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disseminated to health workers and policy makers and their implementation will reduce cord infections including neonatal tetanus and improve infant well-being.

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Table 2: Association between some Socio demographic and clinical characteristics of Mothers and Type of Cord Care Practice

Characteristics	Safe Cord Practice n (%)	Unsafe Cord Practice n (%)	Statistics
Mothers educational Level			
Primary Education	9(40.9)	13(59.1)	$X^2=12.1475$
Secondary Education	34(33.3)	68(66.7)	$P= 0.002$
Post sec. Education	55(57.9)	40(42.1)	
Delivery Settings			
Orthodox setting	84(52.8)	75(47.2)	$X^2= 15.3297$
Non orthodox settings	14(23.3)	46(76.7)	$P= 0.000$
Who influences Mothers			
Health workers	76(58.5)	54(41.5)	$X^2=24.3287$
Non Health Workers	22(24.7)	67(75.3)	$P= 0.000$
			Odds ratio=3.13
			Confidence interval- 1.58 - 6.20

Discussion

Unsafe cord practice is still very common among mothers attending the specified health facilities in southern Nigeria as up to half of those in this study were in that category. This was despite the fact that all mothers had at least primary level of education. Strong attachments to cultural factors in the area may be responsible for this finding. This differed from what was reported in a similar study in south western Nigeria where such practice was only recorded among 33(17.1%) of the women.¹²

Among those who practised safe cord care in the study, two mothers' care was optimal as nothing was applied to the babies' cords. This has been found to be associated with faster cord separation and a reduced bacterial colonization of the stump.^{7,15,16} The two mothers were delivered of their babies in the United States of America where optimal cord care is highly promoted. No mother in a similar study in south western Nigeria was reported to practice this level of cord care¹²

Determinants of safe cord care practice in this study included maternal education ($p=0.002$). The use of safe cord care practice increased with increasing maternal education. Mothers (57.9%) with post secondary education practiced more of safe cord care. This finding was in consonance with that of similar studies in south western Nigeria^{12, 18} but contrasted findings of another study in south-south Nigeria.¹⁹ A major factor documented to play a role in health care seeking behaviour is mother's educational level with several studies reporting a positive relationship between maternal education and care seeking.^{20,21,22} This may perhaps underscore further the importance of female education in ideal healthcare seeking attitude.

Delivery in an orthodox setting was also a determinant of safe cord care practice in the study ($P<0.001$), a finding that agreed with other Nigerian studies^{12,19}. Ninety six (96%)of all mothers in this study with Post secondary education delivered in an orthodox setting .The health education usually given at the orthodox setting to mothers could be the major influence on type of cord care. Mothers delivering outside orthodox health facilities were less likely to benefit from improved antenatal care, more likely to be influenced by other caregivers and stuck to tradition and were more prone to unsafe cord practices.

A significant proportion of mothers (58.5%) who practiced safe cord care were influenced by health workers ($P<0.001$).The fact that health workers have the correct information on safe cord care and pass same to the mothers who were delivered of their babies in the orthodox setting could explain this finding. Others who influenced the mothers including the traditional birth attendants, mothers and mother-in-laws are indeed important personalities in the lives of these mothers and it is therefore not surprising that they would strongly influence them. They could therefore be targeted in the campaign against the use of harmful substances in the treatment of the umbilical cord stumps of babies.

Conclusion

Cord care using unhygienic and unsafe materials such as Vaseline, mentholatum, engine oil and herbs was common among women attending immunization clinics in the selected health facilities in Uyo Senatorial district of Akwa Ibom State. The importance of female education, delivery in an orthodox setting and the role of health workers in the education of mothers on safe cord care practices is highlighted in the study. These findings will be

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FROM THE DEAN'S DESK

The launching of the World Journal of Biomedical Research marks a giant stride in the history of this institution, the University of Uyo, Uyo in Akwa Ibom State of Nigeria. This journal was borne out of a vision of encouraging and promoting high quality, diligent research from our virgin, but dynamic research field.

On behalf of the Editorial Board, I congratulate the Faculty of Clinical Sciences for the successful publication of their maiden issue of this unique journal.

