Bridging Traditions and Modernity for Maternal and Newborn Health: A Qualitative Study of Community Health Workers' Perspectives on Traditional Postpartum Observation, Mae Hong Son, Thailand

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Abstract

Background: Postpartum care is deeply embedded in cultural traditions, particularly in multi-ethnic communities like Mae Hong Son, Thailand, where traditional practices coexist with modern healthcare. Understanding the perspectives of community health practitioners (CHPs) and village health volunteers (VHVs) is crucial for integrating traditional and modern postpartum care to improve maternal and neonatal health outcomes.

Objective: This study aimed to explore traditional postpartum observation practices from the perspectives of CHPs and VHVs in Mae Hong Son.

Methods: A qualitative study used three focus group discussions with 15 VHVs and semi-structured in-depth interviews with six CHPs. The data were analyzed thematically, with findings organized into key themes and sub-themes.

Results: Seven major themes emerged: (1) Acceptability of traditional and modern postpartum practices, showing generational and professional differences in attitudes; (2) Compatibility between traditional and modern postpartum care, identifying areas of alignment, complementarity, and conflict; (3) Towards common goals of safety, success, and satisfaction; (4) Phases of traditional postpartum observation, detailing rigour, relaxation, re-introduction, and resumption; (5) Benefits and risks of traditional and modern postpartum care, evaluated through traditions, personal experiences, and scientific evidence; (6) Family influence and support, highlighting the pivotal roles of family members, focusing on culturally sensitive approaches to align the two systems, and (7) Strategies for traditional and modern integration.

Conclusion: The study underscores the importance of culturally sensitive, family-centered, and hybrid postpartum care models that integrate beneficial traditional practices with modern evidence-based interventions. Future research should evaluate the long-term impacts of integrated postpartum care on maternal and neonatal health while exploring family dynamics and generational shifts in care practices.

Keywords: Postpartum care, Traditional practices, Modern healthcare, Community Health practitioners, Village health volunteers

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Introduction

Postpartum care practices are deeply intertwined with cultural traditions, particularly in multi- ethnic communities like Mae Hong Son, Thailand, where birthing and postpartum customs are preserved across generations. Mae Hong Son, home to diverse ethnic groups such as the Karen, Hmong, Shan (Tai Yai), and Lahu, is rich in cultural practices related to childbirth (Naunboonruang, 2023). These practices reflect deeply held beliefs about physical recovery, preventing illness, and restoring bodily balance after delivery. One significant tradition is the month- long postpartum observation period, known locally as (Yu Duan), which involves a series of prescribed behaviors, dietary restrictions, and care routines aimed at promoting maternal recovery and long- term health (Kamdee, 2021). The length of traditional postpartum observation is typically one month, but it can vary between families.

Modern and Traditional Postpartum Care for Mothers and Newborns

Modern postpartum care emphasizes evidence-based practices to promote maternal recovery and newborn health, including monitoring for postpartum complications, maintaining adequate nutrition and hygiene, supporting breastfeeding, promoting appropriate physical activity, and ensuring timely access to healthcare (World Health Organization [WHO], 2022). In contrast, traditional postpartum practices may have both beneficial and potentially adverse effects. Practices such as family support, adequate rest, nutritious foods, and certain culturally acceptable comfort measures may promote maternal well-being and recovery. However, restrictive diets may contribute to inadequate maternal nutrition, while prolonged confinement or avoidance of professional healthcare may delay the detection and management of maternal or neonatal complications. For newborns, timely postnatal assessment is particularly important for identifying feeding difficulties, infections, jaundice, breathing problems, and other danger signs that require prompt intervention or referral. Delayed access to skilled postnatal care may therefore increase the risk that neonatal health problems remain unrecognized or untreated during this vulnerable period (World Health Organization [WHO], 2022). Therefore, postpartum care requires a culturally sensitive approach that preserves beneficial traditions while modifying practices that may pose risks to mothers and newborns. The Yu Duan practice, for example, includes staying indoors, avoiding cold foods, eating specific nutrient-rich meals, and using herbal remedies such as warm baths and hot compresses. These practices are believed to accelerate wound healing, facilitate uterine contraction, improve milk production, and strengthen the mother's body for long-term resilience (Liamputtong et al., 2004). Family members, especially older women, play a central role in guiding new mothers, while husbands often prepare herbal remedies and secure necessary materials (Naunboonruang, 2023). However, adherence to these traditions varies among families and ethnic groups, reflecting the unique cultural tapestry of Mae Hong Son.

