sciendo

Journal of Ethnology and Folkloristics 18 (1): 167–185
DOI: 10.2478/jef-2024-0011

BIRTH CARE BELIEF PRACTICES: TRADITIONAL MOTHER–CHILD CARE DURING BIRTH IN RURAL PUNJAB, PAKISTAN

AZHER HAMEED QAMAR
Postdoc Researcher
School of Social Work, Lund University
Allhelgona kyrkogata 8, Lund, Sweden
azher.hameed@live.com
https://orcid.org/0000-0002-6137-6533

SAIMA AZHER
Student
Komvux Lund
Lund, Sweden
e-mail: saimazer1@gmail.com

ABSTRACT
This article analyses the birth care beliefs practiced in a Punjabi village. Birth care is an important practice that ensures a safe and uncomplicated birth for both mother and child. The study presents an in-depth exploration of the human–divine connection and its symbolic manifestation in birth care rituals in rural Muslim communities. Utilising unstructured interviews with midwives, mothers, elderly women, and an imam, the research sheds light on the essential role of religious prayers, Quran recitation, charity, as well simulative imagery and amulets within the cultural care system of rural Punjab. Words, symbols, objects, and symbolic expressions emerge as powerful tools in facilitating faith healing and enhancing its perceived efficacy. The research deepens our understanding of the faith-based birth care process and highlights the essential interdependence of the human–divine connection and symbolic expression (manifestation of belief) within faith-based birth care practices.

KEYWORDS: birthing rituals • belief practices • mother–child care • folk Islam • magical thinking • birth care

Traditional communities practice cultural care beliefs during pregnancy, delivery, and after birth. These beliefs are centred on protecting the mother and child until they are no longer vulnerable. Cultural traditions, such as food and behaviour restrictions, birth-related myths and taboos, and belief-based practices for safe and healthy birthing were reported in several studies on pregnancy, delivery, and postnatal beliefs in various cultures (see Green and Beckwith 1924; Najman et al. 1988; Listova 1992; Lefèber and Voorhoeve 1998; Berry 1999; Bates and Turner 2003; Taylor and Hall 2004; Jesse et

© 2024 Author(s). This is an open access article licensed under the Creative Commons Attribution-NonCommercial-NoDerivs License (http://creativecommons.org/licenses/by-nc-nd/4.0/).

ISSN 1736-6518 (print), ISSN 2228-0987 (online)

al. 2007; Lamxay et al. 2011). Normal delivery is an intense physical procedure. Giving birth in a culturally supportive environment helps the woman cope with the painful experience (Kyomuhendo 2009). Even though birth physiology is universal, the birthing process is culturally specific, and shaped by various belief systems across societies (Liamputtong 2007). 'Birthing' transcends the contemporary medical paradigm in traditional societies, incorporating a wide variety of socio-cultural aspects. In a traditional society, a woman's birthing experience includes religious/spiritual protection provided by beliefs and practices (Priya 1992). Traditional midwives and family elders play important roles in ensuring a healthy birth using their skills, knowledge, and beliefs.

Religious beliefs and practices have a significant impact on shaping healthcare behaviour among women in traditional societies, such as in rural areas of the South Asia. With reference to the rural Punjabi cultural context where the dominant majority is Muslim, by 'religious belief practice', I refer to folk practices related to mainstream religious beliefs in Islam; however, they are practiced with local cultural understanding of faith healing, making it a folk Islam. For example, reciting the Quran, offering five obligatory prayers known as *Salah*, and giving charity in the name of God are common practice in mainstream Islam. When they are employed as a form of folk medicine for facilitating easy and safe birthing, they can be considered folk belief practices and rituals rooted in mainstream Islam to create a connection with God. A general definition of ritual is "a patterned, repetitive, and symbolic enactment of cultural [or individual] beliefs and values" (Davis-Floyd and Laughlin 2022: 8). Referring to this definition, I use ritual for those belief practices that are a prescribed set of actions (in the form of words, symbols, expressions) that are significant to the performer and the performer's sense of belongingness to a community. Religious beliefs and associated practices and rituals (such as chanting, prayers, and amulets) help women establish a spiritual connection with the divine that provides them with coping strength during labour (Taylor and Hall 2004).

The pregnant woman and her foetus are seen by society as helpless and vulnerable to evil forces. Aside from the painful birth experience, women are bound to cultural belief practices through their fear of evil. During pregnancy and childbirth, faith in divine power is considered a source of guidance, strength, protection, blessing, and reward. Belief in the divine is expressed through invoking divine blessings in prayers to gain happiness and wellbeing (Jesse et al. 2007; Wilkinson and Callister 2010). Traditional birth attendants who provide at-home services to women during pregnancy and birth use practical and religious, faith-based knowledge to prevent birth complications. Religious beliefs among women and midwives connect the physical and psychological aspects of childbirth with a strong emphasis on the divine's supremacy and the vital role of supernatural powers in combating evil (Aziato et al. 2016; Ohaja et al. 2019).

In Punjab, I have conducted an ethnographic study on infant healthcare beliefs and the social value of the child (Qamar 2019). My ethnographic research revealed several belief practices that were related to mother–child health and wellbeing. Apart from the widespread belief in the evil eye's detrimental effects (Qamar 2016; Qamar and Ain 2021) and the fear of childlessness (Qamar 2018), prenatal care (Qamar 2012) and postpartum care (Qamar 2017) were deeply rooted in religious traditions. In the Punjabi socio-cultural context, the social value of the child situates the physical vulnerability of

the mother and the infant in relation to their social status and the belief in evil attacking their status by causing harm to them (Qamar 2019). In this article, I exclusively focus on birth care belief practices. Based on unstructured interviews (conducted in 2012), I discuss and describe the relevance and meanings of three popular rituals (prayer, charity, and use of sacred objects) practiced for safe birth. The primary objective of this study is to investigate how religious belief determines birth care practices to ensure mother and child health during birth.

CONCEPTUAL STANCE

In this article, I emphasise the religious and folk beliefs that midwives, birthing mothers, and other family women use to facilitate a safe and uncomplicated birth. Within the realm of traditional beliefs and practices, various elements, objects, and bodies are interconnected through meanings constructed by the symbolic interpretive process and interaction. Following the social constructionist approach, this study broadly adopts symbolic interactionism to investigate the ritual practices and the construction of meaning (Blumer 2012; Bruner 1987). Interpretative interactionists follow a ground-up approach to remain closely connected to lived experiences and the processes of meaning-making.

My epistemological assumption is that meanings and meaning-making processes are embedded in the social and cultural construction of social practices and experiences. Hence, I explore the meanings of birthing rituals in connection with how religious beliefs and cultural cognition contribute to the construction of the perceived doctrinal and operational efficacy of belief practices. Here, 'cultural cognition' refers to the culturally specific magical thinking that works as a resource for attributing meanings to the efficacy of belief practices by connecting objects and events in proximity.

