

LIVED EXPERIENCES OF WOMEN DURING POST-PARTUM PERIOD: A PHENOMENOLOGICAL STUDY IN KARACHI, PAKISTAN

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ABSTRACT

Postpartum is a significant transitional period in a woman's life, understood fully only by those who have experienced motherhood. Therefore, recognizing and understanding women's worldviews and expectations regarding postpartum care is essential. This study aims to explore and describe women's perceptions and experiences during postpartum. A phenomenological qualitative research design was employed to examine this phenomenon. Ethical approval for the study was obtained from the Ethical Review Committee (ERC) of the Aga Khan University (AKU), Karachi. Eight women participated in individual in-depth; audio-taped interviews. Data were analyzed using a thematic approach within the phenomenological framework. The emergent themes related to the concept of 'transition to motherhood' included bodily transformation, sense of fear/joy, momentous of customary value system, and connecting to faith. The finding highlight that the postpartum period is not merely a biological process but a profound phase of transformation for mother, encompassing physical, emotional, and spiritual dimensions. This study underscores that the postpartum period is not just a simple process being experienced by mothers, but it is a significant period of transition for a mother.

Key words: mother; motherhood; postpartum period; women; experience

INTRODUCTION

Women in the reproductive age bracket (15-49) constitute 27.8 % of Pakistan's total population (1). Despite their large numbers, their health needs are often overlooked. In 2019, Pakistan's maternal mortality ratio was estimated at 186 deaths per 100,000 live births (1), with 50% of these deaths occurring during the postpartum period (2). Studies indicate that postpartum hemorrhage and puerperal sepsis are the leading causes of maternal morbidity and mortality (2, 3, 4). Given Pakistan's maternal health indicators, it is evident that maternal morbidity and mortality remain serious concerns, particularly during the postpartum phase. Pakistan, like many South-Asian countries, has a strong sociocultural framework surrounding childbirth (5). While postpartum mothers' benefit from a robust social support system that encourages rest, many also face discrimination due to gender and social inequalities and inequities (5). As postpartum period experiences vary from mother to mother (6), individuals need both t for themselves and their newborns that must be acknowledged (7). Understanding these experiences is crucial to providing appropriate postpartum care (7), as healthcare providers may not always be aware of these women's perspectives and lived experiences (8).

The postpartum period is a significant phase in a woman's life, making her transition into motherhood, which is an essential aspect of both adulthood and womanhood (9-12). This transition carries a unique meaning for each woman, with experiences varying individually. Transition is an internal process that occurs when individuals are under change (10). Despite being a critical time for maternal health, postpartum care often neglected (9). In both

developed and developing countries, postpartum health receives less attention than pregnancy and childbirth, contributing to high maternal morbidity and mortality rates. Globally, only about 35% of the mothers receive postpartum care, and in developing countries, only three in ten mothers access such care, leaving approximately 92 million women without postpartum support care (13). One of the reasons for inadequate postpartum care is limited empirical evidence needed to develop an effective, context-specific intervention, particularly in regions with inadequate economic and healthcare infrastructures (14). While numerous studies in developed countries have explored women's postpartum experiences, research in developing countries remains limited (19, 20), despite growing recognition of its importance among academics, healthcare professionals, and policy planners. This study aimed to explore and document women's postpartum experiences for future professional reference. It also examined women's perceptions to gain insight into their lived experiences and expectations regarding postpartum care.

METHODS

A phenomenological qualitative design was used to explore women's world of reality about their postpartum experiences (21). This design acknowledges the role of both women's world of creations and the investigator's interpretations in the construction of knowledge (22). During the whole research process, a reflexive process was applied by the researchers to recognize their perceptions about postpartum care, based on their professional knowledge and experiences. Postpartum mothers were recruited from three squatter settlements of Karachi, i.e. Sultanabad, Hijrat Colony, and Rehri Goth. The women who had uncomplicated normal delivery with live births regardless of the gender of the baby and parity of the mother were included.

Sampling Technique:

A non-probability, purposive sampling strategy was employed to recruit the participants. A total of eight study participants were recruited, as in phenomenological design, the underlying purpose is to illuminate the in-depth understanding of postpartum women's experiences within the context they lived (23).

Data Collection:

Potential participants were approached by the researcher as two were selected from Sultanabad; three were selected from Hijrat; and three were selected from Rehri Goth. Initially, the researcher provided a comprehensive briefing to the eligible women and asked them to give their available time, if they were willing to participate. On the day of the interview, a written was taken from the mother, and an individual interview was conducted. All interviews were conducted in the participants' homes according to their choice. Each interview lasted about 60 to 90 minutes. Open-ended questions were asked about their experiences during the postpartum period. All interviews were conducted by a researcher (SK). All the audio-recorded interviews were transcribed as well as cross-checked by senior qualitative researchers to ensure the quality of transcription.

