

CULTURALLY COMPETENT CARE IN POSTPARTUM PERIOD.

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Title CULTURALLY COMPETENT CARE IN POSTPARTUM PERIOD		
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Abstract <p>The aim of this study was to examine and identify the postpartum cultural practices amongst women from different cultures. The purpose of this study is to provide research based information on the cultural practices of women as it relates to the concept of cultural competence in nursing care during the postpartum period to healthcare professionals.</p> <p>The method used in conducting this research is the review of literature; data for the research was acquired from various electronic databases such as CINAHL, Elsevier ScienceDirect, EBSCO and PubMed. Three relevant journals were automatically recommended from Elsevier ScienceDirect. The data search was limited to studies conducted between years 2004-2014. A total of ten studies were chosen and inductive content analysis was the method of data analysis.</p> <p>The findings revealed that women from different cultures adhered to own cultural practices as it related to dietary prescriptions and restrictions, keeping the body warm in different ways, activity restrictions, sexual activity restrictions, hygiene recommendations, spirituality and social practices and confinement practices. Studies revealed that these cultural practices were handed down from generation to generation.</p> <p>Healthcare workers should be able to understand the differences in cultures and respect cultural practices in order to be able to provide a culturally competent care to women in postpartum period.</p>		
Keywords Postpartum, Postnatal, Culture, Culture competence, cultural practices.		
Miscellaneous		

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1 INTRODUCTION

Most women consider childbirth and its transition as a joyous thing; irrespective of race, educational background or social status a lot of women agree to this (Hoban and Liamputtong, 2013, 772), (Liamputtong, 2006, Mbekenga et al., 2011 and Kakyo et al., 2012). It has been acknowledged in different cultures, practices and transcultural studies that the postnatal period is an essential phase (Hoban and Liamputtong, 2013, 772), (Liamputtong Rice et al., 1999; Liamputtong Rice, 2000, Whittaker, 2002, Santos-Torres and Vasquez-Guribay, 2003, Holroyd et al., 2004 Liamputtong, 2007a and Liamputtong 2007b; Raven et al., 2007; Piperata, 2008).

The postpartum period is also known as the fourth trimester, this period is as important as any phase of childbirth. It is necessary for health practitioners to be attentive in caring for the newly delivered mother in a way that will restore strength, muscle tone, vitality and overall health (Grant, 2011). According to the World Health Organization (1998, 7) postpartum period is a very special phase in the life of a newly delivered mother and her newborn, for women experiencing childbirth for the first time, it is most likely the most significant and life-changing event. It is filled with strong emotions, physical changes, new and changed relationships, assumptions and adjustments into the new mother role.

Childbirth is a transitory period, it calls for social celebration in many societies and culture, this brings an adjustment of responsibilities culturally, a lot of factors affect a woman's transition from child birth to rearing; some of these are: religion, kinship system, economy, the interactions of communication and medical technology; however in some societies there are variations between the traditional and modern care, while some societies combine both forms of care. It is worthy of note to bear in mind that some traditional or cultural prac-

tices are benefitting to the new mother and the baby, while some practices are harmful. (Raven, Chen, Tolhurst & Garner, 2007)

Many cultures have different methods of care during the postpartum period. For example, cultural practices relating to physical activity levels, taboos and rituals, food and dietary requirements, baths and purification rituals amongst many others. Approved official routines in nursing care comprise of a varying diet, sufficient amount of fluid intake, self-care and promotion of hygiene practices like sitz bathing, showering, ambulation and exercise. These can seem foreign and very dangerous to a client with different culture beliefs. (Lauderdale, 2012, 110-112) This requires that nurses be acquainted with cultural practices, and be able to offer not just standard nursing care, but culturally competent care to benefit mother, child and the family.

Giger (2013, 3) believes that delivering culturally suitable and competent care in the 21st century may prove to be difficult for nurses, this could be because students in health care related studies perhaps do not undergo trainings on culturally competent care methods. Irrespective of who is responsible for trainings and teaching nursing students, it is essential for nurses to become knowledgeable in culture and its significance to competence in nursing care. This study aims to examine and identify the postpartum cultural practices amongst women from different cultures; the purpose of this study is to provide research based information on the cultural practices of women as it relates to the concept of cultural competence in nursing care during the postpartum period to healthcare professionals.

2 DEFINITION OF TERMS

2.1 Postpartum period

According to Shaw, Levitt, Wong, Kaczorowski and the McMaster University postpartum research group (2006, 211) the period after childbirth also known as the postpartum period is an evolving or transitory period for the newly delivered mother and the other members of the family; this new phase requires a tremendous changes, it may require learning and adapting to new ways of doing things. The need for adjustment or re-orientation during postpartum period includes factors such as: psychological, physical and even social factors.

Cheng, Fowles & Walker (2006), Mercer (1986) maintains that women who have undergone childbirth subsequently evolve through a progression or graduation in order to gain maternal identity, this identity comprises of developing an attachment or a bond with the newborn baby, gaining mastery in mothering behaviors or in their ability to nurture the newborn baby, and finding satisfaction or pleasure when relating with the baby.

Andrews and Boyle (2012, 103) posit that in some cultures a lot of importance is placed on the postpartum period; whilst western medicine considers pregnancy and childbirth as the most dangerous and precarious period, however for cultures that regard the postpartum period highly, these groups have formed ways and means that creates a balance during this delicate period for the newly delivered mother and baby. Some of these practices are considered as raising support for the newly delivered mother, many of these forms of support is usually from family, friends, relatives and even neighbors. In the western medicine approach this kind of support from family and close social network may be considered as nontraditional (Op. cit. p. 103)

Andrews and Boyle (2012, 103) further states that these forms of cultural differences more especially as it concerns with prohibitions on food and dietary

customs, forms and levels of physical activity, certain norms, taboos and rituals with regards to purification, cleansing and seclusion, may seem absurd or harmful to the nurse, however these practices have been noted to have positive health benefits on the newly delivered mother's postpartum mental health, thereby reducing mental health disorders such as depression.

2.2 Culture

Culture can be described as a specifically designed mannerism, reaction which advances as time progresses; this is the outcome of being established in the mind by means of societal and religious structures and logical and creative expressions. Culture could also be a function of assimilated procedures; these mechanisms may have internal sources of influence; however they are predominantly shaped by interior and exterior environmental inducements (Giger 2013, 2).

Several schools of thought define culture in different ways, culture can be considered as the guiding framework with which people exist and interact in a society. Individuals from the same ethnic group or race may or may not have the same culture. The context or situation an individual finds ones self may also affect one's culture, culture may be explicitly displayed or unconsciously practiced irrespective of its significant impact on an individual's health and how one responds to illness. Culture plays an important role in how an individual perceives, interprets and relays symptoms of diseases such as pain, it plays a vital role in how an individual verbalizes, feels, manages and deals with disturbing emotions (Dayer-Berenson 2011, 43).

2.3 Transcultural Nursing

According to Giger (2013, 5) based on Giger and Davidhizar's Transcultural Assessment Model (1990, 2002), transcultural nursing is seen as culturally adequate nursing practice that is focused on the client and based on research.

Giger further states that, in as much as transcultural nursing is considered as a client focused approach, it is needed for nurses to keep in mind that culture has the possibility to and does affect how clients are perceived and the quality of care that is rendered.

