

Cultural Beliefs and Practices in Postpartum Women in Iran: A Qualitative Study

Abstract

Background: Cultural differences can be seen in the birth and postpartum period, where some traditional practices are used to protect the postpartum women and their newborns. The aim of this study was to investigate the cultural beliefs and practices of postpartum women. **Materials and Methods:** This was a qualitative study. Data were collected through semistructured in-depth interviews with a purposive sample of 20 mothers in Qom hospitals, Iran from 2019 to 2020. Interviews were transcribed verbatim and finally analysed through conventional content analysis. **Results:** Five themes of postpartum women's cultural beliefs and practices emerged from the data analysis including beliefs and practices related to public communications, women's postnatal care beliefs and practices, nutritional beliefs and practices, beliefs and practices pertaining to breastfeeding and infant care, as well as religious and traditional beliefs and practices. The most common cultural beliefs among women were beliefs related to public communications. **Conclusion:** Cultural and traditional postpartum beliefs and practices are common among postpartum women in Iran. To change postpartum behaviours, it is necessary to identify beliefs and practices first and then plan to correct wrong beliefs to achieve women's health in postpartum period.

Keywords: Child bring, cultural belief, postpartum labour, qualitative study

Introduction

Culture is the values, ideas, beliefs, and behaviours such as knowledge, traditions, customs which are part of the culture of people that are continuous and gives meaning to become social life.^[1]

People's culture can be interpreted as a specific behaviour; on the other hand, it can be a function of absorbed methods.^[2] Birth always creates a turning point in life and people feel happy, and on the other hand, birth is associated with worry and anxiety of losing a child and even a mother. Women during pregnancy and childbirth experience different customs that show the differences between nations and cultures in maternal and neonatal health.^[1,3] In different traditions, different methods are used to protect the mother and baby after delivery.

The study from China followed the rules of pregnancy and childbirth. A pregnant mother has no right to have bad and upsetting thoughts during pregnancy. They

believe that bad thoughts affect the foetus's personality.^[4]

As mentioned, many traditions have different methods of caring for the postpartum period. For example, the mother's physical activity, type of nutrition, bathing, and other items such as diet, self-care. Some beliefs can be dangerous for both mother and baby.^[5] Therefore, nurses and health workers should be familiar with the customs and traditional postpartum behaviours of the people to correct, revise, and teach the standards of care and postpartum management to the mother and family.

Due to the importance of the postpartum period and the health of mothers and infants, increasing awareness and sensitivity to the health and cultural beliefs of this period and the religious and traditional context of Qom province, Iran, it is necessary to identify the beliefs and attitudes and correct beliefs in order to achieve women's health. Since, based on our searches, no similar study found in recent years that has been conducted in Qom, the current study aimed to investigate the postpartum cultural

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beliefs of women with different ethnic backgrounds who is living in Qom, Iran.

Materials and Methods

The present study was a qualitative content analysis that specifically examined the participants' experiences.^[6] The study setting included the three teaching hospitals of Qom, Iran. Participants were selected using the purposeful sampling method.^[7] As shown in Table 1, 20 women at postpartum period were invited to participate in the study. Participants were heterogeneous in terms of education and ethnicity as depicted in Table 1. Inclusion criteria were the verbal informed consent for participating in the study, being Iranian and having delivery. Participants were free to exit at any stage of the study. In-depth interviews were used to collect the information, so that participants could freely express themselves and discuss their opinions based on the perceptions and knowledge of the study topic. Prior to the interview, the permission for recording the conversation was taken from participants and assured them that their information is confidential. Mothers who had no good experience of delivery were reluctant to participate in the study. The present study was approved by the Ethics Committee of Qom University of Medical Sciences with code No. (I.R.MUQ.REC.1393.67). The researchers provided the necessary information about the study objects and explained to participants for rights to stay or leave the study.

