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Original Article

Postpartum Maternal Self-Care and Perceived Family Support Among Mothers in a Sub-Population

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ABSTRACT

Background: Maternal recovery and the newborn's healthy development are paramount for mothers' physical and mental well-being in the first 6 weeks after birth. The study aimed to assess reported postpartum self-care practices, family support received, and the barriers to practising postpartum self-care among postpartum mothers in Mother and Child Hospital, Akure, Ondo State, Nigeria.

Methods: The study adopted a descriptive cross-sectional research design. A total of 316 postpartum women from October 2020 to February 2021 were selected for the study. Data were collected using paper-based questionnaires and analysed with the Statistical Package for Social Sciences (SPSS), version 23, with descriptive and inferential statistics.

Results: Study findings showed that 68% of the post-partum women had good self-care practices in the physical, emotional, and spiritual self-care domains. The majority (82%) received assistance during the post-partum period for maternal and newborn care. A few (25%) identified financial, cultural, and religious beliefs as barriers to effective post-partum maternal self-care.

Conclusions: This study concluded that most postpartum women studied had good maternal self-care practice, good family post-partum self-care support, and a few had barriers to effective post-partum maternal care. This finding implies that community health nurses should strengthen family-centred postpartum care by reinforcing existing maternal self-care practices while proactively identifying and addressing barriers among women at risk of inadequate postpartum care.

Key words: Maternal self-care, family support, postnatal women, postpartum

INTRODUCTION

The birth of a newborn and its associated changes are phases in a woman's life that cannot be overlooked. This phenomenon is related to physical and emotional changes in the woman's body and, by extension, to her intimate and family relationships. [1-3] The postpartum period begins immediately after childbirth and extends to 6 weeks after birth. [4,5] The timeframe may vary cross-culturally, but the 6-week post-delivery period is common and statutory to most cultures. The postpartum period can be subdivided into the immediate, early, and late postpartum periods, [1,6,7] and is associated with

more maternal deaths in comparison with the antenatal and intrapartum periods. Postpartum maternal self-care permits the mother to care for herself and her newborn while seeking assistance as required. [8]

Self-care is defined as a set of activities performed on one's behalf to maintain well-being. [9,10] Orem's self-care theory posits that every individual has a level of natural ability of self-care that can be encouraged by support from family or friends. Self-care includes behaviours and activities primarily related to the body and the mind. Mothers' physical health is indicated in the body-related self-care behaviours, while the emotional, spiritual, and social relationships are associated with the mind-related self-care. Maternity care providers may be able to meet the immediate postpartum self-care demands at the facility. [8,11,12] Traditionally, in the African setting, subsequent care is mostly by the mother, family members, and close relatives at home. The household living arrangement permitting extended family members provides the expected support needed. Families with strict modern living arrangements may not be receiving sufficient support from family members or may receive support from a distance.

Postpartum maternal well-being is greatly influenced by a woman's psychosocial state and the support received from her family and her environment. The feelings of being overburdened and insecure about the ability to be a mother may be linked with distress among postpartum women, making them more vulnerable to psychological problems. [13–15] About two-thirds of maternal deaths occur after delivery, and only one-fifteenth of women receive optimal post-natal care; hence, the emphasis on maternal self-care and family support. [16] The global reduction in length of hospital stay after birth [17] has brought to the fore the role of the community health nurse to improve the capacity of mothers in maternity self-care and ensure that each mother can take care of herself, her newborn, and seek support when required. This projects the relevance of community health nurses in the follow-up care of newly delivered mothers to curtail negative outcomes associated with the postpartum period. [18–20]

The family support received by the mother is important in promoting her health and that of the newborn. Hence, this study aimed to assess the reported self-care practices adopted by post-partum mothers, the support received from the family, and their inhibiting factors to self-care practices in a health facility in a Yoruba community in Nigeria.

