, make sure the service is done according to SOP to have a satisfied and happy customer at the end. Customer satisfaction can be seen from their happy expression or from the customer feedback form.



Chart 4.7: Operation output flow chart

4.7.4 Workforce

We are going to recruit low income group which is mainly single mothers and female school dropouts. In order to make sure they qualified for the beautician and confinement lady positions, we are going to send them for training under JWKS as they provide special training course for beauty and spa, and post-natal care for free to make them obtained their certification. For the additional workforce that we need for back up is practical students that specialized in beauty area to make sure the process of operation is much easier to understand as it is what they learn in their college. For those single mothers that wanted to start their own business, they can register under the company to be mobile confinement lady or beautician.

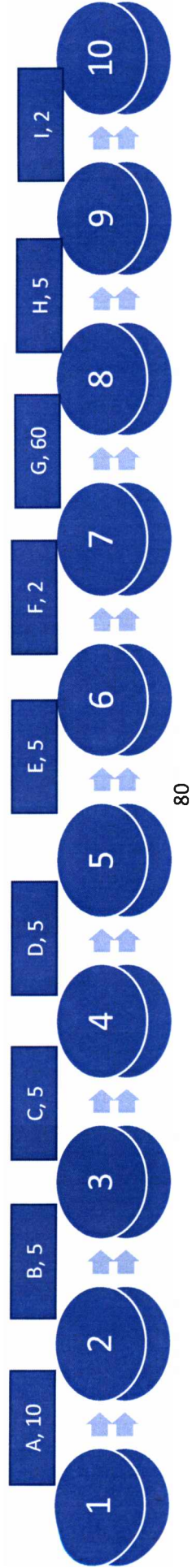
4.7.5 Operation Planning and Control

The goals of operation management are to be able to serve as many customers in a day with our qualified therapist and maintaining quality of service from start until the end to give customer satisfaction. Scheduling can be done through PERT diagram as shown in example below. Based on the calculation, the earliest completion time is 99 minutes for a customer to be done with one treatment such as body massage or facial. If G is revised to 120 minutes, the completion time will be 159 minutes.

$$EET : 10 + 5 + 5 + 5 + 2 + 60 + 5 + 2 = 99 \text{ minutes}$$

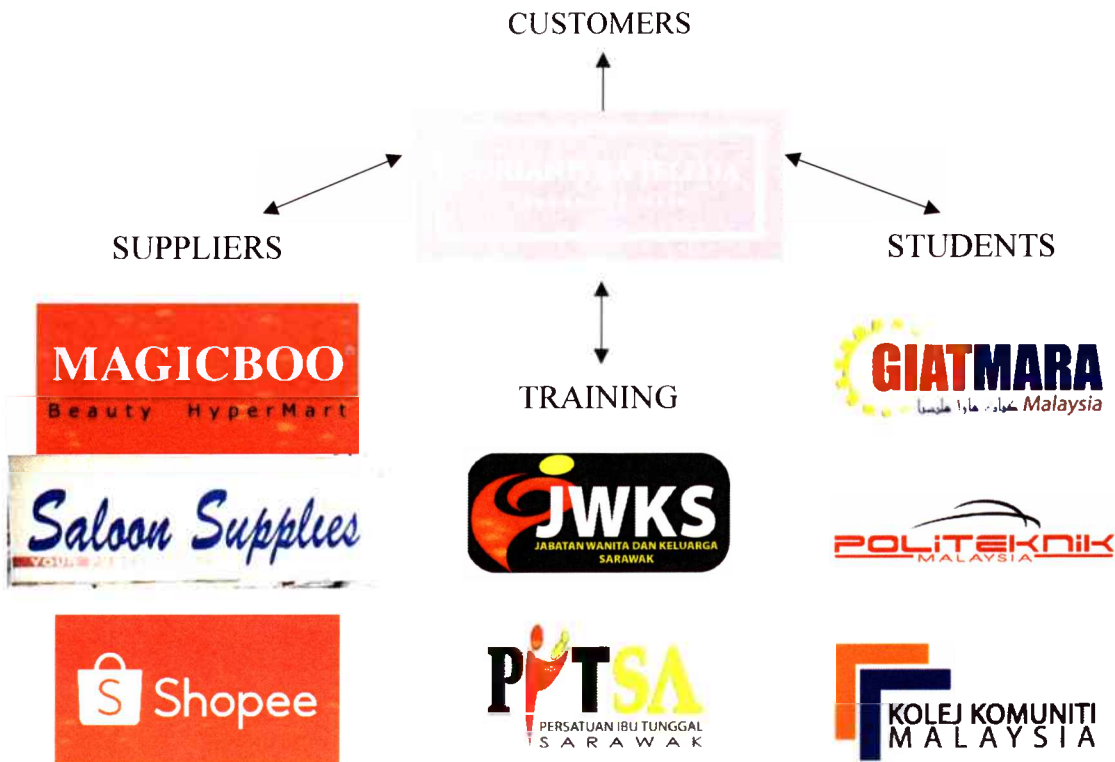
$$LET : 99 \text{ minutes}$$

Activity	Predecessor	Time (minutes)
A = Clean work area	-	10
B = Check appointments	A	5
C = Greet customer	B	5
D = Choosing treatment	C	5
E = Prepare treatment area	D	5
F = Assist customer to room	E	2
G = Perform treatment	F	60
H = Assist customer for payment	G	5
I = Greet customer out	H	2



4.7.6 Supply Chain

Below we can see that, SJ got their materials supplied from the supplier such as Magicboo, Beauty Boss and Shopee, and the staff are obtained from the listing at JWKS and PiTSA and trained in JWKS itself for them to be able to work with SJ, practical students are recruit to do practical at SJ. With all these sources combined, we can deliver the service to our customers. Finally, we can get our customer satisfaction feedback.



All three process from sourcing, services and delivery are provided with necessary information to make things work better as shown below.

