

Postpartum Traditional Beliefs and Practices among Women in Makkah Al Mukkaramah, KSA

Sahar Mansour Lamadah

¹Lecturer of Obstetric and Gynecological Nursing, Faculty of Nursing, Alexandria University, Alexandria, Egypt

² Faculty of Nursing, Umm Al Qura University, Makkah Al Mukkaramah, KSA.

dr.saharlamadah@yahoo.com

Abstract: Background: The postpartum period, or puerperium is the 6 weeks interval from childbirth to the return of the uterus and other organs to a prepregnant state. Post partum period has been influenced by multiple cultural beliefs and practices transmitted from generation to generation. Some traditional practices are beneficial to the mother and baby, whereas others are not. Therefore it is essential for planning and implementing health education programs for these women to be aware of beneficial and harmless practices and try to use scientific knowledge as a mean of eradication of the harmful one. **Aim of the study:** To assess postpartum traditional beliefs and practices among women in Makkah Al Mukkaramah, KSA. **Subjects and methods:** A descriptive study was carried out at Heraa General Hospital, sample of 120 post partum women were selected randomly from the previously mentioned setting. A structured interview data collection form was designed by the researcher to collect data. **Results:** The results of the present study revealed that about one half of the women (51.7%) had positive beliefs while 18.3% and 30.0% of them respectively had neutral and negative beliefs. Moreover, slightly less than one half of women (46.7%) performed right practices while 25.8% and 27.5% respectively performed neutral and wrong practices. In addition, there is statistical significant difference ($X^2 = 6.98, P=0.015$ and $X^2 = 8.22, P =0.016$ between the total score of women's beliefs and their ages and level of education respectively. Moreover, there is also a significant statistical difference between the women's total score of practices and their age, educational level and parity ($X^2=8.69, P =0.013, X^2=9.11, P =0.017, X^2=7.98, P =0.036$) respectively. **Conclusion:** Traditional postpartum beliefs and practices are popular among the participants. Mothers and relatives play a major role about reinforcing these beliefs and practices. It can also be concluded that the age and level of education were the most positively influential factors towards these beliefs and practices. Identifying the factors associated with traditional postpartum beliefs and practices is critical to develop better targeting health education programs. Updated information regarding postpartum practices should be disseminated to women.

[Sahar Mansour Lamadah. **Postpartum Traditional Beliefs and Practices among Women in Makkah Al Mukkaramah, KSA.** *Life Sci J* 2013;10(2):838-847]. (ISSN: 1097-8135). <http://www.lifesciencesite.com>. 118

Keywords: Postpartum, Traditional beliefs and practices

1. Introduction

The postpartum period is a very special phase during women's life and her newborn child. It is marked by strong emotions, dramatic physical changes, new and altered relationships and the assumption of and adjustment to a new role. New mothers move from the social status of a "women" to that of a "mother". Postpartum is the period beginning immediately after the birth of a baby and extending for about six weeks. It is the time during which, the mother's body including hormonal levels and general and reproductive systems return to a non-pregnant state⁽¹⁾.

Post partum period is one of the most important stages for the mother-child dichotomy, and has been influenced by multiple cultural beliefs and practices transmitted from generation to generation. Internationally, many studies describe the traditional beliefs and practices surrounding childbearing process, some traditional practices are beneficial to the mother and baby, whereas other practices are not⁽²⁾. Traditional postpartum beliefs and practices are

common in many countries. One common belief in many non-Western cultures is the necessity of maintaining a "hot-cold balance" within the body after the birth of a baby. Blood is considered "hot." Therefore, after giving birth, when the woman has lost blood, she is considered to be in a cold state. Accordingly, in some cultures, traditional midwives emphasize the application of heat in the postpartum period. New mothers are instructed to use heated water to preserve their warmth, they might take a herbal bath, according to the region. They believe that a hot bath increases the flow of milk, and prevents breast milk from becoming "cold"⁽³⁾. In another regions, women should not bathe or wash hair in the postpartum period because they believed that water can enter the body through the skin. This will cause body swelling, arthritis and rheumatism later in life or a cold which can be passed to the baby. Similarly, hair washing will cause a headache⁽⁴⁾.

According to Chinese traditions, the first 30 or 40 days postpartum is recognized as a special time

period for behavior restrictions and a state for convalescence. This period is called 'sitting month' or 'doing the month'. For example, the puerperal women should stay inside and not go outdoors, all windows in the room should be sealed well to avoid wind⁽⁵⁾.

In addition, the postpartum dietary and lifestyle habits vary greatly among different countries and cultures. In Asia, postpartum maternal food restrictions (food avoidances) are common practices which may have important health consequences in reducing the nutritional content of breast milk, inadequate breastfeeding and weaning practices contribute to high rates of malnutrition and infant and child mortality⁽⁶⁾. In gulf region, the nutritional assessment studies revealed that there are many nutritional problems⁽⁷⁾. In Saudi Arabia, in spite of the vast economic advancement and availability of all types of food in the market, the general observation among the Kingdom communities surveyed was the low intake of various nutrients⁽⁸⁾.

