

# Traditional Beliefs and Practices among post-partum women attending Postpartum clinic, at Bukulula HCIV Kalungu district.

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## Abstract



### Background:<sup>a</sup>

Maternal deaths in the postpartum period contribute greatly to the global burden of maternal mortality especially in developing countries where 99% of these maternal deaths occur. Almost 40% of women develop serious illness after birth, and close to 50% of maternal deaths occur after delivery. Other problems encountered during the postpartum period include anemia, nutritional deficiencies, infection, family violence and emotional problems most of which are associated with the mothers' traditional beliefs and practices. Some of these beliefs and practices used are beneficial to their health, some are non-beneficial but harmless whereas others are harmful and greatly contribute to maternal morbidity and mortality.

### Methodology:

This was a qualitative descriptive study that was conducted among ten purposively selected postpartum women attending postpartum clinic at Bukulula health center IV. Data was collected through in-depth face to face interviews using a semi-structured interview guide and an audio recorder to track the proceedings of each interview. Data was analyzed based on emerging themes, following transcription of the interviews.

### Results:

Three themes emerged from the study and these were; dietary precautions, behavioral precautions and hygiene and physical warmth.

### Conclusion:

Some of the traditional beliefs and practices held by postpartum women are beneficial and can be incorporated into routine care provided whereas others are harmful and need to be restructured.

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## 1 Background:

Post-partum period is the period from the time the mother gives birth until six weeks thereafter, during which the mother's reproductive as well as other systems return to their non-pregnant state (Altuntug *et al.*, 2018). According to WHO, (2013) postnatal period is a very critical phase in the lives of mothers and newborns where most of maternal

and infant deaths occur and yet still it is the most neglected time for provision of quality services.

According to Nabukera *et al.*, (2006), Women's health and their involvement in health care are essential keys to health for all. This is particularly so in developing countries where maternal morbidity and mortality are unacceptably high. In Africa for example, the lifetime risk of a mother dying as a

result of pregnancy and birth-related complications is almost 200 times higher compared to mothers from the developed world, making maternal mortality one of the most important health issues for women in many developing countries (Nabukera, 2006)

According to World Health Organization (WHO), more than 60% of global maternal deaths occur in the postpartum period (Beraki *et al.*, 2020). During this period most mothers are faced with physical changes, strong emotions, altered and new relationships and adaptation to a new role of being a mother, which is more significant for those women delivering their first child as it involves learning, discovery, appreciation and acceptance.

Although many mothers and infants transition this period smoothly without utilizing post-natal services, others suffer or develop significant health issues that may persist for weeks and months after giving birth for example fatigue, backache, headaches, perineal and caesarean wound sepsis, breast engorgement, sore nipples, mastitis, postpartum anxiety, prolonged bleeding, urinary tract infections and post-partum depression (Haran *et al.*, 2014).

When these complications emerge and mothers are not treated immediately and effectively, they may suffer ill health or even death. However, more attention is still being given to pregnancy and child birth as compared to post-partum period hence ignoring the fact that majority of maternal deaths and disabilities occur during this period (Rao *et al.*, 2014).

Maternal deaths in the postpartum period contribute greatly to the global burden of maternal mortality especially in developing countries where 99% of these maternal deaths occur (WHO, 2017). Studies have shown increased risk of maternal morbidity and mortality, particularly in the first 42 days after delivery. Almost 40% of women develop serious illness after birth, and close to 50% of maternal deaths occur after delivery (Nabukera *et al.*, 2006). In Uganda the maternal mortality ratio is 343 per 100,000 live births which still accounts for 18% of all deaths among women aged 15-49 years (Government of Uganda, 2017, SMGL, 2018A, WHO AFRO, 2017). Other problems encountered during the postpartum period include anemia, nutritional deficiencies, infection, family violence and emotional problems most of which are associated with the

mothers' traditional beliefs and practices (Nabukera, 2006)

Globally, various traditional beliefs and practices are carried out which are usually influenced by the economy, religion, kinship system, growing communication and medical technology (Rao *et al.*, 2014).

