IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 5, Issue 1 Ver. I (Jan. - Feb. 2016), PP 28-39
www.iosrjournals.org

Comparison of Postpartum Beliefs and Practices among Badu Women in Arish City &Women in Missouriz City

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Abstract:*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.*
Aim:*The aim of this study was to describe and to compare beliefs and practices related to the postpartum care*
Methods: *Study Design: Descriptive comparative study design was utilized in this study. Study setting: The study was carried out in two districts of Arish city & two villages in Mansoura city during the period from15 August 2014 to 15January 2015.Subjects of the study: A purposive sampling of 170 women who were divided into two equal groups, Badu group and Mansoura group. Tool: A structured interview questionnaire schedule which consists of three parts, general characteristics, obstetrical history and beliefs & practices of women during puerperium.*
Results: *The present study results revealed that the mean total practice score is significantly higher in Mansoura group (29.31±3.07) than in Arish group (26.62±1.86), Mansoura group shows a significant higher percentage of positive and neutral state than Arish group while there was no significant difference between mean total practice score and general characteristics of women in both group.*
Conclusion*: Mansoura group had positive and neutral practice more than Arish group, Arish group had negative practices more than Mansoura group and there was no relation of the practical behavior to general characteristics and obstetrical history.*
Recommendation: *Undertaking Information/ Education and Communication programs to raise awareness of the women, health provider, family member and society about wrong beliefs and practices during postpartum in order to correct it.*
Keywords*: Postpartum, Beliefs, Practices.*

I. Introduction

Postpartum period is a very special phase in the life of a newly delivered mother and her newborn, for women experiencing childbirth for the first time, it is most likely the most significant and life changing event. It is filled with strong emotions, physical changes, new and changed relationships, assumptions and adjustments into the new mother role **(Udoj,2014).**

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**(Lamadah ,2013).**

Many cultures have different methods of care during the postpartum period. For example, cultural practices relating to physical activity levels, taboos and rituals, food and dietary requirements, baths and purification rituals amongst many others approved official routines in nursing care,comprise of a varying diet, sufficient amount of fluid intake, self-care and promotion of hygiene practices like sits' bathing, showering, ambulation and exercise. These can seem foreign and very dangerous to a mother with different culture beliefs**(Lauderdale et al., 2012).**

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 an herbal bath, according to the region. They believe that a hot bath increases the flow of milk, and prevents breast milk from becoming "cold **(Lundberg & Trieu Thi Ngoc, 2011&Lamadah, 2013).**

II. Significance&Aim of the Study

It is important to understand of cultural beliefs and practices related to the postpartum care of women and their babies in different area such as districts in Arish city and villages in Mansoura city to give health education for these women to be aware of beneficial and harmless beliefs and practices. Review of literature in Mansoura and Arish city failed to give me any data about this topic until now. So the aim of this study was to describe and to compare beliefs and practices related to the postpartum care among Badu women in districts in Arish city and women in villages in Mansoura city.

III. Subjects& Methods

Study Design

Descriptive comparative study design was utilized in this study.

Study Setting

This study was conducted in districts of Arish city (Hay Alsafa and Hay Alsomran) and two villages in Mansoura city such as (Alheuaria and Metmezah). Face-to-face interviews with women at home.During the period from15 August 2014 to 15January 2015.

Subjects of the Study

A purposive sampling of 170 women. The study subjects were divided into two equal groups. Badu group consist of 85 women and Mansoura group consist of 85 women according to the following criteria.

Inclusion Criteria

- Women who had given birth to full-term singleton infants in the previous two years
- Women who willing to participate in the study.

IV. Tool of Data Collection

One tool were used for data collection

Tool:A structured interviewing questionnaire schedule.It was developed by researcher and consists of three parts.

Part One: It included general characteristics of woman as age, residence Level of education, occupation, and income

Part two: It included obstetrical history as type of delivery, number of gravity, number of parity, number of abortion and number of living child.

Part three*:* Beliefs & practices of postpartum women questionnaire: It was develop by researcher after reviewing the literature; it is consisted parts as hygienic care, behavioral precautions, breastfeeding, and baby care. .

Scoring system

Women's 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 or positive were scored 2 grades, one grade for neutral answer and score zero for incorrect or negative practices.

Field of Work

- An official approval was obtained from Dean of Faculty of Nursing
- The researcher introduced herself to woman and the aim of study was explained to them prior to their participation to obtain their acceptance & cooperation as verbal consent
- The actual field work of the study was conducted for 6 months period starting from 15 August 2014 to 15January 2015to collect the data needed to assess postpartum beliefs and practices of women.
- The researcher visited women at home every day per week.
- During the interview, the researcher read each item of the data collection sheet and explained its meaning to the women. She was allowed to ask any interpretation, elaboration or explanation.

