

# Pregnancy Myths and Early Childcare: Research Reflections from the Rural Punjab, Pakistan

Azher H. Qamar

**Abstract**—Pregnancy is considered a special period in a woman's life. There are myths and beliefs about pregnancy that describe gender predictions, dietary beliefs, pregnancy signs, and risk of magic or witchcraft. Majority of these beliefs are practiced in connection with the early childcare. In traditional societies, midwives and experienced women practice and communicate these beliefs to young mothers who are special and vulnerable. Rural Punjab, a province of Pakistan has a culture rich in beliefs and myths. Myths about pregnancy are significant in rural culture and pregnancy care is seen as a mother and childcare. This paper presents ethnographic research reflections about pregnancy myths and early childcare as a part of author's Ph.D research entitled Early Childcare Beliefs and Rituals in Rural Punjab, Pakistan.

**Keywords**—Beliefs, Childcare, Myths, Pregnancy

## I. INTRODUCTION

CHILD CARE not necessarily begins with the birth. Soon after a child is perceived as a life, childcare is in process. Mother-care practices during pregnancy play a significant role in early childcare. Care during pregnancy exposes healthcare belief practices in a specific context. Religious motivations, traditional norms and ethnic codes frame women lives during pregnancy. Folk caring during pregnancy includes several measures adopted in different cultures in different ways. Leininger's cultural care theory highlights the influence of religious and cultural values, myths and beliefs on folk care practices [1]. Belief as "a state of mind that embodies trust and confidence in something" [2] empowers rituals and specific behaviors as social actions. Myths as allegoric narratives related to supernatural, sanction social beliefs and customs [3]. Constructivists view myth as an "active ingredient in the construction of needs, behavioral reflexes, desires, feelings, perceptions, ideas, and aspirations of every member of the social group" [4]. Myths about pregnancy considerably hold an important place in a woman's life. These myths cover a wide area about pregnancy signs, dietary beliefs, gender predictions and easy birth. As soon as pregnancy is confirmed, religious and cultural beliefs come up to deal with this wonder period throughout all stages. These beliefs also formulate mother's perception about the baby in the womb [5]. A set of beliefs comprised of instructions, restrictions and speculations describe the everyday life of a pregnant woman in a specific culture. Medical professionals usually put myths and beliefs aside declaring them a product of unauthentic and unscientific knowledge and experience [6]. This may be a risk to ignore the socio-psychological effects of the beliefs practiced as healthcare.

Scientifically true or not true, for a researcher investigating early childcare belief practices, more important is the way these beliefs are socially constructed for protection and care of the unborn baby in many societies. This paper focuses on pregnancy myths in connection with childcare. Dietary beliefs, religious myths and traditional beliefs during pregnancy and after birth are derived from the early childcare belief system. Franklin [7] recorded a number of myths and beliefs about fertility, pregnancy and birthing that are practiced for health, beauty and desired gender of the baby in different cultures worldwide. In traditional rural societies, like rural Punjab (Pakistan), where children (especially sons) are important source of social and economic stability and family lineage, pregnancy is viewed as a blessing. Although being a patriarchal society, a son is preferred but being childless is considered worse than having daughters. The significance of pregnancy in a woman's life in rural Punjab is depicted in myths and beliefs related to pregnancy. The research reflections, presented in this paper, primarily investigate mother-care during pregnancy in connection with early childcare belief practices. The main research question pursued in this perspective is;

What are the myths/beliefs that dominate women lives during pregnancy and how are they perceived in connection with mother and baby care?

## II. CONTEXT AND METHODOLOGY

To understand 'care' in a specific cultural context in-depth ethnographic study and sound analytic grip on diverse findings is required. Data usually we gain through folk knowledge and traditional practices of the participants need to be understood in their own context. A researcher, thus, have to grasp the totality of the care-culture with contextual meanings and experiences [1]. Ethnography, with literal meanings of description of people and culture, is a research strategy used to investigate and explain culture and societies in their natural setting through first hand involvement of researcher and informants [8]-[9]. The ethnographic studies about ensuring a child's health in the womb disclose the familial support to practice reproductive rituals and taboos [10]. This study was conducted in a village with dominate Muslim majority in south Punjab, Pakistan. Main profession adopted in this village is farming. Farmers either have their own piece of land or do farming on other's lands on contract. Most of the families living in this village belong to different areas of Punjab. Their forefathers moved to this area long ago and started farming. Social structure of this rural community is patriarchal and represents a traditional rural Muslim Punjabi society. Family is not limited to parents and children. Grandparents, uncles and aunts are considered as close family members. In a traditional Punjabi society, where children are

