



**CARDIFF UNIVERSITY**

**Cardiff University School of Healthcare Sciences**

**HIDDEN VOICES: SAUDI WOMEN'S EXPERIENCES  
OF POSTPARTUM AND THEIR UNDERSTANDINGS  
OF HOW TO REGAIN THEIR HEALTH**

This Thesis is submitted to Cardiff University in fulfilment of the  
requirements for the Degree of Doctor of Philosophy

**By:**

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## *Dedication*

I dedicate this thesis to the memory of my beloved father, Abdulghani, and my lovely mother, Asia. As long as I breathe, I will never stop loving them. I will never be able to thank you for everything you taught me.

This thesis is also dedicated to those who I am indebted to for my success in my PhD journey, and who passed away while this thesis was on its way to see the light and being completed. I dedicate this thesis to my beloved uncle Tareq, and to my dearest auntie Enaam, who believed in me and prayed for me to achieve my dream of becoming a 'Doctor'.

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## ABSTRACT

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The aim of this study is to explore Saudi women's experience of being healthy during the postpartum period (also called *Nifas* in Arabic). Little attention has been given to women's experience of health during the postpartum period; however, it is essential to understand their experiences and understandings of health during this time if we are to develop healthcare programmes that meet their needs and improve outcomes during postpartum period healthcare. Little attention is given to postpartum women's health in Saudi Arabia, and a postpartum woman with a normal vaginal childbirth is usually discharged from a maternity hospital 24-48 hours after the childbirth. Then, for the next 40 days, she is secluded within the home, cared for by others (usually her mother) and will only be seen by healthcare services (the obstetrician) a month after childbirth to receive their postpartum check-up. This sole consultation is limited to examining her episiotomy, a routine procedure for the majority of Saudi women. The aim of this study is to find out about women's health practices during this hidden but important time for women's health- the 40 days following child birth that are spent in the home.

This is an interpretive phenomenological study that examines online forum discussions of Saudi Arabian women sharing experiences and seeking advice on their health during the postpartum period (28 threads), as well as a total of 12 in-depth,

semi-structured interviews with women (n=7) and their carers (n=5) within their 40 days postpartum. Thematic analysis was used.

The women described their experience of being healthy during the postpartum period. They believed that, during this time, women become vulnerable and open to certain illness, but they also perceived this period as an opportunity to achieve their optimal health and attractiveness. Some of the common themes that emerged were the challenges of confinement, achieving health, everyday threats and constraints, warnings and consequences, striving for normality, and becoming better than normal. However, key themes identified during interviews with postpartum women also included trust in various sources of knowledge, which included their carers, female relatives, friends, and online postpartum health discussions. The study also uncovered several strategies women used to follow health advice that were often hidden from their healthcare practitioners. In contrast, the findings from the online community discussions demonstrate that this was a forum where women could discuss issues which they did not feel able to discuss during interviews and in front of carers. These issues included the difficulties of judging expertise and advice, emotional and psychological health, husbands, and sexual activity.

The study's findings can be used to explain the postpartum women's perception of health to healthcare providers, and the study can assist in understanding some of

these women's strategies to be healthy, including commonly followed traditional health practices. It highlights their difficulties in making sense of the large amount of traditional advice they are faced with, which covers every aspect of daily life during this period, from hygiene and food to preventing and healing episiotomies, but which also ignores key issues for these women (mental and sexual health). Finally, this study highlights Saudi women's need for support and improved communication between these women and clinical services during the postpartum period; the frankness of the online discussions indicates that a reliable and confidential online health education forum might offer an effective way of providing this information and support.

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**CHAPTER (1)**  
**INTRODUCTION**



# 1 CHAPTER (1) INTRODUCTION

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## 1.1 INTRODUCTION

Maternal healthcare, which includes antenatal, intrapartum (i.e. during childbirth), and postpartum health (i.e. after childbirth), has significant impacts on women's health and thus their care needs are of key importance at these times. However, although there is much attention placed on women's healthcare during pregnancy and childbirth, this does not extend to their health after childbirth. Postpartum women are vulnerable to a number of health risks, which could be relatively minor such as breastfeeding problems, through to bleeding, infection, and depression, all of which could be life threatening. Postpartum care is important to ensure good outcomes after childbirth. In addition, there are many social and psychological challenges during the postpartum period, which are considered to be new experiences, particularly for the first-time mother. These include concerns about birth control, self-care and management, identifying symptoms which could indicate postpartum complications, and knowing when to ask for medical advice. All of these issues and concerns are frequently left to postpartum women to deal with without professional support, and lack of knowledge could make health outcomes worse.

As will be described later in this chapter, the situation in Saudi Arabia is particularly problematic as postpartum healthcare only covers the immediate 24 hours

after childbirth, which is often carried out in the labour room, and then a further 24 hours before women are discharged from hospital, in the case of normal vaginal childbirth without complications. Following discharge, these women traditionally stay for about forty days at their own mothers' home to receive postpartum care. During this key time they only receive support from their carers, who are often their mothers.

Revisiting healthcare policy and guidelines, one of the guidelines (World Health Organization [WHO] 2006) advises that postpartum women should receive health education about the physiology of normal postpartum and the danger signs that indicate that they need to seek medical help. In addition, it is recommended to map the healthcare plan according to women's needs (National Institute for Health and Care Needs [NICE] 2006), which places women at the centre of their own care, as will be described later in this chapter. In order to develop such an individualised healthcare plan, it is essential to identify postpartum women's needs, worries, fears, and experiences of their own health.

As chapter four will show, a considerable amount of literature has been published about traditional postpartum women's healthcare across cultures, showing that traditional care tends to be different than the bio-medical approach (Dennis et al. 2007). However, there has been relatively little literature about cultural postpartum care in Saudi Arabia. Few studies have investigated postpartum health in Saudi Arabia,

and these were more focused on postpartum dietary practices, with only one study examining the traditional postpartum beliefs and practices in one province in SA. These studies indicated that Saudi postpartum care is strongly influenced by social and traditional norms and practices.

Literature about postpartum health from a clinical perspective is extensive; however, most of these studies are based on the concept of health from a medical discipline perspective, which means the absence of disease. Therefore, most of the studies are often focused on postpartum illnesses or complications in terms of treatment or prevention. Similarly, in SA the medical view of postpartum health is dominant; this could be seen in research about interventions to manage potential complications such as postpartum haemorrhages (Al-Kadri et al. 2009). While there are several studies about postpartum morbidity and mortality in women who were admitted to intensive care units (Anwari 2014; Al-Suleiman 2006), it is important to understand how Saudi women perceive their postpartum health, what they do to achieve that, and how it affects their life rather than surveying the incidence of negative health outcomes of postpartum period, as this will provide opportunities to contribute to and improve their health outcomes.

In addition, maternal healthcare providers such as nurses in SA have reported their lack of knowledge about the traditional Saudi postpartum care, which they

perceive to be a challenge in their practice and want to learn about it (Sidumo et al. 2010). This could suggest that Saudi women and their healthcare providers have different perspectives about postpartum health, despite both parties working to achieve the same aim: improving postpartum women's health. This also demonstrates that within Saudi culture, there are various healthcare systems with different perspectives; popular, folk medicine, and professional system (Kleinman 1978).

Literature examined traditional cultural care representing both popular and folk systems among cross cultures but not in SA, and professional bio-medical perspectives on postpartum care who are healthcare professionals and specialists, however the postpartum women's voices are not yet presented in their own words and descriptions. This is required in order to understand women's perspectives about their own health, as it is important to develop strategies for postpartum health promotion in accordance with their needs. Women in many cultures invariably have a commitment to follow these health practices even if they do not entirely agree with them, because they believe it prevents them from being blamed if they experience any illness in the postpartum period or in the future (Raven 2007). Yet, it is also reported that postpartum women felt unprepared and needed support during this period (Groff 2011; Bahadoran et al. 2008).

Within the international literature, few studies have examined the phenomenon of postpartum women's health from women's perspective. Most studies reviewed were anthropological and focused on traditional health practices and beliefs across cultures. Non-anthropological studies focused on women's experiences of postpartum healthcare services, which are considered significant to their health, but not on their personal experiences of postpartum.

In response, the present study aims to understand how Saudi women experience their own postpartum health. To achieve this aim, this study was informed by an interpretive phenomenological approach that seeks to understand the essence and meaning of phenomenon under study. For this purpose, women's online forum discussions about their health during postpartum period in SA were analysed, and then these data were triangulated with other sources including semi-structured interviews with the postpartum women and their carers.

## **1.2 WOMEN'S POSTPARTUM HEALTH**

To set the scene for the study, this section introduces what is known about women's health during the postpartum period. Then, the context for the study - postpartum care in SA - is described. Postpartum is a key time for women's health because it can have an impact on immediate wellbeing and ability to adapt to

motherhood, and because it may have implications for women's long-term health and wellbeing. The focus of this section is on postpartum health, recovery, and morbidity.

The WHO defined postpartum as the time from the delivery of placenta to the first few weeks after the delivery, usually 6 weeks (42 days) in duration. By 6 weeks after birth, most of the changes of pregnancy, labour, and delivery have resolved and the body has reverted to its non-pregnant state. The postpartum period is classified by the World Health Organization (WHO) into three phases: immediate, early and late periods. The immediate postpartum is the first 24 hours after delivery of the placenta, early postpartum is from day 1 to 7 after birth, and late postpartum period is from day 8 to 42 after birth.

The duration of the postpartum period varies according to the culture. From the biological perspective, according to the World Health Organization (WHO 1998), the postpartum period ends six weeks after childbirth. However, across cultures, the postpartum duration is varied. For example, in Vietnam, postpartum lasts for three months and ten days (Thi et al. 2003), while in the Amazon (Piperata 2008) and among Bedouin Negev in Palestine (Hundt et al. 2000), the postpartum period is 40 or 41 days based on the sex of the baby.

The literature also reveals a range of cultural names for the postpartum period (Georgiopoulos & Rosenbaum 2005), for example in China (Pillsbury 1978) the

postpartum period is called *tsoyueh-tzu*, which means “Doing the month”. It is called *sorsaikchey* among Cambodians, *satogaeribunben* in Japan, *la cuarentena* among Mexicans, *pantanglarang* in Malaysia, *jaappa* in India, and *Sam chilli* in Korea (Moon-Park 1997).

During the postpartum period, the mother’s body is returned to the pre-pregnant state and all the physiological changes that occurred in pregnancy subside due to the disappearance of the hormonal effects of pregnancy. In addition, the psychological adaptation and adjustment to the new role of mother is also usually achieved at this point for the mother, child and family. However, although the postpartum period is considered a physiological event, it has meaning that is beyond that, being a social as well as a personal event.

### **1.2.1 Postpartum Recovery**

Postpartum recovery should be understood in terms of the maternal psychological and physiological adaptation of the postpartum period. These adaptations are described and then an examination of postpartum health problems and complications are briefly reported. Then, in the light of WHO recommendations for postpartum women health care, the core information recommended to be provided to women is described.

### ***1.2.1.1 Psychological Responses***

After birth, mothers experience many different emotions, often as the result of hormonal changes. These range from the common mood disorder of postpartum ‘blues’, thought to result from abrupt withdrawal of pregnancy hormones in the first days and weeks after birth, to the more serious mental health problems of postpartum depression and postpartum psychosis (which are discussed in the postpartum complications section that follows).

Postpartum blues is a normal and common condition that around 70% of mothers experience (Hall 2005), and is thought to occur because of the fast withdrawal of pregnancy hormones, although the main reason is unclear (Marshall & Raynor 2014). However, it is self-limiting and transient in nature. It is manifested by symptoms which include tearfulness, fatigue, mood swings, anxiety, insomnia, difficulty with concentration, irritability, and poor appetite. It usually occurs during the first postpartum days and it may continue for a week (Marshall & Raynor 2014). Because of the transient nature of postpartum blues, there is no need for professional intervention (Seyfried 2003). However, if the symptoms last for more than 7–10 days (Jones & Craddock 2001) or 2 weeks (Seyfried 2003), women should be encouraged to see their healthcare providers for further evaluation due to the possibility that this is postpartum depression, which affects 10–13% of women (Ward & Hisley 2009). Detection of depression needs either continued health assessment for the women during the



postpartum period, or they can alternatively be educated about potential signs that require medical help. Both of these interventions tend to be absent in the SA context.

Sociologists and feminists have suggested that the feeling of unhappiness after childbirth could be due to other social factors, such as being blamed by the society for their feeling of unhappiness, which could increase their internalisation of their feelings and their feeling of loneliness (Grabowska 2009). Authors such as (Gilbert 1992, Pilgrim & Bentall 1999; Johnston & Swanson 2003; Kitzinger 2005) suggested that the feeling of unhappiness after childbirth is created by society by blaming them for their feeling of unhappiness, as the common expectation is to be happy about this event. Conversely, some view this unhappiness as a normal and expected response from women after childbirth (Ussher 2004), due to exhaustion, lack of sleep, lack of support, and feelings of motherhood as a loss; when women have lost their previous self and lifestyle, and they have to adjust to meet their new situation (Nicolson 1998). Other key psychological studies have identified that a lack of trustful relationships with partners, unemployment, loss of own mother before age of 11, and the presence of two or more children under age of 14 at home may be predisposing factors to women's feeling of unhappiness (Brown & Harris 1978). These theories all raise questions about whether the blues are biological or social in origin.

An important part of the woman's psychological response to postpartum is her transition to motherhood. Adjusting to the role of mother is the subject of various theories. Arguably the best known is the Theory of Maternal Role Attainment proposed by the American academic Rubin (1984), who proposes a process with three main phases: taking-in, taking-hold, and letting-go, according to the extent of a woman's ability to assume their maternal role. Other humanist theories such as that of Mercer (1995) have been developed, however, there have been critiques of these theories in that they are baby-centred; that is, the baby is more valued than the mother, and postpartum women are reduced to successful attainment of their mother role while other aspects of their life are neglected (Parratt & Fahy 2009). This is viewed as incompatible to contemporary midwifery (Parratt & Fahy 2009) and nursing (Martell 2001) practice with its focus on women-centred care. The need to develop theories that are women centred in which they are conceptualised as self-embodied and which also value their life experience and present women's perceptions of their own changes is required (Parratt & Fahy 2009). The researcher in the current study attempted to do that by highlighting these women's experiences of their postpartum health to enlighten the understanding of the maternal healthcare providers and policy makers, inviting them to re-think maternal postpartum healthcare.

Understanding psychological responses including attainment of the mother role for postpartum women are essential to grasp their experience of health and their

vulnerability. However, it is also important to understand what physical changes their bodies are going through, as these may affect their experiences. This section describes the physiological changes that are normally expected to occur.

### ***1.2.1.2 Normal Physiological adaptations***

Remarkable physical changes occur within the woman's reproductive system, as well as in many of her other body systems, as the body returns to its pre-pregnant state. Normally these physiological processes happen with no problem, but there is the potential for delayed recovery or pathology which women and their carers need to be aware of, indicating the importance of educating women and their carers about normal and abnormal changes.

The uterus, which undergoes extreme expansion to accommodate the foetus during pregnancy, gradually returns to its pre-pregnancy size; this process is called *uterine involution*. (Macdonald & Magill-Cuerden 2011). The placental implantation site completely heals approximately 6–7 weeks postpartum, while the rest of endometrium regeneration is completed by day 16 after birth (Ward & Hisley 2009). Until it is healed the placental site is at possible risk of sepsis, a potentially life-threatening condition for women if not detected. Uterine involution also involves intermittent uterine contractions to facilitate compression of blood vessels in myometrium, called *afterpains* (Ricci 2007).

Over three weeks postpartum, the *decidua* (the tissue lining the uterine wall during pregnancy) is expelled through the vagina. This *lochia* (Towle 2009) contains blood, mucus, and tissues discarded from the vagina after birth. Change in amount, colour or consistency of the lochia may indicate postpartum abnormalities; for example, heavier and brighter lochia than previously experienced could indicate failure of uterine involution.

Ovulation returns a month after childbirth in non-breastfeeding women, and approximately 6 months in breastfeeding women (Bowes & Katz 2002). The tone of stretched supportive tissues of pelvic floor is gradually restored by six weeks (Ricci 2007). If there has been an episiotomy or lacerations, the healing process varies according to several factors, such as a well-balanced diet that contains vitamins A, B, C, and E to improve the healing process.

Other body systems such as the cardiovascular system, respiratory system and urinary system return to their pre-pregnancy state within 4 weeks postpartum (Coad & Dunstall 2005; Mattson & Smith 2004). The musculoskeletal system recovers gradually over the three months after childbirth (Wylie 2005). Any symptoms related to pregnancy such as heartburn are relieved after childbirth; however, constipation remains common during postpartum (Macdonald & Magill-Cuerden 2011)

The dark pigmentation affecting areas of the body (linea nigra) and stretch marks resulting from pregnancy (striae gravidarum) all gradually fade after birth. However, some do not entirely disappear, and stretch marks change from fine red lines to silver ones (Ricci 2007).

The extent and range of these postpartum adaptations mean that women may be vulnerable to delays in adaptation and possible complications. Some of these are relatively minor, whilst others are life threatening

### **1.3 POSTPARTUM COMPLICATIONS: PHYSIOLOGICAL AND PSYCHOLOGICAL**

Although the above-mentioned changes are considered normal and are expected to occur, postpartum women are susceptible to complications, both physiological and psychological. The awareness of these complications is vital for prevention and early detection. The following sections briefly describe these health problems, however as the study focuses on maternal health limited detail is provided.

There are several postpartum complications, which are life threatening if not well managed at an early stage. This can be seen in maternal death statistics associated with some of these complications. For example, it has been reported that 17 of the total 25 maternal deaths due to pulmonary embolism in the UK (2000-2002) were of women who died within their postpartum period (Lewis & Drife 2004). Similarly, in the USA,

approximately 80% of maternal deaths from pre-eclampsia occurred during the postpartum period (Preeclampsia Foundation). These postpartum complications can occur at any time following childbirth, within the first hours, days, or weeks. This indicates some of the threats postpartum women are facing by themselves, if there is not adequate postpartum healthcare.

### **1.3.1 Physiological postpartum complications**

These physiological complications include postpartum haemorrhage, postpartum sepsis or infection, pre-eclampsia/eclampsia, pulmonary embolism, and deep vein thrombosis. Some postpartum complications can lead to death, and in the UK it is reported that sepsis was the most common cause of direct maternal death in 2006-2008 (Center for Maternal and Child Enquiries [CMACE] 2011). It is also reported that in SA there was an increase in the complicated cases of postpartum haemorrhage from 1789 to 2007, in 2008 and 2012 respectively (Ministry of Health, Saudi Arabia [MOH] 2012).

Signs and symptoms that may indicate a life-threatening postpartum condition are described in the NICE Postnatal guidelines (NICE 2006), it is very important that women and their families, as well as health professionals, are aware of the significance of these symptoms, in order to identify possible danger signs early on.

There are also other physical health problems that will often manifest during the postpartum period. Although these are not life threatening, they can cause women pain and distress. These include urinary problems such as stress incontinence (Viktrup et al. 2006), and bowel problems such as constipation and haemorrhoids. Perineal pain and discomfort are reported more frequently with episiotomy (Brown & Lumley 1998; Glazener et al. 1995; Barrett et al. 2000); this was an important issue in this study as a high rate (51%) for routine episiotomy in SA was noted (Saadia 2014). Other common postpartum health problems include musculoskeletal system problems such as back ache (Breen et al. 1994; Brown & Lumley 1998; Glazener et al. 1995; Groves et al. 1994; Saurel-Cubizolles et al. 2000; Owens et al. 2002), headache (Stein et al. 1984; Glazener et al. 1993; Russell et al. 1993), and fatigue (Glazener et al. 1993; Bick & MacArthur 1995; Brown & Lumley 1998; Gracia et al. 1998).

### **1.3.2 Psychological complications**

In addition, psychological health conditions are reported after birth including postpartum depression with a prevalence of 10-28% within the first year after birth (Cox 1993). The most serious psychological condition is puerperal psychosis, with prevalence of 2 per 1000 women (Munk-Olsen 2006), and which usually occurs within the first week after childbirth, and is also reported to be characterized by hallucinations (Kendell et al. 1987). It is important to understand that severe episodes

of postpartum blues may lead to postpartum depression, and this may further develop into major depressive psychosis if not treated (Cox 1986).

Psychiatric postpartum illness has been noted in SA. For example, in the region of Assir, 91 women were admitted to hospital due to psychiatric illness within nine months following childbirth, with an incidence of postpartum psychosis in 3 in 1000 births (Shoeb & Hassan 1990). UK statistics are similar; new onset of psychotic incidence was reported as 1 in 250 deliveries in South London and 1 in 500 deliveries in Edinburgh (Kendell et al. 1987). The reported incidence in SA is alarming, particularly with the lack of healthcare during the postpartum period which could be the time for the onset of such psychological health problems.

The focus in the following section is on the policy responses to promote and improve postpartum women's health.

## **1.4 WHAT ARE THE POLICY RESPONSES TO WOMEN'S POSTPARTUM HEALTH: GUIDELINES AND SERVICES**

SA policy responses to women's postpartum health are strongly influenced by the World Health Organisation (WHO), a global health agency specialized in issues of international health and public health. WHO is part of the United Nations, which has declared that providing special care to mothers and children is a global and a shared



responsibility (UN 2015). The WHO has six regional offices including an Eastern Mediterranean office in which Saudi Arabia is included.

Efforts to improve maternal health are evidenced in the setting of the eight Millennium Development Goals (MDGs) by the UN. The fifth goal of the MDGs, which aims to improve maternal health (i.e. the health of women during pregnancy, childbirth, and the postpartum period) has two targets; first is to reduce the maternal mortality ratio by three quarters between 1990 and 2015; the second is to achieve universal access to reproductive health.

A key change in emphasis is called for, from focusing only on maternal mortality statistics to a broader view of healthy motherhood or safe motherhood (WHO 2004). WHO is also increasingly recognising the importance of postpartum health, and a number of evidence based WHO postpartum care guidelines have been developed (1998, 2006, & 2010).

The first WHO guideline in this area (WHO 1998) was 'Postpartum care of the mother and new-born: a practical guide'. The report emphasized the significance of the postpartum period for the mother and her child, which they described as under-researched and underserved period. It discussed the needs of women and their new-borns during the postpartum period. Postpartum problems were also addressed by WHO from the women's own perceptions and experience. The major postpartum health

challenges for mother and child were described in the guidelines. The WHO acknowledged that the limited research in this area and lack of data on postpartum health were the main challenges for health planners.

The second WHO guideline (WHO 2006) is 'Pregnancy, Childbirth, Postpartum and New-born Care: A guide for essential practice' (PCPNC). It extended its focus to include more endemic diseases like malaria, TB and anaemia. The guidelines supported the concept of early detection of complications and early proper treatment including in the postpartum period.

The most recent WHO (2010) recommendations provide guidelines for three bands of time after childbirth, with different core care and concerns for mothers and their babies: the first 24 hours after birth; from day 1 to 7 after birth; and from day 8-42 after birth. These recommendations are based on current WHO guidelines, 'Pregnancy, childbirth, postpartum and new-born care' described above (WHO 2006), and the National Institute of Health and Clinical Excellence NICE/NCCPC guidelines (Demott et al. 2006). These guidelines placed an increased focus on the impact of a woman's environment, for example domestic violence, and on mental health issues. It contains an increased emphasis on women-centred care, surveillance, and encouraging women to seek health professionals' advice and involve their families within postpartum

care. Similar to the previous reports, the experts' panel reported their concern about the lack of insufficient evidence which limited their ability to generalise.

In the first 24 hours after birth, the guidelines emphasise the importance of continuous health assessment to early detect any potential complication could occur during this time such as postpartum haemorrhage and infection. It is recommended that information should be given to all postpartum women about the normal physiological changes during the recovery process after birth and common health problems, so that women are more knowledgeable and empowered about their own health. Women are encouraged to report any health concerns to healthcare providers, particularly signs and symptoms of postpartum haemorrhage, infection, thromboembolism, and pre-eclampsia. In Saudi Arabia, postpartum women usually stay at hospital in these early days, however, it is not usual to provide women with information about their health.

Between 2-7 days after childbirth the focus of WHO guidelines change to emphasizing women's postpartum health and its long-term implications on their health. It advocates more holistic care that addresses social and psychological issues as well as physical ones; this is clearly presented in the recommendation to ask postpartum women about their health and well-being, including their coping strategies and social support. It also recommends assessment of the potential complications such as infection

and common health problems such as unhealed wounds. Also, women are empowered by encouraging them to take control of their own health in addition to the involvement of their family in the postpartum care. Often, postpartum women will be discharged during this period in Saudi Arabia, and the alarming issue here is that the majority of these women could be not informed about their health, and their healthcare will be absent until a month after childbirth when a postpartum woman has her check-up appointment with the obstetrician. So, the only support these women have is their carers within their families, and the only knowledge they may possibly have will be through other women's experience and advice; this will be further described in the findings chapters.

Finally, the WHO guidelines discuss weeks 2-8 after birth, noting other concerns such as resuming sexual intercourse, and this period is significant to evaluate the women for health problems that need further treatment or referral such as postpartum depression or urinary stress incontinence. Saudi postpartum women usually have their routine health check within this period, however, this could be focused on evaluating the episiotomy healing and possibly birth control. It is also important to be aware that the Saudi women could have some issues preventing them from expressing their health problems to the healthcare providers, as will be seen from the findings chapters.

In the UK postpartum care is different than in SA, with more attention given to the postpartum women such as home visits. However, UK women have reported their feeling of being left alone during the postpartum period, experiencing pain and uncertainty about what could happen, while the midwives reported that they wanted to provide more care to mothers during this critical period but were under-resourced (Royal College of Midwives [RCM] 2014). Postpartum health services are referred to as the ‘Cinderella services’ because they are seen as undervalued and under-resourced; the resources are overstretched with the shortage of midwives and limited funds allocated to the maternal health services. It is also under-valued, as maternal healthcare provided after childbirth is not comparable with the care women receive during pregnancy and childbirth. The Royal College of Midwives initiated a ‘Pressure points’ campaign to address aspects of the postpartum care needed for any family and published 4 mini reports with the survey’s findings with their recommendations; namely, a focus on maternal mental health, 24-hour signs and symptoms, infant feeding, and postnatal care funding. The case for more individualised maternal care based on women’s needs is growing, with a call for policymakers to consider that as central in planning healthcare. The need to understand postpartum women’s experiences and health needs is important to bridge the gap in postpartum care.

## **1.5 POSTPARTUM CARE IN SA**

The World Health Organization (WHO) guidelines (2002) are used to inform the focused approach to delivering maternal healthcare in Saudi Arabia. Since 1970, health in general has featured in the 5-year development plans in SA and within the national priorities for reproductive health, which focus on premarital, antenatal, obstetric, new-born and postpartum healthcare, however, the main focus is on pregnancy and birth rather than postpartum care. Recently the SA has adopted the new WHO antenatal care model (WHO 2001) which addresses the most common health issues affecting the health of mothers and their new-borns and focuses on evidence-based interventions to ensure the healthiest possible pregnancy outcome for every woman and her new-born in SA. During childbirth, Saudi women have attention from medical healthcare which includes admission to a maternity hospital, intensive observation and continued assessment of the labour progress until the new-born is safely born. Labour care in Saudi Arabia is given by maternity nurses while childbirth is undertaken by obstetricians. Care reflects the medicalization of childbirth in which women have little control over their bodies and not much power to make their own health decisions; these are left to the obstetricians to take and they decide what is best for the women.

However, while there is increasing attention on maternal health during pregnancy, postpartum maternal healthcare appears to be limited in the SA's current

health policies. This is not unusual, and reflects the relatively little amount of attention given to this critical period in a women's life within many countries. For example, missed opportunities for postpartum care within current research and policies have been reported in the USA (Cheng et al. 2006). More recently in 2011, the Minister of Health in SA launched the 'Mother and Child Health Passport' project. The aim of this project is the observation of the medical health of the mother and her child during the first five years after birth in a bid to reduce the morbidity and mortality rates during pregnancy and improve child development. The focus of the program is to improve early diagnosis, intervene with early and appropriate treatment, and to prevent complications. It will ensure that child health check-ups meet WHO recommendations to regularly assess the health of the child, and for the early detection of any defect that might affect the child as well as early specialist treatment.

The passport is divided into two main sections: the first is related to the mother and includes maternity follow-up, her basic health information and descriptions of previous and current pregnancy information, and medical, surgical, and family history. It is expected to be for professional usage rather than for women, and it includes a chart of the pregnancy stages to indicate whether the mother is in a dangerous condition and what procedures need to be taken. It also includes a maternal follow-up card providing women with health awareness messages during all stages of the pregnancy and birth.

The second part includes details relevant to the child's health. The passport has been reported in the media and within the SA ministry of health website (MOH Portal 2011), however, there are no further details available about the project and it is not yet activated among the hospitals in SA (personal correspondence). Importantly, whilst this initiative focuses on woman's health during pregnancy and childbirth, it appears to exclude postpartum health. It appears as though the passport is focused on producing healthy children – the mother's health and wellbeing is important mainly because of her role in ensuring the health of the baby. It thus reflects the fundamental role of women being perceived as merely childbearing and rearing in most pre-modern societies (Keddie 2014).

## **1.6 THE NEED FOR THIS STUDY**

As the previous sections have shown, the postpartum period is an important one for women's long-term health and wellbeing, both physical and psychological. It has also been noted that there is a gap in the evidence relating to women's experiences of this period. What we do know is that women may suffer from many problems, but for a variety of reasons, they often don't seek professional help for these problems, meaning they become 'invisible needs'. Postpartum health care is often absent, or when it is provided, it is of poor quality and does not meet women's needs. However, there is a



growing awareness in WHO policy that a more holistic, women-centred approach needs to be taken, although this approach is not generally reflected in SA.

From personal experience as an obstetric and gynaecological nurse as well as a midwife, several issues were observed from interactions with postpartum mothers in Saudi Arabia which act as a motivation for this study. Frequent contact and informal conversations with mothers in postpartum wards revealed their own unique social world where they have common postpartum health concerns, health behaviours, and variety of traditional health beliefs and practices according to their Saudi's root or origin. Interestingly, they often keep their own health beliefs and practices. During her professional practice in maternity wards, the researcher has listened to these women describe their worries, fears, confusion, and sometimes sadness. The researcher has the feeling of their being lost while they are attempting to do the right thing about their health without any regrets or blames in the future. Based on their comments, their concerns never reach the healthcare providers' attention, so are kept hidden. Moreover, the promising new intervention suggested by Saudi health ministry, Women and Child Health Passport, does not include postpartum women's health, so this does not encourage women or professionals to focus on this phase.

The few presentations of women's voices in terms of their own health experience although they are highly vulnerable as evidenced by research, and the existence of

maternal health policies which call for individualised plan for every woman with women at the core centre of their healthcare, were the key reasons that motivated this study. This study could contribute to bringing to the surface postpartum women's hidden suffering. Also, it could inform maternal healthcare providers about these women's experiences of their health and initiate methods to improve the communication with them. It could also inform the policy by developing strategies to empower these women, focusing on them to be proactive in their own health planning. It could open opportunities for further research to enhance the understandings of these women's needs and perceptions of health.

For that purpose, women's perspective of health in postpartum periods is crucial where health behaviour is governed by what women perceive as good or ill health, yet their perceptions could be different from the bio-medical one as Khatib (1992) suggested. This study aims to do that by exploring Saudi women's postpartum health experiences and how it feels to be healthy postpartum in SA through their own stories about postpartum health.

The first part of this chapter has set the scene by the evidenced knowledge about postpartum women's health and recovery and the potential challenges they are facing, in addition to noting the common health problems and potential complications that could be experienced. It has also set the scene by introducing the context of postpartum

health in Saudi Arabia, which is informed by WHO health guidelines but has a gap in the provision of postpartum care. A lack of understanding of Saudi postpartum women's experiences has been identified, which is needed in order to improve their health.

In the second part of the chapter, the structure of the thesis is detailed.

## **1.7 STRUCTURE OF THE THESIS**

The thesis is divided into nine chapters, which are briefly described below:

**Chapter 1** (Introduction) Introduces the context of the research through identifying gaps in postpartum women health in SA, as it is found that there is a need to understand the Saudi women's experience of their health. Women are known to be vulnerable and susceptible to health problems during postpartum period, when they are usually cared for by their carers without medical care until a month after childbirth. To understand the context of this study, it is essential to provide a background of the relevant concepts. First, this chapter explores what already known about postpartum health for women, focusing on postpartum health, recovery, and morbidity. Postpartum complications are briefly reported, both physiological and psychological. Then, policy responses to women's postpartum health issues in term of guidelines and services are described. Next, postpartum care in SA is described, followed by examining the meaning of postpartum health. Finally, the need for this study is explained and it then describes the structure of the thesis and outlines the content of each chapter.

**Chapter 2** (Theoretical framework) The importance of theory in research is explained. The researcher ontological, epistemological, and axiological position are described in the light of the researcher's paradigm. Phenomenology in general is described and then more details are given for the Van Manen approach of phenomenology 'Phenomenology of practice' are described. Then, possible theories that can be used to examine the present study including gender, power, birth as life event and social transition are briefly described. Then the areas of theory that were used are explained including authoritative knowledge and rites of passage.

**Chapter 3** (Research setting; Saudi Arabia) This describes the research setting, which is SA, including the political and economic context, and social and cultural aspects. It then provides an exploration of women's status within Islam, in Arabic countries in general, and then within SA.

**Chapter 4** (Literature review) This narrative review summarises the literature relating to maternal postpartum health experiences. Key themes related to the present study were identified: traditional theories of health and illness, women's experiences of their postpartum health, traditional postpartum health beliefs and practices, and then studies focusing on the experience of postpartum health in SA. These themes are described and gaps in knowledge are identified.

**Chapter 5** (Methodology) This chapter provides the aims and objectives of this study

and justifies the research approach and design. A detailed description of interpretive phenomenology as the research design adopted for guiding this thesis is provided. The chapter also describes and justifies the sampling and recruiting strategies. The two data collection methods which were used, online social media analysis and semi-structured interviews with postpartum women and their carers, and the data analysis approach are explained. In addition, the specific ethical issues related to the online research and the analysis of Arabic data are also explored.

**Chapter 6** (Findings: Postpartum experience of Saudi women virtual online community) This chapter is one of three findings chapters, which presents the analysis of the data from the online women's discussion forum focusing on their postpartum health issues. Twenty-eight online threads of women's discussions about their postpartum health were analysed. The major key analytic themes were: 'being sisters', expertise and judgement, confinement, striving for normality and better than normal, sexual activity, working to achieve health, everyday threats and constraints, impurity and cleansing the body, naming and metaphors, different versions of postpartum care, creativity and art of postpartum care, husbands, and being ready to enter the society.

**Chapter 7** (Findings: Interviews with the postpartum women) This is the second findings chapter, which described the findings from the interviews with seven Saudi postpartum women during their 40 days of postpartum at their carers' home. The main

themes which emerged were confinement, achieving health and working at being healthy, everyday threats and constraints, trust, warnings and consequences, and striving for normality.

**Chapter 8** (Findings: Interviews with the postpartum women's carers) This chapter present the findings from the interviews with five carers, who are the postpartum women's mothers. Key themes which emerged from these interviews were confinement, achieving health and working towards being healthy, everyday threats and constraints, striving for normality, carers' responsibility, expertise, seeking help, different versions of postpartum care, and warnings and consequences.

**Chapter 9** (Discussion) Interpreting the findings of this study, this chapter allow a deeper understanding of the examined phenomenon using Van Manen's framework of four existential; corporeality (lived body), relationality (lived relations with others), spatiality (lived space), and temporality (lived time). Based on this framework, the reflection on the postpartum women's health experience revealed these women's experiences of their bodies as open during this period and vulnerable to threats such as air draughts, which require protection by different methods such as extra layers of clothes. During the postpartum period these women to some extent were isolated from their roles and the society, but they became the focus of attention by their family, friends, and neighbours, with extra care given towards their postpartum health. Their

experience of places indicate that their home environment transformed into threats and hazards which could cause them illnesses, and they had to prevent it. Meanwhile, they experience their time during postpartum as divided into their past, which represents themselves before pregnancy and childbirth, the present, which is the risky postpartum period, and the future, which is their health and wellbeing after childbirth.

**Chapter 10** (Conclusion and recommendations) This chapter summarizes the present study and revisit the aim and how it is approached and answered. Then, recommendations for research, policy, and practice are suggested.

This is how this thesis is structured and described. The next chapter will describe the research setting, SA with the focus on Saudi women. Presents these findings within the context of their implications for practice, policy and future research.

# **Chapter (2)**

## **Theoretical framework**

## **2 CHAPTER (2) THEORETICAL FRAMEWORK**

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### **2.1 INTRODUCTION**

The first chapter introduced the context of the research topic: postpartum women's health. To set the theoretical scene and background of this study, the concepts and ideas of Van Manen, which informed this study, are explained in this chapter. Then, other possible areas of theory that could potentially inform this study are described, and the reasoning is given for their exclusion. Those theories and concepts, such as authoritative knowledge, which have been drawn on for this study because they



resonated more strongly within the findings, are explained in more detail, including how they have been used in the present study.

The research design, data collection, and interpretation and presentation of findings must be placed within a theoretical framework (Grbich 1999). Theory is, in essence, an explanatory story that helps individuals make sense of their experiences (Holloway 2005). It is the lense that people wear to see their world. Knowledge is shaped by the theoretical lenses that are applied, and theory provides ways for individuals to organise facts and evidence that determine knowledge, which means that theoretical frameworks give researchers the means to organise and categorise data (Howell 2013). Theories involve different understandings of knowledge and truth. For example, interpretive theoretical perspectives emphasise understanding and the relation between interpretation and the phenomenon under study. Its focus is not identifying cause and effect.

## **2.2 THE INTERPRETIVE PARADIGM**

Before describing the ontology, epistemology, and axiology that the researcher holds in this study, it is important to specify her paradigm. A paradigm is defined as a set of beliefs and assumptions that is held by the academic community that defines the nature of the world and the individual's place within it (Kuhn 1962). The paradigm refers to the theoretical framework that provides the basis for undertaking research (O'Reilly & Kiyumba 2015). The present study is informed by the interpretive paradigm.

which is rooted in philosophy and human science, and which focuses on how human beings make sense of their subjective reality and the meanings they attach to their experience. Interpretive theory emphasises the interconnection between patterns in a way that allows for multiple meanings, realities, and uncertainties, in which knowledge and truth are provisional and changeable (Howell 2013). Interpretivists view people not as subjects who exist in a vacuum, but instead explore individuals' world within their life context (Holloway and Wheeler 2010). In this study, the researcher started with the assumption that women subjectively constructed their postpartum health experience and were influenced by their life context, because they are entities that are 'being- in-the world', as Heidegger describes (1995). Their life context is thought to include their perceptions of health, which are passed through generations from past to present, and their social context, which is located in the Saudi cultural and traditional values and norms regarding postpartum women health. The study's interpretive paradigm will be further described in the methodology chapter (Chapter 5).

The researcher's aim in the present study was to explore individual perspectives in an emic approach; emic refers to behaviours and constructs that are not generalizable, and are unique to an individual and his or her socio-cultural context. Researchers who are emically oriented try to view phenomena through the eyes of their subjects. This approach is known as an insider perspective, and it is inductive, because it starts from participants' perspectives and words, in which the emic constructs are the

analyses, and these accounts are expressed as meaningful categories by members of a culture (Lett 1990). Within the context of the present study, emic perspectives have the potential to enrich the understandings of Saudi women's experience of their postpartum health, as will be seen later in the findings chapters. An emic perspective helps in capturing the participants' native meanings of their experience, and was thought to be more relevant approach because it made possible the capture of the nuances of postpartum women's experiences through the researcher's immersion in the women's lives, worlds, and perspectives. The researcher holds a variety of roles. As a Saudi woman, she is an insider; but, she is also a maternal healthcare provider who holds the western medical perspective of health, and could be seen as an outsider. These different roles contribute to the researcher's awareness of the different views of 'postpartum maternal health' between Saudi women and maternal healthcare providers. For example, the researcher has observed some Saudi women wearing leggings in the postpartum wards in hospital, a practice which they view as having key health benefits (as will be described later in the findings chapters), but that is not recognized within healthcare. Such observations of different perspectives of women and healthcare providers frequently occurred during my professional practice, and encouraged the researcher to recognize that Saudi women have important subjective experiences of their postpartum health.

## **2.3 THEORETICAL POSITION OF THE RESEARCHER**

### **2.3.1 Ontology**

Ontology is the study of 'being,' and is concerned with the assumptions we make about the nature of reality and what exists (Richards 2003). In other words, it is about the nature of the world and what we can know about it (Snape & Spencer 2003). The key question related to ontological position is whether or not there is a social reality that exists independently of people's interpretations (Ormston et al 2014). The researcher's ontological position can be described as relativism; she believes that reality is relative to something else, is subjective, is different from one individual to another (Guba & Lincoln 1994), and is mediated by an individual's senses. People's realities emerge when their consciousness is engaged with objects (Crotty 1998). Women construct their individual realities in relation to their health and attach meanings to their health experience. These constructed realities can be understood by examining their language, because their words are actively shaping and molding realities rather than passively naming them (Frowe 2001). For example, as previously described in chapter (1), 'lochia' is postpartum vaginal discharge which is a normal physiological process that all healthcare practitioners know about. However, as will be seen in the findings chapters, 'lochia' has different meanings for the Saudi women in this study, and because of this, they managed it differently.

### **2.3.2 Epistemology**

Epistemology refers to those assumptions made about the nature of knowledge (Richards 2003) and the relationship between the knower and what can be known (Guba & Lincoln 2004). It is a way of looking at the world and making sense of it (Crotty

1998). The present study is informed by an interpretive epistemology, which considers that there is no existing reality that is independent of individuals' subjective perceptions of it, and results in considering different views as alternative ways of approaching a certain thing (Ratner 2002). The researcher believes that there are multiple realities constructed within any lived experience and interaction with others. In this study, as will be seen in the findings chapters, not all the Saudi women had identical postpartum health experiences, and there were variations within their stories.

People experience the world by participating in it, and they construct their meanings through interaction between their consciousness and the world (Crotty 1998). In relation to experience of a phenomenon, the interactions between an individuals' consciousness and the phenomenon is called intentionality of consciousness (Creswell 2013), which occurs when different individuals construct different meanings from the same phenomenon, and also when the same individual constructs different meanings after several interactions with the same phenomenon according to the context when he or she experiences it. For example, as will be further described in the findings chapters, postpartum health experience was new to the first time mothers in this study. In order to construct their reality in relation to this new phenomenon, these women directed their consciousness by considering the phenomenon through what they heard, saw, and felt. In general, Women after childbirth start living a new, postpartum experience. The postpartum experience can be described by understanding how a

postpartum woman's consciousness interacts with it through her senses: how she feels, hears, sees, and how she interacts with other parts of her consciousness, including her feelings, beliefs, and perceptions. As will be seen in the review chapter (Chapter 4), the literature reveals that women in some cultures felt that their body was 'open' during postpartum, a perception that was different than what they experienced during normal days in their life. So, in order to understand the Saudi women's experience of postpartum health, it is essential to examine how they construct their experience. This can be achieved by exploring their individual experiences.

Pring (2000) claims that truth is an agreement which is formed by co-constructors, and therefore, knowledge and meaningful reality are thought to be culturally derived, historically situated, and developed and transmitted in a social context (Crotty 1998). In this study, the co-constructors of the truth about postpartum health experience were Saudi women, which included postpartum women, their mothers, their friends, their online virtual sisters, the female traditional healers, and the older women in the society. Each contributed to constructing the meaning of Saudi postpartum women health by, for instance, conveying the essential to do's and not to do's. Knowledge about their postpartum health experience is also rooted in their culture and time. The influence of history and culture could be clearly seen in the traditional postpartum care the patients received in the past, and then how this care has been modified and adjusted to their postpartum daughters in the present time. From this

perspective, the social world can be understood from the views of those who are participating in it (Cohen et al. 2007), and this is why interpretive methodology has been used in order to understand phenomenon from an individual's perspective while examining historical and cultural context these individuals inhabit (Creswell 2009).

### **2.3.3 Axiology**

While epistemology and ontology are related to understanding truth, axiology is related to values and ethics (Mingers, 2003). Axiology refers to the values held by the researcher, the influence of these values on the research process (O'Reilly and Kiyimba 2015), and the process of knowledge generation. Based on the researcher's epistemological and ontological standpoint, she supports subjectivity rather than objectivity in knowledge generation (Edie 1987), as well as the overall intentionality to the perspective of the participant's structures of conscious awareness (Laverty 2003).

According to Packer (1985), the axiological assumptions of hermeneutics focus on the role of understanding human behaviour in relation to our own behaviour. These assumptions are derived in a practical manner based upon personal and cultural influences (Annells 1996). For instance, the researcher chose to understand the Saudi postpartum health experience by exploring the stories of those who lived through it. Her experience as a Saudi woman helps in better understanding participants' experiences. It is argued that it is impractical and unfeasible to consider the elimination of one's own concepts within the interpretation of meaning (Annells 1996). Instead,

Annells (1996) argues that the subjective views of the researcher have value. This is consistent with the perspective of relativism, which holds that realities exist in relation to various mental concepts and originate from individualistic perceptions and experiences that are influenced by one's social, cultural, specific, and local aspects of life and experience (Annells 1996). Therefore, the researcher is able to operate freely within the analysis, but must always use a reflexive approach, incorporating her own interpretation on the data collected as a guide to the discussion of the findings in the hopes of gaining insight to future understanding (Cole & Avison, 2007).

Influenced by these accounts, the researcher chose 'interpretive phenomenology' as her methodology, which is informed by Van Manen's (1990) approach, *phenomenology of practice*.

## **2.4 PHENOMENOLOGY**

Phenomenology is the study of the common meanings of individuals' lived experiences of a phenomenon, and describes what the participants have in common as they experience the phenomenon (Creswell 2013). The aim of phenomenology is to reduce the individual's experience of a phenomenon into a description of the universal essence of it (Van Manen 1990). Phenomenology, as a philosophy and research methodology, will be further explained in the methodology chapter (Chapter 5).



Generally, phenomenology, as Manen (1984) describes it, is the study of lived experiences, or the lifeworld, as it is immediately lived and experienced. Phenomenology is undertaken in order to deeply understand the nature and meanings of everyday experience. Phenomenology is a study of essences in which phenomenological inquiry asks about the very nature of a phenomenon and what makes a ‘thing’ as it is (Van Manen 2014). The essence of an experience can be described in language which reawakens readers, and shows them the significance of that experience in a deeper manner. Phenomenology is an attentive practice of thoughtfulness on what it means to live a life, and invites us to think and reflect and rethink about meanings in lived experience. Phenomenology is also a search for what it means to be a human in this world through searching possible meanings of a lived experience.

There are different schools of phenomenology, and the basics are transcendental (Husserl), hermeneutic (Heidegger), inalienable presence (Merleau-Ponty) (Howell 2013), and contemporary, which includes the phenomenology of practice (Van Manen 1990). Transcendental phenomenology focuses on what is believed or desired and the relationship between them. Within this school, Husserl called for describing the phenomenon by *bracketing* researchers’ pre-understanding. Hermeneutic phenomenology concentrates on the ‘life world,’ with Heidegger believing that consciousness and world are not separate entities, but instead that the individual’s consciousness of the world makes a holistic construction of his/her lived experience of

this world. Inalienable presence is based on the premise that the world is directly present, and existed before the beginning of any research or reflection (Merleau-Ponty 1999). With common focus on meaning, the differences in these schools are about whether the purpose of research is to describe a phenomenon, in order to define how meanings are presented to consciousness, as in the Husserl school, or to interpret the phenomenon and clarify the meanings, as in Heideggerian school (Holloway 2005).

Phenomenology focuses the researcher ontologically on immediate experience, which is being lived at the time of research, without being obstructed by preconceptions and theoretical notions. This approach drives the researcher to an understanding of the essential nature of social phenomena through the pursuit of questions such as 'what does it mean to be a healthy postpartum woman?', and 'how does a Saudi woman meaningfully experience their postpartum?'. The epistemology of *interpretive phenomenology* lies in uncovering hidden meanings when analysing a phenomenological text through the consideration of historical, social, and cultural context (Annel 1996). Another essential epistemological assumption is that the individuals' experiences and interpretations of being-in-the-world are embodied in a linguistic, cultural, and traditional background which can only be understood and interpreted by another being-in-the-world, in this case, researchers, with this background acting as the researcher's preconceptions (Crotty 1996).

This study is informed by Van Manen's approach to phenomenology, which is phenomenology of practice. The next section describes Van Manen's phenomenology and its use as a theoretical framework for this study.

## **2.5 INTERPRETIVE PHENOMENOLOGY (PHENOMENOLOGY OF PRACTICE)**

The history of 'phenomenology of practice' begins with a Dutch group from Utrecht University, which possessed a number of academics from different disciplines, including sociologists, psychologists, jurists, educators, and doctors, who contrasted to philosophers. Van Manen (1997) described them as having a commonly shared interest in phenomenological methodology as a reflective method to generate studies of concrete phenomenon instead of using it to produce rigorous science, as in the case of Husserl, or as a methodology that overcomes metaphysics, as in the case of Heidegger.

Max van Manen's (1990) *hermeneutic-phenomenology* is also known as *interpretive phenomenology*, *hermeneutic phenomenology*, or *phenomenology of practice*. The term '*phenomenology of practice*' is used to refer to Van Manen's approach, which informed the present study. His approach combines a phenomenological concern for describing our ways-of-being-in-the-world with a hermeneutic concern for interpreting the social-symbolic world. It is concerned with understanding the nature of lived experience instead of constructing theory to explain the natural world (Van Manen 1990). The focus of phenomenology of practice is to

address the nature of lived experience, to investigate the experience rather than conceptualise it, and to reflect upon the key themes that characterise the experience by describing it through the art of writing and re-writing (Van Manen 1990). Phenomenology of practice attempts to constantly place oneself in an open mind-set where one is willing to learn about the meanings of an experience. Van Manen (2014) thought of life as not merely rational and logic, but also mysterious, contradictory, intelligent, and full of existential and transcendent meaning that can be accessed through languages and texts.

The aim of the *phenomenology of practice* approach is to understand the nature of a certain social phenomenon. This understanding occurs when the researcher is involved in explicitly making meaning out of lived experience and producing thoughtful phenomenological text that describes the essence and meanings of lived experience. Phenomenological text created by researchers can resonate with readers' experiences and evoke critical reflection about the phenomenon. For instance many women readers may have had an experience of postpartum health after childbirth, and therefore, the stories of Saudi Arabian postpartum women could echo some other women's individual experiences.

Van Manen's 'phenomenology of practice' can be used to understand phenomenon related to a practice in order to improve that practice. Although not

intended to provide an action to be used in clinical practice, such as in empirical research, it influences the practice by thoughtful and reflective understanding of the meaning of human experience (Zalm & Bergum 2000). During professional practice in maternity wards, healthcare practitioners, including nurses and midwives, observe and provide healthcare to women experiencing postpartum every day. Despite frequently caring for these postpartum women from a bio-medical perspective, the associated practices are rarely informed by women's own lived experience and their own stories. Thus, postpartum health is an everyday lived experience which is needed to deeply understand and integrate the perspectives of healthcare professionals and women, on one hand, and to understand women's needs on another.

Van Manen's *phenomenology of practice* is a research methodology that allows for an emphasis on the values of maternal nursing and midwifery practice, which are based on valuing and understanding women's realities and experiences and embracing a holistic approach to women (Oiler 1982, Benner 1985, Holmes 1990) and their own subjective understanding of health.

In addition, it has been argued that 'Interpretive phenomenology' contributes to the essential four patterns of nursing knowledge (Zalm & Bergum 2000): empirical, moral, aesthetic and personal, and socio-political. Although it does not provide suggestions for clinical intervention, it could enrich nurses' empirical knowledge by

providing a descriptive base for theory. Phenomenology of practice also contributes to the nurses' moral knowledge by adding to their understanding of human experience, which helps them to be sensitive and attentive to women's needs.

Interpretive phenomenology contributes to aesthetic knowledge, and refers to understanding the human experience of wellbeing and illness (Darbyshire 1994) in order to better care for someone by increasing the level of wellness, recovery from illness, or the ability to cope with disability (Parker 1997). By providing a life-world account of a phenomenon for nurses to reflect on and understand what it is like to experience a phenomenon, nurse responses could become more sensitive to a situation (Zalm & Bergum 2000). For instance, rather than the ticking boxes of pre-set healthcare interventions, interpretive phenomenological understanding of postpartum health from women's perspectives could facilitate care for these women that is sensitive to their situation. Also, the socio-political knowledge of nurses could be enhanced by 'interpretive phenomenology' through the recognition of the meaning of phenomenon with relation to the individual context and place in which individuals live. In relation to this study, the knowledge of the beliefs, values, and culture of the Saudi women's world that shapes their experience of health during postpartum could enrich healthcare providers' socio-political knowledge.

## **2.5.1 Main ideas of the Van Manen's approach of phenomenology**

Van Manen claims that phenomenology is mainly oriented toward the practice of living (Van Manen 2007). Through the practice of reading and writing, it is possible to create connections between being and acting, capturing who the individual is and how he/she acts. Van Manen (1997) also emphasises that all hermeneutic phenomenology research shares a common, primary characteristic with other schools of phenomenology, the 'lifeworld,' which is derived from Husserl's understanding of the natural world (1990) with pre-reflective attitude of everyday life.

The aim of phenomenology is to acquire deeper insight into the nature or meaning of everyday lived experiences (van Manen, 1997), and it is potentially interested in anything presenting itself to consciousness, because consciousness is the only means that humans have to access their world. However, it is important to understand that consciousness itself cannot be described directly, because such a description would fall into the philosophical fallacy of idealism (Van Manen 1997).

Van Manen (1997) describes reflection on a lived experience as always re-collective, and states it is impossible to reflect on an experience as it is immediately being lived. All revealed meanings of a lived experience do not equate to a full interpretive description of the world, and it is crucial to consider the complex nature of the lived world. In the end, the expected findings are the result of a hermeneutic cycle of

integrating part and whole, as will be described in chapter five: the methodology. Also, 'phenomenology of practice' as a research methodology encourage researchers to be attentively aware of the 'trivial' aspects of a phenomenon under study.

'Phenomenology of practice' is a formative practice which works in the area of the formative relations between who individuals are and who they may become, between how they think or feel and how they act (Van Manen 2007). Phenomenological reflection through reading and writing phenomenological texts contributes to the formative dimensions of a *phenomenology of practice*. According to Van Manen (2007), there are various formative relations that can be manifested by adding prefixes to the word 'formative'; phenomenology formatively informs, reforms, transforms, and performs the relation between being and practice. Manen (2007) describes the following types of formative relations. In-formatively, phenomenological research could lead to possible thoughtful advice. Re-formatively, phenomenological text request from the reader to be changed in what they may become. Transformatively, which is the practical value of phenomenology as it reaches into the depth of individuals' being to prompt a new becoming. Per-formatively, when the reflection in phenomenology contributes to the practice of thoughtfulness. And pre-formatively, when phenomenological experience signifies the meanings that influence individuals before they are even aware of their formative value.



Manen (2007) described phenomenology of practice as "... involv[ing] a different way of knowing the world. Whereas theory "thinks" the world, practice "grasps" the world – it grasps the world pathically" (Van Manen 2007, p. 20). Pathic here refers to the sense and sensuality of an individual's action and the way individuals' bodies respond to things in their world. Pathic understanding needs a language that is sensitive to the all dimensions of professional life, including experiential, emotional, personal, and moral ones. To reflect on pathic meanings, researchers need a pathic language (Van Manen 2007). Pathic forms of knowledge may discover expressions in texts which make demands on readers that find expression in their practices; this sensitive language touches the readers' soul with the resonance they find in the phenomenological texts which affects their understanding.

Instead of following a rigid set of roles while examining a phenomenon, Manen (1997) suggests six broad and flexible steps to guide research activity: (1) turning to the nature of lived experience, (2) investigating experience as we live it, (3) reflecting on essential themes, (4) the art of writing and re-writing, (5) maintaining a strong and oriented relation to lived experience, (6) balancing the research context by considering parts and whole. 'Turning to the nature of lived experience' involves formulating a research question. 'Investigating experience as we live it' refers to the methods which are used to explore the lived experience in the research question. 'Reflecting on the essential themes which characterize the phenomenon' alludes to the data analysis

process through reflecting on the themes identified from the participants' accounts in order to capture the essential meaning or essence of their lived experience. Van Manen (1997) argues that the appearance of a phenomenon, which is what an individual tends to see every day, is different than its essence, which is often unclear. 'Describing the phenomenon in the art of writing and rewriting' is considered the heart of the research process, in which the aim of writing is to bring to light participants' feelings, thoughts, and attitudes through striving for precision to address the meaning presented in the text. 'Maintaining a strong and orientated relation to the phenomenon' is about the researcher being focused on the research question. Manen (1997) suggested that to be focused on the research question researchers must be oriented toward it in a full and human sense. 'Balancing the research context by considering the parts and the whole' suggests that researchers should frequently consider the parts, which are presented in participants' subjective experience, with the whole, which is the phenomenon under study. These steps are circular, and researchers can move back and forth between them throughout the research process.

As Van Manen describes, the thoughts and experiences of people are embedded in their lifeworld (Manhul 2007). As will be described in the findings chapters, participants in this study became differently aware of the dimensions of their lifeworld when they experience postpartum. Van Manen (2014) delineates the description of a lived experience into four main existential categories which are used as an interpretive

framework for the examined phenomenon in the present study, postpartum women's health in SA, as will be discussed in the chapter nine. These existential categories are corporeal, temporal, spatial, and relational existential.

## **2.6 POSSIBLE OTHER AREAS OF THEORY**

In this section, other areas of theory that have been examined but not applied to this study are described, including the reasoning for not using them in this study. Other theories considered include gender, power, authoritative knowledge, lay perspectives of health, childbirth as a life event, and social transition.

### **2.6.1 Gender**

The core of feminist theory, which has been developed over three waves, is that women are oppressed in society by patriarchy (Hesse-Biber, 2012). Feminism is based on the belief that men and women should be equal politically, economically, and socially. The first wave of feminist theory focused on political rights and inequalities, the second wave had a broader focus on social equality between genders, and the third focused on diversity amongst women and global change (Collins 2007). The common goal of feminist theory is to analyse gender relations (Kouvo 2004).

Because the main principle of feminism is increasing equality between men and women socially, economically, and politically, the theory calls for actions rather than words (Olivier and Tremblay 2000). Feminism aims to eliminate gender stratification

within societies by refusing laws and cultural norms that impose limitations on opportunities for women, such as in education (Chinn & Wheeler 1985).

A feminist research methodological approach was developed by feminists in response to the marginalisation and lack of capturing women's experiences within traditional methodologies. The key features of feminist research are that they are not carrying out research *on* women, but *for* women, and, if possible, *with* women (Smith 1999). Feminist researchers are innovators who challenge the conventional methods of data collection, analysis, and presentation, as seen in the diversity of feminist methodologies (Ramazanoglu & Holland 2002). In addition, their main concern is broader social change and justice (Fonow & Cook 2005). Another feature of feminist research is acknowledgement of the relation between power and knowledge (Lennon and Whitford 1994). In response, a non-hierarchical relationship is developed between researchers and participants. The power concept later became a point of argument among feminist researchers, and concern shifted from attempting to equalise the researchers' and participants' power to balancing power within the research process and allowing researchers to speak on behalf of women (Code 1995). Reflexivity in research is also essential for feminist researchers to enhance and demonstrate the accountability of produced knowledge.

The present study was carried out in Saudi Arabia; Saudi culture is highly conservative and based on a patriarchal society. Feminist theory could inform this study, because the aim is to present the voices of the Saudi women regarding their postpartum health which are thought to be unheard and hidden. However, initially, the researcher decided that it would be difficult to think of these hidden perspectives as an oppression to Saudi women, or as a matter of inequality. Postpartum women's health, as will be described in the research setting chapter (Chapter 3), is traditionally recognised as an area that belongs to women only, and where men are not usually involved. Therefore, in this specific area, the issue of gender inequality can be difficult to identify. In addition, as a Saudi who was raised and lives in this culture where these traditions and norms have become a part of her, it is difficult to think as a feminist and perceive that these women are oppressed by inequalities.

The aim of this research is not to address these women's powerlessness and inferiority, as feminist research seeking justice within Saudi culture would aim to do. It is rather to understand more about the neglected phenomenon of postpartum from these women's descriptions as they lived it.

Additionally, there are some difficulties in undertaking feminist research within this research area and with these participants. Feminist theory is based on common principles, which are inter-subjectivity, centrality of women, and action as a research

outcome (Speedy 1991), but these principles could be challenging to apply in the context of this study. The process of centrality of women, which requires that researchers and women be involved in reflection and interpretation of their experience, is thought to be difficult in this study. As a Saudi woman, the researcher is aware of the potential cultural barriers in contacting Saudi women, and understands that involving them in a lengthy process of interpretation and reflections, which would require frequent meetings, could be difficult during postpartum period.

However, reflecting on present study findings, as will be further described in the findings chapters, feminist theory can inform understandings of the women's experience. The findings show that, although the women's work and efforts went toward achieving health during the postpartum period, they often thought deeply about their husbands. Women gave their husbands the authority to judge their success or failure in caring for themselves during the postpartum period, even though the men were not involved in postpartum health issues. Polygamy among Muslims could also contribute to these women's worries about any change in their health or body, as will be seen in the later analysis of the online forum. These issues suggest that gender inequality may have been a powerful influence on women's postpartum experiences.

### **2.6.2 Power**

It would have also been possible to draw on theories of social power to inform this study. These theories focus on the relationship between power and influence. Power

is seen as the capacity to influence other people by possessing different types of resources, which are valued or needed by others, who become dependent upon the influential agent to achieve their needs (French & Raven 1959). Different types of resources result in different types of power which lead to different styles of influence. According to the classic paper by Raven and French (1959), there are five main sources of power within societies, these include coercive, reward, legitimate, expert, and referent power. Most theories about power are based on this classification system. Coercive power is based on the ability to punish; reward power is based on the ability to reward behaviour; legitimate or authority power is based on the ability to act and control resources; expert power is based on having specialised knowledge or skills that are recognised by others as credible or vital; and referent power is personal power on charisma held by the influential agent.

Foucault is a key thinker in relation to power (Foucault 1980). Based on the abovementioned power classifications and the relation between expert and power, Foucault focuses on the relation between knowledge and power. He describes three forms of power in society: sovereign power, which Foucault considered an absolute power that comes from the monarchy and is applied by law, disciplinary power, which originates from major institutions in society, such as doctors who can place people under continued surveillance, and bio-power, which is the power that regulates the body in order to regulate whole populations, such as when doctors direct body function

with medical prescriptions based on a patient's medical confessions during medical assessment and diagnosis (Grbich 1999). Healthcare professionals usually monitor bodies through clinical examination, allowing them to construct what is normal and what is abnormal, which is then presented in written scientific knowledge. The scientific knowledge, i.e. the medical, place health professionals as performers to enforce their perspective of normalization, is based on bio-medical knowledge in order to control population.

Theories of power could have been an interesting theoretical approach to this study. In the relationship between postpartum women and their healthcare providers the most relevant type of power would be the bio-power, in which physicians' power over patients' bodies in the form of surveillance could lead them to classifying beliefs about what 'normal' and 'abnormal' is. One way of investigating this power could have been by studying encounters of women and their maternal healthcare professionals; this would require the examination of their interactions and communications in terms of the power of knowledge.

Such a study could focus on who possesses power, who this power is practiced on, and in what way this power is practiced (Jackson and Mazzei 2012). Such a focus would have provided interesting insights; however, it is not the intention of this study to focus on interactions between women and healthcare professionals, but instead on



the lay perspectives present in Saudi postpartum women. In addition, it is thought that Saudi women often care for their postpartum health themselves in a traditional way that is different from bio-medicine. This would decrease the effect of bio-medical power. But, the study could also have examined the power of traditional knowledge among Saudi women's generations. This leads to the concept of authoritative knowledge.

### **2.6.3 Authoritative knowledge**

Authoritative knowledge is defined as a system that gains dominance over all others, because the agreement upon that 'it counts' in a particular situation (Jordan 1993). According to Jordan (1993), there are a number of knowledge systems that exist in any particular domain. These systems are often perceived as authoritative, either because of a commonly shared belief of their efficacy or because they are associated with a stronger power base, which is called 'structural superiority', but it is usually a combination of both. Individuals tend to give the medical system superiority, because it is thought to be inherent (Hughner & Kleine 2008). Within most contemporary societies and cultures, healthcare providers are seen as having authoritative knowledge. Their knowledge, which is based on biomedical science and concerned with facts and evidence from empirical studies, is socially authorized as having power over other systems of knowledge, and is socially valued and perceived as a reference that healthcare professionals can rely upon to make their decisions (Jordan 1993). Healthcare systems are also believed to have the legitimate information in the form of

medical knowledge which gives them the authority to define 'health' or 'illness' and to identify what 'normal' and 'abnormal' are (Starr 1982).

In terms of women's experiences of childbirth, it is noted that not only does authoritative medical knowledge overtake women's prior experience and their knowledge of their own bodies, but women themselves may willingly submit themselves to it (Jordan 1993). This is reported in the context of women's health conditions such as pelvic organ prolapse, in which women's experiences are not legitimized by either the women themselves, or by the medical providers (Low & Tumbarello 2012). The participants in the study (Low & Tumbarello 2012) were silent regarding their health condition, and the study highlighted the lack of information about women's health conditions, as women could not name their experience when they were asked about it. This led the participants to seek medical help, because they perceived the medical knowledge as the legitimate and authoritative form. Also, they delegitimised their own experience of their bodies when they felt something was wrong with them, but this was not medically acknowledged as abnormal despite their experience of symptoms.

As will be seen later in the findings chapters, the concept of authoritative knowledge did resonate among participants' narratives. However, there were several authoritative knowledge systems present within the Saudi culture. For instance, the carers in the present study, who are the postpartum women's mothers, were perceived

as being experts in postpartum care, and their knowledge was valued among their daughters. This will be further discussed in the discussion chapter. The concept of authoritative knowledge leads to another significant concept, which is the definition and understanding of health from a lay perspective.

#### **2.6.4 Lay perspectives of ‘health’**

As a reaction to the biomedical model, which is illness focused, sociological perspectives stress the importance of developing thinking based on the concept of health rather than illness. Sociologists emphasize the importance of understanding health behaviour in the social context from which it emerges. Health behaviour may appear irrational from a distance, but when studied from the point of view of people concerned it can possess a rationality of its own. The behavioural factors cannot easily be separated from the material circumstances of people’s everyday existence (Taylor & Field 1997).

Taylor and Field (1997) note that it is essential for healthcare professionals to understand the differences in defining health that individuals or groups hold and their associated attitudes towards healthy behaviours. Also, some common sense assumptions related to health and illness behaviour are not upheld by evidence. For instance, anyone in a condition of health who becomes ill recognizes his/her illness by the appearance of symptoms. It may be assumed that the decision will then be made to seek professional help from general practitioners. However, many studies indicate that most illnesses are either ignored or self-treated with only a small number of cases reported to the

physician for attention (Taylor and Field 1997). Another assumption is that most serious conditions are brought to doctors' attention, whereas research shows that it is not necessarily serious conditions that are brought to the attention of professionals (Taylor and Field 1997).

According to the authors Taylor and Field (1997), there are several factors that could explain these anomalies. It is important to understand the interpretation of symptomatology, which varies among social groups. Similarly, the interpretation of severity of illness varies, as does the judgment of appropriate form of treatment or action depending on the accessibility of help and advice and individual circumstances. Even if symptoms are recognized as serious and in need of help and attention, seeking professional help could be influenced of factors such as fear, embarrassment, and a set of logic and values systems that inform individual illness behaviour that differ from than those of healthcare providers. These systems are individual rationalities based on beliefs, values and individual relationships within the social world.

An understanding of lay concepts of health informed the study's data analysis, but was not considered sufficient for an in-depth interpretation of the findings. As will be seen later in the findings chapters, the lay perspective (i.e. the Saudi women in the present study) of health during postpartum impacts participants' ways of promoting their health and preventing illness during this period. This idea appeared among the

participants' stories through the influence of traditions on the care for postpartum women in SA. However, the aim of this study is to explore the meaning these women attach to their lived experiences of being postpartum and how they perceive their health. Accordingly, the theory of lay perspective of health contributes less to the understanding of the essence of this phenomenon.

### **2.6.5 Childbirth as a life event and social transition**

Childbirth is a major event in a woman's life course in which she transitions from one stable stage of her life to another new one. This transition requires changes, adaptations, and development. There are several theories that describe women's transition to motherhood. The major transitional theories are transition as a rite of passage (Van Gennep 1960), and attainment of the maternal role (Rubin 1967; Mercer 1986), which were described in the previous introduction chapter, and 'change' in early motherhood model (Rogan et al. 1997).

Van Gennep's (1960) rites of passage theory describes women's transition from one social state to another, and how this transition is marked by socio-cultural rituals. The first stage is the rite of separation, which characterised by the removal of an individual from his/her 'normal' social life. Customs and taboos may occur at this stage. The second stage is rites of transition, which refers to the customs and rituals in play when the individual is in an intermediate phase between two states, and where feelings of confusion and alienation may be experienced. The last stage is rites re-incorporation,

which occurs when the individual re-joins society with his/her new status. In relation to transition to motherhood as a rite of passage (Van Gennep 1960), the rite of separation is when a woman, as an independent person, is separated from her formal social status and is viewed differently by society. The rites of transition occur when a woman is pregnant and her appearance and behaviours, such as diet, begin to be changed. The final re-incorporation stage takes place when the woman is brought back into society, but with a new status as a mother.

The rites of passage theory fits well with the Saudi women's experience of postpartum health in this present study, as will be explained later in the findings chapters. The participants' descriptions of their postpartum experience implies the phenomenon was a transitional stage of their life in which they were separated from their society by not resuming their ordinary roles, and instead confined to their carers' home during postpartum period, but by the end of this period re-joining their society as mothers. The theory of rites of passage will be further discussed in the light of the study findings in the discussion chapter.

Other possible theories of role transition focus on adaptation to motherhood. Rubin's (1967) theory of Maternal Role Identity describes how women assume maternal identity through accomplishing four tasks: seeking safe passage for herself and her baby, ensuring that significant others accepted her baby, binding-in to the unborn baby, and

learning to give of herself (Rubin 1984). This theory was further developed into Maternal Role Attainment by Mercer (1981), and later revised to be called 'Becoming a Mother' (Mercer 1995). Mercer describes the four phase-process of becoming a mother as follows. Firstly commitment, attachment and preparation; secondly acquaintance, learning and physical restoration phase; thirdly moving towards a new normal, and finally achievement of maternal identity phase. According to Mercer (2004), the first stage occurs before childbirth, when women begin to anticipate the reality of their new role by learning social expectations from motherhood, adaptations to physical and physiological changes of pregnancy, pre-natal care, and preparation for childbirth. In the second stage, which is immediately after childbirth, women bring their new babies into the home, and their adaptation to their maternal role begins by learning behaviours through imitation of the social norms of motherhood. In the third stage, women begin to develop their own maternal identity, and become more comfortable with their decision making and mothering skills. The last stage usually occurs about four months postpartum when women successfully integrate prior learning with their personal experiences, which makes them feel confident and competent in their maternal role.

Rubin's and Mercer's theories of maternal role and identity can also explain postpartum women's transition to motherhood through their efforts to achieve their

maternal role; however, the aim of the present study was not to reduce the postpartum phenomenon to the single aspect of examining the maternal attainment role. Rather, the aim was to focus on the meanings the participants attached to their postpartum health experience through a holistic view of the phenomenon as these women perceived it. As will be seen in the findings chapters, these theories were not fully consistent with the findings of the present study. For example, not all the participants in this study described going through these stages within their cultural context meant that they reported being dependent on their carers for most of the postpartum period. The transitions of the Saudi women in this study have been differently described, and these women spent most of the postpartum duration resting and recuperating while their carers cared for their health. This contrasts with the maternal role attainment model, and the discrepancy could be because the theory of maternal role attainment reflects the position of women in western cultures, which is culturally difficult to apply to the Saudi women in the present study. This theory does not address the influence of culture on women's role transition. Another issue related to the application of this theory to the findings of this study is that the focus is different; while the focus of Mercer's theory is on the process that a mother goes through to become confident and competent in her maternal role, the focus of the participants in this study is primarily on their own health, because their carers were taking care of the newborns for most of the postpartum period. This is not to say that the participants were not caring for their babies, but their experience appears



to focus around their personal health. This could be because they depend on their carers to nurture their babies, and trust that new-born care skills can be learned gradually along the postpartum period when they are 'healthy'.

## **2.7 CONCLUSION**

This study was conceptualised within the interpretive paradigm, in which the researcher's ontological position is relativism, which means that reality is relative to something else and is subjective and differs from one individual to other. The epistemological position is that there is no existing reality that is independent of individuals' subjective perception of it, and this results in considering different views as alternative ways of approaching a certain thing, which implies the existence of multiple realities.

The goal of this research was to not only understand the phenomenon of Saudi women's postpartum health, but also to develop understanding of this phenomenon for nursing knowledge with practical value. In an attempt to understand the experiences of healthy postpartum women, the hermeneutic phenomenology of interpreting human meaning and experience (Van Manen 2007) was employed. The aim of applying hermeneutic interpretive phenomenology, and precisely, phenomenology of practice, was the practical experiencing of postpartum health accessed through Saudi women narratives that reveal meaning in their experiences.

The goal of the study fits with the philosophy and strategy of the interpretive research paradigm. While it is recognized that an interpretivist paradigm does not allow for solutions to specific problems, it has a role in problem solving in a broader sense by presenting these women's hidden voices that have not been previously addressed. Hermeneutic phenomenology ensures the engagement of the participants in creating the knowledge needed for any change in practice. By employing Van Manen's lifeworld existentials as a theoretical framework (Chapter nine, Discussion), a lens to grasp a deeper insight and understanding of these women's lived experience is offered.

Among theories that could inform this study, and which were described in this chapter, 'rites of passage' and 'authoritative knowledge' are used to understand the phenomenon of Saudi postpartum women health. This will be further explained in the discussion (Chapter nine).

**CHAPTER 3**  
**OVERVIEW OF THE RESEARCH SETTING:**  
**SAUDI ARABIA AND WOMEN'S ROLE IN SA**

### **3 CHAPTER (3) OVERVIEW OF THE RESEARCH SETTING: SAUDI ARABIA AND WOMEN'S ROLE IN SA**

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In order to set the scene for the study, this chapter provides a description of Saudi Arabia (SA), including its political structure and economic status. It also provides a socio-cultural overview of the status of women within Islam and SA followed by a brief description of the wider status of women in Arabic countries.

#### **3.1 SAUDI ARABIA IN BRIEF**

SA is a large country occupying most of the Arabian Peninsula. It is located in the Middle East, bordered by the Persian Gulf to east and the Red Sea to west, Jordan and Iraq to the north, Yemen to the south, Kuwait to the northeast, Bahrain, United Arab of Emirates and Qatar to the east, and Oman to the southeast. It has an estimated population of 29,994,272 (Saudi Ministry of Health [MOH] 2012), living mostly (83%) in urban areas (The World Bank 2015).

SA is a member of the Gulf Cooperation Council (GCC), which also includes the United Arab Emirates, Kuwait, Oman, Bahrain and Qatar. It is a member of the Arab League, the Organization of the Islamic Conference and the United Nations. SA hosted the 19th Arab Summit in Riyadh on 28–29 March 2007. There are 13 provinces in SA, which are the administrative divisions, and each province has its own unique traditional beliefs and practice along with different degrees of conservatism. For example, people

in *Al-Qasim* and *Ha'il* are known to be very restrictive in relation to religion and the status of women, while *Jeddah*, *Riyadh* and *Ash-Sharqiyah* are more flexible regarding religion and women's position in society. One of the most important reasons for this flexibility is the influence of other nearby countries including the Kingdom of Bahrain and Egypt. Within SA, the population are classified into two main groups: The Sunni and Shia. Citizens can also be classified according to urbanisation into two main groups; the largest group is urban citizens who live in cities, followed by *Bedouin* who usually live in deserts.

The capital of SA is Riyadh and the first language is Arabic. This current study has been carried out in *Ash-Sharqiyah* or Eastern Province in SA. An overview of the Saudi politics and economy, society and culture are described in turn.

### **3.1.1 Political and economic background**

Saudi Arabia is a traditional hereditary monarchy. King Salman succeeded to the throne on 23<sup>rd</sup> January 2015, following the death of his brother, King Abdullah. The Cabinet is a Council of Ministers including 22 government ministries such as the foreign affairs ministry and the education ministry. The legislative branch of the government is 'Consultative Council' or '*Majlis al-Shura*'. The Council of Ministers announced in October 2003 its intent to introduce elections for half of the members of local and provincial assemblies and a third of the members of the national Consultative

Council or *Majlis al-Shura* incrementally over a period of four to five years (Saudi Embassy 2015).

The kingdom's economy is heavily based on oil production; it is one of the prominent members in the OPEC and one of the leaders in petroleum exportation, with the oil sector representing 90% of the total export earnings (Samargadi et al. 2014). However, the Saudi government has started to diversify its economy to reduce the dependence on oil, including telecommunication, power generation, natural gas, and petrochemicals (Samargadi et al. 2014). The cabinet announced in 2015 the largest income in the history of SA, \$229.3 billion, despite the drop in oil prices (Saudi Embassy 2015).

### **3.1.2 Social and cultural overview**

Religion affects all aspects of life in SA, with the country's religious police called the *mutawwa'in*, who are responsible for maintaining the code of Islamic behaviour among people in public places such as shopping malls. The society is dominated by sex segregation in places such as schools. There are many misunderstandings about the role of women in Islam. In this section the key beliefs will be set out using extracts from the Quran in an attempt to clarify matters. It is important for this study to understand the impact of Islam on the lives and experiences of women in SA. Islam provides women with a special status and protection, and there is a complete '*sura*' in the Quran called

‘Alnisa’ (i.e. the women), which explains women’s rights and obligations. Muslims believe that Allah created Adam and Eve from a single soul, as explained in the Quran:

*“O Mankind, keep your duty to your Lord who created you from a single soul and from it created its mate (of same kind) and from them twain has spread a multitude of men and women”* (Surah An-Nisa: 1)

Muslims also believed that both men and women were guilty for the sin and disobedience to Allah which caused them to fall out of grace; however, Allah forgave both of them. As cited in the Quran:

*“And We said: ‘O Adam, dwell thou and thy wife in the garden, and eat therefrom plentifully wherever you will, but approach not this tree, lest you be of the wrongdoers. But Satan caused them both to slip by means of it and drove them out of the state in which they were. And We said: ‘Go forth; some of you are enemies of others, and for you there is an abode in the earth and a provision for a time”* (Al-Baqarah: 36-37)

The Quran describes women’s status from many aspects; spiritually, socially and economically. There are clear statements in the Quran indicating that woman is completely equal with man in the sight of Allah, including her rights and her responsibilities. The Quran says:

*“Whoever works righteousness, man or woman, and has faith, verily to him will We give a new life that is good and pure, and We will bestow on such their reward according to their actions”* (AN-Nahl: 97)

Women and men are equal in the main four religious obligations; Daily Prayers, Fasting, Poor-due and Pilgrimage. However, there are some considerations related to women’s biological, physiological and psychological differences where woman has

certain advantages over man. For example, during menstrual and postpartum periods (i.e. 40 days after childbirth), women are exempted from the daily prayers and fasting. Also, during pregnancy and breastfeeding, women are exempt from fasting if there is any possible risk to her health or her baby. As will be seen, the postpartum women who took part in the current study were not fasting while the others did, and it will be explained how they experienced being postpartum during Ramadan (the fasting month).

### **3.2 SOCIAL STATUS OF WOMAN IN ISLAM**

This section focuses on women's social status in Islam being a wife and mother, followed by a brief description of women's economic rights in Islam. In Islam, marriage is sharing between the two halves composing the society. Its objectives are preserving human life, emotional wellbeing and spiritual harmony, and is based on love and mercy.

