

Newborn Bathing Practices among Mothers in Ado-Ekiti, Ekiti State, South-West, Nigeria

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Abstract:

The neonatal period is the most delicate period in human existence during which neonates are highly vulnerable to diseases and death. The frequency and methods of bathing the newborn can expose them to hypothermia, thus increasing the risk of illness and death. The study investigated the practices of bathing the newborn among mothers in Ekiti state. Descriptive design was adopted for the study, 294 postnatal mothers who were selected via purposive sampling technique served as the sample in the study. Self-designed questionnaire that has scaled through validity and reliability test was used for data collection. Analysis of data was done using Statistical Package of Social Sciences (SPSS) version 25. The age of these mothers ranged between 16 and 45 with the mean age of 28.36 years, SD= 6.313. Overall, 110 (37.4%) bathed their newborns before the first 24 hours of life frequency of subsequent bathing of the baby, 146 (49.7%) mothers bathed babies once daily, while 144 (49%) mothers bathed their babies twice daily and the remaining 4 (1.4%) mothers bathed three times daily while majority spend a lot of time on baby bathing practicing some cultural rituals. It was concluded that bathing the baby is a process that has the tendency to expose the newborn to hypothermia.

Keywords: Hypothermia, Neonate, Bathing, Mothers,

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Introduction

The neonatal period is the most delicate period in human existence because neonates are highly vulnerable to diseases and death (Oluwayemi, et al, 2014). In 2018 alone, 2.5 million babies died around the world during the neonatal period; this is about 47% of all death of under five children in that year (United Nations Inter-agency Group for Childhood Mortality Estimation (UN-IGME), 2019). Neonatal hypothermia is a common risk factor that has contributed significantly to the high neonatal morbidity and mortality rates especially in developing countries (Bayih, et al, 2019). Hypothermia increases neonatal mortality by up to 80% per every one degree Celsius (1°C) decrease in the temperature of the newborn's body (Onalo, 2013). This is because neonates cannot easily regulate their bodies' temperature; they tend to lose heat comfortably due to large body surface area and poor thermoregulation. The size and level of development of the newborn at birth and the mode of delivery determine the thermoregulatory capacity of the newborn (Oluwayemi, et al., 2014). In response to the high rate of neonatal hypothermia especially in developing countries, many health interventions had been put in place but there seems to be slow progress despite all the interventions. One of those interventions is the advocacy of the World Health Organization (WHO) to delay bathing, which means that the baby should not be bathed until 24 hours after delivery or at least, there should be a waiting period of about 6 hours after delivery in cases where for cultural reasons, 24 hours seems too long (WHO, 2017). This is to allow the newborn to be clinically stable.

In most African countries and other developing parts of the world including Nigeria, bathing the baby is a cultural procedure that has been transferred from generation to generation due to a general belief that a baby that is not bathed properly will smell bad as an adult. It is also important to note that cultures, traditions and beliefs prevailing among Nigerian communities place important influences on newborn care practices by women and families (Adelaja, 2011). Studies have been focusing on a baby's first bath and it has been found that there is poor adherence to health interventions relating to this in many African countries (Mardini et al., 2020; Colwell, 2015; Kebede, 2022). Focusing on the first bath of the baby, even if it is strictly adhered to, will not be enough to control neonatal hypothermia. Although neonatal care is usually initiated in health facilities or wherever the newborn is delivered, the overall results are strongly affected by how the care is done at home after the newborn has been discharged to go home with the parents. Most of the time, a neonate is discharged from the hospital within twenty-four to forty-eight hours after delivery, after which neonatal care continues at home. How a neonate will be cared for at home depends significantly on the caregivers. When a caregiver is absolutely culturally inclined, neonatal care will be sub-optimal.

Bathing the baby is one of the major areas that are negatively influenced by culture and traditional beliefs. According to Adedini, et al (2014), "cultural beliefs and practices are important reasons responsible for poor adherence to health interventions including 'delay first bath intervention". The cultural aspects of bathing the baby have been there for centuries; it is based on observations, trial and error and has been transferred from one generation to another generation. However, different cultures have different procedures in bathing the babies which are not considered as part of ways to expose the newborn to cold



(Adejuyigbe et al., 2015). It is not unlikely that it has been partly responsible for poor outcomes of neonatal care over the years.

