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RESEARCH ARTICLE

The Rights of Unborn and Newborn Babies in Jordanian Arab Culture: Implications for Practice

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Abstract:

Background:

Traditional patterns relating to how to handle the provision of culturally competent care for refugees are often challenging. Addressing the unique religious and cultural beliefs and norms of refugee parents during the childbirth process will alleviate their anxiety and feelings of alienation with respect to healthcare systems.

Objectives:

This paper aims to understand the meaning of Jordanian women's beliefs and practices related to their fetuses and newborns and to facilitate the recognition by Western healthcare providers of these practices among immigrants and refugees.

Methods:

An interpretive phenomenological study was used to conduct an individual in-depth semi-structured interview with nine women.

Results:

Eight superordinate themes were identified: couple in legitimate relationship before conception, rejection of abortion, accepting the gender of the baby, guaranteeing that 'Allah' is the first word heard, rubbing the newborn's palate with a date, choosing a meaningful name, ensuring circumcision for boys and showing gratitude to Allah.

Conclusion:

The attitudes of Jordanian women towards newborns' rights and care are greatly influenced by their cultural and religious backgrounds. Capturing these attitudes and needs can inform the development of health education strategies and information resources. To enhance Muslim women's engagement in maternal newborn health services, maternity staff should endeavour to create a trusting relationship with the childbearing women, which values their social, cultural and spiritual needs.

Keywords: Newborn rights, Phenomenology, Qualitative, Cultural beliefs, Cultural practice, Arab.

Article History

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1. BACKGROUND

Middle Eastern countries have witnessed an exceptional rise in new waves of displaced refugees coming from areas of violence and instability. This includes refugees from Middle Eastern and African countries, such as Iraq, Syria, Yemen, and Somalia. Traditional norms for providing culturally appropriate care for refugees are frequently difficult to follow [1, 2]. As in

all cultures, newborn care is surrounded by varying practices [3]. It is critical for Western healthcare providers to understand these practises in order to facilitate their recognition among immigrants and refugees [1]. This would enable the adaptation of immigrants to Western healthcare systems [4]. Culture and religion are both important aspects of care for all clients using health services [5]. Health services accommodating cultural and religious needs and responding to the health beliefs, practices, and linguistic needs of multiethnic clients can help produce positive client-provider interactions. Health

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consumers look for care plans tailored to meet their cultural expectations [5]

The Arab league consists of 22 countries with a massive socioeconomic range, yet linguistic, cultural, religious, and demographic cohesion exists. The majority of the Arab population consists of youth and children [6, 7]. Beliefs and practices of Arabs are highly inspired by the principles of Islam [8]. This is reflected in the daily lives of families in Arab countries such as Jordan. In Jordan, the social structure for the majority of Jordanian families is significantly influenced by Islamic culture. This influence includes daily activities, behaviours, and interactions [9]. Jordanian culture is a sub of Arabic culture, and Arabic culture is rooted in the Islamic religion. Thus, the findings of this study on the beliefs and practices of childbirth in Jordan are applicable to other populations of Arabic and Muslim women.

Islamic traditions guarantee a comprehensive guide to provide protection and safety for both born and unborn babies. These rights are consistent with Shari'a under the umbrella of the instructions of Allah, 'God' [10]. Children's rights in Islam are detailed by Islamic rules and directions in both the Qur'an and the Sunnah. Laws and examples provided by the Qur'an and the Sunnah establish the normative-ethical foundations obligatory for the community. The Qur'an declares specific rights for children to have a respectful and nurturing life [11, 12]; more specifically, Islam views children as 'vulnerable', and many instructions about foetal and infantile rights are given. This has resulted in the Muslim community being benevolent towards all children throughout their life span (foetuses, infants, and children growing up) [10]. These rights include statements to follow with respect to abortion, adoption, breastfeeding, and orphan care [12].