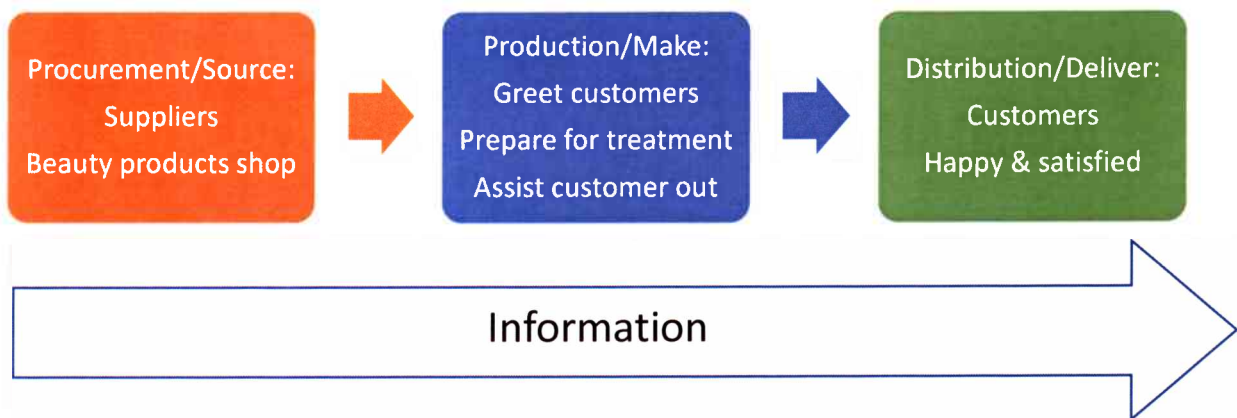


Figure 4.6 SJ supply chain process

4.8 LEGAL AND ADMINISTRATION PLAN

4.8.1 Organization Chart

As a whole, the organizational structure is as below:

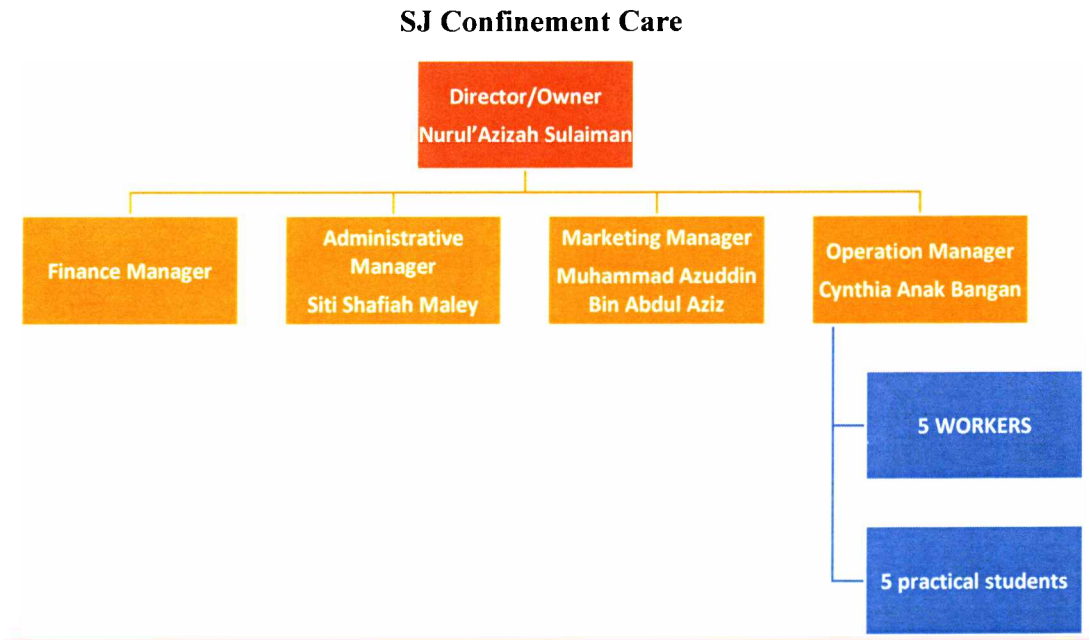


Chart 4.8 SJ organizational chart

Note: The finance department will be handled by the owner itself.

The background of Director/Owner/Finance Manager:



Name	Nurul'Azizah Binti Hj.Sulaiman
I.C No.	890930135858
Date of Birth	30 September 1989
Address	Lot 5822, Jalan Pinang Jawa, 93050 Kuching, Sarawak.
Telephone No.	019-8890930
E-mail	nurulzizah@yahoo.com
Status	Single
Courses Attended	<ul style="list-style-type: none">● Bachelor in Nutrition and Dietetic (Hons.)● SKM Level 3 Hollistic and Wellness Spa (GIATMARA)● SKM Level 2 Makeup Artistry (Zurainas Academy)● Post-Natal Massage and Care (JWKS)● Full Body and Intimate Professional Waxing Course● Coaching course (JPN)
Experiences	<ul style="list-style-type: none">● Intern catering dietitian placement Regal-Way Marketing (RWM)● Intern clinical dietitian placement in Klinik Kesihatan Jinjang and Hospital Pulau Pinang● Intern community dietitian placement in Poliklinik Komuniti Beserah, Pahang● 4 years experience working in beauty industry in Kuching
Company Share	100%

The background of Administration Manager:



Name Siti Shafiah Binti Mohd Maley
I.C No. 901114135850
Date of Birth 14 November 1990
Address 114, Jalan Merdeka Off Jalan Astana, 93050 Kuching, Sarawak.
Telephone No. 013-7592059
E-mail shafiah8069@gmail.com
Status Married
Courses Attended

- Diploma in Business Administration
- Degree in Banking
- Insurance Course

Experiences

- 3 years in food and beverage business on local Sarawak and Malaysian food
- Federal Government
- Insurance Firm

The background of Marketing Manager:



Name	Muhammad Azuddin Bin Abdul Aziz
I.C No.	860504595109
Date of Birth	4 May 1986
Address	115, Jalan TC 1/5, Taman Cemerlang, Gombak, 53100, Kuala Lumpur
Telephone No.	012-6290397
E-mail	azuddin86@yahoo.com
Status	Single
Courses Attended	<ul style="list-style-type: none">● Diploma in Social Studies● IT Software Engineer Program● Malaysia Study and Tourist Guide (SKM)
Experiences	<ul style="list-style-type: none">● Branding and marketing department for Firefly Airlines

The background of Operation Manager:



Name	Cynthia Anak Bangan
I.C No.	810507135778
Date of Birth	7 May 1981
Address	No 107, Lot 3224 Lorong Semaba 9 Off Lorong 7, Taman Semaba, Jalan Semaba, 93250 Kuching, Sarawak.
Telephone No.	012-8863224
E-mail	cbangan@yahoo.com
Status	Married
Courses Attended	<ul style="list-style-type: none">● SKM Level 3 Hollistic and Wellness Spa (GIATMARA)● SKM Level 2 Makeup Artistry (Zurainas Academy)● Post-Natal Massage and Care (JWKS)● Spine Massage (JWKS)● Balinese Massage● Full Body and Intimate Professional Waxing Course● Scalp Care course● Coaching course
Experiences	<ul style="list-style-type: none">● Former employee at Malaysia Airlines● 4 years experience working in beauty industry