It is principal to understand that individuals are unique even as it pertains to culture, nurses inclusive are culturally distinct. Irrespective of this nursing staff ought to be cautious, when attending to clients in order not to be seen as promoting own cultural views above the client's cultural uniqueness. In the bid to render culturally conscious or sensitive care, nurses must bear in mind that every individual is distinct, and that individuals are shaped as a result of encounters, opinions and ideals that have been assimilated through a learning process and handed down from one generation to another. (Op. cit. p. 5)

2.4 Cultural Competence

In Giger (2013, 5), Purnell and Paulanka (2008) cultural competence is defined as the act in which workers in the field of health care cultivate a consciousness of own being, feelings, thinking and surroundings without allowing these considerations influence who and how they care for a client. In furtherance they submit that cultural competence is the adjusting of in a way that is in conformity with a client's culture. In this light cultural competence is considered as an ongoing process and should not be adjudged otherwise.

Cultural competence can be considered a continuously changing, flowing process, in which a person, an organization, or health care facility discovers significant and beneficial means that are on the basis of understanding the cultural dimensions of clients. Cultural competence represents an advanced, more refined, basis for the enhancement of intellectual and psychomotor abilities, approaches and individual beliefs. (Op. cit. p. 6)

3 CONCEPTS AND THEORIES IN TRANSCULTURAL NURSING

3.1 The culture care diversity and universality theory

This theory was developed in the beginning of the 1950's when the Madeleine Leininger had a job in a guidance facility for children as an expert in clinical mental health, she worked with children from different cultural backgrounds and there she noticed the disparity in the quality of care given to these children; these differences in care aroused Leininger's interest and birthed the culture care diversity and universality theory. Leininger's culture care theory was formulated with the goal of using outcomes from culture care studies for the purpose of generating unique and or universal care that can be said to be conforming to different cultures, satisfying and valuable to care receivers of different or identical cultural beliefs used in health, welfare, recovering from illnesses, managing the loss or absence of ability, in dying and even the eventual loss of life.(Leininger & McFarland 2006, 1&5 ; Boyle & Andrews 2008, 5)

The culture care theory's distinction from other nursing theories was premised on the fact that it foretold three focal points for nurse practitioners in delivering culturally compatible care and these are: preserving and or maintaining culturally compliant care, accommodating and or negotiating of culturally based care and the re-patterning and or restructuring of culturally based care (Leininger & McFarland 2006, 7 & 8), Leininger (1991 a/b, 1995), Leininger & McFarland (2002); Boyle & Andrews 2008, 8)

Leininger's sunrise model represents the sun in its rising; the sun here means care, this model illustrates the complete sun through four stratum, the first upper stratum depicts constituents of the cultural and social structure dimension starting from a worldwide perspective, the second layer depicts the interactions and inter-relationships between environmental context, languages and ethno history. The sunrise enabler goes further to demonstrate the intercon-

nection between the third construct comprising of influences, care expressions, patterns and practices with holistic healthcare, illness and death. (Leininger & McFarland 2006, 24 & 25; Boyle & Andrews 2008, 7; Giger 2013, 5).

The lower level of the sunrise model emphasizes on relatedness and connections between individuals, families in different forms, minor and major groups, communities and or various institutions in different health context as it relates with generic or folk caring, nursing care methods, and specialized caring methods. It goes further by demonstrating the interconnections between the above mentioned layer with transcultural care decisions and activities, culture care preservation/maintenance, culture care accommodation/negotiation and culture care restructuring/repatterning in the delivery of culturally congruent nursing care in health, wellbeing and even in death (Leininger & McFarland 2006, 24 & 25; Boyle & Andrews 2008, 7; Giger 2013, 5). The figure below depicts the Leininger's sunrise enabler model.

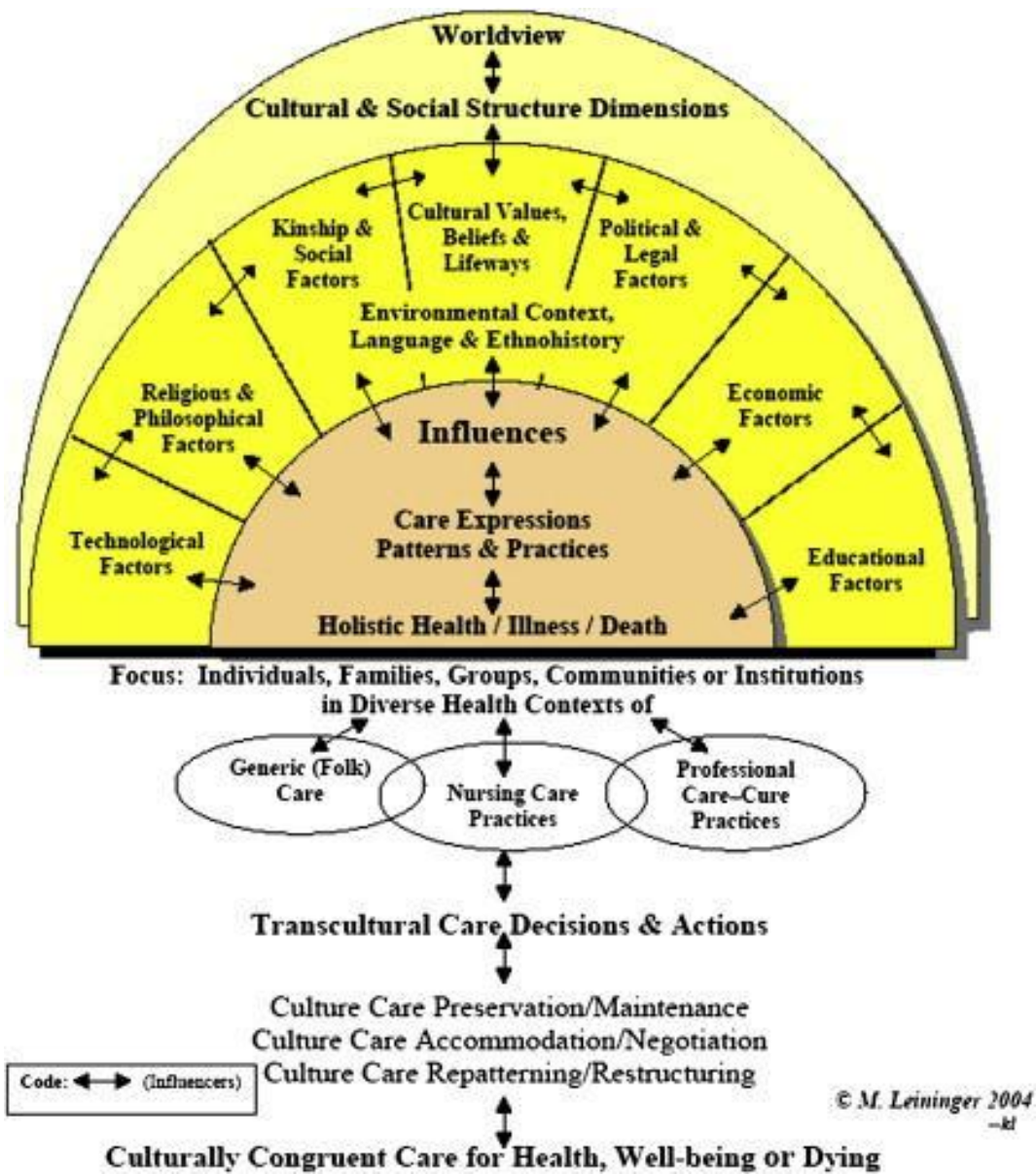


FIGURE 1. Leininger's sunrise enabler to discover culture care (Leininger, 2002)