The Faculty of Clinical Sciences was birth nine years ago. As the young faculty gradually grows, it becomes imperative to pool together the rich resource of knowledge that emanates from our research scientists from the various fields of Medicine and Biomedical Science in a systematic and reproducible form.

Our special thanks go to the Vice-Chancellor of the University, other principal officers in the University and the Provost of the College of Health Sciences. Also appreciated is the Editorial team who worked tirelessly to meet up with set targets. The contributors and entire staff of this Faculty are also hereby acknowledged.

This journal will uphold strict and high research ethics, prompt feedback to contributors, precise and dynamic peer review responses, and will abide by standard research guidelines that meet the basic requirements of other international journals. We will also uphold regular bi-annual publications and quality in journal production. This maiden issue incorporated original research articles from immediate faculty members but subsequently, will encompass and accept widespread research papers from other allied faculties and clinicians worldwide.

I am thankful that this noble dream I conceived met with widespread approval and co-operation from other faculty members who participated in various ways to birth it. I will continue to rely on your support and inputs to make this journal a source of rich and useful information that will help proffer interventions which will add quality to the academic and health system reforms. I hope that it makes good reading and adds both quantitative and qualitative knowledge for use in the practice of medicine.

Thank you all.

Dr. Enobong Ikpeme MBBS(Ib), FWACP
 Ag. Dean

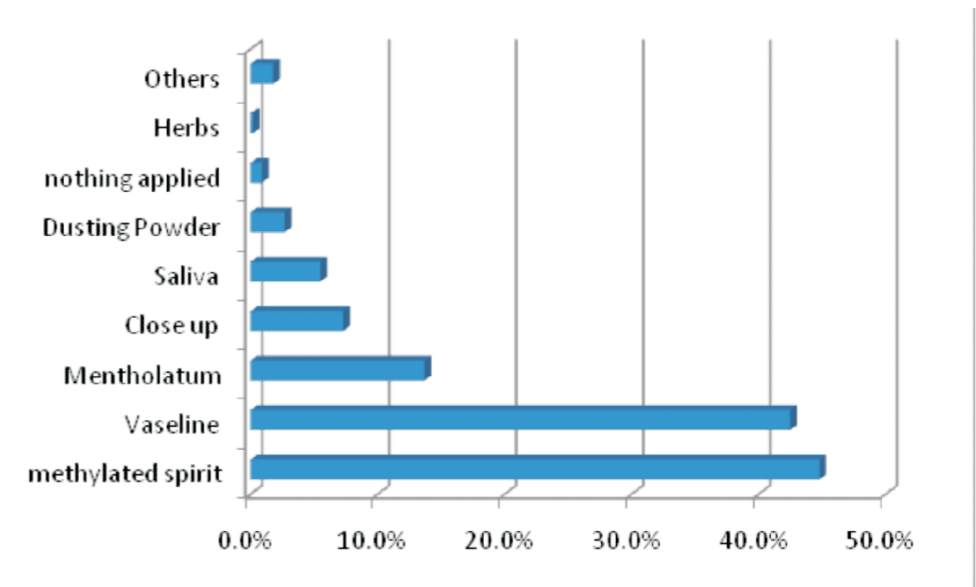


Fig. 1: Substances Applied to Babies' Umbilical Cord of Infants By Mothers in Akwa Ibom State

A total of 119(54.3%) mothers adopted unsafe cord practices while safe cord practice was adopted by 100(45.7%) mothers (Figure 2).

