

The Differential Practices of Post Natal Care by Socio-Cultural Background of Mothers

Chiranjivi Acharya & Nand Kishor Kumar

Trichandra Campus, Tribhuvan University, Nepal
acharyakiran72@gmail.com; nandkishorkumar2025@gmail.com

Article Info:

Submitted: Dec 1, 2024	Revised: Dec 18, 2024	Accepted: Dec 30, 2024	Published: Jan 5, 2025
---------------------------	--------------------------	---------------------------	---------------------------

Abstract

As WHO (1948) the postnatal period can be defined as the first 6-8 weeks after birth. Postnatal care should be a continuation of the care the woman has received through her pregnancy, labour and birth and consider the woman's individual needs and preferences. Main aimed of this article is to analyzed the differential practices of post-natal care by socio-cultural background of mothers. Descriptive and analytical research designed and deductive research approach are applied. Both primary data and secondary information are used and re-tabulated and re-described to make a rational of article. Level of education, urban residence, Terai eco-zone are most influencing factor to enhance the postnatal care of mother. Comparing with other caste/ethnic groups, Chhetri and Brahmin have more practice of postnatal care of mother.

Keywords: PNC, Modern, Traditional Methods, Age at Marriage, Health Care

INTRODUCTION

Nepal is a multi-diversity country with cultural, language, caste/ethnics, dress, food, religion. The research was conducted in Dang District where people are migrated from Rukum, Rolpa, Salyan, Pyuthan, Arghakhachi, Banke, Bardia of western part of Nepal. There were mixed cultural, religious, language, caste/ethnic groups are residence and they have diverse practice of postnatal care practices.

Postnatal care is the care of new born care and mother both. It is the very sensitive period of mother and newborn baby both. The sociological approach emphasizes the nature of power relations in society and how these influence pregnancy and childbirth experiences (Symonds & Hunt, 1996). Similarly, in our culture, "motherhood is central to feminine identity" (Kelly, 2009, pp. 42-44). Kelly points out that motherhood continues to be perceived as an identity all women aspire to, a natural condition for women and an "unquestioned" norm of femininity (Gillespie, 2000, p. 23). Motherhood is one of the most intimate and essential human connections and is a concern for all. Female reproductive capacity and the social role of caring for children and maintaining domestic life have been closely linked to women's subordinate status across many cultures and historical periods (Chodorow, 2000). As the statement above suggests, reproductive capacity and motherhood play a significant role in women's lives. Individuals need to progress through various life stages without gender bias. However, the critical phase in a woman's life span is the period of reproduction, which extends from menarche to menopause. Reproductive health is a crucial element of a woman's overall health, which is a state of complete physical, mental, and social well-being, and not merely the absence of sickness or reproductive disease (World Health Organization, 2019, 2022).

As NDHS 2022, a large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, prompt postnatal care (PNC) for both the mother and the child is important to treat any complications arising from the delivery. Furthermore, needs to be provide the mother with important information on how to care for herself and her child. However, safe motherhood programs activities are recommended to all women to receive a health check during the first 2 days after birth. In an average 70 percent of women who have given live birth or stillbirth in the 2 years preceding the NDHS received a postnatal check within the 2 days after delivery. However, among the women with a live birth, women in the lowest wealth quintile are less likely to receive postnatal check within 2

days after delivery comparing to women in the highest wealth quintile (56 percent and 87 percent respectively). The aim of this article is to analyze how mothers' sociocultural backgrounds affect their postpartum care practices.

Novelty

This research article will be useful to teachers, students, researchers, health personnel and other related persons who are directly and indirectly working in this field.

METHODS

This research article is based on analytical and descriptive research designed. It has applied the quantitative research methods and deductive approach. Primary and secondary material are used.

RESULTS AND DISCUSSION

Distribution of Mothers by their Age Group

As Nepal census 2021, out of 29164578 population, 51.13 percent are female. Among of 51.13 percent female 5 percent are aged 15-19 years, 5.1 percent are aged 20-24 years, 4 percent are aged 25-34 years and 9 percent are aged 35 – 49 years. However, most potential women are becoming mother aged 20-24 years.