Source: Mak, M. W. 2011. Death + Respect = Cultural Safety

3.2 Camphina-Bacote's model of cultural competence.

This model is also known as the method aimed at the conveyance of culturally competent health services; its purpose is to outline concepts in the delivery of client-based healthcare, where there are cultural differences. Camphina-Bacote further defines patient-centered care as a re-occurring procedure, where the health services expert constantly endeavors to attain the capability and readiness to carry out nursing care successfully from the cultural expectation of the client; the client may be an individual, a family or families or the community at large. (Camphina-Bacote 2011, 5), Camphina-Bacote (2007)

The Camphina-Bacote's model propounds that nurses consider themselves as tending towards cultural competence as against being competent in cultural matters. Cultural desires, awareness, knowledge, skills and encounters should all be incorporated in developing cultural competence. (Camphina-Bacote 2011, 5), Camphina-Bacote (2007)

3.3 The Purnell Model of cultural competence

This model was initiated as an outline for teaching nursing students in 1991, the model is represented by a series of circles, the external or first circle signifies the global society, the second circle signifies communities, the third circle symbolizes families, the next layer is a circle is partitioned into twelve subunits representing cultural spheres and its models, the dark shaded midpoint illustrates unidentified concepts. Further below the circles lies a zig-zag line showing fluctuations in conscious competencies. (Purnell 2005, 10)

The layer that depicts the twelve subsets provides the outline for the cultural competence model, this can aid health service personnel to appreciate own culture philosophies, approaches, principles, methodologies and behavioral orientation. The components of the twelve subsets are: Overview/heritage, communication, family roles and organization, workforce issues, biocultural ecology, high-risk behavior, nutrition, pregnancy and childbearing practices,

death rituals, spirituality, health care practices and health care practitioners. (Purnell 2005, 10) The figure below shows the diagrammatic representation of the Purnell's model for cultural competence.

Figure 1 - The Purnell Model for Cultural Competence

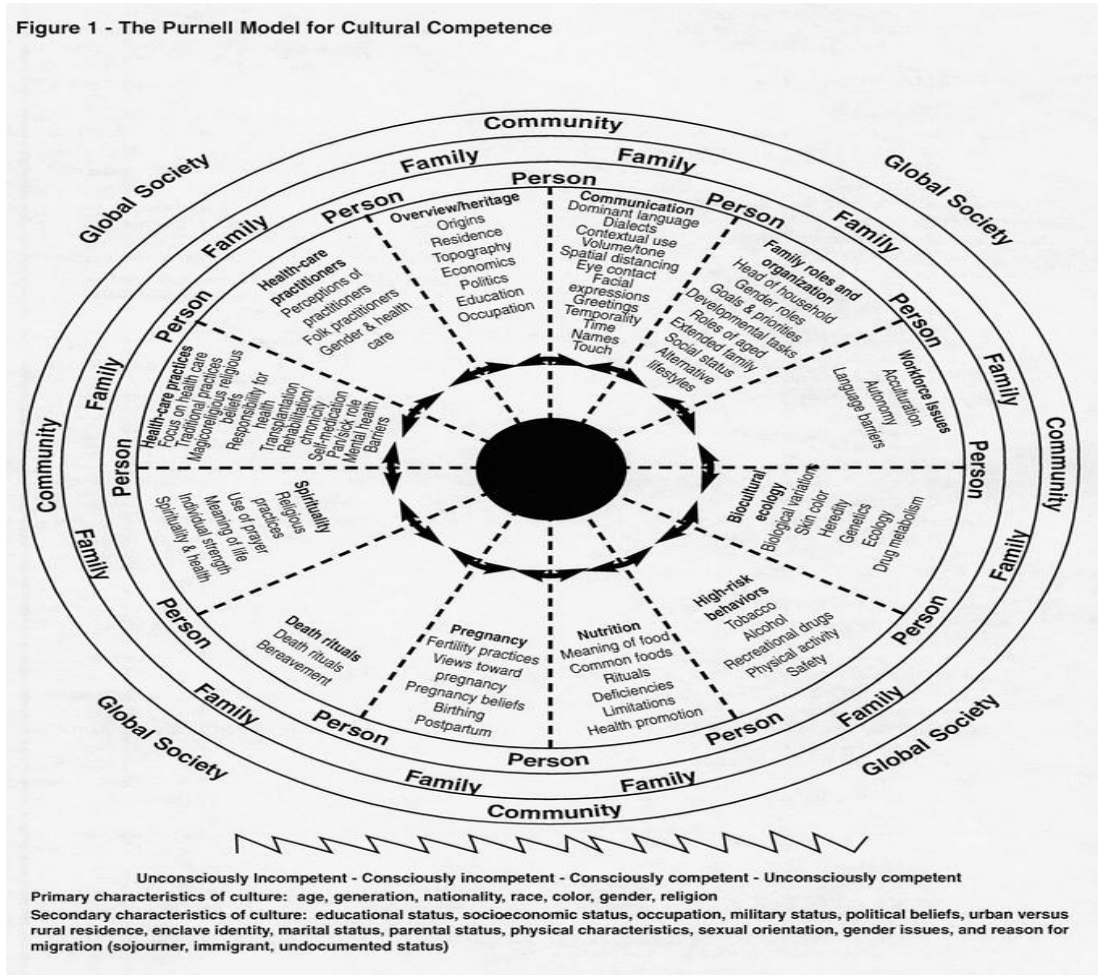


FIGURE 2. The Purnell model for cultural competence.

Source: Mak, M. W. 2011. Death + Respect = Cultural Safety

4 AIM AND PURPOSE OF STUDY

The aim of this study is to examine and identify the postpartum cultural practices amongst women from different cultures. The purpose of this study is to provide research based information on the cultural practices of women as it relates to the concept of cultural competence in nursing care during the postpartum period to healthcare professionals.

4.1 Research question:

- What are the cultural practices of women in postpartum period?

5 CONDUCTING THE LITERATURE REVIEW

5.1 Method

This study was implemented by the review of existing literature relevant to the research topic, according to Salkind (2010, 726) literature review can be defined as logical combination of existing studies around a specific field of study. Aveyard (2010, 5 - 6) defines literature review as the detailed and all-inclusive study and the analysis of literary works relevant to a specific field or topic of research.

In the consideration of literature review, it is paramount to identify a research question, and investigate answers by careful analysis of relevant literature works; this can be done utilizing the systematic method of literature review. A literature review work of this manner indicates discovery or recognition of fresh ideas and approaches and this can only be implemented when a portion of essential literature is not considered in isolation, but considered as a relevant part in further works. (Aveyard, 2010, 6)

Aveyard 2010 maintains that the importance of literature reviews in the health and social care sector cannot be over-emphasized; this is because the review of literature permits the viewing and accessibility of information and research in its original framework and amongst other material and research work. A detailed well carried out literature review, brings together, or summarizes research work on a relevant field of study and other information on the subject matter; it presents a vivid illustration of all necessary works and delivers more reliable evidence. In this light it empowers and allows for the application of professional assessment to a group of study evidence as against relying solely on limited single researches (Op. cit. 10-12).

5.2 Literature Search

The search for data was conducted on the 9th and 10th of April 2014, the search comprised of published texts available electronically on the following databases: Cinahl, Elsevier ScienceDirect, Ebsco Academic site and PubMed. In collecting data for this research, keyword search was used and the following keywords: transcultural nursing, multicultural care, postpartum, cultural competence, postnatal, childbirth were used in the literature search. As the literature search progressed and the outcome observed, the keywords were modified by combining words with the use of 'and/or', the search continued on the various databases, the purpose of this was to be able to gather sufficient relevant data.

