**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**

# RELIGIOUS BELIEFS AND PRACTICES IN PREGNANCY AND LABOUR: A STUDY AMONG POST-PARTUM WOMEN BETWEEN THE AGES OF 18-35 YEARS AT HAPPY HOSPITAL, BEREKUM.

**SUBMITTED BY:**


| | | |
|---|---|---|
| **ASAMOAH WENDY** | **-** | **4870322** |
| **BOATENG BERNICE** | **-** | **4940122** |
| **KODUAH MANSAH** | **-** | **5049622** |

**[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM]**

**AFFILIATED TO KNUST, KUMASI**

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM**

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| **BOATENG BERNICE** | **-** | **4940122** |
| **KODUAH MANSAH** | **-** | **5049622** |



**2023**

## DECLARATION

We hereby declare that this submission is our work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of the diploma of the University, except where due acknowledgement has been made in the text.

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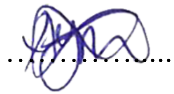
| Asamoah Wendy |  …………….... | 12/10/2023 |
| 4870322 | Signature | Date |
| Boateng Bernice | …………….... | 12/10/2023 |
| 4940122 | Signature | Date |
| Koduah Mansah | ……………...... | 12/10/2023 |
| 5049622 | Signature | Date |

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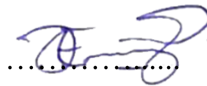
| Mrs. Ernestina Mensah |  …………….... | 12/10/2023 |
| (Supervisor) | Signature | Date |
| Monica Nkrumah | …………...... | ……………… |
| (Principal) | Signature | Date |

## ABSTRACT

The study focused on adolescent's women knowledge on anaemia at the antenatal sessions in Holy Family Hospital, Berekum. A descriptive cross-sectional survey was used to collect in-depth information for the study. The respondents were obtained using the convenient sampling method. A total of 50 pregnant women were sampled for the study. The data for the study was collected by administering a questionnaire to the participants.

The study found that the majority of respondents (n=45, 90%) have heard about anaemia. The majority of the respondents (32%) heard about anaemia from the hospital. The majority of the respondents (54%) perceived nutritional factors as the leading factor influencing anaemia in pregnancy, 38% revealed socio-economic factors as the leading factor influencing anaemia in pregnancy and 8% indicated socio-cultural factors as the leading factor influencing anaemia in pregnancy. The majority of the respondents (60%) indicated that they prevent anaemia by consuming Vitamin C-rich fruit, 30% of the respondents also suggested increasing dietary intake and 10% revealed personal hygiene.

The study recommended that women should be empowered in terms of their education and economic status which are key in combating this menace. Also, the nutritional status of pregnant women should be assessed to increase their energy and nutrient requirements.

The study concluded that anaemia as a health problem was high and the majority of the respondents perceived nutritional factors, socio-economic factors, and socio-cultural factors as factors that influence anaemia in pregnancy. However, the study revealed that socio-cultural factors contribute very little to anaemia during pregnancy.

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## ABBREVIATION

| | |
|---|---|
| WHO | World Health Organization |
| DHS | Demographic and Health Surveys |
| CCI | Composite coverage index |
| OPD | Outpatient Department |
| SPSS | Statistical Package for Social Sciences |

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# CHAPTER ONE

# INTRODUCTION

## 1.0 Background of the study

Religiosity and health are inter-related especially within the African context where illnesses have been linked to spiritual effects many years ago. Witchcraft is associated with illness within the African context including issues of childbirth (Kurinczuk, 2019). Also, pregnancy and childbirth are associated with religious and traditional beliefs and practices in many countries (Gharzy, 2020). It is an integrated part of the total care provided to clients and their families in all spheres of nursing and midwifery. During pregnancy, women intensify their prayers to God for protection, safe delivery and blessings. Some women panic at the mention of caesarian section for fear of death during surgery and others who undergo caesarian section are stigmatized. Therefore, pregnant women would explore all spiritual and traditional options to ensure that they deliver spontaneously. Women commune with their God either individually or in a group. The prayer offered by pregnant women increases their faith and hope in God and it affords them the confidence of going through a safe delivery. The method of communication women use depends on the specific religious group the woman belongs to. Women may use religious artefacts such as blessed water and oil during prayers. The blessed water and anointing/blessed olive oil are ordinary water and olive oil that the religious leader prays over. These artefacts may be used one-off or continuously for the duration of the pregnancy. It is believed that the Holy Spirit (Spirit of God) uses the blessed water and oil as a medium to impact on the user. During prayers some women also recite verses of the bible. Some women also sing when communicating with their God and this may be considered a nuisance to others who do not

use this form of communication with their God. Some religious denominations prescribe dressing mode for prayers especially at the place of congregation.

Traditional taboos and beliefs regarding pregnancy and childbirth in Botswana were collected by an essay competition in 1983. They are listed in tables by topic: nutrition, position, matrimonial, communal, obstetrical and general, with consequences. Most of the food-related beliefs are taboos, almost all of them meat, although salt, sweets, bread, corn, and fats are also prohibited. Some obstetrical practices include attendance by an elderly female relative, massage, delivering on a bed of cow dung, dressing the cord with cow dung or ash, and use of a traditional drink. There are some beneficial practices listed, such as the prohibition against the woman eating leftover food and marital infidelity by the husband during pregnancy, and social isolation during the delivery and puerperium. The essays often suggested alternative practices that could be employed to cancel out the dire consequences of the original food eaten or posture taken. Few positive preventive measures were offered. Others also remove their footwear before entering the prayer room. Religious restrictions pregnant women observe depend on the groups they belong to. The majority (71.2 %) of Ghanaians are Christians and the Pentecostal/Charismatic churches are fast growing churches in Ghana. Within the Christian religion are leaders who contribute to the spirituality of women during pregnancy and labour. A growing phenomenon in Ghana is religious Pentecostal/Charismatic leaders praying for pregnant women and some giving the women religious artefacts such as anointing oil for their use. Some of these leaders also directly anoint the women and give them other spiritual directions concerning the use of artefacts or the performance of other specific activities aimed at safe delivery. Previous researchers have reported several traditional beliefs and practices associated with pregnancy, labour and the post-partum period. Some of these traditional beliefs and practices include food and water restrictions

avoiding specific places such as the graveyard; not going out at specific times in the day; not associating with some people deemed to be evil and drinking special herbal preparations. Some women are restricted from work during pregnancy while others are not ( Hanin, 2020). During labour, women suffer negative traditional beliefs that demand that they confess unfaithfulness to their partners when labour is delayed especially for those who deliver at home (Lermar, 2022). Specific dietary restrictions such as avoidance of fish in diet may predispose the pregnant woman to dietary deficiencies. High maternal and perinatal mortalities occur from deliveries conducted in prayer houses in Nigeria. Although some regulatory efforts have been deployed to tackle this problem, less attention has been placed on the possible motivation for seeking prayer house intervention which could be hinged on the spiritual belief of patients about pregnancy and childbirth. This study therefore seeks to determine the perception of booked antenatal patients on spiritual care during pregnancy and their desire for such within hospital setting. A total of 397 antenatal attendees from two tertiary health institutions in southwest Nigeria were sampled. A pretested questionnaire was used to obtain information on socio-demographic features of respondents, perception of spiritual care during pregnancy and childbirth; and how they desire that their spiritual needs are addressed. Responses were subsequently collated and analyzed. Most of the women, 301 (75.8%), believe there is a need for spiritual help during pregnancy and childbirth. About half (48.5%) were currently seeking for help in prayer/mission houses while another 8.6% still intended to. Overwhelmingly, 281 (70.8%) felt it was needful for health professionals to consider their spiritual needs. Most respondents, 257 (64.7%), desired that their clergy is allowed to pray with them while in labour and sees such collaboration as incentive that will improve hospital patronage. There was association between high family income and desire for collaboration of healthcare providers with one's clergy (OR 1.82; CI 1.03-3.21; $p = 0.04$).

Our women desire spiritual care during pregnancy and childbirth. Its incorporation into maternal health services will improve hospital delivery rates.

### 1.1 Problem statement

The literature so far confirms that spirituality cannot be decoupled from pregnancy and child birth. However, there is little attention on Ghanaian women's experiences of religious and traditional beliefs and practices in pregnancy and labour. This study sought to investigate post-partum women's religious beliefs and practices during pregnancy and labour.

### 1.2 General objective

To examine the knowledge level and the impacts of religious beliefs and practices in pregnancy and labour among post-partum women in Holy Family Hospital, Berekum.