In Western countries, women are encouraged to eat a well-balanced diet including all food categories, as well as doing physical exercises during the postpartum period (Rao *et al.*, 2014).

The Chinese postpartum women uphold beliefs and practices that include; eating hot foods which are rich in protein, promotion of rest to enable mother recover from childbirth, restriction of dental hygiene, abstaining from sexual activity for the first three months' post child birth as well as vulval and perineal hygiene to ensure wound healing and infection prevention (Raven *et al.*, 2007).

A study carried out in Egypt noted that postpartum women consume more food than usual, avoid bathing, tie their abdomens with corsets to enhance uterine involution and restrict water intake (Lamadah *et al.*, 2013). In Nigeria, women apply local herbs to their perineal wounds, use alcoholic beverages to induce lactation as well as applying abdominal corsets for uterine involution (Okeke *et al.*, 2013).

Some of these beliefs and practices used by postpartum women are beneficial to their health, some are non-beneficial but harmless whereas others are harmful and greatly contribute to maternal mortality and morbidity (Lamadah *et al.*, 2013). However, limited information about the traditional beliefs and practices among the postpartum women in Uganda has been documented which is why this study sought to explore them to establish what is on ground.

WHO, (2015) guidelines on postnatal care recommend that mothers should have a total of four postnatal contacts with health professionals that is; within 24 hours of delivery, at day 3 (48-72 hours), between 7<sup>th</sup> and 14<sup>th</sup> day as well as at 6 weeks post child birth. However, the number of women in sub-Saharan Africa who receive this appropriate postpartum care is only limited to 5% (Marda *et al.*, 2013). Studies document that women opt to use traditional beliefs and practices to ameliorate their postpartum health due to financial insufficiency, distance from health facilities, limited trust in medical personnel and perceiving postpartum problems as a normal phenomenon (Altuntug *et al.*, 2018).

However, some of the beliefs and practices used are harmful to the women's health for example; early resumption of sexual intercourse which leads to vaginal lacerations, bleeding and vaginitis, use of hot water salt solution sitz baths for mothers with repaired tears and episiotomies which destroys the sutures resulting into gaping and the use of local herbs for perineal wounds leading to puerperal sepsis (Okeke *et al.*, 2013).

At Bukulula Health Center IV in Kalungu district, out of 220 mothers who delivered by spontaneous vertex delivery in the months of October and November, 10 of them came back to the health facility within the first postpartum week, after developing complications such as puerperal sepsis, gaping episiotomies and tears (Bukulula HCIV Maternity records, 2019). Through interaction with the in-charge of maternity ward, the researcher found out that majority of the women don't come for postpartum care as they have their traditional beliefs and practices which they opt to use during this period. However, there is no documented information about these traditional beliefs and practices used by the postpartum women attending Bukulula health center IV which is why this study sought to explore them in order to help health workers utilize and build on them to promote health in the postpartum period as well as provide information to discourage potentially harmful practices.

In India which found that 60.5% of the women restrict their water intake during this time and the researcher considered this as one of the risk factors for cerebral venous thrombosis in these women.

Taiwan, Indian and Malaysian postpartum women believe in reduction of the amount of food consumed, restriction of vegetables and fruits with a belief that they would cause flatulence and distension of their abdomens. However according to the researchers, this practice puts women at risk of developing dehydration, constipation and malnutrition (Huang *et al.*, 2010).

Brushing teeth during postpartum period is also discouraged among Chinese women as they believe it loosens the teeth and gums and majority of the women especially in rural areas follow this belief and do not carry out their dental hygiene predisposing their teeth to dental caries (Raven *et al.*, 2007).

Studies conducted in Turkey and Iran found that women wear abdominal corsets or tie something around the navel to prevent pendulous abdomen

and to help in uterine involution. To further help with uterine involution the Badu Irish women add herbs to the bath water and rub their bodies with these herbs. This practice of tying the abdomen can delay building up of the abdominal muscles and also extend the process of uterine involution. (Abed *et al.*, 2016; Altuntuğ *et al.*, 2018).

