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POSTNATAL EXERCISE PRACTICES IN INDIAN FEMALES

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ABSTRACT

Background: A woman's life is significantly impacted by pregnancy and childbirth, and postpartum exercise has been shown to foster a more comfortable and suitable bond between mother and child.

Aim: The goal of the current study was to evaluate Indian women's postpartum exercise practices and knowledge.

Methods: During the specified study period, 200 girls admitted to the postnatal ward of the institute were evaluated. The "Health Belief Model" created by Hochbaum and altered by Rosenstock was used to evaluate each of these women. To evaluate these women's practice and knowledge of possible exercises, a structured interview was done.

Results: According to the study's findings, 52% of females had relatively adequate knowledge of postnatal exercise, whereas 28% had inadequate information and 20% had the lowest knowledge. Additionally, 53% and 47% of females, respectively, practiced postnatal exercises in a somewhat accurate and imprecise manner. Knowledge scores were significantly correlated with mothers' occupations and levels of education, while practice scores were significantly correlated with information sources, mothers' occupations, levels of education, parity, and female age.

Conclusion: The current study suggests that postpartum women did not do or understand postnatal workouts. Therefore, in order to improve moms' practice and knowledge, healthcare professionals must conduct health awareness programs about postnatal workouts.

Keywords: understanding of postpartum exercise, postnatal exercise, postpartum exercise practice, Postpartum mother

INTRODUCTION

Being a mother is an essential part of a woman's life. The transition to motherhood, which is appropriately referred to as the post-partum phase, is the most flexible part of a woman's life. When a woman becomes a mother for the first time, she may worry about how she will manage to care for both herself and her infant. The majority of Indian women think they have little control over their pregnancies and the consequences that follow. Females can only move around the house after birth. This roughly 40-day confinement period is regarded as a vulnerable time in a woman's life.¹

The postpartum period is a time of psychological and physical recovery for the mother following the birth of a child and the removal of the placenta. All systems in a female body should recover from the effects of pregnancy and revert to a non-pregnant condition by six weeks after delivery. Females must begin exercising as soon as they feel capable of doing so after giving birth, but it should be a progressive process. Women who resume exercise reasonably quickly after giving birth are less likely to have postpartum depression.²

Exercise is a state of physical activity in the body that enhances bowel and bladder function as well as pelvic floor and abdominal muscle tone. Postnatal exercise is essential for a number of reasons, including maintaining contracted

abdominal muscles, body alignment, focusing on proper postures, helping to lose excess body weight and become fit and healthy, preventing genital prolapse and backache, minimizing future prolapse and stress incontinence, reducing respiratory and vascular complications, contracting and relaxing the pelvic floor muscles, promoting uterine anteversion, reducing the risk of deep vein thrombosis (DVT), and promoting lochia. Hip hitches and sit-ups, knee rolling, pelvic tilt, leg raising, head and shoulder raising, and abdominal workouts including deep breathing, brisk walking, circulatory activity, and abdominal breathing are all suggested postpartum activities.³

Numerous postpartum exercises have been shown to reduce health-related issues like as diastasis recti, backache, postpartum depression, and reduced stress incontinence, according to a number of earlier research studies. Nonetheless, it is believed that between 65% and 85% of people worldwide do not receive enough exercise, and during clinical posting in postnatal wards, researchers found that postnatal females do not engage in postnatal exercise throughout their hospital stay following birth.⁴

Given the investigator's background, it was necessary to evaluate postpartum women's postnatal exercise practices and understanding. Therefore, the purpose of this study was to evaluate Indian women's postnatal exercise practices and knowledge.

MATERIALS AND METHODS

The purpose of the current descriptive study was to evaluate postnatal exercise practice and knowledge among Indian women. The Institute's Outpatient Department provided the study participants. Prior to their involvement in the study, all participants provided written and verbal informed consent.

200 women who were admitted to the Institute's postnatal ward throughout the specified study period were included in the study. The conceptual framework used in the study was based on the "Health Belief Model" designed by Hochbaum (1958) and modified by Rosenstock (1974).

