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THE IMPACT OF SOCIOCULTURAL BELIEFS ON THE MANAGEMENT OF POSTPARTUM LOW BACK PAIN: A REVIEW WITH INSIGHTS FROM BALOCHISTAN.

Summan Mughal[1], Saleh Shah[2], Abdul Haseeb Bhutta[3],Ahmad Wassi[4]

[1]Senior Lecturer, University of Balochistan, Email: dr.summansajid@yahoo.com
[2]The Superior University Lahore, Email: salehshah83@gmail.com
[3]Ibadat International University Islamabad, Email: abdul.haseeb@uipt.iiui.edu.pk
[4]Government College University Faisalabad, Email: ahmadwassi43@gmail.com

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Corresponding Author:
Summan Mughal,
Senior Lecturer, University of Balochistan, Email:
dr.summansajid@yahoo.com

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ABSTRACT

Postpartum low back pain (LBP) represents a significant yet often overlooked maternal health concern, particularly in regions where sociocultural factors heavily influence healthcare behaviors. This narrative review examines the complex interplay between traditional beliefs and postpartum LBP management in Balochistan, Pakistan - a region characterized by strong cultural traditions and limited healthcare access. Through analysis of existing literature and local health practices, we explore how cultural norms such as postpartum seclusion (Chilla), gender roles, and traditional healing methods shape women's experiences of LBP. The review identifies key barriers to effective pain management including restricted mobility during Chilla, rapid return to domestic duties, reliance on traditional therapies, and limited access to biomedical care. We propose culturally-adapted solutions that bridge traditional and evidence-based approaches, emphasizing community engagement and health system strengthening. This review highlights the urgent need for interventions that respect local traditions while improving pain management outcomes for postpartum women in Balochistan and similar cultural contexts.

1. INTRODUCTION

Postpartum low back pain (PLBP) is among the most underreported postpartum complications globally, particularly in low-resource, culturally conservative settings.(1) In regions like Balochistan, Pakistan, where sociocultural norms deeply influence health behaviors, women often rely on informal care networks and traditional beliefs to manage postpartum conditions. (2) While PLBP significantly affects mobility, maternal well-being, and household functioning, its management is rarely prioritized due to prevailing sociocultural constructs that normalize maternal suffering and undervalue women's physical pain.(2-4) This review investigates how these beliefs and practices affect the management of PLBP, with a contextual focus on Balochistan.

Postpartum low back pain (PLBP) is a common and often under-recognized musculoskeletal complaint that affects women during the puerperium and can persist well beyond the immediate postpartum period.(5) Although low back pain is frequently framed as a transient consequence of pregnancy and childbirth(6), for many women it becomes a source of prolonged discomfort, functional limitation, and psychological distress that interferes with caregiving, return to work, and overall quality of life.(5, 6) The multifactorial origin of PLBP—encompassing biomechanical changes from pregnancy(7), hormonal influences (8) on connective tissue(9), altered posture and load during infant care,(10) and psychosocial stressors(11)—makes its management complex. Importantly, the way women perceive, report, and seek care for PLBP is shaped not only by biomedical factors but also by sociocultural beliefs and local health-care practices. This review situates PLBP within a biopsychosocial and socio-cultural frame and brings focused attention to insights from Balochistan, where cultural norms, traditional postpartum practices, and health-seeking behaviours influence outcomes.

Clinically, PLBP can result from a spectrum of causes including pregnancy-related pelvic girdle dysfunction, mechanical lumbar strain, and residual musculoskeletal adaptations following delivery.(7, 9, 12) The demands of infant care—frequent lifting, feeding postures, and sleep disruption—exacerbate preexisting vulnerabilities.(13, 14) Beyond the physical pathology, psychosocial contributors such as stress, depression, social support, and maternal role expectations modify pain perception and coping. Contemporary models of care emphasize a multidimensional approach: assessment of function and pain, individualized exercise and education, ergonomic strategies for infant care, and attention to emotional wellbeing.(15) Yet the uptake and effectiveness of these interventions are mediated by cultural beliefs about postpartum recovery, acceptable pain behavior, and the role of traditional remedies.