4.8.2 Job Scope and Responsibilities

We have organized the function and responsibilities to stabilize our business as follows:

Table 4.5: Position's job scope and responsibilities

Position	Job Scope & Responsibilities
Director/Owner/ Administrative Manager	Taking notes of workers attendance and administrating them in terms of treatment operation and taking care of their welfare and safety at workplace.
Finance Manager	In the aspect of finance, it involves the preparation of budget from buying raw material and employee salary to the control of operational stock, and also to identify the sources of the business finance.
Operation Manager	Responsible in all aspect of managing the business and also taking action in stabilizing the management and business operation. Besides that, is making sure the employee work according to the standard operation procedure (SOP) that has been stated.
Marketing Manager	To make sure that the business sales increases for example finding prospects like government tender and woman organization. The service quality for the client must be fulfilling the customer's needs and standard.
Worker (beautician/ confinement lady)	Responsible in making sure the workplace is clean and safe for customers. Being attentive in customer's needs and good at communication. Making sure the quality is in par with the SOP in order to be the number choice for the customers.
Practical students	Assist beautician and confinement lady to learn proper procedure.

4.9 FINANCIAL PLAN

This financial plan is considering all costs involve and sales forecast from this project.

4.9.1 Estimated Start-up Costs

This project involves high development cost. Since this is service provider, we do not include operation cost however, we include operation cost for monthly labour salary. The initial start-up costs are;

- 1) Development cost
- 2) Operation cost
- 3) Marketing cost
- 4) Administration cost

4.9.1.1 Development cost

Development cost is needed to ensure the quality of the services that are going to be offered and how to innovate the ideas by doing some research and development phase. Purchase of machine and materials are needed for the purpose of developing the new ideas. Table 4.6 shows the preliminary work and shop set up cost which involve renovation and maintenance works.

Table 4.6:

Preliminary work and shop set up cost

Description	Wages (RM)	Total Cost (RM)
Renovation	60,000	60,000
Maintenance Works	15,000	15,000
Wages	5,000	5,000
Furniture and equipment	43,000	43,000
	Total (RM)	123,000

Total cost preliminary work is RM 123,000, where renovation cost is RM 60,000 and maintenance work is RM 15,000. Wages or salary for workforce is RM 5,000 and furniture and equipment RM43,000.

It is important to have a premise such as shop lot or building to store equipment and machineries, to have proper electric and water supply for operating the business. Cost breakdown for infrastructure development shows in Table 4.7

Table 4.7:

Cost breakdown of infrastructure development

Description	Cost (RM)
Drainage system	5,000
Electricity supply	10,000
Total (RM)	15,000

Electricity supply installation needs RM 10,000 for the shop and drainage system cost is RM 5,000. Total cost for infrastructure development is RM 15,000.

4.9.1.2 Operation cost

This cost involves expenditure for workforce cost for one year. Cost breakdown for workforce shows in Table 4.8

Table 4.8:

Labour Cost for operation for a year

Position	Status	Quantity	Monthly Salary (RM)	Total Monthly Salary (RM)	Total Salary for the Year (RM)
Operation Manager	Full time	1	1,500	1,500	18,000
Beautician/ Confinement lady	Full time	5	500	2,500	30,000
Practical students	Part time	5	200	1,000	12,000
Total (RM)				5,000	60,000

The monthly salary is according on type of position for the workers, the total labour cost is RM 60,000 per year. The beautician and confinement lady basic salary are RM500 each since they are trained under the company and materials for them to do services are provided, however, it will increase when based on their commission such as the amount and price of package they do. The practical student salary is RM200 as it is just considered as allowance or token.

Operation cost involves purchase of stocks for service as mention including confinement care set, facial treatment set, masker and scrub, massage oil, beverages, cotton pad, tissue, facial towel, disposable bra and panty, and different types of herbs, meal preparation or order delivery outsource from person who makes confinement meal.

Table 4.9:

Cost breakdown for monthly operation cost

No	Material	Quantity	Unit Price/ Package (RM)	Total Cost (RM)
1	Confinement Care Set (1 set per mother and baby)	1 person	400	400
2	Confinement Meal (3 times/ day)	7 days	35	245
3	Laundry	7 days	8	56
			Total per pax (RM)	701

Total estimation cost is RM 701 per person minimum of 7 days package, price may vary depends on the package chosen. For smoother operation, we are planning to buy 30 additional confinement care set 2 weeks before end of the month to ensure continuous operation in the case of increase of registration of new customers.

4.9.1.3 Marketing cost

As discussed in chapter 4.4 in marketing section, marketing cost involved signboard, website fee and social media advertisement, direct marketing and others such as free gifts and commissions. Table below shows cost involved in marketing.

Table 5.1: Marketing cost

No	Material	Quantity	Unit Price (RM)	Total Cost (RM)
Pre -operation expenses				
1	Signboard	1	2,000	2,000
2	Uniform	28	30	840
			Total (RM)	2,840
Monthly				
3	Website development and maintenance	1	1,000	1,000
4	Banners and bunting	NA	1,000	1,000
5	Product brochure, flyers, voucher,	NA	300	300
6	Business card	NA	100	100
7	Exhibition and expo	NA	500	500
8	Others	NA	3,040	3,040
			Total (RM)	5,940

Total pre-operating expenses for marketing is RM2,840. Total estimation cost for marketing is RM5,940 per month. Other cost is just an estimation that may include Facebook and Instagram advertisements, and sales commission during exhibition.

4.9.1.4 Administration cost

Administration cost involved salary management, utilities, stationaries, and rental. Table below shows the administration cost for this project. Total cost for pre-operation expenses is RM4,600 and monthly expenses is RM12,450.

Table 5.2: Administration cost

No	Material	Quantity	Unit Price (RM)	Total cost monthly (RM)	Total Cost Yearly (RM)
<u>Pre-operation expenses</u>					
1	Business registration	NA	100		100
2	Rental deposit	2+1	1,500		4,500
				Total (RM)	4,600
<u>Monthly</u>					
3	Utilities	NA	950	950	950
4	Rental	1	1,500	1,500	1,500
5	Office equipment, stationaries	NA	4,500	4,500	4,500
6	Salary				
	Director / Finance Manager	1	2,500	2,500	30,000
	Administration Manager	1	1,500	1,500	18,000
	Marketing Manager	1	1,500	1,500	18,000
				Total (RM)	72,950
<u>Yearly</u>					
7	Others (accounting and audit)	NA	5,000	5,000	5,000
				Total (RM)	5,000

4.9.2 Sales Forecast

The average price for confinement care packages available in the market is around RM1,400 to RM8,000 as discussed in marketing part at chapter 4.4. Below is the estimation if customer take package 8 for their confinement care with the minimum of 7 days package, 30 customers per month.

