



Article

Detection of Women's Experiences in post-natal care in El-Baliana District, Sohag Governorate

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Article info.

Citation: Mohamed, Magda; Ragab, Amal & Abd El-Baset, Eman (2022). Detection of Women's Experiences about post-natal care in El-Baliana District, Sohag Governorate. *Sohag Journal of junior Scientific Researchers*, vol. 2 (5), 75 -85.

<https://doi.org/10.21608/sjyr.2022.244502>

Received: 24/02/2022

Accepted: 26/05/2022

Published: 17/06/2022

Publisher's Note: SJYR stays neutral regarding jurisdictional claims in published maps and institutional affiliations

Abstract

Postnatal care is care provided to women and their babies within 42 days after delivery. A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery, and these first two days following delivery are critical for monitoring complications arising from the delivery. This study aimed to determine women's experience (K, A, and P) with post-natal care services in the family health units of the city and some rural areas in El-Baliana district, Sohag governorate. A cross-sectional study was carried out among the targeted population. Total coverage of women in lactating period attending F.H.U in Elbaliana city, Elhegz, Bany-Hemeel, Abosteet, and Al Eslah villages of El-Baliana district in the period starting 1st of April till the end of September 2018. The results illustrated that the mean percentage level of knowledge of postnatal mothers on selected aspects of postnatal care was 59.9% and the mean level was 11.98 with a standard deviation of 4.38. about 57.7% of the studied women had good knowledge regarding postnatal services and 42.3% had poor knowledge. In the final regression model, it is found that women younger than 20 years are nearly five times more liable to have poor knowledge regarding postnatal care than those older than 35 years.

Keywords

Women's experiences, post-natal, Rural Egypt

1. Introduction

Postnatal care is regarded as one of the most important maternal health care services for the prevention of impairments and disabilities resulting from childbirth. Lack of care during puerperium

may result in death or disability as well as missed opportunities to promote healthy behaviors, affecting women, newborns, and children. (Regassa, 2011). World Health Organization (WHO) recommends that after an uncomplicated vaginal birth in a health facility, healthy mothers and newborns should receive care in the facility for at least 24 hours after birth. If birth is at home, the first postnatal contact should be as early as possible within 24 hours of birth. At least three additional postnatal contacts are recommended for all mothers and newborns, on day 3 (48-72 hours), between days 7-14 after birth, and six weeks after birth. (WHO, 2013)

Some of the long-term maternal complications in the postnatal period include chronic pain, impaired mobility, damage to the reproductive system, and infertility. Some women suffer genital prolapses after bearing several children. This condition is extremely uncomfortable and can lead to other complications in future pregnancies if not properly addressed in the postnatal period. (Desalegn, Daniel, 2013)

2. Results

350 lactating women participated in our study, as shown in (Table 1) Our results revealed that more than half of them get married before age of 20 years and more than one-quarter of them hadn't received any kind of formal education. Most lactating women had antenatal care visits more than five times, nearly half of them delivered at general hospitals and about half of them delivered at private places, and a few percentages (0.9%) delivered at home.

Table 1. Distribution of the studied women according to their socio-demographic characteristics, El-Baliana district, 2019.

Demographic data	Number (%)
Age (Mean \pm SD)	29.2 \pm 6.44
<20 y	34 (9.7%)
20-	230 (65.7%)
>35 y	86 (24.6%)
Age at 1 st marriage (Mean \pm SD)	21.18 \pm 3.46
<20 y	185 (52.9%)
20 y-	131 (37.4%)
25y-	29 (8.3%)
>30 y	5 (1.4%)
Education	
Non-formal	89 (25.4%)
Primary	11 (3.1)
Preparatory	30 (8.6%)
Secondary	167 (47.7%)
College or higher	53 (15.2%)
Residence	
El-Baliana city	83 (23.7%)
El-Hegz village	57 (16.3%)
Banyhemeel village	36 (10.3%)
Abosteet village	86 (24.6%)
Al-Eslah village	88 (25.1%)
Special habits	
No	323 (92.3%)
Smoking	27 (7.7%)
Income (Mean \pm SD)	2517 \pm 1.47
>3000 LE	275 (78.6%)
3000-6000 LE	70 (20%)
>6000 LE	5 (1.4%)
Occupation	
Housewife	289 (82.6%)
Working	61 (17.4%)

Good knowledge represents 57.71% while poor knowledge represents 42.29% (Figure 1). Health centers have a high percentage of good practice about 92.9% followed by private hospitals about

64% then private clinics about 46.6%. general hospitals about 45.4% and home deliveries 14.3% (Figure 2).