The interviews were conducted where participants could feel comfortable about their beliefs in the gynaecology ward, and there was no tension on the mothers based in the self-reporting. The interview was done in Persian and the audio-recorded interviews lasted 20–45 min for each

participant. Sampling was continued until data saturation. After providing voluntary information, the interviews began with a general question about the individuals' beliefs and traditions. After that, potential questions were used to gain a deeper understanding of the participants' experiences. There was no predefined definition of cultural belief. Participants were asked to talk about their experiences and identify their beliefs. The interview was semistructured. Some of the interview questions were as follows:

- Please tell me about your cultural beliefs after giving birth.
- What kind of nutrition do you have after giving birth?

One participant was asked after commenting on nutrition. Are certain postnatal behaviours and etiquettes common to you? They were also asked questions about spirituality and religion after childbirth. Research questions were also asked to seek more details about the patients' responses.

For validation of the findings, member checking was used and confirmation feedback was taken to ensure the participant's answer. Also, the research team conducted a triangulation of the results for checking and establishing the validity of the finding by analysing a research question from multiple perspectives to arrive a consistency across different data sources or approaches. This consistency achieved by confirmation of responses and the participant answer in different sessions of interview. Moreover, codes and themes were checked and confirmed by two colleagues [A.A. and Z.Gh.] who were experts in qualitative study design. The peer reviewers were not involved in this study. The qualitative data were analysed based on the content analysis method, and its results were presented in the form of subthemes and themes.^[8]

The interviews were concurrently recorded, transcribed verbatim, coded, and analysed. In the initial step, the interviews were read and reread to achieve a general understanding of what the participants talked about. Then, the participants recorded voices were completely written and similar experiences were gathered in a paragraph. From each sentences of participants, the codes were extracted and the same codes brought together into one text and defined as a theme. Finally, the identified codes were summarised and labelled as a theme. Therefore, 14 subthemes created and the homogenous themes categorised in separated themes, and finally, 5 different themes created as depicted in Table 2.

Results

The audio-recorded interviews lasted 20–45 min and immediately transferred to the article using descriptive qualitative analysis. In this study, the coding of the interviewees including the participant (p), the number of pregnancies (G), and maternal age (y) was determined. For example, a patient with four pregnancies, 42 years old, was listed as (P, G4.42Y). The names of all the cities were

Table 1: Characteristics of the study participants (n = 20)

Variables	Frequency (%)
Age (years), means ± SD	29.8 ± 2.2
Education	
Illiterate, n (%)	3 (15)
Primary, n (%)	5 (25)
Secondary, n (%)	9 (45)
Tertiary, n (%)	3 (15)
Job	
Employed, n (%)	7 (35)
Housewife, n (%)	13 (65)
Ethicality, n (%)	
Turkish, n (%)	6 (30)
Lor, n (%)	1 (5)
Kurdish, n (%)	1 (5)
Arab, n (%)	1 (5)
North, n (%)	1 (5)
Other, n (%)	10 (50)
Location	
Village, n (%)	3 (15)
Urban, n (%)	17 (85)

Table 2: Women's cultural beliefs after delivery

Theme	Subtheme
Public communications	Not participating in public meetings Avoid listening to music Avoid listening to bad news Emphasis or limitation of some general cases
Women's postnatal care beliefs and practices	Postpartum mobility Home remedies
Nutritional belief	Emphasis on eating nutrients Emphasis on eating nutrients to increase breast milk Avoid eating harmful foods
Practices pertaining to breastfeeding and infant care	Baby Public Health Breastfeeding
Religious and traditional beliefs and practices	Use of prayer and religious beliefs Traditional beliefs Avoid the forbidden acts

registered with the first letter of the city such as Zanjan (z). The reports of any mother were recorded and referred to in abbreviated letters. The characteristics of the studied participants were shown in Table 1.

Most cultural beliefs were expressed in the form of public communications, women's postnatal care beliefs and practices, nutritional beliefs, and practices pertaining to breastfeeding and infant care, as well as religious and traditional beliefs and practices. During in-depth interviews, the facilitator did not use the sample list of beliefs because there was a lot of discussion with these participants.

Cultural beliefs and practices in postpartum women included in five themes as public communications, women's postnatal care beliefs, and practices, nutritional beliefs and practices, beliefs, and practices pertaining to breastfeeding, infant care, and traditional beliefs and practices.

