


Spiritual Healing Practices Among Rural Postpartum Thai Women

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Abstract

Purpose: Postpartum Thai women follow family instructions to recover health at home. This study explores first-time mothers' experiences with postpartum family practices. This article presents the experiences with spiritual healing, one of the three essences of Thai traditional medicine. **Design:** An interpretive phenomenological study was conducted in rural Thailand. Participants were 16 pregnant women purposively recruited. Data were collected using in-depth interviews, participant observations, and a demographic record and were analyzed using thematic and exemplar analysis. **Results:** The women adhered to practices and rituals related to beliefs about three essences (the body, mind–heart, and energy). Spiritual healing works on mind–heart essences. **Conclusion:** A new mother healed her spirit through traditional postpartum practices. The findings provide an understanding of the practices within the context of rural Thai women's families. This information can guide future implementation of postpartum care, with awareness of and respect for cultural practices in fulfilling spiritual needs.

Keywords

postpartum care, spiritual healing, Thai women

Background and Significance

Traditional postpartum practices in Asian countries are grounded in two main schemes: humoral theory and traditional Chinese medicine (Manderson, 1981). Humoral theory is based on an assumption that the human body is composed of four elements (*Earth, Fire, Air, and Water*). In addition to humoral theory and traditional Chinese medicine, traditional Thai medicine (TTM) integrates folk medicine, Khmer medicine, and beliefs in Buddhism and animism (Bamber, 1998; Del Casino, 2004; Department for the Development of Thai Traditional and Alternative Medicine, 2004; Salguero, 2003, 2007). Human life or *self* in Thai philosophy is a holistic combination of body (substance of physical self), mind–heart or *chitta* (entire nonphysical human being within physical body), and energy (vigor that binds the body and mind–heart together; Salguero, 2003). The four elements that compose the body are each further divided into internal and external portions.

According to TTM, childbirth unbalances the body, mind–heart, and energy (Salguero, 2003). Excessive loss of blood, embryonic fluid, sweat, and urine decreases the *Water* element. A perineal wound damages the *Earth* element. During labor, pushing changes the *Air* element, and a woman's physical efforts depletes her *Fire* element. It is believed that these bodily instabilities can quickly have a negative

effect on the woman's mind. The woman may have depression, anxiety, and fatigue after giving birth due to the resulting imbalances in these elements. The energy that binds her body and mind together is believed to be torn apart, resulting in low immunity. The now vulnerable body can be exposed to illness, which can further compromise the balance of the three essences. Therefore, treatments addressing those essences are needed. TTM practitioners rebalance the self with three disciplines according to the affected essences. Spiritual healing is devoted to maintaining the balance between mind–heart and body, Thai massage is used for energetic maintenance, and dietary regimens and herbal medicine are employed for body therapy (Salguero, 2003; Suwankhong, Liamputtong, & Rumbold, 2011).

Unlike TTM practices, care provided in a hospital seems to focus merely on healing the physical body, leaving mind,

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heart, and energy unattended. Moreover, a short hospitalization is not even enough to fully address physical recovery. The new mother is discharged from the hospital with perineal wound and lochia flow. As a result, her holistic self is still imbalanced, weak, and vulnerable to disease. There are very few studies that discuss spiritual postpartum practices in northeast (Isan) Thailand. In order to provide holistic health care and preventive health services, it is important to understand beliefs, experiences, and specific spiritual practices used by new mothers to heal their mind and heart during the postpartum period. Articulating current practices that continue in constantly changing culture is necessary to keep nursing practice relevant. This phenomenological study intends to answer what are the spiritual practices of Thai mothers who followed traditional practices after the birth of their first child and how they perform those practices. Based on TTM, the researchers define that spiritual practices is a proficiency that works on the mind–heart, an essence of the self (Suwankhong et al., 2011). They adopted Salguero's definitions of mind and heart, which were "mind includes intellect, beliefs, thoughts, reason, and learning, whereas heart involves emotion, intuition, faith, and spirituality" (Salguero, 2006, p. 6). Spiritual healing for mind–heart essences is typically embedded in four practices: (a) food restriction, (b) lying by the fire, (c) hot herbal bath, and (d) hot herbal drink. Direct observation of these practices aimed to describe the range and extent of traditionally prescribed postpartum practices related to spiritual well-being.