A. H. Qamar is with the Norwegian Centre for Child Research, Norwegian University of Science and Technology (NTNU), Trondheim, Norway (phone: 0047-968-61706; e-mail: azher.qamar@svt.ntnu.no).

much needed, to be a mother is a special experience for a young woman. The news of pregnancy is great news shared with pleasure and at the same time with the fears of any mysterious harm (for example, witchcraft or the evil eye). The whole family in some way takes part in caring the mother during pregnancy and after birth. Sisters-in-law share her work and other domestic chores. Village midwife frequently visits her; gives her a relaxing massage and suggests food and exercises. Other elderly women in the family attend her with their folk wisdom and traditional experiences.

Author did five months fieldwork (2010-11) in this village. Being a native (Punjabi) researcher with rural parental background and prior research experience in these areas, author has sufficient understanding of the contextual sensitivity. To know people behavior as what they are and where they are within contextual dogma, ethnographers addressed the empirical knowledge with 'natural' methods of participant observation and interview [11]. Hence this research is based in participant observation followed by informal discussions and unstructured interviews. Care in cultural context has several explicit and implicit components, especially in case of women's health. The societies where traditions are foremost and cultural rules and norms are socially transmitted, contextual complexity and sensitivity is a serious concern. Therefore, as a native researcher, author was already prepared and took his wife as a research assistant. This study about early child care beliefs and rituals include women issues related to pregnancy and birth. These issues are sensitive as they are linked with a woman's private life and thus a challenge for a male researcher. In this respect, gender boundaries, religious and cultural norms might limit access to the empirical data. Doing this ethnographic fieldwork along with a female research assistant (who is an educationist and has been with the author during earlier fieldworks) not only helped to get well narrated and carefully observed data but researcher was welcomed more cordially in this rural society. Being one of them, on the other hand, increased trust relationship and confidence. Unstructured interviews and discussions with midwives and mothers about pregnancy and birth issues were conducted. In the presence of a male researcher the discussion remained limited to the common beliefs and practices. Later female research assistant had a detailed discussion about other beliefs as well. This raw data was discussed between the researcher and research assistant in connection with similarity or contrast of the responses. Further discussion with the respondents improved this raw data into a valid data for analysis later.

### III. FINDINGS AND DISCUSSION

There are several beliefs and traditional practices that are adopted in rural Punjabi context. It includes dietary beliefs, gender predictions and religious myths. Cultural perception of pregnancy care is related to the easy birthing process, mother's health before and after birth and a healthy and beautiful baby. Myths and beliefs practiced during pregnancy

ensure the physical wellbeing of the pregnant woman and a protection from the mysterious harms of the evil eye and witch craft. Family women (who have already gone through this process), midwives and other elderly women show up with their folk wisdom to support the young pregnant mother and ensure the mother-child health. Dietary beliefs deals with physical wellbeing and fertility of the mother and practiced for conceiving a baby, mother and baby's health during pregnancy, and an easy birthing. Beliefs about gender predictions are not in practice as contextually authentic. Most of these beliefs are not more than suppositions and only a subject of women discussion to guess the gender of the baby. Anyhow midwives' 'biological' beliefs are taken as experienced perception that is 'naturally true'. Myths are generally related to the magic, witchcraft or the evil eye that may bring harm to the baby in the womb. Spiritual healing is the only way adopted as protective and curative tactic.

#### *A. Wedlock – A Legitimate Relationship*

In Pakistani culture wedlock is the only legitimate relationship for having babies. Unmarried relationship or an illegitimate baby is strictly forbidden and considered a great sin. It is highly recommended to have physical relationship on the very first night after marriage. That is why before setting the date of marriage, bride is asked for the suitable date because having sex with wife during menstruation is forbidden. Close family women from both sides (bride's parents and in-laws) guide the bride about the first night. For the groom, it is also believed that *valima* (the obligatory feast offered by groom on the next day of marriage) would be religiously legal if he has established a physical relationship on the first night. Hence traditionally marriage is supposed to be a start of relationship between a man and woman. One of the primary social objectives of this relationship is to have babies.

