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Spiritual health care during pregnancy from Iranian mothers' perspective: a qualitative study with content analysis approach

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ABSTRACT

Pregnancy and childbirth provide ideal conditions for spiritual enrichment. This study aimed to investigate the spiritual health care experiences of mothers during pregnancy in Iran. In this qualitative content analysis study, 48 semi-structured and in-depth interviews were conducted with 36 women who were pregnant or had recent experience of successful pregnancy. Subjects were selected by purposive sampling and data accuracy and trustworthiness were checked using Lincoln and Guba's criteria. For data analysis, a conventional content analysis approach was used. One theme and four categories were found in this study. Mothers were shown to be attentive about spiritual health care during pregnancy through caring for the spiritual growth of the self, the child, the family, and the community. The mothers' experiences during pregnancy can serve as a guide for healthcare planners to develop a proper spiritual health promotion programme.

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Spiritual health; pregnancy; spirituality; pregnancy care

Introduction

The impact of spiritual health on physical well-being is a highly debated topic, and the controversy surrounding this subject has become a motivation for extensive medical research in to the role of spiritual health in human well-being (Abassi, Azizi, Shamsi Goshki, Naseri Rad, & Akbari Lake, 2014; Adanikin, Onwudiegwu, & Akintayo, 2014). Spiritual health provides a positive sense of bonding to a superior power, which creates a sense of security and peace as a result of viewing every life event as purposeful and supervised by a superior being (Cyphers, Clements, & Lindseth, 2017). In this opinion, all events, problems, anxieties, fears, and needs are meaningful, and this creates a sense of calm and security (Bolhari, 2011; Fisher, 2011). Moreover, the spiritual activities of a person with spiritual health, improve his social interactions and behaviours as well as

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his ability to benefit from social support and this improves his physical and mental well-being (Abbasian, Abbasi, Shamsi Gooshki, & Memariani, 2010; Hajiesmaily et al., 2014). However, the subject matter of this definition and the care of spiritual health is generally agreed, but spiritual care behaviors vary with cultures, ethnicities, and nations (Abassian, Abassi, Shamsieghoshkie, & Memarian, 2010; Hajiesmaily et al., 2014) and each person approaches this concept according to her native culture and beliefs (De Jager Meezerbroek et al., 2012). Therefore, although the World Health Organization has emphasised the importance of attention to spiritual health care as a factor of well-being, it has left the definition, planning, and delivery of spiritual health care services to member countries (WHO, 1985).

Pregnancy and childbirth are main events in the lives of women, as they trigger significant physiological and cognitive changes and lead to the birth of an infant, which symbolises creation and renewal (Bregman, 2016). As a result, women require special support and care during pregnancy (Callister & Khalaf, 2010). Many women across the world regard this period as one of the most important and beautiful stages of a person's life, which is also highly involved with spirituality (Crowther & Hall, 2015; Hall, 2006). Although human is a physical, psychological, social and spiritual being (Moreira-Almeida, 2013), in no stage of life, like pregnancy, a human is such involved with spirituality and spiritual enrichment and is in such need of spiritual health care (Callister & Khalaf, 2010; Crowther, Smythe, & Spence, 2014).

However, in International Safe Motherhood Project, there has not been concerned with the spiritual care of mothers while pregnant women around the world show particular spiritual care during this period according to their cultural, ethnic, and national backgrounds (Burdette, Weeks, Hill, & Eberstein, 2012; Wilkinson & Callister, 2010). This indicates their attention and attached to the observance of spirituality during pregnancy. Addressing these behaviours and explaining the concept of spiritual health in pregnancy as well as taking measures to care for this dimension of health is one of the most important steps in planning for the attention to this dimension in prenatal care.

Although women in Iran consider pregnancy as a divine opportunity for their growth and development and which a specific spiritual content (Ahmari Tehran, Seidi, & Abedini, 2007), the care for spiritual health has unfortunately not been considered in the pregnancy care programs. Women in Iran consider pregnancy as a divine opportunity for their growth and development. In this opinion, pregnancy is, in fact, a type of selection by God, that entails several spiritual responsibilities for the mother and makes her take special care during pregnancy. Acquire mental fitness and meditation prior to the formation of the zygote are attempts to safeguard the spiritual health of foetus (Heidari, Ziaei, Ahmadi, & Mohammadi, 2014). However few quantitative studies have vestigated the relationship between spiritual health of pregnant women and the pregnancy outcome (Bagheri, 2016; Bodaghi et al., 2016) and just two limited qualitative studies have addressed the maternal spiritual experience of pregnancy in a particular area in Iran (Heidarie et al., 2014; Tajvidi & Dehghan-Nayeri, 2016), none of them has fully assayed maternal spiritual care attitude and behaviour during pregnancy.

