

## POSTPARTUM CARE PRACTICES AND THE INFLUENCING FACTORS AMONG RURAL DWELLERS IN ANAMBRA STATE, NIGERIA

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### ABSTRACT

**Background:** The weeks following childbirth are usually periods of physical and psychological recuperation known as the postpartum period. However, instead of continuous recuperation after childbirth, some women continue to experience problems related to childbirth well beyond the postpartum period; and this might have been caused or exacerbated by some poor postpartum care practices. This study was therefore aimed at investigating the postpartum care practices and the influencing factors among postpartum women in rural communities of Anambra State, Nigeria.

**Materials and Methods:** The design was a cross-sectional survey involving 400 volunteering postpartum women consecutively recruited from communities in Anambra State, South Eastern Nigeria. Ethical approval and respondents' informed consent were also obtained. A self-developed and validated questionnaire was used to collect the data necessary for the study. Data were analysed using descriptive and inferential statistics.

**Result:** This study revealed that a significant percentage (12.2%) of the respondents did not deliver their babies in any health facility, while 26.6% did not receive postpartum care services. There was evidence of potentially harmful postpartum care practices among the respondents, and these include drinking of alcohol to induce faster lochia drainage (7%) and drinking herb mixtures to stop heavy lochia flow (13%). Factors that influenced postpartum care practices were the place of delivery, marital status, educational qualifications, age, beliefs, and culture.

**Conclusion:** The study revealed evidence of negative practices and the factors that influence them among the respondents. There is a need for contextualized public health enlightenment program on postpartum care practices that would negotiate change for practices that are harmful, while encouraging those that are helpful.

**Keywords:** Postpartum care practices, postnatal, Lochia drainage, perineal wound care, childbirth.

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## 1.0 Introduction

The weeks following childbirth are usually periods of physical and psychological recuperation known as the postpartum period. However, instead of continuous recuperation after childbirth, some women continue to experience problems related to childbirth well beyond the postpartum period; and this might have been caused or exacerbated by some poor postpartum care practices which they observe. The World Health Organization (WHO) (2014) described the postpartum period as the most critical and yet the most neglected phase in the lives of mothers and babies because most maternal and new-born deaths occur during this period.

It is on record that each year, 287,000 women die from complications related to pregnancy and childbirth, and about 99% of these deaths occur in developing countries (WHO, 2012) of which Nigeria is one. Immediately after birth, bleeding and infection pose the greatest risk to the mother's life (WHO, 1998). Between 50% and 71% of maternal deaths happen during the postpartum period, particularly in the first few hours (Save the Children, 2007). Nigeria, which is the most populous country in Africa, has a maternal mortality ratio (MMR) estimate of 545 per 100,000 live births (Nigerian Demographic & Health Survey, 2008), and most of these deaths occur within 42 days of delivery (the postpartum period). Despite the programs embarked on by the Nigerian government with the aim of reducing this high ratio of mortality, the achievement made so far is low, as the annual percentage decline in MMR from 1990 to 2008 is 1.5% compared to the targeted 5.5% (NDHS, 2008). This calls for the need to examine the crucial challenges militating against efforts at reducing high MMR in the country.

Severe obstetric bleeding can kill even a healthy woman within two hours if left unattended. It is the quickest of maternal killers. For this reason, the WHO (2010) recommended that mothers receive postpartum care within the first 24 hours, followed by postpartum checks on the second or third day, and then on the seventh day after delivery. It is important to note that the timing of postpartum care is also crucial to the well-being of the mother and baby. This timing factor is greatly lacking in settings like Nigeria, where women are discharged after childbirth based on the assumption that they and their babies are medically stable. In some cases, the women request for discharge against the advice of the health care workers mainly because of the high cost of health care. Thus, such women get a 'discharge against medical advice (DAMA)'. Mothers are then encouraged to come for a follow-up visit after six (6) weeks of delivery. This is dangerous because several practices and occurrences might happen within the six weeks interval (postpartum period) which might traumatize the life of the mother and/or baby, thereby leading to morbidity or mortality of the mother, the baby, or both, before the date of the medical check-up. Examples of these postpartum complications are sepsis, postpartum hemorrhage, sub-involution, postpartum psychotic disorders, mastitis, and puerperal cystitis. Neonatal or maternal morbidity and mortality can also occur. All these maternal problems could be reduced if women receive appropriate postpartum care.

