Honoring Motherhood: The Meaning of Childbirth for Tongan Women

Shelly J. Reed  
*Brigham Young University - Provo*

Lynn Clark Callister  
*Brigham Young University - Provo*

'Aana Kavaefiafi

Cheryl A. Corbett  
*Brigham Young University - Provo*, cheryl-corbett@byu.edu

Debra Edmunds  
*Brigham Young University - Provo*

Follow this and additional works at: [https://scholarsarchive.byu.edu/facpub](https://scholarsarchive.byu.edu/facpub)

Part of the Maternal, Child Health and Neonatal Nursing Commons, Nursing Midwifery Commons, and the Other Nursing Commons

---

**BYU ScholarsArchive Citation**

[https://scholarsarchive.byu.edu/facpub/5078](https://scholarsarchive.byu.edu/facpub/5078)

This Peer-Reviewed Article is brought to you for free and open access by BYU ScholarsArchive. It has been accepted for inclusion in Faculty Publications by an authorized administrator of BYU ScholarsArchive. For more information, please contact scholarsarchive@byu.edu, ellen_amatangelo@byu.edu.
Shelly J. Reed, PhD, DNP, APRN, Lynn Clark Callister, PhD, RN, FAAN, ‘Ana Kavaefiafi, Nurse Midwife, Cheryl Corbett, MSN, APRN, FNP-C, and Debra Edmunds, MS, RN

HONORING MOTHERHOOD

The Meaning of Childbirth for Tongan Women

Abstract

Purpose: The purpose of this ethnographic study was to describe the meaning of childbirth for Tongan women.

Study Design and Methods: In this qualitative descriptive study, 38 Tongan women, 18 from Tonga and 20 from the United States, who had given birth in the past year were invited to share their perceptions of childbirth. Themes were generated collaboratively by the research team.

Findings: The overarching theme was honoring motherhood; other themes include using strength to facilitate an unmedicated vaginal birth, describing the spiritual dimensions of birth, adhering to cultural practices associated with childbearing, and the influence of the concept of respect on childbearing.

Implications for Clinical Practice: Understanding the value Tongan women and their families place on motherhood can help nurses to give culturally sensitive nursing care. Tongan beliefs and cultural practices should be respected. Nurses should assess women’s personal preferences for their care and advocate for them as needed. Sensitivity to stoicism is important, especially on pain control and patient education. Nurses should be aware of Tongan values regarding modesty and respect, and provide an appropriate care environment. A culturally competent nurse understands the importance of sociocultural influences on women’s health beliefs and behaviors and generates appropriate interventions.

Key words: Childbirth; Cultural competence; Tonga; Voices of women.
This ethnographic study describes the meaning of childbirth for 38 Tongan women living in Tonga or the United States.

Background
Tonga is a Pacific Island nation with a population of 106,000 people, with average of 2,700 births per year. In Tonga, 98% of births attended by skilled birth attendants. There is a fertility rate of 3.8 children per woman of childbearing age. The female literacy rate is reported as 100%. The maternal mortality ratio is 120 per 100,000 births (United Nations Children's Fund, 2015). It is estimated that over 50% of Tongans live outside of Tonga, with 2 out of 10 living in the United States. In 2010, the native Hawaiian and Pacific Islander population comprised only 0.2% of the U.S. population. In California, the Tongan population is reported as 0.4% of the population, whereas in Utah it is 0.9% of the population, an 82.1% increase over the previous census. The total U.S. Tongan population in 2010 Census data was 57,183, a number equaling over half of the number of Tongans living in Tonga (Hixson, Hepler, & Kim, 2012). The Tongan islands have remained an ideological place of these growing overseas Tongan communities, with those living outside the islands maintaining strong cultural ties. Tonga means “home” and overseas Tongans teach island history, folklore, customs, and family ways, raising their children with Tongan values (Small & Dixon, 2004).