5.3 Article selection

A comprehensive analysis of the articles was carried out; each article was evaluated on the basis of its relevance to the research topic and selection was implemented on the bases of how relevant the article is to the research work. The article selection was based on articles that are related to cultural competency in postpartum period.

Inclusion Criteria

- Publications relevant to the research topic
- Literature available in English language
- Publications from year 2004 upwards
- Publications available online as free full text
- Literature work relevant to cultural competence in postpartum care
- Publications with abstracts relevant to the research topic

Exclusion criteria

- All other literature works
- Opinion papers
- Publications prior to year 2003
- Other literature works not relevant to the study subject
- Publications that are not available in English language
- Publications not available online as free full text

5.4 Result of search

Ten different publications were selected after the researcher read through, to find out if the contents of the publications matched the search criteria and provided answers to the research question. The journals were published between years 2004 – 2014. The studies were published in journals of nursing, medicine, health, midwifery, cultural diversity and transcultural nursing. All of the publications had authors from the field of nursing or health

All the journals chosen were written in English language; however the studies were conducted in different countries such as: Israel, Myanmar, Canada, Vietnam, Singapore, Australia, one study conducted a simultaneous study in San Francisco and Taiwan, United States of America and two studies were carried out in Turkey. Whilst going through the publications on Pubmed, one of the journals was hosted on Elsevier ScienceDirect, a database that automatically brought up publications related to the search words and from the Elsevier ScienceDirect database three suggested journals were selected.

TABLE 1. Result of Literature search

Database	Keyterms	Results	Chosen on the basis of title and abstract	Relevant
CINAHL	<p>Culture competence or Transcultural or Multicultural and postpartum or postnatal</p> <p>Culture competence or Transcultural or Multicultural and postpartum</p> <p>Culture competence or Transcultural or Multicultural and postnatal</p> <p>Culture competence or Transcultural or Multicultural and childbirth</p>	484	7	3
EBSCO	<p>Culture competence or Transcultural or Multicultural and postpartum or postnatal</p> <p>Culture competence or Transcultural or Multicultural and postpartum</p> <p>Culture competence or Transcultural or Multicultural and postnatal</p> <p>Culture competence or Transcultural or Multicultural and childbirth</p>	13	3	1
PUBMED	<p>Culture competence and postpartum or postnatal</p> <p>Multicultural nursing and postpartum</p> <p>Transcultural nursing and postnatal or postpartum</p>	33	5	4

5.5 Data analysis and synthesis

The method of data analyses used is the inductive content analyses, Elo and Kyngäs (2007, 107), Cole (1998) maintains that content analyses is a method of analyzing written, verbal or visual communication messages. This system was used previously in the analyses of hymns, periodical publications and speeches for political purposes (Elo & Kyngäs 2007, 107 - 108), Hartwood & Garry (2003); however in the field of nursing this method is predominantly used in the fields of psychiatry, gerontology and studies in public health. (Op.cit. p. 107 - 108).

According to (Elo & Kyngäs 2007, 109), Lauri& Kyngäs (2005) the inductive content analysis can be utilized where there is no sufficient previous knowledge about the research topic or in circumstances where the existing knowledge on the field of research is fragmented. The process of inductive content analysis is categorized as: preparatory phase, organizing phase and the reporting phase (Op. cit. p.109).

In this study, all the abstracts were read through several times so as ensure that the studies were relevant to the study topic, after this was done the ones that were relevant to culturally competent care in postpartum period were selected for in-depth review. The next phase was studying, analyzing and evaluating the studies that answered to the pre-formed research question - what are the cultural practices of women in postpartum period?

The studies that answered the research question were highlighted using different color to highlight different outcomes; based on the options generated from these studies, some of the options yielded results with same meanings however presented using different words such as food and diet, the studies that yielded results with similar or closely related words were grouped togeth-

er. After a careful review and evaluation of all the studies, similar options were merged together to form twenty eight sub-categories or themes.

These subcategories were studied considering the sameness in context, what it represented, its application and its implication and these subcategories were grouped into eight main categories these are: dietary restrictions and prescriptions, keeping the body warm, activity restriction, sexual activity restriction, hygiene, infant care recommendation, confinement and spirituality / social practices. The subsequent figure shows the process flow of data analysis and synthesis.