Method

Design

This interpretive phenomenological study was conducted in a rural district of Thailand. Data were collected from October 2008 to September 2009. Committees on human research for the University of California, San Francisco, and Sanpasithiprasong Medical Center approved the study. The director of the district hospital and the director of District Public Health Office supported the project. All participants provided informed consent and were assured of their confidentiality. The names presented in this article are pseudonyms.

Participants

Pregnant women in their third trimester expecting their first child were recruited through purposive and snowball sampling. Inclusion criteria included living in the district at enrollment, having a low-risk pregnancy (defined as a pregnant woman routinely cared for by a nurse), being able to give consent, and willing to talk about their postpartum experiences. Women were excluded if they had any of the following conditions: cesarean section, current psychiatric disorder affecting their cognitive ability, and medical

condition that required dietary restriction. Twenty-eight women discussed the study with the first author, Prangthip Thasanoh Elter, and 23 enrolled. After the first interview, two women withdrew from the study, two were excluded because of cesarean birth, and three were not qualified for the second interview by the time of data saturation. Data saturation was achieved after 16 women were interviewed twice and completed the data collection process.

Data Collection

Women who met inclusion criteria were given a recruitment letter by a family nurse in primary care units. The first author reviewed the study with potential participants and obtained a signed consent form if they agreed to enroll. Data were collected using a demographic record, multiple in-depth interviews, and participant observations. The interview process and guide were developed using findings from a pilot study in 2006. The observational guide was developed using techniques described by Spradley (1980).

The in-depth interviews focused on women's beliefs and experiences with postpartum practices. The first interview, lasting for 20 to 40 minutes, was conducted during the last trimester of pregnancy. Examples of the questions in this interview are "Tell me what you expect your postpartum period to be like after you have the baby?" followed by probes to explore their concerns and previous experiences with postpartum practices. The second interview, lasting for 60 to 90 minutes, was conducted between 4 and 8 weeks postpartum. The first author started the interviews with general questions such as "Tell me what you have done after childbirth." Probing questions then followed to expand on meaning and beliefs or to elicit specific examples. Interviews were conducted in Isan dialect, digitally voice recorded, and transcribed verbatim into central Thai language. A sampling of interviews and segments of interviews were translated into English to provide for checks on the process and interpretation of content by all authors. No back translation was done.

One to three participant observations, lasting for 45 to 120 minutes, were conducted during the confinement period in each woman's home. The first author offered to help if a woman or her caregiver were about to do things such as put firewood into the bonfire. If possible, she would visit the women at the hospital within 48 hours after childbirth, to congratulate the new family and build rapport with potential caregivers and other family members. Extensive field notes were written to capture observable data and informal discussions with the caregivers and participants.

Data Analysis

Data were analyzed using methods described by Benner and colleagues (Benner, 1994; Benner, Tanner, & Chesla, 2009; Chan, Brykczynski, Malone, & Benner, 2010), consisting of

Table 1. Summary of Themes, Subcategories, and Their Explanation.

Major themes	Subcategories	Explanation
Spiritual healing embedding in food practices	Food restriction	Food believed to harm the women will be prohibited. What they learned from direct experience, family, and community will be passed down to others.
	Food for spiritual assurance	Food or certain ingredients believed to contain supernatural power to protect the women from evil spirit and make compromise between useful and harmful effect of the God of the Fire.
Spiritual healing embedding in lying by the fire practices	Entering the fire	To enter the rite of lying by the fire for the first time, a healer or senior family member will lead the rite with chanting mantras.
	Suppressing the power of the fire	A healer will treat the God or Goddess of the Fire nice to make sure that the fire will not become angry and harm the women.
	Exiting the fire	The healer will perform this last rite of lying by the fire practices to ensure that a woman is safe from the God or Goddess of the Fire.
	Spiritual practices for the newborn	Several senior persons will perform this rite to bless a newborn for intelligence, prosperity, and healthiness. A ritual in the last day is to completely separate the newborn from its previous life.
Spiritual healing embedding in hot herbal bath		Having a very hot bath every few hours is tiring for a new mother. Seeing a boiling pot stimulates the women's mind to think about torturing hell and the Buddha. Certain herbs used in this ritual are believed to ward off an evil spirit.
Spiritual healing embedding in hot herbal drink		Hot herbal concoction is to promote blood and wind systems in the body, but simultaneously, scent for certain herbs in the drink sooth and invigorate the women.