Surely, clarify true cultural, ethnic, and national experiences of mothers in this area can provide a good perspective for maternal health care system planners in developing appropriate programmes during pregnancy. Therefore, this study aims to explain Iranian mothers' spiritual healthcare experiences during pregnancy.

Materials and methods

Study design

This qualitative study with conventional content analysis approach was run from 2016–2017 to investigate Iranian mothers' spiritual healthcare experiences during pregnancy.

Sampling and implementation

Thirty-six women who were pregnant or had an experience of pregnancy, through purposive sampling, from Tehran's health care centres, were entering to the study. The selection criteria looked for married, pregnant or having an experience of successful pregnancy in the past 10 years, gestational age more than 12 weeks, living with the spouse, able to recall and express personal information and feelings, having the ability to communicate, fluency in Persian, no history of severe mental or chronic illness (self-reported), and being interested in participating in research. Maximum variation was observed in age, education, number of pregnancies, social and economic status, and geographical location. Accordingly, the first targeted and easy sampling was chosen and continued in subsequent stages based on the results obtained from the previous samples.

Data collection

After acquiring and presenting the necessary permits and taking participants' agreement, 48 in-deep, semi-structured, and individual interviews with an average duration of 31 minutes (20–45 minutes) and using open questions, by tape recorder, conducted at the desired location of participants (according to the recorded interview, some of the participants were interviewed up to three sessions to review the results and fix ambiguities).

The interview was started with a few open questions like, "How do you care for your health during pregnancy?", "What do you think and what do you do about spiritual health care during pregnancy?" "Please describe about it" and was further continued with other exploratory questions based on extracted responses and data. Subsequent interviews were based on the review of the first interview. During the interview, the researcher focused on nonverbal behaviour of participants such as changing the complexion. The interviews continued until reaching information saturation and continued up to four further participants thereafter for reassurance (Carpenter, 2011).

Data analysis

Data were analysed as soon as possible after each interview was written word-for-word. In this study, we used the eight-step Graneheim and Lundman method and Lincoln and Guba's four Evaluative Criteria were used for accuracy and trustworthiness of data (Carpenter, 2011; Creswell, 2013).

The eight-step Graneheim and Lundman

Step One: Transcribing reading and re-reading interviews

After conducting each interview, it was transcribed word-for-word. To evaluate the data, the texts were read repeatedly to create a general idea and prepare to find the desired topics.

Step Two: Selection of analytic unit

Although the analytic unit can involve different parts of the text, according to the Graneheim and Lundman method, the whole text from the interview or observation is the most appropriate analytic unit, which is so extensive to be taken as a whole and so restricted to be considered as a background for meaning units. We considered the entire text of each interview as the analytic unit.

Step Three: Identification of meaning units

Meaning units are words, phrases, or sentences that embrace various aspects of the core concept in their context and background. The meaning units found in each text were identified several times reading the texts.

Step Four: Coding

Meaning units were encoded after extraction and compression. First, each meaning unit was compressed and coded. Then, different groups of codes were created with similar concepts and meanings and were summarised. In the process of coding, explicit and implicit contents were considered. During the coding process, the researcher continuously checked the coding to ensure agreement between the codes among members of the research team.

Step Five: Categorisation

Categorisation is the main feature of qualitative content analysis. A category is a group of topics with common characteristics. These topics can be subcategory derived from categorisation of codes or the classified codes can generate category. In the present study, the codes were placed in subcategories based on their common characteristics, and a number of subcategories also formed categories based on their common features.

Step Six: Theme extraction

The theme is a recurrent order among the categories. The categories in this study, which present a common concept have formed a theme.

Step Seven: Using continuous comparison method in research performance and analysis

A continuous comparison method is an inevitable approach for all types of qualitative research. The purpose of this approach is to compare the experiences of different people from a phenomenon and to determine the causes of differences or similarities between participants' experiences and views as well as the relationship between them. Data analysis in this study began with the first interview, the findings of subsequent interviews were added to the previous interview, and this trend continued until the last interview. In fact, review of data, analysis, and extraction of results were repeated continuously back and forth, and changes were made to reduce the data, summarise it, and improve the results.

Step Eight: Reporting data and results analysis method

For reproducibility of the research, the analysis method and work process were fully and honestly reported, i.e., the encoding process and the methods were presented to increase the accuracy of the study.