Post-delivery support is very important to all newly delivered mothers and African women seem to be very supportive in this regard. Postnatal mothers are always surrounded by people who are readily available to offer help for the newborn with the aim of allowing mothers of newborns to have lots of rest and to recover fully from the stress of pregnancy, labour and delivery (Iganus et al., 2015). The study of Aubel (2011) revealed that extended family members, especially paternal grandmothers, were a significant source of support for parents in the care of their infant. Therefore, in Nigeria, paternal grandmothers are always around postnatal mothers to provide them with the needed supports and assistance. They help in bathing the baby, caring for the cord and feeding the baby. The frequency of bathing the newborn could increase the risk of hypothermia in newborn. This study hence was conducted to find out the neonatal thermal care among postnatal mothers in Ekiti state.

Statement of the Problem

The traditional methods of bathing the baby takes a lot of time during which a neonate is exposed to cold; and in most cases, it is done twice or more daily. Bathing the baby has been associated with neonatal hypothermia (Colwell, 2015). Aside the first bath, frequency of baby bathing and methods used at home after the newborn had been discharged from the hospital is crucial to development of hypothermia during the neonatal period. Often as a midwife, the index researcher has seen many neonates brought back to the hospital a few days after discharge with hypothermia, overwhelming sepsis, burn injuries, and so on, and the occurrence of these is usually linked to baby bathing procedures. Till date, in spite of improved antenatal care and health education activities during antenatal classes, improved utilization of skilled birth attendants at deliveries; neonatal morbidity and mortality rate is still very high in Nigeria. It is not unlikely that home care is wrecking a lot of havoc as the home care of the newborn is still embedded in culture and taboos and it is dominated by older relatives especially the grandmothers. Little wonder why Nigerian neonatal mortality records remains among the worst in the world. It is therefore pertinent to understand the practices of baby bathing and associated factors.

Research Objective

The main objective of the study was to examine neonatal bathing practices among mothers in Ekiti State, Nigeria. Specifically, the study sought to:

1. assess the practice of first bathing of the baby;
2. investigate subsequent baby bathing practices; and
3. identify factors affecting baby bathing practices among mothers in Ekiti State.

Research Questions

1. What is the practice of baby's first bath?
2. How were subsequent baths done?
3. What are the factors affecting bathing practices?

Research Methodology

The study was a cross sectional descriptive research that examined neonatal bathing practices among post natal mothers in Ekiti State. All postnatal mothers in the first six week post-delivery who presented for the first or the 6th week immunization served as the



population for the study. Purposive sampling technique was used to select 294 mothers of newborns who had come for 6th week immunization in two selected primary health centres in Ekiti State. Inclusion and exclusion criteria were; mothers of newborns between the age of 0 to six week who have come for first or second immunization and were willing to take part in the research while mothers whose babies were older than six weeks even if they have come for first or second immunization were excluded from taking part in the study.

The research instrument was a self-structured questionnaire comprised of three sections. Section 'A' was designed to collect the demographic information of the respondents while section 'B' was designed to collect information on the practices related to bathing the newborn and section C contains well designed questions on factors associated with practices of bathing the baby. The instrument was subjected to face and content validity measures by giving the instrument to experts in the field of study for thorough examination of contents. After review, irrelevant items were removed while others were modified to fix into the research questions. The instrument was pre-tested among 20 new mothers in a private hospital and the Reliability coefficient was calculated to determine internal consistency and Cronbach Alpha coefficient score of 0.72 was obtained which was high enough to consider the instrument reliable.

Permission to collect data and introduction was taken from appropriate ethical approval authority. Verbal consent was gotten from the participants after explaining the purpose of the study to them. The study was done between May and October, 2022. Mothers of newborns who had come for immunization in two selected primary health centres in Ekiti State and had volunteered to take part in the study were enrolled and the questionnaire was administered on them. Data was presented, coded and entered into Statistical package for Social Sciences (SPSS) version 25.0 for descriptive analysis of frequency counts and percentages, and presented as tables and graph.

Results

Demographic variables: Three hundred questionnaires were distributed and were all returned but six were badly filled. The remaining two hundred and ninety four questionnaires that were well filled were subjected to analysis. The age range of the respondents were from 16 to 45 years with a mean age of 28.36 (SD= 6.313). Most of the mother 134 (45.6%) completed secondary school education, also, 272 (92.5%) were married, 256 (87.1%) were Christians.

