

Cultural Beliefs and Practices Influencing the Birthing Process: A Qualitative Study

Gyanendra Man Singh Karki¹, Heera KC², Shuvechha Pandey³

¹Department of Obstetrics and Gynaecology, Birat Medical College Teaching Hospital, Biratnagar, Nepal

²School of Nursing, Birat Medical College Teaching Hospital, Biratnagar, Nepal

³Department of Obstetrics and Gynaecology, Birat Medical College Teaching Hospital, Biratnagar, Nepal

CORRESPONDENCE

Dr. Gyanendra Man Singh Karki
Associate Professor, Department of
Obstetrics and Gynaecology
Birat Medical College Teaching Hospital,
Biratnagar, Nepal
Email ID: gkarms09@gmail.com
ORCID ID: <https://orcid.org/0000-0003-2856-4396>

ARTICLE INFO

Article History

Submitted: 20 December, 2022

Accepted: 10 January, 2023

Published: 8 February, 2023

Source of support: None

Conflict of Interest: None

Copyright : ©The Author(S) 2021

This is an open access article under
the Creative Common Attribution
license CC-BY 4.0



ABSTRACT

Introduction: Cultural beliefs and practices of patients play an important role in healthcare service utilization. Women often exhibit their faith in culture during pregnancy and childbirth process, but little is understood about its impact from conception to post-delivery status. This study was carried out to explore cultural beliefs and practices during birthing process among women delivered at Birat Medical College Teaching Hospital.

Methods: We conducted a phenomenological cross sectional qualitative study at the Department of Obstetrics and Gynecology, Birat Medical College Teaching Hospital from 25 July 2022 to 25 October 2022. Ethical clearance was obtained from the Institutional Review committee, Birat Medical College. In-depth interview was conducted among 20 postnatal women who had elective cesarean sections. Audiotaped in-depth interview was transcribed verbatim and analyzed by using the thematic framework method.

Results: 13 out of overall participants stated that they had chosen the auspicious date, day and time of birth according to astrologer's advice. Most were participants themselves who believe in astrology. Some participants stated that they had offered prayers and wishes in a holy temple to bear a child and also followed religious rituals in wish of a preferred sex of child. Other habits like restricting certain foods, worshipping gods were also found.

Conclusion: Cultural beliefs and practices have a great impact on birthing process. Women believed in palm reading, astrology and followed their advice for estimating auspicious time of birth. Some other religious beliefs like faith in god, worshipping, offering prayers and food restriction habits were also seen.

Keywords : Cultural beliefs; Labor; Postnatal women; Practices; Pregnancy.

INTRODUCTION

The cultural beliefs and practices of patients play an important role in healthcare delivery.¹ The holistic approach to health states that health must be viewed from multidimensional aspects (physical, emotional, spiritual, social, cultural and environmental).² In many countries pregnancy and childbirth are associated with culture and religion.^{3,4,5} Cesarean section is a life-saving procedure for timely management of obstetric complications. In previous studies in Nepal, various factors contributing to cesarean section were identified. Some factors were maternal related like pre-existing medical problems, pregnancy related complications, and others were fetal

and placental causes.⁶ Several other literatures identified that women's mode of delivery is affected by their religious ideologies, socio-cultural beliefs and values.^{1,7} Some women reject to undergo cesarean section even if indicated and some simply prefer it over normal vaginal delivery though not indicated.^{1,7} In our context, very little is known about the role of culture in the birthing process- from pregnancy to mode and timing of delivery and in postpartum period. Hence, this study was carried out to explore the cultural beliefs and practices among postnatal women delivered in a teaching hospital of Nepal.