Healthcare providers are often the first practitioners to have contact with women after a pregnancy is confirmed. This is usually accompanied by special concerns regarding the well-being of the unborn child [2]. Addressing the unique religious and cultural beliefs and norms of refugee parents during childbirth will alleviate their anxiety and feelings of alienation with respect to healthcare systems. This will positively impact the mother and father during the pregnancy, birth, and the postpartum period [8]. Small (2014), in a systematic review of studies from five developed, Western nations, reported that migrant women were dissatisfied with maternity services because of the lack of culturally sensitive care from the maternity staff [13]. This argument is supported by Shafiel *et al.* (2012), who stressed that culture underlies clients' attitudes and options of treatment [14]; however, these authors acknowledged that many healthcare providers have a limited idea of the influence of religion and culture on health. The beliefs and practices of Jordanian women may therefore be important to consider, especially because such beliefs and practices may be held by other Muslim women.

To offer culturally competent care, healthcare providers must understand the culture and religion of the groups they are handling. Delivering culturally competent care is almost certainly not an easy task, but is still a very worthwhile one for both healthcare providers and women [6]. Unborn and newborn rights are defined in numerous ways, including through a wide

spectrum of civil, cultural, economic, social, and political rights [15, 16]. In order to provide the highest quality of care, maternity service providers should take mothers' cultural and religious beliefs and practices into consideration [17].

In a multicultural environment, it is imperative to underline beliefs regarding foetal and infant rights in Arab and Islamic cultures to provide health and social care. Researchers need to thoroughly investigate the unique culture and attributes of immigrants. This can help uncover their health-related attitudes, which impact the quality of healthcare provided to them.

2. METHODOLOGY

This study aimed to understand the meaning of Jordanian women's beliefs and practices related to their foetuses and newborns, as well as identify broad themes that could govern Muslim women's childbearing care. To gain an understanding of the human beliefs and attitudes, dense, descriptive data concerning their experiences were generated, and contact with people in their normal world was used in a phenomenological approach [18]. Phenomenological technique helps us understand how our world functions and how things come about by being focused in the social aspects of our lives [19]. It allows evaluate these experiences from the perspective of the women and aids the researcher in thoroughly examining and interpreting their significance. Moreover, a phenomenological methodology assists mothers in revealing their healthcare needs; these revelations enhance the quality of maternity care given to these women.

2.1. Methods and Materials

Purposive sampling was chosen as the sampling technique for this research. It is convenient for phenomenology, which involves choosing participants based on agreed criteria [20]. The targeted population in this study was Jordanian Muslim women who had previous childbirth experience in Jordanian society. Participants were recruited through the authors' social networks and subsequent snowball sampling via the mothers who participated in the study. An individual in-depth semi-structured interview was selected as the data collection method. It allowed the women to share their experiences freely and allowed the researcher to investigate any social and private issues in depth [21]. An interview guide was prepared to ensure that all important areas of the experience were covered. The guide was formed by a wide literature review and by detailed discussions with several colleagues about the topic. The interview questions emphasized women's religious and cultural beliefs and how these beliefs structure their experience of pregnancy, birth, and puerperium. Examples of interview questions are: 'Tell me about your beliefs and practices related to your baby during pregnancy and puerperium?', 'What did it mean for you to address cultural beliefs and practices during your childbirth?', 'Was it important to maintain these practices during your childbirth?' and 'How did the people around you help you maintain these practices?'. The first and fourth authors conducted the interviews because we believed that the women would talk more freely with an interviewer of the same sex and culture. The interviews lasted from 50 to 60 minutes and included only the interviewer and the woman. Women

were allowed to choose where the interviews would take place; all women selected their homes.

In interpretive phenomenological studies, the sample size is determined based on the quality and richness of themes or patterns of meaning emerging from the data; this is called thematic saturation [21]. Nine women were interviewed until we reached data saturation. Analysis of personal details exhibited disparities in age, social class, parity, level of education, and careers. The personal details of the women are shared in Table 1. Transcription commenced directly after each interview. The information was then translated into English and then transported into the NVivo 9 programme. The NVivo 9 program helps index the data, it also labels each paragraph with phrases that represent an idea, concept, or attitude and organize the phrases into a hierarchy of categories. The analysis was done by the first author using a framework of interpretive phenomenological analysis (IPA) [22]. The tape recordings were replayed several times, and the transcribed text was read closely. After the NVivo program categorized all the data, the analysis was then completed by using IPA principles in handwriting, so sub-phrases that represent the same idea were under one phrase; each phrase and its sub-phrase were documented by a core idea that explains the meaning of those phrases and the sub-phrases that follow. Subsequently, the theme was identified from each idea by consensus of the two researchers after a detailed discussion. The final list of themes was constructed and represented by quotes from the participants' interviews.