MATERIALS AND METHODS

Study Design and Setting

A descriptive cross-sectional research design was utilized for this study, which was conducted at the Postnatal unit, neonatal unit, and immunization departments of Mother and Child Hospital, Akure, from October 2020 to February 2021.

Mother and Child Hospital, Akure (MCHA) was established to provide quality care to pregnant women and children under five. This was to improve the specialist care provided to reduce maternal and infant morbidity and mortality data in the state. It is a tertiary care facility offering quality service to pregnant women till post-delivery, including children aged 0 to 5 years.

Study Population

The target population for this study was post-partum women. The inclusion criteria were: (i) Mothers aged 18 to 49 years, (ii) mothers who were psychologically stable, (iii) mothers with at least one child, and in their first 6 weeks of another postpartum period, (iv) mother with not more than 4 deliveries, all alive, and (v) mothers with no record of obstetric complications and women with spontaneous vaginal delivery. Women who did not meet the listed criteria were excluded.

Sample Size Determination

The sample size of 316 women in their first 6 weeks of the postpartum period was calculated with Taro Yamane's formula (Yamane, 1967) as $n = N/1 + N(e)^2$ from the total of 1500 women who delivered in Mother and Child Hospital, Akure, from October 2020 to February 2021. Where n is the required sample size, N is 1500, and e is the precision sampling error of 0.05.

Sampling Procedure

This study utilised a consecutive sampling technique to administer paper-based questionnaires to consenting post-partum women who met the inclusion criteria at the selected post-natal, neonatal, and immunisation units of the facility. The women completed the questionnaire, and their responses were retrieved.

Data Collection Instrument and Procedure

The instrument for data collection was structured into four sections: general demographic characteristics of respondents, dimensions of self-care, family support, and barriers to practising post-partum self-care. All the sections were developed from the literature.

Data Analysis

Data obtained from the respondents were processed using the IBM Statistical Package for the Social Sciences (SPSS), version 23. Univariate analysis was adopted to analyse section A, which comprises the socio-demographic data. Both univariate and bivariate analysis was adopted to analyse other data generated from the questionnaire.

Ethical Consideration

Ethical approval for the study was obtained from the Research and Ethical Committee of Mother and Child Hospital, Akure. Furthermore, informed consent was obtained from all respondents after information about the study had been given and assurance about confidentiality was given.

RESULTS

Socio-Demographic Characteristics of Respondents

The result presented in **Table 1** showed the socio-demographic characteristics of respondents in the study. The mean age of respondents was 29.3 years \pm 5.0, where a majority (42.9%) of respondents were within the age range of 26 to 30 years. The result further showed that 61.9% of respondents had a tertiary education, most (76.9%) were Christians, and 70.7% were Yorubas. More so, 94.9% of the respondents were

Table 1: Socio-demographic characteristics of respondents.

Item	F N = 294	%
Age (years); mean ± SD	29.3 ± 5.0	
Less than 20	10	3.4
21–25	56	19.0
26–30	126	42.9
31–35	61	20.7
Above 35	41	13.9
Educational level		
Primary	22	7.5
Secondary	8	29.9
Tertiary	182	61.9
No formal education	2	0.7
Religion		
Christianity	226	76.9
Islam	66	22.4
Traditional	2	0.7
Ethnicity		
Yoruba	208	70.7
Igbo	46	15.6
Ebira/Igbira	2	9.9
Hausa	11	3.7
Marital status		
Single	11	3.7
Married	279	94.9
Divorced	2	0.7
Widow	2	0.7
Occupation		
Professional	73	24.8
Civil servant	49	16.7
Artisan	36	12.2
Traders	113	38.4
Students/unemployed	23	7.8

married, 82.7% were in a monogamous marriage, and only 1 in 13 of the women were either students or unemployed. Women who participated in the study either had more than two children (24.5%), two children (44.2%), or one child (24.5%) before the study.