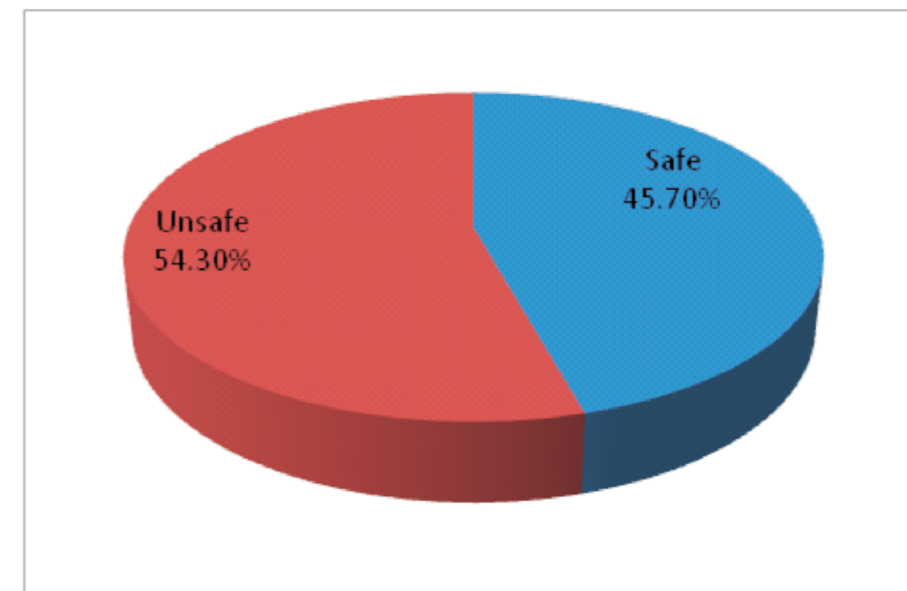


Fig. 2: Type of Cord Care Practiced by Mothers

Determinants of safe cord practices were maternal education at the post secondary level (p=0.002), delivery in an orthodox setting (p<0.001), and health workers influencing cord care practice (p<0.001, OR 3.11, CI:1.59-6.20) (Table 2).

The sample size was determined using the prevalence of beneficial cord care of 82.9% obtained from a similar study in Osogbo, Osun State¹² and substituted in the cross sectional study sample size formula, $n = Z^2 pq/d^2$ to obtain a sample size of 219.

The study population consisted of mothers of infants who attended the immunization/well babies' clinics. Mothers who consecutively presented their babies to the immunization and well baby's clinics in the selected health centres were recruited until the minimum sample size was obtained.

This study used a descriptive cross sectional design to achieve the set objectives. The type of cord care practiced by mothers is classified as optimal if the cord is dry cleaned until the umbilical stump falls off without application of any material^{7,15,16,17}. On the other hand, care of the cord by mothers is regarded as fair if methylated spirit or topical anti microbial agents is applied on the cord for at least twice a day till the umbilical stump dropped off^{15,16,17}. In this study, both the optimal and the fair cord practices were judged as safe cord practice while other applications to the umbilical stump apart from these were judged unsafe. They included the use of hot compress, herbs, native chalk, salt, sand, saliva, palm oil, menthol-containing balm, petroleum jelly, and toothpaste alone or in combination. These unsafe practices were mainly done after discharge from hospital. The study lasted for a period of two weeks.

Data was analysed using Stata version 10 statistical software. Categorical data was summarized into frequencies and percentages. The mean, ranges and standard deviations of continuous variables were determined. Chi square and P value was used to test for association between socio demographic characteristics of the mothers and the type of cord practices at 95% level of significance. Logistic regression was done to determine the factors that predicted safe cord practices by the mothers.

Ethical Considerations

Approval to conduct the research was obtained from the ethical review committee of the University of Uyo Teaching Hospital and the State Ministry of Health, Akwa Ibom State while individual informed consent was obtained from the mothers before data collection.

Results

Two hundred and nineteen mothers were studied. Their ages ranged from 15-42 years (mean of 27.9 ± 5.36 years) with the majority (65.8%) of them in the age group 25-34 years. Up to 46.6% had secondary education. The parity of the mothers ranged from 1 to 8 (mean of 2.29 ± 1.36) and majority (63.5%) had more than one child. A greater proportion of the mothers (60.7%) were of the Ibibio tribe and 72.6% delivered their babies in an orthodox setting. Only

2(0.9%) mothers were delivered of their babies in the United States of America. More than half (59.4%) of the mothers were influenced by health workers on method of caring for the cord. (Table 1)

Table 1: Socio demographic and clinical characteristics of Mothers in Akwa Ibom State (n=219)