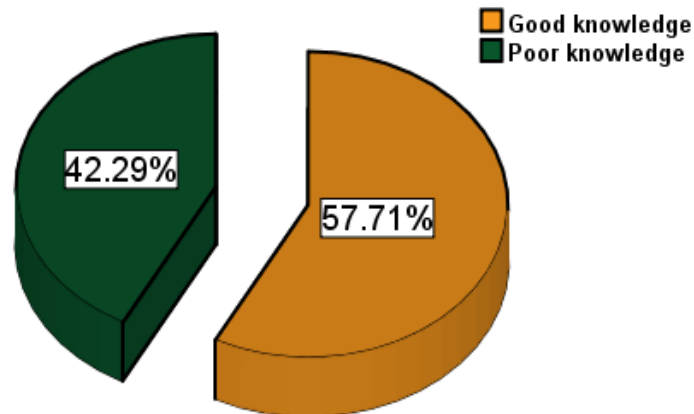


Figure 1. Percentage of good and poor knowledge among the studied women, El-Baliana district, 2019.

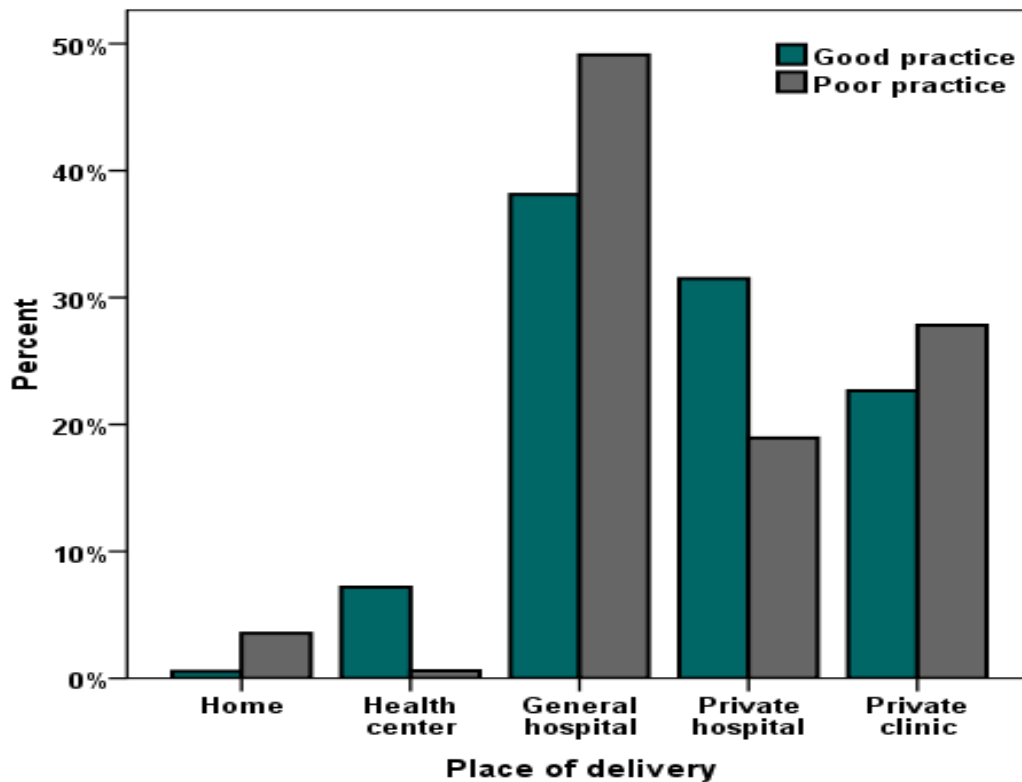


Figure 2. Bar chart showing the relation between practice about post-partum care and place of delivery, El-Baliana district, 2019.