Data Analysis:

Thematic analysis process was used to analyze the data (24), which has been used in many phenomenological studies (25). Initially, the researcher read the transcripts to familiarize the data. At this stage, she highlighted the experiences expressed in the data as how the experiences of postpartum were narrated by individual women. Going through all the data, the researcher marked the meaning consistent with the study/s aim. Next, coding was given in the form of descriptive words like physical, psychological, and social. These codes were ordered themes, and these themes were discussed with senior researchers.

RESULTS

Demographic characteristics of the study participants:

Eight women, who met the inclusion criteria, were enrolled from three different urban squatter settlements (kachi-abad) in Karachi, Pakistan. The participants' age ranged from 19 to 35 years. Two mothers were primi-gravida (first-time mothers), and six were secondary or multi-gravida (having had multiple pregnancies). Of these eight participants, three lived in a nuclear family structure, and five lived in an extended family structure. Five

participants were Muslims and three were Christians. All of them were in their postpartum period, which ranged from 2 to 4 weeks. Their educational status varied from no education to having completed grade 10.

Theme 1: Bodily Transformation:

Study participants recognized the transformation in their bodies and associated these changes with the progress of delivery. They shared their postpartum experiences, particularly physical symptoms such as 'body weaknesses', 'back pain', 'leg pain', and 'perineal pain'. As one participant mentioned: *"Physically there are some changes in the body. I had difficulty in standing; I was unable to feed the baby. This lasted for a few days, especially for the first five days when I felt weak. The doctor said that there was a severe shortage of blood (khoon ki kami)"*. Participants also linked their physical to the health of their baby. One mother shared, *"During pregnancy, I went to a doctor for my weakness. After this childbirth, I again felt weak... Therefore, my child has also become weak"*. Mothers further connected their postpartum bodily transformation with the antepartum period, describing their experiences as a continuous series of changes. For instance, some mothers spoke about antenatal physiological symptoms that improved after childbirth. One woman shared: *"During pregnancy, my blood pressure was very high ... I got swelling on my feet, and my whole legs were swollen ...but after having my baby girl, Mashallah (by the grace of God) thank God now I am feeling better. The pain in the legs is gone, and now I feel lighter"*.

Theme 2: Sense of Joy and Fear:

Study participants expressed their sense of joy and fear in various distinctive manners. These wide-ranging emotional experiences played significant roles in the process of maternal transition. The child as a source of joy was evident in the expressions of some participants, particularly concerning the well-being and good health of the newborn. One mother shared her feelings of happiness upon seeing her baby, saying: *"When the baby was born) I felt happiness. We (the mother and father) felt happy... as we had a lot of tension. But once we saw the child's face, our tension went away ... No matter how much tension we have at home when he plays, we feel that we have a new life...We appreciate everything around the world"*. Some participants highlighted the benefits of breastfeeding, associating it with the emotional and physical well-being of the newborn. One mother narrated her experience of breastfeeding her child for the first time, saying, *"After one and a half hours of his birth, I started breastfeeding him. There is a saying that children, who are not breastfed, become ill very soon... It is also said that those children who don't take their mother's milk don't love their parents, especially the mother"*. Mothers who were delivering for the first time expressed concerns about 'being prepared' to meet the parenting needs of their new-born. They shared their feeling of a lack of confidence in their parenting skills, especially in the initial period after childbirth. However, many of them felt more comfortable taking care of their newborn with support from their family. One primigravida expressed: *"When the child was born, I felt that she was a little living being (newborn) and I wondered how I would take care of her. Initially, my sister, who is also my sister-in-law, gave her a bath. But now it's okay, as I am doing it myself"*.

Mothers also linked their emotional well-being to the physical health of their new-born. They shared that when their child was sick; they felt mentally upset, and that led to emotional distress. A mother explained: *"Obviously, when he suffers (takleef) we feel it more than him. When he cries, we felt it. Definitely, if he suffers, how can a mother bear it? Mentally, a person (mother or father) becomes tense. When he suffers, (pareshan) we feel that our life has ended"*.