two interpretive strategies: *exemplars* and *thematic analysis*. Exemplars reveal aspects of a thematic analysis and illustrate an interpreter's intentions and concerns within the context. Thematic analysis was conducted within a single case and across multiple cases to distinguish similarities and differences. Similar units of meaning from the comparative analysis were grouped and organized into themes related to spiritual healing. To validate the analysis, collected data and interpretations from the first few mothers were translated into English by the first author, a native Thai-Isan speaker, and shared back and forth with the others. The fourth author (SY), who is fluent in English and experienced in conducting qualitative research with Thai women, also checked for meanings between two languages. After gaining consensus among the four analysts, the first author interpreted the remaining data based on central-Thai language transcripts. She intermittently translated key themes, related quotes, and relevant transcript and field notes into English to confirm consistency of ideas and interpretations. The first author transliterated Thai alphabet into Roman alphabet by following suggestions of the Royal Institute of Thailand (The Royal Institute, 1999). The trustworthiness of the study was established through prolonged engagement in the setting for 12 months. Person and method triangulations of data collection, peer debriefing to explore implicit meanings, and expert mentorship to validate analytical process were done. Study procedures were carefully followed.

Findings

The participants consisted of 16 first-time mothers. The age of the participants ranged from 18 to 32 years ($M = 21.50 \pm 3.88$

years). Seven women had middle school education. Twelve women were married and expected postpartum cares from their husbands. Five women were housewives and five were farmers who did not own land. Twelve women were living with extended family, and the biggest one was made up of five members. Most of the family incomes were between US\$100 and US\$200 a month. They followed four broad groups of traditional practices including food practice, lying by the fire, hot herbal bath, and hot herbal drink. Those practices reflected three disciplines (diet and herbs, massage, and spiritual practice) that TTM healers use to heal the self, because the body, mind–heart, and energy of the self are not separable. This article focuses only on spiritual themes, which are embedded in every practice. Table 1 summarizes the themes, subcategories, and their explanation.

To understand what day-to-day practices are like for Isan women after childbirth, we would like to introduce Chumaan (CM) as an exemplary case. CM was 32 years old when enrolled into our study. She gave birth by having vacuum extraction and stayed in the hospital for 2 days. To regain well-being, her mother said that CM has to *yu hon* (stay in hot area), *kin hon* (eat hot food), *kin nam hon* (drink hot water), and *non mae sa nan* (lie down on a wood plank). She then arranged CM's body to heat up through food practice, lying by the fire, hot drink, and hot bath. CM restricted eating certain foods, because her family believed that it could cause the *phit kam* (wrong condition), whose major symptoms are physical and psychological suffering. CM lay by the fire for 7 nights and drank very hot herbal water. Her mother gave her a hot bath every 2 to 3 hours. The newborn was placed on a bamboo plank not far from the fire.

Spiritual Healing Embedding in Food Practices

Food Restriction. Food is the main remedy to heal the body, but it has spiritual meanings for Isan women. Only few items, such as grilled chicken, rice, and salt, are allowed. Eating the wrong foods is believed to cause *phit kam* symptoms, including dizziness, fainting, fever, headaches, or death. Both Saijai's (SJ) mother and maternal grandmother experienced these conditions. The lessons learned from their lived experiences determined the way they cared for SJ. SJ's mother said that

It was *sa wai fish* (stripped catfish) that caused *phit kam* for her. After eating the fish, my legs were weak and in pain. I was dizzy and got a headache. I felt like the chest was compressed; I felt suffocated.

SJ's mother clearly believes in *phit kam* and strictly controls SJ's diet. The story has been recited repeatedly to caution new mothers about eating. New foods such as *sa wai fish* were added to her family's list of taboo foods and passed down from generation to generation.

Food for Spiritual Assurance. During one of the most vulnerable periods for the body, salt and sticky rice were considered safe enough to consume. Salt was used to season sticky rice and grilled meats. It was thrown into the bonfire to control the fire's power for the lying by the fire practice. Besides salt being a seasoning substance, it is considered a protective ingredient for the spiritual rite. The purpose of entering the fire rite is to protect the woman from the fire's heat. A healer of Ladda (LD) said,

If the rite is not done correctly, the woman will feel like there is a bonfire burning on her back. . . . The healer then will salt the bonfire, chant a mantra . . . and blow the mantra into the fire.