Magical thinking helps people link beliefs and practices as a means to the desired end. Different views on magical thinking from cognitive psychology and cognitive anthropology introduce the concept as a thought pattern facilitating a causal connection between two events, things, or phenomena where no apparent rational connection is evident (see Qamar 2023). Drawing from James George Frazer's (1925) refinement of Edward Burnett Tylor's (1974 [1871]) principles of association through similarity (or resemblance) and contagion, magical thinking serves as an analytical tool to interpret the process of creating connections between things and bodies through symbolic imitation (Tambiah 1990; Qamar 2015; 2018).

Culture has several ways to affect human cognition. "Internal cognitive processes are affected by external, culture-specific representations; they are affected by the culture-dependent content to be processed; and they are affected more generally by people's cultural background" (Bender and Beller 2013: 48). In line with Andrea Bender and Sieghard Beller's (ibid.) stance on cultural cognition, in this article, I conceptualise cultural belief practices (including folk and religious beliefs) with reference to magical thinking and the perceived efficacy of these practices. The perceived efficacy is a combination of doctrinal and operational efficacy. Doctrinal efficacy is associated with religious beliefs that reinforce ritual practices through religious thinking; whereas opera-

tional efficacy is the perceived effectiveness expressed in ritual practices based on magical thinking that provides causative connections between the process, elements, bodies, and intended outcomes (Sørensen 2007; Quack and Töbelmann 2010; Qamar 2015).

MAGICAL THINKING IN A RELIGIOUS CONTEXT

Religion teaches about the superpowers that control nature and humans. Humans seek their blessings by demonstrating devotion, modesty, and obedience. Religious beliefs present the community's acknowledged traditions related to the sacred (and supernatural) and their involvement in local ritual practices (Koenig et al. 2012). Religious beliefs have always been central to healthcare and the development of religious communities. Religious participation among patients and caregivers is seen as an important health-seeking behaviour that aims to provide protection, survival, and wellbeing (Page et al. 2020). In the context of traditional birthing practices, the midwife is seen as a skilled and culturally competent woman (Chamberlain et al. 2016; Bates and Turner 2003). For example, Mayans believe that a pregnant woman and her foetus are physically and spiritually vulnerable, making them prone to disease and evil. A Mayan midwife is a ritual specialist with the ability to mediate between her clients and the saints and spirits. She visits the pregnant woman during the early prenatal period with each visit marked by a prayer. She burns incense and prays to the spirits and God for assistance in having a successful birth. (Walsh 2006)

Ordinary objects can also be transformed into religious medicines through prayer. Soaking enchanted amulets in water and saying prayers over oil or water invoke supernatural powers to turn these common elements into effective religious medicine (Lefèber and Voorhoeve 1998). Malaysian traditional midwives, for example, provide incanted coconut oil mixed with water for the birthing mother to consume (Ali and Howden-Chapman 2007). Indonesian midwives write prayer (paper amulet) in water and birthing women consume this water (Niehof 1992; Titaley et al. 2010).

Both religious and folk belief practices related to birthing are centred on simulative imagery that assists the labouring mother during the physiological process of birth, particularly in connection with release, opening up, and expulsion. Imagery such as unlocked objects, open windows, untied rope knots and animals, all add to the ritualistic environment for birth. The ritual of a flower blossoming is impactful imagery in this context. Across different cultures, flowers have been used as symbolic representations of the birthing process in India, Vietnam, Malta, and the Philippines (Bates and Turner 2003). Brian Bates and Allison Newman Turner (ibid.) did not provide the names of the flowers used for simulative imagery during the birthing process. However, the natural property of some flowers to blossom when placed in water is the perceived as simulative imagery associated with the opening of the cervix during birthing. For example, the flowers Anastatica and cyclamen, collectively known as Mary's flower, are utilised in various Muslim cultures for easy and safe birthing (Qamar 2012; Law and Soon 2013; Roudsari et al. 2015; Türkmen et al. 2021).

CULTURAL BACKGROUND

Punjab is a vast green region in Pakistan with a Muslim majority. Punjabis are the largest and dominant ethnic group, and Punjab, as the largest province by population and by resources, contributes significantly to the political system of Pakistan (Taus-Bolstad 2008). Rural areas are fertile, and most people make a living in agriculture. Health and education facilities in rural areas, particularly south Punjab, are not satisfactory. The study was conducted in a village situated in Fort Abbas area, located in the district of Bahawalnagar in south Punjab. I selected the village as a representative of far-off less-developed rural areas in south Punjab. Before fieldwork, I was able to establish connections with a couple of primary school teachers in this village. This helped me to get practical support during fieldwork (such as finding accommodation and connecting with the community).

The village has 200 households and approximately 1,800 citizens. Farming and manual labour are primary professions. The village has only one basic health unit, one primary school for girls and one for boys. Though it is now becoming desirable to educate girls, only a few parents send their girls to elementary or high schools in nearby cities or villages. The village represents a picture of overall Punjabi culture, including gender boundaries. Gender boundaries are primarily related to gender segregation, male–female communication, and mixing restrictions.

People live in extended families that provide the members with a sense of security and belonging. Marriages within extended families and having children from the same bloodline are common in rural Punjab. Children, in this regard, are socially valued and childcare practices are grounded in the social structure and belief system of the society. The prevailing pro-natal norms influence marriage, and a couple is expected to share news of a baby within a year of marriage. Childcare practices are not limited to afterbirth care. Instead, fertility care, pregnancy care, birth care, postnatal care, and infant care practices are deeply grounded in the pro-natal culture of Punjabi society (Qamar 2019).

Child rearing is practiced to strengthen the extended patriarchal family system. A Punjabi woman bears the reproductive responsibility and gains the exalted status of mother (Zaman 2014; Qamar 2018). For a Punjabi woman, pregnancy is a blessing, as the child's birth elevates her social status. Apart from the physical care of the woman during pregnancy, birth, and postpartum, popular religious beliefs to seek God's blessing include reciting the Quran in prayers, giving charity in God's name (*Sadaqa*), and using Mary's flower (*Maryam Booti*) for safe childbirth.

Approximately 35% of Pakistani women give birth at home with the help of traditional midwives (Khalid et al. 2023). In this researched area, today midwives get training as lady health visitors (LHVs). However, they work in coordination with senior women in the family. The traditional midwife (local title *Dai*) attends births at home. The *Dai* is trusted and respected in rural Punjab and plays a vital role in mother–child wellbeing (see Chesney 2007). Other experienced family women focus on mother–child safety during the birth process. During childbirth, a Punjabi mother draws strength from the trusted environment of shared values. The *Dai*, on the other hand, is not a religious expert. She is an experienced midwife with considerable folk knowledge of the

physiological aspects of childbirth, the use of folk remedies, and other relevant skills (such as care during pregnancy, disposal of the placenta, and postpartum customs).