Table 1: Age Group of Mother

Age group of Mother	Number	Percent
15-19 years	11	5.37
20-24 years	97	47.32
25-29 years	54	26.35
30-34 years	27	13.17
35-39 years	9	4.39
40-44 years	5	2.43
45-49 years	2	0.98
Total	205	100.0

Source: Field Survey 2024

As table 1, highest percent of women are aged 20-24 years old, second highest percent (26.32%) are aged 25-24, third highest percent (13.17%) are aged 30-34 years old. However, 5.37 percent are aged 15-19 years, 4.39 percent are aged 35-39 years and 2.43 percent are aged 40-44 years aged. However, very least percent 0.98 percent are aged 45-49 years old.

Table 2: Level of Education of Mothers

Level of Education	Number	Percent
Literal only	4	1.95
Primary	41	20.0
Secondary	93	45.54
+2	47	22.93
Bachelor and above	17	8.29
Total	205	100.0

Source: Field Survey 2024

Highest percent (45.54%) of women have secondary level of education, 22.93 percent have grade 12 level of education 20 percent have primary level education. However, 8.29 percent have Bachelor and above level of education (table 2)

Table 3: Caste/Ethnic Group

Caste/Ethnic Group	Number	Percentage
Brahmin	54	26.34
Chhetri	59	28.78
Tharu	79	38.54
Musalman	12	5.85
Total	205	100.0

Source: Field Survey 2024

Among the 4st caste/ethnic groups, Tharu is the highest (38.54%), Chhetri is the second highest (28.78 %), Brahmin is the third highest (26.34%) and lowest are the Musalman (5.85%) (table 3)

Table 4: Religions of Respondents

Religious	Number	Percentage
Hindu	189	92.20
Islam	12	5.85
Christian	4	1.95
Total	205	100.0

Source: Field Survey 2024

More than 90 percent are Hindu, 5.85 percent are Islam and 1.95 percent are Christian (table 4)

Table 5: Occupational status of Mother

Occupations	Number	Percent
Household work	117	57.7
Agriculture	74	36.1
Services	12	5.85
Business	2	0.98
Total	205	100.00

Source: Field Survey 2024

Largest percent of women (57.7%) have household work is their main occupation, second highest (36.1%) have agricultural, and third highest percent (5.85%) have services of their main occupation and lowest percent (0.98%) have business (table 5)

Table 6: Family Types of Mothers

Types of family	Number	Percentage
Single	77	37.56
Joint	125	60.98
Extended	3	1.46
Total	205	100.0

Source: Field Survey 2024

Largest percent (60.98%) of women are living in joint family, second highest percent (37.56%) of women are living in joint family. However, 1.46 percent are living in extended family (table 6)

Table 7: Family Annual Income

Family Annual Income	Number	Percentage
Less than Rs. 300000	154	75.12
Rs.300000-500000	56	27.32
Rs.500000 and above	7	3.41
Total	205	100.0

Source: Field Study 2024

More than seventy five percent of women have their annual income is less than 300000 and 27.32 percent have Rs.300000- 500000 and lowest percent (3.41%) have Rs.500000 and above in a year (table 7).

Table 8 Age at Marriage of Mother

Age at Marriage	Number	Percentage
Below 16 years	7	3.41
16-18 years	33	16.1
19-20 years	49	23.9
20-24 years	79	38.54
25 years and above	37	18.05
Total	205	100.0

Source: Field Survey 2024

Highest percent (38.54 %) of women have marriage age at 20-24 years, second highest percent of women (23.9%) had marriage age at 19.-20 years, third highest (18.05%) percent women have had marriage age at 25 years and above, 16.1 percent women got marriage aged 16-18 years and 3.41 percent women have had marriage at age below age 16 years old (table 8).

Table 9: Number of Children Ever Born

Number of children ever born	Number	Percentage
Less than 2 children	134	65.37
3-4 children	56	27.32
5 and more children	15	7.32
Total	205	100.0

Source: Field Survey 2024

More than 65 percent women have less than 2 children and 27.32 percent women have 3-4 children and 7.32 percent have more than 5 children. However highest percent of women have less than 2 children. Seems that tendency of planning of one or two children is increasing due to female education, employment, urbanizations (table 9).

