Perinatal Cultural and Religious Practices of U.S. Muslim Women

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Islam and Muslims

- Islamic practices vary by country of origin and personal preference
- Islam in the U.S.
  - 6 – 8 Million Muslims in the U.S.
  - Immigrants, US-born Muslims, Converts
- Islam seen as a positive force in Muslim's life

Some Tenets of Islam

- Obligatory (Fard)
  - 5 Pillars
    - Five Daily Prayers (exception: menstruation and postnatal bleeding)
    - Fasting During Ramadan Hijab
- Strongly Recommended (Sunnah)
  - Extra prayers
  - Extra (Nafila)
Psychological Distress in Muslims

- Increased Violence against Muslims
  - Following 9/11
  - Increased activities of ISIL
  - Presidential Candidates
- Perceptions of Muslim, especially Muslim women
- Acculturation

Muslims and PPD

- Muslim Women and PPD
  - Prevalence Rates (Alharbi & Abdulghani, 2014; Eloul et al., 2009)
  - Conceptualization Among Muslim (Hanley, 2007; Walpole et al., 2013).
    - Focus on somatic symptoms
    - Cultural understanding of PPD
      - Jinn
      - Evil Eye
      - Magic

Predictors of PPD in Muslim Women

- Social Support
- Baby’s Gender
- Relationship with Mother-in-law
- Gender Roles
  - Gender Roles in Islam
  - Islamic Communities (Abroad and U.S.) and Psychological Distress
Religious and Cultural Practices

- Religious Practices
  - Obligatory – caring for self and baby while in utero
  - All others are just encouraged (Sunnah and Nafla):
    - Exposure to Quran in utero – reading, listening
    - Immediately following birth of child –
      - Call to Prayer (Adhan) whispered in baby’s ear
      - Putting chewed up date in baby’s gums (Tahneek)
      - Boys – circumcision

- Cultural Practice
  - 40-day lying-in period

Overlap between religious and cultural practice:
- Breastfeeding – strongly encouraged in Quran for 2 years, but often told it is obligatory
- Modesty – Hijab, cultural
- Disclosure of pregnancy
- Birthing Process

Perinatal Practices and PPD

- Religious
  - Religiosity has a strong negative correlation with PPD
  - E.g. Algerian and Kuwaiti samples and religiosity

- Cultural
  - 40-day lying-in
    - Social support – lower level of PPD, especially mother’s help
    - Mother-in-law’s help – higher levels of PPD
Muslim Postpartum Study

- No study focuses on Muslim women's perinatal experiences
- What are factors that play a role in postpartum depression and life satisfaction in Muslim women in the U.S.?
- What were the supportive and challenging cultural practices during pregnancy?
- What were supportive and challenging cultural practices during postpartum?

Method

- Participants
  - Self-Identified Muslim Woman
  - Living in the U.S.
  - Reproductive Age (18-45)
  - At least 2 weeks – 3 years postpartum
- Procedure
  - Recruitment:
    - Obstetricians, Doulas, and Midwives with Muslim patients
    - Muslim Listserves
  - Online Survey Using Qualtrics

Measures

- Demographic Information (age, race/ethnicity, income, level of education)
- Perinatal Health Information (gestational age, baby's gender, mode of delivery, parity, gestational diabetes)
- Risk During Pregnancy
Measures

- Personality
  - Tolerance of Ambiguity
- Islamic Religiosity
- Gender Role Orientation
- Outcome Variables
  - Postpartum Depression
  - Life Satisfaction

Perinatal Practices

- Religious Practices during pregnancy, contractions, and postpartum
  - Reading Quran
  - 5 Daily Prayers (Salah)
  - Remembrance of God (Dhikr)
  - Supplication (Du’a)
  - Pre-dawn Prayer (Tahajjud)
- Cultural Practices
  - Participants asked to describe challenging and supportive cultural practices

Quantitative Results

Correlations

- Cultural Practices
  - 40-day lying in – not a significant predictor of PPD or life satisfaction
- Religiosity
  - Postpartum Depression: \( r = -0.17, n = 254, p < 0.01 \)
  - Life Satisfaction: \( r = 0.28, n = 236, p < 0.001 \)
- Specific Religious Practice
  - Tahajjud: \( r = -0.13, n = 258, p < 0.05 \)
  - Other (e.g. Tahneek, charity for baby, Supplication for baby): \( r = -0.13, n = 242, p < 0.05 \)
Quantitative Results

- Religiosity was significant in predicting postpartum depression.
  \[ \beta = -.148, p < .05 \]
- Religiosity was significant in predicting life satisfaction.
  \[ \beta = .213, p < .001 \]

Qualitative Results

- Pregnancy
  - Supportive
    - Family Support
      “Pakistani culture has a strong emphasis on parents taking care of their pregnant daughter. My father wouldn’t let me lift any heavy objects and my mother would help me with household chores.”
    - Nutrient-Filled Foods
      “My mother fed me traditional pregnancy ‘strength’ food.”
  - Challenging
    - Unrealistic Expectations
    - Unsolicited Advice
    - Old Wives’ Tales
      “...unneeded and people telling ridiculous facts about pregnancy and how to deal with them. people [sic] believing in old wives tales more than what the doctors say [sic].”
Qualitative Results

Postpartum

Supportive

Family Support, primarily mother’s help

“My parent [sic] came and help me in the first 3 month of the baby. It helps to relieve my burden lot [sic]. It’s a practice in our culture that parent of the mother help our after the mother deliver the baby.”

Instilling strong personality traits

“[Being] strongly individualistic [sic] meant that I try to do things for myself quickly and that helps me get strength back soon. Masha Allah (God has willed it).”

Institutional/Institutional

Fulfilling Social Obligations

“Having in laws fly in and felt pressure to have house clean, fresh meals daily. I wasn’t told to do those things, but I didn’t want to give a bad impression or have my mother in law cook when she was visiting and a guest on our home”

Not Feeling Supported

“I felt like my husband abandoned [sic] me and our child at the hospital. He only visited 2 times instead of staying with me and the baby and only came to pick me up after 2 visits. And then he complained while picking me up cuz [sic] it was Jumuah (Friday prayers) and he said I made him miss Jumuah (Friday prayers) cuz [sic] I [sic] was being discharged at the hospital.”

Conclusions

Religiosity and culture play an important role in the lives of Muslim women.

Women who have a strong religious identity are at lower risk of developing PPD

Find out about your patient’s cultural and religious values and how important it is to complete each one.

Some Muslim women feel like their wishes are not considered, by just listening you can make them feel heard.
Clinical Implications

- Better serve Muslim women in hospitals, birthing centers, and even at home.
- Create a safe space for Muslim women to disclose challenges they’re feeling.
- Develop support groups and educate community at large about implications of the role of cultural and religious practice on mental health.

Future Directions

- Need more data on specific experiences with healthcare professionals (OBs, Nurses, Midwives)
- Educational workshops on Islam and ways to interact with Muslim community for Healthcare Professionals
- Educational workshops for Muslim women on PPD and how to seek help

References