Altutung *et al.*, (2018) also states that women perform practices towards preventing postpartum bleeding whereby Turkish women place a hot tile on their abdomens to prevent the bleeding while those in Iran apply heat to the abdomen by placing a plant "uzerlik" above the bed of the mother. A study done by Okeke *et al.*, (2013) among Enugu women in south east Nigeria also states that the mothers use hot compresses on their abdomen to stop the bleeding but didn't go ahead to describe what exactly the women use in the hot compress. Altuntug *et al.*, 2018, however, noted that these hot applications cause vasodilation hence worsen the bleeding.

Among Enugu women in Nigeria and Banyankole in Uganda, the practice of early resumption of sexual intercourse is embraced by some of the women who believe that coitus can help in faster healing of the uterus and perineal tears due to the chemical elements contained in semen which they believe have healing properties (Okeke *et al.*, 2013). The researchers also noted that this early resumption to sexual activity is hazardous to postpartum women by causing complications such as; vaginal bleeding, pain, discharge, bruises or tears as well as unwanted pregnancies.

Okeke *et al.*, 2013, further noted use of local herbs and hot water salt solution for treatment of perineal tears and episiotomies among Enugu women with a belief that they enhance wound healing but the researcher reports these practices as harmful to the women as local herbs can lead to perineal wound infection whereas the hot water salt solution causes wound dehiscence by destroying the sutures used in repair.

### 1.1 Harmless traditional postpartum beliefs and practices postpartum women

Chinese traditions forbid women to bathe or wash their hair in the post-partum period as per their belief that women's skins in this period are loose hence water can easily enter through the skin pores

to cause body swelling, arthritis, rheumatism or a cold. The study revealed that most women were unable to adapt to the tradition and they decided to bathe using boiled water mixed with wine or motherwort herb which is believed to prevent the problems of absorption where as others use dry or dampened towels to clean their skins (Raven *et al.*, 2007).

Various cultures believe in evil forces that frighten postpartum women and cause them sickness or death, hence leading to use of precautionary practices to protect the women which include; praying, exchange of needles among puerperants, wearing red ribbons, hanging garlic around the bed, restriction of menstruating women from visiting puerperants, placing a knife or scissor under the pillow, confinement of the postpartum women in houses for a specific period of time as per culture (Rao *et al.*, 2014; Lamadah *et al.*, 2013; Altuntug *et al.*, 2018).

This area, much of the information was obtained from outside sub-Saharan Africa. Therefore, this study will be conducted in a government health facility in order to obtain a real picture of the current situation in Uganda.

## 2 Methodology

### 2.1 Study setting

The study was conducted at Bukulula Health Centre IV, a public health facility located in Bukulula sub-county Kalungu district in the central part of Uganda. It is located approximately 1 kilometer off Kampala-Masaka road and it is the biggest public health facility in the newly formed district hence it not only serves people in Bukulula sub-county but also serves a number of people from all over Kalungu district. It comprises of an operating theatre, laboratory where investigations and tests are done, maternity ward, outpatient department, male and female wards for in-patients.

This study area was chosen because it is the largest public health facility in Kalungu district and it is located in a village setting where fewer people receive appropriate postpartum care as compared to urban areas. The study area was also convenient for the researcher because of easy accessibility.

### 2.2 Study design

A descriptive qualitative study design was used. In this study the research process is inductive, rather

than deductive, and begins with broad exploratory aims that provide focus for the study without pre-empting which aspects of the experience may be deemed important or relevant. Hence the design was found suitable for the current study because it is qualitative in nature.

### 2.3 Study population

The study population of this study comprised of postpartum women attending Bukulula HCIV postnatal clinic in the study period.

#### Inclusion criteria

Postpartum mothers attending Bukulula HCIV postnatal clinic who delivered by SVD and consented to participate in the study.

### 2.4 Exclusion criteria

Postpartum mothers who delivered by SVD but are mentally unstable, critically ill and are unable to answer the questions.