Existing studies have focused on the utilization of postpartum care services and have largely ignored postpartum care practices and their associated factors. Given that postpartum care practices vary among individuals, families, communities, ethnic groups and countries based on several associated factors; it becomes imperative to look beyond the utilization of postpartum care services by these mothers in various communities. Efforts should be geared towards finding out what they do (their survival practices) in order to take care of themselves during the postpartum period. This is because some practices can affect the woman's well-being and hinder her return to her pre-pregnancy state (Nigerian Partnership for Safe Motherhood, 2004). Understanding the factors associated with these practices is also very critical for countries in Africa of which Nigeria is one, where the rate of maternal mortality is still high. The postpartum care practices that were investigated in this study included their perineal wound care, nutritional and lochia management practices.

## 2.0 Materials and Methods

### 2.1 Area of study

The research design for the study was a descriptive, non-experimental, cross-sectional design. The study was carried out in rural communities in Anambra State, South Eastern Nigeria. This is because of the assumption that beliefs and cultural practices are upheld mostly in rural communities of the state (Obiora, Ezenduka, Ndie, Umeonwuka, & Nwachukwu-Umeonwuka, 2019). Anambra is the tenth most populated State in Nigeria (Nigerian muse, 2007). The stretch of more than 45km between Oba and Amorka contains a cluster of numerous thickly populated villages and small towns, giving the area an estimated average density of 1,500 – 2,000 persons per square kilometer. The State consists of three (3) senatorial districts, thus: Anambra Central comprising Awka North and South, Njikoka, Dunukofia, Anaocha, and Idemili North and South Local Government Areas. Anambra North comprises Onitsha North and South, Ogbaru, Oyi, Anyamelum and Anambra East and West Local Government Areas. Anambra South consists of Orumba North and South, Aguata, Ihiala, Ekwusigo, Nnewi North and South Local Government Areas.

The State is made up of about 2,117,984 males and 2,059,844 females (Nigerian Population Commission, 2014). There are about thirty-two government-owned hospitals, with some local government areas having more than one, in addition to many private hospitals and clinics in the State. Four comprehensive Health Centres for secondary health care, one State-owned and one Federal Teaching Hospital are present in the State. The people of Anambra State engage in farming (mainly in the rural areas), civil service and majorly trading. Thus, Anambra State is recognized as a State of commerce with one of the largest markets in Africa situated at Onitsha, a city in Anambra State.

### 2.2 Target population

The target population was nursing mothers in rural communities in Anambra State, who had given birth to full-term babies in the past year. This group of women was in a better position to give information on postpartum care practices since they had direct experience within the year and fell within women of childbearing age (Obiora, Ezenduka, & Umeonwuka, 2019).

According to the Federal Ministry of Health (2005), women of childbearing age form 22% of the total population. Anambra State has a total population of about 4,182,032 (NPC, 2014); therefore 22% of 4,182,032 is 920,047, forming the population of women of childbearing age in Anambra State. This population includes the non-pregnant, pregnant and nursing mothers.

### **2.3 Sample and sampling techniques**

The Yaro Yamane formula was used to determine the sample size:

$$n = \frac{N}{1+N(d)^2}$$

Where: n= the sample size

N= the population size

d = the level of precision (assumed to be 0.05 at 95% confidence interval).

The Yaro Yamane (1967) formula is frequently used for sample size determination, for estimating proportion in a finite population, with the formula stated above (Chinweuba, Iheanacho & Agbapuonwu, 2013).

Therefore, the sample size for this research study was:

$$\frac{920047}{1+920047(0.05)^2} = 399.8 \approx 400$$

#### **2.3.1 Inclusion criteria**

Women of childbearing age, who were nursing mothers within a space of one year of childbirth.

#### **2.3.2 Exclusion criteria**

Nursing mothers who were too sick to answer questions, and those whose last childbirth was more than one year old.