RESEARCH APPROACH

The fieldwork was done in 2012 in a village situated in the Fort Abbas area, located in the district of Bahawalnagar in south Punjab. Gender boundaries are prevalent and essential in rural Punjab. During the fieldwork, I had my wife Saima Azher as a research assistant, and she interacted with possible participants who would agree to the in-depth interviews. We visited eight families and talked about beliefs and practices related to mother–child healthcare throughout the birthing process and the post-partum period. Saima Azher's reflections and previous experience as a research assistant helped us understand and follow up on the data in its contextual interpretations. It was also a reliable resource for building trust. We both talked in Punjabi to the participants about more general religious practices, but Saima Azher had a detailed one-to-one discussion with participants about issues that were specifically linked to childbirth. Out of ten young adult mothers in these families, only four agreed to participate in this study. Other mothers were reluctant to talk about birthing experiences, and we, respecting their privacy and freedom to withdraw, did not try to convince them. Four mothers (30 to 36 years old), one midwife (over 40), one elderly woman (over 50), and a local religious teacher (local title Imam, over 50) participated in this study.

In-depth interviews with follow-up discussions were conducted after initial data analysis. In this article, fictitious names are used for the participants. The participants were reluctant to allow us the use of an audio recording device and hence interviews were not recorded. However, participants allowed us to take notes. To avoid forgetting important details, each interview was transcribed soon after it was taken.

Following an inductive content analysis and interpretive approach (Elo et al. 2014), the data was initially coded line by line to create a bottom-up understanding of the participants' perspectives and experiences. Codes were later clustered into categories corresponding to different birth care belief practices. Significant statements in connection with these categories were extracted and translated into English. A thick description of each category followed by an interpretation of latent and manifested meanings was produced to elaborate the findings in their cultural context.

PRAYERS, CHARITY, AND BLESSING

In Islamic traditions, obligatory prayers *Salah* hold a central place, offered with firm conviction five times every day. Other common rituals to seek the blessing of God in Islamic traditions are Quran recitation and voluntary charity. Reciting various passages or chapters from the Quran is a way to embrace the sacred book as God's message. *Sadaqa*, or voluntary charity in the name of God, is done with a belief that it will please God by benefiting humankind. In Punjabi society, Quran recitation and *Sadaqa* are seen as powerful divine devices against sickness, loss, or harm. These belief practices invoke God's blessing by a) praising, praying, and expressing human humility before God, and

b) giving charity in God's name to benefit those in need. In this context, 'blessing' refers to the benefit requested by the individual practicing religious beliefs to overcome pain and suffering.

Quran Recitation: Prayers for Safe Birthing

Quran recitation is a significant Islamic practice that Muslims do in their communal and private lives from birth to death (Graham and Kermani 2006). In Pakistan, Quran recitation is a common religious practice, and reciting prayers from the Quran is a faith-based health-seeking practice. According to research conducted in Islamabad and Karachi in Pakistan, more than 95% of patients believe in Quranic prayers for recovery (Ahmed et al. 2007; Qidwai et al. 2009). Pregnant women, who know how to recite the Quran, in this way seek faith-based protection. Surah Maryam[1] (the Chapter of the Virgin Mary) in the Quran is a well-known prayer among Punjabi women when requesting divine help for an easy and safe birth. Only one our respondents reported reciting Surah Maryam, although all respondents believed in the therapeutic efficacy of Quranic recitation. Women in the village use Quranic amulets, as Quranic literacy is low among them. Najma, a 31-year-old woman who miscarried during her first pregnancy, said she wore a Quranic amulet (*tawiz*) for a safe pregnancy and birth during her second pregnancy (FM 2012: Najma). *Tawiz* is a piece of paper on which Quranic verses are inscribed by religious teachers or spiritual leaders and worn wrapped in cloth and tied with a string. In Punjab, wearing a Quranic amulet for protection and healing is fairly widespread. Najma's parents asked the imam to give her a protective amulet. Najma had no idea what the amulet contained, but she believed it contained verses from the Quran.

> Najma: My parents asked the Imam to write an amulet for me. It was my second pregnancy, and it was important to seek God's protection. I wore this amulet throughout my pregnancy.
> Saima Azher: How did it help you during your pregnancy?
> Najma: I had a safe pregnancy and gave birth to a healthy baby girl. (FM 2012: Najma)

Najma was one of three participants who believed in the protective powers of the Quranic amulet during their pregnancy. Rashida had three daughters and a son and wore amulets during all four pregnancies (FM 2012: Rashida). During her three pregnancies, Nargis wore amulets and gave birth to a daughter and two sons (FM 2012: Nargis). Sadia, a mother of one son, was the only respondent who said she recited Surah Maryam during her pregnancy and did not use any amulets. However, this does not mean disbelief in amulets, as she said, "I preferred to recite as I know how to read Quran. I did not use the amulet during my pregnancy, but women use them, and it also works" (FM 2012: Sadia). This does not imply that only women who are unable to recite the Quran use amulets. Nargis could read the Quran and recited it during Ramazan (the Islamic fasting month), but she wore an amulet during her pregnancy.

During the discussion with Sadia about her pregnancy period, she talked about reciting the Quran for easy birthing.

Sadia: During my pregnancy, I used to recite Surah Maryam for an easy birth process. My mother advised me to recite this Surah.
Saima Azher: Do you recite it daily, or on special occasions? If there is a process, do you have to follow it?
Sadia: There is no fixed time to recite the Quran, but I usually recite it after *namaz* [obligatory prayers]. Process? One must be clean and do ablution before reciting [as for *namaz*].
Saima Azher: What do you know about Maryam?
Sadia: She was the mother of Hazrat Issa [Jesus], and Allah helped her give birth to the baby without any human help.
Saima Azher: Do you feel that it worked for you?
Sadia: Well, the birthing is always painful. But… [in a firm tone] reciting the Quran helps in many ways. Safe birth, healthy baby, and no serious problem, this is a blessing of praying and reciting the Quran. (FM 2012: Sadia)

Sadia, who was educated, knew a little bit about Maryam. She did not know the story of Maryam as told in Surah Maryam as she did not learn the Quran in translation. She had a painful birth experience, but her firm belief in the Quran and prayers gave her mental strength to regulate her stress in this situation. Reciting a certain chapter from the Quran for a set purpose is religiously significant and relates the practice to the theological description of Maryam. The notion stems from Maryam's significance in Islamic traditions and her account of giving birth to Jesus. According to Islamic belief, Maryam was the woman to whom God revealed the news of a holy son through His angel Gabriel. Maryam was a pure and pious woman who was chosen by God during her lifetime, as stated in the Quran "O Mary! Surely Allah has selected you, purified you, and chosen you over all women of the worlds" (*The Noble Quran* 3: 42). The Quran presents Mary and Jesus as God's symbol for all humanity and jinn[2] (*The Noble Quran* 21: 91). According to a hadith (Muhammad's saying), Maryam is one of the four most glorious women in the universe. The other three exalted women are Asiah (righteous wife of Pharaoh, who brought up Moses), Khadijah (first wife of Prophet Muhammad) and Fatima (daughter of the Prophet Muhammad) (Ghadanfar 2001). Thus, Islam honours Maryam's esteemed status and refers to her as a saint in the religious lives of Muslims. By saint, I mean a person of exceptional holiness or virtue who has been blessed by God, known as *wali* in Pakistani and Indian Muslim traditions. Maryam's evident blessing was the safe and easy delivery she had without any human assistance.