Most of the studied women answered positively about their stay at the hospital post-partum, their attitude and practice correspond with their knowledge (94.6%, 99.4%, and 98% respectively). But more than half of them don't know about postnatal care visits, numbers, who is responsible, where or when done. Also, more than half of them were not to be applicable (Table 2).

Table 2. Association of knowledge about post-partum care of the studied women with their socio-demographic data, El-Baliana district, 2019.

Demographic data	Good knowledge	Poor knowledge	P-value
Age			
<20 y	10 (29.4%)	24 (70.6%)	0.00*
20-	127 (55.2%)	103 (44.8%)	
>35 y	65 (75.6%)	21 (24.4%)	
Age at 1 st marriage			
<20 y	98 (53%)	87 (47%)	0.05*
20 y-	75 (57.3%)	56 (42.7%)	
25y-	24 (82.8%)	5 (17.2%)	
>30 y	5 (100%)	0 (0%)	
Education			
Non-formal	38 (42.7%)	51 (57.3%)	0.00*
Primary	8 (72.7%)	3 (27.3%)	
Preparatory	16 (53.3%)	14 (46.7%)	
Secondary	98 (58.7%)	69 (41.3%)	
College or higher	42 (79.2%)	11 (20.8%)	
Residence			
El-Baliana city	57 (68.7%)	26 (31.3%)	0.00*
El-Hegz village	28 (49.1%)	29 (50.9%)	
Banyhemeel village	21 (58.3%)	15 (41.7%)	
Abosteet village	34 (39.5%)	52 (60.5%)	
Al-Eslah village	62 (70.5%)	26 (29.5%)	
Special habits			
No	186 (57.6%)	137 (42.4%)	0.87
Smoking	16 (59.3%)	11 (40.7%)	
Income			
>3000 LE	146 (53.1%)	129 (46.9%)	0.00*
3000-6000 LE	51 (72.9%)	19 (27.1%)	
>6000 LE	5 (100%)	0 (0%)	
Occupation			
Housewife	152 (52.6%)	137 (47.4%)	0.00*
Working	50 (82%)	11 (18%)	

Our results showed that the older the age of the woman, the older her age at 1st marriage, the higher her education level, and the more liability to have good knowledge about post-partum care. Also, working women have good knowledge than housewives (Table 3).

Table 3. The odds ratio of association between poor knowledge about post-partum care of the studied women and selected factors, El-Baliana district, 2019.

Item	AOR	95%CI	P- value
Age			
<20 y	5.27	1.39-20.03	0.02
20-	2.77	1.23-6.23	0.02
>35 y			0.01
Education			
Non-formal	20.99	5.64-78.14	0.00
Primary	8.07	1.13-57.65	0.00
Preparatory	5.16	1.14-23.33	0.04
Secondary	6.88	2.19-21.67	0.03
College or higher			0.00
Residence			
El-Baliana city	4.17	1.62-10.77	0.00
El-Hegz village	3.7	1.56-8.82	0.00
Banyhemeel village	4.66	1.61-13.5	0.00
Abosteet village	9.83	4.14-23.33	0.01
Al-Eslah village			0.00
Women occupation			
Housewife	3.17	1.06-9.54	0.04
Working			
History of abortion	3.16	1.38-7.23	0.01
Parity			
Para 1	4.02	0.52-30.85	0.00
Para 2	0.2	0.03-1.38	0.18
Para 3	0.85	0.33-2.17	0.1
Para 4 or more			0.73
Number of living children			
1-2 kids	2.57	0.37-17.66	0.04
3-4 kids	0.46	0.17-1.23	0.34
5 or more			0.11

The following Table (Table 4) shows a descriptive statistic of the total experiences of the studied women who asked 60 questions to detect the experience of the studied women about post-partum care, the mean of correct answers of the total knowledge, attitude, and practice questions is 11.98 ± 4.38 , 14.04 ± 3.36 and 11.41 ± 2.82 respectively.

Table 4. Descriptive statistics of the total experiences of the studied women, El-Baliana district, 2019.