Sociocultural beliefs about the postpartum period are diverse and strongly embedded in family and community norms.(16) Across many societies, the puerperium is governed by specific practices intended to protect the mother and newborn—confinement, dietary prescriptions, thermal therapies, massage, and ritualised rest. Such practices may confer benefit through increased rest and social support, but some can inadvertently perpetuate inactivity, delay access to rehabilitative care, or promote ineffective or harmful treatments. Beliefs about the causes of pain—ranging from humoral ideas of "imbalance" (hot vs cold), to spiritual or fate-based explanations—shape whether women attribute PLBP to natural postpartum processes, physiological injury, or external forces. These explanatory models determine help-seeking: women may favour family remedies, traditional healers, or local midwives over formal health services, especially when biomedical care is perceived

as inaccessible, culturally insensitive, or irrelevant to their lived experience.(17)

Balochistan, with its distinct ethnic, linguistic, and cultural landscape, provides a vital case for examining how local beliefs shape PLBP management.(18) In many parts of the province, extended family structures, tribal norms, and traditional gender roles influence women's movement, postpartum responsibilities, and access to health services.(2) Postnatal practices—such as periods of seclusion (19), use of traditional massage or herbal applications, and dietary restrictions (20)—interact with socioeconomic realities like limited health infrastructure and geographic isolation. These factors can both protect and constrain women: structured rest and family caregiving may reduce physical strain in the short term, while restrictive mobility or reliance on unregulated remedies may delay evidence-based interventions that restore function. Moreover, decision-making about postpartum care is often collective, involving mothers-in-law or elder kin, which can complicate individualized rehabilitation plans unless cultural sensibilities are integrated into care strategies.

Understanding PLBP in Balochistan therefore requires attention to three overlapping domains: the biomedical manifestations of pain and functional limitation; the sociocultural scripts that give meaning to pain and guide behaviour; and the structural context—health system capacity, availability of rehabilitation services, and socioeconomic constraints—that mediates access to care. A culturally informed approach to management entails not only delivering physiotherapy, exercise prescription, and pain education, but also engaging family members, incorporating acceptable local practices where safe, and addressing barriers such as transportation, cost, and gendered restrictions on mobility. Clinicians and public-health planners must be equipped to listen for local explanatory models, negotiate care plans that align with family priorities, and design community-based interventions that respect cultural practices while promoting recovery and function.

Despite recognition of the importance of culture in postpartum health, there remain significant gaps in the literature: the prevalence and natural history of PLBP in many low-resource settings are poorly documented; qualitative studies exploring women's lived experience, help-seeking pathways, and the influence of elder caregivers are limited; and intervention studies that adapt evidence-based rehabilitation to culturally specific contexts are few. This review aims to synthesize existing evidence on the sociocultural determinants of PLBP management, with particular emphasis on practices, beliefs, and health-seeking behaviours reported in Balochistan. By integrating biomedical knowledge with ethnographic and health-systems perspectives, the review seeks to identify opportunities for culturally responsive interventions, highlight research gaps, and recommend directions for policy and practice that could improve outcomes for postpartum women in the region.

In summary, postpartum low back pain is not merely a biomechanical condition but a bio-psycho-social phenomenon shaped by the cultural worlds women inhabit. To improve maternal recovery and functional independence, health interventions must move beyond one-size-fits-all solutions and engage with the cultural logics that shape postpartum experience. Drawing insights from Balochistan provides both a window into locally specific practices and a reminder of the broader need for culturally grounded, accessible, and family-centred approaches to postpartum musculoskeletal care.

2. METHODOLOGY

This narrative review utilized a qualitative synthesis approach to examine peer-reviewed

journal articles, ethnographic studies, and grey literature between 2005 and 2025 related to postpartum care, sociocultural beliefs, and health behavior in Balochistan and similar South Asian contexts. The review was guided by the following steps:

Data Sources: Searches were performed using academic scholarly search engines and databases (Google Scholar, PubMed Central, SpringerLink, MDPI, Wiley, and institutional repositories such as PIDE and LSHTM). Keywords included "postpartum low back pain," "Balochistan," "maternal beliefs," "sociocultural barriers," "traditional birth attendants," and "women's health Pakistan."

