

**FACTORS CONTRIBUTING TO LOW UTILIZATION OF POSTNATAL
CARE SERVICES AMONG MOTHERS ATTENDING
MWIZI HEALTH CENTRE III, MWIZI SUB
COUNTY, MBARARA DISTRICT**

BY

AHABWE SHEILA

M16/U011/DNE/004

**RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND
MIDWIVES COUNCIL IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE AWARD OF DIPLOMA IN
NURSING SCIENCES OF KAMPALA
INTERNATIONAL
UNIVERSITY**

OCTOBER 2017

ABSTRACT

Postnatal care is regarded as one of the most important maternal health care services for the prevention of impairment and disabilities resulting from the childbirth. Postnatal services refers to measures undertaken after birth to ensure good health of the mother and child. Postnatal refers to the period immediately after birth up to six weeks.

The main objective of this study was to identify the factors contributing to low utilization of postnatal services by mothers at Mwizi health Centre III.

A descriptive and cross sectional design was employed and 50 respondents were selected using simple and random sampling procedure. Data was collected using an interview guide.

Results were analyzed using tables graphs and pie charts. Majority of the respondents had some knowledge about the postnatal services offered and had delivered their babies from home/TBAs. Respondents faced various individual factors like lack of transport to the health Centre and failure of their partners to encourage them to attend postnatal clinics. Respondents also faced various institutional factors contributing to low utilization of postnatal services such as long waiting hours at the postnatal clinic, long distance from the health Centre and inadequate sensitization of mothers by health workers about the importance of postnatal services.

In conclusion, the researcher noted although respondents were knowledgeable about some aspects of postnatal services they faced various factors which contributed to low utilization of postnatal services.

There is need therefore for more sensitization and health education of mothers on the importance of ensuring the use of postnatal services.

COPYRIGHT

Unpublished research report submitted to Kampala International University School of Nursing and deposited in the Library, are open for inspection, but are to be used with due regard to the rights of the author. The author and Kampala International School of Nursing grant privilege of loan or purchase of microfilm or photocopy to accredited borrowers provided credit is given in subsequent written or published work.

Copyright © (2017) by Ahabwe Sheila

DECLARATION

I **Ahabwe Sheila** declare that this research report is entirely my own work, apart from where references have been made of published literature. The information contained in this report has never been presented for any academic award in any institution.

Signature.....

Date.....

AHABWE SHEILA

APPROVAL FOR SUBMISSION

SUPERVISOR'S APPROVAL

This research report has been produced under my close supervision and I therefore recommend it for submission in further consideration.

Signature.....

Date...../...../.....

MR TURYASINGURA JOHNNAN

(RCN, BScN)

KIU- WC-SONS

DEAN'S APPROVAL

Signature.....Date...../...../.....

MS KABANYORO ANNET

(DEAN SCHOOL OF NURSING SCIENCES

KAMPALA INTERNATIONAL UNIVERSITY-WESTERN CAMPUS

DEDICATION

I dedicate this work to my beloved parents Mr & Mrs Turinabo Stephen. Thank you for the love and support you gave me throughout my studies. I would like also to dedicate this work to my friends Scovia, Dickson, Doreen, Ruth, Arthur, Norah, Didas and others. Thank you all for the contribution you have made in my studies.

ACKNOWLEDGEMENT

First and foremost I would like to give my gratitude to the almighty God for giving me the opportunity, wisdom and energy through the course of this study. It has been a long and rough journey, and without God's grace I would not have made it to this end. During this long journey, I have also realized that it is not possible to achieve a goal in life and career without the support, mentorship, encouragement and friendship of many caring people. Therefore I extend my thanks to my supervisor Mr. Turyasingura Johnan for his tireless efforts and guidance from the beginning up to the end of this long journey. My sincere thanks to my beloved family of Mr. & Mrs. Turinabo Stephen for their encouragement. To my beloved, caring brothers and sisters Pamella, Jesper, Isabela, Arod, Obed and others for their inputs and support throughout my studies. The long working hours I spent on this journey you never complained about, but you have only shown your love and encouraged me. Thanks also to my classmates for their academic support rendered. Sincere thanks also goes to KIU-WC-SONS administration for financial support.

TABLE OF CONTENTS

Abstract	II
Copyright	III
Declaration	IV
Ahabwe Sheila	IV
Approval For Submission	V
Supervisor's Approval	V
DEAN'S APPROVAL	V
Dedication	VI
Acknowledgement	VII
List Of Figures	XI
List Of Tables	XII
List Of Abbrevations.....	XIII
Operational Definitions.....	XIV
1.0 INTRODUCTION.....	1
1.1 BACKGROUND OF THE STUDY	1
1.2 STATEMENT OF THE PROBLEM	3
1.3 PURPOSE OF THE STUDY	4
1.4. SPECIFIC OBJECTIVES.....	4
1.5. RESEARCH QUESTIONS.....	4
1.6 JUSTIFICATION OF THE STUDY	5
Chapter Two: Literature Review	6
2.0 INTRODUCTION.....	6
2.1. LEVEL OF KNOWLEDGE REGARDING POSTNATAL SERVICES	6

2.2 HEALTH FACILITY RELATED FACTORS CONTRIBUTING TO LOW UTILIZATION OF PNC'S	8
2.3 INDIVIDUAL FACTORS CONTRIBUTING TO LOW UTILIZATION OF POSTNATAL SERVICES	10
Chapter Three: Methodology	12
3.0INTRODUCTION.....	12
3.1 STUDY DESIGN AND RATIONALE	12
2.3 STUDY SETTING AND RATIONALE.....	12
3.3 STUDY POPULATION.....	13
3.3.1 Sample Size Determination And Rationale	13
3.3.2 Sampling Procedure And Rationale.....	15
3.4 INCLUSION CRITERIA AND EXCLUSION CRITERIA	15
3.4.1inclusion Criteria.....	15
3.4.2 Exclusive Criteria.....	15
3.5 DEFINITION OF VARIABLES.....	15
3.5.1dependent Variables.....	15
3.5.2 Independent Variables	16
3.6RESEARCH INSTRUMENT	16
3.6.1pre-Testing Of The Research Instrument.....	16
3.7 DATA COLLECTION PROCEDURE	16
3.7.1 Data Management And Quality Control.....	17
3.7.2data Procesing And Analysis	17
3.8ETHICAL CONSIDERATION.....	17
3.9 LIMITATIONS OF THE STUDY	18
3.10 DISSEMINATION OF RESULTS	18
Chapter Four: Results	19
4.1 INTRODUCTION.....	19
4.2 DEMOGRAPHIC DATA.....	19

4.3 KNOWLEDGE OF MOTHERS ABOUT UNDERUTILIZATION OF POSTNATAL SERVICES AT MWIZI HEALTH CENTRE III.	24
4.5 INDIVIDUAL FACTORS CONTRIBUTING TO LOW UTILIZATION OF POSTNATAL SERVICES	30
Chapter Five:.....	34
Discussion, Conclusions, Recommendations And Nursing Implications.....	34
5.1INTRODUCTION.....	34
5.2 DEMOGRAPHIC INFORMATION.....	34
5.3 MOTHERS’ KNOWLEDGE ABOUT POSTNATAL SERVICES OFFERED	37
5.4 HEALTH FACILITY RELATED FACTORS CONTRIBUTING TO LOW UTILIZATION OF POSTNATAL SERVICES.	39
5.5 INDIVIDUAL FACTORS CONTRIBUTING TO LOW UTILIZATION OF POSTNATAL SERVICES	40
5.7CONCLUSION	42
5.8 RECOMMENDATIONS	43
5.8.1recommendations To The Ministry Of Health.....	44
5.8.2 Recommendations For Health Workers At Mwizi Health Centre Iii.	44
5.8.3 Recommendations For Post Natal Mothers At Mwizi Hciiii.....	44
5.9IMPLICATIONS TO NURSING PRACTICE.....	45
References.....	46
Appendices.....	50
Appendix I: Informed Consent Form.....	50
Appendix Ii: Semi-Structuderd Questionnaire.....	51
Appendix Iii: Letter Of Approval	57
Appendix Iv: Map Of Uganda	58
Appendix V: Map Of Mbarara District Showing Mwizi Sub County	59

