Original Research - Qualitative

A time for psycho-spiritual transcendence: The experiences of Iranian women of pain during childbirth

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ABSTRACT

Background: The description of women's experiences of childbirth improves our understandings of the nature of childbirth, women's suffering and pain during childbirth.
Aim: This study aimed to explore women's experiences of pain during childbirth.
Method: A qualitative study was conducted using a conventional content analysis method proposed by Graneheim and Lundman (2004). In-depth face to face semi-structured interviews were held with 17 women who met inclusion criteria for participation in this study.
Findings: The women's experiences of pain during childbirth was described as 'a time for psycho-spiritual transcendence'. Categories developed during the data analysis were 'conflicting emotions towards pain', 'new insight towards labor pain', 'self-actualization' and 'spiritual development'.
Conclusion: Most participants had positive experiences and attitudes towards pain during childbirth influenced by cultural, context and religious factors. According to this study, 'transcendental progression' was an eminent feeling that created positive inner feelings along with self-actualization in women. This provides a new insight on labor pain and helps healthcare providers understand the effect of pain during childbirth on women's spiritual, mental and psychological needs.

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Statement of significance

Problem or issue

Childbirth in Iran is considered an unpleasant painful condition. Iranian women have to come to term with the medicalization of childbirth. Therefore, the rate of cesarean section has increased dramatically among Iranian women.

What is already known

Studies on women with different cultural and religious backgrounds showed that women's religious beliefs influence on the provision of care. According to the Islamic doctrine, childbirth makes women closer to God and enhances their spirituality. However, a few studies are available on Iranian women's experiences of childbirth.

What this paper adds

According to the Iranian ministry of health and medical education, the rate of cesarean section should be reduced. Also, there is a need o the promotion of vaginal childbirth with the consideration of religious and cultural backgrounds. The results of this study help policymakers and midwives for the provision of culturally appropriate and sensitive care to women during childbirth.

1. Introduction

Labor pain is a subjective interaction between multiple physiological and psychological factors. Pregnancy for most women is associated with considerable enthusiasm, but labor pain is a stressful event and can diminish the feelings of self-worth,

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self-confidence and self-aversion.[1] Women's beliefs, perceptions and attitudes during childbirth influence on their self-efficacy and satisfaction of pregnancy.[2] Labor pain reduces women's happiness, strength, courage and the feeling of meaning and purpose during childbirth. It can also create a dissociation from individuals' feelings and reduce an ability to feel joy, love and connection with the newborn.[3] From a holistic perspective, an interaction between the mind, body and spirit is essential in childbirth.[4] Therefore, women who consciously perceive the interaction between the mind and body in labor pain are able to face their inner reality, which develops a positive feeling in life.[5] Childbirth not only is affected by woman's health conditions and expectations, but also is considerably influenced by the social context and cultural values.[6] Women experience labor pain and their cultural, contextual and religious beliefs determine how they perceive, interpret and react to pain.[1,8,9,10,11,12,13,14] Childbirth from the perspectives of African–Canadian women is a painful process and mixed with challenges. However, they consider childbirth a spiritual journey and try to take control over it for gaining self-worth and hope.[15] Nowadays, spirituality is recognized as a new psychological reality, concept and research topic, which can be consistent in part with religiousness or not.[16,17] Modern spirituality includes a reference to transcendence or sacredness, but God is defined within religious traditions. It emphasizes an individual reality with a connection to transcendence, others, and the world without necessarily a connection to a certain religious institution or group.[18,19] Also, evidence shows that individuals value spirituality more than religion. Therefore, an increasing number of individuals declare that they are spiritual rather than religious, whereas a few people report the opposite. Spirituality is a broader concept than religiousness and reflects a dynamic rather than a static condition. Also, it is an emotion rather than a belief.[20]

According to the Islam, the holy Qur'an and the Hadiths (sayings, deeds, or agreements of the Prophet), there is an overlap between religion and spirituality. In the Islamic context, there is no spirituality without religious thoughts and practices, but religion provides a spiritual path in life.[21] According to the Islamic doctrine, childbirth is an opportunity that makes women closer to God and makes spirituality more meaningful.[10] Spirituality is quintessential to childbirth[7] and labor pain is an ideal context for women's transcendence and spiritual health.[22] Despite the Islamic teachings regarding the sanctity of childbirth, vaginal childbirth has become an unpleasant and painful condition whereby women have to comply with the medicalization of childbirth.[23] In technocratic societies, women's reproductive bodies have inherent faults and need medical management.[24] In fact, medical interventions in most cases is not essential[25] and even may increase the risk for losing individual's humanity.[26] Given the fact that midwifery care has a holistic nature, grounded in the understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women,[27] understanding women's beliefs, values, and behaviors with different cultures helps midwives provide a more culturally appropriate and sensitive care to women.[28] A few studies were available on the women's experiences of childbirth in the Iranian cultural context. Therefore, this study aimed to explore women's experiences of labor pain.

2. Method

An inductive qualitative method was used, because it was a suitable method for exploring cultural phenomena in terms of meanings that participants ascribe to them. Therefore, given the required level of abstraction and explorative design of this study, a qualitative content analysis method was chosen. Qualitative content analysis is a method for categorizing and coding data that aims to describe a phenomenon. Also, this method is suitable when there is limited knowledge, theory and research about the study phenomenon. This technique provides knowledge, new insights, and in-depth descriptions of realities.[29] Therefore, given the subjectivity of the women's experiences of labor pain, this method was used for exploring the experiences of Iranian women of labor pain.

2.1. Participants and setting

The participants were selected using a purposeful sampling method. Also, maximum variation in sampling was considered in terms of age, educational level, income, gravidity, participation in education classes before childbirth, vaginal childbirth without and with medical interventions. The inclusion criterion for the selection of the women was the experience of vaginal childbirth without complications. The exclusion criteria were being unable to speak in Farsi, being diagnosed with mental disorders as documented in the woman's health file, cesarean section for childbirth, having the high risk for pregnancy and the history of infertility and illicit drugs abuse.

2.2. Procedure

The data collection was performed from May to October 2015. In-depth, individual, face-to-face semi-structured interviews were held with 17 eligible women. At the beginning of each interview session, the participants were informed about the aim of the study, confidentiality of data collection and voluntary nature of participation in the study. Next, the written informed consent form was signed by those women who willingly agreed to take part in this study. The interviews were guided by an open-ended question: "Will you describe your experiences of pain during childbirth?" Also, probing questions were asked to clarify the participants' descriptions and improve the depth of the interviews. The interviews were held in a calm environment, tape-recorded and lasted for 30–90 min. The interviews were transcribed *verbatim* simultaneously after the data collection and analysed by the research team. The MAXQDA software v.10 was used for data management. The interviews were continued until data saturation was reached.

2.3. Data analysis

The conventional content analysis method proposed by Graneheim and Lundman (2004) was used for analysing the collected data.[30] After transcribing the interviews, they were read carefully and manifest and latent contents were identified as meaning units. Next, codes were assigned to the meaning units. The codes were organized according to their relevance, similarities and differences and categories were developed. Ultimately, themes as the latent content of the data were developed. The first and second authors carried out coding and categorizing and other authors supervised this process. In case of disagreements, the research team members held discussions to resolve disagreements.

2.4. Trustworthiness

Lincoln and Cuba's criteria were applied to assess trustworthiness.[31] Member checking, peer debriefing, and audit trail helped with the credibility of the study process. Dependability was ensured using purposive sampling and maximum variation in sampling, Moreover, a detailed description of the research process helped with the transferability of our findings.