Method
This ethnographic study is an extension and replication of previous studies focusing on perception of birth experiences in culturally diverse childbearing women. It provides rich descriptive qualitative data documenting that women give birth within their sociocultural context. The focus of this study was on Tongan women living in the islands of Tonga, and living in the United States in California or Utah. Institutional review board approval was obtained, as well as approval from the ethical board in Tonga. Inclusion criteria for participants were Tongan women who had given birth to a healthy term infant in the previous 12 months. A convenience sample was used with snowball sampling as Tongan women known to the researchers were asked to refer other Tongan women who qualified for inclusion. Some participants in Tonga were also referred by community health nurses. After informed consent and completion of the demographic data form, digitally recorded interviews were conducted using a semi-structured interview guide. Questions included “What are your feelings when you first learned you were pregnant?” and “What do you remember most about the birth?” The women were given a small baby gift as an expression of appreciation for participating in the study. Interviews were conducted in English, with seven women interviewed assisted by a translator. Data collection continued until saturation was reached.

Data Analysis
Digitally recorded interviews were transcribed verbatim. Thematic data analysis was concurrent with data collection. Members of the research team analyzed data separately to identify preliminary themes, and analysis continued as a team to finalize the results. Peer review by Tongan counterparts was used to confirm the findings, as well as member checking. Potential for transferability in this study was enhanced by rich descriptions of the findings. Demographic data were analyzed using descriptive statistics.

Findings
Thirty-eight Tongan women participated in the study; 18 of these women were living in Tonga. Twenty women were living in the United States, seven in California, and 13 in Utah. Women living in the United States confirmed that they lived in a Tongan-centric environment. Overall mean maternal age was 27.9 years, with mean age of 29.2 for women living in the United States and a mean age of 26.5 for women living in Tonga. Four of the 38 women interviewed were single; 34 were married. All women interviewed in the United States had at least a high school education; 10 had some college education, two had received a bachelor’s degree, and a master’s degree. In Tonga, two women interviewed had completed Form Five, eight had completed high school, five had completed some college, and three were college graduates. Seven women were primiparas and 31 were multiparas. Six of the women from the United States (30%) and one woman in Tonga had a cesarean birth. All births except one twin birth were singleton births, and all but one of the births took place in a hospital; the precipitous birth took place in the hospital parking lot.
For vaginal births, 42% of the women from the United States received an epidural, 29% received intravenous analgesia during labor, and 29% were unmedicated. Women in Tonga did not receive epidurals for vaginal births; however, two received intravenous analgesia. Four of the vaginal births in the United States were induced; three of the four women received an epidural, the fourth stated she received an intravenous injection of morphine. Average length of labor for vaginal births was 8.6 hours (range 3–24 hours).

Emerging Themes
The overall theme was honoring motherhood by the women, their families, and the Tongan community. Tongan women used strength to provide safe passage during childbirth, and their spirituality framed their birth experiences. Women described participating in Tongan cultural practices during childbearing, such as following strategies to ensure positive maternal/newborn outcomes; avoiding pregnancy taboos; and following traditions such as infant naming. The concept of respect as it related to childbearing was also described.

Honoring Motherhood: Bearing children is very important in the Tongan culture. Children are considered “precious” and a “blessing” and necessary to continue the generations. A mother of three talked about the importance of motherhood: Having children is a very important thing in our culture. That is how we grew up in the islands, you just keep going and having children. Another woman said, It is one of most incredible things that can happen for a woman to give birth. You can never know how much you love until you give birth. A mother from Tonga described the joy she felt as she became a mother. So happy... because he’s my firstborn! My firstborn. I just got married...and my parents are like oh, you’re going to have a baby. I was dying to have a baby, and that’s why I was so happy. Many women described feeling happy or excited when they first saw their baby; some describing outright joy. A mother of six described her feelings: I don’t know if words could explain...It was amazing. I felt love. There are no words that could explain that amount of joy...She is just precious, like my precious blessing.