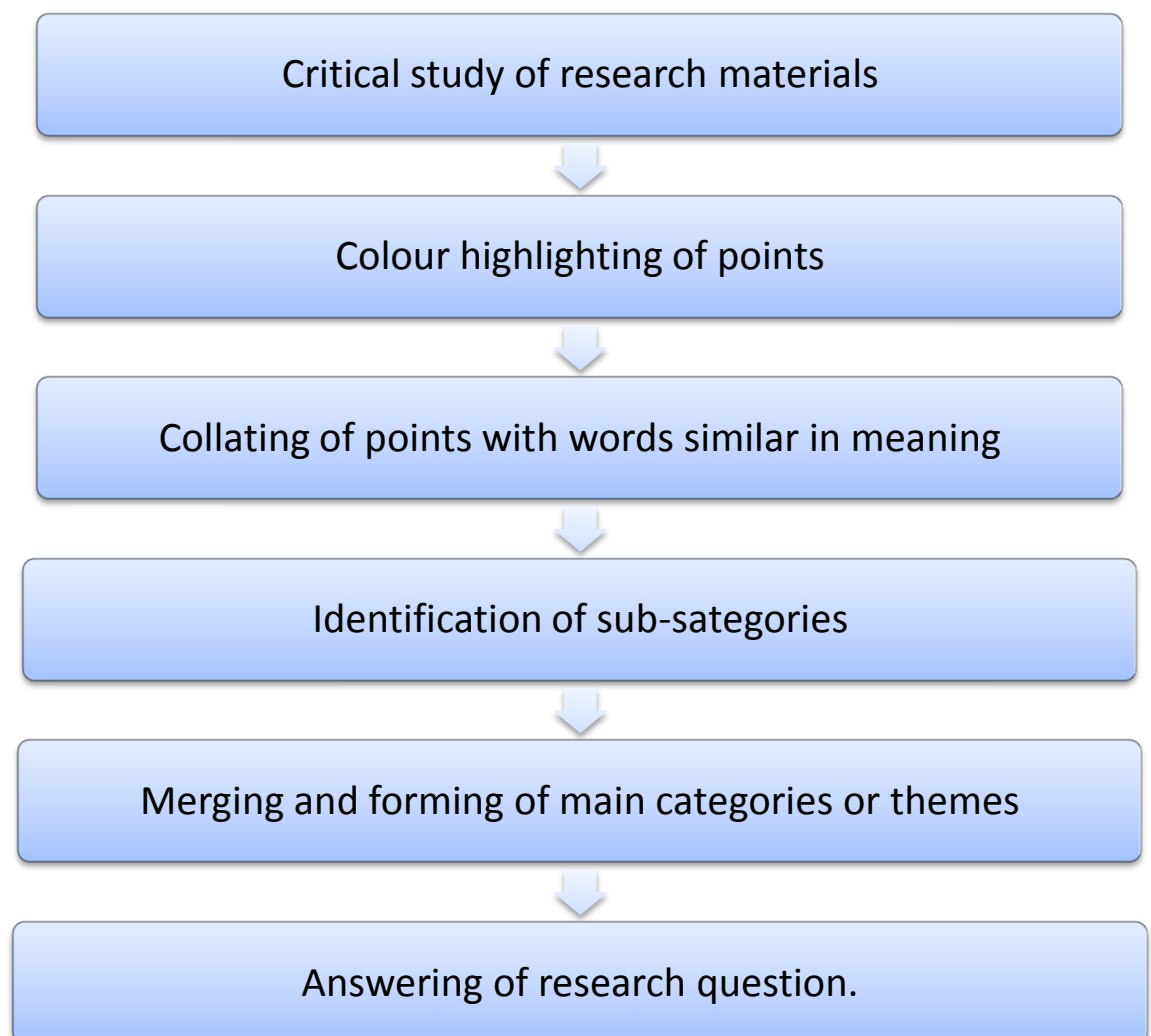


FIGURE 3. Process flow of data analysis and synthesis

5.6 Ethical considerations

This research was written considering the following ethical principles as stated by Resnik, (2011) the search for data and the presentation of data **was** done in utmost honesty and sincerity, without any form of misrepresentation or wrong presentation of data, due credits have been given where necessary for all works used in this study, all data have been presented without any form of bias or prejudice. Information gathered has been reported in an objective manner, without bias or any form of prejudice. Errors and mistakes such as typographical errors, spelling mistakes and grammatical blunders have been avoided.

Furthermore, in accordance with JAMK's ethical principles with respect to research and development activities, this research was conducted fairly, carefully and accurately in all aspects of this research work. This research was also implemented by using reasonable and ethically substantiated means in the collection, collation, analysis and interpretation of data. Furthermore this research work was written taking due consideration of the intellectual property rights of other experts and researchers, by acknowledging their contributions and giving due recognition to their contributions. (Ethical principles for JAMK University of applied sciences, 2013)

In writing this literature review, as stated in Plagiarism.org website (2014) due acknowledgments was made to the original authors, thereby avoiding plagiarism and ethical fraud. This research has not presented the works of other people as original works, all derived words or ideologies were duly acknowledged. Whilst all short direct quotes where applicable were enclosed in quotation marks while long quotes were written with italics and all original sources

cited. Accurate information has been given about the sources of all information, where words were altered, while still keeping the former sentence structure credit was also given to the original source.

6 SEARCH OUTCOME

TABLE 2. Search results grouped according to research questions

Sub category	Main Category	Research Question
<ul style="list-style-type: none"> ➤ Eating of hot foods. ➤ No Fresh Vegetables. ➤ No cold drinks. ➤ Large quantities of food intake. ➤ No intake of non halal/pork derived products. ➤ Intake of foods to increase lactation. ➤ Intake of sweet drinks. ➤ Use of herbal supplements. 	Dietary restrictions and prescriptions	Cultural practices postpartum period
<ul style="list-style-type: none"> ➤ Hot brick application ➤ Laying on heated soil ➤ Protecting from wind and cold ➤ Warm clothing 	Keeping body warm	
<ul style="list-style-type: none"> ➤ Prohibition of crying ➤ Forbiddance to read 	Activity restrictions	

<ul style="list-style-type: none"> ➤ No watching of TV ➤ Prohibition of strenuous activities ➤ Avoiding house-work ➤ Staying in-doors/bed rest 		
<ul style="list-style-type: none"> ➤ Abstinence from sex 	Sexual Activity restriction	
<ul style="list-style-type: none"> ➤ Hot baths ➤ Prohibition of baths ➤ Not washing of hair ➤ Cleaning of genitals 	Hygiene recommendations	
<ul style="list-style-type: none"> ➤ Breastfeeding ➤ Sweetened drinks ➤ Wrapping the baby ➤ Applying eye make-up on the baby 	Infant care recommendations	
<ul style="list-style-type: none"> ➤ Prayers ➤ Charms and amulets ➤ Circumcision 	Spirituality/Social practices	
<ul style="list-style-type: none"> ➤ Resting period 	Confinement practices	

The groupings in table 2 above represent the findings in the literature search that provided answers to the research question, the table above highlights the various practices in different cultures these are the sub categories; whilst the second column groups the points in the sub categories into main themes or concepts that answer the research question the cultural practices that exist in postpartum care. All the categories listed above mention the various practices performed during the postnatal phase.

6.1 Dietary restrictions and prescriptions

In reviewing all of the ten journals it was discovered that most of the publications mentioned some form of dietary prohibition or some kind of food to be ingested during the postpartum phase. Only the work of (Okcay, Ozbicakci, Beser, Ustun and Ozturk (2005) did not mention any form of foods to be eaten during the postpartum phase. The Jewish dietary requirements prohibited the consumption of nonkosher food, forbade the eating of milk and meat together, gave a specific duration after the ingestion of meat before milk products can be eaten. The Vietnamese women believed that large quantities of food should be eaten to replenish strength lost in childbirth, while the muslim law forbade the consumption of non halal food. (Lundberg &Thu 2011, 731; Noble, Rom, Newsome-Wicks, Engelhardt & Woloski-Wruble 2009, 323; Wehbe-Alamah 2008, 88)

The low-German speaking Mennonite women believed that eating a fresh tomato immediately after child birth is of immense benefit to the baby The women in South Eastern Turkey however believe in the popular habit of feeding on Bulamac and drinking a cocktail of molasses from grape combined with butter, the new mothers were advised to take this sweet drink as it was believed to increase the flow of breastmilk for the lactating mothers. (Kulig, Wall, Hill & Babcock 2008, 424; Geckil, Sahin & Ege 2009, 64)

One of the studies showed that Indian women consumed foods considered as hot such as soups, hot food and drinks with spices and herbs. The Vietnamese culture forbade women in postpartum phase from eating cold meals and taking cold drinks; as it was believed that the women feel so cold after losing so much blood after delivery. The Myanmar women's culture considered food such as pork, duck, vegetables, sea food amongst others as not good during the postpartum period. (Naser, Mackey, Arthur, Klainin-Yobas, Chen &Creedy 2012, e866; Sein 2013, 1259; Hoang, Le & Kilpatrick 2009, 5)

6.2 Keeping the body warm

The Vietnamese women considered the use of charcoal fire lit inside little stoves of clay placed under the new mother's bed for a period of three months, this is known as 'roasting of the new mother'. This slow heated fire is used to warm the mother's body and gradually return her to health and reinstate her previous shape. It is also believed that this heating increases the temperature of the body, thereby causing the womb and abdominal area to contract. It is noteworthy to also mention that mothers or mothers-in-laws also assisted by heating their own palms by the fire and rubbing it on the new mothers to boost the circulation of blood. These heated palms are also applied to the baby's abdomen to prevent the baby from experiencing stomach ache (Lundberg & Thu 2011, 733).

In the case of the women from south eastern Turkey about 12.1% of the women enclosed a brick that has been heated inside a cloth and position on their abdominal area, about 2.2% of the women in the same study group confirmed laying on a preheated ground immediately after delivery. These women believe that these practices helped them to remain warm; it was also believed that remaining warm helped to fasten recuperation after childbirth. The Chinese-American women's culture also supported the importance of keeping warm after childbirth as some families stated their displeasure about this during the postpartum care period. One of the grandmothers who visited own daughter during the postnatal period in the hospital opined that using the air conditioning during the postpartum phase was bad as new mothers were not supposed to expose themselves to cold air (Geckil et al. 2009, 65; Lee, Yang & Yang 2013, 96).