Both multipara and primipara women who had a typical vaginal delivery with or without an episiotomy and were between the day of delivery and three days after delivery (postpartum) were included in the study; women who had a caesarean section and experienced puerperal problems were not. Following the final inclusion of study participants, a structured interview was designed to evaluate individuals' postnatal exercise practices and knowledge. The reliability of the practice and knowledge sections of the questionnaire was found to be 0.77 and 0.72, respectively.

The chi-square test, Fisher's exact test, Mann Whitney U test, and ANOVA, chi-square test, and student's t-test were used in the statistical analysis of the collected data using SPSS (Statistical Package for the Social Sciences) software. A p-value of less than 0.05 was used as the significance criterion.

RESULTS

The purpose of the current descriptive study was to evaluate postnatal exercise practice and knowledge among Indian women. During the specified study period, 200 females who were admitted to the Institute's postnatal ward were evaluated. The "Health Belief Model," created by Hochbaum and altered by Rosenstock, was used to evaluate each of these women. Most study participants were between the ages of 18 and 25, followed by those between the ages of 26 and 33, and those between the ages of 34 and 41. Most females had parity 1, which was followed by parity 2 and parity 3. Adequate knowledge was found in 32, 12, and 2 respondents from the age ranges of 18–25, 26–33, and 34–41 years, respectively, when the relationship between knowledge scores and demographic characteristics in study subjects was examined. 80 subjects with parity 1, 14 from parity 2, and 2 from parity 3 had relatively accurate information, while 36, 22, and 8 patients with parity 1, 2, and 3 had insufficient knowledge. Knowledge differences by age and parity were statistically non-significant ($p=0.973$ and 0.064 , respectively). Knowledge and family type showed a similar non-significant correlation ($p=0.363$).

Nonetheless, there was a strong correlation ($p=0.000$) between education and postpartum exercise practice knowledge among study participants who had more education. When it came to occupation and postpartum exercise knowledge, there was a comparable substantial correlation ($p=0.002$) between service and business class females and housewives. With a p-value of 0.43 for parity and 0.08 for family type in study subjects, the study's findings demonstrated that there was a non-significant correlation between the practice of postnatal exercise in study females and parity and family type (Table 2).

Age and postpartum exercise habit were shown to be significantly correlated ($p=0.01$). Additionally, postnatal exercise was significantly correlated with education, with higher practice among highly educated ladies ($p=0.004$). Compared to housewives, those in the service and business classes had a greater somewhat correct practice of postnatal exercise ($p=0.003$). Information sources for postnatal exercise came from the following sources: the media in 90 subjects in 48

and 42 subjects; the healthcare profession in 16 subjects with inadequate and moderately adequate practice in 2 and 14 subjects; relatives and friends with inadequate and moderately adequate practice in 44 and 42 subjects; and self-learning in 8 subjects with all 8 having moderately adequate knowledge with $p=0.01$ (Table 2).

DISCUSSION

200 women who were admitted to the Institute's postnatal ward during the specified study period were evaluated in this study. The "Health Belief Model" created by Hochbaum and altered by Rosenstock was used to evaluate each of these women. Most study participants were between the ages of 18 and 25, followed by those between the ages of 26 and 33, and those between the ages of 34 and 41. Most females had parity 1, which was followed by parity 2 and parity 3. These results were similar to those of earlier research by Mohammed A et al. (2019) and Ibrahim WA et al. (2015), in which authors evaluated postnatal females using demographic information similar to the current study.

According to the study's findings, acceptable knowledge was found in 32, 12, and 2 respondents from the age ranges of 18–25, 26–33, and 34–41 years, respectively. 80 subjects with parity 1, 14 from parity 2, and 2 from parity 3 had relatively accurate information, while 36, 22, and 8 patients with parity 1, 2, and 3 had insufficient knowledge. Knowledge differences by age and parity were statistically non-significant ($p=0.973$ and 0.064 , respectively).