### 1.3 Specific objectives

1. To assess the knowledge level on religious beliefs and practices in pregnancy and labour among post-partum women in Holy Family Hospital, Berekum.
2. To identify the benefits of religious beliefs and practices in pregnancy and labour among post-partum women in Holy Family Hospital, Berekum.
3. To identify the negative impacts of religious beliefs and practices in pregnancy and labour among post-partum women in Holy Family Hospital, Berekum.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0 Overview

Religious beliefs may be considered implementing maternal care and other health programs that fit their Religious practices (Unai, 2019). Many cultures have different methods of care during the postpartum period [. Some of these Religious practices relate to physical activity levels, taboos and rituals, food and dietary requirements, baths, and purification rituals, among many other approved official routines in nursing care comprised of a varying diet, sufficient amount of fluid intake, self-care and promotion of hygiene practices like sits' bathing, showering, ambulation and exercise. These can seem foreign and very dangerous to a mother with different Religious beliefs (Frisdha, 2021). In many societies in the Southeast Asian region, traditional beliefs and practices are believed to be vital to maternal and child health. Deep Religious and social meanings are attached to practices related to behaviors, activities, foods, hygiene, and infant care with variance by regions. There are pretty diverse interpretations of the traditional postpartum beliefs and practices, even in the urbanized communities (Shansia, 2018). For example, in Indonesia and the Philippines, comparative postpartum mothers ‘beliefs and practices have not been well documented. The postpartum period is crucial for the wellbeing of a mother and new born baby. Postnatal complications are considered as crucial maternal health problems that should be addressed. During the first postnatal year, postnatal complications could increase the risk of perinatal and infant mortality and other mental problem.

Childbirth is significantly influenced by women's cultural perceptions, beliefs, expectations, fears, and cultural practices. Our purpose in conducting this focused ethnography was to determine the perceptions of Ghanaian childbearing women. Twenty-four mothers who received

health care at the Salvation Army Clinic in Wiamoase, Ashanti, Ghana, participated in audiotaped interviews. Patterns of thought and behaviors were analyzed, describing the realities of the lives of Ghanaian childbearing women. Themes included centering on motherhood, accessing health care, using biomedicine, ethnomedicine, and spiritual cures; viewing childbirth as a dangerous passage; experiencing the pain of childbirth; and fearing the influence of witchcraft on birth outcomes. Culturally specific knowledge obtained in this study can be utilized by health care providers, health policymakers, and those designing health care interventions to improve the health and well-being of childbearing women in developing countries.

## 2.1 The knowledge level on religious beliefs and practices in pregnancy and labour among post-partum.

Religion and spirituality have been acknowledged as crucial aspects of health and wellbeing. Nigeria, the most populous African country, is a multi-religious society where plural health systems (traditional and modern) co-exist. Religion is part of everyday conversation within the country and traditional healthcare providers are believed to have spiritual healing powers. Correspondingly, Nigerian women in their quest for a meaningful and comprehensive maternity care experience continue to use the plural health systems during the pregnancy birth continuum. Drawing from data collected through interviewing midwives (n = 7) and traditional birth attendants (n = 5), this paper explored the place of religion and spirituality within maternity care in the context of Igbo-Nigeria, through the lens of hermeneutic-phenomenology. Ethical approval was granted by relevant institutions and consent was obtained from each participant prior to the interviews. The findings revealed divergent views of the birth practitioners, influenced on one hand by conventional Western scientific ways of thinking, and on the other hand by traditional/Religious orientation. Healthcare professionals' views on the place of religion and spirituality within

maternity care in Igbo-Nigeria reflect societal norms, impacting either positively or negatively on women's needs for a meaningful maternity care experience. In order to improve women's satisfaction with their pregnancy and birth experience, it is important for the healthcare providers to pay attention to and reflect on their own religious and spiritual belief systems.

Aziato (2019) stated that, in health care delivery has attracted some attention in contemporary literature. The religious beliefs and practices of patients play an important role in the recovery of the patient. Pregnant women and women in labor exhibit their faith and use religious artefacts. This phenomenon is poorly understood in Ghana. The study sought to investigate the religious beliefs and practices of post-partum Ghanaian women. A descriptive phenomenological study was conducted inductively involving 13 women who were sampled purposively. Individual in-depth interviews were conducted in English, Ga, Twi and Ewe. The interviews were audio-taped and transcribed. Concurrent analysis was done employing the principles of content analysis. Ethical approval was obtained for the study and anonymity and confidentiality were ensured.

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thanksgiving at church, fellowship and emotional support. Pastors' spiritual interventions in pregnancy included prayer and revelations, reversing negative dreams, laying of hands and anointing women. Also, traditional beliefs and practices were food and water restrictions and tribal rituals. Religious artefacts used in pregnancy and labour were anointing oil, blessed water, sticker, blessed white handkerchief, blessed sand, Bible and Rosary. Family influence and secrecy were associated with the use of artefacts. Conclusions: Religiosity should be a key component of training health care professionals so that they can understand the religious needs of their clients and provide holistic care. We concluded that pregnant women and women in labour should be supported to exercise their religious beliefs and practices.

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Kaimaah (2019) conducted a study to describe the Religious beliefs and practices related to food during pregnancy and the puerperium in adult women (over 60 years old) in two different cultures by applying the Health Traditions Model. A qualitative study was carried out with the participation of 16 women resident during their pregnancy / childbirth / puerperium in a rural area of Braga

(Portugal), and León (Spain). The information collection technique was the semi-structured interview. A content analysis was made, following the Health Traditions Model. Beliefs and dietary practices related to feeding were identified, aimed at protecting, maintaining and recovering the health of the mother / newborn, from the physical / mental / spiritual sphere (9 interrelated dimensions). Eating beliefs and practices in pregnancy / puerperium of older women were described, confirming the role of culture in them. 9 interrelated dimensions were considered, as well as the relevant role of family / relatives. These data can help us plan for current, participatory (family / community) maternal health actions, correct certain practices, and provide care consistent with the culture of women. This can help transform beliefs, or values and attitudes that embody a certain Religious form in nursing.

### 2.2 The benefits of religious beliefs and practices in pregnancy and labour among post-partum.

Grantehe (2018) conducted a study to identify these beliefs and practices and how they affect maternal and child health care services. Purposive sampling was used to select focus group discussion participants (13) among community members, pregnant women whose gestation was at least 6 months, and women with babies less than 6 months of age. In addition, 22 in-depth interviews were conducted among health workers at district, sub district, and community levels. All interviews were audio-recorded and transcribed verbatim. With the aid of NVivo 11, the data was analysed thematically. The study's findings showed that socio-cultural beliefs and practices are widespread covering antenatal through childbirth to the postnatal period. Both harmful and harmless practices were identified. Protecting pregnancy from evil forces resulted in the practice of confinement and consequently late initiation of antenatal care. The use of herbal preparations to augment labour was reported and this practice favoured home delivery and use of Traditional

Birth Attendant. The study concludes that socio-cultural beliefs are common and transcend the entire peripartum period. Some of these social practices tend to affect utilization of some essential maternal and child health practices. However, accepting harmless social practices during labour will improve trust and cater for community's worldview about childbirth and foster skilled delivery.

Aziato (2020) presented that religious beliefs and practices of patients play an important role in the recovery of the patient. Pregnant women and women in labour exhibit their faith and use religious artefacts. This phenomenon is poorly understood in Ghana. The study sought to investigate the religious beliefs and practices of post-partum Ghanaian women. A descriptive phenomenological study was conducted inductively involving 13 women who were sampled purposively. Individual in-depth interviews were conducted in English, Ga, Twi and Ewe. The interviews were audio-taped and transcribed. Concurrent analysis was done employing the principles of content analysis. Ethical approval was obtained for the study and anonymity and confidentiality were ensured. Themes generated revealed religious beliefs and practices such as prayer, singing, and thanksgiving at church, fellowship and emotional support. Pastors' spiritual interventions in pregnancy included prayer and revelations, reversing negative dreams, laying of hands and anointing women. Also, traditional beliefs and practices were food and water restrictions and tribal rituals. Religious artefacts used in pregnancy and labour were anointing oil, blessed water, sticker, blessed white handkerchief, blessed sand, Bible and Rosary. Family influence and secrecy were associated with the use of artefacts. Religiosity should be a key component of training health care professionals so that they can understand the religious needs of their clients and provide holistic care. The study concluded that pregnant women and women in labour should be supported to exercise their religious beliefs and practices.