### 2.5 Sampling method

Purposive sampling method which is a form of non-probability sampling in which researchers rely on their own judgments when choosing members of the population to participate in their study, was used to select participants suitable for the study. This method was used because the study was qualitative in nature and the postpartum clinic at Bukulula HCIV attends to all women who have brought all children for immunization regardless of the age for example you would find women who are 9 months post-delivery and have also brought children for immunization. Hence I had to use purposive sampling to capture the targeted population of the study.

### 2.6 Sampling size

According to literature, sample size in qualitative studies is determined by saturation point & redundancy of information (Polit and Beck, 2012). I achieved this at 10 participants hence 10 postpartum women participated in this study.

### 2.7 Data collection method

Data was collected using in-depth semi-structured face to face interviews that obtained information about traditional postpartum beliefs and practices.

#### Data collection procedure

Postpartum women who met the inclusion criteria were interviewed using in-depth semi-structured face to face interviews. Permission was

sought to use audio recorders to capture the information. Each interview lasted 13 to 22 minutes which enabled the participants have ample time to share their postpartum beliefs and practices. The interviews were conducted in Luganda which is the widely used language in the area. At the end of the interviews participants were thanked for their time and cooperation.

### 3 Data analysis

Data was analyzed using thematic content analysis based on emerging themes. It was done in three phases; pre-analysis, material exploration and result treatment (McCuster et al., 2011). In the pre-analysis, the researcher transcribed all of the interviews immediately after completing them. Thereafter, thematic analysis of the data was done using the highlighting approach described by van Manen (1997). The researcher identified and organized significant statements and commonalities into sub-themes representing beliefs and practices used by postpartum women after each interview and then into themes.

#### 3.1 Rigors of the study

The rigors of this study were achieved by ensuring trustworthiness through employing different components of credibility, transferability, confirmability and dependability (Polit and Beck, 2012).

##### **Credibility**

This is how confident the researcher is in the truth of the study findings (Polit and Beck, 2012). It was achieved by pre-testing the interview guide, translating of the guide to local language for the participants to understand and then back to English. It was also achieved by prolonging engagement time with the participants until they had no information left to tell and these took 13 to 22 minutes. The use of purposive sampling method and sticking to the inclusion criteria also promoted credibility of the study.

##### **Dependability**

This criterion in qualitative research refers to the stability of the findings over time in that different researchers are able to find the same information as the researcher (Polit and Beck, 2012). This was by pre-testing the data collection tool and using semi-structured interview guide to collect the information.

##### **Transferability**

This is the extent to which the study findings are applicable to other settings with similar population and situations (Polit and Beck, 2012). This was achieved by through clear description of the characteristics of participants, the study area and the methods used for data collection. The aim was to give readers enough information for them to judge the applicability of the findings to other settings.

##### **Confirmability**

This is the objectivity of the study where by the results are based on participants' responses and not altered by potential researcher biases. (Polit and Beck, 2012). This was achieved through including narrative quotes into the final research findings.

#### 3.2 Ethical considerations

Approval to conduct the study was obtained from the department of Nursing at MUST and ethical approval from the university Faculty Research Committee (FRC). An introductory letter from the department of nursing was given to the researcher introducing her to the administration at Bukulula Health center IV. At the study area, approval was obtained from the health facility in-charge who introduced the researcher to the staff in different departments.

The purpose of the study and its benefits were explained to each participant and they were asked to voluntarily consent to participate in the study. Participants' audio recordings and consent forms were treated with confidentiality and used only for purpose of this research. In addition, the researcher created and maintained a comfortable and private environment for the participant to give their views throughout the interview by taking them away from the rest of the mothers and health workers.

#### 3.3 Dissemination of the results

A copy final report of the study findings will be submitted to must library, nursing department library and administration at Bukulula health center IV.

## 4 RESULTS

This chapter presents the findings on the study titled Traditional Beliefs and Practices among postpartum women attending postpartum clinic in Bukulula HCIV, Kalungu district. Three main themes emerged from the twelve categories namely: dietary precautions, behavioral precautions, hygiene and physical warmth.

