

The cultural customs of Afghanistan muslims during pregnancy, childbirth and postpartum period: based on the results of the interviews

Marika Merits

Tallinn Health Care College

Kaire Sildver

Tallinn Health Care College

Irena Bartels

Tallinn Health Care College; East-Tallinn Central Hospital Women's Clinic, Estonia

Kirilin Meejärv

East-Tallinn Central Hospital Women's Clinic, Estonia

Abstract

The thesis is a part of Tallinn Health Care College, Department of Midwifery research: The cultural customs of Afghanistan muslims during pregnancy, childbirth and postpartum period: based on the results of the interviews during professional training of Afghan midwives in Estonia in 2015.

53% of all the war refugees around the world headed to Europe in 2015, including the refugees from Afghanistan with Islam as the majority religion. According to Statistics Estonia, the immigration to Estonia has also increased in recent years. 27% of the migrants heading to Estonia were from outside of the European Union in 2015. It is important to know the culture of Afghanistan and similar countries, and to understand the individual needs of the migrants from these countries in order to provide them with high-quality health care.

Objective: The objective of the research study is to describe the cultural customs of the muslims during pregnancy and childbirth and postpartum period based on the analysis of the results of the interviews conducted with the Afghan midwives.

Methods:

The current research study consists of theoretical and empirical part. The qualitative data analysis, which is inductive, has been used in the empirical part. The empirical part is based on the analysis of the results of the semi-structured interviews.

Conclusions:

The pregnant woman in Afghanistan is assisted and supported by female family members. They ensure that all the food, which is being eaten during the pregnancy, is strictly following the religious requirements. The antenatal care among muslims patients is less utilized. The decision to refuse antenatal care is mainly influenced by Islam religion: the need to expose body parts, lack of privacy, lack of female health care professionals, and lack of family support. Many women consider Ramadan fasting harmless and practice it during the pregnancy. According to Islamic law abortion is allowed only in extreme circumstances.

In rural areas of Afghanistan, majority of childbirths take place at home without the presence of midwives. The percentage of childbirths in hospitals is much higher in urban areas. The main reasons to home birth are the lack of male chaperones and consent from the rest of the family, the lack of female health care workers, lack of cultural sensitivity, and lack of religiously suitable foods in hospitals. Home births are usually assisted by traditional birth attendants or elderly female family members. The cultural customs, practices and traditions that are harmful either to the woman or to the newborn are less followed in more educated families. Praying is important during the childbirth, the woman in labour and her close family members need to have private areas for that.

As part of the cultural customs, it is desired that prayers are whispered into the newborns left and right ear immediately after the birth and a ritual washing to be conducted. Feeding the newborn with dates and honey or clarified butter before nursing is a widely practiced tradition. The birth celebrations of sons are bigger than daughters. The tradition to bury the umbilical cord and placenta is widely practiced.

Keywords: *Afghanistan, muslim, cultural customs, pregnancy, childbirth, postpartum period.*

Introduction and Background

According to the statistics of 2010, Islam was the second largest religion in the world followed by 23.2% of the global population. It is estimated that there are 1.6 billion muslims, and they are mainly living in Southeast Asia, in Oceania, in the Near East and in North Africa. 6% of the muslims are living in Europe. (The Global ... 2012). Islam is a growing religion proven by the fact that 35% growth in the population of the muslims is expected by year 2030, which is average 1.5% per a year, that is twice as high as an annual growth of non-muslim population (The future ... 2011).

It is estimated that 43,490,000 muslims lived in Europe in 2010 (The Global ... 2012). According to the statistics of 2015, immigration to Europe has increased. 53% of all war refugees around the world headed to Europe in 2015, including refugees from Afghanistan, and their religion is Islam (Global trends ... 2015). According to Statistics Estonia, the immigration to Estonia has also increased in recent years. 27% of the migrants heading to Estonia were from outside of the European Union in 2015 (Siserännanud sünniriigi ... 2016).

Many studies have shown that the immigrated people, especially muslim women do not use enough health care possibilities, and their health indicators are worse (Arousell&Carlbon 2016). The patterns related to seeking help in the field of health care are influenced by religious beliefs. It has been observed in studies conducted among muslim women that often the reason for refusing help lies in contradiction between the possibilities the hospital has and the needs of the patient. Many interviewed women did not experience culturally sensitive care at hospital and therefore felt themselves uncomfortable. (Sidumo et al. 2010; Ganle 2015).

When taking care of the women and their families, the midwife should take into account the cultural differences and beliefs (International Code ... 2014). In order to provide the migrants from Afghanistan and from other countries with similar background with high-quality health care, it is important to know their culture and through this to understand their individual needs (Touran et al. 2015). Knowledge about the attitudes and beliefs related to reproductive health are limited among the muslims, since there have been only relatively few empirical studies published in this field. (Arousell&Carlbon 2016).

Nine midwives and/or teachers of midwifery from Afghanistan were in Estonia from May 2015 to June 2015 under the development cooperation project „Improving the quality of vocational education for women in the fields of health care and information technology in the provinces of Herat, Balkh, Nangarhar and Faryab in Afganistan” (Naiste tervishoiu ... 2016). Under the development cooperation mentioned the authors of the current study were offered the opportunity to study the cultural traditions of the muslims during pregnancy and childbirth and postpartum period. The Afghan midwives and midwifery teachers were interviewed with the objective to gain more detailed knowledge about the traditions of the muslims in order to promote culturally sensitive midwifery in Estonian health care institutions in the best possible way.

Objective:

The objective of the research study is to describe cultural customs of the muslims during pregnancy and childbirth, and postpartum period based on the results of the analysis of the interviews conducted with Afghan midwives. The study consists of theoretical and empirical part. Qualitative data analysis, which is inductive, has been used in the empirical part. The empirical part is based on the analysis of the results of the semi-structured interviews conducted in focus groups.

1. The cultural customs of the muslims during pregnancy and childbirth and postpartum period.

1.1. The cultural customs of the muslims during pregnancy

Maternity raises the social status of the woman in the Islamic culture because she is seen as a person the God has trusted to bring up the life He has created. That is why the pregnancy and being a mother have essential importance in a woman’s life, and very often there are many children in the family. The fertility rate in Afghanistan is 5.3 children per woman (Akseer et al 2016). The woman commands respect so that she can ensure the expanding of the family tree of her husband. Pregnancy is considered as a special time, where the spirituality receives the highest attention. They are praying and reading the Quran more often than usually. The goal that

the child would become a muslim with high moral cognition that serves their God faithfully is relevant. In order to achieve that negative emotions, pictures, videos and music with sexual content, lying and using rude expressions are avoided during pregnancy, because it is believed that these can damage the pure soul of a child. This is the reason the expectant mothers follow the religious obligations strictly. (Heidari et al 2014).