*“And among His signs is this: That He created mates for you from yourselves that you may find rest, peace of mind in them, and He ordained between you love and mercy. Lo, herein indeed are signs for people who reflect”. (Al-Room: 21)*

Islam ensures a woman's right to give her consent in her marriage and avoid being forced into it, which is evidenced by a story of Ibn Abbas', regarding a girl who came to the Prophet Muhammad (peace and blessings be upon him), and she reported that her father had forced her to marry without her consent. The Prophet Muhammad gave her the choice between accepting the marriage or invalidating it [Ibn Hanbal No. 2469]. Moreover, a woman has the right to have *Mahr* (it is often presented in the form



of money or jewellery), which is considered to be a marriage gift and a symbol of love and affection from the husband, not the price of a woman. Islam imposes rules that govern marriage, including equal rights and claims on both a husband and a wife, except a single one, which is the leadership responsibility for men. The Quran states:

*"...and they (women) have rights similar to those (of men) over them, and men are a degree above them." (Al-Baqarah: 229)*

*Quiwama* refers to the men's responsibility of protection and maintenance to their family. It is not discrimination between genders, but rather a consideration of the natural differences between them. However, this degree does not entitle men to be dictators over their wives, and Islam emphasizes mutual agreement and counselling between them regarding any family decisions. This point is clear in the following example cited in the Quran:

*"If they (husband or wife) desire to wean the child by mutual consent and (after) consultation, there is no blame on them..." (Al-Baqarah:234)*

Prophet Muhammad (peace be upon him) strongly recommends the kind treatment of women and said:

*"The best of you is the best to his family and I am the best among you to my family."*

Islam ensures women's right to take a decision about her marriage, and the right to request ending it if it is unsuccessful. However, these issues are recommended to be

taken in steps. When divorce is inevitable for some reason, Islam instructs men to seek a gracious end for marriage, as evidenced by the following:

*“When you divorce women, and they reach their prescribed term, then retain them in kindness and retain them not for injury so that you transgress (the limits)”* (Al-Baqarah: 232)

Allah promised Muslims paradise if they cherish their mothers and cared for them especially when they become old; this is evidenced in the Quran, as Allah says:

*“We have enjoined man to respect his parents; his mother bears him with fainting after fainting, while his weaning takes two years. Thank Me as well as your parents; towards Me lies the goal”* (Luqman: 15)

This is also emphasized by the Prophet Muhammad (peace be upon him) as he replied to a man who asked him about who is the most deserving of good care from him, stating:

*“Your mother (and he repeated that three times) then your father, then your nearest relatives in order”*

After describing women’s status in Islam, the next section discusses women’s status in the Arabic countries.

### **3.3 WOMEN IN THE ARABIC COUNTRIES**

Baffoun (1982) discussed social changes for women in the Islamic Arabic countries; this paper described these changes among Arabs in general, with more specification to the Arab Maghreb countries such as Morocco, Tunisia, and Algeria. She described Arab women in the pre-modern era, in which there was degradation of their

status by a tribe–communal mode of production; the status of the tribe was based on its economic condition. Bedouins were present before cities and towns were developed, and they had their own tribal traditions which have been changed because of the social economy; these evolved from an agriculture–based economy into a merchant–based one. That change affected the women’s situation from belonging to their tribe to belonging to their husbands, whom they exclusively depend upon.

There was also an emphasis on the custom of endogamy. Endogamy means marriage from paternal cousins, and that was the basic practice within the segmentary structure of tribes in the Arab world. The reasons for this practice included the notion that a man’s honour was based on the size of their tribe and herd, and this had an additional economic purpose because it reunites properties that had been separated by previous generations. Tribal–nomadic organization and structure was a prominent aspect of Arabs and later Muslim culture, with the importance of patrilineal kinship and the preference for marriages between paternal cousins, and the strong concepts of honour centring on female virginity and chastity, all of which have been found in the past and present in much of the Middle East (Kiddie 2014).

Baffoun (1982) argued that double standards of morals in Islam were the main reason for the deterioration of women’s status within some tribes. That dialectic representation of equality between women and men is found in their rights and

religious duties, from one side, and the introduction of sexual and economic imbalance between them such as polygamy and inheritance rights on the other.

After the brief description of women's status in the Arabic countries in general, the following sections describe the status of women in SA. As previously mentioned, SA is a highly conservative country where Islam is the main religion. Yet, the Saudi culture has its own strong identity, social norms and traditions, and interpretations of Islam, which all have an impact on women. As will be seen in this study, these norms and traditions affected the participants in their postpartum period.

Previously and in general, women's status in some of the Arabic countries is described, and the next section specifically presents their status in SA.

### **3.4 WOMEN IN SAUDI ARABIA**

In SA, societal norms and rules are patriarchal, and women experience restrictions in their daily life. For example, their freedom of movement is often restricted, and travelling abroad from SA requires their *mahram's* (e.g. husband, father, or brother) consent, which means they cannot leave unless they have the permission from their guardians. Most commonly women's actions depend on the permission of their *mahram*, for example, a woman will need her *mahram's* consent to have a caesarean section operation. Their economic rights are limited, such as the right to own property. However, SA has started to show more flexibility regarding this issue.

Generally, SA is more restrictive than other Gulf countries, for example SA is the only Gulf country in which women are not allowed to drive cars.

One of the important features that significantly influences social life in SA is the segregation of sexes. Segregation of the sexes is maintained physically, socially and psychologically. Women are not allowed to mix with unrelated men in SA, which is prescribed by Islam (Almunajjed 1997). It is considered a general rule applied to most educational institutes, banks, public transportation and workplaces, and also to some restaurants. (Almunajjed 1997), however commitment to it varies across SA.

### **3.4.1 The experiences of women in SA**

There are a small number of studies examining women's social life in SA. The most relevant are Altorki (1986), who studied women in Jeddah (the west province of the SA), and Doumato (2000), who studied women, Islam and healing in SA, particularly in Najd, which is the central region, and in the Arabic Gulf countries including Kuwait and Bahrain.

Altorki (1968) described sex segregation as the prominent feature of the society at that period of time (between 1971-1973, 1974-1976, and 1976-1984) and she reported her observations of life within the Saudi households included in her study. She observed that women's role in Jeddah compared with men had gradually changed among the three generations of women in her study. Earlier generations had their defined separate roles from their husbands. However, later generations showed more

fused roles with their husbands as they started sharing activities and making decisions, particularly those related to their children's upbringing. She argued that role differentiation related to an old ideology where men are seen as superior to women, both physically and mentally, in contrast to the Quran's view of equality between men and women.

The author (Altorki 1986) described expectations of women: she was expected to have a good manner in running her household's matters and in her relations with the wider extended family such as cousins, to keep her husband's attention and love, to tolerate her husband's shortcomings and to forgive him in the case of any arising conflicts. Altorki found that women believed that if they respected their husband's unstrained authority with complete obedience to his wishes, he would become more flexible. However, they strongly acknowledged a husband's right to control the movement of his wife outside the house.

Altorki (1986) described a good wife's role in terms of attending the husband's needs. A wife was expected to give her greatest care to serving food and personally attending to his clothes, even if it could be done by servants. The women in that study acknowledged that failure to perform these tasks could cause their husbands to seek other wives. Another duty expected from a wife was supervising her house and limiting their expenditures to meet the husband's affordability. In addition, reluctance to meet

the husband's sexual desires provided him with a socially acceptable excuse to look for another wife. However, there was also a generally held belief that any man who neglected his wife would be exposed to unforgiving from Allah.

Altorki (1986) described other differences in the expectations of sexual fidelity among husbands and wives. Fidelity was more strictly observed by wives than husbands, with some husbands in that study having extramarital relations when they travelled abroad, and the women within the study considered infidelity as an unavoidable characteristic of men and to be expected from them.

On the other hand, Altorki (1986) reported that husbands in the study did have some domestic duties and obligations. They had responsibility and commitment to support their families including their wives and their children with an education, to be kind and attentive to their wives' needs, and provide protection from any difficulties. The justification was the belief that women were created weak, requiring sheltering and maintenance for their family regardless of the wives' prosperity.

In an historical study, Doumato (2000) studied women in SA and the Arabian Peninsula during the 20<sup>th</sup> century from a number of different perspectives. These included their status in the society, their religion (Islam) and healing practices. She described women's status in comparison to men during the first half of twentieth century. At that time, knowledge was based on religion, taught in mosques by religious

men called 'Ulama', and did not necessarily mean the ability to write or read. Generally, whatever chances were available there for education were more available for boys than for girls. As noted by Doumato, there was a noticeable marginalisation of women in SA, and they were taught by other private women tutors visiting their home and teaching them the Quran through repeating its verses. She reported how girls at the age of puberty stayed at home and waited for a marriage arrangement.

Ramazani (1985) described the social situation of Arab women in the Gulf countries including SA, Bahrain, Kuwait, and United Arab of Emirates. Women's education in SA did not exist until King Faisal established the first girl's school at 1962, despite objections from religious leaders. These objections lessened over time and people start accepting girls' education. Thereafter, every Saudi girl has the right to free governmental education in primary, intermediate and high schools in the SA. There are now several colleges and universities allocated for girls, and Saudi women are given scholarships to go abroad for studying but with some restrictions, such as compulsory accompaniment by husband, father, or brother.

The current SA government encourages Saudi women to be involved in occupations such as medicine, nursing, social work, teaching, physical therapies, and administration. Moreover, women have the right of independent property ownership and investing in real estate and private business. There are new fields for Saudi women



to participate in, including interior design, pharmacology, biochemistry, biology as well as being a legal advisor. However, Ramazani (1985) notes that all of these opportunities and advantages for Saudi women have also led to a confusion of values within that society. The fears of western cultural penetration and the loss of Saudi traditions and values are present in the continued wearing of veils and sex segregation in public places, as well as restricting some activities of women such as free mobility and car driving (Ramazani 1985).

### **3.4.2 Women in SA: current challenges**

From other perspective, it is argued that the status of women in the developing SA is the most moving challenge in the 21<sup>st</sup> century, as the government's efforts to involve women in development are faced with constant pressure from the religious leaders (Pharaon 2004). The author described the Saudi women's situation as a paradoxical one and referred that to the attempt to define women's role in SA within an Arab Islamic heritage framework. She reported working within that framework resulted in two contrasting positions for women within SA society. On the one hand, women were encouraged to become an equal partner with men and join the development of SA, while they occupied secondary roles within their family. Pharaon (2004) called for the re-interpreting of the social, religious, and cultural factors, because most discussions about the lack of Saudi women's participation in the economic development were

focused on such traditions and ignored their wider participation in the development of SA.

The religious leaders' strong resistance to the change in women's roles could be explained the underlying real fear that their key role in the family may be overwhelmed by other roles, threatening the stability of the wider society. Pharaon described the significant roles of women within family as the main key to its maintenance. Women's roles are thus varied and include maintaining the family, reproducing successful generations, guaranteeing family continuity and power, and carrying out informal education for the future generations (Pharaon 2004).

In relation to the patriarchal context where men have authority over women in all social aspects, there were also variations in women's status based on their social class and their region. There were more limited opportunities for women in rural areas than these in urban settings, and women from middle and upper classes are more likely have the advantage of that development. The people in Saudi society structure based on tribes' stratification where people often highly honoured tribes that claim purity of descent and bloodline and which stemmed from nobility of origin.

Women's social status in SA is previously described; in the next section the women and healing practices in SA and their neighbouring countries in the Arabian Gulf is explained.

### **3.4.3 Women and Healing Practices in SA and the Arabian Gulf**

During the 20<sup>th</sup> century, people in the Arabian Gulf believed the cause and cure of disease were attributed to spiritual intervention. They believed illness occurred because God willed it to happen, and hence they did not seek treatment when they were ill. It was accepted that although illness occurred because of Allah's willingness, Allah had also created a cure for any disease, so that seeking cure for a disease was not considered to be a challenge against Allah and was therefore permissible.

There were common remedies used in healing illness in the Arabian Gulf, however, the best of all is seen as being the Quran. Because people believed that illness was ultimately caused by spiritual interventions, they used the Quran as an antidote and as a prophylactic measure. They used the Quran in healing with different approaches, for example, they used the power of its words by reciting part of it over the ill person by professional readers. The majority of the professional readers were men while there were a small number of women, however, the former were perceived as being more skilful than the latter due to their higher religious scholars. The female readers were typically older women and their clients were only women and children. In addition, the goodness of the Quran has physically extended forms, such as writing with special ink made of water and saffron on a paper and then placing it in a cup of water to be consumed by the ill person. Alternatively, it can be written in amulets and then worn by individuals, or its goodness can present in saliva through spitting from one who

uttered the words. The saliva was believed to be more effective from one who had worshipped in mosques rather than those who worshipped at home, such as women.

Female practitioners had lower prestige than the men; they were often poor, or Bedouins who moved to the city, or who were previously slaves, foreigners or widowed. However, women practitioners were capable of delivering quality medicine and they were more involved in preventive medicine and using healing methods such as exorcism and communication with spirits.

The most common beliefs among women in the Gulf beside the faith in Allah are beliefs in 'Jinn', demon possession, evil eyes and spirits. The Quran and the Prophet Mohammad mentioned Satan, Jinn and witchcraft that could intervene in people's lives, although the holy words of the Quran could be used as a prophylactic. This phenomenon was explored by Khalifa and Hardie (2005) in which the authors described the possession of Jinn from a cultural, religious, and psychiatric perspective (Khalifa & Hardie 2005), and more specifically the cultural interpretations of postpartum illness. The findings indicate that the participants' experiences of Jinn possession were similar to symptoms of postpartum illnesses found in western societies (Hanely & Brown 2014). Within this area of spirit engagement, there were women and men practitioners, but again the perception of women healers was that they were seen as less skilful than male healers. It was observed that 'witches' were often identified as

women who had the knowledge to cast the evil eye and to break spells, and were skilful in herbs, midwifery, telling fortunes, and interpreting dreams. In order to deflect these unpleasant forces an amulet, most commonly a small Quran in a silver case, was to be worn to create a shield to protect against harm. It could also be used as a protection from evil eyes and Jinn. That practice was most common in Iraq. Another method of protection included fooling the lurking spirit by setting a trap to draw their attention from the affected person, such as protecting a new-born baby by dyeing his or her face to disguise them to look unhealthy. Malevolent spirits had been perceived as a cause for emotional and physical illness and therefore they were exorcised with words and with putting bad tastes in the mouth. It was reported that most of the exorcising practitioners were women who were from rural areas, Bedouins, or the urban poor who were often had an African heritage. Their clients were rural, Bedouins, poor urban residents and children who also were users of missionary healthcare. Generally, ‘witches’ and midwives were placed in a similar category within the Arabian Gulf, and were perceived as elderly women, beyond the ability of sexual provocation, which entitled them to be free from men’s control; they were also often from low social and cultural groups. While that was the case in the other Gulf countries, spirit engagement was not tolerated in SA. Witchcraft and the use of amulets were illegal and people practising that were executed for witchcraft practice.

### **3.4.4 Midwifery practice**

Historically, all midwives in the Gulf were women because childbirth was considered an intimate procedure, which had to be attended by women. The process of birth was treated as a collective experience in which female relatives attended along with a midwife. The Arabian midwives had basic skills often practicing healing using herbs and other techniques without knowledge of any related surgical interventions which might be needed, such as performing an episiotomy. Traditionally, they let the perineum tear without repairing the wound with sutures and instead used special practices after childbirth, such as packing the birth canal with salt immediately after birth to act as astringent to contract the vagina, which was reported as being extremely painful. Salt packing caused thirst to the women, which increased with midwives refusing to give water to them because they believed drinking water could interfere with the body absorption of that salt. It was thought that the technique prevented puerperal infection, which was a cause of maternal death during that period. However, salt caused inflammation of the birth canal tissues, which led to a condition of partial or complete atresia, from gradual growing of tissues in the birth canal leading to its closure; this was associated with painful sexual intercourse and could possibly prevent engaging in intercourse. This in turn could lead to marital difficulties and divorce.

There was a widespread belief in the Gulf region that health could be affected by smells. Generally, there was a belief that a good odour is beneficial, while a bad smell

is considered as a carrier of disease. However, if a person has a wound, good odour is thought to be a possible cause for the wound sepsis. Bedouin women tied garlic into the end of their headscarves to prevent any accidental reach of fragrant odours to their nostrils to avoid their wounds smelling any perfumes. They believed strong and bad odours saturated the brain and prevented the effect of sweet odours. It was known that perfumes were part of Bedouin women's store of medicine. Herbal specialists were usually women, and they made medicine from bunches of specific herbs and odours that would be placed in the nostrils. These women usually had small stores selling drugs, spices, and perfumes, and these herbal medications were available in every bazaar.

It was reported (Doumato 2000) that people in the Gulf Arabia were inspired by Greek medicine and this informed their folk medicines. Theories and remedies were filtered down from professional and authoritative sources to the lower classes. Greek medicine was based on four main elements: phlegm, blood, sweat, and bile, and diseases were classified as hot or cold. In addition, the Prophet Muhammad's medicine included advice from him to cure specific diseases such as treatment of scorpion sting with linseed oil and salt ointment. Western medicine started to be accepted in the Gulf States during the 1920s and 1930s, with some resistance presented from traditional midwives (Doumato 2000).

### **3.5 CONCLUSION**

In conclusion, in this chapter we have seen that women's status has been improved compared with the time before Islam (before the 6<sup>th</sup> century). Although women's status among Arab countries including SA is challengeable, generally their opportunities in education and employment are commonly less than those of men. Women's social status within their family is described as being overwhelmed with many roles and responsibilities, and women are dependent on male guardians such as fathers and husbands. However, this status changed over time as reported from some studies, and women have started to acquire some autonomy and their chances of education and work have increased.

In the findings chapters later, we will examine the impact of the social, cultural, and economic status of women in SA on their experiences of postpartum health. However, the next chapter will review the literature related to the research phenomenon about postpartum women's health.



**CHAPTER (4)**  
**LITERATURE REVIEW**

## 4 CHAPTER (4) LITERATURE REVIEW

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### 4.1 INTRODUCTION

As previously described, postpartum maternal health is the area of interest for this study, and this is derived from the personal and professional experience of the researcher. In order to identify the related research to date, the literature was thoroughly and comprehensively searched using a systematic approach to provide an overview of relevant research about the phenomenon under study; ‘being a healthy postpartum woman’.

There are two main approaches to reviewing literature; traditional narrative and systematic review (Baumeister 2013). In this study, it was not intended that this should be a systematic review of the literature, which brings together all empirical evidence that fits specified eligibility criteria to answer a specific research question which is usually clinically based (Friedland et al. 1998; Sackett et al. 2000). Systematic reviews are conducted by using systematic methods that are selected to minimize bias and provide reliable findings from which conclusions can be drawn and decisions made (Antman 1992, Oxman 1993). However, the aim of this study is not to evaluate evidence for practice, but rather to broadly examine literature for what is known about women’s perspective on their postpartum health.

The second type is narrative review, which provides a description of the results from previous studies, and it is useful in combining results from studies that used different methods and procedures, and that answer different questions (Baumeister 2013, Mays et al. 2005; Dixon-Woods et al. 2005). This approach to reviewing tends to balance the rigour of a systematic review with the broad coverage of literature in a traditional narrative review, by systematically searching the literature and then describing it with a narrative review (Collin & Fauser 2015). The present review is presented as a narrative review using a thematic technique, in which the review is divided into themes, which were recurrently reported among the included studies. Then, the findings of different studies are summarized under thematic headings.

To ensure transparency, the systematic approach to searching the literature, as the researcher did, is described. The researcher was looking for literature related to postpartum women's perspective of their own health; their experiences, feelings, understandings, health beliefs and practices. For the early stage, the researcher explored the available literature about postpartum maternal health experience through search engines such as Google Scholar to gain a general overview of what is known about it. Then, the researcher read the recommended books and articles about postpartum maternal health to be better informed about its background, to identify the key researchers, and to find terms that were used in these references. Most of these

references were textbooks, policy guidelines for practice, and experts' opinion papers.

Then, searching the electronic databases started as follows:

## 4.2 GENERATING KEYWORDS RELEVANT TO THE RESEARCH

### TOPIC

To search electronic databases for related literature, potential keywords were identified by using an acronym (SPIDER), which is recommended for searching literature about qualitative question research (Cooke et al. 2012); in which S is for 'sample', P and I are for 'phenomenon of interest', D is for 'design', E is for 'evaluation', and R is for 'research', as described in the following table (Table 1).

S (Sample)	P (Phenomenon) of I (Interest)	D (Design)	E (Evaluation)	R (Research)
"wom*n"	"postpartum health"	"questionnaire*"	"view*"	"qualitative"
"arab* wom*n"	"postnatal health"	"focus group*"	"experience*"	"quantitative"
"Saudi wom*n"	"after birth health"	"survey*"	"opinion*"	"mixed method"
"muslim* wom*n"	"after childbirth health"	"interview*"	"perce*"	
"mother*"		"case stud*"	"belie*"	
"arab* mother*"		"observ*"	"feel*"	
"Saudi* mother*"			"know*"	
			"understand*"	
			"practice*"	
			"ritual*"	
			"custom*"	

S (Sample)	P (Phenomenon) of I (Interest)	D (Design)	E (Evaluation)	R (Research)
“muslim* mother*”  “postpartum wom*n”				

Table 1 Generating search keywords by using SPIDER

## 4.3 SEARCHING ELECTRONIC DATABASES:

### 4.3.1 Search strategy

Electronic databases including the British Nursing Index, CINAHL, PubMed, Medline, Scopus, and ASSIA were searched using the identified keywords. The following table (Table 2) is an example of the search strategy used to explore the British Nursing Index database.

Search terms	# of articles
1 exp postnatal care/	(2285)
2 exp Socioeconomic Factors/	(8315)
3 exp "Patients Attitudes and Perceptions"/	(2697)
4 postpartum.mp.	(587)
5 postnatal.mp.	(2629)
6 exp Maternal Mortality/	(206)
7 maternal.mp.	(1667)
8 exp "culture and religion"/	(2453)
9 afterbirth.mp.	(1)

Search terms	# of articles
10 exp Health Promotion/	(22349)
11 mother?.mp.	(3663)
12 exp Women's Health/	(1158)
13 exp ethnic groups/	(3882)
14 exp Childbirth/	(523)
15 women.mp.	(9581)
16 exp Childbirth/	(523)
17 childbirth.mp.	(1511)
18 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17	(46528)
19 exp Community Health Services/	(3377)
20 exp "Health and Quality of Life"/	(49596)
21 exp Health Attitudes/	(3275)
22 exp Health Promotion/	(22349)
23 illness.mp.	(6258)
24 morbidity.mp.	(445)
25 mortality.mp.	(1725)
26 19 or 20 or 21 or 22 or 23 or 24 or 25	(59429)
27 18 and 26	(34331)
28 from 27 keep 5,50,245,253,274,298,301,335,406,426,525	(11)

Table 2 Example of the search strategy in the British Nursing Index database

### **4.3.2 Inclusion and exclusion criteria**

Inclusion criteria for the search were as follows: firstly, only papers that were published in peer-reviewed journals would be examined in this review. This is to ensure the quality of the papers. Secondly, only papers in the English language were accessed for their readability and comprehension. Thirdly, studies that were published from 1970 to 2014 were searched. The period that has been covered is long because postpartum experiences are assumed to be historically rooted in cultures, and this enabled me to review the classic research papers which could contribute to the research topic. Fourthly, the content of the studies is restricted to include papers that related to maternal postpartum health, and which examined women's perspectives of postpartum health because this is the key focus of the research topic – postpartum maternal health from the women's perspectives. All related studies, quantitative and qualitative, were included to cover what has been done in this area. The focus of this research crossed many discipline boundaries to include health, psychology, sociology, and anthropology, therefore there were no restrictions on discipline.

Exclusion criteria were as follows: not to include papers which are unpublished, such as thesis and dissertations or studies published in journals that were not peer reviewed. Also, papers that were published in a language other than English were not included. Studies related to postpartum illnesses, health problems and complications

such as postpartum depression and postpartum haemorrhage were excluded because they were not related to the research topic, which is postpartum health. Papers that examined postpartum health from the perspective of men were not included because these were not relevant to the aim of the present study.

#### **4.4 OTHER LITERATURE REVIEW STRATEGIES**

This electronic searching was supplemented by hand searching and searching electronically within appropriate journals including nursing, midwifery, medical, and sociological journals. Reference lists were also explored for relevancy once a useful source was found. The nature of reviewing literature in this study is iterative as the researcher revisited the literature throughout the period of the research, and in order to be updated about any new research, journals' alert systems were set up.

All the included papers are from primary sources, which are studies reported by the researchers who conducted them. A total of 46 papers were retrieved and included in this review.

#### **4.5 SYNTHESIZING LITERATURE**

Searching the literature resulted in finding studies with different approaches; quantitative and qualitative, and with different research methodologies for comprehensive coverage to the research topic. This required a synthesis approach that



could integrate qualitative and quantitative studies and which answer different relevant research questions. Narrative synthesis (Hammersley 2001) is used to summarise the findings from different studies by using words and texts, categorizing them into groups and then describing patterns of similarities and difference. It is useful to synthesise large quantities of information from the retrieved studies (Booth et al. 2012) such as the case in this study, and also to identify and provide perspectives on the research phenomenon: postpartum women's health.

The aim of this study is to explore the postpartum health phenomenon from women's perspectives. Highlighting these experiences is significant for both women and healthcare providers as described in the previous chapters. This chapter provides a review of literature related to postpartum health experiences for women. It takes a specific focus on examining the cultural perspectives on the postpartum period, because the findings of this study show that for women in SA, experiences and attitudes towards postpartum health and care were strongly influenced by the wider SA culture.

This review focuses on examining studies that have examined any aspect of postpartum health for women. Postpartum experiences, traditional health beliefs and practices were included in the search. Databases searched for relevant studies were the British Nursing Index, PubMed, Cinhal, Medline, and Scopus. Only peer review journals were searched and related papers' back references were checked for relevance, and

hand searches in relevant journals were undertaken. Keywords used were postpartum, postnatal, after childbirth, recovery, health, traditions, beliefs, rituals, and care. Any study related to new-born health, postpartum complications such as bleeding and depression, and postpartum health policies were excluded because the focus of this study is postpartum women's health experience. All studies included are in English and the search included studies from 1970 to 2014.

This chapter is divided into sections. It starts with a report of the main traditional theories of health and illness that inform cultural beliefs about health, followed by a general overview of women's perspectives on key areas; their reported experiences of their postpartum health and the postpartum healthcare they received, anthropological approaches to examining cultural and traditional postpartum beliefs and practices, and finally the studies focusing on women's postpartum health in SA.

## **4.6 TRADITIONAL THEORIES OF HEALTH AND ILLNESS**

There are several theories that attempt to explain health and illness from the perspectives of different cultures: the balance and imbalance theory; the plumbing model of the body; and the body as machine. These are important theories that will be discussed in the following section.

#### ***4.6.1.1 Balance and imbalance theory***

The balance and imbalance theory sees the body's health as depending on the harmonies and balance between two or more elements and forces within the body (Helman 2012). Such balance depends on external forces such as diet, environment or supernatural forces. Humoral theory is the most common among these theories, and it is rooted in ancient China and India. It is also elaborated in the Hippocratic theory, which suggests that the health of the body depend on proportional balance between the four components of body liquids or humours: blood, phlegm, yellow bile, and black bile. Any disturbance in its proportions or quantity could be a reason for ill health. Therefore, the treatment consists of restoration of the optimal proportion, either by removing excess for example by bleeding, or by replacing the deficiency by special diet or medicine

Humour theory is called the 'hot and cold theory of disease' in Latin American, where health can be maintained by the effect of heat or cold on the body. Most substances like food and herbs as well as natural and supernatural forces are classified accordingly into hot or cold categories. Thus, the body's internal temperature must be maintained between the opposing power of hot and cold. Similarly, illness could be classified into hot illnesses, which are believed to be a result of overexposure to sun or fire, or from ingestion of hot food or drinks. Pregnancy and menstruation are also

considered to be hot states and could be treated with ingestion of cold food and medicines. For example, in Latin America, postpartum women may avoid consuming certain fruits and vegetables which are believed to be classified as cold and which could result in clotting their hot menstruation blood. In fact, such avoidance could result in vitamin deficiency in this demanding period, which could have an impact on her health (Helman 2012).

Balance and imbalance theory is also present in Eastern countries such as China, Korea, Japan, and Vietnam, where it is called '*Yin and Yang*'. *Yang* means the bright side and includes properties such heat, brightness, activeness, outwardness, upwardness and hyper function, while *Yin* means the dark side, which includes coldness, darkness, stillness, inwardness, downwardness and hypo function. According to this theory, everything in the world can be described and divided into *Yin* or *Yang*. A person will be in a good health if there is a balance between yin and yang whereas any imbalance of one of these principles within an organ or body structure may result in illness. This could explain why women follow a set of dietary and behavioural rules during the postpartum period (Shi 1999).

During the early Islamic period, Arabic traditional medicine borrowed this theory, and humoral beliefs and practices diffused into folk culture, which then integrated with indigenous concepts of hot and cold (Manderson 1981).

#### ***4.6.1.2 The plumbing model of the body***

People in the western world often seem to borrow the concept of the body structure and function from the science and technological world, perceiving the body as a hollow structure with many connections of pipes and tubes (Goulding et al. 2013). It is based on the belief that health could be maintained if there is no interruption to the flow of different substances such as blood, urine, and menstrual blood within the body cavity or to the external world from the body orifices. Thus, disease is a result of a blockage of an internal pipe or tube. This theory is applicable to specific systems in the body including respiratory, cardiovascular, gastrointestinal, and genitourinary functions. It is also applied in the postpartum period where there is a notion of the importance of clearing out menstrual and lochia. Moreover, postpartum blood is considered to be a ‘bad blood’ or ‘useless blood’ that needs to be cleared out. Thus, to restore body flow, postpartum women follow traditional practices such as staying by the fire to dry out the womb, such as the Malays’ postpartum women (Manderson 1981) and in Thailand (Whittaker 1999).

#### ***4.6.1.3 The body as a machine***

It is more common in Western society that laypeople conceptualize the body as an internal combustion engine or a battery-driven machine (Goulding et al. 2013). And relevant to the current study, one of the medical metaphors of the woman’s body was

western medicine's perception of the body as a machine and the physician is the mechanic (Martin 2001), so whenever the body is broken, doctors can simply fix it in hospitals. This metaphor is often employed by nurses and doctors, such as using the expression 'your heart is not pumping well'. The idea of a renewable fuel or battery power is required for providing energy and then a smooth working of the body. Fuel means various foods, beverages, tonics, vitamins, and other patent remedies (Helman 2012). Interestingly, as will be seen later in the findings, the women in the current study used the same language; they described one of their known postpartum illnesses using a Saudi term that in English literally means 'damaged' or 'broken'.

Thus it appears that people's perceptions of health and illness are shaped by differing cultural theories, including hot and cold balance, the plumbing model of the body, and the body as a machine. Some of these perceptions were evident in the descriptions of the participants in this study, as will be seen later.

The following section describes the views of women about their health and the maternal healthcare services they experienced during the postpartum period.

## **4.7 WOMEN'S EXPERIENCES OF THEIR POSTPARTUM HEALTH**

The significant role of social support has been identified by a Norwegian study (Haga et al. 2012), which carried out in-depth interviews with twelve first-time mothers about their postpartum experience (these women were interviewed 8 weeks to 8 months after childbirth). They highlighted the significant role of social support to improve their wellbeing, and importantly this included emotional and practical support provided by their partner, family and friends, and their 'postpartum group'. This postpartum group was an informally developed network of new mothers who met weekly after their second postpartum month to socialise, network, talk and share their stories, and it was somewhere they could freely express their concerns and feel normal when comparing their experiences with other women in the group.

Social support during the postpartum period was also examined in the USA (Negron et al. 2013), where the experiences and perspectives of thirty-three women from a range of ethnic groups participated in four focus group discussions. The focus groups included two Hispanic, one African, and the fourth was white and non-Hispanic and non-African women. The participants described their basic personal needs such as bathing, household responsibilities, and getting sleep as the major challenges they encountered during the postpartum period. Some women noted that physical symptoms

such as breastfeeding discomfort were also a barrier to postpartum recovery. The women emphasized their need for instrumental support to help them with their basic needs, and they stated that a lack of support could lead to depressive symptoms. They identified their partners and their mothers as the main providers of their emotional and instrumental support, and they also included friends and the other members in their families such as fathers and sister in-laws. The majority of the participants thought they should not have to ask for help because it should come naturally from others. However, some of the women described asking, crying, and begging for help from the people around them. They defined emotional support as the ability to talk to someone about what they were going through, and in turn they expected some encouraging words. In addition, some of the participants related that praying and self-reflection were their form of emotional support if they had no one to talk to. There was a difference between Hispanic and African women, and the white and other women in how they mobilized their support. The Hispanic and African women reported making lists and educating their partners about baby care or household tasks; in contrast, the white and other women group described hiring carers to help them, and some explained that this was a way to avoid conflict with their mother in-laws about their care of the baby. Women also described their fear of judgment; feelings of being a burden, and criticism were key barriers preventing them from mobilizing social support.



Women's postpartum body image and trying to return to their pre-pregnancy body shape was a key dissatisfaction for women. Nash (2015) used 'photovoice' social research methods by asking the twelve women to take photographs that reflect their experiences. The researcher downloaded and watched them with the participants, asking them about the reasons they took each photograph and how they felt about it as part of a phenomenological interview. Participants were also asked to choose the most significant photograph for display in a public exhibition. The key findings focused on embodiment; the postpartum women expressed greater dissatisfaction about their bodies than they had experienced during pregnancy. The feeling of having a body that was 'not me' was coupled with their fears of not being able to return to 'normal'. Most of the first-time mothers refused to take photographs of their postpartum body as they were not prepared to see their bodies.

#### **4.7.1 Women's experiences of postpartum healthcare services**

The lack of preparation of what to expect during the postpartum period was frequently reported by women within literature. For example, the findings of a USA study (Martin et al. 2014) indicated that women had a lack of knowledge about their postpartum health; they described the physical and emotional symptoms they experienced such as exhaustion and poor body image, however, they felt they were not prepared for this or knew how to manage it. This study also highlighted the disparity

between the women and their healthcare providers' understandings of their concerns. They reported that they found that their obstetricians and midwives were disconnected from their postpartum concerns, with the women concerned about the effect of their physical symptoms on their daily life, yet their healthcare providers were predominantly concerned with major health complications such as infections. The absence of early postpartum maternal health care was reported by the women, who described their continued healthcare during their pregnancy and childbirth, yet on the other hand, they were then left by themselves after childbirth without support until the initial visit by their healthcare providers at one month. They were concerned about how they could manage their health concerns during that initial postpartum month. A lack of continuity of care was noted by these women who all had different healthcare providers after childbirth; they found that this was a barrier to effectively communicate their health concerns and to receiving a tailored, individualised healthcare plan.

Within the literature women reported their negative experience of postpartum hospital care services. For example, a Swedish large longitudinal study (Rudman & Waldenstrom 2007) examined 192 women's views about the postpartum care they experienced. Although there were several models of postpartum care available for these women (including standard care in hospital, combined delivery and postpartum ward, family postpartum care, risk postpartum ward, hotel postpartum care, and other options

such as birth-centre care) the study findings indicated that 78% of these women had negative experiences that related to the organization of care. These included poor staff attitudes such as lack of interest and incompetence, insufficient information and sometimes inconsistent advice on issues such as postpartum pain management and self-care, and insufficient attention given to the mother and her needs. It is important to note that in Sweden there is no postpartum home visit system.

However, this is not the case in the Norway, where there is a postpartum home visit system (and this is also available in the UK and Australia). In a Norwegian study (Valbo et al. 2011), 90% of the postpartum women reported that their expectations and needs were met to very large or fairly large extent by their community hospital. The questionnaire survey covered postpartum care, including the adequacy of the information provided by staff about the ward and breastfeeding, assistance with tasks such as bed-making and breastfeeding, and whether their expected needs were met. The same survey was also undertaken by the healthcare providers in the hospital and their responses were similar, reflecting the women's experiences.

Twenty postpartum women attending a general district hospital in south England, UK (Beake et al. 2010) were interviewed to explore their experience of the in-patient postpartum care. They reported the difficulty in comprehending the inflexible ward routine and the importance of having quiet time to rest. The majority of the

women were satisfied with the friendly and helpful staff's attitude in the postpartum ward. However, these women described that their information needs were unmet, and felt that they needed information that would help them to feel confident about basic baby care, while some women, particularly those who had caesarean sections, reported that they needed advice about what to do when they went home.

To understand their experience of the style and quality of midwifery early postpartum care provided in hospital and home, a large-scale survey (n=2699) of women at eight weeks postpartum was carried out in Western Australia (Fenwick et al. 2010). The overall responses about the style of the postpartum care received in hospital was positive (75–80%), while lower satisfaction with aspects of care were related to a lack of consistent information received (more than 40%), time to listen to their concerns (35%), and difficulty in contacting them when needed (26%). On the other hand, more than 88% of women were satisfied about seven out of nine aspects of the midwifery postpartum care provided at home. Out of ten aspects of the quality of care in the hospital, three were highly rated; providing information and assistance in breastfeeding, and supporting the women's decision about the baby and self-care. However, information about birth control, identifying health problems of themselves, and helping them to express their feelings related to birth were rated lower by the women. However, the women were highly satisfied with the quality of midwifery care at home.

In North West England, midwives' perceptions of the postpartum care provided in hospitals and community were examined by conducting focus groups with 26 midwives (Cattrell et al. 2005). No differences were found between the community and hospital midwives, who reported the same priorities of postpartum care including physical and emotional support for women, and adequate and consistent information about preparation for parenthood including early educational sessions. The midwives also highlighted the impact of societal influences on the postpartum women; they described the increasing demands on the postpartum women and the expectations of society which lead women to 'put on a brave face' to meet their families, their friends, and the healthcare providers' expectations. The midwives also reported the burden of responsibilities placed on the women, particularly on working mothers and teenage mothers, which could interfere with their ability to achieve the perfect parenthood they were looking for. The midwives also emphasized the need to socially support postpartum women by linking them with peer supporter groups and to provide advice and information. They also described the influence of the media on providing unrealistic expectations for postpartum women, for example by portraying smiling women with their babies.

#### **4.7.2 Women's experiences of the cultural expectations of 'doing the month'**

The cultural health practices and beliefs about the postpartum period affect women's postpartum experiences. This can be seen most clearly when there are differences in beliefs across generations, or when women have moved to a new culture. For example, a study (Holroyd et al. 2011) presented Chinese women's voices from two generations to explore the cultural meaning of 'doing the month'. This ethnographic study revealed that practices such as rest and confinement were enforced by female family members. This highlights the power of significant females who have an authorized knowledge about traditional postpartum rituals. The participants from two generations described common practices such as avoiding bathing, hair-washing, squatting, and touching cold water. Nevertheless, the participants from the younger generation described finding ways to negotiate postpartum practices; they explained their modifications for some of these practices to become more comfortable doing it. The new mothers reported flexibility in their approach to doing the month; in contrast their own mothers described strictly followed these rituals regardless of their tolerance to it because they said they were told to do so. The women reported that the main enforcement for following postpartum practices is their desire to avoid future imperatives and punishment. The participants from the new generation were strongly influenced by their older relatives such as father in-laws, who were the ones

communicating the negative consequences of not following these practices. However, the older generation of mothers expressed a different view as they believed that doing the month was for the sake of a postpartum woman's health. This form of new generations of women's adaptation of the traditional postpartum health practices is also revealed in the current study, as will be seen in the findings chapter.

The stress caused by doing the month among Chinese women in Hong Kong was explored within another phenomenological study (Leung et al. 2005), in which the authors argued the possibility that doing the month practices increase stress rather than reduce it. The participants described experiencing stress from being bounded by their environmental restraints, such as being trapped in small places crowded with helpers and relatives supporting and guarding them. They expressed the feeling of being in prison as they were not allowed to leave the place, and some of them were advised by their friends to leave home for at least one or a couple of hours. Those who followed this advice described their feelings of relief at leaving home. Other participants who spent the postpartum month in their mother-in-laws' home reported their intense stress due to feelings of a lack of privacy, unfamiliarity with the place, and inconvenience of being in another's home.

Participants also described in this study (Leung et al. 2005) the difficulties in following some of the proscriptions of doing the month, and in addition care providers

were often described as strict and inflexible. For example, one participant found avoiding touching water frustrating, because her care provider was not helpful in washing and sterilizing baby bottles, yet at the same time she scolded her for doing this work. Other examples included not being permitted to use air conditioning or fans, and to take a daily bath even in the hot summer to prevent wind exposure, which they found entirely different from their daily routine on normal days.

The women described the conflict between them and the parties involved in their care including their mothers and mothers in law. Often the arguments were about how strict they should be in doing the month; for example, one participant was caught between her mother's opinion and her mother in law as their approach was different and participants described that they often did not have the courage to express their own opinion, and so they frequently found confusion as to whose approach they should follow (Leung et al. 2005). These experiences and challenges were also presented among the participants in the current study as will be seen later in the findings.

Examining the experience of Chinese migrant women in Brisbane in Australia, Chu (2005) explored the participants' postpartum experiences and they described their feelings of stress during this period. Of the thirty participants, eleven expressed their feelings of loneliness, helplessness, tearfulness, isolation, sadness, irritability, negativity about the life, and inability to cope. However, nineteen women expressed their



adjustment and overall positive postpartum experience. Several factors were identified that could make the postpartum experience a positive one: appropriate postpartum support, good English language skills, and economic security. The women described the cultural clashes they experienced with healthcare professionals regarding their postpartum beliefs and practices, and they believed in the necessity of following their traditional practices to restore their bodies' heat and cold balance. They reported variations in observing the practices related to their special postpartum diet, such as avoiding cold foods and eating only warm foods. Two participants expressed their need to 'fix their health'. They also complained of the difficulties they encountered in following the postpartum practices within the healthcare system provided by the Australian maternity hospitals, which they described as being insensitive to their cultural needs. For example, they described cold rooms with air conditioning, being provided with iced water, and asking them to take a shower soon after birth, which the participants found to be in direct contrast to the requirements of their traditional care practices.

### **4.7.3 Women's experiences of the postpartum period**

Other studies have explored women's personal experiences in depth. A phenomenological study explored Iranian women experiences of their postpartum period (Bahadoran et al. 2008). Among the themes that emerged, the participants

described the feeling of loneliness during this period, particularly if there was no one from their family nearby (although one woman felt lonely despite being within her family). Also, sadness was described during this period, which lasted two to three days. The women described being unprepared and overwhelmed with the new responsibilities, having busy minds, and thinking of ways to adapt to the new situation. The changes in their bodies after pregnancy and childbirth were another concern for the participants. Despite their acceptance to those changes, they were looking to speed up and regain their pre-pregnancy body shape. These experiences of feeling loneliness and being unprepared for the postpartum duration are also reported among the participants in the current study, as will be seen in the findings chapter.

As described above, the postpartum experience from women's perspectives was studied in terms of their following of the traditional health practice, their modifications, and their restrictions towards these practices. Also, the postpartum women's feelings and emotions were examined in literature. The stress that could be associated with some traditional health practice at postpartum, such as those that have been followed in China, for the local women and the immigrant ones, were also examined in literature.

#### ***4.7.3.1 Women's experiences of the postpartum period: Arabic and Middle Eastern cultures***

The experiences of women within Arabic Middle East countries and their postpartum health practices have been examined in a small number of studies. These include Iran (Bahadoran et al. 2008; O'zsoy & Katabi 2008), Morocco (Obermeyer 2000), Turkey (O'zsoy & Katabi 2008; Geckil et al. 2009; Gokyildiz et al. 2013), Jordan (Jarrah & Bond 2007), and Palestine (Hundt et al. 2000), UAE (Green & Smith 2006). These studies will be described in more detail at the end of the chapter.

The following section discusses traditional beliefs and practices that relate to postpartum health.

## **4.8 TRADITIONAL POSTPARTUM BELIEFS AND PRACTICES**

The postpartum period is a time for women's recovery after childbirth; it is culturally shaped and defined, which makes the isolation of culture from the discussion about women's experiences difficult. Social and cultural aspects include traditional beliefs and practices as well as the social network. This area has attracted the interest of social scientists and trans-cultural health professionals, and postpartum practices have been examined using a range of different approaches. Some researchers have studied such practices and beliefs in different countries than their original culture (Cheung

1997; Pillsbury 1978; Brathwaite and Williams 2004; Chu 2005; Waugh 2011), while others have studied different religious groups within the same country (Goodburn et al. 1995). Some studies are interested in studying experiences of the marginal ethnic groups in western countries or disadvantaged groups (Hundt et al. 2000; Obermeyer 2000), whereas some examine experiences of rural communities (Illyasu et al. 2006; Sein 2013). This body of research identified a range of common themes related to cultural practices followed by women during the postpartum period: hygienic care, diet, physical activities, maintaining body warmth, seclusion, sexual activities, social network, and beliefs related to blood. These will be discussed in turn. There are some commonalities between these postpartum health cultural practices and themes emerged in the current study in SA, as will be seen in the findings chapters.

#### **4.8.1 Hygiene**

There are various beliefs and practices of postpartum health related to hygienic practices described in the literature, particularly relating to body and hair washing. It is noted that there are common restrictions of showering and an avoidance of using cold water for bathing among different cultures. These practices could be an influence of the balance theory of health in traditional Chinese medicine as well as within ancient Greek medicine.

#### ***4.8.1.1 Washing restrictions***

Studies in Far Eastern countries reported that washing hair and bodies for women during the postpartum period was generally avoided. For example, this restriction was found among the Chinese women who were living in Northern China (Wang et al. 2008), in Taiwan (Pillsbury 1978), in Scotland (Cheung 1997), professional Chinese living in Canada (Brathwaite & Williams 2005), postpartum women in Thailand (Kaewsarn et al. 2003) and also in Vietnam (Thi et al. 2002, Lundberg et al 2011) due to their belief that this practice could cause ill health in the future. Avoiding body and hair washing among Chinese women was similarly found in those who were living in their original country and those who had migrated and were living in other countries, regardless of their level of education. A survey study among Chinese women in northern China (Wang et al. 2008) indicated that some sanitary behaviour was avoided among the participants during 'doing the month', with more than 90% of the participants not washing their hair or body at all. This included professional Chinese women (Brathwaite & Williams 2005), who reported traditional practices related to postpartum hygiene; they described that postpartum women have to wash their body without wetting their hair because they believed it prevented the women from the negative effects of draughts, which cause illnesses. Kaewsarn et al. (2003) found that the third most popular postpartum activity reported by Thai women was 'hot baths', and that was followed for the health of the uterus and for the mother's

general health. Avoiding showers and hair washing was followed for the mother's health, and for the breast milk (Kaewsarn 2003). A detailed study (Lundberg et al. 2011) explored the postpartum health practices in Vietnam questionnaires and in-depth interviews, in which the participants described their hygiene practices including their body, hair, and vulva and perineum. Starting with the body cleaning, they acknowledged the importance of bathing and washing for the women's health. However, they did it in a way that avoided wetting their hair by cleaning their skin with a dry or damp cloth.

Postpartum health practices in Africa have not been as intensively studied as those of the Far East. However, in Zambia (Maimbolwa 2003), the social support women who were accompanying the women in labour and who usually gave advice to new mothers, recommended that mothers should be bathed soon after birth and thereafter twice a day with hot water and abdominal massages.

Of the small number of studies in Islamic countries, a questionnaire study in Turkey about postpartum traditional practices, (Geckil et al. 2009) discovered that of 273 participants, only a small number of the sample responses supported not bathing lactating women for 40 days (5.5%), while the majority of the responses were not supporting this practice (94.5%).

#### **4.8.1.2 Duration**

Durations for the body-washing practice were varied but generally not exceeding 90 days (Kaewsarn 2003); some women avoided washing their hair for only 20 days (Pillsbury 1978), and some women reported (Thi et al. 2002) the restriction of shampooing and bathing was based on the childbirth order; the first-time mothers who were believed to be having a new body after delivery should be more careful with it and spend longer avoiding bathing and shampooing; from 1-30 days.

#### **4.8.1.3 Styles of body washing**

Body-washing proscriptions also varied among the women in China (Pillsbury 1978). The women described using sponge baths with nearly boiling water that cooled to a tolerable degree; washing in *mugwort* (i.e. type of herbs) water which has been boiled and cooled to a tolerable temperature; and washing with water that was boiled after adding ginger root peel and *pomelo* fruit (i.e. citrus fruit) leaves. Meanwhile, the Thai women claimed that hot baths maintain body heat and promote healing (Kaewsarn 2003). Also, Chinese postpartum women in Scotland (Cheung 1997) reported using only warm water for washing themselves; however, some participants modified these practices while others strictly adhered to it. While the Vietnamese women (Lundberg et al. 2011) had their own ways of doing that; they cleaned their skin with a dry towel or dampened it with boiled but cooled water for the first week postpartum.

#### **4.8.1.4 Hair care**

Regarding washing hair, the Vietnamese women (Landburg et al. 2011) avoided hair washing because they believed their skin was loose after birth and liable to absorb cold water, which could enter their bodies via their skin causing body swelling, arthritis, and rheumatism in the future. Therefore, they washed their hair with warm water and then they dried it with a hairdryer; however, the frequency of washing varied among the participants, from every two weeks to one month (Lundberg et al. 2011). Some of the participants avoided combing their hair because they believed it leads to hair loss (Lundberg et al. 2011). The women allowed washing their hair with water that has been brought to boiling and cooled to a tolerable temperature (Pillsbury 1978). A study (Phillips 2005) focused on women of African descent in the USA during the postpartum period found the belief that women should avoid washing their hair because their bodies are in an open pore condition, and in response participants reported that pregnant women braid their hair during the third trimester to avoid washing it in the postpartum period.

#### **4.8.1.5 Steam baths**

The use of herbal steam bath after the first or second month was commonly reported, where boiled water with herbal leaves was poured in a pot, and then the women and the pot covered to induce perspiration. After sweating, the women removed



the cover and dried their body because they believed this bath helped to remove the bad smell of their bodies after childbirth, and they believed sweating carried out the poisonous and waste product away from their bodies (Lundberg et al. 2011).

#### ***4.8.1.6 Vulva and perinea care***

The participants described their hygienic practice related to their vulva and perinea as they washed these every day to avoid infections, and one woman said her grandmothers advised her to rinse her mouth with boiled salt water during the first three days postpartum (Landburg et al. 2011). Among Muslim women, perineal hygiene practices were compared between women in Turkey and Iran in rural areas because they are two neighbouring countries with similar cultures. It was found that 48.7% of the Turkish participants used “contemporary” practices and 46.6% used traditional practices such as washing with cologne or vinegar. However, 52% of Iranian participants used contemporary practices and 45.3% used traditional practices such as washing with salty and vinegary water or an alcohol solution (O’zsoy & Katabi 2008). Thus, the Iranian participants were slightly more likely to adopt contemporary practices, however, what these consisted of were not clarified by the researchers in comparison to the traditional practices, and the method they used to classify the practices into traditional and contemporary was not clearly explained.

It should be noted that there was no operational definition for the term ‘bath’ used in earlier studies (Pillsburry 1978), which at that period of time could mean sponge bath by washing the body with a sponge soaked with water or bodily immersion in a bath tub. Also, in the Kaewsarn et al. (2003) study, it is unclear what the researchers meant by ‘bath’ and ‘showers’. While the hot bath was the most common reported practice among the participants, it appears to be confusing, as a large number of the sample (61%) also reported that they avoided showers and shampooing their hair for 1 – 90 days after childbirth, and only started showering after the postpartum recovery.

## **4.8.2 Dietary practices**

Within the literature, different cultures have their own dietary practices that are followed by postpartum women and they were mainly done to restore their health and to protect them from ill health conditions in the future. Although there were variations in these practices and beliefs, they could often be traced back to the theory of cold and hot balance for health in traditional Chinese medicine. There is an extensive literature on the range of dietary practices that are observed, which is reviewed here.

### ***4.8.2.1 Roles of food***

Literature about cultural health practices of postpartum diet revealed different purposes the food plays in women’s health; findings from studies in Far East countries described types of food having purposes related to the women’s blood, which could

often be categorized into two main roles; compensating the blood loss and cleansing the body from dirty and harmful blood. For example, the women reported that certain types of food were eaten to regenerate the blood, and this belief was common among women from Korea (Sich 1981), Vietnam (Thi et al. 2002), and China (Cheung 1997). Also, foods that improve the wound healing were reported among the women from Myanmar (Sein 2013), and the participants from Loa (Barennes et al. 2009) believed that grilled food (but not vegetable or fruits) repair internal organs, while herbal tea was used to heal tissues injured by childbirth. Other related roles of food were to improve the circulation (Thi et al. 2002), flush out the dirty blood (Pillsburry 1978), get rid of placenta remaining in the uterus (Brathwaite and Williams 2004), and dissolve blood clots (Thi et al. 2002). Not only did they believe that food improves the postpartum women's health, but that it also protects them from illnesses, for example the Vietnamese women (Lundberg et al. 2011) prevented types of food during the postpartum period to prevent illnesses in the future, while the women in Korea (Sich 1981) and in China (Pillsburry 1978) believed that some types of food enhance production of breast milk. Meanwhile, Khmer women (White 2004) indicated another purpose of food, such as using salty food to increase the women's thirst so they would be able to drink more traditional medicine.

The women in East Asian countries such as Bangladeshi women (Goodburn et al. 1995) described their belief of using food to improve their healing process, particularly the birth passage, which was similarly reported from the women in Myanmar (Sein 2013) and Loa (Barennes et al. 2009), by eating a mixture of grounded cumin, chilli, and garlic during the immediate postpartum period.

Studies of African countries such as Nigeria (Iliyasu et al. 2006) indicated that 82.7% of the postpartum participants consumed a large quantity of gruel mixed with local salt due to their belief that it increases postpartum women's strength and flow of breast milk. Although they consume different types of food, the purposes are common among the women from different cultures.

The Negev Bedouin women in Palestine Hundt et al. (2000) believed the mixture of date and olive oil taken by the women in the past for the 40 days postpartum was beneficial for breastfeeding, strengthening the postpartum woman, and helped in stopping the postpartum bleeding. However, that old traditional meal has now been replaced with eating meat, which they also believe is good for the postpartum health. The women believed in the necessity of eating well at this period, which they defined as eating high-protein food including poultry and meat as well as soups. In that study, the researchers suggested that people in the Middle East based their diet on principles

similar to that of humoral medicine; hot and cold body balance is important for health, even if they do not acknowledge such beliefs and theories.

The most popular dietary practice for postpartum women in Turkey was found to be the eating of a sweet meal called '*Bulamac*', consisting of flour, fat, and sugar (82.8%), while drinking a mixture of grape molasses and butter was the second most frequent nutritional practice (69.6%) (Geckil et al. 2009). Postpartum women were encouraged to consume such sweet drinks and meals because they believed that this food provided energy, and improved the production of breast milk.

In order to increase the amount of breast milk, a Turkish group of women followed traditional practices included those related to diet such as eating onions, sweet black eyed peas, potatoes and *tarhana* (a kind of soup); they also reported drinking linden tea, and wearing ornaments called milk beads, which look like drops of milk. The Iranian participants followed traditional practices including eating *kuymak*, wheat, and water melon in addition to praying (O'zsay & Katabi 2008).

On the other hand, the women also reported that certain types of food were harmful to their health, for example, a survey study's findings (Wang et al. 2008) showed that more than 90% of the participated Chinese women did not eat cold, hard, or sour food in the postpartum month; these foods included mainly fruits and vegetables due to their belief that such types of food are bad for their teeth during this period. The

major concern of dental health was also reported among the Korean women (Sich 1981), as the participants avoided hard food. The participants from Myanmar (Sein 2013) classified food that should be avoided by postpartum women according to their beliefs about the food being hot, cold (e.g. duck and cucumber), wind (e.g. pork) or acidity inducing, and food they believed cause hypertension and drowsiness (e.g. seafood). Therefore, they avoided sour, spicy, some types of meat, seafood, and some vegetables and fruits. Noticeably, the types of food avoided were much more than those which were allowed during this period. The participants (White 2004) reported their fear of *toas* and the different foods that could cause *toas* (i.e. ill health postpartum condition), and these were commonly all the types of food that women did not eat during this time. It is believed that roasting provides protection from *toas* and women can eat as many roasted foods as they could during this period. Also, there were foods believed to be poisonous such as water buffalo meat, pig's head, and many types of fish (White 2004). Dietary restrictions have also been reported, but this time for the new-born child's health rather than for the postpartum women; the Vientiane women in Loa (Barennes et al. 2009) avoided certain types of food especially in the first two weeks after childbirth because they believed it caused negative health consequences for the new-born. They called their restricted postpartum diet *phitkam*, in which they rarely ate vegetables and fruits during the postpartum month. For a period extended to two months; the participants avoided eating foods popular amongst for Loa people such as

*lapmou* (i.e. pork with vegetables). In addition, they had restrictions in eating white-skinned animals because they believed it caused weakness, along with sugars, spices, and liquid food including sauces.

Studies of South Asian countries have also examined postpartum food practices and beliefs. It was found (Mahbub & Ahmed 1997) that cold food such as sour-tasting foods are prohibited from the new Bangladeshi mother because it is believed that this could make the uterus rotten and leads to *shutika* (i.e. one of the traditionally known postpartum illnesses). Milk, fish, cucumber and *hilsha* (i.e. a popular river fish) were avoided during this period because they believed it could dry the milk of lactating mother and cause *shutika* (i.e. postpartum diarrhoea).

The main difference in restricted meat and fish between Hindu and Muslims among Bangladeshi women was the duration of restriction; Hindu women had to avoid it for the whole month, while Muslim women were restricted for only seven days (Goodburn et al. 1995). Some were not allowed to eat any food for the first few days; only a limited amount of water was permitted. Moreover, there are other forbidden foods for postpartum women including bananas with seeds, eggs, and leafy vegetables (Goodburn et al. 1995). Also, they believed (Mahbub & Ahmed 1997) another postpartum condition they called *shutika* could be a consequence of *nari paka*. They also believed postpartum women should avoid eating vegetables and certain type of fish

and sweet pumpkin due to their belief violating food taboos leads to suffering from *shutika*. The women described two types of *shutika*; *gorvo shutika* (occurs before child birth) and *hukna shutika* (occurs after child birth), however their signs and symptoms were similar. They believed affected women experienced vertigo, painful limbs, poor appetite, pain and fever, and then women gradually became weaker and thinner.

Women of African descent in the USA (Phillips 2005) reported avoiding bitter, excessive sweet and salty food because they believed these types of food could harm the organs involved in childbirth according to traditional Hausa medicine in Nigeria.

The women in Turkey (Geckil et al. 2009) believed that cold water and uncooked vegetables should be avoided and were considered dangerous. Around 25% of the participants in that study avoided certain foods, such as uncooked vegetables and fruits during the postpartum period, while 18.3% were extremely restricted in drinking water for the first 2–3 days postpartum.

#### **4.8.2.2 Cold and hot food**

The hot and cold theory based diet practices dominated findings generated from the Far East studies. This theory (Helman 2014) is based on a concept that bodies of postpartum women are extremely imbalanced toward ‘cold’ due to the blood and energy loss during childbirth. Therefore, efforts made to restore the hot and cold balance aim to regain health; cold food should be prevented and warm and hot food are encouraged



in the postpartum diet. For example, the postpartum women in Vietnam were encouraged to have warm food to provide warmth and to restore women's energy (Thi et al. 2002). Postpartum women (Pillsbury 1978) following the hot and cold balance approach avoided eating raw and cold foods such as those growing in watery or dark places, and they only consumed what is considered to be hot food. It was also expected that they consumed large amounts of chicken prepared with a lot of sesame oil, as it is considered hot food (Pillsbury 1978). The hot food was usually high in protein, fat, calories and vitamins such as chicken, egg, pork, gluten rice wine and ginger. All the food had to be very soft and well cooked (Cheung 1997). The Vietnamese women (Lundberg et al. 2011) believed postpartum women are in a cold state and should eat only hot food such as meat and eggs, and avoid cold ones such as fruits; they also could make food warmer by adding ginger and wine to it. These women described that their most commonly consumed food during the postpartum period was pig's trotters cooked with papaya or red beans and potato and eaten with rice. Khmer postpartum women believed hot foods restored heat to their body, which could be related to the humoral medicine principles (White 2004). The Khmer women (White 2004) were discouraged from eating cold food because this was classified in the humoral system and included pineapple, jackfruit, special varieties of bananas, and field cucumbers.

Postpartum experience was examined from the perspective of different populations; the postpartum experience of six professionals and highly educated Chinese women living in Canada (healthcare professionals, journalist and computer programmer) (Brathwaite & Williams 2004). They reported eating special Chinese soups, which they believed were important to restore heat and cold balance. Other participants avoided cold food during this period and described a special diet for the postpartum women, which consisted of pork trotters and ginger. They believed that such type of food helps the women to bring back their bodies' heat and cold balance, and it help them to get rid of the remaining parts of the placenta in the uterus. Despite high levels of education and living in Western countries, these traditional practices were adhered to by women.

Women of African descent in the USA described avoiding cold food and drinks during postpartum as they believed women in this period were in a cold state and they therefore said that only hot soups and foods should be consumed (Phillips 2005).

Rural Bangladeshi women (Goodburn et al. 1995) shared the Chinese beliefs that hot foods should be encouraged during the postpartum period. Bangladeshi women (Mahbub & Ahmed 1997) also believed that the violations of the postpartum cultural rules could cause illness to postpartum women; for example, the participants reported a postpartum illness they called *nari paka* or *nari pocha*, which means uterine infection.

They believed this condition occurs when a woman eats cold food during the postpartum period and they described its association with foul-smelling uterine discharge mixed with the lochia that could last for three to four months, together with fever and body ache.

#### ***4.8.2.3 Postpartum food characteristics***

The women described some key characteristics of the postpartum diet, for example, there was a common belief in the importance to have soft and easily chewed food among Chinese and Korean. The Korean postpartum women (Sich 1981) described exclusively eating soft food in the form of seaweed soup and rice because they believed their teeth as well their bones are loose during this period, while the Chinese women (Cheung 1997) believed all of their food should be very soft and well cooked. Kaewsarn (2003) surveyed Thai postpartum women using a descriptive questionnaire and found that food restrictions were found to be the fourth most popular Thai postpartum activity that lasted between 2 days to 24 months. The foods consumed during this period were sources rich in protein, vegetables, fruit, and herbal drinks and medicines. Soft, hot, and sweet foods such as rice soup, eggs, sweet water and noodles were encouraged to be consumed during this month (Wang et al. 2008). The Myanmar women (Sein 2013) were encouraged to eat chicken because they believed it had the power of wound healing, and soup, along with some types of meat and vegetables. Khmer Women (White

2004) were encouraged to eat *Khaw*, which is a traditional recipe that contains beef, pork, or fish pouched with salt, pepper, and palm sugar, based on affordability. For others who cannot afford it, they can replace that meal with eating rice porridge called *borboror* rice with salt and pepper.

Shakya (2006) explored postpartum cultural practices among women in a village in Nepal, and the findings indicated that the participants believed alcohol is good for postpartum women's health. They served the best quality of alcohol called *aerakor* fermented liquor called *chhyang* to the women after childbirth, and if they were wealthy, they served a warm alcohol mixed with one teaspoon of ghee to the postpartum women. They believed alcohol restores energy and reduces exhaustion as the women became intoxicated. Also, they believed millet alcohol reduces the pain of uterine contraction during the postpartum period. The Nepali Women could have one rice meal a day during the seclusion period, and they could have cereals with milk for the rest of the day (Goodburn et al. 1995).

In African countries such as Sudan, the study findings (Elneim 2014) showed that the postpartum diet was focused on eating meat, eggs, fish and chicken, and not eating fruits and vegetables, or high-energy snacks like porridge ring, date milk porridge with butter, and women's favourite food was reported as lamb soup, bird meat

soup tea ring with milk, *hargl* grass (i.e. type of plant) with milk, and hot milk with butter.

#### **4.8.2.4 *Quantity of postpartum food***

In China it was believed that women during the month should increase their number of meals to about five or six (Pillsbury 1978). In another study of Vietnamese women in postpartum (Landberg 2011), women described believing they should increase the amount of food they consumed during postpartum due to their weakness, as food enhanced their recovery and strengthened their bodies. The women believed eating plenty of food after delivery could prevent *Dubolota* which was traditionally perceived as a postpartum pathological condition characterised by weakness and which could lead to white vaginal discharge (Mahbub & Ahmed 1997).

#### **4.8.2.5 *Drink and water restrictions***

In contrast to other Far East cultures such as China, Hmong (i.e. Asian ethnic groups from the mountains of China, Vietnam, Laos and Thailand) and Thai, hot drinks such as wine, coffee and tea were prohibited for Vietnamese postpartum mothers because it was believed that they could affect the quality of their milk. Only limited amounts of hot water and herbal tea were allowed because they believed that water is neutral and herbal tea has a cooling effect. Restriction of the amount of consumed water

was believed to tighten the intestine and to prevent urine ailments in old age (Thi et al. 2002).

A descriptive quantitative study using a questionnaire to investigate and identify the 10 most observed postpartum behaviours among women from rural and urban communities was conducted in Jordan (Jarrah & Bond 2007). It found that 67.5% of the participants disagreed with the belief of 'restricting postpartum fluid intake to prevent stretching the stomach', however 25% believed that it is a correct belief. The authors concluded that this was a concern due to the postpartum women's need for proper hydration to replace the fluid loss during childbirth.

In the above section, postpartum dietary practices for different cultures have been described and reasons for following these were explained. Although practices varied, many originated from the hot and cold theory, which considers that postpartum women are in a cold state and need to avoid cold food to restore their balance within their bodies. Many dietary practices are also focused on providing high-energy nourishing foods to replenish energy following birth, support healing and breastfeeding, and nourish the mother. It was notable that women's mothers and mothers in law were holders of authoritative knowledge in relation to diet, and that many traditional practices continued even if women moved from their original culture

to a more westernized one. Other common traditional postpartum practice was confinement within the home, which will be described in the following section.

### **4.8.3 Confinement within the home**

Studies of cultural postpartum practices reported a common confinement period for women after childbirth in which women were kept within the home and not allowed to leave. The purposes for this confinement were varied among cultures; it was often for rest and recuperation and to protect postpartum women from the outside environment, which they believed contained several threats to women at this vulnerable time. The following sections describe the postpartum confinement in terms of rest, impurity, protection from threats, and keeping warmth.

Confinement for the postpartum period was practiced among different cultures to provide rest in various ways. For example, Korean postpartum mothers (Sich 1981) were encouraged to rest for a prolonged period to restore their health because they believed a mother's bones were loose and the joints were opened up during pregnancy. In Vietnam (Lundberg et al. 2011) the postpartum women described staying indoors and resting on their bed for the complete month to recover from childbirth and to prevent future illness. And the professional Chinese women living in Canada (Brathwaite & Williams 2005) emphasised the importance of rest during the postpartum month. Some studies provided women's description of the confinement

place, for example women in China (Wang et al. 2008) described being confined within their own bedrooms with closed windows for a month of postpartum, which is similar to the postpartum Mexican women (Waugh 2011) who stayed at home with closed windows. Meanwhile the case is more intense in Bangladesh (Goodburn 1991), as postpartum women were secluded due to their belief of being polluted, usually in the kitchen or a room within the home, for seven days among Muslims and 30–40 days among Hindus. The postpartum women in rural Bangladesh (Goodburn 1995) were not usually allowed to do normal housework and their movements were restricted during the seclusion period. However, many participants said that it was difficult to follow these restrictions in the poorest families.

During postpartum *reseguardo*, women in the Amazon (Piperata 2008) were restricted from working in the first week because they are believed to be fragile. They described resting almost the entire day in a reclined position in their hammocks, then they were expected to resume light household tasks after the first week. It is believed that physically demanding tasks threaten women's lives in the present and in the future. The women from Arab countries such as Palestine (Hundt et al. 2000) and Jordan (Jarrah & Bond 2007) also reported a rest period for postpartum women, and the majority of the women (92%) from Jordan (Jarrah & Bond 2007) believed that



prolonged bed rest and avoidance of strenuous activities prevented complications after childbirth.

#### **4.8.3.1 Confinement duration**

Studies reported that the duration of rest varied among cultures, which ranged from the first few days after childbirth as in the case of Thailand (Kaewsarn et al. 2003), a month's confinement reported among the Chinese women (Wang et al. 2008), and 40 days or more in Nigeria (Iliyasu et al. 2006). Along with different durations for the postpartum confinement, there are factors affecting the length of confinement, for example, the duration of rest among the postpartum women in Vietnam (Thi et al. 2002) depends on whether the agricultural calendar was at a critical time, such as harvest season or not. The time became shorter in the harvest season because women in this study were working in agriculture and if their husband was working far away, they became the major source of labour in their family. For a different reason the women in rural Swaziland in South Africa (Thwala et al. 2012) reported that varied durations of their postpartum confinement at home was based on the sex of the new-born; with baby boys given longer than girls; however, there was unclear reason in that study for the different confinement's duration.

#### ***4.8.3.2 Restrictions during the confinement***

For postpartum women rest included avoiding daily housework, cooking, and strenuous work outside home. In Far East countries such as China, most of the women (Wang et al. 2008) reported that they were prohibited from doing any activities except for caring for their children, and resting through the postpartum period was also reported by the postpartum women in Vietnam (Thi et al. 2002). Similarly, in Africa, the women in Swaziland (Thwala et al. 2012) described the confinement as a time for postpartum women to rest, as they were excused from doing their daily housework such as cooking.

Different beliefs were found to underlie the traditional practice of rest in postpartum confinement. Postpartum women in China (Pillsbury 1978) described some of the rules of the confinement including staying in bed, lying flat on their back, avoiding squatting, and sitting in a straight-back chair as much as possible to straighten up the backbone after being in a curved shape during pregnancy. Also, walking around was not allowed as it would cause stomach sagging and could cause sore feet in the future. Carrying heavy things during postpartum is not advisable in many Asian cultures including the Far East, East Asia, and Middle East, for example Myanmar (Sein 2013). Also, avoiding strenuous physical activities was reported by women in Thailand (Kaewsarn et al. 2003), and in Vietnam (Thi et al. 2002). Prevention of uterine prolapse

is identified as the reason for many of these physical restrictions. The Myanmar women (Sein 2013) avoided performing hard activities and lifting heavy objects because they believed they could cause heavy bleeding and uterine prolapse. Thai postpartum women (Kaewsarn et al. 2003) reported that they walked less and performed less vigorous tasks because they believed that heavy physical activities require a large amount of energy and could result in stopping uterine involution, collapse of internal organs, and uterine prolapse. Vietnamese women (Thi et al. 2002) also avoided hard physical work and they did not go to the field to work as it could cause lower back pain and uterine prolapse in the future. This practice was also reported by postpartum women in Jordan (Jarrah & Bond 2007), and postpartum women in rural Bangladesh (Goodburn 1995) were not usually allowed to do normal housework, as their movements were restricted during the seclusion period to avoid uterine prolapse. However, many participants in Goodburn's study said that it was difficult to follow these restrictions in the poorest families. Bangladeshi women, in a study by (Mahbub & Ahmed 1997), called uterine prolapse *padama rog*, which they often believed was caused by sneezing and coughing with pressure, lifting heavy objects or working hard during the postpartum period. They also believed the uterus is raw during the postpartum period and can easily slip out of the body.

### ***4.8.3.3 Role of the confinement period***

Confinement had a number of aims that included providing support, protection from impurity and contamination, and protection from various perceived threats.

#### **4.8.3.3.1 Providing support**

Being excused from housework means that other help is needed, and this is often provided within the extended family. In Far East cultures, study findings (Leung et al. 2005) showed that care providers for the twenty postpartum women in Hong Kong were their own mothers (n=13) and mothers in law (n=14), while eight husbands were on paternity leave to help their wives, and a few reported having domestic helpers; hired or from close relatives. This was also supported by the professional Chinese women living in Canada (Brathwaite & Williams 2005), as they described the provided support from family members. For example, the mother, the mother in law or the sister often carried out housework and cooking, however, they stated the possibility that extended family were not available in Canada, in which case the husband would replace them and take on their expected responsibilities. The support is also received from others, not only the family members; for example, women of African descent in the USA also (Phillips 2005) reported the support provided by family members and by the community to postpartum women. Similarly, Arab women described the support they received during postpartum period, In Negev, postpartum women (Hundt et al. 2000)

received help for 40 days with daily work and catering for visitors who called during this period. Most of the women reported resting for at least two weeks, while some received help for a longer time, which depended on whether women's relatives live nearby and if they had cordial reciprocal relationships with them.

However, whilst there are many similarities and themes in common, postpartum customs do differ greatly between cultures and could be modified by migration. For example, one study that examined the experiences of women from Taiwan and Scotland found that although traditionally Taiwanese women sit during the month after birth, Scottish women resume all social activities soon after birth. Many Chinese women observed the Scottish postpartum behaviours and upon finding that it was not harmful to the women's health, they felt their traditional *zue yuezi* customs restricted their freedom after birth. Therefore, they found excuses not to observe the traditional *zue yuezi* (Cheung 1997).

#### **4.8.3.3.2 Protection from impurity and contamination**

Often, there was a duality in the concept of protection within postpartum confinement for some cultures, particularly in Asian countries; the protection could imply protecting the women, but it could also mean protecting others from the postpartum women. The confinement of postpartum women can be related to the notion of impurity and dirt, with the postpartum period considered to be potentially

contaminating to others in some cultures. In the context of religion, the impurity of women after childbirth is present in Islam, Christianity, and Judaism (Joseph & Nagmabadi 2003). As postpartum women are considered impure, they were exempted from worship for a period of time (Kirkham 2007). In the UK until fairly recently Christian women could not go to church until about 6 weeks postnatal, when they were allowed to attend again, and this was known as ‘churching’ (Cressy 1993). It’s interesting how the special 6-week period is so common in different cultures especially when clinically, it takes this long for the body to mainly return to normal.

The belief in postpartum women’s impurity is sometimes associated with the perception of dirty blood, and this is common among Asian cultures; however, this belief has different explanations within the literature, with Gods’ disrespect and causing misfortune to others are some of these explanations. For example, women in China (Pillsbury 1978) were found to avoid going outside their home for the entire postpartum month because it was considered disrespectful to their gods, as they believed gods will see their dirty birth blood. Variation in this rule included permission to go out if the woman wears a hat or carries an umbrella over her head or prevents exposure to the sun. Also, they believed the postpartum women visiting other homes could offend the gods who guard the home entrance. Causing misfortune or bad luck to others such as other family members, husbands, men or simply any other person was also reported due

to their belief of carrying dirty birth blood. For example, in China (Pillsbury 1978) and in Vietnam (Thi et al. 2002), it was found that the misfortune of other people could be a result of the postpartum women visiting them. This also extended to eating at the table with the rest of the family with more emphasis on men who were not allowed to enter the room where a postpartum woman stays (Pillsbury 1978). While in rural Bangladesh (Goodburn 1991), it was reported that postpartum women were secluded from childbirth and this period was called *choti*, because they believed postpartum women were impure and vulnerable to the spirits. Similarly, to the Chinese culture, the Bangladeshi men were protected by this seclusion from being polluted by the postpartum women.

The cultural perception of dirty blood was described by the Myanmar postpartum women (Sein 2013) as being dirty and rotten, and some believed that blood was an accumulation of menstrual blood during the pregnancy. Therefore, they followed practices to expel dirty sweat and blood from their bodies by inducing perspiration using boiled water with some herbs believed to have healing properties; they would sit with that water under the bed or wrapped with a large coverlet, then take a bath as soon as the sweating stopped. While some women used a uterine massage to get rid of its blood, others described traditional licensed medication they took for the

first week postpartum which was believed to enhance expulsion of postpartum blood and control the bleeding at this period.

#### **4.8.3.3.3 Protection from threats**

Confinement during the postpartum period was believed to be for protection as described before; this section described the threats as perceived by the postpartum women in different cultures. Two main types of threats are explained here; the first is wind and the second is the supernatural threats including polluted people and ‘evils’.

##### *4.8.3.3.3.1 Threat of wind*

Wind is often mentioned as threatening to women’s postpartum health. In the Far Eastern cultures such as China (Pillsbury 1978) and Myanmar (Sein 2013), the postpartum women avoided going outside to prevent the exposure to wind, which they believed is dangerous during the month (Pillsbury 1978). Various precautions from wind were described; for example, the women in Korea (Sich 1981) and in China (Wang et al. 2008) reported being covered with thick blankets regardless of whether this was in summer or other seasons. Regarding clothes, Chinese (Wang et al. 2008) and Vietnamese women (Lundberg et al. 2011), and the African descent women in the USA (Phillips 2005) described wearing more and warm clothing, and they also wore socks (Wang et al. 2008; Lundberg et al. 2011) and hats (Lundberg et al. 2011) while taking extra care to protect the head from cold was also reported among the African descent



women in USA (Phillips 2005). Postpartum Mexican women (Waugh 2011) described wearing hooded sweatshirts in summer to protect them from summer breeze and referred to this cold as '*elfrío*'. The postpartum women in Myanmar (Sein 2013) described avoiding washing clothes or bathing for too long. Similar threats also had different protection methods, for example, about half of the postpartum participants in Thailand (Kaewsarn et al. 2003) believed it was dangerous to be exposed to moving air draughts, staying close to evaporating coolers, and walking under the rain, while most of them (43.2%) found it hard to avoid moving air because it was everywhere around them. Avoiding wind, rain or mist especially early in the morning were also reported by the postpartum women in the Amazon (Piperata 2008), and when it was windy or had begun to rain, women covered their heads with a kerchief. Some of the Vietnamese women (Lundberg et al. 2011) described placing cotton balls inside their ears to prevent wind, and they also avoided being close to fans to prevent catching colds.

Unwanted health consequences from exposure to wind were feared; for example, the Thai women (Kaewsarn et al. 2003) believed that air could cause blindness, and they covered their breasts and shoulders to avoid breast infections. Chinese women (Cheung 1997) believed they could suffer from incurable 'wind' syndrome if they did not properly sit for the month, although they did not describe this syndrome. Vietnamese women (Lundberg et al. 2011) believed wind could enter their

bodies when they went outside their home and cause headaches, poor appetite, and catch colds and arthritis and rheumatism in the future. While the Mexican women in the USA (Waugh 2011) described the symptoms manifested when *aire* entered the body including headache, back and body ache, joints pain, flu, or generalized body pain. Also, they described their fear of *aire* as they called it; they believed the body is vulnerable to *aire*, which can enter the body through unprotected body areas. There were difficulties for participants in trying to defined *aire*, some described it as not only air draughts, but including other aspects too. They also specified the *aire* effect based on its entrance point of the body, for example it could enter from the ear, when the ears feel as if they are bursting. They also described their fear of *abierto*, which means the belief that during the postpartum period the body is open. The explanation for this is that the pelvic bones are widened during childbirth as a result of an episiotomy; others perceived that skin integrity becomes loose during pregnancy and this causes pores to be open and exposed. They described focal points in the body that they were concerned about such as feet and ears, which they perceived as entry points for *aire*; they believed that if a postpartum woman was exposed to that air, her defence will be weakened and it could cause long-term illness. Similar to the Mexican women's belief, the women of African descent living in the USA described avoiding going outside the home during the postpartum period because of the risk to the open pores in their bodies. They believed women's bodies

released substances through the open pores, which could be harmful for them if these substances were released into the surrounding air (Phillips 2005).

Most of the reported practices among the USA women of migrant African descent (Phillips 2005) were based on the concept of 'open pores'. The women in China (Pillsbury 1978) also believed that cold water should be avoided during the postpartum period because if not, wind could enter the body through joints, orifices or the soles of the feet. Women defined the vulnerable body parts that should be protected from wind, as they considered it an access point, and the study also revealed beliefs about the body's openness in the postpartum period. The Vietnamese women (Thi et al. 2002) have a similar belief in the body's openness during the postpartum period and they have to protect the open pores from exposure to cold in order to prevent illness in the future.

The Vietnamese women (Thi et al. 2002) elaborated on their belief that if a mother had a bath or shampoo in the early postpartum period, wind could enter her body through skin pores, and result in a negative effect such as headache, chills, and weak body (Thi et al. 2002). Similar descriptions of these symptoms was reported by the Chinese women (Cheung 1997) when they described 'wind syndrome', which is any type of rheumatic discomfort, aches and pains that were thought to be caused by exposure to cold (Cheung 1997; Landburg et al. 2011). The concept of the open body of postpartum women in Africa and Zambia resonates with the studies carried out in Far East countries; the Zambian women (Phillips 2005) believed postpartum women are

in an open-pore condition. Indeed, they believed women are susceptible of catching illnesses through their open pores.

#### 4.8.3.3.2 *Supernatural threats*

Supernatural entities have been described as threats to postpartum women's health in different cultures. Supernatural threats reported in literature including polluted person and 'evils', which include evil women, animals with evil eyes, and evil spirits. Thus, postpartum women had to be protected from these potential threats.

##### 4.8.3.3.2.1 *Polluted people*

Fear of *kabsa* was frequently reported by the Bedouin Negev participants (Hundt et al. 2000). The authors defined this as a condition that caused infertility to women and is believed to be caused by the unexpected entrance of a person considered as polluted into a room occupied by a vulnerable postpartum woman. There was a symbolic opposition between a newly delivered mother, who is a symbol of fertility, and a menstruating women, who is a symbol of infertility. However, not all the participants believed that *kabsa* has a power to close the womb and cause infertility. Similarly, Turkish women (O'zsay & Katabi 2008) described not letting menstruating women visit the postpartum woman to protect them from illnesses. Other examples that could threaten women were described by the Korean participants (Sich 1981), as they reported specific customs called *hwangt'o p'iuda*, which indicated that childbirth

occurred in a house, and also requested that people avoid entering that house to protect the postpartum woman from visitors such as women mourning a relative's death, because they believed that such visits could be dangerous to the mother.