It is customary for Pakistani mother to receive special social support during their initial 40 days after childbirth. During this period, many mothers felt more comfortable caring for their babies, as they are assisted by women from the family and community. However, after this 40 days period, this support is often no longer available, which seems to be a source of concern for some participants. One mother shared: *"I am worried thinking that when my sister goes back, I will have to take care of all three of my children. She (sister) is here for only one month, but when she leaves, all the responsibilities will fall on my shoulders. I think that it is difficult to take care of all of them. There's a feeling of anxiety and distress (pareshani)"*.

Four multi-gravida mothers expressed fear based on negative and painful experiences from previous labor and the postpartum periods. One mother, recalling her earlier labor experience, said: *"I had severe pain when I delivered my first son. For almost two or three days I had labor pain. I also had stitches, which was very painful. This time (currently), I am*

scared because the first delivery was very painful due to the stitches. However, this time I felt less pain during labor compared to the first time”.

Theme 3: Momentous of Customary Value System:

The study results highlighted that the transition into motherhood was recognized as a socially significant role, with customary value systems being some of the most momentous experiences for the participants. Social support, particularly from family members such as husband, in-laws, parents, and older child/children played an important role in this transition. Explicitly, the care and concern from the husband were seen as pleasant, but, implicitly, the support gave women a sense of empowerment, as reflected in the participants' expressions. This trust comes from their husbands made mothers feel powerful. One mother shared: *“He is taking care of me now, as I delivered a baby girl, He has also been very supportive. He doesn't allow me to do household work. At night, he holds the baby while I sleep. Whatever, I need, he makes it for me”*. Participants also expressed that they receive from their parents, during the initial postpartum period. In addition to this, the support from in-laws was acknowledged by the participants, particularly during the early postpartum period. One primi-gravida said, *“At home (in-laws) everyone is helping me. They don't allow me to do household work. Until now I have not done anything (household work). My mother-in-law guides me about breast-feeding, how to hold the baby, how to ensure the baby stays healthy, and how to protect her (child) from illness or the elements of cold or heat”*.

In this study, the role of the sibling emerged as a symbol of love and, at times, as a source of valuable assistance, including facilitating rest for the mother. One mother shared, *“It's a new experience. After giving birth if a woman stands up and does household work, she gets body aches, and pain. Now my daughter (17 years old) is doing the household work while I am lying down here”*. The first 40 days after childbirth, known as *“Chilla”*, was identified as a significant period in women's postpartum experiences. This practice allowed mothers to rest and recover so that they could return to their normal activities with renewed energy. One woman described it as; *“We usually go out after completing 40 days, once the “chilla” is over, not before that. However, if we have some problem (majburi), we have to go out. For instance, if I am feeling fine and the baby is well, but if the child is unwell, we have no choice but to go out (majburi)”*.

Beyond this social support, the study revealed traditional practices that mothers adhered to. Some mothers expressed their beliefs that, after childbirth, they needed protect themselves from cold air and cold water to avoid body aches. One mother linked her physical symptoms with social beliefs, saying: related her physical symptoms with social beliefs and practices, *“After delivery, you need to cover your head and protect yourself from the breeze (Hawaa). You shouldn't put your hand in the cold water, and you should keep yourself protected from the breeze. Don't walk without slippers, cover your head... (Otherwise) you will experience aches. Also, don't drink cold water Yes, during this period, there is pain, so having a massage (maalish) and pressure treatment (dabaana) helps to reduce it (pain)”*. Certain foods were also recommended for energy, such as dry fruits, butter oil (Ghee), pistachio nuts, almonds, Arabic gum (goand), (roasted and popped kernel of lotus seed (makhaanay), and), starch. These were sometimes made into sweet dishes or soups. One mother mentioned the food prepared by her family, saying: *“I am eating special prepared at home with pistachio nuts, almond, and butter oil (Ghee). They also prepare soup (hareera) for me. My family instructs me to eat butter oil (Ghee). For soup, the doctor has advised me. They crush the pistachio nuts, almonds, and walnuts and make a sweet dish in butter oil (Ghee) which I eat for breakfast. In the afternoon, I have soup, and at night I can have soup or light food, depending on what I prefer”*. Some participants also discussed the importance of their child's gender and societal pressures surrounding it. One mother shared her family's concerns about gender, and her husband's and in-laws' reactions: *“My two elder sisters have four daughters each; we are also six sisters... My sister was worried because she has four daughters, and thought that if I had a daughter, someone might say something. Everyone wants a boy, but it's in God's hand. My husband has never said anything about it, If I say anything about the baby girl he scolds me Me and my husband are very happy, and after all, she is our child. He (husband) even distributed sweets in our neighborhood... She (mother-in-law) was happy, and they have all been very kind and loving towards me”*.