Knowledge and family type showed a similar non-significant correlation ($p=0.363$). Nonetheless, there was a strong correlation ($p=0.000$) between education and postpartum exercise practice knowledge among study participants who had more education. A comparable substantial correlation was observed between work and postnatal exercise knowledge, with service and business class ladies having greater knowledge than housewives ($p=0.002$). The present study's findings were in line with those of Mbada CE et al. (2015) and Daley AJ et al. (2012), who revealed comparable associations between knowledge scores and demographic characteristics.

With a p -value of 0.43 for parity and 0.08 for family type in the study subjects, it was observed that there was a non-significant correlation between the practice of postnatal exercise in the study females and parity and family type. These results were consistent with those of Sahu S et al. (2019) and Alharbi JH10 (2019), who, like the authors of the current study, revealed a non-significant relationship between parity and family type and the practice of postnatal exercise.

The study's findings also revealed a significant ($p=0.01$) correlation between postpartum exercise behavior and age. Additionally, postnatal exercise was significantly correlated with education, with higher practice among highly educated ladies ($p=0.004$). Compared to housewives, those in the service and business classes had a greater somewhat correct practice of postnatal exercise ($p=0.003$). Information sources for postnatal exercise were from the healthcare profession in 16 subjects with inadequate and moderately adequate practice in 2 and 14 subjects, from relatives and friends with inadequate and moderately adequate practice in 44 and 42 subjects, from media in 90 subjects in 48 and 42 subjects, and self-learning in 8 subjects with all 8 having moderately adequate knowledge with $p=0.01$.

The present study's results were consistent with those of Sreenivasan A11 (2017) and Kołomańska-Bogucka D et al12 (2019), who found a strong correlation between postnatal exercise practice and age, education, and occupation.

CONCLUSION

The current study concludes, within its limitations, that postpartum women had insufficient knowledge and practice of postnatal activities. Therefore, in order to improve moms' practice and knowledge, healthcare professionals must conduct health awareness programs about postnatal workouts.

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S. No	Variables	Knowledge			p-value
		Inadequate	Moderate	Adequate	
1.	Age range (years)				
a)	18-25	44	70	32	0.973
b)	26-33	16	22	12	
c)	34-41	4	4	2	
2.	Parity				
a)	1	36	80	30	0.064
b)	2	22	14	10	
c)	3	8	2	0	
3.	Education				0.000
a)	Illiterate	22	0	0	
b)	Primary	8	8	0	
c)	Senior Primary	8	18	2	
d)	Higher Secondary	26	66	18	
e)	Above higher secondary	0	4	20	
4.	Occupation				0.002
a)	Service	0	0	6	
b)	Business	0	4	4	
c)	Housewife	64	92	30	0.363
5.	Family type				
a)	Joint family	36	64	30	
b)	Nuclear family	28	32	10	

Table 1: Association of knowledge scores and demographic variables in study subjects

S. No	Variables	Practice			p-value
		Inadequate	Moderate	Adequate	
1.	Age range (years)				
2.	18-25	56	90	0	0.01
3.	26-33	30	14	0	
4.	34-41	8	2	0	
5.	Parity				
6.	1	60	86	0	0.43
7.	2	26	20	0	
8.	3	8	0	0	
9.	Education				0.004
10.	Illiterate	20	2	0	
11.	Primary	10	6	0	
12.	Senior Primary	18	10	0	
13.	Higher Secondary	38	72	0	
14.	Above higher secondary	8	16	0	0.03
15.	Occupation				

16.	Service	0	6	0	
17.	Business	0	8	0	
18.	Housewife	94	86	0	
19.	Family type				0.08
20.	Joint family	42	28	0	
21.	Nuclear family	52	78	0	
22.	Information source for postnatal exercise				0.01
23.	Healthcare personnel	2	14	0	
24.	Relatives/friends/parent	44	42	0	
25.	Media	48	42	0	
26.	Self-learning	0	8	0	

Table 2: Association of practice scores and demographic variables in study subjects