Issues and Implications of Traditional Postpartum Practices

Despite their cultural significance, traditional postpartum practices present challenges in the context of modern health services. Some practices like staying indoors and avoiding hair washing may conflict with evidence- based recommendations emphasizing hygiene, mobility, and early detection of postpartum complications. Dietary restrictions could limit the nutritional intake for optimal recovery and breastfeeding (Smith et al., 2021; Zhao, 2022; Ruengrit, A & Srikrajang, 2013). Furthermore, postpartum home confinement (Foong et al. ,2022) may delay access to professional healthcare, potentially exacerbating complications such as postpartum depression, infections, or lactation difficulties. The implications of these practices are far-reaching. While beneficial practices, such as the use of hot compresses and warm clothing, can be integrated into modern care, certain

beliefs about " disrupting" the postpartum period and its perceived long- term health effects may perpetuate anxiety and misinformation (Punyopashtambha, 2019) . These challenges necessitate a balanced approach that respects cultural values while promoting maternal and neonatal health.

The Role of Midwives, Pediatric Nurses and Village Health Volunteers

To address these complexities, it is essential to understand the perspectives of healthcare providers who bridge traditional and modern care. Midwives and pediatric nurses trained in evidence- based maternal and child health bring essential clinical perspectives to postpartum care practices. Their insights are critical in assessing how traditional postpartum practices align with or differ from current evidence- based recommendations, while ensuring the health and well- being of both mothers and newborns. On the other hand, village health volunteers (VHVs) are deeply embedded within the community and share cultural ties with postpartum mothers. They are also trained in basic healthcare, enabling them to mediate between traditional beliefs and modern practices. Studying the perspectives of midwives, pediatric nurses and health volunteers offers a comprehensive understanding of postpartum care in Mae Hong Son. Midwives and other community health practitioners can provide insights into the clinical challenges posed by traditional practices, while VHVs can highlight the cultural significance and practical realities of these traditions. Together, their perspectives can inform culturally sensitive strategies to improve postpartum care, ensuring it is respectful of local traditions and aligned with modern healthcare standards.

Significance of the Study

This study explores the perspectives of community health practitioners and VHVs on the month- long postpartum observation period in Mae Hong Son. By documenting their experiences and insights, the research seeks to address gaps in understanding how traditional practices influence maternal health outcomes and to identify opportunities for integrating beneficial cultural practices into modern healthcare. In particular, we aimed to explore how traditional postpartum observation is integrated, if at all, into modern postpartum care practices. Given Mae Hong Son's multi- ethnic context, this study can contribute to culturally tailored postpartum care models, benefiting both mothers and healthcare providers.

Ethical Approval

This study received ethical approval from the Institutional Review Board of Chiang Mai Rajabhat University (IRBCMRU 2025/ 014. 28. 01) . All participants were informed about the study's purpose and the nature of their involvement. Participant confidentiality was strictly maintained. Names, titles, positions, and any specific details of individuals or organizations mentioned during the interviews and focus group discussions were removed or omitted from all reports, including this manuscript, to ensure the privacy of those involved.

Research Objective

This study aimed to explore community health professionals' and village health volunteers' perspectives on traditional postpartum observation practices and their integration with modern postpartum care in Mae Hong Son, Thailand.

Research Methodology

Settings, Participants, and Methods

The study occurred in three communities under the catchment areas of three health- promoting hospitals in Mae Hong Son. Rugged terrain, lush forests, and remote villages characterize the communities. The local residents in these communities are predominantly of the Tai Yai ethnic group and are fluent in Thai. We intentionally selected Tai Yai communities as study sites because this ethnic group constitutes the majority of the population in Mae Hong Son. By focusing on one ethnic group at a time, we can gain a solid understanding of their culture before proceeding to comparative studies across different ethnic groups in the future.

The purposively selected participants who provided information about traditional postpartum observation included 15 village health volunteers (VHVs) and six community health practitioners (CHPs), five of whom were nurse midwives. All the VHVs (aged 52-60 years) were female and had personally practiced traditional postpartum observation in the past. Eight of them had cared for their daughters or daughters- in- law, who also followed traditional postpartum practices. One VHV had a daughter practicing postpartum observation at the time of data collection. Similarly, all the CHPs (aged 45-58 years) were female, and one had practiced traditional postpartum observation after childbirth. The VHVs and CHPs were actively involved with postpartum mothers in their respective communities. The stories they shared reflected their own childbirth experiences, those of their family members, and the experiences of other women in the community who had undergone childbirth.

