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RESEARCH ARTICLE

POST PARTUM BELIEFS AND PRACTICES AMONG RURAL WOMEN IN ZAMBIA

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ABSTRACT

This was a descriptive cross-sectional study conducted in Nangoma, Mumbwa district located in Central Province of Zambia. The purpose of the study was to explore post partum traditional beliefs and practices among rural women and examine the relationship of these to the use of postnatal care. A total of 120 postpartum women who attended health care facilities were interviewed. Data was obtained using a semi structured interviews. Data analysis methods included use of both descriptive and inferential statistics. The results showed that 52% of the respondents were within the age group 15 -25 years and were married (90%). Fifty – eight percent (58%) had primary school education and had 1- 3 children. Most (80%) of them were housewives who lived more than 12 kilometers away from the health facility.

The results revealed some postpartum beliefs and practices among the postpartum women. However, some of the beliefs are not harmful and vise versa. Therefore, there is need for Midwives and other health care providers to learn traditional beliefs and practices existing in the communities they serve and to discourage those that are detrimental to the health of the mother and her baby.

INTRODUCTION

Background Information

The postpartum period can become pathological due to adoption of certain traditional practices and taboos which can consequently affect the health of the mother (Khandeka, Dwivedi, Bhattacharya, Sigh, Joshi and Raj, (1993). During the post natal period, Traditional beliefs and practices during postpartum period may become predispose a mother to infections during postpartum or may act as barriers to postnatal care. Puerperal infection with fever is particularly dangerous since it is most often associated with genital infection leading to septicemia.

Post partum period is the period during which the woman adjusts, physically and psychologically, to pregnancy and birth (Olds, London, Ladewig, 1996). According to Dickason, Silverman and Schult (1994:395), dramatic changes begin to occur in a woman's body systems as soon as a baby is born. They also state that some systems undergo only minimum reversal, whereas others undergo extensive changes, for example, the cardiovascular and reproductive systems. The woman's body reverts to her pregnant state physical state within 6 weeks. This process of readjustment is called involution. Lactation is also established during the said period.

The management of puerperium aims at promoting good health and hastening involution of the pelvic organs. It also aims at promoting breast feeding, preventing infection and educating the mother on the proper care of her baby. In order to promote good heath rest and sleep are very important in the management of a post partum woman. To promote good circulation and drainage of lochia, early ambulation is encouraged. A well balanced diet and adequate fluid intake is encouraged. As over-distention of the bladder predisposes the post partum woman to hemorrhage, sub-involution of the uterus and urinary tract infection, she is encouraged to empty the bladder regularly. Constipation should also be avoided as it may also contribute to sub-involution of the uterus.

In order to prevent infection and promote comfort and cleanliness, vulval hygiene at least twice daily and frequent changing of pads whenever necessary are encouraged because the placental site is a good breeding ground for bacteria. Anyone with an infection should not attend to a postpartum woman. The number of visitors should also be kept to a minimum, especially during the first week of delivery.

Exclusive breast feeding or exclusive replacement feeding is promoted for the first six months. The postpartum woman is taught breast feeding techniques. She is encouraged to put the baby to the breast one hour after birth to prevent hypoglycemia and to empty the breasts at regular intervals to prevent breast engorgement. Feeding should not be less than 8 times in 24 hours. Other fluids or food should not be give. Women who know their HIV status are counseled on the best feeding methods for the survival of their babies. Where practicable, the woman is encouraged to wear a well fitting brassier or breast

binder to support the breasts. Health education is given to the woman on the postpartum danger signs, family planning, care of the baby especially first time mothers and the importance of taking her baby to the well baby clinic for growth monitoring and immunizations. The importance of returning for postnatal care six weeks after delivery is also stressed.

In Zambia, post natal care services are offered by the governmental hospitals and health centers and private clinics. During the postnatal period care is provided to the woman and her baby after six hours, six days and six weeks.

LITERATURE REVIEW

Cross-culturally, there are traditional practices and beliefs that surrounds the postpartum period among cultures that are observed by women for instance, in Indonesia, women are prohibited from leaving their homes for 40 days after delivery so they do not seek postpartum care from a formal health provider unless and until the situation is grave (Ambaretnani, Hessler and Carline, 1993). Nigerians women go through a period of hot baths or massage with a hot napkin after delivery claiming that this would rid the body of blood that has coagulated inside the woman during delivery. Failure to observe the hot bath period (7- 40 days) is believed to meet with dire consequences such as swelling and smelly vaginal discharge (Public opinion polls, 1993 in National Research council, 1994). During postpartum, the new mother's activities are strictly limited and her needs are taken care of by female relatives and midwives.

