Knowledge and Practice Regarding Postnatal Care among Mothers Residing In Selected Slum Area of Dharan, Nepal

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Abstract- **Postnatal care is one of the most important maternal health-care services for not only prevention of impairment and disabilities but also in reduction of maternal mortality. Safe-motherhood report also highlights that the majority of women in developing countries receive almost no postpartum care. A descriptive cross sectional study design was adopted for this study. The sample size was 60 and purposive sampling method was adopted to select the ward and mothers meeting the inclusion criteria. Data were collected by using pre-tested; semi-structured interview schedule. The study showed that the median percentage of overall knowledge regarding postnatal care among mothers was 51% and that of practices regarding postnatal care among mothers was 33.3%. This showed that there was lack of practices in comparison to Knowledge. There was significant association of knowledge regarding postnatal care with respondents' level of education (p value= 0.031), whereas there was no significant association between practices regarding postnatal care with other socio-demographic variables. Knowledge regarding postnatal care had significant positive correlation with practice that means when knowledge increased practice also increased. The study conclude that there is knowledge regarding postnatal care among mothers like postnatal checkup, hygiene, birth spacing, additional diets, complications and danger signs;**

Whereas there is still lack of knowledge among mothers regarding postnatal period, postnatal exercise, early ambulation. There is difference in the overall knowledge (57%) and practices (68%) regarding postnatal care among mothers.

Key words: **Postnatal Care, Dharan, Nepal**

I. INTRODUCTION

Since most maternal deaths occur during delivery and the postpartum period due to complications, the first week after delivery is the most critical time, with most complications occurring in the first two days. The most common fatal complications are postpartum hemorrhage, sepsis, complication of unsafe abortion, prolonged or obstructed labor and eclampsia.[1]

Even though many modalities are emerging in the field of maternal and child heath many women are still dying in home due to poverty, ignorance, lack of health facility. Maternal mortality cannot be reduced and second long term health plan cannot be met unless knowledge and practices of mothers are improved regarding maternal care.

II. OBJECTIVES

- To assess knowledge and practices regarding postnatal care among mothers residing in Dharan.
- To find out association between knowledge and practices regarding postnatal care with the selected socio- demographic variables.
- To find out the correlation between knowledge and practices regarding postnatal care.

III. MATERIALS AND METHODS

A descriptive cross sectional study design was adopted for the study. Mothers, who had less than one year old child, were the population and sample. Mothers who were meeting the inclusion criteria and willing to participate in this study were the sample. The sample size was 60 and purposive sampling method was adopted to select the ward/block and mothers meeting the inclusion criteria were enrolled in the study. Data were collected by using pre-tested; semi-structured interview schedule.

IV. RESULTS

The study result showed that the median percentage of overall knowledge regarding postnatal care among mothers was 51.2% and that of practices regarding postnatal care among mothers was 33.3%. This showed that there was lack of practices in comparison to knowledge. There was significant association of knowledge regarding postnatal care with respondents' level of education (p= 0.031), whereas there was no significant association between practices regarding postnatal care with other socio-demographic variables.

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Table 1: Socio-Demographic Characteristics of the Respondents

n=60

Category	Frequency	Percent
Age (in years)		
15-19	08	13.3
20-24	**23**	**38.4**
25-29	17	28.3
30-34	06	10.0
≥35	06	10.0
Median (IQR)= 24 (20-28) years	Range (15-42)	
Education		
Illiterate	**19**	**31.7**
Primary	19	31.7
Secondary	17	28.3
Higher secondary and above	5	8.3
Marital status		
Married	**59**	**98.3**
Widow	01	1.7
Per capita income		
<Rs 3300	**49**	**81.7**
≥Rs 3300	11	18.3
Dollar 1.25per day =Rs3300		
Family size		
<5Members	**37**	**61.7**
≥5 Members	23	38.3
Median(IQR)= 5 (4-7) members	Range(3-12)	