The preventive and protective meanings were applied for spiritual essence. The heat from the fire is controlled by a supernatural being *Pra Pleng* (God of the Fire), who was sometimes mentioned as a female *Mae Fai* (Mother of Fire). This God/Goddess of the Fire was animated with changeable emotions and could be either benevolent or malevolent depending on their mood.

Rice is valued highly in Thailand because it is used to feed both human beings and spiritual beings. Thais praise rice as a sacrificing mother with a soul called *Mae Pho Sob* (a Goddess or Mother of Rice). Thai farmers call each rice growth stage in terms of a pregnant woman. For example, they call rice about to form ears as "being pregnant." Grilled sticky rice is the first item that a family caregiver allows postpartum women to have. The ability to grow may be another hidden meaning for providing sticky rice to a postpartum woman. Sticky rice survives drought, salinity, and floods better than white rice, which is popular in other regions (van Esterik, 2008). This symbolizes strength, patience, endurance, fight, and survival, all of which are preferred characteristics of a

new Isan mother. A grandmother of Darin (DR) offered the Goddess of the Fire steamed sticky rice flavored with sugar, in exchange for her protection. During exiting the fire rite, she prepared an offering plate containing two small bites of betel leaves, two small rolls of tobacco, three small bites of steamed sticky rice seasoned with sugar, white flowers, and two threads of white cotton.

Spiritual Healing Embedding in Lying by the Fire Practices

Mind–heart essence of the mother is ensured by having family and community support, self-care and child care education from hospital and family, and spiritual rituals before and after lying by the fire practices. To secure spirit of a postpartum mother, a healer performs rituals called *khaw fai* (entering the fire), *pap fai* (suppressing the fire), and *ork fai* (exiting the fire). To welcome and bless the baby, the healer also did *khaw dong* (entering the basket) and *ork dong* (exiting the basket) rituals.

Entering the Fire. Entering the fire is a ritual to protect the woman and baby from being harmed by ghosts and the heat. Before performing any ritual, a healer makes an offering plate containing five pairs of flowers and candles and five Thai Baht. The healer uses holy cotton threads and ties them to the neck, wrists, and ankles of the woman and her baby. Isans believe that the holy cotton can protect them from being harmed by ghosts or evil spirits. LD talked about this rite for her sister, "Surrounded by mantras chanting for protection, women were told to hold a knife while entering the fire. They were told that the knife protected them from something bad . . . and then put it under the pillow." We interpreted the knife as a symbol of a supernatural weapon generally used for fighting bad spirits. The knife must be a powerful weapon because it functions well even when it lies still underneath a pillow. This means it is not the physical quality that is applied in the practices, but the supernatural.

Suppressing the Power of the Fire. Participants and their families believed that the God/Goddess of the Fire animates human emotion such as anger or happiness. If the fire is treated right, the God/Goddess will be happy and give benefit to people. On the other hand, if the God/Goddess is angry, they will destroy things. Isan postpartum women need beneficial fire, and hence require a ritual to prevent excessive and uncontrolled heat. Salt, mantra, and blows are components of the ritual as LD indicated. "The ritual began after firewood was ignited and the bonfire was blazing. The healer then threw salt on the bonfire, chanted a mantra . . . and blew it into the fire." The healer used salt which is symbolic of protection and prevention. The mantras are Thai sentences showing gratitude to the healer's ancestors and masters and asking for protection from the God of Fire. Suppressing the fire ritual is very important for the success of the lying by the fire practice.

The healer has to do the ritual correctly, if not, the woman would have skin problems. This could discontinue the whole processes of traditional postpartum practices.

Exiting the Fire. A woman would stay by the fire for 1, 3, 5, 7, or 9 nights because they believe in an ancient saying that if they stay for even-number days, the woman would have too many kids. Exiting the fire ritual is done early in the morning after the last night. It comprises a hot–cold bath, supernatural matter, and cleaning the place for lying by the fire. The supernatural matter in the ritual is to prevent women from being harmed by the heat and ensuring their well-being. A healer did the ritual as recorded in LD’s field notes.

The healer chants a mantra and blows LD’s head, shoulder blades, and back. . . . He said that the mantras chanted during exiting the fire ritual are able to suppress or get rid of a toxin of the fire.

LD and her healer believed in the effectiveness mantras had over the power or toxin of the fire on a postpartum woman.