Reciting Surah Maryam for easy birthing is seen as a religious medicine that brings forth two key aspects of prayer. Firstly, Muslims believe the Quran to have healing and protective powers, following the Quranic verse: "And We sent down the Quran that which is healing and mercy for the believers" (*The Noble Quran* 17: 82). Secondly, the suffering Maryam experienced during childbirth and the divine support she received, make a causative symbolic link with the religious belief practice of a woman who is biologically vulnerable in this condition and has a symbolic resemblance to Maryam. This supernatural aspect of religious belief practice relies on the exalted status of Maryam in Islamic traditions, which plays a significant role in health-seeking rituals.

Sadia said she had a successful experience because she was certain and firm in her belief. The Imam commented on the effectiveness of this method: "Yes, it works when

we pray with firm belief and humility, He provides us everything we need." (FM 2012: Imam) A religious belief practice, if followed properly, should yield the desired result (Moore and Myerhoff 1977) and practicing an Islamic belief 'properly' involves believing in one God with all powers and requesting Him with ultimate submission. Hence, reciting this Surah during pregnancy is a mother–child wellbeing petition that requests God's blessing for an uncomplicated birth. Reciting Surah Maryam communicates a "doctrinal efficacy" that does not consider failure an option (ibid.: 12–13). Furthermore, the prayers are religiously connected, which increases belief efficacy. However, patience and contentment with whatever God wishes for believers is an important aspect of religion. Faith-driven motives inspire Punjabi women to wear Quranic amulets that empower patience and hope.

Sadaqa: *A Charity for Protection*

Sadaqa is a type of voluntary charity in Islam that is considerably deeper than the mandatory religious tax Zakat. *Sadaqa* is not constrained by a person's economic status and can be donated to poor people in both material and non-material ways. According to Islamic traditions, giving away money, food, clothes, and all the necessities of life is *Sadaqa* in material forms; and in non-material forms, the kind words and acts of kindness that tend to comfort others, even a smile is *Sadaqa* (Imam Al-Bukhari 1994). As a result, *Sadaqa* is from an Islamic perspective a social welfare strategy that reduces the fascination for material possessions, ensures the flow of wealth in society for collective wellbeing, merges friendliness and kindness through verbal and nonverbal actions, and fosters helping attitudes in society. *Sadaqa* is strengthened as a device with the power to obtain the blessings of God Almighty and seek His protection, forgiveness, and blessings to attain all of these goals (as promised in *The Noble Quran* 2: 271, 33: 35, 57: 18). When practiced traditionally, it takes the shape of religious virtue and a 'financial' prayer where charity is seen as a way to please God and seek His blessings. The Imam described *Sadaqa* as a valued act in Islam and an important practice to seek wellbeing:

> God's prophet taught us that if we give *Sadaqa* to the poor and needy, God will reward us with happiness and wellbeing. *Sadaqa* givers are not exposed to major injury or damage. That is why people in the community give Sadaqa in whatever amount they can to be protected and to seek health when they are sick. They make donations on behalf of their children. The children touch the *Sadaqa* food or money, or a youngster delivers *Sadaqa* with his or her hands to a beggar or other needy persons. (FM 2012: Imam)

Sadaqa is practiced by Punjabi Muslims by having physical contact with things before giving them away in the name of God. *Sadaqa* as a prenatal ritual is practiced to ensure a safe and uncomplicated birth. The participants specifically mentioned giving *Sadaqa* on behalf of the mother before childbirth. Sadia explained how she practiced this belief:

> Sadia: Before the *Dai* came, my mother [Sadia gave birth at her parents' home] brought two kilograms of rice [uncooked]. I placed my right hand on it, and then the rice was given to a poor woman in the village. This was my *Sadaqa* for a safe birth.

Saima Azher: Is this a fixed quantity of rice for *Sadaqa*?
Sadia: No, people also give more than two kilos. It is not fixed.
Saima Azher: But rice is the only *Sadaqa* item?
Sadia: No, but people prefer to give food like maize, wheat, and rice.
Saima Azher: Why do you touch the rice before giving it away?
Sadia: It is for me; therefore, I touch the rice. It will protect me from suffering and pain.
Saima Azher: So, was this the only *Sadaqa* you gave before birth?
Sadia: No, during pregnancy for the sake of safe pregnancy, my mother used to give *Sadaqa* for my health.
Saima Azher: Same food in the same way?
Sadia: I did touch the things before giving them away, but it was not necessarily grain, sometimes I gave money and other foods. (FM 2012: Sadia)

Other participants also reported *Sadaqa* before birth as an effective religious practice. Before Najma gave birth, her mother distributed sweets as *Sadaqa* on her behalf. "My mother planned to give sweets as *Sadaqa* after hearing the good news, which she did," said Najma, with a smile (FM 2012: Najma). Similarly, the other two women mentioned rice, money, and clothes given as *Sadaqa*. The selected things did not differ much, which is also due to there being no major differences in the families' economic backgrounds. Punjab is a fertile region with five rivers that is rich in wheat, rice, corn, and other food grains. Because these crops – *anaj* – meet the country's basic food needs, food grain production is important in Punjab's rural household economy. Rice is the second most important food after wheat and is always required during ceremonies and social gatherings. Although Sadia donated wheat and money as *Sadaqa* during her pregnancy, her mother preferred rice before birth, a more expensive food than wheat. Overall, it is up to the family to choose what they can afford, and there is no set minimum or maximum amount, but those who can afford it, do not hesitate to offer more as *Sadaqa*.

Naziran, an elderly lady in Sadia's neighbourhood, talked about giving *Sadaqa* when the labour pains start:

Naziran: When the mother starts feeling pain during pregnancy, the mother should touch the food or money and then give it as *Sadaqa*. With God's blessing, she feels comfortable, and pregnancy and birth remain safe.
Saima Azher: What are common things given as *Sadaqa*?
Naziran:*Anaj*[3] is popular, but clothes and money are also common. It depends on what one can give easily and frequently.
Saima Azher: Clothes and money should also be touched in the same way.
Naziran: Yes, the woman who is giving *Sadaqa* for herself must touch it with her hands before giving it. (FM 2012: Naziran)

The *Sadaqa* giver touches objects such as food, clothes or money. The religious meaning of the right hand is to accomplish righteous actions. Giving something as *Sadaqa* while touching it is a reference to the donor anticipating blessings returning to her when the practice is completed. *Sadaqa* aims to seek divine support for a healthy, problem-free pregnancy followed by a safe birth. Sadia's *Sadaqa* was a supplication to the divine for favours when she was giving birth. As soon as *Sadaqa* is done, it becomes a source of

divine blessing that has already commenced to protect the *Sadaqa* giver. The recipient (the needy and destitute) accepts *Sadaqa*, receives its benefits, and guarantees that the divine blessing continues to work for the mother and new-born child after birth. *Sadaqa* is important during and after childbirth.