Post-Partum Women’s Self-Care Practices

Respondents’ physical, emotional, and spiritual self-care practices are shown in **Table 2**. Respondents (49.3%) indicated always taking 2 L of water regularly, and 42.2% do this occasionally. Above 90% ate healthily, 69.0% took time off when needed, and less than 6% of the respondents always engaged in physical exercises. Half of the women neither go for vacation trips nor visit a recreation centre in the physical self-care domain.

Post-Partum Women’s Social and Family Relationship Self-Care Practices

The social and family relationship self-care of respondents is presented in **Table 3**. Results showed that 44.9% rarely feel unhappy with many family members around them, while 2.4% always feel unhappy with family members when around. Furthermore, 72.4% of the respondents occasionally get enough time with people who make them happy, and 81.4% occasionally feel their close relationship to be supportive and loving.

Post-Partum Women’s Family Support Practices for Postpartum Maternal Self-Care

The roles of family members in maternal self-care are presented in **Table 4**. The result showed that 67.0% of family members often assist in the care of the baby, while 15.0% always assist in the care of both mothers and babies. There was considerable support from husbands in the care of mothers, and their babies (46.6%), and 27.6% reported that their husband always cares for them and the baby. Only 15.3% indicated family support for compliance with medical instructions always.

Post-Partum Women’s Barriers to Practising Effective Postpartum Maternal Self-Care

More than half reported being often educated on the care of mother and child after delivery by health care providers, as shown in **Table 5**, while 23.5% reported being always educated after delivery. One-third (34.4%) reported they often have autonomy to make decisions on how care was given, while 19.4% indicated they always have autonomy, and less than 1% do not have autonomy on how care was administered. Two-thirds (61.5%) of respondents indicated financial stability to provide the necessary needs for themselves and their babies. Only 19.7% stated that culture and religious beliefs never influenced their care and that of the baby. About half (49.7%) were sometimes influenced by culture and religious beliefs in their care of the baby. Distance to the health facility is a barrier to follow-up care.

DISCUSSION

The study assessed the reported self-care practices of postpartum mothers in their first 6 weeks of postpartum; the family support as received, and the barriers to practising effective maternal self-care. Findings from the physical self-care practices showed that postpartum mothers practised appropriate self-care in diet, rest, and sleep. This was contrary to the findings of [21] among postpartum primiparous mothers, with delayed sleep duration and insomnia among the majority of the women in their study. There was improved self-image and prompt medical care when required by most of the women who participated in the current study. Exercise, an aspect of physical self-care, was ignored by postpartum mothers despite the benefits in the postpartum phase. Post-delivery exercise is beneficial in preventing postpartum blues [22] and the severity of the symptoms of postpartum depression in mothers. [23] Motherhood experience is subjective, with consequences on the psychological and spiritual self of the mother. The findings from this study on the emotional and spiritual

Table 2: Respondents' reported self-care practices.