The new mother's beliefs influence her practices during postnatal period, her expectations regarding food, fluids, rest, activities, hygienic care, breast feeding as well as other aspects of her care. As a part of the health care cultural group, nurses implement practices that support their general beliefs, such as expecting the women to ambulate as soon as possible and assuming the women will want to shower soon after birth. However, these practices may be in opposition to the women's beliefs and expectations. Women generally believe that complying with the traditional postpartum practices will ensure their long-term health and prevent chronic pain later in life⁽⁹⁾.

Significance of the study:

It is important to gain an understanding of cultural beliefs and traditional practices related to the postpartum care of women and their babies. Therefore, it is essential for planning and implementing health educational programs for these women to be aware of beneficial and harmless beliefs and try to use scientific knowledge as a mean of eradication of the harmful beliefs. Changes may take time, but it is essential if positive attitude towards the present care is needed⁽¹⁰⁾. Moreover, although there are a lot of intervention programs concerning antenatal, and childbearing care, the postnatal care program for maternal health is almost "blank" and the postpartum period is considered 'taboo' which not many available research on socio-cultural beliefs and practices during postpartum period⁽¹¹⁾. For these reasons, a study of post partum traditional beliefs and practices among women in Makkah Al Mukkaramah was conducted in order to

provide guidelines for nurses who provide care to these women.

Aim of the study:

The aim of this study was to assess postpartum traditional beliefs and practices among women in Makkah Al Mukkaramah, KSA.

Research Question:

What are the postpartum traditional beliefs and practices among women in Makkah Al-Mukkaramah?

2. Subjects and methods:

Design, setting and subjects:

A descriptive design was used for this study. The present study was conducted at Heraa General Hospital, (obstetrical department), Makkah Al Mukkaramah, Saudi Arabia. A sample of 120 post partum women were selected randomly from the previously mentioned setting.

Tools of data collection:

Tools used for data collection consisted of an Interviewing Assessment Sheet: A structured interview data collection form was designed by the researcher after reviewing of the relevant literature.

The interview form consisted of two parts:

Part I: was concerned with socio - demographic data and obstetrical history of the studied postpartum women such as age, level of education, no of gravida, parity and abortions.....etc.

Part II: was concerned with the postpartum women's traditional beliefs and practices regarding their hygienic care, wound and episiotomy care, nutritional intake, rest, activities and exercises, and breast feeding.

Administrative design:

An official letter clarifying the purpose of the study and accepting the process of data collection was directed from the dean of the faculty of nursing/Umm Al Qura University to the manager of the selected hospital requesting his approval for data collection.

Pilot Study:

The study tool was pre-tested on a random sample of 12 postpartum women who were excluded from the study subjects to assess the reliability and applicability of the tool. According to the results of the pilot study, some questions were omitted and other were restated.

Procedure:

The researcher attended the selected hospital one day per week, from 8.00 am. to 2.00 pm. The researcher introduced herself to the selected women and briefly explained the nature of the study. Then women's consent was obtained. The data collection phase of the study was carried out from

the beginning of October 2012 to the beginning of January 2013 (about 3 months). All women were interviewed to collect data and each interview was taken from 30-45 minutes with each woman with a weekly interview of about 8-10 women.

Ethical consideration:

The aim of the study was explained to all participants. Obtaining the acceptance of women to participate in the study. All women were informed that their participation is voluntary and that the collected data would be only used for the purpose of the study as well as for their benefit.

Statistical analysis:

Data were analyzed using SPSS windows statistical package version 16. Descriptive statistics was used to calculate percentages and frequencies. The necessary tables were prepared. Chi square (X^2) was used to estimate the statistical significant differences. A significant P -value was considered when P -value is less than 0.05 and it was considered highly significant when P -value is less than or equal 0.01. Women's beliefs and practices obtained were scored and evaluated using the model key answer sheet prepared by the researcher. Each question was ranged from 0-2 grades. Whereas, right practices and positive beliefs were scored 2 grades, one grade for neutral answer and score zero for incorrect beliefs and practices. The number of questions related to women's beliefs and practices were 48 questions and the total score level of the sheet was 96 grades (equal 100%). The general score of beliefs and practices was calculated as follow (>65% had positive beliefs or right practices, from 45%-65% has neutral beliefs or practices and < 45% had negative beliefs or wrong practices).

3. Results:

Distribution of the women according to their socio-demographic characteristic and obstetrical history

Table (1) reveals socio-demographic characteristics and obstetrical history of the women. It can be observed that, the age of slightly less than two thirds of women (62.5%) was between 20 -< 30 years old. In addition, about one half of them (49.1%) had higher education. Most of the women (84.2%) were multipara while more than three quarters of them (80%) had spontaneous vaginal delivery.