After becoming parents, some mothers reflected on the difficulties their own parents faced and began to appreciate their efforts more. One primigravida expressed her newfound perspectives: *“Before her birth, we didn't have any idea,*

but since she was born, we have been thinking about our elders, and how much difficulty they went through at our birth and in taking care of us. When we didn't listen to them, we never realized what they went through. Now we are thinking, if our children disobey us in the future, how will we feel? We now feel bad about not realizing how much our parents gave us when they raise us".

Theme4: Connecting to faith:

The study women expressed a unique connection between faith, spirituality, and the conception and delivery of a healthy child. For them, the birth of a healthy child was seen as a joyous event, bestowed by God, and as an act aligned with God's will. One participant shared her deep faith and trust in God: *"God definitely gives us what we need, I have experienced this firsthand. God accepted my request and everything. During this pregnancy, the traditional birth attendant (TBA) told me that I had a tumor (rasoli), and I would not be able to have any children. I went to the hospital for treatment, and then Allah blessed me with a son, I was very happy...Allah will give you He will definitely give you, nobody else can. No doctor has the power to give you children, only God can"*.

These beliefs not only shaped their perspectives on childbirth but also played a role in facilitating their parenting process and coping with financial stress. One mother shared: *"We do not have enough income, but we are still thankful to God. There are no major worries, and I manage to survive with our limited resources. God has blessed us"*.

Some participants beautifully described their experiences with religious practices, which they viewed as powerful and helpful in easing the labor process. These spiritual practices gave them strength during labor and were deeply connected to the moral and religious values that guided their lives. One participant shared: *"During childbirth, the doctor told me that forceps (instrument) would be needed, but by God's blessing, it (forceps) wasn't required. At that moment, I called my husband, and he recited Quranic Verses (Sura-e-Yaaseen) for me. After that, God blessed me. We believe that there is power in God's word and nothing is more powerful than that"*. Another mother spoke of the power of Quranic recitation, during labor, saying: *"A person must tolerate the pain of labor, but remember God, and the delivery will be quicker. I did exactly that.... The whole night I recited Quranic words, Allah's names (Yaa Allah, Yaa Rehman, Yaa Raheem). The doctors also say that if you remember Allah, your delivery will be quicker. And I delivered earlier than the others in the labor room"*.

DISCUSSION

The study findings are phenomenological and qualitative in nature; therefore, they cannot be generalized to all postpartum mothers. However, these experiences provide valuable insight into the transition phase that mothers go through, particularly in settings similar to those of the study participants. The research results revealed that the postpartum period is a time of significant change in women's lives. This change is a common occurrence in the "transition to motherhood" process and can be considered a "concrete notion" (26). The themes of 'bodily transformation, sense of fear/joy, momentous of customary value system, and connecting to faith' were treated as occasions (26, 27, 28, 29), all gathered around the central concept of women's experiences during "transition to motherhood".

Analysis of the findings depicts that the mothers shared their experiences of bodily transformation into two distinct, but connected dimensions as follows: post-partum experiences in terms of bodily manifestations; and interconnectedness of the antenatal period with the postpartum experiences. Participants described their bodily symptoms as the prime health care concerns during the postpartum period. Cooke and Stacey highlight that these women require support care if they have had health problems (27, 29). To assist these mothers, it is recommended that, during the postpartum period, regular follow-up care is provided, which should include pharmacological advice (i.e. iron and calcium supplements); postnatal exercises; nutritional interventions, and care of perineal area (i.e. sitz bath and hygiene care). Some mothers signified the postpartum period as a positive outcome by reducing their physiological symptoms. It revealed that the postpartum period is not an isolated sequence of activity, but it is linked to the antepartum period. The transformation from the intrapartum period to the postpartum period symbolized the transition from being pregnant to being a mother (19).

The sense of joy and fear emerged as significant psychological experiences for the participating mothers. Emotional support is a critical component of high-quality postnatal care (27). The present study implies that the mothers' pleasant and unpleasant feelings were closely tied to their newborns' well-being. Immediate breastfeeding practices were particularly vital for mother-child bonding, and for the newborns' health. Bonding is essential for nurturing emotional relationships between mothers and their children (17, 28). These positive practices need to be promoted and encouraged at the maternal education and practice sittings, as they can prevent mothers from distress and depression (30). Concerns about the 40 days period and fear stemming from previous labor experiences were found to cause emotional distress, which can have harmful effects on mother's psychological well-being. It is crucial for health care providers to be well-equipped in identifying these emotional factors, which can help alleviate fear and concerns. Education and support play a remarkable role in reducing negative feelings and promoting positive ones during postpartum period (15, 31).

