

Traditional beliefs, practices and the factors influencing it among postpartum women

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Abstract

Background: The postpartum period or puerperium is the 6 weeks interval from childbirth to the return of the uterus and other organs to the pre-pregnant state. Post-partum period has been influenced by multiple cultural beliefs and practices transmitted from generation to generation. Some traditional practices are useful to the mother and baby, whereas others are not. **Aim of the study was to** assess the traditional beliefs, practices and the factor influencing it among postpartum women. **Research design:** A descriptive research design was utilized. **Subject:** Convenient sample (100) of postpartum women who attended postnatal department at Minia University maternity and children hospital were included in this study. **Tools of data collection:** consisted of one tool, interviewing assessment tool, it had two main parts: (women's socio-demographic characteristics, obstetrical and postpartum women's traditional beliefs and practices). **Results:** The results of the present study revealed that (34%) of studied postpartum women had positive beliefs while 58% and 8% of them respectively had neutral and negative beliefs. In addition, there was statistical significant difference ($X^2 = 8.384, P = 0.037$ and $X^2 = 25.214, P = 0.0001$ between traditional beliefs and practices of postpartum women the total score of women's beliefs and their ages and level of education respectively. **Conclusion:** Traditional postpartum beliefs and practices are popular among post-partum women attending postpartum unit at Minia University maternity and children hospital had many traditional post-partum beliefs and practices during their postnatal period. These included food restrictions, delays to resume sexual intercourse, housework restrictions, foods that stimulate milk production and frequent bathing with warm water. Some of these practices are beneficial to the postpartum women whereas others that include; tying of the abdomen, the way episiotomy and perineal tear care is done. Mothers and close friends play a major role about reinforcing these beliefs and practices. **Recommendation:** instruct postpartum women about the appropriate care for themselves and their babies. Find postpartum complication early in order to protect women's health and lower their risk of dying from harmful practices during postpartum period.

Keywords: Postpartum, Traditional beliefs and practices

Introduction

The postnatal period starts immediately after childbirth and lasts up to 42 days. It is critical to uphold the hope of the mother, newborn, partner, and family. According to the (WHO), all births (regardless of birthplace) need a minimum of four visits in the postnatal period. It is recommended that mothers and newborns receive postnatal care within the first 24 hours of childbirth, as well as visits on day 3, days 7 to 14, and 6 weeks (Amsalu et al., 2022).

The postpartum period is one of the most sensitive periods for all members of the family. Effective nursing care with decent quality provided during this period contributes favorably to the physical and mental well-being of the mother, baby, and family. Hence, particularly obstetric, and gynecological nurses should be involved in psychosocial care as well as the physical care of the puerperal to preserve family health and provide special care to mothers who cannot receive adequate support (Keles, M. N. & Eroğlu, K., 2024).

The postnatal period is a risky period, in which most of the maternal and neonatal mortality happen, especially in the first 24 h. WHO reported that 28% of maternal mortality occurred in the intra-partum and immediate postpartum period and the rest 36% were between 24 h to 42 days postpartum (Adane et al., 2020).

Postnatal care is regarded as one of the most important maternal health care services for the prevention examination of the mother and baby and appropriate advice

given to the mother during postpartum period. Lack of appropriate care at postnatal period may result in death or disability as well as missed opportunity to promote healthy behavior, affecting mother and newborn (Omran et al., 2020).

Culture is a taught behavior made up of norms, beliefs, laws, religion, and other factors that are passed down through generations and have a significant impact on health and disease. These cultural behaviors and ideas differ greatly across India, with enormous differences in language, eating habits, clothing, economic status, tradition, and beliefs (Ambule et al., 2021).

The nurse plays a multi-disciplinary role as educator and counselor to correct misconception and believe among young rural mothers to improve their knowledge and promote compliance with health practices as well as to avoid unhealthy behaviors which lead to reduce maternal morbidity and mortality rate. The nurse instruct woman about baby care and importance of vaccination during first year. They should be encouraged to take gentle exercise and time to rest during the postpartum period, also nurse educate woman about schedule of follow up visiting (Amin et al., 2021).