- **Inclusion Criteria**:
  - Studies focusing on postpartum care and musculoskeletal complications
  - Research analyzing cultural or gender-related barriers to maternal health
  - Studies from Pakistan or closely relevant South Asian contexts
  - Articles published in English from 2005–2025
- **Exclusion Criteria**:
  - Studies focused solely on medical or pharmacological aspects of PLBP without sociocultural context
  - Literature from unrelated geographic regions (e.g., Western Europe, USA) unless offering global comparative insights
- **Review Process**: A total of 68 documents were screened. 20 papers were shortlisted, of which 8 met all inclusion criteria. The extracted data were thematically analyzed and organized into key domains: cultural beliefs, gender roles, access barriers, traditional healing practices, and policy implications.

3. Review Findings

3.1 Cultural Norms and Pain Normalization

In Balochistan, traditional beliefs cast postpartum pain—including PLBP—as a "natural" maternal burden. Women rarely report such pain unless it impedes basic functioning. The customary practice of *chilla* (40-day postpartum rest) paradoxically offers rest but also isolates women from formal care. **Towghi (2024)** explains that midwives often treat postpartum pain through massage and herbs, which are accepted but lack clinical validation. This belief system discourages biomedical interventions, especially for pain perceived as "non-threatening."

3.2 Gendered Power Structures and Care-Seeking

Decision-making about healthcare access in rural Balochistan is largely male-dominated. **Boratne et al. (2023)** and **Mumtaz & Salway (2007)** highlight how husbands or elders act as gatekeepers to healthcare, often dismissing women's pain as emotional or exaggerated. PLBP, lacking visible pathology, is typically deprioritized. This results in delayed care or total avoidance of formal treatment, exacerbating the condition.

3.3 Health System Deficiencies and Traditional Dependence

Formal health facilities in rural Balochistan often lack specialized services like physiotherapy. **Khan (2022)** found that only 30% of maternal care units in Gwadar had functional equipment or trained female staff. Consequently, women turn to informal practices, often relying on *dais* and elder women's advice. This traditional dependence fills a vacuum but also perpetuates non-evidence-based treatment of PLBP.

3.4 Marginalized Populations and Refugees

Afghan refugee women living in Balochistan face dual barriers: cultural conservatism and displacement. **Shafiq et al. (2025)** report that due to trauma, linguistic barriers, and lack of documentation, these women rely almost entirely on informal home-based care. PLBP is addressed using methods passed down orally through generations, reinforcing cultural insularity.

3.5 Social Silence and Lack of Policy Focus

Despite the widespread nature of PLBP, no significant national or provincial policies address its management. **Zakar et al. (2021)** argue that postnatal care guidelines in

Pakistan focus on bleeding, nutrition, and contraception but rarely address musculoskeletal or functional pain. This lack of institutional attention mirrors the cultural silence around the issue.

4. Results Table

Study	Focus Area	Key Findings	Implications for Balochistan
Towghi (2024)	Ethnography of midwives	Midwives use herbal/manual care; distrust of biomedicine	Traditional healing dominates postpartum management(2)
Mumtaz & Salway (2007)	Gendered care-seeking	Women discouraged from reporting "non-visible" pain	PLBP underreported, underdiagnosed (21)
Khan (2022)	Gwadar case study	Lack of staff, tools, and female providers	Weak infrastructure = alternative reliance on *dais(22)*
Boratne et al. (2023)	Male involvement	Men disengaged from postpartum issues	Women denied care autonomy(23)
Shafiq et al. (2025)	Refugee women in Balochistan	Cultural and legal barriers restrict care access	Reliance on folk methods(24)
Zakar et al. (2021)	Cultural practices in South Punjab	Beliefs delay treatment for postpartum conditions	Analogous to tribal Balochistan(25)
Yoseph et al. (2024)	Ethiopia health education model	Women's groups improved postnatal awareness	Offers replicable model for rural Pakistan(26)
Towghi (2000)	Postpartum bleeding beliefs	Sociocultural myths lead to late intervention	Cultural parallels in Khuzdar district(27)

DISCUSSION: Comparative Analysis of Consistent and Contrasting Findings

6.1 Consistencies Across Studies

A strong consensus emerges across the reviewed literature that **sociocultural norms in Balochistan normalize maternal suffering**, leading to underreporting and undertreatment of postpartum complications like PLBP. This trend is consistent with findings in other low-income, patriarchal regions of South Asia.