Distribution of the women according to their hygienic care beliefs and practices

As shown in table (2), more than one third of women (39.2%) did not take shower during puerperium, however 68.1% of them were fear of cold. Slightly more than one half of women (53.3%)

added herbs to bath water, 65.6% of them mentioned that to smell aromatic. Most of women (85%) rubbed their body after birth because 82.4% of them believed that it helps uterine involution. In addition, Majority of postpartum women (90.8%) used abdominal corset during puerperium because they believed that it prevents pendulous abdomen (90.8%).

Distribution of the women according to their perineal and episiotomy care beliefs and practices

Table (3) represents distribution of the women according to their perineal and episiotomy care beliefs and practices, it can be observed that, most of the women (80.0%) washed their perineum with water mixed by salt. The main reason behind that is to prevent vaginal infection as mentioned by 58.3% of women. Moreover, more than three quarters of women (79.2%) preferred sitting in water for perineal care and most of them (86.3%) added herbs to this water. However, the most common used herbs was basil among 78.0% of women and the most common reason for use it is to prevent vaginal infection as was mentioned by 79.3% of women. Slightly less than two thirds of women (62.5%) used Murr in painting perineal wound or episiotomy suture in order to promote wound healing as mentioned by majority of them (94.7%).

Distribution of women regarding to their nutritional intake during puerperium.

Table (4) shows distribution of the women regarding to their nutritional intake during puerperium, it can be observed that about three quarters of women (76.7%) restricted water intake because less than one half of them (47.8%) were fear from water retention. Most of the women (88.3%) drank certain types of herbs during puerperium, the most common used herbs were Almajelb (31.1%) followed by Anise (26.4%). Moreover, 72.6% of women stated that these herbs facilitate lochial drainage. Slightly more than two thirds of women (68.3%) consumed food more than usual during puerperium, less than two thirds of them (60.9%) mentioned that they always feel hungry. In addition, 85.8% of women ate certain type of food during this period like al farika as mentioned by 56.3% of them. About two thirds of women (66.9%) mentioned that this previous type of food compensates blood loss.

Distribution of the women according to breast feeding beliefs and practices and baby care

As shown in table (5), about one half of the women (50.8%) did not give colostrum to their babies, however, about two thirds of them (65.6%) believed that colostrum is insufficient. Moreover, more than one third of women (38.3%) had no intention to breast feed their babies because they had

problem in milk production as mentioned by 47.8% of them. Most of women (87.5%) wrapped their babies tightly in order to strengthen his body as mentioned by 55.2% of them. Furthermore, 57.5% of women wrapped baby's waist with abdominal belt and majority of them (98.6%) believed that it helps umbilical healing.

Distribution of the women according to rest and activities beliefs and practices during puerperium

Table (6) shows distribution of the women according to their rest and activities, it can be illustrated that about two thirds of women (67.5%) stayed in the bed and reduced their movements during the post partum period. However, the reason behind staying in bed was the feeling of pain sensation as mentioned by more than one third of the women (41.9%). Majority of postpartum women (92.5%) did not go outside home during puerperium because 43.2% of them were fear of cold and about one third of women (34.2%, 33.3%) were fear of infection and evil eye respectively. Slightly, more than one third of women (38.3%) preferred lying on their back during puerperium.

Distribution of women according to their sources of information

As shown in figure (1), the major source of women's information was their mothers (72.5%) followed by relatives and friends (32.5%) while internet, books and mass media were the least sources of information (8.3%, 7.5% and 4.2%) respectively.

Distribution of the women regarding their general score of beliefs and practices.

As shown in table (7), about one half of the women (51.7%) had positive beliefs while 18.3% and 30.0% of them respectively had neutral and negative beliefs. Moreover, slightly less than one half of women (46.7%) performed right practices while 25.8% and 27.5% respectively performed neutral and wrong practices.

Relationship between women's total score of beliefs and socio-demographic characteristics.

As shown in table (8), there is statistical significant difference ($X^2 = 6.98$, $P = 0.015$ and $X^2 = 8.22$, $P = 0.016$ between the total score of women's beliefs and their ages and level of education respectively. Whereas less than two thirds of women (61.5%) in the range of age between 40 - 50 years had negative beliefs compared to 48.0% of women ranged between 20 -< 30 years old and 37.5% of women who had 30 -< 40 years old. Regarding the educational levels, more than two fifths of the highly educated women (44.1%) had positive beliefs

compared to 13.2% of women who had primary, average and secondary education. The same table reveals that about half of the primipara (52.6%) had negative beliefs compared to 45.5% of multipara.

