Inner Voice of Pregnant Women: A Qualitative Study

Abstract

Background: Spirituality becomes more significant and evident during crises like pregnancy; therefore, it is crucial for healthcare providers to be supportive during pregnancy through exploring and understanding the meaning of spirituality for pregnant women. This study aimed to discover the experiences of Iranian pregnant women regarding spirituality.

Materials and Methods: This qualitative, inductive, content analysis study was performed in 11 pregnant women (28–36 weeks’ gestation) who attended the healthcare centers of Karaj, Iran. The subjects were selected by purposeful sampling and invited to participate in the study. The data were collected through semi-structured, face-to-face, and in-depth interviews and were analyzed using the inductive content analysis approach.

Results: Three major themes emerged during data analysis: “permeable transcendence,” including “spiritual awareness of mother,” “spiritual light of baby,” and “personal transformation and improvement.” “Doubled responsibility” comprised two subthemes of “spiritual nourishment for mother” and “spiritual nourishment for child,” and “spiritual circumstance” consisted of two subthemes of “religious background” and “spirituality of healthcare provider.”

Conclusions: Considering the importance of spirituality and religion in gestational health promotion, the results of this study can assist healthcare providers in recognizing the women’s spiritual needs and valuing the protective role of religious/spiritual well-being during pregnancy.

Keywords: Iran, pregnancy, qualitative research, religion, spirituality

Introduction

Pregnancy is considered both a situational crisis and an enriching event for a woman. Although meeting the spiritual needs is essential for everybody, spirituality becomes more significant and evident during crises like pregnancy. It is clear that maternal psychosocial stress and increased levels of stress hormones are associated with adverse effects on fetal development. Given the importance of stress management during pregnancy and the evidence supporting the association between spirituality and mental health, a high level of spirituality in this period could be protective.

A growing body of the literature showed that there is no universally accepted definition for spirituality since it requires eliciting the experiences that give coherence to a person’s life. People may have their own definition of spirituality. This definition may be related to the person’s age, sex, race, culture, previous experiences, and psychological well-being. The most commonly used definition of spirituality includes “the meaning of life, individual perceptions of faith, and an individual’s relationship with the Ultimate Source”; “the connection that people make to something beyond themselves as a means of reaching self-actualization;” and “a sense of connection with oneself, others, nature, and the transcendent.” The last definition is in accordance with existential well-being, which is one aspect of spiritual well-being. Spiritual well-being refers to one’s perceived sense of well-being from a spiritual attitude. In fact, existential well-being stems from the concept of spiritual well-being, which reflects the extent to which people live in harmony with themselves, others, nature, and the transcendent. Another aspect of spiritual well-being is a religious dimension; religious well-being refers to one’s relationship with a higher power within a particular system of religious beliefs. Thus, it is evident that religious well-being has a positive effect on general health. In this regard, it has been shown that religious well-being in women is associated with physical and psychological aspects of health.

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Address for correspondence:
Dr. Mansooreh Tajvidi,
Department of Nursing, College of Nursing and Midwifery and Clinical Cares and Health Promotion Research Center, Islamic Azad University, Karaj, Iran.
E-mail: mansooreh_tajvidi@yahoo.com

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quality of life and self-care behaviors and affects their decision-making during the pregnancy.\(^6\)

Spirituality is expressed through beliefs and traditions and is often inseparable from cultural identity. Cultural and religious beliefs and practices form an integral part of being and are a unique way to live. Therefore, in situations like pregnancy, which is a deeply meaningful event in every woman’s life, a number of cultural and religious traditions come out and provide support for health as a whole.\(^4,6,7\) Discovering the spiritual experiences of pregnant women might play an underlying role in understanding this concept. Moreover, it is important to discover culturally diverse spiritual feelings, thoughts, and experiences of pregnant women, since sharing distinct but common experiences might help them find out a common language to express whatever they feel during this meaningful period.\(^8\) However, sharing these valuable experiences might lead to renewal by offering an invitation to reconnect with their deepest self, so this would be helpful in their enrichment and lead to a safe and healthy birth.

Although spirituality is a personal search for the meaning of life and existence, which may or may not be related to religion,\(^3\) these concepts are not separated in some contexts like Muslim communities. In Iran, Islam is a common religion that has a great effect on spirituality throughout the life. For Iranian people, spirituality and religion are considered interwoven concepts.\(^9\) There are some quantitative studies regarding the effect of spirituality on Muslim pregnant women,\(^10,11\) but further qualitative studies are required to discover their experiences and feelings regarding spirituality during this period. In this regard, there has been relatively little research on spirituality in Muslim pregnant women, especially in Iran. As mentioned earlier, detecting and sharing diverse spiritual experiences in this period could be considered an effective spiritual intervention and also an invitation for healthcare providers to a deeper reflection on acknowledging the spiritual needs of pregnant women and spiritual care.\(^12\) This study aimed to discover the experiences of Iranian pregnant women regarding spirituality.