METHODS

A phenomenological cross sectional qualitative study was conducted at Department of Obstetric and Gynecology of Birat Medical College Teaching Hospital (BMCTH) from 25 July 2022 to 25 October 2022. Ethical approval was obtained from Institutional review committee of BMCTH. We conducted in-depth interviews using an interview guide tool among purposively selected postoperative women with elective cesarean section. Women with spontaneous vaginal delivery, instrumental delivery, having obstetric complications and comorbidities requiring emergency cesarean section were excluded in the study. We used an interview guide tool to gather data from 20 participants. The interview conducts and reporting adheres to the Consolidated Criteria for Reporting Qualitative Research (COREQ). The purpose of the research was explained to each participant and then informed verbal consent was obtained before interview. Data saturation was determined by the time we reached 20 participants with similar responses. Each participant was interviewed for about 20 minutes. The interview was audiotaped and transcribed verbatim in Nepali language independently by two investigators. Then the investigators reread through the transcripts several times to familiarize themselves with the data. The inductive approach was used to find the common pattern and the theme. Data was analyzed by using the thematic framework method to identify the themes related to; faith in god or any cultural belief during pregnancy and labor, practice fasting, puja, worship god for smooth delivery and seeking astrologer’s advice for birth timing. The repeated meaningful items were labeled as codes by two investigators. The independently generated code was then checked for mutual agreement. The codes were grouped as categories based on their similarities and differences. The categories were further analyzed to develop themes (Table 1).

RESULTS

The mean±SD of the study participant was 28.9±5.4. Highest number of participants fall under the 5-10 class educational category. Most of them were hindu, brahmin/chhetri, housewife, multigravida and multiparous. Majority had intended pregnancy. Majority of the mothers were multigravida (85%) and multiparous (80%). Among the twenty mothers three of them has the history of the abortion. The mode of delivery was elective cesarean section which applies to the total number of participants (Table 2).

PREGNANCY STATUS

Out of 20 participants, 12 (60%) stated that their current

pregnancy was intended and remaining stated that their current pregnancy status was unintended. Women having unintended pregnancy were mostly from the madhesi

Table 2: Characteristics of in-depth interview of postnatal mother after having elective cesarean section (n=20)

Characteristics	n (%)
Age (In years) (mean and S.D)	28.9±5.4
Educational level	
Informal	1 (5)
5-10 class	10(50)
11-12 class	6(30)
>12 class	3(15)
Religion	
Hindu	19(95)
Muslim	1(5)
Ethnicity	
Brahmin/Chhetri	9(45)
Madhesi	6(30)
Janajati	4(20)
Dalit	1(5)
Occupation	
Housewife	19(95)
Doctor	1(5)
Gravida	
Primigravida	3(15)
Multigravida	17(85)
Parity	
Primiparous	4(20)
Multiparous	16(80)
History of abortion	3(15)
Current neonatal health status	
Uneventful	0
Eventful	20(100)
Past history of Intrauterine fetal death	1(5)
Past history of Neonatal death	1(5)
Mode of delivery	
Elective cesarean section	20(100)
Current pregnancy status	
Intended	12(60)
Un-Intended	8(40)

ethnic group, one was nulliparous, while others had a history of having one child previously. Those who had unintended pregnancy also decided to continue their current pregnancy with couple’s mutual decision after they found a positive pregnancy test. The quotation below highlights the pregnant status. ‘No, this is an unplanned pregnancy. We had not decided to have another child but as I found myself pregnant, we decided to continue it with mutual decision.’ Participants’ continuation of pregnancy was also found based on the sex determination of child.