LIST OF FIGURES

Figure 1: Marital status.....	20
Figure 2: Level of education.....	21
Figure 3: occupation of respondents.....	22
Figure 4: Number of children.....	23
Figure 6: Attendance and non-attendance of postnatal services.....	25
Figure 7: Reasons why mothers attended postnatal services.....	26
Figure 8: Reasons for not attending postnatal services.....	27
Figure 9: Distance from home to Mwizi health centre III.....	29
Figure 10: Means of transport to the health centre III.....	31
Figure 11: Source of income.....	32
Figure 12: Encouragement from partner to attend post-natal services....	33
Figure 13: Other mothers' attitude in the community towards PNCs....	34

LIST OF TABLES

Table 1: Age in years.....	19
Table 2: level of education of partner.....	21
Table 3: Partner's occupation.....	23
Table 4: Mothers knowledge about PNSs offered at Mwizi HCIII.....	24
Table 5: Source of knowledge.....	25
Table 6: Place of delivery.....	28
Table 7: Waiting time for being attended to.....	28
Table 8: Attitude of health workers.....	30
Table 9: Sensitisation by the health workers about the importance of attending postnatal clinic.....	30
Table 10: Money spent on transport.....	33

LIST OF ABBREVIATIONS

DISH	Delivery of improved services for health
HMIS	Health management information system
HSSP	Health sector strategic plan
IDS	Intergrated disease surveillance
LTMCs	Long term maternal complications
MOH	Ministry of Health
PNCs	Postnatal care services
PNSs	Postnatal services
TBAs	Traditional birth attendants
UNAIDS	United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

OPERATIONAL DEFINITIONS

Awareness: Having knowledge of or understanding of postnatal care services.

Complications: A condition or disease arising during the course of or as a consequence of another disease or physiological process.

Individual factors: This includes things like Age, marital status, support from the spouse.

Institutional factors: These are factors including availability of health workers, distance of health facility and attitude of health workers in a given health facility.

Level of knowledge: This includes ones understanding & awareness about a given service.

Maternal health: Refers to the wellbeing of a mother during pregnancy and after birth.

Maternal Mortality Ratio (MMR): Number of maternal deaths during a given time period per 100 000 live births during the same time-period.

Maternal mortality: Refers to death of a woman while pregnant or within 42 days of termination of the pregnancy irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by pregnancy and its complications but not from accidental or incidental causes.

Parity: Number of children a woman has delivered

Postnatal care: The assistance given to a mother immediately after birth for a period of six to eight weeks.

Postpartum period: starts after expulsion of placenta up to 42 days (6 weeks)

Reproductive health: This is a state of complete physical, mental, emotional and social well-being in all matters related to the reproductive system, its functions and processes

Utilization of services: Use of postnatal services by women after delivery of their babies.

CHAPTER ONE

1.0 Introduction

This chapter includes the background of the study, statement of the problem, study objectives, research questions and justification of the study.

1.1 Background of the study

According to the world health program of actions, postnatal care is regarded as one of the most important maternal health care services for the prevention of impairment and disabilities resulting from the childbirth (United Nation, 2012).

Postnatal services refers to measures undertaken after birth to ensure good health of the mother and child (UNCHO, 2013).

Postnatal refers to the period immediately after birth up to six weeks.

There are different types of services that are offered to the mother and baby which include health education, physiotherapy, physical examination, immunization, growth and monitoring, counseling and family planning services along with diagnosing postpartum depression often much neglected in Long term maternal complications (LMICs). Many women do not receive these essential health care services, yet they are vital following delivery (WHO, 2010).

The world health organization (2010) states that the postnatal period begins immediately after the birth of the baby and extends up to six weeks (42 days)

after birth. The principle objectives of PNC services are to evaluate, maintain and promote the health of the mother, the new born and to foster an environment that offers help and support for diverse health and social needs.

There is need for follow up visit to assess the health status of postnatal mothers which include evaluation of parturient(a mother who is in labour or has recently given birth) health status which involves screening, diagnosis and treatment of various conditions including Tuberculosis, malaria, vaginal infections, anemia or malnutrition (Shaw et al,2012).

The long term maternal complications in the postnatal period include chronic pain, impaired mobility, damage to the reproductive system and infertility (WHO, 2008). Some women suffer genital prolapse after bearing several children. This condition (genital prolapse) is extremely uncomfortable and can lead to other complication in future if not properly addressed in postnatal period (Asher F, 2009).

Postnatal care services include the services rendered by the different health institution to assist mothers and baby until six weeks after delivery (Bondolier,2014).

In Uganda postnatal services are carried out at health Centre II by midwives, health Centre III by clinical officers and midwives, health Centre IV by clinical officer, doctors, midwives and at the hospital level by obstetrician, midwives and doctors (UNHCO, 2013).

1.2 Statement of the problem

According to a report from safe motherhood ,(2012), a matter of human rights and social justice, the majority of women in developing countries receive almost no postpartum care after delivery for example in developing countries and regions such as those in the sub Saharan Africa, only 5% receive postnatal care.

According to WHO, (2015), only a small proportion of women in developing countries less than 30% receive PNC. In very poor countries and regions as far as 5% of women receive such care (MOH, 2011).

A study conducted in Uganda showed that only 23% of the mothers who had live birth received postpartum care within the critical first two days after delivery, overall 74% of the women did not receive postpartum care at all Uganda Bureau of Statistics (UBOS, 2013).

According to HIMS annual report 2016, Mwizi HCIII conducted 345 deliveries and 25% (84 mothers) turned up for PNCs. It is within this context that this study was carried to assess factors contributing to low utilization of postnatal services at Mwizi HCIII.

1.3 Purpose of the study

The purpose of the study was to assess factors contributing to low utilization of postnatal services among mothers attending Mwizi HCIII, Mwizi Sub county, Mbarara district.

1.4. Specific objectives

- i. To assess the level of knowledge about postnatal care services among mothers attending Mwizi HCIII.
- ii. To establish health facility related factors contributing to underutilization of postnatal services at Mwizi health Centre III.
- iii. To establish the individual factors contributing to underutilization of postnatal services at Mwizi health Centre III.

1.5. Research questions

- i. What knowledge do women have about utilization of postnatal services at Mwizi health Centre III?
- ii. What health facility related factors contribute to underutilization of postnatal services at Mwizi health Centre III?
- iii. What individual related factors contribute to underutilization of postnatal services at Mwizi health Centre III?

1.6 Justification of the study

The research information will add to the existing body of knowledge and information generated may be used by Mwizi HCIII administration to formulate strategies to improve on the postnatal services.

Findings from the study may help practicing nurses to create awareness of the utilization of postnatal care services to mothers attending Mwizi HCIII then improve on quality and set up of the facility services . For upcoming researchers the study findings may be disseminated to the facility which may help to provide quality services and care.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Many researches carried out elsewhere have identified factors that affect utilization of postnatal care services (PNCs). In this chapter, the researcher was review the related literature that has been documented by other studies related to factors affecting utilization of postnatal services(PNSs) among mothers.

2.1. Level of knowledge regarding postnatal services

It is essential for health workers to provide information to women about postnatal care services as regards to what it is why it is important and the services offered. Full information regarding postnatal care will enable women to make decision about utilizing the maternal child health services. According to Wiegers (2016), recommendation on maternity care assistance, women should have basic health education to mothers or families, preparing women to accept their maternal roles and facilitating a successful transition to parenthood.

A study conducted in Nepal about the utilization of postnatal care among 210 rural mothers revealed that the majority of respondents had little knowledge about the postnatal services provided and this low level of knowledge led to low utilization of postnatal service (Sulochana et al, 2013).

Similarly, a cross sectional study of three clinics in the west bank, Palestine reported insufficient knowledge of the importance of postnatal services to the mother and infant also as a major factor contributing to underutilization of postnatal services and this subsequently led to underutilization as mothers did not recognize the importance of these services (Dhaher et al, 2008).