Performing the wrong ritual usually by a wrong person may cause a postpartum woman to have rash and swelling. LD shared a story about another postpartum woman who had an incorrect ritual.

Her mother-in-law unconventionally did exiting the fire ritual. As a result, she itched and had swellings all over the body. A paternal younger sibling . . . begged the performer to come and re-do exiting the fire ritual. The performer chanted mantra, blew the woman, and boiled some herbs for her. . . . She eventually had quick recovery.

Knowing of a woman, who got the wrong exiting the fire ritual and had negative outcomes, may motivate another postpartum woman to carefully plan for her practices. Right after a woman gets off the plank for the last bath, the place for lying by the fire is cleaned and the woman would not be allowed to come close to or look at the fire again. We understood this to symbolize closure, separating a woman from the fire.

Spiritual Practices for the Newborn. Isans believe that the newborn’s spirit is weak or still has strong bond with a mother from the previous life. Therefore, they do spiritual rites called entering the basket and exiting the basket. The ultimate purpose of these rituals is to bless a baby with healthy and successful life. A healer did the entering the basket ritual as recorded in field notes for Ratha (RT). “The healer had a holy word. She tied RT’s son’s wrists with money and cotton threads and put a notebook and a pencil underneath the basket.” The woman and caregiver said that money signified wealth and a notebook predicted scholarly excellence. Three days later, the healer did the exiting the basket ritual. RT said “she (the healer) hit a basket’s rim and said if he was your son, you had to take him today. If he was my son, he would be my son thereafter.” RT explained that the healer was

talking to a spirit. According to a belief in Buddhism and animism, Isans believe that the baby lived with his spiritual family before he was born (reincarnated). The previous mother may not realize that her child is already reincarnated; hence, she could take the baby back. The healer would hit the basket while claiming the right over the baby. We understood that the noise served to draw attention of the “other” mother. The healer would need to make sure that the other mother listened to the announcement. If she did not make an objection, the baby then belongs to the human world.

Spiritual Healing Embedding in Hot Herbal Bath

The herbs in hot bath, such as leaves of *Nat*, release aromatic oils, which are believed to relieve mind–heart, emotional, and psychological stress. LD said “the water for a hot bath is boiled with leaves of an herb named *Nat*. The leaves will prevent her from feeling dizzy or being intoxicated.” Leaves of *Nat* have a smell like the herb camphor, *Cinnamomum camphora*, which has hot and aromatic tastes. As an aromatic sedative herb, *Nat* can be used for treating fatigue, exhaustion, psychological and emotional imbalances, and postpartum depression (Salguero, 2003). In Thailand, *Nat* leaves are also used to ward off a malevolent spirit and to make holy water. The women in this study used both the medicinal and supernatural properties of *Nat* leaves to treat the mind–heart essence. These Isan women were also clinging to Buddhism as reflected in CM’s story about hot bath. CM’s mother said “that when she was a kid she felt like the pot for boiling herbs and water for a bath was scary like the pot in hell.” She had seen an image of hell in a strip of *Vessantara*’s story cloth (*Vessantara* or *Phrawetsandon* is the last birth of Buddha before being Buddha). Like other Buddhists, she believed that in hell there is a huge copper pan or pot for boiling beings with bad karma. Buddhists and women in this study believe in the cause and effect theory of *karma* and *vipaka* (Sayadaw, 2008). Karma represents actions, while *vipaka* represents its reactions or results.

Spiritual Healing Embedding in Hot Herbal Drink

Drinking herbal concoctions was believed to promote blood and wind system of the body essence. Spiritual aspect of this practice was when it affects mind–heart essence. The women mentioned a few herbs that made the drink smell good and sooth her emotion and spirituality. Hansa (HS) had fragrant herbs that promoted breast milk production. She said, “*Mak khan hai* (a name of a local plant) or *mak tong lang* (a name of a local plant) made it (hot water) smell good.” Herbal elimination showed how Isans value the herbs. A set of boiling herbs lasted for 4 to 5 days before being bland, at which time a new set would be used. Yada (YD) said, “They kept it (herbs) in a bamboo woven basket. After I exit the fire, they *poad* it like we do so with a dog or cat. They abandoned it somewhere.” *Poad* is an Isan word meaning to discard, leave,

abandon, or get rid of (Phinthong, 1989). This word was mostly used with domestic pet animals. A family that had an unwanted pet might leave it somewhere far from the house. It seemed YD's father treated the herb as a higher-developed living organism, which was more like an animal than a boiled plant. This family treated the herbs as a pet which had closer connection with the family than a plant does.