Table 1. Personal details of the women.

Participant No.	Age, Years	Gravida/Parity	Occupation
1	31	G5/P4	Housewife
2	50	G8/P6	Teacher
3	25	G2/P2	Housewife
4	32	G3/P2	Engineer
5	43	G4/ P3	Teacher
6	40	G4/P4	Nurse
7	28	G5/P3	Accountant
8	39	G6/P5	Lab technician
9	22	G2/P1	Housewife

2.2. Ethical Considerations

The research was approved by the IRB Committee at the Jordan University of Science and Technology (28-2020). All informants signed a written informed consent before participating in the study. The women were given information sheets and a week to determine whether to engage in the study and obtain their husbands' permission, which is crucial in Islam, before participating. Prior to beginning the data collection, the location and date of the interviews were arranged at the women's convenience. At the beginning of each interview, the aim of the study was explained, and each woman was assured of the confidentiality and anonymity of her information. She was informed that she could withdraw at any time without providing a reason.

2.2.1. Trustworthiness of the Study

The following measures were adopted by the researchers to

achieve trustworthiness in the study's findings. The first author considered the significance of searching for additional potential interpretations in the data to encourage credible findings. Thus, analysis, meanings, and developing themes were discussed and analysed by the co-authors in a scheduled meeting at each data analysis stage. Furthermore, this study's credibility was established by member checking. Before starting the analysis, we returned the interview transcripts to each of the mothers, who agreed to review them by a social media application (WhatsApp). Their additional comments and endorsement precisely reflected the nature of their lived experience. After finishing the analysis, we discussed the results with some of the participants who showed interest in discussing them with the first author. This collaborative work is essential in an interpretive phenomenological study. To ensure the dependability of the current study, we used peer debriefing and an audit trail. Further, the transferability of this study was enhanced by using direct quotations to represent the participants' experiences and illustrate the themes [23, 24].

3. RESULTS

The results of this study will be presented according to the following themes, based on phenomenology, which offers maternity staff new standpoints to enhance suitable care. During interviews, the women narrated in a profound way their childbirth practices and beliefs regarding their unborn and newborn babies. The focal theme that emerged from this study's analysis was dealing with God's gift in a respectful and grateful way. This theme explains the ideals and customs related to the baby, which Jordanian women perform before and after childbirth; this will be discussed in the following sections.

3.1. Couple in Legitimate Relationship Before Conception

In the Islamic community, starting a family through marriage is a social obligation. Parents are required to ensure the fulfilment of their children's rights. Islam ensures a child's right to be brought up, to religious education, safety in the future, and fair treatment. Moreover, Islam distinctly reveals the baby's rights even before its birth. Parents are obligated to adopt it. Some of these rights are mandatory, and some are obligatory.

The first right is that the child must be born to a married couple, sexual activity is permitted within the bond of marriage for both procreation and enjoyment. In Islamic law, lineage is the most basic right of a child in the family. It is the foundation of children's other rights and prevents bringing dishonour on oneself if the father denies paternity.

When you are married through a legal contract and announce this to people, this is protection from a commixture of the lineage. Children are of known parentage. Each child knows his father and the tribe he belongs to; this obligates the father to take responsibility for raising the child (Participant 4).

3.2. Rejection of Abortion

Muslims have faith that Allah is the sole creator of life and only he has the power to withdraw it whenever he pleases. If He blesses them with a child, they should keep it. Parents do

not have the right to terminate the pregnancy as it is not their personal possession. If Allah grants you this gift, you have to show gratitude. Abortion is taboo in Islam. As human beings, we are Allah's creatures; He bestows on us a sacred trust, and we are purely trustees.

I am only a weak creature of Allah, who I am to terminate the baby's life even if I don't want it. This is only God's right; the awarding and taking of life is God's property (Participant 6).

During my last pregnancy, I was 38 years old and one of my friends delivered a baby with Down syndrome, and I got scared the same thing might happen to me. I prepared myself mentally and lived the event as if it happened to me. In Islam it is prohibited to abort the baby, so that led me to start imagining how I should deal with him, how to prepare my other children. I knew that this was all because Allah trusts me, and it is a test, so I was ready for the challenge. At the end of the day, I ended up delivering a normal baby, but I was ready if that was not the case (Participant 1).