### Materials and Methods

This qualitative study was conducted in 2016 in Iran using the content analysis approach to explore the experiences of Iranian pregnant women regarding spirituality. Content analysis is a systematic coding and categorizing approach used for exploring large amounts of textual information in which the trends of the words used, their frequency, and their relationships are determined.\(^13\) The participants included 11 pregnant women (28–36 weeks’ gestation) who attended healthcare centers of Karaj, Iran [Table 1]. The subjects were selected through purposive sampling and invited to participate in the study. The inclusion criteria were being pregnant and willing to share personal experiences. The ability to speak Persian and absence of signs of cognitive disorders interfering with participation in interviews were other inclusion criteria.

The data were collected using semi-structured, face-to-face, in-depth interviews. The interviews continued until data saturation was achieved. Each interview session started with an open-ended question and continued using probing questions. The primary interview questions were “What does spirituality mean to you?,” “Please describe your experiences of spirituality during pregnancy,” and “Please describe the effect of spirituality on your pregnancy.” The interviews lasted 30–60 min and were recorded with a voice recorder and transcribed verbatim immediately. During the interviews, some notes were taken about the situation and the participant’s emotional condition.

Data analysis was carried out concurrently with data collection until data saturation was achieved. The data analysis process started immediately after the first interview. An inductive content analysis approach was applied to analyze the data through three interrelated phases, including open coding, categorization, and abstraction.\(^14\) Initially, the interviews were read thoroughly in order to find the codes. Then, grouping of the codes was done, based on similarity, into higher order headings, that is, categories. The categories were revised throughout the process and collapsed under new headings until a consensus was reached.\(^15\) All these phases were carried out

### Table 1: Participants’ demographic data

| Participant | Age (years) | Gestational age (weeks) | Education          | Nulliparous/multiparous | Gravidity |
|-------------|-------------|-------------------------|--------------------|-------------------------|-----------|
| 1           | 35          | 28                      | High school diploma | Nulliparous             | 1         |
| 2           | 27          | 32                      | High school diploma | Multiparous             | 2         |
| 3           | 22          | 35                      | BSc                | Nulliparous             | 1         |
| 4           | 27          | 36                      | High school diploma | Nulliparous             | 1         |
| 5           | 30          | 29                      | High school diploma | Multiparous             | 1         |
| 6           | 30          | 35                      | BSc                | Multiparous             | 2         |
| 7           | 20          | 31                      | High school diploma | Nulliparous             | 1         |
| 8           | 24          | 32                      | High school diploma | Nulliparous             | 1         |
| 9           | 27          | 34                      | High school diploma | Nulliparous             | 1         |
| 10          | 30          | 36                      | High school diploma | Nulliparous             | 1         |
| 11          | 31          | 32                      | High school diploma | Nulliparous             | 2         |
for data analysis. The MAXQDA 10 software was used for data management.

Four criteria of credibility, dependability, confirmability, and transferability were applied to enhance the rigor of the findings. To establish credibility, the participants were selected in different gestational weeks. Another way for establishing credibility was to seek agreement among coresearchers, experts, and participants. In this study, the same researcher conducted all the interviews and analyzed the data. The second researcher examined the accuracy and appropriateness of the generated codes and categories. The study findings were also checked with the participants. Accordingly, a summary of the authors’ interpretation of the key points and generated codes was given to the participants, and they were asked to determine whether the generated codes reflected their views. To establish the dependability of the study findings, a record of all research activities was documented so as to make it possible for others to audit the study. This was checked through external audit where an external researcher examined the processes of data collection, data analysis, and the results of the research. Finally, to increase the transferability of the findings, a clear and comprehensive description of the study context, participants’ characteristics, and data collection and the analysis processes was provided.

Ethical considerations

The study was approved by Ethics Committee of Islamic Azad University, Karaj Branch (ethical code: 69-93/6/17-0069). Prior to the interview, the participants were informed of the purpose and procedure of the study. Participation was voluntary and verbal consent was obtained from all individuals. Confidentiality issues were clarified including the interview process.

Results

The participants of this study were 11 pregnant women (28–36 weeks’ gestation) who attended Karaj’s healthcare centers. The age range of the subjects was 20–35 years old. Three major themes emerged through data analysis, including “permeable transcendence,” “doubled responsibility,” and “spiritual circumstance.”