Islam demands a modest dresscode for the woman. All body parts should be covered except the face and hands (depending on the region, sometimes the face and hands should be covered, too). The women feel that by following this tradition they are decent, that is why it is very difficult for them to exposure their body parts for the medical examination. Especially when the employee in the health care institution is a male doctor or a male nurse. It is a great challenge for the muslim women to be partly or completely without clothes at the presence of strangers, therefore they might not attend antenatal visits because they feel discomfort and shame.(Arousell&Carlbom 2016). The study conducted in the USA among 224 muslim women showed that the women were not afraid of cultural discrimination when attending the hospital, but the hospital was avoided because there was a lack of women's clinics. 93% of the respondents considered it to be important to use a modest dresscode suitable for Islam and avoiding the contact with men. (Vu et al. 2016). The Islamic law allows the termination of pregnancy only in case the duration of pregnancy is less than 120 days, and when the pregnancy is considered life-threatening for the woman or if the serious fetal anomalies occur. When the termination of pregnancy takes place after the 120 days, the muslims might wish to organize the funerals. (Health Care ... 2010).

Usually the men are not involved in the subjects related to pregnancy and childbirth, it is considered to be the field the women are involved in (Bawadi&Al-Hadman 2016; Abushaika&Massah 2012). If the woman finds out about her pregnancy, her mother, mother-in-law, sisters and other women in the community are supporting her, offering her help, psychological support, encouraging her and giving her advice. Antenatal monitoring in clinics is often not considered important since there is a supporting family. (Bawadi& Al-Hadman 2016; Tawfik et al. 2014; Hill et al. 2012).

Based on several studies conducted among muslim women, it was concluded that nutrition during pregnancy is supported with a particular attention (Heidari et al. 2014, Hill et al. 2012, Bawadi&Al-Hadman 2016). It is strictly observed that religiously forbidden food would be

removed from the diet of the pregnant woman. It is believed that the taste of forbidden food described in the Quran will be unknown to the child, and even later the wish to consume this food will not occur. People are careful when eating out. It is believed that the fetus is influenced by the chef's characteristics and emotions, therefore the food prepared with negative emotions is avoided. (Heidari et al. 2014). Food products have been divided into two groups based on their nature – cold and hot. The pregnancy is considered as a hot condition, during which so called cold food products are recommended, such as vegetables, fruit, fish and dairy products. It is afraid that the consumption of so called hot food, such as cereal products, cinnamon and ginger may cause the miscarriage. (Bawadi& Al-Hadman 2016).

Ramadan is the ninth month in the Islamic lunar calendar, it is the fasting month, during which it is forbidden to eat, to drink, to consume tobacco products and to have sexual intercourse from dawn until sunset, collecting Islamic knowledge is focused on. Fasting for a month during Ramadan is one of the five fundamental pillars of Islam, it is one of the most important religious obligations. (Kuivjõgi 2012). Although according to the Quran the pregnant women are exempted from the fasting obligations, many still decide to avoid food and drink (even water). The study conducted in Pakistan among 353 women demonstrated that during the pregnancy 87.5% of the respondents fasted. (Mubeen et al. 2012). Ear drops, nose drops, tablets, suppositories and inhalable medications are prohibited during the fasting. Injections, medicines administered through skin and mouth rinse without swallowing the liquid is allowed. (Health Care ... 2010). The fact that fasting is considered as a very important religious obligation with positive impact, helps to opt for fasting. In addition, it is very difficult for the women to carry out the obligatory fasting days before the next Ramadan. (Lou& Hammound 2015; van Bilsen et al. 2016).

1.2. Cultural customs of the muslims during childbirth

Childbirth belongs to women's field in the Islamic culture, and men avoid the delivery process. There are females from the family, such as a mother, a mother-in-law, a sister or a sister of a husband present when the woman is giving birth. The role of the father during childbirth was researched among the muslims in Syria, and it was concluded that the input of the husband is considered important both among the men and among the women. The most important duty of the husband, which was seen, was the obligation to take the woman in childbirth to the hospital

safely. The father was praying for the wellbeing and health of the woman and of the child, supported and encouraged the woman in childbirth. The women in childbirth considered it to be important that the father is present at childbirth but they did not wish him to be in the delivery room, especially in the expelling phase. (Abushaika&Massah 2012).

Studies conducted in Pakistan and Afghanistan showed that the patriarchal culture has a direct influence on the availability of midwifery. The training of the midwives and the chance to work depends on the decision of male family members. Also the decision of the husband determines the place of childbirth and the people who are allowed to be present at childbirth. (Zainullah et al. 2013; Rahmani& Brekke 2014; Wood et al. 2013, Mohammadi&Jan 2015). Since Islam demands that the parts of a woman's body would be covered except the face and hands (sometimes even the face and hands are covered), then it is a major problem and a great challenge for the muslim women to be partly or totally without clothes at the presence of strangers. Especially in the case of a male doctor or a male nurse in the health care institution. That is the reason they might refuse going to hospital for childbirth because of this feeling of discomfort and shame. (Arousell&Carlbom 2016).

At homebirth, very often the woman in labour is helped by a traditional birth attendant (TBI), it means a woman from the community that helps during the childbirth and has acquired the skills about obstetrics from other TBIs. They have deep knowledge about customs and beliefs of the community and their help is easily accessible. (Pyone et al. 2014). According to Afghan Ministry of Public Health 55.5% of all childbirths took place at home and 41.9% in health care institutions in 2013. Traditional birth attendants assisted 28.2%, midwives, nurses 26.2%, older members of the family 22.5% and doctors 12.1% of all childbirths. (Rahmani& Brekke 2014; National Nutrition ... 2013).

It was researched in Ghana, which factors reduce using health care services by the muslims during pregnancy and the childbirth and postpartum period. Several women mentioned that successful childbirth not only brings them honour but ensures them a safe position in a relatively competitive polygamous relationship. Based on that they consider safety very important during childbirth. However there are several factors that stop them from going to the hospital. 72 % of the respondents had previously given birth at home. The reasons for not going to the hospitals were mentioned, such as lack of privacy and fear of male and non-muslim hospital staff, no

support from the husband and the family, inappropriate hospital food regarding to religious requirements and impoliteness from the hospital staff while communicating. They missed a quiet private spot at the hospital where the woman or the next of her kins could pray. (Ganle 2015).