Discussion

The study findings supported previous studies that reported female seniors in the family or in-laws' families are the most influential caregivers (Dennis et al., 2007; Neamsakul, 2008). The practices used are a combination of Buddhism, *Ayurveda*, and traditional Chinese medicine (Department for the Development of Thai Traditional and Alternative Medicine, 2004; Salguero, 2007). This study revealed that general concepts of restoration are found in the hot environment and in consuming hot things. Those concepts manifested into four main rituals: food practices and restrictions, lying by the fire, drinking hot water, and taking a hot bath. The primary goal in these traditions is to rebalance the body, mind–heart, and energy. Diets and herbs are prescribed for physical recovery. Spiritual practices developed from beliefs in animism and Buddhism, were done to ensure the woman's spiritual health on entering and exiting the fire.

Lying by the fire is the most complicated traditional practice, requiring dedicated and knowledgeable caregivers, special materials and structures, and an isolated setting. The concept of *phit kam* after consuming certain foods is the same as that of *bisa* in Malaysia (Laderman, 1984) and *toas* in Cambodia (P. M. White, 2004). Like Malay women who fear *bisa*, Isan women fear *phit kam* so they limit their food to rice, salt, and grilled meat while lying by the fire. In contrast, postpartum Cambodian women tried to consume food as varied as possible (P. M. White, 2004). In hot bath, the herb *bai plaw*, an aromatic, is used to soothe the woman, making her relaxed and comfortable.

Strong Isan family dynamics during a daughter's transition to motherhood demonstrate many of the foundational concepts of family life course development theory (Rodgers & White, 1993; J. M. White & Klein, 2002, 2008). As with most Isan women (Yimyam, 2011), the norm of a postpartum mother is to follow traditional postpartum practices. Every woman in this study stayed in an extended family during the first postpartum month critical period. Most women received care from both her parents' and her in-laws' family. Unlike the research finding from northern families (Liamputtong, 2004), none of the Isan families needed to hire a person to assist them during the confinement period.

Strengths and Limitations

This study established trustworthiness via participant triangulation, data triangulation, and prolonged engagement. Data

were collected using multiple methods, including a structured form, in-depth interviews, and participant observations. To create a strong audit trail, all data and analytic memos were organized and managed. Data collection was limited to women who established at least a 4-month relationship with the researcher. Reflexivity was used as a way to carefully examine personal background. The study limits transferability of findings because the sample was a homogeneous group of primiparous women. Born to extended families, these women grew up in a farming culture and obtained a secondary education. However, the rich description of women's experiences does provide a window of understanding about the postpartum period and practices used by this subculture.

Implications

Cultural practices change and evolve, as does nursing practice, education, and research. Findings from this research show the need to bring Isan wisdom in maternal and child health care into professional Thai health care consideration. Nurses should approach the women's tradition of care with an open mind and in a supportive manner and interact with the woman and her family with cultural sensitivity. Nurses can prepare new mothers with anticipatory guidance, both about expressing their own needs in the process, and some of the aspects of the rituals that may cause harm. Nurses working in rural areas should be encouraged to collaborate with indigenous healers to design interventions that are culturally acceptable. A project evaluator and policy analyst should be aware that traditional care is worthwhile because it holistically addresses family-centered care for both the mother and child. A provincial nursing college may address particular practices observed in a specific region. In the future, research about traditional postpartum practices in other regions of the country is needed to investigate their varieties and safety.

Conclusion

Based on traditional medicine, rural postpartum Thai women believe that childbirth causes imbalance to their *self*, which is composed of body, mind–heart, and energy. Imbalance alters immunity; hence, the self is vulnerable to sickness. To heal mind–heart or spirit, with the help from her mother or mother-in-law, new mothers observe many postpartum practices. These practices might not be congruent with allopathic practices in a hospital. This study extends knowledge about childbirth-related practices within the context of northeast Thai women's families. Therefore, it would be helpful for a family and community nurses, to evaluate the women's spiritual health and practices used to facilitate their healing processes with cultural sensitivity while ensuring holistic care. Since this study explores cultural practices in rural area of an Asian country, nurses working in similar contexts and encountering similar situations can apply the knowledge to improve maternal and child health practices.

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