#### **2.3.3 Sampling techniques**

A multi-stage sampling technique was used to select the villages that would be used for the study. This is because the population of mothers in Anambra State is very large and covers a wide geographical area. Anambra State has three senatorial districts, a list of which is hereby presented:

- ✓ Anambra North
- ✓ Anambra South
- ✓ Anambra Central

Each of these senatorial districts has seven (7) local government areas in it, thereby making a total of 21 local government areas (LGAs). A list of the LGAs was made, and a local government selected from each of them using simple random sampling (without replacement) method, thereby, making a total of 3 LGAs stated below:

Anambra North ----- Oyi  
 Anambra South ----- Ekwusigo  
 Anambra Central ----- Idemili South

A rural community was finally selected randomly from each of these local government areas. This was done using a simple random sampling (without replacement) method.

Idemili South ----- Nnobi  
 Ekwusigo ----- Ichi  
 Oyi ----- Umunya.

A stratified random sampling method was then used to determine the proportion of the sample size that was used for the study in each of the selected rural communities so as to be able to get a total of 400 mothers who met the inclusion criteria. Nnobi had an estimated population of about 35,000 (NDHS, 2008) and 22% of this population is 7,700 women. Ichi had an estimated population of about 24,452 (NDHS, 2008) and 22% of this population is 5,379. Umunya had an estimated population of about 33,605 (NDHS, 2008) and 22% of this population is 7,393. Thus, 150 (38%) questionnaires were administered at Nnobi community, 105 (26%) questionnaires were administered at Ichi community, while 145 (36%) questionnaires were administered at Umunya community. This gave a total of 400 questionnaires that were administered.

#### **2.4 Instrument for data collection and its validation**

A self-developed and validated questionnaire was used for collecting data on the postpartum care practices of the study participants. The face validity of the instrument was done by the researcher's supervisor, while the content validity was determined by the judgment of an expert in community health nursing, an expert in maternal and child health nursing, and an expert in measurement and evaluation. They examined the specific sections of the items of the instruments to justify the relevance of the contents, logical accuracy, clarity, and their suitability for meeting the study objectives set. They made suggestions and modifications where necessary, and corrections were affected immediately, so as to improve the quality of the instrument. It was then approved by the supervisor, to be used in gathering data for this research work.

#### **2.5 Reliability of the instrument**

A pre-test of the instrument was carried out in order to check the instrument and ensure its reliability. Research questionnaires were used, and the result of its analysis revealed that its internal consistency was adequate (Cronbach alpha's statistics = 0.774). Thus, the instrument was confirmed to be reliable for the study.

## **2.6 Procedure for data collection**

A self-developed and validated questionnaire was used to collect data on the participants' socio-demographic and postpartum care practices. Two research assistants who are nurses and indigenes of the area of the study were trained on the modalities for the questionnaire administration and collection. The women were approached for data collection at the health facilities in their communities. Each woman responded to the questionnaire individually but could ask the research assistants for any clarifications concerning the items in the questionnaire. The illiterates among them were interviewed in their local language using the questionnaire as a guide. It took the researchers and their assistants about three months to complete the data collection. Of the 400 interviewer-administered questionnaires distributed, 372 were returned by the participants giving a total return rate of 93%.

## **2.7 Ethical Consideration**

A formal application for research approval and the research proposal of the study was presented to the ethics committee, Faculty of Health Science and Technology, Nnamdi Azikiwe University, Nnewi Campus, Anambra State, Nigeria; and approval was granted as appropriate. Consent from the respondents was obtained before the actual study, and their confidentiality assured as stated in the typed consent form. They were informed about the purpose of the research, and no financial remunerations were given to the participants. It was important to note that some of the postpartum women who were enrolled in the study were between the ages group of 15 to 24 years. This was because the federal ministry of health Nigeria approved that minors from 13 years and above can give consent to participate in a non-therapeutic sexual and reproductive health research without the consent or permission of their parents or caregivers (Federal Ministry of Health (FMoH), 2014)

## **2.8 Method of data analysis**

Data obtained were entered in computer using Statistical Package for Social Sciences (SPSS) software for windows version 20.0 (SPSS, Inc, Chicago, IL). Descriptive statistics were presented in frequency tables, charts and percentages. Chi-square was used to determine the association between variables

## **3.0 Result**

Sociodemographic data revealed that 26.6% of the respondents did not go for a postpartum check-up, 66.7% of the respondents said that they did not go for a postpartum check-up because they were not feeling sick, 19.8% admitted that they did not think it necessary to go for a postpartum check-up. Only 5.4% and 6.3% of respondents respectively indicated the distance to health care facilities and financial demands as their reasons for not going for postpartum check-up. The above findings are summed up in table I below.