G.1. Public communications

The following four subthemes included not participating in public meetings, avoid listening to music, avoid listening to bad news and emphasis or limitation of some general cases related to general behaviours. Participants were more likely to believe that they should not be alone at home. Most mothers refrain from going to public gatherings. Women have different customs according to different geographical regions; even educated women attempt to observe their culture.

G1.1: Not participating in public meetings

Most mothers refrain from going to public gatherings for up to 40 days and prefer to stay at home and focus more on caring for the baby.

Most participants referred to general postpartum behaviours as what to do and what not to do.

"...One mother from Zanjan said that after giving birth, I avoided going to the cemetery and mourning ceremonies, but I like to go to religious places." (participant, 26y, Gravidity 1, Zanjan)

A woman from said that ... "we don't leave the house for 40 days to be out of sight of people" (participant, 38y, Gravidity 2, Sabezevar).

A woman from Bandar Abbas stated, "I prefer not to be alone for 40 days, I use metal and verses to avoid distress for myself and my baby" (participant, 32y, Gravidity 1, Bandar Abbas).

Also, an Arab woman believed that she should not attend mourning, weddings, and public gatherings 40 days after giving birth because it would harm the mother (participant, 30y, Gravidity 2, Ahvaz).

G1.2: Avoid listening to music

Music is one of the most attractive branches. Art always because of its mobility, energisation, and possibility of abstraction has been considered. There are different effects on the body and peoples' minds.

A mother said that "... I try not to listen to music after giving birth because I feel it has an unpleasant effect on my baby" (participant, 35y, Gravidity 3, Mazandaran). Another mother also said, "there was nothing wrong in listening to soft music and I want to listen" (participant, 32Y, Gravidity 2, Kerman).

G1.3: Avoid listening to bad news

One mother stated that they did not give bad news to the woman who had just given birth because it has a bad effect on her mood (participant, 26y, Gravidity 1, Zanjan).

"...I try not to hear bad news and a lot of news because my peace will be disturbed." (participant, 40y, Gravidity 5, Mazandaran)

G1.4: Emphasis or limitation of some general cases

Participants were more likely to believe that they should not be alone at home and their family members should be present. Avoid observing animal slaughter and avoid breastfeeding in public.

In a conversation with a mother about her behaviour after childbirth, she stated, "she will attend less parties because she believed in sore eyes and was afraid that she and her baby would get sick. She also refused to breastfeed in front of others for the sake of modesty and chastity" (participant, 40y, Gravidity 3, Tabriz).

A mother said that "...after giving birth, I avoid watching the slaughter of animals because it causes sadness" (participant, 24y, Gravidity 3, Arak).

Another participant said that “adults say I should not stay at home alone after giving birth. You may have hallucinations” (participant, 40y, Gravidity 5, Mazandaran I).

A Zanjan participant also stated, “I should not stay at home alone after giving birth, so not to cause fear and delusion” (participant, 26y, Gravidity 3, Zanjan).

A mother from Qom emphasised that I should not be alone for 40 days after giving birth and should use tools such as knives, scissors, and pins (participant, 26y, Gravidity 2, Qom).

A Turkish mother also said, “...I will refrain from sitting under a tree for forty days because I get an unbalanced state” (participant, 31y, Gravidity 2, Hamedan).

M.1. Women’s postnatal care beliefs

Two subthemes including postpartum mobility and home remedies for maternal caring behaviour were created.

M1.1: Postpartum mobility

Since mothers eat more fatty foods after childbirth to eliminate weakness and proper breastfeeding, doing a little exercise can be effective and reduce weight gain.

“...I rest for forty days and try to be less active, I’m afraid something will happen to me, sometimes lubricate my body with oil” (participant, 41y, Gravidity 3, Orumieh). But another said, “I try to exercise to get better sooner” (participant, 31y, Gravidity 1, Hamedan).

Also, another mother said, “...I have less rest after giving birth and have not had sexual intercourse for forty days after giving birth and I am not sedentary” (participant, 24y, Gravidity 3, Arak).

M1.2: Home remedies

In different areas after childbirth, home remedies are performed according to tradition.

In this study, participants had maternal or home care behaviours that suggested different beliefs. “I close my abdomen after giving birth so that I do not have a big and loose abdomen later” (participant, 38y, Gravidity 3, Torkaman).