Significance of the study

Sociocultural norms, traditional practices, values, and beliefs are significant factors in pregnancy, childbirth, postpartum, and children's survival. Because every

community has distinct cultures and traditions, there may be variations in maternal and newborn customs from one society to the next. Therefore, it is necessary to identify sociocultural and traditional practices during the perinatal period to help encourage beneficial behaviors and discourage negative ones (Felisian et al., 2023).

Women are influenced by cultural and traditional norms of their ethnic origin regardless of whether they reside in an urban or rural location. This influences how they adjust to the postpartum time, and how they see providing postpartum maternal and infant care. To identify harmful traditional practices and provide guidance on counseling women during antenatal and postnatal education to improve maternal and infant health, nurses and midwives would benefit from understanding traditional practices and beliefs related to maternal and infant care (Moujahid, 2023).

An Egyptian study reported that 53% of women receive postpartum care that is unsatisfactory in this critical period of life for both mothers and neonates. Maternal knowledge and attitude toward any health care services can encourage them to be adherent to these services (Alkalash, 2022).

A study carried out in Egypt noted that postpartum women consume more food than usual, avoid bathing, tie their abdomens with corsets to enhance uterine involution and restrict water intake. Some of these beliefs and practices used by postpartum women are beneficial to their health, some are non-beneficial but harmless whereas others are harmful and greatly contribute to maternal mortality and morbidity. However, limited information about the traditional beliefs and practices among the postpartum women in Uganda has been documented which is why this study sought to explore them to establish what is on ground (Nakibuuka, 2021).

Aim of the study:

To assess the traditional beliefs, practices and the factors influencing it among postpartum women.

Research question:

1. What are the postpartum traditional beliefs and practices among postpartum women?
2. What are factors influencing beliefs and practices among postpartum women?

Subjects and Methods:

Research Design: A descriptive research design was utilized in this study.

Research Setting: This study was conducted at postnatal department at Minia University maternity and children hospital.

Time of data collection: The data collection period began from the beginning of February 2023 to the end of July 2023 over period of six months.

Sample size: Convenient sample of (100) postpartum women from the previously mentioned setting over a period of 6 months postpartum.

Inclusion criteria:

- Postpartum women free from any complications (medical, obstetrics).
- Normal vaginal delivery women including episiotomy.

Tools of data collection:

Interviewing questionnaire sheet it used for data collection and designed by the researcher after reviewing the relevant literature and it consisted of **two parts**:

- **Part one:** was concerned with socio - demographic data such (age, level of education, residence, religion) and obstetrical history such as (types of family, No of parity) of the studied postpartum women, in addition source of knowledge.
- **Part two:** was concerned with the postpartum women's traditional beliefs and practices their consists of (37) items totally ((6) items for hygienic care, (4) items for perineal and episiotomy care, (6) items for nutritional intake, (3) items for rest, activities and exercises, (4) items for breast feeding and newborn care, (3) items for umbilical cord care, (2) items for jaundice care and (9) items for baby care).

Scoring system

Each negative belief and practice for postpartum women was scored as one, and each positive was scored as two. The total score is (49). Questions were negative except for adding antiseptic solution to the water, drinking specific types of herbs, drinking a mixture of grape molasses and butter, give colostrum to the baby, intend to breastfeed her baby, wrap the baby tightly, wrap the baby's limbs tightly, and wrap up the head. All items were summed, and a total score of $\leq 50\%$ (≤ 24) point was negative, from 50–75% (25–37) point was neutral, and above 75% (37) point was considered positive beliefs.

Validity and Reliability:

Validity

Data collection tools were tested for content validity by a panel of 5 experts of nursing professors (Minia University). Tools were examined for content clarity, relevance, applicability, wording, length, format, and overall appearance. Based on experts' comments and recommendations modifications were done. The internal consistency was measured to identify the extent to which the items of the tools measure the same concept and correlate with each other.