	Never	Rarely	Occasionally	Frequently
Physical self-care	f (%)	f (%)	f (%)	f (%)
Drink enough water regularly, at least 2 L	4 (1.4)	21 (7.1)	124 (42.2)	145 (49.3)
Eat a healthy, whole foods-based diet rich in colourful fruits and vegetables?	1 (0.3)	17 (5.8)	111 (37.8)	165 (56.1)
Exercise for at least 20 minutes, 5 days a week	77 (26.2)	110 (37.4)	90 (30.6)	17 (5.8)
Get regular medical care for prevention	5 (1.7)	45 (15.3)	143 (48.6)	101 (34.4)
Get medical care when needed	3 (1.0)	3 (1.0)	136 (46.3)	152 (51.7)
Take time off when needed	3 (1.0)	9 (3.1)	203 (69.0)	79 (26.9)
Get a body massage	36 (12.2)	86 (29.3)	166 (56.5)	6 (2.0)
Make time to relax or nap at day?	6 (2.0)	10 (3.4)	249 (84.9)	29 (9.9)
Get enough sleep, up to 7 hours or more at night	5 (1.7)	7 (2.4)	241 (82.0)	41 (13.9)
Wake feeling refreshed from sleep?	3 (1.0)	7 (2.4)	235 (79.9)	49 (16.7)
Wear clothes you like	3 (1.0)	36 (12.2)	162 (55.1)	93 (31.6)
Take vacations or trips	18 (6.1)	124 (42.2)	140 (47.6)	12 (4.1)
Visit the recreation centre	29 (9.9)	120 (40.8)	131 (44.6)	14 (4.8)
Do some fun physical activities, like dancing, swimming, singing, or running	9 (3.1)	38 (12.9)	197 (67.0)	50 (17.0)
Emotional self-care				
Make time to participate in things you enjoy?	3 (1.0)	46 (15.6)	155 (52.7)	90 (30.6)
Spend time in the company of those you love	3 (1.0)	2 (0.7)	196 (66.7)	93 (31.6)
Praise yourself and give yourself credit.	7 (2.4)	66 (22.4)	196 (66.7)	25 (8.5)
Take an interest in or find joy in the world around you?	4 (1.4)	46 (15.6)	182 (61.9)	62 (21.1)
Stay in contact with important people in your life	3 (1.0)	2 (0.7)	196 (66.7)	93 (31.6)
Allow yourself to cry or speak out about your anger	4 (1.4)	56 (19.0)	193 (65.6)	41 (13.9)
Have hope that things will be fine or get better?	3 (1.0)	3 (1.0)	161 (54.8)	127 (43.2)
Play with children	3 (1.0)	3 (1.0)	154 (52.4)	136 (46.3)
Spiritual self-care				
Make time for reflection	5 (1.7)	48 (16.30)	141 (48.0)	100 (34.0)
Find a spiritual connection or community	4 (1.40)	14 (4.8)	139 (47.3)	137 (46.6)
Be open to inspiration	6 (2.0)	48 (16.3)	131 (44.6)	109 (37.1)
Meditate	3 (1.0)	38 (12.9)	92 (31.3)	161 (54.8)
Pray	3 (1.0)	3 (1.0)	98 (33.3)	190 (64.6)
Contribute to what you believe in	3 (1.0)	32 (10.9)	162 (55.1)	97 (33.0)
Be open to knowing more about your beliefs	3 (1.0)	30 (10.2)	178 (60.5)	83 (28.2)
Read inspirational books, talks, or write-ups	14 (4.8)	50 (17.0)	81 (27.6)	149 (50.7)

self-care of postpartum women revealed that the majority could engage in spiritual activities. Engaging in spiritual activities has been linked to the improvement of mothers' mental health, the prevention of postnatal depression, [24] and as a significant contributor to effective coping with motherhood. [25]

Results from the study reflected appropriate self-care practices in social and family relationships. Orem's self-care theory emphasises the ability of a person to independently perform activities relating to physical, emotional, and spiritual

health and well-being. [8] Most postpartum mothers in this study were independently able to perform care activities for themselves and their babies, although with the support of family members where required. The family is a major support system for a mother and her newborn to achieve a good health status. [26] Self-employed postpartum women may experience some challenges in work activities during their recovery period and immediate care of the newborn, some weeks after delivery, as they do not receive paid leave like other employees. Nevertheless, they may gradually attend to work activities as their physical and emotional well-being improves

Table 3: Social and family relationship self-care practices as reported by respondents.