Table 2: Education and Occupation of Respondents' Husbands

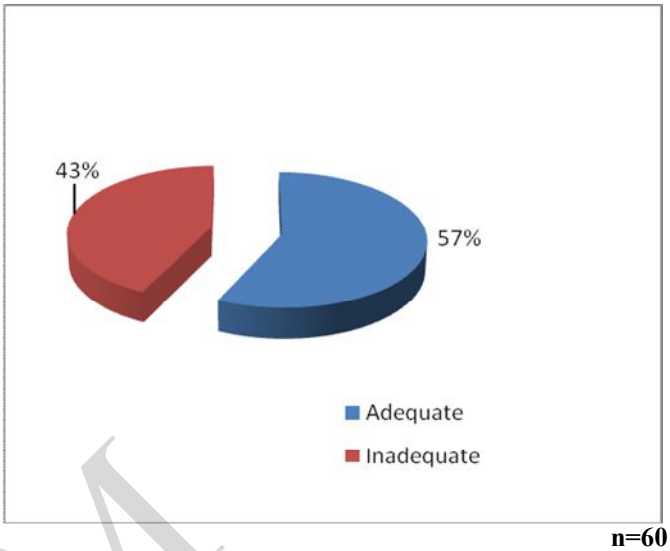
n=59

Categories	Frequency	Percent
Education		
Illiterate	06	10.0
Primary education	16	27.1
Secondary education	**34**	**56.7**
Higher secondary & above	03	5.0
Occupation		
Farmer	05	8.5
Mason	10	16.9
Abroad	15	25.4
Labour	**21**	**35.6**
Service	08	13.6

Table 3: Obstetric Status of the Respondents

n=60

Categories	Frequency	Percent
Duration of marriage		
<5years	32	53.3
≥5 years	28	46.7
Median (IQR)=5 (2-9) Years	Range= 1-22 Years	
Duration of last child birth		
<3months	18	30.0
3-6months	12	20.0
≥6 months	**30**	**50.0**
Median (IQR)= 6 (3-10) months;	Range = 2-11 months	
Problems faced during delivery		
Yes	07	11.7
No	**53**	**88.3**
Types of problems faced during delivery		**n=7**
Prolong labor	02	28.6
Per Vaginal leaking	02	28.6
Diarrhea	01	14.2
Meconium stained liquor	02	28.6
Complications after delivery		
Yes	06	10.0
No	**54**	**90.0**
If yes complications after delivery are		**n=6**
Excessive vaginal bleeding	02	33.3
Retained placenta	**03**	**50.0**
High blood pressure	01	16.7



n=60

Fig.1: Overall Knowledge of the Respondents Regarding Postnatal Care

Table 4 depicts knowledge regarding postnatal care had significant positive correlation with practice that means when knowledge increased practice also increased.

Table 4: Correlation between Knowledge and Practices of Postnatal Care

n=60

Variables	Median percentage (IQR)	Correlation coefficient	P-value
Knowledge regarding postnatal care	51.22 (43.90-60.97)	**0.540**	**<0.01***
practice regarding postnatal care	33.33 (26.67-46.67)		

*Spearman rank correlation (Two-tailed)

V. DISCUSSION

Despite of too much emphasis given to the reproductive health, maternal mortality is still high, which is more common in postnatal period. Keeping the view in mind this study was conducted in a Slum area of Dharan sub-metropolitan city of Nepal.

Current study revealed that majority (60%) of the women delivered their baby at home and rests (40%) of them only have hospital/institutional delivery. This finding is similar from the study done by Nepal demographic and health survey 2011.[2]

Regarding knowledge about postnatal care few (3.3%) of the respondents know about postnatal period, almost all (96.7%) of the respondents were unaware of postnatal period.

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This is supported from the study to assess postpartum practices in Tamang Community of Changu Narayan, Bhaktapur, Nepal is 90 days,[3] while in Chinese community last 40 days, similarly in Somalia, after child is born, the new mother and baby stay indoors at home for 40 days, a time period known as "Afatanbah". Majority (68.4%) of the respondents were able to define the proper definition of postnatal care. More than half of the respondents (51.7%) knew that women should go for postnatal check up with at least 3 postnatal visits (45%). All (100%) of the respondents knew to maintain hygiene during postnatal period. Some (13.3%) of respondents knew daily bathing is essential to maintain hygiene. Similarly respondents almost all (93.3%) thought that perineal hygiene is also essential during postnatal period and for this almost all (93%) knew more than 2 times a day perineal hygiene should be maintained. The respondents knew that for maintaining hygiene of breast. Majority of the respondents knew (86.7%) breast should be kept clean before feeding and only (38.3%) of the respondents knew breast should be kept clean after each breast feeding.