Accuracy and trustworthiness data

In the present study, Lincoln and Guba's Evaluative Criteria were used to check for accuracy and reliability of data, including credibility, dependability or trust, conformability, and transferability, for each of which the following measures were taken:

Credibility

- Constant and continuous active participation with participants
- Review and confirm the coded texts by participants and modification of cases as necessary
- Allocate sufficient time for interview, data collection, and observation of participants

Dependability

- A review of colleagues and research team members, a comparison of comments, and application of necessary changes were used.

Conformability

- Pregnant women or those with pregnancy experience who did not participate in this study, but satisfied the inclusion criteria were asked to compare the results of these interviews with their own experiences.
- In the case of codes, the resulting classes and findings were submitted to two experts in qualitative research along with full text of interview, and they were consulted with respect to results.

Transferability

- Interview and data collection from appropriate samples were performed with maximum variety for transferability of findings for a larger population.
- It was attempted not to involve the researchers' assumptions in the process of data collection and analysis as far as possible.
- With respect to transferability criterion, the present study attempted to provide a comprehensive description of the method and selection of participants, a collection of data and analysis approach with examples of quotes from participants.

Results

The participating mothers had an average age of 32.26 (±4.23) years, the range of 26–40 years, pregnancy (count) range of 1–4, education from unable to read or write to PhD, gestational age more than 12 weeks, and child age range of six months to one year. The majority of mothers (98%) had received complete pregnancy care. Although most mothers (63.2%) had used both public and private care centres, a vast majority of them (99.2%) had received their pregnancy-time spiritual health care information from the sources other than health care providers (Table 1). Data analysis led to the revealing of the theme of meaningfulness in pregnancy, which was located in four categories of spiritual well-being of the self, the child, the family, and the community (Table 2). According to participants, spiritual health care is a concept that starts before pregnancy and leads to increased senses of knowledge of self, knowledge of God, faith, connectedness with God, purposefulness, motivation, hope, self-sacrifice, and trust. The notion of caring the baby also transforms into a sense of responsibility towards the family and community and provides a basis for the spiritual growth of both mother and child, and eventually leads to the meaningfulness of the mother.

Table 1. Demographic characteristics of the mothers participating in the qualitative part of the research.

Specifications of research units		Frequency
Age (year)	26–30	15
	31–35	11
	36–40	8
	≥41	2
Education	Less than Diploma	6
	Diploma	14
	Bachelor's degree and higher	16
Occupation	Homemaker	21
	Employed	15
Number of pregnancies	1	10
	2	11
	3	10
	≥4	5
Number of abortions	0	30
	1	4
	≥2	2

Care for the spiritual well-being of the self

However the results showed that participants believed that the main goal of spiritual health care during pregnancy is to take care of the child's spiritual health, but one of the common views among participants was the necessity of caring for the self's spiritual health during pregnancy, which manifested in nine concepts: positive thinking, motivation, hope, purposefulness, connectedness with God, knowledge of self, knowledge of God, self-sacrifice, and being trusted.

A participant stated in the case of positive thinking:

> Although I was informed of my gestational diabetes, I feel very happy for getting pregnant and whenever I worry about the outcome of pregnancy due to diabetes (gestational diabetes, not chronic diabetes), I say God wants the best for his servant, so everything that happens to me and the baby is best. (Second pregnancy, eight-month pregnant, 31 years, participant 9)

Or 27-year-old nine-month pregnant mother in her first pregnancy (participant 15) said about her perspective, hope, and purposefulness:

> I have a lot of wishes for my baby, I tried to pay attention to spiritual health of my baby in order to be with God and not disturb anyone. I hope that he will be happy and also gives happiness to all, and glorifies me to the Lord.

The sense of self-knowledge, theology, and communication with God were among other concepts that mothers thought to be important for their spiritual health care. In this regard, a 29 years old first-time pregnant woman said:

> Since pregnancy, I've found a lot about myself, I think a lot about my decisions and behavior. I also think about how to be a better servant of God in order to be a better mother.

Or the 34-year-old mother of a two-month-old baby (participant 18) said:

> I did not pray before pregnancy, but when I was pregnant, I always wanted to pray, recite the Qur'an, and talk with God. I felt God hears what I speak and gives me whatever I want from him.

Table 2. Themes, categories, and subcategories found in the research.