Reliability

Cronbach's alpha coefficient was used to assess the internal consistency of the tools. Cronbach's alpha coefficient of 0.00 indicates no reliability and a coefficient of 1.00 indicates perfect reliability. Reliability of tools was done through use of coefficient test to confirm its consistency.

The reliability of traditional beliefs and practices of postpartum women was 0.718.

Pilot Study:

The pilot study was conducted on (10) of the postpartum women in order to evaluate the tools' clarity, objectivity and feasibility. As well to estimate the time needed to be applied. According to the results of the pilot no modifications were required and the postpartum women who were tested in the pilot study were included in the study sample.

Study Procedure

- An official letter was granted from the dean of faculty of nursing at Minia University to the head manager of Minia university hospital for Maternity and Child asking for permission to collect data.
- The researcher attended the selected hospital two days per week, from 8.00 am to 2.00 pm.
- During interview, the researcher introduced herself to the women and briefly explained the nature and the aim of the study which was helpful to gain their cooperation.
- The woman was met after delivery in the fourth stage within two hours postpartum.
- Then women's oral consent was obtained to be included in the present study.
- Each woman was interviewed to collect data related to socio demographic characteristics, obstetric history and their traditional beliefs and practices during postpartum period.
- Each interview lasted about 20-30 minutes for each woman, the women was asked in Arabic and documented their answers with the instruments utilized.
- 4-5 women were interviewed each week.
- The data collection phase of the study was carried out from the beginning of February 2023 to the end of July 2023 (about 6 months).

Ethical considerations:

- An official letter was granted from the research ethics at committee of the Faculty of Nursing, Minia University.
- Approval to conduct the study was obtained from Dean of the Faculty of Nursing, Minia University.
- Permission was obtained from the head manager of

Minia university hospital for Maternity and Child

- Before the conduction of the pilot study as well as the main study, oral consent was obtained from women that are willing to participate in the study, after explaining the nature and purpose of the study. Study subject has the right to refuse to participate or withdraw from the study without any rational any time.
- Participants were assured that all their data were highly confidential & anonymity was maintained.
- Each assessment sheet was coded and women name wasn't appear on the sheet in the purpose of anonymity and confidentiality.

Statistical Design:

The collected data were organized and analyzed using the appropriate statistical significance tests. The data were collected and coded using the Computer Statistical Package for Social Science (SPSS), version 25, which was also used to do the statistical analysis of the data. The data were presented using descriptive statistics in the form of frequencies and percentages. Graphs were done for data visualization using Microsoft Excel. For qualitative (categorical) variables categorical variables were compared using the chi-square test. Whenever the expected count in one or more of the cells in the 2x2 tables was less than 5, the Fisher exact test was used instead. Paired Samples t tests were used to compare mean scores between study demographic data and mean scores of traditional beliefs and practices for newborn babies. The degrees of significance of the results were considered as follows:

- P-value > 0.05 Not significant (NS)
- P-value ≤ 0.05 Significant (S)
- P-value ≤ 0.01 Highly Significant (HS)

Results:

Table (1): Distribution of postpartum women according to socio - demographic data (n100).

Socio demographic data	No.	%
Age / years		
18-<30	61	61.0
30-<40	34	34.0
40- 45	5	5.0
Education level		
Illiterate	30	30.0
Read and write	13	13.0
Primary	6	6.0
Secondary	26	26.0
University	25	25.0
Occupation		
Working	32	32.0
Housewife	68	68.0
Types of family		
Extended	43	43.0
Nuclear family	57	57.0
Religion		
Muslim	70	70.0
Christian	30	30.0
Residence		
Urban	30	30.0
Rural	70	70.0

Table (1): demonstrates that 61% of the studied postpartum women aged between 18-<30, regarding educational level 30% of them were illiterate, 68% of women were housewives, 57% lived in a nuclear family, 57% they were a multipara, 70% of participants were Muslims and 70% of participants lived in a rural area.