VHVs from each community participated in separate focus group discussions, each lasting approximately one and a half hours. In total, three focus group discussions were conducted. The CHPs were interviewed individually using semi-structured, in- depth interviews. The focus group discussions and interviews followed a guideline that included a series of open-ended questions. These questions invited participants to share their experiences regarding the goals, practices, issues, and challenges of traditional postpartum care, as well as strategies for overcoming these challenges within the context of their community and the modern postpartum care environment. Focus group discussions were used for the VHV participants because this approach facilitated interactive dialogue, allowing participants to build on one another' s experiences and perspectives, generate more in- depth discussion, and enabling the researchers to observe interactions and shared or differing views among group members.

The interviews and focus group discussions were audio-taped, and notes were taken with the participant' s consent. The tapes were transcribed verbatim for subsequent thematic analysis. Thematic analysis was conducted through a systematic and collaborative approach. Two researchers carefully read each interview transcript to understand the participants' experiences comprehensively. They then worked together to identify the smallest meaningful segments of data and assigned each segment an appropriate descriptive code, a process known as open coding. Codes sharing similar meanings were categorized into subthemes and further organized into themes. To ensure consistency and accuracy, the researchers engaged in detailed discussions to align the coding, subthemes, and themes with the participants' narratives. The themes and subthemes were refined throughout the analysis to capture the participants' experiences accurately. This iterative process enhanced the rigor and credibility of the analysis, culminating in identifying seven key themes.

Trustworthiness and Rigour

The trustworthiness of the study was established according to the criteria of credibility, transferability, dependability, and confirmability (Korstjens & Moser, 2018). Credibility was enhanced through the use of both focus group discussions and in-depth interviews, which enabled the researchers to obtain rich and diverse perspectives and explore participants' experiences in depth. Two researchers were engaged in data analysis and discussion of codes, subthemes, and themes. Transferability was supported by providing detailed descriptions of the study setting, participants, cultural context, and traditional postpartum practices, enabling readers to assess the applicability of the findings to other contexts. Dependability was promoted through a systematic and consistent process of data collection and step-by-step thematic analysis. Confirmability was enhanced by using the participant quotations to demonstrate the connection between the analysis and the original data.

Findings

The findings are presented in seven themes: (1) Acceptability of traditional and modern postpartum practices, (2) Compatibility between traditional and modern postpartum care, (3) Towards common goals of safety, success, and satisfaction, (4) Phases of traditional postpartum observation, (5) Benefits and risks of traditional and modern postpartum care, (6) Family influence and support, and (7) Strategies for traditional and modern integration. The mnemonic labels (YOM, 3 C's, 3 S's, 4 R's, 3 E's, and 3 B's) were developed after theme generation as interpretive devices to facilitate conceptual organization and communication of the findings; they did not constitute a priori analytical framework.

Theme 1: Acceptability of Traditional and Modern Postpartum Practices (YOM)

Different demographic groups within the community vary in their acceptability and adherence to traditional and modern postpartum practices. The theme underscores how cultural values, generational differences, and professional perspectives influence the acceptability of traditional and modern approaches to postpartum care.

Sub-theme 1.1: Young generation's perspective

Participants perceived that young generation mothers in Mae Hong Son exhibit a notable preference for modern postpartum care practices, driven by their exposure to urban lifestyles, education, and access to healthcare services. These mothers often view modern care as safer, more hygienic, and scientifically validated, aligning with their desire for efficiency and convenience postpartum.

> *"But if you talk to mothers like my daughter, they would prefer modern practices because there are far fewer restrictions on what they can do. I think younger generations have better access to health information and healthcare. They feel confident that they can easily get care if something goes wrong." (VHV5, Focus Group)*

Sub-theme 1.2: Old generation's perspectives

The older generation in the family is often regarded as custodians of traditional postpartum customs. They have essential roles in preserving and promoting traditional care practices, as well as influencing and supporting postpartum mothers. The findings delve into their perceptions of modern healthcare interventions and their willingness (or resistance) to adapt to evidence-based practices.

> *" The elders would definitely disagree with the professional advice that there are no dietary restrictions for mothers after giving birth. This advice goes against traditional practices, which impose certain restrictions on mothers' diets. Understandably, these strict observations and restrictions were a form of health promotion and illness prevention, as healthcare was likely not easily accessible in the past. Prevention was the only way to maintain good health." (Nurse Midwife 2)*

Sub-theme 1.3: Modern healthcare professionals' perspectives

Midwives and healthcare professionals often act as intermediaries between traditional practices and modern medical care. Their attitudes toward traditional postpartum customs, combined with their training in modern medicine, play an important role in promoting evidence-based practices while respecting cultural values. The findings also explore their strategies for bridging the gap between traditional beliefs and modern maternal healthcare to ensure culturally sensitive yet effective postpartum care.