Muslim patients have special food requirements. According to the Quran it is not allowed to consume forbidden or *haram* food, which include alcohol, blood products, pork and its products (gelatine, bouillon, lard), and meat from the animals not slaughtered ritually. All dishes for preparation and serving of food must not have any contact with religiously forbidden food. In case the woman cannot eat independently, then it must be taken into account while helping her that the muslims only use their right hand for eating. (Health Care ... 2010). Having no *halal* or religiously allowed food at hospital causes great discomfort to the women. They have to get the food from their members of family or their husband, and in case of getting none they suffer from poor nutrition. (Ganle 2015).

Lack of cultural knowledge of the hospital staff and lack of privacy are the main reasons the women avoid going to the hospital and prefer to give birth at home with the help of the traditional birth attendant that knows their culture and customs, and is kind and friendly. (Sidumo et al. 2010; Arnold 2015). Childbirth is considered a spiritual event among muslims, during which mental cleansing takes place. It is believed that the prayers from that time will be heard by the God, and He will fulfill them as a reward for the suffering of the woman in labour. That is the reason why already during pregnancy the women ask other women to pray for them during the process of childbirth. Relief, health for oneself and for the child is asked during childbirth, and that the child would become an excellent servant of the God, it is prayed for the family and next of kins. (Bawadi& Al-Hadman 2016).

1.3. Cultural customs of the muslims during postpartum period

The custom to bury the placenta in the yard of their home to ensure good luck of the mother and the child is very common in the Islamic culture. The muslims might ask for placenta to take it home from the hospital to bury it ceremonially. It is believed that everything that is between the Earth and the sky belongs to the God and through the burial of the placenta it will be returned to Him. (Abuidhail&Fleming 2007; Dennis 2007). According to the study conducted among 300 women in Turkey and in Iran, 98%-99.3% of the families of the respondents followed the custom

of burying the umbilical cord. The umbilical cord of the boy was buried near the Mosque, near school, near the shrine or in the mountains, the one belonging to a girl was buried near the home, however the tradition of widespread burying the placenta was not recorded. During postpartum period various customs were practised in order to protect a mother and a child from evil. The following traditions were common: postpartum holiday for 40 days during which the woman does not leave home, having the Quran near the mother and near the child, wearing blue beads, avoiding guests and praying. (Ozsoy&Katabi 2008).

Similar to the studies conducted in Turkey and in Iran, it was found in Jordan as a result of conducted interviewing that 92.5% of the women believed that a holiday at home lasting for 40 days and avoiding physically hard work decreases the occurrence of complications during postpartum period. All interviewed women had received help in taking care of the child and in housework from their members of family. (Jarrah&Bond 2007). Immediately after the birth of a child the father says at first a prayer into the baby's right ear and then another one into the left ear. It takes about five minutes. After that there is a custom to put a piece of date or some honey into the baby's mouth. (Health Care ... 2010). As a tradition a ritual washing will be done immediately after the birth to the newborn, and the baby will be wrapped into the yellow sheet. Olive oil, coffee grounds and tar are applied onto the umbilical stump. (Geckil&Türkan 2009).

The birth of the child is a great event among muslims that deserves celebrations. There are several rituals formed in the Islamic culture necessary for the newborn to be accepted with dignity as one of the muslims. The celebration for the birth of a child is performed on the seventh day after the baby was born, and it indicates that the father has accepted the child. During the celebrations they shave the head of the baby and circumcision is done. The Quran does not prefer boys neither girls but encourages to treat them equally, yet they will be happier in case the boy was born. (Khademi et al. 2016).

2. Research methodology

2.1. Choice of research methodology

The study consists of theoretical and empirical parts. Literature in the field of health care and culture and appropriate data analysis literature are the basis of the theoretical part. It was mostly based on materials in English from 2007 to 2016. The articles were found mainly in the

following databases: ScienceDirect, CINAHL (*Cumulative Index to Nursing and Allied Health Literature*) Cochrane, Emerald, Wiley Online Library ja EBSCOhost. The inductive qualitative data analysis has been used in the empirical part. The empirical part is based on the analysis of the results of semi-structured interviews carried out in the focus groups.

The general objective of the qualitative data analysis is to get diversly interpretable results, where the numerical values do not have a leading role. The main instrument of the qualitative study is the analysis, its interpretation and reflexion, whereby the phases of the study are not strictly linear. (DeChesnay 2015; Kalmus et al. 2015; Steen&Roberts 2011; Ellis&Standing 2010). Interviewing can be defined in a simplified way as „a conversation with a purpose between two or more people, and focused on a certain topic” (Brennen 2013). The current study uses a semi-structured interview as a method of interviewing, which general structure and questions have been compiled before the beginning of the interview, and that allowed to get both, detailed answers and specified answers from the respondents.

2.2. The ethics of the research

The semi-structured interview was used when compiling the empirical part. The interview was safe and it was voluntary for the people that were questioned. Previously the aim of the empirical study, the tasks, the process of the interviewing, approximate length and benefits of the study were introduced to the respondents. At the same time it was explained that the process of interviewing is recorded on a tape and the results will be presented as general data in the study of the Department of Midwifery of Tallinn Health Care College. The respondents confirmed their agreement with a signature. The process of interviewing was recorded on a tape, which was deleted after the data analysis and the process of transcription. The answers of the respondents were written as authentic as possible during the transcription without changing their statements. The transcription is universally essential step in scientific research, that allows a detailed analysis and interpretation of the different nuances of video recordings and audio recordings.

The credibility was ensured by taking account the ethics, according to which the evidence-based literature only is used on transmission of the theoretical material. There are references to the source literature, and these can be found in the references. The fact that the number of the respondents is suitable when it can be used for and adequate answer to the research tasks is

considered as a fact for ensuring the credibility from the aspect of the qualitative study (Laherand 2012). International Code of Ethics for Midwives is followed and respected, the current study relies upon its provision that the midwife takes care of the women and their families and respects their cultural differences and beliefs (International Code ... 2014).

2.3. The description of the studied focus group

The respondents were nine Afghan midwives and/or teachers of midwifery that were in Estonia under the development cooperation project „Improving the quality of vocational education for women in the fields of health care and information technology in the provinces of Herat, Balkh, Nangarhar and Faryab in Afganistan” (Naiste tervishoiu- ... 2016). The respondents took part in continuing professional training organised by the Department of Midwifery of Tallinn Health Care College from May to June 2015. All respondents agreed to be a part of the conducted interview, a confidential agreement paper was signed. The interviewing was carried out in a private and secure room in the form of consecutive focus group interviews. There were three focus groups, three midwives in each of them. The interviews were conducted within the time period May 22nd 2015 until May 26th 2015. The interview of each focus group lasted for 1.5 hours average. There were two interviewers.