Table 1: Code, categories and themes used in data analysis

Codes	Definition of code	Category	Theme
Intended pregnancy	Any reference to the couple's decision and intention to conceive.	Pregnancy status	
Unintended pregnancy	Any reference to the couple's decision and intention to not conceive.		
Any food intake	Any reference to no restriction and prohibition of food intake. It includes an all cooked, home-made, fast foods, balanced diet snacks, snacks and cold drinks available in the market	Food consumption and restriction behaviour	
Taking balance diet	Any reference to intake of a combination of carbohydrates, proteins, fats, vitamins and minerals in a diet.		
Spicy and sour	Any reference to hot, spicy and sour food beverages.		
Fruit restrictions	Any reference to avoidance of fruit intake such as papaya, grapes, pineapple, jackfruit, cucumber, mangoes etc. during pregnancy		
Food restriction	Any reference to avoidance of foods such as potato, brinjal etc during pregnancy and postpartum.		
Avoiding junk food	Any reference to avoidance of intake of unhealthy or processed foods such as momo, noodles, canned juices etc.		
Belief on god	Any reference to faith and belief that everything happens including conception, number and sex of child is due to the god's will.		
Worship god	Any reference to prayers offered by each individual according to one's culture and religion.		
Gift of god	Any reference to one's wish being fulfilled after offering prayer.		
Sombare Brata	Any reference to fasting with no food and salt intake and prayers to lord Shiva on Monday. It includes intake of fruits and water only.		
Shivaratri Brata/fasting	Any reference to worshipping lord Shiva with no foods and fluids intake on the auspicious day of hinduism called Maha-Shivaratri.		
Bhakal/Manakamana	Any reference to an act of asking to grant a wish from temple or gods/goddesses according to one's culture.		
Pathivara Mata darshan	Any reference to one's prayers and visit to sacred place 'Pathibhara Temple' to grant a wish.		
Bajrangbali puja	Any reference to one's faiths, trust and prayers in a god named Bajrangi/Hanuman.		
Chaturdashi, festival, Half moon day	Any reference to one's faith is inauspicious on delivering on the given days of birth .		
Restriction of worshipping in pregnancy	Any reference to ethnic variation, inadmissible and prohibition of prayers to god in temples after second trimester of pregnancy		
Inadmissible of worshipping in postpartum	Any reference to ethnic variation, unacceptability and prohibition of prayers to gods in temples after delivery till naming ceremony of child.		
Belief on astrology	Any reference to one's faith on astrology and visits astrologers to plan for future pregnancy and child-birth process.		

Beliefs on auspicious birth-timing	Any reference to one’s faith on the auspicious birth date, day and time of a newborn baby.	Cultural beliefs and practices	Cultural belief and practices during pregnancy and labor
Listening bhajan mantra	Any reference to individual’s listening to spiritual and religious musics and songs from pandit or mass media (radio, fm, TV, youtube).		
Daughter preference	Any reference to one’s choice and prayers’ to give birth to a daughter in current pregnancy.		
Son preference	Any reference to one’s choice and prayers’ to give birth to a son in current pregnancy.		
Followed Doctor’s advice	Any reference to one’s affirming and adopting the advice given by the doctor only.		
Fixing auspicious time for delivery	Any reference to choosing and specifying date, day and time for delivery according to advice given by an astrologer.		
Medicinal herbs	Any reference to using or not using medicinal herbs for smooth pregnancy and labor		
Family pressure	Any reference to restrictions given by family members on pregnant women. This includes dietary restriction, performing puja and rituals.		
Social pressure	Any reference to advice given by friends and society to follow certain cultural and religious rituals during pregnancy, delivery and postpartum period.		
Social media influence	Any reference to habits and customs followed by an individual based on advice given through social media such as youtube, facebook, google etc.		

‘We wanted to delay our next pregnancy but I found myself pregnant after a month of my last menstrual period. I decided to continue it once I confirmed it from Ultrasonography.’

Among the women with intended pregnancy, majority were from Brahmin/Chhetri ethnic group. Most had at least one child before. Intention to conceive was unrelated to sex of child in previous pregnancy. The quotation address the viewpoints of women’s intention to continue pregnancy. *‘Yes, this is a planned pregnancy. We decided to conceive based on mutual decision.’* All women found their pregnancy status a month after the cessation of their last menstrual period through pregnancy symptoms like nausea, vomiting. All women said that they visited a nearby health post or clinic to have their pregnancy check-up after one and half months of cessation of menstruation.

