

Abdominal Strap and Perineum Care after Delivery in Beninese Traditions

Etienne H. Alagnide^{1*}, Salif Gandema², Didier D. Niama Natta¹, Yollande Djivoh¹, Viridiane Bankole¹, Toussaint G. Kpadonou¹

¹Department of Physical Medicine and Rehabilitation, Centre National Hospitalier Universitaire, Cotonou, Benin;²Department of Physical Medicine and Rehabilitation, Functional Rehabilitation Center of Bobo-Dioulasso, Burkina Faso

ABSTRACT

Background: Several traditional methods are used for the preventive or curative management of the anatomical and physiological alterations which can occur with women after delivery, especially on abdominal strap and the perineum.

Objective: To study methods used in the departments of Oueme and Plateau in Benin.

Method: Prospective transversal study, descriptive and analytical. It consisted to interview, from February to July 2016, women who gave birth at least once and since at least three months, living in the departments of Oueme and Plateau in Benin and who consented to participate to the study. Dependent variables collected were the use or not of traditional methods for the management of abdominal strap and perineal alterations after delivery.

Results: Women of the study were 32.83 ± 8.99 years old, as average. Their number of pregnancy was 5.42 ± 2.16 , on average. Traditional methods were used 99.6% and 99.1% respectively for perineum and abdominal strap. It was mainly abdominal massage and intimate hygiene with a traditional soap. Methods used were started the day after delivery and for 6 weeks on average. Instrumentation use for delivery was the factor significantly associated with the use of these methods. The mode of delivery was therefore associated with the use of abdominal strap methods (p=0.00).

Conclusion: After delivery, taking care of perineum and abdominal strap is very important for Beninese women. But it will be necessary to consider consequences of these methods, to ensure that their use is profitable for them at best.

Keywords: Delivery; Abdominal strap; Perineum; Traditional methods; Benin

INTRODUCTION

In developing countries, if there is medical progress, their accessibility is not possible to all subjects. Indeed, they mainly treated themselves using habits of daily life, experiences lived by ancestors and therapeutic virtues of plants. Thus, socio-cultural factors that determine behavior, lifestyle and also access to treatment are therefore in the forefront of health factors. This is particularly true in West Africa where influence of socio-cultural factors of health is very important for any health policy [1]. Care to babies and delivered does not seem to have escaped these principles. So, care after childbirth is extremely codified, precise. Indeed, a significant proportion of deliveries are done at home [2] and the new delivered, after her short stay in hospital, is

abandoned to the family circle where a whole series of customary care is applied to her. Knowing that perineal and abdominal damage is common after delivery [3-7], we intend through this work to study traditional methods of management of these disorders in the departments of Oueme and Plateau in Benin.

PATIENTS AND METHODS OF STUDY

Type, period and study's sample

It is a cross-sectional prospective study aimed to be descriptive and analytical. Study data collection period was six months, from February 1st to July 30th, 2016.

For the sample, we have, in the departments of Oueme and Plateau

Correspondence to: Alagnide H Etienne, Department of Physical Medicine and Rehabilitation, Centre National Hospitalier Universitaire, Cotonou, Benin, E-mail: ealagnide@yahoo.fr

Received date: November 02, 2020; Accepted date: November 16, 2020; Published date: November 23, 2020

Citation: Etienne AH, Gandema S, Niama DD, Natta N, Djivoh Y, Bankole V, et al. (2020) Abdominal Strap and Perineum Care After Delivery in Beninese Traditions. Int J Phys Med Rehabil. 8:577.

Copyright: © 2020 Etienne AH, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

in Benin, enlisted 520 women present in hospitals and markets furrowed during the study period, who have given birth at least once but whose last delivery dates back to three (03) months at least and who have given their consent to participate to the study.

Variables studied

The dependent variable studied was the use or not of traditional methods of taking care of abdominal strap and perineum of woman after delivery.

Data processing and analysis

Data collected were processed and analyzed with the statistical software EPI DATA Version 3.2.5. Numbers, proportions, medians, means and standard deviations (SD) were first determined. After, we used the chi-square and reduced-gap tests to determine whether there was a correlation between dependent variables and each of the independent variables. The significance level chosen was 5%.

RESULTS

Socio-demographic characteristics of the sample

Women of the study were aged 17 to 75 years, with an average of 32.83 ± 8.99 years. Table 1 presents other socio-demographic characteristics of the subjects of the study.

 Table 1: Distribution of subjects of the study according to their sociodemographic characteristics.

Profession		
Housewife	251	48.3
Seller/Trader	130	25
Civil servant	92	17.7
Artisan/Worker	35	6.7
Student	12	2.3
Religion		
Christian	357	68.7
Moslem	120	23.1
Animism	35	6.7
None	8	1.5
Body mass index		
Meagreness	94	18.1
Normal	239	46
Slight obesity	52	10
Moderate obesity	73	14
Grave obesity	62	11.9

Gynecological and obstetrical characteristics

Number of pregnancy and delivery of women of the study varied from 1 to 12. Average of these obstetric parameters was respectively 5.41 ± 2.01 and 5.42 ± 2.16 . Table 2 presents other gynecological

and obstetrical characteristics of women of the study.