Relationship between women's total score of practices and sociodemographic characteristics

Table (9) represents the relationship between women's practices and socio-demographic characteristics. It can be observed that, less than two thirds of women (62.5%) in the range of age between 30 -< 40 years performed right practices compared to 37.3% of women ranged between 20 -< 30 years old and 61.5% of women who had 40 - 50 years. However, the difference was statistically significant where $X^2 = 8.69$, $p = 0.013$. Regarding to the educational levels, more than one half of the highly educated women (57.6%) performed right practices compared to 41.5% of women who had primary, average and secondary education. The difference was statistically significant where $X^2 = 9.11$, $p = 0.017$. The same table illustrates that slightly more than one half of the multipara (53.5%) performed right practices compared to 10.5% of primipara. The difference was statistically significant where $X^2 = 7.98$, $p = 0.036$.

Table (1): Distribution of the women according to their socio-demographic characteristic and obstetrical History

Characteristics	No (n=120)	%
Age		
20 -<30	75	62.5
30 -<40	32	26.7
40 -50	13	10.8
Mean ± S.D.	34.25±6.25	
Educational level		
Illiterate /Read and write	8	6.7
Primary/Average/Secondary	53	44.2
University/ post graduate	59	49.1
Parity		
Primipara	19	15.8
Multipara	101	84.2
Type of delivery		
Spontaneous vaginal delivery	96	80
Cesarean delivery	24	20

Table (2): Distribution of the women according to their hygienic care beliefs and practices

Hygienic care	No (n=120)	%
Take shower during puerperium		
Yes	73	60.8
No	47	39.2

If no, reasons #	no= 47	
Fear of cold	32	68.1
Fear of suppression of lochia	12	25.5
Fear about suture from water	9	19.1
Fear of excessive lochia discharge	4	8.5
Adding herbs to bath water		
Yes	64	53.3
No	56	46.7
If yes, reasons	no=64	
To smell aromatic	42	65.6
It promotes wound healing	13	20.3
Herbs are beneficial to body	9	14.1
Rub body with herbs		
Yes	102	85
No	18	15
If yes, reasons #	no=102	
Help uterine involution	84	82.4
To get the air out the womb	25	24.5
Wear abdominal corset		
Yes	109	90.8
No	11	9.2
If yes, reasons #	no=109	
To prevent pendulous abdomen after birth	99	90.8
Abdomen will appear in a desirable shape	17	15.5

More than one response

Table (3): Distribution of the women according to their perineal and episiotomy care beliefs and practices

perineal and episiotomy care beliefs and practices	No (n=120)	%
Perform perineal care by using water mixed with salt		
Yes	96	80.0
No	24	20.0
If yes, reasons #	no=96	
Helps prevent vaginal infections	56	58.3
Improve perineal wound healing	27	28.1
Get ride from unpleasant odor	18	18.7
Sit in water rather than rinse		
Yes	95	79.2
No	25	20.8
Adding herbs to the water	no=95	
Yes	82	86.3
No	13	13.7
If yes, type of herbs	no=82	
Basil	64	78.0
Murra	13	15.9
Miramah	5	6.1
If yes, why? #	no=82	
To prevent vaginal infections	65	79.3
To promote healing of the perineal wound	17	20.7
To eliminate unpleasant odors	14	17.1
To facilitate lochial drainage	11	13.4
perineal and episiotomy care beliefs and practices	No (n=120)	%
Painting perineal wound and episiotomy sutures with Murr		
1-Yes	75	62.5
2-No	45	37.5
If yes, why? #	no=75	
To promote wound healing	71	94.7
To prevent wound infection	14	18.7

More than one response

Table (4): Distribution of the women according to their nutritional intake during puerperium.

Nutritional intake	No (n=120)	%
Restrict water intake		
Yes	92	76.7
No	28	23.3
If yes, reasons	no=92	
Fear from water retention	44	47.8
Fear from increase abdominal size	37	40.2
Fear from frequency of micturation	11	12
Drink specific type of herbs		
Yes	106	88.3
No	14	11.7
If yes, type of herbs #	no=106	
Almjelb	33	31.1
Anise	28	26.4
Helba	21	19.8
Cinnamon	18	16.9
Murr	9	8.5
Nutshell	6	5.7
Peppermint	6	5.7
If yes, why? #	no=106	
Facilitate lochial drainage	77	72.6
Improve milk production	23	21.6
Expels cold from body	19	17.9
Eat large amount of food than usual		
Yes	82	68.3
No	38	31.7
If yes, why? #	no=82	
Always hungry	50	60.9
To compensate blood loss	42	51.2
Eat certain type of food		
Yes	103	85.8
No	17	14.2
If yes, mention type of food #	no=103	
Al farika	58	56.3
Porridge	29	28.1
Meat and chicken	23	22.3
If yes, reasons #	no=103	
To compensate blood loss	69	66.9
Help milk production	25	24.2
Expels cold from body	16	15.5

More than one response

Table (5): Distribution of the women according to breast feeding beliefs and practices and baby care