**Table 1.** Demographic characteristics of the participants.

Characteristics	Frequency
<b>Age</b>	6
20-30	4
31-40	
<b>Tribe</b>	6
Baganda	2
Basoga	1
Banyoro	1
Banyankore	
<b>Religion</b>	3
Catholic	4
Anglican	2
Muslim	1
Born again	
<b>Parity</b>	4
1	3
4	3
3	
<b>Occupation</b>	4
Businesswomen	3
Housewives	1
Teachers	2
Farmers	
<b>Level of education</b>	2
Tertiary	3
Secondary	5
Primary	

The study involved ten participants and of these, six were aged between 20-30, four were aged between 31-40. Majority of the respondents (6) were Baganda by tribe, two were Basoga, one was a Munyoro and one was a Munyankore. Participants belonged to different religions namely: Catholic (3), Anglicans (4), Muslims (2) and one was a Born again. All participants had a parity of less than 5 namely; 4 participants (parity 1), 3 participants (parity 4), 3 participants (parity 3). Four participants were business women, three were housewives, two were farmers and only one was a teacher. Participants attained different levels of education namely; tertiary (2), secondary (3) and primary education (5).

### **Theme one: Dietary precautions**

This theme emerged from two categories namely; foods that stimulate breast milk production and food restrictions.

#### **Foods that stimulate breast milk production**

All participants reported that certain feeding practices increase breast milk production during post-partum period and this was picked from their responses.

..... *eating silver fish, greens like dodo, ejjobyo to replace the lost blood and maybe even taking warm drinks like tea, porridge so there I can get breast milk for the baby.....* P2

..... *a postpartum woman eats offal, millet porridge, maize flour porridge and silver fish you take the soup in order to generate breast milk .....* P9

..... *to generate breast milk I have to eat for example maize porridge, millet porridge, bitter berries, whenever you eat them while they are hot, they generate breast milk.....* P6

..... *I have to eat something that generates breast milk so that the baby can get breast milk, like porridge, hot matooke, silver fish, and offal.....* p8

#### **Food restrictions**

All participants reported that they are not supposed to eat certain types of foods during post-

**Table 2.** Themes and categories that emerged from the study

Theme	Categories/sub-themes
<b>Dietary precautions</b>	• Foods that stimulate breast milk production • Food restrictions
<b>Behavioral precautions</b>	• Post-partum movement restriction • Sexual intercourse resumption • Sitting posture • Tying of the abdomen • Housework restriction • Bed rest • Consumption of herbs.
<b>Hygiene and physical warmth</b>	• Episiotomy and perineal tear care • Bathing • Hot compression

partum period to avoid complications. This was picked from responses stated by all participants

..... I don't eat ddoodo and sweet potatoes because they make me to get diarrhea and I get sick again.....P3

..... cabbage brings about constipation, greens cause diarrhea, so I don't have to eat them... I don't take plain milk after giving birth, because I will frequently use the toilet.....P7

..... postpartum women should not eat groundnuts, sweet potatoes, greens they affect your stomach and you get diarrhea..... P6

.....you a not supposed to eat grasshoppers as a postpartum woman in any way because grasshoppers tie your intestines so when you go to the toilet you just bleed.....P1

**Theme two: Behavioral precautions**

This theme emerged from seven categories namely; post-partum movement restriction, sitting posture, sexual intercourse resumption, tying of the abdomen, housework restrictions, bed rest and consumption of herbs.

**Sexual intercourse resumption:**

Participants reported that sex should be delayed for a long period of time following child birth. This was depicted from responses stated by seven participants namely; P1, P2, P5, P6, P7, P9 and P10.

..... I am supposed to take like three months without sex, because when I hurry it may affect the uterus.....P1.

..... it is not necessary to have sexual intercourse with your husband immediately; the man has to wait for you for about two months after birth of the baby.....it may affect the healing process of the bones... P2.

..... having sexual intercourse with your man when you are a postpartum woman is not okay... I

cannot rush to have sex... I delay for some long time like two months so that I first become strong. P6.

.....if you used to have sexual intercourse you are not supposed to have it now.....for the bones to strengthen... p9.

.....you are not supposed to have sexual intercourse.....me I take three months because you have to get well and the uterus heals. P10.

**Post-partum restriction of movement.**

Participants reported that they should not move a lot during their post-partum period as stated by two participants P4 and P8.