Participants from the north of the country said, “take a bath with herbal medicines such as cedar and henna and closing the abdomen with an egg because I believe it will get the infection out of the abdomen. In addition, she said that we used blankets and warm clothes to warm the abdomen after delivery” (participant, 40y, Gravidity 5, Mazandaran).

Another participant told “...I use eggs and peas to close my waist to reduce my pain” (participant, 31Y, Gravidity 1, Hamedan).

A mother of Qom origin from the surrounding villages said, “women do not take a bath for seven days after giving birth

and after bathing, they massage the mother’s body, since they believe that it causes relief the body pain” (participant, 26y, Gravidity 2, Qom).

“Closing the abdomen and back of the mother up to ten days after delivery is a tradition of Lor families” (participant, 24y, Gravidity 1, Lorestan).

One of the participants said, “they do not take a bath for 7 days after giving birth, and on the seventh day, they massage and wash their bodies with black seed oil” (participant, 35y, Gravidity 2, Shiraz).

Regarding postpartum health, an Arab woman said: “In the bathroom, they put a local egg yolk on a plastic bag and sit on it to remove the internal infection” (participant, 30Y, Gravidity 2, Ahvaz).

To strengthen the mother’s head after childbirth, an Arab woman said that she used formal egg yolk on the malaj, male and female lumbar pills are burned and powdered with homemade egg yolk and stuck on the waist overnight to reduce the mother’s pain (participant, 30y, Gravidity 2, Ahvaz).

N.1 Nutritional beliefs

Three subtopics included emphasising nutritious foods, emphasising eating the right foods to increase breast milk, and avoiding harmful foods, and related behaviours to nutritional belief. Some of these eating behaviours are consumption of the almond and pistachio mix, fat-free Abgoosht (An Iranian broth) and chicken soup as well as other local foods that fortified with nutrients, for example, kachi.

N.1.1: Emphasis on eating nutrients

It was believed that a woman should eat nutritious foods after giving birth because she becomes weak during pregnancy, and food helps to rebuild her body and has an effect on her breastfeeding. After childbirth, there is an important issue such as eating foods that give energy to the mother; we are accustomed to consuming kachi after delivery. “If the baby has jaundice, we do not eat because of the heat. We use foods like rice and pasta because it increases milk; we try not to eat garlic and onions because milk stinks.”

A participant said, “mothers eat Kachi, meat extracts and nutritious foods and avoids eating beans, milk and cold water” (participant, 40y, Gravidity 5, Mazandaran).

A woman from Chaharmahal and Bakhtiari said in the interview about postpartum nutritional beliefs: “After giving birth, the delivered woman is given a nutritious food with a combination of pistachios, pumpkin, ground walnuts. There is also a food called oil which consists of wheat flour, animal oil, sugar and candy and medicine of forty plants. Local rooster and chicken soup and feed are

also used” (participant, 24y, Gravidity 1, Chaharmahal Bakhtiari).

A participant from the Arabs of Khuzestan (southern part of the country) said that on the seventh day after giving birth, they prepare a stuffed chicken, including onions, walnuts, pistachios, and raisins. She goes to the bathroom after giving birth and then eats the food. It strengthens the mother’s mood (participant, 30y, Gravidity 2, Ahvaz).

A participant from Kermansaid, “After giving birth, we eat a variety of foods, including nutmeg powder and four cumin seeds. Some people add beef flowers, pistachios and sugar.”

There is also another way to strengthen the mother called oil, which includes rice flour, four nuts, four cumin seeds, anise, and sheep oil. Kermani women believe in this food a lot; it strengthens the mother and reduces her pain (participant, 38y, Gravidity 3, Kerman).

N.1.2: Emphasis on eating nutrients to increase breast milk

Breast milk provides the human physiological needs. The composition of breast milk is such that it satisfies the nutritional needs of the baby in the first 4–6 months of life. If the mother receives nutrients, it will increase breast milk.

A 26-year-old Turk mother stated, “Fennel and milk extract increase milk” (participant, 26y, Gravidity 1, Shahriar).