#### *B. Pregnancy – A Blessing for a Woman*

In Punjabi society pregnancy is seen as a blessing for a woman. Pregnancy as blessing, according to respondents, has two contexts. First is religious, mothers are most dignified among women because they suffer a lot before and after birth of a child. Second, the social status of a woman as a mother that is better than a childless woman. People show their sympathy towards a childless woman considering her deprived of a great blessing. If a married couple could not have babies after few years of marriage, family members get worried. They seek for spiritual healing and contact their religious leaders. In addition elderly women or midwives also suggest different traditional medicines to conceive the baby.

*"I had conceiving problems after my marriage. My mother-in-law prepared an herbal tea that I took for few days. Then I successfully conceived the baby."* Shazia, a young mother of two, said.

During pregnancy wearing a dress that (as much possible) hide the physical sign of pregnancy is considered modesty. A woman is suspected pregnant if she misses her regular

menstrual period. There is no absolute seclusion for a pregnant woman. She takes part in social activities. She visits neighbors and relatives. But due to fear of the evil eye or witchcraft she avoids meeting childless women. Therefore has some limitation in her social life. She avoids going outside in the evenings, in bad weather (fast wind, rain) and during solar or lunar eclipse. It is believed that going out in these conditions, evil supernatural may harm the baby. Religiously a woman is not pure when she is having mensuration, thus cannot perform religious rituals (prayers and recitation). During pregnancy, mensuration is suspended, therefore a pregnant woman is considered pure. For protection from miscarriage or any other harm she wears amulet and recite prayers. She recites certain verses from Qur'an for having a beautiful baby. Amulets for having a baby son are also used during pregnancy.

#### C. A Midwife's Wisdom

Traditional midwives play a very important role. Village midwife is not a certified professional but an experienced woman whose wisdom is trusted during pregnancy and after birth. During interviews, author found midwives' rich source of folk beliefs. They confirmed their knowledge by the experiences they had. Even though having similar knowledge, they also shared different experiences. For example, they confirm the inherited 'knowledge' through their experience that during delivery, the face of the baby boy is always downward and vice versa. But they have different experiences regarding some gender prediction beliefs.

Traditional midwifery is an inherited profession, because either mother-in-law or mother of a midwife was also a midwife. Three midwives who were interviewed during this research, their knowledge about pregnancy and birth was almost similar. Two of them belong to a family where mother or grandmother was in this profession and one of them was used to go with her mother-in-law who was a well-experienced midwife of the village. Their knowledge was not only inherited but they confirmed it through the experiences they had. It is hard to say exactly how much empirically reliable these experiences may be or to what extent this folk wisdom may be trusted scientifically, but the mothers who have gone through this experience somehow seems to believe most of the midwives' knowledge as a 'natural' truth.

#### D. Dietary Beliefs

Dietary beliefs suggest a selection of food before, during and after pregnancy. Before pregnancy conceiving a baby is a primary concern. Although, in general, author could not find any fertility issue in rural women, contrary most of them have more than four children. But a few women reported that as a medicine for conceiving a baby they were suggested an herbal tea by their mother-in-laws. Most of the food selection occurs during and after pregnancy for different reasons. The food is generally classified as hot and cold food. Hot foods are more energetic and more nutritious. During pregnancy usually there is no food restriction, but mothers are careful especially about

stomach problems. Pregnant women often feel a craving for something sour in taste. Homemade pickle is a popular food to satisfy this craving. Some foods are believed to affect the physical status of the fetus. For example for a fair complexion baby, pregnant women eat coconut or boiled white rice with milk. Fair complexion is admirable that mothers desire during pregnancy. Fair skin baby is considered more beautiful than a dark skin baby. Though fair complexion is not an obsession in rural culture, but at least visitors note the complexion of the baby and try to find its resemblance with other family members. Red kidney beans are suggested to have an intelligent baby. Here it was difficult for the respondents to define what they mean by 'intelligent'. The best, author could understand, that they think a quick learner of language and formal education is an 'intelligent'. In 2009 when author was doing research about primary education in rural Punjab, parents of out of school children responded that the child was not intelligent enough to continue education.

In the delivery month, easy birthing process with less pain is a primary focus of the midwife. More processed butter (named as *Ghee* in local language) and milk is used in this month. Some midwives also suggest cholesterol in milk before delivery. It is believed that it will ease the birth process.