2.4. The questionnaire and data process of the study

The questions of the interview used in the study are compiled in English (Table 1). The questions involved the cultural beliefs, attitudes during pregnancy and childbirth and during postpartum period of the Afghan muslims.

Table 1. The plan of interview questions

The plan of interview questions based on the objectives of the study and the questions of the interview. (Lepik jt 2014, adjusted).

OBJECTIVE	QUESTIONS OF THE STUDY RESEARCH	THE QUESTIONS OF THE INTERVIEW
-----------	---------------------------------	--------------------------------

<p>To analyse the cultural customs of the muslims during pregnancy and childbirth and postpartum period based on semi-structured interviews.</p>	<p>1. Cultural customs during pregnancy.</p>	<p>Which are cultural beliefs (values) and activities during pregnancy: diet or dietary requirements, what is allowed when pregnant, what is forbidden?</p>
		<p>What are the attitudes of the man (husband) towards the pregnancy of a wife?</p>
		<p>The attitudes of other members of the family towards the pregnancy of a woman (mother-in-law and father-of-law and others)?</p>
	<p>2. Cultural customs during the childbirth.</p>	<p>The place of childbirth (hospital, home), preferred position of childbirth. Who is present at childbirth (midwife, mother, and husband)?</p>
		<p>Which are the rituals done: praying, what is done with the placenta?</p>
	<p>3. Cultural customs during postpartum period.</p>	<p>Which are postpartum rituals: praying, what is done with the placenta?</p>
<p>Traditions of naming the child, celebration of the birth of the child.</p>		

Qualitative content analysis was used in data processing of the interviews. An overview of the focus group researched was achieved by using the qualitative content analysis in order to understand the complete pattern of their statements, descriptions and their comments. Two contexts were taken into account during the qualitative content analysis. The external context,

that marks the factors having an influence on the people studied that are external, such as culture, societal norms, social relations, type of communication situations and many others. The internal context, which was designed by the people researched themselves with their language, judgements and attitudes in a concrete communication situations.

3.The results of the analysis of the interviews

3.1. Cultural customs in Afghanistan during pregnancy

Which are cultural beliefs (values) and activities during pregnancy: diet or dietary requirements, what is allowed when pregnant, what is forbidden?

The interviewees told that during pregnancy it is prayed more than usually. There are no special prayers for that. Most of all it is prayed for a healthy child, easy childbirth and good health for the mother. It is also prayed that the to be born child would be a boy, and it is thanked for.

Examples of transcription:

X1: They pray for a boy, yes! Of course! And some patients come and give birth to a girl, and then they are simply crying.

X2: And of course, when they know....that my child is a boy, they simply pray and say, thank you, my God!

The expectant mother eats mostly the same food as her family. Very often the selection of foods bought depends on the wishes of the husband of the expectant mother. In wealthier families the pregnant is offered more diverse menu. When the expected child is a son, then they care more for the nutrition of the pregnant because they wish good health for the son. The menu of the expectant mother depends a lot on the financial matters of the family. In poorer families the expectant mother may go without food because she gives it to her children.

There are no traditional dishes during pregnancy as there are during the postpartum period. There are some beliefs related to some foods. For example it is believed that if to eat many apples during pregnancy, then the child will be beautiful. The interviewees do not believe it, they believe that the appearance of a child is determined by genes. As midwives the interviewees recommend healthy food for the pregnant. It is recommended to eat more meat, fruit and vegetables and to

consume enough water. At the same time they are aware that there are families where the financial matters interfere when it comes to following the advice of the midwives. Most of the interviewees are not in favour giving birth to a boy instead of a girl themselves.

Examples of transcription:

X2: It also depends on a family. The rich family can buy everything to the pregnant, and in the poor family she eats the same food what the other members of the family.

X1: But 70% think ... do not think of their pregnant wife and ... that she is pregnant and I should bring some food or think of her dietary requirements---30% of people ... they simply ... think that my wife is pregnant and I should take care of her diet.

X7: Someone told that eat an apple and your child will become beautiful. [LAUGH]

It is believed that the pregnant woman should be surrounded by beauty, she should enjoy art, beautiful scenery and avoid everything unpleasant. She pregnant should avoid noisy places and not to observe the war. Lifting heavy things is also forbidden. The pregnant expecting a son should be extremely careful. In case of a son the pregnant woman is taken more care of. She will be helped in doing housework, and it is considered important for her to sleep for two hours every day in the afternoon. Since many women in Afghanistan do hard physical work and also the housework requires much strength due to large families, then the midwives in the clinic always warn the pregnant ones about the dangers of lifting heavy things. It is also suggested to spend more time at home during pregnancy.

Examples of transcription:

X1: A boy! [LAUGH] ... then they should ... not to lift heavy things and not to work a lot---but some of them living separately must work because they do not have anyone to help them ---and some of them ... they know that she is pregnant and expecting a girl then they do not think if you are lifting heavy things or not ...

X7: Yeah, yeah. And look at a beautiful picture, it will have a influence on your child.

Abortion is forbidden in Afghanistan and it is legally punished. It is a widespread belief that children are a present from Allah you cannot reject. The interviewees say that despite of the laws

and attitudes there are cases when the pregnancy is terminated illegally, and high price is asked for that.

What are the attitudes of the man (husband) towards the pregnancy of a wife?

Most interviewees highlighted that the attitude of the man towards the pregnancy of a wife is strongly influenced by his level of education. The pregnant have complained to the midwives that a large family is exhausting and they are very tired. According to the Afghan culture the men do not do household work, do not cook, do not help to take care of the children. These are duties of a woman because it is her duty and responsibility. This attitude is the reason most men do not help their pregnant wife. In more educated families this distribution of roles is followed less and a husband helps his wife more and pays attention to the pregnancy of the wife, enables her to rest more. The sex of the to be born child is also having an influence on the attitudes towards the woman. In case of having a son, more attention is paid that the pregnant would sleep for two hours every day in the afternoon, would not do heavy physical work and would eat diversely. When the expectant child is a daughter, then they do not think that the expectant woman needs any special attention. Different attitude based on the sex of the child occurs less in educated families. The midwives recommend the members of the family to support the pregnant woman.