> *" As a nurse-midwife raised in this area but trained in modern midwifery, I value both approaches. I' m comfortable*

integrating traditional and modern methods, though I understand that some healthcare providers may hold differing views. To me, it's essential that we respect cultural practices while embracing both perspectives." (Nurse Midwife 3)

The YOM framework highlights the varying acceptability of postpartum practices across generations and professional training backgrounds. Younger mothers and healthcare providers favor modern approaches due to education, urban influences, and access to medical services, while older generations prioritize traditional customs for health preservation. These generational and professional divides can create tensions, requiring thoughtful strategies to bridge differing preferences within families and across healthcare systems.

Theme 2: Compatibility Between Traditional and Modern Postpartum Care (3 C's)

This theme delves into the dynamic relationship between traditional and modern postpartum care practices, highlighting areas of alignment, mutual reinforcement, and tension. It provides a nuanced understanding of how these two paradigms coexist and interact within postpartum care in multi-ethnic communities like Mae Hong Son. The findings are structured around the "3 C's" framework— Conforming, Complementing, and Conflicting— to elucidate the varying degrees of compatibility between traditional and modern approaches.

Sub-theme 2.1: Conforming

Certain areas of traditional and modern postpartum practices align with each other, demonstrating mutual acceptance and reinforcement. It highlights specific practices, such as the avoidance of fermented foods and vigorous physical activities, that are supported by both cultural beliefs and evidence-based guidelines. These points of convergence represent opportunities for seamless integration, ensuring culturally sensitive care while maintaining clinical efficacy.

" Both camps, traditional and modern postpartum care, share many similar pieces of advice, such as avoiding fermented foods, not overworking, and staying away from public places after giving birth." (VHV 2, Focus Group)

Sub-theme 2.2: Complementing

This sub- theme addresses practices where traditional and modern postpartum care complement one another. It focuses on instances where modern medical interventions enhance traditional methods or vice versa. For example, the use of modern healthcare to manage postpartum complications alongside traditional hot compresses for relaxation and recovery exemplifies a synergistic relationship. This underscores the potential for a hybrid approach that leverages the strengths of both paradigms.

" Traditional care recommends herbal baths made from tamarind and wild berry leaves for mothers after giving birth. These herbal baths help cleanse and tighten the skin, while the aroma promotes relaxation and easier breathing for the mother. Modern care doesn't include this practice, but I believe the mother will recover more quickly if we combine traditional care with modern care." (Nurse Midwife 1)

Sub-theme 2.3: Conflicting

Tension or conflict between traditional and modern postpartum practices does exist in postpartum care. Some traditional practices are considered at odds with clinical recommendations. Dietary restrictions, for example, may limit essential nutrients. Traditional beliefs that discourage hygiene practices like washing hair is also not aligned with modern postpartum care, which advise regular hair washing for hygienic

purpose. These conflicts highlight the challenges healthcare providers face in promoting evidence- based care while respecting cultural values. Addressing these areas requires sensitive negotiation and culturally informed strategies to bridge the gap.

> *" Traditionally, mothers are advised to eat only deep-fried or grilled meats during the postpartum observation period—no meat curries or vegetable soups. However, the hospital advises that mothers can eat everything except for spicy and fermented foods. " (VHV 12, Focus Group)*

The "3 C's" framework provides a comprehensive lens to understand the intricate balance between traditional and modern postpartum care. The framework offers insights into how these systems can coexist and inform one another to enhance maternal and child health outcomes. The compatibility of traditional and modern postpartum care practices is exemplified in Table 1.

Table 1: Examples of traditional and modern postpartum care practices and their complementarity

	Modern postpartum care		**Traditional postpartum care**	
Aspects	Practices described by participants as recommended (examples)	Practices described by participants as discouraged (examples)	Practices described by participants as recommended (examples)	Practices described by participants as discouraged (examples)
Foods and diets	Everything rich in nutrients (except fermented food and spicy food)	Fermented food and spicy food	Deep-fried or grilled meat	Cucumber, watermelon, vegetables, fermented food, spicy food
Physical activity	Light physical activity	Vigorous physical activity	Light physical activity	Vigorous physical activity
Hygiene	Bathing every day and shampooing regularly	No bathing in the river or the pool	Bathing with herbal water	Shampooing
Social activity	Avoiding going out	Going to public places	Staying indoors	Going outside the house

Theme 3: Towards Common Goals (3 S's)

Despite differences in methods and beliefs, traditional and modern postpartum care aim to achieve common goals, encapsulated by the "3 S's" — Safety, Success, and Satisfaction. This theme illustrates how these shared goals are a foundation for potential integration and collaboration between traditional and modern care practices.