Table I: Mothers' Obstetrical History

Variables						
How many children do you have? (Parity)	One child 112 (38.1%)	Two 72 (24.5%)	Three 58 (19.7%)	Four 34 (11.6%)	Five 12 (4.1%)	Others 6 (2.1%)
Where did you receive ANC	None 6 (2.0%)	Mission 98 (33.3%)	PHC 129 (43.9%)	Private 36 (12.2%)	General 15 (5.1%)	Teaching 10 (3.4%)
Where did	Home	Mission	PHC	Private	General	Teaching



you born this baby	14 (4.8%)	95 (32.3%)	125 (42.5%)	34 (11.6%)	18 (6.1%)	8 (2.7%)
What was the mode of delivery	Normal 243(82.7%)	C/S 51(17.3%)				

Table 1 showed that 112 (38.1%) were primipara, while 72 (24.5%) were para 2, and 58 (19.7%) were para 3, the remaining were para 4 and above. Furthermore, 6 (2.1%) mothers did not received antenatal care during the pregnancy of the index child, almost half of the total respondent 129(43.7%) received antenatal care in primary health care centres, 98 (33.7%) received care in mission houses under the care of Traditional Birth Attendants, however 36 (11.6%) were cared for in private hospital, and 15 attended general hospitals and the remaining 10 were attended to in teaching hospitals. On where the index child was delivered 14 (4.8%) delivered at home, 95 (32.3%) delivered in mission houses, 125 (42.5%) delivered in primary health care centres, 34 (11.6%) delivered in private hospitals, 18 (6.1%) delivered in general hospital while the 8 (2.7%) delivered in teaching hospitals. On mode of delivery, 243 (82.7%) had spontaneous vaginal deliveries and 51(17.3%) had Caesarean section.

Table 2: Babies' first bath

		Yes	%
1. How soon after birth do you bath for your baby	within the first hour of life	110	37.4
	Between 2 to 6 hours after birth	68	23.1
	After the first 24 hours of life	116	39.5
2. Where was the first bathing of the babies done?	In the hospital	92	31.3
	In mission houses	90	30.6
	At home	112	38.1
3. Who gave the first bath to your baby?	Self	10	3.4
	Mission women	80	27.2
	Health workers	92	31.3
	Grandmothers	112	38.1

Table 2 shows the pattern of the babies' first birth. When asked about the timing of the first birth, 110 (37.4%) mothers had their babies bathed within the first hour of life, while 68 (23.1%) bathed their babies after at between 2 and 6 hours after birth, the remaining 116 (39.5%) mothers bathed their baby after the first 24 hours of life. The first bathing of the babies were done in the hospitals in for 93 (31.3%) babies and 90 (30.6%) babies had first birth in mission houses while the remaining 112 (38.1%) babies had their first bathing done at homes. All the babies who were bathed at home had it done by grandmothers.

Table 3: Subsequent bathing of the babies

Variables	Categories	F	%
How often do you bathe your baby?	a. Once a day	146	49.7
	b. Twice a day	144	49
	c. Thrice a day	4	1.4
How do you do the bathing?	a. Use sponge and soap everyday	290	98.8
	b. Use sponge and soap sometimes	2	0.7
	c. Use only soap and water	2	0.7
Types of water use	a. Warm water	282	95.9
	b. Cold water	12	4.1
Who usually bathe the baby?	a. Self	66	22.5
	b. Grandmother	222	75.5
	c. Others	6	2.0
What other thing do you do alongside bathing your baby?	a. Nothing else	46	15.7
	b. Body massaging	248	84.4
	c. Dimple making	48	16.3
	d. Head molding	130	44.2
	f. Cord massaging	130	44.2
	g. Limb stretching	152	51.7
	h. Powder application	180	61.2

Table 3 shows the result of answers on subsequent bathing of the baby. On frequency of baby bathing at home, 146 (49.7%) mothers bathed babies once daily, while 144 (49%) mothers bathed their babies twice daily and the remaining 4 (1.4%) mothers bathed three times daily. Mothers/ mother-in-law did the bathing for 222 (75.5%) while 66 (26.4%) mothers of their newborn did the bathing by themselves. Other people such as community women, friends and neighbours bathed for 6 (2%) babies. Furthermore, 290 mothers bathed their babies with sponge and soap everyday while 2 (1.4%) mothers use only soap and water and the remaining 2 (1.4%) use soap and sponge sometimes and sometimes not. On the type of water used to bathe the baby, 282 (95.9%) mothers bathed babies with warm water and 12 (4.1%) mothers used cold water to bath their babies. When asked the question "Do you do any other things after bathing your baby?" 46 (10.8%) mothers said they didn't perform any bathing rituals. 248 (89.2%) mothers said they practiced body massaging. 48 (17.3%) practiced dimple making. 130 (46.8%) practiced head molding. 180 (64.7%) mothers stated that they applied powder. 130 (46.8%) mothers massaged the cord and 152 (51.7%) practiced limb stretching.

