



ORIGINAL RESEARCH ARTICLE

POST PARTUM CARE PRACTICES AMONG POSTNATAL MOTHERS IN THARU COMMUNITY, KAILALI DISTRICT, NEPAL

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ABSTRACT

Postnatal mothers are in high risk because most of the deaths occur in this period as compared to pregnancy and childbirth. The objectives of the research was to assess & find out the factors associated with post partum care practices among postnatal mothers and to suggest the measures for the utilization of post partum care services. A total of 175 respondents (all mothers having children below one year) were selected by using multi stage sampling technique from different wards of Dhangadi municipality, and Beladevipur, Geta, Phulbari, & Sripur VDCs of Kailali district from January to June, 2009. The data were statistically analyzed by using chi square test & Pearsons' correlation test. Family income plays a significant role in Nutritious diet within 24 hours. Occupation had no effect on the frequency of postnatal visits. Education plays a significant role in changing perineal pad. Only 49.7% of respondents had done postnatal visit. Education plays significant role on colostrum feeding practices. Odds ratio = 4.09 (CI=32.06-55.34) at 95% confidence limit. Literate respondents have 4 times more practice of colostrum feeding as compared to illiterate. Distance plays a significant role in health facilities. Education of mothers play major role in postpartum care practices.

Key Words: *Education, postnatal visit & colostrum feeding practices.*

INTRODUCTION

Postpartum care is the care of mother and newborn baby after delivery till 42 days of post partum period. It's done to prevent complications, to provide care for rapid restoration of the mother to optimum health, to check adequacy of breast feeding, to provide family planning services, to provide basic health education to mother/family; to keep mothers away from emotional upheavals and freedom from worry & excitement; to promote physical well-being by good nutrition, comfort, cleanliness & sufficient exercise to ensure good muscle tone.

There are wide variations in maternal death rates in different parts of the world. Maternal mortality ratio (MMR) ranges from 830 in African countries to 24 in European countries. Besides Africa, South Asia has among the highest MMR in the world. ⁵ In developing countries, over 60% of maternal deaths occur during this time. ⁴ The WHO is supporting countries in delivering integrated, evidence-based and cost-effective care for mothers and babies during pregnancy, childbirth and the postpartum period. ⁷

The Nepal demographic and health survey (NDHS) 2006 revealed MMR 281 per 1, 00,000 live births. In 2063/64 (2006/07), the total number of postpartum mother, first postnatal care visit done are 379,474 (39.5%); 32,539 (33.5%) & 8,325 in nation, far western region and Kailali district of Nepal respectively. ¹

Breastfeeding is one of the most effective ways to ensure child health and survival. Globally less than 40% of infants under six months of age are exclusively breastfed. Adequate breastfeeding support for mothers and families could save many young lives. ⁷

Maternal mortality is a human right issue and an unequivocal expression of economic, social and cultural disadvantages that women experience. Maternal mortality has been identified as a priority on health policy and research agendas for developing countries. Most maternal deaths occur in developing countries and a large proportion of these deaths are avoidable. The need of skilled care is important during delivery and more during immediate postpartum period. Cultural practice during post partum in Tharu community has not been studied. So, this study is proposed and conducted. Traditional and cultural practices must be identified. So, it is necessary to understand the maternal care practices in order to design and implement effective programs for promotion of maternal health.

MATERIALS AND METHODS

It was Community based cross sectional study. Dhangadi municipality & Beladevipur, Geta, Phulbari and Sripur VDCs of Kailali district was the study area from January to June, 2009. All mothers having children below one year were used as study population. Sample size was 175. Multi stage sampling

technique was used.

RESULTS

Table 1: Education wise distribution of respondents

Education of respondent	Frequency	Percentage
Illiterate	71	40.6
Non formal	76	43.4
Primary	21	12
Junior high school	6	3.4
Secondary	1	0.6
Total	175	100

Table 1 reveals that majority of respondents were in the category of non formal education (who can read and write) as compared to only 0.6% of respondents were qualified up to secondary level.

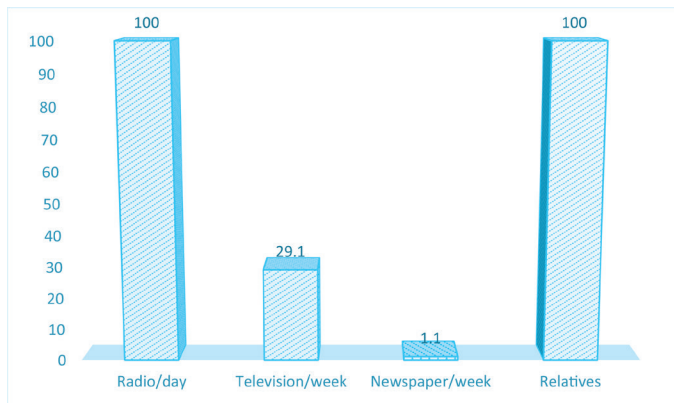


Figure 1: Mass media exposure

Note: Multiple response graph

Figure 1 reveals all (100%) respondents were exposed to radio per day and relatives as compared to 1.1% of respondents were exposed to newspaper per week.