Calculation:

Package 8	Price (RM)
<i>Mother</i>	
● <i>Everyday body wrap ("Bengkung"), "Param", "Pilis"</i>	7 days: 1,850
● <i>Everyday Post-natal body massage</i>	14 days: 2,850
● <i>1x Body scrub ("Lulur")</i>	
● <i>3x/week "Bertangas"</i>	21 days: 3,850
● <i>Everyday Sauna</i>	
● <i>Everyday Hot compression ("Bertungku")</i>	28 days: 4,950
● <i>Everyday Herbal bath</i>	
● <i>Confinement meal (based on diet consultation)</i>	35 days: 6,250
<i>Baby</i>	
● <i>Bath</i>	44 days: 6,950
● <i>Massage</i>	
● <i>Hot compression ("Tuam")</i>	
● <i>Laundry (mother & baby)</i>	
● <i>FREE "Bengkung" & "Tungku Herba"</i>	

Package 8 (7 days minimum):

RM1,850 x 30 customers = RM55,000 per month

If it is the same package and same amount of customer each month,

RM55,000 x 12 = RM666,000 per year

Total sale for package 8 is RM666,000 per year

Table below summarizes the sales forecast for a month per package.

Table 5.3:

Sales Forecast For Confinement Care Packages

Product Packaging	Yields (customer)	Unit Price for 7 days minimum (RM)	Total (RM)
Package 1	30	1400	42,000
Package 2	30	1800	54,000
Package 3	30	1650	49,500
Package 4	30	1350	40,500
Package 5	30	1650	49,500
Package 6	30	1850	55,500
Package 7	30	1550	46,500
Package 8	30	1850	55,500

4.9.3 Financial Statement

Financial statement is a formal record of the financial activities and position of a business (Arthur, 2005). The purpose of financial statements is to provide information about the financial position and performance of the company. It is very useful to a wide range of owners in making economic decisions. In this section, the researcher presents three basic reports including cash flow forecast statement, pro-forma balance sheet and pro-forma income statement.

Table 5.4: Assumptions

Assumptions	Year 1	Year 2	Year 3	Year 4	Year 5
Current Interest Rate	4.9%	4.9%	4.9%	4.9%	4.9%
Long-term Interest Rate	3.45%	3.45%	3.45%	3.45%	3.45%
Tax Rate	24%	24%	25%	25%	25%

4.9.3.1 Cash flow forecast

Table 5.5: Cash flow forecast

MONTH	MONTHLY CASH FLOW (2020)												2020	2021	2022	
	1	2	3	4	5	6	7	8	9	10	11	12		10%	11%	
CASH INFLOW																
Capital (Cash)	0	0	0	0	0	0	0	0	0	0	0	0	0	80,000	0	0
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0	200,000	0	0
Cash Sales	15,000	22,000	28,000	32,000	42,000	45,000	48,000	51,000	50,000	49,000	55,000	39,000	476,000	523,600	581,196	
Collection of Accounts Receivable																
TOTAL CASH RECEIPT	15,000	22,000	28,000	32,000	42,000	45,000	48,000	51,000	50,000	49,000	55,000	39,000	756,000	523,600	581,196	
CASH OUTFLOW																
Pre-operating & Incorporation Expenditure	97,840	0	0	0	0	0	0	0	0	0	0	0	97,840	0	0	
Sales & Marketing Expenditure	5,940	5,940	5,940	5,940	5,940	5,940	5,940	5,940	5,940	5,940	5,940	5,940	71,280	78,408	87,033	
General & Administrative Expenditure	5,000	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450	12,450	154,400	169,840	188,522	
Operations & Technical Expenditure	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	48,000	52,800	58,608	

MONTHLY CASH FLOW (2020)																
	MONTH	1	2	3	4	5	6	7	8	9	10	11	12	2020	2021	2022
															8%	11%
	Pre-Operations															
Purchase of Fixed Asset		0	0	0	0	0	0	0	0	0	0	0	0	0	43,000	0
Loan Repayment:																
Principal		1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	18,000	18,000
Interest		237	237	237	237	237	237	237	237	237	237	237	237	237	2,844	2,844
Tax Payable		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL CASH OUTFLOW		145,840	24,127	24,127	24,127	24,127	24,127	24,127	24,127	24,127	24,127	24,127	24,127	24,127	435,364	321,892
CASH SURPLUS (DEFICIT)		134,160	-9,127	-2,127	3,873	7,873	17,873	20,873	23,873	26,873	25,873	24,873	30,873	14,873	320,636	201,708
BEGINNING CASH BALANCE		134,160	125,033	122,906	126,779	134,652	152,525	173,398	197,271	197,271	224,144	250,017	274,890	305,763	-	320,636
ENDING CASH BALANCE		134,160	122,906	126,779	134,652	152,525	173,398	197,271	197,271	224,144	250,017	274,890	305,763	320,636	320,636	522,344

Financial statement is a formal record of the financial activities and position of a business. The purpose of financial statements is to provide information about the financial position and performance of the company. It is very useful to a wide range of owners in making economic decisions. In this section, the researcher presents three basic reports including cash flow forecast statement, pro-forma balance sheet and pro-forma income statement.

In cash flow, profits are calculated based on accrual basis rather than cash basis. In other words, cash flow statement shows how changes in balance sheet accounts and income statement affect cash and cash equivalents which and breaks the analysis down to operating, investing and financing activities.

Table 5.5 shows the company has a sales income of RM 476,000 for first year and the operating expenses of RM 48,000. For first year of operation, the company made a purchase amounting RM 97,840. The shareholder also invested RM 80,000 for capital expenditure to maintain and grow the business. The company planned to borrow money from financial institution with amount of RM 200,000 together with the interest of 10%. The cash flow forecast shows the negative cash flow during first month of operation. Overall, the cash flow for the company shows good huge investments for future earnings growth.

4.9.3.2 Pro-forma Income Statement

A pro-forma income statement or also known as profit and loss statement measures the amount based on certain assumption or projection of profits generated by a company. The purpose of income statement is to show the results of the company's operations and financial activities for the reporting period including revenues, expenses, gains, and losses. Table below shows the pro-forma income statement for the company for three year from 2020 to 2022.

Table 5.6:

Pro-forma Income Statement of the year ended 31 December.