#### 4.8.3.3.2.2 *Evil women or animals*

*Evils* were described as various entities by different cultures, for example in Turkey (Geckil et al. 2009), '*Alkarisi*' is described as a woman who is believed to possess malevolent powers that could harm a postpartum woman. About 40% of participants followed the practice of not allowing lactating women to go out for 40 days to prevent them from '*Alkarisi*', while the majority (60%) did not practice such seclusion. However, evils also could be animals with evil eyes, as the women in the Amazon reported (Piperata 2008) that postpartum women were discouraged from entering the river or going far into the forest. It is believed that women at this time were more fragile to the danger of certain forest and river animals (i.e. river dolphin) believed to possess the evil eye. To protect the mother from witches and evil forces such as '*Alkarisi*', some precautions were taken as reported by Turkish women; they described not leaving new mothers and their babies alone, putting the Koran, bread or garlic under their pillows, and not allowing other lactating women to enter their home. They also believed that women could be exposed to '*Alkarisi*' if they have hyperthermia in the postpartum period (Geckil et al. 2009).

#### 4.8.3.3.2.3 *Evil spirit*

Evil spirits could attack and cause postpartum illness as Bangladesh women (Goodburn et al. 1995) believed. They protected women from being attacked by evil spirits by avoiding activities which could attract evil spirits' attention, including going outside at night or afternoon, or going out with her hair down, or with the end of one's sari trailing on the ground, or going outside during storms or after cooking with oil, because spirits are attracted by the smell of oil. Muslims in rural Bangladesh believed in iron as a method for protection from spirits; they reported that iron was placed around the room or pieces of it carried with them for seven to forty days after birth. Other protection methods included putting leather beside the bed and purifying the feet of anybody entering the room. The evil eye and spirits were also reported by the Turkish and Iranian women (O'zsay & Katabi 2008). To protect postpartum women from an evil eye, which is a malicious stare from a stranger, Turkish women described using traditional practices such as praying; wearing blue beads; using a written charm; not letting others see the baby and the mother; pouring melted lead into water; saying 'God bless you'; keeping the Koran in the room; putting 41 black cumin seeds in the room; wearing gold; and/or wearing blue beads. While in the same study, the women in Iran used traditional practices, such as wearing *uzerlik* (a plant); wearing blue beads; praying to get rid of the evil eye; keeping the Koran in the room; or not wearing good quality clothes (O'zsay & Katabi 2008).

#### **4.8.4 Rebalancing the body- the importance of temperature**

Not only was the wind is perceived as a threat to the postpartum health, but it is also reported that the place's temperature is another concern due to the belief that postpartum body is in a cold state and needs to be rebalanced by heat. Therefore, traditional practices were followed to keep the postpartum women's bodies warm.

Fire as a source of heat for the postpartum body was reported by women in Thailand (Kaewsarn et al. 2003); they described various forms of postpartum heat practices including 'laying by fire' which they called '*Yu Fai*'. However, about 34% of the participants found this inconvenient and unpleasant, and it could cause burns and heat rashes, but they were still convinced of its benefits as an important aspect of their health practices, which lead them to use alternatives such as standing over a lit fire, and using a modern heat lamp for the perineal area. Women in Nigeria (Iliyasu et al. 2006) reported a slightly different practice to 'laying by fire' followed by the Thai women, which was lying on heated beds, but they also described hot baths and nursing their babies in heated rooms to keep postpartum women warm. Meanwhile, the Mexican women (Waugh 2011) emphasized the importance of wrapping up the postpartum woman's body with a warm blanket and using steam baths, which they called 'cooking the body' to keep them warm. Women in Turkey (Geckil et al. 2009) (12.1%) said that they wrapped a heated brick with a cloth, which they placed on their abdomen while a

small number (2.2%) described lying on heated soil just after birth to keep the women warm. Also, a hot sitz bath (i.e. warm water bath for perineal area) for 10 – 15 minutes is another traditional practice to maintain body heat reported by the Thai women (Kaewsarn et al. 2003), and the sitz bath was similarly described by the Nigerian women (Iliyasu et al. 2006) and the Turkish participants (Geckil et al. 2009) as a method to maintain body heat.

In the previous sections, confinement during the postpartum period was described from studies conducted in different cultures. Although specific practices varied, there were many similarities. Confinement was seen as a means of promoting rest and protecting postpartum women from several external threats such as supernatural influences, cold and air threats. It was also noted that the postpartum woman's body was not only seen as vulnerable to external influences, but it was also perceived in some cultures as potentially polluting to others. Other practices for enhancing the healing process, returning the body back to normal, reducing pain, abstinence from sex, and emotional health will be described in the following sections.

## **4.8.5 Back to normal**

### ***4.8.5.1 Binding the body***

An abdominal binding and wrapping practice during the postpartum period was reported among women across cultures such as Myanmar (Sein 2013), women of



African descent in the USA (Phillips 2005), Turkey (Gokyildiz et al. 2013), and the United Arab of Emirates (Green & Smith 2006). Mexican women (Waugh 2011) described that they tightly wrapped the abdomen, from below the breast to the supra-pubic area, to regain its shape and strength, which is called *faja*. The participants described *faja* as a method to support the organs and keep them secured within the body because they believed that during postpartum the body's organs are floating and they fear them falling out of the body. Saudi women in the current study reported a similar belief; floating organs in the postpartum body. Meanwhile, the African descent women (Phillips 2005) described that practice as a way to improve the uterine involution, to get rid of whatever remained in the uterus such as air, and to tighten and regain original stomach shape. One of the midwives in Turkey (Gökyıldız et al. 2013) described that the Turkish postpartum women wrapped their abdomen for 15-20 days to prevent it from sagging. Similarly, the women from the grandmothers' generation (Green & Smith 2006) described their traditional postpartum practices in the past; they placed warm stones wrapped in fabric on the postpartum women's abdomen immediately after childbirth because they believed it assisted with the uterine contractions and binding the postpartum women's abdomen, believing it to help in uterine reduction.

#### **4.8.5.2 *Massage***

Uterine massage is another health practice used for several purposes across cultures. For example, the women in Myanmar (Sein 2013) described uterine massage to expel the blood, to prevent protrusion of abdomen after childbirth, and some believed it could help in birth spacing. One of the participants believed uterine massage was also used to separate blood from wind in the uterus, as she said wind and gas were accumulated in the uterus after childbirth and it was important to remove it to prevent abdominal protrusion. Body massage during the postpartum period and the belief of accumulated gas within the uterus as a result of childbirth are also common among the Saudi women in the current study, as will be seen in the findings chapters.

Another heat practice described by the Myanmar postpartum women (Sein 2013) is the use of hot bricks to improve uterine involution and perineal wound healing, as well to decrease muscular stiffness after childbirth. A brick was heated and water sprayed over it, then applied to the abdomen, supra-pubic area and the waist after being wrapped with cloths. Also, 'laying by fire' was reported by Thai women (Kaewsarn et al. 2003) because they believed it improves the uterine involution, flattens the belly of the postpartum women, removes stretch marks, and heals the perineal tears.

#### **4.8.6 Abstinence from sex**

Myanmar postpartum women reported avoiding sex during the postpartum period for various reasons; they believed it can threaten a woman's life as it causes reversed postpartum blood flow, while they also expressed fears of becoming pregnant, opening the perineal wound, causing injury to the uterus, increasing blood flow, and prolapse of the intestine (Sein 2013). The majority of the participants in Swaziland (Thwala 2012), twelve out of fifteen, reported abstinence from sex with their husbands for nine months after childbirth. The abstinence they followed was for birth control, which was commonly used among these women.

#### **4.8.7 Emotional health**

This period was also reported as important to prevent postpartum psychosis and breast milk cessation by protecting the postpartum women from emotional stress or shock (Sein 2013).

#### **4.8.8 The importance of following postpartum restrictions**

In China, postpartum women were believed to risk incurable 'wind syndrome', chronic headache, backache or other aches and pains if they did not follow the postpartum restrictions. They believed that the only cure for these illnesses was to become pregnant again and then sit in for the month after birth in the absolute correct

way (Cheung 1997). The importance of following the restrictions during the 'golden postpartum period' is also believed by the Saudi women in the current study.

#### **4.8.9 Authoritative knowledge: Women in the home**

It was commonly found across the Far East cultures that traditional postpartum health practices were advised by the females in the family, who were traditionally known to have such experience and knowledge. For example, in Thailand (Kaewsarn 2003) the postpartum women's mothers and mothers in law suggested the traditional hygienic and dietary practices that should be completed for the month. Vietnamese postpartum women reported being advised by grandmothers and mothers in law (Lundberg et al. 2011) and they admitted that their mothers and mothers in law were the one who instigated and organized their postpartum diet. Chinese women participating in the ethnographic study (Holroyd 2011) described that practices such as rest and confinement were enforced by female family members. These studies highlighted the significant role of mothers, mothers in laws, grandmothers, and other female family members in postpartum care, which could indicate the social nature of postpartum healthcare among these women. It could also explain the power of authoritative knowledge in women's postpartum experiences, which shows how such cultural beliefs are passed down the generations, and the influence of generational authoritative knowledge on the mothers in the current study.

Studies which examined postpartum health beliefs and practices among different cultures are previously described. As the current study examines the Saudi postpartum women experience of health, the following section describes the studies of postpartum health in SA.

## **4.9 THE EXPERIENCE OF POSTPARTUM HEALTH: STUDIES IN SA**

Overall, there are only a small number of studies examining postpartum women's health in SA. Given that the focus on this study is exploring the experiences of healthy normal postpartum women, only the studies about healthy postpartum Saudi women are described here. The studies that have been conducted in SA have focused on the prevalence of postpartum psychiatric disorders, postpartum diet, and traditional postpartum beliefs and practices.

Postpartum health mental health was examined in a study conducted in Al-Ahsa, located in the east of SA (Amr & Balaha 2010). The aim of the study was to identify the prevalence of postpartum psychiatric disorders among postpartum women who attended primary healthcare centres for their follow-up appointment within two months after childbirth. The researchers used an Arabic version of a standardised structured diagnostic interview called Mini International Neuropsychiatric interview (MINI); there were 190 participants who were teens (from 15.7-19.8 years), primipara,

and without any chronic medical diseases or multiple births. The findings showed that 43 women had at least one psychiatric disorder; the prevalence of any disorders was almost 23% of the sample, with anxiety (15.3%) and mood disorders (6.3%) among the participants. Generalised anxiety disorders and social phobia were found to be the most frequent among all the psychiatric disorders experienced, while the less frequent included dysthymic disorder, panic disorder, and major depressive disorder; 3.7%, 3.2%, 2.6% respectively. Twelve of the participants were found to have mood and anxiety disorders, while only two women had post-traumatic stress disorder, panic disorders and obsessive compulsive disorder. The risk of anxiety was found to be increased among housewives and those who lived in urban areas, those who cited the lack of husband's support during pregnancy and those had a past history of psychiatric disorders, which were reported by nearly the half of the anxious women.

Two quantitative studies conducted in different regions in SA investigated the postpartum dietary practices amongst Saudi postpartum women. The first was in Riyadh (the capital) and Taif (in the west) while the second was in Buraidah (in the north central). Hafez and Yakout (2010) assessed dietary practices in early postpartum period among the 300 participants living in urban areas in both cities, evaluated the participants' knowledge about the postpartum diet, and correlated their practices with their socio-cultural factors. They used two methods for the data collection: interview

questionnaires and a dietary scale. The findings show that there was a significant relation between the participants' observed dietary practices and their general characteristics such as their age, educational level, occupation, their families' size, and their obstetrical characteristics.

The majority of the participants were illiterate (48%) and of those who were educated to primary school level (30%), most of them were housewives (90%), and 75.3% lived with extended family where the fathers in law were responsible for the food budget for 71.7% of the participants. The findings showed that most of the participants (around 75%) had correct but incomplete knowledge about postpartum nutrition (although it was unclear how the study judged and assessed this or what literature they relied on); however, that knowledge was not reflected in their practices, as half of them was scored to be at the 'borderline' or 'dangerous' dietary practices. The research suggested that the poor dietary practices despite appropriate nutritional knowledge could be due to the influence of their significant others, including their mothers or their mothers in law as more than 75% of them lived with extended families.

Considering the four groups of food intake, it was found that the participants had incomplete daily requirements from some groups such as milk and milk products, with more than two thirds of them not taking it at all. It was also found that meat was inadequately consumed by more than 80%. However, half of the participants reported

they increased chicken consumption, more than a third reported increased their intake of dates and honey, and more than a quarter increased vegetable and fruit intake in their diet. There is a noticeable variation between the score of the dietary scale and what the participants said regarding the meat intake, which could indicate the importance of understanding their own perceptions and understandings of their postpartum practices. The main reason given for the increase in these types of food was to compensate for the blood loss (48%). Besides reducing salty and spicy food, they also reported a decrease in their intake of carbohydrates (30%); half of them related this practice to traditional reasons; other reasons were to prevent infections and weight gain, while 59% of the participants did not eliminate any type of food in their early postpartum. Only a small number of the women were found to have adequate fluid intake during this period from 8-10 cups and more than 10 cups; 15% and 16% respectively, with the most reported drinks being Arabic coffee (99%) and herbal tea (50%).

Another study focused on the postpartum diet among Saudi women (Saadia et al. 2013) was a cross-sectional survey for 360 Saudi postpartum women attending their routine 6-week follow-up appointment at the MCH outpatient clinic in Buraidah in Alqaseem.

The research tool was a self-administered pro-forma questionnaire as reported in the early section of the study, however, they described that the researchers filled out



the self-administered questionnaire for the participants. The pro-forma was translated into Arabic and it covered demographical data, dietary restrictions, and herbal usage during postpartum period. However, there was an unclear description for the used questionnaire, its original source, and its structure. In addition, it was translated into Arabic, which could affect its applicability for Saudi women. Although the stated aim of the study was to describe the Saudi women's practices of different dietary myths, the findings focused on the relation between demographic variables and the dietary practices of the participants. All the findings were presented in a way of comparing and contrasting the groups in light of their socio-demographical data such as age and occupation.

The findings showed that a large number of the participants (65.9%) used a combination of herbs during the postpartum period; the most commonly used herbs were ginger (6.5%), black seeds (i.e. *nigella sativa*) (8.2%), and seeds of helba (i.e. fenugreek) (5.4%); while only 14.1% did not use any herbs. They used these herbs because of their belief that they strengthened the uterus, cleansed the birth canal, and were beneficial to the digestive system. It was also reported that the participants who were college educated used a combination of herbs during this period, which led to the researchers' conclusion of the popularity of using herbs in the Saudi society.

Generally, around 72% of the participants reported avoiding types of key dietary components; avoiding fruits and vegetables was reported by 33.89%. The most common avoided vegetable was spinach, because they believed it increased the vaginal secretions, and they avoided eating bananas due to their belief that they caused constipation, and they also believed citrus caused sore throats. The study found that the participants with lower education than college were most likely to avoid fruits, vegetables, and cold drinks during the postpartum period. The first-time mothers were more likely to avoid cold drinks, which could be due to their extra caution with their new experience and their reliance on their family and friends' advice.

Another recent study examined the postpartum traditional beliefs and practices among Saudi women in Makkah located in the west of SA (Lamadah 2013). It was a descriptive study that used structured interviews with 120 postpartum women, recruited randomly from Heraa General Hospital; each interview took from 30 - 45 minutes. The tool was developed by the researchers for the purpose of the study and pre-tested on 12 postpartum women randomly recruited for the pilot and then excluded from the study. The structured interview was divided into two parts; demographical data and obstetrical history for the participants, and the second was including 48 questions about postpartum traditional beliefs and practices about hygienic practices, episiotomy care, dietary intake, rest and other aspects related to breastfeeding. Their

answers were scored according to a prepared key answer sheet by the researcher; the scoring system was that each question score ranged from 0-2; (0) for the wrong practice or negative belief, (1) for the neutral answer, and (2) for the correct practice or positive belief. However, there was no clarification about the reference used to base their scores of the answers into wrong, correct, or neutral.

The findings showed that 39.2% of the participants did not take showers during the postpartum period and most of these women (68%) reported that this was because of their fear of the cold. 35% of women reported adding herbs to their bath water, with the most frequently given reason being to smell aromatic. Most of the participants practiced rubbing their bodies with herbs (85%) to help uterine involution (82%) and to expel the air from the uterus (24.5%). Wearing a body corset was reported by the majority (90%); the main reason was to prevent a pendulous abdomen after childbirth (90%) and to have a desirable shape of their abdomen (15.5%).

Related to the perineal hygienic practices, it was reported that most of the women (80%) washed their perineum with mixture of salt and water to prevent vaginal infection (58.3%). Sitting in water for the perineal care (sitz bath) was preferred by 79.2% of them, and most of them (86.3%) were adding herbs to that water. The most commonly used herb was basil, to prevent vaginal infection. Painting the episiotomy

wound with Murr was reported by less than two thirds of the women for promoting wound healing.

The dietary practices followed by 68.3% of the women were consuming more food than usual during the postpartum period. The main reason given was because they always felt hungry (60.9%) and to compensate for the blood loss (51.2%). Most women reported eating certain types of food, which were Al farika (56.3%), porridge (28.1%), and meat and chicken (22.3%). These types of food were consumed by the participants for compensating blood loss (66.9%), to improve milk production (24.2%), and to get rid of cold from the body (15.5%).

Water intake was restricted by 76.7% of the women because of the fear of water retention by 47.8% of them. Most of them (88.3%) drank herbal tea, and the most common were Almajelb (31.1%) and Anise (26.4%) to enhance the lochia drainage.

Rest, staying in bed, and reducing their movement were followed by 67.5% of the women because of the fear of pain (41.9%). The majority reported not leaving their homes during the postpartum period because they were afraid of cold (43.2%), infection (34.2%), and evil eyes (33.3%). Few of the women (38.3%) preferred lying on their back during the postpartum period.

The reported sources of information related to the postpartum health practices followed by the participants were often their mothers (72.5%), their relatives and friends (32.5%) whereas internet, books, and media were the least reported sources for these information; 8.3%, 7.5%, and 4.2% respectively. Considering the participants' demographical characteristics, the majority were between 20–40 years old, educated at different levels, where only 6.7% of them were illiterate or unable to read and write, and multipara (84.2%) were more than the primipara (15.8%), a very different sample to the earlier Hafez and Yakout (2010) study. The researchers examined the relationship between the women's practices and their socio-demographical characteristics; women aged between 30–40 years were more likely to follow the correct practices compared with the others at 20–30s and 40–50s. The highly educated women were found to do what the authors assessed to be the 'correct' practices, more than those who were less educated, and more than half of the multiparas were following these correct practices compared with the primiparas. Therefore, the researcher concluded that the age and level of education were the most positively reinforcing factors for these health practices.

As described above, few studies of postpartum health in SA were found in the literature and the available studies used a quantitative approach such as cross-sectional surveys. The scope of the studies was limited to the dietary practice and some other practices pre-defined by the researchers such as rest. One single study was related to

the mental postpartum health, but it only focused on the prevalence of psychiatric morbidities.

There are limitations to these studies; their findings provide breadth rather than depth, and they predetermine what the issues are and what the ‘correct’ way is for these women to care for their health during this period. In contrast, this current study aims to use in-depth qualitative methods to examine the postpartum period from the perspective of women and their carers.

#### **4.10 CONCLUSION**

It appears that there are some common themes and differences in postpartum health beliefs and practices across cultures. Most of these practices are believed to rebalance the body while emphasizing regeneration and replenishing the body systems. These practices revealed the acknowledgement of the physical and psychological impact of childbirth and was also aware of the potential long-term health problems if the body is not properly cared for. Although these are representing the lay and traditional perspectives, it also fits well with what is known from scientific evidence, even if these actual health practices would not be seen as ‘scientific’.

The postpartum woman's body is seen as vulnerable to threats including cold, wind, external physical and supernatural forces. Postpartum hygiene, nutrition, and confinement are significant and common issues across cultures.

The strong sense of lay authoritative knowledge held by older female relatives about postpartum care is strongly present throughout the literature, and it is an area where this is very influential, perhaps more so than in other areas of maternity care where professional expert knowledge dominates.

# **CHAPTER 5**

## **METHODOLOGY**



## **5 CHAPTER (5) METHODOLOGY**

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### **5.1 INTRODUCTION**

This study examines the experiences and understandings of postpartum health for women in Saudi Arabia. I used a qualitative, interpretivist approach for this study. Interpretive phenomenology was the overarching methodology to guide this study, and the study involved two methods: analysis of discussions on postpartum health within a popular online forum, and 12 semi-structured interviews with postpartum women (n=7) and their female carers (n=5). Data were analysed using thematic analysis inspired by interpretive phenomenology. In this chapter, the methodology adopted for this study is presented in terms of the research paradigm, design, research methods, study population and sample, ethical considerations, and data analysis. Before commencing with the methodology; it is important to present the study's goal and objectives.

### **5.2 THE RESEARCH AIMS AND OBJECTIVES**

The main aim of this study is to explore the phenomenon of what it is to be healthy or '*Nifas*', which simply means postpartum maternal health from the perspective of Saudi women and their carers. The specific objectives are as follows:

What are Saudi women's perceptions of maternal postpartum health?

What are the current health practices followed by postpartum women?

What are the beliefs underpinning such practices?

What are the concerns, worries, fears, and the impact of the current status within households of women in the postpartum period?

What are factors influencing women's decision-making regarding postpartum health practices?

What social networks and support structures do postpartum women have?

What is the care-seeking behaviour of postpartum women?

## **5.3 METHODOLOGY**

### **5.3.1 Introduction**

This research is qualitative, adopting an interpretive phenomenology approach that is used as an overarching methodology to guide this study; this is explained in the following sections. Finally, the ways of ensuring rigour within qualitative research are explained.

### **5.3.2 Research type: Qualitative**

This study is qualitative and exploratory by nature, and its purpose is to increase the understanding of women's experiences of their health during the postpartum period, basing the research on the actual experiential and practical behaviours of the subjects. Denzin and Lincoln (1994, p 2) define qualitative research as:

*“Multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural setting, attempting to make sense of, or interpret, phenomena in terms of meanings people bring to them.”*

The type of research question is an important guide to the appropriateness of methodologies to be used (Polit & Beck 2004). This study's aim was not to test a hypothesis, but rather to explore experiences; therefore, qualitative research was believed to be more suitable for this study. Qualitative research is inductive and theory generating rather than deductive or theory testing. It is most appropriate to study this phenomenon qualitatively in order to expand our knowledge, because, as described in the review chapter, there is currently only limited knowledge about postpartum maternal health from Saudi women's perspectives.

Most of the empirical research studies reviewed were quantitative surveys, and the focus was often on a single aspect of the postpartum health experience, such as on the dietary practices (Hafez & Yakout 2010; Saadia et al. 2013) or on the postpartum mental health (Amr & Balaha 2010). The single qualitative study identified (Lamadah 2013) used a very structured interview, which limited the quality of the data obtained. Therefore, given the limited existing knowledge, the researcher decided to use different sources of qualitative methods to acquire rich and in-depth data.

Qualitative research includes a variety of methodologies such as ethnography, grounded theory and phenomenology (Denzin & Lincoln 1998). These methodologies seek answers for questions related to human experience and their subjective realities through examining people in their own environments to generate rich descriptions that

help in understanding their experiences, behaviour, and attitudes (Dingwall et al. 1998). The different research methodologies that can be applied to the present study are briefly described, and the reasons for not using them to inform this study will be explained.

Ethnography is initially derived from cultural anthropology. It focuses on holistically portraying a culture in a detailed description about values and shared knowledge from its members' perspectives, and it is now applied to different disciplinary fields (Holloway 2005). The focus of ethnography has changed to present diversity in culture rather than the shared elements of understanding within culture (Atkinson et al. 2001). The aim of ethnography is to describe, understand, and interpret characteristics of a social setting by revealing structures and interaction within a society, and also to understand how people give meaning to their actions, and how they are situated within the socio-cultural context (Reeves et al. 2008). The types of research questions that ethnography addresses are how people are positioned in a certain social context, how they interact with each other within this context, particularly with significant others, and how power relationships are presented among the participants (Creswell 2012). Ethnographers' concern is the first-hand experience of a social setting in which they use participant observation and intensive field work to collect data, and they also rely on the naturally occurring language of the participant in the field

(Creswell 2012). Ethnographers approach data collection without pre-assumptions and without imposing their views on participants' actions or words (Plowman 2003).

In relation to the present study, ethnography could have been adopted to examine the Saudi culture in terms of postpartum women's health; this could have included exploring their values, beliefs and symbols attached to this socio-cultural phenomenon. However, as can be seen in the research aims and objectives, this is not what was intended to be examined in this study. The researcher's aim is to understand the meanings of this phenomenon as perceived by individual Saudi women who lived this experience rather than understanding the whole of Saudi culture's beliefs, values, and symbols about postpartum women's health, although both of these aims are related to the socio-cultural context. Ethnography focuses on collectivist experiences within a specific culture, while phenomenology is related to an individual unique experience. In addition, ethnographic methods commonly require the use of a researcher as an observer in fieldwork with prolonged immersion in the culture under study (Munhall 2012). It was anticipated that prolonged immersion and engagement of the researcher within the culture under study would be difficult. In fact, this is clearly seen to be the case when the researcher started to recruit participants; women refused to be visited in their home as they perceived the researcher as a stranger. The Saudi culture is traditionally known to be highly protective of women during their postpartum period, which would most likely make observation and formal or informal interviews difficult.

Another methodology that could have been used is grounded theory. Grounded theory is a research approach that develops and generates theories (Glaser 1978) informed by events and interactions of people through their communication and how people and groups make meaning together. In grounded theory, researchers' emphasis is based on the social and psychological processes within these communications (Holloway 2005). Such research is appropriate when there is a lack of theory and knowledge about a topic, and when the aim is to provide a framework or theory that explains human behaviour in context (Glaser & Strauss 1967). The type of research questions that grounded theory can examine relate to what theory can be formulated from actual world events or experiences to explain a social phenomenon. Data collection methods in such research are open-ended and various, and the research question can be changeable within the research process based on the emerging data (Charmaz 2003). Grounded theory includes all data sources that could contribute to the development of theory. For example, data could be collected through interviews, diaries, observations, images, past literature, and research (Creswell 2012). The technique used in analysis is called 'constant comparison', by which researchers compare all the data collected with all other data in order to identify contradictory cases that could challenge the emerging theory and strengthen it (Charmaz 2003). Grounded theory could be different than phenomenology which refers to 'lived experience' as data generated from individuals who lived the phenomenon under study, and findings are presented as rich

descriptions of individual experiences that draw on the characteristics that were identified during data analysis (Stark & Trinidad 2007).

Because little is known about the behaviour of Saudi women with regards to their postpartum health, it is important to firstly examine the meaning of the phenomenon itself as a starting point. Given that the aim of this study was to explore individual women's lived experiences of a phenomenon, it was decided that a phenomenological approach would be most appropriate. This is discussed further in the next section.

### **5.3.3 Research paradigm**

The paradigm of this study is interpretive. Interpretivism is a broad term that encompasses a number of different approaches that are all concerned with the meanings and experiences of human beings. Since the central tenet of interpretivism is that people are constantly involved in interpreting their ever-changing world, researchers who are interpretivists see the social world as constructed by people. They favour 'naturalistic inquiry' (where fieldwork usually takes place in a natural setting), embrace an inductive style of reasoning, and emphasise qualitative data. The researcher's main interests are examining the subjective experiences of participants experiencing the phenomena of being a healthy woman during the 40-day postpartum period, which in Arabic is called '*Nifas*', and the meanings they ascribed to their experiences and to obtain their perspectives. Because of the paucity of information

about the experience of postpartum mothers in general and particularly in Saudi Arabia, an exploratory and descriptive research fits the study aims. As a nurse and a midwife, the researcher is focused on exploring and unfolding a phenomenon of interest, which is 'being a healthy postpartum woman within the *Nifas* period'.

#### **5.3.4 Phenomenology as a research design**

The researcher was inspired by using the research methodology 'Interpretive Phenomenology'. This section presents an overview about phenomenology in general and then about Interpretive Phenomenology, followed by a description of how this methodology informed and guided the study design.

Phenomenology seeks to move beyond the subjective experience of individuals to describe the hidden structure and essence of experience rather than providing an objective description. Thus, it intends to describe the experience and culture of social actors in a specific setting with their own terms of reference (Sharkey 2001).

Interpretive Phenomenology is considered to be both a philosophy and a research methodology approach (Dowling 2007), beginning as a philosophy and then attracting researchers who use it in guiding their studies. It is derived from the word phenomenon, which in the Greek language means "to show itself", and this explains the root of phenomenology, which is exploring the essence of an experience under study; it is a philosophy focus on how humans understand the world. Searching for answers to the question 'How do we know?' is an essential aspect of phenomenology (Ray 1994, p.



118). Dahlberg et al. (2001) describe the role of phenomenology as a research approach which is turning toward phenomena that have been hidden from sight, and where the researchers go to the phenomena themselves and stand in such a way that the phenomena can show itself to others.

There are a number of important figures who developed phenomenology, and there are also many versions and schools of this approach. Historically, Edmund Husserl (1859–1938), who was believed to be the founder of phenomenology called descriptive phenomenology, developed it as a rejection to the positivist approach (Cohen 1987). He was looking for a truth that could be universal and not limited to a person, place, or situation. He believed phenomenology's aim to be the production of a solid foundation for knowledge, and he investigated objects with minimum presuppositions as much as possible to prevent personal bias. His reflection on an object to gain a true description of it is based on what the object is itself and how it shows itself. His approach to obtaining the rigour associated with naturalistic science includes three steps: 'looking at' a phenomenon, 'intentionality,' and 'bracketing'. Looking at a phenomenon means to see and feel it with child-like innocence, with a sense of wonder, and with open eyes (Oiler 1982). Intentionality, as defined by Husserl, means an essential feature of consciousness; and in phenomenology, consciousness refers to the individual's consciousness of the external world. Baker (1992) said the self is always aware of the

external world, and it is directed to mental states including beliefs, thoughts and hopes that are related to something (Howell 2013).

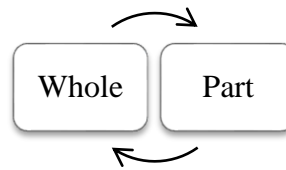
The last step is bracketing, described as seeing a thing as it really is by isolating any presupposition related to the thing or phenomenon. Because descriptive phenomenology requires the researcher to describe phenomenon based on its general characteristics, not on individuals' experiences of the phenomenon, it is essential for researchers to put aside factors that could influence their understanding of the phenomenon, such as cultural beliefs. Examples of Husserl's followers include Van Kaam and Colaizzi. However, Finlay (2008) argues that often the bracketing processes are misunderstood and misrepresented as being an effort to be objective and unbiased. Alternatively, she describes bracketing as the researcher aiming to be open to and see the world differently. It involves putting aside how things supposedly are, focusing instead on how they are experienced to uncover the meanings the researcher developed from the researcher's attitude and way the researcher poses questions. In particular, the researcher aims to 'bracket' or suspend previous assumptions or understandings in order to be open to the phenomenon as it appears.

### **5.3.5 Interpretive Phenomenology**

Heidegger was the best-known student of Husserl as well as his assistant for a period of time, and he is considered to be the founder of contemporary phenomenology called interpretive phenomenology. Heidegger related that the purpose of

phenomenology was 'to demonstrate ontology by bringing together the phenomenon with logos', which means allowing the thing or phenomenon to show itself using scientific inquiry, which is a specific mode of letting something be seen (Heidegger 1996). His main concern was what is 'being' in itself, and he argued that western philosophy neglected this aspect due to their assumption that 'being' was obvious. He criticized Husserl's concept of bracketing, which is also called 'epoche'. Rather, his approach aims to describe, understand and interpret subjects' experiences in which the core concepts are 'dasein' or being-in-the-world, fore-structures or pre-awareness, life-world existential and the interpretive phenomenology circle (Tuohy et al. 2013). Dasein, or being in the world, means that we are embedded in a world of meaning (Van Manen & Adams 2010), which also means that there is always a context of any experience; the context could be things, people around us, feelings, or thoughts. Phenomenologists are encouraged to be open and consider the context of experience which makes it as it is. Heidegger argues that people's understanding evolved based on their "fore-structures" of understanding, which caused them to interpret a phenomenon in a preliminary way, and it is impossible to bracket out all presuppositions and natural everyday assumptions. The hermeneutic circle is a strategy proposed to maintain a researcher's self-awareness, which Heidegger (1962) described as a technique for expressing the fore-structure or pre-understanding. That is the main difference between the descriptive and interpretive phenomenology. Also, Heidegger developed a

hermeneutic circle (Figure 1), which is imagining a ‘whole’ from the reality present in the detailed everyday experience by a person, which is the ‘parts’ (Heidegger 1962).



*Figure 1 Hermeneutic circle*

Besides Heidegger, many researchers have diversely contributed to interpretive phenomenology, including Gadamer (1990) and the French philosopher Ricoeur (1981), who developed the Vancouver school of phenomenology, in which there was an integration of description and interpretation in phenomenology. Van Manen, the Canadian thinker, developed an approach called phenomenology of practice, which is popular among nursing researchers such as Spence and Smyth’s study of the meaning of being a nurse (Spence & Smythe 2008). Manen’s approach is a mixture between descriptive phenomenology and interpretive phenomenology (Van Manen 1997). Manen is influenced by the German school of phenomenology, and his method emphasizes the importance of questioning, writing, re-reading, and re-writing cycle to encourage the discovery of the essence of the phenomenon. Van Manen suggests that four aspects can be used to explore the life world and reflect on human experience, which become guidance for the researcher in their reflection on life experiences. These

themes are lived space, lived body, lived time, and lived human relations (Van Manen 1990).

### **5.3.6 This study and phenomenology**

There are many reasons to choose phenomenology as a methodology for this research. The main aim of this study is to explore the essence of an essential human experience, which is women's experience of health during the postpartum period. This experience is often taken for granted. As a Saudi woman who has postpartum experience and who works with these women in the hospital as a nurse and a midwife, it appears that the perception that postpartum is a normal and expected physiological stage in life results in leaving the Saudi postpartum women by themselves to manage their health, and they are scheduled without a postpartum check-up visit until after the postpartum month. The researcher's professional and personal experience of postpartum helped in experiencing these women's worlds, including their fears and worries as well as their happiness. Phenomenology, in this study, helps to seek understanding of this experience, which presents the 'whole' through exploring the perspectives of those who lived such experience, whose stories present the 'parts'. The phenomenology question of this study is all about seeking answers to 'how', 'lived', 'experience', 'being', and 'meaning' rather than 'why'.

The researcher cannot claim that the findings of this study have accessed a 'truth', nor that they can be generalised, but rather that the findings can describe aspects

of the phenomenon and at the same time encourage others to rethink it. Thus, it leaves a middle space for readers to see this phenomenon from their own perspectives. In addition, the researcher's interest is in exploring the existential nature of being a human and how exposure to and going through the postpartum experience contributes to these women's thoughts, feelings and perceptions.

Epistemologically, the researcher also values subjectivity and personal perceptions as a form of knowledge rather than objectivity. She believes that the experience is socially constructed by those who live it. Beyond subjectivity, the researcher believes in the inter-subjectivity produced in the mutual research knowledge and relationship between the researcher and the researched. Inter-subjectivity can be referred to as common sense, which is shared meanings constructed by people in their interactions with each other and used as an everyday resource to interpret the meaning of elements of social and cultural life. People share a definition of the situation when they share common sense. Inter-subjectivity emphasizes empathy and reduces seeing human beings as dichotomous, and treats them as subjects rather than objects so that a bridge is formed between the self and others. This view leads the researcher to integrate her experience with the participants' experiences to have more comprehensive interpretation of the Saudi postpartum health experience. Therefore, Interpretive Phenomenology is appropriate for this study.

Being healthy at *Nifas* in SA is a phenomenon that the researcher recognized within her social networks, including friends and relatives, and it was also present when contacting postpartum women in healthcare settings as previously described. However, this phenomenon happens to be one that has received little attention from healthcare providers and researchers. From a personal experience, this phenomenon appears to be experienced exclusively by women, and it has various forms among Saudi women and is important to understand these common and shared experiences, in order to draw attention to these women's voices which are hidden in SA and to increase understanding about their perspectives of health and how it affects their life. Also, this insight of their experiences' can be used to improve communication between these women and healthcare providers and inform health education planning. More specifically, prolonged listening to and thinking again and again about the stories and experiences of these women who lived it were helpful in gaining a more in-depth understanding of being healthy at *nifas*. These women were the key to informing this study with their feelings, understandings, perceptions, worries, health practices and their health decisions. This is how phenomenology fits the purpose of this study, and in the next section the research procedures are described.

## **5.4 RESEARCH METHODS**

This is an interpretive phenomenological study that intends to explore the phenomenon of 'being healthy at *Nifas*' and to examine the Saudi women's experiences

of being healthy during the postpartum period. To achieve this, the study involved two methods; analysis of discussions on postpartum health within a popular online forum, and 12 semi-structured interviews with postpartum women (n=7) and their female carers (n=5).

For the purpose of the study, the sample included two main groups; the first group was the broader sample of the online discussions threads about maternal postpartum health, and the second group was the Saudi postpartum women and their carers. The tools of data collection, which were the online threads analysis and semi-structured interviews with the women, are then explained. Ethical considerations in this study are also described, and finally, the method of data analysis is reported in this section.

#### **5.4.1 The study sample**

The study sample consisted of two main categories:

The first accessed the broader population of women via online forum discussion threads where women discuss their health and postpartum care.

The second category was made up of specific individual women during their post-partum period who met the study inclusion criteria and who gave their consent for participation in the study.



#### **5.4.1.1 Online forum's sample (broader study population)**

For the purpose of triangulation in terms of using different source of data with one-to-one interviews and to capture the general broad picture, discussions between women members and users of a popular online forum for women to discuss their health and postpartum care were examined. Women contributing to this forum included postpartum women, any women have experience with postpartum, and traditional female healers based in Saudi Arabia, the gulf, and other Arab countries more widely. This forum has been popular for a long time among Saudi women, and they represent the majority of the members and further details about it is reported later in this chapter. There are some issues of consent, using existing data, and ethics, because using an online forum as a research tool is newly introduced, and ethical considerations are not well established. This was an encountered dilemma within this study, and a further elaboration on this issue is reported later in this chapter.

##### **5.4.1.1.1 Sample size (Online threads)**

With respect to the online forum, discussion threads related to the research topic from the years 2009–2011 were approved to be used by the study. This forum was searched by using the search tool within it, the keyword 'postpartum' was used, and with the search result revealed 1,630,000 threads. These threads were filtered to the three last years from 2009–2011 and the net threads that remained were 14,900. These threads' titles were scanned to identify the most relevant to postpartum health issues and related to mothers only. Therefore, any topics related to their children, the advanced

preparation for postpartum, trading of herbs or gifts, details of beauty programs for postpartum, or detailed recipes for postpartum food or herbal medications, etc., were excluded. Twenty-eight threads were analysed based on their rich and in-depth content, which strongly related to the focus of this study.

#### **5.4.1.2 *Sampling for interviews***

After explaining the online forum as a research tool for this study, the second data collection method was interviews, which are explained in detail in the following sections.

##### **5.4.1.2.1 *Sample groups***

It would be expected that these groups of people can be accessed through healthcare settings where they visit for the first appointment after childbirth for a routine postpartum check-up. However, this was not the case in this study as the researcher found them difficult to access despite their visits to healthcare settings. Thus, they were recruited by using a snowballing technique. To study this phenomenon, the researcher used two approaches for data collection; an online forum and semi-structured interviews with women to unfold their meanings and understandings within their experiences of postpartum. For interviews there were two groups: postpartum women, and their female carers in Saudi Arabia. Postpartum women are the individuals most knowledgeable in informing the research question. Female participants are

primarily selected, because postpartum care issues in SA are limited to women. It is considered a sensitive topic, and women exclude men from these discussions.

*Group (1): Postpartum women.* The main group in the sample is comprised of postpartum women. Inclusion criteria consisted of Saudi women who are married, because having babies without marriage is forbidden in Islam. Women were included if they were postpartum women with one or more children, between 20–40 years old (as 20 years is often the expected age of marriage in Saudi Arabia) within their postpartum period (i.e. within six weeks after birth), at their 30 postpartum day and before the day 40, to reduce the retrieval bias so they can easily recall their experience. Inclusion criteria for the study included the following: Saudi women married, more than 20 years old, who had at least one postpartum experience, who had normal vaginal delivery, without complications related to pregnancy and birth, and who are free from psychological problems.

*Group (2): Postpartum women's female carers.* This group includes the postpartum women's families, focusing on the person who is known to be her major carer. This person is usually the woman's mother, although she could be cared for by her aunt or sister; in rare cases, the mother in-law is the main caregiver. All of the carers recruited for this study were the postpartum women's mothers. The carers of postpartum women are included in this study because the literature indicated that female members in the

family, particularly the postpartum women's mothers and mother in laws, play a significant role in guiding and advising postpartum health practices.

#### **5.4.1.2.2 Sampling strategy**

Initially, the sampling strategy was intended to be purposive to inform the research questions and to provide a great variety in the resulting sample. However, this sampling strategy developed and was adapted once it became clear to the researcher that the main sample of this study (postpartum women) was a hard-to-reach population due to cultural barriers. The participants were hesitant to allow the researcher to visit their home because she was considered to be a stranger and was not trusted. For example, one woman agreed to be interviewed, but when the researcher asked her about her address she said that she needed to discuss a suitable time with her mother and then never made contact again. However, this potential barrier became less important when they were contacted initially by someone they knew well, such as a traditional healer, who asked a number of her visitors who were postpartum women to take part in the study. Thus, participants for interviews were recruited by a snowballing strategy in which the source or gatekeepers included the first postpartum women recruited from the outpatient clinic and then those the female traditional healer nominated in addition to other two postpartum women (Figure 2), which is described later within this chapter.

#### **5.4.1.2.3 Recruiting participants for interviews**

According to the original study protocol, the hospital administration had agreed to contact the participants who met the inclusion criteria mentioned previously and ask them by letter for their consent to take part in the study. However, the administration suggested that this was not a reliable method for contacting participants, because not all people in Saudi Arabia have a post-box for their home. They suggested that it would be more convenient for the researcher to recruit participants attending the clinic. Therefore, the researcher carried out the identification and recruitment of women within the hospital setting at the obstetric and gynaecologic outpatient clinics. With the letter permitting data collection from the hospital, the head nurses of the outpatient clinics assisted in recruiting participants and identifying postpartum women on their patients list. When the nurses identified a potential participant, they informed the women about the study and gave them the research information and the consent form to read to them. Based on their informal willingness to take part in the study, the researcher then contacted these interested women within the clinic for further discussion of the study, asking them for their initial consent to participate in the study. Then, she asked them for a suitable time for interviewing them and their carers, and requested their home address.

While that was the original plan for recruiting for interviews, this method of recruiting turned out to be difficult to achieve in practice. There was only one woman

who was considered by a nurse gatekeeper and who agreed to be visited and interviewed at her home. At that point, the sampling strategy for interviews was expanded to a snowballing strategy to accommodate the cultural circumstances affecting recruitment.

Snowballing is a strategy for recruiting participants and it is described as finding an individual who is called the 'source' or 'key informant' or 'gatekeeper' or 'seed'. This individual usually meets the desired inclusion criteria of a study and can use personal social networks to guide the researcher to similar participants, which often occurs during a multistage process. Most often other participants through the gatekeepers help in recruiting others themselves (Sadler et al. 2010). This type of strategy is commonly used in research studies with a hard-to-reach, hidden population regarding sensitive research topics, such as homosexual women (Browne 2005) or participants who have HIV (Valle & Levy 2008). In the case of this study, the advantage of snowball sampling helped in accessing hard-to-reach populations, but it also meant less control from the researcher.

The choice of seed or gatekeeper will heavily influence the sample; for example, the nominated participants could share similar features and behaviours with the seed, which may mean it is not good for studies seeking heterogeneity or generalizability.

At this point, the difference between hard or difficult-to-reach and hidden populations has to be clarified. Sydor (2013) argues that there is a lack of a clear definition of hidden and hard-to-reach populations in the literature. She described some of the blurred terms used for such populations as hidden population; hard-to-reach population, elusive population, and low visibility populations, which have often failed to be defined. She defined a hard-to-reach population as one that is difficult to access by researchers, and s population is different from a hidden population. In addition, she defined sensitive subjects as those who prefer not to discuss topics publicly for reasons such as the associated risk of self-disclosure. A hidden population, as described by Faugier and Sargeant (1997), is those who have undefined limits, and where there is a lack of reliable sources to define their size or members (Hampshire 2002). According to Heslin (1972), there are a lot of possible research populations who can be easily located but are difficult to be accessed and approached for reasons such as moral, legal, or sensitive research questions, and these were described as low visible populations. So, a hidden population is a hard-to-reach population; however, a hard-to-reach population is not always hidden (Sydor 2013).

The first gatekeeper or ‘seed’ woman who agreed to participate in the study at the hospital guided the researcher to a traditional female healer that she knew and gave her contact details (i.e. her name and mobile number). The researcher contacted the healer by phone and asked her for help in recruiting participants for this study. The

healer agreed and booked an appointment to meet in her home and guided the researcher to postpartum women who used her postpartum health services, such as herbal medications and postpartum massage. She suggested asking them first by herself, and, if they agreed in principle to participate, the researcher was then able to contact them to explain the study and ask for an interview appointment. Using this approach, four postpartum women and their carers gave their approval to participate in the study. The five postpartum women accessed via the hospital clinic and the traditional healers interviewed then became gatekeepers as they guided the researcher to an additional four postpartum women, who they had asked if they were willing to participate and for permission for the researcher to contact them. Of those, two postpartum women and their carers agreed to be interviewed, and of the two carers, one agreed to be interviewed (Figure 2).

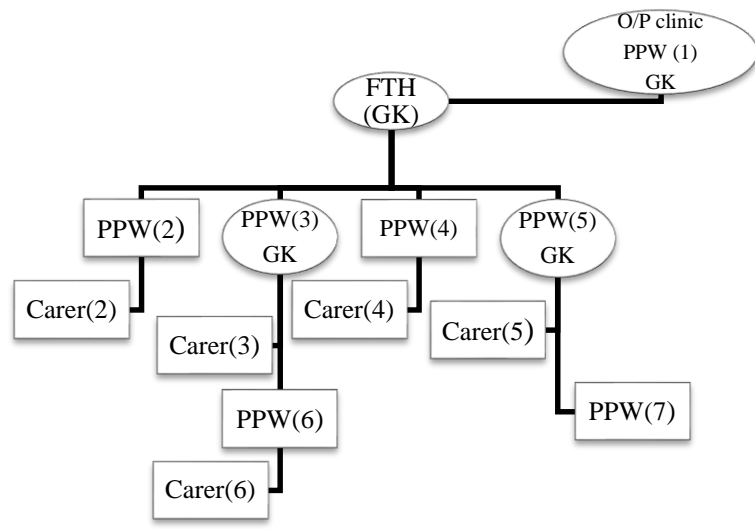


Figure 2 Snowballing sampling for interviewees

[O/P: Outpatient, PPW: Postpartum women, GK: Gate-keeper, FTH: Female Traditional Healer]



#### **5.4.1.2.4 Sample size (Interviews)**

For interviews; the total number of participants was 12. Of those, seven postpartum women (n=7) took part in this study, and five of their carers (n=5) agreed to be interviewed.

### **5.4.2 Data collection**

There were two main research tools used for the data collection for this study: analysis of women's discussions online, and semi-structured in-depth interviews. This section explains both methods, starting with detailed information about the online forum data, and followed by details of the research interviews.

#### **5.4.2.1 Online forum**

The online forum will be discussed in terms of a general introduction about methodological approaches used for internet studies, and then the ethical considerations of using such methods are explained in general followed by their application in this study.

##### **5.4.2.1.1 Methodological approaches to Internet studies**

Online research employs a range of methodological approaches. For example, qualitative approaches to studying the Internet include three main types (Eysenbach 2001): passive analysis, such as studies of interactions on discussion groups without any participation from the researcher (Sharf 1997); active analysis, in which the researchers involve themselves in communication with selected online communities (Seaboldt &

Kuiper 1997); and instances where the researchers identify themselves as such and gather data through semi-structured online interviews, online focus groups, or online surveys, or by using the Internet to recruit participants for a traditional study.

Examples of studies using online forums as a source for data collection include Midden and Ponzanesi's (2013) study exploring how Muslim women use digital media to negotiate their religious practices in the Netherlands. The study uses online data as virtual ethnography with four websites, offline data in the form of a focus group, and interviews with bloggers and editors and women active in this issue. Another study (Im & Chee 2004) used a secure online forum developed by the researchers in the second phase after doing an internet survey with cancer patients. This was a large study that sought to qualitatively explore the cancer pain experience of women from four ethnic groups in the USA.

#### **5.4.2.1.2 Online Forum Mums' World**

Online forums allow two types of social interactions; asynchronous and synchronous. Asynchronous interactions allow participants to join the discussion at their convenience, which is the type of the forum under investigation, whereas synchronous ones such, as chatrooms, require simultaneous interactions. In this study an online forum called Mums' World (pseudonym) was used to give a range of valuable data about the topic under study. The anonymity of online forums facilitates the

understanding of hidden and unknown issues that may be difficult to access via face-to-face interviews and increases the depth and breadth of the research data.

An online forum is a relatively new form of communication and personal expression. Also, it provides a potentially free and comfortable place where people can share their experiences and stories about sensitive issues in contrast to face-to-face interactions (Kramish et al. 2001). Forums can be used by researchers as a data source for qualitative studies. They have several benefits, as explained by Jones and Alony (2008). The first advantage is the deep and rich information they contain. The rich information is due to the longitudinal nature of the forums, and the depth of information is because of the freedom in the writers' topic selections, which reflect their areas of interest. The second advantage is that it may reduce bias in the research process because this is primary data, which is not influenced by the researcher. It has also been described as accessible, easy to use, observable, and safe (Anderson & Kanuka 1997; Hsiung 2000). However, forums could have sample constraints because not everyone has the skills to write or participate in such forums. Other disadvantages could be the inability to ask follow-up questions, and there is no guarantee that stories posted by participants in forum are true, and, instead, they may be based on writer fantasies (Wiszniewski & Coyne 2002). Also, the audio and visual clues that could be captured from face-to-face interactions are missed within online-placed data.

Mums' World was chosen because it is one of the largest women's online forums for Saudi women. It contains a number of departments that pertain to issues relating to women at different stages of their lives. This women's social network was launched in 1998 and is based in SA. Over the years, this forum has attracted a large number of subscribers, reaching more than one million members. It is one of the top ten sites visited by women from Saudi Arabia. The relevant forum in this weblog is called the Motherhood and Pregnancy Forum. One of the most important characteristics of forums is that participants respond and comment on messages from other members and visitors and share life experiences. The forum is related to this study because the visitors discuss everything to do with postpartum activities in Saudi Arabia.

Participant observation could be accomplished by becoming involved in these blogs and sharing questions and comments, then testing various reactions to different topics, opinions, and behaviours. This has been described as pseudo-ethnography (Jones & Alony 2008). However, in this study, the researcher used this online forum as a source of data without participating. For two years before the actual data collection stage, the researcher followed and observed this forum and found that it contained comprehensive and in-depth information about the research topic. Also, it unveils women's voices, which had their own world and territories. Women appeared to be telling their personal stories freely, and asking for advice and advising other women. Their stories and discussion about their postpartum health were retrieved and saved to

files, in which each thread was treated as a single story where the journey for reading and analysing started.

#### **5.4.2.2 *Semi-structured interviews***

Regarding the structure of the interview, there are a range of types on a continuum started from unstructured, semi-structured, to structured interview (Holloway & Wheeler 2010). Due to the ontological position of the researcher, which values people's knowledge and experiences as meaningful and worthy of exploration, semi-structured qualitative interviews are an additional method of data collection in this study. Such interviews produce particular accounts of the interviewees' views and opinions, which are difficult to obtain from a formal questionnaire. Excluding structured interviews, as they contradict the phenomenological purpose of exploring the essence of phenomenon, there are semi-structured and unstructured types of interviews. Unstructured interviews were found to be inapplicable within the context of this study, because the interview's time is limited, and the interviewees had several sources of distraction such as caring for their babies and responding to their crying. The best choice that fitted the purpose of the interview in this study was semi-structured interviews, in which there are interview guide topics that help the interviewer to focus on covering the areas of interest, although it is not necessary to strictly follow the sequences of these guide topics, leaving the participant with some control over the process.

The main purpose of the interview is to help in answering the research question and unfold the phenomenon of interest: ‘experience of postpartum woman health within the 40-day *Nifas*’. The interviews were guided by interview guide topics (Appendix 5), which were developed by the researcher for the study. This included the main study topics: the participants’ experience of health at *Nifas*, current postpartum practices and beliefs, postpartum social networks and support, care-seeking behaviours, fears and concerns of postpartum women, impact of being postpartum on the mothers, and factors influencing postpartum women’s health behaviours.

The interview schedule was translated into Arabic by the researcher, because it is her first language, and then the translated transcript was checked by a bilingual colleague. The transcript had also been piloted on one postpartum woman and her mother, who provided her postpartum care, and these were excluded from this study’s data set. The purpose of the pilot was to practice the interview, to test the guided interview’s ability to obtain interesting and substantial data from the participants, and to help in developing the interview schedule. There were some minor modifications in restructuring some questions in Arabic to enhance the participant’s understanding.

The interviews were carried out in Al-Khobar city in SA by the researcher in Arabic (local accent). It consisted of main, follow-up, and probing questions to ensure maximum understanding of the research questions. The duration of the interviews was

flexible to allow for possible interruptions, such as feeding the baby or responding to the baby's cries. After each interview, field notes of the encounter, the interaction, and the interviewer's sense of the interview were recorded in the researcher's journal. All interviewees were informed that the interview would last between one to two hours. The participants' consent to the recording of the interview was obtained. One woman from the postpartum women carers was illiterate and unable to read the consent form, so consent was obtained verbally and she then signed to give her agreement to participate.

#### **5.4.2.2.1 Group (1): Postpartum women**

Postpartum women are the key informants of this study, because the aim is to explore their perspectives of maternal health during the postpartum period. Culturally, postpartum mothers in Saudi Arabia often stay at their mothers' homes for the postpartum period, which is 40 days after childbirth. Therefore, those women were interviewed by the researcher at the home where they were spending their postpartum period. Postpartum mothers in the early postpartum period are often weak, in pain, somewhat dependent, and occupied by their new responsibilities. This did not create any problem for the interviews, because these issues improve as time passes and near the end of the postpartum period—usually after 30 days— mothers start to prepare themselves to return to their homes and husbands. Thus, after obtaining their consent to participate, mothers were interviewed before their 30th postpartum day. The

researcher ensured that women knew about the study and had agreed to participate, and they were interviewed at their convenience with flexibility to fit with their routine. A written consent form was provided and explained verbally. Seven postpartum women participated in this study (n=7).

#### **5.4.2.2.2 Group (2): Postpartum women's female carers (popular sector)**

In addition to the in-depth interviews with postpartum Saudi women, those who take care of them during the postpartum period, usually their mothers, were interviewed. After obtaining informed consent, either individual or joint interviews were conducted by taking advantage of the availability of other family members.

## **5.5 APPLYING AN INTERPRETIVE PHENOMENOLOGICAL APPROACH**

As these interviews were carried out by adopting an Interpretive Phenomenology approach; the philosophical assumptions for this approach were applied.

### **5.5.1 Pre-understanding**

Accordingly, these interviews incorporated the researcher's pre-understanding and pre-suppositions in the process of data generation, in contrast to Husserl descriptive phenomenology, in which both the researcher and interviewees co-created the product of interviews (Lowes & Prowse 2001). Ashworth (1987) described the interviewer's behaviour of being a meaningful communicator as unavoidable. Initially, thinking about exploring this phenomenon was based on the researcher's expert knowledge in nursing and midwifery in addition to personal experience, both of these are prior



knowledge and pre-understanding that strongly motivated the inquiry to understand this phenomenon. The researcher's pre-understanding was a key part of studying this phenomenon, and she could not step aside from it. So, rather than 'bracketing', the experience of the researcher and the participant worked together to understand the phenomenon, and this was facilitated via the design of the topic guide, which incorporated this approach as its aim. In addition, to facilitate the researcher's awareness of the possible effect of her pre-understanding and prior experience, a reflective journal was used to record her thoughts and responses to the study participants and the interview before and after each interview. This journal was revisited regularly during all phases of the research process.

For example, before collecting data for this study, the researcher had a number of pre-understandings of postpartum women's health. Because she had experienced the postpartum period, the researcher was deeply aware that home confinement constrained the postpartum women. She wrote it down to remind herself of her experience's influence on data, such as the online discussions. During analysis of these discussions, the women described their feelings of being constrained within their mother's home as prisoners, and this resonated with the researcher's personal experience. However, someone else without the Saudi postpartum experience may wonder why they cannot leave their home as they can simply go out for a walk without fearing physical constraint or locked doors. These women could leave their home for a

while, but they are also aware that leaving home during the postpartum period is not socially acceptable, and it contradicts their norms, which leads to their decision to obey cultural requirements. The pre-understanding also influences the interviews and the participants' responses; for example, one of the carers was continuously asking the researcher 'so, how did your mother used to care for you during postpartum period?' The researcher recognized that when she described her postpartum experience, the participants, particularly the carers, became more motivated to talk about and share their stories, which was found to be helpful in gaining further insight into these women's experiences in order to work together to understand the phenomena. That was acknowledged in the researcher's personal journal, and it allowed her to be aware of the influence of her pre-understanding on the research process.

### **5.5.2 Allowing the phenomena to be seen**

Letting the phenomenon to show itself using scientific inquiry is a specific mode of letting something be seen (Heidegger 1996), with a focus on neglected topics due to their assumption that 'being' was obvious. The researcher noticed that when these participants were asked about their experience of postpartum health, they often answered with 'the most important thing is to do things... and not to do things...?', taking an approach that they were teaching the interviewer about the best way to behave or care for someone during this time, and importantly this allowed them to describe their health practices and their beliefs. During the data analysis, the researcher

started looking for themes and patterns among these stories. After describing the themes emerged from the data, the researcher then noticed that all of these health practices revealed how hard these women work for their health; they put large amounts of effort into achieving it. Working to achieve health is the essence of this phenomenon, which is also the meaning embodied in these women's common postpartum health practices. This meaning was not consciously apparent to the participants, but it could be extracted from their stories.

### **5.5.3 The importance of context of experience**

There is always a context of any experience, and the context could be things, people around, feelings, or thoughts. Phenomenologists are encouraged to be open and consider the context of experience which makes it as it is. Heidegger (1962) explained that with the concept of 'situated freedom', humans being embodied in their world to the extent that their subjective experiences are inevitably linked with their context: social, cultural, and political. Although persons have the freedom to make choices, this freedom is not absolute, and it will be influenced by the context of their daily lives. For example, during the interviews, one of the participants talks about a surgical cosmetic procedure carried out on her vagina, which contradicts the researcher's expectation that such a sensitive issue would not be shared within face-to-face interviews. While she was describing her suffering from the surgical pain and postpartum changes, such as uterine contractions and breast problems following this surgery, the researcher asked

for the reason that made this woman endure such a painful procedure. The researcher was able to see this in the wider cultural and personal context of the position of women in society and could understand the power of the idea that her husband may recognise that her vagina had become wider after childbirth. So, the woman's feeling of being insecure in future intimacy in life, and her thoughts of the potential consequences (material and social) of being rejected by her husband, resulted in her decision to do the surgery and tolerate the intensity of its pain.

#### **5.5.4 Via writing and analysis**

Manen is influenced by the German school of phenomenology, and he emphasizes the importance of writing in his method, arguing that questioning, writing, re-reading, and re-writing cycle encourages the discovery of the essence of the phenomenon. The researcher found this to be a key way of seeing and interpreting the data. It started by reading the online discussions, and, initially, the first thing that was grasped within these transcripts were some of the postpartum health conditions these women tried to protect themselves from. Then, themes were described in these health conditions, as it was the women's main focus during the postpartum period. The researcher re-thought and asked herself, 'did these lay health conditions describe the essence of this phenomenon?' 'What was she missing and what was so normal to her that she couldn't see it?' By re-visiting the transcripts several times by writing, thinking, and then re-writing and re-reading transcripts, it gradually appeared that, for these

women, the postpartum period carried a number of threats and hazards they were trying to protect themselves from. So, instead of listing these conditions as themes, their feelings of the threats that underlie them became the main themes.

## **5.6 ETHICAL CONSIDERATIONS**

This section describes the ethical considerations for this study, including the ethical approvals obtained from the study sponsors in SA and in the UK, managing ethical issues of online data, and informed consent from the interviewees.

### **5.6.1 Study sponsors**

Ethical approval was obtained from the Dammam University as a research sponsor, and from the Cardiff School of Nursing and Midwifery Studies Research Ethics Committee at Cardiff University.

### **5.6.2 Ethics of Online forum**

The Internet is considered a rich source of texts, audio, and visual material representing the world and various people's opinions, concerns, and attitudes. Therefore, the study of online communities attracts many sociologists. Online communities are groups of peers who communicate with each other via discussion boards, websites, chatrooms, blogs, newsgroups, or online forums. This section described the dilemma of ethical issues in online research, because there are no standards for such research ethics established yet.

### **5.6.3 Ethical issues of online research**

The ethics of online research becomes increasingly difficult to define in cyberspace because of the nature of the Internet. There is much debate surrounding the ethics of online research, because the ease of access is not compared with the challenges of ensuring the ethical use of the forum's content. Hence, online researchers are considerably diverse methodologically, and the views regarding ethics are different. Cyberspace is a medium that is not clearly defined and is new enough that there are no universal ethical guidelines to govern its use. Issues of assent and consent, public versus private space, and different ways of recording become increasingly complicated because of both the newness and uniqueness of the medium (Whiteman 2007). An additional issue is the computer's position between the normal categories of alive and not alive, public and private, published and unpublished, writing and speech, interpersonal and mass communication, and identified and anonymous (Kraut et al. 2004). The blurred boundaries between these categories complicate the application of ethics to the online research and lead to greater difficulty in determining ethically correct approaches.

However, there is an agreement within flexible ethical online research guidelines, which vary based on the research methodology and context as discussed in the next section. Research ethics are relational and contextual (Bailey 2001). Generally, there are some basic issues that need to be addressed within any online research,

including the researcher's identity, private versus public, informed consent, trustworthiness and honesty, confidentiality and anonymity, and feedback from the online community.

*Researcher's identity.* The researcher should fully disclose his/her presence and intentions to online community members during any research (Kozinets 2002; Kozinets & Handelman 1998).

*Private versus public.* Although there is no consensus among sociologists, responses to the question of what is private and what is public fall into one of three groups (Hutchinson 2001). Researchers argue that participants' consent is not necessary for archived material that is publicly available on the Internet (Sudweeks & Rafaeli 1995; Walther 2002). This position often relates to online forums and public spaces where observation and recording of publicly accessible Internet content is treated like television content (Hookway 2008). Some argue that although online posts are publicly accessible, they are written with an expectation of privacy and should be treated as such (Elgesem 2002; King 1996; Scharf 1999). There are those who argue that online interaction defies the clear-cut description as either public or private. It is argued that cyberspace is simultaneously publicly-private and privately-public (Waskul & Douglas 1996). When studying an online community, the researcher should determine whether communication is private or public. It is important to contact the community's members

and to obtain their permission (informed consent) to use any specific postings that are to be directly quoted in the research (Kozinets 2002; Kozinets & Handelman 1998) and the detailed procedures are described later within this chapter.

*Informed consent.* One of the key British Sociological Association (2002) guidelines states that people should know that they are being studied and should give their consent. This principle should also be applied to online research. It is suggested that informed consent be considered essential for private or semi-private sources, such as closed chatrooms, while it is not essential for open access forums such as bulletin boards (Ess & the AoIR Ethics Working Committee 2002).

European data protection legislation states that written signed consent is essential in any project (Mann & Stewart 2000). Yet, it may be difficult to obtain informed consent as a signed consent form. In addition, it might be problematic in cases in which participants are anonymous to the researcher and may wish to remain so (Jacobson 1999) or in which the transient nature of the Internet in combination with anonymity means that some users might be impossible to track down (Whiteman 2007). Consent might be considered unnecessary in some cases. For example, Moreno et al. (2007) used information on publicly viewable MySpace profiles of adolescents and did not contact any of the individuals whose profiles they included in the study.



Two main methods to obtain informed consent from message boards or Internet forums have been suggested. One way is to post a notice in an online forum to all members, describing the research and allowing participants to withdraw if they choose. Another way is to send a message to each participant. The second way is the most intrusive (Eysenbach & Till 2001). Eysenbach and Till (2001) described the second approach as time consuming and noted that e-mail addresses do change. In addition, posting a message on the board would then make the website searchable through any search engine, such as Google, and may additionally impact on privacy and confidentiality.

#### **5.6.4 Trustworthiness and honesty**

Another difference is the honesty and trustworthiness of online communicators compared to other types of media communicators. This can provide an advantage because respondents hiding behind their screen identities may be more apt to talk freely about issues that can create inhibitions in a traditional face-to-face group (Beckmann et al. 2005). However, it is also possible for them to lie about what they are writing. Also, Kleinman (2004) noted that determining the population demographics of online communities can be a challenge.

#### **5.6.5 Confidentiality and anonymity**

Researchers should ensure the confidentiality and anonymity of informants (Kozinets 2002; Kozinets & Handelman 1998). Ethical standards of confidentiality for

offline studies also apply online, even if the participants' personal information might have been posted publicly on the Internet (Moreno et al. 2008). Additionally, although participants in online communities might be officially anonymous and use pseudonyms, they may still provide enough information to be identifiable (Jacobson 1999), or they may wish to keep their online identities confidential. It is argued that participants' online and real-life identities should be equally protected in research (Löfberg 2003). Moreover, changing participants' pseudonyms or usernames, as well as their real names, demonstrates respect for 'the social reality of cyberspace' (Rutter & Smith 2005; Paccagnella 1997). Another concern raised is the use of direct quotations from participants, which may sacrifice anonymity, because a search engine could be used to identify the original source. For example, if a direct quote from online discussion has been cut and then pasted into a search engine such as Google, the search result will lead to the original discussion thread, the online identity of the person who posted it, and the date of the post, which could threaten the confidentiality issue. However, this poses a challenge in retaining the original meanings and nuances when results are reported. This is also a problem in cross-cultural online research (Graffigna et al. 2008).

*Feedback from the online community:* Researchers should seek and incorporate feedback from members of the online community being studied (Kozinets 2002; Kozinets & Handelman 1998).

### **5.6.6 Online forum's ethical considerations for the current study**

These issues were all considered in the current study, which used Mums' World as a data source. Mums' World is one of the most visited women's weblogs among women in SA and in the Gulf Arabic. It contains a number of departments pertaining to everything related to women at different stages of their lives. It is one of the top ten sites that women in Saudi Arabia visit. The relevant section in this forum is called the Motherhood and Pregnancy Forum. One of the most important characteristics of forums is that participants respond and comment on the messages of other members and visitors and share their life experiences.

#### ***5.6.6.1 Online forum structure***

Before discussing the ethical procedures used to obtain informed consent, it is desirable to explain the online forum structure. The entire site is known as a 'forum'. A forum is made up of several categories. Each category is made up of several boards. Each board contains many topics and each topic contains many replies.

#### ***5.6.6.2 Online forum's staff***

Forums are governed by a set of individuals, collectively referred to as staff, made up of administrators and moderators, who are responsible for the forum's conception, technical maintenance, and policies (creation and enforcement). An administrator is the person who has full control of the board and who can control the members, ranks, themes and so on. There are two different types of moderators: the global moderator,

who moderates the board in all areas on the front end, and the moderators who moderate only a certain board or boards, such as the technology section.

The following issues should be noted before studying an Internet community: intrusiveness, perceived privacy, vulnerability, and potential harm. Taking these into account within this study, it was decided that the researcher would not be actively involved through participation in discussions, because this may affect the interaction between the members. Therefore, the researcher will analyse the previous posts from the past two years, which are in archive form, and relate them to the research question. This may balance out the researcher's effect on the participants. The level of perceived privacy of the online community can be indicated by the need to require registration for access, membership size, and the group norms. The material from this forum is publicly accessible without any required registration. However, registration is required for those who wish to participate in the discussion, such as writing a comment or posing questions to the forum members, but anyone is allowed to read posts without registration or posting any comment. Numerical information about this online forum is available within its publicity: there are 170 users from countries visiting the forum daily, more than 7 million users visiting this forum monthly, and there are more than 1 million members in this forum. The online community in this study includes women who have a common interest—postpartum care issues. The intrusion of the researcher into the forum and the resulting potential harm (individual, or at the whole community

level) from publication was discussed with the forum's owner, administrators, and explained to the members.

### **5.6.6.3 *Obtaining informed consent***

Based on the forum structure, the ethical procedure was as follows. The owner of the website and the administrators were e-mailed with a request for their consent to conduct the research on their online forum, and to negotiate access to the members. The e-mail included the nature of the study, the involvement time, the method to be used, the use to be made of any findings, privacy, risks and benefits, and the ability to withdraw from the study at any time. The webmasters for the forum agreed to the use of data from the online forum that had been collected retrospectively. In turn, they placed a post marked as 'very important' on the forum to enable 'opt out' for those who did not want to participate and share their written responses of their postpartum experience (Appendix 2). This post included brief information about the study with contact details for further discussion. Brief study information was provided due to the concern of losing the interest of women by asking them to read a lengthy document about the study. However, more details about the study were in an information sheet that was made available for those who want to know more (Appendix 2). Any women who did not want to participate in this research could ask for their written online posts to be excluded from analysis. However, there were no refusals sent to the researcher.

#### **5.6.6.4 Confidentiality**

Online research creates additional confidentiality concerns. The researcher planned to disguise the subjects' identities. This means that the online pseudonyms would be replaced with other names to protect the participants' confidentiality. However, verbatim quotes could be used after consent because they were written in the Arabic language while the translation to English in processing the data made it somewhat difficult to trace the quotes and the participants via a search engine. In addition, the researcher promised to take reasonable precautions to secure the data, because it was difficult to ensure that electronic information is not accessed and used by others. Examples of these precautions were keeping the online data files locked and secured with a password, and only the secured computer and laptop that belong to the researcher were used for data analysis.

#### **5.6.7 Hospital consent**

A letter requesting ethical approval was submitted to the administrative department of the King Fahad Educational Hospital. Attached to the letter was a detailed study information sheet, including:

The purpose of the research

The practicalities and procedures involved in participating

The benefits and risks of participation

How the data will be managed and used

The 'to be approached consent' form

The subject's role if she agrees to participate in the research

How information will be provided throughout the study

Assurance that participation is voluntary and that data will be kept confidential

### **5.6.8 Interviews Participants' Informed consents**

The overall study was conducted by Cardiff University, and ethical approval for the interview stage was also granted by the Dammam University and the Cardiff School of Nursing and Midwifery Studies Research Ethics Committee at Cardiff University.

Once the 'consent to be approached' had been obtained by gatekeepers (Appendix 3), the researcher phoned the participant, and a date to meet and discuss the project and the interview was arranged with her through direct contact. Further information about the study was discussed before the interviews, and participants were asked to sign consent forms (Appendix 4). It is important to have written informed consent from the participant and their guardians, who could be the husband, father or brother, due to the requirements of Saudi culture. However, whether guardian consent needs to be obtained was decided on a case-by-case basis, because this cultural practice varies. Moreover, the head of the household, such as the father, brother, or husband, was asked for their verbal consent, because most of the interviews were to be conducted within their home. However, none of these were required within this study because the participants said there was no need for that as they were mature and permitted to make

their own decisions. In the case of an illiterate participant, after discussing the research details, the choice to use oral consent with a witness signing on her behalf will be offered. Among the participants, only one carer was illiterate and all detailed information was explained to her in the presence of her daughter, who was another participant in the study, and she had her own stamp used to sign her consent form.

The interviewees were notified that their participation was voluntary; they were free to refuse to answer any of the questions; they were free to withdraw from the interview at any time and that their interview would be recorded for the purpose of accurate transcription; where any identifying information would be removed.

## **5.7 DATA ANALYSIS**

In this section, the challenges of the data transcription and translation are explained, and methods used to analyse online forum and interviews data are reported. One of the challenges encountered within this study was that all data was in local Arabic language, which could affect the rigour of the study. Therefore, arguments and suggestions related to this issue are presented here, and the researcher's actual steps used to address and overcome these challenges and enhance the quality of the study are explained.

### **5.7.1 Translation and transliteration issues**

It has been argued (van Nes et al. 2010) that meaning is lost in translation in qualitative research with language differences. The authors discussed the challenges of



when a researcher and participants have the same non-English native language, research data will be the same language, yet the study findings are presented in the English language. They suggest some recommendations to contribute to the best possible understanding and interpretation of the experiences of the participants and to enhance the trustworthiness of such research. Their first recommendation was, while analysing such data, to focus on the thinking and reflecting processes, and they found that talking and reading in English leads to thinking in English. Based on Jackendoff (2009), the relationship between thinking and language has been studied, and it has been considered to be an aid to thinking. So, they suggested staying in the original language for as long as possible to prevent the potential limitation and influence when analysing in a language different to the researcher's one. Translation and transliteration process and strategies have been discussed by Regmi et al. (2010), who presented the definition for both words. Translation is defined as a process of tuning the meaning and expression in one language with the meaning of another target, whether it is spoken, written, or signed (Crystal 1991), while transliteration is defined as a process of replacing the words or meanings from one language with meanings in other language because there is no exact equivalence or meaning. Transliteration is considered important in cross-cultural research where there are different languages, as this reflects on the rigour of the research. For example; the Saudi women in this study described using 'bukhor'; this single word implies a lengthy description of a traditional procedure involving burning

special medical herbs where the burner is placed in between the women's legs while standing. In this example the researcher did not find a literal English word to translate the meaning of this single Saudi word. One of the two main suggestions for the translation and transliteration was called 'piecemeal' or 'elegant free translation' (Birbili 2000), which involved transcribing the key themes or quotes to be put in the context, and it is argued that this method saves time with less transcription. However, it has drawbacks, because it involves the risk of losing key information due to misrepresentation of the contextual meaning (Rubin & Rubin 1995). Brislin (1970; 1980) suggested that a good practice is employing at least two competent bilingual translators who are familiar with the research study; one translates the transcripts to English while the other translates it back to the local language without seeing the original transcripts.

The researcher experienced the same situation, because all the interviews and the online threads were in the Arabic language. For more clarification, the Arabic language is the language of the Holy book (Quran) and is the classic and formal language used in particular occasions such as in religion and formal documentations. However, there are a lot of dialects used for communication between Saudi citizens according to the region, such as Hejazy in the western region of SA, and Najdy, which is common in eastern and middle regions. Therefore, it was not simple to translate it into English, as was often done from classic Arabic to English. Besides, the researcher

had a large amount of transcripts, so full translation would have been costly and unaffordable.

The online forum threads were already in Arabic textual form, and there was no need for transcription. However, the interviews, which were audio recorded, required transcription; therefore, the researcher herself transcribed everything in all the interviews verbatim, including pauses, emotions and annotations, this process was found to be helpful for in depth involvement into the data. Initially, the researcher translated two complete transcripts from the online data from Arabic to English, and found that this method reduced the readability and the soul of the experience, which was clearly presented when read back in the Arabic transcript. Therefore, each transcript in Arabic was thoroughly read as a whole for many times to capture the major meanings. To address the concern with loss of the essence of the participants' experience, the researcher started to code the Arabic quotes related to the phenomenon using English language. Then, these coded quotes were translated into English to precede the data analysis. Common codes were classified into themes, and the common themes were joined under central themes.

To add rigor to the research, and as suggested by the literature the researcher involved, two bilingual colleagues who were competent in English and Arabic dialects were utilized. One of them translated the related quotes into English, while the second

one translated the quotes from English to Arabic without reading the original Arabic transcripts. The researcher and colleagues then compared all transcripts until discrepancies were omitted.

### **5.7.2 Method used for data analysis**

This section is about what is commonly called data analysis; however, there is an argument about it being named as analysis, because analysis means breaking down a thing into its components, which means losing the whole of the phenomenon. The aim of phenomenology is to explore what makes a phenomenon what it is by transforming subjective experiences of individuals that are found in interview transcripts into understandings of its essence (Van Manen 1990). Van Manen described a general approach of analysing phenomenological texts, and his method informed the analysis in this study.

Manen's (1990) approach in doing phenomenology can be summarized into six main activities; Firstly, turning to the nature of the lived experience. The second activity was exploring the phenomenon as we live it, instead of as we conceptualise it, by gathering data, and is discussed in the above section of data collection. The third activity was data analysis emphasizing phenomenological reflections, which started with reflection on essential themes that described the phenomenon. Reflecting on these essential themes, by writing and re-writing, opens the possibilities of understanding the phenomenon. Essentially the fifth activity is to keep oriented in relation to the

phenomenon, focusing only on themes that related to it. Lastly is considering the parts and the whole and balancing the context. These steps were found to be more applicable to data from interviews than those from the online forum due to the large number of threads included in this study. The detailed analysis procedure for online forum and for the interviews is described in the following sections.

### **5.7.3 The researcher's pre-suppositions and pre-understanding**

Generally, a phenomenological research approach calls on researchers to bracket and put away their own understanding, suppositions and expectations about the experience or phenomenon under study. Laverly (2003) defined pre-understanding; he said that in the world and before we understand and become a part of our historical background, there is a structure of being and there are meanings and organization of culture, which form our pre-understanding. She believed that it is impossible to isolate a person from his or her pre-understanding of being a healthy postpartum woman in SA, because it was and continues to be with us in the world. This concept is the major difference between descriptive and interpretive phenomenology. As discussed earlier, Husserl argued that, to have an essence and a pure description of a phenomenon, it is essential for descriptive phenomenology researchers to put aside pre-understanding and pre-suppositions and work hard not to influence the analytic process. Whereas Heidegger believed in the opposite, which sets out that interpretive phenomenologists' pre-understandings add to our understanding of a phenomenon

under study. The important point here is that the researchers have to be aware of their own pre-understandings but not set them aside. An example of the researcher's reflection after interviews shows this process:

*"I know deeply inside myself what it looks like to follow rules. I don't understand it, only for cultural sensitivity to it such as when participants talked about staying at home during the postpartum period because people will critique them when they know about it or accidentally saw them...I felt the same when I was postpartum with the pressure from others to avoid being seen outside my granny's home."* Researcher's reflection

Therefore, prior to starting data collection and analysis, the researcher extensively described her experience of being a healthy *Nifas* in Saudi Arabia to her supervisors and to a number of the midwives in the UK, and wrote it down in her personal journal to revisit it within the process of data analysis to be aware of her influence over the data during collection and analysis.

The process of data analysis for online data and interviews are explained in the following sections.

#### **5.7.4 Online forum analysis**

The online threads were full of women telling their stories and were not only a transparent window reflecting things behind and beyond it (Silverman 2011). The researcher believes there was more than the reflected picture; it was about how these women lived their postpartum experience. Therefore, content analysis was not fit for this purpose, because it would reduce these stories and how frequent certain themes

are. Whereas thematic analysis guided by interpretive phenomenology was believed to be the most appropriate choice for the aim of this study, because it could interpret these women's stories into the structure of the phenomenon they experienced; being healthy postpartum women.

Van Manen (1990) argued that his approach to data analysis was different to coding and organizing themes and taxonomic, which are often used in grounded theory and phenomenology; however, he did not describe coding as inappropriate for phenomenology research. He said that coding is commonly understood as a clear application of frequent counting or coding of selected terms in the data, and he described themes as understanding of something significant, and it is not necessarily the same things repeated within the data. Agreeing with Van Manen's opinion, Mishler (1986) argued that, in some approaches, codes are defined free from context and sequence. With the absence of complete projection to coding in phenomenology, the researcher used coding in this study where the most important issues to consider were the reflections and valuable insights that lie beyond the used method as Gadamer emphasized (1989). The researcher found that coding resulted in profound insights generated from the data. Although the coding was not enshrined just within absolute coded findings from the data, but it was how the researcher saw and listened to these participants and which undergoes a process of re-reading and rethinking many times.

Therefore, analysing the online data started with the researcher's complete immersion in the online threads' texts in Arabic. Interpretive phenomenology is described by Smythe et al. (2007) as a journey of thinking in which a researcher's horizon is fused with the participants' words to reach insights into it. This involved a circle of repeated reading, writing and dialoguing with the data, and being open to continue questioning, and listening to what the text said.

After choosing the online threads believed to inform the research topics, which occur un-concurrently with the onset of discussions, each thread was extensively read (holistic approach) to capture the whole meanings among it. Alongside frequent reading, notes of initial comments and ideas were recorded in the margin, and these comments were transferred into initial themes. The coding was carried out manually without using software. These themes were clustered and ordered into lists of themes to end with a list of superordinate and sub-themes. After the holistic approach of reading, the same transcript was also analysed line by line with named categories in English that had been written in the side columns beside corresponding quotes. Those that were related to description of the phenomenon were highlighted, and those that were unrelated were excluded. These categories were subsequently and tentatively grouped under themes. The relative quotes were translated to English, and then the emergent themes were reviewed and grouped according to the large themes they belong to. All of these steps were taken back and forth, reading the relative quotes and the whole

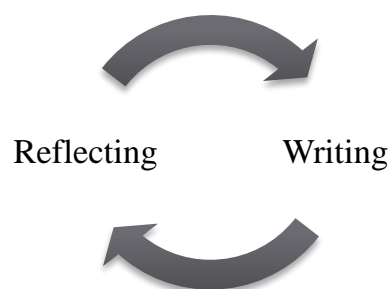


transcripts to check new understanding and more insight of it within its context. These themes were regularly reviewed and discussed with both of the supervisors as well as other colleagues to improve the rigour of the analysis.