3.3. Accepting the Gender of the Baby

Islam considers both men and women equal in human rights and only different in regard to their responsibilities and duties. However, from a cultural perspective, gender equality in Islamic societies might be different. For example, Jordanian society mainly prefers boys over girls, and this has been rooted in Jordanian culture for long ago; thus, it is hard to change. Women in the study admitted that there was no favouritism regarding the gender of the baby. The distinction between males and females has now decreased with access to the media and improvements in women's rights.

I have no problem with having either a boy or a girl; I only want a healthy baby. In my first pregnancy, I wanted to have a baby boy, not for my sake but to not to have people interfere with my life. If I delivered a baby girl, they would insist on me having a brother for her, so I wanted some peace from the beginning. This is our society; I know we have been mistaken in our culture and that it needs correction, but change takes time (Participant 8).

3.4. Guaranteeing that 'Allah' is the First Word Heard

The noble custom following delivery is Adhan (call for prayer); the first word that the child ought to hear is Allah. The father should whisper the Adhan in the baby's right ear as soon as he can after birth. The meaning of Adhan is that there is no God except Allah and that Mohammed is the messenger of Allah. This ritual only lasts a minute, and Muslims prefer to perform it privately.

When I was sent back to my room after delivery, my husband took the baby and whispered the Adhan in his ear after checking up on me (Participant 9).

3.5. Rubbing the Newborn's Palate with a Date

An additional right of newborns is the tahneek. The newborn should be given sweet things, preferably dried dates, after birth before any food is consumed to raise its blood sugar. The father or devout person softens a piece of date and rubs the

newborn's palate after birth. Then the person performing the tahneek should pray for the newborn to be blessed.

On the first evening after giving birth, my father in-law visited me in the hospital, and we requested that he to do the tahneek for my baby. Then he prayed for the baby to be pious, religious, and God-fearing (Participant 2).

3.6. Choosing a Meaningful Name

A right for children in Islam is to have an appropriate name selected for them, as reported in the Hadith. The name should have a proper and pleasant meaning in Arabic.

Me and my husband were suggested some names, then we decided on one. The meaning of the name should be good, so the baby will be satisfied with it when growing up. There are some names encouraged by the Prophet Mohammed, like Abdullah and Adulrahma, or names cited in the Qur'an. Also, it is desirable to pick names of prophets, and the names of the companions of the Prophet Mohammed (Participant 5).

3.7. Ensuring Circumcision for Boy

The next right of newborns is the circumcision of male babies. It is a mandatory practice for all male babies. It is best done when the baby is seven days old; however, nowadays, it is performed on the second or third day after birth before the mother leaves the hospital. The procedure can be delayed but should be done before the child starts praying regularly at the age of puberty.

When I was still at the hospital after giving birth, the doctor circumcised the baby. It is a simple operation, and he only put local anaesthesia and removed the skin around the penis. At this age, the baby will feel slight pain only. I did experience hardship with my children during their circumcision, and I felt safe because I was in hospital if any danger happened (Participant 3).

3.8. Showing Gratitude to Allah

As Muslims view being a parent as a gift from Allah, they make donations to show their gratitude. Traditionally, on the seventh day following the birth, they shave the head of the baby and weigh the hair, and the equivalent weight of gold or silver is given to those in need. The second ceremony is the Aqiqa, which is the sacrifice of two sheep for baby boys and one for baby girls. If the parents do not have the money at the time of birth, they can postpone it.

A week after my birth, my husband shaved the head of my son. We also slaughtered two sheep and cooked lunch and invited our friends, neighbours, and family and gave food to the less privileged. Me and my husband like to celebrate these moments with the people we love. Some parents do not like to cook; they give out the meat to family members and to those in need. The two ways are permitted in Islam (Participant 7).