According to the study by Sulochana et al (2013), about utilization of postnatal care among rural women in Nepal revealed that out of the 150 who had delivered, 66% had no knowledge or were not aware of PNSs and did not make use of the services which could have helped improve on their health. Only 34% of the mothers had knowledge and were aware and thus made use of the facility.

According to the study conducted in Karachi, Pakistan among 150 women revealed that the majority did not attend PNSs and this was attributed to the low level of awareness or knowledge about the postnatal services provided Fikree et al (2010).

In a study about the postnatal assessments at well-baby visits, where screening and feasibility prevalence and risk factors for underutilization of PNSs were assessed, it was reported that the majority of respondents had little awareness on the need for attending PNSs and thus were not utilizing the services (Freeman et al, 2012).

Furthermore, a low level of knowledge and negative attitudes towards postnatal services attendance had been reported as contributory factors to low level of utilization of PNSs by Waterstone et al (2012) whose study showed that women do not know the importance of postnatal services to the health of the mother and the infant. It was also

revealed that the majority had negative attitudes towards postnatal attendance as it was deemed unnecessary and time wasting (Kabakian et al, 2009).

In a study about post-partum care and the levels and determinants among 400 women in developing countries, findings revealed that underutilization of postnatal services was due to insufficient knowledge about the services provided as well as the need for the availability of these services (Hove et al, 2013).

In Uganda, according to a study about the factors influencing utilization of postnatal services in Mulago and Mengo Hospitals revealed that underutilization of postnatal services was attributed to insufficient knowledge on the need and importance of postnatal services to mothers and infants (Nandago, 2010).

Underutilization of postnatal services at mulago hospital is associated with lack of awareness and those who knew about the services only knew about immunization and family planning services. The majority of the mothers did not know about the other services such as physiotherapy, counseling, growth monitoring and physical examination (Nakwanga, 2015).

2.2 Health facility related factors contributing to low utilization of PNCs.

The availability of postnatal services at local health centres remained a major factor contributing to low utilization of postnatal services by mothers in puerperium. It was further revealed that many health facilities at times did not focus or make postnatal

services a priority and this affected mother's demand for the services, further led to low utilization (Eijk et al, 2011).

According to a study conducted in Bangladesh revealed that difficult and inaccessible location of health services greatly affected the utilization of postnatal services by mothers in puerperium (Chakraborty et al, 2013).

A study about postnatal morbidity after childbirth and severe obstetric morbidity reported that inefficiency and long delays to get attended to by health staffs greatly contributed to low utilization of postnatal services Waterstone et al, (2012).

Similarly, negative attitudes and approach of health staffs to mothers was also reported as a factor contributing to low utilization of PNSs by mothers in puerperium (Nabukera et al, 2011).

Alfredo and Mktma (2010), in their study about postpartum care as well as utilization levels and determinants in developing countries, findings revealed that a negative approach by health workers towards mothers negatively affected utilization of PNSs.

Long distance to health facilities as well as inadequate sensitization and health education about the postnatal services during ANC clinic attendance have also been noted as major institutional factors contributing to low utilization of PNSs by mothers in puerperium (Hove et al, 2015).

2.3 Individual factors contributing to low utilization of postnatal services

Age of the mother was reported as a major factor contributing to low utilization PNSs as reported by Ronsmans et al, (2011). It was further noted that adolescent or younger mothers were less likely to attend PNSs than older women (Hove et al 2013).

A study conducted by Bryant et al, (2010) revealed that occupation of mothers was associated with having received or utilized postnatal care and it was further noted that housewives were more likely to utilize postnatal care services than mothers who were not married.

A study in Bangladesh noted that a major factor contributing to low utilization of postnatal services was the mother's level of education (Good burn et al, 2011). It was further observed that as education of mothers increases, so did the likelihood of having or utilizing postnatal care services and that mothers with secondary or tertiary level of education had more chance of receiving or utilizing postnatal care than illiterate mothers (Alfredo and Mtkma, 2011).

A study conducted by Lagro et al (2009) mentioned that the level of education of the husband was a major contributory factor to low utilization of postnatal services. It was further noted that women with a husband educated to secondary or tertiary level had a significantly greater chance of having attended or utilized postnatal care than those with an illiterate husband.

Lu and Prentice, (2010) stated that "the employment status and type of job of the husband was also a factor contributing to use or non-use of postnatal services". It was

further revealed that husbands with a formal sector job such as teaching, engineering or civil servant were more likely to encourage their wives to attend postnatal care services (Lu and Prentice, 2010).

The number of children also had a contributing factor to use or non-use of PNCs, though Nabukeera et al, (2010) revealed that the number of family members was not associated with postnatal care uptake, mothers with three or more children were less likely to attend PNCs.

Attendance of antenatal services and delivery in hospital had also been shown to be a contributory factor to use or non-use of postnatal services by Shaw et al, (2012) who revealed that mothers who had attended antenatal care were more likely to attend PNCs and that mothers who delivered in the hospital were ten times likely to have received postnatal care than women who delivered at home.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the study design and rationale, study setting and rationale, study population, sample size determination and rationale, sampling procedure and rationale, inclusion and exclusive criteria, definition of variables, research instrument, data collection procedure, data management and quality control, data processing and analysis, ethical consideration, study limitations and dissemination of results.

3.1 Study Design and rationale

A descriptive cross sectional study was used involving quantitative methods of data collection. A cross-sectional study is the one that is carried out at a point in a time or over a short period of time. It is a good design when the purpose of the study is descriptive and helps to find the prevalence of the outcome of interest for a group in a population. It was chosen because of its simplicity and nature of the study which is descriptive and numerical data is required.

2.3 Study setting and rationale

The study was conducted at the maternal child health care clinic (MCH) department at Mwizi health centre III. It was chosen because of its convenience to the researcher and there was limited information regarding underutilization of postnatal services. The

facility has a bed capacity of 95 and is situated in Mwizi sub county, Mbarara district in South Western Uganda. Mwizi Sub County is located approximately 30 Kilometers by road from Ruti-matooke market alongside Mbarara-Kabale road and approximately 300Km from Kampala. Majority of women came from Mwizi Sub County and others came from neighboring Sub Counties of Bugamba and Nyakayojo.

3.3 Study Population

The study included mothers attending postnatal clinic at Mwizi health centre III, Mbarara district and those who freely consented to participate in the study. Mwizi HCIII approximately receives 260 women per month seeking postnatal services.

3.3.1 Sample Size determination and rationale

Sample size was calculated by formula as used by Fisher (1937). In a context where the target population is more than 10,000 the formula is

$$n = \frac{Z^2 pq}{d^2}$$

n= desired sample size

Z=standard normal deviate (1.96) that corresponds to 95% confidence level.

p= the proportion in the target population estimated to have a particular characteristic.

Since there was no data on factors contributing to low utilization of PNCs, the researcher used a prevalence of 50 % (0.5) to give maximum variability.

$$q = 1.0 - p$$

d= the degree of accuracy desired (0.05 was used in this case)

$$n = \frac{(1.96)^2(0.5)(0.5)}{(0.05)^2}$$

$$n = 384$$

Since the sample population was less than 10,000

N= Total number of mothers at that time of survey =50

Equation 2: Target population of < 10,000

$$nf = \frac{n(1+n)}{N}$$

nf= sample size when the total population is less than 10,000.

N= estimated total population less than 10,000 (50 mothers)

n= estimate sample when the total population is more than 10,000.

The number of mothers attending PNC at Mwizi HCIII is 50

The sample size for a population more than 10,000 is 384.

$$nf = 384 / \frac{(1+384)}{50}$$

$$50$$

$$= 384 / 7.7$$

$$= 50.$$

Therefore a sample size of 50 was used in the study.

3.3.2 Sampling procedure and rationale

In this study, simple random sampling method was used to select participants from the study area, whereby the researcher wrote the words YES and NO on pieces of paper, placed them inside a box, shook it and gave respondents a chance to pick a paper from the box. Any respondent who picked a paper with the word YES written on it was requested to participate in the study.

This method was preferred because it is easily understood, time saving, economical and it involved a selection process in which each member in the population had an equal independent chances of being selected.