**Table 1****Socio-Demographic Data****n = 372**

Demographic data	Options	Frequency	Percentage (%)
Age range	15 – 24 years	127	34.1
	25 – 34 years	180	48.4
	35 – 44 years	43	11.6
	≥ 45 years	3	0.8
	Missing	19	5.1
	<b>Total</b>	<b>372</b>	<b>100</b>
Education qualification	No formal Education	2	0.5
	Primary	50	13.4
	Secondary	248	66.7
	Tertiary	62	16.7
	Missing	10	2.7
	<b>Total</b>	<b>372</b>	<b>100</b>
Marital status	Single	7	1.9
	Married	346	93.0
	Widow	7	1.9
	Divorced/separated	4	1.1
	Missing	8	2.2
	<b>Total</b>	<b>372</b>	<b>100</b>
Occupation	Housewife	83	22.3
	Farming	25	6.7
	Trading/artisan	213	57.3
	Civil Servant	51	13.7
	<b>Total</b>	<b>372</b>	<b>100</b>
Number of Children	1 Child	79	21.2
	2-3 Children	163	43.8
	4-5 Children	97	26.1
	>6 Children	20	5.4
	Missing	13	3.5
	<b>Total</b>	<b>372</b>	<b>100</b>
Did you go for postpartum check-up?	Yes	265	72.4
	No	107	26.6
	<b>Total</b>	<b>372</b>	<b>100</b>
Reasons for not going for a postpartum checkup	Not necessary	87	19.8
	Not feeling sick	140	66.7
	Financial demands	72	6.3
	Distance to a health facility	71	5.4
	<b>Total</b>	<b>372</b>	<b>100</b>

Also, 3.9% of the respondents said they gave birth to their babies in their respective homes, 8.3% at a traditional birthplace, 61.9% in the health centres, while 26% had their babies in the hospitals. When asked about their perineal wound care practices, a total of 144 respondents indicated that they had perineal laceration (tear) during childbirth, while a total of 197 respondents did not have perineal laceration. 59.4% of the respondents who claimed that they were not taught about how to care for their perineal wound delivered in the health centres, 28.1% of them at home, while 9.4% had their babies at the traditional birth attendants' homes.

The majority of the respondents kept their perineal wounds clean, 56% practiced sitz bath, 89.5% of the respondents did handwashing, while 91.7% indicated that they took prescribed drugs at home. Also, 18.9% of the respondents indicated that they were not taught to wipe the perineum from front to back whereas, a greater percentage (89.4%) of the respondents claimed that they were told to return to the clinic in case of any emergencies. The majority (48.2%) of the respondents claimed that they cared for their perineal wound at home by cleaning the perineum with warm water, while 2% of the respondents applied herbs in caring for their lacerated perineum at home.

Results regarding their nutritional practices show that 156 (54.9%) of the respondents were not restricted to particular food after childbirth, while 124 (43.7 %) claimed that they ate some particular foods after childbirth. However, some of the respondents (n=220, 59.1%) reported that they did not eat fruits and vegetables a few days (unspecified) after childbirth. When asked reasons for not eating fruits and vegetables few days after childbirth, 22 (8.5%) said fruits and vegetables are forbidden after childbirth, 51 (19.6%) claimed that it was not presented to them, while 147 (56.5%) admitted that fruits and vegetables after childbirth make both mother and baby have diarrhoea. Also, 258 (90.5%) of all the respondents ate fresh fish and meat within 1 to 10 days after birth, 182 (61.5%) took pap and hot beverages, 274 (92.6%) ate pounded yam and local nsala soup, 103 (36.4%) ate vegetable soup with yam or rice, 103 (37.2%) ate beans and eggs, while 99 (35.5%) of them commenced fruits and vegetables 1 to 10 days after childbirth.