Respondents felt that the *Sadaqa* giver does not own the *Sadaqa* things. All participants agreed that whatever is supposed to be given away as *Sadaqa* goes to the poor and needy people. Anything intended to be given as *Sadaqa* is not to be used by the *Sadaqa* giver. In a follow-up discussion, Imam explained it:

> Giving anything away as *Sadaqa* is a promise to God. You are not allowed to break this pledge. With God Almighty, you cannot make conditional commitments. He is the Giver, and our hardships put our confidence in Him to the test. (FM 2012: Imam)

Sadaqa, according to the Imam's religious interpretation, is a prayer-like commitment that cannot be corrupted. For Punjabis, *Sadaqa* is the essence of worship that unites a worshipper with God, where God maintains the supreme position and utmost authority and the worshipper is a humble person who shows patience in hardship and gratitude in prosperity. *Sadaqa*, as a religious belief practice, is an act that will make God pleased and generous, meaning that here the theoretical and practical aspects of religion are connected.

Physical contact must be initiated to receive divine blessing. In Islam, the intention to donate something as *Sadaqa* and then act on that intention is all that is required. Many Muslims, for example, make *Sadaqa* through online payments using various banking services. Making physical contact with the *Sadaqa* goods is a folk practice that entails the creation of a reference to the donor so that the *Sadaqa* goods in use by the receiver will benefit the giver for as long as they are used. *Sadaqa* is practiced with the religious ruling (invoking God while petitioning Him as a humble human being) since its function is to seek blessing. On the other hand, it is a synthesis of folk belief and religious practices among Punjabis. The majority of Muslims across the world are inspired by the religious practices of folk Islam and combine formal and folk religious practices (Love 2000).

Maryam Booti: Mary's Flower

After necessary preparations, when the pregnant women and *Dai* were ready for the birth process, Sadia's mother brought *Maryam booti*. Sadia said: "My mother brought Mary's flowers when she visited Saudi Arabia for a pilgrimage. She also gave it to some relatives, who asked for it. When I was giving birth, this flower helped in easy birthing." (FM 2012: Sadia)

What is *Maryan booti,* also known as *Maryam Panja* (Mary's hand), and *Maryam ka phool* (Mary's flower)? Its scientific name is Anastatica and it has the inherent ability to bloom when soaked in water and close when dry. According to *Duke's Handbook of Medical Herbs of the Bible* (Duke et al. 2008), it is a medicinal plant that according to folklore Mary clenched in her hand when birthing Jesus. The several names of this plant include *Kaffe e Maryam* ('hand of Maryam'), rose of Jericho, Mary's flower, wheel, and Palestinian tumbleweed. Popular myth describes its miraculous function when soaking

in water at the time of delivery, with the woman delivering easily alongside the opening of the flower; drinking this water also reduces childbirth pain. (Ibid.: 36–37) Punjabi people usually import this flower from Saudi Arabia and think that the opening of the blossom corresponds to a less painful and easier birth. During the interview with a *Dai* who has seen the flower functioning, she reported the process as described below.

> *Dai*: When a pregnant woman starts to feel labour pains, *Maryam booti* is soaked in a cup of water near the mother. We begin the birthing process while the flower starts to open. When the flower fully blooms, the birthing is over. The mother also drinks the flower-soaked water as it decreases birth pains.
> Saima Azher: Do people use it as medicine?
> *Dai*: It is a blessed plant and perhaps has some natural qualities to decrease pain.
> Saima Azher: When it is used to drink, it works like medicine. When it is soaked in water for birthing, how does it work?
> *Dai* [unsure]: It works as I told you. It is popular for this purpose.
> Saima Azher: Is it usual that your patients have this flower when you visit them for birthing?
> *Dai*: Not all, it depends if people have it. As it is brought from Saudi Arabia, not everyone has it. The people who bring it, mean it for birth and give it to their relatives where needed. (FM 2012: *Dai*)

The *Dai* saw the miraculous working of the plant and was sure about its efficacy. Sadia shared her experience with us:

> Sadia: When I was giving birth, *Maryam booti* [soaked in water] was at one side of me but I could not see it. I found it fully open after the birth.
> Saima Azher: You drank the water?
> Sadia: Yes, I did but a little.
> Saima Azher: Did you feel its effect, like the pain was reduced?
> Sadia: I was feeling pain. But I think things were happening smoothly. I guess it works.
> Saima Azher: So, you think it is a miraculous working of the plant that the birthing was easy and safe?
> Sadia: Yes, it is the blessed property of the plant. I heard from elderly women in my family that it was the flower of the tree that God created to help Maryam during birth, and she went through an easy birthing under this tree. (FM 2012: Sadia)

The practice is limited due to limited access to this flower, yet belief is widespread and ancient. The other three participants had no such experience, but they were aware of the belief. Horace Arthur Rose (1907) researched birthing beliefs practiced within the Muslim population of Punjab a century ago, and his conclusions are comparable to ours. The fact that beliefs and practices remained stable for more than hundred years is an interesting detail, showing the sustainability of Indigenous belief practices when they are fused with mainstream religious beliefs.

The Process: A Symbolic Imitation of a Natural Process

Sadia and the *Dai* consider *Maryam booti* a blessed flower related to Maryam and her story of giving birth to Jesus. They believe God created this plant for the same purpose. The religious symbolism and imitation of a natural process drive the simulative imagery in this procedure. This plant is associated with two religious meanings: firstly, the sacred feelings for blessed Maryam and belief in faith healing; secondly, the sanctified childbirth that Maryam experienced by the grace of God. There is metaphorical likeness between a flower opening and the opening of the cervix during delivery. During the birth, the *Dai* and other women attending the birth can see how the flower soaked in water begins to open, which is associated with accelerating the birthing process. Symbolic connection, religious meaning, and the natural properties of the plant, which are seen as miraculous, assist in birthing without stress or with less stress and help the *Dai* and assistants to focus on their job.

Another symbolic connection in this ritual practice is related to the concept of blessing. Naziran described the shape of the flower as follows:

> *Maryam booti*, when it is dry, looks like a closed fist. It is said that Maryam while giving birth under this tree, grasped its branches [which is why it bears flowers that resemble closed fists]. This is also a reason people call it *Maryam Pajna* [Mary's hand]. (FM 2012: Naziran)

This is similar to the biblical myth that describes Mary's physical contact with the tree while giving birth. As a saint, Maryam possessed a blessing and transferred it to the tree bearing the flowers that were afterward considered to be Maryam's blessed flowers for safe birthing. The tree has been receiving the blessing of the holy Maryam since first contact. According to Brigid Sackey (2002), transferable blessing is an important aspect of faith healing. Physical contact with or a glance from a blessed person can transfer the blessing (see Kassam 2004: 406–410). This is the religious interpretation of the concept of blessing for the majority of the Punjabi Muslims, who visit shrines and spiritual leaders to seek spiritual blessing.

In this ritual, religious symbolism and corresponding supernatural connection have two interdependent grounds. First, the natural property of the flower facilitates an imitative manifestation; and second, the divine power stems from religious beliefs and the notion of transferable blessing. In this sense, birth care is a fusion of religious and folk belief practices.