Examples of transcription:

X2: It also depends on the family and on a husband. If their husband has good knowledge, then he helps the wife[UNREADABLE 19:21] and everything, housework and cooking and with other children---and if the husband does not have good knowledge and he is busy, then in nothing ...

X4: Yes, it is a tradition, when the husband is working, then it is a shame. Somehow like that.

X3: It is just in my family, my sister's husband --- she got married --- nd sometimes he helps my sister. And my sister does not like it.

The attitudes of other members of the family towards the pregnancy of a woman (mother-in-law and father-of-law and others)?

Traditionally a wife moves to the home of her husband's parents after the marriage. Since mostly they live together with the mother-in-law and the father-in-law, it is very important to be in good

terms with them. The attitude of the members of the family towards the pregnant depends on the education level of the family and on the sex of the expected child. If the expected child is a son, she is supported more than in the case of a daughter. It can be concluded from the descriptions provided by the interviewees that sometimes the wife has a problem because the mother-in-law has a condescending attitude and she is ordering around.

Examples of transcription.

X7: Our families have a problem. I do not know why... they are always nice to their bride before the marriage... but after the marriage... I do not know why [LAUGH]... they think that the enemy has entered the house. They start to [UNCLEAR 5:39] and organise other things to her.

X3: And also, yes.. And also in their family her mother and mother-in-law take care of the child, for her child.

X7: Especially when the woman is having a boy. They... All members of the family try to take care of her child. For that they help her, so that she could sleep and give her good food and other things. But it is different with a girl and with a boy.

3.2. Cultural customs in Afghanistan during childbirth

Place of childbirth (hospital, home).

The choice of childbirth is influenced by the education level of the woman in childbirth and her family, customs, transport availability, safety and rules derived from the religion. In the countryside they give more often birth at home, in towns they go to hospitals more often. There are more hospitals and midwives in towns, which makes midwifery more accessible, and yet the percentage of unassisted home births is high in towns.

The Afghan midwives work on awareness-raising enthusiastically, introducing the safety of childbirth at hospital, and they recommend coming to the hospital. The safety of the trip is an important factor on choosing between home and hospital both to the woman in labour and to the midwife. There are still several unstable areas. According to the customs the woman is not allowed to leave home without a male chaperone, and medical staff must consist of women only, which is not always like that because it is more complicated for girls/women to educate

themselves The interviewees consider safe childbirth at hospital to be important and they care of the state of health of the woman and the children, but prefer working at hospitals in town, which is the reason why there are less midwives working in the countryside.

Examples of transcription:

X9: You know, unfortunately we have some issues, with safety. In most parts of Afghanistan, they do not have the access to doctors, hospitals, clinics, nurses and midwives. So the first obstacle is safety. The second obstacle is that most doctors, nurses--- for them it is good to go to towns, they do not want to go to the countryside. This, too is the second problem.

X7: Yes. Nowadays more women come to the hospital, especially in towns. But there are different situations in villages.

People present at childbirth.

There are mostly unassisted childbirths at homes with the support of the mother-in-law, TBI or some older woman. Sometimes the midwife assists the homebirth but mostly they do not do it due to safety issues. There are situations, where the woman in childbirth could go to the hospital but despite of that they choose the traditional birth attendant according to their customs. The trip between home and the hospital is dangerous both to the woman and to the midwives.

In case of giving birth at the hospital, there is a midwife present at the woman in labour, and there are other women in childbirth in the same room. The delivery rooms in Afghanistan have 6-10 places, therefore the woman in childbirth must consider other roommates, therefore it is not allowed for the husbands to be in the delivery room. The husbands can wait for the mother of their future child outside the hospital but in that case the behaviour of the wife can be influenced by being close to the husband.

Examples of transcription:

X3: Allowed yes, but mostly they try to be quiet, because ... of their husbands. Perhaps their husbands are outside and they can hear your voice. It is a shame! Yes. Sometimes they... at hospital---I did not work at hospital, I was at health institution, there were not many people there. It was different at hospital, when I went to the hospital with my students, we saw that even

the midwives told to be quiet and not to cry. Sometimes they mocked the pregnant woman, that why are you crying. [SHAKES HEAD AND SIGHS SADLY].

3.3. Cultural customs in Afghanistan during postpartum period

Rituals and prayers. What is done with placenta?

It is common that after the childbirth the mother-in-law of the woman, her mother and sisters pray for her. In case of the home birth they do it above the head of the post-natal woman. There is always a small Quran close to the post-natal woman. Sometimes they ask for placenta to take home with from the hospital, but it is practised more seldom than in the past. Some of the interviewees have been exposed to that wish more than others. The placenta is considered as a companion of the child and it is believed that one should appreciate and respect it. Placenta should be in a safe place, in order to ensure the survival and well-being of the child. Traditionally it is buried under the tree near home, while the tree species is not important. It is believed that by following this tradition the child will be ensured with good future, health and manners, and the child obeys his/her parents better. The interviewees mentioned that following the tradition of burying the placenta has decreased in time and it occurs more in the case of home births. At hospital, the placentas are collected into separate containers. The interviewees do not believe that leaving the placenta unburied could cause the death of a child.

Examples of transcription:

X1: *I am working at this hospital ... for thirteen months but I have not seen any women that would ask to take the placenta with them /.../ At hospital we throw them into the trashbin, it is a special garbage container, and then these will be spent to special places where they are collected.*

X3: *They simply put them under the trees. [SHOWS THE MOVEMENTS OF DIGGING WITH THE HAND].*

X1: *Yes, for the future, for good manners, for good health.*

Tradition of naming the child, celebration of the birth of the child.

Celebration of the birth of the child and the tradition of naming the child is different in families. As a rule the birth of a son includes more grand celebrations than the birth of a daughter. In case the family has no financial matters to organise the party, then the birth of a child is not celebrated, especially when it is a daughter. Usually the family and the relatives are invited to the party. The descriptions of the timing of the party provided by the interviewees are different. Several mentioned that the celebrations of the birth of the child take place six nights after the birth of a child, but it can be carried out later, too (40-42 days after the birth). During the first 40 days it is forbidden for the women to visit the post-natal woman because according to the belief they are not pure. The girls before their first menstruation and the women that were present at childbirth are allowed to visit the post-natal woman. The birth of a girl is not considered a special event and there are many situations the birth of the girl remains unregistered. The interviewees sense the gender inequality at celebrating the birth of a child since the moment the baby was born.