### **5.7.5 Interviews analysis**

Data analysis of interviews involved multiple steps informed by Van Manen's approach for phenomenological analysis. In order to become immersed in the data, the verbatim transcription of each interview in Arabic was read several times as a whole to sense the general meanings related to the research topic. Repeated reading helped in discovering essential features of the phenomenon among the narration. Along with repeated reading of each interview, the researcher listened to its audio record in order to establish a connection with the participant. Each interview was analysed separately and considered as a single story and unique experience. The challenge encountered was in finding themes that described the phenomenon among the transcript, because the researcher was often attracted to the women's stories, and therefore held the focus by placing the phenomenon under study at the centre of her thinking, questioning, reading, and writing. Another challenge was the skill of interpretation and thematic analysis, which Van Manen (1997) described as recovering themes that are embodied in the text, but he stated this was not enough in interpretive phenomenology. To bring the understanding of the phenomenon, thinking is the only way, because it is an interpretative act, so moving from thinking to interpreting to thinking and interpreting

in an endless circle can uncover meaning. Thus, the researcher started questioning the text, asking what it says and how the transcripts can inspire the reader's understanding. The related narrations to the phenomenon were highlighted and marked, and then they were encoded with tentative themes in English; this process of isolation, called phenomenological reduction, does not mean bracketing in Husserlian's approach. Then, the relative quotes were translated into English, and tentative themes were grouped into common categories. These categories were also grouped under large themes with consideration that these themes reflected the essence and meaning of the studied phenomenon. The process of the phenomenological reflection circle, as Van Manen (1990) described, is in the form of writing, reflecting, and re-writing, which consumed a lot of time with multiple versions of drafts and which were frequently shared with the researcher's supervisors. During the reflective writing circle (figure 3), the researcher balanced the context by re-visiting the transcripts and comparing the part with the whole to allow the experience to illuminate itself. An overview of the research approach in this study is illustrated in Figure (3).



*Figure 3 Phenomenological reflection circle*

## **Issues to consider in analysing different types of data; interviews and online discussions**


There are some issues to be considered when analysing different types of qualitative data; in this study, data are from the interviews and from the online forum. The context of the data collection is one of these considerations that could influence what people say and how they say it (King & Horrocks 2010).

Data from the interviews indicated the influence of mothers, the carers, on the postpartum participants. It was recognised that when some of the participants were interviewed in the presence of their mothers; their answers tended to be short, which resulted in more probing questions. In contrast, when the participants were interviewed alone, they tended to be more open and willing to give more details and examples. However, not all of the participants had the same response. There was a postpartum woman who was interviewed in the presence of her mother who appeared to be different than others, because she and her mother were on the same track; they had similar viewpoints regarding postpartum health. Yet it is important to mention that this was the first shared postpartum experience for these women, as the postpartum woman was the oldest daughter, and thus the whole situation was new to her and her mother. In another situation, a postpartum participant was interviewed first, and then her mother joined us later to be interviewed. The woman explained in detail how she experienced her postpartum health, and she said things that the researcher did not

expect to hear, such as when she described her cosmetic surgery on the vagina. However, when the mother came she started her talk with a laugh and she said ‘what did my daughter say; did she say something embarrassing to you or expose us in front of you?’ and her daughter stopped talking at that time. The surprising issue was that the mother did not say anything about her daughter’s surgical operation, despite it being a major concern as her daughter had said. Although the researcher preferred to interview the women alone and separately to avoid these challenges, this was difficult to achieve based on the circumstances of the interviewed women; sometimes it was possible when the women permitted it. The researcher was aware of the affect that carers had on their daughters within the interviews (Polak & Green 2015), and this was considered when analysing the interviews’ transcripts by presenting all the voices with various perspectives, those who were interviewed alone or the others who were jointly interviewed with their carers. The context of that effect is described in the analysis.

In addition, there were some topics that were found to be sensitive or not commonly discussed in face-to-face interviews, which the researcher noticed were preventing discussion with the interviewed participants (Elmir et al. 2011). For instance, asking questions about the participants’ sexual health appeared to be unpleasant and difficult for them to respond to. This was recognised when the participants often expressed their lack of understanding of what is meant by ‘sexual health’ by asking the

interviewer to repeat the question. Some of them were ashamed to talk about it, and some whispered their response to the researcher. In contrast, in the online forum discussions where the participants' main postpartum concern was their sexual health, they freely discussed issues that could not be discussed in face-to-face interviews. Therefore, the issues that were difficult to discuss in interviews, such as sexual health, were attempted to be covered in the online discussions.

Issues that can influence the participants' discourse are body language, emotions, and facial expressions. These are difficult to grasp in the online forum discussions in contrast with the face-to-face interviews (Im & Chee 2006). However, in the online participants' discussions, the women used a lot of emoticons within the threads, which could imply their emotions and reactions. An example is when a participant asked the other women to help her with advice, and she used an emoticon of sad face to express her desperate need for their help; ‘’. Also, the women in the online forum used other tools to illustrate their emotions, such as using large font size or bold font to indicate their shouting or tense speech. They would repeat specific letters within a single word to show their emphasis on some point such as ‘**اللله**’, which means Oh Allah; i.e. deeply pray to Allah, ‘**لله**’ which means why, but it is written with bold font with repeated letter to express the participant's wonder at why the Saudi

women believe that women have to perform some traditional health practices during postpartum period.

Online discussion via forums presents a different context and set of challenges. Online discussion forums have a special language that the researcher attempted to understand through a long period of observation of how women were communicating and what kind of expressions and language they were using (Polkinghorne 2005). Lengthy immersion within the online discussions familiarised the researcher with these women's ways of interaction and communication. For example, metaphors were used among the women's discussions to avoid writing words and phrases that could be normally written in journals and magazines, but they found it difficult to express, such as the word 'vagina.' Both in the interviews and online forum women commonly used the expression 'the area down there'. The researcher described the meaning of these metaphors whenever it was used in the data extracts in the findings chapter.

The discussions in the online forum were naturally occurring, as explained earlier in this chapter (Im & Chee 2006), and their posts contained personal meanings and understandings, because their motivation to write and participate in the discussions was often to share with the other women their postpartum experiences. It is important to consider factors that could influence the participants' online written description of their experience, such the women's age, number of postpartum experiences they had,

education level, and from which part of Saudi Arabia these women were originally from.

Although it was difficult to identify these influential factors because of the anonymous nature of the online forum, there were clues that could be indications for this information. Also, some of these women said their age and parity before they started describing their experience. However, the researcher is from the same culture, which resulted in an understanding of how the Saudi women talk about their health. Moreover, her work in an educational hospital which provides free healthcare services to women from different parts of eastern province in SA allowed her to become familiar with their talk about health issues. To grasp the meanings of the participants' experience, the researcher was familiar with some clues such as special expressions or terminologies; for example, the women's wishes for themselves and for others to become a 'bride', which is a symbol of a woman who has a tight vagina, and could also refer to the first sexual experience of a virgin woman, which implies a unique sexual satisfaction for the women and their husbands.

It could be clearly seen later in the findings chapters how the women's age and parity; and number of childbirth experiences, influenced the way the online written posts. For instance, the young participants who were first-time mothers or were having their second child were often writing their posts, showing that they valued the other

women who had previous postpartum experience and interacted with them as naïve who needed advice and guidance because they were not experts in this field.

## **5.8 CONCLUSION**

In this chapter, the methodology of interpretive phenomenology was used as a framework that informed the study and the way it was applied is described. Also the research design and ethical issues related to data collection are discussed as well as data analysis; the particular challenges presented by this study are explained. The next three chapters present the findings of the study. The essence of the phenomenon of postpartum women's health from the perspective of women and their carers is described, and readers are invited to re-think it from their perspective. The first findings chapter is chapter 6, which focuses on the online data, then the interviews with the postpartum women are analysed in chapter 7, and chapter 8 presents the findings from the interviews with the postpartum carers.



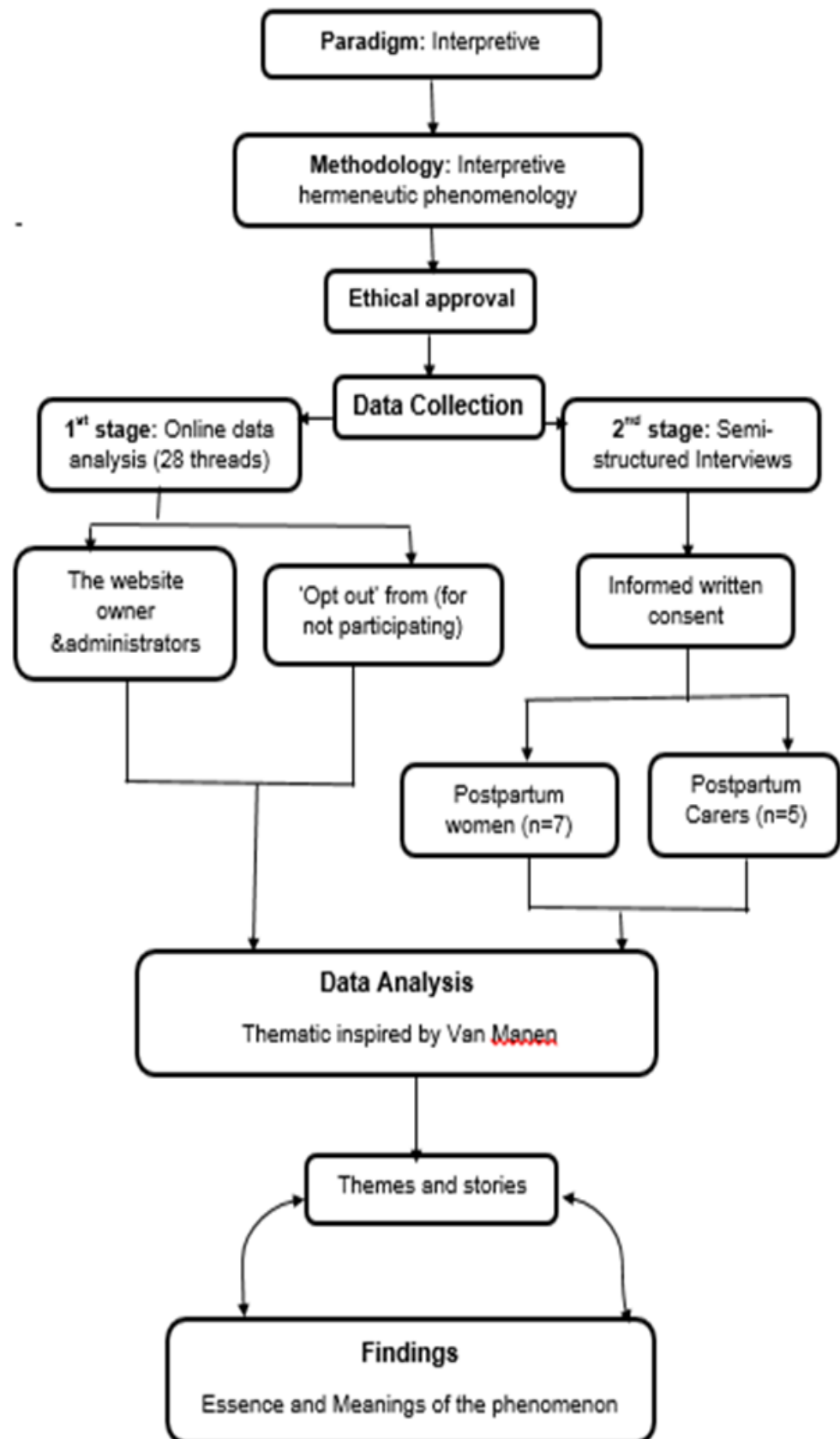


Figure 4 Overview of the research approach in this study

**CHAPTER 6**  
**FINDINGS I**  
**POSTPARTUM EXPERIENCE OF SAUDI**  
**WOMEN VIRTUAL ONLINE COMMUNITY**

## **6 CHAPTER (6) FINDINGS I POSTPARTUM EXPERIENCE OF SAUDI WOMEN - VIRTUAL ONLINE COMMUNITY**

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### **6.1 INTRODUCTION**

In the last chapter, the detailed research methodology for approaching this study is described to gain some understanding of the phenomenon of ‘being healthy *nifas*’ in SA. This chapter is the first of the three chapters that describe the study findings. The focus of the chapter is to describe the phenomenon under study from the perspective of women who share their stories and discussions online.

### **6.2 THE FORUM**

The Pregnancy and Motherhood forum is a sub-forum of the general online forum. This forum was searched by using the search tool within it, using postpartum keywords, and revealed 1,630,000 threads. These threads were filtered down to the year from 2009–2011 and the resulting net threads were 14,900. These threads’ titles were scanned for the most relevant to postpartum health issues related to mothers. Therefore, any topics related to their children, or the advanced preparation for postpartum, trading of herbs or gifts, detailed beauty program for the postpartum period, detailed recipes for postpartum food, or herbal medications were excluded. From this, twenty-eight threads<sup>1</sup> were analysed based on their rich and in-depth content which strongly related to this study. These threads were created within one complete year (2011). The major key themes that emerged from these threads (See Figure 5) are ‘being sisters’, expertise and judgement, confinement, striving for normality and better than normal, sexual activity, working to achieve health, everyday threats and constraints, impurity and

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<sup>1</sup> See appendix 1

cleansing the body, naming and metaphors, different versions of postpartum care, creativity and art of postpartum care, husbands, and being ready to enter the society.

## **6.3 THEMES EMERGED FROM THE ONLINE DATA**

### **6.3.1 Becoming sisters/Sisterhood**

It was notable that the group expressed feelings of a ‘sisterhood’ and they appeared to be looking for an established support group for postpartum women, searching for other women who shared their common postpartum health issues. Posts placed by women were predominantly supportive in term of sympathy, shared feelings and concerns, and they called each other “sister” or used other terms of affection e.g. ‘darling’ or ‘sweetheart’. Any postpartum related complaints posted were soon replied to by others who have similar complaints or hear about others’ experiences of such complaints. Women encouraged each other to disclose their postpartum experience, so others can use these posts to make their decisions regarding postpartum health.

*“Hi sister, I come here only for you. May Allah facilitate postpartum to you. Hope you finish the 40 days quickly and safely. I had this experience, and I completely sympathise with you.” (Thread 1)*

Some were participating regardless of their lack of postpartum experience, just to support others; for example, this participant was pregnant for the first time and she participated in a discussion about types of foods avoided during the postpartum period; she said:

*“Hi girls, please could you explain to me why the types of food not allowed during the postpartum period was inconsistent among your posts.... I am sorry to ask a lot of questions but this the first pregnancy for me and I know nothing about the postpartum period.” (Thread 22)*

They also called each other ‘girl’. This term is commonly used by Saudi women in their conversations, being used when talking to peers who are not of old age. Within their written words, they used online emoticons such as smiley faces to describe their

feelings, and they repeated letters within certain words to stress the importance of what they said. Also, they used question marks when wondering about issues. They tried their best to express their emotions and feelings at the time of writing so others would read and feel for them and then react accordingly.

### **6.3.2 Expertise/Judgments**

The expertise presented by women in the thread is based on their personal experience and the type of postpartum experience they have had rather than evidence based. Based on trial and error, women who had certain postpartum problems and who tried to intervene to treat it described their experiences with feedback of the interventions' results. If their intervention works well for them, they recommend that intervention to others. In contrast, if the result does not work for them, they warn others against such intervention. In term of several exposures to postpartum, the advice provided by women who have a number of children were treated by the group as much more reliable than first-time mothers. Moreover, women who are known as experts in postpartum within different online forums were very trusted. Most of them were traditional healers, and some originally have roots in the Bedouin culture. Culturally, Bedouin women are thought to have more knowledge of traditional treatment with herbs in Saudi Arabia. Other factors playing an important role in judging women's expertise include their social network. Those who have their own mothers and grandmothers transfer their advice to others. This is because women from older generations have followed these practices successfully, and to the forum members, this means they believe their practices are effective.

For example, when the thread's leader advised others to eat *Jereesh*<sup>2</sup>[a traditional Saudi main course made from wheat], another participant replied that she

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<sup>2</sup> See Appendix 6, Figure 21

had heard this kind of food was not good for the postpartum women. The leader laughed and said with sardonic language:

*"I swear to Allah, I always eat Jereesh<sup>3</sup>. Hahaha, from where do you hear this stuff?"* (Thread 1)

The first poster then replied seriously because she intended to advise her for the best. She proved her credibility by clarifying the source of her information. Those were her mother, her grandmother, and the majority of women. However, she admitted that this advice was not consistent with an opinion of one traditional female healer:

*"I hear this stuff from my mother, my grandmother, and a lot of people said the same thing. I was trying to warn you. Yet, one traditional female healer said eat everything except cold food and soft drinks."* (Thread 1)

The piece of advice was presented as orders in the form of "you should do", or "you should not do", stated as facts tested by these women through their individual trials.

Women within this thread asked each other how they manage postpartum health complaints. They tried to use other posts covering similar postpartum complaints to make decisions about their own health. Some hesitated to seek medical advice from the beginning and used over-the-counter medications or herbal remedies that are recommended and used by others. Some, who have problems such as those related to episiotomy, explained their feelings of embarrassment in being examined by female physicians. This revealed one of the barriers to seeking medical advice, which was avoiding being exposed to physicians even if they were females. This woman knew puerperal fever was one of the postpartum complications, which could indicate sepsis; however, she was confused as to whether her symptoms confirmed this diagnosis. Therefore, she asked others to help her make her decision on whether to go to hospital or if having paracetamol tablets was enough. She was scared of puerperal fever, but at

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<sup>3</sup> See Appendix 6, Figure 21

the same time she did not like the thought of her episiotomy sutures being examined as she thought examination was an unnecessary action. Another participant had the same reason as is clear in the following:

*“Can I ask you what puerperal fever is? I feel cold and then I feel warm, and my body is exhausted. I don’t know if I should go to the hospital or whether taking panadol [i.e. paracetamol] is enough. Because I am afraid that if I go to hospital, they will examine my stitches... and I am scared.”* (Thread 1)

*“.....I am a coward, but don’t say go to a female doctor, I can’t go and open my legs for her to play around inside me.”* (Thread 1)

Within this case, a participant reassured her and told her she had puerperal fever once and did not need to go to hospital. It was not clear how she diagnosed herself without medical examination. She described her intervention for this condition as taking antibiotics without prescription, and that worked well with her with regards to treatment. It is important to note here that in Saudi Arabia, antibiotics are sold in pharmacies without requesting a medical prescription.

*“I had puerperal infection but I didn’t go anywhere; I just had antibiotics till my high temperature was self-resolved.”* (Thread 1)

The postpartum woman who led the discussion advised others about the danger signs of postpartum that need immediate medical consultation:

*“There are symptoms postpartum women may experience when they should call doctors to make sure they are well. These are: temperature more than 38-degrees C; if there is persistent nausea or vomiting; burning urination; heavy bleeding; painful swelling feet; chest pain or cough; painful and warm to touch breast; severe pain at the area between the anus and vagina; offensive odour vaginal secretions due to the possibility of postpartum fever.”* (Thread 1)

Women within this forum frequently asked others about their health conditions diagnosis. They described their symptoms or asked directly how certain condition can be diagnosed based on these women’s experiences.

*“Hi postpartum women,*

*I have a question. how do I know if my sutures are infected or have pus???"*  
(Thread 1)

Another participant answered that her lack of pain and discharge definitely meant she was free of infection at the sutures site, while another participant was not sure, but she described the infection symptoms by having localised pain:

*"Regarding your sutures, you know there is no infection if there is no pain or secretions. Then, you are doing well."*(Thread 1)

*"The infection of sutures, I don't know but I think you will feel an increase in pain and you will feel it as a new wound... and Allah is the one who knows."*  
(Thread 1)

Seeking medical advice is not uncommon among these women at postpartum. However, it is limited to serious postpartum complaints according to their own perception of seriousness. For example, any problems related to episiotomy and sutures are considered critical and need to be seen by a doctor. However, some are supporting the Arabic proverb "experience is the best proof". Therefore, they rely on their previous experience of interventions to yield positive outcomes.

*"The doctor asked me to use only water for perinea wash without any additives. But I didn't care because I used an antiseptic solution and soothing cream for the episiotomy sutures in my previous postpartum. It must be used because of wetness and bad blood in that area. You should use Mebo<sup>4</sup> (herbal based soothing cream); everyone recommends it for sutures, even my sister tried it and liked it."*(Thread 1)

### **6.3.3 Naming and metaphors**

Women in many cultures refer to intimate body areas by euphemisms and the women within this forum described their body parts with unusual names. For instance, they called perinea 'the cave', and 'a charcoal piece'. Due to the changes that occur to this area as a consequence of childbirth, they call it these names to indicate its dark

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<sup>4</sup> See Appendix 6, Figure 23



pigmentations from hormonal effects. Traditionally, the majority of women in Saudi Arabia don't call the perineum by its scientific name. It is considered impolite, and they also use the word 'work' to refer to sexual activity.

*"... This mixture called.... you can add anything to it.... after childbirth use it for the skin, particularly the abdomen area, pelvic area, and the cave hahaha. Then wear a short...I like the result...."* (Thread 1)

#### **6.3.4 Confinement**

Women believe it is important for postpartum women to spend the 40 days postpartum at home with restrictions placed on going outside the home unless it is urgent. This is especially important during the first two weeks. This confinement at home has many purposes as described by the women within this forum. They had fears of the supernatural, including devils and evil eyes. The women at this period recommended staying at home and not going outside to prevent unwanted consequences such as *Shamam*, which is described as a postpartum health condition affected women when they are exposed to perfumes or strong fragrances. In contrast, although they all appeared to conform to this cultural requirement, some of them were rebels and refused to follow these traditions in secret. For instance, they resisted being confined at home and they went to café or restaurants but undercover, so no relatives or friends could recognise them.

##### **6.3.4.1 The place to receive the postpartum care**

Women highlight the significance of choosing the appropriate place for their postpartum period; either her own house or her mother's. However, overall, they preferred their mothers' homes due to the need for help and support, especially during the first two weeks postpartum. Other reasons include having the time to care for their beauty and health away from their husbands. When they are close to their husbands, they need to put on light make-up and perfume, and also dress well, which was not

suitable for the kind of treatment they wished to use such as hair oils and herbal creams for their skin and face. Also, they believe that their husbands would miss them more if they were away for such a period, as implied within these quotes;

*“It is important to choose a place where you can have rest and feel physically and psychologically comfortable. You will find a lot of objections from the family and friends if you choose to be at your own home during the postpartum period. But you must make your suitable decision after thinking about and balancing things... it is important to have someone to help you for at least the first two weeks postpartum.”* (Thread 1)

*“☺ At the beginning, I was at my family’s home, and then I went back to my home two days ago... what a nice postpartum I had at my family’s home... spoiled and complete rest.”* (Thread 1)

*“Hi dear, I just want to see you all and remember the postpartum days. My son is now 16-months old. And this is the first time I will have my postpartum at my own home and may Allah make it easy for me. It needs only a strong heart and a good woman. Bless you all.”* (Thread 1)

*“.... Actually, I don’t have an experience to share you with because I had my first postpartum at my mom’s home, and she was the one who brought everything and herbs. And my second postpartum was also with mom...”* (Thread 1)

*“Poor mother, she is exhausted from me. Yesterday, I asked her to sleep in another room because she usually sleeps with me in the same room. I feel sorry for her; she is tired and not sleeping well. However, my daughter didn’t sleep till the morning...”* (Thread 1)

#### **6.3.4.2 Staying at home (not going outside)**

The women believed that a postpartum health condition such as *shamam* can be caused by going out for shopping at the postpartum period, which is usually done in malls with different shops. They explained the cause-effect relation between shopping and *shamam* was that shopping malls are full of fragrances and perfumes, either from shops or from shoppers. The perceived effects of fragrances and perfumes are discussed later. For this reason, they didn’t recommend going to shops in the early postpartum period because they believed it could affect the episiotomy stitches. However, they were

flexible at allowing women to go shopping during their last 10 days postpartum. For example, one of the participants called other women for a discussion about the 40-days' postpartum confinement as she was upset with this practice among Saudi women

*"Let us discuss why the postpartum women are not allowed to go outside the home for all of the 40 days postpartum...I know a woman who said to me that she didn't see the sun during her postpartum period, unbelievable, it is a prison rather than a postpartum period."* (Thread 2)

However, other participants disagreed with the 40 days' confinement and responded to her:

*"I started going outside after a month postpartum, because I was usually exhausted and tired before that..."* (Thread 2)

#### **6.3.4.3 Being a rebel**

Interestingly, not all the women at this forum were strict about their postpartum care. Some refused to accept and follow what is culturally known as postpartum practices. For instance, one woman 'sneaked' away to a farm belonging to her husband's family. Traditionally, postpartum women are supposed to stay at home during this period, but she decided to go out 'obscurely'. She said:

*"I obscurely went to my husband's family's farm at night. I thought that nobody would know about me, but I was surprised when I found that all the family members were there for a party. Hahaha, I was really embarrassed."* (Thread 2)

Another woman had the same experience, but she regretted her action because she said it caused her 'air problems', which she described as pain and an enlarged uterus.

*"Despite having a normal delivery, I didn't feel fine until I completed the 20<sup>th</sup> day postpartum. I went outside home and of course I was sneaking because I was afraid of the evil eye, and it was a windy day. When I came back, my uterus was aching and enlarged, then I found out that air entered me... hahaha... so why this suffering, stay at home and then you will have all the time to go outside..."* (Thread 2)

This issue was confusing to some women who posted that they believed going outside the home could change their emotional state and make them happier.

*“I feel if we go outside our home, we will be happier and our emotional state will change, but I don’t know why they don’t allow us to.”* (Thread 2)

Another woman correlated confinement to home with depression and illness in general; she decided to go outside home whenever she wanted, saying that her psychological state was far more important to her than evil eyes or people’s criticism.

*“The only thing that causes depression and illness is confinement to the home.... I will do whatever I want; I don’t care about other people’s criticism or an evil eye, my psychological state is much more important to me. I will go outside after saying the prayers and nothing will happen to me, Allah willing.”* (Thread 2)

The last post was strongly supported by another woman who said that she knew of lot of postpartum depression cases and that these mostly were from confinement in the home and the prescriptive systems that postpartum women have to follow.

*“Yes, I swear to Allah, there are a lot of postpartum depressions here because of the confinement to home and the precise postpartum system that has to be followed; herbs and Bukhor<sup>5</sup> and other nonsense....”* (Thread 2)

#### **6.3.4.4 Protection from Supernatural threats**

Within these online discussions, the women described a number of threats they believed they had to protect themselves from. These supernatural threats were devils and evil eyes, which are described in the following section.

##### **6.3.4.4.1 Devils**

Devils mean *Jinn* in Islamic culture. Jinn are creatures that co-exist with other creatures on Earth, such as humans. There are two types of Jinn: good, who are harmless to Muslims, and bad, who are harmful to them; these are called *shayateen*, and their chief is Satan. Muslims believe evil Jinn can possess or enter human life to hinder it.

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<sup>5</sup> See Appendix 6, Figure 24

From the Islamic standpoint, Muslim women are exempted from praying or reading the Quran as long as they have postpartum discharge. They need to be relieved from this physical effort (i.e. from praying and washing prior to prayer five times a day) during this period when they are in need of rest. However, being exempted from these religious activities does not take her away from Allah. They can still make their verbal prayers, which are described as being strong enough to protect them from devils. Because Women at postpartum can't pray or read the holy Quran, it is thought that this makes her more susceptible to Satan and demons. Therefore, there is the belief that it is normal for postpartum women to have blues or depression. It is recommended that women listen to the holy Quran and say verbal prayers. This can be seen in the following conversation, where the woman described her feelings while other women showed their sympathy with the postpartum women, as they are overwhelmed by the consequences of childbirth, postpartum, and childcare, she said:

*"Girls, my emotional status is very very bad, I hate everyone around me."* (Thread 1)

Another advises her to do the following:

*"My dear, increase your oral prayer. This is the life, at the beginning it was the pregnancy burden, then the child birth process, then the burden of postpartum, then the child etc. ."* (Thread 1)

Another participant remarked about the vulnerability to devils during the postpartum period:

*"No one can blame the postpartum women. They cannot pray, or wodo'e' [i.e. washed for prayers in Islam], or read the Quran, and devils play on them...."* (Thread 11)

#### **6.3.4.4.2 Evil eye**

Another supernatural threat during the postpartum period described by these women was the evil eye, which is a common belief in Islam that certain people have the power to look at other people, animals or objects in order to cause them harm. In Islam,

Allah is the only one who can protect against the evil eye. Women believe postpartum women are more susceptible and vulnerable to external forces, particularly the evil eye. Women stress how important it is for women in postpartum to act fragile and weak in front of people, especially visitors, to avoid the risk of evil eyes from other people. Women explained the sources of evil eyes as potentially being from visitors or relatives. They believe it could be enhanced when the postpartum woman acted as a healthy person. Therefore, they believe in acting weak even if they are fine. For example, one of the participants asked others' opinions about her situation. Her husband asked her to go home with him before completing the 40 postpartum days. She lives in another city at Saudi Arabia which is away from her family home. She said:

*“Girls, I am so upset today. I don’t know, I want to ask you for advice. I will go to my city before I complete my 40-day postpartum period. I mean I have only 30 days postpartum. I was planning to change my hair colour, make my eyebrows, and put henna on. I want to change everything. But my husband refused. He said think about what people will say about you. They will definitely say that she is well and fine and nothing wrong with her [i.e. she does not look like she is experiencing postpartum in terms of weakness]. As a result, you may be affected by the evil eye. Actually, I really want to have a new look, but at the same time, I am afraid of the evil eye. My husband said if you want to have a new look, make it when we go home.... So, what do you think; am I right or is my husband?”*  
(Thread 1)

Another participant supported the husband’s opinion and said:

*“Dear, your husband is right. Why are you in a rush? People will give you nothing. And the postpartum woman is susceptible to evil eye because of her impurity status.”*(Thread1)

While another participant said:

*“If your relatives, friends and visitors know that you are at your 30<sup>th</sup> day postpartum, don’t do your new look. On the other hand, if they don’t know you are a postpartum woman, you can do whatever you want for your new style.”*  
(Thread 1)

One participant asked the others the same question; whether the woman making her new look before the end of the 40 days postpartum was acceptable or not.

*“I’d like to ask you girls, if the postpartum woman stayed at her family’s home for two to three weeks, and she wanted to go back to her husband’s home, should she change her hair colour and style, or should she go to her husband without changing anything with regards to her look? Should she wait to make her new look after the 40 days at her husband’s home?” (Thread 1)*

Women within the forum highlighted the necessity to complete the 40 days of postpartum and warned others who don’t complete it about the potential unwanted consequences. They believe that this can encourage evil eyes. The reply from the thread’s leader agreed with not going outside the home before the end of postpartum, although she did not clearly state the reason for this. She said:

*“No darling, you must wait till the end of 40<sup>th</sup> day postpartum. You will encourage things and you know it. And your appearance in front of people will be unacceptable.” (Thread 1)*

#### **6.3.4.5 Emotional impact of confinement**

It is seen in the discussion threads that postpartum women see themselves as fragile and liable to mood swings at this period. Most of the women in this forum described experiencing mood changes. Mood swings, which are called ‘postpartum blues’ or ‘baby blues’, are normally expected (Stables and Rankin 2005), and characterized as these women describe by tearfulness, irritability, and fatigue. Postpartum blues typically happen between the third and tenth day of postpartum. It is also self-limited and has no impact on daily function and normality (Bick et al 2009). Within this forum, the women gave reasons for this psychological status. They explained that the psychological changes happened because postpartum women have new roles, increasing responsibilities, and hormonal changes, as discussed in the literature review earlier.

Their belief of being impure was another important reason they gave for these feelings. At this time, women are not able to read the holy Quran, and being unable to do their prayers during the postpartum period was described as the most significant causes for feeling down and stressed. Consequently, these women tended to normalize such symptoms.

*“Emotional changes for new mums are due to sudden new changes in their lives, roles, new responsibilities and hormonal changes. Therefore, it is important to discuss and share these feelings with husbands. Husbands have the same feelings too.”* (Thread 1)

Prayer to Allah strongly emerged within their conversations because faith in Allah is the main source of power and support relied upon and believed by these women. As a result, the women often start their responses by praying to Allah to give strength, security, support, and help to other postpartum women.

The postpartum women within this forum expressed a wide range of different feelings that dominated this period of their life. They variously described feelings of: boredom, feelings of being too old, exhaustion, tiredness, worries, sadness, overwhelm, stress, and fear. The complaint of boredom was frequently mentioned, which could be associated with staying at home without going outside, or doing nothing but resting, or being forced by their carers to eat, drink, and wear what postpartum women should, or from having new responsibilities, or from the episiotomy pain or postpartum problems. All of these duties and responsibilities they have to fulfil at this time could also be sources of stress. One participant expressed her worries underneath her words and called for help, wanting to tell the group her experience and discover whether what had happened to her was normal. Thus, she asked others in the forum if they'd had similar experiences. She said:

*“I feel my psychological status is very bad; who’s similar to me.... I am bored.”*  
(Thread 1)



In another post a postpartum woman described herself as feeling older than she is because of tiredness and exhaustion. She asked others for reassurance regarding whether it is expected or not. She said:

*“Girls I finished the 40<sup>th</sup> day postpartum and I want to ask you if you feel like me. I feel tiredness and fatigue from any effort I make until now ☹️ why?????? I am bored. I feel like I am an old woman, regardless of being somewhat took care of, I mean not too much care...who is like me and what did you do for that?”*  
(Thread 1)

These women expressed fears from the postpartum period and were praying to safely complete the period. This fear reveals how she perceives this period as a risky, dangerous and exhausting time that needs to be prepared for. One woman said she looks drunk because of her unbalanced gait and dizziness from sleep deprivation.

*“I swear to Allah that the postpartum period is boring and needs effort, I wish Allah to help you safely complete it.”*(Thread 1)

*“I pray to Allah to help us during postpartum. It is full of tiredness and exhaustion.”*(Thread 1)

*“Yes postpartum is a very exhausting period; sleepless at the night with the baby and in the morning the older kids awaking you. I am like I’m drunk in the morning and I have headaches...”*(Thread 1)

#### **6.3.4.6 Where is postpartum depression?**

Women do address the issue of psychological health and liability of mood swings in the postpartum period. However, they use the term ‘depression’ to describe any experience of feeling down or postpartum blues. As mentioned before, there is also a normalizing of postpartum depression, regardless of how serious it is.

For instance, in one post, a woman complained of symptoms that might indicate postpartum depression or a panic disorder. She described her condition as a ‘strange’ one that she had never experienced before, which may mean she hadn’t heard of or read about it. This increased her worries about herself and prompted her to ask the

'girls' in the forum for help and support. Her physical complaints included breathlessness, sweating, vomiting and upper back pain. She was extremely scared and felt so close to death that she was preparing for it, using the word '*shahadateen*' [Muslims say this when they feel death is too close to them]. Being at 24<sup>th</sup> day postpartum, this excludes the possibility that this was the postpartum blues that occur within the first week and self-resolves. It could be postpartum depression and require further investigations. This is what this woman at 24<sup>th</sup> day postpartum said.

*"Hi girls, it is really a brilliant idea. Please don't stop.... girls I am at the 24<sup>th</sup> postpartum day.... I want to ask you girls: I have a strange experience that I had for the first time. I feel like someone holds my back, the upper part, and applies forceful pressure on it. From the strong pain, I start saying the '*shahadateen*' [Muslims say this when they feel death is too close to them], I can't walk, I start sweating, and I can hardly breathe. At the same time I vomit. All of these happen within 15 minutes. I went to hospital and the doctor said all my lab investigations are normal and there is nothing wrong. The doctor said it might be postpartum depression. But it occurs again and again [on and off pain] I swear to Allah this makes me scared of being with my kids and the new baby when I have these symptoms. Because when I have this condition, I don't want anyone with me. Girls, pray for me to get well." (Thread 1)*

This post induced a lot of responses from other participants offering help and 'normalising' her feelings rather than saying that she needed to seek medical help. The women started to give her reasons for these symptoms; others gave suggestions for treatment while some sent prayers for her. Their suggestions for treatment were varied and included the physical and spiritual. One woman reassured her and said it was normal to have such symptoms, because of the new social role, additional responsibilities, hormonal changes, and being away from Allah at postpartum. Other said it might be due to physical problems such as cold entering the back and suggested using warm oil to massage the back.

The responses also revealed women's knowledge of postpartum depression. For example, the reasons for these complaints varied. Some presented information that represented current medical knowledge, such as in the first reply below when she referred the condition to hormonal changes and to new additional responsibilities. Other reasons given were unspecific, such as in the second reply to the post. One of the participants prayed to Allah that she would get well, and then reassured her by justifying reasons that typically lead to this condition. She said it is expected because Muslim women are refraining from praying to Allah as they normally do when they are not postpartum. Consequently, they may have depression due to the lack of the spiritual protection otherwise gained from praying. She also said this condition is because of new responsibilities and changes in hormones during postpartum.

*"May Allah recover you, but I advise you to say your prays, as you know we are susceptible to depression because we are not praying during postpartum, there are hormonal changes, and social change with the new baby and increased responsibilities, In addition to our health status during postpartum."* (Thread 1)

Another response included unspecific reasons for this condition. She believed cold entered her body and caused it. She then suggested a back massage with warm olive oil.

*"May Allah cure you. It may be that cold entered you. Warm olive oil and massage your back with it and it will be relieved, Allah willing."* (Thread 1)

The woman with these complaints sought medical advice and went to her doctor, who pointed out the possibility of postpartum depression because nothing abnormal was detected in her laboratory investigations. However, no interventions or care plans to treat the condition were suggested by the doctor.

*"I went to hospital and the doctor said all my lab investigations are normal and there is nothing wrong. The doctor said it might be a postpartum depression."*

The thread's leader, who was three months postpartum, describes her psychological status to share with others her experiences. She was feeling down, frequently crying, and complained of body aches and headache. She told the forum that since given birth she felt depressed, hated her husband, had severe headaches, experienced much crying, and had general body aches. It is interesting here that she admits to strong feelings of hatred for her husband. She was looking for reassurance as she was not accepting her feelings. She was asking others what the explanation to her feelings could be. She felt that she was not herself at this time. She said:

*"Since I had my daughter, I feel depressed, I hate my husband, I have pain all over my body, my headache is killing me, and I always cry. I don't know what is wrong with me... does childbirth do this to women? Please answer me, Am I normal?"* (Thread 28)

Others responded to this by reassuring her that some of them had similar experiences and this was not uncommon; they advised her to be strong and not allow anything to upset her. The advice was varied as some suggested going for a walk instead of being confined at home during the postpartum period, while some asked her to spiritually deal with these feelings by listening to the holy Quran or drinking water while somebody read the Quran to her, while some of them recommended not being alone, and yet others advised her to ignore this issue and force herself to laugh and talk with others, as clearly seen within the following quotes:

*"Me too, I had the same experience and my sister in law had it too in all of her postpartum experiences. But you have to not allow anything to make you feel like that, go for a walk and for your information, you don't have to be like a prisoner in your home during the postpartum period..."* (Thread 28)

*"... Listen to the Quran and talk and laugh with people or drink water which someone read the Quran over."* (Thread 28)

*"...try to ignore these feelings and force yourself to chat with others, if Allah wills..."* (Thread 28)

In a thread called ‘postpartum depression’, a woman at the ninth month of pregnancy described her fears of postpartum depression because she said she’d had this condition three times in her previous three postpartum periods. She expressed hating her postpartum bed and diet, and she listed some of the symptoms she complained of during this time such as anxiety, fear, and poor appetite. She said her depression started at the end of her ninth month of pregnancy and continued for two months after childbirth. Then, she asked others to pray for her in a large font size and wrote in a bold font that she was still afraid of what she suffered in her previous postpartum period.

*“How are you? Dear those who had a postpartum depression, I gave birth three times where I suffered a lot from this postpartum depression and now I am pregnant at my last month and I am afraid of it. I hate my bed and my postpartum food, and I had anxiety and fears, and I acquired a poor psychological state, and I had a poor appetite. I swear to Allah, my mother is tired from me having this condition and she always thinks about me. Despite having a long gap between the pregnancies, I mean a 4-year gap between one pregnancy and other, I can’t forget the depression. It usually started with me at the end of the ninth month of pregnancy and extended to two months after childbirth. I ask you girls to pray for me, asking Allah to protect me from depression during postpartum. Thanks to Allah I always pray and ask for his forgiveness, all the time. Despite that, I am scared from what I suffered from at postpartum.”* Thread 11

The posts responding to her were varied, from advice to reassurance. They reassured her that this was normally expected during postpartum as the women are more susceptible to evil eyes and devils because they are refraining from religious activities.

*“Seek refuge with Allah from Satan, and remove the idea of having postpartum depression at this postpartum, forget the issue and if Allah is willing you there is nothing bad that will affect you.”* Thread 11

*“If Allah’s willing; you will not have it this time ...”* Thread 1

*“Allah keep your mother safe, this is the best source of support... remember the nice things Allah gives you, and seek refuge with Allah from Satan, and pray to Allah to protect you from this condition.”*Thread 11

In addition to the reassurance, they gave her some suggestions to prevent this condition. Some advised her to consistently listen to recitation of the Quran called (Albagarah), and if possible download it to her mobile phone because it is easier.

*“I advise you to listen always to the Albagarah recitation of the Quran or you can download it. I swear to Allah you will feel unbelievable comfort....”*Thread 11

*“... Always stay with a group of people and don’t stay alone and isolated, for example stay in the living room and turn the television onto religious lessons or programs....”*Thread 11

*“Listen my darling, what you complain of we all suffer from it. Allah helps us, but you have to say your prayers regularly every morning and evening with a loud voice... always trust in Allah and do what you have to do from your activities with energy and always smile and take things easily....”*Thread 11

This post also encouraged two pregnant women who had the same experience with postpartum depression as they described it. One had a similar number of pregnancies (i.e. three times) and with the same gap between them (i.e. 4 years), and she wrote about her severe depression in all of her previous postpartum. She gave reasons that aggravated her depression at postpartum; these were sleep deprivation, anxiety, haemorrhoids, kidney ache, and generalised body ache, in addition to taking care of her weak baby. She described her condition as though she was about to die. Then, she asked the leader of the thread to keep in touch.

*“Hi sister, Allah makes it easier on you and me. Believe me when you talk about yourself, you remind me exactly of mine. I had three pregnancies and between one to another four years with severe depression. This is my fourth pregnancy and what makes me more scared is that my mother is travelling. My sisters always call me and advise me to take care of myself after the childbirth and not to be sad or depressed. What makes the depression worse is lack of sleep, anxiety, haemorrhoids, pains in my kidneys and everywhere. I mean I feel ill and I am about to die, and at the same time you have to take care of your weak baby. Let*

*us keep in touch and hope everything will be fine... you know my mother and my mother in law advised me to read the Quran over dates and I eat these dates at and after my childbirth. They are afraid of evil eyes affecting me, they are scared more than me and your mother always said what happened to me was either from evil eyes or because the devil becomes stronger during the postpartum period...."Thread 11*

Another woman was also pregnant and had fears of what she described as depression and prayed to Allah to protect them all. However, she didn't say whether she'd had depression before or not.

*"Dear, I am pregnant like you and I am really worried about depression, lack of sleep, no appetite for food, and no psychological rest. Allah protects us from that...." Thread 11*

From those who discussed their experience of depression, it was notable that there was no mention of seeking medical advice for their complaints. However, one of them said that she went to the *Sheikh* (i.e. religious man) for diagnosis and treatment, which could imply that they perceived such condition as spiritual rather than medical.

*"I try to forget it and sit and talk with my sisters to avoid thinking of it, but again I think of it. And if I go to Sheikh, he says this is a strong evil eye and this happens every postpartum"Thread 11*

She also described the history of this condition and said that the problem occurred in her first postpartum, when she had the evil eye and depression, and then reoccurred every postpartum. She described the treatment she used for Sheikh, and she wished to finish her 40 days postpartum more beautiful than before.

*"My problem was that the evil eye affected me at my first postpartum, and then I had depression, and it kept happening every postpartum. But I get tired from the Sheikh's treatment. I wash myself with water and Seder (i.e. it is a type of herbs) and salt, as well as apply oil all over my body. Imagine I do this every postpartum. I wish I can finish the 40 days while I am beautiful and change my look a little bit. I always finished my postpartum and my appearance was worse than it was at pregnancy. And, my appearance only changed after 6 months from childbirth"Thread 11*

### **6.3.4.7 *The goals of confinement***

#### **6.3.4.7.1 *Disciplining the body***

Within their confinement period in postpartum, women tend to have a daily regime that is timed and planned. They emphasised following this system with an exact time and plan to care for their body after pregnancy and childbirth. There were many different postpartum programs followed by women, but they commonly shared the distribution of meals and snacks at specific times of day. Postpartum woman should wake up early at dawn time, around 5am, to have a spoon of herbal mixture with hot drinks such as milk. Then, she will have her breakfast at 8 am. After several hours, she can have a light snack with herbal infusion tea, which after a couple of hours is followed by a heavy lunch. Then other snack and herbal tea is followed by dinner. They emphasize following any postpartum program with a strict timetable as if it is a ‘to-do list’.

#### **6.3.4.8 *Acting ‘postpartum’***

Postpartum women within this forum emphasized the importance of acting as a woman experiencing postpartum. They believe postpartum women have to wear special clothes such as head scarfs, leggings, and socks. They don’t recommend putting on make-up during the postpartum period to prevent evil eyes from surrounding relatives and visitors.

A complete thread *‘Lipstick and eyeliner at postpartum; between supporters and opponents’* discussed putting make-up in postpartum, particularly eyeliner and lipstick. The leader of the thread invited others to discuss the use of make-up in the postpartum period which she supported, and was confused as to why some women were against it. She described her story of her cousins visiting her in her postpartum period. They were very upset with her when they found her with make-up and light coloured clothes on, along with a simple hairstyle. They advised her to wipe the make-up off and wear dark



clothes with a head scarf to prevent falling victim to evil eyes from other people visiting her. Then, she described what one of her relatives did at her postpartum; she wore dark-coloured clothes and a black head scarf, and with a pale face and lips. She herself didn't like following this behaviour to prevent evil eyes from postpartum women's visitors and argued that this was not what prophet Mohammed advised. Rather, Prophet Mohammed advised Muslims to say their prayers and read the Quran to protect themselves from evil eyes.

*"Good morning*

*I'd like everyone to honestly express her opinion regarding what I will say. Either you convince me or I convince you.*

*My cousins visited me when I was postpartum and I was putting on some light make-up; light lipstick and eyeliner, and I was wearing pink pyjamas, I did my hair in a simple style. They shocked when they saw me and said "Are you serious; lipstick? Wipe it immediately and put a scarf on your head and don't wear light-coloured clothes. By doing as you did, people will say she doesn't feel tired at her postpartum and then you may be affected by evil eyes.*

*At this time, I didn't know what I should say and I was shocked at their way of thinking. Honestly, when I visited them during their postpartum period, I hated the pregnancy and postpartum when I saw them with black or dark blue dress robes and black head scarf, their lips were pale and they never get out of their beds, all of these because they were afraid of evil eyes. But why did they do these things while our prophet Mohammed taught us how we can prevent evil eyes by prayers and Quran every morning and evening, and entrusting Allah? There is no woman who doesn't feel tired from her childbirth, but after that it is her right to feel happy and to take care of her appearance, especially as some people only visit you from postpartum to the next one. So why I do appear ugly to them and then this reflects on my psychological state? And it is also my husband's right to see me beautiful and tidy when he visits me. Seriously girls, do you feel more confident and in a good psychological state when you are neat and tidy, and people will be happy when they see you like that? I swear to Allah when I return from my visit to a woman at her first postpartum like me, I cried and I said it is unbelievable; does childbirth do that, and I was afraid until she gave birth to her baby and I saw her like she was on consolation from her appearance. Give me your opinions regarding this issue please."* Thread 12

These stories encouraged other women to express their views. The majority of the women's responses supported putting on very light make-up, being neat and tidy, and wearing light-coloured clothes. However, there were variations in the support for using eyeliner because it attracts the others to look where there is a chance of evil eyes. The comments on putting make-up on were posted in a sarcastic way, as it may reflect unpleasant picture of them if they do such things. One woman predicted what people would say if she were to put on make-up while she is postpartum.

*"... It is difficult to put make-up on during the postpartum period; people will think that you're insane or you miss your husband..."*Thread 12

Another woman described what her mother did when she put some make-up when she was at hospital after childbirth.

*"Now, I am postpartum and I put pink lipstick and eyeliner with a little bit of blusher on, and that is it. It is true my mother fought with me when she saw me with this make-up at the hospital. She said wipe it off now or your husband will think that you gave birth while you are smiling, not while you suffering, hahahaha, but frankly, I couldn't let my husband see me with pale lips which makes my face look as though I am comatose, not only ill. I lift my hair up with hair clips and I don't put on any scarf ...and what for!! To be like an old woman..."*Thread 12

There were some variations in the norms among these women, but there were also commonalities too. They were common at the point that a postpartum woman should follow her society's norms and culture to avoid being criticized.

*"People are one of the extremes; either a postpartum woman looks like she's on consolation or like she is at her wedding party. But it is better to not be against your society, especially if they are from those who don't put any make-up because they will certainly criticise you and talk about you, and evil eye is a fact and true."*Thread 12

*"Okay, put a very light lipstick on and define your eyebrows and some mascara, don't put too much eyeliner on, with tidy hair, and put your scarf over your shoulders; if there are people whom you don't know, put it over your head."*

*Regarding myself, if my husband, my brother, my sisters visit me, I do put on make-up and be beautiful. But, if they are people from outside the family, I must act as though I'm tired even if I finished 30 days to protect myself from evil eyes."*

Thread 12

*"No dear, don't go contrary to your people's norms. I am afraid they will be surprised by your behaviour."*Thread 12

Most of the women agree upon the importance of saying the prayers and Quran twice every day to prevent evil eyes.

*"Where is the trust in Allah?"*Thread 12

*"I agree with you, some light eyeliner, light pink lipstick, light mascara, with moisturising cream for the face, it is very nice as it is natural appearance. With clean neat clothes of colours I like, and protect myself and my baby with saying prayers and Quran, and that's it, it is enough. I don't have to imitate others; postpartum period is a happy time."*Thread 12

*"If a woman has the power and ability at postpartum, she can put make-up and dress nicely in addition to saying the prayers and Quran, but if she is tired, there is no need to do that."*Thread 12

*"... Why I do appear pale and look like an old woman... the most important thing a postpartum woman has to do is to say prayers and read the Quran to protect herself and her baby."*Thread 12

Some women found make-up and clothing to be a way to improve their emotional and psychological state.

*"The eyeliner, lipstick, perfumes, and nail polish are important to improve my psychological state. I feel horrible if I visit a postpartum woman because of the disgusting odour. It is not correct."*Thread 12

One woman was surprised by this way of thinking and she questioned others in the thread by arguing that the Islamic concept is that Allah is beautiful and Allah likes the beauty. She described the woman who follows this way as she is placing her *Kafan*<sup>6</sup>(i.e. it is a piece of white cloth Muslims are covered with after death and before being

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<sup>6</sup> See Appendix 6, Figure 25

buried) as a pillow. She argued that all the visitors are by women who have experienced postpartum themselves and understand that experience, so there would be no need to act differently. Then, she drew attention to this phenomenon that is not present except among Saudi women, and she invited others to follow these practices and be more faithful to Allah.

*"I swear to Allah, it is really a strange thing, my sisters; Allah is beautiful and likes beauty... I am surprised from this way of thinking, it is better for the woman to use her kafan<sup>7</sup> as a pillow... she doesn't put on make-up, she doesn't tidy herself, she doesn't put on eyeliner... who are the people we are afraid of and think about them in anything we do... all those who visit you tried being postpartum and they have kids, so why you pretend they don't know... why you don't prepare yourself to be beautiful for your visitor... why you make yourself as injured bird... is it because you protect yourself from their evil eyes... what is that un-straight thinking... then, have you noticed that these kind of practices are not found except among Saudi women... as there is no one to get pregnant and give birth except us... Trust in Allah and tidy your appearance and leave all these practices which you believe in it as it is a holy book from Allah. Thanks to the leader of this topic."*Thread 12

The women, who opposed acting as fragile postpartum women, believed that this time is a very pleasant and happy period that women have the right to celebrate. They described acting in such a way with different comments, such as being prepared for the grave and death.

*"...it is unbelievable, as if they have someone killed within their family..."*  
Thread 12

*"... For your information this is a postpartum period, not being in consolation..."*  
Thread 12

*"...it is better for the woman to place her Kafan<sup>8</sup> as a pillow..."*Thread 12

*"...this is an exaggeration, it is so strange..."*Thread 12

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<sup>7</sup> See Appendix 6, Figure 25

<sup>8</sup> See Appendix 6, Figure 25

*“Honestly, I’m really surprised you believe in superstitious. It is true there are evil eyes but these don’t prevent you from being tidy and beautiful.”*Thread 12

*“Seriously, what I want to convey to people, I wish they leave these norms that disgust us, you visit the woman while she is postpartum and you think that she will almost die from her appearance, especially if she has normal delivery....”*  
Thread 12

However, one woman wondered if her family had different norms at postpartum, where postpartum women buy expensive elegant clothes for the postpartum period such as kaftan<sup>9</sup> dresses, luxury pyjamas, and unique lace headscarves<sup>10</sup>. These are not for evil eyes, but because these are their standard postpartum clothes.

*“I really surprised from this topic. We used to know postpartum women buy special clothes such as kaftans<sup>11</sup> but the luxury elegant one, it used to be expensive with light colours and with head scarfs of the same colour from dantel material, this is not because of evil eyes but because these are our postpartum clothes....”*Thread 12

Other women started to discuss this topic and there was variation among their norms. Some women believe that the postpartum period is a chance to have a manicure because they don’t have to pray in postpartum.

*“Don’t forget a manicure and nail polish also☺”*Thread 12

Thus, the main concerns were acting as fragile postpartum women with an ill appearance for two reasons. The first reason is to prevent evil eyes, and secondly, to appear to her husband that she suffered a lot during childbirth and to avoid letting him think that postpartum is an easy experience. On the other side, there were those women who believed in caring for their own appearance in front of visitors or husbands resulted in improving their emotional and psychological state, and they can manage the

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<sup>9</sup> See Appendix 6, Figure 18

<sup>10</sup> See Appendix 6, Figure

<sup>11</sup> See Appendix 6, Figure 18

risk of evil eyes spiritually by saying their prayers and reading the Quran to protect themselves and their babies.

### **6.3.5 Striving for normality and better than normal**

All women were endeavouring to return to ‘normality’ as they perceive it. Their perception of normality varied among them. They thought of the postpartum period as time for reconstructing their body after pregnancy. They called this period “... the golden period...” for those who could properly take advantage of it. Some were exploring their bodies to recognize the differences from their pre-pregnancy status. Those who had no previous postpartum experience, and who were unknowledgeable about the normal postpartum physiological changes, used the forum to describe what occurred in their bodies to others in order to receive confirmation that changes normally happen at postpartum. Others who had more than one postpartum experience know that there must be a change from their previous status, but they were working hard to make the most of others’ experiences to limit these changes. Some of the participants were curious about their body at postpartum, which indicated their unawareness of the normal physiology of postpartum. One of them was exploring her vagina and described what she felt when she touched her cervix (i.e. the opening of uterus), but she called it the vaginal opening, which possibly indicated her lack of awareness of body anatomy. She was confused about the swollen opening and wanted to make sure it was normal. She said:

*“I gave birth 50 days ago. When I checked my vaginal opening, I found it protruded or something protrudes from it like muscles all around the vagina. It is not a clear protrusion; it looks like a balloon. I feel this swollen around the opening, but it is painless. Is that normal?” (Thread 1)*

The women were looking forward to achieving a better than normal or pre-pregnancy state. They described their concerns with having a tight and dry vagina. They frequently described their obsession with returning to being like a bride on her first

night of marriage. In Saudi Arabia, sexual intercourse is forbidden for unmarried women. Therefore, Saudi women keep their virginity until the first night of marriage. Thus, the ‘virgin-like vagina’ was frequently repeated within their discussion as their ultimate desire, which may also reflect their perceptions of healthy reproductive organs. The majority of online participants used different methods to tighten their vagina after birth. However, one of them advised others to avoid using traditional ways for this purpose:

*“Postpartum women should avoid insertion of vaginal suppositories<sup>12</sup> or applying certain creams to tighten their vagina. These suppositories may have a short-term effect, but in the long term, women may suffer from infections and a lot of conditions in this area. Only good nutrition, movement and walking, and drinking helba<sup>13</sup> can tighten the vagina and improve its healing.”* (Thread 1)

A participant suggested doing the kegel exercises, which her physician advised her to do. She explained the technique and its benefit to the internal vaginal wall. She said:

*“There is one thing I’d like to suggest, and it is also my doctor’s advice. Every postpartum I do it; it is kegel exercise. You can do it at your first day postpartum. When you go to toilet for urination, don’t get rid of urine completely at once. I mean release few and hold it, then release and hold. This can increase the internal vaginal wall tone, and then it returns as it was. It is important, I try it myself, it will not make you wide afterwards”.* (Thread 1)

This woman told others about the increase in vaginal secretions. She was worried and asked whether the vaginal suppositories from pharmacies could treat her condition. She said:

*“I am at 32<sup>nd</sup> day postpartum and I have abnormal amount of vaginal wetting secretions. I’d like to use albothyl<sup>14</sup> vaginal suppositories.”* (Thread 1)

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<sup>12</sup>See Appendix 6, Figure 14 & 15

<sup>13</sup>See Appendix 6, Figure 4

<sup>14</sup> See Appendix 6, Figure 27

In relation to this area, one woman was scared that she had an untightened vagina because she gave birth without an episiotomy. Her fear was that the birth may have stretched her vagina and it might not regain its previous shape and size, and what increased her fear was that she did not have an episiotomy. This could imply her thoughts that suturing the vagina could reduce its size and make it tighter. She was praying to Allah for a positive outcome of her postpartum period. She said:

*“Oh I pray to Allah to have a good result at this postpartum. This is my third postpartum and this time I gave birth to my baby without episiotomy and sutures. I am scared.”* (Thread 1)

Having a big tummy was one of the most undesirable pregnancy consequences for the majority of the women. They wanted to gain their pre-pregnancy flat tummy and for this reason, they tried different methods such as wearing a specific piece of cloth to wrap around their abdomen. They shared the results with others.

*“What are you doing for your tummy? I feel mine is somewhat sagging despite wrapping it. I wrapped my abdomen with (shemag<sup>15</sup>) from the second week and I feel better than before. Now I use the abdominal maternity support belt<sup>16</sup>. But, for how long I should use the abdominal belt<sup>17</sup>? I didn’t use anything for my abdomen at my first postpartum and I didn’t have my body as it was before. My problem is I can’t be consistent using anything; I always like fast results... so, we have to encourage each other.”* (Thread 1)

### **6.3.6 Returning to sexual activity**

According to Islam, sexual intercourse is forbidden as long as postpartum women have lochia (i.e. postpartum vaginal discharge). It is usually resumed when this discharge flow ceases; the timeframe for this varies among women, but it often takes between 30 to 40 days. Women within this forum emphasized avoiding sex during the 40-day postpartum period. A thread discussed work during postpartum. However, all posts indicated that they confused the use of the term ‘work’, because ‘work’ in Arabic

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<sup>15</sup> See Appendix 6, Figure 28

<sup>16</sup> See Appendix 6, Figure 6

<sup>17</sup> See Appendix 6, Figure 6



colloquial language means doing physical activity, but Saudi women used the same word to refer to sexual activity. During their discussion about sexual activity, they rarely referred to sex by its word or by the word 'work'; instead, they used the expression 'that thing' to refer to sex. This can illustrate that the topic is sensitive and embarrassing for them to discuss it with others.

*"Girls, now I finished half of the postpartum period... that thing; when can it happen? Because I heard that if it happens before the 40 days, it can cause uterine prolapse. I want your experience beautiful ladies."*Thread 26

*"If you mean sexual intercourse, this is not allowed sister until you become Taharah [Taharah means pure and clean]. I mean it is only 40 days, after that you can do whatever you want hahahahaha."*Thread 26

*"That thing should not happen until you see yourself Taharah."*Thread 26

*"Regarding that thing, before the 40 days is not good for you, it causes uterine prolapse, and even if you become 'Taharah' before 40 days, that thing must be after 40 days because you have just given birth, so that area is entirely exhausted and tired, so don't you hurt yourself, and you have to wait only 20 days ☺..."*  
Thread 26

*"Regarding that thing, whenever you become 'Taherah', even if it is after 20 days, do 'Gusol' [Gusol means the wash after cession of postpartum discharge]. It is allowed after that, there is nothing wrong with it; no uterine prolapse or anything bad can occur; it is nonsense, what is the relation of that thing with the uterus, Hahahaha. And by the way doing that thing can accelerate returning the uterus and cervix to their pre-pregnancy state. And please before anyone says anything, I hope it is scientific and based on scientific evidence."*Thread 26

*"Regarding sex, the most important thing is to be 'Taherah' because the 40 days is the maximum period for not praying. Personally, it happened at day 36 and nothing changed; it is similar to day 40."*Thread 26

*"I am at the 30<sup>th</sup> day postpartum and some women visit me and bring some coffee; one of them is an old woman who asks how many days left to finish your postpartum, I say 10 days, then she said add another 10 days to these 10 days. This means it is better to prolong the period and I actually plan to do that."*  
Thread 26

## **6.3.7 Working to achieve health**

### **6.3.7.1 *The role of food***

The forum is full of advice about postpartum food. There were complete threads devoted solely to discussing what the postpartum women's diet should be. They even described recipes for the traditional main courses step by step and with pictures. Although Saudi Arabia is a large country and has a lot of cities that differ in their traditional food, the postpartum food commonly included the following main ingredients: whole-grain wheat, protein, and dates. Traditionally, food during the postpartum period is prepared to be rich with protein, fat, and vegetables. It is mainly dependent on whole-grain wheat recipes. The postpartum diet is cooked at home. It is also important to be as hearty as possible. For this reason, carers of postpartum women such as mothers or aunts are the ones who cook at this time, and it may explain why junk food from restaurants is not recommended. The carers buy food before a postpartum woman is discharged from hospital. They buy a complete lamb, which is the main source of protein to be cooked over the period of postpartum.

The postpartum diet has many purposes, the women perceived within this forum. It has an anchoring and cleaning effect for the uterus, enhances postpartum discharge flow, and strengthens bones and joints.

#### **6.3.7.1.1 Diet for body cleansing**

The women believed that the uterus is filled with unclean/bad blood. They had methods to clean the uterus at postpartum from the unclean blood and advised others to have warm drinks and food, along with some herbal infusions. They believed warm drinks and food enhance the flow of postpartum vaginal discharge by loosening its consistency. Thus, blood flow is aided and it is thought that the uterus is cleaned out. Therefore, cold drinks were not advisable because they are believed to increase the uterine blood thickness and hinder its excretion. Their opinions related to the amount of water that needed to be drunk during the postpartum period were varied. Some

recommended drinking water whenever they wanted, providing that the water was not cold. Some preferred the holy water *Zamzam*.

*“Drinking water is very useful for postpartum but not cold water.”* (Thread 1)

*“Girls, I hear that drinking water is very useful during postpartum.... but of course not cold water because we are postpartum.”* (Thread 1)

*“You shouldn’t drink too much water, and you have to drink water when you are not hungry, from time to time.”* (Thread 1)

*“... Avoid soft drinks...”* (Thread 1)

*“As you are postpartum group, let your drinks be warm to hot ones. And for your knowledge, as much as you have warm drinks, as your blood loss will be more.”* (Thread 1)

*“Zamzam holy water is preferable.”* (Thread 1)

*“Increase fluid intake.”* (Thread 1)

*“Avoid cold drinks because it prevents blood excretion. And continuously have warm drinks to clean the uterus.”* (Thread 1)

Although drinking water is important during the postpartum period as believed by some women, others believe that the amount of drinking water should be undertaken with caution. There was inconsistency between opinions related to water. However, the majority agree that soft drinks and cold ones should be avoided at this time. Some women suggested avoiding drinking yogurt because of its bloating effect. They believe eating oranges on an empty stomach is harmful, but there is no clear justification given.

*“Drinking yogurt causes a bloated stomach and flatulence. Orange should be eaten when not feeling hungry.”* (Thread 1)

#### **6.3.7.1.2 Diet for strengthening body joints and bones**

Women also described the importance of certain types of food that strengthen the body joints and bones at postpartum period. One participant complained about having backache and pain in her pelvic joints and asked others what could be used for

this problem. They advised her to take a type of bean called ‘mash’ or in English ‘green mung’<sup>18</sup>:

*“... I am worried about the back pain and pelvic joints pain I have. I can’t move because of this pain. This is the first time I have this.”* (Thread 1)

*“... Dear the best thing for back and joints pain is mash (green mung bean)<sup>19</sup>. You can make it in a soup.”* (Thread 1)

*“You will never find better than mash (green mung bean)<sup>20</sup> for the back, it is very helpful.”* (Thread1)

### **6.3.7.1.3 Diet to fix/anchor postpartum uterus**

The women have their own perceptions of the uterus in the postpartum period. They believe the postpartum uterus is floating in the abdomen and freely moves. Being easy to move brings to their mind the risk of it being wrongly positioned in the abdomen, which would mean it is difficult to bring it back to the normal place after the postpartum period. As a result, the women were very anxious about this point. Therefore, they had their own strategies and precautions to avoid uterus displacement. One of these strategies is the type of diet. They believe that food rich in whole-grain wheat is very effective for anchoring the uterus by increasing its weight. When the uterus gets heavier, gravity along with the weight of the uterus will help to regain its normal place. Women described their diet in postpartum, and said:

*“Whole-wheat flour based diet margoog<sup>21</sup> [i.e. traditional main course dish made from dough of whole grain wheat cooked in meat and tomato sauce], aseedā<sup>22</sup> [i.e. traditional dessert made from whole grain wheat with butter and date], qurs bur<sup>23</sup> [i.e. whole grain wheat bread), sometimes from restaurants because it is boring.”* (Thread1)

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<sup>18</sup> See Appendix 6, Figure 12

<sup>19</sup> See Appendix 6, Figure 12

<sup>20</sup> See Appendix 6, Figure 12

<sup>21</sup> See Appendix 6, Figure 7

<sup>22</sup> See Appendix 6, Figure 1

<sup>23</sup> See Appendix 6, Figure 17

*“Maraq laham<sup>24</sup> [i.e. meat cooked with tomato sauce], date, areeka<sup>25</sup>, lentil.”*  
(Thread 1)

*“Eat a lot of dates.”* (Thread 1)

*“Increase intake of vegetable and fruits.”* (Thread 1)

*“No restrictions in diet, but I add date aseed<sup>26</sup>, qesher<sup>27</sup> with cumin.”* (Thread 1)

*“Soup every day, and pudding, broth, rice, aseed<sup>28</sup>, harees<sup>29</sup> [i.e. slow-cooked complete wheat with meat] alternating.”* (Thread 1)

*“Increase eating different types of meat.”* (Thread 1)

*“It is important to eat whole grain wheat because it helps to anchor your uterus to be heavy.”* (Thread 1)

### **6.3.7.2 Food rules**

#### **6.3.7.2.1 Food and hunger**

Women often used this online forum to describe the proper diet for the postpartum period. They believed certain types of food are recommended such as whole-grain wheat, while other types such as sour food are not good for postpartum women. They also advised other postpartum women to have home-cooked food rather than fast food from restaurants, because it is healthier. They also strongly believed that hunger is bad for the postpartum body and they describe it as an enemy for postpartum women.

#### **6.3.7.2.2 Hunger is the ‘enemy’**

Hunger is a red flag to be avoided by these women in the postpartum period. They warn others in the forum to avoid hunger, in very sharp language, such as those

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<sup>24</sup> See Appendix , Figure 29

<sup>25</sup> See Appendix 6, Figure 22

<sup>26</sup> See Appendix , Figure 1

<sup>27</sup> See Appendix , Figure 9

<sup>28</sup> See Appendix , Figure 1

<sup>29</sup> See Appendix , Figure 20

who said hunger is not allowed. They believe it is very dangerous to let postpartum women be hungry because it may lead to a health condition called *kharab*. *Kharab* is described by these women as a postpartum health condition, which they believed occurs if the women are not properly taking care of themselves during the postpartum period. Other explanations for the relationship between hunger at postpartum and *kharab* were discussed by the women based on some who requested justifications, as they cannot rationalise how hunger causes *kharab*.

*“There is one question I find it confusing and I really want to speak it out. Any postpartum woman who lost her appetite like me, and her mum come and say you will have kharab if you continue not eating well. I know what kharab is, but what I don’t know is how hunger is related to the uterus and its kharab...? I swear to Allah, I desperately need an answer.”*Thread 25

At this time, the healer replied using very angry language signified by large font size in her writing, and she posted seven links to her previous posts discussing this issue, adding:

*“Because this topic makes me feel sick, I can’t answer you right now.”*Thread 25

Other women tried to explain the reason behind this and stated that hunger affects the body, uterine muscles, heart, and immune system, which leads to problems including a wide vagina, depression, and increases the vulnerability to illness after childbirth.

She said:

*“Hunger weakens your body and you need food and vitamins especially at the postpartum period. It is also weakening your uterus muscles and the wideness occurs. Also, it weakens your heart and then causes depression and feeling down. It is weakening your immunity and you become more susceptible to illness after childbirth.”*Thread 25

Another woman explained the relationship by giving examples from other female experiences such as during their menstrual period. She emphasized the need to

have a proper diet because a postpartum woman needs to compensate for the blood loss, effort, and exhaustion at childbirth. If not, the body's organs such as the uterus, bones and the body in general will be weak and damaged. She gave an example to clarify the relationship; she asked the woman who posted the question to imagine how hunger causes the stomach to eat itself and make itself full of air. She said it was similar to what will happen to the uterus if she stays hungry during postpartum.

*"I always feel exhausted at menses because I lose blood from my body and this need to be compensated. I mean you must **EAT WELL** [she is insisting to eat well]. Think about it, you lost most of your blood, and you made huge effort and you are exhausted at childbirth. For sure, your body need compensation, otherwise your organs like uterus, bones and all the body, will start to be weak, wither and damaged. Imagine what happens to your stomach if it is empty, it will eat itself and it will be full of air. This is exactly the case of your uterus and postpartum hunger. I hope you now understand the relation." Thread 25*

Another woman supported the last quote. She adds that the uterus looks like a stomach, and anyone who feels hungry will feel her stomach filled with air and noises. She said:

*"When you feel hungry, you feel your stomach full of air instead of food. Similarly, you will feel full of air and have noises at your uterus. And this clear enough to understand how hunger cause kharab." Thread 25*

One woman explained the relationship in a different way. She believes that a full stomach containing food applies physical pressure over the uterus. As a result of this pressure, the trapped air in the uterus from childbirth will be expelled. She believes that air in the uterus occurring at childbirth is from being exposed to air conditioning for a long time. She said:

*"When food goes to the stomach, it applies pressure over the uterus and then air as a result of childbirth time will be out of uterus. They leave the women exposed and in front of air conditioning for half an hour to one hour." Thread 25*

As these discussions indicate, it is seen as essential to avoid hunger during postpartum. The women suggested ways to prevent hunger, demonstrating the significance of avoiding hunger by their advice to postpartum women to force themselves to eat.

This is a cited piece of advice from an expert member who answered a woman complaining of poor appetite during the postpartum period. The healer was very angry at her. She talked to her in very strong language and blamed her for the possible consequences of hunger, which is *Kharab*, saying:

*"It is expected from you to ask about Kharab treatment because you are doing it; you are building a huge angle for Kharab.*

*Any complete postpartum care should be free from three things: hunger, Shamam, and air problems. And, you are insisting to stay hungry. Hunger is the biggest damaging factor to postpartum women.*

*Why don't you have the appetite?*

*Are you cooking for yourself and nobody around you, so you lose your appetite?*

*Or do you hate the smell of herbal medications?*

*Try to eat, force yourself... vomit... no problem, once and twice...*

*Just put in front of your eyes that you will finish your 40 days postpartum so what will be your situation with your husband if he hears sounds of air out of your vagina? Postpartum is a golden period for the one who know how to deal with it." (Thread 1)*

Other examples described how to avoid hunger during the postpartum period, in case there is no one to help the postpartum woman with cooking frequent meals every day during this period. Some suggested preparing healthy meals in advance that can be kept frozen. Women clarified that avoiding hunger does not necessarily mean



overeating or eating a large amount of food, but rather small healthy frequent meals such as whole-grain wheat bread with cup of warm milk, or snacks of dates.

*“Elnifas [i.e. postpartum] does not mean eating a lot, but the food should be from whole grain wheat such as whole grain bread with cup of warm milk and asseda<sup>30</sup> from dates. Meat broth is also very important. And avoid being hungry. These are the most important things at postpartum....”* (Thread 7)

The advice given by the female traditional healer was often repeated by other women within the forum:

*“... I asked her about hunger, she said it doesn’t cause Kharab. However, you should not be hungry...”* (Thread 1)

*“... Hunger is not allowed at postpartum....”* (Thread 1)

Some of these postpartum women were alone or had no one to cook for them, so they asked for advice. For example, one has an old mother who can’t cook frequently, and her postpartum daughter asked them if it is enough to have biscuit, readymade pastry or anything available to her. In such situations, the postpartum woman’s sisters, neighbours or friends can help in preparing postpartum meals. The last suggested solution for her was to make a paid contract with a woman who could cook to make meals for her for one month.

*“It is known that a postpartum woman should never be hungry and should be very keen on her diet. But I have a problem. My mother is an old woman and I can’t ask her to cook the postpartum food at the kitchen all the time. I don’t know what to do? Is readymade food like a biscuit or pastry from the market enough when I become hungry?”* (Thread 7)

This are other examples of women without a postpartum carer to help. She asked others what she could do if there was no one to take care of her during the postpartum period because she was away from Saudi Arabia. She had thought of eating ready meals available at markets. She said:

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<sup>30</sup> See Appendix 6, Figure 1

*“Me too, I have a similar problem. I am away from SA... Is it enough to eat pizza or any light ready meals?” (Thread 7)*

*“Allah blesses your mother. Yeah it is not right to make her cook while you are doing nothing. Do you have any sisters? Or a close friend you can ask to help you? Or any relatives? Or I have another solution; you can ask women who you pay to cook for you for one month and you pay her.” (Thread 7)*

*“Do you have any kind female neighbour that can help you? You can keep dates beside you all the time if you feel hungry. And focus on soups, at least it is healthy, and milk. Allah helps you.” (Thread 7)*

The women emphasized the role of food and diet to restore postpartum health and prevent or treat some health problems. They also warned others of the importance of avoiding hunger, which they called ‘the postpartum enemy’.

#### **6.3.7.2.3 Foods to be avoided**

The women described in detail the kind of foods to be avoided and explain the reasons for this. For instance, they believe sour fruits and vegetables increase vaginal secretions and discharges in a way that they perceive to be unfavourable to sexual health later on. They also believe sticky food like okra has the similar effect of sour food. They also suggested avoiding rice in the postpartum diet because rice helps in gaining more weight and increases tummy size. Other issue raised in their discussion about diet is whether food is best home-cooked or from restaurants. They said it is better to avoid foods from restaurants. The women provided a list of recommended food and that which should be avoided, saying:

*“Avoid junk food.” (Thread 1)*

*“Avoid eating sour food / fruits such as orange and lemon, and avoid eating sticky vegetables such as okra, eggplant....” (Thread 1)*

*“Rice is not recommended because it increases your tummy size and you don’t need that.” (Thread 1)*

### 6.3.8 Everyday threats and constraints

The women within this forum had their own perceptions related to their environment, and they became highly protective of their bodies at the postpartum period. They treated their bodies as valuable possessions and secured them from being attacked by what are believed to be enemies. Ordinary, mundane things and daily life activities become threats during the postpartum period. These things are present in the postpartum women's surroundings, in her diet, and can be from outside their homes. Their major focus is concerned with preventing ill health to postpartum women. Their main concerns revealed from their discussions were: the problem of air, infections, uterus displacement, and vaginal blood flow interruption. These threats were fragrance/sharp smells; cold and air draughts; positioning the body; and hair and body washing.

#### 6.3.8.1 *Fragrance and sharp smells*

Women within this forum regularly warned each other to avoid any sharp or strong odours such as perfumes, scented detergents, and *bukhor*<sup>31</sup> (i.e. scented chips/bricks that are burned in incense burners to perfume the home and clothing with a rich thick smoke). They believe that these fragrances cause a postpartum condition known as *shamam*. They describe *shamam* as an infection of the episiotomy wound, which occurs when postpartum women smell strong perfumes or *bukhor*<sup>32</sup>. They also described the treatment for *shamam* with *kabu shamam* (i.e. some herbs are burned in incense burners with rich thick smoke as a postpartum treatment for certain conditions).

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<sup>31</sup> See Appendix 6, Figure 24

<sup>32</sup> See Appendix 6, Figure 24

The thread's leader described her experience of *shamam*. She was surprised at having this condition despite her avoidance of fragrances. However, she deduced that her infection was from fragranced detergent. She advised her sisters to avoid such sources of infection. However, she looked to them for reassurance to provide their similar experiences.

*"Girls, my stitches are infected and stinging me. It seems to be Shamam. Do you know from where I got it? You will not believe it. I remember that I only smelled the clothes washing detergent in the bathroom. And then I have the infection on the next day. I used to put on perfume before the childbirth to prevent Shamam but I forgot to do that in this childbirth☹. I immediately applied olive oil with myrrh<sup>33</sup> and khawa-jawa<sup>34</sup> [These are kinds of herbs used often during the postpartum period]. Then I used ointment which has a lion picture, and I had antibiotic. Who had the same experience? ☹"* (Thread 1)

Only one of them had *shamam*, but this was said to be from visitors' perfumes and *bukhor*<sup>35</sup>.

The women suggested interventions to relieve this condition using different types of herbs either as drinks or external application. The forms of herbal medicine are different based on what postpartum day the woman is at, for instance, if she has this condition within her first two weeks of postpartum, she will have the herbs in the form of tea. However, if she is within her second two weeks of postpartum, she can externally apply herbs over the affected body part.

*"Drink myrrh<sup>36</sup> infusion. It is excellent for Shamam. If you are after two weeks in postpartum, wash the area with the same infusion. I swear to Allah that you will be relieved immediately. But do not forget to pray for me."* (Thread 1)

In contrast to the previous woman, this participant did not specify certain form of herbs. She said to her:

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<sup>33</sup> See Appendix 6, Figure 10

<sup>34</sup> See Appendix 6, Figure 5

<sup>35</sup> See Appendix 6, Figure 24

<sup>36</sup> See Appendix 6, Figure 10

*“Hello my friend, how are you and your baby? I advise you to drink and wipe your wound with myrrh<sup>37</sup>. It is very effective, and the effect appears quickly. It happened to me from the visitors’ bukhor<sup>38</sup> and perfumes. I used myrrh<sup>39</sup> and it is relieved, thanks to Allah.” (Thread 1)*

#### **6.3.8.2 Cold and air draughts**

The women described air draughts and cold as serious hazards that threaten postpartum women and suggested that this could cause a condition called *Khawa*. *Khawa* is a postpartum health condition traditionally well known to Saudi women. There are two main types according to the affected body part, which are: *Khawa* of the uterus, and *Khawa* of the head. The women describe *Khawa* of the head as a postpartum health condition which occurs when air enters the post partum’s head or ears through an exposed head (i.e. without head scarves). *Khawa* of the uterus is when air enters the postpartum uterus when she is exposed to cold or air draughts. They believe the main places that air can enter the body are the head and lower extremities.

To avoid this, the women emphasize keeping warm and not being exposed to air draughts by wearing trousers, a scarf, and not walking barefoot even during summer time. Therefore, women in postpartum should wear headscarves to keep their head warm.