FOOD CONSUMPTION AND RESTRICTION BEHAVIOR

Participants were asked about their beliefs and practices on food habits. The responses were coded and described which are in Table 1. Many participants stated that food

restriction during pregnancy and postpartum is not required and they ate any food available to them except for unhealthy junk foods, sour, spicy and hot beverages. *‘Unhealthy, junk food is prohibited. Otherwise, a balanced diet is essential.’*

Out of twenty, eight participants stated that certain fruits and foods should be avoided during pregnancy as it may harm the fetus if eaten. Some participants had the influence of social media like youtube, facebook on eating dietary food during pregnancy *Yes, I watched youtube often. There I saw that watermelon, pineapple, papaya, grapes, cucumber should be avoided during pregnancy. So, I avoided it.’*

‘Yes, we should avoid eating papaya, sour food during pregnancy. Eating papaya will cause abortion.’ Some prohibited eating certain fruits and food under family and social pressure. *‘I ate everything that should be eaten. I didn’t eat papaya; I avoided jackfruit as I have heard that it causes ear infection in newborn babies. I avoided ripened mangoes.’*

It is said that ripened mangoes cause heat to the fetus so I avoided it. I ate only unripe mangoes. Pineapple increases excessive weight to the fetus so I avoided it in the first months of pregnancy. Later I started eating it

after I was informed that my fetus weight was low. Few women had the belief that food restrictions are essential if it is cesarean section. They practice avoiding eating potatoes, citrus fruits, food, tomato, brinjal, oily, spicy food, meat till the suture is out. They believed that eating such food causes wound infection and delays the process of healing. *'Since I have a cesarean section, I must avoid brinjal, citrus fruits and vegetables, potatoes, spicy food as it may cause wound infection.'*

The restriction in food habits was almost common in all ethnic groups. We also found that one participant restricted meats, eggs due to her religious prohibition.

'I never eat meat, eggs or fish. It is restricted to eat in our clan and we have our deities at home.'

The restriction of food intake during the postpartum period was associated with health and sickness of newborn babies in most participants.

'If a newborn baby has a cold or is sick, the mother must avoid intake of cold foods, fruits, and cold water. Mother also should avoid bathing because the cold could be transmitted to newborn baby.'

CULTURAL BELIEF AND PRACTICES

Most participants viewed that conception is influenced by some divine power of god. Participants who had difficulty conceiving, uneventful childbirth, miscarriage and complicated delivery outcome in previous pregnancy had much faith in god. The codes generated are listed and described in Table 1. The quotations below describe their cultural beliefs and practices.

'Yes, I agree that conception is influenced by some divine power of god. I have seen many couples wanting to conceive yet they did not have a child while some had even if they didn't want to.' *'My first child is 6 and half years now. I had miscarriage in my second pregnancy. My husband and I have been planning for a long time to have our next kid. I was pregnant only after we perform some rituals for our miscarriage child.'*

Few participants did fasting during their pregnancy for a better outcome for their unborn baby and family. We found that the Brahmin/Chhetri ethnic group had restriction of worshipping in later months of pregnancy. All participants had restriction of worshipping in the postpartum period before the naming ceremony. The quotation highlights the women's opinion on religious rituals towards worshipping gods. *'Our societal cultures and norms prohibit us from performing puja from 6 months of pregnancy. It is said that our puja won't be accepted by god and considered inauspicious. So, I prayed for the first 3 to 4 months of pregnancy. Later I didn't. I just wish for betterment through a distance.'* Some participants stated that they had bhakal/

manokamna (religious rituals of offering something to gods) in a sacred place called Pathibhara temple or for a specific god (Hanuman) to bear a child. Participants followed religious rituals and perform puja and bhakal in wish of a child's sex preferences.

'I had always prayed to have a daughter deeply within my heart. Now my wish is fulfilled.'

'I had bhakal to have a son, as I have 2 daughters already. Now my wish is fulfilled.'

Thirteen out of twenty participants stated that they had chosen the auspicious date, day and time of birth according to astrologer's advice. Most were participants themselves who believe in astrology. They visited an astrologer to fix auspicious birth timing and dates. The quotations address the women's opinion on birth timing. *'Yes, I have done palm reading with one astrologer. I was told that Sunday and Tuesday are inauspicious days. Besides these all days and times were auspicious. So, I followed her advice.'*

'Yes, I did follow the astrologer's advice. Besides, Saturday all other days were considered auspicious, hence I planned for Operation according to the Doctor's advice.'