Breast feeding practices and baby care	No (n=120)	%
Give Colostrum to the baby		
Yes	59	49.2
No	61	50.8
If no, reasons	no=61	
Insufficient quantity	40	65.6
Wait until milk secretion	14	23.0
It has no benefits	7	11.4
Intend to breast feed her baby		
Yes	74	61.7
No	46	38.3
If no, reasons	no=46	
Problem in milk production	22	47.8
Breast feeding increases breast size	19	41.3
Breast feeding increases body weight	5	10.9
Wrap baby tightly		
Yes	105	87.5
No	15	12.5
If yes, reasons #	no=105	
Strengthen his body	58	55.2
Help him to sleep and relax	40	38.0

Protect baby from air	20	19.0
Wrap baby with abdominal belt		
Yes	69	57.5
No	51	42.5
If yes, reasons #	no=69	
Help umbilical healing	68	98.6
Prevent leakage of urine to umbilical	10	14.5

More than one response

Table (6): Distribution of the women according to their rest and activities during postpartum period

Rest and activities	No (n=120)	%
Stay in bed and reduce movement		
Yes	81	67.5
No	39	32.5
If yes, reasons #	no=81	
Pain sensation with movement	34	41.9
Fear of uterine prolapse	28	34.5
Hyperactivity leads to pendulous abdomen	15	18.5
Feeling of weakness	7	4
Go outside home		
Yes	9	7.5
No	111	92.5
If no, reasons #	no=111	
Fear of cold	48	43.2
Fear of infection	38	34.2
Fear of eye evil	37	33.3
Feeling of weakness	9	8.1
Position of bed rest		
on the back	46	38.3
on the right side	62	51.7
on left side	8	6.7
on the abdomen	4	3.3

More than one response

Table (7): Distribution of the women regarding their general score of beliefs and practices

	No (n=120)	%
I. Beliefs		
Positive beliefs	62	51.7
Neutral beliefs	22	18.3
Negative beliefs	36	30.0
II. Practices		
Right practice	56	46.7
Neutral practice	31	25.8
Wrong practice	33	27.5

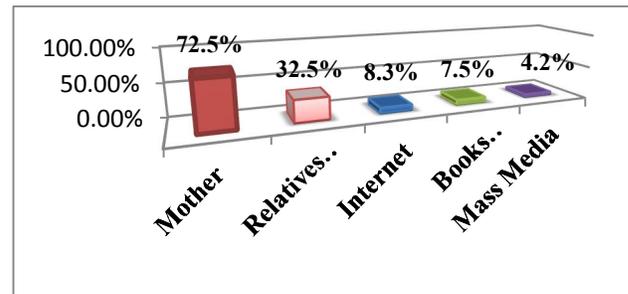


Figure (1): Distribution of women according to their sources of information

Table (8): Relationship between women's total score of beliefs and socio-demographic characteristics.

Characteristics	Positive beliefs		Neutral beliefs		Negative beliefs		Total		X ² p
	No (n=36)	%	No (n=22)	%	No (n=62)	%	No (n=120)	%	
Age									
20 <-30	19	25.3	20	26.7	36	48.0	75	62.5	6.98 .015*
30 <-40	10	31.3	10	31.3	12	37.5	32	26.7	
40 -50	4	30.8	1	7.7	8	61.5	13	10.8	
Educational level									
Illiterate /Read and write	0	0.0	2	25.0	6	75.0	8	6.7	8.22 0.0163*
Primary/Average/Secondary	7	13.2	16	30.2	30	56.6	53	44.2	
University/ post graduate	26	44.1	13	22.0	20	33.9	59	49.1	
Parity									
Primipara	6	31.6	3	15.8	10	52.6	19	15.8	1.69 0.225
Multipara	27	26.7	28	27.7	46	45.5	101	84.2	

(*) Statistically significant

Table (9): Relationship between women's total score of practices and socio-demographic characteristics.

Characteristics	Right practices		Neutral practices		Wrong practices		Total		X ² p
	No (n=56)	%	No (n=31)	%	No (n=33)	%	No (n=120)	%	
Age									
20 <-30	28	37.3	21	28.0	26	34.7	75	62.5	8.69 0.013*
30 <-40	20	62.5	7	21.9	5	15.6	32	26.7	
40 -50	8	61.5	3	23.1	2	15.4	13	10.8	
Educational Levels									
Illiterate /Read and write	0	0.0	1	12.5	7	87.5	8	6.7	9.11 0.017*
Primary/Average/Secondary	22	41.5	15	28.3	16	30.2	53	44.2	
University/ post graduate	34	57.6	15	25.4	10	16.9	59	49.1	

Parity									7.98
Primipara	2	10.5	2	10.5	15	78.9	19	15.8	0.036*
Multipara	54	53.5	29	28.7	18	17.8	101	84.2	