..... now I no longer loiter walk, crossing the road like at junctions until when the sutures are healed.....they may take long to heal. P4.

..... as postpartum women you are not supposed to get out of the house that you are going to visit someone.....you be weak.P8

**Sitting posture**

Participants reported that a good sitting posture after child birth is important in post-partum recovery as stated by three participants P2, P5 and P7.

.....you have to sit properly so that bones join again... not sitting anyhow with your legs wide open it affects joining of the bones p2.

..... after giving birth, they tell us not to sit while your legs are wide apart so that air doesn't get in... P5

..... I have to sit well not seating with legs apart so that you do not stretch and enlarge down... P7

**Tying of the abdomen**

Participants reported that tying the abdomen plays a vital role in the proper post-partum recovery. This was depicted from responses stated by four participants that is P1, P4, P6 and P8.

..... I tie my abdomen after compressing with warm water, I tie it in the morning and evening... I have a cloth I use so that it returns to normal.....P4.

..... if you give birth well like me because I deliver my children well, I tie a cloth around the abdomen and it becomes strong. ....P6.

..... the abdomen because it can be loose, ok me I use my towel to tie around the abdomen because I don't have money to buy a gutter. ....P8.

..... any abdomen so long as you have finished giving birth, you are supposed to tie it the day before you begin eating food. .... tie it tightly so that the abdomen doesn't remain big P1.

### Housework restriction

Participants described that post-partum women should not get involved in performing heavy household activities. This was derived from responses described by all participants.

.... I don't do digging, performing heavy tasks, washing because the back is still fragile so you cannot bend to wash cloths, I don't have to wash. .... P3

..... the man helps you with some house chores, he wakes up in the morning and he does what he can and then leaves for work then I also get time to sleep during day. ....i don't bend because the more I bend the back gets weak. ....P1

.....doing heavy tasks like digging, splitting firewood... the bones are still fragile ....they may affect your bones from healing. ....p2

.....carrying heavy things...I can't start digging now because the back is not yet healed. .... p6.

.... I don't wash clothes or utensils yes because of the back, because it can become sick or break because the bones be separate. .... I cannot carry a jerry can of water. .... P7.

..... so I don't do a lot of house chores, personally I don't do anything so I just breast feed the baby, I no longer go to the tap to bring water, I no longer cook. .... P9.

### Bed rest

Participants described that they take off time and sleep during day. This was depicted from p1, p6, p5, p7.

.....other things they would do so that I sleep... p1.

.....I also get time and sleep because when you sleep breast milk is generated. .... p6.

.....i be sleeping and they take care of me while I am sleeping. .... p5.

.....if you are resting when you are just sleeping the bones return to their original position. .... p7.

### Consumption of herbs

Participants described that they drink herbs during post-partum period to promote good health

and recover well. This was depicted from responses described by all the ten participants.

.....may be even drinking some medicine, I combine kamunye and ettwattwa and I drink...so that I don't get complications like fallopian tube pain... p3

....i even used to drink ettwattwa .....ettwattwa cleanses inside... p5

.... i used kamunye and ettwattwa that I boiled and drunk so that it compresses me inside. .... p1

.... ettwattwa and kamunye which you boil and drink when it is still warm....they wash inside the abdomen and all the dirt comes out. ... p6.

..... at my mother's place she boiled for me local herbs which I took. .... p2

### Theme three: Hygiene and physical warmth

This theme emerged from three categories that include; bathing, episiotomy and perineal tear care, hot compression.

#### Episiotomy and perineal tear care

Participants described using local herbs and hot water salt solution to care for their sutured perineum wounds with a belief that these would break the sutures to move out and the wound heals. This was depicted from p2, p3, p4, p5.

.....the wound they sutured I used kamunye mixed with salt.. the salt I put enough provided you feel it is concentrated. ... p2.

.....boil water, add kamunye and some salt. ....i put salt which is concentrated enough...it helps sutures to break and move out... p4.

.....boil water add enough salt.. compress... salt prevents sutures from oozing pus and they break. ... p3.