V. Statistical analysis

Data were collected, computed and statistically analyzed using SPSS (statistical Package of Social Sciences) software program version 16.0. Data were presented in tables. Where categorical variables are presented as frequency and percentages and comparison between the groups is done by using Chi square test and Fisher Exact test (if there is any expected cell less than 5). While continuous variables are presented as mean ± SD and comparison between groups is done by using Student t test (for two groups) and One Way Anova test (for more than two groups).The difference is considered significant if $P \leq 0.05$.

VI. Results

Table Table (1) shows the frequency distribution of the studied groups according to general characteristics. Found that, the mean age of women in Mansoura group was (26.63±5.96) compare to (25.89±6.57) in women of Arish group. As regard educational level more than two thirds (69.4%) of the women in Mansoura group were secondary education while majority (88.2%) of the women in Arish group were basic education. More than half (52.9 %) of women in Mansoura group were working while around three quarter (75.3%) of women in Arish group were housewife and more than two third of both groups reported enough income. There were statistical significant difference between both groups as regard to education and employment (P= 0.000).

Table (2) shows that, statistical significant differences were observed among type of delivery, gravidity, parity, number of abortion and number of living child.

Table (3) shows the frequency distribution of the studied group according to hygienic care beliefs and practices. All women of both groups do not take cold shower during puerperium. The most common cause of not taking cold shower among women of Mansoura group is fear of make milk cold to the baby (75.3%) while the most common cause among Arish Badu group was fear of lochia suppression (80.0%).

As regard taking hot showering during puerperium, women in Mansoura group reported a significant higher percentage (69.4%) compared to (14.1%) in Arish group. While women in Arish group has a significant higher percentage of adding herbs to bath water (14.1%) compared to (0.0%) in Mansoura group. The most common cause of doing this was to facilitate lochia drainage (91.7%). The kafor paper is the used herbs there were highly statistical significance difference between both groups p=0.000.

In addition, women of Arish group has a significant higher percentage of rubbing body with herbs or oil (91.8%) compared to (0.0%) in Mansoura group. The common cause for rubbing was: to get air out the (74.4%).The most oil or herbs used is olive oil (100.0%). Arish women reported a significant higher percentage of wearing abdominal corset (88.2%) compared to (67.1) in Mansoura group. The common cause was to prevent pendulous abdomen in Arish Badu group and to obtain desirable abdominal shape in Mansoura group. There is statistical significant difference between both groups as regard beliefs and practices during puerperium for hot shower (p=0.000), adding herbs for bath water (p=0.000), rub body with herbs or oil (p =0.000) and wearing abdominal corset (p=0.001).

Table (4) shows that most women in Mansoura group (90.6%) compared to (87.1%) in Arish group reported keeping warm after birth; the most common cause was not to be sick. All women in Mansoura group (100.0%) reported that they stay in bed and reduce movement during puerperium compared to (89.4 %) in Arish Badu group with statistical significant difference (P= 0.002). There was a significant difference between both groups as regard reasons of reducing activity. Most of both groups do not go outside home during puerperium; (90.6%) among women in Mansoura group and (91.8%) in Arish group. The most common cause in Mansoura group were feeling weakness (77.9%), while among women of Arish group the common cause was fear of cold (53.8%) with statistical significant difference. Most women of Arish Badu group (88.2%) avoiding watching TV, read and use computer compared to (16.5%) in Mansoura group with highly statistical significant difference. The most common cause was care of baby (57.1%) among women of Mansoura group. While headache (46.7%) in Arish group. Regarding to avoiding housework there is no significant differ in both groups. The common cause in Mansoura group because of weakness(84.4%)and to avoid uterine prolapsed in Arish group (71.3%).in addition about (9.4%) avoiding sexual activity more than 60 days among women in Mansoura group compared to(18.8%) of women in Arish group with no statistical significant difference. The most common cause is fear from uterine prolapsed being (100%) in Arish Badu and (50.0%) of Mansoura group for operation with highly significant difference.

Table (5) shows that, the percentage of women giving colostrum to the baby was significantly higher in Mansoura group (76.5%) than Arish group (37.6%) p=0.000. The most common cause for not giving colostrum was insufficient quantity (75.0%) in Mansoura group and (79.2%) waiting until milk secretion in Arish group. In addition, the common causes for giving colostrum to the baby was protect from diseases (100.0%) in Mansoura group compared to (45.3%) in Arish group. In addition, the percentage of women intend to breast feed baby was significant difference in Arish group (92.9%) than Mansoura group (88.2%) p= (0.432). The common cause for intend to breast feed was protect child from diseases (98.7%) in Mansoura group while for strengths the bone of child in Arish group was(74.7%) and the common cause for not intend to breast feed was problem in milk production in both groups (100%).