 Table 2: Distribution of patients of the study according to their gynecological and obstetrical characteristics.

	Numbers	Percentages(%)
	6.7	
Natural way	413	79.5
Ceasarean	61	11.7
Natural way and Ceasarean	46	8.8
Instrumental help of deliv	very	
None	434	83.5
Ceasarean	61	11.7
Forceps	15	2.9
Episiotomy	10	1.9
Complaints after delivery		
Urinary incontinence	285	54.8
Organ descent	107	20.6
Faecal incontinence	56	10.8
Sexual disorders	22	4.2
None	50	9.6

Traditional methods of abdominal and perineal support after delivery

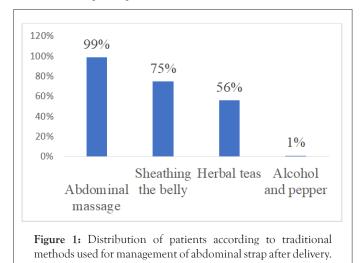
Technics of use: They are presented in Table 3.

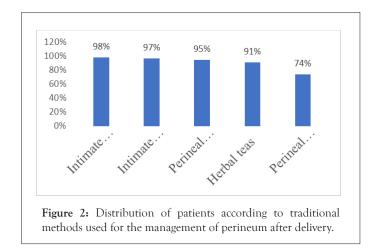
Table 3: Distribution of subjects of the study according to parameters of their interest to the use of traditional methods for the management of perineum and abdominal strap.

	Perineum Abdominal strag		inal strap	
	Numbers	Percentages	Numbers	Percentages
Rythm of use				
Always	515	99	512	98.5
Sometimes	3	0.6	3	0.6
Never	2	0.4	5	0.9
Intensity of use				
Maximal	415	79.8	155	29.8
Moderate	80	15.4	305	58.7
Slight	23	4.4	55	10.6
None	2	0.4	5	0.9
Motif of use				
Ignorance of physioth	507	97.5	510	98.1
Satisfaction of spouse	492	94.6	180	34.6
Financial reasons	466	89.6	412	79.2
Tradition	388	74.6	309	59.4
Expressions from others	207	39.8	434	83.5
Professional reasons	181	34.8	154	29.6

Page 3 of 5

Methods used: They were started generally 24 hours after delivery, twice daily for an average of 6 weeks (2 to 12 weeks). Figures 1 and 2 show the distribution of patients of the study according to the traditional methods used after delivery for the management of abdominal strap and perineum.





Factors associated to the use of traditional methods of taking care of abdominal strap and perineum

Were significantly associated with the use of methods of abdominal strap the mode of delivery and instrumentation use for the delivery. But only the latter was associated with the use of methods for perineum. Table 4 presented the link of parameters with the use of traditional methods of taking care of abdominal strap and perineum.

DISCUSSION

Characteristics of the sample

Only 17% of women of the study are civil servants. This is a situation to be deplored. Indeed, in our cultures, if the overall schooling rate is low, it is particularly among women and very few of these women reach a level that can allow them to access positions of responsibility. Therefore, even educated women are generally subject to domestic activities and child-rearing.

Approximately, a third of women of the sample had obesity. In our cultures, obesity of housewife is generally considered to be the witness of a good maintenance from her husband. This relatively small proportion of obese women in our series may be related to the lifestyle of our study's population. Indeed, these are mainly women from rural areas, therefore everyday certainly forced to intense physical activities and who are in precarious socio-economic conditions.

The number of pregnancy and delivery of women in the study reached a dozen. You would think that these are specific markers of very rural environments, especially in the 21st century. But in Ireland, similar proportions have been reported [8].

After delivery, these women reported various complaints. These are urinary incontinence (55%), organ descent (21%) and faecal incontinence (11%). The proportions of these complaints are considerable, compared to those of works of Western countries, even since 2004, reporting 5 to 32% of complaints [4,6,9,10].

Use of traditional methods after delivery

Almost all of the women in the study (99.5%) used traditional methods to manage perineal and abdominal complaints, after delivery. The reasons cited for adopting these methods were ignorance of the existence of physiotherapy after delivery (98.1%), satisfaction of the spouse (95%), financial reasons (90%), and expressions from others (83%), perpetuation of the tradition (75%). These traditional methods used were started the day after delivery, were twice daily and lasted 2 to 12 weeks.

The most used methods for the abdominal strap were massaging belly with a loincloth dipped in hot water (99.5%), sheathing the belly with a loincloth (75%) and taking herbal teas (56.5%). The most applied for the perineum were mainly intimate toilet with hot water and traditional soap "Koto" (99%), sitting position on a pot of hot water (96%) with for variants the addition of "camphor" or herbal teas in hot water and 98% for jets of hot water launched by a third party in the perineal region after intimate cleansing. 92% of women also used infusions of plants or herbal teas for therapeutic purposes for the perineal region.

In China, the practice of traditional methods after delivery consists in the eviction of cold and domestic work, consumption of food rations consistent but not protein [11].