Table (2): Distribution of postpartum women regarding Factors influencing mother’s postpartum care practices.

Factors influencing mothers postpartum care practices.	No.	%
Mothers	34	34.0
Grandparents	16	16.0
Close friends	6	6.0
Family traditions	11	11.0
Self believes	10	10.0
Internet	17	17.0
Health care provider	6	6.0

Table (2): indicates that women were influenced by mothers, internet, grandparents, and family traditions to do postpartum care practices. 34%, 17%, 16%, 11% and 10% respectively.

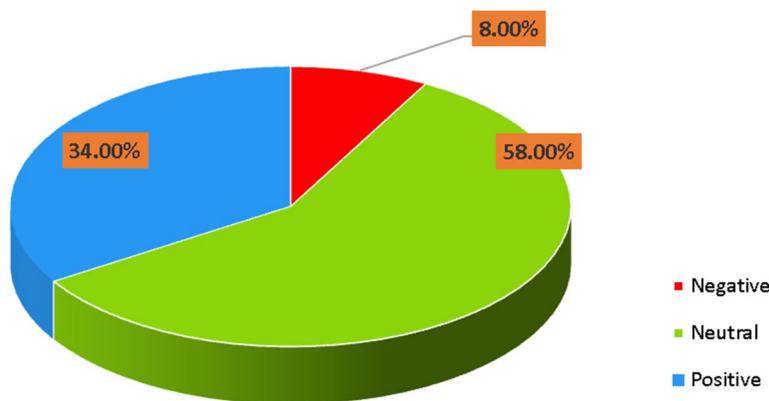


Figure (1): Distribution of the postpartum women according to their total traditional beliefs and practices (n = 100).

Figure (1): illustrates that 34% of women had positive beliefs and practices, 58% of women had neutral beliefs and practices and 8% of women had negative beliefs and practices during postpartum period.

Table (3): Relations between Socio-demographic data with traditional beliefs and practices of postpartum women (n= 100).

Socio demographic data	No.	Traditional beliefs and practices of postpartum women						Test of significance	
		Negative (8)		Neutral (58)		Positive (34)		X ²	P - value
		No.	%	No.	%	No.	%		
Age / years									
18-<30	61	6	9.8	35	57.4	20	32.8	Fisher 8.384	0.037*
30-<40	34	0	0.0	21	61.8	13	38.2		
40-<45	5	2	40.0	2	40.0	1	20.0		
Education level									
Illiterate	30	6	20.0	24	80.0	0	0.0	Fisher 25.214	0.0001**
Read and write	13	1	7.7	10	76.9	2	15.4		
Primary	6	1	16.7	3	50.0	2	33.3		
Secondary	26	0	0.0	18	69.2	8	30.8		
University	25	0	0.0	3	12.0	22	88.0		
Occupation									
Working	32	1	3.1	22	68.8	9	28.1	2.523	0.245
Housewife	68	7	10.3	36	52.9	25	36.8		
Types of family									
Extended	43	5	11.6	25	58.1	13	30.2	1.552	0.459
Nuclear family	57	3	5.3	33	57.9	21	36.8		
Religion									
Muslim	70	5	7.1	45	64.3	20	28.6	3.950	0.148
Christian	30	3	10.0	13	43.3	14	46.7		
Residence									
Urban	30	2	6.7	19	63.3	9	30.0	0.484	0.776
Rural	70	6	8.6	39	55.7	25	35.7		

* Statistically significance differences at < 0.05

** Statistically significance differences at < 0.01

Table (3): shows that there is a statistically significance relationship between Traditional beliefs and practices of postpartum women and age also with educational level P value <0.037&0.0001 respectively.

Table (4): Relations between number of parity of the studied postpartum women with traditional beliefs and practices of postpartum women (n= 100).