According to Rice (1994), Vietnamese culture, there are a number of cultural beliefs and practices which must be observed in order to for a woman regain strength and avoid ill health. She states that during postpartum, the woman looses blood and her body becomes cold, as blood is considered "hot" and in order to restore the heat lost in child birth a woman must keep herself warm by lying near a fire in a room where windows and doors are kept closed in order to keep away from draught. She found that women are required to restrict themselves to certain types of food and refrain from most physical activities such as household chores; carrying heavy loads to avoid prolapsed of internal organs. Cold foods are restricted to prevent the mother from catching a cold.

The postpartum mother is not supposed to go out into the sunshine, walk about, cry, bathe, wash her hair, touch cold water or engage in sexual intercourse (Kim-Godwin, 2003; Galanti, 1997; Holroy *et al*., 1997). Rice (1994) noted that most Vietnamese women did not feel comfortable to be examined vaginally after giving birth especially by a male health worker and this could be a barrier to postnatal care. Chinese women observe similar postpartum practices as Vietnamese women (Kim-Godwin, 2003; Davis, 2001). They also practice postpartum confinement which lasts for 30 days. During postpartum confinement, female relatives or live-in helpers perform household activities for the new mother (Kim-Godwin, 2003).

In rural Guatemala, traditional midwives emphasize the application of heat in the postpartum period (Kim-Godwin, 2003; Lang and Elkin, 1997). New mothers are instructed to use heated water to preserve their warmth; they might take a sweat bath, a sitz bath or an herbal bath. Guatemalans believe that a hot bath increases the flow of milk, lowers the milk into the breasts and prevents breast milk from becoming cold. Rest is considered essential after birth, for example in Guatemala, a traditional midwife visits the mother every day or two, for up to 2 weeks after birth, to check the baby's cord, to massage the mother and to wash the families clothes and linen so that the new mother may rest (Lang and Elkin, 1997).

A study conducted by Jordan (1993) in Mexico among the Mayan Indian in Yucatan it was reported that for the first week following childbirth, the Mayan mother and infant are considered "hot' and must remain secluded in the house to protect them from "cold" evil wind. In Mayan Indian culture in Mexico, a new mother and infant must remain inside the house for 7 days and have limited contact with non-house hold visitors as reported by Kim-Godwin (2003). She resumes her full, normal activities only after the 20th day (Jordan, 1993).

In India, postpartum confinement lasts up to 40 days (Kim-Godwin, 2003). This seclusion aimed at protecting the new mother and her baby from evils spirits and exposure to illness because of the vulnerability of both mother and baby (American Public Health Association, 2001).

According to Nahas, Hillege, and Amashen (1999), in the Middle East, women believe that their bones are still open after birth and having cold food and drink result in health problems such as arthritis and rheumatism. The women also believe that hot meals keep new mothers warm and increase their milk supply (Nahas *et al*., 1999). Postpartum confinement as described by Nahas and Amashen, (1999) "is customary, lasts for 40 days and during this period, someone comes to the house or stays with the new mother to take care of the baby, the house and the other children, so that the mother rests".

Traditional beliefs and practices during postpartum period exist in most cultures. Most of the practices are common to all cultures although differences exist. Many are harmless or beneficial but some can be detrimental to the mother's health and can interfere with the use of postnatal services. Unfortunately, not many studies have been conducted on the same topic in Africa as demonstrated by this literature review. Related studies conducted elsewhere have been descriptive in nature. This study seeks to shade light on traditional practices and beliefs in an African set up.

Purpose of the Study

To explore post partum beliefs and practices among rural women.

METHODOLOGY

Study design and setting

This was a descriptive cross sectional study conducted in Nangoma, Mumbwa district, located in the central part of Zambia. The study population comprised postpartum women within the first month after delivery who delivered at the health institution at the time of the study.

Sample selection and sample size

Systematic sampling procedure was used to select the desired sample. Both first time mothers and multiparous women were included in the study. A total sample of 120 women was selected. Only women who fulfilled the following inclusion criteria were recruited in the study:

- Women within the first month after delivery
- Aged 18 years and above
- Gave informed consent to participate in the study

- Lived within the Nangoma Hospital catchment area

Data collection

Data was collected using a semi-structured interview schedule. The research instrument comprised 3 sections. Section A elicited demographic data and section B comprised questions on cultural beliefs and practices.

Pilot study

Prior to the main study, a pilot study was conducted to discover any biased questions and to make any amendments to ambiguous questions before starting actual data collection.