Some participants believed that it is said to be inauspicious to deliver on half-moon, full moon, Chaturdashi, so they were worried and hence delivered before and after those days.

'Yes, it has been followed by our ancestors and society. I believe that half-moon, chaturdashi is considered inauspicious.'

Some participants partly believe in astrology and partly on Doctor's advice. So, they will choose the date and time whichever is better for the newborn and maternal outcome. Very few participants said that they don't believe in astrology on birth timing and date of newborn baby. *'Our family doesn't believe in astrology. We do whatever is best for the baby and follow the doctor's advice.'*

DISCUSSION

This study explored the cultural beliefs and practices of Nepalese women during pregnancy, labor and postpartum period. A detailed insight was gained that deeply rooted cultural and religious beliefs were present among those women. The findings from this study stated that most participants believed in astrology and many participants chose the auspicious date, day and time of birth according to the astrologer's advice. We also found that all participants wish to avoid days like half-moon day, certain days as advised by astrologers and festivals while planning for cesarean section. They had the opinion that normal labor is a physiological process which is

inevitable and it can only be expected not to deliver on an inauspicious date but in case of elective cesarean section, it is within their control so they would prefer to avoid inauspicious day and time as far as possible. Most research articles conducted in Nepal focused on cultural and traditional belief like food habits and certain rituals during pregnancy and postpartum,^{8,9} but there is no reference that could elaborate on influence of palm reading and astrology on birth timing. This study could serve as a great evidence to explore further and integrate the participant's views on providing culturally competent care. We also found certain food restriction habits during pregnancy and postpartum period among some participants. The food they restricted was based on their cultural belief, family and societal influence and social media like youtube and facebook. Participants had the wrong practice of avoiding fruits like cucumber, mangoes, pineapple, jackfruits etc in pregnancy and avoiding spicy and sour food during the postoperative period. A review article from south Asian context stated the same response that many asian women practice a wide range of traditional beliefs and practices during pregnancy, childbirth, and the postpartum period.¹⁰ Some similarities were observed in dietary recommendations and behavioral taboos, magic and superstition across different countries¹ and within the context of Nepal.^{8,11} This suggests that healthcare providers must focus on providing health education on dietary recommendation and its benefits to mother and newborn baby, particularly focusing on their cultural aspects. Health is influenced by multidimensional factors. So, healthcare practitioners must recognize and appreciate common local beliefs so as to provide culturally competent care. We observed that all participants believed in God; worship and offered prayers during pregnancy for better labor outcomes. Similar response was obtained from a study in Ghana where pregnant women offer prayer, singing, thanksgiving at church and practice of anointing oil, blessed water, sticker, blessed white handkerchief, blessed sand, bible and rosary during labor. Also the women in Ghana preferred normal delivery over cesarean section.¹ Ceremonies involving music, prayers, and ritualistic chanting; many spiritual acts involving offerings of specially prepared food, beverages, and household items to deities and spirits were observed in south asian context.¹⁰ These findings are similar to our study. The religious belief and practices provide women a sense of emotional support during pregnancy and labor and promote healing. Hence, Health care providers should understand, respect, and integrate cultural of childbirth and the needs of women and their families, instead of discouraging, passing negative comments and reducing the choices available to women during the birthing process. We found different opinions for prayers