Fig. 1 *Maryam Booti* soaked in water

Another popular measure is the use of *Maryam Booti* (Fig. 1). It is an herb from Saudi Arabia that is used as medicine and a 'magic' trick for easy birthing process. *Maryam booti* is a close-flower like herb also known as *Maryam ka phool* (Marry's flower). When pregnant woman start feeling labor pains, *Maryam booti* is soaked in a cup of water. After a while this close-flower like herb starts blooming. When it is fully bloomed, pregnant mother drinks that water. It is believed that this herb-soaked water helps to decrease labor pains. At the time of delivery, this herb is soaked in the water and it is believed that blooming of this herb in water speeds up the delivery process and decrease the pain. Respondents who have gone through this experience also confirm that when the flower is fully opened the baby is also born. After birth, mother drinks that water. Hence, the use of *Maryam booti* is

not only a traditional medicine practice but also a trick (*tona* in local language) that is believed to work.

After birth, to recover the weakness and for sufficient breastfeed, highly nutritious food is prepared for the mother. This traditional food is named as *panda* or *panjiri* in native language. The ingredients include different dry fruits (almonds, coconut), four kind of seeds (pumpkin seed, musk melon seed, water melon seed and cucumber seed), flour, sugar and *desi ghee* (processed butter). An expert lady in the house (mother-in-law or sister-in-law) cooks this food. Once cooked, the food can be used for many days. During a visit to a family where a child was born about twenty days ago, author was served with *panjiri*. It seemed a complete breakfast. “*This food is very nutritious. It is mostly prepared for mother who gave birth to a baby. This food gives them quick recovery and also more breastfeed.*” The old man said. This food is considered hot and energetic. Breast-feeding mother eats this food regularly other than normal food.

#### E. Gender Predictions

Son is preferred but daughters also hold a special place in the family. Gender roles they have to perform in future may be seen as gender discrimination but that is what constitutes a patriarchal traditional society. Wishing a son is not only a masculine desire but mothers have strong desire for more sons. During pregnancy on the basis of their folk knowledge elderly ladies and midwives predict the gender of the baby. These women also quoted certain examples around them to prove these beliefs and anecdotes as truth. Following are some of the gender predictions shared by mothers and midwives during discussion and interviews.

- 1) If pregnant woman feels her right side heavy, the baby will be a girl and vice versa.
- 2) If a pregnant woman has her both side heavy and belly thrust forward more than usual, the baby is a girl.
- 3) If few days before delivery (during pains), woman discharges white liquid, the baby will be a girl. And if the liquid is thick and yellow with blood, the baby will be a boy.
- 4) If pregnant woman's feeling are pleasant during pregnancy, the baby is a boy and vice versa.
- 5) If woman experience irregular mensuration periods, she will have baby-girls and vice versa.
- 6) If after two months of pregnancy, woman has blood stains, it is considered good and the baby will be a boy.
- 7) Pregnancy as a result of intercourse during the first nights of the new moons will result into the birth of a baby boy.
- 8) If pregnant woman is weak with dark circles under the eyes, the baby will be a boy.
- 9) Pregnant woman feels more pain while giving birth to a son.
- 10) If there are more women in the family of the pregnant woman, it is expected that she will give birth to a girl, and vice versa.
- 11) In case the baby is a girl, the delivery is expected in the

last days of ninth month and in case otherwise the delivery is expected in the first days of ninth month.

- 12) While walking, if pregnant woman's heels do not touch completely on the ground or she raises her right foot first, the baby will be a boy.
- 13) If the delivery is expected in the month of Rabi-al-Awwal (third month in Islamic Lunar Calendar), baby will be a boy. (Rabi-al-Awwal is considered sacred due to the birth month of the prophet Muhammad)

A few gender predictions were not related to pregnancy but they were told with reference to the physical features of the previous child. But none of these had sufficient evidence and were told as the 'old wives' knowledge.

- 14) If the first (previous) baby looks weak but have good weight when picked up, next baby will be a girl and vice versa.
- 15) If the first (previous) baby has tail like hair at the bottom hairline in the nape of neck, the next baby will be a girl. If the first (previous) baby has hair whorls in the back of the head, the next baby will be a boy.
- 16) If the tip of the penis of the first (previous) baby is smaller than usual, the next baby will be a boy.
- 17) If the tip of the penis of the first (previous) baby is black, the next baby will be a boy.