3.4 Inclusion criteria and exclusion criteria

3.4.1 Inclusion criteria

The study included only mothers attending postnatal clinic at Mwizi health centre III, Mbarara district and available at the postnatal care clinic during the data collection period and who voluntarily consented to participate in the study.

3.4.2 Exclusive criteria

Those who did not consent for the study

3.5 Definition of Variables

3.5.1 Dependent variables

Low utilization of postnatal services among mothers in puerperium

3.5.2 Independent variables

Mother's knowledge regarding postnatal services

Institutional/health facility factors contributing to low utilization of postnatal services

Individual factors contributing to low utilization of postnatal services

3.6 Research Instrument

A semi-structured questionnaire with open and close ended questions was used to generate information from the respondents. This tool was used because the study involved mixed groups both the literate and the illiterate who were unable to read, write and understand English.

3.6.1 Pre-testing of the research Instrument

The researcher pre-tested the questionnaire among 6 mothers attending postnatal clinic at Nyakayojo Health Centre III three days before data collection which enabled the researcher to assess its clarity, accuracy, validity and reliability and made the necessary adjustments before applying it in the study area.

3.7 Data Collection Procedure

The researcher got a letter of introduction from the Dean of Kampala International University School of Nursing and was taken to the in-charge of Mwizi health Centre III who allowed the researcher to enter the study area. Self-introduction was done, with a research assistant went through the questionnaire and briefly explained the purpose and objectives of the study. Every participant in the study was required to consent and

each acquired a questionnaire. Privacy and confidentiality was maintained throughout the process of data collection.

3.7.1 Data management and quality control

Data obtained was kept in safe custody and treated with respect and confidentiality. Coding and sorting at the end of data collection process was done to ensure adequacy, completeness and correctness of information collected.

3.7.2 Data processing and analysis

Data entry and analysis was performed using SPSS version 20 software package. To explain the study population in relation to relevant variables, frequencies, percentages and summary statistics were used. Associations between dependent and independent variables were assessed and presented using tables, graphs, and pie charts.

3.8 Ethical Consideration

The health facility where the study was conducted was presented with an introductory letter from Kampala International University School of Nursing Sciences seeking approval to undertake the study. After permission was granted, the facility in-charge guided the researcher and introduced her to the in-charge of the PNC clinic who then introduced the researcher to the respondents. Participants were assured of maximum privacy and confidentiality of all information that was given and numbers instead of names were used to identify respondents. The study commenced after the objectives had been well explained to participants and consent to participate in the study was obtained.

3.9 Limitations of the study

High cost for stationery, typing, transport and other related costs like time. This was solved through using available funds properly and the researcher did most of the work like typing questionnaires, distribution and collection by herself.

The researcher also faced the challenge of lack of cooperation of some respondents, which led to collection of half-baked data. This was overcome through informing respondents that the study was only for academic purposes and this induced respondents to give full information in the study.

Some respondents trying to conceal for the sake of personal and official reasons while some was not willing to express their feelings freely. However, this was minimized by promising confidentiality of the responses given in the process of conducting the study.

3.10 Dissemination of results

Copies of the study findings were produced and given to; The Uganda Nurses and Midwives Examination Board for the award of Diploma in Nursing, Kampala International University School of Nursing Sciences- Western Campus Library for reference, In-charge of Mwizi health Centre III and author's copy for future reference.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents data analysis and interpretation of the results from across sectional study on factors contributing to low utilization of postnatal care services among mothers attending Mwizi HCIII. The study interviewed a sample of 50 respondents.

4.2 Demographic data

Table 1: Age in years (n=50)

Age in years	Frequency (n)	Percentage (%)
18-25	16	32
26-35	21	42
36-45	13	26
46 and above	0	0.0
Total	50	100

Results in table 1 above shows that 21(42%) respondents were aged between 26-35years and the least 13(26%) belonged to 36-45 years. This shows that majority of the

respondents were in the age bracket of 26-35 years which are the most reproductive and mature.

Figure 1: Marital status n=50

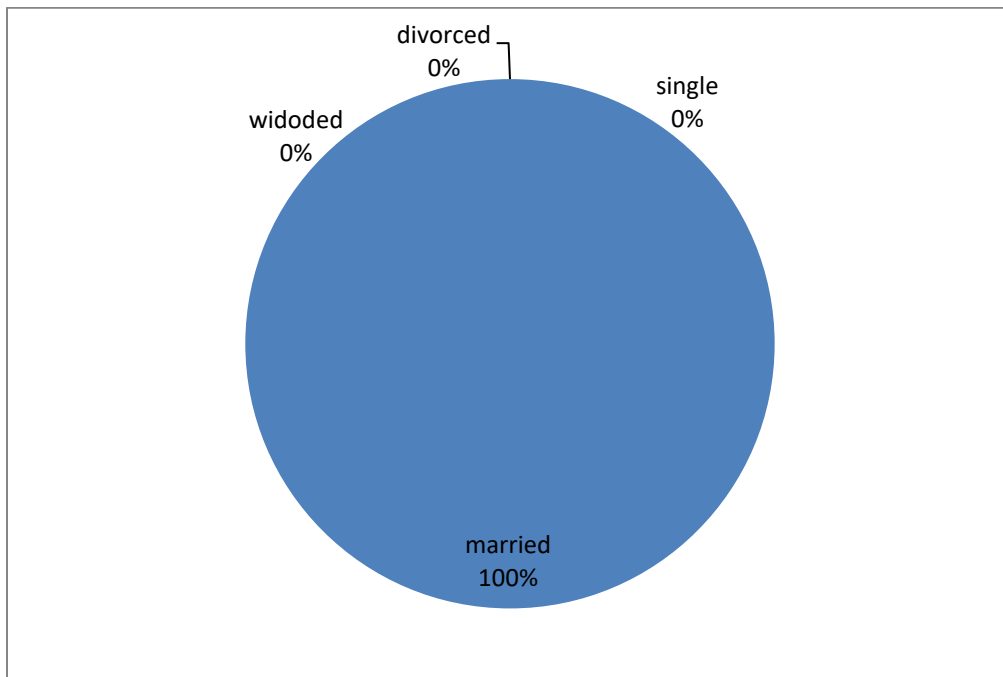


Figure 1 above shows that all 50 (100%) respondents were married. And this means that since they are married they need postnatal care services.