The momentous customary value system emerged as one of the key findings during mother's transition period. For instance, the importance placed on mothers within family was a significant finding, reflecting the respect and value attached to them. Motherhood was recognized as a powerful role. The societal preference for male children was evident, although when the partner provided support, women felt less concerned about the gender of the baby. Similar findings were found in Winkvist and Akhtar's research, as "several of the women reported being supported by their husband and in-laws also when giving birth to daughters" (32). Women seemed to gain confidence with the presence of social support, which was an important factor in this study. Mothers received support from husbands, in-laws, parents, elder child/ children, and neighbors/friends. The findings reveal that the involvement of family members plays a cushion in maintaining mothers' social, as well as psychological, well-being, and assists them in fulfilling the demands of motherhood. Family support might decrease the likelihood of postpartum depression and prevent tiredness, which, in turn, might enhance the health status of postpartum women (33, 34).

Therefore, such social support should be encouraged and promoted during prenatal and postnatal care, as they work as protective health indicators, staying at home for 40 days, keeping the body warm, having body massages, and eating a special diet were seen to be mothers' social values and practices that help mothers in the smooth postpartum transition. Similar practices were promoted in Chinese, Malaysian, and Taiwanese cultures as they give mothers a longer resting period and assist them in regaining strength, which leads to a better health outcome (35). Those mothers who pursued the traditions of staying in for a while had little chance of getting postpartum depression (35). However, due to these societal beliefs and practices, women were reluctant to go out. Therefore, community health professionals especially nurse and midwives need to be involved in conducting home visits for routine postpartum care. This care would assist in the prevention, early detection, and treatment of complications for the mother and her newborn.

A unique feature found in this study was that some women acknowledged the challenges and suffering of their parents during postpartum time and expressed empathy for their struggles. Many religions, such as Islam, Hinduism Judaism, and Christianity, give a high status and values of parents. The status and value attached to parents in the Muslim world in particular is very high. As Allah says in His Holy book (Quran): "We have enjoined man to respect his parents; his mother bears him with fainting after fainting, while his weaning takes two years. Thank Me as well as your parents; towards Me lies the goal" (36). Connecting to faith seemed to be one of the essential needs in the process of becoming a mother. Results also highlighted the context of the spiritual dimension of the participants as mothers linked the bringing of a new human being into this world to their faith and belief. Another study, the participants spoke of admiration, awe, the reason for the creation of a new life, and the meaning of birth as a central part of the spiritual aspects (37). These spiritual values and practices become symbolic for them, which shape and influence their mothering lives. Reliance on Allah, saying of Allah's name, and Quranic-verses were seen as religious rituals in the study. Moreover, their physical as well as emotional well-being is

connected to their spiritual beliefs. Therefore, spirituality is a significant aspect of mothers' lives, which is grounded in their values and beliefs.

CONCLUSION

The study demonstrates the fact that the postpartum period is not just a simple process being experienced by mothers, but it is a great time and process of transition. Identifying the various experiences found in the research, highlighted the need for the provision of a solid infrastructure, for providing a service that is comprehensive, socially and traditionally specific, and that responds to the needs of postpartum mothers. The study may contribute as a steppingstone in improving maternal well-being by assisting health care professionals: to implement and develop care on women's experiences to promote healthy practices in the postpartum period; and to avoid potentially risky healthy behaviors and practices. The study was based on a homogeneous sample, that is the participants were from squatter settlements, living in Karachi, non-working, belonged to the low to middle socio-economic class, and had delivered full-term babies, without complications. Further research should also include women from the middle or upper middle class, working, having ill babies, and complications during the postpartum period. Having a strong support mechanism in the first 40 days seems to be a protected window in terms of the mother's emotional needs. However, the later period seems to be an area of concern; therefore, important to do further research after this window period of protection. Moreover, this investigation captured the essence of individual women's experiences during their 2nd – 6th week of postpartum, and this could be further investigated by comparing them with the women's experiences after their 6th week of the postpartum period.

Conflict of interest:

The authors declare no conflict of interest

Ethical consideration:

The study was approved by local research ethics committee of the Aga Khan University (AKU), Karachi. Before the start of the data collection process, written permission was taken from the community Health Sciences department of the AKU as well as from the community leaders of all three field sites. Voluntary verbal and written informed consent was taken from each participant before the interview and the audio-taping

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