Table (6) shows Percentages of women practicing wrap baby tightly was significantly higher in Arish group (100.0%) than Mansoura group (70.6%). Strength baby, help him to sleep relax and protect deviant were

the reasons. Wrap baby with umbilical belt was significantly higher in Arish group (94.1%) than in Mansoura group (42.4%). The main reason in both groups was help umbilical healing. In addition regarding to bathing baby in Mansoura group about (64.7%) compared to (0.0%) in Arish group, the main cause in both groups was fear from catch cold. All Arish group rub baby skin with oil compared to (71.8%) does this in Mansoura group. The main common cause for doing this was oil nutrition the baby skin in both groups. The types of oil used are olive, paraffin and gonson. Arish women use olive oil only.

Table (7): shows the state of hygienic care score in the studied groups. Both groups have(100.0) neutral state of taking cold shower, adding herbs in bath water and rub baby with herbs in oil. While the percentage of positive state is significantly higher in taking hot shower in Mansoura group and wear abdominal corset in Arish group.

Table (8) shows comparison of the state of behavioral precaution practice score in the studied groups. Both groups have (100.0%) of neutral state of keeping warm after birth and watch TV, read and site in front of computer. While the percentage of positive state of staying in bed and reduce movement is significantly higher in Arish group. The percentage of positive state of going outside home and avoiding housework not significantly differ in both groups and both groups have (100.0%) neutral state of avoiding sexual activity more than 60 days.

Table (9) shows that women of Mansoura group have a higher percentage of positive state of giving colostrum to the baby, wrap baby tightly, wrap baby with abdominal belt and bathing the baby. While the state of intend to breast feed baby is not significantly differ. Both groups have (100.0%) neutral state of rub baby with oil

VII Figures

Figure(1)show Comparison of the States of total practice score among Mansoura and Arish group It was found that4.7 % of Mansoura group have positive practice compered to0.0% of Arish group, 88.2 of Mansoura group have neutral practices compered to63.5% of Arish group and7.1 of Mansoura group has negative practices compared to 36.5% of Arish group. Mansoura group shows a significant higher percentage of positive and neutral state than Arish group.

Figure (2) shows the frequency distribution of the studied groups according to the state of total practice score. It was found that 2.35% of all women have positive practice, 75.88% has neutral practiceand 21.76% has negative practices.

Table (2) Frequency distribution of studied groups according to hygienic care beliefs and practices

Items	Mansoura Group		Arish Group		χ^2	P value
Age	**(No)=85**		**(No) =85**			
<20	15	17.6	20	23.5	χ^2 **=0.900**	p = 0.638
20- <30	40	47.1	37	43.5		
30 – 40	30	35.3	28	33		
MEAN ± SD	26.63±5.96		25.89 ± 6.57		**t=0.770**	p = 0.442
Education						
Basic	12	14.1	75	88.2	χ^2 **=94.418**	p = 0.000
Secondary	59	69.4	10	11.8		
University	14	16.5	0	0.0		
Employment						
Working	45	52.9	21	24.7	χ^2 **=14.266**	p = 0.000
Housewife	40	47.1	64	75.3		
Income						
Not enough	24	29.4	30	35.3	χ^2 **=0672**	p= 0.512
Enough	60	70.6	55	64.7		

Table (2): Frequency distribution of studied groups according to obstetrical History:

Items	Mansoura Group (No=85)		Arish Group (No=85)		χ^2	P value
	No	%	No	%		
Type of delivery						
Spontaneous vaginal	5	5.9	5	5.9		
delivery	54	63.5	70	82.3	χ^2=9.18	p = 0.01
Normal with episiotomy	26	30.6	10	11.8		
Cesarean section						
Gravity						
1-2	53	62.4	28	32.9		
3-4	28	32.9	38	44.7	χ^2=19.014	p = 0.000
5+	4	4.7	19	22.4		
Parity						
1-2	59	69.4	39	45.9		
3-4	24	28.2	39	45.9	χ^2=10.431	p = 0.001
5+	2	2.4	7	8.2		
Abortion						
Yes	19	22.4	34	40.0		
No	66	77.6	51	60.0	χ^2=8.29	p =0.04
1	18	21.2	27	31.8		
2	1	1.2	6	7.1		
3+	0	0.0	1	1.2		
No of living child						
1-2	63	74.1	42	49.4		
3-4	20	23.5	36	42.4	χ^2=11.549	p =0.001
5+	2	2.4	7	8.2		

Table (3) Frequency Distribution of Studied Groups According To Hygienic Care Beliefs and Practices during Puerperium