*“You must keep completely warm and never expose yourself to air draughts. Wear leggings or trousers, and put on a scarf. Avoid walking on your bare feet, even if you have your childbirth at summertime.” (Thread 1)*

One woman enquired about the necessity of wearing a headscarf and socks during the postpartum period because she does not like to wear them. She said:

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<sup>37</sup> See Appendix 6, Figure 10

<sup>38</sup> See Appendix 6, Figure 24

<sup>39</sup> See Appendix 6, Figure 10

*“Hi girls... I’d like to ask you about wearing head scarf and socks at postpartum; are they necessary because I feel horrible when I wear a head scarf. And is it enough to apply Vaseline on my feet instead of wearing socks???”*Thread 23

In response, others tried to warn her about not wearing a headscarf and socks and tried to find alternatives for that. Some shared their experience of having negative consequences as a result of not wearing scarfs and socks. They explained why it is necessary that postpartum women keep warm. Some said that the pores of the body are open during the postpartum period and this can facilitate air entering the uterus. One woman described her suffering from not wearing such things. She said:

*“It is essential to keep yourself warm, particularly your feet and inner parts because your body’s pores are open and air can easily enter your body and uterus through them. I swear to Allah I suffered a lot, I experienced the air problem....”*  
Thread 23

*“I feel it is important to keep yourself warm because if air enters the head or uterus, it is not easy and you will suffer a lot, based on my experience. You better warm yourself. Socks are not that annoying, I find a scarf is the problem. If you want to remove your scarf, try not to be in front of air conditioning.”*Thread 23

One of the women asked whether wearing socks is important if she is in a room completely covered with carpet.

*“...If the room is covered with carpet; is it necessary to wear socks?? For instance, I am 22 days postpartum and I didn’t wear socks... but at the same time I never never walked barefoot over cold ceramic or floor, and I always wear the leggings... but in fact I didn’t wear socks... what do you think???”*Thread 13

Women interacted to answer her question. One said that socks are important to keep you warm in an air-conditioned room.

*“Socks keep you warm from the cold air conditioning.”*Thread 13

One woman found socks made her uterus feel warm and increase the flow of blood discharge whereas if she didn’t wear it, she felt cold, even if she wore leggings.

*"I tried wearing and not wearing socks. When I wear socks, I feel my uterus is warm, and blood flow increase. But, if I didn't wear it, I feel cold even if I wear my leggings."*Thread 13

Others support the significance of socks and for the same reason; keep warm and increase blood discharge, thus the uterus will be cleaned easily.

*"Wearing socks and head scarf are essential things for postpartum, as you keep yourself warm, your uterus will be warm and the discharge flows easily and your uterus will be clean."*Thread 13

These posts were agreed upon by two members known to be traditional healers within the forum. One of them emphasized wearing more than one pair of socks even if they are different. She wrote with large-size font:

*"You are saying the correct thing, right opinion. You must wear 2 pairs of socks at the same time, even if you wear different colours, it doesn't matter, the most important thing is to warm your feet."*Thread 13

The other explained the significance of socks by saying that the uterus will be badly affected if the feet are cold, advising her to wear them starting instantly.

*"It is not correct what you think; socks make your feet warm and increase the blood discharge because if the feet become cold, it will hurt the uterus. Start wearing them now and don't remove them."*Thread 13

#### **6.3.8.3 Positioning the body**

The postpartum women expressed anxiety about damaging their uterus. This was to be avoided by taking up certain body positions while sitting or sleeping. Separating legs widely is seen as harmful to postpartum women, as it could allow air to enter the uterus. Moreover, they explained that sitting in the lotus position with crossed legs will cause an infection to the episiotomy. With emphasis on sleeping and taking periods of rest, they also believed that sleeping in one position could cause uterine displacement as it is still soft and thus easily moved.

*“Postpartum women should lay with her legs straight forward. She should avoid sitting such as yoga sit position, and avoid too much movement because all these activities may lead to episiotomy sutures infection”. (Thread 1)*

*“A postpartum woman should extend her legs and rest. And don’t increase the lotus sitting position [i.e. yoga sitting position] or move a lot, because sutures could be infected and burning you... Postpartum women should alternate their sleep position: on both sides and on back and abdomen to prevent uterus displacement.” (Thread 1)*

*“It is important to rest at postpartum period and avoid sitting even if you feel better. You must lie down and this is the most women’s advice” (Thread 1)*

They also described one of the postpartum precautions; to avoid lifting or pulling heavy objects. They believed it could cause uterine prolapse. They also advised postpartum women to completely rest during this period.

*“Complete rest/” (Thread 1)*

*“Get enough sleep hours; minimum 8 hours daily. And, prevent stress and anxiety.” (Thread 1)*

*“Don’t carry heavy things because it causes uterine prolapse.” (Thread 1)*

*“The most important thing is to rest at least the first ten days. That means no work at all because the uterus is very soft, and it is possible that it moves from its place.” (Thread 1)*

Some women asked about certain positions that they had been warned about from their mothers, and they wanted to check whether their mothers were correct. These positions are bending the back while standing, and squatting [i.e. you lower yourself towards the ground, balancing on your feet with your legs bent]. They said:

*“My mum always says to me don’t bend your back, don’t squat, it facilitates air entering the uterus, is this correct?” Thread 24*

*“My mum said so and I expect it is the truth.” Thread 24*

One of the healers known on this forum supported the statement and described the effects of these positions. She said it causes back pain when bending back. When squatting, air enters the uterus and makes the sutures full of air before healing has



completed. Then, she recommended that women change their toilet seats if they are the old Arabic style which requires squatting, along with referring to the medical advice about avoiding squatting. She said:

*“Bending your back for long periods is bad for you at postpartum because you will have back pain. I mean it is not good to change your baby’s diaper on the bed while you are standing and bending your back; you will be tired. Squatting has never been recommended, even the doctors warn from it because it makes air enter your uterus, as well as opens your sutures. This means that everyone who has an old-style Arabic toilet seat, be aware and change it.”*Thread 24

#### **6.3.8.4 Hair and body washing**

One of the most significant precautions during the postpartum period described within this forum is body and hair washing. The common advice at this forum was to avoid washing the hair and body, particularly at the beginning of the postpartum period. They also provide detailed recommendations for the frequency, duration, and positioning while taking showers. They argued that taking showers could interrupt the flow of postpartum vaginal loss. It could also facilitate air entering the uterus. Others believed that sitting in water while taking a shower could facilitate microbes’ introduction to the uterus. They also advised others to stand while washing their bodies, but they provided no clear reason for this practice.

*“Reduce taking showers, and preferably avoid showering during the first two weeks postpartum. And don’t exceed ten minutes for each shower, and use warm water.”*(Thread 1)

*“Care of personal hygiene is important. Take showers while you are standing. Prevent sitting in water to prevent introducing microbes into the uterus, and pollution.”*(Thread 1)

*“Don’t take showers too frequently. Because of the air problem avoiding showers is highly recommended. Avoid taking showers because a lot of it causes vaginal blood to stop.”*(Thread 1)

*".... I take a shower every two to three days, I can't tolerate it, is that ok or will it hurt me?" (Thread 1)*

The thread's leader replied:

*".... One of the members who is known to be an expert in traditional postpartum care doesn't recommend hair washing. But you can wipe your body or take a shower while sitting...." (Thread 1)*

Then, the woman who posed the question said:

*"Oh my God, I can't just wipe my body; I have to take a shower as usual." (Thread 1)*

*"You have to protect your body from the cold and the most important part is your foot... because your body's pores are open and it is easy for air to enter through it and it can enter your uterus. I had air enter my uterus, I suffered a lot, this was my experience. So you have to keep yourself warm, especially at your lower body parts." (Thread 1)*

*"I feel it is important to keep yourself warm because if air entered your head or your uterus, it is not easy and you will suffer based on my experience. I think there is no problem with wearing socks but the problem is the head scarf. If you got bored with the scarf, you can put it down but try to be not in front of air conditioning" (Thread 1)*

*"That's true. I have a bad experience. I was feeling warm when I was postpartum. Then, I took a shower and forget to wear a scarf over my head. You won't believe what happened to me. I felt as if my head was about to explode. So, try to keep yourself warm. This is based on my experience." (Thread 1)*

The women's discussions within this forum revealed how some threats in their environment were seen as negatively impacting on their health at postpartum period. They described daily life activities and things that were normally carried out before the postpartum period transformed into hazards, including fragrances and strong smells, showers, body or hair washing, cold and air draughts, and body positioning.

### **6.3.9 Impurity and cleaning the body**

The need to reduce postpartum vaginal loss (blood and/ or fluid) flow was a source of conflict within this group. This may be in part due to a possible lack of awareness of physiological postpartum changes related to uterine and vaginal loss within the group. Hence, it was not clear within the thread how they judged when the flow was not as it should be.

*“I used lotus perinea pads, but I feel there is not much blood...I don’t know what is wrong with me.... with this light flow of blood...”* (Thread 1)

*“Me too.... the blood flow is very light. I started adding black pepper to my food and a little bit increased. But now is very scanty... I got bored.”* (Thread 1)

In order to increase the vaginal blood excretion, they used herbs as warm infusion. They believed hot drinks enhance the vaginal blood excretion. They also add some spices to food such as black pepper for the same purpose, believing they became purified and cleaner if the vaginal blood was increased, and thus making efforts to get rid of this bad blood.

*“As you are all postpartum, drink warm to hot drinks. Notice that if you have hot drinks, you will get rid of more blood.”* (Thread 1)

*“... regarding the decrease in vaginal blood amount; I advise you to drink a lot of warm drinks and milk with ginger....”* (Thread 1)

They believed air draughts, cold, and cold drinks prevent the flow of vaginal blood. For example, a woman warned others to avoid air draughts and said:

*“Avoid air draught sources because it hinders the vaginal blood flow..... avoid cold drinks because they also prevent vaginal blood flow, drink a lot of warm drinks to clean the uterus.”* (Thread 1)

### **6.3.10 Different versions of postpartum care**

Comparing postpartum care between Saudi Arabia and other countries was an issue discussed by these women. They wondered why all of these practices are used

during postpartum in Saudi Arabia while other international countries such as those in Europe do not. The group of Saudi women who experienced postpartum care away from their home country had different points of views regarding whether there were some women who did not follow these practices; however, they were concerned about the consequences of these actions.

*“... I am at the 30<sup>th</sup> day postpartum, and I have only two stitches with an empty space between them. The stitches have fallen off, but there is one more which is not healed yet. And, my husband refused to go to the doctor, he said leave it to Allah, and if it is not ok, then go to the doctor. The problem is I didn't use any herbs remedies or herbal perineal wash. I just eat well, and I have a postpartum drink but not always. But I am scared of the result. I am here away from Saudi Arabia, and my mother is not with me. I don't know anyone here....”* (Thread 1)

Some reported to the group that there was no harm if they did not follow the traditions of postpartum. Therefore, they started questioning their postpartum traditional practices according to Saudi culture. For example, one of the participants who lived outside Saudi Arabia described her own previous postpartum experiences and criticized the traditional herbal remedies for the perinea. She said:

*“Peace upon you all.*

*Girls, I have information for you. But I don't know whether it is useful to you or not.*

*Say may Allah bless me.*

*This is the sixth postpartum for me and they were all while I was away from my country. I never take any herbal remedies for postpartum and thanks to Allah I never complain of anything. I believe that this nonsense has nothing to do with perinea area, but I don't deny its benefit for back pain, because I am suffering from back pain.*

*In addition, there are girls strictly applying the program and ending up crying and complaining that the area is not good. That is what makes me distrust this rubbish, or it may be because I had my first three children in Europe, and they only care about diet and exercises. They don't have our rubbish. This is my point of view and I am sure everyone has her own view.”* (Thread 1)

The thread's leader replied, giving everyone the right to personal choice, but emphasised the traditional approach to postpartum care and said:

*"... Regarding herbal remedies, every woman knows herself. So if you are ok with your way, then do it and good luck."* (Thread 1)

### **6.3.11 Creativity / art of postpartum care**

Women within this forum described how they had developed and invented methods over generations to achieve their postpartum health goals. Today, ways to follow some traditional postpartum care have been changed from the older generations. For example, supporting the abdomen during the postpartum period was traditionally carried out by using *shemag*<sup>40</sup> (i.e. pieces of cloth worn over the head by Saudi males as a traditional custom. Women have now developed ways to make *shemag* more comfortably applied to the abdomen (See Appendix 6, Figure 13 for an illustration of their method) by use of a hard-cover A4 notebook to harden the area of *shemag* which is placed over the abdomen, extending from under the ribs to above the pubic area. Another example is how postpartum women do the *kabu*; this is a method the Saudi women often use to prevent air problems in the uterus, and it is usually done by placing traditional dry herbal remedies which have been burned on charcoal, and which are placed in between the women's legs to facilitate the smoke entering the vagina. To prevent the risk of burning and decrease the discomfort of the position, the women created a new method for doing *kabu* (See Appendix 6, Figure 2). By using toilet seat or toilet bidet, they place a piece of cork inside it, and then they put the incense burner over the cork to prevent any instability of burner. Therefore, they can sit comfortably on the toilet and ensure the smoke resulted from herbs burning will enter the uterus.

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<sup>40</sup>See Appendix 6, Figure 28

### 6.3.12 Husbands

Although husbands did not participate in this forum, they were frequently mentioned during conversations regarding postpartum. Husbands were strongly related to the postpartum women's care for their bodies to return to normal. Some of the women recommended their postpartum practices based on their husbands' feedback after they had followed the program. For example, one woman used an Indonesian herbal remedy in the postpartum period, and she said to others it was an impressive remedy. Her proof of its fruitfulness was that she had achieved being better than before and her husband reported that she was like a bride/virgin. She said:

*"..... I feel that the most effective thing I consistently used it is a mixture of herbs I add it to milk... they said it is an Indonesian remedy. It is really efficient. I mean after the postpartum, between you and your husband... These were the remedies I used and Allah is witness to me, now I am nine months from my last childbirth, my situation with my husband is better than when I was a bride..."* (Thread 5)

The women believed that the postpartum period was like an exam that leads to either success or failure, with their husbands as the judge. They work hard to succeed at this period. Some described how they could know whether they experiencing postpartum correctly or not. They said results will appear after the postpartum period and be evaluated by their husbands. For instance, when a participant asked others how she knows whether her postpartum was successful, she said:

*"Girls how do I know if I have a successful postpartum, as a woman finishes her postpartum period and she does not know. I am at the 10<sup>th</sup> postpartum day and I want to finish postpartum successfully. Therefore, I write here to ask who is an expert."* (Thread 10)

The replies were varied between those who do not know and those who gave her indicators such as:

*"You will not know within this period but it will be clear after finishing postpartum."*

*“You will know when you go back to your husband after postpartum. But, you may know if the amount of your vaginal secretion reduced.”* (Thread 10)

*“I pray to Allah for you to be the best bride after postpartum.”* (Thread 10)

She appreciated their replies and said:

*“We will wait to learn what my husband thinks at that time.”* (Thread 10)

The majority of women within this forum described how their husbands judged the right or wrong postpartum care from the first sexual intercourse after this period.

*“Don’t listen to those who said the postpartum care is nonsense. And listen to those who said our husbands changed, and those who said our husbands re-married. Believe me, the most important thing for men is this thing. They will feel any change, they can feel the difference. So, take care of yourself.”* (Thread 15)

*“I had a similar experience. I didn’t care of myself at postpartum. But when I came back to my husband, I discovered I am to... too wet with lot of secretions like the sea. I didn’t feel anything during the intercourse and I get upset... but don’t worry I took care of my diet and myself during menstruation and I was improved....”* (Thread 15)

However, not all believed that postpartum care plays an important role for women and they believed that postpartum care will not affect sexual life.

*“I did what you have done and nothing happened to me. My husband loves me more....”* (Thread 15)

### **6.3.13 Being ready to re-enter the society**

While the women were in their postpartum period, they worked hard to give themselves a makeover physically. They used herbal remedies and contemporary beauty products for this purpose. Therefore, they shared their own experiences of beauty tips and methods for hair, body, and skin care. Moreover, they recommended the names of the best beauty salons for others. They also described what they did or planned to do for

their beauty care and makeover. They considered this the norm that needed to be done before going back to their husbands (after 40 days), so they could surprise their husbands with their new look. Also, it was apparently expected by the society that this should also include some modification to the appearance. This woman had finished her postpartum period and she was delighted that she was more beautiful, but she was upset due to her unmet weight loss target.

*“Hi girls, I will finish my 40 days postpartum next Wednesday. Thanks to Allah, with fair and pure skin, long black hair. Everything is perfect but the body... my weight is 60 kilos... I was planning to finish my 40 days with 50 kilos body weight... I am too upset.”* (Thread 1)

## **6.4 CONCLUSION**

In this chapter, the analysis of the online forum described the key themes of becoming sisters, expertise and judgement, confinement, striving for normality and trying to be better than normal. The significance of everyday threats and constraints, impurity and cleaning the body, naming and metaphors, different versions of postpartum care, the art of postpartum care, and the role of husbands were important factors that influenced their postpartum experiences in their journey to being ready to re-enter the society. Most of these themes are similarly reported in literature of cross culture.

Importantly, the women perceived the postpartum period as a golden opportunity for recovery, physically and psychologically, and the women also often related and treated their postpartum health conditions by spirituality. Changes in the self and body after childbirth is strongly placed within the women’s stories, and they worked hard to reverse the effect of pregnancy and childbirth during the postpartum period. The women’s perception of their bodies was different from the medical views; such as their belief that their body is open during the postpartum period, which resonates with the findings of other cultural studies in the literature. The work these



women did to improve their postpartum body is strongly present within the online discussions. Other significant aspects include how these women use their online group discussions not only for support, but for expressing their anger and criticism. In the next chapter, the findings from semi-structured interviews with the postpartum women will be described.

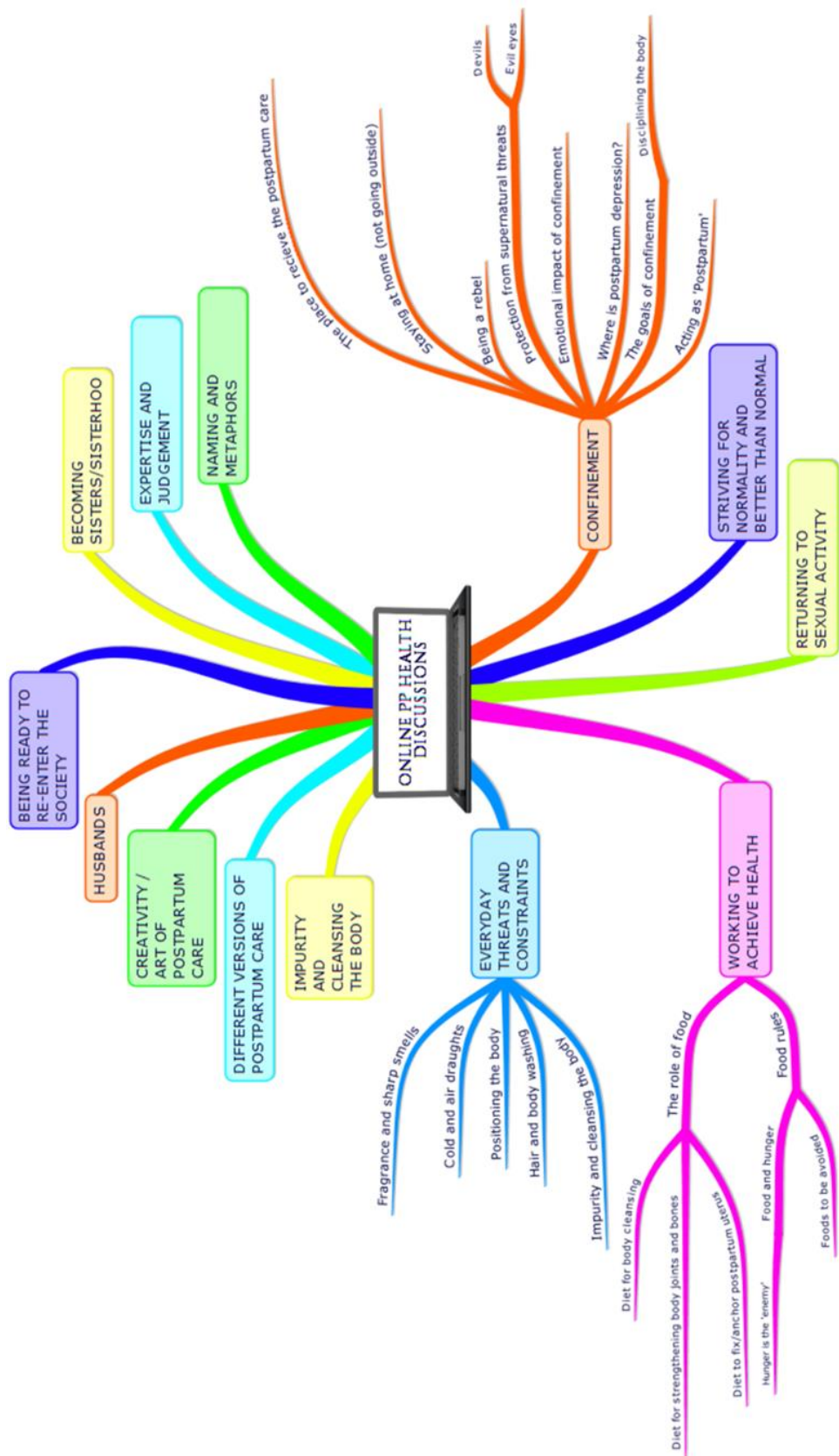


Figure 5 Themes from online data

Audi trail (Online discussions)

Quote in English	Meaning unit	Condensed meaning unit	Subtheme	Larger theme
<p><u>"I obscurely went to my husband's family's farm at night. I thought that nobody will know about me, but I surprised with all the family members were there for a party. Hahaha I really embarrassed"</u> (Thread 2)</p>	<p><i>"I obscurely went to my husband's family's farm at night"</i></p>	<p>Going outside the home during PP period is culturally unacceptable in SA. The woman was not following PP confinement but her act was hidden.</p>	<p>Being a rebel</p>	<p>Confinement</p>
<p><u>"Despite having a normal delivery, I didn't feel fine until I completed the 20<sup>th</sup> day postpartum. I went outside home and of course I was sneaking because I was afraid of evil eye, and it was windy day. When I came back, my uterus was aching and enlarged, then I found out that air entered me...Hahaha... so why this suffering, stay at home and then you will have all the time to go outside...."</u>(Thread 2)</p>	<p><i>"I went outside home and of course I was sneaking" "...because I was afraid of evil eye" "...it was windy day...my uterus was aching and enlarged, then I found out that air entered me"</i></p>	<p>Resisting to the confinement practice but it was hidden. Reason for her fears of leaving home was because of evil eyes. Other threat has been revealed to the woman; windy weather 'air'</p>	<p>Being a rebel  Threat of Cold and air draughts  Threat of Evil eyes</p>	<p>Confinement  Everyday threats and constrains</p>
<p><u>"I feel if we go outside home, we will be happier and our emotional state will change, but I don't know why they don't"</u></p>	<p><i>"I feel if we go outside home, we will be happier and our"</i></p>	<p>Knowing what could improve her mood; going outside home for a short break. Passively refuse the practice with the</p>	<p>Being a rebel</p>	<p>Confinement</p>

Quote in English	Meaning unit	Condensed meaning unit	Subtheme	Larger theme
<u>allow us to.</u> " (Thread 2)	<i>emotional state will change</i> <i>"I don't know why they don't allow us to"</i>	Obedience to other women who have more experience; including her mother	Authoritative knowledge	The importance of mothers The importance of old women and generation.
<u>"The only thing caused to us depression and illness is confinement to home.... I will do whatever I want; I don't care of other people criticism or an evil eye, my psychological state is much more important to me. I will go outside after saying the prayers and nothing will happen to me if Allah willing."</u> (Thread 2)	<i>"The only thing caused to us depression and illness is confinement to home"</i> <i>"I don't care of other people criticism or an evil eye, my psychological state is much more important to me."</i>	Opponent to the confinement practice because she believed it causes depression and illness	Being a rebel	Confinement
<u>"Yes, I swear to Allah, there are a lot of postpartum depressions here because of the confinement to home and the precise postpartum system which have to be followed; herbs and Bukhor and other nonsense...."</u> (Thread 2)	<i>"there are a lot of postpartum depressions here because of the confinement to home and the precise postpartum system which have to be followed"</i>	Refusal of the confinement and the traditional Saudi postpartum health practices because she believed it cause depression.	Being a rebel	Confinement

Table 3 Example of audit trail form analysis of online data

**CHAPTER 7**  
**FINDINGS**  
**INTERVIEWS WITH THE POSTPARTUM**  
**WOMEN**

## **7 CHAPTER (7) FINDINGS II: INTERVIEWS WITH THE POSTPARTUM WOMEN**

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### **7.1 INTRODUCTION**

Having described the phenomenon of ‘what is being healthy at nifas’ in SA from perspective of the women’s online discussions and stories, this chapter presents in detail the experiences of a small number of postpartum women. These women were interviewed face to face, using a semi-structured outline that guided the topics of interest. This enabled the researcher to use these interviews to look at the phenomenon from another angle.

This chapter includes analysis of interviews with seven postpartum women within their 40 days postpartum which were carried out in their carers’ homes. These interviews were carried out during the January’ 2011 and August’2012. The participants’ names used here are pseudonyms assigned to them to protect their identities. All of the participants had a normal vaginal birth, three of them were first-time mothers (Albandary, Noora and Lu’lu), three women were mothers of a second baby (Jawaher, Maryam and Nouf), and one of them was a mother of her third baby (Haneen) (Table 4). The main themes that emerged from their analysis were: confinement, achieving health and working at being healthy, everyday threats and constraints, trust, warnings and consequences, and striving for normality. In each theme there are sub-themes, and these themes are discussed in turn.

<b>Participants</b>	<b>Age</b>	<b>Parity</b>	<b>Educational level</b>	<b>Occupation</b>
Albandary	20	1	Undergraduate student	Student
Noora	25	1	Bachelor degree	Housewife
Lu'lu	26	1	Bachelor degree	Working
Jawaher	26	2	Bachelor degree	Housewife
Maryam	27	2	Bachelor degree	Housewife
Nouf	24	2	Bachelor degree	Working
Haneen	32	3	Bachelor degree	Housewife

*Table 4 Postpartum women participants' details*

## **7.2 THEMES FROM THE INTERVIEWS WITH POSTPARTUM WOMEN**

### **7.2.1 Confinement**

Similar to the online findings, the experience of confinement is a key theme and within this there are subthemes; postpartum is a very special period, acting as postpartum, emotional strains of postpartum period, family and visitors' support, negative feelings, burden of the new responsibilities, joyful time, and finally, the shock of my life.

All these women believed that it is important for postpartum women to spend the 40 days postpartum at home and to comply with the restrictions on going outside the home unless it is urgent, especially during the first two weeks. In addition to describing this practice as a cultural tradition, confinement in the home is also seen as having many purposes from preventing ill health and evil eyes to being uncomfortable

sitting on car seats with episiotomy. For example, Albandary explained that her confinement at home during the postpartum period was primarily because of the Saudi culture's expectations from a postpartum woman; unless it was something urgent such as a hospital appointment, she said that going outside the home was unacceptable in her culture. She was laughing ironically when she imagined her visitors coming to meet her and finding out she was not home.

*"I don't go outside the home at this period because, you know, people will talk and criticize you and I don't want to be in this position. Imagine, women come to visit me and when they ask about me, they say she is outside the home [laughing] it is unacceptable to our culture, so I remain at home unless I have urgent things such as hospital appointments..."* Albandary

Jawaher also talked about it being uncommon in Saudi culture for postpartum women to go outside their homes. She said that visitors were used to calling them before visiting, so she tried to be available when they were expected. Also, she expressed her worries from people's talk and evil eyes having an effect on her if she was seen outside her home.

*"If someone calls to visit me, I will stay at home because it is uncommon in our society postpartum to go outside the home, so I don't want anyone to talk about me, besides you know the evil eyes..."* Jawaher

Haneen showed some flexibility about the rules of home confinement during the postpartum period. She said that if there were something urgent to do outside the home like a hospital appointment, she could leave. However, she preferred to rest at home



rather than going outside for something unimportant because she said it was uncomfortable to sit in the car when she had episiotomy sutures. It is worth mentioning here that episiotomy is a common procedure in SA, as a study reported the overall rate of episiotomy is 52.20% (Saadia 2014). Also, she said that it was uncommon to see postpartum women outside their homes during this period.

*“...if there is something urgent or important, I can go outside the home but if it is not important, it is better to rest at home... I feel it is difficult to leave the house because it is painful for the episiotomy wound when you sit in a car for a long time, it is not comfortable at all...”*Haneen

The women during this period recommended staying at home and not going outside to prevent unwanted health consequences such as Shamam. For example, Jawaher believed in restricting women to the home during the postpartum period because going outside caused air to enter the uterus, and although she was not sure, she said it may cause colic.

*“Going outside the home is limited while I am postpartum...because air will enter the uterus if you frequently go outside... I think it may cause colic or something...”*Jawaher

Noora described her sister-in-law's beliefs regarding going outside the home by car and she believed that this was the cause of Noora's back pain. The sister in law described the postpartum women's back as being 'wet and soft, implying its fragility after birth, and encouraged her to rest, sleep and take herbal medications in order to

regain her strength. Also, she emphasized the importance of including meat in the postpartum diet for the same purpose.

*“My sister in law said to me, it is not good for you to go outside home even if with the car which caused back pain for me. She said my back is still wet and soft, it needs to regains its strength through rest and sleep in addition to herbal medications for back strengthening. Also, she said I have to eat meat to be strong and my back is exhausted due to pregnancy for 9 months...” Noora*

Noora described her bad emotional status during her postpartum period; she felt down, tearful and heavyhearted, and she expressed her desperate need for any change in her current environment, including changing the wall paint or furniture because she felt that change could relieve some of her stress. Although she appreciated her family’s support, she expressed the boredom of being in the same room and in front of the same walls watching television and monitoring her baby, which caused her to ask her husband whether they could go out to a café. She said her mother didn’t agree with her, but she did so to relieve her daughter’s stress, although on the condition that she was not to say a word to anyone about this to prevent people’s criticism. She explained that her mother’s request to keep it hidden was because it is known that Saudi postpartum women should stay at home during this period unless it is urgent. Here it can be seen that Noora knows what will improve her mood but feels the cultural restrictions, this tension between what the postpartum women need and their cultural norms are also reported across cultures.

*“We have the same tradition, postpartum women have to be at home and never go outside unless it is urgent. But, I was feeling down and crying, and then my husband came to take me out for a coffee, so my mother agreed but she asked me not to tell anyone about it. I was fed up with being in bed watching the television and facing the baby who is crying most of the time. I asked my family to make changes to their home such as change the paintings or furniture, I wasn’t standing myself and I felt there was a heavy thing over my chest, despite that my family were around me talking to me and bringing anything I needed or liked. You know, I think this is because of pressures on me with all of these constrictions and with the nonsenses I read from online forums, which I wish I didn’t read...” Noora*

In contrast to the previous women, Albandary described her feelings toward her postpartum experience, which she felt was different than those she knew; she expressed her happiness, joyfulness and the excitement of having the social intimacy and support she had from her family and relatives. She was thrilled at being with her mother and sisters in the same house for a long time not just for a visit, but it made her wish that it would not end. However, she was upset by the restrictions on leaving home and too many visitors. She appreciated her family’s support and pampering and rest.

*“I don’t know whether other women have similar feelings towards the postpartum experience; I do really find it a very nice experience and I enjoy it too much. You find yourself again with your mother and your sisters in the same place, it is exciting. Believe me, I wish this period would never end, but there is one single thing that bothers me at this time which is; I can’t leave home and I have to be available for visitors; there is always visitors; you know what I mean, but at night the fun starts with my family; we chat and laugh, it is a nice feeling [laughing]...I am relaxed with nothing to do and all things I need it come to me once I ask for it...” Albandary*

With all of these pressures upon postpartum women, they were being cared for and looked after by their carers, families, friends and neighbours. They felt pampered

and nurtured at their carers' homes, however, some felt constrained by these restrictions. The detailed description of these women's perception of the role of the postpartum period is reported in the next section.

#### ***7.2.1.1 Postpartum time: restoring health and becoming better than before***

The interviewed women described the unique nature of the postpartum period and explained how important it was to work hard for their health restoration at this special time. This period is preceded with the period of pregnancy and childbirth which are exhausting for the women, and during which women experienced changes in their health and their bodies. Therefore, the women described that this period was their chance to restore their health and reverse the effects of pregnancy and childbirth, and in addition, it was a chance for the women to become better than they were before the pregnancy.

For example, Haneen described the changes that occur after giving birth, which were exhaustion and experiencing body changes, including expansion and dislocation of some body organs in addition to the episiotomy wound. She said that after the extreme exhaustion, she became weak and was in need of very special care to improve her health.

*"When you give birth, you are so exhausted, and the body is entirely changed, expanded and dislocated, especially if there is a wound. As I said she has exerted too much effort at delivery, she became very weak and desperately needed very special care..."*Haneen

Similarly, Nouf explained her feelings towards the postpartum period when she considered that time as ‘a watershed’, which serves as a dividing line between two extreme outcomes: either women returned to their normal pre-pregnancy condition, or there was a worse outcome, as she described, when this time ended, but they were not in a good condition.

*“For me, I feel this 40-day period is a watershed; either you are back to normal or you tend to be not good, honestly....” Nouf*

Jawaher also highlighted the importance of this period to women’s physical health. Following childbirth, she described women’s bones as becoming very tired, their blood volume decreased, their uterus was displaced into a lower position than normal, and they had episiotomy wounds. She believed that they deserved to be looked after and be taken care of because they were exposed to a lot of exhaustion.

*“It is a very important period because a woman has just given birth and during childbirth her bones are very tired... she lost a lot of blood and her uterus is located lower than normal and there is an episiotomy... she is really tired, and because of that she needs someone to take care of her.” Jawaher*

Nouf gave more details about the postpartum women’s bodies’ condition, describing the uterus as being open and the bones being disjointed; therefore, she believed that women needed special treatment and care during their postpartum period.

*“At postpartum the body is very exhausted and needs very special care and attention, umm... the uterus is still open, and the bones are disjointed, all of these need attention and care from you...” Nouf*

Maryam described a postpartum period as a period of rest, recovery and learning for women, and emphasized the importance of being with their mothers and family for support and help such as cooking and caring of a baby. She emphasized the need for good nutrition during the postpartum period to restore health and compensate for the loss of health during pregnancy because she believed babies have an effect on their mothers' health then.

*"I considered the postpartum period as a period of recovery and rest for the mother. Also, it is a learning period particularly if the woman has her first child. She must stay with her family and her mother to learn. It is important to be with her mother so there is someone to help, assist, and cook her food... the postpartum period perhaps is different; the postpartum woman has just had her baby after the pregnancy period in which the baby absorbs things from her body and because of that she has to nourish herself to strengthen her body again; she has to make more effort to compensate for her loss at pregnancy and childbirth."*

Maryam

#### **7.2.1.2 Acting as postpartum**

All these women emphasized the importance of 'acting as postpartum' and displaying their postpartum status to others. This was described as having an ill and pale appearance, resting in bed without wearing any make-up or clothes that are usually worn by non-postpartum women. They believed postpartum women should wear special pieces of clothing such as headscarves, leggings, and socks. They recommend not putting make-up on during the postpartum period to prevent evil eyes from the surrounding relatives and visitors. For example, Nouf described her attitude

when there were visitors. Based on her mother's instructions, she had to wear special postpartum clothes such as nursery robes; she had to lie on the bed and be covered with a decorated duvet cover. She adds that her mother said that it was a shame to be seen mobilized during the postpartum period or to be seen in her tracksuits, even though Nouf found them more comfortable than her robes. She said all of these were unacceptable within Saudi culture, so women avoided doing such things so as not to be criticized by others. With an intense tone of voice, she said that she was concerned by what other women would say if they saw women like that. When visiting postpartum women, they expected them to be exhausted, appear ill, and look like a woman whom Allah saved from death and other serious things during childbirth.

*“My family prepared a bed for me in the guests’ living room; this is only when there are visitors. But I usually sleep on a large sofa in the family living room; they put on a bed sheet and pillow as well as a cover for me to be with them in the daytime. If there are visitors, I must wear a luxury nursery robe with matching slippers, and I have to lie down on bed and they cover me. I asked my mother why I could not wear a training suit I like to wear. She said what a shame; it is not acceptable in our culture, what will people say? I said, but why must I do that? My mother said do you want them to say, HEH, SHE IS WALKING AND THERE IS NOTHING WRONG WITH HER, HEH SHE GAVE BIRTH, IT MEANS SHE HAS BEEN IN SOMETHING DIFFICULT AND SHE IS JUST DONE FROM SOMETHING MORE DIFFICULT, ALLAH SAVE HER LIFE, etc., dear you can’t sit in front of the visitors like that...”*Nouf

Maryam described her habit of wearing high-heel shoes, which was confronted by warnings from her visitors who said it was too early for that and she was not

supposed to do it. She described her carelessness of the visitors' warnings because she missed her enjoyment in wearing such shoes.

*"When we have visitors, I used to wear high-heel shoes, they start warning me and they said it is too early for you to wear high heels. I said I didn't wear high heels for the whole pregnancy period, so let me enjoy them now." Maryam*

Maryam, who was a deviant case and had a very different approach and beliefs than the other women in the sample, expressed her disagreement with other women's attitudes of exaggerating acting as a fragile postpartum woman and the expectation that women were supposed to show their tiredness and weakness. She refused to act ill because she believed she was not, although she described her exhaustion in the first couple of days which prevented her from taking care of her appearance, such as putting on some make-up in front of visitors. Indeed, she felt very well, which made her feel appreciated and thankful to Allah. She criticized visitors who were surprised to see postpartum women dressed in nice clothes and taking care of their appearance, which she believed causes evil eyes that could affect their health.

*"I heard about some women who exaggerate being postpartum but I am not one of them. Why I don't put on make-up; I am not ill. Look, at the hospital for the first two days, I didn't put any make-up on because I was really tired. But after 20 days postpartum, I feel well, thanks to Allah, so why should I not put on some make-up and wear nice clothes to welcome the visitors... why pretend to be ill while I am not. There are some people who think that you are a postpartum woman and you are still not well, so if you put on make-up and make your hair and wear nice clothes, they will say HEH [she was gasping], is this a postpartum woman who's supposed to be tired? I mean they can affect her with an evil eye.*



*So you have to look like an ill postpartum woman to prevent the evil eye from the visitors. But I strongly disagree with that.”Maryam*

Albandary expressed her feelings of boredom with lying in bed all the time, which she believed was unnecessary. She managed to find a modified way to balance the practice of confinement to bed as she describes below:

*“I am bored from being lying on the bed all the time; I don’t like that and most of the time, I was sneaking outside my room to sit on the sofa in the living room. It is normal; I believe that after 10 days postpartum, I can freely move and walk because the pain is much less than it was before that....”Albandary*

However, she believes that this behaviour had consequences for her health. She recalled one situation in which she met her visitors with nice hair, beautiful clothes, earrings and some light make-up; she described her visitors’ surprised reactions towards seeing her like this, which was in contrast to their expectations. She described her complaints of severe lower back pain and her sutures falling off following this situation as consequences of these visitors’ evil eyes. Then, she said the visitors were expecting to visit a weak and exhausted woman lying in bed.

*“I don’t know but this is what the women say; what happened to me including my suture opening before its time was because of evil eyes. I remember before the 20<sup>th</sup> day postpartum I had visitors and I wore a very nice kaftan, I nicely made my hair and I put on nice earrings, then the visitors were surprised and gasped seeing me in that way. Then, I had a severe low back pain and my sutures fell off. The women I knew said that was because I didn’t look like a postpartum woman, they assumed the visitors said to themselves that she walks normally instead of lying on bed and being exhausted...”Noora*

### **7.2.1.3 Family and visitors' support**

The participants described and appreciated their families' and their visitors' support to them during the postpartum period. They also emphasized how significant the support is generally to postpartum women, which they described as essential for postpartum psychological health. The following example implied this theme.

Jawaher, for instance, appreciated being with such a supportive family, as they were always around her, looking after and entertaining her during her postpartum period. She said that their support was an important factor in enhancing her psychological health. She said that her husband was there for her too, supporting her during her postpartum period.

*"Thanks to Allah, my family are very supportive and they don't let me need anything. They are always around me. They put a television in the room I sleep in so I will not feel bored... even the visitors make me happy by their visit, I like that...my husband is also supporting me..."*Jawaher

Although Maryam was at her mother's home where she received all the support she needed from her family, she has drawn the attention to consider another influencing factor on the postpartum women's emotional status. Maryam described other factors affecting the psychological status of a postpartum woman. She gave an example of one factor which was her husband's cooperation and understanding of her new responsibilities, who she believed would be a good relief of stress in contrast to a demanding husband who is unsupportive or unhelpful.

*"In addition, I feel that there are other factors influencing the postpartum women psychological status. Most importantly, the husband; for example, if the husband is demanding, gives orders and see himself as the most important thing, such kind of man exhausts the woman. But if he is understanding and says to his wife "take care of the kids then take care of the house and cooking," I feel this is more comfortable than the previous one." Maryam*

In addition, the women often described their enjoyment of being visited during their postpartum period. For example, Jawaher said she felt happy when she had visitors.

*"I feel so happy when visitors come to visit me..."Jawaher*

Haneen described her feelings when she was visited by others: she felt that there were people who cared about her, and she said that she was bored when there were no visitors, as in her recent postpartum experience. Her postpartum was during Ramadan, when people were very busy.

*"I feel when someone visits a postpartum woman, she will feel good because there is someone caring about her...you feel, I don't know of boredom, if there are no visitors such as in my case people are fasting and no one has the chance to visit me..."Haneen*

It was noted here that there is a difference between the women who are the focus of family care during the postpartum period and those who are not. For example, Haneen seemed unhappy due to her recent situation. When asked about her recent postpartum experience, she described it as an exhausted period and said that she needed more attention and care. She said that in some ways she blamed her mother; her postpartum was during Ramadan and she had many responsibilities with her kids. She

said ‘you know’, as though this were the normal thing, and these things are culturally commonly known and have to be, but she didn’t believe it. Her mother was an older woman, busy with Ramadan prayers and meals that apparently took her away from her daughter’s postpartum care. Therefore, Haneen was the one who completely took care of her three kids, and this prevented her from taking care of herself. She compared this to her first postpartum experience, which she was satisfied with, to her recent one, which was the opposite. She believed that it was important to focus on two main things during the postpartum period: diet and rest. Then, she said that it depends on the situation, and she pointed out that it was not possible for her mother to take care of her diet and rest.

*“This period is certainly exhausting. You know a woman is exhausted and you want someone to take care of you and more attention and also the kids, you have too many responsibilities. This postpartum is different than the first one, in the first you are completely focused on yourself, but now you have a lot of things to think about beside yourself. But, the most important thing is to take care of diet and rest and of course these also depend on the situation; whether they’re possible or not.” Haneen*

### **7.2.2 Emotional strain of postpartum period**

The participants described their emotional state during the postpartum period; regardless of their families’ support to them which they appreciated, they found it a difficult experience with the absence of their families’ support. However, they did experience emotional strain. The emotional strains within the confinement are

described below in turn, which include negative feelings, burden of new responsibilities, joyful time, and the shock of my life.

### **7.2.2.1 Negative feelings**

The women described their negative feelings during the postpartum period including boredom, feeling down, tearfulness, and loneliness as evidenced by the following quotes.

Jawaher described her feelings of boredom about the routine of the postpartum period; for example, she said that her breakfast was the same every day and there were no choices.

*“Every day I have the same breakfast until I said to them “I don’t want this breakfast anymore, I want to have my breakfast with you and like what you eat, it is really boring, I am tired of the routine”...”Jawaher*

Jawaher also described her psychological state during her previous postpartum when she was feeling down and crying without knowing the reason. She said that she experienced those feelings ten days after childbirth and continued to feel that way for two more days, and then she was relieved. She thanked Allah that she had no such feelings during her current postpartum period. However, she complained of losing her temper with her older daughter due to her daughter’s jealous behaviours towards her new sister.

*"I had depression at my first postpartum, 10 days after birth... I was crying and I didn't know why I was crying, I didn't know what was wrong with me, I was depressed all the time... it was only for two days. Thanks to Allah this postpartum I don't have any depression but I easily lose my temper, you know my older daughter is jealous of her new sister, I feel upset when I see that, I am worried about my housemaid, she was thinking of leaving us but thanks to Allah she changed her mind and stayed to help me..."* Jawaher

Similarly, Haneen felt alone, struggling without any support, and that made her upset and sometimes she cried. Yet she said she only cried twice between childbirth and the time of the interview.

*"You must be upset and feel down because of being alone, especially with all of these responsibilities... sometimes I cry, but not too much, maybe twice till now..."* Haneen

And Noora described other postpartum women as susceptible to tearfulness and depression because of Jinn. She described the belief that Jinn possessed the postpartum woman's body because of it not being pure and clean.

*"They said a postpartum woman is susceptible to depression and they mean because of Jinn. For example, if the postpartum woman cries too much, Jinn will get inside her because she is not pure and clean at this time, so she has to take care of her emotional status and avoid feeling depressed. When my mother saw me cry, she immediately came and sat beside me, trying to calm me down ..."* Noora

#### **7.2.2.2 Burden of new responsibilities**

One of the overwhelming thoughts these women described was the burden of the new responsibilities including the new-born's care, and the feeling of temporary

loss of control over their life due to the new social change they had; this was reported by the postpartum women as clearly presented in their quotes.

For example, Haneen described the postpartum period as a ‘mess’ and stressful one with a large burden of responsibilities. She expressed how this affected her psychological status, particularly during the early postpartum days, but then she said that she tried to organize her priorities and responsibilities.

*“I don’t know; this period is a mess. I mean I am under too much pressure; the pressure of responsibilities. All of these influence my psychological status but thanks to Allah, at the beginning I didn’t know what to do, but I try to rearrange things...”*Haneen

Similarly, Nouf described the postpartum period as not a nice one, full of many responsibilities. She believed that the postpartum period was a larger version of the menstrual period, comparing the similar psychological states. She described that her mood was distorted during her 5-day menses, so the 40-day postpartum would be more extreme, as she described it as ‘rubbish’.

*“The circumstances of postpartum are not so nice, besides you have to take care of yourself. Imagine that the mood is distorted at the 5-day period, what will be the case if the period becomes 40 days? The mood and behaviour will be rubbish, hahaha.”*Nouf

When the researcher asked Nouf how she would describe her health during her recent postpartum experience, she answered that her health during her first postpartum was better than her health during her recent second one. This was because the focus

during her first one was on her, as her baby was quiet compared to her most recent one; her responsibilities increased during the second one and she needed to reorganize her life again. She appreciated her family's support but was worried that she couldn't control her life as before.

*"My health at my first postpartum period is better than this one. Thanks to Allah. Now I have two kids ... at the first one, the attention was completely on me and there was a little quiet baby, but now there are two and I am already tired... everyone here is helping me but still I am not sure that I can do it... take all these responsibilities, I don't know, I want everything under control..."*Nouf

Maryam also expressed some of her worries and believed in the importance of being with company at postpartum to prevent being alone, which triggered her tearfulness and crying due to worrying about the future. The main things she was worried about were losing control and the burden of new responsibilities, such as how she would take care of her baby after going home without any support, which led her to think of other things like blaming herself for being pregnant and giving birth. She described her other children who she believed were difficult to deal with, besides she had no maid to help her in her own home. Then, she tried to convince herself that there must be a solution for any problem to alleviate her stress.

*"At the postpartum period, I feel I must never stay alone because I will start thinking, and I don't know why I feel like I want to cry suddenly. So you must not think of things that you don't need to think about it. I mean live your day as it is, and don't think of things like what I will do with this child later on, how will it help me and such things which leads to why I became pregnant and why I gave birth and why and why... if I stay alone, I start worrying about if the baby*



*becomes sick, and how I will deal with the new responsibilities; I have now two kids, the older one is stubborn and spooky, how can I control the situation; the house and the kids, I don't have a housemaid [housemaids commonly serve families in SA]. Then, I tell myself; why think like that, there is a solution for any problem, so there's no need to think about it now."*Maryam

### **7.2.2.3 Joyful time**

Lu'lu's experience was different from the other participants because she described her emotions in positive terms; she said she was happy and she believed the feeling of being a mother was the sweetest thing she had ever felt. She had her first child with a lot of support from her family; all of her family members helped her and were always available for her. She felt secure and cared for. She also referred her happiness to her visitors who frequently visited her every two days.

*"My emotional status has not changed so much, being a mother is the sweetest feeling you ever had... the things that concern me are how I can control my new situation; my place and my body are changed; and I have a new baby... I feel nervous and I don't know how to reorganize my life, do you know what I mean.... But overall I don't feel depressed and I am very happy... all of those people around me; here is my mother, my brothers and sisters, all of them are highly supportive to me; one is carrying things to me and the other gets something else for me, even the visitors are visiting me every two days, so I don't feel down or stressed... maybe if there was no one here for me, I would be depressed...."*Lu'lu'

Also, Albandary explained other people's beliefs which she didn't support; the belief that postpartum women are susceptible to unpleasant feelings such as being depressed and feeling down because of being exempt from acts of worship. Then, she

described her own feelings of happiness and joy at such period, except for the experience of being critiqued and advised by her visitors, which she did not like.

*“I don’t know, they said a postpartum woman feels down and can be depressed and they said because she can’t pray and do religious things she used to do and things like that, and because her husband is away from her. However, I don’t have the same feelings they describe, it’s opposite to that, I feel happy and have fun and I didn’t experience any negative emotions. But, I didn’t like visitors who are old women; I feel uncomfortable with their criticism of my actions; why you do this and why you don’t do that....”* Albandary

#### **7.2.2.4 The shock of my life**

Noora was a first-time mother with no information related to childbirth and postpartum, which resulted in her being extremely surprised with a lot of new information and strange experiences. Therefore, she expressed that the period was ‘the shock of my life’ and she described herself as being unprepared for the new experiences, including the episiotomy and the Saudi postpartum healthcare provided by her mother. She said her mother shocked her with her explanation of what is expected during postpartum; she gradually introduced that information to her at the time of application of any health practices.

*“Honestly, it is the shock of my whole life; my suffering in postpartum is far more than in pregnancy. I didn’t expect that; I mean things like episiotomy, you should take care of yourself, you have to soak in water and salt, you have to apply creams and other things which I find it surprising. Believe me, I am shocked whenever my mother tells me new things related to the postpartum period....”*

Noora

Noora described her confusion and fear towards the large amount of advice she received from other women. She received such advice from her mother and any women who visited her, of different age and from any relatives as long as they had previous postpartum experience. Therefore, the advice from her mother and friends denominated the experience for her postpartum by making her fearful of doing anything that could lead to unpleasant consequences. Noora did not have any alternative information about postpartum, which placed her under pressure of making correct and sound health decisions. She talked with fear in her tone of voice when she said they told her to take extra care to regain her previous condition, which implied possible changes to her body such as air escaping from the vagina, and which she found difficult to accept. She expressed feeling fed up with that stress and described her mental exhaustion due to thinking about such a tremendous amount of information. She was afraid of exploring and touching her episiotomy, which she called the 'area down there'.

*"Everyone told me to do such things; I mean my mother and other women who had a postpartum experience regardless of their age and they are from my family and from the visitors... I didn't expect that you have to be extra careful with yourself because you want to return back to exactly your previous you... I am psychologically exhausted; I am afraid to move and something happening to me. I am scared from what they told me, such as there will be air going out of you from down below and things like that. I don't know if I am scared because this is the first baby I have... they said you have to apply cream on the area down there and I am afraid to touch it or look at it..."* Noora

The postpartum confinement is described by the interviewed Saudi women above; this is one of the largest themes describing the phenomenon of ‘how is it to be a healthy *nifas*’. The next theme, working to achieve health, is explained below.

### **7.2.3 Working to achieve health**

All these women done their best to restore their health and they described their approaches to achieve this goal. They described their postpartum diet and the role of food in aiding their health, strengthening and cleansing their bodies, and anchoring their uteruses. Also, they explained some of the rules controlling their consumed food or drinks including avoiding feelings of hunger, food to be avoided, and rules of liquids and thirst.

#### ***7.2.3.1 Postpartum Diet***

The participants described postpartum diets which should be home-cooked, healthy, and rich in protein and based on whole-grain wheat. Most of the traditional postpartum recipes contain a lot of protein, including lamb and chicken in particular, and a whole-grain wheat-cooked dough, either stuffed or not. However, not all types of vegetables and fruits were allowed. The restrictions of fruits and vegetables were related to the nature of those that were described by the interviewees as sticky and thick; in addition, some of them avoided any citrus fruit or vegetables, such as lemon and tomatoes. The participants described the healthy diet they had to follow during the postpartum period. There were strong commonalities between their diets; they said they

had to eat a diet rich in protein and whole-grain wheat. Also, they explained the importance of the fibres in fruits and vegetables. For example, Jawaher described her diet during the postpartum period as high-protein meals and whole-grain wheat-based recipes, in addition to hot milk and egg every morning. She rolled her eyes when she explained her breakfast, as she was bored of it and called it a 'boring routine'. She followed her mother's advice without any argument. Whenever she was asked about the purpose of her postpartum practices, her answer was, 'I don't know; they said so and I do it'.

*"My mother cooks for me meat, whole grain wheat bread, and I have to drink hot milk everyday...I eat food made from whole grain wheat and every day I have an egg for breakfast... they said those are very useful; it is protein."*Jawaher

Maryam described her point of view regarding the postpartum healthy diet. She believed it is essential for the health of postpartum women to have healthy nutrition. Although she believed in that, her opinion implied that the proper postpartum diet could increase the women's weight because she said later on that most postpartum women worried about their weight and were afraid of gaining more during the postpartum period, and then failing to reduce it. She said it is important to be well nourished during that period for her health, to maintain the breast milk production and for her baby's health. Then, she proposed a solution to reduce the worries about the increase in postpartum women's weight; she said that after this period, they can control their diet

to reduce their weight. She emphasized that the weight issue is not important, as postpartum health requires a proper diet.

*“Definitely, the postpartum mother has to care of herself more... of course there are the herbal medications which have to be taken... and of course a healthy diet is very important. A lot of girls refuse to eat properly to prevent weight gain and are afraid of failure in reducing their weight afterwards. But personally I believe that a healthy diet is essential for the postpartum women, she has to eat for herself, for the breast milk and for her baby. After the postpartum period, she can control and monitor her diet to reduce her weight. But, the postpartum period is the most important period.”* Maryam

From the interviewees’ perspectives, they believed that postpartum women have to eat healthy food. They recommended home-cooked food, particularly food prepared by their carers. They believed that food from restaurants was not good for their health. Similarly, Haneen, who described fast food and food from restaurants as rubbish, expressed the extent of the poor quality of this type of food.

*“I mean by rubbish food burgers and restaurants’ food and things like that... that means the kind of food that contains meat and vegetables...”* Haneen

Jawaher did not have fast food. She said that her mother was the one who cooked for her at home, and she didn’t recommend junk food for her daughter.

*“...and I don’t have fast food, all the food I eat is home cooked.”* Jawaher

Haneen described the significance of the healthy postpartum diet and emphasized avoiding fast food or food from restaurants; she called that rubbish. So, only food cooked at home was acceptable, as carers such as mothers cooked only good food

for their daughters, in contrast to the restaurants. She said that food must contain meat and chicken. She said that she had the traditional postpartum main dishes that were traditionally cooked for postpartum women.

*“The diet must be a healthy one, so no rubbish food...yes it has to be home cooked and contains meat and chicken, and traditional main dishes...”* Haneen

Albandary described the postpartum diet as it should be, as predominantly made of wholemeal flour, and examples of these recipes were ‘Aseeda’<sup>41</sup> and ‘Areekah’. Although Albandary had these within her meals, she did not know specifically why, but she said other women recommended it because they believed it to be beneficial to postpartum women’s back and uterus, and it resembled the action of ‘Helba’<sup>42</sup>.

*“All the food I had at this period are basically from wholemeal flour and other traditional food special for postpartum women such as Aseeda<sup>43</sup> and Areekah [these are traditional recipes done for postpartum and contain wholemeal flour, butter and dates], I don’t know why these specific kinds of food but they said, the old people I mean my grandmother and old women in the family, that they are good for postpartum women’s back and uterus such as helba<sup>44</sup>...”* Albandary

Albandary described her craving for candy which she stopped during her postpartum period, and similarly she stopped ordering from restaurants as her mother warned her about unhealthy restaurant food. This precaution as she said was limited to this period only and she could resume her food habits after that. Also, she described her

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<sup>41</sup> See Appendix 6, Figure 1

<sup>42</sup> See Appendix 6, Figure 4

<sup>43</sup> See Appendix 6, Figure 1

<sup>44</sup> See Appendix 6, Figure 4

avoidance of fizzy drinks because she believed they cause colic by passing gases to her baby.

*“I avoid fizzy drinks because they said it can cause colic and gases to my baby. I like so much candy, especially that soft chewable one, but I stop having it during the postpartum period. Also, I avoid ordering from restaurants because my mother said their food is not healthy for me during this period...” Albandary*

Noora said she didn't like taste of healthy food but she had no choice other than force herself to eat such food. She described her mother's healthy version of food as meals rich in protein including chicken or meat for lunch and eggs for breakfast, in addition to wholemeal bread. However, Noora found the taste of 'Asseda' [a traditional postpartum dessert usually offered at breakfast contain whole wheat and gee with postpartum herbal medicines] to be delicious.

*“The postpartum diet tastes very bad because it is all healthy things which I don't like. I eat what my mother cooks for me but I don't really like it, she cooks for me meals containing meat and chicken, but I like one single thing which is Aseed<sup>45</sup>. So my lunch is meat and my dinner includes egg and whole wheat grain bread, all the things which I can't stand on normal days...” Noora*

#### **7.2.3.1.1 The roles of food**

The interviewed women described their belief that food has roles in the postpartum health. They believed there are types of food they had to aid health

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<sup>45</sup> See Appendix 6, Figure 1



restoration, to strengthen and cleanse the body, and anchor the uterus. These roles are described in detail with examples from the interviews in the following section.

#### 7.2.3.1.1.1 *To aid health restoration*

As the participants emphasized the need for a healthy diet during the postpartum period, they also explained the role of proper nutrition in restoring their health after the pregnancy and childbirth. The participants described the significant role of food in the health restoration of postpartum women. Food strengthens postpartum women's bones and restores the normal uterus position in the body. For instance, Jawaher explained the postpartum women's health situation and highlighted the need for a proper diet. She said that women's bones after giving birth are disjointed and dislocated, and the uterus is displaced downward; to bring all these back to their previous state, women need good nutrition.

*"Because a postpartum has just given birth and you know the bones are disjointed and she is exhausted, she needs food to strengthen her bones, also her uterus is displaced during delivery..."*Jawaher

Albandary related that her meals contained salads, wholemeal flour-based food, honey and other kind of food she felt would restore her previous health state, which she believed was consumed because of pregnancy and childbirth.

*"I have in my meals: salads, whole wheat based food, honey, dates and other useful food to return back my health, my health was consumed at childbirth..."*  
Albandary

7.2.3.1.1.2 Strengthen the body

The women described their bodies' health status after childbirth; they said the childbirth affected their bones and joints. So, they believed they have to be well nourished during the postpartum period to reverse such effects. For example, Haneen described being a postpartum woman as a difficult situation in which certain types of food can strengthen the body. She divided the postpartum period into tens; during the first ten days postpartum, women had herbs for the purpose of strengthening their bodies.

*"The situation is difficult and there are things you have to take such as helba<sup>46</sup> [i.e. fenugreek] to strengthen your body... also you have to take some herbs to strengthen your body during the first ten days postpartum, then you take different herbs to cleanse your body during the second ten days postpartum; I mean clean it from blood and other things..."Haneen*

Similarly, Nouf described a certain kind of grain called *Mash* (a green round grain with high protein content) as very beneficial for strengthening the bones in general and the back in particular. She said that the Saudi culture knows of types of herbs used to strengthen the postpartum woman's back and bones, such as *helba*<sup>47</sup>.

*"Mash is well known and is very useful for the back and the bones... There are some herbs commonly known for strengthening the bones and the back such as helba<sup>48</sup>..."Nouf*

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<sup>46</sup> See Appendix 6, Figure 4

<sup>47</sup> See Appendix 6, Figure 4

<sup>48</sup> See Appendix 6, Figure 4

Jawaher also explained how her mother insisted that she take herbal medications, although Jawaher did not obey her mother's advice due to the awful taste she described. She said that her mother tried to convince her that these herbs were useful for her postpartum health, as they strengthened the bones. Then, Jawaher described the postpartum woman's bones as disjointed after giving birth, and because of that, she knew it was important to take these herbs.

*"My mother said you have to take your herbal medications every day but I don't because it tastes awful. My mother forces me to take it sometimes and she said it is useful for you; it strengthens your bones, you know the woman's bones after giving birth become disjointed."*Jawaher

#### 7.2.3.1.1.3 Cleansing the body

The participants described their need to cleanse their bodies after childbirth from the remaining blood and dirt. They said that only by using certain types of herbs as well as a healthy diet will their bodies be cleaned. For example, Haneen said that during the second ten postpartum days (i.e. from days 11–20), they had herbs to cleanse the body. She said that the herbs cleansed the body from blood and other things, by which she meant the contents of the uterus after childbirth.

*"...then you take different herbs to cleanse your body during the second ten days postpartum; I mean clean it from blood and other things..."*Haneen

Nouf explained why she had warm drinks; she said that warm drinks relax the uterine muscles and then the uterus expels its blood and other contents. Then, she described the opposite action, which was the uterine muscle contracting, which she said

also worked on expelling the blood from the uterus. She recommended a warm cinnamon infusion tea to contract the uterus. She subsequently described how cinnamon is a powerful substance that causes the muscles of the uterus to contract and thus should be avoided during early pregnancy because it may cause a miscarriage. In addition, she said that thyme leaves have a useful action on the body; they can cleanse the abdomen (i.e. cleanse the uterus of its contents).

*"I have warm drinks that relax the muscles of the uterus, then the blood will flow completely out of it... drink warm cinnamon infusion, cinnamon is not recommended for the early pregnancy because it causes contractions of the uterus that could lead to abortion, so if you drink the cinnamon at postpartum, this will be useful to expel all the blood out of the uterus... thymes leaves infusion is good to cleanse your abdomen." Nouf*

#### 7.2.3.1.1.4 Anchoring the uterus

The participants described their uterus at the postpartum period as being unstable in their body. Thus, they explained the importance of anchoring the uterus during this period. The anchoring as they said can be done by certain types of food acting as weights to stabilize the uterus.

Nouf described the need of the uterus, having given birth (and thus emptying), to be anchored by filling it with heavy types of food. She gave some examples of that

food: wheat and *aseeda*<sup>49</sup>. Nouf presented an interesting understanding of anatomy, as she said:

*"After giving birth, the baby is out and the uterus is empty, so you have not surprise the uterus that there is no baby anymore, you have to do it gradually, and let him feel that he is losing his contents gradually by not letting him empty and not allow the air and gases to enter him, so you have to fill him with heavy food such as wheat, aseed<sup>50</sup>, and meat, these things are heavy and make the uterus feel he losing his contents gradually..."* Nouf

#### **7.2.3.1.2 Food Rules**

The participants reported some of the rules that guide their dietary habits during their postpartum period. They described avoiding hunger, food to be avoided, and the rules of liquids and thirst. These rules are explained in turn.

##### *7.2.3.1.2.1 Rule (1) Avoiding Hunger*

Hunger was one of the things that should be avoided during the postpartum period, the interviewed women believed. They believed feeling hungry affected their health during this period. For example, Jawaher believed that hunger was not good for her health, as her mother said, although there was no clear reason and Jawaher didn't know why, but she followed her mother's advice regardless.

*"My mother says don't let yourself feel hungry, it is not good for you."* Jawaher

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<sup>49</sup> See Appendix 6, Figure 1

<sup>50</sup> See Appendix 6, Figure 1

Similarly, based on the other women's advice, Nouf said that hunger was not good for postpartum. She talked about the uterus as a subject that can feel and have emotions and possesses the ability to respond. She said that during pregnancy, the uterus enlarged to accommodate the baby; then, after childbirth, the uterus is empty and it is important to not surprise the uterus with the sudden loss of its contents. Therefore, she said this was done gradually by filling the uterus with heavy foods such as wheat and *Aseedā*<sup>51</sup>, which act as weights in the uterus and prevent air and gases from entering. She believed that filling the uterus in this way lets it gradually understand the loss of the baby within a month.

*"They said hunger is not good for postpartum. They told me the reason, I don't know if it is logical or not but I believe in it. They said during the nine months of pregnancy, the baby is in the uterus and it expands to accommodate him [in Arabic, uterus is referred to masculine]. After giving birth, the baby is out and the uterus is empty, so you have to not surprise the uterus that there is no baby anymore, you have to do it gradually, and let him feel that he is losing his contents gradually by not letting him empty and not allow the air and gases to enter him, so you have to fill him with heavy food such as wheat, aseedā<sup>52</sup>, and meat, these things are heavy and make the uterus feel he losing his contents gradually, then within a month he will understand that there is no baby in him and he is gone a long time ago, and at the same time you protect him from the air, this is what is commonly said."*Nouf

Then, she gave an example to make what she said clearer: she said that when one feels hunger, the abdomen starts to make sounds. She believed that these sounds were the sounds of air and gases that filled the abdomen as a result of it being empty.

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<sup>51</sup> See Appendix 6, Figure 1

<sup>52</sup> See Appendix 6, Figure 1

*“It means if you feel hungry during the postpartum period, the abdomen will be filled with air... YES, don’t you feel your abdomen make sounds and whistling if you are hungry, this is the air...”* Nouf

Maryam said she had never heard of avoiding being hungry during the postpartum period and believed it was all about having very good nutrition.

*“I didn’t hear such things like avoid hunger at the postpartum period; you just have to eat very well during the postpartum period, but not prevent hunger.”* Maryam

Albandary described her mother’s work to ensure she didn't feel hungry by offering too frequent meals to the extent where Albandary believed there was not enough time for digestion between meals. According to others, she had heard that hunger is not good for the postpartum woman’s health because they believed she consumes her energy in breastfeeding and has to compensate for her loss to continue with enough energy.

*“My mother never let me feel hungry and she keeps feeding me meal after meal; I think there was not enough time between meals. I heard from others hunger is not good for postpartum women because she breastfeeds her baby and she loses all food in her body for that, so she has to eat to compensate...”* Albandary

#### 7.2.3.1.2.2 Rule (2) Foods to be avoided

The interviewees listed some types of food they believed to be harmful to postpartum women: some kinds of vegetables and fruits, as well as fast food and soft, fizzy and cold drinks.

#### 7.2.3.1.2.2.1 Sticky Vegetables

During the interviews, the participants said that they were being warned about some types of vegetables that were not good for their health. Some of the women did not know why they were not allowed to have such vegetables, while some related that restriction to certain reasons; for example, vegetables with a sticky nature such as okra cause increased vaginal secretions, and the vagina becomes sticky as a result.

Haneen said that her mother did not allow her to have eggplant in her diet, but she didn't know why; she said, 'I only followed what my mother said'.

*"...there are some of the vegetables are not good for postpartum women; my mother says eggplant is not good but I don't know why..."* Haneen

Jawaher described the forbidden vegetables during the postpartum period: okra and green beans, because they were not good for postpartum women's health. Again, she didn't know the reason behind that.

*"....and I don't eat some of vegetables such as green beans and okra... they said they are not good for postpartum women...."* Jawaher

Nouf believed that there was a relationship between a food's consistency and its effect on the vagina. For example, she said that okra, tomatoes and corchorus, called *molokhia*<sup>53</sup> [a green leaf vegetable commonly cooked in the Middle East] are sticky vegetables that are not allowed during the postpartum period because they cause a

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<sup>53</sup> See appendix 6, figure 30



similar sticky texture in the vagina. She believed that these vegetables cause an increase in vaginal secretions. She also said that she had her salad as green leaves without any dressing because of the citrus content of salad dressings and lemon.

*“You can’t eat thick and sticky food because they said they increase the secretions and discharges that result in sticky area which is not good, the area will be full of secretions... so, you have to avoid having sticky food such as okra and corchorus as much as you can... there are some vegetables that are to be avoided such as tomatoes, cucumber because they are sticky. I only eat green leaves salad without lemon or dressing because they are citrus and are not good for postpartum....”*Noouf

Noora said her mother and other women advised her to avoid certain types of food during the postpartum period because they believed in their unwanted effect of increasing vaginal secretions. In the presence of more than a single source of such information, Noora decided to follow it while she acknowledged that it was based on individuals’ experiences and not scientific research. This could imply that there were also other sources of health advice informed by research, yet her knowledge was dominated by her mother and other women’s advice.

*“My mother says avoid eating banana, eggplant and molokhia<sup>54</sup> but I don’t know why, she says they increased the secretions in the area down there. This is not only my mother’s advice, I heard a lot of women I knew said the same thing to me which based on their mothers’ sayings; so it is not based on scientific study or research, it is all from the women’s experiences...”*Noora

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<sup>54</sup> See appendix 6, figure 30

#### 7.2.3.1.2.2.2 Acidic and Sticky Fruits

The interviewed women described some fruits as harmful to their health, and because of that, they avoided them during the postpartum period. These fruits to be avoided included watermelon, sweet melon, banana, pineapple, orange and mango. Haneen described the avoided fruits during the postpartum period as those with a sticky texture, and Nouf added citrus fruits.

Haneen stated that her mother said that watermelon and sweet melon were not good for her postpartum health, and Haneen was just following her mother's advice without arguing or having any curiosity about the reason for that.

*"...Some fruits such as watermelon and sweet melon are not good, in general everything sticky is not good for us but I don't know why. I just say ok and I avoid them."*Haneen

Nouf added more to what Haneen said and classified fruits into allowed and not allowed during the postpartum period. She said that she took her fruits as juices and avoided banana, mango, watermelon, orange, pineapple and lemon; she then explained the effect of citrus fruits on the uterus, which is what makes them not allowed during the postpartum period. She said that citrus fruits cause contractions of the uterine muscles and that will cease the flow of the postpartum blood discharge. However, she said that it is possible to have citrus fruits in one way if postpartum women really want it: having such fruits with another food in the stomach so that their effect would be reduced.

*“Of course the juices are of two kinds; some are allowed and others are not allowed to be taken at postpartum. The juices to be avoided are banana, mango, watermelon, orange, pineapple, and lemon. These are citrus and they cause contractions to the uterus and then the blood stops... they said you can take citrus fruits if you really want it with food, not alone, because food will mix with them and reduce their effect...”* Nouf

Noora described her mother’s advice to avoid citrus food such as lemon and orange, which made her eat salads containing only a few drops of lemon juice. She said her mother believed citrus food caused increase vaginal secretions, which she referred to as the ‘area down there’.

*“In addition to orange, other citrus like lemon is not good for a postpartum woman as my mother says. So I have my salad with a scant amount of lemon because she said it causes being too wet down there...”* Noora

Maryam said she did not know that there are some kinds of food strictly not allowed for a postpartum woman, but she heard from other women that there were some foods such as fried food and cabbage that were not recommended for such women. She said they believed such food was not good for postpartum women, but she did not know the reason why.

*“I don’t know whether there is food not allowed for the postpartum women; it is not like forbidden and not allowed. I hear that I shouldn’t eat too much fried food because it is not good for the postpartum women, but I don’t know why... they said also avoid eating too much cabbage, I don’t know why but they said it is not good for the postpartum women. I hear; do you know what I mean; I don’t read this information, it is just advice they told me about.”* Maryam

#### 7.2.3.1.2.3 Rule (3) Liquids and Thirst

Besides the food restriction these women followed, they explained that another important restriction was that they had to limit their water and liquid intake. Most women also highlighted the importance of the drink's temperature; drinks should be either warm or room temperature. They addressed the conflict they had regarding the limited amount of water they should have during the postpartum period. Even though many remained unconvinced of the benefits of this, the majority followed the restriction and limited their water intake simply because this belief was so commonly held.

Jawaher avoided having orange juice; she said that based on others' sayings and her mother's advice, it was harmful, but she didn't know the exact reason for that. Also, she avoided cold and fizzy drinks.

*"I don't drink orange juice and I don't drink cold drinks or fizzy ones ..."* Jawaher

Haneen also related avoiding fizzy and soft drinks because she believed it was not good for her postpartum health.

*"Also the fizzy drinks are not good...."* Haneen

Although there was a restriction on Nouf's water intake, she said she was allowed to have a lot of juices so that she could breastfeed her baby. Then, she emphasized that the juices had to be at room temperature and not cold.

*"You have to drink juices, if you don't, how you can breastfeed your baby? But it must be room temperature...."* Nouf

Nouf explained the reason for limiting the amount of water during the postpartum period. She said that others warned her about the amount of water she could have during the postpartum period. She did not accept their logic, but she said that she had to do it because everyone said so. Based on the other women's sayings, she said a lot of drinking water fills the uterus and makes it heavier. Then, she described how she struggled with restricting water, saying that she would die of thirst. Her description of dying of thirst is very noteworthy and implies how she desperately needed to drink water, but her fears of the bad consequences she had heard of made her follow this rule.

*"They said if you drink a lot of water, your uterus will be full of water, then it becomes heavier.... What is this reason, I am not convinced but I will avoid drinking a lot of water as they said... because all people said don't drink a lot of water, I will not and I will die of thirst, haha, because they said so..."*Nouf

Nouf also emphasized the importance of the drinks' temperature and said that they could not be cold. She illustrated the result of having cold drinks during the postpartum period with her individual experience during her menstrual period, which represented the way she draws on her own experience. She said that if she had cold drinks during her menses, then the blood discharge flow stopped for four to five hours and resumed flowing if she had warm drinks. She also explained the effect of cold drinks on the uterus: they contracted the uterine muscles and as a result, the blood discharge stopped flowing. Then, she presented the effect of warm drinks on the uterus as the

opposite, saying that they relaxed the muscles of the uterus, which the blood then flows from.

*“You can’t have cold drinks, NO, it is a disaster. The period will stop flowing. Personally, I experienced it, if I have cold drinks; either water or juice, my period stopped for four to five hours, then it flowed again when I have warm drinks. They said if you have cold drinks, the muscles of the uterus contract that leads to blood flow cession, so the blood will not flow out completely. I have warm drinks that relax the muscles of the uterus then the blood will flow completely out of it...”* Nouf

Similarly, Haneen avoided cold drinks because she experienced cession of the vaginal blood flow, and she said that when she had warm drinks the blood flowed again.

*“I don’t drink cold drinks, I feel if I drink something cold, may Allah bless you, the blood and other things stop flowing but the warm drinks help cleanse the uterus and enhance the blood flow... in addition you feel abdominal pain when you have cold drinks...”* Haneen

In contrast, Maryam believed that there was no need to restrict the amount of water in the postpartum period and she did not. However, she described that her caution focused only on the temperature of her drinks but not the amount, based on other women’s advice, who believed cold drinks were not good for postpartum women’s health. Therefore, without knowing the reason, she had all her drinks at room temperature; not too cold or too hot.

*“I drink water as usual; I don’t limit the amount of it. There is no problem with me drinking water during postpartum period but I have to consider the temperature of all the drinks I have, it must be not a cold one; so it has to be neither too hot nor cold, it has to be in between; a warm one. I don’t know why but they said cold is not good for the postpartum woman’s body.”* Maryam

Albandary believed warm drinks were good for health during such a period, but she refused to be asked about the reason for that belief and said she just did it. She described her mother offering her a cup of warm milk with added ginger and white pepper every night.

*“Every night, I have to drink a cup of milk, it is only milk without tea, my mother adds some ginger, helba<sup>55</sup> and white pepper to it, it is good for postpartum women but don’t ask me why, I just drink it...”*Albandary

Noora described being shocked with other women’s advice to avoid drinking water during postpartum period because they said water accumulated at the uterus, which they believed was an unwanted thing.

*“...then, they said don’t drink water to prevent accumulation of water inside your uterus, I don’t know what exactly they said but definitely their talk was shocking to me...”*Noora

Noora described that her mother prepared her a cup of warm milk with added herbal medications to drink every day. She expressed her confusion between the contradicting advice she received from her mother and from other women regarding orange juice, but she had only a little amount of it. She said her mother believed it was not good for her to have orange juice, while she said other women had said it was useful to prevent constipation. Noora believed that orange juice’s benefits outweighed its harm, but at the same time she was worried about not following her mother, so she decided to

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<sup>55</sup> See Appendix 6, Figure 4

drink sips of it to balance her action between the two beliefs. Her strategy of balancing the advice she received is interesting as she didn't go completely for a single opinion and partially adopted both of them.

*“My mother makes me a cup of warm milk with herbal medication which I have to drink every day. I drink a little orange juice because my mother says don't drink it while others says orange juice is good for constipation; I have a little sip of it but I am not convinced. I don't know what to do exactly; I mean there are people who say you can drink orange juice because it prevents constipation but my mother says no and it is not good for a postpartum woman, because she said citrus increases wetness down there; secretions and things like that....”*Noora

Following the report of the food related practices among the interviewed women, the next theme is about everyday threats and constraints.

## **7.2.4 Everyday threats and constraints**

The participants explained some of the threats they avoided during the postpartum period. These threats were normal things they used to do on normal days, as they described it. They believed these things were not good for their postpartum health. These things were: fragrance and sharp smells, positioning the body, hair and body washing, cold and air draughts.

### **7.2.4.1 Fragrance/sharp smells**

The women believed they should avoid any sharp or strong odours such as perfumes, scented detergents, and *bukhor*<sup>56</sup> (i.e. scented chips/bricks are burned in

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<sup>56</sup> See appendix 6, figure 24



incense burners to perfume the home and clothing with a rich thick smoke). They believe that these fragrances cause a postpartum condition known as *Shamam*. They describe *Shamam* as an infection of the episiotomy wound which occurs when postpartum women smell strong perfumes or *Bukhor*<sup>57</sup>.

For example, Jawaher emphasized the importance of avoiding using perfumes during the postpartum period unless there was protection. She believed that myrrh<sup>58</sup> (i.e. herbs) was her protection, an antibiotic used to counteract the harmful effect of perfumes. She acknowledged that myrrh<sup>59</sup> causes something (but she didn't know what) to happen to the episiotomy wound. She proved this belief by giving an example of her cousin's experience when she was postpartum. She said that her cousin was exposed to *bukhor*<sup>60</sup> during her postpartum period, and then she had a remarkable increase in her temperature: 'postpartum fever'.

*"In the early postpartum days, postpartum women should not put on any perfumes. It causes something to harm to the episiotomy wound; I don't know what it is exactly. My cousin was exposed to bukhor one time during her postpartum period and then she had postpartum fever; her temperature was very high. I am drinking myrrh<sup>61</sup> and because of that the perfumes don't harm me. I mean as long as I drink myrrh<sup>62</sup> I can use perfumes... the myrrh<sup>63</sup> is an*

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<sup>57</sup> See appendix 6, figure 24

<sup>58</sup> See Appendix 6, Figure 10

<sup>59</sup> See Appendix 6, Figure 10

<sup>60</sup> See Appendix 6, Figure 24

<sup>61</sup> See Appendix 6, Figure 10

<sup>62</sup> See Appendix 6, Figure 10

<sup>63</sup> See Appendix 6, Figure 10

*antibiotic... even the visitors, they visit me and they put perfumes on, that's fine because I have myrrh<sup>64</sup>.*"Jawaher

Haneen was drawing on her own experience to challenge the received advice from others; she explained how her fears were reduced because she had more than one postpartum experience. She said that other women warned her away from perfumes and *bukhor* and said that they cause an episiotomy inflammation. She said that she was afraid of these fragrances after giving birth to her first baby, and then these worries disappeared because she tested the use of perfumes and nothing bad happened to her. Thus, she became more confident with the following two postpartum experiences. She used light perfumes to refresh herself during her current postpartum period.

*"I hear that perfumes are not good for postpartum women. At the beginning I was afraid but after my first postpartum experience, I am not worried anymore... they said it causes inflammation of the episiotomy wound... now I use a very light perfume, nothing bad happened to me, thanks to Allah, at least one smells nice... maybe the strong perfumes and bukhor are affecting the wound..."*Haneen

Although Nouf acknowledged the threats of perfumes causing *shamam* in postpartum women, she was not so worried about it. She said that she had a protective medication composed of a mixture of herbs, called coffee medication, and it was taken instead of drinking coffee. She got this medication from a female traditional healer.

*"They said the perfumes cause 'shamam', but the woman who made the herbal medications for me gave me a mixture of herbs called coffee medicine, it has a*

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<sup>64</sup> See Appendix 6, Figure 10

*green colour and contains myrrh<sup>65</sup> and other herbs, she said this medication provides me with an immunity against perfumes and 'bukhor<sup>66</sup>', so I will not have 'shamam' when I drink it."*Nouf

Noora heard from her friend and mother the traditional postpartum health condition called 'Shamam'. Although she did not clearly understand 'Shamam', she knew that they believed it occurs when a postpartum woman is exposed to any fragrances or perfumes, and she described a stinging pain being felt when applying a disinfectant solution to a new wound. She said they believed the most important protection method against Shamam was drinking myrrh<sup>67</sup> infusion soon after childbirth to counteract the effect of any perfumes.

*"I heard about something called Shamam but I don't know what it is. I know that I have to take Myrrh<sup>68</sup> as soon as possible after giving birth to prevent any odours' effects on the episiotomy wound. They said if you smell perfumes or fragrances, your wound will be as painful as when you apply a disinfectant on any wound. That's what I heard of from my friend and then I asked my mother to bring me some Myrrh<sup>69</sup>...."*Noora

#### **7.2.4.2 Positioning the body**

The postpartum women also expressed anxiety about damaging their uterus. This was to be avoided by using certain body positions while sitting or sleeping and avoiding lifting heavy objects.