Table 2: Family income and Nutritious diet within 24 hours

Nutritious diet	Family income per month (NC-thousands)		Total
	1-4	5 & above	
Rice, daal, vegetables, meat, milk, fruit	4 (40)	6 (60)	10 (5.8)
Rice, daal, vegetables, meat	9 (16.7)	45 (83.3)	54 (31)
Rice, daal, vetegables, milk, fruit	2 (12.5)	14 (87.5)	16 (9.2)

Rice, daal, vegetables	2 (2.6)	74 (97.4)	76 (43.7)
Rice, vegetables	4 (22.2)	14 (77.8)	18 (10.3)
Total	21 (12.1)	153 (87.9)	174 (100)

$\chi^2_{4, 0.05} = 19.07, p= 0.232$ (Insignificant)

Note:

- One respondent was in nil per oral (NPO) due to eclampsia.
- 5 & above includes income up to 24 thousands.

Table 2 revealed that family income per month plays a significant role in the nutritious diet within 24 hours after delivery ($p=0.232$).

Table 3: Occupation of respondents and Frequency of postnatal visit (n=87)

Occupation	Frequency of postnatal visit		Total
	1 time	2 times	
Housewife	26 (92.8)	2 (2.2)	28 (32.2)
Farmer	57 (96.6)	2 (3.4)	59 (67.8)
Total	83(95.4)	4(4.6)	87 (100)

$\chi^2_{1, 0.05} = 1.37, p= 0.001$ (Significant)

Table 3 reveals that occupation of respondents had no effect on the frequency of postnatal visit ($p= 0.001$). Out of 67.8% of respondents, 96.6% of respondents were farmer who had done one time postnatal visit.

Table 4: Education and change of Perineal pad

Education	Change perineal pad				Total
	Once a day	Twice a day	Thrice a day	> 3 per day	
Illiterate	8(11.3)	28(39.4)	21(29.6)	14(19.7)	71 (40.6)
Literate	3(2.9)	41(39.4)	57(54.8)	3(2.9)	104(59.4)
Total	11(6.3)	69(39.4)	78(44.6)	17(9.7)	175(100)

$\chi^2_{3, 0.05} = 24.59, p<0.001$ (Significant)

Note: Literate includes non formal education, primary, junior high school & secondary level education.

Table 4 shows education plays a significant role in changing perineal pad ($p= 0.000$) 44.6% of respondents had changed perineal pad thrice a day during postpartum period as compared to only 6.3% of respondents had changed only once a day.

Table 5: Education and Colostrum feeding practices

Education	Colostrum feeding practices		Total
	Yes	No	
Literate	100 (96.2)	4 (3.8)	104(59.4)
Illiterate	61 (85.9)	10 (14.1)	71 (40.6)
Total	161(92)	14(8)	175(100)

$\chi^2_{1,0.05} = 5.06, p= 0.005$ (Significant) OR= 4.09

Note:

Literate includes non formal education, primary, junior high school & secondary level education.

Table 5 reveals that education plays significant role on colostrum feeding practices ($\chi^2_{1,0.05} = 5.06, p=0.005$). Literate respondents have 4 times more practice of colostrum feeding as compared to illiterate. Odds ratio = 4.09 (CI=32.06-55.34) at 95% confidence limit.

Table 6: Health facilities and Distance to health facilities

Health facilities	Distance to health facilities from residence		Total
	Within 1 km	>1 km	
SHP & HP	42 (67.7)	20(32.3)	62 (35.4)
Zonal hospital	19 (35.2)	35 (64.8)	54 (30.9)
Private clinic / hospital / nursing home	44 (74.6)	15 (25.4)	59 (33.7)
Total	105 (60)	70 (40)	175(100)

$\chi^2_{2,0.05} = 22.25, p= 0.05$ (Significant)

Note: > 1 km includes up to 5 km

Table 6 shows that distance of health facilities play a significant role in health facilities ($p=0.05$).

DISCUSSION

Regarding education, 43.4% of them were in the category of non formal education and 40.6% of respondents were illiterate. FHD (2006) reported that 57 percent of women cannot read; which is higher than the findings of the study. All (100%) respondents were exposed to radio per day and relatives as compared to 1.1% of respondents were exposed to newspaper per week. Family income plays a significant role in Nutritious diet within 24 hours. Majority (87.9%) of respondents had

family income of five thousands and above. Occupation had no effect on the frequency of postnatal visit. More than half (67.8%) of respondents were farmer. Education plays a significant role in changing perineal pad during post partum period. To take treatment for their health problems more than quarter (33.7%) of respondents went to private clinic/ hospital/ nursing home. Majority (60%) of respondents had health facilities within one kilometer distance. Education has no effect on frequency of postnatal visit. Only 49.7% of respondents had done postnatal visit. Only 2.3% of respondents had done two times postnatal visit. DoHS/MoHP/Nepal (2006/07) reported that the total number of postpartum mother done first postnatal care visit are 379,474 9 (39.5%); 32,539 (33.5%) 8,325 (32.3%) in nation and far western region and Kailali district respectively. The DPHO Kailali (2007/08) reported that postnatal first visit as per cent of expected pregnancies is 29.2%; the proportion is slightly lower than the study findings. The factors of less postnatal visit are due to illiteracy, poverty, costs of transport, more number of children at home, occupation, and did not know about the importance of postnatal visit. Education plays significant role on colostrum feeding practices ($\chi^2_{1,0.05} = 5.06, p=0.005$). Literate respondents have 4 times more practice of colostrum feeding as compared to illiterate. Odds ratio = 4.09 (CI=32.06-55.34) at 95% confidence limit. Distance of health facilities plays a significant role in health facilities.

Present study revealed that total income in the family affects the nutritious diet to be taken in the postpartum period.

CONCLUSION

The main purpose of the study was to find out the factors associated with postpartum care practices. Majority of respondents were in the category of non formal education. Education plays a significant role in hygienic habits during postpartum care. This study reveals that education plays major role in postpartum care practices, even those with non formal education had also shown better responses.

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