Hygienic care Beliefs and Practices	Mansoura group		Arish group		χ^2	P value
	No=85	%	No=85	%		
1-Take cold shower during Puerperium?						
Yes	0	0.00	0	0.00		
No	85	100.0	85	100.0		
If ,no reasons#						
1-Fear of cold	61	71.8	55	64.7	χ^2 =0.98	p =0.323
2-Fear of suppression of lochia	50	58.8	68	80.0	χ^2 =8.92	p =0.003
3-Fear about suture from water	47	55.3	36	42.4	χ^2 =2.85	p =0.091
4-Fear of body swelling	56	65.9	43	50.6	χ^2 =4.09	p =0.043
5-Make the milk cold to baby	64	75.3	40	47.0	χ^2 =14.27	p =0.000
6-Hair washing will cause headache	10	11.8	14	16.5	χ^2 =0.78	p =0.378
7-Abdominal pain	58	68.2	10	11.8	χ^2= 62.75	p =0.000
8-Water can enter the body and cause thirties rheumatism	40	47.0	24	28.2	χ^2=6.42	p =0.011
2-Take hot shower during puerperium?						
Yes	59	69.4	12	14.1	**χ^2==50.981**	**p =0.000**
No	26	30.6	73	85.9		
If yes reasons#						
1-Make the milk warm	39	66.1	8	66.7	χ^2=27.82	p =0.000
2-Increas the flow of milk	53	89.8	8	66.7	χ^2=51.12	p =0.000
3- Feeling relax	6	10.2	0	0.0	FET	p =0.014
3-Adding herbs to bath water?						
Yes	0	0.0	12	14.1	**χ^2=12.91**	**p =0.000**
No	85	100.0	73	85.9		
If yes, reasons#						
1-to smell aromatic	0	0.0	10	83.3	χ^2=10.63	p =0.001
2-it promotes wound healing	0	0.0	7	58.3	FET	p =0.007
3-Herbs are beneficial to body	0	0.0	4	33.3	FET	p =0.06
4-to prevent vaginal infection	0	0.0	8	66.7	FET	p =0.003
5-to eliminate un pleasant odor	0	0.0	9	75.0	FET	p =0.002
6-to facilitate lochia drainage	0	0.0	11	91.7	χ^2=11.76	p =0.000
If yes type of herbs						

Murra	0	0.0	0	0.0		
Basil	0	0.0	0	0.0		
Other(kafor paper)	0	0.0	12	100.0	χ2=12.91	p = 0. 000
4-Rub body with herbs or oil						
Yes	0	0.0	78	91.8		
No	85	100.0	7	8.2	**FET**	**p = 0. 000**
If yes, reasons#						
1-Help uterine involution	0	0.0	55	70.5	χ2=81.30	p =0. 000
2- to get air out the womb	0	0.0	58	74.4	χ2= 88.4	p =0. 000
If yes , type of herb or oil #						
Olive	0	0.0	78	100.0	χ2=44.13	p =0. 000
Kafore	0	0. 0	46	59.0	χ2=63.06	p =0. 000
5-Wear abdominal corset						
Yes	57	67.1	75	88.2	**χ2=10.981**	**p =0.001**
No	28	32.9	10	11.8		
If yes, reason#						
1-Toprevent pendulous abdomen	33	57.9	48	64.0	χ2=5.31	p =0.021
2-Abdomen appear in desirable shape	40	70.2	39	52.0	χ2=0.02	p =0.818

Table (4) Frequency Distribution of Studied Groups According To Behavioral Precautions during Puerperium:

behavioral precautions	Mansour group No=85	%	Arish group No=85	%	χ2	P value
1-Keeping warm after birth						
Yes	77	90.6	74	87.1	**χ2=0.533**	**p=0.627**
No	8	9.4	11	12.9		
If yes reason#						
1-To regain strength after birth	55	71.4	13	17.6	χ2=43.24	p= 0.000
2- I'm get sick if I'm expired to cold	77	100.0	67	90.5	χ2=4.54	p=0.033
2 -Stay in bed and reduce movement						
Yes	85	100	76	89.4	**F ET**	**p=0.002**
No	0	0.0	9	10.6		
If yes reasons#						
1-Pain sensation with movement	51	60.0	16	21.1	χ2=30.18	p= 0.000
2-Fear of uterine prolapse	54	63.5	61	80.3	χ2=1.32	p=0.251
3-Hyperactivity lead to pendulous abdomen	23	27.1	10	13.2	χ2=6.35	p=0.012
4- Feeling of weakness	68	80.0	27	35.5	χ2=40.11	p=0.000
3 -Go outside home						
Yes	8	9.4	7	8.2	**χ2=0.071**	**p=0.786**
No	77	90.6	78	91.8		
If no, reason#						
1-Fear of cold	51	66.2	42	53.8	χ2=1.92	p=0.166
2-Fear of infection	24	31.2	6	7.7	χ2=13.14	p=0.000
3-Fear of eye evil	46	59.7	35	44.9	χ2=2.85	p=0.091
4-Feeling of weakness	60	77.9	12	15.4	χ2=55.51	p=0.000
5-Fear of headache	17	22.1	6	7.7	χ2=6.08	p=0.014
7-Pain in bones	53	68.8	27	34.6	χ2=15.46	p=0.000
8-Fear of get arthritis "&rheumatism later	18	23.4	26	33.3	χ2=1.46	p=0.161
4-Watch, read and sit in front computer						
Yes	71	83.5	10	11.8	**χ2=87.747**	**p=0.000**
No	14	16.5	75	88.2		
If no reason#						
1-fear of damage their eye sight	0	0.0	15	20.0	χ2=16.45	p=0.000
2-Watch TV cause headache	6	42.9	35	46.7	χ2=27.03	p=0.000
Other:1 *care baby	8	57.1	0	0.00	FET	p=0.003
2 *No TV	0	0.0	28	37.3	χ2=33.52	p=0.000
5 -Avoiding house work						
Yes	77	90.6	80	94.1	**χ2=0.750**	**p=0.565**
No	8	9.4	5	5.9		
If yes reason#						
1-House works require contact with Water	46	59.7	38	47.5	χ2=1.51	p=0.266
2- to avoid uterine prolapsed	50	64.9	57	71.3	χ2=1.24	p=0.266
3-Because weakness	65	84.4	25	31.3	χ2=37.78	p= 0.000
6-Avoiding sexual activity more than 60 days						
Yes	8	9.4	16	18.8	**χ2=3.105**	**p= 0.122**
No	77	90.6	64	81.2		
If yes why?						
Fearing from uterine prolapse	1	12.5	16	100.0	χ2=13.52	p= 0.000

Operation	4	50.0	0	0.0	FEH	p= 0.000
Husband absent	3	37.5	0	0.0	FEH	p= 0.000

(More than one answers#)

Table (5) Frequency distribution of studied groups according to breast feeding beliefs and practices during puerperium

Breast feeding beliefs& practices	Mansoura group No%		Arish group No	%	χ2	P value
1-Give colostrum to the baby	65	76.5	32	37.6	χ2=26.145	p= 0.000
Yes	20	23.5	53	62.4		
No						
If no reason #						
1-Insufficient quantity	15	75.0	35	66.0	χ2=11.33	p =0.000
2-Wait until milk secretion	8	40.0	42	79.2	χ2=32.75	p =0.000
3-It has no benefits	1	5.0	2	3.8	χ2=0.34	p =0.561
If yes reason#						
1-Contain antibiotic	55	84.6	0	0.0	χ2=81.30	p =0.000
2-Useful to baby	47	72.3	21	39.6	χ2=16.57	p =0.00
3-Protect baby from disease	65	100.0	24	45.3	χ2=39.64	p =0.000
2-Intend to breast feed baby						
Yes	75	88.2	79	92.9	χ2= 1.104	p= 0.432
No	10	11.8	6	7.1		
If yes why?						
1-Breast feeding protect child from disease	74	98.7	57	72.1	χ2=9.62	p =0.002
2-Stengths the bone of child	53	70.7	59	74.7	χ2=0.94	p =0.332
3-Protect from breast cancer	25	33.3	0	0.0	χ2=29.31	p =0.000
If no reason#						
1-Problem in milk production	10	100.0	6	100.0		
2-Breast feeding increase breast size	0	0.0	0	0.0		
3-Breast feeding increase body weight	0	0.0	0	0.0		

Table (6) Frequency Distribution of Studied Groups According To Baby Care Beliefs and Practices during Puerperium :

Baby Care Beliefs &Practices	Mansoura Group=85		Arish Group=85		χ2	P value
	No	%	No	%		
1-Wrap baby tightly						
Yes	60	70.6	85	100.0	χ2=29.31	p =0.000
No	25	29.4	0	00.0		
If yes reason #						
1-strenghen his body	60	100.0	52	61.2	χ2=1.67	p =0.196
2-help him to sleep and relax	15	25.0	34	40.0	χ2=10.35	p =0.001
3- other(to prevent deviant)	0	0.0	54	63.5	χ2=79.14	p =0.000
2-Wrap baby with abdominal belt						
Yes	36	42.4	80	94.1	χ2=52.542	p =0.000
No	49	57.6	5	5.9		
If Yes Reason #						
1-help umbilical healing	30	83.3	54	67.5	χ2=13.55	p =0.000
2-prevent leakage of urine to umbilical	22	61.1	54	67.5	χ2=24.37	p =0.000
3 -Bathing baby						
Yes	55	64.7	0	0.0	χ2=81.3	p =0.000
No	30	35.3	85	100.0		
if yes what do you use: shampoo	55	64.7	0	0.0	χ2=81.3	p =0.000
If No reason #						
1-fear from abdominal pain	15	50.0	21	24.7	χ2=0.87	p =0.352
2-fear catch cold	30	100.0	83	97.6	χ2=74.14	p =0.000
4-Rub baby skin with oil						
Yes	61	71.8	85	100.0	χ2=27.95	P0.000
No	24	28.2	0	0.0		
if yes ,reason#						
1-nutritine of baby skin	53	86.9	60	70.6	χ2=1.29	p =0.255
2-help baby to sleep	51	83.6	50	58.8	χ2=0.02	p =0.876
3-other: because bathing baby with oil	0	0.0	42	49.4	χ2=55.78	p =0.000