Findings of the lochia management practices of the women revealed that 44 (13%) of the respondents claimed that blood loss was heavy after childbirth, while 269 (79%) respondents indicated that they had moderate lochia. 5 (4%) respondents admitted that they drank palm oil to stop heavy bleeding, 11 (9%) admitted that they drank herbal mixtures, 42 (34%) packed the vagina with pads, while 20(16.4%) went to the hospital/clinic to report heavy lochia flow. 99 (55.9%) of the respondents tried to increase the rate of blood loss. 102 (61.4%) of the respondents increased blood loss by taking hot drinks, 12 (7%) took alcohol, while 23 (13.9%) increased lochia flow by tying their abdomen with a strong band. The majority of the respondents 149 (85%) stated their reason for wanting to increase the lochia flow to be so that the remaining lochia would come out. The majority of the respondents 280 (88%) used sanitary pads to absorb the draining lochia, 25 (8%) used clean cloth, while 8 (3%) used tissue papers. Also, majority of the respondents claimed that they changed the material for absorbing the lochia as soon as it is soaked, 28 (8%) changed it after every bath, while 35 (10.6%) changed it twice daily.



**Table 2**

The table shows the difference in perineal wound care practices in some socio-demographic parameters among postpartum women in Anambra State.

Parameters	K	P-Value
Place of Delivery	13.605	0.004
Age	5.905	0.116
Marital status	9.209	0.027
Educational Qualification	10.617	0.014

**KEY:**

Level of Significance:  $p > 0.05$

**Table 3**

Influence of some socio-demographic parameters on the nutritional intake of postpartum women in Anambra State.

Parameters	X <sup>2</sup>	P-Value
Educational Qualification	0.462	0.199*
Marital Status	0.871	0.346*
Age	0.024	0.003*

**KEY:**

\*= Fischer's exact test

Level of Significance:  $p > 0.05$

## 4.0 Discussion

### 4.1 The Perineal wound care practices of postpartum women in Anambra State

In identifying perineal wound care practices of postpartum women in rural communities of Anambra State, our findings revealed that 8.3% of the women delivered their babies in traditional birth attendants' homes (places), 3.9% delivered at home, while 61.9% and 26% delivered in the health centres and hospitals respectively. This does not agree with the study of Archibong and Agan, (2010) in Cross-river state - a state in Niger-Delta region of Nigeria reported to have higher maternal mortality (831 per 100,000 live births) when compared with Anambra State (Agan et al., 2010). Their findings revealed that only 34.8% of the postpartum women were attended by skilled birth attendants when in labour. This also implies that a greater percentage of women in Anambra State had their babies delivered by skilled birth attendants since they delivered in health centres and hospitals. However, the above finding still implies that even though the majority of the respondents indicated that they delivered their babies in health facilities, a significant percentage still were not attended to by skilled attendants during childbirth.

Also, 41.7% of the respondents said they had perineal tear during childbirth, and majority of the respondents were taught how to care for the perineal wound which includes keeping wound clean (95.6%), proper handwashing before and after perineal wound care (89.5%), taking

prescribed drugs (91.7%), and wiping perineum from front to back (81.1%). 71.7% said they were taught to apply prescribed cream, while only 56.0% said they were taught to do a sitz bath. This does not also agree with the findings of Amira et al. (2013) whose postpartum care study in Kassala, Ethiopia revealed that only 8% of the respondents applied a sitz bath for perineal wound care.

However, it is worthy to note that a substantial population of our respondents (43.8%) was not taught to practice sitz bathing because many health personnel now use absorbable chromic catgut sutures which can easily be destroyed by hot water used for sitz bath, with resultant perineal burns and wound dehiscence. This is supported by Lemay (2009) who opined that although heat compress is preferred to a cold compress, as heat gives instant relief to damaged tissues after birth, the practice is sometimes dangerous as it may cause burns and scalds. Also, Shelton, (2011) stated that wounds do not need frequent irritation, but cleanliness, and that the more a wound is manipulated, the longer time it will take to heal. The raw surfaces of the wound do not need to be scoured; mere cleaning is enough.

Furthermore, a small percentage of the respondents (n=4) applied herbs and other materials like aloe vera to the perineal wound at home. This agrees with the writings of Falcao (2008) who opined that the use of herbs, honey, and aloe vera are useful in perineal wound care. However, the use of a mixture of herbs and ointments on perineal wounds increases the risk of wound contamination and subsequent infection which later heals by secondary intention with fibrosis and extensive scar tissue formation (Okeke et al, 2013). This may eventually result in gynaetresia and the development of dyspareunia (Okeke et al, 2013).