Years	2020	2021	2022
Total Sales	476,000	523,600	581,196
Cost of Sales	118,900	130,790	143,869
Gross Income	357,100	392,810	437,327
Expenditure:			
Pre-operating & incorporation Expenditure			
General & Administration Expenditure	154,400	169,840	188,522
Sales & Marketing Expenditure	71,280	78,408	87,033
Depreciation of fixed assets	4,300	4,300	4,300
Operating Income	127,120	140,262	157,472
Interest on Loan	2,844	2,844	2,844
Net Income Before Tax	124,276	137,418	154,628

From the table, total gross income for year 2020 is RM 357,100 and for year 2021 and 2022 are RM 392,810 and RM 437,327 respectively. Net income before tax for year one is RM 124,276. The company target of 8% of increment of net income per year for first year and 11% for the second and third year which is RM137,418 and RM154,628 respectively.

4.9.3.3 Pro-forma Balance Sheet

The pro-forma balance sheet provides a projection or assumption of a snapshot of the company's financial position at a specific point in time. A balance sheet presents asset holdings, liabilities and owner capital. The pro-forma balance sheet of company shows in Table 5.7.

Table 5.7:

Pro-forma Balance Sheet as 31 December.

	2020	2021	2022
<u>Non-Current Assets (Book Value)</u>			
Machineries	29,000	29,000	29,000
-) Accum Depreciation	-4,300	-8,600	-11,500
Other Fixed Assets	14,000	14,000	8,000
-) Accum Depreciation	-1,400	-2,800	-3,600
Deposit	9,000	0	0
Total	46,300	31,600	21,900
<u>Current Assets</u>			
Stock	21,856	18,000	19,980
Accounts Receivable	12,640	6,000	6,900
Cash Balance	320,636	522,344	624,974
Total	355,132	494,906	651,854
TOTAL ASSETS	401,432	526,506	673,754
<u>Shareholders' Equity</u>			
Shareholders' Fund	80,000	80,000	100,000
Accumulated Income	124,276	261,694	399,112
Total	204,276	341,694	499,112
<u>Long-Term Liabilities</u>			
Loan Balance	179,156	158,312	137,468
Total	179,156	158,312	137,468
<u>Current Liabilities</u>			
Account Payable	0	8,500	19,174
Loan Due Within Current Year	18,000	18,000	18,000
Total	18,000	26,500	37,174
TOTAL EQUITY & LIABILITIES	401,432	526,506	673,754

In simplest form, balance sheet is a total asset, a sum of outstanding debt and shareholders' equity. Table 5.7 shows the company has an accumulated income of RM 124,276 for year 2020 and continue grow to RM261,694 (2021) and RM399,112 (2020). Total asset for the company is increasing every year.

4.9.4 Evaluation from Financial Institution

The researcher chooses Bank Rakyat Malaysia to give feedback on the business plan. The evaluator gave a positive comment and review with rating of 4 over 5 for the business plan, and rating 3 out of 5 for consideration in providing financial support to the proposed business as he encouraged to avoid taking too much loan as it will burden an entrepreneur to start the business and recommend to take up grant instead if possible. The evaluation form is attached as Appendix D.

**CHAPTER FIVE
MILESTONES**

		Year (Quarter)																			
		2019				2020				2021				2022							
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
1	Idea Generation & Market Research																				
2	Business Plan																				
3	Legal Documents																				
4	Insurance																				
5	Find Location, Rent																				
6	Purchase Equipment																				
7	Purchase Inventory & Material																				
8	Loan, Purchase Equipment																				
9	Promotion & Business Sign																				
10	Promotional Campaign & Launch																				
11	Site Development																				
12	Launch																				
13	Business Operation																				

Milestones are tools used in project management to mark specific period along a project timeline (Wikipedia, 2016). It is an important event or date that can include in the project sheets. For this project, the researcher use the Gantt chart tools to keep the team keep sight of key dates, datelines and external dates and deliveries.

CHAPTER SIX

CONCLUSION

Having a proper postnatal care is important as it helps to maintain mother's health in terms of physical and mental. That is why having a proper place for them to go to is much needed especially confinement ladies to aid and make confinement period much easier for the mother and also for the new-born.

SJ is a company that operates on spa and beauty services. We are aware of these opportunities on what these women needs, wants, and demands. We want to provide quality beauty services at affordable price. We want to provide a comfortable stress-free environment to our customers while using quality products in par with the luxurious spa that exist in the current market. We want to help boost our client's self-esteem and confidence thus increasing their quality of life. At the same time, we want to provide job opportunities for Bumiputera in this beauty industry.

From the research and analysis done, this business idea is an optimist plan that can be successful and grow bigger soon. In the future, we would like to expand the business to a larger scale in order to be able to provide job opportunity to Bumiputera as well such as making a confinement beauty academy, promoting wider variety of beauty services, as well as producing our own confinement care and beauty products. We want to be able to provide a market platform for the new entrepreneurs especially in the confinement, beauty and health related industry. We want to be able to attract our prospects, which is the pregnant mothers in Sarawak to choose us as their number one confinement place for their post-natal care as it is very important to maintain their health and also mental stability as well as to preserve Sarawak Malay culture in terms of confinement care practices. We want to attract tourists to come and try our confinement and beauty services in Sarawak. We want to be able to upgrade our services towards premium confinement outlet targeting the high-end market.

It is the main challenge for Bumiputera entrepreneurs to identify the existing opportunity in the market. Hence, we hope that the financial aids given by your organization for this business plan will be able to help us, as a steppingstone in building

a Bumiputera business empire that is in par with the global market. We hope that we are able to give back to our country and able to compete with global market.



Picture 5.7 Demonstration and gathering event

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APPENDICES

Appendix A

Interview Questions



UNIVERSITI TEKNOLOGI MARA
FACULTY OF BUSINESS
MASTER OF APPLIED ENTREPRENEURSHIP (BA721)

Dear respondent,

I am Nurul'Azizah Binti Hj.Sulaiman (UiTM Student ID No. 2017988055) from Faculty of Business, MASMED, UiTM Kota Samarahan. Currently, I am pursuing a master program in Master of Applied Entrepreneurship. As a requirement for my ENT710 (Entrepreneurial Internship & New Venture Creation), I am conducting an interview on "*Sarawak Malay Mothers' Experiences on Post-Natal Care and Confinement Service*".

The interview questions are about experiences with care during pregnancy, birth and the post-natal period. The purpose of this interview is to learn about how women who have recently given birth experience the public health care services offered in Kuching, Sarawak during the pregnancy, childbirth and post-natal period. The ultimate goal is to improve the quality of the services. Therefore, I need your sincere cooperation in this guided interview session. Thank you for participating in my research. The data collected from this interview will be used for academic and research purposes. Your participant is completely voluntary, and information will be kept strictly confidential.

Your time and cooperation are very much appreciated. Thank you very much.