All these predictions are told by the elderly women, experienced or observed by the midwives and mothers, yet not all of them are told for sure. According to respondents, the predictions related to the physical or biological changes of the pregnant women are more confirmed. From their practical experience, midwives were more consistent about the biological predictions of the gender (see points 1, 2, 3, 5, 6, 9). Other predictions are not more than a guess or anecdote. Some of the predictions were generalized by the respondents on the bases of the experience they had or they knew around them. For example, woman feels more pain when she gives birth to a baby boy. The women who belong to families where females are in majority, they give birth to baby girls. Asiya and Shakila were such women who have more sisters and now they have more daughters.

One belief in this list is based in religious inspiration (see points 13) and that is the expected birth of a baby in Rabi-al-Awwal, the third month in Islamic calendar. This month is considered sacred and Sunni Muslims around the world celebrate the birthday of the Islamic prophet Muhammad (pbuh) in this month. Since author could not find any baby born in this month, it is difficult to rely on the perception of the respondents. Nevertheless religious beliefs in other ways reflect the social practices of this patriarchal society. Parents, beforehand, seek spiritual help from their religious leaders to have a baby son. Using amulets, visiting shrines, making vows and offerings are common practices to have a baby or a baby boy. According to observations, there were quite a few parents who consulted spiritual/religious leaders in this regard.

With the passage of time, more medical awareness is limiting most of these myths and beliefs to an interesting

discussion with a hidden desire for a son. But an interesting thing is that these predictive ideas are communicated by women to women. It shows the significance of a baby son in a woman's life in rural Punjabi society.

#### *F. Magic and Witchcraft*

The beliefs in magic and witchcraft are the most popular beliefs. There are certain types of evil that bring harms to the pregnant woman and her baby. To fight against the evils of magic and witchcraft, religious traditions set by religious teachers and spiritual leaders are considered more effective. But other protective measures also include traditional methods. To keep this paper precise and limited to certain findings, harms perceived as a result of magic or witchcraft in general and some traditional and religious protective methods and myths in particular have been discussed here. A pregnant woman is vulnerable because of her status as a 'soon to be' a mother. There are fears of the evil eye or witchcraft that may result in miscarriage, dead birth, weak disable baby or even permanent sterility. The person who may practice witchcrafts to a pregnant mother is someone who is jealous or have some family grudge. Interestingly the cases where someone is taken for suspicion of practicing witchcraft, they were all women. Following are some statements from the respondents describing the harmful effects of witchcraft.

*My aunt, she was under the witchcraft that a woman in our relatives practiced on her. As a result she gave birth to two children, one son and one daughter. But both are not normal.* Robina told.

Robina's aunt was married in a close family relation. A woman in the family was not happy with this marriage because she wanted to marry her sister in this family. Therefore when Robina's aunt gave birth to abnormal children, that woman was suspected to practice witchcraft on her.

*Surayya, (the neighboring woman), was under witchcraft and gave birth to dead sons for three times. Pir sab (spiritual leader) told her that she had walked over the tawiz (amulet)-soaked water used by a childless woman to have baby. After getting spiritual treatment (incantations and amulet) from pir sab she became normal and last year she gave birth to a baby son.*

In this case, a childless woman took bath with water in which *tawiz* (amulet) for having baby was soaked. She threw this water carelessly in the street (that was not recommended due to the potential risk this water has). When Surayya, during pregnancy, walked over this water she became affected and gave birth to dead babies.

Sabira was another example who went out in the violent wind and the evil spirits affected her pregnancy. She gave birth to a disabled baby. It is a common belief that in violent winds there are evil supernatural that bring harm to the baby.

There are other myths about different kind of magic and witchcrafts that are believed to bring serious harm. For example;

- 1) A childless (barren) woman or a woman who gives birth to dead babies or whose babies die soon after birth should not visit a pregnant woman with wet hairs. It can be dangerous for the pregnant woman for the expected evil effects that may harm the fetus and may last long.
- 2) The woman who takes bath in amulets (*tawiz*) soaked water for different reasons (for cure of some disease or for having a child); this water is potentially dangerous for other women and should not be effuse in open. If a pregnant woman or even cattle would walk over this water, the result may be a serious harm to the fetus.
- 3) Discussions revealed that belief in supernatural causation is common and majority of abnormal, disabled or dead births were considered as a result of the evil eye and witchcraft. To deal with these evil powers people contact the spiritual healers who give them amulets and other incanted things, for example minerals, water and threads. Some restrictions are also applied by these healers for effective treatments. For example women under treatment cannot eat meat of the cow or buffalo. She should not visit a family where a baby is less than forty days old. (Family where a baby is born, mother and baby stay at home for forty days. During this duration people wearing *tawiz* should not visit this family. It may be harmful for mother, baby and the person visited them with the amulet)