(*) Statistically significant

4. Discussion:

Postpartum period, or puerperium, starts about one hour after the delivery of the placenta and includes the following six weeks⁽¹²⁾. By six weeks after delivery, most of the changes of pregnancy, labor, and delivery have resolved and the body has reverted to the non pregnant state^(12,13). The postpartum period is a very special phase in the life of a woman. Her body needs to heal and recover from pregnancy and childbirth. According to the results of the present study, the traditional behaviour taboos were still common among the participants. There was a lack of clear evidence that some of these behaviours are beneficial or harmful. Nurses should also be aware of harmful traditional health care practices of women so they can provide care for and attempt to change it⁽¹⁴⁾. The aim of the present study was to assess post partum traditional beliefs and practices among women in Makkah Al Mukkaramah, KSA.

As regards to hygienic care, Chinese women are advised to restrict bathing and hair washing during puerperium to prevent possible headache and body pain in later years⁽¹⁵⁾. These results agree with the results of the present study which found that more than one third of women didn't take shower during puerperium because they were fear of cold as it had been mentioned by more than two thirds of them. In the present study, large proportion of women added herbs to bath water in order to smell aromatic and they believed that herbs promote wound healing. However, these results are congruent with the results of Hishamshah et al., (2011) who found that 57% of women used herbs either oral or local⁽¹⁶⁾. The results of the present study are also supported by the results of a study carried out in Fujian Province, China, 2004 which found that most rural mothers seemed to adapt the tradition by bathing with boiled water with wine or motherwort herb (a common herb with medicinal properties) to prevent the problems of absorption through the skin. Wine and motherwort are both thought to have disinfecting properties and will therefore prevent infection. They believed that as they were with the baby all the time, they need to be clean to protect the baby from illness. It also made them feel comfortable and happy⁽⁴⁾.

It is evident from the present study that most of the women rubbed their bodies with herbs because they believed that rubbing helps uterine involution. These results are similar to another study

which was conducted by Lo (2007)⁽¹⁷⁾. Use of abdominal corset is common among women in the present study as majority of them thought that, it will prevent pendulous abdomen. These results are incongruent with the results of Hishamshah et al., (2011) who found that 47% of women used abdominal corset⁽¹⁶⁾.

In the current study, most of the women performed perineal care by using water mixed with salt in order to prevent vaginal infection, promote wound healing and to eliminate unpleasant odor. In addition, slightly less than two thirds of women used Murr in painting their perineal wound and episiotomy sutures to promote healing as it has been stated by majority of them. These results are incongruent with the results of Raven et al 2007 who found that all the mothers in rural and urban areas washed the perineal area by boiled water and used iodine or alcohol to clean incisions or tears⁽⁴⁾. Among the traditional practices the women performed in the present study is to take sitting baths, by putting on the floor a container filled with boiling water and herbs are added to the water so that the genital area absorbs the plants' vapors, and after that, they sit in the water which are used in order to prevent vaginal infection as were mentioned by more than three quarters of them. These results are supported by a study conducted by Boer et al., (2009)⁽¹⁸⁾.

As shown in the present study, more than three quarters of women restricted water intake during the puerperium, the most common given reason is fear of water retention. These results are in line with a study carried out by Aaron et al (2010) who found that 60.5% of women gave a history of restricting their water intake during puerperium⁽¹⁹⁾. In addition, most of women in the present study consumed certain type of herbs during puerperium like Almjelb, Anise, helba.....etc to facilitate lochial drainage, improve milk production and expels cold from the body. These finding are congruent with the results reported by Liamputtong et al., (2005)⁽²⁰⁾.

In a study was carried out in china, mothers reported that they consumed more food than usual. The number of meals ranged from five to eight in a day, starting at 5 am and finishing with a meal before sleeping at night. There was a belief that the postpartum woman should eat a lot of food. The reasons were given were that, women at this time are weak, and food will help rebuild her strength,

promote recovery and improve breastfeeding⁽⁴⁾. These results are in line with the results of the present study in which women consumed food more than usual because they always feel hungry and to compensate blood loss.

Colostrum has been called mother's gold-liquid, a thick, yellow substance produced toward the end of a female's pregnancy and is emitted by her mammary glands during the first 48 hours after giving birth. Sadly, as shown in the present study that approximately half of the women didn't give colostrum to their babies, they considered that it insufficient and has no benefits for giving it to the baby. These results are congruent with the results of Inayati et al., (2012), Oommen et al., (2009) and Davies (1997) who found that the colostrum is discarded by the women because it is dirty, "like pus", and therefore potentially harmful to the baby^(21,22,23). However the results of the present study are contradicted with the results of Joshi et al (2012) who found that about three quarters of women (74%) who have knowledge about colostrum gave it to their babies⁽²⁴⁾. In addition, more than one third of women had no intention to breast feed their babies. Women believed that they have problem in milk production and breast feeding increases breast size and body weight. These results are in line with the results of Agunbiade, et al., (2012) who found that the main obstacles to breastfeeding identified were perceived milk insufficiency, maternal employment, breast and nipple problems, and pressure from family⁽²⁵⁾.