Figure 2: Level of education

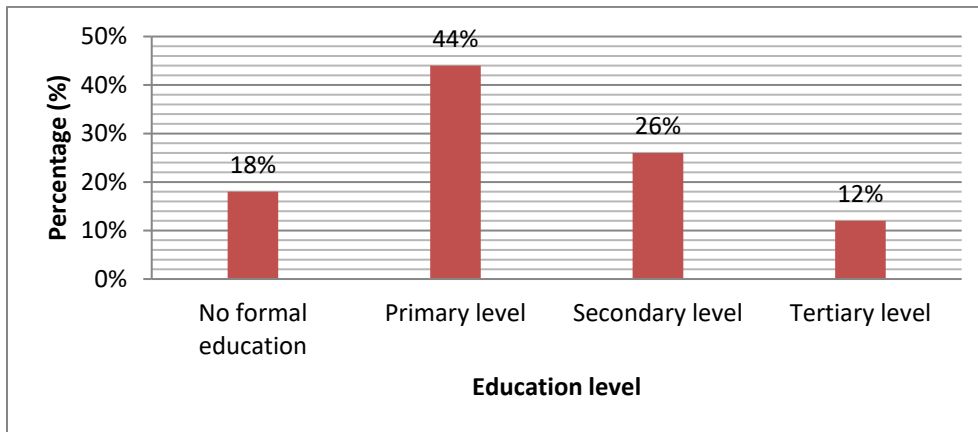


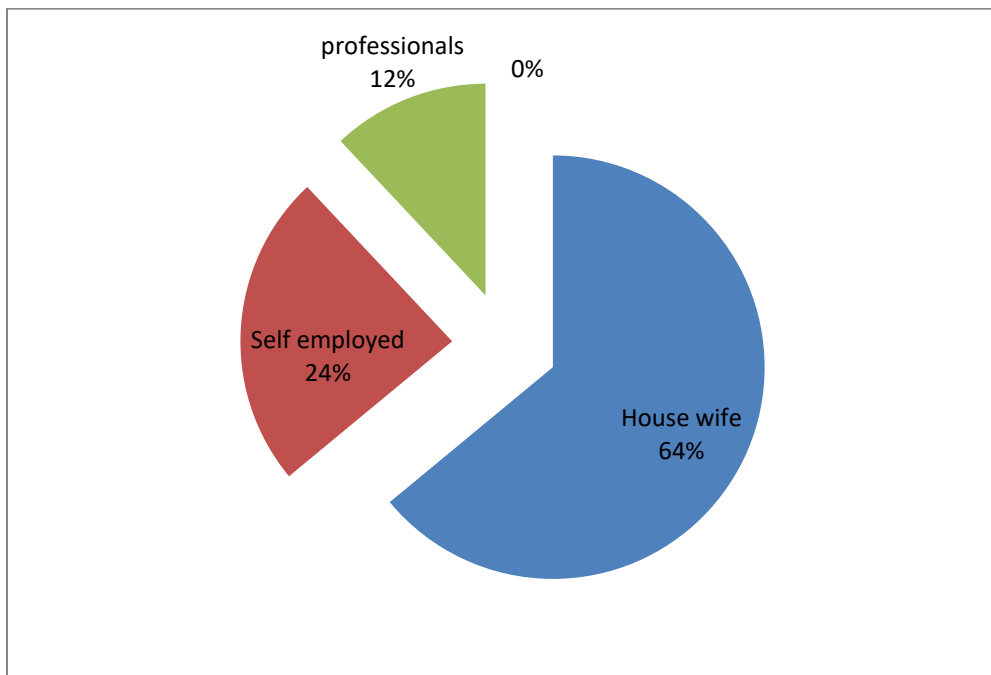
Figure 2 above shows that 22(44%) attained primary level of education, 15(30%) had attained secondary level of education, 6 (12%) attained tertiary level of education and 7(14%) had no formal education. This shows that most of them were literate to understand the utilization of postnatal services.

Table 2: level of education of partner (n=50)

Level of education	Frequency (n)	Percentage (%)
primary only	11	23
secondary	19	38
Tertiary	8	15.0
No Schooling	12	24.0
Total	50	100

From the table above, out of 50 respondents 19 (38%) reported that their husbands had attained secondary level of education, 12 (24%) had not attained any formal education, 11(22%) had attained primary level and 8(15%) had attained tertiary level of education. This shows that most of their partners can read or write.

Figure 3: occupation of respondents (n=50)



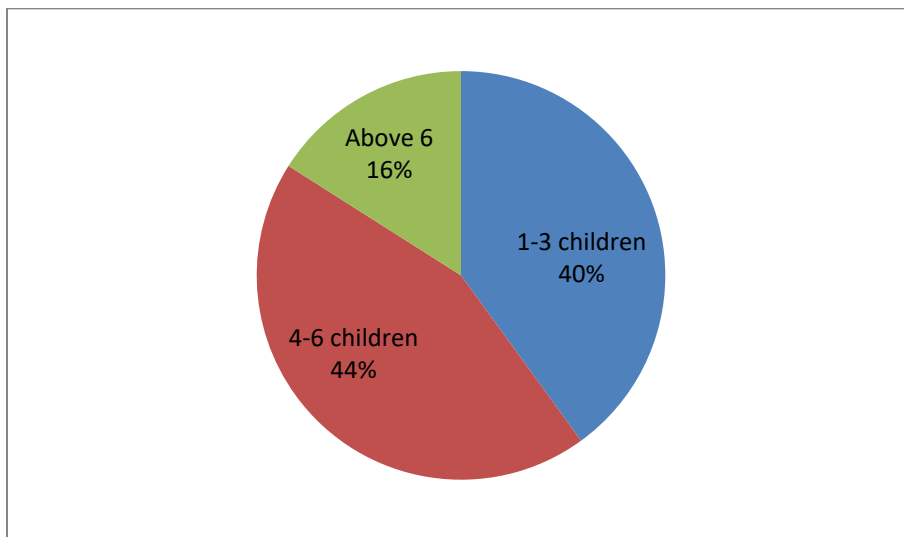
From figure 3 above, it shows that 32 (64%) of the respondents were house wives 12(24%) were self-employed, while 6(12%) were professionals. This shows that most of the respondents were liable to utilisation of postnatal services.

Table 3: Partner's occupation (n=50)

occupation	Number of respondents	Percentage
Self employed	20	40.0
Professional	5	10.0
Peasant / farmer	25	50.0
Total	50	100

The table above shows that out of 50 respondents 20(40%) reported that their husbands were self-employed, 25(50%) husbands were peasant farmers while at least 5(10%) were professionals. This shows that majority were unable to support their wives to attend postnatal clinics.

Figure 4: Number of children (n=50)



From the figure above majority of respondents 22(44%) had 4-6 children, 20(40%) had 1-3 children and 8(16%) had above 6 children. This implies that those that had less than 4 need information as they may deliver more children.

4.3 Knowledge of mothers about underutilization of postnatal services at Mwizi health Centre III.

Table 4: Mothers knowledge about PNSs offered at Mwizi HCIII (n=50).

Response	Frequency (n)	Percentage (%)
Yes	46	92%
No	4	8%

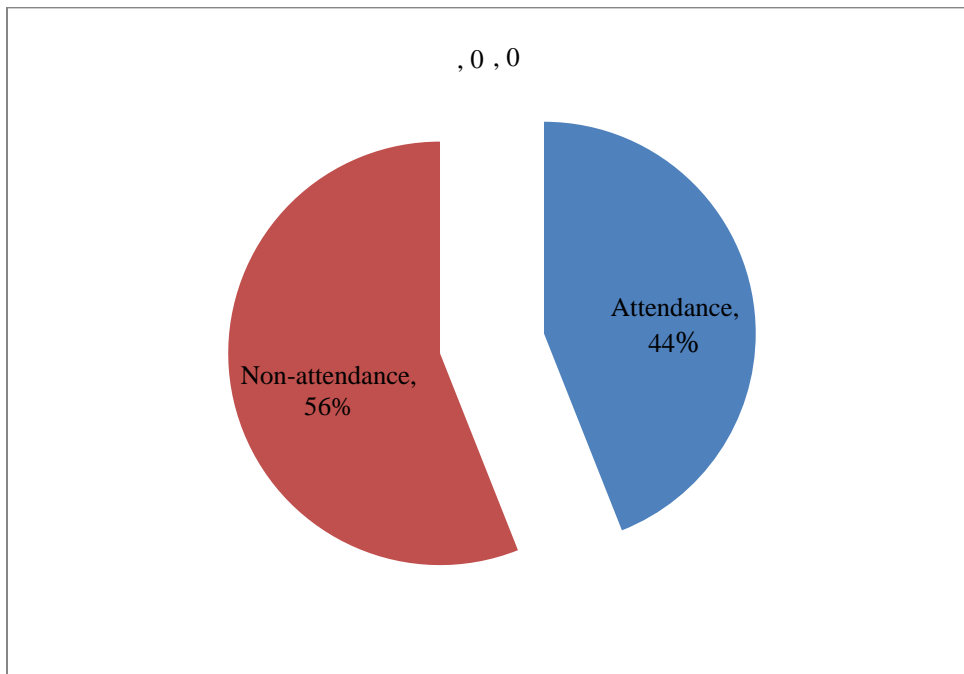
From the above figure it shows that majority of the respondents 46(92%) had knowledge of postnatal services offered at Mwizi HCIII while 4(8%) had no knowledge of postnatal services offered at Mwizi HCIII. This indicates that most of the respondents have some knowledge about postnatal services.