Examples of transcription:

X7: *They do not like girls/ ... /violence against women starts from this moment, moment of birth. When they find out the sex of the child, they say: „oh, girl.” [EXPRESSING DISAPPOINTMENT].*

The name for a child is chosen at the celebration of the child's birth. It is chosen by the parents of the father or it is chosen by lot from all the names the guests have suggested. Sometimes the parents of the child choose the name, that search it among others on the Internet. Religious names are popular, and it is important to have a good meaning and the sound of the name. Traditional dishes made of rice and meat are eaten at celebrations, and they drink tea. Only men consume alcohol, and they do it in secret because it is culturally not suitable, forbidden. The guests bring presents, for example gold, clothes, childcare articles and toys. When analysing non-verbal communication of the interviewees, it can be concluded that celebrating the birth of a child is a tradition important to them and it brings them joy.

Examples of transcription:

X2: *Our family organised a small party at home and every guest wrote a name on a piece of paper and after we drew lots for the name /.../ It happened in our family so that the parents did not like the name that was drawn and they paid money to the author of the name, in order to say „buy him”. [LAUGH].*

X9: *Yes. My son is called Farhod. And when I gave birth to my child, then I looked for three days (shows typing the keyboard with the hand) in order to find the name [LAUGH]. It would be great if it was a muslim name with good meaning. It is important to name the child so that the name has a meaning. And also it has to be nice and have a meaning. It should be an Arabic name or an Iranian name. It should be an enjoyable name.*

INTERVIEWER : *Which dishes are cooked for the celebrations?*

X3: *All sorts of rice. She cooks maybe 15 different ...*

X9: *When there is no rice, there is no party [LAUGH].*

4. Discussion

It was revealed in the interviews of the Afghan midwives that the attitude of the members of the family towards the pregnant woman has greatly been influenced by the sex of the unborn child. They take greater care in case of a boy, the woman is offered a diverse menu and a resting break every day. Traditionally there are large families in Afghanistan, since the sons live together with their wives and children at his parents' home and stay there to support them, that is the reason why the sons are considered the wealth of a family. This has created a situation, in which they prefer the sons, who are more valuable than daughters. Hereby the exceptions are the families with higher level of education, where the gender inequality is less common, and the members of the family support the pregnant woman no matter what is the gender of the child. Literature sources did not highlight the differences of the attitude towards the pregnant derived from the gender of the child. Several authors (Heidari et al. 2014; Bawadi&Al-Hadman 2016; Hill et al. 2012) highlighted that during the first three months of pregnancy supporting, helping and encouraging the pregnant woman by other women in the family is considered very important.

According to the interviewed Afghan midwives, the pregnant observed their nutrition depending on the financial matters of the family, the gender of the expected child and family attitude towards the pregnancy. The midwives did not mention special foods like during postpartum period, but Bawadi& Al-Hadman (2016) highlighted that if they eat so called hot foods during the postpartum period, then during pregnancy so called cold foods (for example fruit, vegetables) as opposite. Several authors (Heidari et al. 2014, Lou&Hammond 2015, Mubeen et al. 2012) concluded that pregnancy is considered as a special condition, where the nutrition and high moral cognition play important roles. The attitude of the muslims about the fasting while pregnant during the month of Ramadan has been widely researched, because it is an important religious obligation for the muslims. It was found that according to the Quran the pregnant are not obliged to fast but within a year they have to carry out the fasting days (before the next *ramadan*), which is the reason many pregnant women decide to give up food and drink during the month of Ramadan. It is important knowledge for the employee working for health care because together with refusing food and drink, they also refuse to administer oral medications. As an alternative, one can offer intravenous or muscular way of administering. In the interviews the Afghan midwives did not talk about the topic of fasting during Ramadan, as well as religious dietary requirements.

Observation of pregnancy in Afghanistan is influenced by the fact that a woman needs a male chaperone, in order to come to the clinic. According to the literature overview this is an important obstacle when going to the hospital in the other Islamic countries, too. The research showed that the use of antenatal examination is reduced because the health care workers lack of cultural sensitivity, there is a lack of female staff and antenatal observation and counselling is considered unimportant because there are older women and traditional birth attendants.

According to Afghan midwives the pregnant should prefer beautiful things and sceneries and avoid war and noise. The interviewees mostly do not follow the beliefs at work but for avoiding the noise they recommend the pregnant woman to stay quietly at home. In accordance with religion the children are presents from God, which is not allowed to refuse, therefore the termination of pregnancy is prohibited and legally punishable. They still practise it illegally that could call into question the safety of the procedure. Same conclusion was in literature overview, where it was highlighted that during pregnancy, following religion is especially important for the

women because they wish that their offspring was excellent muslim with high moral cognition. This places the cultural sensitivity at the centre in antenatal observation. According to the Quran the soul enters into fetus on the 120th day after becoming pregnant, which is the reason why abortion is forbidden after this time period.

As a result of the analysis of the interviews it was found that cultural customs have an influence on the accessibility of midwifery in several ways. The training of midwives is complicated because educating girls is not a priority in the family because culturally they prefer boys to girls. At the same time many families exclude the possibility that a male medical or health care worker could provide them with obstetrics, which also questions whether the husband agrees the wife to give birth at hospital or not. The woman cannot leave home without a male chaperone, which aggravates the chance to arrive at the hospital in case of childbirth. The studies referred to in literature overview confirmed the described situation above. The studies highlighted that the main reasons for choosing home birth were the absence of a male chaperone, and the preference to the health care employee of same sex.

As a result of the analysis of the interviews it was found that most childbirths take place at home in the countryside without the help of the midwives, in towns the percentage of the women giving birth at hospitals is higher. This statement is confirmed by the statistics of the Afghan Ministry of Public Health (National Nutrition ... 2013). It was revealed in the interviews that the midwives prefer working in towns, therefore there is a critical lack of midwives in the countryside. Education plays a major role in forming the attitudes. It can be concluded based on the interviews that cultural attitudes and customs that harm the health status of the woman and the newborn or are life-threatening, are less practised in educated families. Hereby we can see a contradictory situation, improving education levels would help to promote women's reproductive health in various ways, at the same time the customs interfere when it comes to educating girls/women.