#### ***4.2 The nutritional practices of postpartum women in Anambra State***

On determining the nutritional intake of postpartum women in Anambra State, it was evident from our findings that the majority of the respondents (54.9%) claimed they do not eat any particular food after childbirth. However, a significant percentage (43.7%) said they were restricted to a particular food after childbirth. The latter did not eat fruits and vegetables until 31 to 42 days after childbirth. Their major reason for practicing this was the belief that fruits and vegetables cause diarrhoea to both mother and baby (56.5%). These findings agree with that of Alakija (2006) who observed that certain foods are forbidden during the postpartum period; examples are fruits and vegetables during early postpartum. This is practically an unhealthy practice and contrary to nutritionists' echo of maintaining health through fruits and fresh vegetables. Udeh (2006) echoed that fruits and vegetables must be a fundamental part of our food, because this class of food helps our immune system by providing the body with vitamins, while their roughages help prevent constipation, as constipation causes much pain for a postpartum mother.

The findings above are also in line with the report of Barennes, Simmala, Odermatt, Thaybouavone, Vallee, Mmartinez-Aussel, Newton and Strobel (2009), who in their study to determine the postpartum traditions and nutrition practices among urban Lao women and their infants in Vientiane discovered that 90% of their respondents had restricted diets during their postpartum. They also noted that 8.3% of the mothers were underweight, 99.3% had vitamin A insufficiency, 45% had vitamin C insufficiency, 96.6% had thiamin insufficiency, while 96.6 had insufficient calcium levels. All these micronutrients are very essential for developing a strong immune system for the wellbeing of a postpartum woman and her lactating baby. Thus,

the need for these respondents to be educated on the benefits of eating fruits and vegetables postpartum, since fruits and vegetables are rich in all these vitamins and micronutrients mentioned above.

#### ***4.3 The lochia management practices of postpartum women in Anambra State***

In determining the lochia management practices of postpartum women in Anambra State, 13% of the respondents said that blood loss was heavy, 79% indicated that theirs were moderate, while 12% said theirs were scanty and insignificant. According to Ojo and Briggs' (2006), lochia drainage may be heavy due to retained products of conception, while the scanty loss may be due to poor drainage. However, the latter can be normal depending on the woman's state of health. When asked how they tried to stop heavy lochia drainage, 4% of the respondents said they drank herbal mixtures, 34% packed vagina with pads, while 16.4% went to the hospital/clinic to report heavy lochia flow. This is in line with the statement of Ali, Fikree and Rahbar (2000) that some mothers take herbs to control excessive vaginal loss. They also said that most mothers use old unhygienic cloths or cotton wool to pack vagina, and in turn introduce infection that leads to sepsis.

Also, 61.45% of the respondents tried to increase the rate of blood loss by taking hot drinks, 7% took alcohol, while 13.9% increased lochia flow by tying their abdomen with a strong band. This findings agree with the findings of Okeke et al, (2013) who discovered in their study to determine the postpartum practices of 440 women attending postpartum clinic in Enugu State, Nigeria, that 25.2% of the respondents drank various forms of alcoholic beverages to induce lactation, while 80.2% of them applied hot compresses on the lower abdomen to aid lochia drainage and involution of the uterus. Also, 75% sat in hot water salt solution (NaCl) in the immediate postpartum to aid lochia drainage.

In this study, 85% said that their reason for trying to increase the lochia flow was because they wanted the remaining lochia to drain faster. Also, the majority (88%) of the respondents used sanitary pads to absorb the draining lochia, 8% used a clean cloth, while 3% used tissue papers. This agrees with the findings of Ezenduka and Iheanacho (2008) that some women used sanitary pads which were hygienic, but some used tissue paper (44.4%), pieces of cloth (17.38%) and tampons (5.8%) that can cause irritation and lead to vaginal infections which is very dangerous for a woman in postpartum. However, the majority (75%) of the respondents said they changed the lochia absorbent material as soon as it got soaked, 8% changed it after every bath, and 10.6% changed it twice daily, while 5.7% changed it once daily. It is widely known that a heavy lochia drainage/vaginal loss after childbirth can be indicated by frequent soaking of the absorbent material. Therefore, the mother needs to report any such occurrence to the nearest health facility for proper management.