	Never	Rarely	Occasionally	Frequently
Social, family, and relationship	f (%)	f (%)	f (%)	f (%)
Have a dependable person who listens to you?	3 (1.0)	6 (2.0)	134 (45.6)	151 (51.4)
Have supportive family and friends close by?	3 (1.0)	7 (2.4)	138 (46.9)	146 (49.7)
Feel unhappy with many family members around	37 (12.6)	132 (44.9)	118 (40.1)	7 (2.4)
Get enough social time with people who make you happy?	5 (1.7)	42 (14.3)	213 (72.4)	34 (11.6)
Feel like your close relationships are loving and supportive?	3 (1.0)	3 (1.0)	239 (81.3)	49 (16.7)
Have the ability to comfortably say no?	3 (1.0)	33 (11.2)	221 (75.2)	37 (12.6)
Feel like your social life brings balance to your personal life	3 (1.0)	35 (11.9)	229 (77.9)	27 (9.2)
Feel comfortable asking for help when you need it?	5 (1.7)	6 (2.0)	233 (79.3)	50 (17.0)
Feel not being in control or in charge when family members are around?	26 (8.8)	137 (46.6)	125 (42.5)	6 (2.0)
Feel threatened by family support practices?	55 (18.7)	126 (42.9)	108 (36.7)	5 (1.7)

Table 4: Family support practices for maternal self-care during postpartum periods.

Role families play in maternal self-care	Never f (%)	Rarely f (%)	Sometimes f (%)	Often f (%)	Always f (%)
Do you have assistance in your care and that of your baby	0 (0.0)	5 (1.7)	48 (16.3)	197 (67.0)	44 (15.0)
Does your husband support your care and that of the baby?	4 (1.4)	10 (3.4)	62 (21.1)	137 (46.6)	81 (27.6)
Does your family support you in complying with the medical instructions?	0 (0.0)	7 (2.4)	81 (27.6)	161 (54.8)	45 (15.3)
Does your family insist you follow the traditional practices	54 (18.4)	71 (24.1)	128 (43.5)	38 (12.9)	3 (1.0)
Do you enjoy the care and support rendered by the family since delivery?	0 (0.0)	7 (2.4)	171 (58.2)	89 (30.3)	27 (9.2)
Does the support rendered by your family influence your health positively?	1 (0.3)	3 (1.0)	178 (60.5)	86 (29.3)	26 (8.8)
Do you see the roles your families play as supportive?	0 (0.0)	7 (2.4)	176 (59.9)	83 (28.2)	28 (9.5)
Do you allow your family to cook for you?	4 (1.4)	2 (0.7)	127 (43.2)	140 (47.6)	21 (7.1)
Does your mother/mother-in-law care for you and your baby using the old practices?	50 (17.0)	50 (17.0)	146 (49.7)	44 (15.0)	4 (1.4)
Do you experience any form of conflict with any member of the family about your care and that of your newborn?	19 (6.5)	126 (42.9)	141 (48.0)	5 (1.7)	3 (1.0)
Does family care and support make you psychologically stable?	6 (2.0)	39 (13.3)	173 (58.8)	60 (20.4)	16 (5.4)
Were you forced to have a hot bath after delivery?	206 (70.1)	25 (8.5)	28 (9.5)	32 (10.9)	3 (1.0)
Were you forced to abstain from or denied some food due to traditional beliefs for some period after delivery?	165 (56.1)	20 (6.8)	67 (22.8)	35 (11.9)	7 (2.4)

with the family support received for self-care and newborn care as they adapt to the demands of the postpartum period. Most participants reported effectively managing the factors assessed, which enabled them to adjust appropriately during the postpartum period.

Implications for Nursing Practice

The transition to motherhood necessitates re-prioritisation and adjustment of the mother's social relationships and

networks. Nurses are expected to understand the social and cultural context of each mother to identify factors essential for promoting optimal maternal well-being. Healthcare professionals can support mothers in recognising areas where social support is lacking and refer them to appropriate community resources. Community health nurses play a critical role in facilitating maternal and family well-being by developing an in-depth understanding of the populations they serve, which enables identification of effective strategies to strengthen social support for postpartum mothers.

Table 5: Barriers to practicing effective maternal self-care during postpartum periods.