Sub-theme 3.1: Safety

Safety is of utmost importance to the mother and the newborn during the postpartum period. Both traditional and modern care practices address safety concerns, such as preventing infections, managing postpartum complications, and maintaining maternal and infant health. The findings reveal how both approaches prioritize safety, though the methods may differ, and emphasize the need for culturally sensitive strategies to uphold this shared goal.

> *" The practices may differ, but whether traditional or modern, they are always aimed at ensuring the safety of the mother and baby. It's important to make sure the mother follows the advice given. She cannot simply eat whatever she wants without considering the potential consequences for herself and her baby." (Nurse Midwife 4)*

Sub-theme 3.2: Success

Measures of success in postpartum care include physical recovery, effective breastfeeding, and maternal resilience. These measures highlight how traditional and modern care systems strive to achieve positive outcomes for mothers and babies. The findings discuss how success is perceived and achieved within each paradigm and identify areas where collaboration between the two can enhance overall effectiveness.

> *"During the observation period, the mother must avoid exposure to rain; otherwise, she may get sick and experience a slower recovery. This can also have long-term consequences, making her more prone to illness when exposed to rain again, even 30 years later." (VHV 4, Focus Group)*

Sub-theme 3.3: Satisfaction

This sub- theme delves into the emotional and psychological aspects of postpartum care, focusing on the satisfaction of mothers and their families. It explores how cultural alignment, support systems, and the quality of care contribute to a positive postpartum experience. The findings underscore the importance of meeting mothers' expectations and preferences, whether through traditional practices that provide cultural comfort or modern interventions that offer reassurance and medical precision.

> *" Respecting their beliefs and choices is fundamental to humanistic care and genuine collaboration. Our efforts hold no meaning if we fail to honor their values, whether traditional or modern. To me, my practice isn't truly successful unless I see a smile on their face." (Public Health Practitioner)*

The "3 S's" framework reflects the overarching goals of postpartum care, emphasizing the shared priorities of safety, success, and satisfaction. These common goals provide a pathway for integrating traditional and modern practices to enhance maternal and neonatal health outcomes.

Theme 4: Phases of Traditional Postpartum Observation (4 R's)

Traditional postpartum care, practiced in Mae Hong Son, reflects distinct phases supporting maternal recovery and reintegration into daily life. Each phase is characterized by specific goals, practices, and cultural significance, forming a comprehensive framework for postpartum care. The "4 R's": Rigour, Relaxation, Re-introduction, and Resumption—highlight the sequential nature of these practices, offering insights into how traditional postpartum care evolves over time.

Sub-theme 4.1: Rigour Phase

This initial phase of traditional postpartum care is characterized by strict behavioral and dietary prescriptions aimed at ensuring maternal recovery and preventing complications. Practices during this phase include confinement indoors (to avoid exposure to cold or evil spirits), abstaining from certain foods believed to disrupt bodily balance, and adhering to cultural norms regarding hygiene and rest. This phase reflects beliefs about the vulnerability of postpartum mothers and emphasizes protection and recovery.

> *"The mother must strictly follow the protocols, as disrupting them can lead to illness. In most cases, the observation period typically lasts one month. However, in some instances, it may last slightly longer. In one case, the observation period was shortened to just three weeks because the mother had to return to work." (VHV 6, Focus Group)*

Sub-theme 4.2: Relaxation Phase

The relaxation phase marks a gradual easing of strictness and restrictions as the

mother begins to recover physically and emotionally. In this phase, certain activities, foods, and interactions may be passively permitted to a minimal degree. Mothers are still advised to avoid overexertion. Traditional practices such as herbal baths, hot compresses, and supportive family care continue, focusing on nurturing and strengthening the mother's health. This phase bridges the protective confinement of the rigour phase and the gradual return to daily routines.

> *" After the strict period, the mother can make some exceptions to the protocols if necessary, but only to a minimal degree. For example, she may try a small amount of vegetable or meat curry if she really likes it— but not too much. The mother still needs to be mindful of what she eats." (VHV 14, Focus Group)*

Sub- theme 4. 3: Re- introduction Phase

In this phase, when mothers begin more actively reintegrating into family and social life while taking on light household responsibilities. Dietary practices become less restrictive, allowing the inclusion of a broader range of foods to support long- term recovery and breastfeeding. Social interaction increases, though cultural norms may still dictate limitations. This phase reflects a practice of " everything in moderation" through which the mother has to balance between ongoing recovery and gradual re- engagement with the community and family.