## 2.3 The negative impacts of religious beliefs and practices in pregnancy and labour among post-partum.

Phanshain (2021) conducted a study whereaim of this study is to identify any associations religion may have in affecting a woman's decision-making ability, and how that in turn affects maternal and child health, at a group level in multiple South Asian countries. Cross-sectional study utilizing secondary data analysis. The study used Demographic and Health Surveys (DHS) between 2014 and 2018 in Afghanistan, Bangladesh, India, Maldives, Myanmar, Nepal, and Pakistan. Not every country's survey asked about religion, so we imputed these results based on Census data. We assessed maternal and child health through a composite coverage index (CCI), which accounts for family planning, attendance of a skilled attendant at birth, antenatal care, BCG vaccinations, 3 doses of diphtheria-tetanus-pertussis vaccine, measles vaccine, oral rehydration therapy, and seeking care if the child has pneumonia. The relationship between religion, women's empowerment, and CCI was assessed through linear regression models. The sample included 57,972 mothers who had children aged 12–23 months. CCI is observed to be affected by family income, in addition to religion and country. CCI was higher in Hindus (2.8%, 95% CI: 2.4%, 3.1%) and Buddhists (2.0%, 95% CI: 1.2%, 2.9%) than Muslims. Mother's age, education, income, decision-making autonomy, and attitude towards beatings were all related to CCI. In a model stratified by religion, age, education, and income were significant predictors of CCI for both Muslims and non-Muslims, but were more impactful among Muslims. The study concluded though multiple imputation had to be used to fill in gaps in religion data, this study demonstrates that maternal and child health outcomes continue to be a concern in South Asia, especially for Muslim women. Given the importance of religious beliefs, utilizing a simple indicator, such as the CCI could be helpful for monitoring these outcomes and provides a

tangible first step for communities to address gaps in care resulting from disparities in maternal empowerment. The purpose of this study is to identify the effect of religious beliefs on the attitudes of pregnant women toward the health of the fetus. Pregnancy, one of the important periods of life, is a special period in terms of affecting both the mother's and the baby's health. Health beliefs and attitudes are the factors that have effects on mother-baby death rates (mortality)-which is one of the most important criteria showing health level of societies. However, the literature has limited number of studies on this issue. Volunteer participants who applied to the Gynecology and Obstetrics Polyclinic were administered a questionnaire in order to identify the frequency of performing worship practices. Women's beliefs about their roles in determining their fetus's health were measured using Fetal Health Locus of Control (FHLC) scale. FHCL scale is composed of 3 sub-scales which include Internality Locus of Control (FHLC-I), Chance Locus of Control (FHLC-C), and Powerful Others Locus of Control (FHLC-P). Non-normally distributed scale scores were analyzed with Mann-Whitney U test for two independent groups and Kruskal-Wallis test for three independent groups. The scores obtained from all the sub-scales of the FHLC scale according to the praying groups were statistically significant ($p = 0.008$, $p < 0.001$, $p < 0.001$, respectively). The sub-scale scores were not statistically significant according to the tendency of giving alms ($p = 0.269$, $p = 0.695$, $p = 0.079$, respectively). The FHLC-I and FHLC-P scores did not indicate differences according to the tendency of going to pilgrimage ($p = 0.914$, $p = 0.578$), but FHLC-C scores were significantly higher in those who tended to go to pilgrimage ($p = 0.004$). There was a significant relationship between the tendency of performing prayer and going to pilgrimage and attitudes toward performing double-triple tests and oral glucose tolerance test ($p = 0.002$, $p = 0.035$, respectively). Religious beliefs were influential on the attitudes of pregnant women toward the health of the

fetal. Gynecologists should consider patients' religious belief sensitivity while recommending them screening tests or planning their medication.

Awiny (2019) conducted a study which aim to determine the religious beliefs and practices in pregnancy and labor among post-partum mothers in selected primary health centers in Ado-Ekiti, Ekiti State. Two health facilities were purposely selected. A descriptive cross-sectional design with the use of an adapted well-structured questionnaire was employed. One hundred and eighty-two (182) post-partum women who were selected using convenience sampling method participated in the study. Data were analyzed and presented using descriptive (frequency, percentages and means) and Chi-square was used for observed differences and relationships between study variables. Result showed that 56% of the participants were within the age range of 24-28 years and 73.1% were Christians. Majority (78.6%) of women strongly agreed that God is the ultimate midwife. Also, 42.9% agreed that their prayers carry meaning and personal emotion while 52.7% believe God can deliver them safely without ante-natal care, 33.5% also believe that anointing oil or other drinks from religious leaders are more effective than hospital prescribed drugs while 21.4% were of the option that labour process (childbirth) is easier in maternity homes belonging to their faith. One-third (34.1%) of the participants indicated that they will not obey antenatal care directives if their religion says otherwise. Healthcare professionals especially midwives need to intensify their health teachings to pregnant women as well as the community at large on the importance of seeking ante-natal and post-natal care. So as to encourage their adherence to appropriate health practices thereby improving the health of mothers and babies

Postpartum religious beliefs and practices are widely prevalent in northern Nigeria. Using a cross-sectional survey, we set out to examine contemporary postpartum beliefs and practices among a cohort of 300 mothers in Danbare village, northern Nigeria. Common postpartum

practices included sexual abstinence (100%), physical confinement (88%), hot ritual baths (86%), nursing in heated rooms (84%) and ingestion of gruel enriched with local salt (83%). The majority of mothers (93%) believed that these practices made them stronger and helped them regain their physiologic state. Most respondents believed that non-observance could lead to body swelling, foul-smelling lochia and perineal pain. Mothers with formal education were significantly more likely to believe that these practices were non-beneficial compared with those mothers without formal education (odds ratio (OR) = 9.9, 95% confidence interval (CI) = 3.6 – 28.8). Almost half of the respondents (49%) said they would continue with these practices. In conclusion, women are still holding on to postpartum cultural beliefs and practices in northern Nigeria. However, educated women could act as useful agents of change towards the elimination of practices harmful to the health of mothers and their children.

# CHAPTER THREE

# RESEARCH METHODS AND MATERIALS

## 3.0 Overview

This chapter talks about the study area, study population, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration, and the limitations of the study.

## 3.1 Study area

This study was conducted at the Happy Hospital, Berekum, which is a private facility and located middle of Berekum. The hospital is organized into an Outpatient Department (OPD), an Inpatient Department (IPD) and also organized into several wards. The facility offers practical training for health service administrators, student nurses and other medical house men and interns.

## 3.2 The study population

The target population for the study is all women at Berekum in the Bono region. The accessible population is the post-partum women between the ages of 18-35 years in Berekum within the Bono region of Ghana.

## 3.3 Study design

A descriptive cross-sectional survey was used in this study. This design was employed because nursing mothers have unique or different characteristics that need to be studied at a point in time. The design also paved way for data collection to be done at the same time from people who are similar on other characteristics but different on key factors of interest such as age, income source, income levels, or geographic location. A descriptive study was employed to describe objectively the nature of how breastfeeding is done in a proper way.

### 3.4 Sampling technique and size

The sample size of 30 participant were sampled for the study. The respondents were obtained using the convenient sampling method. This method was used because it is inexpensive and respondents are easy to reach. The first 30 women who were around from 9:00 am to 1:00pm were selected.

### 3.5 Data collection methods and instruments

Data collection was done through the use of structured questionnaires consisting of both closed-ended and open-ended questions for easy expression of views and ideas. This was chosen as the method of data collection because it is relatively cheaper, avoided embarrassment on the part of the respondents, and the complete anonymity of respondents. Questionnaires were shared to the women. We explained to them how the questionnaires were to be filled. Each respondent used a maximum of 20 minutes to complete the questionnaire.

### 3.6 Data analysis techniques

The data obtained from the study were checked for accuracy, utility, and completeness. Data were analyzed using Microsoft Excel 2013 and results were presented in tables and figures.

### 3.7 Ethical consideration

An introductory letter was taken from the school to the managements of Happy Hospital in the Bono region of Ghana for approval to conduct the study. Participants were informed of the benefits, risks, purpose, and procedure of the study and their right to withdraw from the study at any point without penalty. All participants agreed voluntarily to be part of the study.
Respondents were assured of anonymity and confidentiality by not providing any form of identification on the questionnaire. However, identification codes were used to represent the respondent according to their chronologic entry into the study.

## CHAPTER FOUR

## DATA ANALYSIS AND RESULTS

### 4.0 Data presentation & analysis

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The data collected was analysed using Microsoft Excel. Descriptive statistical measures, such as tables with averages and percentages, along with graphs are used to show the occurrence of different observations as investigated in the study.