Table 10: Age of First Children bearing

Age of first childbearing	Number	Percentage
16 years and below	5	2.43
17-19 years	33	16.1
20-24 years	128	62.44
25 years and above	39	19.02
Total	205	100.0

Source: Field Survey 2024

Highest percent (62.44%) of women have given their first child aged 20-24 years old second highest percent of women (19.02%) have given their first children in aged 25 years and above years, 16.1 percent women have given their first children in aged 17-19 years, and 2.43 percent women have given first child when they were 16 years and below aged. However, child bearing aged 16 and below aged is still in practice. But it seems that 20-24 years is the most potential age to give the children. It is the same to national situation (table 10)

Table 11: Antenatal Checkup During Last Pregnancy

Antenatal Checkup during last pregnancy	Number	Percentage
Yes	203	99.0
No	2	1.0
Total	205	100.0

Source: Field Survey 2024

Highest percent (99%) of women had antenatal Checkup during Last Pregnancy and only 1 percent did not. However, tendency of antenatal checkup during the pregnancy is increasing (table 11).

Table 12: Number of ANC Visit

Number of ANC Visit	Number	Percentage
Less than 4 times	47	22.93
4 times and more	158	77.07
Total	205	100.0

Source: Field Survey 2024

As table 12, 77.07 percent women have ANC visited 4 times and more and 22.93 percent are visited less than 4 times. However, the tendency of ANC visiting during pregnancy is increasing.

Table 13: Types of Health Care Seeking

Types of Health Care Seeking	Number	Percentage
Modern health care	67	32.68
Traditional Health Care	9	4.39
Both types of health Care	129	62.93
Total	205	100.0

Source: Field Survey 2024

Highest percent women were seeking both modern and traditional types of health care and 32.68 percent women were seeking modern types of health care and only 4.39 percent were seeking the traditional types of health care services. However, tendency of seeking modern health care is highest comparing to traditional types (table 13).

Table 14: Decision Making for PNC visit

Decision making for PNC Visit	Number	Percentage
Wife alone	19	9.27
Husband alone	2	0.98
Both wife and husband	163	79.51
Family	21	10.24
Total	205	100.0

Source: Field Survey 2024

Almost 80 percent women visited for ANC with decision of both husband and wife, 10.24 percent visited with decision and suggestion of family, third highest (9.27%) of women visited with decision of wife alone and less than 1 percent women visited ANC with

decision of their husband only. However, practice of PNC is increasing due to level of women education, women employment, facilitate of PNC in local areas, increasing of the economic status (table 14)

Table 15: Source of PNC Visiting Information (Multiple Responses)

Sources of PNC Visiting information (Multiple responses)	Number	Percentage
Social media	202	98.54
Relatives	159	77.56
Friends	198	96.59
Health Personnel	199	97.07
Total	205	100.0

Source: Field Survey 2024

More than 98 percent women received information related to PNC visiting from different social media, 97.07 percent women received from health personnel, 96.59 percent received from friends and 77.56 percent received from relatives. However, visiting of PNC is determined by different sources but most effective sources are social media, health personnel, friends and relatives.

Table 16: PNC differential by Mother age, caste/ethnic groups, residence, ecozone and mother's education level

Differentials	Age	percentage
Mother's age	Below 20 years	65.3
	20-34 years	71.9
	35-49 years	60.7
Caste/Ethnics group	Caste/ethnics	
	Brahmin/ Chhetri	75.4
	Dalit	64.2
	Janajati	74.0
	Madhesi	64.0
	Muslim	66.4
Residence	Place	
	Urban	71.6
	Rural	67.6
Ecological Zone	Eco Zone	

	Mountain	63.8
	Hill	70.1
	Terai	71.0
Mother's education	Level of education	
	No education	55.9
	Basic Education (1-8 grade)	64.4
	Lower basic education (1-5 grade)	59.7
	Upper basic education (6-8 grade)	69.2
	Secondary (9-12 grade)	78.6
	Lower secondary (9-10 grade)	74.7
	Higher secondary (11-12 grade)	84.4
	More than secondary (13 and above)	91.9

Source: Nepal Demographic Health Survey 2022

Analysis of Mother

Mother's age

While analyze the mother age highest percent (71.9%) are aged 20-34 years comparing to below 20 years (65.3%) and 35-49 years aged (60.7%)

Caste/Ethnic group

Highest percent (75.4 %) Brahmin and Chhetri caste/ ethnic women are receiving Post Antenatal Care comparing to janajati (74%), Muslim (66.4%), Dalit (64%) and Madhesi (64%) respectively.

Residence

Highest percent (71.6%) of women are receiving Post Antenatal Care comparing to Rural 67.6 percent

Post Antenatal Care Receiving by Ecological Zone

Highest percent (71.%) women from Terai are reeving Post Antenatal Care comparing to Hill 70.1 percent and mountain 63.8 percent.