Characteristics	Frequency (n)	Percentage (%)
Mothers Age(in years)		
Less than 25	49	22.4
25-34	144	65.8
35-44	26	11.9
Mothers Educational Level		
Primary education	22	10.0
Secondary education	102	46.6
Post secondary education	95	43.4
Parity		
One child	80	36.5
More than one child	139	63.5
Place of Delivery of index Baby		
Teaching Hospital	91	41.6
Traditional Birth Attendant	39	17.8
Primary Health Centre	27	12.3
Private Hospital	22	10.0
General Hospital	19	8.7
Church	17	7.8
Delivery settings		
Orthodox	159	72.6
Non Orthodox	60	27.4
Tribe		
Ibibio	133	60.7
Annang	33	15.1
Igbos	29	13.2
Oron	9	4.1
Others	15	6.8
Who influence mothers		
Health Workers	130	59.4
Traditional Birth Attendant	35	16.0
Mothers	34	15.5
Mother-inlaws	5	2.3
Sisters	4	1.8
Others	11	5.0
Country of delivery		99.1
Nigeria	217	0.9
USA	2	

Only 2 mothers (0.9%) dry cleaned the cord until the stump fell off while 195(89.0%), 93(42.5%), and 30(13.7%) mothers applied methylated spirit, Vaseline and mentholatum respectively. Up to 5(2.3%) mothers admitted applying engine oil, ash, herbs and other substances to their babies' cords. (Figure 1).

Table of Content	Page
From the Dean's Desk	
Original Articles	
Abasiubong F, Idung AU, Udoh SB, Umoh KA Coping Strategies and Levels of Stress in Newly Diagnosed Persons Living with HIV/AIDS in Niger Delta region, Nigeria	1
Ekwere TA, Ino-Ekanem MB, Ibanga IA, Akpan IS, Ogunsanya ID, Ekanem EE, Essien EM Risk Factors For Deep Venous Thrombosis Among Patients in a Tertiary Hospital, South-South, Nigeria	10
Atting IA, Inyangudo EI, Eyo CS Malaria perception, its vector control and the implication to elimination of the disease in Uyo, Niger-Delta, Nigeria	15
Abudu EK, Anunobi CC, Inyang-Etoh EC, Abdulkareem FB Clinical and Pathological Characteristics of Colorectal Carcinoma Among Patients in a Tertiary Health Institution in South-West Nigeria	21
Moses AE, Idang IO, Onwuezobe IA <i>Escherichia coli</i> Colonisation in Neonates, Mothers and Healthcare Workers: The University of Uyo Teaching Hospital Experience	27
Udoh SB, Idung AU, Abasiubong F, Akingunola O, Umoh K Pattern of Gynaecological Disorders Among Adolescent Girls Attending a Family Practice Out-Patient Clinic, South West, Nigeria	32
Megbelayin EO, Abraham EG, Akpan SI Ocular Health Status of Automobile Technicians and Auto Spare-part Traders in Mechanic Village, Uyo, Nigeria	38
Umoh KA, Abasiubong F Screening for Common Mental Disorders in a Family Medicine Outpatients Clinic in a Tertiary Hospital in Nigeria	43
Edubio MN, Etuk EB, Usendia I Perioperative Anaphylaxis to purit®-Alcohol Solution in an Asthmatic	48
Abasiubong F, Ukpong DI, Udoh SB, Idung AU Psychological Distress Amongst Relatives of Kidnapped Victims in Uyo, a Community in Niger Delta region, Nigeria	51
Umoh VA, Alasia DD Lung function and disease control among asthma patients in Uyo, South-Eastern Nigeria	57
Ekanem AM, Johnson OE, Akwaowo CD, Motilewa OO Determinants of Cord Practices among Mothers Attending Selected Health Facilities in Southern Nigeria	62
Instruction to Authors	

Coping Strategies and Levels of Stress in Newly Diagnosed Persons Living with HIV/AIDS in Niger Delta Region, Nigeria

*Abasiubong F¹, Idung AU², Udoh SB², Umoh KA²

Abstract

Increasing incidence of stress in people living with HIV/AIDS is attributable to uncertainty about cure. Improving the psychological wellbeing of the victims may raise hope and enhance a better quality of life.