among different ethnic groups in our study. Brahmin/Chhetri had a belief that their prayers wouldn't be considered pious after they reach the second trimester. They were restricted from performing puja and visiting temples while other ethnic groups had no obligation to worship. In clinical practices, midwives deal with people of diverse backgrounds, each having their own unique culture, customs and traits. In order to provide respectful maternity care, midwives should understand that religiosity and spirituality is an integral component of the care of pregnant women. They should respect, encourage and educate women to avoid the religious practices that could have negative health effects on themselves and the fetus. Individuality and right of choice should be ensured so that women would be allowed to demonstrate their religious beliefs and practices. Childbirth is a biological event, the pregnancy and birth experiences surrounding it are mostly social constructs, shaped by cultural perceptions and practices. Health can't be viewed in isolation separating it from societal norms and practices. It is important to understand the impact of traditional beliefs and practices on maternal health care utilization for all health care providers from a patient's perspective. By doing so, only we can provide a holistic approach to maternity care.¹⁰ We can make a significant progress towards attainment of sustainable development goals 3, if we could address demand and supply side barriers.¹² There is possibility of not utilizing the services if women's preferences, cultural and religious beliefs are ignored.^{13,14,15} Midwives and other healthcare providers should foster a communicative relationship with women and their families, encourage women verbalization of their desires, recognizes and appreciates their culture and be willing to provide culturally competent care to women and their families. This study has some limitations. This study is conducted in only one medical college of eastern Nepal so, findings of this study may not be generalizable. We recommend conducting similar types of study on a larger scale. We also recommend getting opinions from midwives and obstetricians to gain more insight.

CONCLUSION

Women believed in palm reading, astrology and followed their advice for estimating birthing time when they were advised for elective cesarean section. Some other religious beliefs like faith in god, worshiping, offering prayers and food restriction habits were also seen.

ACKNOWLEDGEMENTS

We acknowledged all the participants for their time and Dr. Surya Parajuli for his guidance in analyzing this research finding.

REFERENCES

1. Aziato L, Odai PNA, Omenyo CN. Religious beliefs and practices in pregnancy and labour: an inductive qualitative study among post-partum women in Ghana. *BMC Pregnancy Childbirth*. 2016 Jun 6 ;16(1):1–10.
2. Lappe M. Holistic health: A valuable approach to medical care. *The western journal of Medicine*. 1979.
3. Okafor CB. Folklore Linked to Pregnancy and Birth in Nigeria. 2000;22(2):189-202.
4. Ha W, Salama P, Gwavuya S, Kanjala C. Is religion the forgotten variable in maternal and child health? Evidence from Zimbabwe. *Social Science & Medicine*. 2014;118; 80–8.
5. Elter PT, Kennedy HP, Chesla CA, Yimyam S. Spiritual Healing Practices Among Rural Postpartum Thai Women. *J Transcult Nurs*. 2016 May; 27(3).
6. Das P, Samad N, Sapkota A, Al-Banna H, Rahman NAA, Ahmad R, et al. Prevalence and Factors Associated With Caesarean Delivery in Nepal: Evidence From a Nationally Representative Sample. 2021;13(12).
7. Ugwu NU, de Kok B. Socio-cultural factors, gender roles and religious ideologies contributing to Caesarian-section refusal in Nigeria. 2015;12(70).
8. Joshi P, Maharjan R, Dawadi C. Nepalese women’s cultural beliefs and practices regarding postpartum period. 2020;47(2).
9. Sharma S, van Teijlingen E, Hundley V, Angell C, Simkhada P. Dirty and 40 days in the wilderness: Eliciting childbirth and postnatal cultural practices and beliefs in Nepal. 2016;16(1):1–12.
10. Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries. 2018;56:158–70.
11. Kaphle S, Hancock H, Newman LA. Childbirth traditions and cultural perceptions of safety in Nepal: critical spaces to ensure the survival of mothers and newborns in remote mountain villages. 2013;29(10):1173–81.
12. Ministry of Health, Nepal; New ERA; and ICF. 2017. Nepal Demographic and Health Survey 2016. Kathmandu, Nepal: Ministry of Health, Nepal.
13. Shah R, Rehfuess EA, Paudel D, Maskey MK, Delius M. Barriers and facilitators to institutional delivery in rural areas of Chitwan district, Nepal: a qualitative study. *Reprod Health*. 2018;15(1):110.
14. Jewkes R, Penn-Kekana L. Mistreatment of Women in Childbirth: Time for Action on This Important Dimension of Violence against Women. 2015;12(6).
15. Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP, et al. The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review. 2015; 12(6).