These women felt responsible to influence their children to have positive traits. One woman explained [I needed to] do something good so that my baby will follow. A mother of three felt she needed to work hard during her pregnancy, helping her baby to be a hard worker. A first-time mother from Tonga said, I want to set a really good example for him...I now just think about him.

Honoring mothers was identified as important to the entire Tongan community, with childbearing women receiving support, including advice to protect herself and unborn child during pregnancy, and help with food preparation and childcare to allow her to be able to rest and care of her unborn child. With extended family as primary supports, treating expectant mothers special was a community effort. One mother said, My in-laws, they spoil me rotten. Another said, My husband [does the work] every day. A mother of three described how her mother or mother-in-law would clean her home. One mother said, I think my family is way more overprotective of me when I am pregnant. I think it is because they know that you are housing another little special one... The people in the community...bring food.

During labor, grandmothers or aunts were considered vital, providing support through their presence and encouragement. Tongan women who labored alone experienced distress. Another role of a mother or auntie was that of gatekeeper, deciding when supportive family and friends could visit the laboring or postpartum mother, and in this way facilitating the mother’s privacy and rest.

Using Strength to Facilitate an Unmedicated Vaginal Birth: Women described importance of being strong and preference for having an unmedicated vaginal birth to help bring their children safely into the world. One woman said her mother came from a long line of Tongan midwives.
When a potential cesarean birth was discussed, she said, My mother whispered in my ear that this was my time to be great and I needed to push so I didn’t have to have the Cesarean. I pushed with all my might and the baby came out posterior. The doctor told me that if he was not there to catch the baby he would have flown across the room! A mother described her feelings regarding her cesarean birth: The end product was worth it, just not the way it came… I would feel sad and cry because I got the c-section and it was not what I wanted… I had depression, I felt like I couldn’t reach out to ask for help… people think that you are not strong enough and that you are weak. One woman who successfully gave birth vaginally after a prior cesarean described the joy and gratitude she felt from this accomplishment. Although most women spoke of their preference for vaginal birth, one woman strongly defended cesarean birth, I would tell them [other Tongan women] don’t be scared of a cesarean. Tongan ladies that I have talked to are very like, ‘NO! Natural, you need to have it natural… you need to go through that pain to show love to your child.’

Labor epidurals are not available in Tonga; however, a preference for having unmedicated birth was also emphasized by women living in the United States. A participant described, Natural is part of Tongan culture. I remember my mother telling me to just be strong, you can do it. One woman described having her first vaginal birth after a cesarean, I had gone through so much pain… The nurses and my mom just give me courage. ‘Be strong,’ I could do that. A primiparous woman who had a cesarean birth said, In Tongan culture they prefer you to give birth naturally and if you get an epidural it is looked down upon. They tell you it is not healthy to get an epidural…[that there are] complications. They tell you that they had their children naturally so you can do it too. A primiparous woman who had an epidural said, My mom was like ‘you are so weak’… My mom’s generation that came from Tonga, they all did it without pain medication and I think they want us to be as strong and do it without pain medication. In contrast, another mother who had an epidural said, [now] I am an American. I don’t need to follow old and silly traditions. Yet she followed other cultural practices, specifically Tongan family naming practices.

Many Tongan women described back pain as a complication of having an epidural. A mother of four who had unmedicated births said, My sister… told me to not take the epidural. She said that giving birth is really going to hurt but after it is over the pain is all gone. She told me to just not get it. It would give you back pain in the future. She also said, Everyone thinks giving birth is scary… I don’t. I think it is the best feeling. For me not having an epidural made me more proud.

Describing the Spiritual Dimensions of Birth: Many women described spiritual dimensions of giving birth. Their spirituality led them to rely on God to promote strength during childbearing and to ensure a healthy baby. One woman said, Whatever the outcome we are thankful for the heavens, for either a life or a life that we can be reunited with. A participant from Tonga described how her deep faith in God helped her baby arrive safely. Happy, I closed my eyes and say ‘Thank you, Lord’… He helped me, I asked if she would stay alive. And now my life is given to the Lord. One woman described childbirth as a mostly spiritual [experience] that ties so much into my culture and my upbringing. It encompassed everything, every part of the journey.