Data analysis and presentation of findings

Data was checked for completeness and consistency and analyzed using SPSS version 22 statistical package. It was then summarized and presented in the form of frequency tables, bar charts and 2x2 tables to facilitate understanding.

Ethical consideration

Ethical approval was obtained from the ethics committee of the University of Zambia. Permission was also sought from the Mumbwa district Director's office and the management of Nangoma Hospital. The respondents were assured of confidentiality and non-persecution arising from their responses. Individual consents were granted by each respondent before an interview was carried out and information about their freedom to withdraw at any stage was stressed. To maintain anonymity and confidentiality, pseudonyms were used throughout the study and all information gathered was kept in a locked cupboard.

RESULTS

A total of 120 postpartum women participated in the study. The results were presented in tables and a graph

Table 1 Respondents' demographic data (n =120)

Age	No	%
15-25 Years	62	52
26-35 Years	41	34
36-45 Years	12	10
45 Years and above	5	4
Marital status		
Single	12	10
Married	108	90
Education level		
Never been School	14	12
Primary	70	58
Secondary	34	28
College	2	2
Parity		
Primipara	10	8
1-3	72	60
4 or more	38	32
Occupation		
House wife	96	80
Formal employment	5	4
Informal employment	19	16
Total	120	100

DISCUSSION

The findings revealed that majority (52%, n = 62) of the respondents were within the age group 15 to 25 years and 90% (n= 108) were married (Table 1). Fifty-eight percent (58%, n = 70) had attained primary education, 60% (n= 72) had about 1 to 3 children and 80% (n=96)' were housewives (Table 1).

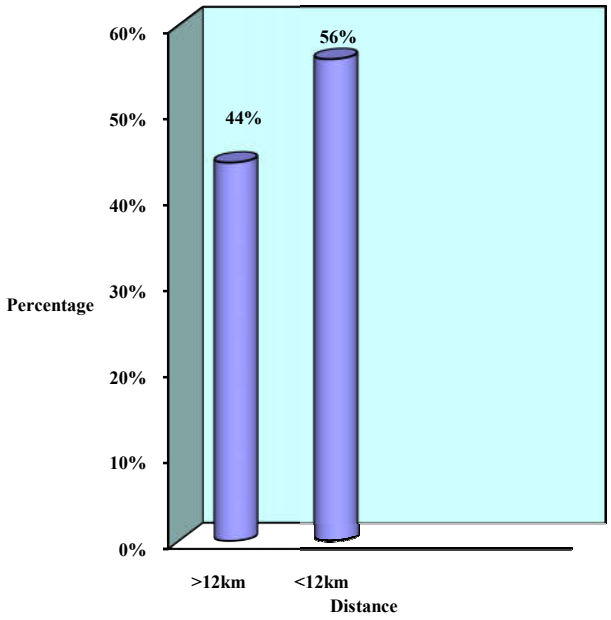

Figure 1 Distance to health facility

Table 2 Postnatal beliefs and practices (n =120)

Practices	No	%
Hot compress to prevent blood clots and help the uterus get back into a right position	118	98%
Tying the abdomen to help the uterus get back to the pre pregnant state.	78	65%
Taking plenty of fluids and hot meals in order to regain strength and increase milk flow in the breasts.	120	100%
Use of traditional medicine when a woman has a stillbirth and miscarriage to prevent them recurring and to cleanse them from the Ghost	98	82%
Confinement for one month	120	100%
Should not prepare food for other people or put salt in relish until she is cleansed with traditional medicine.	106	88%
She should not engage in hard work	120	100%
She should not eat meat until the umbilical stump drops otherwise the woman will have abdominal pains.	70	58%
She should not cook until the umbilical cord drops off.	55	46%
She should not engage in sexual activities until the baby is weaned.	120	100%

Most (56%, n = 67) of the respondents lived more than 12 kilometers away from the health facility (figure 1). Distance limits women's willingness and ability to seek care, particularly when appropriate transportation is limited, difficult communication, terrain and climate are inhospitable (Koblinsky, Timyan and Gay; 1993:220). Bringing services closer to women, would overcome many of the distance and transport constraints currently affecting access to care.

The most common cultural beliefs and practices among the Nangoma community reported by all (100% n = 120) the respondents were taking plenty of fluids and hot meals in order to regain strength and increase milk flow in the breasts, confinement in the house for one month, not engaging in hard work, and sexual activities until the baby is weaned.