Theme	Category	Subcategory
Spirituality in pregnancy	Care for the spiritual well-being of the self	Positive thinking
		Motivation
		Hope
		Purposefulness
		Connectedness with god
		Knowledge of self
		Knowledge of god
		Self-sacrifice
		Divine responsibility toward the child
	Care for the spiritual well-being of the child	Halal income and food
		Avoiding sin
		Controlling and reconsidering the behaviours
	Care for the spiritual well-being of the family	Being kinder and more friendly toward husband
		Improved empathy and companionship
	Care for the spiritual well-being of the community	Taking responsibility toward the community
		Showing goodness to others

Other concepts that mothers mentioned in their statements about spiritual health care are self-sacrifice and being trusted. In this regard, a 39-year-old first-time pregnant woman (participant 30) said:

> When you want to bear a child, you must be very careful about your behavior. You cannot eat many foods that you like. Since pregnancy, I try to get along better with my husband, I've changed many of my wishes, I'm much calmer, and I'll sacrifice myself for the child. God has trusted this child to me, and I shall prove worthy of this responsibility.

Care for the spiritual well-being of the child

The participants believed that the goal of spiritual health care during pregnancy is to take care of the spiritual health of the child. They were trying to protect the child's spiritual health by controlling their behaviour, avoiding sin, and make sure that their family income and food are Halal (honestly earned and permissible according to Islamic dogma). A 28-year-old mother of a two-month-old infant (participant 12) said:

> During pregnancy, I was very sensitive to my behavior. I paid attention to many things that were not important to me before. I wanted to avoid sin so that my child could feel, hear, or absorb my spirituality.

A 31-year-old second-time pregnant mother (participant 26) stated:

> Well, I'm not accepting food offered by people I don't know (implying that it might not be Halal). I mean that I started taking care of my child's spiritual health before pregnancy.

Or a 30-year-old mother of a two-month-old baby (participant 22) said:

> When I heard the sound of Azan during my pregnancy, I tried to listen carefully so that the soul of my baby enjoys listening this sound because I heard that the sound of Azan affects the piety of the baby.

Care for the spiritual well-being of the family

According to the participants, one of the goals of spiritual health care in pregnancy is the spiritual growth and calmness of the family. Mothers expressed these concepts with

terms such as empathy, companionship, appreciation, respect, and integrity in the family.

The nine-month pregnant 33-year-old mother in her second pregnancy (participant 20) said:

> I feel that my spouse and baby became important to me. I became more sympathetic and grateful for my spouse. I do not care for trivia any longer. I like to be happy and peaceful together.

Or 38-year-old eight-month pregnant mother in second pregnancy (participant 11) said:

> Although I would like to be the focus of attention to a higher extent, I myself became much more responsible to my family, so that I got along with my living expenses, I was not demanding, showed more respect to what my spouse said, I realized him, and tried to keep peace in the family. Family and its serenity have become important for me.

Care for the spiritual well-being of the community

The participants believed that childbearing has an impact on the community and mothers have a responsibility to raise a good human; therefore, mothers have to take responsibility for the child's spiritual health by minding their behaviour during pregnancy. They also believed that being good toward others will lead to people returning goodness to themselves and their children.

A nine-month pregnant 31-year-old mother in second pregnancy (participant 12) stated:

> This baby (showing her belly) is a member of the community. I behave very carefully. If someone does something wrong, I tell it (referring to the baby), Mom, Dear Amirhussein (calling a baby's name), you should not be so, be kind to people, take mercy from God to be kind to the people.

Or six-month pregnant 24-year-old mother in first pregnancy (participant 4) talked about benefaction to others.

> I became kinder in pregnancy, I tried to be good to everyone. I'm kind to them so that they also pay attention and are good to my baby and me. My baby takes this lesson from me.

Discussion

The mothers participating in this study showed that they are more likely to be spiritual during pregnancy than any other period of life, which makes pregnancy a new era of life that strengthens internal attention, purposefulness, future prospective, hope, and attachment to divine power in them. Other scholars have also noted in their studies the feeling of flourishing and the beginning of a new period in maternal life during pregnancy and childbirth (Adanikin et al., 2014; Aziato, Odai, & Omenyo, 2016). Nevertheless, this is not the first time that the start of a new period of life comes with hope and wishes. Fundamentally, every change in life is associated with a new initiation, and many people in this context are determined to make decisions associated with purposefulness and forward-looking. The point to be taken into account in mothers' resolution and future prospects are the association with a type of internal attentiveness and connection to the divine power that can occur in mothers for many reasons. Mothers' concerns about the outcome of pregnancy seem to be one of the important reasons for their attempt to be