Table 4: Reasons for choosing bathing methods

Item	Variables	Yes	%
Which of these reasons contribute mostly to you choose the way you bath your babies?	Antenatal clinic attendance	139	47.2
	Grandmothers'	132	44.9



	instruction		
	Societal norms	11	3.7
	Personal preference	10	3.4
	Religious practices	2	0.7

Table IV reveals the reasons why mothers choose the methods of bathing the babies; 47.2% indicated antenatal clinic attendance, 44.9% indicated grandmothers' instruction, 3.7% was due to societal norm, while 3.4% claimed personal preference and only 0.7% indicated religion as reasons they choose the methods of baby bathing.

Discussion

This study shows that bathing the baby immediately after delivery is still a common practice in Nigeria. The percentage found in this study is lower than the findings of Adelaja, (2011) who found out that 98.2% of babies were bathed soon after delivery. In this study, 37.4% bathed their babies in the first hour of life, while 23.1% bathed their babies between 2 and 6 hours of life. The improvement could be due to the fact that almost all the respondents in Adelaja's study had home deliveries but in the study over 60% of the deliveries occurred in health facilities.

This study found that almost half of the newborns (49.7%) received soap and sponge bathing once daily and interestingly another 49% do so twice daily while some (1.4%) bathed babies three times daily. Furthermore, few mothers (4.1%) bath babies with cold water as a result of family tradition. These findings provide explanation to why hypothermia is a common reason for neonatal admission to various hospitals and an important cause of mortality in developing countries (Adelaja, 2011). There is need to increase the awareness of hypothermia and its harmful effects on babies so as to enable mothers reduce the frequency of exposing babies to cold, in the name of bathing. The study also found that 75.5% bathing of the babies were done by grandmothers. This finding stresses the importance of involving family members especially grandmothers in health education related to the care of the newborn and to shift paradigm of health education on neonatal care from facility-based health education done during antenatal visit to family based education.

Furthermore, this study found high prevalence of cultural bathing ritual among the respondents. Out of 294 postnatal mothers in this study, only 46 (10.8%) did not engage in the ritual aspect of baby bathing. After normal bathing, 89.2% mothers practiced body massaging, 17.3% practiced dimple making, 46.8% practiced head molding, 46.8% mothers massaged the cord and 51.7% practiced limb stretching. The practice of this cultural bathing ritual further exposes a newborn to cold, as it increase the time that is spent bathing for the baby. This finding is similar to what Adejuyigbe et.al observed in 2015. The similarities in findings buttress the points that there is need for increasing awareness of harmful effects of hypothermia to increase better neonatal thermal care. Although this study did not include whether those bathing ritual have any negative effects but the concern is that babies are further left exposed while all these are been carried out.

On factors influencing newborn bathing practice, antenatal care was mentioned by 47.2%. This may have been the reason behind the high prevalence of delayed first bath found in this study. The presence of grandmothers and instructions from them as a reason for choosing



types of baby bathing practice in 44.9% mothers, further supports the early mentioned reasons why health education program related to newborn care should involve grandmothers who are commonly in custody of newborn care in developing countries.

Conclusion and Recommendations

This study observed that bathing the baby remains a cultural practice and it is done too frequently that it could put newborn into risk of hypothermia. Findings from this study showed bathing the newborn within the first hour of life is remains a common practice, and bathing the newborn is dominated by grandmothers. With this findings, it was concluded that bathing the baby is a process that has the tendency to expose the newborn to hypothermia.

Based on the findings of this study, the following recommendations were made

1. There is need for increasing health education for mothers on dangers of hypothermia.
2. Grandmothers should be involved in health education on care of the newborn.
3. Appropriate media should be used to disseminate information on neonatal care to the general public.

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