CONCEPTUAL CATEGORISATION

After studying interview transcriptions, examining follow-up discussions repeatedly, and using interpretative analysis, I situated the aforementioned findings in two broad conceptual categories that are connected in order to strengthen the efficacy of faith-based health-seeking practices. These conceptual categories are presented as human–divine relationships and symbolic manifestations.

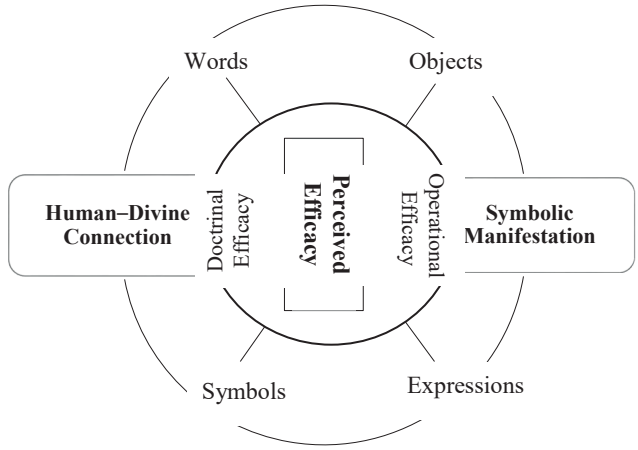

Figure 1. Conceptual categorisation of birth care belief practices.

The human–divine relationship is at the core of religious belief practices. Belief in the divine's supremacy as the creator of human bodies establishes divine sovereignty over human life and wellbeing. In this context, prayers are viewed as a way of contact between the human and the supernatural/divine to seek protection and healing. Prayers are either recited from the Quran or offered as *Salah* obligatory prayers. Reciting the Quran is similar to praying in words, but *Salah* is a worshipping practice that includes both recitation and performance. In its religious essence, prayer is a kind of submission and devotion to connect with the divine. The power of words and performance is used to request divine favour and to transform ordinary objects into faith-based or religious medicines.

Symbolic Manifestation

Symbols (things, behaviours, and myths) create specific actions and connect members to culture by transmitting their values and beliefs (Duncan 2007; Roberts and Yamane 2012 [1982]). Religious ideas are manifested symbolically through the use of symbols to seek healing and protection. Amulets are common faith-based protection devices, described as "an object (natural or man-made) thought to protect a person from harm" (Gonzalez-Wippler 1991: 1). Almost anything can be turned into an amulet (metals, stones, plants, minerals, money, tablets, animal parts, etc.). The things chosen are determined by religious beliefs and religion-specific symbols. The expert or religious healer reads or writes religious text on the objects to receive divine protective energy from them. Simulative imagery is another form of symbolic manifestation where a symbolic imitation of a natural process is performed. The imitation itself is a cognitive procedural process with the religious healer stimulates the effect with religious connotations and symbolism in order to concentrate on ritual practice.

Though religious beliefs constitute the cognitive script for practices, other factors such as words, symbols, objects and symbolic expressions contribute to operational efficacy by assisting the healer in staging the ritual on the grounds of belief. Because symbolic manifestation is a vehicle for communicating the human–divine relationship, the two conceptions are fundamentally linked in order to form the overall impact of the belief. Birth care belief practices are a cultural pattern of folk and religious beliefs that have been synthesised to enhance the visibility of the perceived efficacy of belief.

CONCLUSIONS

Birth care practices are an important aspect of Punjabi culture that is deeply rooted in religious belief. The concept of miraculous efficacy is intertwined with religious views on nature, the supernatural, human vulnerability in the natural world, and the human–divine relationship. There is a strong relationship between the belief and its symbolic manifestation, as shown in the *Sadaqa* ritual and the use of *Maryam booti* to ensure a safe childbirth. Birthing beliefs in Punjabi culture are not restricted to rural regions. Faith-based healing practices hold a significant place in the pluralistic mother–child cultural care system.

The belief practices studied in this article do not show significant variance. Nevertheless, considering the limitation of the small sample size and the focus on one village in Punjab, my conclusions cannot be generalised to all Punjabi women's belief practices regarding birth. This study suggests further ethnographic investigation of these beliefs and practices through the lens of religious phenomenology.

NOTES

1 Surah are chapters of the Quran; Maryam is the Arabic name for Mary. Surah Maryam is the 19th chapter in the Quran, describing the Virgin Mary and the birth of the prophet Issa (Jesus).

2 Jinn are believed to be supernatural spirits who have the ability to appear as humans or animals in order to possess humans.

3 *Anaj* is an Urdu/Hindi word for food grains that include wheat, rice, corn, and other seeds such as lentils.

SOURCES

FM = Author's fieldwork material from 2012. The materials are kept in the author's personal collection and not available publicly. The following metadata is provided: the interviewees' fictitious name as used in the study. Research assistant Saima Azher played a key role in approaching women participants in the conservative Punjabi society. Particularly, with reference to the topic of the study (which is considered a private and sensitive matter for women in Punjabi society), the research assistant was capable of navigating the social and cultural sensitivity that was required to engage women participants in comfortable social interaction while conducting in-depth interviews.

REFERENCES

Ahmed, Waqas; Asim M. Choudhry, Ali Yawar Alam and Fawad Kaisar. 2007. Muslim Patients Perceptions of Faith-Based Healing and Religious Inclination of Treating Physicians. – *Pakistan Heart Journal* 40 (3–4): 61–65.

Ali, Aishah and Philippa Howden-Chapman. 2007. Maternity Services and the Role of the Traditional Birth Attendant, *Bidan Kampung*, in Rural Malaysia. – *Journal of Public Health Management and Practice* 13 (3): 278–286. DOI: https://doi.org/10.1097/01.PHH.0000267686.08282.3c.

Aziato, Lydia; Hannah Antwi Ohemeng and Cephas N. Omenyo. 2016. Experiences and Perceptions of Ghanaian Midwives on Labor Pain and Religious Beliefs and Practices Influencing Their Care of Women in Labor. – *Reproductive Health* 13: 1–7. DOI: https://doi.org/10.1186/s12978-016-0252-7.

Bates, Brian and Allison Newman Turner. 2003. Imagery and Symbolism in the Birth Practices of Traditional Cultures. – *The Manner Born: Birth Rites in Cross-Cultural Perspective*, edited by Lauren Dundes. Oxford: AltaMira Press, 87–100.

Bender, Andrea and Sieghard Beller. 2013. Cognition Is… Fundamentally Cultural. – *Behavioral Sciences* 3 (1): 42–54. DOI: https://doi.org/10.3390/bs3010042.

Berry, Anita B. 1999. Mexican American Women's Expressions of the Meaning of Culturally Congruent Prenatal Care. – *Journal of Transcultural Nursing* 10 (3): 203–212. DOI: https://doi.org/10.1177/104365969901000311.

Blumer, Herbert. 2012 [2002]. Symbolic Interactionism. – *Contemporary Sociological Theory*, edited by Indermohan Virk, Steven Pfaff, James Moody, Joseph Gerteis, and Craig Calhoun. Chichester: Wiley & Sons, 62–74.

Bruner, Jerome. 1987. Life as Narrative. – *Social Research* 54 (1): 11–32.