The Arab woman said, “they use meat extract and fennel extract to increase milk” (participant, 30y, Gravidity 2, Ahvaz). Shirazi women strongly believed in eating fennel to increase milk (participant, 35y, Gravidity 2, Shiraz).

N.1.2: Avoid eating harmful foods

Most women believed that they considered nutritious foods such as meat extracts, dates, animal oils, kachi, fish, and chicken, pen bones to be feminine and warm. On the other hand, they did not want to eat cold foods or even cold water.

“Also, mother ... does not drink cold water until forty days after delivery and mix it with rose water” (participant, 24y, Gravidity 3, Arak).

One said, “After giving birth, she limits her food and does not eat junk food and fatty foods” (participant, 26y, Gravidity 1, Shahriar).

A mother stated that she avoids eating fatty and fried foods during this period and stated that it has an effect on the mother’s weight (participant, 26y, Gravidity 2, Qom).

“... I avoid eating cold foods and ice cream because it causes cold in the mother” (participant, 31y, Gravidity 2, Hamedan).

B.1. Beliefs and practices pertaining to breastfeeding, infant care

Two subtopics included neonatal breastfeeding and public health related to neonatal behaviour.

The Arabs do not breastfeed the baby angrily and in hot weather, and they are worried about affecting their health and morals (participant, 30y, Gravidity 2, Ahvaz).

A Zanjani’s mother talked about giving animal butter to the baby, citing the removal of meconium from the baby’s abdomen (participant, 33y, Gravidity 2, Zanjan).

“To remove the jaundice of the baby, we give chicory sweat to the mother and give the baby clay and mangosteen milk. Kermani women” (participant, 38y, Gravidity 3, Kerman).

B.1.1: Baby public health

Maintaining and promoting the health and growth and development of the baby is very important. Mothers should be completely aware of the care of the newborn and some inappropriate customs should not lead to poor health of the newborn.

“Mother ... I will take a shower after 4 days after the giving birth” (participant, 24y, Gravidity 3, Arak). One participant stated, “swaddling the baby to sleep better” (participant, 40y, Gravidity 5, Mazandaran).

B.1.2: Breastfeeding

Most people believe that breast milk is the best food for a baby. They said that breast milk is enough to feed up to four months. It strengthens the safety of the child and makes the uterus smaller. It is comfortable and easily absorbed. They also point out that breastfeeding helps the mother–baby relationship, but in some cases, herbal remedies are used to reduce jaundice in the baby.

One said, “the mother is given meat extract and fennel extract because it increases milk” (participant, 26y, Gravidity 1, Zanjan).

A Zanjani mother said about the foods which increase milk: “After delivery, we must use roasted wheat to increase the amount of milk” (participant, 33y, Gravidity 2, Zanjan).

The woman from sabezevar said, “We use kachi, watermelon, offal and dates to increase milk” (participant, 39y, Gravidity 2, Sabezevar).

A woman from Kerman stated, “we eat aniseed such as brewing tea to increase milk” (participant, 38y, Gravidity 3, Kerman).

B.1. Beliefs

Two subtopics included the use of prayer and religious beliefs and traditional beliefs related to the beliefs of individuals.

B.1.1: Use of prayer and religious beliefs

Religious tendencies can generally have a positive effect on mental health. Religion is also a source of support and creates a kind of inner peace in the interview, most participants referred to prayer. A mother said, “during

pregnancy and postpartum, she pays more attention to prayer and supplication” (participant, 40y, Gravidity 3, Saveh). Another stated, “I pray the first time for the sake of increasing my spiritual state and inner peace” (participant, 26y, Gravidity 1, Shahriar).

A mother from Qom stated that she tries to pray the first time after giving birth washing the breast before breastfeeding (participant, 26y, Gravidity 2, Qom).

B.1.2: Traditional beliefs and practices

Not all interviewed mothers have traditional beliefs. Some mothers did not take traditional medicine or conduct traditional rituals and have more confidence in modern medicine and not traditional medicine. Some women have described having modern medicine over time at birth and then use traditional medicine if any finished. Traditional medicine included various herbs leaves, bark, and roots. There were some mothers who said that they used traditional or herbal medicine in previous pregnancies. A first explanation was that for the first time the mother is forced to listen to the elders. However, her subsequent pregnancies will give her more confidence.