.....I used omo (detergent), salt and kamunye... boiled water add enough salt.. salt breaks the sutures easily even omo and kamunye. ... p5.

#### Hot compression

Participants described that compressing the body plays a significant role in the post-partum recovery. This was derived from responses stated by all the ten participants.

..... they compress the whole body with hot water starting from the head, the face, the arms, the abdomen, the back, thighs and legs ... so that muscles come back to the bones and bones come back to position... P4

..... .they compress me... with dry banana leaves so that I go back to normal....me I took long while bleeding so the more I bed, they had to compress me until the bedding stopped... p1

..... they have to compress you well every morning and evening from the head to the toes. .... com-

*press your chest so that the baby can get breast milk.....and abdomen so that dirty blood comes out....P6*

*..... we compress the abdomen so that the dirt can move out because you be bleeding a lot, but still if you don't compress yourself the blood remains inside.....P8*

*..... you compress well around the breasts and the head because after giving birth, you feel headache, so you have to compress the entire head, the legs the thighs, the back and the whole body.... P5*

### **Bathing**

Participants reported that frequent and regular bathing especially a warm bath is a good practice during post-partum recovery. This was stated by four participants P3, P4, P7 and P10.

*..... you have to increase the number of times you bathe, because a postpartum woman blood is always flowing... P10*

*..... it will take me about two months when I am bathing warm water that the body returns to normal because I used a lot of energy pushing the baby..... P3*

*.....i have to bathe every time, you have to change clothes because you be leaking breast milk every time so you have to be clean so that you don't smell badly... p7.*

*.....: I shouldn't bathe cold water, I have to bathe hot water since I have just given birth if you bathe cold water, you may get ekitengo and you start shivering..p4.*

## **5 Discussion**

### **5.1 Dietary precautions**

The study found out that mothers believed that eating hot foods could preserve their lost energy and that it enhances breast milk production. This study further found out that eating certain types of foods like offal, porridge and soup increase breast milk production which helps in satisfying the newborn baby. This result is coherent with studies by Huang *et al.*, (2010) and Raven *et al.*, (2007) who showed that most women believe in eating hot food helps in restoring the energy lost during delivery and enhance breast milk production.

The study found out that post-partum mothers are restricted from eating certain types of foods like vegetables. Participants attributed this to the fact that these restricted foods cause complications like

diarrhea, abdominal pain and constipation delaying post-partum recovery. This finding is in line with Huang *et al.*, (2010) and Dehury *et al.*, (2018) who demonstrated that mothers were prohibited from ingesting some foods like vegetables and fruits with a belief that they would cause flatulence and abdominal distension. However, this practice predisposes the women to risks such as constipation, malnutrition hence it is not healthy for the postpartum women.

### **5.2 Behavioral precautions**

The study revealed that post-partum mothers are restricted from movement. Participants attributed this to the fact that mothers need to rest sufficiently following child birth, this creates ample time for them to look after the baby. This result is in agreement with Rao *et al.*, (2014), who showed that post-partum women were confined in houses and restricted from moving for a period of 40 days post-delivery in order to have rest and give ample time to care of her child.

The study demonstrated that post-partum women also believe in abstaining from sexual activity after child birth for a specified period of time as this would give ample time for their bodies to heal. This finding is in line with Radziah *et al.*, (2013) and Shouman, *et al.*, (2016) who reported resuming sexual intercourse would take a period of six weeks and two months respectively. Contrary, Okeke *et al.*, (2013) showed that immediate resumption of sexual intercourse was embraced by some women who believed that coitus helped in faster healing of the uterus and perennial tears due to the chemical elements contained in semen which they believe have healing properties. This practice of sexual resumption after some time post childbirth is beneficial in giving the mother's body and reproductive system enough time to rest and heal.

The study demonstrated that post-partum mothers are restricted from engaging in housework activities that require bending like washing utensils, washing clothes, garden work and even cooking. Participants reported that performing housework would break their bones that were believed to be fragile during post-partum period. This finding is congruent with Lamadah *et al.*, (2013) and Shouman *et al.*, (2016) who revealed that post-partum mothers strongly believed they were not supposed to do any form of housework.