The nutritional status of the mother may affect the quantity of milk. If nutritional intake is inadequate, there will be less milk (Dickason, Silverman and Schult, 1994:418). In addition, lactation requires an increase in protein of 15 to 20 g over

baseline (Dickason, Silverman and Schult, 1994:418). A lactating woman requires extra fluids to be able produce more milk. However, some women in this study believed that a woman who had delivered should not eat meat until the umbilical stump drops otherwise the woman will have abdominal pains (58%, n = 10). However, this practice though proven scientifically could deprive the woman and her baby the much required proteins for repair of tissues and body building respectively.

Following child birth most women feel exhausted and in need of rest. Confinement may assist the woman to get adequate rest. Physical fatigue often influences many other adjustments and functions with the new mother. It may also reduce milk flow, thereby increasing problems with breast feeding (Olds, London, Ladewig, 1996: 1077). The mother requires energy to make the psychological adjustments to a new infant and to assume her new roles. On the other hand house confinement, may not encourage early return to normal activities in uncomplicated birth (Dickason, Silverman and Schult, 1994:404) and may hinder women from utilizing postnatal services (Simataa, 2009: Bobadlla, 1997). During confinement, a woman who has delivered is expected to lie down instead of ambulating. Visitors are also minimized as only close family members are supposed to visit and attend to the postpartum woman and her newborn baby for fear of evil sprits that could harm the baby. Confinement takes about one month and during this period the postpartum woman and her infant may not be in contact with a health care provider yet this is the time when postpartum danger signs which could lead to the death of mother and baby are likely to manifest. These include abnormal vaginal bleeding, fever, headache, puffiness, swelling of feet and foul smelling vaginal discharge (lochia) in a mother whereas in a baby the include difficult breathing, hypothermia, inability to suck, convulsions or lethargy, excessive crying, Jaundice, infected cord stump, conjunctivitis, vomiting and diarrhoea (Dickason, Silverman and Schult, 1994:477).

With regards to sexual activities, couples were discouraged from engaging in sexual intercourse until 6 weeks postpartum in the past (Olds, London, Ladewig, 1996: 1082). Currently couples are advised to wait until lochia discharge has stopped and the episiotomy has healed before resuming sexual intercourse (Novak and Broom, 1996:233). Abstaining until the baby is weaned may be too long and encourage the husband to engage in extra marital sex. Family planning information should therefore be made available to the women.

Almost all (98%, n = 118) the respondents stated that application of hot compress to prevent blood clots and help the uterus get back into a right position was also a common practice in the community. This result confirms the findings of a Nigerian study by Tsui, Wasserheit and Haaga (1997) which revealed that women go through a period of hot water baths or massage with hot napkins after delivery. Similar findings were also recorded in studies conducted by Bobadilla (1999) and Nsemukila *et al* (1998).

Another cultural belief and practice existing in the community is that of tying the abdomen to help the uterus get back to the pre pregnant state (65%, n = 78). It is believed that if a postpartum woman does not tie her abdomen, it will not involute. However, involution of the uterus is a natural processes that occur in the postpartum period and it is expected that uterine fundus descends approximately one finger width into the pelvis on each successive day so that by the end of the 10th day, it is down behind the pubic bone and not palpable (Novak and Broom, 1996: 225).

Most (88% , n =106) of the women interviewed said that a postpartum woman should not prepare food for other people or put salt in relish until she is cleansed with traditional medicine while some women believed that a woman who had delivered should not cook until the umbilical cord drops off (46%, n =55). A woman should not prepare food for other people or put salt in the relish because people who eat such food will have a chronic cough. Though there is no scientific basis for this belief and practice, it encourages women to rest where family chaoses are concerned.

In this study, the women also believed that a woman who has had a stillbirth and miscarriage should be bathed in traditional medicine to prevent them recurring and to cleanse them from the Ghost (82%, n = 98). This is because most communities believe that witchcraft exists is responsible for some of the pregnancy-related problems.

CONCLUSION

This study demonstrates that postpartum beliefs and practices exist. These may either be harmless or have a negative effect on the health of the mother and baby. It is widely recognized that making health care as culturally appropriate as possible is an important component of quality care. This includes evaluating practices and beliefs on an individual basis to determine their medical significance. If they are beneficial or benign (neither medically beneficial nor harmful) every effort should be made to incorporate them into health care delivery services if so doing will enhance the perceived quality of care. Therefore, there is need for Midwives and other health care providers to learn traditional beliefs and practices existing in the communities they serve and to discourage those that are detrimental to the health of the mother and her baby. Further research is needed to identify harmful beliefs and practices.

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