Several studies also concluded that the patriarchal culture hinders the midwives from educating themselves, and is an obstacle when going to the health care institution. The interviewed midwives told that the woman in labour is assisted at home birth mostly by the members of the family or/and the traditional birth attendant, who has no training in health care. Since the women especially in the countryside are used to choose and trust the traditional birth attendants, then the

unassisted home birth is preferred even then if there is an option for giving birth at hospital. The interviewees find it regrettable and they actively inform people so that the women would become more aware about the dangers of unassisted home birth and to introduce the options provided by the hospital for obstetrics. Both, literature and the interviewees highlighted the fact that very often the behaviour of the hospital staff is rude. The studies showed that the impolite manners of the health care employees among the lack of privacy, religiously unsuitable hospital food and the decision of the family, is an important factor for preferring the home birth. Home birth is assisted by an elder woman from the family or the traditional birth attendant.

Interviews revealed that the placenta is believed to be the companion of a child and people respect it. There is a custom to bury the placenta somewhere near home under the tree, believing that it ensures the survival, good health and behaviour of the child. The tradition is more practised in case of a home birth. Placenta is asked to take with more seldom at hospital, which demonstrates that the tradition is declining in towns. The gender of the child is very important when celebrating the birth. The boys are preferred, their birth is followed by greater celebrations. The interviewees find that the boys and girls are equal and their birth is equally delightful, but even they are under pressure because of the attitudes established within time in the community. Khademi et al. (2016) highlighted that although according to the Quran all children are equal, they still are more happier when the sons are born. In addition to the custom of burying the placenta, it was shown as a result of the literature overview that many muslims bury dried and detached umbilical stump at home in case of a girl, and in case of a boy near the mosque or a school, which shows very well the distribution of roles common in the culture.

Conclusions

The muslims follow the religious customs and obligations with special care during the pregnancy. The female members of the family support the pregnant woman, especially during the first trimester. Different from the literature overview, the data from the interviews indicates that in Afghanistan the pregnant women expecting a son are supported more. It is observed that the food eaten follows the religious requirements. The percentage of antenatal monitoring is below average among the muslims, and the decision why it is refused is influenced by their rules when it comes to revealing their body, lack of privacy, male health care employees and lack of support from the family. Many women find fasting safe during the month of Ramadan and

practise it. The termination of pregnancy is according to the Islamic law allowed only when it has lasted less than 120 days, and pregnancy is life-threatening to the mother or there are serious fetal anomalies. The interviews showed that there are many illegal abortions.

Most childbirths are carried out at home without midwives in the countryside of Afghanistan, the percentage of women giving birth at hospital is higher in towns. The main reasons for choosing home birth are lack of male chaperones, and no consent from the family and the preference to same gender health care employees. At home the childbirth is assisted by the traditional birth attendant or an elder woman from the family. It can be concluded based on the results of analysing of the interviews that the cultural attitudes, customs and traditions that harm the health status of the woman and the newborn or are life-threatening to them, are less practised in educated families. Midwives are small in number in Afghanistan, their training is complicated since educating girls is not common. At the time of childbirth praying is very important and the women in childbirth and their next of kins need a private room for that.

It is wished that the father of the child or a midwife whispered immediately a prayer into the right and the left ear of the child, and would perform the ritual washing of the newborn. Before lactation the feeding of the newborn with dates, honey or clarified butter is widely practised. The celebrations of the birth of the child take place on the seventh day of the child with the relatives, during it shaving the head, naming the child and the circumcision of the boy is performed. The tradition of burying the placenta and the umbilical cord is common.

The authors of the current study are convinced that the results of the analysis of the conducted interview impart detailed knowledge of the customs of the muslims during the pregnancy, childbirth and postpartum period, in order to promote culture sensitive midwifery in Estonian health care institutions in the best possible way.

References:

Abushaikha, L.&, Massah R. (2012). The Roles of the Father During Childbirth: The Lived Experiences of Arab Syrian Parents. *Health Care for Women International*, 33, 168-181.

Abuidhail, J.&, Fleming, V. (2007). Beliefs and practices of postpartum infant care: Review of different cultures. *British Journal of Midwifery* 15(7), 418-421.

Akseer, N., Salehi, A.S., Hossain, S.M.M., Mashal, M. T., Rasooly, M.H., Bhatti, Z., Rizvi, A.&, Bhutta, Z. (2016). Achieving maternal and child health gains in Afghanistan: a Countdown to 2015 country case study. *Lancet Glob Health*, 4, 395-413.

Arnold, R. E. (2015). Afghan women and the culture of care in a Kabul maternity hospital. A thesis of Doctor of Philosophy. Bournemouth: Bournemouth University.

Arousell, J.&, Carlbom, A. (2016). Culture and religious beliefs in relation to reproductive health. *Best Practice & Research Clinical Obstetrics and Gynaecology*. 32 77-87.

Bawadi, H. A.&, Al-Hadman, Z. (2016). The cultural beliefs of Jordanian women during childbearing: implications for nursing care. *International Nursing Review*. DOI: 10.1111/inr.12322/. <http://onlinelibrary.wiley.com.ezproxy.tlu.ee/doi/10.1111/inr.12322/epdf> (28.10.2016)

Brennen, B. S. (2013). *Qualitative research methods from media studies*. New York and London: Routledge.

DeChesnay, M. (2015). *Nursing Research Using Data Analysis. Qualitative Designs and Methods in Nursing*. Springer Publishing Company, LLC.

Dennis, C. L., Fung, K., Grigoriadis, S., Robinson, G. E., Romans, S., Ross, L. (2007). Traditional postpartum practices and rituals: a qualitative systematic review. *Women's Health*, 3(4), 487–502.

Ellis, P.&, Standing, M. (2010). *Understanding Research for Nursing Students*. Exeter: Learning Matters Ltd.

Ganle, J. K. (2015). Why Muslim women in Northern Ghana do not use skilled maternal healthcare services at health facilities: a qualitative study. *BMC International Health and Human Rights* (2015) 15:10, 1-16.

Geckil, E.&, Türkan, S. (2009). Traditional postpartum practices of women and infants and the factors influencing such practices in South Eastern Turkey. *Midwifery* 25, 62–71.

Global Health Observatory (GHO) data. Maternalhealth. (2015). World Health Organization. http://gamapserver.who.int/gho/interactive_charts/mdg5_mm/atlas.html (01.03.2016)

Global trends. Forced replacement 2015. (2015). The United Nations Refugee Agency <http://www.unhcr.org/statistics/unhcrstats/576408cd7/unhcr-global-trends-2015.html> (15.11.2016)

Health Care Providers' handbook on Muslim Patients. (2010). Brisbane: Queensland Health.

Heidari, T., Ziaei, S., Ahmadi, F., Mohammadi, E. (2014). Maternal Experiences of Their Unborn Child's Spiritual Care: Patterns of Abstinence in Iran. *Journal of Holistic Nursing*, 33, 2, 146-158..