Swaddling is an ancient infant care practice and a form of infant restraint. Women either wrapped the whole body of their babies or only the waist and legs. Most of women in the present study wrapped their babies for body strength, to keep baby relax and sleep and protect baby from air. However, the results of the current study are in line with the results of studies done by Geçkil et al., (2009), Kahrman et al., (2011) and Biltekin et al., (2004) who found that most of the mothers swaddled their babies. However, swaddling have risks like, sudden infant death syndrome and the reduced development of respiratory functions^(10,26,27).

A study has been done among Chinese women found that women believe that, rest is essential after birth. During the customary 30-day postpartum confinement, female relatives perform household activities for the new mother. Housework requires women to be in contact with either water or wind, which will then enter the body and cause arthritis and chronic aches. The new mother must be confined to her home during a 30-day postpartum period, and must perform a variety of avoidance rituals⁽²⁸⁾. These results agree with the results of the

present study which found that more than two thirds of women stayed in bed and reduced activities during postpartum period. The main reasons behind this were feeling of pain sensation and fear of uterine prolapse. Furthermore, Majority of the women did not go outside home during post partum period because they believed that they will suffer from cold, infection and evil eye. However these results are incongruent with the results of Liu *et al.*, (2006) who found that only one third of women never had outdoor activities during puerperium⁽⁵⁾. These traditional postpartum behaviours may cause a series health problem like constipation and excessive weight gain etc^(14,29).

It is evident from the present study that family members play an important roles on women's beliefs and practices as reported by most of the women that, the major source of their information was their mothers followed by relatives and friends. These results are congruent with the results of Liu *et al.*, (2006) who found that traditional concepts mainly came from mother in-law and mother⁽⁵⁾.

From the results of the present study, It is observed that the age of the women influences their beliefs as younger women (20-<30 years) and older women (40-50 years) had negative beliefs compared to those women with middle age (30-<40 years). However, the difference is statistically significant. These results may be attributed to the fact that younger women had no experiences and less information while older women had deeply rooted traditional beliefs which will affect their practices. In addition, the better educated women had positive beliefs and performed right practices than those with low educational level. The difference is statistically significant. This result is similar to the result of another study which was conducted by Liu *et al.*, (2006)⁽⁵⁾. Educated women have opened their mind to new ideas and reject harmful practices. Also, education is a mean that enables women to gain access to knowledge.

Conclusion:

Traditional postpartum beliefs and practices are popular among the participants. Mothers and relatives play a major role about reinforcing these beliefs and practices. It can also be concluded that the age and level of education were the most positively influential factors towards these beliefs and practices. Identifying the factors associated with traditional postpartum beliefs and practices is critical to develop better targeting health education programs. Updated information regarding postpartum practices should be disseminated to women.

Recommendations:

1. Undertaking Information/ Education and Communication programs (IEC) to raise awareness of the women and health personnel about wrong traditional beliefs and practices in order to correct it.

- Inform all pregnant women about the appropriate postpartum care for both mothers and neonates through booklets, posters and hospital support groups that may assist them even after delivery.

- Discharge guide program should be carried out for puerperal women to instruct them about the appropriate care for themselves and their babies.

- Establish postnatal follow up visits program to follow up and guide the women about contemporary postpartum practices.

2. Nurses can ask mothers about their cultural beliefs, and incorporate those preferences into the plan of her care.

3. Further prospective research should be carried out to explore the relationship between traditional postpartum practices and women's health outcomes.

Corresponding author:

Dr. Sahar Mansour Lamadah,

E-mail: dr.saharlamadah@yahoo.com

Address: 21 Ebrahim Sherief Street. Moustafa Kamel.Alexandria. Egypt.

References:

1. Pillitteri A. (2010). Maternal and child health nursing: Care of the childbearing and childrearing family, 6thed. Philadelphia: Lippincott Williams &Wilkins,415-446.
2. Kim Y. Beliefs and practices among non-western cultures. MCN Am J Matern Child Nurs 2003; 28:74-78.
3. Lang J & Elkin E. A study of the beliefs and birthing practices of traditional midwives in rural Guatemala. Journal of Nurse Midwifery 1997; 42(1), 25-31.
4. Raven J, Chen O, Tolhurst R, Garner P. Traditional beliefs and practices in the postpartum period in Fujian Province, China: a qualitative study. BMC Pregnancy and Childbirth 2007, 7:8 doi:10.1186/1471-2393-7-8.
5. Liu N, Mao L, Sun X, Chen B & Ding Q. postpartum practice of puerperal women and their influencing factors in three regions of Hubei, China. BMC Public Health 2006;6:274.
6. Barennes H, Empis G, Quang T *et al.* Breast milk substitutes: A new old – threat for breast feeding policy in developing countries.A case study in a traditional high breast feeding country, PLoS one 2012; 7(2): e30634. doi:10.1371/journal.pone.0030634.
7. Alali F, Hussin E, Helmy M, Assessment of nutritional status of some females university students in state of Kuwait, 11-12 april 2012.
8. Salma A, Mervat F. Nutritional beliefs and practices of Saudi Mothers During Pregnancy and Puerperium. The bulletin of the high institute of public health. July1990, 10(3).
9. Leifer G. Maternity Nursing: an introductory text. 9th ed. St. Louis: Elsevier.2005;190-210.
10. Geckil E *et al.* Traditional postpartum practices of women and infants and the factors influencing such practices in South Eastern Turkey. Midwifery 2009;25(1):62-71.
11. Thi L, Pasandarntorn W, Rauyajin O. Traditional postpartum practices among Vietnamese mothers in Anthi district, Hung Yen province. Faculty of Social Sciences and Humanities, Mahidol University. Thailand, HungYen province.2004; p301-314.
12. Ricci S, Kyle T.(2009).Maternity and pediatric nursing. Philadelphia: Lippincott Williams &Wilkins,429-473.
13. Cunningham,F.G.,Gant,N.F.,Leveno,K.J.,Gilstrap,L.C.,III,Hauth,J.C.,& Wenstrom, K.D (2001). Williams obstetrics (21st ed.).New York: Lippincott Williams &Wilkins.
14. Morris H, Boyd J, Ogilvie L *et al.*. Cultural brokering in community health. Can Nurse 1999; 95(6):28.
15. You Z, Yuan J.Traditional Chinese Gynecology. Traditional Chinese Medical Publication Beijing 2005: 442-446.
16. Hishamshah M, Sirri M, Haroon R *et al.* Beliefs and Practices of traditional post partum care among a rural community in Penang Malaysia". The Internet Journal of Third World Medicine 2011; 9 (2). DOI: 10.5580/49f.
17. Lo K. Post partum practices among Cambodian mothers in preah vihear province:A qualitative study of beliefs and practices. A thesis submitted in partial fulfilment of the requirement for the degree of master of art (Health Social Science).Faculty of Graduate studies. Mahidol University 2007.
18. Boer H, Lamxay V. Plants used during pregnancy, childbirth and postpartum healthcare in Lao PDR: a comparative study of the Brou, Saek and Kry ethnic groups,Jethnobiological Ethnomed 2009;5:25.
19. Aaron S, Alexander M, Maya T *et al.* Underlying prothrombotic states in pregnancy associated cerebral venous thrombosis. Neurology India 2010; 58(4): 555-559.

20. Liamputtong P, Yimyam S, and Parisunyakul, S. Traditional beliefs about pregnancy and childbirth among women from Chiang Mai, Northern Thailand. *Midwifery* 2005; 21: 139–153.
21. Inayati D, Scherbaum V, Purwestri R *et al.* Infant feeding practices among mildly wasted children: a retrospective study on Nias Island, Indonesia. *International Breastfeeding Journal* 2012;7:3.
22. Oommen A, Vatsa M, Paul VK, Aggarwal R. Breastfeeding practices of urban and rural mothers. *Indian Pediatrics* 2009; 46(10):891-894.
23. Davies A: Sociocultural factors and the promotion of exclusive breastfeeding in rural Yoruba communities of Osun State, Nigeria. *Soc Sci Med* 1997; 45:113-125.
24. Joshi S, Barakoti B and Lamsal S. Colostrum feeding: knowledge, attitude and practice in pregnant women in a teaching hospital in Nepal. *International Journal of Medicine and Molecular Medicine* 2012;3(8).
25. Agunbiade O, Ogunleye O. Constraints to exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria: implications for scaling up. *International Breastfeeding Journal* 2012; 7:5
26. Kahriman I, Topbaş M, ÇanDinç G. Traditional baby care practices of mothers of children aged 6-12 months in the Provincial Centre of Trabzon, Turkey. *TEF Prev Med Bull* 2011;10 (1) 61-70.
27. Biltekin Ö, Boran D, Denkli M and Yalçınkaya S. Traditional practices concerning pregnancy and child care among mothers with Infants aged 0-11 months in Naldöken. *Primary Health Care Center. Continuous Medical Education Journal* 2004; 13(5): 166-168.
28. Holroyd E, Katie F, Chun, L and Ha S. “Doing the month”: an exploration of postpartum practices in Chinese women. *Health Care for Women International* 1997; 18: 301-313.
29. Olson C, Strawderman M, Hinton P, Pearson T: Gestational weight gain and postpartum behaviours associated with weight change from early pregnancy to 1y postpartum. *Int J Obesity* 2003; 27:117-127.

3/30/2013