connected with a superior power in pregnancy and childbirth, a subject discussed in the discourse of many mothers in Azito et al.'s (2016) study. In our study and many other studies, this devotion to God and communicating with religion strengthened the sense of security and peace in the mother (Page, Ellison, & Lee, 2009; Wilkinson & Callister, 2010). The fact of being a mediator in the creation of a pure creature by God was another reason why mothers expressed the feeling of homage to pregnancy and tried to pay attention to their interior. However Bawadi and Al-Hamdan (2017) in their research consider the origin of this self-awareness and self-interest among Muslim pregnant women in religious beliefs about the sacredness of pregnancy and in the attempt to promote their spirituality as a religious task (Bawadi & Al-Hamdan, 2017), but the meaningfulness and attentiveness in women without religious beliefs was also evident during pregnancy in the study of Callister and Khalaf (2010). Religious belief or concern about pregnancy outcome do not seem to be the only reasons for such spiritual behaviours in pregnancy. The presence of a foetus in the mother should also be considered in the emergence of such states and behaviours. Undoubtedly, this motive and the sense of spirituality and internal change in mothers are an appropriate opportunity for health care providers to promote the spiritual health of the mother and her baby.

Another result of the present study was the cumulative attention of mothers in the spiritual health of the baby during pregnancy. Although Tajvidi and Dehghan-Nayeri (2016) have referred to it as a shadow of spirituality on foetus during pregnancy, it seems that the attitude of maternal care for the physical and mental health of foetus in pregnancy is something more than a shadow of care. The results of this study showed that the highest concentration of mother in caring for the spiritual health of her baby is related to the protection and promotion of foetal health. Although the attention of mothers to babies during pregnancy and preference of baby over self is not a new issue in midwifery (Ricci, 2007; Shaho, 2010). It should be noted that this focus of attention is also rooted in Iranian religious and cultural beliefs. In this perspective, responsibility for raising a child is of high importance and begins before pregnancy by taking measures on the part of couples in the course of their spiritual change for transcendent health of the foetus (Heidarie et al., 2014).

In this study, mothers considered the baby as a capital for themselves, family, and society. They have believed that the actions and behaviours of a child and his generations are recorded for the mother and family and are considered a firm ground for changing status of parents in the other world. Although this viewpoint can be essential in promoting the spiritual well-being of children, family, and society, it can be a source of concern and anxiety in the mother. Recognition of this type of attitude by health care providers can help health planners to provide proper care programmes for mental health of the mother. For example, the mother should be reminded that in this religious attitude and belief, there is the directive stating that there is no room for concern after endeavouring, and there should be hope for God's help and trust on him (Makaremshirazi, 2008).

The responsibility of mothers towards society and family in pregnancy was another significant point in this study, which further stressed spiritual enrichment and spirituality of mothers in addition to evoking the high potential of mothers in promoting the spiritual health of society and family. This form of attitude among Iranian mothers is also rooted in their religious and cultural beliefs. In this approach, although all human beings are responsible for the care of their families and society, mother and father responsibilities

are more important in adding a new member to society as well as to the family. The maternal care providers should be careful to avoid this perspective from turning into concern and anxiety in the mother.

The attention and sense of kindness and responsibility of the mother to her spouse and family are also noteworthy in this research. Although the physiological and psychological changes occurring in mother during pregnancy can be a source of disturbance of family relationships in the absence of knowledge and education of couples, paying attention to this attitude and motivation of mothers in education and care programmes can be effective in maintaining the family privacy. Emphasis on this type of emotion in training of couples during pregnancy is effective in adapting couples with the new situation in life and spiritual health of the family.

Limitations of research

Having been pregnant within the last ten years was an inclusion criterion in this study. Exploring mothers' perspective on spiritual health care during pregnancy, over time, was the aim of this study. Therefore, recall error was a limitation of the study, although most participants had experience of pregnancy in the last year.

Given the prevailing cultural and religious atmosphere in Iran, talking in the presence of a researcher about spirituality and spiritual beliefs, as well as using a tape recorder during the interview, maybe a limitation for the expression of facts by the participant, and it was noted to resolve this restraint as far as possible by mentioning the confidentiality of the interview and participant's right to leave the interview at any moment. There is a caveat in generalising the finding in all qualitative studies; therefore, maximum effort was made to strengthen the research data. Also, the small sample size in qualitative studies is another limitation of this research. Despite the limitations of generalising the data of qualitative studies, these results can provide a background for further studies.

Conclusion

Spiritual health is one of the important factors of maternal and foetal health. Due attention to real culture and ethnic-specific experiences of mothers in regard to spiritual health care during pregnancy can give the healthcare planners a useful vision to the requirements for designing and planning a spiritual healthcare service for pregnant women.

Disclosure statement

No potential conflict of interest was reported by the authors.

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