	Use of methods for abdominal			Use of methods for perineum		
	Yes	No	р	Yes	No	р
Age						
Mean ± SD	32.72 ± 9.01	32.88 ± 8.99	0.98	32.70 ± 9.01	32.90 ± 8.98	0.96
Profession			0.67			0.78
Civil servants	92	0		91	1	
Others	426	2		424	4	
Religion			0.67			0.61
Christian	356	1		354	3	
Moslem	119	1		118	2	
Others	43	0		43	0	
Corpulence			0.83			0.93
Normal	46	0		45	1	
Abnormal	472	2		470	4	
Number of delivery			0.98			0.98
Mean ± SD	5.40 ± 2.17	5.44 ± 2.16		5.40 ± 2.16	5.43 ± 2.17	
Mode of delivery			0			0.49
Natural way	413	0		410	3	
Caesarean	59	2		60	1	
The 2 modes	46	0		45	1	
Delivery with instrum	entation		0.03			0
Yes	84	2		82	4	
No	434	0		433	1	

Table 4: Study of factors associated with the use of traditional methods of taking care of abdominal strap and perineum.

In Haiti, the birth of a child being considered a divine blessing, it was important to accompany it with religious rites for the protection of the mother and the newborn. Among these traditional treatments, there were the baths of the leaves, of vapors or the ingestion of herbal teas after childbirth, the prayers of deliverance [12,13]. In Nigeria, 44% of women give birth in churches, fearing spiritual attacks [14]. The practices of abdominal straps and perineum are therefore very variable according to continents and even countries.

Whether it was the abdominal strap or the perineum, none of the socio-demographic or clinical factors were associated with the use of traditional methods. So these are practices rooted in our culture. Age, profession, religion or even the number of pregnancy could not hinder it. These results are consistent with those of the literature review, these practices being observed in both rural and urban areas [11,14].

CONCLUSION

After delivery, taking care of perineum and abdominal strap worries women. For that, they use various traditional methods. These are generally technics perpetuated from generation to generation and for which questions have not yet been carried out to assess their effects, whether they are beneficial or harmful. This is a worrying problem given that it has already gone through centuries, therefore probably almost impossible to eradicate morals.

ACKNOWLEDGMENTS

We sincerly thank all women who agreed to participate to this study.

CONFLICT OF INTEREST

None.

REFERENCES

- Costa J, Cantrelle P, Idore G, Ossen O, Idore P. Cultural, social and behavioural determinants of health and their mechanisms: Report of related programs. Health Trans Rev. 1990;90(2):534-541.
- 2. Bukar M, Jauro YS. Home births and post natal practices in Madagali, north-eastern Nigeria. Niger J Clin Pract. 2013;16(2):232-237.
- Schytt E, Lindmark G, Waldenstrom U. Physical symptoms after childbirth: Prevalence and associations with self-rated health. BJOG. 2005;112(2):210-217.
- Christianson LM, Bovbjerg VE, McDavitt EC, Hullfish KL. Risk factors for perineal injury during delivery. Am J Obstet Gynecol. 2003;189(1):255-260.
- De Leeuw JW, Vierhout ME, Struijk PC, Hop WC, Wallenburg HC. Anal sphincter damage after vaginal delivery: Functional outcome and riskf actors for fecal incontinence. Acta Obstet Gynecol Scand. 2001;80(9):830-834.
- Meyer S, Schreyer A, De Grandi P, Hohlfeld P. The effects of birth on urinary continence mechanisms and other pelvic-floor characteristics. Obstet Gynecolo. 1998;92(4 Pt 1):613-618.

- Fodstad K, Staff AC, Laine K. Sexual activity and dyspareunia the first year postpartum in relation to degreef perineal trauma. Int Urogynecol J. 2016;27(10):1513-1523.
- Fitzpatrick M, Cassidy M, O' Connell PR, O' Herlihy C. Experience with an obstetric perineal clinic. Eur J Obstet Gynecol Reprod Biol. 2002;100(2):199-203.
- 9. Boyle R, Hay-Smith EJ, Cody JD, Morkved S. Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women. Cochrane Database Syst Rev. 2012.
- 10. Dumouline C. Physiotherapy for persistent post-natal stress urinary incontinence randomized controlled trial. Obstet Gynecol. 2004;104(5):504-510.

- 11. Raven UH, Chen Q, Tolhurst RJ, Garner P. Traditional beliefs in the postpartum period in Fujian Province China: A qualitative study. BMC Pregnancy Child Birth. 2007;7:8.
- 12.Gage AJ, Calixte MG. Effects of the physical accessibility of maternal health services on their use in rural Haiti. Population Studies. 2006;60(3):271-288.
- 13.De Boer HJ, Lamxay V, Bjork L. Steam sauna and mother roasting in Lao PDR : Practices and chemical constituents of essential oils of plant species used in postpartum recorvery. BMC Complement Altern Med. 2011;11:128.
- 14. Etuk SJ, Itam IH, Asuquo EE. Role of the spiritual churches in antenatal clinic default in Calabar Nigeria. East Afr Med J. 1999;76(11):639-643.