### 4.1 Student's demographic variables

**Table 1: Student's Demographic Variables**

| Variable | Categories | Frequency (n) | Percentage (%) |
|---|---|---|---|
| Age | 18-22 | 6 | 20 |
| | 23-27 | 8 | 26.7 |
| | 28-32 | 10 | 33.3 |
| | 33-35 | 6 | 20 |
| Marital status | Married | 18 | 60 |
| | Single | 11 | 36.7 |
| | Divorced | 1 | 3.3 |
| Employment Status | Self-employed | 20 | 66.7 |
| | Employed by someone | 8 | 26.6 |
| | Unemployed | 2 | 6.7 |

| Educational background | none | 2 | 6.7 |
|---|---|---|---|
| | primary | 8 | 26.6 |
| | Junior High School | 5 | 16.7 |
| | Senior High School | 6 | 20 |
| | Tertiary | 9 | 30 |
| Religion | Christian | 29 | 96.7 |
| | Islam | 1 | 3.3 |
| | Traditionalist | 0 | 0 |
| | Other | 0 | 0 |
| Number Of pregnancies | One | 10 | 33.3 |
| | Two | 5 | 16.7 |
| | Three | 10 | 33.3 |
| | Above 3 | 5 | 16.7 |

Table 1 above represents the demographic variables of the respondents. Majority (33.3%) of the respondents were aged between 28-32 years, over twenty percent (26.7%) of the respondents were between the ages of 23-27 years with just (20%) of them falling within both 18-23 years and 33-35 years.

Most (60%) of the respondents were married, over thirty percent (36.7%) were single and only (3.3%) had divorced.

Majority (66.7%) of the respondents were self-employed, a few (26.6%) of respondents were employed by someone, only (6.7%) were unemployed.

Majority (30%) of the respondents completed tertiary, a few (20%) of respondents completed only senior high school, only (16.7%) of the respondents completed Junior high school whiles 26.6% of the respondents completed only primary school and only 6.7% had no educational background.

Majority (96.7%) of the respondents were Christians.

Majority (33.3%) of the respondents experienced one and three pregnancies, over fifteen percent (16.7%) of the respondents experienced two and above three pregnancies.

## 4.2 The knowledge level on religious beliefs and practices in pregnancy and labour

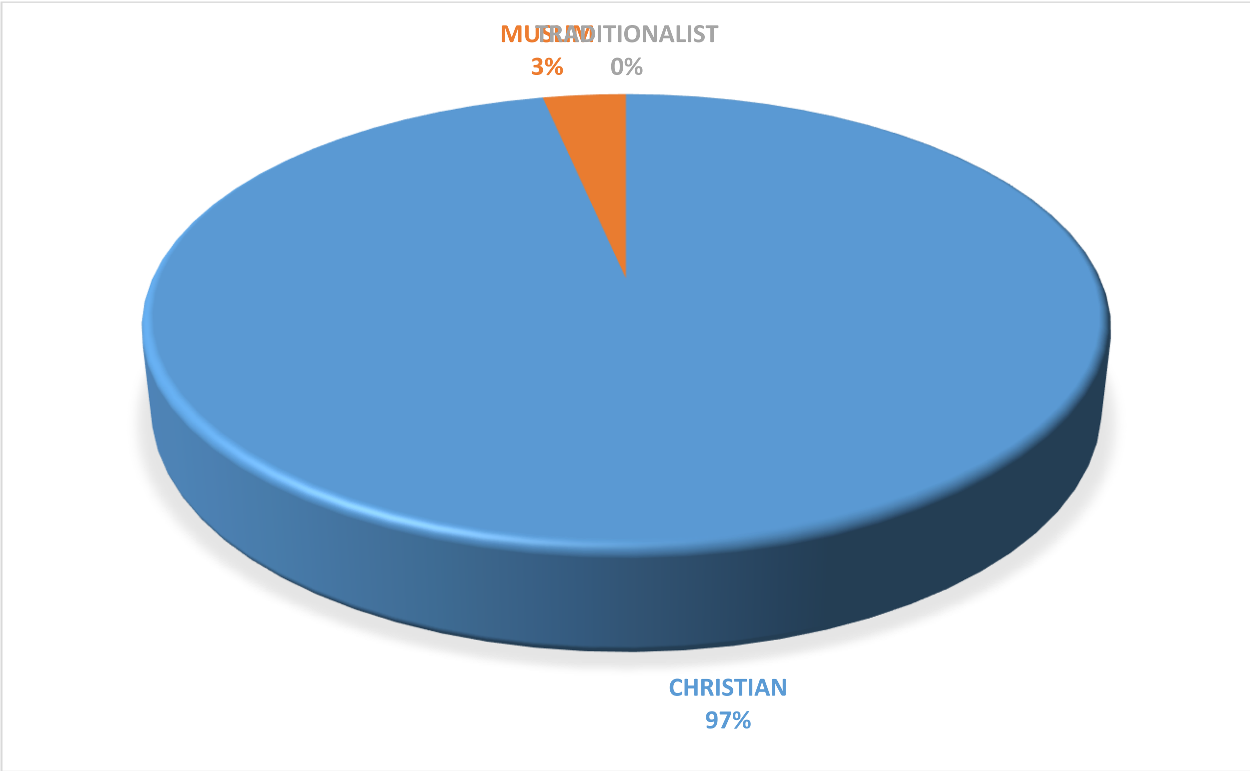

Figure 1 shows respondents which group they find themself, majority (97%) of the respondents were Christians, a few (1%) of the respondents were Muslims and no one was a traditionalist.

**Table 2: Respondents on spiritual influence and interventions on pregnancy and labor**

| Statement | | YES | NO |
|---|---|---|---|
| Is there any spiritual influence on pregnancy and labor? | n | 20 | 10 |
| | % | 66.7 | 33.3 |
| Can spiritual interventions make pregnancy or labor difficult/easy | n | 22 | 8 |
| | % | 73.3 | 26.7 |

Over half (66.7%) of the respondents said that there are spiritual influence on pregnancy and labor, a few (33.3%) said that there are no spiritual influence on pregnancy and labor.

More than Half (73.3%) of the respondents agreed that spiritual interventions make pregnancy or labor difficult/easy whiles only (26.7%) of the respondents disagreed that spiritual interventions make pregnancy or labor difficult/easy.

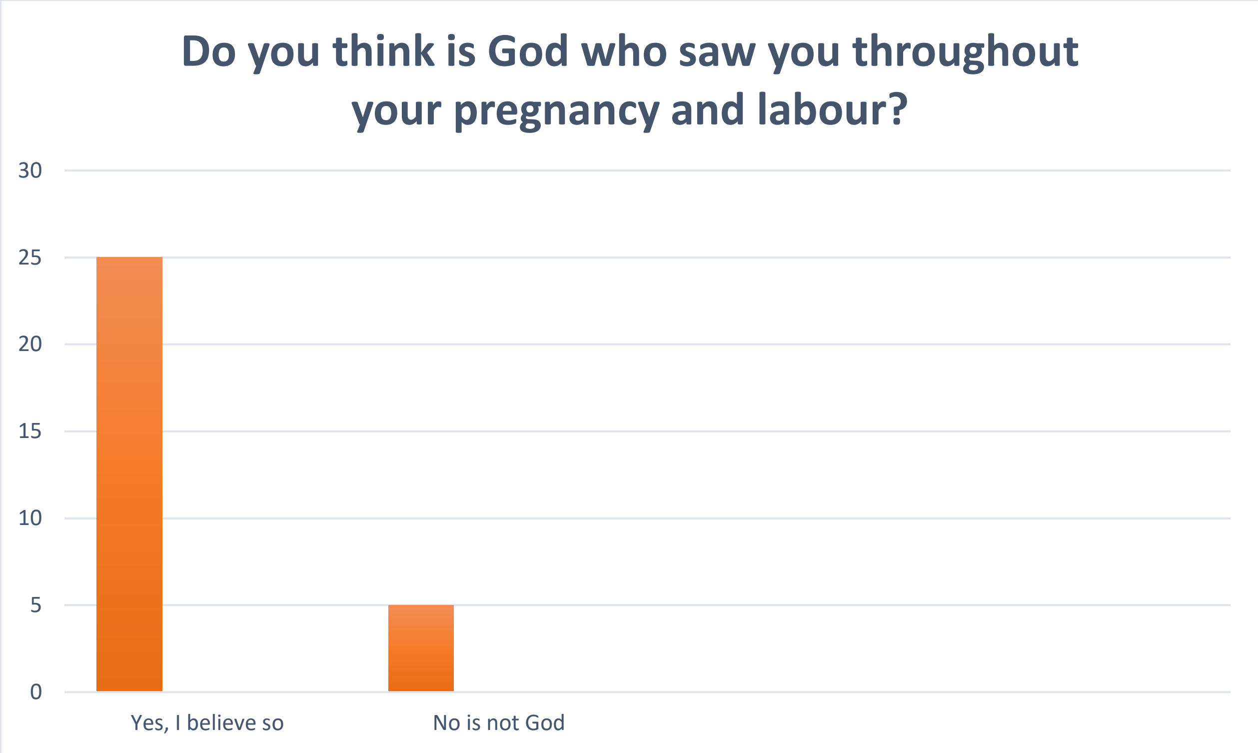


Figure 2 above show respondents on whether they think is God who saw them throughout your pregnancy and labor. Majority (83.3%) of the respondents believed that is God who saw them throughout your pregnancy and labor. Few (16.7%) of the respondents did not believed that is God who saw them throughout your pregnancy and labor.