Table 5: Source of knowledge (n=50)

Source of knowledge	Frequency (n)	Percentage (%)
Health workers	15	30
Friends and family	29	58
Mass media	6	12
others	0	0.0
Total	50	100

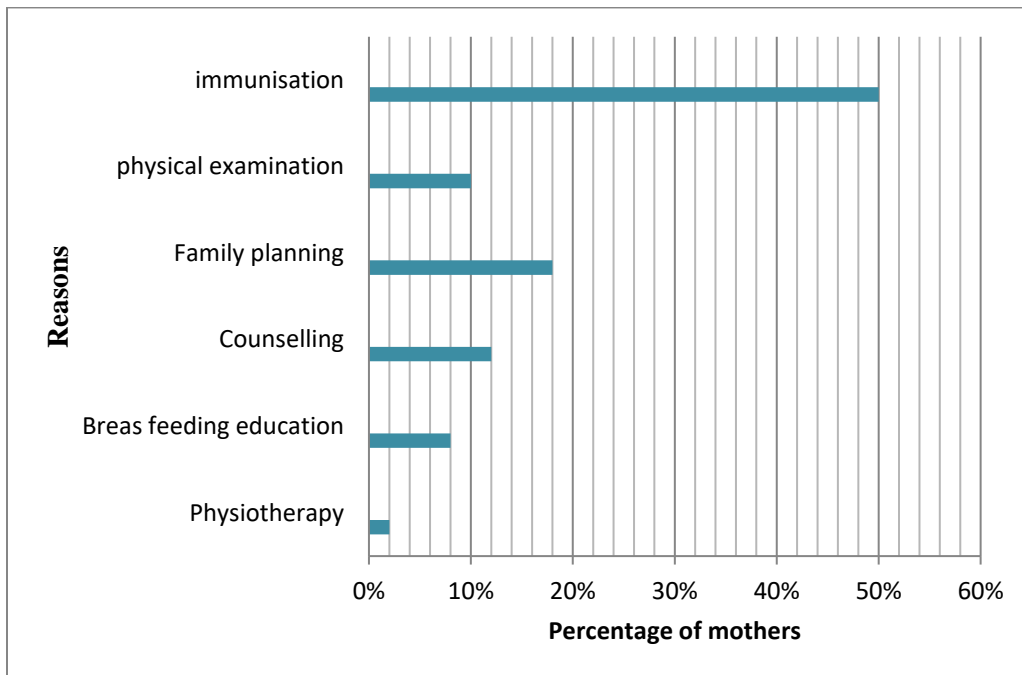
The table above shows that 29(58%) of the respondents got the information from friends and family, 15(30%) obtained the information from health workers and 6(12%) from mass media. This shows that majority had information that is likely inadequate.

Figure 6: Attendance and non-attendance of postnatal services



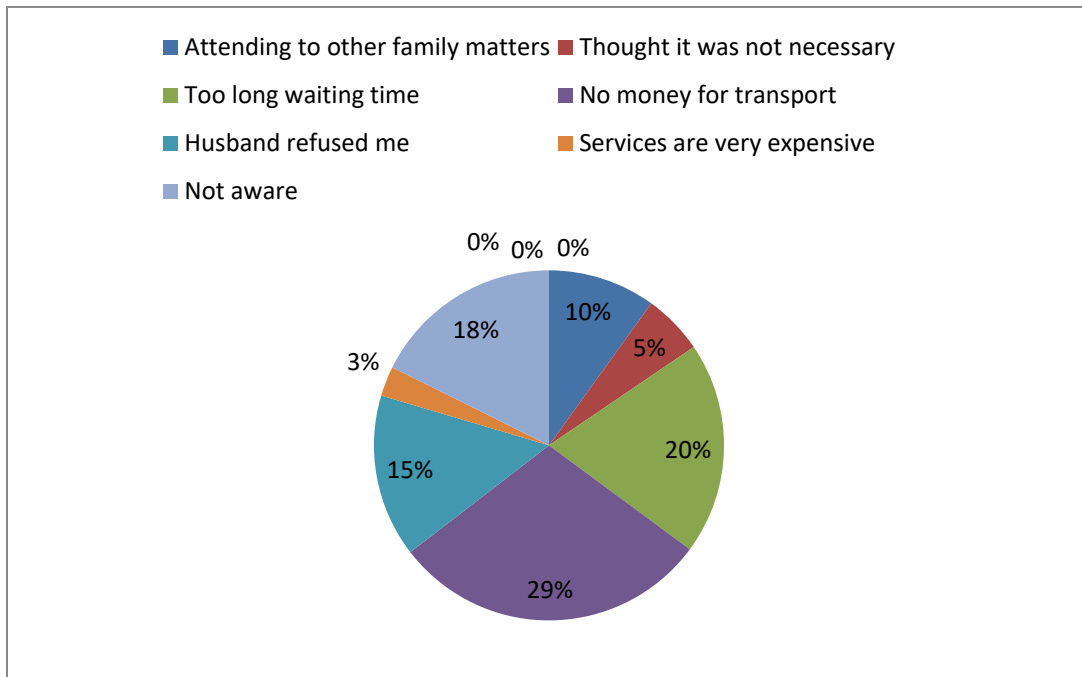
Most respondents 28 (56%) never attended post natal services at Mwizi HCIII and 22 (44%) who sometimes attended.

Figure 7: Reasons why mothers attended postnatal services (n=50)



The results show that the majority of the mothers attended only for immunization of Babies (50 %). It is also observed that physiotherapy was the least utilized service among the postnatal services (2%).

Figure 8: Reasons for not attending postnatal services (n=50)



Majority 29% of the respondents reported lack of money for transport as the reason for not attending postnatal services, followed by too long waiting time 20% ,not being aware 18%, husband's refusal 15%, attending to other family matters 10%, thought it was not necessary 5% and lastly services are very expensive 3%.

Table 6: Place of delivery (n=50)

Place of delivery	Frequency (n)	Percentage (%)
Mwizi health centre III	32	64
Other hospital / health centre	10	20
Home/ TBA	8	16
Others	0	0
Total	50	100

The table above shows that the majority of the respondents 32(64%) delivered their babies from Mwizi HCIII and 8(16%) delivered from home/TBA. This indicated that most respondents use Mwizi for health services.

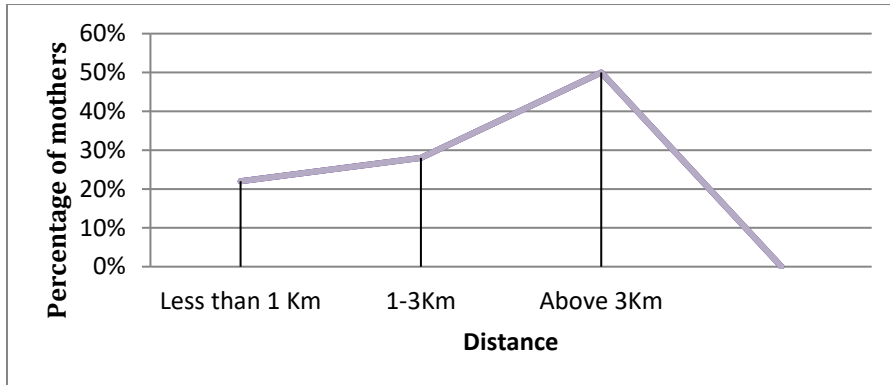
4.4 Health facility related factors contributing to low utilization of PNSs.

Table 7: Waiting time for being attended to. (n=50)

Time of waiting	Frequency (n)	Percentage (%)
Less than 30 minutes	3	6
30 minutes -1 hour	21	42
More than 1 hour	26	52
Total	50	100

The above table shows that most respondents 26(52%) waited for more than an hour for post natal services, 21(42%) waited for 30 minutes to 1hour while 3(6%) waited for less than30 minutes. This indicates that time used to attend postnatal services is long.

Figure 9: Distance from home to Mwizi health centre III. (n=50)



The above figure shows that majority of the respondents 25(50%) were from a distance above 3km from the health facility, 14(28%) from 1-3km from the hospital and 11(22%) from within 1km from the health facility. This indicates that most of the mothers travelled long distances which could also affect their utilisation of postnatal services.

Table 8: Attitude of health workers

Response	Frequency (n)	Percentage (%)
Positive	37	74
Negative	13	26
TOTAL	50	100

The above figure shows that most of the respondents 37(74%) said that health workers had a positive attitude at the postnatal ward while 13(26%) said that health workers on postnatal ward had a negative attitude. This indicated that mothers should attend postnatal services.