Type of oil uses						
1-oleave:	4	6.6	85	100.0	$\chi2$=174.72	p =0.000
2-parafen:	10	16.4	0	0.0	$\chi2$=26.60	p =0.000
3-gonson	47	77.0	0	0.0	$\chi2$=63.06	p =0.000

Table (7) Comparison of Hygienic Care Practices Score between Studied Groups.

Hygienic care during puerperium	Mansoura group (No& %)			Arish group (No& %)			$\chi2$	P value
	Positive	Neutral	Negative	positive	Neutral	Negative		
1-Taking cold shower	0	85	0	0	85	0		
	0.0	100.0	0.0	0.0	100.0	0.0		
2-Take hot shower	59	0	26	13	0	72	$\chi2$=53.43	p= 0.000
	69.4	0.0	30.6	15.3	0.0	84.7		
3-Adding herbs to bath water	0	85	0	0	85	0		
	0.0	100.0	0.0	0.0	100.0	0.0		
4-Rub body with herbs or oil	0	85	0	0	85	0		
	0.0	100.0	0.0	0.0	100.0	0.0		
5-Wear abdominal corset	57	0	28	75	0	10	$\chi2$=44.95	p=0.000
	67.1	0.0	32.9	88.2	0.0	11.8		

Table (8) Comparison of Behavioral Precautions Practice Score between Studied Groups

Behavioral precautions practice	Mansoura group (No& %)			Arish group (No & %)			$\chi2$	P value
	Positive	Neutral	Negative	Positive	Neutral	Negative		
1-Keeping warm after birth	0	85	0	0	85	0		
	0.0	100.0	0.0	0.0	100.0	0.0		
2-Stay in bed and reduce movement	0	0	85	9	0	76	$\chi2$=9.50	p=0.002
	0.0	0.0	100.0	10.6	0.0	84.4		
3-Go outside home	8	0	77	7	0	78	$\chi2$=0.07,	p= 0.786
	9.4	0.0	90.6	8.2	0.0	91.8		
4-Watch ,read and sit in front computer	0	85	0	0	85	0		
	0.0	100.0	0.0	0.0	100.0	0.0		
5-Avoiding house work	8	0	77	5	0	80		
	9.4	0.0	90.6\	5.9	0.0	94.1	$\chi2$=0.75,	p= 0.386
6-Avoiding sexual activity more than 60days	0	85	0	0	85	0		
	.00	100.0	0.0	0.0	100.0	0.0		

Table (9) Comparison of breast feeding and baby care practices score between studied groups during puerperium.

Items	Mansoura (no& %)			Arish (no& %)			$\chi2$	P value
	Positive	Neutral	Negative	Positive	Neutral	Negative		
1-Give colostrum to the baby	65	0	20	32	0	53	$\chi2$=26.44	p= 0.000
	76.5	0.0	23.5	37.6	0.0	62.4		
2-Intend to breast feed baby	75	0	10	79	0	6	$\chi2$=1.10,	p= 0.293
	88.2	0.0	11.8	92.9	0.0	7.1		
3-Wrap baby tightly	25	0	60	0	0	85	$\chi2$=29.31,	p= 0.000
	29.4	0.0	70.6	0.0	0.0	100.0		
4-Wrap baby with abdominal belt	49	0	36	5	0	80	$\chi2$=52.54,	p= 0.000
	57.6	0.0	42.4	5.9	0.0	94.1		
5-Bathing baby	55	0	30	0	0	85	$\chi2$=81.3,	p= 0.000
	64.7	0.0	35.3	0.0	0.0	100.0		
6-Rub baby skin with Oil	0	85	0	0	85	0		
	0.0	100.0	0.0	0.0	100.0	0.0		

Figure (1): Comparison of the States of total practice score among Mansoura and Arish group