**4.3 The benefits of religious beliefs and practices in pregnancy and labour**

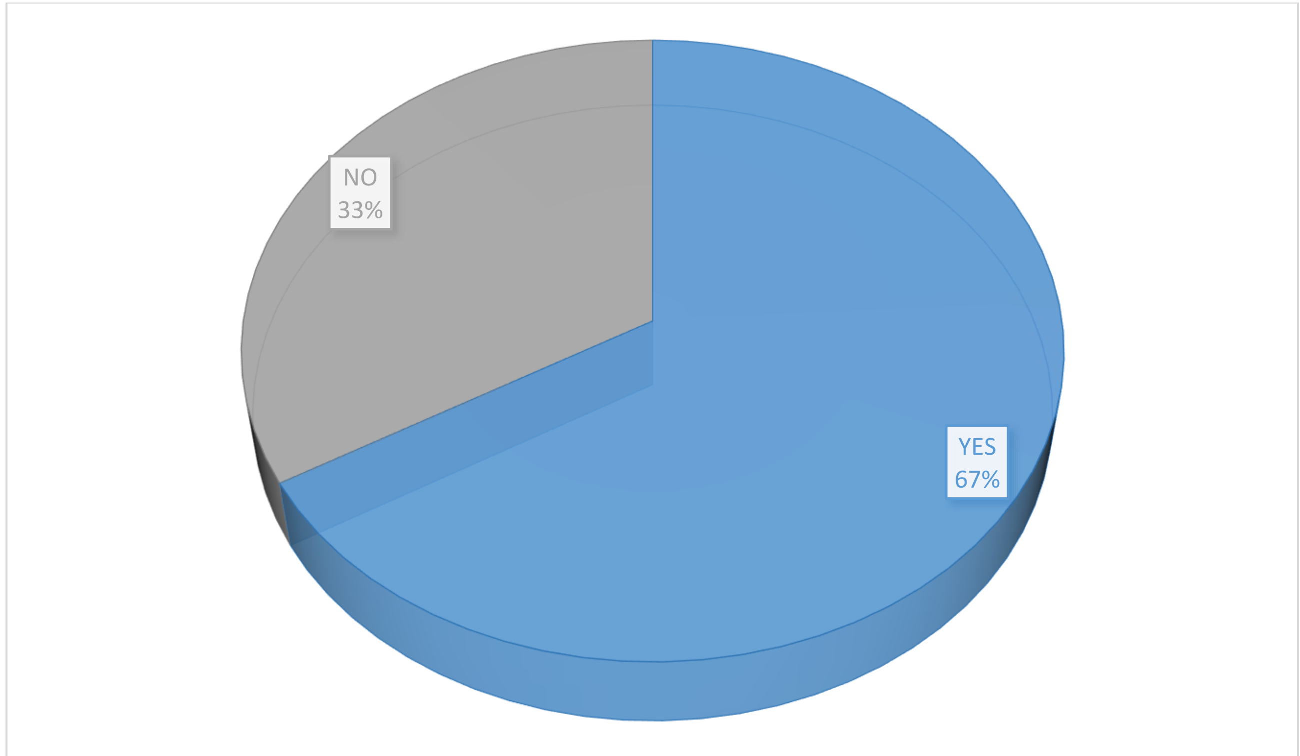


Figure 3 shows respondents on whether religious beliefs and practices in pregnancy and labour are important, less than half (33%) of the respondents disagreed that religious beliefs and practices in pregnancy and labour are important and mentions regular health checkups and other reasons for their choice whiles More than fifty percent (67%) of the respondents agreed that religious beliefs and practices in pregnancy and labour are important.

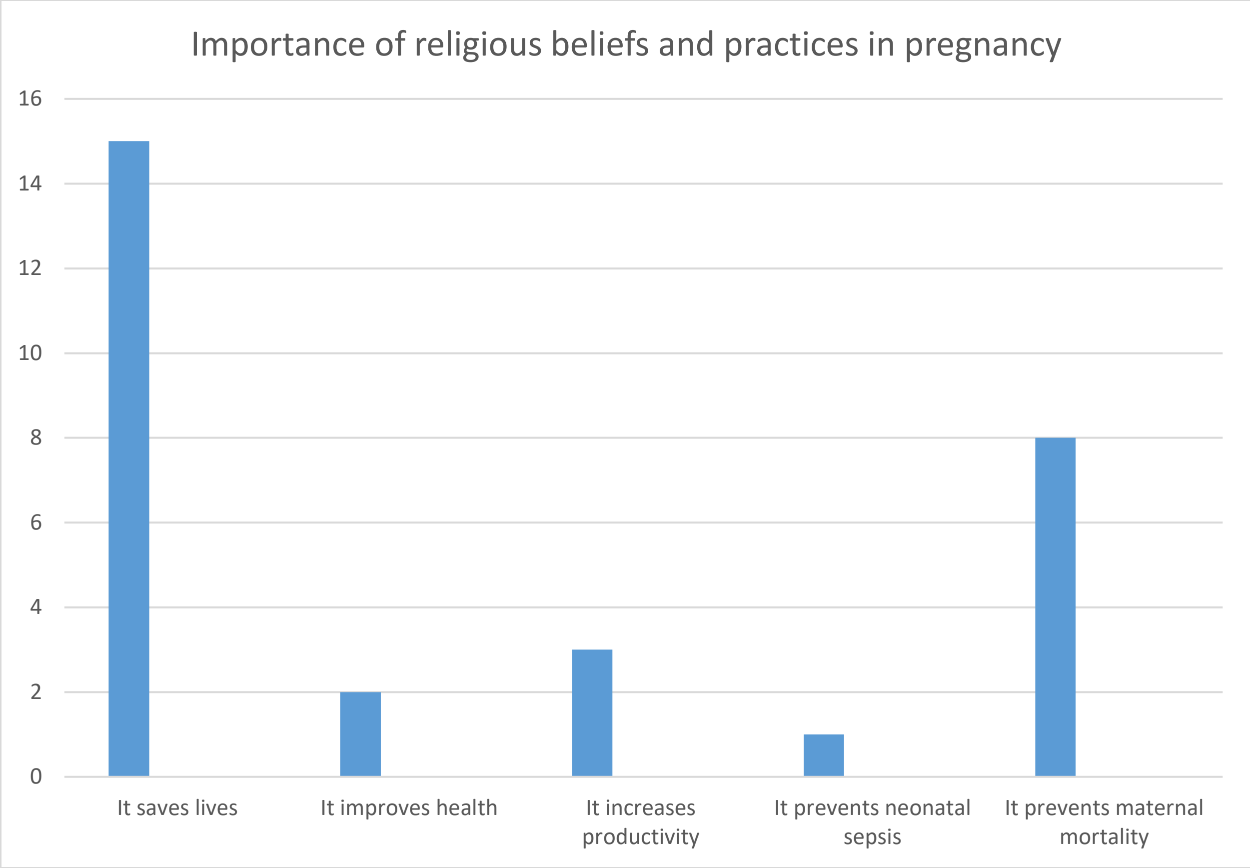


Figure 4 shows respondents on the importance of religious beliefs and practices in pregnancy and labour, Half (50%) of the respondents choose that religious beliefs and practices in pregnancy and labour saves lives, 26.7% of the respondents also choose that religious beliefs and practices in pregnancy and labour prevents maternal mortality whiles just a few (6.7%) and (10%) of the respondents choose that religious beliefs and practices in pregnancy and labour improves health and increases productivity respectively with only (1%) of the respondents picking prevention of neonatal sepsis as important.