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<sup>65</sup> See Appendix 6, Figure 10

<sup>66</sup> See Appendix 6, Figure 24

<sup>67</sup> See Appendix 6, Figure 10

<sup>68</sup> See Appendix 6, Figure 10

<sup>69</sup> See Appendix 6, Figure 10

For example, Jawaher avoided lifting heavy objects because she believed it was not good for her during the postpartum period. She said that this was something well known in the Saudi culture. Then, Jawaher explained the difficulty in her mobility during her first five days postpartum, and then she started moving more easily. She emphasized the benefit of walking for postpartum women's health.

*"...and of course I don't lift any heavy objects... during the first five days after birth, it was hard to move or walk but after that I walk as I can do because moving and walking is good for postpartum women..."*Jawaher

Nouf described some body positions that were not recommended for postpartum women, for example, sitting with crossed legs and putting the legs apart from each other. She said this to the researcher while she pretended to be one of the old women who intensely criticised some undesirable positions for postpartum women. She laughed while she did so.

*"Yes...don't do this and don't do that. Put your legs close together, HEH [she gasps surprisingly], you are sitting with your leg crossed [simulating their response]..."*Nouf

Nouf described herself as spoiled because all her family members helped her with everything. She said that she rested as much as she could because she needed that. She was not allowed to move, carry or lift anything. She depended on her mother's, sisters' and housemaids' assistance.

*“...regarding the rest, I spoil myself and rest as much as I can, I always rest and don't make any effort, I don't move anything, I don't carry things, all the people around me help me in that, besides there are housemaids serving me....”* Nouf

Maryam described her annoyance with her visitors, who insisted on criticising and telling her what she should and should not do during the visit. For example, one time she was sitting without supporting her back when she was visited, and then her visitors were unsatisfied with her position and asked her to support her back while sitting because they believed it was not good for her to sit like that. Another example she gave was her body position during changing her baby's diaper; they asked her to protect her back by sitting at the same level of her baby rather than standing and bending her back. They also asked her to avoid sitting while crossing her legs, such in sitting in the lotus position. The visitors' advice as she described implies how authoritative it was and must be followed.

*“When we have visitors... when you sit down, they said you have to support your back while sitting. Even when you change your baby's diaper, you have to take care of your body position; don't stand up and bend your back, this is not good for you. Instead, you have to sit your baby at the same level as you because of your back. When you sit on the floor, you cannot sit with crossed legs.”* Maryam

Albandary did not like the way her visitors criticized her when visiting. She felt they were monitoring her actions during the visit and they advised her about what to do and what not to do. She talked about one related example when she sat on the low seat – as she described it ‘sitting on the floor’ [some Saudi's houses have a low seating style living room] – they gasped surprisingly as they believed she should not, because it

was not good for her episiotomy. Another situation she described was when her mother became angry at her when she sat with crossed legs; her mother was worried about the opening of Albandary's sutures, and so she was panicked and quickly brought her legs together.

*"The visitors, especially older women, observe my actions and behaviours and criticize me. For example, when I sit, they gasp and said, Albandary, don't sit on the floor; you have sutures and etc.... you have to sit on the sofa, it is better for you, however, I am good and there is nothing wrong with me. I remember one time I tried to sit with my legs crossed (yoga style position) my mother was very upset and angry, she intensely said to me, don't sit like that because you have sutures and this position could open your sutures, so I immediately brought my legs together [laughing softly]..." Albandary*

Noora described her mother's advice of avoiding sleeping on sides; right or left, and she asked her to sleep on her back because she believed other positions would cause uterus displacement or conversion, and she believed the uterus at such time was soft and wet. She called the uterus 'wet', implying its fragility and need to be carefully dealt with, and she believed that by sleeping on her back, the uterus would return back to its normal position. Noora described her avoiding sitting with crossed legs as in yoga, and she kept her legs close together because she believed air would enter her body when they were apart.

*"My mother says don't sleep on your sides; right or left, and you have to sleep on your back because these positions cause the uterus to be tilted or converted; she says your uterus as a postpartum woman is wet and soft, and it should return back to its position. Also I didn't sit in a yoga position, all the time I kept my legs together as close as I could to prevent air entering me..." Noora*

#### 7.2.4.3 *Hair and body washing*

One of the most significant precautions during the postpartum period was body and hair washing. The common advice was to avoid washing the hair and body, particularly at the beginning of the postpartum period. They described that the reasons for this belief were because taking a shower could interrupt the flow of postpartum vaginal loss, and it could also allow air to enter the uterus.

Jawaher explained the difference between the frequency of her hair washing during the postpartum period and during normal days. She said that she used to wash it daily but that frequency was reduced to three times weekly during her recent postpartum period. However, she washed her body daily. She emphasized the importance of drying her hair thoroughly with a hair dryer to prevent a headache.

*"I don't wash my hair too frequently, I mean I don't wash it every day... I wash it every three days and I dry it with a hair dryer... to prevent the impact of the air condition on my head as it causes a headache, but I wash my body every day, this is only while I am postpartum. I used to have a complete shower before postpartum."*Jawaher

Haneen was not completely convinced by the rationales given for the restrictions of body and hair washing during the postpartum period. However, she still washed her hair and body with caution, such as drying her hair thoroughly and decreasing the frequency of her baths from daily to every two days. She heard this from other women, but she said that it was difficult for her to follow such practice and restrict bathing, as

the weather during her recent postpartum period was too warm. She believed that the only problem with taking a bath was when the weather was cold, as in her previous, second postpartum experience.

*"I take a shower daily, I wash my hair and body, then I dry my hair thoroughly, no problem unless there is cold weather such as in my second postpartum; I was taking a shower every two days... I hear that some people restrict showers during postpartum period but I feel it is difficult, especially during hot weather..."*  
Haneen

Nouf expressed her conflict between others' beliefs in hair and body washing. She presented what others believed: the women within her culture, the female traditional healer who gave her body massages, and her grandmothers, all had the same beliefs about the body and hair washing restrictions during the postpartum period. These beliefs were in contrast to her doctor's opinion; her doctor wrote his order that she could take a shower 24 hours after childbirth, which is often the case in maternity hospitals to avoid incidents such as fainting while taking a shower due to exhaustion after childbirth. Within this conflict, she decided to be careful; therefore, she took a shower every four days, which was different from what she did during normal days.

*"Oh yeah, they said you must not take a shower to prevent air entering your body, and your hair must not be wet, and so on... this what people said, and the woman who massages me said so too, and my grandmothers said the same thing. But the doctor's order said it is ok, you can take a shower after 24 hours... so, I reduce the frequency of taking shower, I take a shower every four days and this is not my habit as I was taking shower daily." Nouf*



Lu'lu was a first-time new mother and she said that after giving birth, she asked to take a shower, however the nurse told her to wait for two more days. She didn't take showers for the first five days postpartum for two main reasons: she heard showers facilitate air entering the body, which she believed to be harmful to postpartum women. In addition, she linked her experience of menstrual periods to her postpartum period; she did not take showers for the first two days of her menses, and she said this practice was recommended by older women. The second reason was because she believed taking a shower caused the breast milk to stop flowing.

*"I remember that when they brought me to my room after the childbirth on the first day, I asked the nurse to bring me a towel, then, she said don't take a shower today; wait for two more days... I didn't take a shower for the first five days postpartum, but it was not because of the fatigue, it was because I heard it may cause the air to enter my body... yes, we used to not have showers during the first two days of our menses... I don't know why; that was old advice; the old people had a lot of advice... also I don't have a shower because I heard showers stop the breast milk flow..." Lu'lu'*

Maryam, who was one of the participants that denied the practice of avoiding taking showers, expressed being surprised upon hearing that postpartum women avoid taking showers, and she described that she did exactly the opposite and took one soon after childbirth. She believed it was necessary to take showers during the postpartum

period because of the unpleasant smell of herbal medications including ‘Helba<sup>70</sup>’ and ‘Rashad<sup>71</sup>’, and she recommended washing once every other day.

*“I didn’t hear that postpartum women should avoid taking shower. At the hospital, immediately after giving birth, I took a warm shower... you know when you are postpartum you have to eat herbs such as Reshaad and Helba<sup>72</sup> which have a bad smell when you eat them, so, you have to take a shower; at least once per 2 days...” Maryam*

Albandary described that her taking showers daily was necessary due to a number of reasons; first was because of the odour of milk as she was breastfeeding her baby and second was the postpartum discharge’s odour. She related her mother’s disagreement with her daily showers because she worried about being hurt from the cold.

*“I have my shower daily because as you know I am breastfeeding my baby and the milk odour is unpleasant if I do not wash regularly, and also the postpartum discharge is smelly and needs frequent washing. I take my shower every day despite my mother’s refusal to do that because she was afraid of being cold...”*  
Albandary

#### **7.2.4.4 Cold and Air draughts**

From their perspectives, these women described air draughts and cold as serious hazards that threaten postpartum women. The women described that this could cause a condition called *Khawa*. *Khawa* is a postpartum health condition traditionally known to Saudi women; it occurs when air enters and is trapped into the uterus, and this

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<sup>70</sup> See Appendix 6, Figure 4

<sup>71</sup> See Appendix 6, Figure 31

<sup>72</sup> See Appendix 6, Figure 4

happen as a result of postpartum women's exposure to cold and air draught. The women emphasized some parts of the body that they believed or had been told from other women are the most vulnerable areas, and they perceived these as entry points for the entrance of air. These parts were the head, lower extremities, particularly the feet, and the vagina. Therefore, they believed that these areas should be protected from exposure to cold and air draughts. The participants expressed different views regarding this issue. Some strictly followed practices they had been told about for protection, while others adapted different strategies or simply did not follow these practices. This shows that although these traditional health practices and beliefs are rooted in their culture, the women often found ways to adapt and modify them. For example, Lu'lu' believed in the importance of keeping herself warm during the postpartum period; she wore leggings and double layered clothes even if this practice caused her to feel too warm. However, she could not cover her head with a scarf as she had been advised.

*"I feel warm all the time, but I wear the underclothes, leggings and vests, although no head scarf, no I don't put any on..." Lu'lu'*

Similarly, Maryam believed cold is harmful to a postpartum woman because it can lead to illness, and she had to take precautions to avoid cold such as avoiding being close to air conditioning and cold draughts.

*"Of course the postpartum woman has to care for herself more....she must take care and avoid staying close to air conditioning and prevent the cold draughts that cause her illness...." Maryam*

Maryam believed a postpartum woman should avoid cold and draughts, draughts and for that reason she wore shorts or leggings underneath her clothes, but her modification to adapt this practice was that she replaced socks with slippers because she said it was warm weather. By wearing leggings and shorts, she believed she has been protected from air entering her body. However, Maryam was unaware of the consequences of air entering the body. Her assumption was that the postpartum body was open and should be protected from air because she believed air is an external object, which does not belong to the body and thus the body cannot tolerate it.

*“Postpartum woman must avoid cold draughts or rooms. There are no specific clothes to wear to keep her warm. But, the most important thing, I wear something like shorts under my clothes or thermal leggings to prevent air entering the body, of course. I put on slippers but I don’t wear any socks because it is warm now. I don’t know what will happen if the air enters the body. But, I feel the body at the postpartum period is kind of open. So, it is not good that air and cold enter this body; I mean that air and cold are something external to the body. And, the body is not getting used to this kind of cold to be inside it. Look, I didn’t exactly search for this information but that’s what I heard from family and relatives.”Maryam*

Because she was extremely resistant to the advice of wearing extra clothes and covering the vulnerable points of the postpartum body, Jawaher found another method to achieve protection from cold, which she explained to be altering the temperature of the air conditioning to avoid being in a cold room. However, she said that she did not wear specific clothes to keep her warm, such as leggings and socks, as people had suggested to her. Instead, she wore light kaftans during her postpartum period.

*"I increase the air conditioning's temperature to prevent a cold environment but I don't wear any special clothes to keep me warm, I wear the usual light kaftans without leggings or socks as I hear from others." Jawaher*

Haneen agreed that postpartum women should not be exposed to cold air and she drew on her own experience as evidence for her beliefs. In her experience, when she was in a cold room, it caused her to experience abdominal pain and cramps. She also worried about cold air because it facilitated the entrance of air into the postpartum body.

*"Of course, a postpartum woman should not be exposed to cold air. I feel it myself when it is too cold, I have abdominal pain as cramps... my concern regarding cold air is from air entering the body." Haneen*

Although Haneen believed that being exposed to cold caused the entrance of air into the body, she did not wear any special clothes to keep herself warm. She found it difficult because the weather was too warm during her postpartum period. She tried to follow this practice during the early days postpartum, but she couldn't continue. In order to keep herself warm, she altered the temperature of the air conditioning, which was similar to Jawaher's intervention.

*"I don't wear any socks or leggings because I feel hot, the weather is too warm. I tried to wear these things at the beginning of my postpartum period but I couldn't tolerate it, I removed it immediately, it is too hot here, I just increase the air conditioning's temperature and that's it." Haneen*

Haneen believed that air had entered her uterus at the time of giving birth. She said that if air entered the uterus, the postpartum woman needs a treatment of herbs burned as *bukhor*:

*“I feel the type of herbs burned as bukhor used as treatment is beneficial if there is a need... I mean if air entered the uterus during the childbirth, a woman needs this treatment... air entered the uterus if the room is too cold...”*Haneen

Albandary described her experience of challenging her mother’s advice about cold protection and finding her own method of adaptations, which she was believed is enough to protect her. She described how her mother disagreed with her too frequent showering because she was worried about the harmful effect of air on her daughter, and she asked her to put on headscarves for protection from cold draughts. Albandary did not like her mother’s advice and refused to obey her, while she was laughing about such ideas and explained that her lack of obedience was because she believed her home was warm and there was no need to wear extra clothes. The only thing Albandary had worn was leggings and slippers because other women said to her that wearing these would protect her uterus and her back. However, she could not give a reason for doing that and she said she did not have detailed information.

*“My mother said; don’t take too many showers because she was worried cold could cause harm to me as I am postpartum. She asked me to cover my head and put on head scarves but I refused to do that, what is this! Putting on head scarves while I am in my home!?! [Laughing] I didn’t care too much for my mother’s advice because I didn’t feel our home was cold, it was warm, and so I felt no need for scarves. But I wear leggings and slippers without socks because women say*

*all of these protect the uterus, back and things like that. Don't ask me about it, I don't have further information and I don't understand these things..."*  
Albandary

Noora had been shy in saying that other women described their beliefs that instead of air coming out from 'the back' (implied gas passed from the anus), it will pass from the 'front' (implied vaginal opening) when air enters the uterus through women neglecting caring for themselves during postpartum. Another thing the other women had said to her which made her surprised, as she described, was that 'the area down there' (implied the vagina) could be rotten with bad odours, and to prevent that she has to take care of herself and consume everything her mother offered to her during this period.

*"I heard about the air problem but what I can say is that it is really embarrassing [giggles]. They said air will come out from the front instead of from the back and this happens if air enter your uterus or if you don't care for yourself during postpartum and also they said the area down there will be rotting. I don't know what is it about the rotting things, I don't understand it, and they said it will be with a very bad odour. To prevent that, they said you have to care of yourself; eating and drinking well and whatever they give you to consume, just do it..."*  
Noora

Noora had a different experience in which she was unaware of these precautions and thus she did nothing for protection until her sister in law recognised that and urged her to take some precautions. Noora described her sister in law's reaction to her not wearing any leggings or socks after giving birth at the hospital, and said she was terrified that it could affect Noora's health, so she ran to the closest shopping mall to

buy her some socks and leggings. Noora did not know about that issue, which was explained to her by her sister in law, and she subsequently wore socks and leggings all the time.

*“Honestly, I was at the hospital and my sister in law visited me and I wasn’t wearing leggings or socks. She was terrified and run to the closest shopping mall from where she bought me some leggings and socks. I didn’t know I have to do that and then I wear it all the time...”*Noora

#### **7.2.4.5 Climbing stairs**

Some of the women believed that climbing stairs was harmful because it may open their episiotomy’s sutures and therefore they tried avoiding doing so as much as possible. For example, Jawaher said that climbing stairs was not good for her postpartum health, as her mother advised her. She didn’t know the reason for that, but she followed her mother’s instructions. She had heard that climbing stairs could open the episiotomy sutures, so she stayed on the ground floor, in one of the living rooms, which was prepared for her to stay in during her postpartum period.

*“I stayed at the room here downstairs because I cannot climb the stairs.... Climbing stairs is not good for the postpartum woman... I don’t know exactly why but they said so because of the episiotomy.... My mother says it is not good for me because it can open the sutures or something....”*Jawaher

In contrast to Jawaher, Haneen stayed in her bedroom on the first floor most of her time and didn’t see any problem with climbing stairs. Haneen went downstairs if she needed to.



*“My room is upstairs and I stay there most of the time but if there is anything requires going downstairs, I go down with no problem...”*Haneen

Based on her experience of postpartum, Maryam described that women she knew commonly advised postpartum women to avoid walking too much and climbing stairs, particularly during the first week of postpartum. Therefore, she tried to keep the number of times she went upstairs to where her room was located to a minimum; every morning she went downstairs and spent the entire day there, and then she went to her room at night to sleep. She believed that climbing stairs was not good for episiotomy sutures as it became more painful.

*“Of course the postpartum woman has to care for herself more...they used to say don't walk too much and don't climb stairs especially in the first postpartum days; I mean the first week, more or less... my bedroom is upstairs but I go down every morning and stay there all the day, then I go to my room the next morning because of Ramadan; so I only climb stairs once a day. They said it is not good for the postpartum woman because of the sutures; it will be more painful if she climbed the stairs too frequently.”*Maryam

Although her bedroom was located upstairs, Albandary described her mother's preparation for a special room downstairs to prevent her daughter and any postpartum women she took care of, such as her sister, from climbing stairs. Albandary found climbing stairs exhausting and caused her back pain, and she described that her back was still too weak to tolerate such effort.

*“My old room is still there but it is upstairs and my mother keeps a room downstairs for those who are postpartum; for herself, her sisters and for me. I*

*found it exhausting and painful to go upstairs while you are postpartum, you know my back still cannot tolerate this effort...*" Albandary

After explaining the women's experience of being threatened by normal things they are usually exposed to during their normal daily life but not during their postpartum period, the next theme, trust in sources of knowledge, is described.

## **7.2.5 Trust in sources of knowledge**

Various sources of knowledge and the women that trust in them are described in this section; sub themes including the importance of mothers, the importance of older women and generations, the internet, strategies to evaluate advice, and hidden from medics are discussed in turn.

### ***7.2.5.1 The importance of mothers***

The interviewed postpartum women delegated most of the responsibility for planning and achieving their own postpartum health to their carers, who in this study were their mothers. Most of the women in this study described carrying out particular health behaviours; however, when asked, they usually did not know why, citing that it was just because their mothers said so. This reported obedience to their mothers could imply their blind trust in them. Their trust in their mothers was described at every stage of being mothers themselves; whether a first-time mother or a mother of two or three children.

Most of the participants who had just had their first baby explained that because of their unexpected new experience, and lack of knowledge regarding their postpartum health, they did what their mothers said. For example, Lu'lu described her postpartum experience as a field of experiments for her family because she had provided them with the first grandson. She acknowledged that this was a new experience for her family as well. She described her previous limited information about postpartum healthcare, which she only discovered after having her baby.

*"...I don't know, now they try postpartum care on me for the first time... I am the oldest daughter and I have the first grandson in the family, so it is all a new experience for me and my family... I didn't know about these things before I gave birth, then I discovered strange things I have to do as a postpartum woman... the postpartum woman should not do this and that... she should not go outside the home, and she should not drink water and so on..."* Lu'lu'

On the other hand, some of the participants who had their second baby described repeating the same things they had been told to do during their first postpartum experience. They said they followed what their mothers advised them before. For example, when the researcher asked Jawaher about her recent postpartum experience, she started talking about how 'my parents did...'; 'they bought...'; 'they brought....' Based on her mother's recommendations, her father went to an herbalist he knew and dealt with for his daughter's first postpartum experience. Similarly, he bought some herbs used for postpartum health and some for treating common new-born health

problems. She simply repeated what she had been doing during her first postpartum experience for the second time.

*“My father brought postpartum herbal medications from an herbalist we knew and my parent did the same thing when I had my first daughter... I mean my mother asked him to do that, then, he bought some for me and some for my baby...”*Jawaher

Maryam described her earlier postpartum experience when she was searching online forums for information and advice related to postpartum health, then she compared the online women’s experiences and her own and found that all the information she read online was similar to she was already doing. As this was her second postpartum experience, she decided to compare her recent experience with the earlier one in case she encountered any health problems.

*“At the first postpartum experience, I used to look for information and advice about postpartum health; I searched the internet and I read the women’s posts and then I compare what happened to me with such women on the internet. And, thanks to Allah everything was as I read about it, do you know what I mean? But, now this is my second experience, all I do when I’m confronted with confusing matter is compare with my first postpartum experience as a reference.”*Maryam

In this study, Haneen, who had her third child, described that she repeated postpartum health practices and she was now more confident in them. She said that her mother had paid more attention and care to her during her first postpartum experience. This experience was her third one, and her mother’s care for her was not in line with her expectations. She said with a disappointed tone of voice that she was the one who

reminded her mother to bring the postpartum medications this time. She said that they had these herbal medications from an old woman they knew. When the researcher asked Haneen from where that woman acquired her knowledge and experience of these medications, she said that the first thing was that the woman was old (she implied that older women are more expert than younger ones) who had got her experience from her own mother and grandmothers. Then, Haneen said that the woman practiced these things on her own daughters during their postpartum periods, and then she gained more experience and started to prepare these medications and sell them to other women.

*“This time, my mother forgot to bring me the postpartum herbal medications. But I reminded her to do. Then she brought the herbal medications from an old woman, she practices these things for a long time and she did the same thing for her daughters during the postpartum period. I believe she gained this knowledge and experience from her mother and her grandmothers. She prepares these herbs and sells them to people...”*Haneen

There was a clear reliance of the postpartum women on their carers during the postpartum period. All of them were at their mothers' homes to be looked after during this period. They described their appreciation for their mothers' effort and care of their health. Accordingly, the postpartum women had certain expectations from their mothers regarding care, support, advice and help. The carers' experiences of the care they provided to their daughters will be discussed in the next chapter.

Most of the carers in this study worked hard to care for their daughters' health.

For example, Noora described her mother's experience acquired from her previous postpartum experiences in addition to her work asking the women she knew, such as her sister and her friends who had finished their postpartum period and who considered themselves as being healthy after such a period. However, she stated that her mother refused to believe that her knowledge was outdated and she tried to keep up to date with information about postpartum healthcare by asking about other women's experiences. She said her mother took postpartum herbal medications from her sister as she used it too because she was also a postpartum woman.

*“My mother gained her experience of postpartum care from her individual previous experiences; she asks other women such as my auntie because she just had her baby and my mother took postpartum herbal meds from her, my auntie brought these medications from a traditional healer. My mother also asks her friends who had recently had a baby and they felt themselves in very good health after their postpartum period because my mother experience of postpartum was old, she wants to know new trends of care and what other women did for their postpartum to accommodate the new generation's time...” Noora*

Noora was upset and complained about the awful taste of herbal medications her mother gave her; she described them as horrible in taste and difficult to swallow because they contained what looked like small stones [she was talking about the dried seed of a certain herbs used for postpartum health, which is taken by swallowing it with some fluid but is not chewable]. She did not know the purpose of these herbal medications, however because she trusted her mother, she forced herself to ingest it.

When she asked her mother about herbal medications, her mother replied that women have to care of themselves during the postpartum period and the herbal medications were one way for doing that. Her mother believed the results of postpartum healthcare did not appear until the woman resumed sexual intercourse with her husband after the forty days of postpartum.

*“My mother gives me herbal seeds and it is horrible in taste plus I can’t swallow it; it is like stones. I don’t ask her why; to be honest, I just swallow what I can and leave what I can’t but I am crying and angry every day when she gives it to me. I don’t know what her exact purpose for such herbal medications is but she knows and she has experience, so I obey her because I trust her. I ask her once; she said you have to care of yourself because you can’t say you are good and well during this period, not before you finish your postpartum period and sleep with your husband, then it becomes clear to you the outcome of your care at postpartum ...”*Noora

Even though the women in this study had a variety of sources of postpartum health information, all of these sources were from other women from their culture including mothers, grandmothers, friends, peers, neighbours, traditional healers, and women from online forums. However, the postpartum women’s mothers were the first source of information regarding postpartum health practices.

#### **7.2.5.2 The importance of older women and generations**

Other sources of such information were the older women from their culture, including grandmothers, female traditional healers, other relatives and neighbours. The participants pointed to this type of source by using terms such as ‘they said’, ‘they believe’, ‘people said’, etc. Friends, peers and family were sources of experience if they

had previous postpartum experience. They described the postpartum experience as being passed down the generations, however, the Internet was also widely used among the interviewed postpartum participants as a source of knowledge.

For example, Jawaher explained that her mother's source of knowledge was from her mother and grandmothers. She was laughing when she said that knowledge was transferred from one generation to the next.

*"My mother got this information from her mother, and her mother took it from her mother, and so on, from one generation to the next."*Jawaher

Similarly, Maryam described the origin of her mother's experience of postpartum health practices and said it came from her grandmothers and her aunts.

*"I hear these kinds of advices and information regarding the postpartum health from the family, from my grandmother, from my auntie and so on..."*Maryam

Also, she explained that she was unaware of the reasons underlying such health practices but was clear that she did it because her mother and her mother's mother before had said so. She said she trusted them because they had their own postpartum experiences, which made them experts.

*"Personally and honestly I don't know the reasons behind things they advised me to do or not to do, they said it is not good for me as postpartum, so I follow their advice... I don't know exactly why but this is what my mother and my grandmother says... I trust them so much, and definitely they say such advice because they have their own reasons and they have more experience than me."*  
Maryam



One of the important sources of postpartum health knowledge was the older women within the family or wider society. Jawaher described the postpartum health practices she followed, but she did so blindly, based on other women's advice. She referred to this source as 'they'. She said 'they said so but I don't know why', when she was asked why she followed such practices.

*"... They said it is harmful for the postpartum woman.... By them I mean - the women I knew from the family and relatives... I don't know why but if they say so I just avoid it."Jawaher*

Maryam expressed her unawareness of the reason for avoiding food such as cabbage during postpartum period; she said that was advice she received from other women she knew and not from reading articles or books.

*"... They also said to avoid eating too much cabbage, I don't know why but they said it is not good for the postpartum women. I hear; do you know what I mean; I don't read this information, it is just advice they told me about."Maryam*

### **7.2.5.3 Other source of knowledge; the internet**

The internet was also a common source of knowledge among the postpartum women in this study. They searched the internet when they needed to know what others were doing for their postpartum health and when they were in doubt of some practices. Jawaher searched the internet for postpartum exercises despite having a paper with an illustration for some exercises given by the hospital in which she gave birth.

*“I was reading on the internet some exercises for postpartum women... the hospital did not teach me anything; they only gave me a piece of paper with illustrations of some exercises... they said nothing to me about what would happen in the postpartum period. They gave me an appointment 10 days after childbirth to assess the episiotomy wound...”*Jawaher

*“I read about the health problems at the postpartum period, but thanks to Allah, nothing happened until now. I don’t read such thing from books; I read it on the internet, but because this is my first baby, I read more about the baby care....”*  
Lu’lu’

There was no clear ranking of all of these sources for health decision-making.

In contrast, Nouf brought together the Western school of medical thinking and the Saudi traditional one regarding postpartum health. However, most often the traditional school dominated her decision-making. Besides the varieties of sources of information available, the most important issue here is how they make sense of all of this information. Some had specific strategies for their health decision-making while others had none.

The available sources for postpartum health knowledge were used by the participants, but only after being evaluated. Jawaher explained her point of view regarding some practices she read about on the Internet, such as wearing leggings and an abdominal corset or belts<sup>73</sup>. She believed that the health practices she followed that were recommended by her family were acceptable and rational, whereas she criticised some of the traditional practices – she did both of these things based on the same source

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<sup>73</sup>See Appendix 6, Figure 6

of knowledge, the internet. However, it was not clear exactly what her judgment was based on.

*“Some postpartum health practices are acceptable and I do it but I read about things done during postpartum that exceed rationality such as wearing leggings .... And wearing an abdominal belt<sup>74</sup>, I think they call it Indonesian corset... it is too much, besides they said it is very dangerous to wear the corset at the beginning of the postpartum period... I read that on the internet... I Google everything I want to know regarding the postpartum.”*Jawaher

Also, Haneen used the internet as one source of postpartum health knowledge, but she did not use it frequently.

*“...sometimes I surf the net to see what other women use for their postpartum health; what they do and what they don’t do and things like that...”*Haneen

Maryam was searching the internet to gain more knowledge about the recommend time for starting postpartum exercises, and she found the online sites advised women to start it five to six weeks postpartum. Therefore, Maryam postponed her plan for exercise to the recommended time.

*“Yes, I honestly read in a lot of online websites that you can do exercises 5–6 weeks postpartum if you want. So, I postpone my exercises after 6 weeks postpartum; I mean after the 40 days of postpartum.”*Maryam

Albandary described her fears during her pregnancy and postpartum that made her search the internet for information to relieve her anxiety. However, she did not find the reassurance she expected; instead, she described the women’s stories she found

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<sup>74</sup>See Appendix 6, Figure 6

online as 'horrible'. She talked to her mother about this and her mother asked Albandary to ignore what she read online, describing them as an exaggeration of the reality, reassuring her and saying that there were no major changes that occur after the first child, but that they could be true after the second or third baby.

*"When I was pregnant; I was scared of being a postpartum woman and I was surfing the internet and WHAT IS THIS - there were women that described horrible stories and things about postpartum, then I went to my mother to tell her about my fears, to which she said don't pay any attention to what they are saying in the forums, they exaggerating. My mother said there would be no noticeable changes after the first baby but it might occur after the second or third one, it will be a difference and you will notice that..."* Albandary

#### **7.2.5.4 Strategies to evaluate advice**

With all of these sources of information related to postpartum health, the women found themselves struggling to evaluate this information so that they could use the best practice for their health. However, they described going along with their mothers' advice, whom they trusted because they already had the same postpartum experiences.

In contrast, one participant, Nouf, searched and planned for her postpartum care and then left the rest for her mother to do. Nouf evaluated the postpartum health practices by logic and described accepting what she thought was rational. However, her decision was often affected by the opinion of the majority. She acknowledged her refusal to follow the advice to restrict her water intake during postpartum, because she believed

that water was useful for health. However, due to the majority opinion in favour of this restriction, she followed it, although she remained unconvinced.

*“Some postpartum practices have logical reasons that I can accept it, but there are things which are irrational, although I have to do it because everyone warns me about it, for example, they said do not drink a lot of water, drink only a small amount, enough to stop the feeling of thirst. My mind says water is very useful, but they say it is not, I don’t know why...”*Nouf

Nouf had a strategy for making her health decisions and she described the hierarchy of advice she had as “evaluating levels of advice”. She said that if she encountered a health concern, she started with her mother as the first level of advice, explaining to her mother the problem, and then her mother might hear this kind of concern and advise her about what to do. At the second level, she searched for more evidence by surfing the Internet. She said that at the third level, she looked for other women who had similar situations and exactly the same concern. Then she weighed the evidence and made a decision.

*“If I faced any unknown issue regarding the postpartum healthcare, firstly, I asked my mother; she may say I’ve heard about it and do such and such, and then I search the internet, also I ask about others’ experiences, it has to be similar to mine, I mean they have two babies no more and no less than that.”*Nouf

While Nouf had a specific strategy to make her health decisions, she described being confused by the multiple sources of knowledge. She described her fear that if she opposed the majority of advice, it would lead to an unpleasant outcome. Therefore, she chose to go with the majority’s opinion, (1) to prevent blame from others, and (2) to

ensure that there would be help available from others. She did this even when she was not convinced of her decision. She gave an example of this dilemma: restricting the amount of drinking water during the postpartum period. She said that people must have a reason for imposing this restriction, but she did not really accept it in her mind.

*“... I am not convinced but I will avoid drinking a lot of water as they said because I am afraid if I don't do what they said, I will be in trouble then what can I do? They will say we warned you and you didn't follow. So, we can't do anything for you if something wrong happens to you...”*Nouf

Nouf raised her concern about the restriction of drinking water during postpartum to her doctor. She understood from his attitude and response that he thought these ideas were nonsense and opposite to the medical point of view. She described her conflict between these extremely different kinds of advice: the medical and the traditional. She asked the researcher in a way that she was thinking out loud: what was she supposed to do with that conflict?

*“When I said to the doctor I must not drink a lot of water, he looked at me in a way of saying what is this nonsense, then he said who said so, no, you have to drink water because you are breastfeeding your baby... what shall I do, the grandmothers said no, the old women said no, my mother and the people said no, and the doctor said yes... even my friends said not to drink a lot of water, they said it is not good for postpartum women...”*Nouf

Nouf described her rejection of the way she believes postpartum foreign Western women take care of themselves. She explained that an extreme example of their behaviour was going for a walk after being discharged from hospital. She expressed her

feeling of how wrong such women were and she strongly believed these women will eventually recognize the mistakes of such actions in the future, emphasizing the negative health consequences that result from their approach to postpartum care.

*“Of course, you will not do as the foreigners do in which a postpartum woman after discharged from hospital, she goes for a walk, no I feel this thing is definitely wrong and they will understand that later on. I don’t know whether they intentionally deny this or not...”* Nouf

Nouf compared and contrasted the postpartum healthcare between that within Saudi Arabia and women within the United States of America.

*“Because I talk from reality, I know a woman, she is my friend, she gave birth to her first baby in Saudi Arabia and she had a normal postpartum care that is full of spoiling and mothering postpartum women ate healthy things and so on. Then, she became 100% perfect. However, she had her second baby in the USA and she followed what the American women usually done at postpartum period. She said nothing bad happened to them, why didn’t I do it their way; I want to see the results. For your record, her mother is Bedouin...”* Nouf

She started with her friend’s first postpartum experience in SA, which she said was very successful; she described the nature of postpartum care in SA as a spoiling period when the mother is mothered and pampered by her mother. Her friend travelled to the USA and had her second child there when she decided to do what the American women do during postpartum because she believed they were in a good health condition, without suffering and being stressed as the Saudi women were during in the postpartum period.

*“She said the postpartum women abroad discharge from hospital and then they walk and go shopping and do their usual daily activities. There is nothing called the postpartum period. We are making the life more difficult at postpartum, and we suffer from the warmth and confinement; don’t go outside home, don’t wear this, don’t cross your legs... she said she was eating a normal diet, she ate ice cream, she had soft drinks, she ate junk food, she was walking, she ate all the vegetables she liked such as cucumbers and tomatoes and all the sticky things, but after that all these affected her health...”*Nouf

However, her friend complained that this led to a bad situation with the problem of air trapped in her abdomen; her sexual relationship was not good as she said there were air problems and some strange vaginal secretions. Nouf said confidently that these were the result of bad care during the postpartum period.

*“So, she did what they do, then when she back to SA, she said that she was struggling; her situation was too bad; air, her abdomen was filled with gases all the time, her body didn’t return back to its pre-pregnancy state because she didn’t breastfeed her baby, she didn’t care for herself during postpartum period, and I think she had inflammation in that area, and her relations with her husband were miserable; air and strange secretions. All of these were because she didn’t have good postpartum care...”*Nouf

Nouf concluded from this that it was better to follow the general principles of the traditional postpartum care, particularly given that this is for a limited period of only 40 days.

*“That means there is a correct aspect in this matter but what it is, what the details are, we are not quite sure of that. So, we have to follow the general principles, it is nothing, it is only for 40 days then you can do whatever you want...”*Nouf



However, she said to her friend that she couldn't do anything to help her, but she referred her to the female traditional healer she used to consult her and use her services.

*"Then, she asked what to do, I said I don't know but I can give you a telephone number for the woman who massaged me, go and ask her, she may help you, maybe she'll do a massage for you to get rid of the air trapped in your body..."*

Nouf

Then she described how the healer examined her friend, then diagnosed and gave her a treatment. She examined her with palpation to the woman's abdomen and then she asked her what she did during her postpartum period. Then, the woman explained everything to the healer who diagnosed bad postpartum care, yet there was no treatment for her condition except for becoming pregnant again and giving birth, and then having very good postpartum care.

*"When she went to that woman, the woman placed her hands on my friend's abdomen and asked, what have you done after you gave birth? My friend said I did this and this... then the woman said there is only one solution for your problem; you have to get pregnant again, then give birth and then have good postpartum care as Saudi women do, then you will be normal again. She said I don't have any other solution for you. Air will be expelled out of her body when she gives birth, the baby will take the air out with him, and then she has to keep herself warm." Nouf*

Albandary described her familiarity with the postpartum experience as she accompanied her mother after she had her last baby; assuming that exposure to her mother's experience can reduce her worries when she is the one having a baby;

however, it did not match her expectations as she described her fears after reading online postpartum women's stories prior to having her baby. Most of her worries were about the changes resulting from childbirth. Albandary described her strategies if she had a postpartum health complaint; first she would approach her mother asking her advice; if her mother was familiar with that complaint, she was certain of her following her advice. But if not, Albandary said that she then searched the internet for similar complaints and experiences. However, she expressed her trust in her mother rather than the internet because she believed the latter provided a wide range of opinions that was confusing to her.

*"I was there when my mother had my youngest brother, so I am sort of aware of the postpartum experience. I am worried about the change after giving birth because I read a lot of scary things... but if I have any concerns or health complaints, I definitely discuss that with my mother and if she recognizes such complaints and symptoms, then I will follow her advice, but along with that I will search the internet looking for similar experience but, I trust my mother more, the internet always confused me..."* Albandary

Noora appeared to be suspicious and confused by the opinions available. As it was her first experience she accessed a range of sources; she asked her mother, the nurses providing maternity care to her, and searched the internet for answers to her questions. She described her mother's instructions to her prior to giving birth at hospital as she asked her not to sleep on her sides but only on her back, and she asked her to avoid cold drinks. Then she started to compare her mother's instructions with the nurses as she asked them whether she can sleep on her sides or on her back, and they answered

her positively that she could do whatever she liked. Then, she asked them whether she could drink water and they gave her a glass of cold water, while her mother warned her about that. Noora found contrasting answers from her mother and the nurses, so she decided to search the internet for reassurance, however this was disappointing as she found women's postpartum stories even more confusing. Finally, she decided to choose the most suitable option for her; whichever she found to be more comfortable.

*"When I gave birth at the hospital, they brought me to my room. Then, I asked the nurses whether I could sleep on my sides or I had to sleep on my back; they answered me, yeah you can sleep in the positions you like. Then I asked them if I could drink water and they offered me a cold glass of water, however, my mother said to me don't sleep on your sides and don't drink cold drinks. So I started my search on Google and read about things that confused me, and then I chose the options I assume are suitable for me. I search online forums for women who discuss postpartum issues..."*Noora

Noora compared the postpartum women's experience in Saudi Arabia and other cultures such as the Japanese, and described those in SA as "poor women", implying her sympathy for their suffering. She said that Japanese postpartum woman had an easier postpartum experience, which she described as living a happy simple life. She gave an example in Japan where she lived for a short time; she saw a postpartum woman with her new baby was freely walking outside her home without fears or worries.

*"Oh Allah, the women outside the Arab culture don't have this nonsense we have here and they simply live their life with happiness, in contrast to us, poor women. In Japan, I saw a woman, who just had her baby, walking outside with him without fear or worry..."*Noora

#### 7.2.5.5 *Hidden from the medics*

Most of the participants said they didn't receive any information regarding postpartum health. However, one woman said the hospital gave her a leaflet with illustrations of some exercises without any explanations. Another participant said the hospital did not explain anything about postpartum after giving birth to all three of her children. With the absence of any clinical staff teaching women about postpartum health, women were confused and doubt increased.

Jawaher described her discharge plan from the hospital she gave birth in as being limited to providing her with a leaflet of instructions for postpartum exercises with illustrations, and a request to book her an appointment at her 10<sup>th</sup> postpartum day to check her episiotomy.

*"... The hospital gave me nothing except a piece of paper with illustrations of some exercises but they didn't explain it to me.... the hospital said nothing about the postpartum health; they only thing they said was that you have an appointment after birth with 10 days, as they wanted to check the episiotomy...."*Jawaher

Haneen expressed her uncertainty about when she needed to seek medical advice and she thought it was probably when she felt any signs of infection or pain in the episiotomy site. She said she wasn't sure because the hospital healthcare team didn't provide her with any information regarding this issue.

*“... I think, if you feel an infection or pain in the episiotomy site, you have to go to the hospital. The hospital didn’t say anything to me regarding the postpartum, but I think if you feel such things, you have to go to them....”*Haneen

Lu’lu described the advice she received from her male physician, which was about the wound (episiotomy) care as he asked her not to add anything to the water for her sitz<sup>75</sup> bath (a sitz bath <sup>76</sup>is a water bath in which a woman sits to relieve the episiotomy pain); no Dettol nor salt, and to do this bath four times a day for ten minutes each. She described wishing the doctor had informed her more about what was expected at the postpartum period and she described the difficulty she encountered obtaining information about postpartum from the male doctor.

*“He was a male doctor. He said don’t use Dettol or salt; use only warm water that you can tolerate its temperature in a sitz<sup>77</sup> bath (perineal sitz<sup>78</sup> bath) four times a day, 10 minutes each... I wish he said something about what was to be expected during the postpartum period, but he didn’t. I was pulling the words out of his mouth; they never said anything (she means the doctors)...”*Lu’lu

One of the participants consulted her doctor regarding some of the health practices she heard of, but was not completely convinced, as was previously seen with Nouf and her concern about restriction of water intake. The doctor ignored her concern and asked her to follow what he said. However, he didn’t discuss her worries about that issue to reassure her; instead, he ended their talk by giving his orders.

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<sup>75</sup> See Appendix 6, Figure 32

<sup>76</sup> See Appendix 6, Figure 32

<sup>77</sup> See Appendix 6, Figure 32

<sup>78</sup> See Appendix 6, Figure 32

The women within this study worked very hard at restoring their health and getting back to their pre-pregnancy state during and after the postpartum period. However, on the other hand, the medical staff apparently had limited awareness of what women do in the home for their postpartum health. Rarely did the women consult their doctors with their struggle to do the best for their health and once they did, the doctors often ignored that and said what they believed was right without explanation or discussion with those women.

The other aspect which rose to the surface among the interviews was the role of the female traditional healers. The women sought their health advice from the healers. The healers were easily accessed by the women through the internet, where there are lists of healers with their contact details. The role of healers was varied, from preparation of the postpartum herbal medications, performing the special therapeutic postpartum body massage, and diagnosing and treating the postpartum health conditions. The healers received their knowledge and experience from their mothers and grandmothers, sometimes from being a traditional birth attendant in the past, and from their mothers and grandmothers who were birth attendants.

Maryam also believed that she should have been given a health education about the postpartum period by the hospital she gave birth in; however, she discharged from that hospital without them providing her with any information in that regard.

*“No one said anything about postpartum when I discharged from the hospital. I think they should teach us.” Maryam*

After describing the women’s trust of different sources of knowledge, the next theme is what the women believed were the consequences of not having proper postpartum care and what they were warned about during this period.

### **7.2.6 Warnings and consequences**

The women in this study strongly believed that negative health consequences would arise from neglecting the postpartum healthcare. They discussed and feared the examples of women who had not followed the postpartum healthcare practices. When they were asked whether their postpartum healthcare affected them now or in future, they replied that the care at postpartum period influenced the women after the postpartum period or when she became older in age. One of the participants, Nouf, compared the Saudi women’s healthcare during the postpartum period with other women who are not from SA, like those from the Europe or the United States of America. Additionally, she strongly believed that those women who were not caring for themselves during this time would suffer the consequences in the long term, and that it would ‘get them in the end’.

Also, Jawaher believed that there were undesirable consequences for not caring for postpartum women’s health. She gave an example of her auntie who did not believe

in following such health practices during the postpartum period, such as using herbal medications, but she took the vitamins given by the hospital. She said that when her auntie reached 30–35 years old, she experienced a severe calcium deficiency, which Jawaher believed was a result of neglecting her postpartum healthcare.

*“It is important to take care of your health during the postpartum period... I think it may have bad consequences on the health later on when she becomes older... my auntie doesn’t believe in the postpartum care practices, she never had herbal medications for the herbalist and so. She had the hospital vitamins only. Now she is 30–35 years old and she has a severe calcium deficiency. I believe this is a result of not caring during the postpartum period...”* Jawaher

Nouf confirmed that there were bad health consequences for women who did not take care of their health during the postpartum period. She said that if postpartum women didn’t have healthy nutrition or work to strengthen their bones, and increase their blood and calcium levels, then they would experience the negative effect in their teeth and bones, and in their faces’ youthfulness.

*“Definitely there are bad consequences for lack of postpartum healthcare. If you don’t have healthy drinks, or healthy food, or you don’t work on strengthening your bones, or you don’t increase your blood and calcium levels, these all affect your teeth, bones, your face youthfulness or paleness. Of course it affected you...”* Nouf

As described earlier, Nouf described her friend’s situation when she arrived back to SA from the USA; she said her situation was very bad and her body was filled with gases and air in her abdomen, and she failed to return back to her pre-pregnancy state. She believed all of her friend’s problems were because she didn’t breastfeed her baby



and didn't care for herself during the postpartum period. She then described the worse consequence of her friend's poor postpartum care, which was her bad sexual relations with her husband, and she specified the reasons were the presence of air and excessive secretions in the vagina.

Nouf criticised postpartum care in different cultures and she called them foreigners when she said postpartum women within these cultures freely go for a walk after their discharge from hospital. That action was what Nouf described as the wrong practice, and she said that these women will experience the unwanted effect on their health as a result of their negligence.

*"...of course, you will not do as the foreigners do in which a postpartum woman, after being discharged from hospital, goes for a walk. No, I feel this thing is definitely wrong and they will understand that later on, I don't know whether they are being careless or not..."* Nouf

Maryam confirmed that neglecting postpartum healthcare affected their health in the future and she believed such women lose their energy in breastfeeding and they need to compensate for their loss. Otherwise, she believed such women would be more susceptible to back and joint pain from calcium deficiency in the future.

*"Definitely, neglecting postpartum healthcare will affect women in the long term. For example, now the postpartum woman breastfeeds her baby, so she has to nourish herself properly to compensate for what has been lost at breastfeeding. So, her bones, Allah willing, will be strong in the future and she will not have diseases or anything. However, if she breastfeeds her baby without compensating for the loss, I believe she will have pain in her joints and bones*

*because of the low calcium, in the long term, which means after many years.”*

Maryam

Albandary believed that the lack of proper postpartum healthcare can place women's health at risk of illness, and she then cited her cousin's experience as evidence of her belief. She said her cousin didn't take care of herself during the postpartum period as she was not having a good diet, and she went outside her home to have some fun at such period. Albandary believed that her cousin's negligence of her health resulted in her ill health after the postpartum period, as she complained of dislocation of her pelvic bone that made her movement very painful and difficult. Albandary believed that caring for women properly for at least the first twenty days postpartum was fundamental.

*“If a woman didn't care for herself during the postpartum period, this will affect her health later on. I don't know but my cousin didn't care for herself at postpartum period; she didn't have a proper diet and she went outside home for fun, and then after the postpartum period, poor cousin, her pelvic bone dislocated from its position and she couldn't walk and she was crying from the pain. I believe it is important that a woman has to care for herself for at least the first 20 days postpartum...” Albandary*

Noora believed that not having maximum postpartum healthcare resulted in health consequences, and she cited her friend's stepmother's experience; she was an Australian married to a Saudi man and when she gave birth to her first baby, she did not care for herself during the postpartum period as she lifted heavy objects and had an unhealthy diet, while other women within that Saudi family advised her to follow the Saudi way of postpartum care. Noora described the results from such way of postpartum

care, which were a prolapsed uterus and arched back shape. Her friend said that her stepmother learned the lesson and became pregnant again, and when she delivered her baby she asked them to apply the Saudi postpartum healthcare way to her. After this postpartum she was satisfied with the result and said she became perfect, as her friend said.

*"I think there are consequences of not having very good postpartum care; for example, my friend told me that her mother in law is Australian and when she gave birth, she didn't care for herself; she lifted heavy objects and didn't have a proper postpartum diet, they advised her to do what we were doing in SA but she didn't listen. Then, this affected her uterus and caused it to prolapse and her back became arched. Then she asked them to do a Saudi postpartum care for her during her next postpartum. My friend said she became perfect after her next postpartum period...." Noora*

Noora described feeling 'fed up' with all the restrictions and instructions she had to follow during her postpartum period, however she expressed her fears that refusing these instructions could result in being blamed by her mother and being responsible for unwanted health consequences, therefore Noora chose to obey her mother. She described possible consequences that other women were discussing, such as not being good enough to satisfy their husband during sexual intercourse, and she said a large number of marriages ended in divorce for that reason. Then, she expressed her fears from the women's stories when she said that some of the husbands said to their wives after resuming sexual relations to go back to their family to receive a proper postpartum healthcare and then they can come back. She said she had no fears from divorce, but

the important issue for her was that she refused to appear different than she was before pregnancy in front of her husband.

*“This is it, I’m fed up with it and I am afraid to do something wrong and my mother saying, you are responsible for that because you don’t obey me. So I do whatever she says, in everything. There are a lot of women who said if you become not good after the postpartum; I mean not good for your husband when you have sexual intercourse, a lot of women divorced for this reason; I mean their husbands didn’t like their wives at sex. I am not afraid of divorce but I don’t want to feel or be not good in front of my husband. Oh yes, a woman said there was a husband who said to his wife go back to your family and have a good postpartum care then come to me. So, there are some men who can do such things which makes me more scared....” Noora*

Warnings and consequences of not having proper postpartum care were described above, and the next theme, which is striving for normality and being better than normal, is explained in the following section.

## **7.2.7 Striving for normality and being better than normal**

Most of the participants were looking to regain their normal selves – as they were before pregnancy – while some were working hard to be better than they were previously. Sub-themes are described in turn below; being the former sexy me, and bring back my former body.

### **7.2.7.1 Being the former sexy me**

Most of the interviewed women uncomfortably discussed their sexual health; however, some explained some aspects of their care which related to sexual health.

Jawaher was uncomfortable discussing her sexual health with the researcher; however, she went over this issue very quickly, and she flushed and laughed when she explained it. She interrupted the researcher when asked about sexual health and said

that she was not with her husband at that time, which meant that she didn't have to do anything regarding sex. When the researcher explained that the question was about postpartum practices to enhance sexual health, she understood the question and then answered it by referring to what other women in the Saudi culture said. She knew that there were herbal medications for that purpose, but she didn't use them. Also, she said that she did some exercises to strengthen the vaginal muscles but she didn't know what to call them (kegel exercises). Then, she justified being unworried regarding her sexual health with her husband's understanding of the postpartum situation.

*"...Um, haha, basically I am not with my husband during this period... they said the herbal medications from the herbalist are useful for that thing... I do this kind of exercise only but I don't know what it's called... I don't take any suppositories or anything else for that... my husband understands the situation, so I am not worried..."*Jawaher

Nouf was looking to be better than she was before her pregnancy. She was worried about not being as tight in her vagina as she was before her second pregnancy. Therefore, she used her available resources of knowledge; she asked specialised doctors and those in similar situations who had two babies, such as her friends and her relatives. She asked doctors whether women became wider after giving birth. She said that the doctors told her this was true. She asked them if doing exercises or things to become tighter would be useful, to which they replied that it was based on the body's ability to be extended. Nouf asked them how she could recognize being tight or wide; the doctors said this would be clear after resuming sexual relations with her husband. She became

stressed and talked with an intense tone about not wanting to be placed in such an embarrassing situation. Then, she asked her friends and those women who had two children about this issue. They answered her with yes; after her second baby a woman will be wider than before. Then she asked an expert specialised female doctor and she advised her to wait and see, but Nouf didn't like to wait, and she said that if this were to possibly occur, then she would not wait. So, she went for the guaranteed outcome and selected plastic surgery to tighten her vagina. She planned to do that, but she decided definitively when she heard others' feedback. This situation reflected that often the focus is entirely on the husband's sexual experience.

*"I asked doctors; is it true that a woman after giving birth doesn't return back to her previous state and she became wider; they said yes it is true. Then I said even if I do kegel exercises and I do whatever, I can't return to my previous state. They said it depends on the type of body; some are liable to be wider and others return back to their previous state. I said how can I know that? The doctor said the only way is when you resume your relationship with your husband after the 40 days postpartum, at that time you will know that. DOCTOR, I WILL NOT PUT MYSELF IN AN EMBARASSING SITUATION... so most of my friends, only those with two babies like me, not four or three kids, they said after the first baby and good postpartum care, you will be back to perfect 100%, but after the second one, the situation changes. So, I said to myself why I will put myself in this situation, if this thing is possible to happen to me, and I am already with wounds at postpartum, so why not do plastic surgery to tighten the area... I went to an old expert female doctor and asked her advice, she said why not wait and see. I told her NO DOCTOR, I DON'T WANT TO BE SHOCKED WITH THE SITUATION...."*

Nouf

Noora refused to accept any changes in her body shape, particularly in front of her husband; she did not want him to recognize any differences in herself. Within her

talk about postpartum changes, she remembered vaginal suppositories made from sea salt, but she believed it was incorrect to use such things, which she used once only under her mother's insistence. Noora expressed her fears from not using those suppositories as her mother and other women say it cleanses the uterus from excess water trapped inside and helps with tightening the vagina. She was not convinced with that as she asked her doctor about it and she warned her from this, and prescribed her medical suppositories found in pharmacies.

*"I want to return to as normal as I was before the pregnancy and childbirth; I mean I don't want my husband recognizing any changes or differences in me. I'd like to tell you about something called salt suppositories, if you hear of it, which I don't feel it is a correct thing but I used it once and then I stopped. I used it because my mother insisted and said it is good for a postpartum woman and I have to use it, not only my mother said so, also a lot of women I knew used it, I was scared not to use it. They said these suppositories cleanse the uterus from the water inside it and tighten the area. I used it but I didn't like it and then I stopped it. Besides I asked my doctor, and she warned against me using it and prescribed medical suppositories from the pharmacy...." Noora*

#### **7.2.7.2 Bring back my former body**

Lu'lu described the difficulty she encountered towards regain her pre-pregnancy body shape and size. She expressed her suffering with wearing her abdominal belt<sup>79</sup>, which prevented her from using it. She said it caused her abdominal

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<sup>79</sup> See Appendix 6, Figure 6

pain and it was slippery and moving upward. However, she forced herself to wear it from time to time.

*“I bought an abdominal belt<sup>80</sup> especially for the postpartum. I use it but I feel pain in my abdomen. I feel colic all the time. I don’t know whether it was from the belt or anything else. Then, I stopped wearing it but sometimes I put it on. I tried to wear it during sleep but I couldn’t; it moved up....”* Lu’lu

Being slim prior to pregnancy made Maryam rush to regain her previous body shape. She refused to have a protruding tummy after postpartum and she knew that it took time as it occurred gradually. She recalled her previous postpartum experience of her first baby when she was upset at having a big tummy, which then returned slim as before by using an abdominal belt<sup>81</sup> and doing abdominal exercises. That experience increased her confidence as she said she replicated what she did during her previous postpartum experience.

*“I have a slim body, thanks to Allah, and I want to regain it as soon as possible after the childbirth... I don’t want to have a protruding tummy... I know it will not be back immediately after birth... I remember after the first childbirth of my first son; I was so upset; I mean what is this, I am not like this, I don’t have a big tummy like this, how can I regain my previous tummy? But thanks to Allah, I had my body back and that was because of using the abdominal belt<sup>82</sup> which helps in tucking the tummy in, and I did abdominal exercises after the postpartum period. Now I do the same thing...”* Maryam

Although Jawaher had been advised by her friend to do a special body massage for postpartum women, she did not do it. She said that based on others’ advice, that kind

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<sup>80</sup> See Appendix 6, Figure 6

<sup>81</sup> See Appendix 6, Figure 6

<sup>82</sup> See Appendix 6, Figure 6



of massage returns the uterus to its pre-pregnancy position. Also, she said that it helps with positioning the bones back in their places after childbirth.

*“My friend advised me to do a postpartum body massage, she knew a woman who done this kind of massage... they said it returns the uterus back to the previous position as well as the bones, she can bring it back to its normal position.”*Jawaher

Haneen used to have the herbal mixture that she believed helped return her body to its pre-pregnancy state. However, she didn't do anything during her current postpartum experience because she was very busy with her new responsibilities.

*“I hear that women do things to gain back their pre-pregnancy condition... honestly, I did that during my first postpartum period but not during this one... I was taking herbs to help the uterus to return to its previous state, but not this time...”*Haneen

### **7.3 CONCLUSION**

This chapter presents the Saudi women's experience of striving to be healthy during the postpartum period. This 40-day period was described as a unique time in which the vulnerable postpartum women have to take care of themselves in a special way to prevent ill health during and after the postpartum period. Traditional postpartum health beliefs and practices dominated the data from the participants' interviews, and these practices were rooted in the Saudi culture as it passed from generation to generation. However, not all the participants strictly followed them; some of the women modified and adapted them based on their beliefs. Confinement was one

of the major themes in which the women placed importance on staying at their home and were cared for by their carers who were often their own mothers. The confinement was believed to have benefits, as the postpartum women stayed in rest and were pampered by their mothers, and although some enjoyed visits from their relatives and friends, others found them stressful. Moreover, they stressed that during this time, it was important that the women act as "being postpartum", which implied appearing ill and presenting an exhausted appearance and resting in bed in front of their visitors to prevent the harm of evil eyes. However, with all the support they had from their families and visitors, the women expressed their feeling of stress and emotional strains during the postpartum period, which was because of the burden of new responsibilities, the routine and rules that dominated this period, and negative feelings associated with the physiological changes during the postpartum period. The women sought to achieve health by following a postpartum diet that was believed to restore their health, strengthening and cleansing the body, and anchoring the uterus. Also, they described the strict food rules they followed, including avoiding hunger and some types of foods and restricting water intake. They also described everyday threats to their bodies and constraints such as fragrances and hair washing. Warnings and consequences of not following these practices were also explained. Trust was another major theme in which the women trusted their mothers and grandmothers in postpartum care's guidance and advice; however, the women had their own strategies to evaluate this advice. Striving

for normality was the dream of most of the participants, as they worked hard to return to their pre-pregnancy state. This was the description of the postpartum women's experience to be healthy; the next chapter will describe the same phenomenon from the perspectives of the carers who provided postpartum care to these women.

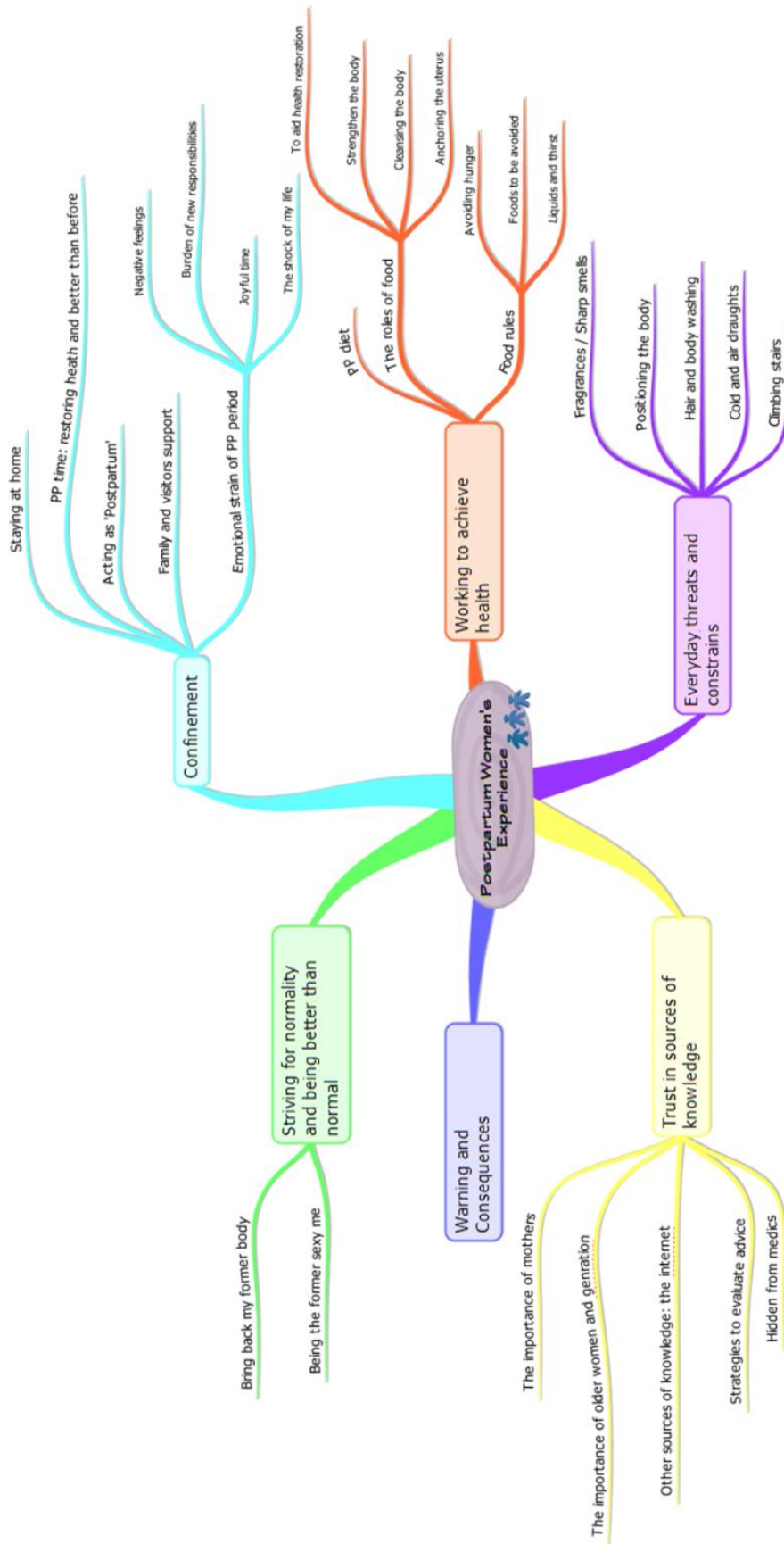


Figure 6 Themes from interviews with postpartum women

Audit trail (Interviews with the postpartum women)

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>الباحثة: طيبه كلميني على نفاسك الحاضر؟ ممكن تتكلمين كذا عن تجربتك بالنفاس؟</p> <p>نوره: يعني الصراحة صدمة حياتي النفاس..</p> <p>يعني تعبتي فيه أكثر من الحمل. ما توقعتي ان مثلا يعني في شق من تحت ومتخبطه ويعني لازم تحافظين على نفسك وأشياء. يعني كل ما ماما</p>	<p>"يعني الصراحة صدمة حياتي النفاس.."</p> <p>"... يعني كل ما ماما تقول لي فكره جديده عن النفاس؛ انكم زيادة..."</p>	<p><i>"Honestly, it is the 'shock of my life'; my suffering in postpartum is far more than in pregnancy."</i></p> <p><i>"Believe me I am shocked whenever my mother tell me new things related to postpartum period..."</i></p>	<p>Unexpected and shocked experience.</p>	<p>The shock of my life</p>	<p>Emotional strains during postpartum</p>	<p>Confinement</p>

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<u>تقول لي فكره جديده</u> <u>عن النفاس؛ انصدم</u> <u>زيادة.</u>						
يعني ما توقعه ان خياطه <u>متعبه ولازم تحافظين ولازم</u> <u>تنقعين بماي وملح وما</u> <u>ادري ايش. ولازم تحطين</u> <u>كريمات ولازم ولازم.</u> <u>يعني هذا اللي تعيني.</u>	ولازم تحافظين ولازم تنقعين بماي وملح وما ادري ايش. ولازم تحطين كريمات ولازم ولازم. يعني هذا اللي تعيني.	<i>"I didn't expect that; I mean things like painful episiotomy, you should take a very well care of yourself, you have to soak in water and salt, you have to apply cream and other things which I</i>	Postpartum experience required plenty of efforts (exhausting) to restore health	Exhausting efforts to restore health	PP time: restoring health and better than before	Confinement

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
		<i>find it surprising and exhausting"</i>				
نوره: ..... بعدين قالو لي لا تشرابين ماي كثير علشان ما يصير الرحم فيه ماي او ما ادري وشو. الصراحة انسى كلامهم لان يصدمني.	"..بعدين قالو لي لا تشرابين ماي كثير علشان ما يصير الرحم فيه ماي او ما ادري وشو. الصراحة انسى كلامهم لان يصدمني"	<i>"They tell me not to drink a lot of water because the uterus then will be filled with water. Honestly, I forgot their advice because it shocked me"</i>	A lot of postpartum health advice with underlie reasons that were shocked	Shocking information about postpartum health	The shock of my life	Confinement
الباحثة: شلون يصدملك؟ نوره: ما توقعك ان حوسه النفاس وان لازم يعني	" ما توقعك ان حوسه النفاس وان لازم يعني تهتمين	<i>"...I didn't expect that you have to be extra care of yourself because</i>	A lot of work to do.	Working to regain her former self.	PP time: restoring health and	Confinement

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<u>تهتمين extra لان تبين</u> <u>ترجعين نفس قبل.</u>	extra لان تبين ترجعين نفس قبل"	<i>you want to return back to exactly your previous you..."</i>	To be back to your previous self.		better than before	
الباحثة: يعني كيف كنت تشعرين؟ نوره: خلاص من كثر كلامهم احس اني تعبت نفسيا. <u>اخافه اتحرك بصير لي كذا. اخافه ما ادرى ايش يطالع لك هوا من تحب. الا ما ادرى وشو.. يعني كذا.</u> <u>خوفه ما ادرى"</u>	" اخافه اتحرك بصير لي كذا. اخافه ما ادرى ايش بصير لي كذا. الا ما ادرى ايش يطالع لك هوا من تحب. الا ما ادرى وشو.. يعني كذا." خوفه ما ادرى"	<i>"I am psychologically exhausted; I am afraid to move and then something happen to me. I am scared from what they told me such as there will be air</i>	Stress and fears from other women's advice.	Negative feelings	Emotional strain of postpartum period	



Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p><u>من تحب. إلا ما ادري</u> <u>وشو.. يعني كذا.</u> الباحثة: ايش اللي يخوفك من هالكلو؟ <u>نوره: خفت ما ادري</u></p>		<p><i>going out of you from down and things like that. I don't know I am scared because this is the first baby I have... they said you have to apply cream on the area down there and I am afraid to touch it or look at it... "</i></p>				

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
لما تجي فترة النفاس، الام يقولون تجيها كابة يقولون... انا جربص... ويقولون الجن يعني يقولون مثلا لو البنص حاصه زيادة يمكن يدخلها من لانها مو طاهرة. الباحثة: علشانها مو طاهرة؟	" الام يقولون تجيها كابة يقولون .. انا جربص .. ويقولون الجن يعني يقولون مثلا لو البنص حاصه زيادة يمكن يدخلها من لانها مو طاهرة."	<i>"They said that the postpartum woman could be depressed... I have the similar experience... and they said Jinn could possess the postpartum woman if she cried because she is impure"</i>	Impurity increase the vulnerability to depression	Negative feelings	Emotional strain of postpartum period	Confinement
نوره: ايه فيعني لازم تحافظ على نفسيها ما تكتنبح ولازم. فيعني اول	لازم تحافظ على نفسيتها ما تكتنبح ولازم. فيعني اول ما	<i>"It means a postpartum woman should care for her"</i>	Tearfulness	Negative feelings	Emotional strain of	Confinement

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p><u>ما اصبحت امي على طول</u> <u>تقعد جنبتي وتهديني</u> <u>وتسكتني.</u></p>	<p>اصبح امي على طول تقعد جنبتي وتهديني وتسكتني</p>	<p><i>psychological health and avoid the depression. I mean my mother immediately stay with me and calm down if I cried"</i></p>			postpartum period	
<p><u>نوره: يعني احيه اقول لك</u> <u>شي: ما كنت اعرفه عن</u> <u>ولا شي عشان كذا</u> <u>صدمة حياتي النفاس</u></p>	<p>يعني احيه اقول لك شي: ما كنت اعرفه عن ولا شي عشان كذا صدمة حياتي النفاس</p>	<p><i>"I'd like to say to you something; I didn't know anything about the postpartum period, and that what</i></p>	Shocked experience	The shock of my life	Emotional strain of PP period	Confinement

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
		<i>makes it the shock of my life"</i>				
<p>الباحث: طيب شلون النفاس؟ ايش رايت فيه؟ يعني شلون آن وقع النفاس عليك؟ البندري: <u>بالعكس مره حلو</u></p> <p>الباحث: مره حلو؟ البندري: ابي والله، ابي حلو. عند اهلك عند خواتك عند امك. وناسه والله وناسه... ابي من جد حتى ما ودي ابي اخلص"</p>	<p>"بالعكس مره حلو" "ابي حلو. عند اهلك عند خواتك عند امك. وناسه والله وناسه... ابي من جد حتى ما ودي ابي اخلص"</p>	<p><i>"opposite to that, I feel happy and have fun and I didn't experience any feeling down emotions,"</i></p> <p><i>"it is fun to be with your family, with your mother, it is so delightful; seriously, and even I don't</i></p>	<p>The postpartum period is joyful time where she re-lived her life as before the marriage; with her larger family.</p>	<p>Joyful time</p>	<p>Emotional strain of postpartum period</p>	<p>Confinement</p>

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<u>والله وناسة ... اي من</u> <u>جد حتى ما ودي اني</u> <u>اخلى يعني</u>		<i>want it to be finished"</i>				
البنديري : بس هو كان <u>اللي يطفش فيه اني ما</u> <u>اطلع من البيت. يعني</u> <u>دايم ناس ناس ناس</u> <u>!فهمتي</u> الباحث: ايه <u>البنديري: هذا اللي</u> <u>يطفش فيه . اي متعجب</u> <u>شوي. بس اذا جا بالليل</u> <u>وآذا وناسة اخلى شعور</u> <u>(ضحكة)</u>	" اللي يطفش فيه اني ما اطلع من البيت " " دايم ناس ناس ناس فهمتي "	<i>"But, I didn't like visitors who are old women; I feel uncomfortable with their critics to my actions; why you do this and why you don't do that...."</i>	Bored from staying at home where leaving home is not permitted to her during PP	Boredom	Negative feelings	Confinement

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>الباحث: طيب ايش رايت بالصحة النفسية والعاطفية؟ شلون آنبت يعني صحتك النفسية والعاطفية؟ كيف كانك حالتك النفسية بالنفاس؟ البندري: عادي. يقولون في النفاس العيين في بعضهم النفاس مره تتضايق ويحبها كآبة وان ما في صلاة ما في زي كذا ما في ما ادري ايش وزوجها بعيد وكذا. انا ما حس اني كذا"</p>	<p>" يقولون في النفاس العيين في بعضهم النفاس مره تتضايق ويحبها كآبة وان ما في صلاة ما في زي كذا ما في ما ادري ايش وزوجها بعيد وكذا. انا ما حس اني كذا"</p>	<p><i>"I don't know, they said a postpartum woman feels down and can be depressed and they said because she can't pray and do religious things she used to do it and things like that and her husband away from her. However, I don't have the same feelings they describe"</i></p>	<p>The susceptibility to depression due to impurity</p>	<p>Feeling down</p>	<p>Negative feelings</p>	<p>Confinement</p>

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>الباحث: ممكن تكلميني عن تجربتك مع فترة النفاس مريم: طبعا فترة النفاس هي الفترة اللي بعد الولادة، اعتبرها انا فترة نقاهة وراحة للأم. وفترة تعليمية نفس الشيء للأم بحيث لو أن هو اول طفل لها لازم تكون عند اهلها عند امها علشان تتعلم. ونفس الشيء لازم تكون عند امها علشان يصير في من يخدمها، ويربها ويسوي لها الأكل وكل الأشياء هذي"</p>	<p>"اعتبرها انا فترة نقاهة وراحة للأم وفترة تعليمية"</p> <p>"لازم تكون عند اهلها عند امها علشان تتعلم"</p> <p>...تكون عند أمها علشان يصير في من يخدمها، ويربها ويسوي لها الأكل وكل الأشياء هذي"</p>	<p><i>"I considered postpartum period as a period of recovery and rest for the mother. Also it is a learning period particularly if the woman has her first child. She must stay with her family and her mother to learn. "It is important to be with her mother so there is someone</i></p>	<p>PP is a period of rest, learning, and recuperation</p> <p>Learning from her mother</p> <p>The need to be cared for by her mother (serving her,</p>	<p>Postpartum period is special.</p>	<p>Postpartum time: restoring health and better than before</p>	<p>Confinement</p>

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>ويريحها ويسوي لها الأكل وكل الأشياء هذي. خير ولو كانت هي بيتها لازم تخدم نفسها الباحث: ايه نعم</p>		<p><i>helps, assist, and cook her food...</i></p>	<p>cooking for her)  Taking extra care of herself.  It is a period in which PP women need to be nourished.</p>			
<p>مريم: لا شوقي هو ايش .. يمكن النفاس خير؛ النفاس تكون توها والد من بعد الحمل</p>	<p>" النفاس خير؛ النفاس تكون توها والد من بعد الحمل</p>	<p><i>"postpartum period perhaps is different; the postpartum</i></p>	<p>In postpartum period, the</p>	<p>Postpartum period for nourishing</p>	<p>PP time: restoring health and</p>	<p>Confinement</p>



Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>من بعد الحمل يكون الطفل مثلا يكون امتص منها اشياء وكذا فلان تغذي نفسها ملشان جسمها يصير يقوى وكذا. الايام العادية نفس الشيء المفروض تهتم بنفسها بس هو جسمها هو نفسه ما في احد جالس يمتص منها او يرضع منها ولاشي ...فلان تجتهد اكثر</p>	<p>يكون الطفل مثلا يكون امتص منها اشياء وكذا فلان تغذي نفسها ملشان جسمها يصير يقوى وكذا"</p>	<p><i>woman has just have her baby after the pregnancy period in which the baby absorb things from her body and because of that she have to nourish herself to strengthen her body again; she have to do more effort to compensate her loss at pregnancy and childbirth"</i></p>	<p>women need extra efforts and care to compensate what their bodies lose during pregnancy.</p>		<p>better than before.</p>	

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>الباحث: طيبه شلون توصفين لي صحتك بنفاسك هذا؟  مريم: الحمد لله ما احس نفسي انه فتدب اثناء الحمل احس نفسي مثل ما انا، بس فترة النفاس الاولى اللي هي ٥ الايام - اسبوع الالم هذا اللي من بعد الولادة، النخاطة وآذا مجرد هذا الالم، بس عقيب كذا احس نفسي اني ممكن اني امارس حياتي</p>	<p>"ما عندي مشكله بعد الاسبوع الاول من النفاس اقدر اسوي اللي كنته اسويه بالايام العاديه ، بس يعني لان العادات والتقاليد تقول اني نفاس"</p>	<p><i>"I don't have any problem after the first week postpartum as I can resume my daily activities as I used to , but the norms and tradition says I am a postpartum woman"</i></p>	<p>Traditions and norms influence on being postpartum women. Women should rest whether they can resume their daily activities or not.</p>	<p>Acting as 'postpartum'</p>	<p>Acting as 'postpartum'</p>	<p>Confinement</p>

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>الطبيعية واطلع واروح واجبي. بس انا محافظة على نفسي لاني نفاس يعني بس احس اني قادرة خلاص. مريم: ما عندي مشكله بعد الاسبوع الاول من النفاس اقدر اسوي اللي كنته اسويه بالايام العادية ، بس يعني لان العادات والتقاليد تقول اني نفاس، فانا احس ان تقريبا اسبوع ان كثر ١٠ ايام</p>						

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
"اهلي حاطين لي سرير بالمجلس بس لما يجوني زوار لكني باقي الوقت احب انام على كنبه كبيره بطالتنا اهلي يفرضون عليا شرفه و لحافه و يغطون لي منده ارتاح عليا خلال اليوم. لكن ان كان في زوار ؛ لازم اكشخ بقميص استقبال فخم واليس سليبير يتناسج معاه و بعدين انسح على السرير و يغطوني .. اقول لاهي ليه ما اقدر اليس	تقول لي ياخزيه فشله هذا مايصير عندنا ايش بيقولون الناس؟ قلبه لما طيبه ليه لازم اسوي كذا؟ قاله لي امي تبين الناس يقولون ميه هذا ميه تمشي و لا كان فيها شي و لا كانها والده ، يعني الوالده طالعه من والده صحبه و الله بها ما و الخ ... حبيبتي ماتقدرين	<i>"My family prepared a bed for me at the guests' living room; this is only when there are visitors. But I usually sleep at a large sofa in the family living room; they put bed sheet and pillow as well as cover for me to be with them at the daytime. If there are visitors, I must wear</i>	The women played the role of 'postpartum women' as their culture expected from them.	Acting as 'postpartum'	Acting as 'postpartum'	Confinement

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>ملابس رياضية التي احبها  تقول لي ياخذها فضله  هذا ما يصير عندنا ايش  بيقولون الناس؟ قلبي لها  طيبه ليه لازم اسوي  كذا؟ قال لي امي  تبين الناس يقولون هيه  معا هي تمهي و لا حان  فيها هي و لا حانها والده  ، يعني الوالده طالعه من  ولاده حبه و الله نجاما و  الغ ... حبيبتني ماتقدرين  تعددين زي كذا قدام  الناس..."</p>	<p>تعددين زي كذا  قدام الناس..."</p>	<p><i>a luxury nursery  robe with matching  slippers, and I have  to lie down on bed  and they cover me. I  said to my mother  why not to wear a  training suit I like to  wear. She said what  a shame; it is not  acceptable at our  culture, what the  people will say? I  said but why I do  that? My mother</i></p>				

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
		<p><i>said do you want them to say HEHH, SHE IS WALKING AND THERE ARE NOTHING WRONG WITH HER, HEH SHE GAVE BIRTH, IT MEANS SHE HAS BEEN IN SOMETHING DIFFICULT AND SHE JUST DONE FROM SOMETHING MORE DIFFICULT, ALLAH SAVE HER</i></p>				

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
		<i>LIFE, etc.,...dear you can't sit in front of the visitors like that.... Nouf</i>				

Table 5 Audit trail (Interviews with the postpartum women)

**CHAPTER 8**  
**FINDINGS**  
**INTERVIEWS WITH POSTPARTUM**  
**WOMEN'S CARERS**



## **8 CHAPTER (8) FINDINGS III: INTERVIEWS WITH POSTPARTUM WOMEN'S CARERS**

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### **8.1 INTRODUCTION**

The previous chapter presented the findings from the interviews of the postpartum women to understand 'how to be a healthy nifas'. This chapter describes the findings from interviewing the carers of the postpartum women, whom were discussed previously.

Key themes which emerged from postpartum women's carers' interviews were confinement, achieving health and working for being healthy, everyday threats and constraints, striving for normality, carers' responsibility, expertise, seeking help, different versions of postpartum care, and warnings and consequences. The 'confinement' theme is about the carers' description of the postpartum period as a special one that was characterized by rest, family support and acting as postpartum. 'Working to achieve health' is about the postpartum health practices advised by carers including postpartum diet, strengthening the body, cleansing the body and food rules. Then, 'everyday threats and constraints' describes the behaviours that are excluded in the postpartum period, which is related to the perceived threats from physical activity, body and hair washing, cold, air draughts and perfumes. In the theme 'striving for normality', the carers described the care and guidance they provided to their daughters to regain their pre-pregnancy body and in addition, some were seeking to help their

daughters to be better than before. The ‘carer’s responsibility’ theme focuses on the carers’ feeling of responsibility towards their postpartum daughters’ health, while the theme ‘expertise’ discusses the carers’ source of knowledge and information related to postpartum health and the way their expertise is transformed into their care of their daughters. Some carers described their different attitudes towards medical advice and how recent advanced technology and education has had an impact on their beliefs and practices. The ‘strategies to evaluate advice’ theme describes the carers’ management of their daughters’ health complaints. Then, ‘different version of postpartum care’ includes the carers’ description of postpartum health care within other cultures. The last theme is about ‘warning and consequences’ and the carers’ belief that problems will occur as a result of not following postpartum health practices.

## **8.2 PARTICIPANTS**

In total, there were five interviews with carers conducted over January 2011, and August 2012. All of these carers were the postpartum women’s mothers, and the interviews were conducted face-to-face in their own home. The age range of these women was between 43–60 years old; Hessa was the oldest, aged about 60 years old. All the carers had five to six sons and daughters. Of those, there were two carers who were mothers to first-time mothers, while the other three were mothers to postpartum women with two and three children. The details of the interviewed postpartum carers

and their relation to the participants from the postpartum women are described in table (6).