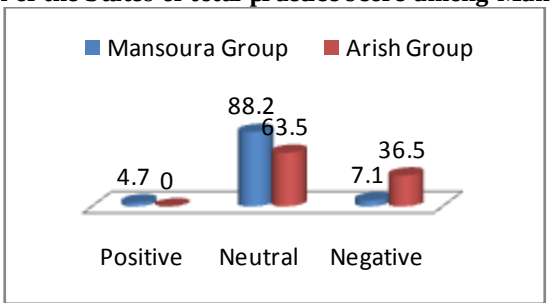
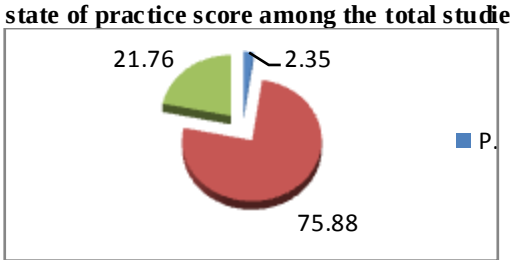


Figure (2) state of practice score among the total studied groups



VII. Discussion

Postnatal period is known as a special time in many cultures and are associated with special rituals and customs in many cultures. During this time most societies view the mothers as vulnerable. Therefore, women in many societies observed a series of postpartum practices which aimed to protect mothers and the newborn babies **(Jamaludin, 2014).** The aim of present study was to describe and compare beliefs and practices related to the postpartum care among Arish Badu women and Mansoura women. The present study results revealed that there were significantly higher in Mansoura group than Arish Badu group regarding to mean total practices score and positive& neutral state so,these findings answer the research question.

The current study findings showed that all studied groups didn't take cold shower .The majority of Arish Badu women didn't take hot shower during purperium because they were fear of suppression of lochia, fear of cold, headache but less than two third of Mansoura group take warm bath because they belief these make milk warm and increase milk secretion.The results of Mansoura group were supported by **(lo, 2007)** who study postpartum practices among Cambodian mothers and reported that many postpartum mother took a hot bath after delivery. Also with **(Sein, 2013**) who study Beliefs and practices surrounding postpartum period among Myanmar women and founded that women take hot bath varied from one to 90 days. Moreover the results of Arish group in agreement with **(Liu et al., 2009)** who study the effect of health and nutrition education intervention on women's postpartum beliefs and practices: a randomized controlled trial &reported that Chinese women are advised to restrict bathing and hair washing during puerperium. Also the results of Arish group in the same line with **(Lamadah, 2013)** who study postpartum traditional beliefs and practices among women in Makkah Al Mukkaramah, KSA and reported that more than one third of women in Saudia didn't take shower during puerperium.

The current study findings showed that, all study group in Mansoura didn't add herbs to bath water or rubbing body with herbs compared to more than one tenth in Arish Badu group adding herbs to bath water and all of Arish Badu group rubbing their bodies with herbs because they believed that rubbing helps uterine involution and get air out the womb, the results of Arish Badu group were in agreement with **(Hishamshah et al 2011&Lamadah, 2013)** they reported that, more than one half adding herbs to bath water and majority of them rubbing their bodies with herbs because they believed that rubbing body and adding herbs helps uterine involution ,promote wound healing and to smell aromatic .This similarity of findings due to the culture of Arish Badu group was similarity to Saudi culture.

The present study results showed that, the majority of Arish Badu group and more than two third of

Mansoura group wear abdominal corset they beliefs this prevent pendulous abdomen. These results were in the same line with results carried out by **(ozsoy&katabi, 2008)** who compare traditional practices used in pregnancy, labour and the postpartum period among women in Turkey and Iran and found that, most of women from turkey and Iran tying something around navel to help uterine involution .While the present study were incongruent with the results of (**Hishamshah et al., 2011)** who found that, less than one half of women used abdominal corset ,this difference may be related to culture.

The present study results showed that, most of Mansoura group compared to majority of Arish Badu group keeping warm after birth. These findings were supported by (**Lundberg, & Trieu Thi Ngoc, 2011)** who study Vietnamese women's cultural beliefs and practices related to the postpartum period & reported that, the women's practices of wearing warm clothes to avoid exposure to the cold, and putting cotton balls into their ears to prevent the wind from blowing through their heads has roots in traditional cultural beliefs.

The present study findings showed that, the majority of studied groups stay in bed and reduce movement during puerperium, the main reasoning behind these were feeling of pain sensation, feeling of weakness and fearing of uterine prolapse, moreover the majority of studied groups didn't go outside home during post-partum period because they believed that they will suffer from arthritis, pain in bone, feeling of weakness, cold, infection and evil eye and most of studied groups avoiding house work the main reasons behind these were the house work required contact with water which may enter body and cause problems or disease, to avoid uterine prolapsed and weakness. These results were in agreement with results carried out by **(Lundberg, & Trieu Thi Ngoc, 2011)** who found that all women believed that new mothers should not do house work or be involved in heavy physical activities during the postpartum period as they are weak and need rest , also These results were in the same line with study conducted by **(Chythra, 2014)** who study Assessment of cultural beliefs and practices during the postnatal period in A coastal town of South India and reported that, it is a common practice for postnatal mothers to be confined with the house for period of 40 days after delivery.