Permeable transcendence

The presence of another soul developing in the mother’s body caused new experiences. Indeed, the spiritual essence of the fetus raised the “spiritual awareness of the mother” in relation with the sacred soul. The participants expressed that connection to the soul and the sacred nature of the fetus would bring them closer to God, give them greater joy during prayer, and enhance their understanding of the Quran. This higher level of religious beliefs and practices was reflected in the statements of the participants, “I experienced stronger spiritually during my pregnancy; I was more considerate of worship activities and my hijab and sent more blessing, praise, and greeting to God during my pregnancy” (participant No. 1). In this regard, pregnancy can give a deeper meaning to the mother’s life and inspire her to transcend the ordinary. Based on the participants’ statements, this feeling was a result of the “spiritual light of baby” that went through the mother’s spirit and increased her inner light and brightness. Most of the participants shared a similar sense of “personal transformation and improvement” as a result of pregnancy. A 36-week pregnant woman stated, “Since the nature of fetus is spiritual and pure, pregnancy is an enriching time when a baby grows inside its mother…. pregnancy for me is an opportunity to become an overall better person” (participant No. 10).

Participant No. 4, a 27-year-old woman in her last week of conceptual sphere said, “I am more considerate of others, I am treating them properly. For example, I am showing more attention to my sister, husband, and mother-in-law.”

Doubled responsibility

The mothers reported similar experiences regarding increased responsibility during pregnancy due to the opportunity to carry an innocent being. Regarding this experience, two subthemes emerged as “spiritual nourishment for mother” and “spiritual nourishment for child.” The mothers stated that carrying an innocent being made them more responsible toward taking care of it. In this regard, reaching this level requires spiritual growth and spiritual nourishment. One of the participants (participant No. 2) expressed her experience as, “I feel more responsibility for the sake of this spiritual entity. I try not to make mistakes too much during pregnancy by worshiping more and thanking God for what He has done.”

A 32-week pregnant mother (participant No. 11) talked about her experience regarding accountability to provide spiritual nourishment for the baby, “I have a responsibility towards my child to convey pleasant and constructive emotions to him. I am trying to read the Quran more than before, since I believe that the Quran has a positive energy that would bring about this kind of feelings and peace for me and my baby.”

A 34-week pregnant woman (participant No. 9) said, “Since God allows me to grow spiritually, I have an obligation to feed my baby’s spirit. I feel an increased responsibility for self-change that could influence my child. This sense of responsibility makes me take better care of myself both mentally and spiritually more than ever before and be more careful about eating halal foods, too.”

Spiritual circumstance

Based on the participants’ statements, some factors may interact with the mother’s spirituality during pregnancy, including “religious background” and “spirituality of healthcare provider.” A clear majority of the mothers believed that living in a religious family could influence
people’s attitudes from different aspects that could resonate well with their lifetime experiences, especially in periods like pregnancy when they may evolve spiritually. A 34-week religious pregnant woman (participant No. 9) said, “I grew up in a religious family. My parents always insisted on adherence to religious rituals and practices. My previous teachings regarding spirituality have a significant influence on my pregnancy.”

The pregnant women pointed to the spirituality of the healthcare providers as a significant factor in this period. Indeed, pregnancy is a time when many women cultivate a deeper sense of spirituality. Since spirituality is related to connectedness to others, this sense can also be affected by relationships and circumstances women face in this period. Some of the participants emphasized the spirituality of the midwife. A nulliparous mother (participant No. 7) said, “The midwife’s character is important for me. Moreover, her beliefs and values are a real concern for me. It is important for me that the midwife gives me positive energy and encourages me to read the Quran for calming. Indeed, she should prepare me for my spiritual journey.”

Discussion

Spirituality is one of the aspects of human existence that is dramatically identified in critical and stressful periods. It creates a meaning for life and inspires a person for facing problems in life. According to the World Health Organization, spirituality is accepted as a principle for health promotion. [17]

In this study, one of the major was “permeable transcendence.” All the participants felt getting closer to God during pregnancy. They pointed to the role of carrying a sacred reality that went through mother’s spirit, increased her inner light, and strengthened her relationship with God. The feeling of the deep and newly found spirituality and transcendence in pregnancy are acknowledged by many researchers. [8,28] According to Redelinguys et al., the active involvement of the Divine reality in the mother’s experience make her being part of a transcendence journey. [14] This results of this study were consistent with other studies, indicating that spirituality in pregnancy is understood by achieving inner peace, connection to the eternal nature of God, moving toward quitting sins, and a feeling of happiness and meaningfulness. [19,20]