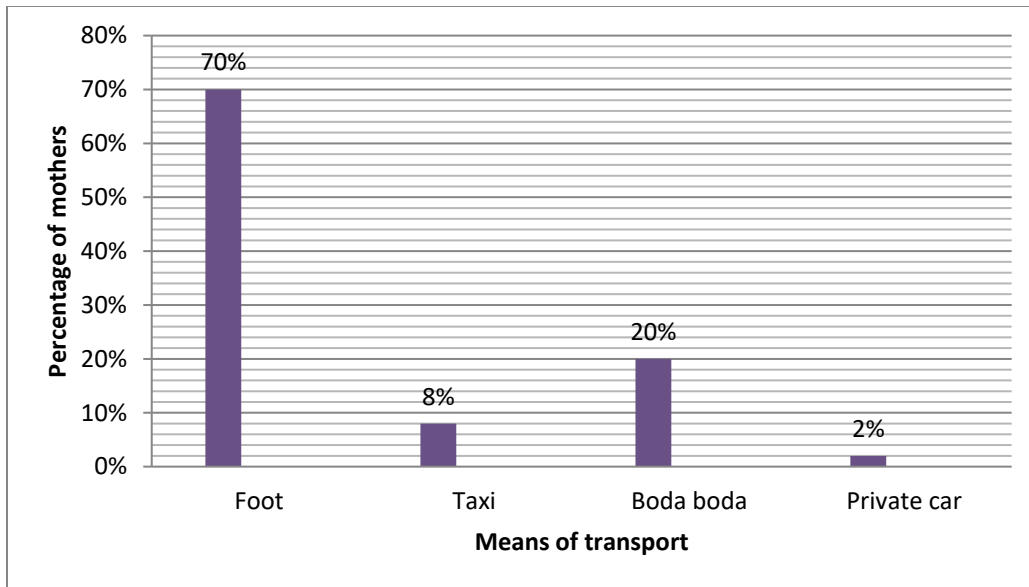
Table 9: Sensitization by the health workers about the importance of attending postnatal clinic. (n=50)

Response	Frequency (n)	Percentage (%)
Yes	21	42%
No	29	58%
Total	50	100

The table above shows that most of the respondents 39 (78%) were not sensitized about the importance of attending postnatal clinic while 19 (22%) were sensitized about the importance of attending postnatal clinic. This indicates a gap in the information given to mothers.

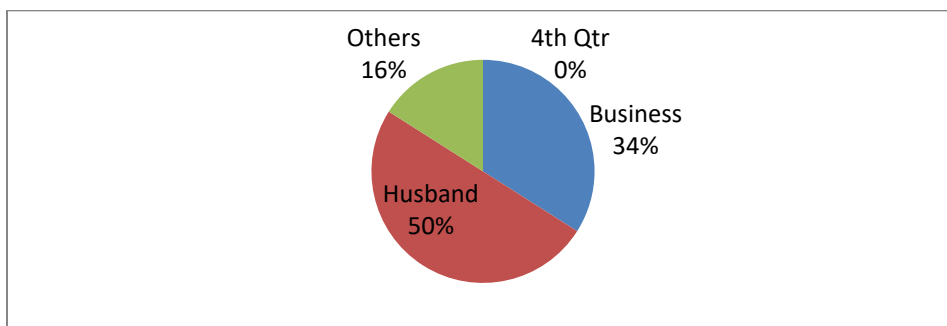
4.5 Individual factors contributing to low utilization of postnatal services

Figure 10: Means of transport to the health Centre III (n=50)



The figure above shows that most of the respondents 35(70%) walk to the health facility 10(20%) used bodaboda as means of transport, 4(8%) used taxis as means of transport and 1(2%) used private cars as means of transport to the health facility. This indicates that majority of respondents spend money to come for postnatal services.

Figure 11: Source of income (n=50)



The figure above shows that most of the respondents 25(50%) got their income from their husbands, 17(34%) got their income from their businesses and 8(16%) from other

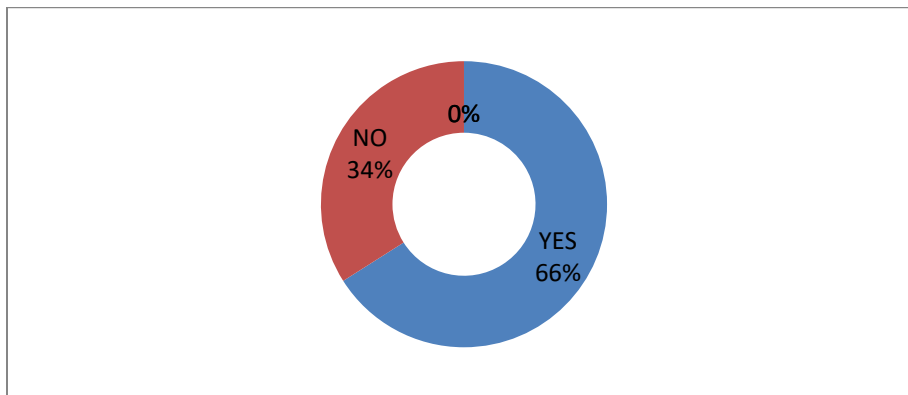
sources. This indicates that majority of respondents require support from their husbands to attend postnatal services.

Table 10: Money spent on transport (n=50)

Amount of money spent	Frequency (n)	Percentage (%)
Do not spend	12	24%
1,000-5,000 Shs	24	48%
5,000 Shs and more	14	28%
Total	50	100

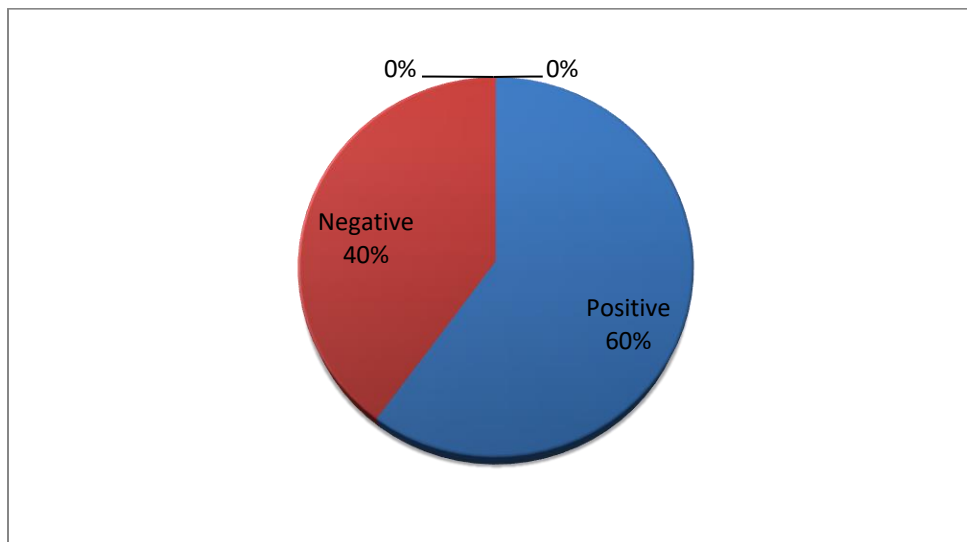
The figure above shows that most of the respondents 24(48%) spent on transport between 1000-5000ush coming to the health facility, 12(24%) did not spend any money on transport and 14(28%) spent above 5000ush on transport coming to the health facility. This indicates that it is expensive for majority of the respondents attending postnatal services

Figure 12: Encouragement from partner to attend post-natal services (n=50)



The figure above shows that 33(66%) of the respondents said that their partners did not encourage them to attend postnatal services while only 17(34%) respondents said that their partners encouraged them to attend postnatal services. This indicates that most of the respondents' husbands were not involved in MCH services.

Figure 13: Other mothers' attitude in the community towards PNCs (n=50)



Majority 60% of the respondents reported positive attitude of other mothers in the community towards PNCs.

CHAPTER FIVE:

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS AND NURSING IMPLICATIONS

5.1 Introduction

This chapter presents the discussion of findings, conclusions, recommendations and the nursing implications of the study.