Traditional beliefs and practices of postpartum women		Parity				Test of significance	
		Primipara (43)		Multipara (57)			
		No.	%	No.	%	χ^2	P - value
Negative	8	2	4.6	6	10.5	1.154	0.562
Neutral	58	26	60.4	32	56.1		
Positive	34	15	34.8	19	33.3		

Table (4): presents that there is no statistically significance differences between primiparas and multipara women regarding traditional beliefs and practices.

Table (5): Relationship between factors influencing women’s postpartum care practices with traditional beliefs and practices of postpartum women.

Factors	No.	Negative (8)		Neutral (58)		Positive (34)		Test of significant	
		No.	%	No.	%	No.	%	χ^2	P Value
Mothers	34	2	5.9	10	29.4	22	64.7	21.833	0.002**
Grandparents	16	1	6.3	9	56.3	6	37.5	0.161	0.927
Close friends	6	2	33.3	1	16.7	3	50.0	8.609	0.013*
Family traditions	11	1	9.1	7	63.6	3	27.3	0.251	0.882
Self believes	10	1	10.0	2	20.0	7	70.0	7.057	0.029*
Internet	17	1	5.9	12	70.6	4	23.5	1.335	0.513
Health care provider	6	0	0	1	16.7	5	83.3	7.731	0.005**

Table (5): shows that mothers, close friends, self believes and health care provider influence on mothers postpartum care practices with highly statistically significance relationship at P value <0.0002**, 0.013*, 0.029* and 0.005** respectively.

Discussion

Postpartum/postnatal period is pivotal in supporting the long term physical and mental health of mothers and their children. More than a third of maternal deaths are the result of postpartum complications. Quality maternal health care during the postpartum period is essential in decreasing maternal death rates throughout the world (Adams et al., 2023).

The aim of the present study is to assess the traditional beliefs, practices and the factors influencing it among postpartum women.

Regarding socio-demographic characteristics, the current study revealed that less than two-thirds of the studied postpartum women aged between 18 and 30 years old. Less than three-quarters of the participants lives in rural areas; near one third of them were illiterate and housewives, and more than one half were multipara.

This result was in the same line with (Mustapha et al.,2021), who studied “Religion and Pregnancy: Post-Partum Mothers Religious Beliefs and Practices in an Urban Area in Southwestern Nigeria” and reported that more than half of the participants were between the ages of 24-28 years, also agree with (Omran et al.,2020), who studied “Self-care of women during postpartum period in rural area” reported that less than fifty of them were aged 20 ≤30 years old and approximately three quarter were house wife .

These findings were consistent with (Joshi et al., 2020), who studied “Nepalese Women’s Cultural Beliefs and Practices Regarding Postpartum Period” and reported that they ranged in the age group of 17–24 years. One-third of women had completed primary school education. About less than fifteen were illiterate. Regarding occupation, the majority was housewife and some of them were multiparous.

This result was in the same line with (Amin et al., 2021) who studied “Effect of young rural women’s general characteristics on their knowledge and compliance with healthy practices during the postpartum period” and reported that more than two-fifths of the studied women aged from > 23 to 25 years had a mean age 22.248 ±1.794;. More than two-

fifths of women read and write. Less than two-thirds of women were not working. This may be due to considered this age- less experience regarding postnatal care.

Regarding Factors influencing mothers postpartum care practices of the present study found that women were influenced by mothers followed by internet than grandparents than family traditions to do postpartum care practices these results agreed with the results of (Matriano et al., 2022) who studied “Factors that influence women’s decision on infant feeding: an integrative review” who found that five main themes based on the context and terminology that women used for the factors that influenced their infant feeding decisions. The themes were: Women’s own views, family and friend’s preferences and advice, health professional’s preference, advice and practice, sociocultural norms, and media representation.

This result is in the same line with (Albanese et al., 2020) who studied “A qualitative investigation of the factors influencing maternal postpartum functioning in the United States” who found that formal education and training could bolster functioning specifically in the areas of understanding and bonding with their baby, and initiating and maintaining routines for their baby. These resources could come in the form of a book, website, online application, through engagement in classes or peer groups, or consultation with specialists. This may be rendered to that women’s capacity to engage with postnatal services was influenced by mothers, individuals and health care provider in their social circles.