> *"The mother can go out to public places, but she must take good care of herself. If it rains, she should avoid going out. She should understand the risks of getting sick and take precautions to avoid them. She cannot do everything she likes just yet; everything should be in moderation. " (VHV 7, Focus Group)*

Sub-theme 4.4: Resumption Phase

The resumption phase represents the final stage of traditional postpartum observation, during which mothers return to their normal routines and roles in the family and community. By this phase, physical recovery is expected to be largely complete, and the focus shifts to sustaining long- term health and well- being. Traditional practices may persist in subtle ways, such as dietary preferences or rituals for maintaining balance, but restrictions are largely lifted, symbolizing the mother' s full recovery and reintegration.

> *"It took me six months to resume my normal diet and routines. In my case, it took longer because my mother was quite strict. When I say ' normal,' I don' t mean exactly the same as before I was pregnant. It means I could eat and do most things, but there were still some restrictions, such as avoiding spicy foods. " (VHV 1, Focus Group)*

The "4 R' s" framework provides a clear and culturally contextualized understanding of the sequential phases of traditional postpartum care. It illustrates how these practices evolve over time, addressing the immediate, intermediate, and long- term needs of postpartum mothers within the cultural context of Mae Hong Son.

Theme 5: Benefits and Risks of Traditional and Modern Postpartum Care (3 E's)

This theme examines the perceived benefits and risks of traditional and modern postpartum care practices, highlighting how these are understood and evaluated through different lenses. The " 3 E' s" — elder's wisdoms (oral traditions) , personal experiences, and scientific evidence— provide a framework for analyzing the perspectives of various stakeholders and how these perspectives shape the integration or conflict between the two systems.

Sub- theme 5. 1: Elder's Wisdoms (Oral Traditions)

According to oral traditions passed down to generations, traditional postpartum observation offers physical, psychological, and social benefits to mothers and infants. These oral traditions provide rules for families and mothers to observe. These elder's wisdoms delve into the community's collective understanding of right and wrong regarding postpartum practices and their benefits.

> *"We may not see the benefits or harms of not practicing traditional postpartum observation right now. However, as the elders have told us, we might experience them in the future. Some benefits and harms only become evident with time." (VHV 9, Focus Group)*

Sub- theme 5. 2: Personal Experiences

The benefits and risks of traditional and modern postpartum care practices can be experienced or observed directly by mothers and their families. The experiences of the two approaches' benefits and harms illustrate the subjective nature of perceived benefits and risks, which are often unique to individual mothers.

> *"The herbal bath helped with my dizziness. I felt lightheaded, but after having the herbal baths, I felt better and slept better, too." (VHV 10, Focus Group)*
> *"I was constipated, and I think it was because I wasn't eating enough vegetables." (VHV 3, Focus Group)*

Sub-theme 5.3: Scientific Evidence

For health professionals, scientific evidence is usually used in evaluating the benefits and risks of traditional and modern postpartum practices. The evidence includes research findings and clinical data used to validate or challenge traditional beliefs and practices while providing a foundation for modern interventions.

> *"As a nurse, I know that drinking Phlai root tea can cause jaundice in babies. There is research evidence supporting this. If the mother consumes Phlai, her baby may develop jaundice, and a blood test would show elevated bilirubin levels. I would advise mothers to avoid drinking it, or, if they choose to, only consume it in a very diluted form." (Nurse Midwife 5)*

The "3 E's" framework provides a comprehensive lens for understanding the multifaceted evaluation of postpartum care practices, bridging cultural, experiential, and scientific perspectives. It emphasizes recognizing and addressing the interplay between elder's wisdoms, personal experiences, and scientific evidence to ensure balanced and effective maternal healthcare.

Theme 6: Family Influence and Support (3 B's)

This theme highlights the critical role of the family in shaping postpartum care practices and outcomes. Family members not only provide practical support but also influence the adoption and integration of traditional and modern postpartum practices. The "3 B's"—Bearer of Tradition, Backer of Postpartum Care, and Bridger of Traditional and Modern Practices—serve as a framework to understand family members' multifaceted roles in postpartum care.

Sub-theme 6.1: Bearer of Tradition

Family members, particularly elders and parents, act as custodians of traditional postpartum practices. They preserve and pass down cultural knowledge, guiding new mothers on rituals, dietary restrictions, and behaviors that align with traditional beliefs. The influence of these "bearers of tradition" helps maintain cultural continuity but may also create challenges when traditional practices conflict with modern healthcare recommendations.