Chamberlain, Catherine; Doseena Fergi, Amanda Sinclair and Christine Asmar. 2016. Traditional Midwifery or 'Wise Women' Models of Leadership: Learning from Indigenous Cultures: '*… Lead So the Mother Is Helped, Yet Still Free and in Charge…*' Lao Tzu, 5th century BC. – *Leadership* 12 (3): 346–363. DOI: https://doi.org/10.1177/1742715015608426.

Chesney, Margaret. 2007. Birth in Pakistan. – *Reproduction, Childbearing, and Motherhood: A Cross-Cultural Perspective*, edited by Pranee Liamputtong. New York: Nova Science, 113–125.

Davis-Floyd, Robbie and Charles D. Laughlin. 2022. *Ritual: What It Is, How It Works, and Why*. New York: Berghahn Books. DOI: https://doi.org/10.3167/9781800735286.

Duke, James A.; Peggy-Ann K. Duke and Judi duCellier. 2008. *Duke's Handbook of Medicinal Herbs of the Bible*. Boca Raton, FL: CRC Press.

Duncan, Norman, ed. 2007. *Community Psychology: Analysis, Context, and Action*. Cape Town, South Africa: UCT Press.

Elo, Satu; Maria Kääriäinen, Outi Kanste, Tarja Pölkki, Kati Utriainen and Helvi Kyngäs. 2014. Qualitative Content Analysis: A Focus on Trustworthiness. – *SAGE Open* 4 (1). DOI: https://doi.org/10.1177/2158244014522633.

Frazer, James George. 1925. *The Golden Bough*: *A Study in Magic and Religion*. Abridged edn. New York: Macmillan Company.

Ghadanfar, Mahmood Ahmad. 2001. *Great Women of Islam: Who Were Given the Good News of Paradise*, translated by Jamila Muhammad Qawi, revised by Sheikh Safiur-Rahman Al-Mubarakpuri, edited by Muhammad Ayub Sapra and Muhammad Farooq. Riyadh: Darussalam.

González-Wippler, Migene. 1991. *The Complete Book of Amulets & Talismans*. St. Paul, MN: Llewellyn Publications.

Graham, William A., and Navid Kermani. 2006. Recitation and Aesthetic Reception. – *The Cambridge Companion to the Qur'ān*, edited by Jane Dammen McAuliffe. New York: Cambridge University Press, 115–136. DOI: https://doi.org/10.1017/CCOL0521831601.007.

Green, Laura C., and Martha W. Beckwith. 1924. Hawaiian Customs and Beliefs Relating to Birth and Infancy. – *American Anthropologist* 26 (2): 230–246. DOI: https://doi.org/10.1525/aa.1924.26.2.02a00060.

Imam Al-Bukhari. 1994. *Summarized Sahîh Al Bukhâri*: *Arabic-English*, compiled by Al-Imam Zain-ud-Din Ahmad bin Abdul-Lateef Az-Zubaidi; translated by Muhammad Muhsin Khan. Riyadh: Maktaba Darussalam.

Jesse, D. Elizabeth; Chantel Schoneboom and Amy Blanchard. 2007. The Effect of Faith or Spirituality in Pregnancy: A Content Analysis. – *Journal of Holistic Nursing* 25 (3): 151–158. DOI: https://doi.org/10.1177/0898010106293593.

Kassam, Zayn. 2004. Islam and Holy People. – *Holy People of the World: A Cross-Cultural Encyclopedia*, edited by Phyllis G. Jestice. Santa Barbara, CA: ABC-Clio, 406–410.

Khalid, Ayesha; Kaniz Amna Haider, Hareem Ahmer, Sahir Noorani and Zahra Hoodbhoy. 2023. Why Do Women Still Give Birth at Home; Perceptions of Pakistani Women and Decision-Makers from Marginalized Communities. – *PLOS Global Public Health* 3 (10): e0002217. DOI: https://doi.org/10.1371/journal.pgph.0002217.

Koenig, Harold George; Dana E. King and Verna Benner Carson. 2012. *Handbook of Religion and Health*. New York: Oxford University Press.

Kyomuhendo, Grace Bantebya. 2009. Culture, Pregnancy and Childbirth in Uganda: Surviving the Women's Battle. – *Childbirth Across Cultures: Ideas and Practices of Pregnancy, Childbirth and the Postpartum*. *Science Across Cultures: The History of Non-Western Science* 5, edited by Helaine Selin and Pamela Kendall Stone. London: Springer, 229–234. DOI: https://doi.org/10.1007/978-90-481-2599-9_21.

Lamxay, Vichith; Hugo J. de Boer and Lars Björk. 2011. Traditions and Plant Use During Pregnancy, Childbirth and Postpartum Recovery by the Kry Ethnic Group in Lao PDR. – *Journal of Ethnobiology and Ethnomedicine* 7: 1–16. DOI: https://doi.org/10.1186/1746-4269-7-14.

Law Kim Sooi, and Soon Lean Keng. 2013. Herbal Medicines: Malaysian Women's Knowledge and Practice. – *Evidence-Based Complementary and Alternative Medicine*. DOI: https://doi.org/10.1155/2013/438139.

Lefèber, Yvonne, and Henk W. A. Voorhoeve. 1998. *Indigenous Customs in Childbirth and Child Care*. Assen: Van Gorcum.

Liamputtong, Pranee. 2007. Situating Reproduction, Procreation and Motherhood within a Cross-Cultural Context: An Introduction. – *Reproduction, Childbearing, and Motherhood: A Cross-Cultural Perspective*, edited by Pranee Liamputtong. New York: Nova Science Publishers, 3–34.

Listova, Tat'iana A. 1992. Russian Rituals, Customs, and Beliefs Associated with the Midwife (1850–1930). – *Russian Traditional Culture: Religion, Gender and Customary Law,* edited by Marjorie Mandelstam Balzer and Ronald Radzai. New York: Routledge, 122–145. DOI: https://doi.org/10.4324/9781315288451.

Love, Rick. 2000. *Muslims, Magic and the Kingdom of God: Church Planting Among Folk Muslims*. Pasadena, CA: William Carey Library.

Moore, Sally F. and Barbara G. Myerhoff. 1977. Secular Ritual: Forms and Meanings. – *Secular Ritual*, edited by Sally F. Moore and Barbara G. Myerhoff. Assen: Van Gorcum, 3–24.

Najman, Jake M.; Gail M. Williams, J. Douglas Keeping, John Morrison and Margaret J. Anderson. 1988. Religious Values, Practices and Pregnancy Outcomes: A Comparison of the Impact of Sect and Mainstream Christian Affiliation. – *Social Science and Medicine* 26 (4): 401–407. DOI: https://doi.org/10.1016/0277-9536(88)90308-5.

Niehof, Anke. 1992. Mediating Roles of the Traditional Birth Attendant in Indonesia. – *Women and Mediation in Indonesia*. *Verhandelingen van het Koninklijk Instituut voor Taal-, Land- en Volkenkunde* 152, edited by Sita van Bemmelen, Madeion Djajadiningrat-Nieuwenhuis, Elsbeth Locher-Scholten and Elly Touwen-Bouwsma. Leiden: Brill, 167–186. DOI: https://doi.org/10.1163/9789004487765_012.