Family members provided spiritual support through prayer, blessings, and faith. One woman described how God had helped her. We [said] prayers… God helped me… I feel more comfortable, I feel stronger. Another woman expressed, My grandma is straight from the Islands and she is super strong in the faith and just believes that miracles can happen every day. And so that was her big thing, [that]… Heavenly Father is going to watch over you and you will be fine.

Adhering to Cultural Practices Associated with Childbearing: The importance of honoring Tongan cultural practices associated with childbearing was described by Tongan women living in the United States, with these practices supported during subsequent interviews of women living in Tonga.

Pregnancy taboos. Taboo, a Tongan word, describes practices to be avoided. Most women interviewed believed in taboos, such as not speaking ill of another person, like those with disabilities, not wearing scarves around the neck, not cutting things, not lifting heavy items, or too much physical exertion. Speaking ill of another was thought to cause something to happen to the baby, such as a similar disability. Wearing a scarf or something around the neck was viewed by women as causing the cord to be wrapped around the newborn’s neck. Cutting things or being near a hot stove was said to cause marks on the newborn. Physical overexertion was viewed as contributing to miscarriage.

Positive pregnancy practices. Women spoke of important behaviors to positively influence pregnancy outcomes. Eating mostly Tongan food during pregnancy was believed to make the fetus physically strong and more Tongan. One participant said, When the baby is in your tummy and you say a lot of positive things then your baby will acquire those traits. People tell me it really works when you speak to the baby about positive characteristics, hopes, and aspirations, not materialistic things. Expectant mothers also believed it was possible to influence the looks of their future baby. One participant

Nurses should be aware of a woman’s cultural values and practices and provide a care environment sensitive to those values and practices.
explained, To [have the baby] look like me, I can look in the mirror. [To look like the father], you have to spend time with your husband. Always stare at him. A mother described how her first child looked like her husband because she was angry with him during the pregnancy, whereas her second child looked like her because she frequently looked in the mirror.

Keeping warm was described as important for positive pregnancy outcomes. One woman explained, Because I had [growth restriction] with the first one...my mom said that in Tongan culture they called my pregnancy a cold pregnancy. They said I was cold during my pregnancy and I should have been taking care of myself, wearing warmer clothes.

**Tongan naming traditions.** Many women described adhering to cultural traditions such as Tongan naming using the Fahu, who is the oldest sister in the father’s family, to name at least the oldest of all her brothers’ children. One woman described the importance of naming. Names are very significant. A name is not just a name that is beautiful or that you love. It is your family line, it is your forefathers, and what they want to leave in this precious life...I am named after my great, great, great grandmother. Everyone in my family knows stories about who they were named after.

**Kita: Postpartum illness.** Several women described Kita, a postpartum illness characterized by achiness and fever, associated with a woman not taking care of herself after birth. As one woman said, It is not a specific illness. It is just anything that could happen to you after you had the baby. It is a wide variety from headache to chills, fever, whatever. My mom told me to take care of myself because as the body is recovering it is prone to a lot of illnesses and it is important to rest and not get sick. Kita can be prevented by avoiding postpartum exertion. Treatment for kita is to drink the herbal preparation Vaikita, available in Tonga and in Polynesian stores in the United States. Some women in Tonga reported making their own, using orange and mango leaves.

**Placental burial practices.** Women living in Tonga described placental burial practices. At birth, family members provide a bag to the midwife or nurse in which to place the placenta. Family members buried the placenta in a place meant for remembrance of the newborn or to provide protection in the future. One woman said, My husband, boil the water and pour it on the placenta and it buried...and baby feel warm all of the time. One woman said the boiling water would help keep the next pregnancy warm. Another woman explained, they bury it in a hole...at the front of the house...planted...with plants to hold the ka‘elala ‘to remind me.' Although all the women living in Tonga buried their placentas, not all adhered to the tradition. For example, one husband said, Others, they still believe in the old tradition you have to bury it in a spot where you can walk on it all the time. When asked why, he said, No idea. I was born in a new generation, so I do not know. The new generation, it doesn’t matter. However, he buried the placenta out of respect to the Tongan cultural practice.