Post Antenatal Care Receiving Status by Mother's Education Level

The women who have more than secondary education (13 and above) have highest percentage (91.9%) Post Antenatal Care (PNC) and lowest are (55.0%) those who have no education. It seems that the receiving percent of antenatal care is increasing as increasing of

education level i.e. no education 55.9 percent, basic education (1-8 grade) 64.4 percent, Secondary education (9-12 grade) 78.6 percent and more than secondary level of education (13 grade and above) 91.9 percent respectively (table 16).

CONCLUSION

Mother who have aged 20-34 years are receiving the highest percent of Postnatal Care comparing to other aged group below aged 20 and aged 35 years and above. Among the caste/ethnic groups, Brahmin and Chhetri are highest percent who are receiving the Postnatal care comparing to other caste/ethnic groups and same way urban residing women are receiving highest Postnatal Care comparing to rural residing and among the three ecological zones, Terai women are receiving highest comparing to Hill and Mountain. The women who have more than secondary education (13 and above) have highest percentage (91.9%) Postnatal Care (PNC) and lowest are (55.0%) those who have no education. It seems that the receiving percent of Postnatal care is increasing as increasing of education level i.e. no education 55.9 percent, basic education (1-8 grade) 64.4 percent, Secondary education (9-12 grade) 78.6 percent and more than secondary level of education (13 grade and above) 91.9 percent respectively.

Implications

The researcher analyzed the Postnatal Care situation of women by their reproductive aged group, place of residence (Urban-rural), ecological zone and mother education level. There are still areas where we can conduct the further research for example; Postnatal Care by religions status, economic status (poor, medium and rich), by other caste/ethnic groups (there are 142 caste/ethnic groups) by province, by cultural, and only of Mountain, Hill and Terai, rural and urban areas.

REFERENCES

- Government of Nepal, (2021). National Population and Housing Census 2021 (National Report National Statistics Office Ramshahpath, Thapathali, Kathmandu, Nepal
- Kelly, U. A. (2009). Integrating intersectionality and biomedicine in health disparities research. *Advances in Nursing Science*, 32(2), E42-E56.
- Kumar, N. K. & Yadav, D. P. (2024). Mathematical Analysis of Fertility in Nepal using Arriaga's Approach. *Mikailalsys Journal of Advanced Engineering International*, 1(1), 13-24. DOI: [10.58578/mjaei.v1i1.2759](https://doi.org/10.58578/mjaei.v1i1.2759)

- Kumar, N.K. (2024). An In-Depth Analysis of Macroeconomic Factors Influencing Nepal's Economic Growth. *NPRC Journal of Multidisciplinary Research*, 1(6), 13-22. <https://doi.org/10.3126/nprcjmr.v1i6.71739>
- Kumar, N. K. (2024). Effects of unemployment and inflation on the economy of Nepal. *Rajarsi Janak University Research Journal*, 2(1-2), 42–49. <https://doi.org/10.3126/rjurj.v2i1-2.72303>
- Kumar, N. K. (2024). Index of Social Vulnerability to Natural Disasters in Nepal. *BMC Journal of Scientific Research*, 7(1), 135-146. <https://doi.org/10.3126/bmcjsr.v7i1.72950>
- NDHS, (2022). Ministry of Health and Population New ERA Kathmandu, Nepal The DHS Program ICF Rockville, Maryland, USA, Ram Shah Path Kathmandu, Nepal
- Symonds, A., & Hunt, S. C. (1996). *The Midwife and Society: Perspectives, Policies and Practice*. Macmillan International Higher Education.
- World Health Organization. (2019). *World health statistics overview 2019: monitoring health for the SDGs, sustainable development goals*.
- World Health Organization. (2022). *Report of the fifth meeting of the WHO Strategic and Technical Advisory Group of Experts for maternal, newborn, child and adolescent health and nutrition*.
- World Health Organization. (2022). *WHO recommendations on maternal and newborn*
- Chodorow, N. J. (2000). Reflections on the reproduction of mothering twenty years later. *Studies in Gender and Sexuality*, 1(4), 337-348.
- Gillespie, R. (2000, March). When no means no: Disbelief, disregard and deviance as discourses of voluntary childlessness. In *Women's Studies International Forum* 23,(2), 223-234.