### 4.4 The negative impacts of religious beliefs and practices in pregnancy and labour.

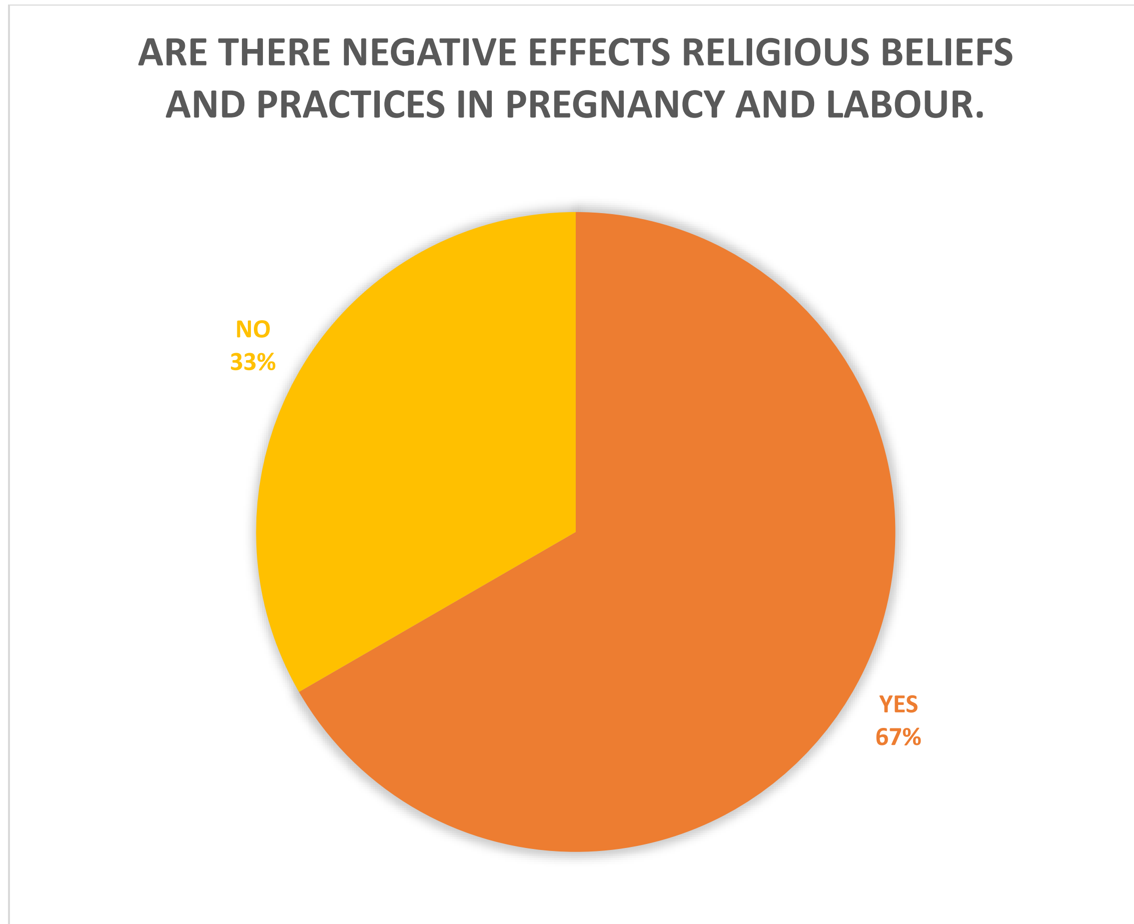


Figure 5 shows respondents on the negative effects of religious beliefs and practices in pregnancy and labor, Most (67%) of the respondents agreed that there are negative effects of religious beliefs and practices in pregnancy and labour while a few (33%) disagreed that there are negative effects of religious beliefs and practices in pregnancy and labour.

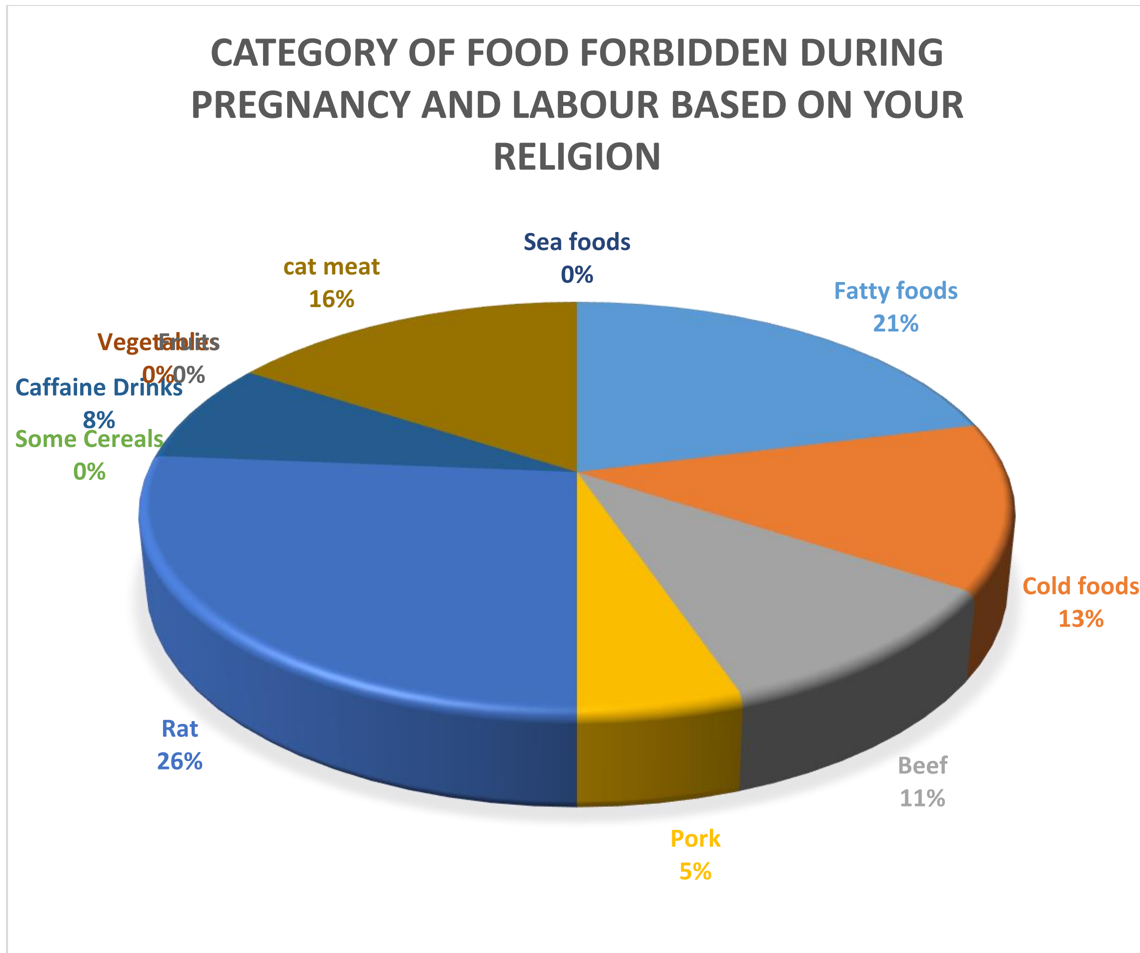


Figure 6 shows respondents on the category of food forbidden during pregnancy and labour based on their religion, Twenty-six (26%) of the respondents said that rat food is forbidden during pregnancy and labour based on their religion while a few (21%) of the respondents said that fatty food is forbidden during pregnancy and labour based on your religion. Sixty percent (16%) of the respondents said that cat food is forbidden during pregnancy and labour based on their religion whiles only (13%) of respondents said that cold foods is forbidden during pregnancy and labour based on their religion. Just (11%) of the respondents said that beef food is forbidden during pregnancy and labour based on their religion. Only 5% and 8% said that both pork and caffeine drinks respectively is forbidden during pregnancy and labour based on their religion. None of the

respondents selected some cereal foods, sea foods, vegetables and fruits as forbidden during pregnancy and labour based on their religion.