The study demonstrated that post-partum mothers tie their abdomens immediately after child birth as this helps in regaining its normal non-pregnancy shape. This result is in line with studies by .Abed *et al.*, (2016) and Altuntuğ *et al.*, (2018) who showed that post-partum women wore abdominal corsets or tie something around the navel to prevent pendulous abdomen and to help in uterine involution. However, this practice is harmful as it delays the process of uterine involution as well as building up of abdominal muscles.

The study also demonstrated that postpartum women ensure to have enough bed rest during this period which is alternated with performing light tasks that don't require bending like caring for the baby with a belief that this bed rest enables their bodies to return to normal and increase breast milk production. This is in contrast with a study carried out by Dehury *et al.*, (2018) among Maharashtra postpartum women where women were encouraged to have complete bed rest without any physical activity for a period of 7 to 10 days. This enables the postpartum mother's body to rest and recover and also regain the lost energy hence beneficial to her health.

The present study showed that post-partum mothers ingest local herbs to optimize their health during post-partum period. Participants described that herbs are important in cleansing inside the abdomen to expel blood clots. This is in line with Huang *et al.*, (2010) and Altuntug *et al.*, (2018) who noted that postpartum women drank herbal tea during this period however, to them it was to avoid indigestion.

#### **Hygiene and physical warmth**

This study also found out that postpartum women used salt and herbs for their sutured perineal wounds with a belief that these fasten wound healing. Participants believed that these would help them break the sutures so that they move out and the wound heals. However, these practices are harmful to the women as local herbs can lead to perennial wound infections which heal by secondary intention whereas salt solution causes wound dehiscence by destroying the absorbable catgut sutures used in repair.

The study demonstrated that applying a warm compress to their bodies regularly play a pivotal role in the post-partum recovery. This is in line with Lundberg & Trieu Thi Ngoc, (2011) and Lamadah *et al.*, (2013) who demonstrated that post-partum

mothers were instructed to use heated water like a warm compress to preserve their warmth. Furthermore, Okeke *et al.*, (2013) also found out that mothers used hot compresses on their abdomen to stop the bleeding. Contrary to this, these hot applications cause vasodilation hence worsen the bleeding.

The study also demonstrated that women increase the frequency of bathing during the post-partum period and it has to be of warm water to prevent shivering and also enable their bodies return to the pre-pregnancy state. This study is in line with studies carried out by Lamadah *et al.*, (2013) which documented that postpartum women bathe with heated water to preserve their warm as well as increase breast milk flow.

## **6 Conclusion**

The research findings revealed that post-partum women attending PNC clinic in Bukulula HCIV had many traditional post-partum beliefs and practices during their postnatal period. These included food restrictions, delays to resume sexual intercourse, ingestion of herbal medicine, housework restrictions, bed rest, hot compressions, tying of the abdomen, post-partum movement restrictions, foods that stimulate milk production, good sitting postures and frequent bathing with warm water. Some of these practices are beneficial to the postpartum women whereas others that include; tying of the abdomen, the way episiotomy and perineal tear care is done, restriction of foods like vegetables are harmful and need to be restructured.

### **6.1 Nursing implications**

The study findings, analysis, discussion and conclusion has an implication that nurses have to do more health education before discharging women after delivery about how they are supposed to take care of themselves during postpartum period by elaborating the dos and don'ts during this period in regard to the traditional beliefs and practices demonstrated by this study to ensure good post-partum health for mothers.

## **7 Limitations of the study**

The study was done during the Covid-19 pandemic where every individual was suspicious of the other so we had to social distance and put on masks during the in-depth interviews which caused the

volume of the recordings a bit low and also inhibited the natural interaction with the participants which may have induced more information.

## 7.1 Areas for further research

There is a need to do a study exploring other reasons as why women do not come back for postnatal care services within the first postpartum week as it is indicated by WHO guidelines.

### 7.1.1 Summary of chapter five

This chapter has presented the discussion of themes and categories, conclusion, nursing implication, limitations to the study and areas of further research.

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