Researcher,

(Nurul'Azizah Binti Hj.Sulaiman)

If you have given birth earlier, we ask that you consider the care you received in connection with your most recent pregnancy, birth and post-natal period.

PART A: THE PREGNANCY

The public health services offer pregnancy check-ups by a midwife and/or general practitioner plus one routine ultrasound scan. Some pay for additional private services, but these will not be considered here.

1. Did you use public health services during pregnancy, for instance pregnancy check-ups by a midwife/general practitioner or routine ultrasound scan (which is usually done at a hospital)?	Yes (go to question 2 below)
	No (go to question 44)

2. From whom did you receive your check-ups during pregnancy? You may select more than one answer	Midwife at health clinic	General practitioner	Doctor at health clinic	Midwife at hospital	Doctor at hospital	Other	Not applicable
3. How many weeks into pregnancy were you when you had the first pregnancy checkup by a midwife or doctor?	Less than 8 weeks	8-12 weeks	13-20 weeks	21-30 weeks	More than 30 weeks	Not sure	Not applicable
4. How many pregnancy checkups did you have in total from a midwife/doctor?	1-4	5-9	10-16	17 or more		Not sure	Not applicable
5. Do you think this was an appropriate number of check-ups?	Yes	No, too few	No, too many				Not applicable
6. Were you able to have your pregnancy check-ups by a midwife if you wanted to?	Yes	No				Not sure	Not applicable
7. Were you able to have your pregnancy check-ups by a general practitioner if you wanted to?	Yes	No				Not sure	Not applicable

8. Did you have pregnancy check-ups by a midwife?	Yes (go to question 9 below)
	No (go to question 17)

Pregnancy check-ups by a midwife						
9. From how many different midwives did you receive pregnancy check-ups?	1	2	3	4 or more		
10. Was it easy to get an appointment with a midwife if you wanted to?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

11. Was it important to you to get appointments from the same midwife each time?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
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The questions below concern pregnancy check-ups with a midwife. If you saw more than one midwife, we ask that you give your overall impression.

12. Did the midwife treat you politely and with respect?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
13. Did the midwife spend enough time at the visits?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
14. Did you find that the midwife was open to your questions?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
15. Did you find that the midwife cared about you?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
16. Did you have confidence in the midwife's professional competence?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent

17. Did you have pregnancy check-ups by a general practitioner?	Yes (go to question 18 below)
	No (go to question 26)

Pregnancy check-ups by a general practitioner						
18. From how many different doctors did you receive pregnancy check-ups?	1	2	3	4 or more		
19. Was it easy to get an appointment with your general practitioner if you wanted to?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
20. Was it important to you to get appointments from the same doctor each time?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	

The questions below concern pregnancy check-ups from your general practitioner. If you saw more than one doctor we ask that you give your overall impression.

21. Did the general practitioner treat you politely and with respect?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
22. Did the doctor spend enough time at the visits?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
23. Did you find that the general practitioner was open to your questions?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent

24. Did you find that the general practitioner cared about you?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
25. Did you have confidence in the general practitioner's professional competence?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent

Information at pregnancy check-ups

On the questions below we ask that you give your overall impression of the information you received at pregnancy check-ups by the midwife/general practitioner.

Did you receive sufficient information about:						
26. Your physical health during the pregnancy?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
27. Possible mood changes during the pregnancy?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
28. How the baby was developing?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
29. What you could expect regarding birth?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
30. Options for pain relief during birth	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
31. Post-natal period (for instance breast feeding, nutrition, care for the child)?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

32. Did you experience that health personnel gave you conflicting information?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
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Ultrasound scan

We remind you that this questionnaire only concerns public services.

33. How many ultrasound scans did you have (including the routine ultrasound)?	1	2	3	4	5 or more	Not applicable
34. Do you think this was an appropriate number of ultrasounds?	Yes	No, too few	No, too many			Not applicable
35. Did you receive sufficient information concerning the ultrasound?	Not at all	To a small extent	To some extent	To a large extent	To a very	Not applicable

					large extent	
36. Were you happy with the midwife/doctor who performed the ultrasound?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

Organization and availability

37. Did you find that the public services you used during pregnancy were well organized?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
38. Did you find that the midwife and general practitioner cooperated well?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
39. Did you find that the midwife and the hospital cooperated well?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
40. Did you find that the general practitioner and the hospital cooperated well?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

Other considerations

41. All in all, were the public services you used during pregnancy satisfactory?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
42. All in all, were the public services you used during pregnancy what you expected?	Much worse than expected	Somewhat worse than expected	As expected	Somewhat better than expected	Much better than expected

43. Are you of the opinion that you were in any way given incorrect treatment (according to your own judgement)?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
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PART B: THE BIRTH

44. Where did you give birth?	Delivery ward at a hospital	Birth centre, midwifery led	Planned home birth	Birth outside of hospital (not planned)		
45. Did you give birth to one or more children?	One child	twins	Triplets or more			
46. How many weeks into the pregnancy were you when the child/children were born?	Less than 28 weeks	28-32 weeks	33-36 weeks	37-41 weeks	42 weeks or more	Not sure
47. What was the child's birth weight? If you gave birth to twins or more, please answer according to the child that was born first.	Under 1000 grams	1000 - 1500 grams	1501 - 2500 grams	2501 - 4500 grams	Over 4500 grams	
48. How did you give birth?	Normal birth	Forceps / ventouse	Breech birth	Caesarean section		

49. Did you have a hospital stay at the maternity ward/ delivery room connected to the birth?	Yes (go to question 50 below)
	No (go to question 71)

The stay at the delivery ward

This part concerns your stay at the delivery ward for the birth. Please also answer if you gave birth at a birth centre

50. Were you taken seriously by the health personnel at the delivery ward when you called to say the labour/birth had started?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
51. Were you received well when you arrived at the delivery ward?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	

Health personnel at the delivery ward						
52. Were you treated politely and with respect by the health personnel at the delivery ward?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
53. Did the health personnel have time for you when you needed it?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
54. Did you find that the health personnel were open to your questions?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
55. Did you find that the health personnel cared about you?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	

56. Did you have confidence in the health personnel's professional competence?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
Information at the delivery ward					
57. Did you receive sufficient information during your stay at the delivery ward?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
58. Did you experience that health personnel gave you conflicting information?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent

Organization and involvement at the delivery ward						
59. Did you find that the services you received during your stay at the delivery ward were well-organized?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure / Not applicable
60. Did you find that the health personnel cooperated well during the birth?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure / Not applicable
61. Did you receive information about who had the main responsibility for you?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
62. Did you wish to be involved in the decisions concerning your birth?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure / Not applicable
63. Were you involved in decisions concerning your birth?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure / Not applicable
64. Did you receive sufficient pain relief during labour?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure / Not applicable