According to Naser et al (2012, e865 – e866), Sich, (1981); Steinberg, (1996); Rice, (2010); Laderman, (1987) the Chinese, Indian and the Malay cultures understand the significance of the theory of hot and its integral role in the postpartum care and the potential consequence of air and wind on the health

of an individual as the cultures dates back to the belief systems in the olden days. The Myanmar women believe strongly that during the postnatal period women should avoid being exposed to wind and cold; whereas the Vietnamese women posit that in order to keep warm women should refrain from taking showers or washing of the hair for a minimum of one week after delivery and possibly the duration could be extended to one month. (Hoang et al. 2009, 4; Sein 2013, 1259).

The Vietnamese women considered a newly delivered mother as being in a cold condition, in this case everything cold is avoided and all attempts are made to ensure she is kept warm. The women wear warm clothing, hats and stockings, these women stayed away from fans as it was believed that going close to a fan poses the risk of catching cold. Some of the women also placed cotton balls in their ears to prevent wind, noise and headaches, these cotton balls were also believed to keep the new mothers from hearing negative things that could result to feelings of anxiety or even depression. The Taiwanese women also believe in wearing warm clothing as it is believed that the new mother's skeleton is relaxed and more deficient with emphasis on the head and the legs. (Lundberg & Thu 2011, 734; Lee et al. 2013, 97)

6.3 Activity restrictions

The culture of the low-German-speaking Mennonite women mentioned receiving assistance for about 6 weeks after the birth of their baby. Some women had their mothers or mothers-in-law assist in domestic chores and in tending to their other children. For families that could afford to pay for a maid, these families recruited a maid in cases where there was no one to assist the newly delivered woman. In some households with grown female children, these grown daughters assisted the new mothers in household duties and in tending the new baby. Some of the women mentioned receiving assistance from their husbands in some activities until two months after the birth of a baby (Kulig et al., 2008, 424).

The study on the Taiwanese women indicated that women in the postpartum period were not permitted to lift heavy objects; as this may lead to perineum erectile occurring in labour, which may also lead to prolapse of the uterus. These new mothers were prohibited from crying; they were not allowed to read and could not also watch television as it was believed that it may lead to problems with the women's eyesight. Similarly in the Vietnamese women postpartum practices, the women posit that newly delivered mothers are not supposed to perform domestic chores or participate in any form of tasking physical activity. This was so, as it was believed that these tasks may cause uterine prolapsed and exposure to cold that could in turn lead to illnesses. (Lee et al. 2013, 97; Lundberg & Thu 2011, 734)

The study in Australia indicated that new mothers are prohibited from standing for long periods and should not carry heavy objects, these women were also encouraged not to read as it may lead to vision problems, in the same vein the Myanmar women avoided handling soap, were not allowed to participate in heavy domestic chores, avoided the smell of frying burning. These women's cultural belief also mentioned that women in postpartum period were not to quarrel, not to cry, should abstain from reading and watching of Television and or videos. (Hoang et al. 2009, 5; Sein 2013, 1259)

6.4 Sexual activity restriction

A similar cultural belief with respect to sexual activity restriction after childbirth was found in the studies conducted on the women in south eastern Turkey, the effects of Islam and traditional practices, the Vietnamese women and the Myanmar women. The Myanmar women obeyed this restriction for different reasons such as: fear of reversal of dirty blood flowing back, not wanting to get pregnant, being afraid of uterine prolapsed, out of concern for the welfare of the baby's health, to avoid tingling sensation and numb feeling. Some of the women were also scared that their wounds may gape; some kept the law out of respect for the elder's customs while some did not want to have swollen

bodies. (Sein 2013, 1259; Lundberg &Thu 2011, 734; Bahar, Okcay, Ozbi-cakci, Beser, Ustun & Ozturk 2005, 563; Geckil et al. 2009, 65).

The Jewish law did not explicitly state that in the postpartum period new mothers should avoid sexual intimacy; however based on what is known as the Laws of Niddah which means to be removed or separated. This is found within the purview Jewish marital laws; this law prohibits the physical contact of a husband and his wife, when the wife is experiencing bleeding from the uterus. The study goes further to explain that woman in labour may be consider to be in niddah state if there is a bloody show, membrane rupture or any visible bleeding originating from the cervix.. It is noteworthy to mention that the Chinese culture also forbids sexual intercourse during the postpartum phase as it is believed that the lochia which is the vaginal discharge that occurs after childbirth is contagious and may infect the woman's husband during sex. (Nobel, Rom, Newsome-Wicks, Woloski-Wruble 2009, 324 – 325; Lee et al. 2013, 95).

6.5 Hygiene

Different practices were carried out with the aim of maintaining personal hygiene during postnatal period, activities ranging from the use of boiled water for bathing, while majority of the Vietnamese women confirmed the use of a towel which may be dry or moistened with previously boiled water that is cool for about one week after childbirth. The women also believed that washing of the hair and touching cold water could give them cold, these women confirmed the use of warm water to wash their hair and the use of hair dryer in drying. Some of the women refused to comb their hair for fear of hair falling down. The women also made use of herbal steam bath one or two months after delivery; this was believed to aid recovery. Vietnamese women in postnatal phase paid special attention to the hygiene of the genital area; these parts were washed daily to prevent infection (Lundberg & Thu 2011, 733).

In south eastern Turkey the practices mentioned related to hygiene and beautification included: firmly wrapping the newborn's limbs, applying make-up on the newborn's eyes, firmly wrapping the infant's head, massaging the infant's nipples, applying salt on the baby's skin or the use of salted water to bath the newborn. Even though the cultural practice in Malay prohibited hair washing, this was adjusted to allow washing of hair and the use of a hair dryer to ascertain that the hair dried speedily and thoroughly. Another participant from the study in Australia mentioned the use of warm cloths and steaming of the body with herbs but not showering. (Hoang et al. 2009, 4; Naser et al. E868; Geckil et al.66).

6.6 Infant care recommendation

Among the women from south eastern Turkey some practices were carried out on the baby for cleanliness and beautification purposes, these practices are firmly wrapping the baby's limbs, applying make-up on the baby's eyes, massaging the baby's nipples, firmly wrapping the infant's head, use of salted

water on the baby or applying salt directly on the baby's bodies. The infants were also wrapped in clothing filled with sand; this is to maintain warmth for the baby. In the study in Vietnam the women primarily believed that breast feeding was the right choice in feeding the new-born babies, some of the women placed a warm application on the breast to warm the milk up. It is noteworthy to mention that these women also did not breastfeed immediately after childbirth; colostrum was not also fed to the babies. In the Muslim women in Turkey it was required that a woman had an ablution after sexual intimacy before breastfeeding the baby. Bahar et al. 2005, 563; Lundberg & Thu 2011, 734; Geckil et al. 2009, 66 - 67).

In south eastern Turkey almost half of the women gave a mixture of water and sugar to their babies, the others fed the new-borns with a blend of butter and honey, date fruits. About 9.9% of the women waited three adhan calls (Islamic call to worship) before starting the initial breastfeeding. A lot of the women believed in keeping the umbilical cord in a unique place, to later throw in the river or to be buried in the mosque grounds or school grounds. The women also put olive oil or coffee or tar on the umbilical stump. There are also cultural beliefs as it regards to protection from Jaundice, the women believed that placing a yellow cloth over the new-born for forty days would keep the child from having Jaundice, some of the women also believed in taking the babies to a Muslim preacher, some made incisions on the baby's nose, behind the ears, legs or the back as a curative for jaundice (Geckil et al. 2009, 66).