Score	Mean \pm SD	Median (range)
Total knowledge	11.98 ± 4.38	12 (18)
Total attitude	14.04 ± 3.36	14 (16)
Total practice	11.41 ± 2.82	12 (14)

The association of the attitude toward post-partum care of the studied population with socio-demographic data revealed that older women have a more positive attitude toward post-partum care than younger women. Also, those with higher education levels and working lactating women

have a more positive attitude toward post-partum care than those with lower education levels (Table 5).

Table 5. Association of the attitude toward post-partum care of the studied population with socio-demographic data, El-Baliana district, 2019.

Demographic data	Positive attitude	Negative attitude	P-value
Age			
<20 y	17 (50%)	17 (50%)	0.16
20-	125 (54.3%)	105 (45.7%)	
>35 y	56 (65.1%)	30 (34.9%)	
Age at 1st marriage			
<20 y	100 (54.1%)	85 (45.9%)	0.11
20 y-	72 (55%)	59 (45%)	
25y-	22 (75.9%)	7 (24.1%)	
>30 y	4 (80%)	1 (20%)	
Education			
Non-formal	31 (34.8%)	58 (65.2%)	0.00*
Primary	7 (63.6%)	4 (36.4%)	
Preparatory	12 (40%)	18 (60%)	
Secondary	104 (62.3%)	63 (37.7%)	
College or higher	44 (83%)	9 (17%)	
Residence			
El-Baliana city	54 (65.1%)	29 (34.9%)	0.00*
El-Hegz village	22 (38.6%)	35 (61.4%)	
Banyhemeel village	25 (69.4%)	11 (30.6%)	
Abosteet village	22 (25.6%)	64 (74.4%)	
Al-Eslah village	75 (85.2%)	13 (14.8%)	
Special habits			
No	187 (57.9%)	136 (42.1%)	0.08
Smoking	11 (40.7%)	16 (59.3%)	
Income			
>3000 LE	139 (50.5%)	136 (49.5%)	0.00*
3000-6000 LE	54 (77.1%)	16 (22.9%)	
>6000 LE	5 (100%)	0 (0%)	
Occupation			
Housewife	149 (61.6%)	140 (48.4%)	0.00*
Working	49 (80.3%)	12 (19.7%)	

The association of practice about post-partum care of the studied women with their husbands' socio-demographic data revealed those wives of working husbands have more good practice about post-partum care compared to wives of non-working husbands (52.5% and 30.8% respectively) (Table 6).

Table 6. Association of practice about post-partum care of the studied women with their husband's socio-demographic data, El-Baliana district, 2019.

Demographic data	Good practice	Poor practice	P- value
Husband age			
<31y	58 (50.9%)	56 (49.1%)	0.97
-40 y	75 (51.7%)	70 (48.3%)	
>40 y	48 (52.7%)	43 (47.3%)	
Husband education			
Non-formal	34 (46.6%)	39 (53.4%)	0.42
Primary	5 (71.4%)	2 (28.6%)	
Preparatory	10 (50%)	10 (50%)	
Secondary	94 (50.3%)	93 (49.7%)	
College or higher	38 (60.3%)	25 (39.7%)	
Husband occupation			
Not working	4 (30.8%)	9 (69.2%)	0.12
Working	177 (52.5%)	160 (47.5%)	

3. Discussion

In this study, we found that the mean percentage level of knowledge of postnatal mothers on selected aspects of postnatal care was 59.9% and the mean level was 11.98 with a standard deviation of 4.38. Fifty-seven point seven of the studied women had a good knowledge regarding postnatal services and 42.3% had poor knowledge.

The mean levels of knowledge and practice are higher than that found in Nepal in 2017. The research was conducted on 60 postnatal mothers by non-probability purposive sampling technique. The researchers used a structured questionnaire whose validity and reliability were established by eight experts in the field of obstetrics and Gynecological nursing. The findings were as follows; the mean percentage level of knowledge of postnatal mothers was 50.23% and the mean level was 17.58 with a standard deviation of 2.6. The mean percentage level of practices of postnatal mothers was 52%, and the mean was 10.40 with a standard deviation of 2.17.

Despite the above-mentioned information, only 46.3% of the women in our study know that they have the right to home visits postpartum and only 37.1% of the studied ladies had had a home visit postpartum.