Hill, N., Hunt, E., Hyrkäs. (2012). Somali Immigrant Women's Health Care Experiences and Beliefs Regarding Pregnancy and Birth in the United States. *Journal of Transcultural Nursing* 23, 1, 72–81.

International Code of Ethics for Midwives. (2014). International Confederation of Midwives. http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/CD2008_001%20V2014%20ENG%20International%20Code%20of%20Ethics%20for%20Midwives.pdf(11.03.2016).

Jarrah, S.& Bond A.E. (2007). Jordanian women's postpartum beliefs: An exploratory study. *International Journal of Nursing Practice*, 13, 289–295.

Kalmus, V., Masso, A., Linno, M. (2015). Kvalitatiivne sisuanalüüs. Sotsiaalse analüüsi meetodite ja metodoloogia õpibaas. Tartu: Tartu Ülikool. <https://sisu.ut.ee/samm/kvalitatiivne-sisuanalyys> (2.04.2016).

Khademi, G., Abbasi, M. A., Bahreini, A., Saedi, M. (2016). Customs and Desirable after Childbirth in Islam. *International Journal of Pediatrics*. 4(1), 1297-1303.

Kuivjõgi, H. (2012). Islami mõistete ja enamlevinud käibefraaside inglise-araabia-eesti valiksõnastik. Magistritöö.(Master Thesis). Tartu: Tartu Ülikool.

Laherand, M.-L. (2012). Kvalitatiivne uurimisviis. Tartu: Sulesepp.

- Lepik, K., Harro-Loit, H., Kello, K., Linno, M., Selg, M., Strömpl, J.** (2014). Intervjuu. Sotsiaalse analüüsi meetodite ja metodoloogia õpibaas. Tartu: Tartu Ülikool. <https://sisu.ut.ee/samm/kvalitatiivne-sisuanalyys> (19.03.2016).
- Lou, A.& Hammound, M.** (2016). Muslim patients' expectations and attitudes about Ramadan fasting during pregnancy. *International Journal of Gynecology and Obstetrics* 132, 321–324.
- Mohammad, Y. J.& Jan, R.** (2015). Community Based Midwives Practice in Patriarchal Social System. *Journal of Asian Midwives*, 2 (2), 62-73.
- Mubeen, S.M., Mansoor, S., Hussain, A., Qadir, S.** (2012). Perceptions and practices of fasting in Ramadan during pregnancy in Pakistan. *Iranian Journal of Nursing and Midwifery Research* 17(7), 467-471.
- Ozsoy, S.A.& Katabi, V.** (2008). A comparison of traditional practices used in pregnancy, labour and the postpartum period among women in Turkey and Iran. *Midwifery* 24, 291-300.
- Pyone, T., Adaji, S., Madaj, B., Woldetsadik, T., Broek, N.** (2014). Changing the role of the traditional birth attendant in Somaliland. *International Journal of Gynecology Obstetrics*, 127(1), 41–46.
- Rahmani, Z.& Brekke, M.** (2013). Antenatal and obstetric care in Afghanistan- a qualitative study among healthcare receivers and healthcare providers. *BMC Health Service Research*, 13(166).
- Sidumo, E. M., Ehlers, V. J. Hatting, S. P.** (2010). Cultural knowledge of non-Muslim nurses working in Saudi Arabian obstetric units. *Curationis*, 33(3): 48-55.
- Sisserännanud sünniriigi, vanuse ja soo järgi. (2016). Eesti Statistikaamet. <http://www.stat.ee/pressiteade-2016-059> (25.05.2016)
- State of Afghanistan's Midwifery 2014 (2014). United Nations Population Fund (UNFPA) http://countryoffice.unfpa.org/filemanager/files/afghanistan/2014/reports/midwifery_report_2014_english.pdf (23.03.2016)

Steen, M.&, Roberts, T. (2011). *The Handbook of Midwifery Research*. West Sussex: Wiley-Blackwell.

The Global Religious Landscape. (2012). Pew Research Centre. <http://www.pewforum.org/files/2014/01/global-religion-full.pdf> (15.11.2016).

Touran, S., Small, R., McLachlan, H. (2015). Immigrant Afghan women's emotional well-being after birth and use of health services in Melbourne, Australia. *Midwifery* 31, 671–677.

Van Bilsen, L. A., Savitrib, A. I., Dwirani, A. Baharuddin, M., Uiterwaal, M. (2016). Predictors of Ramadan fasting during pregnancy. *Journal of Epidemiology and Global Health*

DOI:10.1016/j.jegh.2016.06.002.

<http://www.sciencedirect.com/science/article/pii/S221060061630034X> (2.10.2016).

Vu, M., Azmat A., Radejko T., Padela A. I. (2016). Associations between religion and delayed care seeking among American Muslims. *Journal of Women's Health*. 25(6): 586-593.

Zainullah, P., Ansari, N., Yari, K., Azimi, M., Turkmani, S., Azfar, P., LeFevre, A., Mungia, J., Gubin, R., Kim, Y, Bartlett, L. (2013). Establishing midwifery in low resource settings: Guidance from a mixed–methods evaluation of the Afghanistan midwifery education program. *Midwifery*,30(10), 1056–1062.

Tawfik, Y., Rahimzai, M., Ahmadzai, M., Clark, P.A., Kamgange, E. (2014). Integrating familyplanning in to postpartum care through modern quality improvement: experience from Afghanistan. *Global Health: Science and Practice*, 2(2), 226-233.

The future of global muslim population. Pojections for 2010-2030. (2011). Pew Research Centers Forum on Religion & Public Life. Washington <http://www.pewforum.org/files/2011/01/FutureGlobalMuslimPopulation-WebPDF-Feb10.pdf> (16.11.2016).

The World Factbook. (2015). Afghanistan. Central Intelligence Agency. <https://www.cia.gov/library/publications/the-world-factbook/geos/af.html> (24.03.2016).

WHO recommendations on Postnatal care of the mother and newborn. (2013). World Health Organization. http://apps.who.int/iris/bitstream/10665/97603/1/9789241506649_eng.pdf?ua=1 (21.03.2016).

Wood, E. M., Farooq Mansoor, G., Hashemy, P., Namey, E., Gohlar, F., Ayoubi, S. F., Todd, C. S. (2013). Factors influencing the retention of midwives in the publik sektor in Afghanistan: A qualitative assessment of midwives in eight provinces. *Midwifery*, 29(10).