The purpose of this study was to assess the coping strategies and levels of stress in persons living with HIV/AIDS in Niger Delta Region, Nigeria. This was a cross-sectional prospective study. A convenience sample of 375 newly tested HIV-seropositivity patients at the HIV Clinic, University of Uyo Teaching Hospital were assessed for coping strategies and the levels of stress at two points in time four weeks apart using the COPE and Perceived stress Questionnaires (PSQ). The mean age for males was 37.8±3.9 and females 29.2±1.7. Stress levels were less in respondents using adaptive coping strategies such as social supports mean score: 9.7±1.2 first assessment and 4.9±2.1 second ($t=1.71$; $p=0.001$); religion 8.5±1.2/ 5.1±2.1 ($t=2.43$; $p=0.664$); humour 11.8±2.1/6.3±1.2 ($t=1.11$; $p=0.015$); acceptance 5.4±1.1/4.2±1.2 ($t=1.03$; $p=0.609$) and positive reframing 5.1±1.0/4.8±1.4 ($t=1.07$; $p=0.485$). The levels were increased in denial mean score: 13.5±2.1/17.5±2.2 ($t=4.09$; $p=0.001$); suppression of competing activities 8.4±1.8/9.9 ±2.1 ($t=1.705$; $p=0.545$); restraint 4.9±1.0/6.5±1.3 ($t=3.41$; $p=0.110$); planning 9.1±1.4/11.3±2.6 ($t=2.33$; $p=0.532$); self-distraction 9.1±2.7/9.9±2.0 ($t=0.376$; $p=0.065$) and behavioural disengagement 8.3±1.0/9.2±1.8 ($t=1.07$; $p=0.280$). Adaptive coping strategies were negatively correlated with levels of stress ($r=0.415$, $p=0.001$). This study suggests that strengthening and promoting adequate coping strategies in people living with HIV/AIDS may serve as effective strategies for improving the psychological well-being and quality of life.

Keywords: Coping Strategies; HIV/AIDS; Psychological distress; Patients; Nigeria.

Introduction

HIV/AIDS epidemic is one of the most serious public and social challenges facing the world in recent times. It is reported to be a major cause of disease burden, especially in countries least able to put in place appropriate measures for its prevention and control¹. Evidence suggests that despite the emergence of anti retroviral therapy (ART), it has continued to be the most dreaded medical conditions worldwide². This may have explained why individuals being informed suddenly of HIV seropositivity often exhibit negative and maladaptive health behaviour, leading to increased levels of stress. The social and economic consequences especially in poor countries are overwhelming, with respect to impaired capacity building and diminished economic growth^{3,4}. In highly endemic sub-Saharan African countries, where more than 60% of people living with HIV/AIDS are living, adequate resources for care are lacking⁵. This may be due to the dearth of basic healthcare infrastructural facilities, resulting in poor standard of healthcare services. As a result, care of the people living with HIV/AIDS is primarily the responsibility of individuals and families. This could be disastrous in

that it may be difficult for these people to meet their health needs. This may have wider implications in the quantity (life expectancy) and quality of life of people living with the disease. Therefore, there is need to focus on self-inherent strategies, which if explored and used effectively can reduce associated distress in people living with HIV/AIDS.

Until recently improvement of quality of life in people living with HIV/AIDS in Nigeria, like in many developing countries was measured largely on the availability of anti-retroviral medications. However, in the face of increasing level of corruption, which has transcended all facets of life, affordability of these drugs is becoming increasingly difficult. The situation is compounded by the general lack of enthusiasm and unwillingness on the part of the international donors to continue to offer assistance. This has impacted negatively on the quality of life in people living with HIV/AIDS. It has therefore become imperative to focus on strategies that could enhance positive health behaviours and help people cope with the distress. The learning and use of these strategies seem to be crucial for the people living with HIV/AIDS, especially in Nigeria. This is because of the high level of poverty and the depreciating standard of healthcare facilities and services.