Based on demographic and health surveys (DHS) reports that studied postpartum care from 1999-2004, the reports declared that less than 10% of mothers in 17 countries out of the 30 studied ones had postpartum home visits. More than 30% of postpartum visits were received at home in only six countries and more than 50% of postpartum visits were received at home in only three countries. A large majority of postpartum care is provided at health facilities. These findings indicate that most countries depended on institution-based systems of postpartum care instead of home-based systems⁸.

In this study, 28.3% of studied mothers didn't know any danger signs while 62.3% informed that bleeding, severe headache, fever, and severe calf pain are danger signs which should be checked carefully during the postpartum period. This differs from a community-based cross-sectional study conducted from May 1 to 30, 2016 in Halaba kulito town in Ethiopia. Systematic random sampling was used to select households where eligible women were living. The sample size was 422 women. The Ethiopian study revealed that only 7.48% of the studied women don't know any danger sign⁹.

Our studied population showed a low level of good use of postnatal care services; only 51.7% had a good practice of postnatal care services. On the other hand, Paudel, et al. carried out a community-based cross-sectional study from August 2012 to January 2013 in the rural area of Belgaum district, Karnataka, India. They found that among 630 postpartum mothers who participated in the study, 79.0% had used the postnatal services properly¹⁰.

In the current study, we found that 84.3% of the studied women had a good knowledge of the essential needs of the newborn baby. This is different from another study conducted in Addis Ababa among 512 postnatal mothers. It was a cross-sectional study, and it was conducted in ten health centers from December 5 to January 30, 2017. It concluded that 60.2% of post-natal mothers had poor knowledge of essential newborn care.

It is found that those with no formal education are nearly twenty times more liable to have poor knowledge regarding postnatal care than those in college or higher. Housewife women have triple the risk of having poor knowledge compared to those who work and women who have one child are nearly four times more liable to have poor knowledge compared to those who have four or more. So, the more child the more knowledge.

The mean percentage level of practices of postnatal mothers on selected aspects of postnatal care was 57.05%, and the mean was 11.41 with a standard deviation of 2.82. Our studied population showed a low level of good use of postnatal care services; only 51.7% had a good practice of post-natal care services. On the other hand, Paudel, et al. carried out a community-based cross-sectional study from August 2012 to January 2013 in the rural area of Belgaum district, Karnataka, India. They found that among 630 postpartum mothers who participated in the study, 79.0% had used the post-natal services properly. This may be because our society depends more on the private health sector.

4. Patient and Methods

4.1. A cross-sectional study was carried out among the targeted population.

Total coverage of women in lactating period attending F.H. U in Elbaliana city, Elhegz, Bany Hemeel, Abosteet, and Al Eslah villages of El-Baliana district in the period starting 1st of April till the end of September 2018. Study tool: Data were collected through personal interviews with the lactating women's using a specially designed multi-item questionnaire. (www.researchnz.com), (Journal of Health, Medicine, and Nursing ISSN, 2016), (Sjetne et al. BMC Pregnancy and Childbirth, 2015) It consisted of four sections: section 1 for the socio-demographic characteristics, section 2 for detection of reproductive information, section 3 for last pregnancy information and section 4 for knowledge, attitude, and practice after delivery.

Ninety-two questions including the following were asked to the participants: ten questions related to name, age, occupation, working to the lactating women and their husbands, residence, and monthly income; four questions related to reproductive information; fourteen questions related to last pregnancy information; four ended question; and sixty questions related to knowledge, attitude, and practices classified into three categories which are: lactating women's information, mother care and child care around post-natal period. The level of knowledge, attitude, and practice of lactating women about postnatal care was evaluated with correct responses to a total of twenty questions given to each of them. The median knowledge, attitude, and practice score were used for discrimination of each of them respectively. Scores over the median score were defined to be good and the scores below the median score were defined to be poor.

4.2. Analysis of data

Data entry and analysis were done using SPSS version 16.0. The calculation of frequency and percentages for the classified data, mean, and standard deviations were obtained. While statistical differences between the classes were done with the chi-square test and Fisher exact test and a final binary logistic regression model was done to show the final factors affecting poor knowledge. A P-value at or below 0.05 was considered significant.