A Turkish mother and a mother from Qom said, “We believe in placing the baby’s umbilical cord in a suitable place, including the mosque and the garden. The reason for this was to have a righteous or rich child in the future. They also believed that pregnant women should be cautious and stressed that pregnant women should pray” (Participant, 26y, Gravidity 2, Qom; participant, 31y, Gravidity 2, Hamedan). Moreover, another Turkish mother said, “we fry the turmeric and put it on the umbilical cord; the baby’s umbilical cord heals sooner” (participant, 31y, Gravidity 2, Hamedan).

Discussion

The aim of this study was to investigate the culture of postpartum women. The findings were obtained in 5 themes and 13 subthemes. The findings of the present study showed that cultural beliefs have been greatly diminished due to maternal and obstetric education in hospitals, but now useful beliefs such as foster care, negative beliefs such as poor care practices, and neutral beliefs are seen among different ethnic groups. According to our results, the cultural beliefs and practices in postpartum women included in five themes as public communications, women’s postnatal care beliefs, and practices, nutritional beliefs and practices, beliefs and practices pertaining to breastfeeding, infant care, and traditional beliefs and practices.

Public communication was one of the main themes in our study that included different themes by avoiding some practices such as public meetings, listening to music and bad news. The mothers in our study believed that they should stay at home and avoiding from public meeting. Moreover, they told that listening to music and bad news

has unpleasant effect on their babies. There are many similarities and variations in fertility traditions in different regions and ethnicities and they cannot be generalised to all people. There have been many studies on public communications in postpartum women, most of which were observed in our study. In a study in Tabriz, women believed that the mother should not go out of the house for 40 days after giving birth, which confirms the findings of the present study.^[9] Various studies have shown that the baby’s umbilical cord is thrown away after being separated in a religious area or garden or in the homes of literate people, and mothers believe that the baby becomes a spiritual person, rich or a scientist, which is similar to the results of the present study.^[1,3,10] People in some countries believe that the evil eye cause disease and theoretically evil eye will even cause death,^[11] several participants mentioned it.

Nutritional belief was another theme in the current study that showed that Iranian postpartum women are believe and emphasise on using nutritious foods to increase breast milk and avoiding harmful foods, and related behaviours such as consumption of the almond and pistachio mix, fat-free Abgoosht (An Iranian broth) and chicken soup as well as other local foods that fortified with nutrients, for example, kachi and drinking plenty of fluids. A study conducted in India on the cultural beliefs of postpartum women showed that they tended to eat hot foods such as soup, drinks with spices and herbs.^[12] In the present study, the use of hot drinks and fennel were also mentioned. The Vietnamese advised women not to eat cold food and drinks after delivery, because they believed that women would get cold due to excessive blood loss during delivery.^[13] Also, women living in Myanmar did not eat foods such as pork, duck, vegetables, and seafood during the postpartum period.^[14]

In the present study, herbal medicines are used to increase breast milk, and different opinions have been expressed to increase breast milk in different ethnicities. Mothers in the community do different things because of their belief in family tradition and fear of uterine prolapse or infant death. In two other studies, herbal medicines such as clay milk and mangos teen are used to increase breast milk.^[15,16] However, regarding traditional nutritional behaviours, the results of our study, similar to other studies, showed that most women were encouraged to eat special foods (eating nutritious and fatty foods).^[13] In this study, it was reported that women tend to eat high amounts of high protein or “hot” foods after delivery. Eating the right amount of protein helps to properly heal wounds, especially during caesarean delivery, and increases breast milk.^[17]

Postnatal care beliefs and practices was another main theme in the current study with two subthemes including postpartum mobility and home remedies. In Iran, women rest after childbirth and avoid hard work. In addition, consumption of fatty foods after childbirth to eliminate weakness and proper breastfeeding as well as warming

abdomen are some beliefs in our study. Moreover, avoidance of postpartum sexual behaviours due to religious issues and bloodshed was noted due to perineal ulcers, maternal fatigue and weakness mentioned by mothers. The same finding is expressed in Lorde's study.^[5] Another study in China noted the weakness of postpartum women, the lack of wound healing, the need for rest, and sexual activity are prohibited.^[18] In some cultures, women are forbidden from any physical activity because they believed that these tasks lead to uterine prolapse.^[5,19] One study mentioned resting a mother for as long as possible, limiting certain diets, and avoiding social activities.^[20]