Coping strategies are dynamic cognitive and behavioural efforts used by individuals to adapt to the demands or burden resulting from chronic or life-threatening conditions⁶. This is important in many incurable conditions like HIV/AIDS, because emotional reactions to these illnesses are often influenced by health attitude⁷. These attitudes are

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Determinants of Cord Practices among Mothers Attending Selected Health Facilities in Southern Nigeria

*Ekanem, AM, Johnson, OE Akwaowo, CD and Motilewa, OO

Abstract

Mothers and care givers use different materials to care for the umbilical stump of their infants. How well this practice is done is an important determinant of the morbidity and mortality of infants and directly affects the achievement of millennium development goal 4. The Objective of the study was to identify the different substances/materials used for dressing of umbilical cord of newborns and to identify factors that determine the adoption of safe methods in the care of umbilical stump of newborns by mothers attending selected health facilities in Akwa Ibom State. A descriptive cross sectional facility based study was carried out among two hundred and nineteen (219) mothers attending two selected Primary Health care facilities in Uyo senatorial district of Akwa Ibom State who consecutively presented their babies to the well baby/immunization clinics of the centres. A structured self and interviewer administered questionnaire was used for the study. Data was analysed using Stata version 10 statistical software. Only 2 mothers (0.9%) dry cleaned the cord until the stump fell off while 195(89.0%), 93(42.5%), and 30(13.7%) mothers applied methylated spirit, Vaseline and mentholatum respectively. Up to 5(2.3%) mothers admitted applying engine oil, ash, herbs and other substances to their babies' cords. A greater proportion of the mothers 119(54.3%) practiced unsafe cord care while safe cord care was practiced by 100 (45.7%) of the mothers. Determinants of safe cord practices were maternal education at the post secondary level ($p=0.002$), delivery in an orthodox setting ($p<0.001$), and health workers influencing cord care practice ($p<0.001$, OR 3.11, CI :1.58-6.20) . Unsafe cord care practice was predominant in the area. The importance of female education, delivery in an orthodox setting and the role of health workers in the education of mothers and other care givers on safe cord care practices is highlighted in the study. Implementing these findings will reduce cord infections including neonatal tetanus and improve infant well-being.

Keywords: Umbilical cord, care practices, mothers, Uyo.

Introduction

The prevalence of cord infection in newborns ranges from 3-5.5% in most developing countries compared to about 0.5% in developed countries.^{1,2,3} A number of factors contribute to the high incidence of neonatal tetanus and infections in developing countries.^{4,6} Unhygienic circumstances and deliveries conducted by untrained birth attendants and harmful cord care practices are some of the factors implicated.^{7, 4, 8} Umbilical cord infection was also shown to be a precursor to septicaemia in neonates.⁹ With a range of 3-45 days and an average of 13 days reported before the remnant of the umbilical cord falls off,¹⁰ most of the cord care is done at home as majority of the mothers would have been discharged from their places of delivery as at then.

Mothers and other care givers take care of their infants' umbilical cords in various ways especially after discharge from hospital. How well this practice is done is an important determinant of the morbidity and mortality of the infants and directly affects the achievement of Millennium development goal 4, reducing child mortality. Several studies have

been conducted to document different cord care practices¹¹⁻¹⁴ where some of these practices were beneficial while others were not. However, there are no published studies on the type of materials applied to the cord, type of cord care practiced by mothers and the determinants of beneficial cord care in southern Nigeria.

This study intends to assess the cord care practices of mothers attending designated health centres in Uyo Senatorial district with the intention of utilizing the findings in developing a health education campaign to be used in the immunization / antenatal clinics, and the mass media with a specific content to correcting the harmful cord stump practices in the study locale and reinforcing the beneficial ones.

Materials and Methods

The study area was the immunization/well babies' clinics of two primary health centres in Uyo senatorial district in Akwa Ibom State of Nigeria. Akwa Ibom State is one of the 36 states of the Federal Republic of Nigeria. It is located in the South South geopolitical zone of Nigeria with Uyo as its capital. It has three (3) Senatorial districts of which Uyo Senatorial district is one. The Senatorial district has 9 local government areas.

Two health centres were purposively selected in two local government areas in Uyo Senatorial district namely the health clinic in the department of community health of the University of Uyo teaching hospital, in Uyo local government area and another at West Itam, Itu local government area of Akwa Ibom State.

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