**Respecting others:** Respecting others was another theme that most Tongan women described as part of their culture and childbearing experience.

**Respect between men and women.** One woman said, “We teach [our children] to respect each other...the boys aren’t supposed to go in the girl’s room, the girls aren’t supposed to be in the boy’s room...It’s called Faka’apa’apa.” Women talked about respect when sensitive information was given, such as birth or postpartum education, and that it is generally not given in front of males, except for the baby’s father. Maintaining privacy and modesty was emphasized, as women expressed embarrassment about being uncovered or exposed during childbirth. One husband described respect as related to modesty during breastfeeding. I am very Tongan and my family is very Tongan...when she breastfeeds she cannot do it around my brothers or other men. She has to seclude herself in a room because we respect her and the duty of feeding the baby.

**Respect for parents and those who are older.** Respect within Tongan culture is also granted to those who are older, particularly parents. The grandmother or auntie attending the childbearing mother will have her wishes followed by friends, family members, and even the birthing mother out of respect. One woman said, You really can’t say no [to family]. Another participant described another facet of this respect, Our families are very close... Aunts and uncles are like your parents, and are thus given the same respect as parents.

**Respect for healthcare professionals.** As authority figures, healthcare providers also garner respect. One woman said, We grew up in a culture where it is not very polite to ask. We know that they are busy and we don’t want to stop them by asking “Can you help us?” We don’t want to be rude. Another woman said, We grew up being taught not to ask for things that you need... We don’t want to be a burden... We don’t want to be [fakahela]... [Meaning] a burden.

One woman suggested how nurses could help Tongan mothers, They do not want to inconvenience anyone...So it would be good for the nurses to ask. Other women also described appreciation when nurses offered education and information, because it would be unlikely Tongan women
Clinical Nursing Implications

Perform a cultural assessment to facilitate providing culturally competent care

Listen to the voices of women to guide clinical care

Respect the value Tongan women and their families place on motherhood

Evaluate available and needed support for Tongan women during childbirth

Be sensitive to stoicism, especially when considering pain control and perinatal education

Use the Coping with Labor Algorithm assessment tool (Roberts et al., 2010) to guide childbirth pain management

Offer assistance with pain management strategies, education, food, or supplies, rather than waiting for the woman to ask

Be aware of the importance of respect in Tongan culture

Facilitate modesty, privacy, and gender respect. Make efforts to keep the woman covered during labor and birth, and when breastfeeding.

would ask for it. A study participant described how as a young mother it would be disrespectful for her to limit visiting family members; yet suggested a nurse could help control the flow of visitors because visitors would respect her authority.

Limitations

Limitations include a lack of identification of country of birth for the U.S. women who were interviewed, and if born outside of the United States, the duration of time they had lived there. Other limitations include that the mothers gave birth in diverse healthcare delivery systems and acculturation levels of those living in the United States were not assessed. Further inquiry is warranted.

Clinical Implications

This ethnographic study provides a unique description of the meaning of childbirth to Tongan women. The women emphasized the honor it was to be a mother. Most expressed a preference for unmedicated, vaginal births, and emphasized using strength to help achieve this goal. Sensitivity to stoicism is important, because “multiple factors affect a woman’s ability to cope with her labor, including her personal and social cultural values” (Roberts, Gulliver, Fisher, & Cloyes, 2010, p. 115). The Coping with Labor Algorithm assessment tool is recommended to guide pain management during labor and birth rather than the traditional 0- to 10-point pain scale (Roberts et al., 2010).