Our research showed that going through this transcendence journey led to personal transformation and improvement. Similarly, Wink and Dillon found that people with higher levels of spirituality tended to be more agreeable, helpful, cooperative, considerate of others, and forgiving. [21] Indeed, our findings indicated existential and religious well-being where the mother lives in harmony and in connection with herself, others, and God. It should be noted that having such kind of experience makes the mother more responsible toward her unborn child’s health as well as her own. [26]

Our findings also demonstrated that pregnancy made the mothers more responsible toward their own and their unborn child’s spirituality. According to the Islamic perspective, many factors might contribute to spiritual characteristics of unborn children; for example, the mother has a great responsibility toward taking care of her feelings, beliefs, and behaviors. It has been quoted from Prophet Muhammad (peace and blessings of Allah be upon him) that “Blessed is the one who is blessed in her/his mother’s womb, and the deprived is the one who is deprived of the grace of God in his/her mother’s womb.” [18] In line with this study, Heidari et al. (2015) found that women with higher levels of spirituality were concerned about their unborn children’s soul being influenced by their behaviors and felt responsible toward their behaviors. [22]

The mothers’ experiences suggested that living in a religious family and having a religious background was very influential. The life of women with higher spirituality would change from a material life to a spiritual life during pregnancy. [23] Consistent with this study, another qualitative study in the Iranian context showed that pregnant women’s spirituality is significantly influenced by self, significant others, and society. Similarly, the spiritual and religious beliefs of healthcare providers were also the focus of attention of many pregnant women. In the mentioned Iranian study, one of the themes emerged was “lack of caring physician interest toward spiritual considerations to the unborn child.” [24] Another major focus of attention was the role of family and significant others in spirituality formation during pregnancy, which is a global issue but may be presented in different ways based on cultural varieties. Family spirituality undoubtedly affects the development of unique health illness habits and is basically considered a coping mechanism for emotional well-being during pregnancy. [25-27] Having high levels of spirituality in pregnancy result in better control over stress, improve psychological well-being and compliance with medical care, and provide strength and confidence leading to generalized positive outcomes. [2,28,30]

Spirituality in pregnancy is considered as a protective and developmental factor for pregnant women and enhances their personal and spiritual growth. [8] Basically, spirituality in pregnancy is a global issue with differences and commonalities in other cultural contexts such as Christianity and Judaism. [20] In other words, each birth reminds us of our human dignity and provides the opportunity to expand our perspective regarding a better future. [8,20]

Diverse contexts with different ethnic, cultural, and religious backgrounds as well as other types of qualitative research approaches are needed to understand the significance of spiritual and religious beliefs during pregnancy. It should be noted that the findings of this study are context-based and represent the experiences of participants who are all Iranian Muslim pregnant women and cannot be generalized to all pregnant women worldwide.
Conclusion
The results of this study indicated that the spiritual essence of the unborn child as well as the spirituality of the mother and significant others affected the mother’s experiences regarding spirituality, making her more responsible toward taking care of the spiritual being within her womb. This study can provide a broader view of the various aspects of pregnant women’s health by focusing on their religious and cultural sensitivities. Considering the importance of spirituality and religion in health promotion during pregnancy, the results of this study can assist healthcare providers in recognizing the women’s spiritual needs and valuing the protective role of religious/spiritual well-being during pregnancy.

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Conflicts of interest
Nothing to declare.