Partner						
65. Was your partner received well by the health personnel at the delivery ward?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
66. Were things arranged so that your partner could be present if you both so wished?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

Other considerations					
67. Did you receive sufficient information during your stay at the delivery ward?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
68. Did you experience that health personnel gave you conflicting information?	Much worse than expected	Somewhat worse than expected	As expected	Somewhat better than expected	Much better than expected

69. Are you of the opinion that your child was in any way given incorrect treatment (according to your own judgement)?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
70. Are you of the opinion that you were in any way given incorrect treatment (according to your own judgement)?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent

71. Did you stay in the maternity ward/ patient hotel (if any)/ birth centre, after giving birth?	Yes (go to question 72)
	No (go to question 102)

Post-natal stay

This part concerns your stay at the maternity ward, patient hotel or birth centre

after the birth. If you have experiences from more than one place, we ask you to give an overall impression.

72. How long did you stay after birth?	Less than 24 hours	1-2 days	3-4 days	5-6 days	7 days or more	
73. Do you think the length of stay was appropriate?	Yes	No, too short	No, too long			
74. Where did you spend most of the post-natal period?	Single patient room in maternity ward	Multiple-bed room in maternity ward	Family room in maternity ward	Patient hotel	Birth centre	Other

Health personnel during the post-natal stay					
75. Were you treated politely and with respect by the health personnel during the post-natal stay?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
76. Did the health care personnel have time for you when you needed it?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
77. Did you find that the health personnel were open to your questions?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
78. Did you find that the health personnel cared about you and your child?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
79. Did you have confidence in the health personnel's professional competence?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent

Information during the post-natal stay

Did you receive sufficient information about:						
80. Your physical health after giving birth?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
81. Any possible mood changes after birth?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
82. Breast feeding or other ways of feeding the child?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
83. Child care?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

84. Did you experience that health personnel gave you conflicting information?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
Guidance and support during the post-natal stay						
85. Did you receive sufficient guidance on breast feeding or other ways of feeding the child during the post-natal stay?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
86. Did you receive sufficient guidance on child care during the post-natal stay?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

Organization during the post-natal stay						
87. Did you find that the services you received during your post-natal stay were well organized?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
88. Did you find that the health personnel cooperated well during your post-natal stay?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
89. Did you receive information about who had the main responsibility for you?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
90. Were things arranged so that you could get enough peace and rest?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	

Partner						
91. Was your partner received well by the health personnel during the post-natal stay?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
92. Were things arranged so that your partner could be present if you both so wished?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

Going home						
93. Did you have a consultation with a midwife before going home (check-out consultation)?	Yes, an individual consultation	Yes, a group consultation	No			
94. What benefit did you have from this consultation?	No benefit	Small benefit	Some benefit	Large benefit	Very large benefit	Did not have such a consultation

95. Were you informed about where you could inquire in case of any questions after you got home?	Yes	No				Not sure
96. Were the contact people easy to get in touch with	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Did not initiate contact
97. Were your questions sufficiently answered if you contacted someone?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Did not initiate contact

Other considerations					
98. All in all, were you satisfied with the services you received during your postnatal stay?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
99. All in all, were the services you received during your post-natal stay what you expected?	Much worse than expected	Somewhat worse than expected	As expected	Somewhat better than expected	Much better than expected

100. Are you of the opinion that your child was in any way given incorrect treatment during the post-natal stay (according to your own judgement)?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
101. Are you of the opinion that you were in any way given incorrect treatment during the post-natal stay (according to your own judgement)?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent

102. Have you had any contact with the public health clinic since the birth (i.e. by telephone, at check ups/ vaccinations, had home visits)?	Yes (go to question 103)
	No (go to question 135)

PART C: CONTACT WITH HEALTH CLINIC AFTER GIVING BIRTH

This part concerns contact with the public health clinic in the period after the birth and up to now. If you have experiences from more than one health clinic please answer based on an overall impression.

Contact with the public health clinic						
103. Have you been offered home visits from the health clinic?	Yes	No				
104. What benefit did you have from the home visit from the health clinic?	No benefit	Small benefit	Some benefit	Large benefit	Very large benefit	Did not have such a consultation

105. How long after the birth were you at the first check-up at the health clinic?	Less than 2 weeks after the birth	3-6 weeks after the birth	7-9 weeks after the birth	10 weeks or more after the birth		Not applicable
106. Did you have to initiate contact yourself to get an appointment for the first check-up at the health clinic?	Yes	No				Not applicable
107. Would you have liked the first check-up to have been earlier than it was?	Yes	No				Not applicable
108. How many check-ups have you had at the health clinic up to now?	None	1	2	3-5	6 or more	Not applicable
109. Do you think this has been an appropriate number of check-ups?	Yes	No, too few	No, too many			Not applicable

110. What benefit did you have from the child's six-week check-up?	No benefit	Small benefit	Some benefit	Large benefit	Very large benefit	Did not have such a consultation
111. What benefit did you have from your own six-week check-up (post-check-up)?	No benefit	Small benefit	Some benefit	Large benefit	Very large benefit	Did not have such a consultation

Health clinic staff						
112. Is it important to you to get appointments with the same person at each check-up?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

113. Did you find that the staff members at the health clinic were informed about your birth?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
114. Are you treated politely and with respect by the staff?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
115. Does the staff spend enough time on the check-ups?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
116. Do you find that the staff is open to your questions?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
117. Do you find that the staff cares about you and your child?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
118. Do you have confidence in the staff's professional competence?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

Information from the health clinic

On the questions below we ask that you give your overall impression of the information you received from the health clinic.

Have you received sufficient information about:						
119. Services at the health clinic?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
120. Your physical health after giving birth?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
121. Possible mood changes after birth?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
122. The child's development and health?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
123. Vaccines for the child?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
124. Breast feeding or other ways of feeding the child?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable

125. Child care?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
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126. Have you experienced that the staff have been giving you conflicting information?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
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Organization and availability of health clinic						
127. Do you find that the care you receive at the health clinic is well organized?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure / not applicable
128. Has it been easy to make a check-up appointment if you so wished?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure / not applicable

129. Have you been informed of where you can inquire if you have any questions between the check-ups?	Yes	No				Not sure
130. Have the contact people been easy to get in touch with?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Did not initiate contact
131. Have your questions been sufficiently answered if you have contacted someone?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Did not initiate contact

Other considerations						
132. All in all, are you satisfied with the services you have received at the health clinic?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
133. All in all, are the services you have received at the health clinic what you expected?	Much worse than expected	Somewhat worse than expected	As expected	Somewhat better than expected	Much better than expected	

134. Are you of the opinion that your child was in any way given incorrect treatment at the health clinic (according to your own judgement)?	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
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135. Have you had any contact with a post-natal/ breast feeding outpatient clinic since the birth?	Yes	No				
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PART D: BACKGROUND QUESTIONS

136. What is your age?

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Years

137. Are you married or cohabiting?

Yes, married	Yes, cohabiting	No
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138. What is your highest completed level of education?