Participant's Name	Relationship to postpartum woman	Occupation
Moodhy	Mother of Maryam	Housewife
Hessa	Mother of Haneen	Housewife
Mezoon	Mother of Lu'lu	Housewife
Haifa	Mother of Albandary	Housewife
Shikhah	Mother of Nouf	Housewife

*Table 6 Postpartum carers' details*

## **8.3 THEMES FROM INTERVIEWS WITH THE CARERS**

### **8.3.1 Confinement**

Confinement is described by the carers as essential for postpartum health, and is explained in term of being a special period of rest, family support, and acting as postpartum are key themes in this section. The carers emphasised the significance of their daughters staying at home during the postpartum period, particularly during the first two to three weeks, and they only approved of them leaving home for hospital appointments. They believed leaving home during the postpartum period caused ill health for women because of their exposure to many factors including cold and air draughts, unnecessary efforts, and evil eyes, as this act is not acceptable according to Saudi culture.

For example, Moodhy was completely against the idea of her postpartum daughter leaving the home, particularly during the first and second week, unless it was

unavoidable such as for hospital appointments, which were booked in advance before her discharge from hospital. She also appreciated the understanding of her daughter and her son in law in accepting her beliefs. However, she allowed her daughter to leave the house following the first month after giving birth because she believed she'd had enough rest after 30 days. However, this approval was also conditional; during this time her daughter must not walk too much because that would make her exhausted.

*"... she went to the hospital for her appointment but no she can't go out from her home at the first or second week; she and her husband understand this point very well... but after a month, she can go out with her husband as she has rested enough within this month. So she can go for a coffee or something but not a long one with too much effort..."* Moody

Hessa also believed that when a postpartum woman leaves home, her exposure to air and cold badly affects her health. She explained that being a postpartum woman who is very weak and exhausted makes her vulnerable to air entering her body. Also, she believed that by going outside the home, this enhances the risk of attracting evil eyes, because it is uncommon for a woman to do that in Saudi culture.

*"Air and going outside the home are not good for the postpartum woman; it can harm her health. Her body is still weak and easily exhausted, so, all of this facilitates air entering her body. Besides, if she goes outside home while she is postpartum, people's evil eyes will not let her, I am afraid of this point..."* Hessa

From a different point of view, Meزون described how she recommended that her daughter stayed at home only during the immediate postpartum period, especially for the first couple of weeks. She explained her only concern from going outside was

that this could exhaust her daughter because she had to carry her baby and bag, and walk while already being tired and weak. However, she expressed that her main concern was the risk of receiving other people's criticism if they saw her postpartum daughter shopping at or walking in one of the malls. She added that she would never criticise any postpartum women if she personally saw them outside their home, because of the possibility of having something urgent that made them do this. She points out her worries from the evil eyes, but emphasized that going outside may be necessary.

*"Unless it is compulsory like her appointment at the hospital, it is not recommended to go outside the home during this period, because she is exhausted and she cannot carry her baby and bag. And according to our tradition the postpartum woman doesn't leave the home. Imagine that people saw her walking at the mall [she laughs]; it is not common for us here. But I don't think it can harm her health if it is necessary. I mean if I see a postpartum woman from our relatives, I will not criticise her or blame her; for sure she has something very important required her to leave home.... Yes of course evil eyes are expected but what to do if it is something important, and if she is out of our country it is more acceptable to go outside home" Meزون*

Haifah's concern extended to include the health of the new-born as she described her support for her daughter staying at home for 30 days. First, she explained herself and her daughter had worries about the new baby and they believed he was vulnerable and still too young to tolerate being outside the home environment. Secondly, she believed leaving home would lead to air entering her postpartum daughter, and she talked about her sister's story as an example she learnt from. She said her sister was postpartum and felt bored from home, and then she went for a walk outside her home,

which resulted in her complaining of severe pain and subsequently hospitalisation. She was uncertain of the story's details, but she assumed the hospital medications didn't relieve her sister's pain and her mother intervened with *Bukhoor*, which is used traditionally for getting rid of air problem, which she believed worked effectively for her sister.

*"my daughter did not leave home during her 30 days postpartum; a complete one month, because of her new baby; he was still so young and we are all afraid to take him outside for a picnic or camping as we used to do before when my daughter had no children.... also I am worried about her going outside home because of the air problem. My sister was a postpartum and she felt bored, so she went outside home for a walk, then, when she went back home, she went to hospital at night because air entered her. She said she had a pain like knives in her uterus, she said it was horrible pain, I don't know what the hospital said to her but they gave her medication I guess. I think it didn't work for her and my mother made Bukhoor for her, then it was relieved immediately as if she was a liar and faked that story..."*Haifah

### **8.3.2 A special period**

The carers described the significant nature of the postpartum period, and related that taking care of health is essential at such a time. They explained different reasons for the need to care for their postpartum daughters. They believed that postpartum women are very weak due to their loss of energy and blood which have to be restored, and they are vulnerable to ill health because their body has a weakness. Moodhy, for instance, expressed her uncertainty of the common perception that during pregnancy women lose their health and the vitamins stored in their bodies. However, she said that

this was the reason that made her care for her postpartum daughter in a special way during that period.

*“I don’t know, they said that pregnant women lose their own health and vitamins which go to their babies. This is why postpartum women have to take care of themselves in a different way than normal days...”* Moody

Hessa explained that the reason for the unique care postpartum women received is because she believed these women have been through a major and difficult experience – giving birth to their babies. She felt compassion for postpartum women as their new babies took from their own health and that’s why, she believed, it was important to compensate their health loss with good nutrition and support.

*“Of course a postpartum woman deserves special care because a baby just comes out from her; poor woman, all of this takes from her health; every baby that comes from a woman takes some of her health. So she has to compensate this with good food...”* Hessa

Similarly, Meزون described the importance of taking care of a postpartum woman because she believed she lost a lot of energy and blood during birth. In addition to the weakness of her body, she could have disjointed bones, particularly her pelvic bones, which are believed to expand during the delivery of a baby. She believed that the postpartum care was aimed at restoring their health, and keeping stressors away from them. Also, she emphasized the role of good nutrition and rest in achieving this.

*“It is necessary to care for a postpartum woman because she is consuming energy at this time in addition to what she lost at giving birth; she lost a lot of blood, her body is weak, I hear that even her bones are disjointed, and pelvic bones are*

*expanded. So for that she has to compensate her loss, and I believe with good nutrition and rest, her body will regain its previous condition. Don't forget also keeping her free from stressors, I mean a quiet and stable environment...."*

Mezoon

Haifah described the postpartum period as one with special precautions and diet, and she acknowledged variations between the postpartum care she and her daughter received. She gave an example of her own experience and explained these variations had resulted from different educational levels of the generations. She believed she was better than her mother regarding postpartum care because her education enlightened her thinking and is reflected in her way of caring for her postpartum daughter. For example, she didn't prevent her daughter from drinking water, as she believed water was necessary for health. At the same time, she appreciated some of her mother's postpartum practices:

*"The postpartum period has precautions and special diet; umm what else, yes but now it is different than what it was before... before, it was impossible for my mother to allow me to drink water at the postpartum period. Now I understand water is very important to postpartum women and I didn't prevent my daughter from having water at this period. Education enlightens our minds and thinking. Despite my mother doing very good things for us during the postpartum period, now I become better than my mother with education...."*Haifah

### **8.3.3 Rest**

During the 40 days of postpartum, the carers believed that rest was a very significant factor in restoring their daughters' health. The participants variously explained the concept of rest in terms of the amount of rest needed, the sleeping place and position, and the underlying reasons for this. They also explained their efforts to



ensure their daughters took rest, including caring for their grandchildren while their mothers were sleeping. On the other hand, physical activity and exercise were not recommended, because they explained it could harm their daughters' health.

Moodhy placed her emphasis on the importance of her daughter's rest to improve her health, and she described her efforts to facilitate that. For example, she had taken care of her older grandson while his mother slept at night, so she reduced her daughter's effort and responsibilities at this time. As her only daughter, she explained that caring for her had always been a priority, and this was reflected in the continuation of parenting for her grandson.

*"Of course, she is now 30<sup>th</sup> day postpartum. At the beginning, the most important thing I focus on is sleeping. She has to sleep well because sleeping is very essential for her. I took care of her older son so she can have enough sleeping hours at night.... Because she is the only daughter I have, I was taking care of her since childhood. I know that she will marry then she will have to go through pregnancy, childbirth, and raising children, etc."* Moodhy

Hessa, however, believed that early mobilization was very good for postpartum health. She explained its significant role in facilitating the postpartum discharge to flow from the body. However, she adds that this is only tolerated, so there should not be too much walking during the postpartum period.

*"In contrast to others' beliefs, mobilization is good for the postpartum woman; if she rest on her back all the time, the dirt will not discharged from her, and her bones will be weak, but as I said she can mobilize as she tolerates, not too much. Also, she shouldn't lift heavy things. She shouldn't sleep on the floor because it*

*is difficult to stand up in this position which is painful for her episiotomy... she should sleep in a bed and in a comfortable place which is free from air draughts and not a cold one...*"Hessa

In her first experience of providing postpartum care to her oldest daughter, Mezoon was also very keen on her daughter resting during the first two weeks of postpartum. However, she emphasized the importance for exercising the abdomen muscles by contracting them; this was to regain the previous abdomen size and shape. She described that ambulation can be started after the first two weeks are tolerated.

*"I always told her to rest especially in the first two weeks, and then she can mobilize as tolerated. But I remind her to contract her abdomen when she can because it is an exercise to reduce the abdomen's size, so she will not end up with a protruding tummy..."*Mezoon

A different viewpoint regarding complete bed rest during the postpartum period was provided by Shikhah, who recalled her own negative postpartum experience and described it as the 'old school tradition'. She described that when she was postpartum; her mother made her sleep on her back in bed all the time because she believed in complete rest, whether she was tired or not. She described her appreciation for her mother's efforts to care for her health during the postpartum period; however, she refused to place her own daughter in such 'suffering'.

*"There were a lot of things I am contrasted to my mother in; I mean I don't tell my daughter don't walk, don't sit like that, you have to lay on your back all the time, you have to completely rest in bed, bless her, she believed if I do that, my body and my back would be resting. So, she observed me if I sat on the bed, she came and said, "Dear, you have to rest" and laid me down on the bed and covered*

*me [laugh], all the postpartum period was sleep, eat and cover well. Bless her, she did what she thinks is correct, but for me, I feel the postpartum was a period of suffering...*" Shikhah

Haifah described some postpartum exercises which she had not done herself for her own postpartum care, and which were advised by the hospital to her daughter for strengthening the pelvic floor, which she called 'the area down there'. However, she was uncertain of when her daughter should start the exercise and believed the pelvic floor muscles were not ready for it during the postpartum period.

*"... yes I think the hospital described some exercises for the area down there for my daughter. But I think she cannot do it at postpartum, never, especially if she has episiotomy, and it causes pain in pelvic bones, you know her. The hospital said the same thing; she can do it now, maybe later on, she had episiotomy and her muscles still need time to return back..."* Haifah

#### **8.3.4 Family Support**

During the postpartum confinement, the postpartum women received all their support from their families. The carers emphasized that postpartum women need support and help from their family and significant others such as their friends and neighbours. They described the cooperation of the whole family and others in supporting the postpartum woman. For example, Moodhy described the postpartum support she provided to her daughter, adding that the wider family, from her father to her youngest brother and friends, were involved. She was satisfied that her daughter was not isolated and everyone was very willing to help her.

*“... because she stayed with us all the postpartum period; everyone around her waited to bring her anything she wanted. Her father and her brothers; you know she is the only girl we have in this family. Her friends always call her, so she is not alone at all...”* Moody

Haifah described her devotional care during the postpartum period, as she left her husband and slept with her daughter at night to help her. She was laughing because her daughter said her father seemed to be bored, and she said that she had no choice as her daughter needed her more than her husband. She added that no one could reward her for this work except Allah.

*“I help my daughter with her new baby, imagine I sleep with her at her room and I leave my husband to sleep alone. Even my daughter said I feel that my father is bored because he is alone, what to do, we are mothers and only Allah is rewarding us for these efforts...”* Haifah

### **8.3.5 Acting as postpartum**

While being confined to the home, it was often described that within the Saudi culture it was important for a woman to ‘act as a postpartum’. As in the interviews with postpartum women, carers also described that postpartum women should be pale faced, ill in appearance, and resting in bed all the time. By putting on make-up, styling her hair, or freely walking around, women are contradicting the expectations of the cultural beliefs. Moody compared her own previous postpartum experiences with her daughter’s. She described some of the restrictions she had to endure to appear as a postpartum woman in front of visitors, such as not being allowed to put on any make-

up or comb her hair. Then, she stressed her refusal to comply with such practices, hence her decision not to force this on her daughter. Her decision implied the way Moodyh challenged the traditions and adapted them.

*“...in the past, I mean our time, they used to tell us don’t put on any eyeliner, don’t comb your hair, but I realize now that all of these were wrong beliefs and practices. I don’t do such things with my daughter now....”*Moodyh

Haifah also described the wider cultural practices in visiting postpartum women; she said visitors usually started visiting two weeks after childbirth to allow her to receive enough rest. Her daughter was young and that was her first baby. She was excited to stay and talk with her visitors; her mother in law and her sisters’ in-law were the first, however the mother considered them not to be strangers because they were close family. Based on that relationship, Haifah didn’t direct her daughter to act as a typical postpartum woman and receive her visitors while lying on her bed, and she makes a clear distinction between behaviour when there are visitors from the close family and others.

*“Our visitors are always leaving a postpartum woman to rest for the first two weeks, and then they start visiting her after that. At that time, she usually rests enough and is able to sit with visitors. My daughter rested on her bed when visitors came to ask about her. But bless her, when she saw her mother in law who is also my sister and her cousins, she refused to lay on her bed and she would only sit on it and talk with them... but this was because they are from very close family, but if there are strangers, I will ask her to lay on her bed while they are visiting her. You know, if they see her sit like that, they will wonder and say OOH, Allah bless her, she is postpartum and sits like that, etc. You know how they talk, I have fears from this point...”*Haifah

Haifah also described generational differences in relation to wearing make-up, contrasting her own mothers' beliefs with her own and those of her daughter.

*“Why does she put on any make-up?! She is a postpartum woman, no need for eyeliner... we were not allowed to put on any make-up during the postpartum period...but girls from this generation refuse to heed our advice. They put some light make-up on to prevent the pale appearance, that’s what they want, so as they like... I am different from my mother, I am free, I mean I am not like my mother; she was very strict, but thanks to Allah I am not...”*Haifah

After presenting the postpartum confinement from the perspectives of the carers, the next theme, ‘working to achieve health’, is described below.

### **8.3.6 Working to achieve health**

The carers revealed the methods they followed for achieving postpartum health for their daughters. This was achieved by preparing a healthy postpartum diet characterized by fresh and home-cooked nourishing meals. They also described the roles that food plays in promoting postpartum health, which include strengthening the postpartum women’s bodies with certain types of food and herbs, and cleansing their bodies with special types. The carers also described following specific rules for the food and drinks consumed during the postpartum period, including avoiding foods believed to be harmful to health, avoiding feeling hungry, other rules that regulated drinks and thirst, and dealing with the postpartum women’s emotions. Further details about working to achieve health and its sub-themes are described in this section.

### 8.3.6.1 *The postpartum diet*

The postpartum carers described the postpartum diet as a special one, which differs from ordinary meals. Some women described classical recipes such as Aseeda<sup>83</sup> and Hesso<sup>84</sup>, which were cooked specially for postpartum women, although this varied according to Saudi regions. They emphasized the belief that postpartum women have to be well nourished and their diet has to be healthy. As they described it, a healthy diet is rich of whole-grain wheat, protein, fibres and special herbs for postpartum health. The carers also explained various purposes for the postpartum diet including strengthening the women's bodies, particularly their back and pelvic bones, and cleansing their bodies from the remains of childbirth, including dirt and blood.

For example, Moodhy described her daughter's meals during the postpartum period as special ones, different from the meals usually cooked for the family. However, because it was during the Ramadan month, she said her daughter insisted on only eating the family meals. She explained her plan to offer her daughter frequent light and healthy meals until their own main meal to give her energy during the day.

*"When she had her first baby, I used to cook for her special meals which were different than ours at home. But this time, you know it is Ramadan and she didn't have a good appetite to eat alone. I tried to wake her up before dawn and before noon to have a healthy snack; I offered her some dates with yogurt. She liked to eat with us at Eftaar [the main meal at Ramadan, it is at the sunset time]. So, I give her such light snacks to strengthen her a little bit."* Moodhy

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<sup>83</sup> See Appendix 6, Figure 1

<sup>84</sup> See Appendix 6, Figure 8

Similarly, Meزون stressed the benefits of chicken soup for the postpartum women as she heard that from different sources such as her mother, other Saudi women and other cultures.

*“...I always make some chicken soup for her every day. I didn’t allow her to eat our ordinary meals, particularly at the beginning. I hear from different women, different sources and different cultures that chicken soup is very good for postpartum woman. Believe it or not my mother said the same thing about such soup. She said in the past, they have their own chicken at home to be fresh for the postpartum woman...”* Meزون

Meزون added some essential kinds of food that her postpartum daughter should have at breakfast, and stressed the importance of high-protein meals. Also, she described carbohydrates as a useless food for postpartum women and reduced them in her daughter’s diet.

*“In addition, she has to eat her breakfast, we do egg for her, and she has to eat a lot of protein. And for weight control, she has to decrease the intake of pastry, carbohydrate and cakes, all of these are useless for her. She has to focus on a healthy food; we offer her cheese, olives and egg with warm milk...”* Meزون

Haifah also believed her postpartum daughter should have a healthy diet that was cooked at home and freshly prepared every day (such as home-baked bread and fresh juice). She described the postpartum diet she made, emphasising using this special time to take care of her daughter before she returned home.

*“I make for her Aseeda<sup>85</sup> but she didn’t like it, she had it twice only, and every morning I baked for her fresh bread from whole wheat and I offered her fresh*

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<sup>85</sup> See Appendix 6, Figure 11



*juice, so everything fresh for her, let her eat well then, she has to work hard at her home after this period. I refuse to order food from restaurants for her, she can have it all after the postpartum period but not now, it is horrible and you don't know what the ingredients are, while the food made at home for her is healthy and special for postpartum women...."Haifah*

### **8.3.6.2 The roles of food**

The carers described how food plays important roles in the postpartum health, and had different roles including strengthening the body and cleansing the body, which is described in the following section.

#### **8.3.6.2.1 Strengthening the body**

The carers described some types of food and herbs which they believed strengthen the postpartum women's body, particularly the back, pelvic bones and joints. They described following this practice because of their belief in weakness which occurs to the women's body as a result of giving birth.

Hessa described that some herbs were traditionally used to strengthen the bones of postpartum women such as *Helba*<sup>86</sup>. She believed it was used in the postpartum diet to bring bones back together because she said that following birth, women's bones were disjointed. She also described the postpartum body as having weaknesses and thus there was the need to strengthen and provide energy to it by providing a diet rich in foods such as eggs and honey.

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<sup>86</sup> See Appendix 6, Figure 4

*“I give her Helba<sup>87</sup> for her bones because at the time of giving birth, Subhan Allah, her bones are disjointed. And to bring them together, she has to take Helba<sup>88</sup> ...but it is important also to eat egg and honey to strengthen her body because the postpartum woman’s body is very weak and such type of food provides her energy and compensates for her loss. ...”Hessa*

Similarly, Meزون described how the special meals cooked for the postpartum woman differ according to the regions of Saudi Arabia; for example, she said they have their own meals such as *Hesso<sup>89</sup>* and *Aseeda<sup>90</sup>* cooked with special postpartum herbs and spices. She believed that these special recipes strengthen and cleanse the postpartum body in addition to being good nutrition for her.

*“We have a special food cooked for the postpartum woman called Hesso<sup>91</sup>, I mix it with the postpartum herbal medicine. Also I cooked something called Aseeda<sup>92</sup>; it is from whole grain wheat and date, and I add Rashad<sup>93</sup> to it, this is very good for her as nutrition, it strengthens her back and cleanses her, this we are used to doing for the postpartum...”Meزون*

#### **8.3.6.2.2 Cleansing body**

The women described some kinds of food and herbs they believed cleanse postpartum women’s bodies from the remains of childbirth, which they considered as dirt that has to be cleared from the bodies.

Hessa described that her goal for the second ten days of her daughter’s postpartum period was body cleansing. For that purpose, she gave her daughter special

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<sup>87</sup> See Appendix 6, Figure 4

<sup>88</sup> See Appendix 6, Figure 4

<sup>89</sup> See Appendix 6, Figure 8

<sup>90</sup> See Appendix 6, Figure 1

<sup>91</sup> See Appendix 6, Figure 8

<sup>92</sup> See Appendix 6, Figure 1

<sup>93</sup> See Appendix 6, Figure 31

types of herbs such as Rashad<sup>94</sup>, black seed and Myrrh<sup>95</sup>, because she believed it can cleanse the uterus from dirt and clotted blood.

*“For the second 10 days postpartum, she has a mix of herbs include Rashad<sup>96</sup>, black seeds and Myrrh<sup>97</sup>; all of these enhance the discharge of all of dirt and clotted blood from her uterus...”*Hessa

As mentioned before, Meزون also described the special Saudi meals which cleanse the postpartum body. And Haifah described a postpartum diet’s main ingredient, which is Helba<sup>98</sup> (in English it is called fenugreek seeds). She explained that she had read about the benefits of Helba<sup>99</sup> from online searching and these were: a treatment for postpartum woman’s back and increasing breast milk production and flow. Thus, she searched and used a different source of knowledge instead of relying on a single source to check the efficiency of these medications for her daughter. She explained that there were a number of postpartum herbs, but she emphasized that her daughter continued taking Helba<sup>100</sup> for one complete month. Because it has a strong odour released with sweating, she planned to stop Helba<sup>101</sup> 10 days before her daughter was going back to her home and her husband.

*“It has to contain Helba<sup>102</sup>; this is necessary in her diet. It is very important to have a postpartum herbal mixture for the first twenty days, then it’s reduced but*

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<sup>94</sup> See Appendix 6, Figure 31

<sup>95</sup> See Appendix 6, Figure 10

<sup>96</sup> See Appendix 6, Figure 31

<sup>97</sup> See Appendix 6, Figure 10

<sup>98</sup> See Appendix 6, Figure 4

<sup>99</sup> See Appendix 6, Figure 4

<sup>100</sup> See Appendix 6, Figure 4

<sup>101</sup> See Appendix 6, Figure 4

<sup>102</sup> See Appendix 6, Figure 4

*not the Helba<sup>103</sup>; it will continue till the 30th day of the period, then I stop it because it has a strong odour and this will be released from her body, I don't want my daughter go back to her husband with such a smell [Laughing]. Helba<sup>104</sup> is very good as a treatment for her back and it increases the milk flow. I read about it; it is really good for the postpartum women” Haifah*

Haifah described that the healthy postpartum diet should contain whole wheat due to its benefits such as hunger prevention. She recognized that her daughter was looking for food one night when she hadn't cooked her a meal using whole wheat, and after that, she decided to prepare a traditional recipe called Margoog<sup>105</sup> every night at dinner; this is thin layers of dough of wholegrain wheat cooked in sauce with meat and vegetables.

*“Yes dear, a healthy postpartum diet should be made of whole wheat; it is very useful. First of all, it prevents her from feeling hungry during nights, for example I didn't cook her food with whole wheat one time, and then at night she felt hungry and was searching for something to eat, poor baby. So, I decided to make her main meal at night from whole meal; I make Margoog<sup>106</sup> and don't forget salads are very good for her but without lemon; lemon – NO...” Haifah*

### **8.3.6.3 Food rules**

The carers described a large number of rules and regulations around the consumption of food postpartum. They listed types of food to be avoided during this period because they believed it causes ill health to those women. And because the carers were preparing all the foods for their daughters, they felt very responsible for this aspect

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<sup>103</sup> See Appendix 6, Figure 4

<sup>104</sup> See Appendix 6, Figure 4

<sup>105</sup> See Appendix 6, Figure 7

<sup>106</sup> See Appendix 6, Figure 7

of their daughters' care. Some of the carers worked to avoid their daughters feeling hunger. They also described avoiding increased water intake at such period because they believed water is harmful for a postpartum woman.

#### **8.3.6.3.1 Rule (1) Food to be avoided**

The carers described a number of foods that must be avoided at this time. These include foods with a certain consistency (sticky), flavour (citrus, spicy), and food groups (carbohydrates). The rationale was often associated with leading to additional bodily secretions or introducing gas into the body.

##### *8.3.6.3.1.1 Sticky food*

Moodhy advised her daughter to avoid sticky food such as *okra* and *molokhia*. She expressed her uncertainty of this belief, but still applied it with her daughter as she had heard it led to increased vaginal secretions

*"I used to advise her not to eat okra and molokhia [a type of green sticky vegetables]. I don't know why but they used to say that these kind of vegetables let the secretions continue with her even after Tahara [this means after the period of postpartum vaginal discharge]. Yes, they said so because such vegetables contain the same sticky secretions."*Moodhy

##### *8.3.6.3.1.2 Spicy food*

Moodhy described food not allowed during the postpartum period as any food that contains too many spices. She believed the spices in food would affect her daughter's breast milk, and in gurn harm her new baby.

*“She eats with us because it is Ramadan but I don’t let her have soft and fizzy drinks like Pepsi or icy drinks. Also, I avoid giving her food with a lot of spices because it affects her milk and then her baby, and I focus on chicken broth, it is really useful for her health during such period.”* Moodhy

#### 8.3.6.3.1.3 Carbohydrates

Hessa explained that she avoided offering high carbohydrate food to her daughter as it was important not to have too much during the postpartum period.

*“She has to avoid carbs such as bread and rice; she can have a little amount but not too many carbs. She also has to avoid cold drinks and drinking too much water...”*Hessa

#### 8.3.6.3.1.4 Gas inducing food

Hessa explained that there were types of food such as watermelon and eggplant which induced gases in the body, and these were bad for postpartum women’s health. She believed that these can affect women after the postpartum period by continuously increasing their vaginal secretions.

*“Not all types of food she can have; for example, water melon and eggplant are not allowed because it is not good for her health; all of these are gases induced food and she can end up with a lot of secretions coming out of her all the time...”*  
Hessa

Mezoon similarly emphasized that food that induces gases such as broccoli and beans is not allowed for the postpartum woman.

*“Any type of food that induces gases is not allowed for the postpartum woman such as broccoli and beans...”*Mezoon

#### 8.3.6.3.1.5 Citrus food

Mezoon stressed the importance of avoiding citrus food, which is not good for the postpartum health. Again, she believed such foods can cause increased vaginal secretions for the women after the postpartum period.

*“Any type of food that induces gases is not allowed for the postpartum woman such as broccoli and beans... citrus and sticky food also should be avoided because they cause excessive secretions for the postpartum women.”* Mezoon

Haifah emphasized avoiding any citrus food at postpartum period such as lemon, vinegar and orange. She believed citrus food increases watery secretions from the vagina, which she called the ‘area down there’ after the postpartum period. This was one symptom of Kharab, which is previously described in chapter 6; a traditional health condition affecting postpartum women that they worked hard to prevent.

*“...don’t forget salads are very good for her but without lemon; lemon – NO. All citrus food is not allowed at postpartum period; citrus-induced secretions and water down there cause Kharab; everything with sour taste is not good for her such as vinegar and orange...”* Haifah

#### 8.3.6.3.2 Rule (2) Avoiding Hunger

As Haifah explained earlier, hunger is to be avoided, and Moodhy believed that avoiding feeling hungry was necessary because it causes dizziness and fainting. So, she described avoiding that by offering frequent light and healthy meals for her daughter to boost her energy for breastfeeding. She described her opinion as differing from that of previous generations of Saudi women.

*“Of course, hunger is not good for her because she may become dizzy and then faint. She has to eat frequent meals or healthy snacks because she is breastfeeding her baby; she needs energy. That is the only concern I have from hunger... I don’t think hunger affected the postpartum women in the way the older people in the past think... it is only to give her energy for breastfeeding I believe.”*Moodhy

#### **8.3.6.3.3 Rule (3) Drinking and thirst**

The women explained some rules regarding regulating drinks consumed by postpartum women such as avoiding fizzy and soft drinks, and the restriction of water intake during this period. They believed these can be replaced by other herbal infusion drinks made especially for the postpartum women. Also, they presented various views regarding water quantity limitations. Some of them believed that a lot of water negatively affected postpartum women’s health, whereas some found this belief unreasonable because they believed water is essential for the postpartum women’s health, and also their need for water and feelings of thirst will be maximized during this period, especially with breastfeeding.

Moodhy described her belief, and her daughter understands that drinking a large amount of fluids during the postpartum period can harm her health, so only drinking the amount of water and juice she needs was allowed.

*“She can have water and juices but not in large amounts, she understands this point very well; taking more than she needs from fluids can be harmful to her health in the postpartum period.”*Moodhy



Hessa said that her postpartum daughter avoided cold drinks and large amounts of water, as she believed the quantity of water intake will saturate the body and interfere with the amount of food consumed by the body. She also believed that a large amount of water intake will be retained within the body and it will be hard to remove it. She believed her daughter was not at risk as she had her requirements from juices and warm milk, in particular a warm drink she made from the outer layers of coffee beans; she believed it was useful for her daughter's health.

*"She also has to avoid cold drinks and drinking too much water... too much water should be avoided because it can loosen her uterus, her body becomes not good, her body will be saturated with water and then there is no way to get rid of it. Because the body is full of water, it will only use a small portion of food. This will not affect her blood condition because she has juices and milk to drink, I mean any warm drinks, for example I make for her a drink from the outer layers of coffee beans and ginger, and this is quite nice for the postpartum woman..."*Hessa

Mezoon advised her daughter not to drink water; instead, she made for her a warm drink from the infusion of herbs as a replacement for water. She also believed water became trapped within the body and caused water retention, described by her as increased vaginal secretions which she referred to as the 'area down there'. Although she believed not drinking water was a difficult practice, she did however say that the difficulty was only at the beginning.

*"I told her not to drink water; I make for her herbal infusion such as thyme, anise or cumin, she drinks that instead of water... they said water leads to retention of fluids in a postpartum woman's body. I mean the area down there is met with*

*a lot of secretions... the most difficult period is the beginning, she should not drink water..."Mezoon*

Shikhah was one of the carers who described her astonishment at the water restrictions her own mother placed on her during her postpartum period many years ago. In contrast, she believed water is essential for her as a postpartum woman, especially when she experienced excessive sweating while breastfeeding, besides the warm weather at that time. She described her desperate need for water and that she 'stole' it without her mother's awareness. She then sarcastically described her mother's other belief that when postpartum woman drink water while breastfeeding, her baby will choke with that water.

*"THE WATER, you can't drink water if you are postpartum, that's what my mother insisted to be done. Water; I think I desperately needed it, with the excessive sweating I felt during the postpartum period. In fact, I was stealing water to drink without my mother's approval [laugh]. Yes, I couldn't stop drinking water especially when I breastfed my baby, I felt too thirsty; she said if I drink water while I breastfeed my baby, the baby would choke with it [laugh] where on earth did this belief come from..."Shikhah*

Haifah emphasized avoiding fizzy and soft drinks for a postpartum woman because she believed such types of drinks cause disturbances in the vagina, which she called the 'area down there'. She speaks while laughing about women's efforts to protect this area; she believed that if it is in a good condition, a postpartum woman will benefit, implying her sexual life after the postpartum period.

*“Also, she should avoid fizzy and soft drinks during the postpartum period because these drinks cause her disturbances at the area down there; everything is for protecting this area down there [laughing] but she will gain the benefit...”* Haifah

In contrast to her mother’s belief, Haifah explained her support for a postpartum woman to drink water because she believed it is important for her body. Then, she described her sister’s postpartum experience as her mother forced her to avoid too much water even though she was desperate to have some. Her sister did drink water, but away from her mother’s observation. She said her mother believed that postpartum women drinking water destroys their vaginas by causing Kharab.

*“Yes of course, she has to drink water, she feels thirst at this period, and water is useful for the body despite my mother’s belief of the contrary. I did not really follow what my mother said but my old sister did; she said to me I was dying for water and she refused to give me it, she said she would steal water to drink it away from her mother because she said you shouldn’t drink lot of water because it would destroy you in the area down there and cause you Kharab...”* Haifah

As previously discussed, the carers believed a proper and special nutritional diet is essential for their daughters’ postpartum health. The next theme described the carers concerns and worries about their daughters’ emotions during the postpartum period.

### **8.3.7 Emotions during postpartum period**

The interviewed carers emphasized the strong positive relationship between postpartum health and their ability to recognise and respond to their daughter’s emotions during this period. They described their worries and concern about their daughters’ feelings and emotions which made them regularly observe them and

intervene when they recognized their daughters' negative emotions, such as feeling down. For example, Moody highlighted the relationship between psychological status and postpartum women's health. She described her hidden continued observation of her daughter's feelings and emotions. Also, she explained her intervention to manage her daughter's negative feelings and how she immediately talked to her in an attempt to identify her problems, if she had any. Moody believed that sadness and feeling upset can negatively affect the breast milk and the baby. She also believed that a stress-free mood and the relaxation of postpartum woman during breastfeeding are very important.

*"... her psychological status definitely influences her health at postpartum. I always observe her without her attention. If I notice she is upset or something bothering her, I try to talk to her and learn what the reason is for her being upset. I really emphasize this point because they said if the postpartum woman is upset, this will affect her milk and then will transfer to her baby through the milk. She has to feed her baby while she relaxes and not occupied with disturbing thoughts..."* Moody

Hessa also emphasised the role of psychological status on postpartum women's health. She believed anything that could upset postpartum women should be avoided. She then described how people used to avoid distress during the postpartum period; she said they protected postpartum women from bad news because they believed that their health and milk will be affected. Therefore, Hessa explained she worked hard with her family to ensure a relaxed environment for her daughter for her maximum rest and comfort, such as taking care of the older children and the new baby. Then, she laughed

and appreciated mothers' care for their children, and she said her daughter can spoil herself as long her own mother is still there.

*"... Also, her psychological status can affect the postpartum woman, anything that upsets her should be avoided because it is not good for her. Before, at our time, people avoid talking about bad news in front of the postpartum woman because they said it can affect her health and her milk... what we do for her as family; we take care of her children, so she can rest, and if she sleeps, we don't wake her up, we take her baby to other room, so her sleep will not be disturbed. Mothers' rewards are from Allah, she can spoil herself as long she has a mother [she laugh]... "Hessa*

On the other hand, Shikhah felt sorry that her daughter's postpartum period was during Ramadan, because she said most people travel or are busy with the holy month. She described her daughter's previous postpartum, which was during a non-holiday time and everyone was in work or school. She described how her friends introduce happiness to her during this period of mood swings and feelings of loneliness.

*"Unfortunately, this time her postpartum is in Ramadan when most of the people are travelling abroad or busy. I remember her first postpartum, it was at the school and working days; my friends visited us every two days. they came as groups and this improved my daughter's mood; you know these kind of visits are full of fun and joy, they create a very nice atmosphere for her, they can make her laugh and distract her from her situation as postpartum one, so the time goes quickly..." Shikhah*

With respect to emotions and psychological states, Haifa believed postpartum women are ill individuals who need special care. She described her experience with symptoms she believed was postpartum depression, which also affected her sister. She started describing her complaints of feeling down, sadness and poor appetite at the end

of her postpartum period. However, she believed her sister's experience was worse, because she experienced it during all of her postpartum experiences, in addition to what she described as 'memory loss'.

*"...Poor women, basically what is the postpartum woman; she is an ill woman who needs only care... I know some women had postpartum depression; my sister experienced something strange when she was postpartum, every time. I used to have postpartum depression... I felt sad and upset, it happened to me at the end of the period while I was fine at the beginning; I lost my appetite and my sister had it too. Imagine, she had something like memory loss; she didn't tolerate her children, I don't know how I explain but once I and she went to a shopping mall to change her mood, I felt pity for her and asked her out for a coffee. She was walking without awareness or attention to her surrounding; she paid for things she bought then, she left her things in shops, I said to her you are definitely abnormal, I don't know whether the oxygen [i.e. nitrous oxide] they gave her during child birth is the cause! This happened to her at all of her postpartum experiences..."* Haifah

Following the presentation of the carers' concerns about the emotions of their daughters during the postpartum period, the next theme describes the postpartum everyday threats and constraints.

### **8.3.8 Everyday threats and constraints**

The women caring for their postpartum daughters described how normal daily life activities became threats that should be avoided during the postpartum period because they believed they cause ill health to postpartum women. These threats included certain physical activity, body and hair washing, cold and air draughts, and perfumes and fragrances. These are described in turn.

### 8.3.8.1 *Physical activity*

One of the major concerns described by the carers was physical activity during the postpartum period, including worries about their daughters climbing stairs and their efforts to prevent that. Also, some explained that some of body positions were believed to be harmful to postpartum women's health.

Moodhy described that she prevented her daughter from climbing stairs because their home is a two-storey one, and she explained that the entire family were there to help her, particularly her youngest brother. However, she didn't believe in complete bed rest for the postpartum woman, describing this as an 'old belief', and she described her view as being a balanced one as she believed alternating rest and light activity was the correct approach. At the same time, she believed all postpartum women deserve to rest due to their suffering during childbirth.

*"...because we have a two-storey house; I'm very keen she doesn't climb stairs too much. For example, at this time (implied the afternoon) she wakes up and gets her and her baby dressed, then she comes downstairs to spend the rest of the day with us. In case she needs something from upstairs; her youngest brother is always very happy to help her. Besides we have a house maid under her service, so she can rest. I don't believe resting all the time on bed is not good for her; this was an old belief. I believe balance between rests and ambulation as she can is important. In addition, she avoids lifting heavy things. What we believe is the uterus is so soft particularly at the beginning, and a lot of physical activity is not good for postpartum women. I hear that you can do exercise after childbirth; I hear you can do it but after 10 days. The uterus is the baby's home and who just arrived into life is a baby; so, you have to rest as much as you can. Any activities such as a lot of movement, lifting things and climbing stairs are*

*considered as exercise... she can't do such things because her uterus may be prolapsed."*Moodhy

Moodhy, on the other hand, described some positions that were not allowed for the postpartum women. For example, she believed that sitting on the floor was not good for postpartum women and described ensuring that her daughter always used the sofa instead of the floor.

*"The postpartum woman cannot sit on the floor; my daughter always sits on the sofa watching the TV."*Moodhy

Similarly, Hessa believed that sitting with crossed legs in a lotus position was not good for postpartum women, as this position affects episiotomy sutures. Then, she described the correct position with legs being straight and stretched, keeping both legs close together, and she believed that this position could prevent air from entering between her legs.

*"...She shouldn't sit in the lotus position because it can affect her episiotomy, and she should stretch her legs and bring them close together to prevent air entering her body..."*Hessa

Because of others saying it can cause a prolapse of the uterus, Haifah described making her daughter stay at the ground level to avoid climbing stairs. After 20–21 days postpartum, she allowed her daughter to go to the first-level floor. She described her satisfaction with an illustrated postpartum exercises paper given to her daughter before her discharge.



*“In the first days, I didn’t allow her to climb stairs; they said it is not good for her uterus, it causes uterus prolapse. Then, when she was 20 or 21 days postpartum, she can go upstairs and do some exercises; the hospital gave her a paper with illustrations of some light exercises she can do; it was very good...”* Haifah

#### **8.3.8.2 Body and hair washing**

Some of the carers believed in threats from body and hair washing during the postpartum period, while some disbelieved in that. They believed such practices affected their way of promoting and restoring their daughters’ health during this period of time. The following examples show strong examples of the mother’s authority, but it was a very caring one.

Moodhy described being less worried about body and hair washing because her daughter was taking a shower twice a week. However, she added that if she noticed her taking too many showers, she would ask her not to do so. She believed taking showers was an unneeded effort to her daughter because she considered it to be exercise.

*“I don’t really pay much attention to the hair and body washing; she takes a shower at least twice a week, but certainly not every day. If I saw her taking a shower every day, I definitely would tell her not to do that. It is not good for her to take a shower every day; this will exhaust her because she makes an effort and it is like an exercise for her. I believe two to three times per week is reasonable.”* Moodhy

Similarly, Hessa described how she supported her daughter taking a shower frequently as long as she dried her hair thoroughly and kept warm.

*“Washing her body and hair is allowed as long as she dries her hair thoroughly and avoids staying in cold rooms and cold or air draughts... my daughter takes a shower every two days...”*Hessa

Meanwhile, Meزون believed that taking a shower could be harmful for the postpartum women, especially during the first two days. She believed that it affects the flow of the breast milk and reduces it.

*“In the first two days, she cannot take a shower. It is not good for her milk; it can affect the flow of her milk; it will be reduced or stopped...”*Meزون

The following quote is from a visitor to Lu’lu, one of the interviewed postpartum women; she was a friend of a similar age and with a single postpartum experience. She described her belief that taking a shower during postpartum can freeze some cells in the body, but she was not certain of the details. She said that her friend described this to her in a scientific way.

*“I hear that if you take a shower in the first two days of your period, some cells of your body will be frozen, I don’t know, my friend said so but in a scientific explanation, if you want, I can ask her.”*A friend to Lu’lu

Haifa believed that by allowing her postpartum daughter to be flexible with regards to showers and because she didn’t prevent her daughter from taking a shower during this period, this showed her mercy. She said her daughter took her shower every morning which at the time she supported, but without giving a clear reason why. She believed a good diet was far more important than avoiding showers and she considered preventing that to be an extra burden on her daughter. Haifah presented her with a strong case of the mother’s authority, but as a very caring authority.

*“No, my daughter takes showers daily but not at night, it is fine. When my daughter has enough sleep and wakes up in the morning, she usually has her shower; I don’t know why it is fine in the morning and not at night. I didn’t say anything regarding showers, I think as long as she has a good diet; it is enough, why should I make it more difficult on my daughter, poor baby....”* Haifah

### **8.3.8.3 Cold and air draughts**

The carers described their worries and concerns related to their beliefs in the harmful effect of exposure to air and cold draughts during the postpartum period. Some were able to explain the reason for their worries, while others were unable to rationalise it. Air was seen as entering the body through a variety of routes, particularly the genital area. Air entry was thought to result in health problems, however they did not give specific names to the air problem or the symptoms associated with it. They described the methods for preventing this exposure such as wearing leggings and headscarves. This finding among the carers was different than the findings from the online discussions, in which the women called it ‘Khawa’ and gave detailed description of the condition with symptoms as well its treatment.

Moodhy described some remedies used as treatment for air problems or when it entered the body during the postpartum period. She believed in using *Bukhor* at the end of the postpartum period as an extra protection to treat any accidental air that may have entered the body. She described her way of doing *Bukhor* by burning certain herbs in a scented oil burner and placing it under her daughter while she is standing over it to

receive its smoke. In addition, there were other things she used at the end of this period such as musk, which is a scented oil, which she believes cleanses and perfumes the vagina, and she said this is because the Prophet Mohammad recommended it.

*“Regarding the Bukhor; it is useful at the end of the postpartum period; for more care in case she has an air problem. Or if she didn’t care for herself very well or something wrong happened to her in this period, the Bukhor will be the last treatment. I put some Bukhor to her and I ask her to stand up over that to receive the smoke. Finally, there is the musk as prophet Mohammad recommends; musk cleanses and perfumes the area down there...”* Moody

Moody clarified her meaning of ‘or something wrong happened to her’ by giving examples of bad things that could accidentally occur at the postpartum period, such as exposure to cold and air draughts while sleeping. Then, she compared Saudi culture with others in term of postpartum traditional care. She also explained the risks of having eaten food not allowed during this period, before describing symptoms of the air problem; she said colic pain at the lower abdominal area and a feeling of ‘something abnormal’, but she was unclear of what this meant.

*“I mean by something wrong happened to her at this period; for example, she was exposed to air draughts, or she was not covered well while sleeping, you know we are Arab and we are not like the foreigners; they believe these things are fine but we do not. Or she may have types of food not allowed for her... if she has the air problem; she will complain of colic pain in her lower abdomen part, she will feel something abnormal...”* Moody

Moody explained the ways of protecting the body from air problems during the postpartum period. She believed that by covering the whole body one can protect it

from air, particularly the lower extremities because it is located close to the genital area where she believed air can enter the body. Therefore, she advised her daughter to wear leggings if she wanted to wear something short. Also, she expressed her worries regarding the air-conditioning system, which was usually on during warm weather, because it increased the risk of air problems. Then she stressed that she didn't force her daughter to keep herself warm by wearing socks and headscarves as she believed these were an exaggeration.

*"...she can prevent the air problem by covering her body very well when sleeping. If she wears a short robe, she has to wear extra legging to cover the area down there to protect it... you know it is too warm now and air conditioning is on all the time, so she has to protect herself from the cold... but I don't force her to wear socks or put on hair scarves (she said that while disapproving of others doing that thing), it is up to her if she likes..."*Moodhy

Hessa also described the methods used to prevent air problems such as staying in a draught-free room on a comfortable bed. She also believed postpartum women should wear leggings underneath their clothes to protect themselves from air entering the body, and avoid separating their legs so that air cannot enter the body through the space between them.

*"...she should sleep in the bed and in a comfortable place which is free from air draughts and not a cold one to prevent air entering her body; she has to wear legging to prevent air. She shouldn't sit in the lotus position because it can affect her episiotomy, and she should stretch her legs and bring them close together to prevent air entering her body ..."*Hessa

Mezoon described her experiences in the past when she was postpartum and wore leggings and a double layer of clothes, and how she believed in the importance of keeping the postpartum woman warm to protect her from air entering her body. Her views about how air can enter the body differed from other carers, as she believed there were two access points for air in the postpartum body: the back and the abdomen. However, she also knew that some postpartum women wore head scarves to prevent air entering their bodies through their ears.

*“In our days, we postpartum women used to wear leggings and sometimes we wear double-layer clothes. A postpartum woman has to be warm and protected from air entered her, because cold can enter through her back and her abdomen. I visit the women I knew when they give birth and I saw some wear head scarves to protect their ears from air that can enter their body through them...”* Mezoon

Shikhah also described her own previous postpartum experience, but did this in a sarcastic way, laughing while she was talking. She disagreed with what her mother did for her during postpartum period, and described that she was upset by the practice of keeping warm, finding it a misery that caused additional postpartum stressors, which resulted in anger.

*“My mother used to make me wear special clothes for the postpartum. Imagine; in a very warm weather as we always have here, she insisted to put on socks and leggings; she said I have to be warm, unbelievable as it was warm and humid weather and I was sweating all the time, it was really annoying. In addition if you are boiling all the time, you will definitely have a bad mood and lose your temper...”* Shikhah

Haifa described some precautions to prevent cold and air problems as she believed. She stressed that walking barefoot should be avoided; however, her daughter did not follow her advice. Similar to other carers, she believed women's pelvic bones were disjointed by childbirth and also thought there would be openings in the heads of such women. By covering their head with scarves; she believed this would protect postpartum women's heads from air, while she emphasized the head and ears were the main entrance points for air. However, she didn't know the reasons for this.

*“What else, umm, yes she should never walk barefoot, never ever. She should wear socks and head scarves too, but my daughter doesn't always follow what I ask her to do at this period. It is really necessary but bless her she didn't want to do it. You know, they said the woman's bones at childbirth are disjointed; I think 70 or seven bones are disjointed; I mean her pelvis and the openings in her head too, so she better cover her head with scarves to protect it from air. Air can hurt her head and her ears and everything else, it is harmful but I don't know why and how [laughing], they said it is harmful to the postpartum body when air enters it, but again I don't know.”* Haifah

Haifah acknowledged Bukhoor as a traditional postpartum practice for getting rid of air trapped inside the uterus, but she initially believed it was not needed for her daughter because she was keeping herself warm by wearing special clothes such as leggings. However, her sister disagreed with her and was not satisfied with a postpartum period without Bukhoor. After her daughter complained to her of having air inside her abdomen, Haifa did use this approach and her daughter felt better. Haifa described how her belief in Bukhoor changed after this experience.

*“I know about the postpartum Bukhoor; it is for air and it prevents air entered postpartum women. ...see dear, at the beginning, I refused to do Bukhoor for my daughter; my sister said to me why you don’t make Bukhoor for her, poor she is postpartum and she need it, what is this postpartum!! I said to her there is no need for that because she keeps herself warm and wear leggings, so that’s it, it is enough, she is warm. They said no it should be done to prevent air enter her; and I didn’t do it for her couple of days, then she started complaining and said mother I feel there is air inside me, I feel that in my abdomen. So, I figure it out, I should use Bukhoor for my daughter to get rid of air from the uterus, then, I started doing it and she became fine; She felt better....” Haifah*

#### **8.3.8.4 Perfumes**

The carers’ beliefs and attitudes towards exposure to perfumes and fragrances were varied; some believed perfumes were harmful to postpartum women’s health and lead to ill health such as *Shamam* (i.e. wound infection), while others did not. The believers described their interventions to avoid the harmful effects of perfumes on their daughters’ health, such as using a myrrh<sup>107</sup> infusion to counteract the harm of fragrances.

Moodhy thought that the belief that perfumes should be avoided at the postpartum period was outdated, but to be on the safe side, she described an herbal infusion of myrrh<sup>108</sup> she gave to her daughter immediately following childbirth at the hospital. She believed this had an antibiotic action and provided protection from the

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<sup>107</sup> See Appendix 6, Figure 10

<sup>108</sup> See Appendix 6, Figure 10



perfumes' possibly harmful effects. She believed that with this act, her daughter can put on whatever perfume she wants without worries.

*“Preventing perfumes was an old belief; I don’t know. What I did to my daughter; I gave her a myrrh<sup>109</sup> infusion immediately after she gave birth at the hospital, this act as an antibiotic and can protect her from perfumes effects. So, she can put any perfumes on without worries of Shamam...”* Moodhy

Hessa also administered a myrrh<sup>110</sup> infusion to her daughter soon after she gave birth. She believed that by using this method her daughter can use perfumes without any worries about an episiotomy infection.

*“Unless it is not applied directly over the episiotomy, there is nothing wrong with perfumes. Perfumes can cause wounds infection if applied directly. I give my daughter myrrh<sup>111</sup> from the beginning so she can put perfumes as she like...”*  
Hessa

Mezoon believed that scented soaps and deodorant could replace perfumes, however she did not believe that perfumes were harmful to postpartum women's health.

*“I believe there is no need for perfumes if you have nice scented soaps and deodorants. But we don’t believe on avoiding perfumes for the postpartum health...”* Mezoon

Haifa specifically described the harmful effect of perfumes on postpartum women who have an episiotomy; she believed it caused *Shamam* - a traditional postpartum condition similar to a wound infection and treated with herbs called

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<sup>109</sup> See Appendix 6, Figure 10

<sup>110</sup> See Appendix 6, Figure 10

<sup>111</sup> See Appendix 6, Figure 10

myrrh<sup>112</sup>. However, she said she put a scented oil burner in her daughter's room at the hospital, and thus there was no need for such concerns because her daughter was on antibiotics prescribed by her doctor for her episiotomy. She believed the antibiotics would counteract the harmful effect of perfumes because she stated that myrrh<sup>113</sup> acts as antibiotic, and therefore she said it was unnecessary to duplicate treatment. She talked about other carers for postpartum daughters who gave them a tissue soaked with a lot of different perfumes, because they believed this method protected them from the harmful effects of any perfume.

*"It is true postpartum women should avoid any perfumes because of her sutures but my daughter didn't do that. On the contrary, the scented oil burner was on at her room in the hospital. The hospital gave her antibiotics and these act as Myrrh<sup>114</sup> for her sutures, so if she took antibiotics, there is no harm on her from perfumes, if Allah wills. I knew some women, once their daughters give birth and have sutures, they let them smell a piece of tissue soaked with a lot of different perfumes, so if one smells any perfume, she will not have Shamam, but I didn't do it for my daughter, of course..."* Haifah

The previous section described some of the everyday postpartum threats and constraints as reported by the carers, and the next theme examines the carers' approach to their daughters' goal of striving for normality.

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<sup>112</sup> See Appendix 6, Figure 10

<sup>113</sup> See Appendix 6, Figure 10

<sup>114</sup> See Appendix 6, Figure 10

### 8.3.9 Striving for normality

The carers described the vulnerability of the postpartum women's bodies, which needed extra efforts to restore their health and regain their 'normal' status to that before their pregnancy and childbirth. However, some were aiming to be better than normal, such as working to reduce abdomen size and shape as well as tightening their vagina. The carers worked along with their daughters to regain what had been lost during pregnancy and childbirth and advised and guided them.

For example, Meزون believed that wrapping the postpartum abdomen with a special piece of cloth could be good for them, however when she was postpartum, she found it painful and uncomfortable because she had to keep her back straight, which was difficult to maintain. Her personal experiences led to her suggesting that her daughter adapt the practice:

*"There are some people who put a belt<sup>115</sup> or piece of cloth around their abdomen but I didn't. In fact, I tried it once while I was postpartum, but I found it painful and uncomfortable because it was tight and I had to keep my body supported in a straight way. Then I take it off at night to comfortably sleep. So what I advise my daughter is to wear it once or twice per day as she can tolerate it..."* Meزون

Haifa also described the abdominal belt<sup>116</sup> she used to wear after childbirth; it is a long piece of cloth used to be wrapped around the abdomen to regain the previous shape of the abdomen, as well as to return the uterus back to its previous position. She

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<sup>115</sup> See Appendix 6, Figure 6

<sup>116</sup> See Appendix 6, Figure 6

described using it for her daughter at the beginning of her postpartum period, but then stopped because her daughter's doctor said the belt<sup>117</sup> was useless and doesn't change the body. Haifa was disappointed and confused because she had grown up believing in its benefit, doing it and watching others using it. She was worried that if she didn't follow this, it could hurt her daughter's uterus. Although she believed in it, she chose to follow the doctor's advice. Haifa had to decide the best route to follow for her daughter, but she was confused by the clear clash.

*"Yes, there is also an abdominal belt<sup>118</sup> which is a long piece of cloth we used to wrap it around abdomen for the health of uterus. I wrapped my daughter's abdomen for the first 10 days, then she went to the hospital and asked her doctor about it, she said to her it is useless and doesn't change anything. I was frustrated when I heard that, and she said 'mother stop it, I am tired of it', so I asked her if she was sure it would not hurt her uterus if she doesn't do it, she said no there is no harm. I don't know some are advising us to use it and they said it is excellent for postpartum women. I swear to Allah it is very nice for her but she didn't continue using it because her doctor said so, and personally I don't care what doctors says more than what I believe; so we followed it..."*Haifah

Mezoon believed that a healthy diet, rest and breastfeeding the baby were enough to restore health for a postpartum woman, based on her own positive experiences.

*"I believe there is no need to use things like vaginal suppositories or Bukhor to be tight and dry after the postpartum period. I believe that good nutrition, rest and breastfeeding are enough; everything will be back to normal. We all tried that and found it enough; let everything be normal..."*Mezoon

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<sup>117</sup> See Appendix 6, Figure 6

<sup>118</sup> See Appendix 6, Figure 6

Moving from the carers' views about the postpartum women striving for normality, the next section describes the carers' feelings of responsibility toward their daughters' postpartum health.

### **8.3.10 Carers' responsibility**

The participants described their care of their daughters' health as their duty toward them and part of their own role as mothers. Most of them used an 'I' expression, for example 'I do', 'I focus', 'I cook', which implied their feelings of personal responsibility and their significant role during this period. They explained their ways of providing postpartum care to their daughters, and some compared and contrasted it with their own postpartum care that they received from their mothers.

Hessa expressed her feelings of guilt for not being there for the entirety of her daughter's postpartum care. Being in Ramadan, which is a holy month for Muslims in which they fast most of the day and are allowed to eat only at sunset, she was busy with a different routine of daily life.

*"This time is different; she gave birth at Ramadan and it happens to be confusing. In contrast to her previous postpartum experiences; I had all the time allocated for her postpartum care. You know, it is Ramadan and the meals routine is really different."*Hessa

Hessa described her role in caring for her daughter as she prepared her postpartum dietary requirements soon after childbirth, such as egg, milk and honey for

breakfast, and chicken and vegetables for lunch besides her herbal medications for the postpartum.

*“As I said my focus was not entirely on her care, but once she gave birth; I brought all the stuff she needed for the mornings such as milk, egg, honey and other important thing. Lunch includes chicken, vegetables and stews, it is important to eat vegetables to prevent constipation.”*Hessa

For many carers, their practices were influenced by the care their own mothers had given them. For example, Moodhy described her own past postpartum experience when her mother prepared postpartum herbal medications, and similarly when her turn came she bought special postpartum herbs to prepare for her daughter.

*“When I was postpartum, my mother used to prepare the herbal medicines herself. Now, I buy the herbs from a good trusted herbalist, and then I clean it, grind it and store it in containers for my daughter.... Her friends brought to her some herbal medicine; she didn’t want to embarrass them by refusing it, so she took it, but I don’t let her use it because I don’t know what it is made of ...”*Moodhy

However, Shikhah called her mother’s approach for postpartum care ‘old school’, as she believed it was a burden and stressful due to lot of compulsory practices enforced without justification, and even asking questions about it was prohibited. She was upset about the power and control over her as a postpartum woman. However, she appreciated her mother’s effort for her care and she knew her mother’s motivation was based on her fears and worries for her daughter’s health. As a result, she took the opposite approach. She described her democratic approach with her postpartum

daughter; she was transparent with her with regards to the practices she used when she was postpartum, and then her daughter was the one who decided whether or not to do it. She explained her decision was that she believed there was no obvious harm such as death for not doing these practices. Also, she described her adaptation of the traditional postpartum health practices she received from her own mother and selected the basics from her mother's postpartum care to follow with her daughter, but she emphasized that all of these were in agreement with her daughter's wishes.

*"My mother, bless her, was from the old school of the postpartum care which include a lot of things I found upsetting, it was full of control with a lot of things you have to do compulsory without any given reason, don't ask me why but you have to do it. My poor mother felt that was her own duty to protect me, all she did originated from her fears and worries of my health. On the contrary, I am the opposite with my own daughter, I explained to her what things my mother used to do it for me when I was postpartum; If these things suit you do it, but if not, you don't have to. I feel there was no gross disadvantages if you didn't do it, I mean you will not die, for instance, because you didn't follow it... as a result, when my turn came, I tried hard to follow the basic things to protect my daughter's health but I never enforce her to do things she doesn't believe in..."* Shikhah

In contrast, Haifah described her way of caring for her daughter as being 'tough', which implied that there was no mercy or options but to accept the postpartum diet she cooked and offered. She said 'I am so tough', indicating that she was in control of that duty, and she insisted her daughter should have a very healthy diet.

*"Regarding my daughter, I am so tough on her with a healthy diet; it has to be very healthy at this period..."* Haifah

The carers' responsibility is previously described, and the next theme is about the carers' expertise and making sense of the various sources of knowledge.

### 8.3.11 Expertise

The carers described their expertise based on different aspects, including those derived from older generations such as their mothers and grandmothers, their reflection and analysis of their own previous postpartum experiences, role of education, and their use of mobile phone apps which advise women about their health and online websites related to health, as some of the carers described later in this section. Their attitudes towards medical advice were revealed during the interviews. And finally, the carers described their strategies in seeking help related to postpartum health.

Using personal experience and knowledge to improve the traditional remedies or medical advice was found in Moodhy's interview. Instead of following the same traditional remedies, Moodhy described the way she changed her mother's and her relatives' postpartum herbal medicine ingredients, in which they used to mix *Rashad*<sup>119</sup> and *Helba*<sup>120</sup> together. After her last postpartum experience; she started thinking of these herbs' indications and recognized it was better to separate them based on their purposes. She believed *Rashad*<sup>121</sup> was the best for a cleansing effect, whereas *Helba*<sup>122</sup>

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<sup>119</sup> See Appendix 6, Figure 31

<sup>120</sup> See Appendix 6, Figure 4

<sup>121</sup> See Appendix 6, Figure 31

<sup>122</sup> See Appendix 6, Figure 4



was the best for wound healing and strengthening the back and uterus. Therefore, she gave her daughter *Rashad*<sup>123</sup> during the first 10 - 15 days of postpartum because she believed the priority was for cleaning childbirth residue from the uterus. After that period of time, she believed it was time to work on wound healing, strengthening the back and uterus and improving her appetite, and so she used *Helba*<sup>124</sup> for that purpose. It seems that Moody used her strategy in making health decisions, which was ‘fit to the purpose’, as she modified the traditional remedies she knew to improve the health outcome for her daughter.

*“In my time my mother and all of my relatives mixed all these herbs together. Now, and after all these years and particularly when I had my last kids; I started to understand that Rashad<sup>125</sup> is the best for cleaning while Helba<sup>126</sup> as they said heals wounds and strengthen back and uterus. So, it is useless if both herbs are mixed together at the same time because they are used for different purposes. Now we separate them and take one at a time; we give Rashad<sup>127</sup> at the beginning to cleanse the childbirth remains, then after 10-15 days we give Helba<sup>128</sup> to strengthen the back and whole body and to improve the appetite...”* Moody

In addition to the hospital-prescribed perineal wash for cleaning and disinfecting the episiotomy, Moody also described her additional intervention, which was applying a myrrh<sup>129</sup> infusion to perineal pads because she believed it would

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<sup>123</sup> See Appendix 6, Figure 31

<sup>124</sup> See Appendix 6, Figure 4

<sup>125</sup> See Appendix 6, Figure 31

<sup>126</sup> See Appendix 6, Figure 4

<sup>127</sup> See Appendix 6, Figure 31

<sup>128</sup> See Appendix 6, Figure 4

<sup>129</sup> See Appendix 6, Figure 10

disinfect and cleanse the episiotomy wound. This was done because she said that myrrh<sup>130</sup> acts as an antibiotic to protect the wound from infection.

*“At the beginning the hospital gave her medical perinea wash as a disinfectant. But, we added the myrrh<sup>131</sup> solution to put it on perinea pads because myrrh<sup>132</sup> has antibiotic action, it disinfects and clean the episiotomy wound and prevents the occurrence of wound infections...” Moodhy*

Moodhy also refused the doctor’s advice given to her daughter regarding soaking in water with added medical perinea wash. She believed soaking in water has a harmful effect on her daughter and these health issues will affect her health in the future. Therefore, she advised her daughter to avoid water and soak with a mixture of medical perinea wash and myrrh<sup>133</sup>; she believed that myrrh<sup>134</sup> absorbed and cleaned dirt from the vagina after childbirth.

*“Her doctor told her to soak in a mixture of water and medical perinea wash, but I told her not to do that. I said to her soaking in water with or without additives is bad for her; she will be wet later. I advised her to wash only with that solution and with myrrh<sup>135</sup>. Myrrh<sup>136</sup> cleans and absorbs any dirt there in the area and gets rid of it all...” Moodhy*

Moodhy acknowledged the remarkable changes that had occurred in terms of advanced medicine and hospital care, which were much different to her time. When the researcher asked her about the *Shamam*, which is traditional postpartum health

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<sup>130</sup> See Appendix 6, Figure 10

<sup>131</sup> See Appendix 6, Figure 10

<sup>132</sup> See Appendix 6, Figure 10

<sup>133</sup> See Appendix 6, Figure 10

<sup>134</sup> See Appendix 6, Figure 10

<sup>135</sup> See Appendix 6, Figure 10

<sup>136</sup> See Appendix 6, Figure 10

condition affecting the episiotomy, she replied that things are different now than before when they had fears about health conditions. She gave an example of how hospitals can now perform cosmetic surgeries to repair episiotomy defects. It is worth noting that the rate of episiotomy is high in SA, and it is often a routine procedure for women during childbirth.

*“Look; regarding Kharab, yes this was at our time but now it is entirely different. Now there are hospitals, bless them. They can do cosmetic surgery and fix the episiotomy or anything else if needed. In the past our families did not have these options...”*Moodhy

Modifying the old traditional postpartum practices was also described by Haifa; she said that the older approaches to postpartum care during which they prepared a special bed for the woman was no longer done; however, she prepared the bed for her daughter just to display that she did what is culturally expected.

*“...that was before, we prepare a special bed for a postpartum woman, but now this is not done...”*Haifa

On the other hand, the carers highlighted the significant role that the improved education of women now played, and they believed such changes affected the postpartum health practices as they had increased trust in their daughters' own health decisions. For instance, Shikhah expresses her relief at being released from the old restrictions she had at her postpartum and described her recent status as 'free'. She described her daughter's generation as more knowledgeable than hers, and as a result,

she believed her daughter was capable of making her own health decisions based on her knowledge. However, she talked about her worries about some of the things used by her daughter which she did not try herself before, such as herbal vaginal suppositories. Although she worried about its ingredients, she trusted her daughter's decision in using such things because she always collects relevant information about any practice from different sources, and then, if she is convinced, she uses it.

*“Bless them, women from this generation don't need any strict plans as we had before; they know their health and what work for them. I free myself from the old restrictions once I am done with my postpartum experiences with them. But, there are some of the things my daughter use, that I have concerns with such as herbs placed inside vagina, you don't know what is consist of, I didn't use these. But at the end, she uses these after asking her friends and other women, besides she and her friends buy these herbs from a very expert traditional healer which have such experience for years ago; maybe 50 years. So, I think they use it because they found it useful and work for them...” Shikhah*

Additionally, Moodhy appreciated that nowadays information technology allows individuals to search for information any time, in contrast to their time in which the only sources of information they had were their mothers and grandmothers, newspapers and television, which she described as not advanced then. She described her curiosity in the new ways to find out about health by searching different sources such as online information accessed through mobile phones.

*“As I said my last child is now 15 years old, since that time everything has changed and the internet come into our life. Before the only source of information was our mothers and grandmothers, newspapers and the television; even these were not advanced as nowadays. Thanks to Allah, I really like to know*

*more about everything, I like to search particularly for things related to medicine...*"Moodhy

#### **8.3.11.1 Strategies to evaluate advice**

The women described their approach in seeking help regarding any health problem occurring at their daughters' postpartum. The related attitudes were varied among these women; some preferred starting with their own remedies to manage health complaints, while others stressed the urgent need to contact doctors.

Moodhy described her management of a single health problem her daughter encountered within the postpartum period. She said that when her daughter complained of tight sutures at her episiotomy site, she initially came and asked her for advice. She described her lack of experience as she never had a vaginal delivery, which prevented her from offering advice related to the episiotomy. Therefore, she advised her daughter to visit her doctor for such complaint.

*"At the beginning, she complained of tightness at the episiotomy sutures. She immediately went to her doctor to check the problem. She told me her complaint but I said I can't advise you for this issue precisely because all my childbirths were caesareans. Then I advised her to ask the doctor..."*Moodhy

Moodhy observed her daughter for any health problem she believed postpartum women are vulnerable to and gave examples of signs that could indicate health problems. She believed that seeking help from doctors was the first intervention that should be done in such cases.

*"Thanks to Allah, I didn't recognize any health problem till now. But if I notice she is dizzy despite being sleep and eat well; this is possibly a sign indicating that there is something wrong with her. In this case I definitely will ask her to see her doctor. Or if she faints or vomits, or has fever; these all are not good for the postpartum woman's health. You know postpartum women are vulnerable to such conditions..."* Moodhy

Mezoon explained her approach to managing her daughter's postpartum health complaints; she considered herself as the first person to contact for advice for an initial intervention using the home remedies she knew. Then, if her intervention did not relieve the complaints, she believed that was the time to seek help from her doctors. Her rationale for not contacting doctors first was the long waiting time at hospitals and clinics while the postpartum woman is exhausted and tired.

*"... if something wrong happen to my daughter, I will deal with her complaints as I know with home remedies, but if she is still not well and the problem is worse, I will take her to the doctor. You know one barrier prevents us from going immediately to the doctor is the long waiting time until the doctor can see you, and you are already exhausted..."* Mezoon

Haifa believed her mother had more experience than her with regards to herbal remedies used for postpartum women. She gave an example that illustrated how she took her decisions about her daughter's postpartum health; she sought her own mother's advice and by asking herbalists. Then, she examined both opinions and if there was some consistency in the approaches, then that made it more acceptable for her to use for her daughter.

*"If she is well, my mother will provide you with good information about postpartum as she is an expert, but she is not; she had a stroke and this affects her brain.... My mother used this herb for us, and I went to herbalists and asked them about this herb 'Khowa-jowa', they said it is excellent for bruises and for is very effective for women 'down there' [pointing to the genitalia]..."* Haifah

Haifa emphasized her belief in traditional postpartum care, however, she also strongly believed in doctors' advice. If the doctors approved of her mother's practices, she immediately considered that as a reliable intervention to be followed.

*"...yes there are things I knew from my mother I asked doctors about it, if they approve it, consequently, I follow it but if they disapprove it, I will never do these things. Because you can say about me I am a believer of our traditional postpartum care and at the same time I don't support the harmful practices ...."* Haifah

Haifa described her own mother struggling with her refusal to follow the postpartum care she provided to her and said that this behaviour was difficult for her mother. She expressed that she did not support harmful traditional health practices because she believed doctors are more specialized and educated than other people in this field. She added that not all traditional practices were wrong and harmful, and some were beneficial. This was an interesting example of the tensions the different knowledge systems can create.

*"I drove my mother crazy from my objections. In fact, I am against our traditional postpartum practices if the doctors say it is harmful because they are more specialised and educated in this regard. Although there are some traditional things which are useful, some of it, not all of it..."* Haifah

The carers' experience was described in the last section, and the next theme is reporting the ways in which the carers' compare postpartum care in SA and in different cultures.

### **8.3.12 Postpartum care in other cultures**

The carers presented versions of postpartum care in different cultures to support their practices. They believed that other cultures missed some important aspects of care during this period, which they believed is present in SA culture, and they gave examples and stories they knew and witnessed themselves. Their opinions regarding postpartum care in other cultures ranged from feeling pity to criticizing some of their practices.

Comparing western and eastern postpartum care could be challenging, as Haifa described other cultures' attitude towards postpartum care, which was very different to her cultural beliefs and practices. She gave an example of a popular woman from the UK who was on the television giving a speech just three days after childbirth. She expressed her wonder at the woman's actions and she said they considered actions like going outside the home and resuming their job as normal, while in Saudi Arabia it was not.

*“For example, see this British woman, I don't know what is her name but she is famous, she had her speech live on TV while she was at her 3<sup>rd</sup> day postpartum, I don't know whether she is minister or what...they consider this as normal to them, she can go outside and resume her normal life...” Haifah*



Mezoon described her sympathy with an American woman she knew. She was shopping with her 13-day-old baby at one of the shopping malls and was puzzled about what made her leave her home, as she was supposed to be resting at that time.

*“One time I saw a postpartum woman; she is our neighbour, walking at one of the malls while pushing her baby who is 13 days old in a pushchair, I feel sorry for her, poor woman, and I said what brings you here, dear, you have to rest at your home. She was an American lady...”* Mezoon

Shikhah strongly believed that social support protects postpartum women from postpartum depression, and she gave an example by comparing Saudi postpartum women to those from other cultures. She said women from these cultures often have postpartum depression and she believed that was due to their lack of social support compared with Saudi social support for postpartum women. She contrasted other cultures where women have to work shortly after childbirth, whereas in Saudi Arabia they have long maternity leave from work or school in addition to being cared for by their family.

*“...yes of course the postpartum period is a depressive one, because of that you notice foreign postpartum women often have depression. Because they don't have a social life like what we have; they don't have people visiting them every day, asked about them, one cooks for her a main dish, another one brings her dessert, one makes her laugh at her jokes and one entertains her with chatting in addition to others who support and help her with her baby... if you notice, once a woman gives birth and discharges from the hospital, the, she has to resume her work. On the contrast we have a long maternity leave, we are spoiled; every one under your service, they are taking care of your baby and everyone available around you and for you...”* Shikhah

### 8.3.13 Warnings and consequences

Some of the carers believed there will be long-term health consequences for the women who failed to care for themselves during the postpartum period, although they varied in how strongly they believed this. Some believed not caring would lead to pain in bones and joints in the future when they become older, and they shared some examples supporting this belief.

Hessa believed that not caring for a woman's health during the postpartum period can affect her health in the future. She described that such neglect leads to consistent back pain and bone weakness.

*"If a postpartum woman doesn't care for herself at this period, this can affect her health. She will complain continuously from her back, her pelvis, her bones will become weak..."*Hessa

Mezoon believed that there was a strong relationship between the good care of women's health during postpartum and their good health in the future. She believed that a positive outcome of the postpartum care resulted from the great focus on having herbal postpartum medications and the other health practices which were followed in SA. She believed that neglecting postpartum care leads to negative health consequences for the women in the future.

*"I believe there is a relation between our postpartum care and the women's health in the future. As I know there is a great emphasis on taking herbal*

*medications and special health practices during such period; not only our culture, all other cultures doing that in a different way. So, I think neglecting postpartum care can lead to consequences later on their life... we try to take care of ourselves at the postpartum period but we don't try not to, so I don't know the consequences, but the old women said so; they know better than us..."*

Mezoon

Haifa also believed that neglecting the postpartum health care could lead to health consequences in the future. She described her sister, who did not take care of herself during her postpartum period by refusing herbal medications and other practices. She said her sister recognized the consequences of this when she resumed her sexual life with her husband; she felt that she was not good as before. To solve this problem, her sister followed traditional practices after her next pregnancy. After doing this and resuming her sexual life, her sister noticed the difference and believed she was better than she was before.

*"I believe there is some part of this saying, a postpartum woman who didn't care for herself at postpartum period will have consequences later on, that is correct. Because one of my sisters didn't care well for herself while she was postpartum, then she felt herself was not good with her husband when she went back to her home. She fell pregnant again and that time she had a very good postpartum care and she recognized the different when she went back to her husband, she felt like she was different, um better than before..."* Haifah

## **8.4 CONCLUSION**

This chapter described the carers' perspectives of 'how it is to be healthy nifas' in SA. The key themes that emerged were confinement, working to achieve health,

emotions during postpartum period, everyday threats and constraints, striving for normality, carers' responsibility, expertise and strategies to evaluate the advice, postpartum care in different cultures, and warnings and consequences. There are similarities and differences between these themes and the themes from their daughters' interviews. The carers and their daughters worked together to survive this special period where the healthy postpartum women are ready to re-join society and resume their marital life without health consequences in the future and which they believed could result from not properly caring for themselves. So, they rested and were protected from threats during the postpartum confinement, they are well-nourished with a special postpartum diet, and they were on their way to regaining their former selves in terms of strength and body figure. However, the carers were often the ones who took the lead and made the health decision, and their daughters followed them and trusted in their mothers' experiences. Therefore, the carers cooked the special postpartum diet, and observed their daughters' behaviour and practices to ensure they were not breaking the main traditional postpartum care principles.

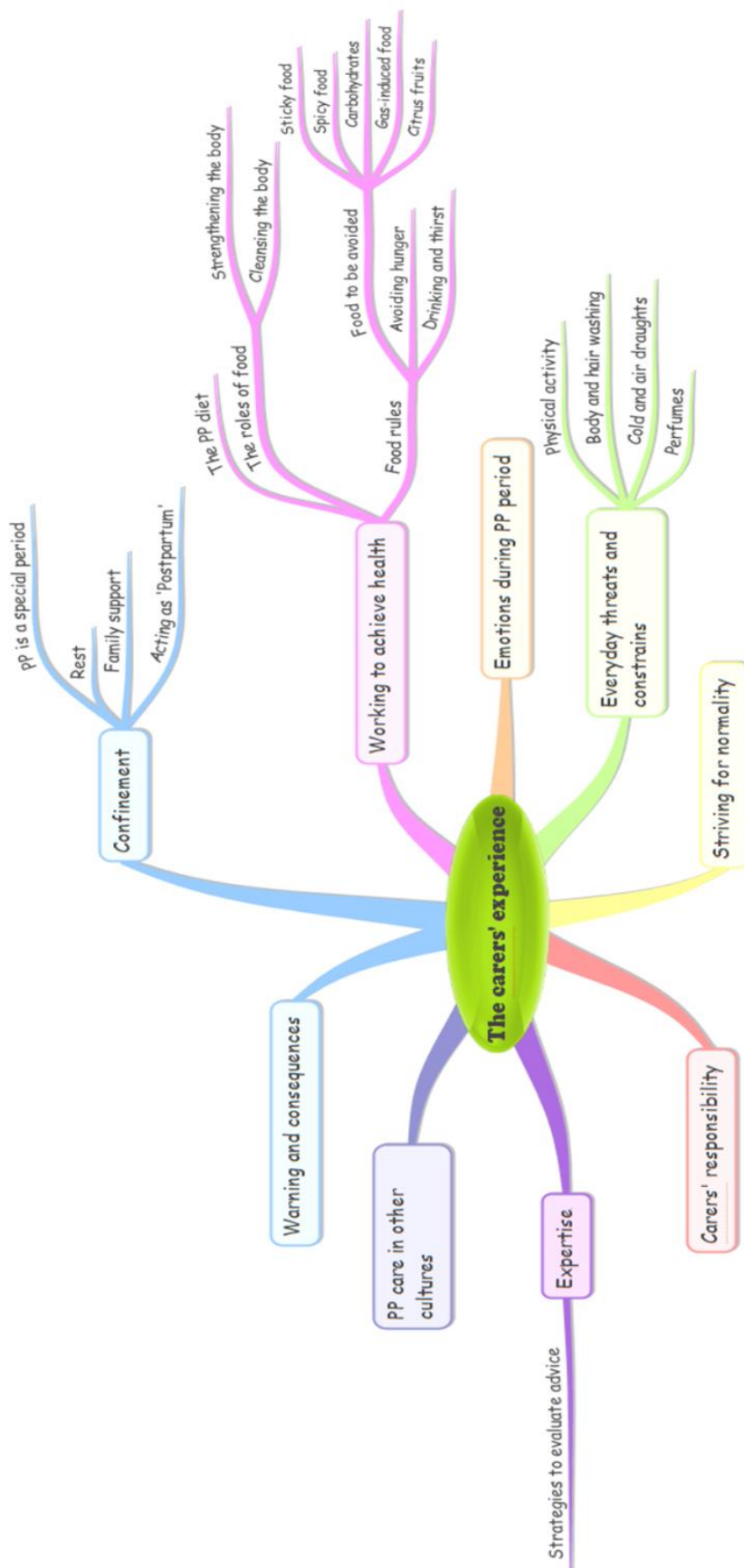


Figure 7 Themes from interviews with the carers

### Audit trail (interviews with the carers)

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>موضي: هي تقدر تشرب ماي و مصيراته بس مو كثير، هي فاهمه زين هالنقطه؛ شرب السوائل الكثيره مو زين لصحتها بالنفاس"</p>	<p>"هي تقدر تشرب ماي و مصيراته بس مو كثير، هي فاهمه زين هالنقطه؛ شرب السوائل الكثيره مو زين لصحتها بالنفاس"</p>	<p><i>"she can have water and juices but not in a large amounts, she understand this point very well; taking more than she need from fluids can be harmful for her health at postpartum period"</i> Moody</p>	<p>There were rules that regulated (restricted) the amount of water intake during postpartum period because it is not good for their health.</p>	<p>Liquids and thirst</p>	<p>The rules of postpartum diet</p>	<p>Working to achieve health</p>
<p>الباحث: يعني ما تاكله؟ حصه: قليل تاكل بس شي بسيط، ولا تشرب بارد ولا ماء كثير.</p>	<p>"ولا تشرب بارد ولا ماء كثير"</p>	<p><i>"She also has to avoid cold drinks and drinking too much water....Too much</i></p>	<p>The restriction of water is believed to</p>	<p>Liquids and thirst</p>	<p>The rules of postpartum diet</p>	<p>Working to achieve health</p>

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>الباحث: ليش ما تشرب ماء كثير؟  حصه: ماء الكثير يرخي الأرحام يصير عندها ليونه، جسمها يصير شوي ما هو زين، جسمها يشبع ماء ولا يطالع من جسمها " الباحث: يعني يمتلي جسمها ما؟  حصه: يمتلي جسمها ولا يتغذي بشي بسيط الباحث: بس...؟  حصه ما ياتر على دمها، لا، ما ياتر عليها، بس انها تشرب عصير تشرب حليب تشرب يعني أشياء حاره مثل احنا نسويها</p>	<p>" ماء الكثير يرخي الأرحام يصير عندها ليونه، جسمها يصير شوي ما هو زين، جسمها يشبع ماء ولا يطالع من جسمها " " يمتلي جسمها ولا يتغذي بشي بسيط"</p>	<p><i>water should be avoided because it can loosen her uterus, her body becomes not good, her body will be saturated with water and then there is no way to get rid of it. Because the body full of water, her body will only use a small portion of food. This will not affect her blood condition because she has juices and milk to</i></p>	<p>prevent loose uterus, saturated body with water, which interfere with body's benefit from the food intake.</p>			

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
قهوة قشر مطبوخ حلوة للوالد، ورنجيبيل تحطين وياها		<i>drink, I mean any warm drinks, for example I make for her a drink from the outer layers of coffee beans and ginger, and this is quite nice for the postpartum woman... Hessa</i>				
مزون : كنبه أقول لها لاتشربين ماء، أنا اسوي لها زكتر، ترمس فيه زكتر أو فيه ينسون أو شمر - حبة حلوه- أو اسوي لها كمون مغلي، يعني هذا تشربه بدال الماء..		<i>"I told her not to drink water; I make for her herbal infusion such as thyme, anise or cumin, she drinks that instead of water....they said</i>	Harmful effect of water is believed to be its retention within the body and particularly	Liquids and thirst	The rules of postpartum diet	Working to achieve health



Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>و حليبه لازم كل يوم مع الحسو تشربه.</p> <p>الباحض: طيبه ليش ما تشربه الماء؟</p> <p>مزون: يقولون الماء يخلي عندها واجد سوانل.</p> <p>الباحض: تحتبس السوانل بجسمها؟</p> <p>مزون: يعني جسم المراه -الله يعزكم- من تحت بصير عندها واجد افرازات، في وقت النفاس تركز ان ما يكون عندها، تنظفه نفسها .</p> <p>متى ما نظفها خلاص حتى طول عمرها زينة. أصعب شي أول الفترة. ترآز على</p>		<p><u>water leads to retention of fluids in postpartum woman's body. I mean the area down there become with a lot of secretions... the most difficult period is the beginning, she should not drink water...</u> Mezoon</p>	<p>the vagina as it leads to increase its secretions.</p>			

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>نفسها أنه تمتع من شرب الماء، ما أدري ليش الماء بالذات، الحليب سائل! وتشرب حليب والزهرات سائل . بس الماء يقولون لا أول يمنعونه.</p>						
<p>شيخة: الماي (..) الماي ماتشربين، طيبه شوي لازو الواحدة (تعني نفسها) تبرد على قلبها من العرق. و الله زي ماتقولين كنت أبوق الماي بوق عشان ماتشوفني. يعني انتي لما تبين ترضعين - سبحان الله - على طول ينشف ريقك و</p>	<p>" الماي ماتشربين، طيبه شوي لازو الواحدة تبرد على قلبها من العرق." " و الله زي ماتقولين كنت أبوق الماي بوق عشان ماتشوفني" " يعني انتي لما تبين ترضعين - سبحان الله - على طول ينشف</p>	<p>"<i>THE WATER, you can't drink water if I am postpartum, that what my mother insisted to be done. Water; I think I was disparately need it; with the excessive sweating I felt during the</i></p>	Disagreement with her mother's way caring for her during postpartum; water restrictions. Clash of knowledge.	Liquids and thirst	The rules of postpartum diet	Working to achieve health

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>تحسين لازم تشرابين ماي (ضحكه) لانك لو شربتني الماي و انتي ترضعين بيشرق الليبي؛ ايه شي يشرقه!! (تتحدث بسخرية) مين وين جاهم هالاعتقاد...</p>	<p>ريفك و تحسين لازم تشرابين ماي" "ضحكه) لانك لو شربتني الماي و انتي ترضعين بيشرق الليبي؛ ايه شي يشرقه!! (تتحدث بسخرية) مين وين جاهم هالاعتقاد.."</p>	<p><i>postpartum period.</i> <i>In fact, I was stealing</i> <i>water to drink</i> <i>without my mother</i> <i>approval [laugh].</i> <i>Yes, I couldn't stop</i> <i>drinking water</i> <i>especially when I</i> <i>breastfeed my baby, I</i> <i>felt too thirsty; she</i> <i>said If I drink water</i> <i>while I breastfeed</i> <i>my baby, the baby</i> <i>will choked with it</i> <i>[laugh] what on</i> <i>earth this belief came</i> <i>from... 'Shikhah</i></p>	<p>Adaptation and negotiating the traditional postpartum healthcare.</p>			

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
<p>هيفاء : أكيد تشرب ماي والله حرام تعطش النفاس والماء مفيد للجسم .مع ان امي ما كانيت تصدق بمالشي أمي انا ما طاوعت ما كثير بس اختي الصبيرة كانيت طاوع امي بكل شي و كانيت تقول اموت بيشف ربيقي والله اسرق الشرب سراقه ... ايه (ضحكة) حرام قلت من جكم .تقول لا تشربين ماي كثير عثمان تخرب من تحب اللي يسمونه خراب.</p>	<p>" أكيد تشرب ماي والله حرام تعطش النفاس و الماء مفيد للجسم"  " مع ان امي ما كانيت تصدق بمالشي أمي انا ما طاوعت ما كثير بس اختي الصبيرة كانيت طاوع امي بكل شي و كانيت تقول اموت بيشف ربيقي والله اسرق الشرب سراقه"</p>	<p><i>"Yes of course, she has to drink water, she feels thirst at this period, and water is useful for the body despite my mother's belief of the contrast. I was not really followed what my mother said but my old sister did; she said to me I was dying for a water and she refused to give me it, she said she was steal water</i></p>	Disagreement with the belief of water restriction during postpartum period. And, the belief of her own mother that water is harmful to the vagina.	Liquids and thirst	The rules of postpartum diet	Working to achieve health

Raw data (interviews)	Meaning unit	Quote in English	Condensed meaning unit	Subtheme	Larger theme	Essential themes describing the phenomenon
	<p>" تقول لا تشربين  هايي كثير عشان  تخرجه من تحده اللي  يسمونه خرابه "</p>	<p><i>to drink it away from  her mother because  she said you  shouldn't drink lot of  water because it will  destroy you in the  area down there and  cause you  Kharab... Haifah</i></p>				

Table 7 Audit trail (Interviews with the carers)



## **Chapter 9**

### **Discussion**

## 9 CHAPTER (9) DISCUSSION

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This study set out to explore the phenomenon of what it is like to be a healthy postpartum woman and the experiences of Saudi women during this crucial time. The last three chapters discussed findings from three different sources: data from the women's online discussions about their postpartum health concerns, in-depth interviews with postpartum women, and the in-depth interviews with their carers. The aim of this chapter is to provide deeper analysis, which draws the study's findings together, in order to understand the meanings of postpartum health to these Saudi women and to examine the implications of hidden cultural practices on wider SA health policy and practices.