6.7 Confinement

The practise of home confinement appeared to be common to most of the women in Singapore, the duration ranged between thirty days, forty days and six weeks, the reasons ranged from protecting of immediate health status and safe guarding the health in old age. The Asian women in Australia were admonished to stay in confinement in order not to pollute. These women were also considered to be in a very vulnerable state and were at a risk of taking ill

as their bodies had lost so much energy and were in a cold condition. The Chinese women practised what is known as *zuo yuezi*, a one month confinement period; this allows the new mother to recuperate after childbirth. The women from Malay were predominantly Muslims observed a forty day rest period. (Bahar et al. 2005, 563; Naser et al. e871; Hoang et al. 2009, 5; Sein 2013, 1259).

In the Vietnamese women the women believed that staying inside and observing rest was a form of protection against wind; the women were forbidden to go on long distance journeys; but encouraged to lay down and take rest to protect them from falling ill immediately and in the future. In south eastern Turkey the women were prohibited from leaving the house for forty days. (Geckil et al. 65; Lundberg & Thu 2011, 734)

6.8 Spirituality/social practices

The whole practice of postpartum care held a lot of social and spiritual undertones for the women, in Muslim patients; unique prayers are said silently into the new-born's ears this is usually carried out by the father. This is done as a protection for the baby and also a declaration of faith. This task is reserved for the fathers however anyone who touches the new-born is expected to say the name of God. In furtherance Muslim families may place special charms or amulets which contain verses or words from the Quran on the baby's clothes; some families may also use blue beads to serve same purpose. The Jewish families consider the observance of the Sabbath as a day of rest, will pray or read the psalms, observe the washing of hands with a cup of water before and after meal. The Jews also observe a ritualistic hand wash after using the toilet, say Grace after meals, will not look directly at or touch anyone but own spouse, may or may not express affection publicly, observe the law of Niddah amongst others. (Noble et al. 2009, 326; Alamah 2008, 90)

Some women highlighted that observing worship, conducting prayers inside the mosque, cutting of the woman's hair, leaving the house prior to forty days after childbirth, sexual intimacy and feeding the new-born with no religious ablution after sexual interaction were not frowned at. Chanting of the Mevlit was also considered as a highly acceptable practice amongst these women, in some communities lactating women were not left alone, as it is feared that an evil spirit may attack them. In order to protect these women from attacks various objects such as a broom on the door or an iron piece is placed in the new-born's sleeping place. Another study indicated the placing of the Koran, garlic or bread beneath the pillow of the newly delivered woman and her new-born as acceptable, whilst some other women reported that allowing another breastfeeding woman into the home of a newly delivered woman is considered unacceptable. (Geckil et al. 2009, 65; Bahar et al. 2005, 565 – 566)

In the studies circumcision was indicated as compulsory for all male Muslims, it also appeared as a mandated practice amongst the Jewish people, this means that the family may want to go home before the eighth day, however if the stay in the hospital exceeds the eighth day the father might be preoccupied with making this arrangement. The birth of a baby is celebrated by Muslims after the order of Prophet Mohammed, this feast is called Aqiqah and it is held a week after the birth of a new child. In the Jewish law believing mother the observance of all the Sabbath requirement is considered very important. (Alamah 2008, 90 – 91; Noble et al. 327).

7 DISCUSSION

The central aim of this study was to examine and identify the different cultural practices during the postpartum phase; furthermore the purpose was to provide research based information on the cultural practices of women as it relates to the concept of cultural competence in nursing care during the postpartum period to healthcare professionals. It has become obvious that healthcare professionals are tasked with the challenging job of dealing with mothers from different cultural backgrounds; these women have different identities and cultural practices (Kulig et al. 2008, 424)

The research generally indicated that after childbirth women are considered to be at risk of some sort. Several cultures have therefore put in place own practices to protect these considered vulnerable mothers, the importance placed on the postpartum period is also mentioned by Andrews and Boyle (2012, 103) that a lot of cultures place high significance to the postpartum period, and these cultures have formed own ways of creating a balance during this considered delicate period.

Various practices such as the avoidance of certain foods and drinks, avoidance of certain practices, observation of a mandatory period of rest for full recuperation, certain norms, taboos and rituals regarding cleansing, purification amongst others exist in different cultures. These cultural practices are recommended and enshrined as part of a group's own cultural behavior with the intent of ensuring the welfare of the newly delivered mother and her infant. It was also observed that postnatal customs and practices are passed on from one line of the family generation to next line of the family generation. These practices are accepted and adhered to without questions and enforced by female members of the family. (Sein 2013, 1262; Andrews& Boyle 2012, 103).

The influence of postpartum practices is highlighted in the definition of culture as a specifically designed mannerism, reaction which advances as time progresses; these mannerisms may have internal or external source of influence,

these practices are established in the mind by societal and religious structures like the family line passing on postpartum practices to next generation of mothers as can be seen in the Leininger's sunrise enabler for the theory of culture care diversity and universality on the interrelationship that exists between kinship and social factors and cultural values, beliefs and life-ways. (Leininger & McFarland 2006, 24-25; Giger 2013, 2).

The outcome of this study revealed that all the women in the reviewed works participated in one form of cultural practice or the other, this goes to show the importance associated to these cultural practices and the considered benefits by the new mothers. Many studies show that a newly delivered woman is exposed and as such needs to take a lot of warm drinks, warm food, cover the body properly, wear long sleeve clothes refrain from washing the hair with cold water and so on. The new mothers obeyed and continued these practices to continue an age long traditional practice. The Purnell's model for cultural competence clearly depicts the direct influence the family has on an individual as it relates to lots of practices including postpartum practices (Purnell 2005, 10).

Most of the mothers also performed various practices as a form of adherence to laid down family customs and traditions for fear of negative outcomes: such as illness in the mother, uterine prolapse, illness in the baby, stigmatization arising from being considered as being impure or even the death of the newborn. These and many more are the feared consequences that may arise if these practices were not followed.

The role of the family and the larger society here is strongly evidenced as these practices go from one generation of mothers to their daughters and so on. In this regard the mothers in the family are the custodians and teachers of these cultural practices ensuring the longevity of these practices as some of these practices have been for many generations.

Maier-Lorentz (2008, 38), Bonecutter and Gleeson (1997) mentions the meaning of cultural competence as defined by social workers and adopted by nurses, as a repetitive practice of trying to be progressively more attentive to differences in value and becoming well-informed about cultural benefits. Cultural competence in health workers can only be achieved when professionals continuously work to respect cultural diversity and value the differences in cultures.

Maier-Lorentz (2008, 38), Leininger (2002) posits that nurses characterize being culturally competent as being able to understand the differences that exists in cultures to be able to holistic care to a wide array of individuals. Nurses who are culturally competent are conscious of matters that pertain to cultural beliefs, racial categorization, ethnic groups, gender and sexual preferences. Cultural competence is not a state but an ongoing process where the nurse is constantly working to provide holistic care irrespective of cultural similarities or differences to people of different backgrounds. A culturally competent care involves an acknowledgement and recognition of cultural diversity, an in-depth understanding and mastery in multicultural nursing added with respect for other people's culture.

In caring for people, including women in the postpartum phase, health care workers should be conscious of the differences that exist in cultures and be willing to learn in order to provide holistic care to the patients. The health care professional needs to respect and understand that cultural issues are a very sensitive issue that defines an individual. In instances where a patient receives holistic care that recognizes one's cultural difference, the patient is satisfied and success is recorded however if a patient experiences care that belittles or disrespects own cultural belief, the patient is dissatisfied and this may affect the course of treatment.