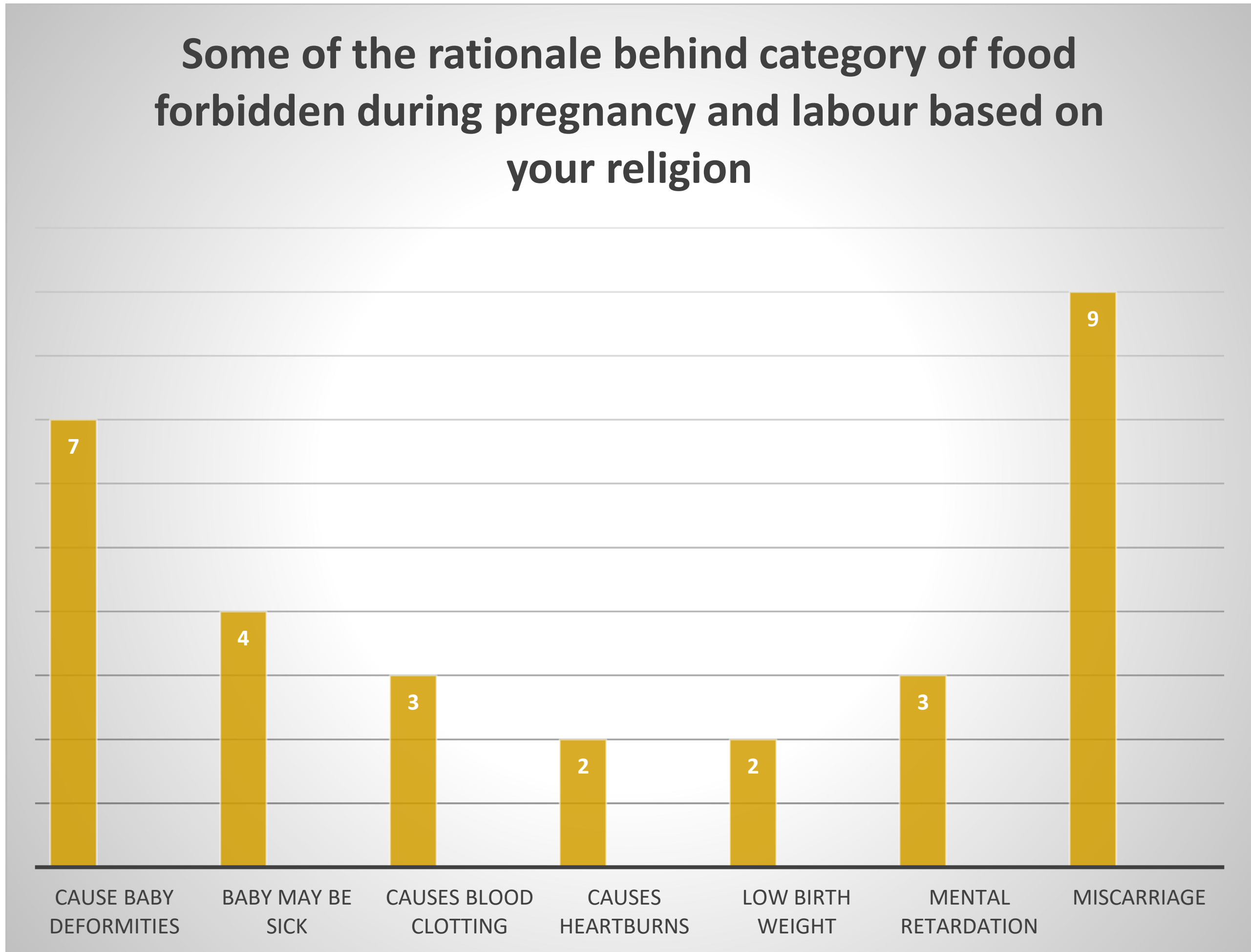


Figure 7 shows respondents on some of the rationale behind category of food forbidden during pregnancy and labour based on their religion, 30% of the respondents selected miscarriage as the rationale behind category of food forbidden during pregnancy and labor based on their religion while a few (23.3%) of the respondents said baby deformities is the rationale behind category of food forbidden during pregnancy and labor based on their religion. More than ten percent (13.3%) of the respondents said the baby maybe sick as the rationale behind category of food forbidden

during pregnancy and labor based on their religion. Ten percent (10%) of the respondents selected mental retardation as the rationale behind category of food forbidden during pregnancy and labor based on their religion and causing blood clotting was also selected with the same response (10%) whiles only (6.7%) of the respondents selected both low birth weight and heartburns as the rationale behind category of food forbidden during pregnancy and labor based on their religion.

# CHAPTER FIVE

# DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

## 5.0 Introduction

In this chapter, the data analysed in chapter four were interpreted based on scientific evidence. The findings are briefly discussed with references to support the study.

## 5.1 Discussions

### 5.1.1 The knowledge level on religious beliefs and practices in pregnancy and labour

The current study found that Over half (66.7%) of the respondents said that there are spiritual influence on pregnancy and labor, a few (33.3%) said that there are no spiritual influence on pregnancy and labor and more than half (73.3%) of the respondents agreed that spiritual interventions make pregnancy or labor difficult/easy whiles only (26.7%) of the respondents disagreed that spiritual interventions make pregnancy or labor difficult/easy. Similarly, Kaimaah (2019) conducted a study to describe the Religious beliefs and practices related to food during pregnancy and the puerperium in adult women (over 60 years old) in two different cultures by applying the Health Traditions Model. A qualitative study was carried out with the participation of 16 women resident during their pregnancy / childbirth / puerperium in a rural area of Braga (Portugal), and León (Spain). The information collection technique was the semi-structured interview. A content analysis was made, following the Health Traditions Model. Beliefs and dietary practices related to feeding were identified, aimed at protecting, maintaining and recovering the health of the mother / newborn, from the physical / mental / spiritual sphere (9 interrelated dimensions). Conclusion: Eating beliefs and practices in pregnancy / puerperium of older women were described, confirming the role of culture in them. 9 interrelated dimensions

were considered, as well as the relevant role of family / relatives. These data can help us plan for current, participatory (family / community) maternal health actions, correct certain practices, and provide care consistent with the culture of women. This can help transform beliefs, or values and attitudes that embody a certain Religious form in nursing.

### 5.1.2 The benefits of religious beliefs and practices in pregnancy and labour

Less than half (33%) of the respondents disagreed that religious beliefs and practices in pregnancy and labour are important and mentions regular health checkups and other reasons for their choice whiles More than fifty percent (67%) of the respondents agreed that religious beliefs and practices in pregnancy and labour are important. Similarly, in a study by Aziato (2020) presented that religious beliefs and practices of patients play an important role in the recovery of the patient. Pregnant women and women in labour exhibit their faith and use religious artefacts. This phenomenon is poorly understood in Ghana. The study sought to investigate the religious beliefs and practices of post-partum Ghanaian women. A descriptive phenomenological study was conducted inductively involving 13 women who were sampled purposively. Individual in-depth interviews were conducted in English, Ga, Twi and Ewe. The interviews were audio-taped and transcribed. Concurrent analysis was done employing the principles of content analysis. Ethical approval was obtained for the study and anonymity and confidentiality were ensured. Themes generated revealed religious beliefs and practices such as prayer, singing, and thanksgiving at church, fellowship and emotional support. Pastors' spiritual interventions in pregnancy included prayer and revelations, reversing negative dreams, laying of hands and anointing women. Also, traditional beliefs and practices were food and water restrictions and tribal rituals. Religious artefacts used in pregnancy and labour were anointing oil, blessed water, sticker, blessed white handkerchief, blessed sand, Bible and Rosary. Family influence and secrecy were associated with

the use of artefacts. Religiosity should be a key component of training health care professionals so that they can understand the religious needs of their clients and provide holistic care. The study concluded that pregnant women and women in labour should be supported to exercise their religious beliefs and practices.