Primary/ lower secondary school	Upper secondary school	College/ university (1-4 years)	College/ university (more than 4 years)
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139. What is your everyday activity when you are not on maternity leave? Select only one answer

Employed	On sick leave, on disability of work assessment allowance	Student	Housekeeping (in your home)	Unemployed	Other
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140. Overall, would you say your health is...

Excellent	Very good	Good	Fair	Other
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141. How many times have you given birth in the past?

Never	1	2	3	4 or more
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142. Did your caesarian wound get infected (e.g. inflammation/pus in the operation wound)?

Yes, at the hospital	Yes, after I got home	No	Did not have a caesarian section
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143. Where was the infection treated?

At my general practitioner's office	At the health clinic	At the hospital where I gave birth	At another hospital	At the casualty clinic	Other	The infection was not treated	Did not get an infection	I did not have a caesarian section
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144. Do you feel that the infection was taken care of in a satisfactory way?

Yes	No	Did not initiate contact	Did not get an infection	I did not have a caesarian section
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PART E: CONFINEMENT CARE

45. Have you taken any confinement care service?	Yes (go to question 146)
	No (go to question 151)

146. Where/Who did you go for confinement care? How did you found out about them?

147. What services that you took from them?

148. What is the price range that you have to pay for the services?

149. How many days is the service that you took?

150. How would you rate their service?

1 star	2 star	3 star	4 star	5 star
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Other comments that you would like to add:

151. Any other comments that you would like to add in improving the confinement care among Sarawakian confinement care services ?

Location:

Facilities:

Price:

Service menu:

Confinement lady service/work ethic:

Others:

Thank you very much for taking the time to answer! Please provide your

Full Name:

Contact Number:


End of questions.

Appendix B
Business Registration

1/84

(R. 2)

No. **107647**



ORDINAN NAMA-NAMA PERNIAGAAN (BAB 64)

SIJIL PENDAFTARAN

Ini adalah untuk mengesahkan bahawa firma yang ternyata di bawah:-

Nama: **SURIANITRA ENTERPRISE**

Pejabat Pibu Kuching Blok B, Tingkat 2, Kompleks Cidb, Wilayah Sarawak, Jalan Sultan Tengah 93050 Kuching Sarawak

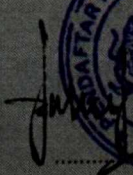
Alamat:


Perniagaan: **(1) Pembekal Produk Kecantikan Dan Aksesori**
2) Perkhidmatan Solekan, Andaman dan Hiasan Pengantin

telah didaftarkan di **Kuching** pada **07** bulan **Oktober** 20**16**, di bawah Ordinan di atas dan bahawa keperluan bagi Ordinan tersebut telah dipenuhi.

Bayaran RM50.00

Nombor Resit: **776420**




Pendaftar

Appendix C
Qualification Certification

Certificate of Bachelor in Nutrition and Dietetic (Hons)



Certificate of Holistic & Wellness Spa (GIATMARA)



Certificate of Spa (SKM Level 3)



JABATAN PEMBANGUNAN KEMAHIRAN
KEMENTERIAN SUMBER MANUSIA

SIJIL KEMAHIRAN MALAYSIA

TERAPI SPA
TAHAP TIGA

Dengan ini adalah disahkan bahawa

NURUL 'AZIZAH BINTI HJ. SULAIMAN
890930135858

*telah mencapai tahap kompetensi yang ditetapkan dalam
Standard Kemahiran Pekerjaan Kebangsaan (SKPK)*

PENILAIAN TELAH DILAKSANAKAN DI PUSAT BERTAULIAH
GIATMARA PETRA JAYA
SARAWAK



Ketua Pengarah

Ketua Setiausaha



MP-061-3:2012-K02303-042017
20/10/2017


B 034581

Certificate of Head & Spa Therapy



Appendix D

Evaluation Form from Financial Institution (Bank Rakyat Malaysia)

 **MASMED**
MASMEAL Academy of SME and Entrepreneurship Development

**ENTREPRENEURIAL INTERNSHIP & NEW VENTURE CREATION
(ENT 710)**

EVALUATION FORM: FINANCIAL ASSISTANCE APPLICATION

Name of Officer:
ABDUL AZIS BIN ROSLI

Position & Organization:
PENGURUS CAWANGAN

Name of student:
NURUL AZHAR BINTI HS SULAIMAN

Programme:
Master of Applied Entrepreneurship, UITM

Please circle your consideration below:

	Very Weak	Weak	Fair	Good	Very Good
Review of Business Plan	1	2	3	4	5
Consideration in providing financial support on the proposed business	1	2	3	4	5

Suggestions for Improvements

- Revise financial plan
- Revise strategy for confinement care
- Statistics of household child
- Culture of confinement care

Signature & Stamp:
ABDUL AZIS BIN ROSLI
PENGURUS CAWANGAN

Date:

Appendix E

Student: Nurul'Azizah Binti Hj.Sulaiman (2017988055)

Research Plan: One Stop Beauty Centre

		Month (week)																											
		September				October				November				December															
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4										
1	Literature review																												
2	Construction of instruments																												
3	Data collection																												
4	Analysis of data																												
5	Discussion and implication																												
6	Compilation of reports and documentation																												
7	Presentation of draft business proposal and slides																												
8	Revise and proof final business proposal and slides presentation																												
9	Final presentation: Business pitching (21 st December 2019)																												

Appendix F
Turnitin Originality Report

NurulAzizah_CORRECTION_02_Turnitin.docx

ORIGINALITY REPORT

23%	12%	2%	19%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Institute of Graduate Studies, UiTM Student Paper	8%
2	www.emeraldinsight.com Internet Source	2%
3	Submitted to Universiti Teknologi MARA Student Paper	2%
4	Submitted to American Intercontinental University Online Student Paper	1%
5	bmcpregnancychildbirth.biomedcentral.com Internet Source	1%
6	Submitted to International School of the Hague Student Paper	1%
7	www.my.undp.org Internet Source	1%
8	www.scribd.com Internet Source	<1%
9	Submitted to Anglia Ruskin University	