8 CONCLUSION AND RECOMMENDATIONS FOR FURTHER STUDIES

In the course of this study it has become very obvious that postpartum cultural practices are very essential to women irrespective of social class, age nationality, education or what so ever, in the light of this pertinent discovery the following recommendations are made:

- Further study is required to measure the benefits and harms in postpartum cultural practices.
- Studies can also be conducted to assess the appropriateness of healthcare professionals' curricula as it concerns on cultural and religious practices.
- Future studies may be required to assess the possibilities of healthcare professionals collaborations with cultural bodies and organizations to educate and empower mothers on the benefits or harms associated with cultural practices
- More studies on the cultural practices should be conducted in African women living in own countries and other countries.

These new mothers assimilate and implement these practices as they handed down from one generation to the other; these cultural practices are seen as beneficial in guaranteeing the wellness of the mother and the new born baby. There is a need for healthcare workers to be aware of cultural postnatal practices in order to be able to encourage the beneficial practices and empower the mothers on the risks of harmful cultural practices during the postpartum phase as cultural practices are enshrined in women's postpartum care. An awareness of postpartum cultural practices disabuses the healthcare provider's mind reduces bias and minimizes the possibility of cultural clashes between the healthcare providers and the new mothers.

In order to provide culturally competent care to women during the postpartum phase it is necessary that healthcare workers have an understanding of how culture works, be analytical and reflective in dealing with the patient. This in

turn creates a sense of safety and satisfaction in the patient; thereby ensuring that the patient receives a holistic care from all members of the health care team.

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APPENDICES

8.1 Appendix 1

S/ N	Author(s) Year Country	Title	Objectives	Number of partic- ipant'	Research method and data collection	Main con- clusion
1	Kulig, C. J., Wall, M. Hill, S. & Babcock, R. 2008 Canada	Childbear- ing beliefs among Low- German- speaking Mennonite women.	To discuss LGS Men- nonite wom- en's childbearing knowledge and beliefs to develop and imple- ment care that consid- ers and in- cludes their conservative religious beliefs.	38 Low German speaking (LGS) women.	Qualitative research de- sign Data was col- lected through the use of open-ended questions.	Ensuring trust and respect with groups with reli- gious ori- entations is the center of cultural compe- tence in nursing.
2	Naser, E. Mackey, S. Arthur, D. Klainin- Yobas, P. Chen, H. & Creedy,	An ex- ploratory study of traditional birthing practices of Chi- nese, Ma- lay and Indian women in Singapore	To explore the birthing practices of Singaporean women	30 wom- en	Qualitative study using phenomeno- logical ap- proach. Data was collected through indi- vidual inter- views	Singapore- an women during pregnancy and post- partum adhere to cultural practices via the mother and mother-in-

	D. 2012 Singa- pore					law's influ- ence.
3	Hoang, H. T. Le, Q & Kilpatrick, S. 2009 Australia	Having a baby in the new land: a qualitative exploration of the experiences of Asian migrants in rural Tasmania.	To investigate Asian migrant women's child-birth experiences in rural Australian context.	10 Asian women	Qualitative research method. Data was collected with the use of semi-structured interviews.	Asian migrants were faced with language and cultural barriers in new healthcare system. Retaining of cultural views and practices may result in confusion and conflicting experiences.
4	Bahar, Z Okcay, H. Ozbcak, S. Beser, A.	The effects of Islam and traditional practices on wom-	To investigate the effects of Islam as a religion and culture on	138 married women	Descriptive comparative study. Data was collected by the	Women's health behavior varied from traditional to rational

	Ustun, B. & Ozturk, M. 2005 Turkey	en's health and reproduc- tion.	Turkish women's health,		use of ques- tionnaire	with higher education, cultural and religious practices relates to pregnancy, childbirth and post- natal care were more in the rural areas.
5	Geckil, E. Sahin, T. & Ege, E. 2007 Turkey	Traditional postpar- tum prac- tices of women and in- fants and the factors influenc- ing such practices in South Eastern Turkey.	To gain an understand- ing of tradi- tional post- partum prac- tices for women and babies, and to investi- gate the factors influ- encing such practices.	273 women	Descriptive study. Data was ana- lysed and studied using statistical package for the social sci- ences soft- ware (SPSS Inc., USA, version 10.0)	A relation- ship exists between traditional npostpartu m practices and demo- graphic character- istics of women was ob- served. The wom- en's moth- ers and mothers-in- law en- couraged traditional practices
6	Noble, A. Rom, M.	Jewish laws, cus-	To provide a comprehen-	Not ap- plicable	Selected common laws,	Traditional- ly, reli-

	New-some- Wicks, M. Engelhardt, K & Woloski-Wruble, A. 2009	toms and practice in labour, delivery and postpartum care.	sive, descriptive guide to specific laws, customs and practices of traditionally, religious observant Jews for culturally sensitive management of labor, delivery and postpartum.		customs, and practices and how they are defined within traditionally religious observance.	gious-observant Jewish couple is committed to maintaining their religious laws, customs and practices during labor, delivery and postpartum care.
7	Lundberg, P. C. & Thu, T. N 2010 Vietnam	Vietnamese women's cultural beliefs and practices related to the postpartum period	To describe cultural beliefs and practices related to the postpartum period among Vietnamese women.	115 Vietnamese women	Descriptive cross-sectional study. Design used triangulation by combining a questionnaire in the first phase and an in-depth interview in the second phase.	Vietnamese women are greatly influenced by traditional beliefs and practices which often is beneficial to the mothers and babies but sometimes potentially harmful.
8	Wehbe-	Bridging	To provide	Not ap-	Publications in	Bridging

	Alamah, H. 2008	generic and professional care practices for Muslim patients through use of Leininger's culture care modes.	knowledge of traditional Muslim generic (folk) care beliefs, expressions and practices derived from research and descriptive sources in order to assist nurses and other health care professionals to integrate generic (folk) care into professional care practices.	plicable	research field	the generic or folk (emic) and professional (etic) care beliefs and practices through the use of Leininger's culture care modes not only promotes culturally congruent care, but may also lead to increased client satisfaction, a pleasant hospital stay, improved client cooperation and a faster recovery rate.
9	Lee, S. Yang, S & Yang,	Doing-in-month ritual	Explores the perception of Chinese	23 first-generation Chi-	Qualitative and phenomenological	Special diet and clothing to

	Y. 2013 USA and Taiwan	among Chinese and Chi- nese American.	women of this specific ritual.	nese- American women in San Francis- co area and 10 older Chinese women in Taiwan.	approaches were used for the study Data was col- lected through interviews and note taking	maintain lifestyle were identi- fied from both stud- ies. Physical and psy- chological pains re- sulted from failure to follow postpartum ritual were identified among Taiwanese women.
10	Sein, K. K. 2013 Myan- mar	Beliefs and prac- tices sur- rounding postpar- tum period among Myanmar women	To examine the postpar- tum beliefs and practic- es among young wom- en (15 – 24 years).	196 women for a quantita- tive sur- vey and 31 wom- en for Focus group discus- sions (FGDs)	Mixed re- search design, both quantita- tive (first phase) and qualitative (second phase) with a retrospective approach. Data was col- lected for the quantitative survey using a face-to face interview with semi-	Traditional beliefs and practices surround- ing post partum were highly prevalent among young women. Variation in degree and duration of adherence to postpar- tum taboos

					structured questionnaire and FGDs were conducted for a qualitative study	were noted. These beliefs and practices were imparted and perpetuated by women's close social network.
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