Regarding their total traditional beliefs and practices the current study illustrated that that more than one half percent of the studied women had neutral beliefs and practices. The current results were in agreement with the finding done by (Ikechukwu et al., 2020) who studied “Influence of cultural and traditional beliefs on maternal and child health practices in rural and urban communities in Cross River State” which stated that the high percent of studied women had indifferently and positively practices. This may be

rendered to that adequate knowledge and more awareness about postpartum care that neutral affects their practice.

These results disagreed with (Amin Ali Gaafar et al., 2021) who studied “Effect of young rural women’s general characteristics on their knowledge and compliance with healthy practices during postpartum period” illustrated that, around the most of them had poor knowledge about postpartum care. This may be due to the insufficient knowledge and lack of awareness about postpartum care that negatively affects their practice.

Regarding the relation between Socio-demographic data with traditional beliefs and practices of postpartum women, the present study showed that there was a statistically significant relation between traditional beliefs and practices of postpartum women and their age and education level in which P-value <0.037&0.0001 respectively. It was observed that the age of the women influences their beliefs as younger women (20-<30 years) and middle age (30-<40 years) had neutral beliefs compared to those women with older women (40-50 years). However, the difference is statistically significant at P-value<0.037.

This result was confirmed by (Nuraini, 2020) who reported that there was a significant relationship between postpartum traditions and age from the perspective of nutrition ($\rho=0.051$). Moreover agreement with (Beraki et al., 2020) who reported that there is a significant association between the women's knowledge and their age group and educational background.

Furthermore, a finding which was performed by (Abebe et al., 2021) who discovered that women who had no formal education were almost 4 times more likely to perform harmful cultural practices than women who had secondary education and above. $P<0.001$.

These result agreed with (Isidienu, 2022), who studied “Traditional Beliefs and Practices During Pregnancy, Childbirth and Postpartum Among Childbearing Women in Oyi Local Government Area of Anambra Nigeria” showed that age of the childbearing women in Oyi Local Government Area of Anambra State significantly correlated with their indulgence in harmful traditional practices: $p\text{-value}=0.03$.

This 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.

Regarding the relation between factors influencing mothers postpartum care practices with traditional beliefs and practices of postpartum women, the present study showed that mothers, close friends, self believes and health care provider have a significance effect – influence on mothers postpartum care practices.

These results agreed with the results of (Adane et al., 2020) who studied “Factors associated with postnatal care utilization among postpartum women in Ethiopia” who stated that community-level of health service utilization was also significantly associated with PNC (Post-natal care).

This result is in the same line with (Sacks et al., 2022) who studied “Factors that influence uptake of routine postnatal care: Findings on women’s perspectives from a qualitative evidence synthesis” who noted implications at the individual, family, health system, and policy levels, and interventions may be needed to address factors at each. Individual empowerment of women may be insufficient if her

partner, family, or communities have significant influence in healthcare decisions.

Conclusion

Traditional postpartum beliefs and practices are popular among post-partum women attending postpartum unit at Minia University maternity and children hospital had many traditional post- partum beliefs and practices during their postnatal period. These included food restrictions, delays to resume sexual intercourse, housework restrictions, tying of the abdomen, foods that stimulate milk production, good sitting postures and frequent bathing with warm water. Some of these practices are beneficial to the postpartum women whereas others that include; tying of the abdomen, the way episiotomy and perineal tear care is done. Mothers and close friends 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.

Recommendations

From this study the following recommendations can be suggested:

- Find postpartum complication early in order to protect women's health and lower their risk of dying from harmful practices during postpartum period.
- Instruct postpartum women about the appropriate care for themselves and their babies before discharge.
- Establish postnatal follow up visits program to guide the women about contemporary postpartum practices.
- Implement education training for nurses about traditional practices during postpartum period to provide appropriate and acceptable health care.

Future research:

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

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