### 5.1.3 The negative impacts of religious beliefs and practices in pregnancy and labour

Most (67%) of the respondents agreed that there are negative effects of religious beliefs and practices in pregnancy and labour while a few (33%) disagreed that there are negative effects of religious beliefs and practices in pregnancy and labour. Similarly, Phanshain (2021) conducted a study whereaim of this study is to identify any associations religion may have in affecting a woman's decision-making ability, and how that in turn affects maternal and child health, at a group level in multiple South Asian countries. Cross-sectional study utilizing secondary data analysis. The study used Demographic and Health Surveys (DHS) between 2014 and 2018 in Afghanistan, Bangladesh, India, Maldives, Myanmar, Nepal, and Pakistan. Not every country's survey asked about religion, so we imputed these results based on Census data. We assessed maternal and child health through a composite coverage index (CCI), which accounts for family planning, attendance of a skilled attendant at birth, antenatal care, BCG vaccinations, 3 doses of diphtheria-tetanus-pertussis vaccine, measles vaccine, oral rehydration therapy, and seeking care if the child has pneumonia. The relationship between religion, women's empowerment, and CCI was assessed through linear regression models. The sample included 57,972 mothers who had children aged 12–23 months. CCI is observed to be affected by family income, in addition to religion and country. CCI was higher in Hindus (2.8%, 95% CI: 2.4%, 3.1%) and Buddhists (2.0%, 95% CI: 1.2%, 2.9%) than Muslims. Mother's age, education, income, decision-making autonomy, and attitude towards beatings were all related to CCI. In a model stratified by religion, age, education, and

income were significant predictors of CCI for both Muslims and non-Muslims, but were more impactful among Muslims. The study concluded though multiple imputation had to be used to fill in gaps in religion data, this study demonstrates that maternal and child health outcomes continue to be a concern in South Asia, especially for Muslim women. Given the importance of religious beliefs, utilizing a simple indicator, such as the CCI could be helpful for monitoring these outcomes and provides a tangible first step for communities to address gaps in care resulting from disparities in maternal empowerment.

The current study found that twenty-six (26%) of the respondents said that rat food is forbidden during pregnancy and labour based on their religion while a few (21%) of the respondents said that fatty food is forbidden during pregnancy and labour based on your religion. Sixty percent (16%) of the respondents said that cat food is forbidden during pregnancy and labour based on their religion whiles only (13%) of respondents said that cold foods is forbidden during pregnancy and labour based on their religion. Just (11%) of the respondents said that beef food is forbidden during pregnancy and labour based on their religion. Only 5% and 8% said that both pork and caffeine drinks respectively is forbidden during pregnancy and labour based on their religion. None of the respondents selected some cereal foods, sea foods, vegetables and fruits as forbidden during pregnancy and labour based on their religion. Similarly, Awiny (2019) conducted a study which aim to determine the religious beliefs and practices in pregnancy and labor among post-partum mothers in selected primary health centers in Ado-Ekiti, Ekiti State. Two health facilities were purposely selected. A descriptive cross-sectional design with the use of an adapted well-structured questionnaire was employed. One hundred and eighty-two (182) post-partum women who were selected using convenience sampling method participated in the study. Data were analyzed and presented using descriptive (frequency, percentages and means) and Chi-square was used for

observed differences and relationships between study variables. Result showed that 56% of the participants were within the age range of 24-28 years and 73.1% were Christians. Majority (78.6%) of women strongly agreed that God is the ultimate midwife. Also, 42.9%agreed that their prayers carry meaning and personal emotion while 52.7% believe God can deliver them safely without ante-natal care, 33.5% also believe that anointing oil or other drinks from religious leaders are more effective than hospital prescribed drugs while 21.4% were of the option that labour process (childbirth) is easier in maternity homes belonging to their faith. One-third (34.1%) of the participants indicated that they will not obey antenatal care directives if their religion says otherwise. Healthcare professionals especially midwives need to intensify their health teachings to pregnant women as well as the community at large on the importance of seeking ante-natal and post-natal care. So as to encourage their adherence to appropriate health practices thereby improving the health of mothers and babies.

**5.2 Conclusions**

Based on the analysis of data obtained from the field, the following conclusions were drawn.

1. Majority (97%) of the respondents were Christians.
2. Over half (66.7%) of the respondents said that there are spiritual influence on pregnancy and labor.
3. More than Half (73.3%) of the respondents agreed that spiritual interventions make pregnancy or labor difficult/easy.
4. Majority (83.3%) of the respondents believed that is God who saw them throughout your pregnancy and labor.
5. More than fifty percent (67%) of the respondents agreed that religious beliefs and practices in pregnancy and labour are important.

6. Most (67%) of the respondents agreed that there are negative effects of religious beliefs and practices in pregnancy and labour.

## 5.3 Recommendations

Based on the findings of the study, the following recommendations have been made.

1. Ensure that pregnant individuals have access to comprehensive healthcare services, regardless of their religious beliefs or practices.
2. Promote religious literacy among healthcare providers, religious leaders, and the general public to foster understanding, empathy, and respect for diverse religious beliefs and practices.
3. Provide comprehensive and unbiased information about pregnancy, childbirth, and postpartum care, including the potential risks and benefits of religious practices.
4. Foster inclusive and supportive communities where pregnant individuals can freely express their religious beliefs and practices without fear of judgment or discrimination.

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**APPENDIX**

**QUESTIONNAIRE**

**INTRODUCTION**

Dear Respondent,

We are students of the Holy Family Nursing and Midwifery Training College, Berekum researching the topic; "Religious beliefs and practices in pregnancy and labour: a study among post-partum women between the ages of 18-35 years at Happy Hospital, Berekum".

Kindly answer the under-listed questions by ticking (√) the appropriate box or writing in the space provided. Any information you provide is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time without any penalty. It will take approximately 20 minutes to answer this questionnaire.

Thank you.

**PLEASE TICK [√] THE APPROPRIATE BOX WHERE APPLICABLE**

**SECTION A: BIOGRAPHICAL INFORMATION**

1. Age:

A. 18-22 years [ ]  B. 23-27years [ ]  C. 28-32 years [ ]  D. 33-35 years

2. Employment Status:

A. Self-employed [ ] B. Employed by someone [ ]  C. Unemployed [ ]

3. Marital status:

A. Single [ ]   B. Married [ ]   C. Divorced [ ]

4. Educational background:

A. none [ ]   B. Primary [ ]   C. Junior High School [ ] D. Senior High School [ ]

E. Tertiary [ ]

5. Religion   A. Christianity [ ]   B. Islamic [ ]   C. Traditional [ ]

   D. Other, please specify……………………………………………

6. Number of pregnancies   A. One [ ]   B. Two [ ]   C. Three [ ]   D. Above three [ ]

**SECTION B: THE KNOWLEDGE LEVEL ON RELIGIOUS BELIEFS AND PRACTICES IN PREGNANCY AND LABOUR.**

7. Which group do you find yourself?

   A. Christian [ ] B. Muslim [ ]. C. Traditionalist [ ]

1. Is there any spiritual influence on pregnancy and labor.

   A. Yes [ ]   B. No [ ]

2. Can spiritual interventions make pregnancy or labor difficult/easy

   A. Yes [ ]   B. No [ ]

3. Do you think is God who saw you throughout your pregnancy and labour?

   A. Yes, I believe so [ ]   B. No is not God [ ]

**SECTION C: RELIGIOUS BELIEFS AND PRACTICES INVESTIGATION**

4. During pregnancy what were some of the traditional stories you were told?

A. Yes [ ]  B. No [ ]

5. Who told you all these stories and what were the most interesting?

A. Mother [ ]

B. Grandparents [ ]

C. Father [ ]

D. Siblings [ ]

E. Friends [ ]

6. During pregnancy did you receive any local treatment at home?

   A. Yes [ ]  B. No [ ]

7. Are there some beliefs concerning what food a pregnant woman should eat in your community?

   A. Yes [ ]  B. No [ ]

8. Are there some beliefs and practices prohibiting a woman performing few days after delivery in your community?

   A. Yes [ ]  B. No [ ]

**SECTION D: HEALTH IMPLICATIONS OF TRADITIONAL BELIEFS AND PRACTICES**

9. Did you experience any complication child birth after you have gone through the traditional practices?

   A. Yes [ ]  B. No [ ]

10. If yes, what complications did you experience?

…………………………………..

11. Some of the rationale behind may include (select all that apply).

A. Cause baby deformities [ ]

B. Baby may be sick [ ]

C. Causes blood clotting [ ]

D. Causes heartburns [ ]

E. Low birth weight [ ]

F. Mental retardation [ ]

G. Miscarriage [ ]

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**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**
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*Your Ref.* ...............................

Date August 17, 2023

The Administrator
Happy Hospital
P.O. Box 167
Berekum

Dear Administrator

**PERMISSION TO CONDUCT RESEARCH**

I wish to introduce to you the under listed names of final year students of the College:

1. **Wendy Asamoah**
2. **Mansa Koduah**
3. **Boateng Akomah Bernice**

As part of the pre-requisite for the award of Diploma in Midwifery they are to conduct a research study, on the topic **'Religious Beliefs and Practices in Pregnancy and Labour: A study among Postpartum Women between the Ages of 18 to 35 years at Happy Hospital, Berekum.'**

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours sincerely

..............................
**Ernestina Mensah**
Supervisor

**For: Principal**

**Website:** nmtcberekum.edu.gh **E-mail.** nmtcberekum@yahoo.com, nmtcberekum@gmail.com