5. Conclusions

The main conclusion of this study is that the mean percentage level of knowledge of postnatal mothers on selected aspects of postnatal care was 59.9%. About 57.7% of the studied women had good knowledge regarding postnatal services and 42.3% had poor knowledge. and 28.3% of studied mothers didn't know any danger signs while 62.3% informed that bleeding, severe headache, fever,

and severe calf pain are danger signs which should be checked carefully during the postpartum period.

A significant association between women's age, their age at 1st marriage, and having knowledge about postnatal care. The higher the age and the higher the age of 1st marriage, the higher the knowledge about postnatal care. About 75.6% of mothers above 35 years had good knowledge compared to 55.2% of those having 20-35 years compared to 29.4% of those below 20 years. All the studied women who get married after 30 years had good knowledge, while only 53% of those who get married before 20 years had good knowledge.

Maternal education has a positive impact on the utilization of health care services. This may be due to maternal education increasing women's perceived seriousness about maternal health issues. Or maybe because the higher educated mothers are more conscious than illiterate mothers in utilizing the services.

Regarding the number of children and its association with practicing postnatal services, the current study documented that 61.7% of mothers with 5 or more children had a good practice with postnatal services versus 49.4% of those with 1-2 children. This can be explained by the fact that women with more kids seek family planning methods more than those with fewer kids.

6. Recommendations

Training/retraining health workers. Adapting programmatic protocols and key messages for use in PNC. Improving and standardizing monitoring indicators for PNC. Establishing or revitalizing a national working group to develop and operationalize a national PNC package.

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www.researchnz.com, then 'current online surveys', and click on Ministry of Health – Maternity Service

الملخص العربي

الكشف عن تجارب النساء حول رعاية ما بعد الولادة في مركز البلينا، محافظه سوهاج

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رعاية ما بعد الولادة هي رعاية تقدم للنساء وأطفالهن في غضون 42 يومًا بعد الولادة. وتحدث نسبة كبيرة من الوفيات النفسانية ووفيات المواليد خلال الـ 48 ساعة الأولى بعد الولادة، ويعد هذان اليومان الأوليان بعد الولادة حاسمين لرصد المضاعفات الناجمة عن الولادة. فأهداف الرعاية في فترة ما بعد الولادة هي: دعم الأم وعائلتها في الانتقال إلى كوكبة أسرية جديدة، والاستجابة لاحتياجاتهم، والتشخيص المبكر وعلاج مضاعفات الأم والرضيع، بما في ذلك الوقاية من الانتقال الرأسي للأمراض من الأم إلى الرضيع، وإحالة الأم والرضيع للحصول على رعاية متخصصة عند الضرورة، وتقديم المشورة بشأن دعم رعاية الطفل للرضاعة الطبيعية، وأيضاً بشأن التغذية الأمومية، والمكملات إذا لزم الأمر، وتقديم الخدمات لمنع الحمل واستئناف النشاط الجنسي وتحسين الرضيع. إن السيدات اللاتي يلدن في مؤسسة صحية يحصلن على مستويات عالية جداً من الرعاية بعد الولادة بينما علي النقيض من ذلك، نجد أن نسبة صغيرة من السيدات اللاتي يلدن خارج مؤسسة صحية يحصلن علي رعاية صحية جيدة بعد الولادة. وبشكل عام، فإن الرعاية الصحية المقدمة بعد الولادة قد زادت بنسبة 16٪ تقريبًا بين عامي 2005 و2008 وقد تم توفيرها لثلثي النساء اللاتي شملهن الاستطلاع. بيد أن هذه الأرقام تخفي تناقضاً كبيراً، على سبيل المثال حصلت 81 ٪ من النساء المقيمات بالحضر علي رعاية صحية بعد الولادة مقابل أقل من 60 ٪ من النساء الريفيات وبلغت هذه النسبة 42 ٪ فقط من النساء الريفيات في صعيد مصر. وبالمثل، تلقى 91 ٪ من النساء ذوات الطبقة الغنية هذه الرعاية، ولكنها شملت فقط 43 ٪ من النساء ذوات الطبقة الفقيرة.

الكلمات المفتاحية

تجارب المرأة، ما بعد الولادة، ريف مصر