" I was there to make sure my daughter followed the protocol. Back when I was in the postpartum observation period, our next-door elder would come by to check if I was doing anything I wasn't supposed to. She would warn me about the consequences." (VHV 13, Focus Group)

Sub- theme 6. 2: Backer of Postpartum Mother

Family provides emotional, physical, and logistical support to postpartum mothers. Family members, such as husbands, parents, and in- laws, often assist with household responsibilities, childcare, and preparation of traditional remedies. Their support is crucial for the mother's recovery and well-being.

" The family does everything possible to help the mother and baby get through the observation period safely and happily. While the mother may feel frustrated about not being able to do the things she wants, we need to provide her with emotional support and reassure her that everything will be fine. She just needs to hold on for a little while, and things will return to normal soon." (VHV 8, Focus Group)

Sub- theme 6. 3: Bridger of Traditional and Modern Practices

Family members help mediate between traditional and modern postpartum care. They adapt traditional practices to align with modern healthcare advice, creating a hybrid approach that respects cultural values while ensuring safety and efficacy. The findings highlight the importance of family members as cultural negotiators, helping to harmonize the two paradigms.

" As a mother and a health volunteer, I am in a unique position to help my daughter understand both perspectives. Both sides offer valuable advice, and we take the best suggestions from each. Ultimately, we need to do what is best for both the mother and the baby, regardless of which side it comes from." (VHV 11, Focus Group)

The "3 B's" framework underscores the family's pivotal role in postpartum care, emphasizing how their influence can either reinforce cultural traditions or support the integration of modern practices. By understanding these dynamics, healthcare providers can engage families as allies in promoting holistic and culturally sensitive postpartum care.

Theme 7: Strategies for Traditional-Modern Integration

Village health volunteers and community health practitioners adopt culturally sensitive strategies to integrate traditional and modern postpartum care. They enhance *acceptability and understanding* by addressing generational differences through tailored education and fostering collaboration among families, midwives, and healthcare providers (YOM). To build *compatibility*, they identify shared practices, complement traditional remedies with modern interventions, and address conflicts with cultural sensitivity (3 C's). By focusing on *safety, success, and satisfaction*, they align traditional and modern goals to promote trust and minimize risks (3 S's). They respect the *phases of postpartum observation* by thoughtfully adapting traditional and modern practices related to nutrition, hygiene, confinement, and physical and social activities (4 R's). Engaging families as *bearers, backers, and bridgers* of care ensure support for mothers while balancing tradition and modernity (3 B's). Finally, they blend *traditional ethics, personal experiences, and scientific evidence* to validate beneficial practices and address risks, creating a harmonious and effective care approach (3 E's).

"We need to understand who we speak with and their perspective to address their concerns

effectively. Traditional and modern postpartum practices are not vastly different; in fact, they share many similarities. As professionals, it's important for us to learn more about traditional practices and embrace them. Personally, I don't see this as two opposing sides. To me, postpartum care is simply postpartum care—not a matter of tradition versus modernity. There is only one goal: providing the best care for mothers, their babies, and their families." (Nurse Midwife 3)

"When a mother is on a food restriction, it doesn't mean she is deprived of essential nutrients. There are always alternatives to ensure she gets what she needs. For example, if she needs to wash her hair, she can do so safely by using warm water, minimizing the time spent washing, drying her hair immediately, and covering her head with a warm hat afterward. The key is to adapt the practice to ensure safety." (Nurse Midwife 1)

Discussion

The findings from this study provide a comprehensive exploration of traditional and modern postpartum care practices and their integration, highlighting key themes and sub- themes. These insights align with and extend extant literature, contributing to a deeper understanding of postpartum care in culturally diverse contexts such as Mae Hong Son. The varying acceptability of traditional and modern practices across generations and professional groups reflects the dynamic interplay of cultural preservation and modernization. Similar to findings by Wang et al. (2022), younger generations show a growing inclination toward modern practices influenced by exposure to global health paradigms, while older generations remain committed to safeguarding traditional customs. Additionally, pediatric nurses, midwives and health professionals can act as mediators, navigating these cultural shifts while ensuring the safety of postpartum mothers, as highlighted by Aygor et al. (2021) and Altuntug et al. (2018).