This study grew from a personal and professional need to understand the lived experiences of Saudi women who have experienced postpartum health. Phenomenology was chosen as a research methodology in an attempt to discover meanings within the context of this lifeworld experience from the perspective of the participants. Phenomenology provides a context for exploring more meaningful nursing practice (Bishop & Scudder 1990). Advancing nursing practices aim to develop interventions that benefit the client, family, and community, and could be achieved through nursing research that provides understandings of people's experiences (Wilson and Hutchinson 1991).



The structure of the lived experience description themes from the analysis of the transcripts, field notes, and reflective writing. The truest meaning exists in the individual life of each study participant. Each viewed living the postpartum experience from their individual perspective, but there were commonalities and singularities in the participants' stories that assisted in grasping the meaning of the experience when they were interviewed and when they were online discussing their postpartum concerns. At another time, place, or with a more diverse sample, the data and interpretation may be different. Van Manen (2002) describes all interpretive phenomenological inquiry as being aware that interpretation is never thought to be complete, and explication of meaning is never final.

The findings suggest that Saudi women view the postpartum period as the key time for achieving health, and they view becoming better than before as the ultimate goal they and their carers are working to achieve together. The researcher's qualitative approach to the study and her immersion within these women's hidden world meant that she gained insights into the work carried out to achieve the women's postpartum health. The carers and postpartum women planned this period in advance, and followed detailed rules and regulations to ensure they achieved a good outcome, which suggests that this is a significant period for them.

However, postpartum maternity healthcare services in hospitals do not appear to recognise this time, and provided little support and advice for the women who sought their advice. The participants found their approach dismissive of their concerns and fears. This study highlights the extent to which the Saudi women's efforts to achieve their postpartum health are hidden from medical services and from men. As nurses and midwives, we have been taught that it is essential to identify and understand women's needs so as to tailor a personalised healthcare plan to meet their needs and their priorities for self-care and for health education. Although this is the main root of nurses' and midwives' care, it seems that the postpartum maternity care provided to women is 'one fits for all'; it is identical and is provided as a checklist. Looking at the findings, it can be seen that despite their search for good information that they could trust and their many attempts to identify the best practices to improve their health during this time, the only external source of support and information these women had was from other women's online stories and their mothers.

Chapter three described the historical and the social context of postpartum health and healing in SA, and chapter four highlighted some of the postpartum maternal health challenges identified in the literature. In the finding chapters (six, seven, and eight), the researcher presented the common experiences and shared meanings among participants' stories, which illuminate their concerns related to the postpartum health

experience. These chapters also hosted the researcher's interpretive account of the twelve interviews with the postpartum women and their carers, and the women's online discussions about their postpartum health were also presented.

The nature of hermeneutic research is circular and never ending, with researchers' interpretations thought to be tentative, and where no single correct interpretation exists (Crist and Tanner 2003). The researcher interpreted the texts through iterative engagement with a broad range of literature and her continued thinking, writing and rethinking. Readers are also invited to make their own interpretations (Diekelmann and Ironside 1998).

In the previous findings chapters, the researchers described the essential themes that characterise the lived experience of 'postpartum health' as it is perceived by the participants. Although there are many essential themes that emerged in the analysis that can be discussed here, the researcher attempts, in this chapter, to take a fresh look, as Smythe (2010) recommend, and re-question what these findings are saying. The researcher has chosen to draw on the work of Van Manen (2014) while describing the phenomenon and understanding the experiences of these women. Van Manen suggested that, to help in the reflective inquiry process, the four lifeworld existentials can be used as a guide for phenomenology researchers. Manen (2014) believed that all people experience their world and their reality through these existentials. The four

existentials are reflection on corporeality (lived body), relationality (lived relations), spatiality (lived space), and temporality (lived time). In addition, materiality has been added to the previous four, and refers to lived things and technology (Van Manen 2014). These existential themes are explored in order to examine how these women experience the world. The researcher was influenced by this approach because it fit well with the aims of developing the emerging analytic topics into broader, theoretical themes. As will be shown, the themes describe and illuminate the phenomenon of 'being a healthy postpartum' for Saudi women.

## **9.1 THE SAUDI WOMEN'S POSTPARTUM HEALTH EXPERIENCE IN THE LIGHT OF VAN MANEN'S EXISTENTIAL FRAMEWORK**

### **9.1.1 Corporeal reflection**

Van Manen (2014) suggested that 'corporeal reflection,' which is also called the Lived body, or corporeality, refers to the physical body and helps describe how the body is experiencing the phenomenon under study. People are present in the world through their bodies, and they experience the world through their bodies by their communication, feelings, and interactions. This embodied knowledge is what Merleau-Ponty (1962) called 'embodied being' in reference to individuals access knowledge in their world through their bodies, and whom Van Manen has heavily drawn upon in his work. Manen (2007) emphasises this notion when he argues that the whole body is pathic, meaning it knows by recognising itself in its responses to things

and the others in the world, which is what Manen (2007) describes as a model of knowing or being.

With relation to the body as embodied, Merleau-Ponty argues that the body is the centre of the spatial and temporal matrixes. When an individual perceives an object, his/her consciousness become occupied with that object; as long as the individual's consciousness is directed to the object, the body becomes transparent. In the context of this study, an example of the embodied body is seen in participants after childbirth, who became very sensitive to their reproductive system, and particularly the vagina and the uterus. Although they already knew that they have a reproductive system, their consciousness was not directed to it. But, when they experienced childbirth, which involved the passage of the foetus through the uterus and vagina, these women became aware of the presence of these parts of their bodies. Therefore, their efforts towards their health were often directed to these particular body parts.

The childbirth process appeared to have a powerful impact on these women's perceptions of their vagina. There was a common perception that their vagina could be affected by stretching during childbirth, which the women feared could have an adverse impact on their marriage. The women reported using methods to tighten the vagina, and similarly, the women within their online discussions described using a range of methods to do so. For example, vaginal suppositories were often reported, and although

some of these suppositories were medically prescribed, some were herbal remedies made by traditional female healers and herbalists. These suppositories are a potential source of infection, because of the uncertainty of their sterility, and this issue is not currently addressed by healthcare providers. One woman in the group was seeking cosmetic vaginal surgery due to her fear of the potential implications for her marriage that might result if her vagina had changed significantly after childbirth. Body change in general (but not specifically about the vagina) and their struggle to regain their pre-pregnancy body were also reported by women within an Australian study (Nash 2015), and poor body image was also reported by the women in the USA (Martin et al. 2014).

The postpartum women commonly talked about their bodies as a separate entity or object, making a distinction between the self and the body. This is similar to what Martin (1987) described when the participants talked about their 'body' in childbirth as separate from their 'self', and things were happening to them rather than them taking the action. For instance, when women talked about their uterus they referred to it as 'the uterus,' rather than 'my uterus'. Similarly, another participant described the uterus as a separate life entity which could understand and feel; she said that we have to gradually make 'him' understand that 'he' has no more babies within it. The women described their bodies, particularly their reproductive system, as the main system involved in the postpartum recovery. This could imply the cultural symbolisation of the

woman as a reproductive creature, because any failure in the reproduction system could threaten their identity and self-worth.

Participants perceive their bodies as a being with two aspects: the inner and the outer body. Inner body refers to the body's function, while outer body refers to the external appearance of their bodies, as described in the literature (Saltonstall 1993). Their perceptions of their bodies suggest that the women conceptualisation their 'body' as a 'subject,' or living agent, and as an 'object,' or biological body. In this study, as similarly described by Nicolson et al. (2010), after childbirth, the women gradually get their bodies 'back'; however, it took some time before their bodies were recognized as their own, 'old' bodies. This is connected to the 'outer body', or the appearance (i.e. size and shape). But again their bodies was still perceived as not yet entirely their own 'old' bodies, because they were still going through postpartum recovery from pain, trauma, and tiredness. The concern about the outer body varied among the postpartum women, who were often more worried about it than their carers, who concentrated on the inner body and consider it the priority. For example, the participants who formed an online discussion group asked other women to ignore their obsession with their weight gain during postpartum, which resulted from the nature of the postpartum diet and the herbal medication they used, and said they can think about losing their weight after the 40 day postpartum period. This situation of various perceptions of the body among

generations connected to de Beauvoir's (1974) and Merleau-Ponty's (1962) consideration of the body as being in an active process of embodying certain cultural and historical possibilities.

Blum (1999) mentioned that most of the women worried about their appearance, especially about losing their sexual attractiveness; this is echoed in the findings of the present study, as the participants, mostly from the online discussions group, were preoccupied and worried about their sexual attractiveness in terms of their appearance. They suggest methods and remedies to improve the body parts that were related to their sexual attractiveness, including the vagina through the use of vaginal suppositories, which were prepared and sold by the herbalists and traditional female healers.

Within a similar domain, the findings of the present study indicate that these women still hold their postpartum traditional health beliefs and practices, and with their increased access to the other sources of knowledge, they often tried to balance the traditional and modern methods of postpartum care. Reflecting on how the body experience is *being or working to be healthy* during the postpartum period, the Saudi women perceived changes in their body and self after childbirth, and according to this perception, they worked hard to reverse these changes and regain their previous self. Self and body change are strongly presented among the women in this study as they



pray and work hard throughout this period to become better than before with idealised visions of being able to return to a pre-pregnancy, even pre-marriage state, and become like a virgin bride for their husbands when they resume their sexual life after the postpartum period. This finding is consistent with the literature; women across cultures described following traditional health practices, which they reported as being inherited and passed through generations. Due to their beliefs, these practices protect them from ill health during the postpartum period, but also protect their future health (Sein 2013; Thwala et al 2012; Waugh 2011; Lundberg 2011).

Health is not a universal fact, but it is a constituted social reality that is constructed through social meanings and symbols. In this study, the participants perceived their postpartum health as a 'creation' and 'accomplishment' (Saltonstall 1993), because they can create can work to achieve health by following specific body-oriented protocols that were pass through generations; examples of these protocols were the main themes that describe their health, such as the postpartum diet they described, which contained food types to be avoided and other types that they should have within their meals.

Motherhood entails a lot of responsibilities, particularly after childbirth, and bodies often feel out of control. Women feel their bodies are unstable and uncontrollable as they leak and drip in the form of breastfeeding and postpartum discharge, expand in

breast engorgement, contract in postpartum after pain and uterine contraction, and sag as the abdomen loses its firmness after childbirth (Kukla 2005). The participants in this study reported the practices used to discipline their bodies, which could imply their sense of losing control over their bodies.

They described their bodies as going through major changes during pregnancy and childbirth which were uncontrollable. Thus, the women expressed their need to discipline and manage their bodies during the postpartum period after losing control. They reported following strict, daily routines during this period with detailed timeline plans that varied accordingly for the first ten days, the middle ten, or the last ten. However, although these plans were followed, it was apparent that the women were also dealing with uncertainty, and were unsure if they were following the best advice. They did whatever they were expected to do to gain the results they wanted so they could resume their ordinary life following the postpartum period. Importantly, these women's concerns were not limited to their internal bodies, but they also dedicated the final ten days to improving their external appearance as they described their need to be more beautiful than before their pregnancy. The need to discipline and control the body can be associated with the idea of the body as a machine which needs fuel, discipline, and repair (Helmen 2012). In this study, fuel could mean the postpartum special diet that they described. Disciplining the body was clearly presented by the participants as

they described following daily strict schedules; for instance, some women reported that despite being exhausted and sleepy they had their postpartum special breakfast early in the morning based on their mothers' request. Repair was the aim they worked for during the postpartum period, and for them repair meant reversing the impact of pregnancy and the childbirth process on their bodies.

The Saudi women's postpartum health beliefs and practices could be related to the humoral theory, which is derived from the traditions of Hippocrates and Galen, this theory is previously described in the literature review chapter (Chapter four). The participants in this study were to some extent influenced by this theory, as could be seen in their practices of avoiding cold and encouraging hot drinks and food in attempts to cleanse the body. They also described the application of heat as a healing method, using, for example, 'bukhor' to dry out the vagina. These practices could be a result of their perception of their bodies' state of disturbance in the postpartum period in which they lost control. These were also described in the literature related to the postpartum traditional health beliefs and practices across cultures.

Avoiding cold in the form of cold food, drink, or room temperature was emphasized by the participants; this practice could be linked to and seen to be influenced by the traditional theory of cold and hot balance for health. The postpartum women were considered to be in a cold body status, and thus needed to restore their hot

cold balance by avoiding cold food and drinks, cold draughts, and cold water in showers. Although these women were unaware of this theory of the body, their avoidance of cold was strongly associated with the hot-cold balance theory, which is also described by women across cultures (Helman 2012). The difference in this study, however, is that the Saudi women did not classify the nature of food as either cold or hot, but instead described food as cold to note that its temperature was low. Avoiding cold to restore the hot in the postpartum body was reported by women from a range of different cultures (Wang et al. 2008; Sein 2013; Thi et al. 2002; Pillsbury 1978; Lundberg et al. 2011; White 2004; Phillips 2005; Goodburn et al. 1995), and in addition, cold water was also avoided by Turkish women (Geckil et al. 2009).

In most societies, the postpartum period is considered to be a time of vulnerability and ritual danger for the mother. To deal with this danger, women tend to produce a set of culturally specific practices and beliefs designed to manage this time of uncertainty (Davis-Floyd 1992). The study of postpartum health phenomenon will contribute to the understanding of social patterning and social construction, as is the case in this study. In SA, there is a plurality of healthcare systems, both traditional and biomedical, with women finding creative ways to combine the medicalization of postpartum health with traditional beliefs, creating a unique combination of complex interactions and processes.

They believed that, during the postpartum period, their bodies were ‘open,’ and thus needed extra protection from harmful things that were outside their bodies and usually located within their environment, such as air draughts, cold, and perfumes. They also explained that their open postpartum bodies had certain body parts, namely the feet, the head, and the vagina, which acted as possible entrance points for some hazards, including air and cold draughts. They believed that these areas were vulnerable and needed to be protected and armed by, for example, covering their bodies with extra clothes and avoiding their exposure to threats of cold, wind, or air. Extra layers of clothes for protection from cold and air were also reported in other cultural studies (Wang et al. 2008; Lundberg et al. 2011; Phillips 2005; and Waugh 2011). The participants in this study described being very cautious and concerned about this risk, and placed barriers over their head, their ears, their lower extremities (particularly their feet), and the organ they believed was most susceptible, the vagina, which leads to the uterus. The importance of protecting the ears’ was described by Vietnamese women, who placed cotton balls inside them, and who also believed their feet was an entrance point for air to their bodies (Lundberg et al. 2011). The women in the present study were similarly reported wearing head scarves, socks, and leggings. The notion of the ‘open body’ was also reported by women from a range of other cultures (Phillips 2005; Pillsbury 1978; Thi et al. 2002). The women’s understandings of the body’s anatomy and physiology had an important impact on how the effects of birth and birth recovery

processes were understood and managed by the women and their carers. The understandings of the women in this study were often quite different from those of western medicine. The most frequent concerns among these women regarded their uterus and the vagina. They often linked the stomach with the uterus, and some of the women believed that when the stomach is filled with food it applied a physical pressure over the uterus that expelled all the air that was trapped inside the uterus during childbirth. The uterus was also often perceived by these women as being free floating within their bodies and in need of anchoring, which was done by eating certain types of food and drinking traditional herbal remedies. This understanding of the physiology of organs within the body during this time was unique, as there are no similar descriptions present in related literature.

These women also reported experiencing a range of emotional feelings during this time. This was due to hormonal changes, and the women in this study acknowledged these emotional alterations. However, they often related the cause to be spiritual and managed it accordingly. They believe that postpartum women are in a stage of impurity, and that the inability to pray to Allah leads to an increase in their susceptibility to supernatural threats, such as evil eyes. With relation to the emotions of their daughters, the carers presented their 'authoritative knowledge' by describing their ability to read clues from their daughters' behaviours or facial expressions; whenever

this occurs, they leap in with protective care to take action for their daughters' benefit. In this study, the focus of the carers was to avoid things that could upset their daughters, such as bad news, and they were vigilant in their observation, looking for signs of negative feelings by their daughters. This could be helpful in supporting the women during this period, which is often characterized by mood swings and different emotional experiences.

There was a high rate of episiotomy among these women, and their fears of wound infection can be clearly seen in their health practices. They described taking care of their episiotomy by keeping it dry and as clean as possible; for this purpose, they used traditional herbal remedies they believed would dry their wound. Some of them reported avoiding perineal baths to prevent prolonged exposure to water.

The Saudi women in this study placed a strong emphasis on proper nutrition and saw it as essential to their postpartum recovery; their diets were high in fibres, protein, vegetables, and fruits, which broadly matches scientifically based nutritional advice. However, there were also many dietary restrictions, such as the restriction of water intake, which was also reported among the women from different cultures (Thi et al. 2002; Jarrah & Bond 2007). This restriction could interfere with postpartum women's need for hydration due to fluid loss through breastfeeding and postpartum diuresis. A number of small frequent meals are recommended for postpartum women,

but this practice is not necessarily enforced or followed by postpartum women, who were instructed to eat even if they were not hungry.

Rest was also a priority for these women; they described the postpartum period as a rest period to restore health and replenish energy. Although this is in line with medical recommendations, early mobility is also encouraged. Rest during the postpartum confinement is also reported by the women across cultures (Sich 1981; Lundberg et al. 2011; Brathwaite & Williams 2005; Piperatta 2008; Hundt et al. 2000; Jarrah & Bond 2007).

The participants described the need to cleanse the body from the remains of childbirth called the lochia; this belief could imply their desire to have a heavy flow of lochia to ensure that none is left in the body. However, although these women believe such flow is beneficial, an increase in the flow of lochia could mask some key postpartum health disorders, such as uterine involution or infection. The perception of the lochia as bad blood that needs to be expelled from the body was also present among different cultures, such as the Myanmar (Sein 2013).

The key issue with these practices is that they could lead to the misinterpretation and normalization of some postpartum danger signs that could, if left untreated, become a real threat to a postpartum woman's health. One example is seen in the case of the



postpartum woman who used the online forum to call on her virtual sisters for help in understanding the symptoms she experienced. As she said:

*"... I have a strange experience that I had it for the first time. I feel like someone holds my back; the upper part and applies forceful pressure on it. From the strong pain...I can't walk, I start sweating, and I hardly can breathe. At the same time I vomit. All of these happen within 15 minutes..."*Thread 1

Her description could indicate panic attacks, a type of anxiety disorder. The replies of the other women reassured her that these symptoms are normal and expected, and encouraged her to spiritually deal with this symptoms, rather than combining this intervention with the seeking of medical advice. In addition, one postpartum woman who asked forum members about puerperal fever because she was concerned that she had the symptoms of a fever was advised to relieve her symptoms by buying antibiotics directly from the pharmacy without visiting a doctor, and was told that her symptoms were to be expected, and that there was no need to be afraid.

### **9.1.2 Relational reflection**

'Lived self-other' -which is also called 'communality' or 'relationality', is the lived relations in which an individual maintains and shares the phenomenon of interest with others (Van Manen, 2014). In western cultures, postpartum women are discharged early from hospitals after normal vaginal childbirth with the expectation that they will resume their roles in work and the home soon. In contrast, the postpartum women in this study became the focus of attention and care from others in their society with

everyone contributing to help support them. The care of the postpartum women was left to the community, family, and friends rather than to maternal healthcare providers. In this study, the postpartum women were obligated to rest in their mothers' home, where they received the appropriate care during the 40 day postpartum period, ensuring they had sufficiently rested, been properly nourished, treated with traditional herbal remedies, and received complete assistance with their daily life activities including their new-born care.

In this study, participants described the support they received from other people; primary carers were usually mothers who provided postpartum care to their daughters. The women often described their relationship with their mothers by indicated their trust in their experience and knowledge, which often led to them taking over the responsibility of deciding for their daughters. Their own mothers prepared and planned all postpartum care, from preparing the special meals to providing traditional herbal remedies, and ensuring comfort and rest for their daughters. However, some of the women described their mothers' support as potentially controlling and oppressive in nature. For example, one postpartum woman described her obedience to her mother when she was asked to take traditional herbal medication; she found it horrible in taste, but took it because she believed her mother knew what was best for her. The importance

of providing support to postpartum women was also reported in the literature (Leung et al. 2005; Brathwaite and Williams 2005; Phillips 2005; Hundt et al. 2000).

The women who participated highlighted seeking support from social media, especially through online discussions forums related to postpartum health issues, where they sought support and reassurance from their virtual online sisters. This could suggest their need for being heard, understood, and for feeling that they are not alone in experiencing this phenomenon. They described the supportive role of others, including their friends, peers, and visitors, and most participants expressed the joyfulness and happiness they received from visitors' support. This kind of support made them feel that there was someone who cares about them, and that they were not alone in this situation. The women were often appreciative of others' efforts to support them during their postpartum period, including the visitors who congratulated them and gave gifts to them after childbirth. The women described how the relationship between them and their friends became unidirectional during this time, because care, attention, and gifts were all focused on the postpartum woman.

Significantly, these women also reported the role of healthcare providers, who were mainly obstetricians and female traditional healers that took part in their postpartum health experience. However, female traditional healers had a strong impact on most of the participants' postpartum health decisions, as the women found them

highly trusted, both in the online forum and in interviews. The healers were considered trusted and considered influential by these women. However, the relationships between the women in this study and their healthcare providers (i.e. medical) were not frequently mentioned, but when they did talk about them, there was often some conflict and tension between their beliefs and understandings. For instance, one postpartum woman who asked her obstetrician about restrictions in drinking water felt that his response ignored her worries and concerns and cut the conversation short. The reported communication between the postpartum women and their healthcare providers appeared to neglect the women's need for advice.

This study highlighted the significant role of social media and the internet among the participants; they described their relationships with their virtual sisters through the online forum. They expressed feelings and worries that they felt they could not share with others in their life without judgment and appeared to obtain a lot of support from this wider group of women. They presented their hidden voices within these online discussions by freely telling their stories and disclosing the sensitive issues they have.

### **9.1.3 Spatial Reflection**

Lived space, or spatiality, is another existential theme suggested by Van Manen (2014) and refers to how a space was felt and experienced with respect to the

phenomenon. All of the participants stayed at their own mothers' homes while receiving postpartum care. The women presented this care home as a place of contrasts; they believed it was where they could be nurtured and re-mothered while recuperating, but, importantly, it also became a place of restriction and confinement, with strict rules and orders to be followed that dictated when they could leave the home, restrictions on food and drink, and dress and behaviour, which also led to them reporting feeling a of lack of control, boredom, and stress. They expressed their contradicting feelings towards this place by appreciating the rest they received during this period while at the same time expressing their need to leave the home, even if just for a short walk to improve their mood, rather than being confined for the whole 40 day postpartum period.

Importantly, the home, which the women usually experienced as a place of safety, was, during the postpartum period, transformed into a place full of hazards and threats. The participants described their own rooms as places where now the air conditioning suddenly became a threat to their health. Many were used to staying in cold rooms, but this was not allowed during the postpartum period. Increases in environmental threats to women during their postpartum period is also described within the literature (Leung et al. 2005). Participants also described the new hazard presented by their own perfumes, which they used to wear, but were now seen as a threat. They described their need to feel safe as their priority during the postpartum

period. Their fear of their episiotomy's infection, which is believed to occur due to exposure to perfumes or strong fragrances, is not unfamiliar, and is reported among Arab people in the Gulf region who hold the belief that odours can prevent wound healing (Doumato 2000).

The place where these women recovered from their postpartum was described as a safe place where participants found a joyful time with a plenty of time allocated to care and becoming the focus of attention from their families. However, it was also a place where they felt lonely and were left by themselves regardless of the support of others. The postpartum period was also described as a stressful time by Chinese women who were 'doing the month' (Leung et al. 2005).

#### **9.1.4 Temporal Reflection**

Reflection on temporality, or lived time, in relation to the phenomenon could provide insight into how the subjective time was lived by individuals who experienced certain phenomenon (Van Manen 2014). The women spent about 40 days of their postpartum period in their mothers' home, and their experience of time implied different meanings to them. The women in this study viewed the postpartum period as a vulnerable time when they must follow the rules and regulations if they are to achieve good health once life resumes. This is similarly revealed in the literature (Chung 1997), in which a wide range of health beliefs and practices were uncovered. Although there

were variations in the specific practices, these women also followed a range of rules about what must be avoided and followed to ensure good health at the end of the postpartum time (Chung 1997). The participants described this time period as divided into past, present, and future; the past, which they called 'before,' was the time of pregnancy and childbirth, while the present was the postpartum period, and the future was the time beyond their postpartum recovery. The women explained their concerns and anxieties about the changes that occurred to their body and their health during the time 'before', but they also emphasized care for their health during the 'present' to reverse the effects of pregnancy and childbirth changes by following health practices that were recommended by their carers and significant others. The intention of these practices was to establish postpartum women's wellbeing in both immediate and the later years of life. This concept of postpartum women working in their present time for their future is consistent with other international studies (Cheung 1997; Holroyd et al. 2011). In addition, the participants in this study explained their health practices and focusing on their health while working for their future time after postpartum period in order to prevent future ill health conditions. Importantly, these future health conditions may only appeared at the end of the postpartum period or possibly later when they are much older.

In this study, the participants appreciated the postpartum period because they believed it was a valuable time in which they could work hard to ensure their good health beyond the postpartum period. They described this period as the only chance they had to fix what pregnancy and childbirth had done to their bodies and health, which makes this time both a challenge, but also a golden opportunity. This belief was also present among other cultures, such as in, for example, the traditional Chinese belief that women have three golden chances for health—menstruation, postpartum, and post menopause (Bongers & Krause 2008).

This period is perceived as their only chance to recover and regain their previous selves; accordingly, the women described it as stressful period characterised by many concerns, confusion, and worries about their health.

## **9.2 AUTHORITATIVE KNOWLEDGE AND CLASHES OF VARIOUS SOURCES OF KNOWLEDGE**

During childbirth, the struggle for authoritative knowledge concerns the control and management of the woman's body during labour and childbirth (Jordan 1993). In any society, several knowledge systems exist; some, by the consensus of the people in a society, carry more weight than others. Possible reasons for this consensus include the relevance of their explanation of the state of the world (i.e. efficacy), or because they are associated with a stronger power base, though usually they are both (Jordan 1993). Equally legitimate knowledge systems can coexist in societies, with people moving easily



between them according to their goals. But, often one knowledge system gains authority over others. Consequently, alternate knowledge systems are devalued, and those who practice within them are thought to be backward or ignorant. Therefore, the production of authoritative knowledge is seen as an ongoing struggle for *structural power*: Western medical systems of knowledge rose to legitimacy and have overtaken ethno-medical systems of knowledge, which results in an ideological struggle for the control of women's reproductive bodies and places constraints on the range of women's reproductive choices and possibilities.

This study highlights the various sources of knowledge these women trusted, including their mothers, grandmothers, other females within their families, their friends, postpartum health online discussions, female traditional healers, and their healthcare providers. It is worth noting that all of these sources were based on the women's perspectives of postpartum health, which also indicates the isolated feminine world of these women from others, including their husbands and specialised healthcare professionals. As reported by the participants, not all of this advice was always consistent, and the participants described experiencing conflict and uncertainty when it came to making health decisions according to these different sources of knowledge. This conflict is consistent with the literature and often described as being between the

postpartum women and other women who were involved in their care (Leung et al. 2005).

In addition, layers of advice were clearly present among these women both online and in the interviews. It appears that the most reliable source of advice for the participants was often their own mothers (their carers); the postpartum women showed high levels of trust in their mother's advice, while they implied that medical advice was less important. This could be as a result of perceptions that medical staffs have no ideas about the postpartum health issues that these women experienced as some of the carers in this study mentioned. Within their online discussions, women often started by reassuring the women before asking about their postpartum health concerns and providing suggestions and examples from their own experiences. On the other hand, these women also expressed a desire to be informed by healthcare providers about their postpartum health. This finding is inconsistent with a study (Lamadah 2013) that examined Saudi postpartum health beliefs and practices in Makkah, the western province of SA (the present study was carried out in the eastern province of SA). The women of that study responded to a structured survey questionnaire asking about the sources of advice, and researchers found that the majority were advised by their mothers, while some of these women's sources were their relatives and friends, whereas less than 10% used the internet for postpartum health information. Only few women in

that study (Lamadah 2013) were using the internet to seek information about their postpartum health, whereas in the present study, the participants relied on the internet as a source knowledge and as a space to feel supported, sympathised with, listened to, and reassured that they were normal and experiencing the same sort of postpartum health problems as other women.

Making sense of the various sources of knowledge was often carried out using a form of structured strategy with the various approaches these women followed. For example, when the postpartum participants in this study had a concern about their health they typically went to their own mothers, asking them whether that concern is familiar to them through their own experience. Then, based on the carers' experience, they either advised their daughter directly, or began seeking further information to help their daughters. The second source of knowledge was online information; however, as most of their concerns tended to be unknown or ignored by the medical field, they often visited online postpartum women's forums, where they looked for an answer to their health concern. Having some awareness of that concern for other women's perspectives, the next source was friends and female relatives with postpartum experience. Among the majority of the case's participants, visiting healthcare professionals was seen as the last option.

Another significant aspect that is strongly presented within the findings are the clashes between various sources of knowledge. These clashes are important and must be considered, because these women experienced significant conflict and uncertainty about who to trust and how to make their health decision in the absence of a trusted medical opinion. Thus, these women's health decisions could not reflect the goal of making an informed health decision, something which is essential to empower these women to take responsibility for their health and contribute in designing their healthcare plans.

### **9.3 RITES OF PASSAGE AND POSTPARTUM EXPERIENCE**

Major life transition events tend to be intensively ritualized by people, but this ritualization is often hidden and normalized by members of a society, because it emerges from their belief systems (Van Gennep 1960; Turner 1979). During a rite of passage, individuals are situated in a transitional realm that is like neither the previous nor coming state (Turner 1979). Davis-Floyd (2004) claims that, similarly, childbirth is a process of rites of passage because it embodies the three stages that has been outlined by van Gennep (1960). The first rite is 'pre-liminal,' and entails a separation of the individual from her normal or previous social state (non-pregnant woman), the second is a period of transition, where participants exist in a 'liminal' space where they are not clearly one thing or another (pregnant and labouring woman), and the final stage is an

integration phase, where individuals are gradually reintegrated back into society, replete with a new social status (mother of a new baby).

Because a childbirth event is somewhat challenging for most women, it is likely to be a time when women are open to the guidance of others, particularly to those who are thought to be *experts*. As described in chapter two, Saudi women during pregnancy and childbirth are controlled by the medical authority; birth is seen as a medical event, and these women, to some extent, accept the patriarchal principles of this authority, in which a woman is treated as an object and her body as a machine (Davis-Floyd 2004), by obeying their culture's norms and values as they normally do. However, women after childbirth and in the immediate postpartum period become free from medical authority and refrain from its control, leaving Saudi patriarchal cultural traditions and norms in order to take the lead in postpartum care for these women. This progression is seen as a part of Saudi cultural norms and tradition.

Ritual transitions are practical, because they prescribe particular behavioural patterns for individuals in transition within a social structure. But, they are also ideological, in that they are elaborated in rich cultural and religious terms so they appear meaningful and true. In most cultures, the postpartum period is considered to be a transition period, and many cultures have developed certain customs for this period. In the postpartum period, both women and infants are considered to be

particularly vulnerable. In the context of SA and the present study, as it has been said in the old days (Eberhard–Gran et al. 2010) a postpartum woman is seen as standing with one foot in her grave. This saying was well known among the Saudi women who participated in this study.

A ritual is defined as a “patterned, repetitive, and symbolic enactment of cultural beliefs and values” (Davis–Floyd 2004, p. 8) that is commonly formalized and designed to communicate the special nature of an event, which is in this study the postpartum women’s health. The transformative elements, which include rhythmic repetition, stylization, and staging of ritual performance, are thought to heighten emotional impact (Davis–Floyd 2004) and make ritually effective in achieving cognitive transformation of women. The rituals of postpartum care among the participants were often used to communicate an alternate set of values that generally address the belief of the vulnerability of postpartum women and their need to be cared for in a special way.

The researcher argues that, based on the present study, the childbirth event is similarly seen as a rite of passage in the context of SA; Saudi women undergo a transition from one social state, being non pregnant, to another, being a mother with a child. Throughout the three phases of rites of passage; the third stage, aggregation or re-integration; as Davis Floyd described it, would be the main focus of this study. This is a stage where the mother is recognized by society in her new role, with the mother and

child emerging together and being celebrated and honoured by family, friends, and society. However, the researcher argues that the postpartum Saudi women in this study, according to the stages of rites of passage, have some of the characteristics of the second stage, the limen, in which they had the feeling of not being in previous state, as being non pregnant, and not in the future one, as being mothers. These feelings of ambiguity were not related to the women's social status, but instead to their body's figure and health.

## **9.4 STRENGTHS AND LIMITATIONS OF THE STUDY**

The present study, as any study, has its limitations and strengths. This section describes these from the perspective of a qualitative, and phenomenological study.

### **9.4.1 Limitations of the study**

#### ***9.4.1.1 Research and subjectivity***

This study is phenomenological in nature and is based on the participants' discourse surrounding their lived experience of being healthy during postpartum. Because of the data's subjectivity, it is difficult to establish the scientific rigour of study's results and findings. However, this subjectivity could also be considered a strength, because it contributes to the in-depth and rich understanding of a phenomenon from the perspective of individuals who lived the experience. The emphasis of phenomenology on subjectivity, description, and interpretation intends to

contrast the scientific emphasis on objectivity, analysis, and measurement (i.e. positivist).

The findings of this study are presented as highly qualitative data of the narratives and stories of the participants, which may mean that these findings will be difficult to be viewed as evidence by professional practitioners. But, such presentation of data in phenomenological study is essential, as this research invites readers to think about the texts (the women's stories) and be open to their personal interpretations.

It is also not possible to prevent the potential of researcher bias, particularly because, in interpretive phenomenology, the researcher interprets the participants' lived experience into essential themes that describe the phenomenon under study. Whenever a description is mediated by an expression that includes nonverbal aspects, action, or text, a stronger element of interpretation has to be involved (Van Manen 1990). Researchers must be aware of their pre-existing beliefs, because, in doing so, it becomes possible to examine and question them in light of new evidence (Halling et al. 2006). Prior to conducting the study, the researcher recognised the importance of reflection, and reflected on her personal experience, as well as her prior assumptions and understandings, through her personal journal in an attempt to identify bias. It can be difficult to ensure the bracketing of these prior assumptions and experiences from influencing the interpretation of data.



It is also difficult to generalise the study's findings, as the study is based on the experience of a limited number of women that were not representative of the population. As such, it is unwise to assume that a wider population of Saudi women have had similar experiences to those of the participants; however, this is not the intention of this phenomenological study. It is highly possible that there are other experiences that were missed and are different from those who participated in this study. Also, considering the various postpartum health beliefs and practices among different parts and cities of SA, this study highlights the experiences of a number of Saudi women in the eastern province.

#### ***9.4.1.2 Application of qualitative methods***

It is important to understand the possibility that the participants in this study had difficulty expressing themselves. One example of a source of these difficulties is the embarrassment involved in discussing an issue that could be very personal or sensitive in nature. Other issues that could interfere with self-expression are the limited time of the interview, distractions within interviews, and joint interviews with the presence of other women. Presence of other women within interviews could sometimes influence postpartum women's response. For example, during the interview with a postpartum woman (Noora), her young sister occasionally entered the living room to offer hot drinks and snacks; this is the usual Saudi cultural norm when welcoming guests into the home. Her sister happened to be at the room when the research asked Noora about

her postpartum experience, Noora asked the researcher to wait until her sister left the room before answering the question. When the researcher asked Noora why she preferred to answer in her sister's absence, she said that she found it embarrassing and inappropriate to talk about her personal postpartum issues in front of her sister, who was young and unaware of marriage related topics such as postpartum issues.

There are some limitations associated with the research methods used in this study. Snowballing sampling could lead to having participants with similar or shared experience, and could prevent the exploration of different views and perspective of the phenomenon. Face to face interviews as a data collection method for this study could increase participants' bias and prevent them from sharing personal information that could potentially be criticised by the researcher who is also identified as a clinical expert. For example, the researcher is a professional practitioner in maternal nursing and midwifery, and this qualification could interfere with free disclosure of the participants who strongly believed in traditional postpartum care rather than the biomedical model. In response to this, the researcher attempted to establish trust based relationships with the participants by using her background as a Saudi woman with similar experience of traditional postpartum care. This approach led to tension relief within the interviews, particularly from the carers.

The time frame in which the interviews took place was Ramadan. The nature of this month hindered the researcher during data collection by strongly limiting the interview times and durations, because women had difficulties allocating time for the interviews. The only time the researcher found suitable for the majority of participants was after the *Taraweeh* prayer, and that was during a window of under two hours, because the women needed to start preparing the next meal. This factor placed the researcher under temporal pressure to cover the main themes of the study. Similarly, the participants were anxious because the limited time also put pressure on them. The postpartum women who were interviewed were also distracted because of new-born care demands such as breastfeeding and crying.

#### ***9.4.1.3 The impact of culture and norms***

In addition, there were some limitations due to the culture and societal norms and traditions of SA. The first stage of the data collection was during Ramadan, the holy month for Muslims. This is the only month in the year in which Muslims are fasting. According to the sacredness of the month, Muslims work hardest to please Allah and gain the best place in paradise by faithfully completing acts of worship such as fasting, praying, money or food donation, and reading the Quran. Fasting for the month from dawn to sunset influences diet. As a result, the cooking load is increased during the Ramadan, especially for the first meal at sunset. Muslim women are usually busy with many tasks. For example, they must cook two heavy meals at sunset and before dawn,

as well as one meal in between, and include a diversity of the Ramadan special desserts and drinks. Also, besides the daily five prayers, they have an additional prayer called *Taraweeh* after evening prayer, which is usually extended for one hour in duration. In addition, during the last 10 days of Ramadan, they also pray an additional prayer called *Qeyam*, which is often prayed at midnight. During this month, most Muslims completely read the holy Quran more than once.

Another challenge was the nature of Saudi culture. Firstly, the participants were hesitant to allow the researcher to visit their home, because she was considered a stranger and untrusted. One woman, for example, agreed to be interviewed, but when the researcher asked her about her address, she said that she needed to coordinate with her mother a suitable time, but then she never called again. This barrier became less intensive when they were contacted initially by someone they knew well, such as a traditional healer, who asked three of her postpartum women clients to take part in the study.

Also, being a stranger to the participants prevented the researcher from entering their natural daily atmosphere. The researcher looked forward to being in the postpartum room, but instead she was directed to the guest room, where participants joined her for the interview. This may have led to her missing some aspects of the

context of the experience that may have been potentially helpful in interpreting the experience within the context.

#### **9.4.2 Strengths of the approach**

There are a number of strengths that enhance this study's value within nursing knowledge. One strength was the use of interpretive hermeneutic phenomenology, which is informed by Van Manen's existential interpretive framework. Since little was known about the lived experience of Saudi women's postpartum health phenomenon from a nursing point-of-view, a qualitative approach, utilizing a semi-structured interview and online discussions threads about these women's postpartum experiences, with both medium acknowledging the participant as an expert, was most appropriate, and also provided valuable insights regarding how these women are impacted by their experiences. Their perceptions contribute to the understandings of this phenomenon, and help to direct future meaningful research in the area of postpartum health.



# **Chapter 10**

## **Conclusion and recommendations**

### **10 CHAPTER 10 CONCLUSION AND RECOMMENDATIONS**

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## **10.1 INTRODUCTION**

This final chapter revisits the purpose of the study and summarises the findings that describe the essence of the lived experience of the postpartum health of Saudi women. The implications and recommendations for practice and policy are presented, and finally, the suggestions for future research are offered.

In SA, during pregnancy and childbirth Saudi women are usually under medical surveillance with biomedical interventions to improve maternal health outcomes. In contrast to medicalised pregnancy and childbirth, where women rarely question this bio-medical authoritative knowledge, these women have less medical surveillance during their postpartum period. This situation means that Saudi women are left to choose between the medical power and the traditional healthcare that their culture and society consider to be an authoritative knowledge during their postpartum period. Within the literature, postpartum traditional care in SA is described as socially constructed and valued by the Saudi women with particular meanings attached to it that causes it to be viewed as a special golden period.

The researcher brought to the study a phenomenon to explore, the postpartum women's health experience of Saudi women, and used this philosophical orientation to gain understandings of how it is to be a woman experiencing such a situation. In pursuit



of such intimate and deep knowledge, hermeneutic phenomenology illuminated the invisible 'taken for granted'. Van Manen (1990) advises that writing is the phenomenological method, and it is in the writing that understanding is gained. Phenomenological textual reflection is not about the words, but it is an attempt to achieve understanding that goes beyond language and description. To this end, in the present study, language and words uncovered depth of meaning and essence of the experience, and it was in and through the words (Van Manen 1990) that the unique phenomenon of the Saudi women's postpartum experience was uncovered.

To explore the phenomenon of 'postpartum women's health' as lived and experienced by the Saudi women, this study sought to answer these research questions of what it is like to be a healthy postpartum woman, and the meanings these women attached to the postpartum experience. Also, what they did to achieve their health during the postpartum period including health practices and their beliefs that underpinned them, and how their experience of postpartum influenced them in terms of their concerns, worries, and fears; how they made their health decisions with relation to postpartum; how the postpartum experience is socially constructed including the social support; and finally, how and when these women asked for medical help.

To achieve this understanding and to answer the research questions, twenty-eight online threads of women's discussion about their postpartum health experience

in SA were analysed, and twelve face-to-face, in-depth, semi-structured interviews were carried out with seven postpartum women and five of their carers, who were their own mothers. These interviews took place during their 40-day postpartum period.

The postpartum period is important for women because it could affect their long-term health and well-being. Research evidence describes potential postpartum health problems and complications that range from minor to life-threatening. This research area needs to be examined if we are to develop healthcare strategies and plans that place women at the centre of care.

Although there has been an increase in the attention of researchers towards postpartum women's health in recent years, the general theoretical literature on this subject and specifically in the context of Saudi Arabia is limited. This study contributes to our knowledge by understanding these women's perspective about their health, which is thought to be hidden and silent.

The overall key characteristics that describe the participants' experiences of their postpartum health are their perception of the significant value of the 40-day postpartum period, in which they believed that they are vulnerable and susceptible to the risk of ill health and conditions that may influence their life during the postpartum period and/or in the future. Therefore, the women described postpartum rituals, which they believed would protect their health. They perceived their health during postpartum

as a creation and something they have to work to achieve, and they reported working hard to achieve their ultimate health. This work was a body-oriented protocol for health in terms of confinement, rest, and a proscribed nutritional postpartum diet.

They also believed that the postpartum period was their best opportunity to maximise their health and reverse the effects of pregnancy and childbirth on their bodies. They believed that this chance should be taken seriously, otherwise they could lose it and then they would have to wait for another postpartum period to correct their neglected postpartum care.

The women's description of their lived experiences were interpreted in terms of the four existential frameworks of Van Manen (1990): how their body, their space, their time, and their relations were experiencing the postpartum health. A lot of concerns these women expressed were about their bodies; namely, they believed that the postpartum body is 'open,' and it needs protection from threats in their environment, which was their carers' home during their confinement period. Another body related theme is striving for normality, which was a key theme found in data from the online discussions and the interviews. The women perceive their bodies as being in an uncontrollable state, which necessitated efforts to discipline it. It is clearly seen that the participants' perception of their body and their postpartum health was different than the bio-medical perspective.

The women's experience of their space during the postpartum period was also described. Their safe home became one that was full of threats such as air draughts, cold, and perfumes, which were seen by these women as constraints, and for some of them, these constraints were very stressful. Another spatial theme which was described is online forums, which were perceived as a secured and safe space in which the women within the online forum discussions experienced feelings of support, being listened to, reassurance, and felt they were a place where they could freely share their stories and experiences that could be seen as sensitive and embarrassing.

A major theme related to relationality is the various sources of social support the participants received during the postpartum period. Within this theme the presence of authoritative knowledge can be seen, which played an important role in these women's experience of postpartum health in terms of giving health advice, the power of experience, and trusting sources of knowledge and experience. The participants valued advice and guidance given from older women, such as their mothers and grandmothers, in relation to their postpartum health. Another source of experience that was strongly emphasized by the majority of the women was female traditional healers.

The temporal dimension of these women's experience is represented by their perception of time. The women perceived it as a stage for their social transition to become a woman with a new child by the end of the 40-day postpartum period, in

which they followed postpartum rituals which are culturally agreed upon. Their life during postpartum was seen as divided into the past, which referred to the pregnancy and childbirth duration, the present, which was their postpartum period, and the future, which is the period of time after the 40-day postpartum. Their past was perceived as being a period of exhaustion with the loss of their health and wellbeing, while they worked for their recovery and health during their present to achieve their goal of being healthy in their future.

The findings of the study revealed some of the hidden health issues related to postpartum women's health, which could open up opportunities to place postpartum women at the centre of their healthcare plan, which are policies that organizations such as the WHO called for. Although there is no care plan for postpartum women in SA, it is time for healthcare providers to improve their maternity care; some of the recommendations for the practice are described below:

## **10.2 IMPLICATIONS AND RECOMMENDATIONS**

### **10.2.1 Implications for practice**

To date, there is no clear evidence that Saudi women's approach to care during the postpartum period is harmful or beneficial, because there are no sufficient studies that examine that issue and the impact of these care practices on their immediate and long-term health outcomes. It is essential to ensure that postpartum women, who are

known to have socio-cultural values and influences from the context of their care, are understood, and to share with them their knowledge about health practices and beliefs during the postpartum period. In this way, women can be empowered to take control over their health. It is also appropriate to find strategies to integrate traditional postpartum health practices with the modern western approach to postpartum care.

Based on the findings of this study, the postpartum period has special meanings to the Saudi women. They believed they had to do it 'right' to ensure their health is safe in the future and to ensure they will not be blamed by the wider society for their ill health as a result of poor postpartum care. Healthcare providers need to be aware of these women's traditional beliefs and practices, because it is important in providing culturally sensitive healthcare for the Saudi women in SA that takes into account their fears and concerns.

This is also essential for healthcare providers working in multicultural societies such as the USA and in the UK. Cultural beliefs and practices concerning the postpartum in particular have specific implications for midwifery and maternal nursing care. These maternal health professionals will continue to encounter traditional health beliefs and practices when providing healthcare to postpartum women; therefore, it is essential that their cultural beliefs and practices be taken into account to avoid misunderstanding and to have culturally appropriate and sensitive care for postpartum women.

It is important for women to follow their traditional health practices, as participants did in the present study, but it is also important for the healthcare providers to assist these women in doing so in a safe manner. It is important to listen to these women's health needs and concerns, and to successfully do that which is recommended by the maternal healthcare professional, nurses and obstetricians must be trained to improve their skills of communication. As described by the women in this study, the poor communication skills of the obstetricians lead to the reluctance of these women to seek medical advice; and instead they tried to find alternatives such as a friend's advice, a traditional healer's instructions, or simply followed what other women who had experienced the postpartum period described within their online stories.

With better communication, the healthcare providers could assist postpartum women in resolving conflicts and uncertainty arising from the large amount of often conflicting advice about postpartum prescriptions and proscriptions. Based on their knowledge and evidence-based practices, healthcare providers could facilitate and help these women adopt beneficial health practices and discourage the harmful ones in ways that recognise the importance of traditional cultural values as opposed to completely rejecting them.

The women reported poor communication with the healthcare providers, which means that new strategies must be developed to improve the communication between

them; listening to these women's fears and concerns could in itself be a strategy that could alleviate much stress and worry. Also, it could help in assessing the effects of these practices on women's health in the light of evidence-based care practices.

Social media could be invested in as a tool to access these women, where they could be informed, re-assured, and freely discuss their health concerns. Their powerful reliance on the online support could open up opportunities to fill the gap in knowledge and to improve the communication between the postpartum women and healthcare providers. It could be used as a gateway to educate women about what they can expect during the postpartum period, such as what is normal and abnormal. For example, establishing a reliable and confidential online health education forum, which is guided by specialised postpartum healthcare professionals for postpartum women, could be beneficial to them. This is could be helpful in two aspects; first, to provide reliable support to the Saudi postpartum women who are only supported by their close female network, including their mothers and the online stories; secondly, these women tend to not visit healthcare professionals such as obstetricians, so this method could provide them with access to medical advice without attending hospitals unless it is recommended by the online health professionals. This method would reduce the gap in knowledge and has the potential to improve health outcomes, along with reducing these women's worries and conflicting advice.



Similarly, another option that could be applicable is to initiate a telephone helpline operated by maternal healthcare specialists to provide consultations, advice, answers to health questions, and also to appropriately direct postpartum women to make informed health decisions.

According to the present study, these women needed information about the physiology of postpartum health, and about managing their postpartum self-care; they also needed to be warned about the danger signs of postpartum complications. Health education programs that aim to promote postpartum health by influencing women's lifestyles are also highly recommended. Health education programs should be planned and applied to women during pregnancy to prepare them for postpartum, and during postpartum to cover these new health educational needs. Health education programs should also include the significant other females who are culturally known to be involved in providing postpartum care such, as the postpartum carers, mothers, mother in laws, and grandmothers. This is due to their powerful impact on the postpartum women's health as clearly seen in the findings of this study.

In this study, the postpartum healthcare visit, which was often after a month of postpartum seclusion within the home, and which was limited to checking the episiotomy, missed a key opportunity for providing these women with a proper assessment and examination of their postpartum health. In addition, obstetricians could

assess psychological health, as these women are susceptible to postpartum depression at this stage. A holistic approach of health examination and health assessment of postpartum women is a priority and needs extra emphasis and training.

### **10.2.2 Implications for future research**

There are many aspects of these women's postpartum health that need to be further studied. In relation to SA, the priority areas are exploring and addressing the women's health concerns and needs, which were hidden from the medical staff. It is helpful to identify their health and educational needs to plan healthcare services that meet their individualized health needs.

Further studies on postpartum beliefs and practices that place a greater emphasis on examining the health effects of these health beliefs and practices on women's health are required.

Research examining maternal postpartum health in a holistic way is also recommended. The study findings presented the holistic care the carers provided to their daughters during the postpartum period; they focus on physical, psychological, social, spiritual aspects of postpartum health.

Also required is the incorporation of lay perspectives into healthcare research to explore understudied areas for research and reflect broad social and political trends and developments in healthcare, which involve some breaching of the boundaries

between medical professionals and others. “Lay” means people who are neither healthcare professionals nor healthcare researchers, but who may have specialised knowledge related to health including postpartum women; in this case, these lay people are most often local women who are known to have knowledge about postpartum health, and female traditional healers.

### **10.2.3 Implication for policy**

Postpartum healthcare services need to be re-structured to take into account the postpartum needs for support and for holistic healthcare. The western bio-medical perspective of health is based on the absence of diseases as well as the perception of body as a machine, which could be objectively interpreted from its external appearance. While the international maternal health policies consistently emphasize the importance of listening to the women who are using this healthcare services, this call is not yet achieved in SA, and this is clearly presented by the women in this study.

Suggestions to improve postpartum women’s health are various. For example, the Saudi women in this study described the significance of confinement and not leaving home during the postpartum period. To improve their health and to promote the continuation of postpartum healthcare services that is often interrupted for a month after the childbirth, it is recommended to develop a system of postpartum home visits, because the women cannot leave their homes. These visits should also be carried out by

female health practitioners due to the Saudi culture and because of the embarrassing feelings reported among these women of being examined by male health practitioners.

Female traditional healers are another influential factor on postpartum women's health. As was described within the online discussions, these healers prepared herbal remedies in the form of oral herbal medications and vaginal suppositories; these medicines were also sold online where they are not medically approved. The worrying issue here is that there are no guarantees of the ingredients or sterility of the ingredients, and this could be harmful because the effects are unknown, and they could be a source of ill-health and infection. It is recommended that there should be regulation of these practitioners and the herbal medications they sell.

### **10.3 CONCLUSION**

This chapter briefly reviewed the present study and its contribution to knowledge by illuminating the Saudi women's experience of postpartum health and presenting their hidden voices. Recommendations for practice, for future research, and for policy are suggested. This study did not attempt to offer a solution, but rather enriches understanding of the meanings attached to the women's postpartum health and how they perceive their health within their lived experience.

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# **APPENDICES**



## 12 APPENDICES

### 12.1 APPENDIX 1: ONLINE THREADS' TITLES

Data collection of online forum includes all postpartum health related threads from the year 2011 which corresponds to Hijri period between 26/01/1432 to 6/02/1433

The threads' titles are presented in the following table:

No. of thread	Threads' title in English
1	First group of postpartum and exchange experiences
2	Postpartum woman and confinement to home and not allow going out
3	The proscribed and prescribed from diet in postpartum??
4	Can I put makeup while I am postpartum!!
5	To the married women who have experience postpartum, please participate to benefit all of us
6	Hey Saudi women, I want to do like you doing in postpartum
7	What are you eating in postpartum
8	When a postpartum woman allowed to take a shower☺
9	From where we have got that taking shower at postpartum is wrong practice?
10	The easiest way to perform <i>elkabu</i> ... with pictures
11	Postpartum depression
12	Lip stick and eyeliner at postpartum; between supporters and opponents
13	The postpartum and socks
14	I'd like to ask you about postpartum massage
15	I'm embarrassed from my husband, I neglect myself at postpartum and I will busted at the time of sexual interaction.
16	What are not allowed from fruit and vegetable at postpartum??
17	My suffering at postpartum while I am away from home... Allah help me
18	Be aware of air-conditioning at postpartum... very important
19	Toward the balance in using herbs, and dispelling myths at postpartum
20	My experience of everything from the start of pregnancy to the end of my postpartum... very important.
21	Your experiences<<the mistakes you did at your postpartum??
22	Postpartum secrets and problems for you to prevent making mistakes and regret it.
23	Wearing head scarf and socks at postpartum; is it necessary...
24	My mum always says don't bend your back when you are postpartum
25	Hunger at postpartum
26	Household working during the postpartum period
27	Have you gained any benefit from the old women's advices about the postpartum, and you felt they are correct????Let us discuss
28	I hated my life after my childbirth, please enter, May Allah reward you with Janna

**12.2 APPENDIX 2: CONSENT FORMS AND INFORMATION SHEETS  
FOR ONLINE PARTICIPANTS**



The 'opt out' post for online forum's participants

**Study title: Hidden Voices: Saudi Women's Experiences of Postpartum and Their Understandings of How to Regain Their Health**

My name is Areej Abdulghani, a PhD student at Cardiff University. I would like to invite you to take part in my study examining women's experiences of postpartum. This research is funded by the Saudi Arabia cultural Bureau in London. The study is sponsored and reviewed by: the Cardiff School of Nursing and Midwifery Studies Research Ethics Committee at the Cardiff University in the United Kingdom, and the Dammam University in Saudi Arabia. This study will explore women's experiences of the postpartum period. Specifically, the care you have received and the postpartum traditions and practices you follow and have heard of. Therefore, any thread related to the postpartum experience in the previous two years (2009, 2010) will be included for analysis. If anyone who do not want to participate in this study can contact me at my e-mail written below. So, their written responses will be excluded from analysis.

**Contact details:**

Areej Abdulghani

Cardiff University

[haithamA1@cf.ac.uk](mailto:haithamA1@cf.ac.uk)

**My Supervisor's contact:**

Dr Katie Featherstone

E mail: [FeatherstoneK@cardiff.ac.uk](mailto:FeatherstoneK@cardiff.ac.uk)



## **Information about the Research**

### **Study title: 'Women's Experience of Postpartum Period'**

My name is Areej Abdulghani, a PhD student at Cardiff University. I would like to invite you to take part in my study examining women's experiences of postpartum.

#### **What is the purpose of the study?**

I want to explore women's experiences of the postpartum period, the care you have received and the postpartum traditions and practices you follow and have heard of.

#### **Why have I been invited?**

As someone who is an active member of a popular on-line forum dealing with issues related to postpartum, I feel that your experience can contribute much to my understanding and knowledge of the postpartum experience. The findings and recommendations of this study will aim to provide a more detailed understanding of women's experiences at this time. In the long-term, it will inform the planning of health education programmes as well as develop health care services for women.

#### **How and where will the research be undertaken?**

I have been given permission from the administrator and moderator of the forum to use the posts related to postpartum for the period of 2009 to 2011. The project will focus on examining posts relating to postpartum experiences.

#### **Do I have to take part?**

Your participation in this research is entirely voluntary and if you would like to opt out please provide me with details of your on-line identity and I will remove all your posts from the data set. Please contact me on HaithamA1@cardiff.ac.uk.

#### **What do I do now?**

If you are happy to participate, you do not need to do anything.

#### **What will be the procedure if I take part?**

I will search the online forum for topics and threads related to postpartum experience in the last two years (2009-2011). The information will be translated into English language for analysis. No

one will be identified by the names they have used in the forum and comments will be given new pseudonyms.

**What are the possible disadvantages or risk?**

I am interested in examining women's experience of postpartum which is present in the online forum archive. So, if you feel uncomfortable with your online responses being used for research, you don't have to take part in this study. You don't have to give me any reason for not participating.

**What are the potential benefits of the research?**

This research may not benefit you personally. But your participation is likely to help us find out more about understanding Saudi postpartum women health care needs during this time. The information we get from this study will inform postpartum healthcare organizations and policies.

## **Part 2: Additional Information about the Research**

### **Study title: 'Women's Experience of Postpartum Period'**

#### **What will happen if I don't want to carry on with the study?**

You do not have to continue to take part in this research if you do not wish to do so.

#### **What if there is a problem?**

If you have any questions or would like to discuss the project further, please contact me: Areej Abdulghani, at mobile number 07505305033/e-mail: [haithamA1@cf.ac.uk](mailto:haithamA1@cf.ac.uk) or my supervisor Dr Katie Featherstone, email: [FeatherstoneK@cardiff.ac.uk](mailto:FeatherstoneK@cardiff.ac.uk)

#### **Will my taking part of the study be kept confidential?**

Your on-line name will not be attached to any information and a pseudonym will be used. I will not share information about you to anyone outside of the research team.

#### **What will happen with the results of the research?**

The findings of the study will be discussed with the research supervisors at the Cardiff University in Cardiff. The findings will also be submitted for publication in journals for healthcare professionals.

#### **Who is organizing and funding the research?**

This research is funded by the Saudi Arabia cultural Bureau in London. The study is sponsored by: the Cardiff University, and the Dammam University.

#### **Who has reviewed the study?**

The study has been reviewed and approved by the research ethics committee at the Dammam University. And, Cardiff School of Nursing and Midwifery Studies Research Ethics Committee at the Cardiff University

#### **Who to contact?**

If you have any questions or queries, please feel free to contact me:

Areej Haitham

Room 415

School of Nursing and Midwifery Studies, Cardiff University

East Gate House

35 – 43 Newport Road

CF24 0AB

[haithama1@cf.ac.uk](mailto:haithama1@cf.ac.uk)

07505305033

**OR:**

**My Supervisor's contact:**

Dr Katie Featherstone

E mail: [FeatherstoneK@cardiff.ac.uk](mailto:FeatherstoneK@cardiff.ac.uk)

## **12.3 APPENDIX 3: INFORMATION SHEETS FOR INTERVIEWEES**





## **Participant Information Sheet (The postpartum women)**

### **Information about the research**

#### **Study title: Hidden Voices: ‘Saudi Women's Experiences of Postpartum and Their Understandings of How to Regain Their Health’**

My name is Areej Abdulghani, a PhD student at Cardiff University. I would like to invite you to take part in my study examining women’s experiences of postpartum.

#### **What is the purpose of the study?**

Postpartum women are a vulnerable group and their strategies to promote their own health at this period can be uncovered by research. In addition, it is important for healthcare providers to understand postpartum health from postpartum women’s perspectives. Therefore, my study will explore women’s experiences of the postpartum period. Specifically, the care you have received and the postpartum traditions and practices you follow and have heard of. As a postpartum woman, you will be very helpful for understanding these issues by telling me about your experiences.

#### **Why have I been invited?**

You are being invited to take part in this research because I feel that your experience as a mother can contribute much to my understanding and knowledge of local postpartum experience. The findings and recommendations of this study will provide a more detailed understanding of women’s experiences at this time. In the long-term, it will inform the planning of health education programmes as well as develop health care services for women.

#### **How and where will the research be undertaken?**

If you agree, I will come to your home to interview you and this will take approximately 60-90 minutes. I will visit you three times maximum at your convenience to fit with your routine for interview over a period of 12 months. The interviews will cover the following topic areas: (1) your experiences during the postpartum period (2) how you are caring for yourself during this time, (3) what information and advice you have received from others and your social networks and support during this time. This interview will be recorded on a digital recorder, with your consent.

#### **Do I have to take a part?**

Your participation in this research is entirely voluntary and if you have any questions about the project please feel free to contact me for further details.

**What do I do now?**

If you are interested in taking part, please complete the attached form and return it to the research informant (the woman who asked your consent to participate in the study). I will then contact you to organize a time convenient to meet with you.

**What will be the procedure if I take part?**

The interviews will take place over twelve months. During that time, I will visit you three times maximum to interview you about your experiences. Interview time will be flexible at your convenience to fit with your routine. Each interview will last for about one hour each. The information recorded is confidential, however, if you do not wish to answer any of the questions during the interview, you may say so and I will move on to the next question. No one else but me will be present unless you would like someone else to be there.

The entire interview will be audio recorded, but no-one will be identified by name on the tape. The information recorded is confidential, and no one else will have access to the tapes. The tapes will be destroyed after ensuring that your interview is correctly transcribed.

**What are the possible disadvantages or risk?**

I am asking you to share with me some personal information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the interview if you don't wish to do so. You do not have to give us any reason for not responding to any question, or for deciding not to take part in the interview.

**What are the possible benefits of taking part?**

There will be no direct benefit to you, but your participation will help us find out more about Saudi postpartum women health care needs during this time.

**Will my taking part of the study be kept confidential?**

Your name will not be attached to any information and a pseudonym will be used. I will not share information about you to anyone outside of the research team. The code linking your name with the data will be stored securely and only I will have access to it. The interviews will not be shared with or given to anyone except my PhD supervisor Dr. Katie Featherstone.

**What will happen if I don't want to carry on with the study?**

You do not have to continue to take part in this research if you do not wish to do so. You may stop participating in the interview at any time that you wish. I will give you an opportunity at the end of the interview to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

**What if there is a problem?**

If you have any questions or would like to discuss the project further, please contact me: Areej Abdulghani, at mobile number 07505305033/e-mail: [haithamA1@cf.ac.uk](mailto:haithamA1@cf.ac.uk) or my supervisor Dr Katie Featherstone, email: [FeatherstoneK@cardiff.ac.uk](mailto:FeatherstoneK@cardiff.ac.uk)

**What will happen to the results of the research study?**

Feedback of your participation during the study and a summary of the findings will be posted to you. We can also discuss the findings by phone if you wish. The findings of the study will be discussed with the research supervisors at the Cardiff University. The findings will also be submitted for publication in journals for healthcare professionals.

**Who is organizing and funding the research?**

This research is funded by the Saudi Arabia cultural Bureau in London. The study is sponsored by: the Cardiff University, and the Dammam University.

**Who has reviewed the study?**

The study has been reviewed and approved by the Cardiff School of Nursing and Midwifery Studies Research Ethics Committee at the Cardiff University, and research ethics committee at the Dammam University.

**Who to contact:**

Areej Abdulghani

Room 415

School of Nursing and Midwifery Studies, Cardiff University

East Gate House

35 – 43 Newport Road

CF24 0AB

07505305033

[haithamA1@cf.ac.uk](mailto:haithamA1@cf.ac.uk)

**My Supervisor's contact:**

Dr Katie Featherstone

E mail: [FeatherstoneK@cardiff.ac.uk](mailto:FeatherstoneK@cardiff.ac.uk)

**Study title: Hidden Voices: ‘Saudi Women's Experiences of Postpartum and Their Understandings of How to Regain Their Health’**

Please complete the following information and return it to the research informant (the woman who asked your consent to participate in the study).

Name.....

Address.....

.....

Email.....

Phone number.....

How would you prefer to be contacted? (Please provide email address/ phone number)

Email.....

Home phone number.....

Mobile phone number.....

Thank you for taking the time to complete this form.

## **Participant information sheet (Carers)**

### **Information about the research**

#### **Study title: Hidden Voices: ‘Saudi Women's Experiences of Postpartum and Their Understandings of How to Regain Their Health’**

My name is Areej Abdulghani, a PhD student at Cardiff University. I would like to invite you to take part in my study examining women’s experiences of postpartum.

#### **What is the purpose of the study?**

Postpartum women are a vulnerable group and their strategies to promote their own health at this period can be uncovered by research. In addition, it is important for healthcare providers to understand postpartum health from postpartum women’s perspectives. Therefore, I want to explore women’s experiences of the postpartum period, the care received or provided, and the postpartum traditions and practices followed and have heard of.

#### **Why have I been invited?**

You are invited to take part in the above research study because you are taking care of a woman during their postpartum period. Your experience can contribute much to my understanding and knowledge of local postpartum experience. The findings and recommendations of this study will provide a more detailed understanding of women’s experiences at this time. In the long-term, it will inform the planning of health education programs as well as develop health care services for women.

#### **How and where will the research be undertaken?**

If you agree, I will come to your home at a time convenient for you, to interview you for about 60-90 minutes. During the interview you could talk about your experiences of having taken care of postpartum woman. This interview will be audio recorded, with your consent.

**Do I have to take part?**

Your participation in this research is entirely voluntary and if you have any questions about the project please feel free to contact me for further details.

**What do I do now?**

If you are interested in taking part, please complete the attached form and return it in to the research informant (the woman who asked your consent to participate in the study). I will then contact you to organize a time convenient to meet with you.

**What will be the procedure if I take part?**

I will visit you to interview you about your experiences. The interview will last for about 60-90 minutes. The information recorded is confidential, however, if you do not wish to answer any of the questions during the interview, you may say so and I will move on to the next question. No one else but me will be present unless you would like someone else to be there.

The interview will be audio recorded, but no-one will be identified by name on the tape. The information recorded is confidential, and no one else will have access to the tapes. The tapes will be destroyed after ensuring that your interview is correctly transcribed.

**What are the possible disadvantages or risk?**

I am asking you to share with me some personal information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the interview if you don't wish to do so. You do not have to give any reason for not responding to any question, or for deciding not to take part in the interview. If you have any concerns or would like further information about the project, please contact me or my supervisor.

**What are the possible benefits of taking part?**

There will be no direct benefit to you, but your participation will help us find out more about understanding Saudi women's health care needs during this time.

**Will my taking part in the study be kept confidential?**

Your name will not be attached to any information and a pseudonym will be used. I will not share information about you to anyone outside of the research team. The code linking your name with the data will be stored securely and only I will have access to it. The interviews will not be shared with or given to anyone except my PhD supervisor Dr. Katie Featherstone.

### **What will happen if I don't want to carry on with the study?**

You do not have to continue to take part in this research if you do not wish to do so. You may stop participating in the interview at any time that you wish. I will give you an opportunity at the end of the interview to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

### **What if there is a problem?**

If you have any questions or would like to discuss the project further, please contact me: Areej Abdulghani, at mobile number 07505305033/e-mail: [haithamA1@cf.ac.uk](mailto:haithamA1@cf.ac.uk) or my supervisor Dr Katie Featherstone, email: [FeatherstoneK@cardiff.ac.uk](mailto:FeatherstoneK@cardiff.ac.uk)

### **What will happen to the results of the research study?**

Feedback of your participation during the study and a summary of the findings will be posted to you. We can also discuss the findings by phone if you wish. The findings of the study will be discussed with the research supervisors at Cardiff University. The findings will also be submitted for publication in journals for healthcare professionals.

### **Who is organizing and funding the research?**

This research is funded by the Saudi Arabia cultural Bureau in London. The study is sponsored by: the Cardiff University, and the Dammam University.

### **Who has reviewed the study?**

The study has been reviewed and approved by the Cardiff School of Nursing and Midwifery Studies Research Ethics Committee at the Cardiff University, and research ethics committee at the Dammam University.

### **Who to contact?**

If you have any questions or queries, please feel free to contact me:

Areej Abdulghani

Room 415

School of Nursing and Midwifery Studies, Cardiff University

East Gate House

35 – 43 Newport Road

CF24 0AB

Haithama1@cf.ac.uk

07505305033

**OR:**

My supervisor:

Dr Katie Featherstone

Email: FeatherstoneK@cardiff.ac.uk



**Study title: 'Postpartum maternal Health: Saudi women's perspectives'**

Please complete the following information and return it to the research informant (the woman who asked your consent to participate in the study).

Name.....

Address.....

.....

Email.....

Phone number.....

Name and relationship to the postpartum woman

.....

How would you prefer to be contacted? (Please provide email address/ phone number)

Email.....

Home phone number.....

Mobile phone number.....

Thank you for taking the time to complete this form.

## **12.4 APPENDIX 4: CONSENT FORMS FOR INTERVIEWEES**

### Consent Form

#### Study title: **Hidden Voices: ‘Saudi Women's Experiences of Postpartum and Their Understandings of How to Regain Their Health’**

Please initial box

1. I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
3. I understand that my interview will be recorded on a digital recording device. I give permission for this.
4. I understand that data collected may be looked at by responsible representatives from involved organisations for the purposes of monitoring and auditing the conduct of the research. I give permission for this.
5. I understand that data collected will not be transferred to any commercial organisation.
6. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant                      Date                      Signature

\_\_\_\_\_  
Name of Person taking consent                      Date                      Signature

When completed: 1 for participant, 1 for researcher

Consent Form

**Study title: Hidden Voices: ‘Saudi Women’s Experiences of Postpartum and Their Understandings of How to Regain Their Health’**

Please initial box

- |  |                          |
|--|--------------------------|
| 1. I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.                           | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.                                     | <input type="checkbox"/> |
| 3. I understand that my interview will be recorded on a digital recording device. I give permission for this.  | <input type="checkbox"/> |
| 4. I understand that data collected may be looked at by responsible representatives from involved organisations for the purposes of monitoring and auditing the conduct of the research. I give permission for this. | <input type="checkbox"/> |
| 5. I understand that data collected will not be transferred to any commercial organisation.  | <input type="checkbox"/> |
| 6. I agree to take part in the above study.  | <input type="checkbox"/> |

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person taking	Date	Signature

consent

When completed: 1 for participant, 1 for researcher

## **Appendix 5: Interview's guide topic**

## 12.5 APPENDIX 5 INTERVIEW GUIDE

THEORY QUESTION	INTERVIEW QUESTION
Introductory questions	<p>Can you tell me about your recent pregnancy and childbirth?</p> <p>Can you tell me about your postpartum experience?</p> <p>Are there any health's traditions, you or your family have?</p> <p>Can you tell me more?</p>
Postpartum maternal health definition	<p>What is so special/ different about health/well-being at this time?</p> <p>Can you tell me about your health at this time?</p> <p>How do you know if you are well or unwell?</p> <p>What are signs you or your carer/family looking for?</p>
Postpartum health beliefs and practices	<p>What should you do as postpartum woman to be healthy during this period?</p> <p>Diet</p> <p>Physical activity/ rest</p> <p>Hygiene</p> <p>Medicine</p> <p>Keeping warm</p> <p>Sexual activities</p> <p>Psychological and emotional status</p> <p>Other activities</p> <p>How long should you follow each of these practices?</p> <p>Why you do/ not do these practices?</p> <p>How do you feel regarding these practices?</p> <p>What happened if you do not follow these practices?</p> <p>Do you believe in these practices?</p> <p>Do you follow/ not follow these practices?</p> <p>What should you do not do as postpartum woman to be healthy during this period?</p> <p>Diet</p> <p>Physical activity/ rest</p> <p>Hygiene</p> <p>Medicine</p> <p>Keeping warm</p> <p>Sexual activities</p> <p>Psychological and emotional status</p> <p>Other activities</p> <p>How long should you follow each of these practices?</p> <p>Why you do/ not do these practices?</p> <p>How do you feel regarding these practices?</p> <p>What happened if you do these practices?</p> <p>Do you believe in these practices?</p> <p>Do you follow/ not follow these practices?</p> <p>What are your sources for this information?</p> <p>Is there any variation in doing/ not doing these practices during the whole period?</p>

**THEORY  
QUESTION****INTERVIEW QUESTION**

	Do these postpartum practices differ than what is usually done in any normal days? In what ways?
Health seeking behavior	Was there any problem happened to you particularly, you could tell me about? What did you do? Who did you go to for help/advice?
Impact of being postpartum on women	How would your experience as postpartum woman influence/ not influence you in future?
Worries/ fears of postpartum women	Can you tell me what may worry you during the postpartum period? How you can manage your worries?
Social support and network	Can you tell me about your family? How they help you during this time? Who take care of you? Is there any else? Who look after your baby? Is there any else? How you can describe your social life at this time? How have your experiences of being postpartum woman affect/ not affect your social life?
Demographic characteristics	How old are you? How old were you when you got married? How old were you when you had your first baby? How many years did you attend the school? What is your job (if any)? How many children you have?

**Appendix 6**  
**Figures illustrated Saudi's words in this study**



## 12.6 APPENDIX 6: FIGURES ILLUSTRATED SOME OF THE SAUDI'S WORDS WHICH USED IN THIS STUDY



Figure (1) Aseeda



Figure (2) Invention to perform Kabu



Figure (3) Kabu's Chair



Figure (4) Helba



Figure (5) Khawa -Jawa



Figure (6) Postpartum abdominal belt



Figure (7 )Margoog



Figure (8 ) Hesso



Figure (9 ) Qesher Qahwa



Figure (10 ) Myrrh



Figure (11 ) Habba Sooda



Figure ( 12) *Mash*

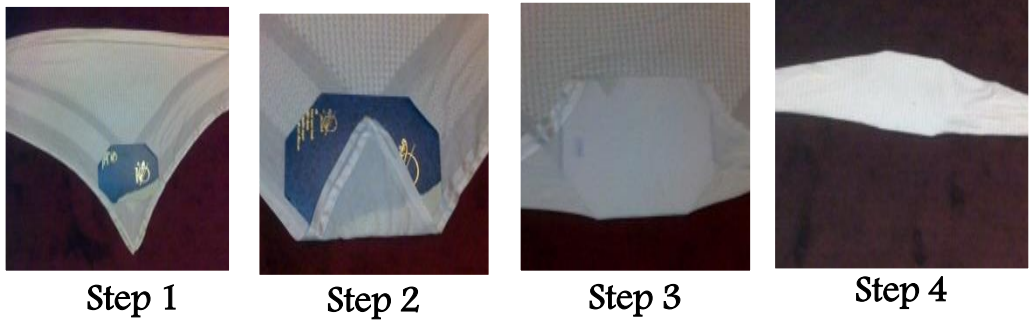


Figure (13) How to use *Shemag* as an abdominal wrap in steps



Figure (14 ) Tahameel;  
vaginal suppositories  
made of salt



Figure ( 15)Tahameel. vaginal  
arbal suppositories



Figure (16) Metzzez



Figure (17) Qurs bur



Figure (18) Examples of the postpartum women's



Figure (19) Example of how the Saudi women prepare their postpartum room for the visitors



Figure (20 ) Harees



Figure (21 ) Jereesh



Figure (22 ) Areekah



Figure (23) Mebo ointment



Figure (24) Bukhor with Oud used as a perfume



Figure (25) Kufan



Figure (26) Dantel Head scarf



Figure (27) Albothyl vaginal suppositories



Figure (28) Shemag



Figure (29) Marag laham



Figure (30) Molokhia



**Figure (31) Rashad**



**Figure (32) Sitz bath**