Ohaja, Magdalena; Jo Murphy-Lawless and Margaret Dunlea. 2019. Spiritual and Religious Aspects of Pregnancy and Birth in Nigeria: Women's Perspectives. – *Health & Social Care Chaplaincy* 7 (2): 131–144. DOI: https://doi.org/10.1558/hscc.37408.

Page, Robin L.; Jill N. Peltzer, Amy M. Burdette and Terrence D. Hill. 2020. Religiosity and Health: A Holistic Biopsychosocial Perspective. – *Journal of Holistic Nursing* 38 (1): 89–101. DOI: https://doi.org/10.1177/0898010118783502.

Priya, Jacqueline Vincent. 1992. *Birth Traditions and Modern Pregnancy Care*. Shaftesbury: Element Books.

Qamar, Azher Hameed. 2012. Pregnancy Myths and Early Childcare: Research Reflections from the Rural Punjab, Pakistan. – *International Journal of Humanities and Social Sciences* 6 (4): 677–682.

Qamar, Azher Hameed. 2015. Tona, the Folk Healing Practices in Rural Punjab, Pakistan. – *Journal of Ethnology and Folkloristics* 9 (2): 59–74. https://ojs.utlib.ee/index.php/JEF/article/view/22665/17203 (accessed March 27, 2024).

Qamar, Azher Hameed. 2016. Belief in the Evil Eye and Early Childcare in Rural Punjab, Pakistan. – *Asian Ethnology* 75 (2): 397–418.

Qamar, Azher Hameed. 2017. The Postpartum Tradition of Sawa Mahina in Rural Punjab, Pakistan. – *Journal of Ethnology and Folkloristics* 11 (1): 127–150. DOI: https://doi.org/10.1515/jef-2017-0008.

Qamar, Azher Hameed. 2018. The Social Value of the Child and Fear of Childlessness among Rural Punjabi Women in Pakistan. – *Asian Journal of Social Science* 46 (6): 638–667. DOI: https://doi.org/10.1163/15685314-04606003.

Qamar, Azher Hameed. 2019. Infant Healthcare Belief Practices and Social Value of the Child in Rural Punjab, Pakistan. A Doctoral Dissertation. Trondheim: Norwegian University of Sciences and Technology.

Qamar, Azher Hameed. 2023. Re-calling Magical Thinking: Different, yet Connected Views on Magical Thinking. – *Qeios*. DOI: https://doi.org/10.32388/Z26YLI.

Qamar, Azher Hameed, and Qurat-ul Ain. 2021. Where Medicine 'Fails': The Evil Eye and Childcare Beliefs among Rural Saraiki Mothers in Punjab, Pakistan. – *Social Medicine* 14 (2): 87–95.

Qidwai, Waris; Rumina Tabassum, Raheela Hanif and Fahad Hanif Khan. 2009. Belief in Prayers and Its Role in Healing among Family Practice Patients Visiting a Teaching Hospital in Karachi, Pakistan. – *Pakistan Journal of Medical Science* 25 (2): 182–189.

Quack, Johannes, and Paul Töbelmann. 2010. Questioning "Ritual Efficacy". – *Journal of Ritual Studies* 24 (1): 13–28.

Roberts, Keith A., and David Yamane. 2012 [1982]. *Religion in Sociological Perspective*. Thousand Oaks, CA: SAGE Publications.

Rose, Horace Arthur. 1907. Muhammadan Birth Observances in Punjab. – *The Journal of the Royal Anthropological Institute of Great Britain and Ireland* 37 (Jul–Dec): 237–260. DOI: https://doi.org/10.2307/2843317.

Roudsari, Robab Latifnejad; Maryam Zakerihamidi and Effat Merghati Khoei. 2015. Socio-Cultural Beliefs, Values and Traditions Regarding Women's Preferred Mode of Birth in the North of Iran. – *International Journal of Community Based Nursing and Midwifery* 3 (3): 165–176.

Sackey, Brigid M. 2002. Faith Healing and Women's Reproductive Health. – *Research Review of the Institute of African Studies* 18 (1): 5–12. DOI: https://doi.org/10.4314/rrias.v18i1.22853.

Sørensen, Jesper. 2007. *A Cognitive Theory of Magic*. Lanham, MD: AltaMira Press.

Tambiah, Stanley Jeyaraja. 1990. *Magic, Science and Religion and the Scope of Rationality*. *Lewis Henry Morgan Lectures*. Cambridge: Cambridge University Press.

Taus-Bolstad, Stacy. 2008. *Pakistan in Pictures*. *Visual Geography Series*. Minneapolis, MN: Lerner.

The Noble Quran. 1998. *The Noble Quran. English Translation of the Meanings and Commentary*, translated by Muhammad Al-Hilali Taqî-ud-Dîn AI-Hilâlî and Muhammad Muhsin Khân. Madinah, KSA: King Fahd Complex.

Taylor, Meg,, and Jennifer Hall. 2004. Birth and Spirituality. – *Normal Childbirth: Evidence and Debate*, edited by Susan Downe. London: Churchill Livingstone, 41–56.

Titaley, Christiana R.; Cynthia L. Hunter, Michael J. Dibley and Peter Heywood. 2010. Why Do Some Women Still Prefer Traditional Birth Attendants and Home Delivery? A Qualitative Study on Delivery Care Services in West Java Province, Indonesia. – *BMC Pregnancy and Childbirth* 10: 1–14. DOI: https://doi.org/10.1186/1471-2393-10-43.

Türkmen, Hülya; Serap Çetinkaya, Hafize Kiliç, Emine Apay, Devrim Karamüftüoğlu, Selda Dörük and Engin Özkırım. 2021. Effect of Focusing on Maryam's Flower during the First Stage of the Labor on the Labor Pain, Labor Duration, and Levels of Comfort and Satisfaction. – *Clinical Nursing Research* 30 (6): 780–789. DOI: https://doi.org/10.1177/1054773820984911.

Tylor, Edward Burnett. 1974 [1871]. *Primitive Culture: Researches into the Development of Mythology, Philosophy, Religion, Art and Custom*. New York: Gordon Press.

Walsh, Linda V. 2006. Beliefs and Rituals in Traditional Birth Attendant Practice in Guatemala. – *Journal of Transcultural Nursing* 17 (2): 148–154. DOI: https://doi.org/10.1177/1043659605285412.

Wilkinson, Stephen Eugene, and Lynn Clark Callister. 2010. Giving Birth: The Voices of Ghanaian Women. – *Health Care for Women International* 31 (3): 201–220. DOI: https://doi.org/10.1080/07399330903343858.

Zaman, Riffat Moazam. 2014. Parenting in Pakistan: An Overview. – *Parenting Across Cultures: Childrearing, Motherhood and Fatherhood in Non-Western Cultures*. *Science Across Cultures: The History of Non-Western Science* 12, edited by Helaine Selin. Cham: Springer, 91–104.