Mumtaz & Salway (2007)(21) and **Zakar et al. (2021)** both emphasize that postpartum pain is culturally minimized and seen as part of a woman's destiny or strength, discouraging professional help-seeking. This view was echoed in **Shafiq et al. (2025)**, which found Afghan refugee women similarly reliant on informal maternal care networks due to entrenched gender roles and conservative community structures.

Studies also agree that **male-dominated decision-making** significantly affects women's access to health services. **Boratne et al. (2023)** showed that a lack of male involvement leads to neglect in postpartum care, a point mirrored in **Khan (2022)**, who documented that even when health services are available, women require male permission to access them.

Additionally, **traditional healing practices** were consistently reported as the dominant form of care for PLBP. Both **Towghi (2024)** and **Sibley et al. (2009)** documented that women rely on *dais*, herbal treatments, and spiritual explanations to address postpartum ailments, which are embedded in local belief systems. This informal model of care is prevalent due to both trust in tradition and lack of biomedical infrastructure.

Finally, **infrastructure barriers** are a recurring theme. Several studies (e.g., **Khan, 2022**; **Zakar et al., 2021**) pointed out that the absence of specialized care—such as physiotherapy or trained female professionals—further pushes women toward

non-evidence-based methods of managing PLBP.

6.2 Contrasting Findings and Divergences

Despite general alignment, some studies present contrasting nuances depending on **population demographics, regional exposure, and intervention models**.

- One contrast appears in **Yoseph et al. (2024)**, where a **community-led intervention** in Ethiopia significantly improved maternal health awareness and service uptake. While this model is not yet implemented in Balochistan, its success indicates a scalable path forward. The contrast lies in the empowerment of women through education—something largely absent in Balochistan where literacy remains low and gender segregation high.
- Another divergence arises in the **perceived severity and urgency of postpartum symptoms**. In studies like **Sibley et al. (2009)** and **Mumtaz & Salway (2007)**, culturally perceived "danger signs" such as bleeding are acted upon immediately, while musculoskeletal pain like PLBP is neglected. Yet **Zakar et al. (2021)** report some rural areas in South Punjab have begun incorporating musculoskeletal issues into maternal health discussions due to increased NGO involvement, a trend not yet mirrored in Balochistan.
- Interestingly, **Shafiq et al. (2025)** found that refugee women, despite their extreme marginalization, displayed **greater openness** to formal care **if physically accessible and culturally adapted**—a contrast to native Baloch women, who may resist formal care due to tradition even when it's available. This points to **variation in cultural rigidity** based on displacement status and identity.
- **Towghi (2024)** diverges from more biomedical-focused studies by **valuing traditional midwifery** not just as a fallback but as a legitimate epistemology rooted in indigenous knowledge. Her perspective challenges the "deficiency model" common in public health literature, emphasizing collaboration rather than replacement of local practices. This contrast emphasizes the importance of **co-integration of systems** rather than merely substituting them.

However, the contrasting insights reveal that **context-specific tailoring** is critical. Models successful in Ethiopia or Punjab may require **significant adaptation** before being applied in the tribal and refugee-heavy context of Balochistan. Furthermore, **inclusive policy frameworks** must not only recognize pain like PLBP but also **validate traditional care pathways** and empower them through collaboration and training.

The management of postpartum low back pain in Balochistan sits at the intersection of cultural norms, systemic neglect, and gender politics. While most studies align on the need for deeper institutional and social interventions, the contrast in strategies and outcomes across contexts underscores the importance of culturally embedded, community-owned solutions tailored to Balochistan's unique sociocultural landscape.

5. CONCLUSION

This review reveals a multidimensional neglect of postpartum low back pain in Balochistan, shaped by gendered norms, sociocultural beliefs, and inadequate health infrastructure. Women's lived realities are governed more by tradition than clinical knowledge, while the medical system often fails to validate or address musculoskeletal postpartum pain. To improve maternal health outcomes, it is imperative to embed culturally appropriate pain management education into maternal care policies, train community-based midwives in musculoskeletal screening, and engage men in maternal health literacy. The invisibility of PLBP in both cultural narratives and public health agendas must be addressed through sustained, localized interventions.

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