Also, a significant percentage (26.6%) of the respondents did not attend postpartum check-up both during and after the postpartum period. This seems to agree with the findings of Ugboaja et al, (2013). In their study aimed at determining the major barriers to postpartum care and exclusive breastfeeding among urban women in south-eastern Nigeria, they discovered that a significant percentage of the respondents did not go for a postpartum check, only 91.7% of their respondents attended a postpartum clinic. Also, in a study carried out in Kassala by Amira et al, (2013), who in their bid to describe postpartum activities, postpartum care, and the association with socio-demographic characteristics found out that 55.7% of the respondents did

not receive any postpartum check-up until they completed 6 weeks from their last delivery. All these findings contradict the statement of Titaley et al. (2009), that when postpartum care is delivered through health facility-based care, it has the potential to enhance both maternal and infant survival. Also, Dhakal et al, (2007) opined that attendance of postpartum care by women influences both women and children's lives, in terms of reducing repeat pregnancies and increasing effective contraceptive use. Therefore, the implications of not receiving a postpartum check-up could be grievous and might affect both the survival of the mother and her baby.

When asked the reasons for not attending postpartum check-up, 66.7% of the respondents said it was because they were not feeling sick, 19.8% said they did not think it necessary to go for a postpartum check-up, 55% said distance to health facilities was the problem, while 6% blamed it on financial demands. This also seems to agree with the findings of Ugboaja et al (2013) that 42.2% of their respondents gave lack of knowledge about postpartum care services as their reasons for not receiving postpartum check-up, 36.4% said location of the hospital was not near, while 21.1% said their reason was that they felt postpartum check-up was unnecessary.

#### ***4.4 Factors that influenced the various postpartum care practices among postpartum women in Anambra State***

On identifying the factors that influence the various postpartum practices among postpartum women in Anambra State, the findings revealed that:

- Place of delivery, marital status and educational qualification significantly influenced the perineal wound care practices of the respondents, while age was significantly associated with the postpartum nutritional practices of the respondents. This agrees with the findings of Workineh and Hailu (2014) that place of delivery is significantly associated with postpartum care utilization, which is part of the postpartum care practices of women. It is expected that whosoever attended to a woman during the process of childbirth would advise her on how to take care of herself and her baby at home. Therefore, women who delivered their children at home are more likely to practice whatever the elderly women that attended to them taught them, while those who delivered their children in the health centres and hospitals are more likely to practice what they were taught by the health care workers. Also, it is possible that women with higher educational status might tend to practice more hygienic wound care.
- Beliefs and cultures also influenced the nutritional intake of postpartum women in Anambra State. This is because 8.5% of the women indicated that fruits and vegetables are forbidden after childbirth in their culture, while 56.5% indicated that fruits and vegetables consumed after childbirth purge both mother and baby.

In a society/community where beliefs and culture, and advice from elderly women are key factors associated with their postpartum care practices, it provides justification why educational level and age will not significantly influence all the postpartum care practices. This is because no matter the age and educational attainment of a woman, she may not want to go against her beliefs and culture so as not to incur the likely resultant wrath that might follow. This agrees with the findings of Archibong and Agan (2010), that maternal death is associated with social norms and practices.

This finding also contradicts the findings of Ayaz and Efe (2008), who discovered in their study to identify potentially harmful practices of married women during pregnancy, delivery and postpartum in Turkey, that demographic characteristics of women such as age, educational status, age of marriage, and birthplace affected all the traditional postpartum practices of the respondents.

## 5.0 Conclusion and recommendation

The findings of this study revealed that a significant percentage of the respondents delivered outside the health facility, and that place of delivery is one of the factors that affect postpartum care practices in Anambra State. This, therefore, calls for an investigation into why some mothers do not utilize the health facilities as supposed. The study also revealed that some positive postpartum practices exist in the study area, such as keeping perineal wounds clean, hand washing before and after perineal care, eating variety of foods after childbirth, omugwo (a period of rest for the postpartum woman) which will help the primary health-care workers in emphasizing postpartum care practices that need to be upheld.

The study also showed evidence of negative practices such as drinking herb mixtures to stop heavy lochia, drinking alcohol to induce more and faster lochia drainage and non-attendance of postpartum check-up. This evidence might be used to formulate policies and health education programs on postpartum care best practices and these findings could serve as baseline information on similar studies in other locations.

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## Declaration

The authors declare that they have no conflict of interest.

## Authors contribution

OOL was involved in conceptualization, data collection and analysis, writing the original and final article, while EPO and NEC were involved in conceptualization and supervision.

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