4. DISCUSSION

The health and well-being of immigrant Arabic women is a concern for policymakers, researchers, and healthcare providers in many Western countries. There is now great attention being given to exploring the experiences of these

women in accessing health services [25]. Immigrant women face additional risks to their health due to the concerns linked with accessing the healthcare system. These challenges often include cross-cultural communication barriers [26], differing perceptions of diagnoses, and recommendations between immigrant women and healthcare providers, a need for more time to be spent with healthcare professionals and a general demand for more cultural sensitivity on the part of healthcare providers in highlighting the women's health concerns [25]. This is particularly dangerous because the sexual and reproductive healthcare needs of Arab Muslim women are not fully comprehended in the Western healthcare system [9].

One core theme expressed in the narratives of the Jordanian women in this study was related to sexual burdens in their culture. Children's safety, of which Islam has a unique perception, is essential in Islam in that it begins even before conception [11]. It is highly advocated for Muslim men and women to make a careful and mindful decision regarding their future partners. According to Islamic law, having children must be the result of marriage rather than a relationship out of wedlock [26]. This ensures that the children are able to trace their lineage [16]. All women in this study expressed the extreme significance of this matter in relation to children's rights. This issue was perceived as a legal and cultural guarantee to rights for unborn and born children. Therefore, it is unacceptable in Muslim communities to refer to parents as partners instead of husband and wife. Healthcare providers should be aware of this issue.

The Qur'an clearly indicates that all lives are sacred. Termination of pregnancy is prohibited in Islam. However, Islamic law leaves room for debate on whether abortion is permitted or not. According to the law of two large Islamic countries (Afghanistan and Iran), abortion is only allowed to save a mother's life. Iranian law makes an exception in that abortion is allowed in the case of severe foetal anomalies before 120 days of gestation [27]. In Jordan, under Public Health Law No. 47 of 2008, abortion is allowed only if the pregnancy threatens the mother's mental or physical health [28]. Besides legal barriers to legitimising induced abortion in Islam, abortion is regarded as sinful and is highly stigmatised [27]. Therefore, it is consequently unsuitable to suggest an induced abortion to any Muslim woman, even if she is pregnant with a baby with an abnormality unless the mother's health is in danger.

Muslims believe that their life was written on a tablet preserved by Allah while still in the mother's womb. Nothing happens except by His will [1, 16, 26]. Therefore, Muslims must accept Allah's decree and thank Him for what befalls them. They need to accept everything and be patient [8]. Due to this view, healthcare providers should understand Muslim women's hesitation to undergo amniocentesis. Some Muslim women might refuse to do amniocentesis, as they deeply believe that they should accept anything that comes from God. All women in this study reported the same attitudes towards abortion, namely a refusal of abortion despite abnormalities [25]. This illuminates the great power of the religious code of ethics over Arab Muslim women.

Data generated from the analysis showed that childbirth

should be celebrated and that all rituals should be performed regardless of the gender of the child. This is consistent with authentic Islamic traditions, which include a number of rituals in welcoming the child [11, 29]. Parents of a newborn are advised to perform the tahneek. This practice is a form of pre-lacteal feeding given to the newborn using a date. A soft date is rubbed against the newborn's upper palate. This takes place right after birth and before breastfeeding [30]. Exclusive breastfeeding is advocated in Islamic law and is viewed as a basic right of the newborn [16]. Evidence shows that neonates develop a risk of hypoglycaemia soon after standard care [31]. Therefore, it is believed that the simple sugar in the date provides the newborn with a source of simple carbohydrates that protects the newborn from this risk [30]. This is a key practice among neonates of diabetic mothers or mothers who have challenges establishing early breastfeeding initiation [30].

Islamic recommendations regarding the reception of the newborn include a prayer whispered into the ear. This ensures that the newborn's first heard words are the submission to one God [4]. It is preferred that the healthcare providers give the parents some time after birth to perform this ritual if the health of the mother and child are stable. Another recommendation concerns names: the preferred names among Muslims are names related to individuals who worship God or are thankful to God. Names in Islam are highly valuable and are meant to convey positive meanings to others [11, 15]. Additional rituals are associated with the newborn's care. These are practised in an infant's life. These include the aqeeqah and circumcision [10]. Parents are advised to invite relatives, neighbours, and friends for a meal that includes slaughtered sheep. This is symbolic of the joy experienced in welcoming the newborn and sharing one's happiness with others. Parents are not obliged to perform this ritual; however, they are highly encouraged to do so [32]. One further ritual is shaving the newborn's hair and weighing it. An equivalent weight of silver or gold is paid to a charity as a celebration and a show of gratitude to Allah [15]. This kind of charity brings members of the community together by helping those in need.