References
1. Pennan J, Oliver M, Harrington A. Spirituality and spiritual engagement as perceived by palliative care clients and caregivers. Aust J Adv Nurs 2009;26:29-35.
2. Adib-Hajbaghery M, Zehtabchi S, Fini IA. Iranian nurses’ professional competence in spiritual care in 2014. Nurs Ethics 2017;24:462-73.
3. Mann JR, Mannan J, Quiñones LA, Palmer AA, Torres M. Religion, spirituality, social support, and perceived stress in pregnant and postpartum Hispanic women. J Obstet Gynecol Neonatal Nurs 2010;39:645-57.
4. Redelingshuys A, Coetsee H, Roos V. First-time mothers’ experiences of meaningfulness during their third trimester of pregnancy: A focus on spirituality. J Psychol Afr 2014;24:246-51.
5. Callister LC, Khalaf I. Spirituality in childbearing women. J Perinat Educ 2010;19:16-24.
6. Kharame ZT, Zamanian H, Foroozanfar S, Afsahi S. Religious wellbeing as a predictor for quality of life in Iranian hemodialysis patients. Global J Health Sci 2014;6:261-9.
7. Visser A, Garssen B, Vingerhoets AJ. Existential well-being: Spirituality or well-being? J Nerv Ment Dis 2017;205:234-41.
8. Crowther S, Hall J. Spirituality and spiritual care in and around childbirth. Women Birth 2015;28:173-8.
9. Moen I, Sharifi S, Kajabi MB. Effect of Islam-based religious program on spiritual wellbeing in elderly with hypertension. Iran J Nurs Midwifery Res 2016;21:566.
10. Haghigat M, Mirghafourvand M, Mohammad-Alizadeh-Charandabi S, Malakouti J, Erfani M. The effect of spiritual counseling on stress and anxiety in pregnancy: A randomized controlled clinical trial. Iran Red Crescent Med J 2018;20:e64094.
11. Mohamadirizi S, Mohamadirizi M, Mohamadirizi S, Mahmoodi F. The effect of religious-spiritual support on childbirth self-efficacy. J Educ Health Promot 2018;7:14.
12. Attard J, Baldacchino DR, Camilleri L. Nurses’ and midwives’ acquisition of competency in spiritual care: A focus on education. Nurse Educ Today 2014;34:1460-6.
13. Vaismoradi M, Turunen H, Bondas T. Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. Nurs Health Sci 2013;15:398-405.
14. Elo S, Kyngäs H. The qualitative content analysis process. J Adv Nurs 2008;62:107-15.
15. Streubert Speziale H, Streubert HJ, Carpenter DR. Qualitative Research in Nursing: Advancing the Humanistic Imperative, 5th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2011.
16. Thomas E, Magilvy JK. Qualitative rigor or research validity in qualitative research. J Spec Pediatr Nurs 2011;16:151-5.
17. World Health Organization. WHO Traditional Medicine Strategy 2014–2023. Available from: http://www.who.int/topics/traditional_medicine/en. [Last accessed on 2018 Feb 01].
18. Doherty ME. Voices of midwives: A tapestry of challenges and blessings. Am J Matern Child Nurs 2010;35:96-101.
19. Kolivand M, Keramat A, Rahimi M, Motaghi Z, Shariati M, Emamian M. Self-care education needs in gestational diabetes tailored to the Iranian culture: A content qualitative analysis. Iran J Nurs Midwifery Res 2018;23:222.
20. Heidari T, Ziaei S, Ahmadi F, Mohammadi E, Hall J. Maternal experiences of their unborn Child’s spiritual care: Patterns of abstinence in Iran. J Holist Nurs 2015;33:146-58.
21. Wink P, Dillon M. Religion, spirituality, and personal wisdom: A tale of two types. In: Ferrari M, Weststrate NM, Nic M. (Eds.). The Scientific Study of Personal Wisdom. Dordrecht: Springer, 2013. p. 165-89.
22. Heidari T, Ziaei S, Ahmadi F, Mohammad E. Powerful leverages and counter-currents in the unborn child spiritual care: A qualitative study. Glob J Health Sci 2015;7:122.
23. Lucero SM, Pargament KI, Mahoney A, DeMaris A. Links between religious and spiritual coping and adjustment among fathers and mothers during first pregnancy. J Reprod Infant Psychol 2013;31:309-22.
24. Gall TL, Kristjansson E, Charbonneau C, Florack P. A longitudinal study on the role of spirituality in response to the diagnosis and treatment of breast cancer. J Behav Med 2009;32:174-86.
25. Kim SS, Kim-Godwin YS, Koenig HG. Family spirituality and family health among Korean-American elderly couples. J Relig Health 2016;55:729-46.
26. Magill L. The spiritual meaning of pre-loss music therapy to bereaved caregivers of advanced cancer patients. Palliat Support Care 2009;7:97-108.
27. Ghodrati F, Mokhtaryan T, Akbarzadeh M. The effect of pregnancy-related religious training on religious attitudes among pregnant women. JMRH 2018;6:1296-304.
28. Mann JR, Mannan J, Quiñones LA, Torres M. Religion, spirituality, social support, and perceived stress in pregnant and postpartum Hispanic women. J Obstet Gynecol Neonatal Nurs 2010;39:645-57.
29. Mohammad F, Babaei M. Effects of participation in support groups on Alzheimer’s family caregivers’ strain and spiritual wellbeing. Iran J Ageing 2011;6:29-37.
30. Dilgony T, Dolatian M, Shams J, Zayeri F, Mahmoodi Z. Correlation of spirituality and psychological well-being with pregnancy-specific stress. J Res Religion Health 2016;2.