The findings regarding conforming, complementing, and conflicting practices resonate with the work of Cheung (1997) and Wang et al. (2022), who identified cultural compatibility as a cornerstone of healthcare acceptance in East Asian contexts. Practices such as hot compresses align with both traditional beliefs and evidence- based recovery methods, reflecting the potential for integration. However, as Raven et al. (2007) noted, conflicts can arise when traditional dietary restrictions impede adequate nutritional intake or when hygiene- related taboos delay necessary medical interventions. Both traditional and modern postpartum care share common objectives— safety, success, and satisfaction. Consistent with Dennis and McQueen (2009), safety remains a top priority, with modern practices focusing on infection prevention and traditional methods emphasizing maternal warmth and balance. Success, as measured by breastfeeding and maternal resilience, often benefits from the complementary strengths of both approaches. Satisfaction is influenced by a mother's sense of cultural alignment and the respect shown for her preferences.

The sequential phases, rigour, relaxation, re- introduction, and resumption, mirror findings by Tsai and Wang (2019), who described these transitions as integral to postpartum recovery in Asian cultures. The rigour phase emphasizes rest and protection, while the relaxation and re- introduction phases reflect a gradual return to normalcy. However, rigid adherence to restrictions, such as prolonged confinement, may compromise psychological wellbeing of the mothers, as noted by Lee et al. (2009). Evaluating benefits and risks through traditional ethics, personal experiences, and scientific evidence is therefore warranted. Oral traditions often provide emotional reassurance and a sense of identity, but certain practices, such as strict dietary restrictions, can pose risks to mothers and newborns. Personal experiences, as described

by Cai et al. (2024), shape mothers' perceptions of care, underscoring the need for individualized approaches.

The family's role as bearers of tradition, backers of postpartum mothers, and bridgers of practices reflects the findings of Tsai and Wang (2019) and Naunboonruang et al. (2023), who emphasized the centrality of family in maternal health. Elders often dictate traditional practices, while younger family members may advocate for modern care, creating opportunities for negotiation and compromise. Families also provide crucial emotional and logistical support, as highlighted by Balaji et al. (2007). The support strategies importance of culturally sensitive healthcare in promoting maternal health. Training healthcare providers in cultural competence and fostering community participation are critical steps toward integration.

Conclusion

The findings of this study provide a robust framework for understanding the integration of traditional and modern postpartum care. By addressing acceptability, compatibility, shared goals, phases, benefits and risks, and family influence, this research contributes to developing culturally sensitive and evidence- based postpartum care strategies. Future efforts should prioritize co-creating care models with communities, ensuring respect for cultural traditions while optimizing maternal and neonatal health outcomes. Rather than positioning traditional and modern postpartum care as opposing systems, the findings support a culturally negotiated model in which midwives, pediatric nurses, other healthcare practitioners, village health volunteers, mothers, and families collaboratively preserve beneficial traditions, modify potentially harmful practices, and ensure timely access to evidence-based maternal and newborn care.

Study Limitations

This study has several limitations. First, it was conducted in three communities in Mae Hong Son Province and focused predominantly on the Tai Yai ethnic group; therefore, the findings may not fully represent traditional postpartum practices among other ethnic groups or geographical settings. Second, the study explored the perspectives of village health volunteers and community health practitioners but did not directly include postpartum mothers, whose perspectives could provide further insights into the integration of traditional and modern postpartum care. Despite these limitations, the study provides contextually rich insights that may be transferable to settings with similar cultural and healthcare contexts.

Recommendations for Midwifery and Pediatric Nursing for Improving Traditional- Modern Integration in Postpartum Care of Mothers and Newborns

By synthesizing the findings, a culturally sensitive and evidence- based postpartum care approach can be developed for midwives and pediatric nurses as follows.

1) Building Compatibility (3 C's): Promote shared practices like nutrient- rich diets, enhance traditional care with modern interventions, and resolve conflicts with cultural sensitivity, balancing safety and beliefs.
2) Enhancing Acceptability and Understanding (YOM): Address generational differences through education, emphasizing traditional benefits for the young and modern safety for elders. Train midwives in cultural competence to guide families in integrating practices respectfully.
3) Engaging Family Support (3 B's): Involve elders as valued contributors, educate families on balanced support roles, and train mediators to help mothers navigate care options harmoniously.
4) Balancing Perspectives with Evidence (3 E's): Respect ethical traditions, share success stories to build trust, and use research to validate beneficial practices while addressing risks with education.

5) Respecting the Phases of Postpartum Observation (4 R's): Adapt restrictive practices for safety, blend evidence-based relaxation techniques with traditions, and gradually transition mothers to everyday routines supported by follow-up care.
6) Achieving Common Goals (3 S's): Focus on safety, blending traditional and modern practices to minimize risks. Define success with shared metrics like recovery and resilience and ensure satisfaction through family feedback.

These strategies ensure that postpartum care integration respects cultural values, improves maternal and neonatal health, and fosters community trust in healthcare.

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