Male circumcision is accepted by all Islamic scholars (Sunna and Shia'a). The timing of circumcision is not specifically determined, but it is performed before the age of puberty. Nowadays, most Muslim parents prefer to perform it when the baby is a few days old in order to decrease the perception of pain [33]. It is advisable that all circumcision procedures be performed at the hospital before the mother is discharged. Another issue raised from the women's narratives was gender inequity. While the participants admitted there did no discrimination between male and female babies, we found that women unconsciously preferred baby boys because they have a deep-seated cultural preference for sons over daughters. In Arabic culture, a woman is not considered a mother until she has a baby boy. The cultural belief that only males can bear their father's name, maintain continuity, and preserve the paternal and family lineages and inheritance is the source of this discrimination. It also stems from the cultural belief that having a male child increases a family's power, influence, and prestige. Healthcare providers should be aware of the importance of observing the childbirth customs of Muslim women. They should seek to establish a trusting relationship

with the mother, which takes into consideration their social, cultural and spiritual needs. New studies have asserted the importance of providing culturally competent care for patients in multicultural societies [1]. Nurses working with Muslim women should take these findings into account when trying to make arrangements that suit the women's needs. The women should discuss their preferences regarding the type of care to be provided for them and their newborns both at the hospital and in the community. Doing this would help alleviate women's anxiety and apprehension and would be highly valuable during their journey in two difficult experiences, the first of which is becoming a mother and the second of which is being an immigrant away from their familiar native environment and support. Nurses should value that immigrants are attached to their cultural and religious beliefs in their attempt to establish their identity [17].

Phinney *et al.* (2001) have argued that the best approach to ensure the psychological well-being of immigrants is by understanding and maintaining specific national and cultural attitudes of immigrants. These attempts would help immigrants transition smoothly into a new society and culture [34]. Providing culturally competent care requires respecting the women's needs in a holistic approach.

5. LIMITATIONS

This study has successfully answered the research question, and it acknowledged that it has some limitations. One of the limitations was associated with the use of the phenomenological approach. The aim of the study was to understand the meaning of Jordanian women's beliefs and practices related to their fetuses and newborns. It did not intend to provide casual explanations, generalize the findings, or generate theory; consequently, the approach used was appropriate to the study's aim. One further limitation is the small sample size, which may consequently not be representative of Jordanian women. However, the argument that this small number of participants might limit the generalisability of the results is invalid because the study's goal was to understand the cultural and religious needs of Arab Muslim women in general and Jordanian women in particular to provide culturally sensitive maternity care, and we did not seek to generalize the results. It does, however, re-emphasise the need for healthcare providers to approach women as individuals within a cultural context and ascertain individual interpretations of cultural norms and values.

CONCLUSION

This study has focused on Jordanian women and has attempted to illuminate their attitudes towards newborns' rights and care. Their cultural and religious backgrounds greatly influenced their attitudes. It is hoped that healthcare professionals and health policy makers will benefit from the findings of this study to enhance Arab Muslim women's engagement in maternal newborn health services. Capturing the attitudes and needs of Muslim families during the journey of birth and postpartum can inform the development of health education strategies and information resources. Understanding the attitudes of the Jordanian context is important because it has implications for the country itself and indeed sheds light on

how this issue may be perceived more widely in the Muslim families living in Western countries. Reiterate the importance of healthcare providers approaching women as individuals within a cultural context and determining individual interpretations of cultural norms and values.

AUTHORS' CONTRIBUTIONS

All authors listed meet the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors, and all authors are in agreement with the manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical approval was obtained from the research and ethics committee at the Jordan University of Science and Technology (28-2020).

HUMAN AND ANIMAL DECLARATION

No animals were used that are the basis of this study. All the human procedure were performed in accordance with the helsinki declaration.

CONSENT FOR PUBLICATION

All informants signed a written informed consent before participating in the study

STANDARDS OF REPORTING

COREQ guidelines were followed.

AVAILABILITY OF DATA AND MATERIALS

Not applicable.

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None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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