Some (10%) of the respondents knew that postnatal exercise should be done. Sixty percent of the respondents knew that iron tablet should be taken during postnatal period where as 25% of the respondents knew that iron should be taken for 42 days during postnatal period. Less than half (43.3%) of the respondents knew that vitamin A capsule should be taken by postnatal mother. Most of the respondent's (88.3%) did not know the frequency of intake of vitamin A capsule. One fourths (25%) of the respondents knew about early ambulation contrary to this respondents take rest for 7 days to 1 month in Tamang community in Nepal.[3] Forty percent of the respondents were aware that sexual relation can be established after the postnatal period.

This is contrary from the study done in Vietnam to assess traditional postpartum practices among postpartum Vietnamese mothers in Anthi district Hung Yen Province North where sex abstinence from 2-6 months done by postnatal mothers.[4] Most of the (88.3%) of the respondents knew that birth spacing should be done between two children. 29% of the respondents knew about period of birth spacing between two children. Some (13.3%) of the respondents know about methods of contraception used by the lactational mother. All most all (95%) of the respondents were knew that hospital should be gone for checkup incase of illness during period. All (100%) mothers knew that additional foods should be added during postnatal period.

This is contrary from a study done to assess postpartum practices of puerperal women and their nfluencing factors in three regions of Hubei, China which revealed that the most women in the village were aware of and practiced the common postpartum regimens except for the encouragement of more food intake and the limitation of contact with others and also during the pueperium.[5] This study is also supported by the study done in Malaysia to assess beliefs and practices related to the traditional postpartum care among women who had given live births in a village in Penang where older women were more likely to consume or use traditional herbs and to used to restrict water intake during postnatal period[6] and also from the study in Tamang Community When the pregnant woman gives birth to the child, the family members serve best quality of *aerak* (Alcohol) or *chhyang* (Fermented liquor) to her. If the economic status is good, they serve warm alcohol mixed with one teaspoon of ghee.[3]

Majority of the respondents were aware of the complications of postnatal period such as postpartum hemorrhage (76.7%). Majority (65%) were aware of the genital infection, some (41.7%) were aware of Thromboembolic diseases, more than half (58.3%) were aware of urinary tract infection, Majority (75%) were aware of puerperal mastitis and some (35%) were aware of psychological problems. This study is also supported by the study which revealed that the long-term maternal complications in the postnatal period include chronic pain, impaired mobility, damage to the reproductive system and infertility (Safe Motherhood, 2002).

Majority (86.7%)of the respondents knew of painful breast engorgement,76.7% knew of High vaginal bleeding danger signs, 56.7% knew of foul smelling vaginal discharge, 81.7% knew of severe abdomen pain, 58.3% knew of excessive tiredness or breathlessness, 49% were knew of pre-eclampsia and 60% knew of severe headache as danger signs during postnatal period. The findings are supported by the study conducted to assess immediate and early postnatal care for mothers and newborns in rural areas of Bangladesh.[6]

Findings of this study are supported from the study done to assess utilization of postnatal care in Nepal which reveals that the proportion of women who had received postnatal care after delivery was low (34%). Less than one in five women (19%) received care within 48 hours of giving birth. Women in one village had less access to postnatal care than women in the neighboring one. Lack of awareness was the main barrier to the utilization of postnatal care.[7]

Findings of this study are also supported by the study done in Mangalore, India by Mary (1999) to assess postnatal care practices of a selected ethnic group. The study revealed that all (100%) did not knew what type of food they should take and when they could start normal diet, 86.67%of them restricted the quantity of fluid intake, 60% them did not know about the importance of ambulation and exercise, 33% believe that early ambulation and exercise caused excessive bleeding and prolapsed of uterus. Majority 60% of mothers did not know when they should go to follow up visits.[8]

VI. CONCLUSION

The study revealed that there is adequate knowledge regarding postnatal care among mothers in postnatal checkup, hygiene, birth spacing, additional diets, complications and danger signs where as there is still lack of knowledge among mothers regarding postnatal period, postnatal exercise and early ambulation. But, they had lack of practices regarding intake of iron, vitamin A, and postnatal exercise.

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