The interview guide included the question “Were there any cultural practices that were important to you during your pregnancy?” While waiting for Tongan Ethics Board approval, the U.S. interviews were completed which turned out to be a very helpful determinant in identifying cultural practices related to childbearing for women living in Tonga. When asked the above question, participants living in Tonga seemed to be unable to identify any specific cultural practices. We learned that it might be difficult for a woman to identify cultural practices related to childbearing if she had known no other culture other than her own. The interviewers then asked about specific cultural practices that had already been identified by the U.S. participants. Participants living in Tonga confirmed these cultural practices with the exception of placental burial, which was not mentioned by U.S. participants.

The concept of “respect” as related to the childbearing was described by Tongan women living in both Tonga and the United States. For Tongans, “the concept of anga fakatonga, emphasizes most highly the importance of family more than any other, but also stresses the importance of kinship, community, respect, discipline, generosity, loyalty, and obedience to parents, elders and authority” (Hanson, 2004, p. 3). Respect, faka ‘apa ‘apa’, is the core of anga fakatonga (the Tongan way). Love (ofa) is shown for parents through obedience and conformity to the orders and counsels of their parents and elders (Hanson). The nurse caring for a Tongan woman should be aware of this core value, delicately balancing the individual desires of a Tongan childbearing woman that might put her at conflict with conforming to the wishes of an older family member. As nurses also are respected, the nurse needs to realize that a Tongan woman may forego her own wishes in order to show respect by complying with what she feels the nurse wants her to do. This places an ethical responsibility for the nurse to ascertain the needs and wants of a Tongan woman, to make sure that she is receiving appropriate care and is not receiving undue pressure to comply with the nurse’s recommendations when they conflict with her own wishes.

Spirituality was described as an integral part of the childbearing experience for Tongan women. In a previous study, a Tongan mother expressed her sense that “the most difficult part was the contractions. I could barely handle them. You need the help of the Spirit. The fruits of labor are the baby, who is a gift from God” (Callister & Khalaf, 2010, p. 4).

The childbearing experience is an intensely dynamic period with lifelong physical, emotional, and spiritual consequences for the childbearing woman and her family (Schneider, 2012). In an assessment of what contributes to positive childbearing experiences, Attanasio, McPherson, and Kozhimannil (2014, p. 1289) concluded that “thoughtful, deliberate attention to factors promoting positive birth experiences may help create circumstances amenable to enhancing the quality of obstetric care and improving outcomes for mothers and infants.” Nursing care during childbearing requires cultural skill and ability to collect relevant cultural data, including conducting a cultural assessment: assessing beliefs, values, and practices to provide culturally competent care (Campinha-Bacote, 2011). This research has identified socio-cultural determinants providing a cultural context in which nursing care of Tongan women should take place. A culturally competent nurse understands the importance of social and cultural influences on women’s health beliefs and behaviors and generates interventions to assure quality health care for culturally diverse childbearing women.
Acknowledgements
The authors would like to thank Meliame Tupou, Senior Nurse Midwife at Ministry of Health, Vava‘u, Tonga, and Tilema Cama, Principal of the Queen Salote School of Nursing, Tonga for their contributions to this work.

Shelly J. Reed is an Associate Teaching Professor at Brigham Young University, College of Nursing, Provo, UT. The author can be reached via e-mail at shelly-reed@byu.edu

Lynn Clark Callister is a Professor Emerita at Brigham Young University, College of Nursing, Provo, UT.

‘Ana Kavaefi is a Nurse Midwife (Retired) at Ministry of Health, Kingdom of Tonga, Nuku’alofa, Tongatatpu, Tonga.

Cheryl Corbett is an Associate Teaching Professor at Brigham Young University, College of Nursing, Provo, UT.

Debra Edmunds is an Assistant Teaching Professor at Brigham Young University, College of Nursing, Provo, UT.

The authors declare no conflict of interest.

Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.

DOI:10.1097/NMC.0000000000000328

References