The current study findings showed that, more than one tenth of Arish Badu group compared to less than one tenth of Mansoura group avoiding sexual activity more than 60 days .The present study findings were in disagreement with **(Lundberg& Trieu Thi Ngoc, 2011)** who report that, all women avoided having sexual intercourse with their husbands for three to four months after childbirth.

The current study results revealed that, three quarters of Mansoura group give colostrum to the baby compare to more than one third of Arish Badu group with statistical difference between both group .They beliefs that it contain antibiotic, useful to baby and protect baby from disease. The present study findings of Mansour group were in agreement with **(joshi et al., 2012)** who study Colostrum feeding: knowledge, attitude and practice in pregnant women in a teaching hospital in Nepal and reported that ,three quarters of women who have knowledge about colostrum gave it to their babies. While the present study findings were in disagreement with **(Lamadah, 2013)** who reported 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. Also **(Inayati et al., 2012)** who study Infant feeding practices among mildly wasted children: A retrospective study on Nias Island and Indonesia, **(Oommen et al., 2009)** who study: Breastfeeding practices of urban and rural mothers in Indian they, reported that, the colostrum is discarded by the women because it is dirty, "like pus", and therefore potentially harmful to the baby.

In additional the present findings showed that, majority of studied groups had intension to breast feed their babies they, beliefs breast feeding protect child from diseases, strength the bone of child and protect from breast cancer. These findings were in disagreement with **(Lamadah, 2013)** who reported that, more than one third of women had no intension to breast feed because they believed they have problem in milk production and breast feeding increases breast size and body weight. Also with the results of **(Agunbiade, et al., 2012)**who study :Constraints to exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria& reported that, the main obstacles to breastfeeding identified were perceived milk insufficiency, maternal employment, breast and nipple problems.

The current study results revealed that, all Arish group and more than two third of Mansoura group wrapped their babies for body strength, to keep baby relax and sleep and protect baby from air. These results, were supported by **(Kahriman et al., 2010)** who study Traditional baby care practices of mothers of children aged 6-12 months in the Provincial Centre of Trabzon, Turkey and they reported that, most of the mothers wrapped their babies .

In addition, most of Arish Badu group compared to less than one half of Mansoura group wrap baby with abdominal belt because they beliefs these help umbilical healing and prevent leakage of urine to umbilical. These results were in the same line with results carried out by **(Lamadah, 2013),** who found that, more than one half wrap baby with abdominal belt because they beliefs these help umbilical healing and prevent leakage of urine to umbilical.

The current study results showed that, all Arish Badu group didn't bath baby compared to two third of Mansoura group bathing baby using shampoo during postpartum period there were highly statistical significance difference between both group ,The present study findings were in disagreement with (**WHO, 2013)** who reported that, bathing should be delayed until 24 hours after birth during puerperium.

The current study findings showed that, less than one tenth of studied groups have positive practices, more than three quarters of have neutral practices and less than one third have negative practices. these findings were in disagreement with **(Lamadah, 2013)** who report that, less than one half have positive practices and less than one third have neutral and negative practices.

The present study results showed that, there were no significant differences between mean total practice score and general characteristics of women in both groups. So it is clear that these behaviors' are related to old traditions and social habits. The present study findings were in disagreement with **(liu et al., 2006)** they report that, there is a relation between general characteristics and practical behaviors.

The current study results showed 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, grandmother, sister and mother in -law .These findings were supported by (**Liu et al., 2006, Raven et al., 2007, Lundberg& Trieu Thi Ngoc, 2011 &Lamadah, 2013)** they reported that traditional concepts mainly came from mother in-law and mother, mother grandmother.

VIII. Conclusions

Based on the results of the present study, the following can be concluded:

Overall, the findings of the present study highlighted the, Mansoura group were highly percentage of positive practices in taking hot shower, giving colostrum to the baby, didn't wrap baby tightly, didn't wrap baby with abdominal belt and bathing the baby than Arish Badu group. While Arish Badu group were a highly percentage of positive practices in wear abdominal corset and intend to breast feed baby than Mansoura group .Regarding total score of practices, Mansoura group shows a significant higher percentage of positive and neutral state than Arish group.

IX. Recommendations

Based on the results of the present study, the following is recommended:

- Undertaking Information/ Education and Communication programs (IEC) to raise

Awareness of the women, health provider, family member and society about wrong traditional beliefs and practices in order to correct it, this can be done through:

1- Extensive health education message and change in practice during nursing care in postnatal period.
2- Health education to midwifery Nurses to be aware beneficial and harmless beliefs and practices before giving care to women.
3- Nursing care plan according cultural beliefs.

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