Barriers to effective maternal care	Never	Rarely	Sometimes	Often	Always
Were you educated by your healthcare provider on how to care for your body after delivery?	5 (1.7)	1 (0.3)	57 (19.4)	162 (55.1)	69 (23.5)
Do you have the autonomy to make decisions regarding how you want your care to be?	2 (0.7)	24 (8.2)	110 (37.4)	101 (34.4)	57 (19.4)
Are you financially stable to provide the necessary needs for yourself and your baby?	3 (1.0)	22 (7.5)	88 (29.9)	121 (41.2)	60 (20.4)
Is money available for you whenever you need it to care for yourself and the baby?	10 (3.4)	8 (2.7)	91 (31.0)	121 (41.2)	64 (21.8)
Do cultural and religious beliefs influence your care and that of your baby?	58 (19.7)	46 (15.6)	146 (49.7)	38 (12.9)	6 (2.0)
Based on your tradition or culture, are you restricted from going out for some days/ weeks after delivery?	140 (47.6)	83 (28.2)	36 (12.2)	28 (9.5)	7 (2.4)
Do you always clarify any information given by your healthcare provider that is not clear?	7 (2.4)	8 (2.7)	43 (14.6)	149 (50.7)	87 (29.6)
Are your healthcare providers accommodating and readily available to give the necessary information regarding your health?	4 (1.4)	2 (0.7)	43 (14.6)	159 (54.1)	86 (29.3)
How promptly do you seek medical attention when you have issues concerning your health and that of your baby?	8 (2.7)	5 (1.7)	55 (18.7)	145 (49.3)	81 (27.6)
Is distance a barrier to your regular visit to the health facility?	200 (68.0)	31 (10.5)	39 (13.3)	18 (6.1)	6 (2.0)
Do you feel psychologically balanced and ready to assume the position of a mother?	10 (3.4)	6 (2.0)	43 (14.6)	160 (54.4)	75 (25.5)

Implementing targeted health education programs for postnatal exercises can enhance both knowledge and practice among mothers, while broader community education initiatives and improved accessibility to postpartum care services may increase the uptake of postnatal visits and contribute to improved maternal health outcomes. Furthermore, postpartum care provides a vital entry point for engaging underserved populations within the continuum of women's healthcare, underscoring the importance of integrating these services into community-based nursing practice.

Limitations of the Study

A major limitation of this research is the reliance on self-reported data, which may introduce bias as participants could overestimate or underestimate their self-care practices.

CONCLUSIONS

This study found that most postpartum women reported engaging in maternal self-care practices and receiving family support, although these practices were not consistently optimal. Multiple barriers, including financial limitations, distance to healthcare facilities, and insufficient or stressful social support, contributed to suboptimal postpartum maternal care. Many participants prioritised newborn care over their own health needs during the postpartum period. Additionally, the continued use of certain traditional care practices, some of which may pose risks to maternal and

neonatal health, was observed among a proportion of mothers and their families. While a majority of women reported receiving family support, a notable proportion perceived family involvement as a source of stress and conflict, which may increase vulnerability to postpartum psychological distress.

Recommendations

Based on the findings of this study, targeted community-based interventions are recommended to address barriers to effective postpartum maternal care. Community health nurses should provide structured support to postpartum women, particularly first-time mothers, to help them navigate and manage family pressures that influence maternal and infant care practices. Interventions should focus on empowering mothers to adopt safe and evidence-based postpartum practices while mitigating the influence of potentially harmful traditional practices. In addition, culturally sensitive attitudinal change programs, including seminars and workshops, should be directed at family members, particularly older female relatives, to promote acceptance of recommended postpartum care practices and to encourage alignment with guidance provided by healthcare professionals.

AUTHORS' CONTRIBUTION

Each author has made a substantial contribution to the present work in one or more areas, including conception, study design, conduct, data collection, analysis, and interpretation.

All authors have given final approval of the version to be published, agreed on the journal to which the article has been submitted, and agree to be accountable for all aspects of the work.

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CONFLICT OF INTEREST

None.

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