The Myanmar women strongly believe that during the postnatal period, women should avoid being exposed to wind and cold, whereas the Vietnamese women posit in order to keep warm, women should refrain from taking showers or washing of the hair for a minimum of 1 week after delivery and possibly this duration could be extended to 1 month.^[13,14] In a study by Smith, due to the implementation of old traditions such as mother-in-law and eating certain special foods, the diet of mothers after childbirth is limited.^[21] In Vietnamese culture, trying to keep the mother warm after childbirth, it was believed that this heat raises the body temperature, thus causing the uterus and abdomen to contract. They even warmed their hands and rubbed the mother's body which will increase the blood circulation.^[5] In the present study, the mother's waist and abdomen were covered with a warm cloth or bandage to keep it warm. In a study, Chinese-American women looked at keeping their bodies warm after delivery.^[19] In our study, mothers used blankets to warm themselves.

According to the present study, most Iranian mothers take bath after childbirth and discharge and clean the genital area. Most Iranian mothers perform outpatient baths after childbirth and after discharge and clean the genital area. In the study of Vietnamese people, not bathing for 5–10 days after childbirth is common, as our findings refer to women's baths on the seventh day.^[5] Vietnamese women cared about the health of the genital area and daily wash these areas to prevent infection.^[22]

Breastfeeding and infant-care-related behaviours were another theme in the current study. Clay and mangoes milk were used to reduce jaundice in the infants, which is similar to the tradition of North Khorasan.^[4] There are numerous studies on the use of this plant. This is done to reduce jaundice which has several consequences.^[4] Also, tying a coin on the baby's navel, tying and swaddling a baby or parts of his body so that the legs do not tilt are other traditional postnatal behaviours in Turkish and Malaysian women that were similar to the examples in this study.^[23] Some participants referred to not drinking cold water and believed that it causes the mother's abdomen to swell and on the other hand leads to abdominal pain in the baby that is also mentioned in the study of Vietnam.^[5]

Religious and traditional beliefs and practices were also a theme in postpartum women who is living in Qom religious city. Special etiquettes such as tightening the baby's foot, massaging the baby's nipple, using salt on the baby's skin, or using salt water to bathe the baby have been suggested in the Turkish studies.^[14] But in Iranian ethnicities, only the baby is swaddled so that the baby's arms and legs are not tilted. The Aziato study found that pregnant women believed that they should be cautious and pray. In our study, such an issue is mentioned.^[24] In the findings of the present study, women after childbirth pointed to common issues such as emphasising or avoiding certain foods, avoiding cold water to wash the mother, sitting under a tree, and so on, which was consistent with the study of North Khorasan.^[4]

Although we can interview women in different traditions and in Qom and learn about their customs beliefs and behaviours as a strength of this study, but some limitations remain. The husband family's traditional beliefs and cultural behaviours are the main factors that affect the postpartum practices in women that we can't assess it. Moreover, the effect of socioeconomic factors did not evaluate in the current study. In addition, women in remote villages may have different behaviours that we cannot include in the current study. Therefore, identify more traditions and customs in future studies, and training programmes should be tailored not only for women but also for husbands and parents to improve women's health by modifying behaviours. The views of midwives and other health professionals who care for pregnant women could also be explored in future studies.

Conclusion

The results of the present study showed that traditional postpartum behaviours and cultural beliefs are common among Iranian women. Nutritional and religious beliefs and behaviours in caring mothers and their neonates after delivery are various in different ethnicities of Iran. Therefore, to change postpartum behaviours, it is necessary to identify beliefs and attitudes and correct beliefs to achieve women's health after child bring.

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Conflicts of interest

There are no conflicts of interest.

Consent to participate

All the authors consented to participate and publish the article in this journal.

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