This study unveils the fears and the myths attached to expected harms that mothers experience during pregnancy. People are more tied to the beliefs when they are worrying [12]. Women understand their social status as a mother and especially mother of a son in a patriarchal society. Family, for its economic and communal strength, takes care of women and child before and after birth. A sense of social and physical security brings these myths in social practice. More common protective measures include the use of amulets and incantations. People visit their spiritual leaders or religious teachers who write amulets and perform incantations. Women during pregnancy wear amulets and also drink incanted water. In addition, pregnant women avoid meeting childless women for the fear of the evil eye. They do not go out in violent wind or in the evening. While walking in the streets they avoid walking over the water flowing out from the houses or a piece of meat in the way (piece of meat thrown in the street or fields may also be bewitched). Thus pregnancy duration is a period of pleasure and excitement for the family at one hand and on the other hand a period of special care due to the mysterious fears derived from the myths of magic and witchcraft.

#### IV. CONCLUSIONS

Whatsoever is the truth about myths, the confidence and trust people hold in a certain context is significant in many ways. The myths described above reveal the social construction of knowledge about pregnancy in rural Punjab and give a picture of patriarchal traditional society. A general analysis of these myths describes the sense of fear and insecurity either based in health matters or concerned with

social status. So far, the health matters concern, there are boundaries that are virtually drawing a line between the healthcare belief practices and modern healthcare depending on machines and the medicines (that these rural people even can't pronounce). Women's lives in this traditional rural context are dominated by religious and cultural norms. Pregnancy and births (and other related processes) are one of the serious issues indicating the importance of a child and childcare in Punjabi society. Beliefs and myths for Punjabis are well known and trust worthy. The persistency of religious protective and curative traditions is a result of their devoted affiliation with the religion and spiritual leaders. Early childcare depends on mother's health during and after pregnancy. She is also the primary caregiver who is considered responsible for early child rearing. Woman's education and awareness, maintaining ties to their religious and cultural belief system, is a key to mother-child health and wellbeing. This is possible if an early childhood is explored with respect to its relationship with a woman (mother) in a specific context and social construction of religious and cultural beliefs prevalent in women and children lives.

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#### REFERENCES

- [1] M.M. Leininger, "Cultural Care Diversity and Universality Theory And Evolution of the Ethnonursing Method" in *Culture Care Diversity and Universality: a worldwide nursing theory*, M. M. Leininger & M. R. McFarland, Eds. Jones and Bartlett, 2006, pp. 1-42.
- [2] N. Douglas, and T. Wykowski, *From belief to knowledge: achieving and sustaining an adaptive culture in organizations*. Boca Raton, FL: CRC Press, 2011, p.27
- [3] P. Brooker, *A Glossary of Cultural Theory*. London: Arnold Pub, 2003.
- [4] E. Csapo, *Theories of mythology*. Blackwell Pub, 2005, p.163.
- [5] C. Chappell, "Once Upon a Time ...Stories, Beliefs and Myths" in *Transpersonal Psychotherapy: Theory and Practice*, N. Wellings and E. W. McCormick, Eds. London: SAGE Publications, 2000, pp. 53-73.
- [6] Y. Bohn, A. Hill, A. Park, and M. J. Peltier, *The Mommy Docs' Ultimate Guide to Pregnancy and Birth*. Da Capo Press, 2011.
- [7] R. Franklin, *Baby lore: superstitions & old wives tales from the world over related to pregnancy, birth & baby care*. Diggory Press, 2005.
- [8] J. Murchison, *Ethnography Essentials: Designing, Conducting, and Presenting Your Research*. San Francisco: Wiley, John & Sons, 2010.
- [9] M. Denscombe, *The good research guide: for small-scale social research projects*. Berkshire: Open University Press, 2007.
- [10] P. Liamputtong, Ed. *Childrearing and infant care issues: a cross-cultural perspective*: Nova Science Publishers, 2007.
- [11] M. Hammersley, and P. Atkinson, *Ethnography: principles in practice*. London: Routledge, 1995.
- [12] C. B. Rosdahl, and M. T. Kowalski, *Textbook of basic nursing (9 ed.)*: Lippincott Williams & Wilkins, 2008.