5.2 Demographic information

Demographically results showed that most of the respondents, 21 (42%) were in the age bracket of 26-35 years which is most productive. This demonstrated that most respondents were mature and would thus be more aware of the importance and need for making use of post natal services. This study finding was contrary to Ronsmans and Graham (2011) whose study reported that among the individual factors, age was an important factor. It was further noted that adolescent or younger mothers were less likely to attend post natal services than older women.

This study also indicated that all the number of respondents 50 (100%) were married, which implied that they would be able to count on and receive support from their partners in ensuring effective use of PNCs as recommended. This study finding was in agreement with Bryant et al, (2010) whose study revealed that marital status and occupation of the women was mentioned as a factor contributing to low utilization of PNCs which revealed that occupation of mothers was associated with having received

or utilized PNC and it was further noted that housewives were more likely to utilize PNCs than mothers who were not married.

Literacy is fundamental aspect to promote change in regard to this study, results in figure 2 showed that 22 (44%) respondents had attained primary level education, followed by 13 (26%) who had attained secondary level education, 9(18%) had no education while the least 6(12%) had attained tertiary education. This demonstrated that most respondents had attained a low level of education and this could potentially affect their awareness of the availability of post natal services or their importance.

It is important to always have enough time for one's health though sometimes it has to compete with the daily duties and obligations at work. In figure 3, results showed that most of the respondents 32 (64%) were house wives, which indicated that majority of the respondents should be able to utilize post natal services since they have time. This study was in agreement with Bryant et al, 2010 whose study revealed that marital status and occupation of the women was mentioned as a factor contributing to low utilization of post natal care services which revealed that occupation of mothers was associated with having received or utilized post natal care and it was further noted that housewives were more likely to utilize PNCs than mothers who were not married.

In addition, table 3 results show that out of the 50 respondents who were married, almost half 20(40%) of their husbands were self-employed, 25(50%) were peasant farmers and 5 (10%) were professionals. This implied that majority of the husbands should be able to support their wives to attend post natal clinics since they can earn a living. This study

finding was in agreement with Lu and Prentice (2010) who stated that the employment status and type of job of the husband was also a factor contributing to use or non-use of post natal services and this was supported by findings which showed that the husbands' occupation was an important factor associated with post natal service uptake. It was further revealed that husbands with a formal sector job such as teaching, engineering or civil servant were more likely to have mothers who attended PNCs (Lu and Prentice, 2010).

The number of children being taken care of can affect utilization of postnatal services as shown by results from the figure 4, which showed that most respondents 22 (44%) had 4 – 6 children, followed by 20 (40%) who had 1 – 3 and 8 (16%) had 6 children and above. This implied that since most respondents had more than one child, they would have adequate experience and also be more knowledgeable about the importance and availability of post natal services. This study finding was in agreement with Nabukeera et al 2010 whose study revealed that the number of children was also a contributing factor to use or nonuse of post natal services and this was also reported by the same study findings revealed that although the number of family members was not associated with post natal care uptake, mothers with three or more children were less likely to attend post natal care services. Communities and families need to be sensitized on importance of supporting mothers seeking post natal services.

5.3 Mothers' knowledge about postnatal services offered

Knowledge is an important factor in decision making of any sort in life and as shown in table IV, majority of the respondents 46 (92%) had some knowledge about the post natal services offered at Mwizi HCIII. This implied that since respondents had knowledge about the post natal services provided, they would be in position to ensure adequate use of the services provided. This study finding is contrary to a Ugandan study about the factors influencing utilization of post natal services in Mulago and Mengo Hospitals which revealed that low utilization of post natal services was attributed to insufficient knowledge on the need and importance of post natal services to mothers and infants (Nandago, 2010).

In all actions and decisions made in life, the source of information determines the credibility so people should get information from trusted sources like health workers whenever there is an opportunity. In table 5, 15 (30%) obtained information about post natal services from health workers. This showed that a small number of respondents obtained information about post natal services from health workers and hence the quality and reliability of information obtained could be uncertain. Health workers need to emphasize and health educate mothers on importance of post natal services, if need be follow ups may be implemented. This study finding is contrary by Fikree, et al, (2010) whose study in Karachi, Pakistan among 150 mothers revealed that the majority did not attend post natal services and this was attributed to the low level of awareness or knowledge about the post natal services provided in Karachi City.

Most of the respondents 28 (56%) never attended post natal services at Mwizi HCIII and 22 (44%) who sometimes attended. This demonstrated very low levels of utilization of post natal services which implied that respondents and their children were highly predisposed to many potential dangers and risks during this period. This study finding is in agreement with Waterstone et al, (2012) whose study revealed that a low level of knowledge and negative attitudes towards post natal services are the contributory factors to low level of utilization of post natal services.

Table 6 shows that majority of the respondents 32 (64%) reported that they delivered from Mwizi HCIII and 8(16%) said they delivered their babies from their homes /TBAs. This indicated that respondents who delivered their babies at home/TBAs were not attending post natal clinic at Mwizi HCIII, More so it could be due to the fear of hospital and transport costs and those who delivered from the health facility could be due to the limited information they receive about postnatal services. From this study it is revealed that most women depend on their husbands. The husbands may decide on where to deliver from leaving mothers with no choice. This study was contrary to Shaw et al, 2012 who reported that attendance of antenatal services and delivery in hospital had also been shown to be a contributory factor to use or non-use of post natal services as documented that mothers who had attended antenatal care were more likely to attend PNCs than women who delivered at home.

5.4 Health facility related factors contributing to low utilization of postnatal services.

Furthermore, from table 4, more than half of the respondents 26 (52%) reported that they waited more than 1 hour before being attended to. This implied that long waiting hours at the health facility was reported by most of the respondents and thus can hinder use of postnatal services. Spending long hours at the health facility or any hospital can discourage mothers from utilizing postnatal services. Health workers should revise and reduce on the time mothers spend at the health facility since they also have other demanding responsibilities back at home. This study finding is in line with Waterstone et al, (2012) whose study reported that inefficiency and long delays to get services had been reported as important factors contributing to low utilization of post natal services by mothers in puerperium.

Distance to the health facility can affect utilization of postnatal services. From figure ix, half of the respondents 25 (50%) resided 3 km and more away from the health center and 14 (28%) resided a distance of 1 – 3 km. This indicated that long distance to health facilities was one of the factors contributing to low utilization of post natal services. This study finding is in line with Chakraborty, et al, (2013) whose study location of health services had also been mentioned as a factor contributing to low utilization of post natal services as evidenced in a study by in Bangladesh which revealed that difficult and inaccessible location of health services greatly affected the utilization of post natal services by mothers in puerperium.

From table 4, majority of respondents 37 (74%) reported that health workers had positive attitudes towards mothers at post natal ward which implied that since health workers had positive attitudes, the welcome they gave mothers attending the health services would encourage them to attend and make use of the services. This study finding is contrary to the one by Alfredo and Mtkma 2010 who revealed that negative attitudes and approach of health staffs to mothers was also reported as a factor contributing to low utilization of post natal services by mothers in puerperium in their study about postpartum care as well as utilization levels and determinants in developing countries which revealed that a negative approach by health workers towards mothers negatively affected utilization of post natal services.

Majority of respondents 29 (58%) had never been sensitized about the importance of attending post natal services as shown in table 5. This implied that since most respondents had not been sensitized about the importance of post natal services, it could lead to low utilization of the services. This study finding is in line with another study about long distance to health facilities as well as inadequate sensitization and health education about the post natal services during ANC clinic attendance have also been noted as major institutional factors contributing to low utilization of post natal services by mothers in puerperium.

5.5 Individual factors contributing to low utilization of postnatal services

Figure 10 shows that, 35 (70%) respondents used foot to get to the health center, followed by 10 (20%) who used bodabodas, 4(8%) who used taxi to the health centre

while the least 1(2%) used private cars. This showed that respondents had various means of transport to the health facility. However, majority of these means of transport were unreliable and this also potentially contributed to low utilization of post natal services. The researcher said that even when Health Centre IIs have been put in places (all parishes), the midwives/Health workers are not offering post natal services to the communities and thus compels the mothers to move long distances seeking post natal services. This may be hindered by means of transport to be used.

Half of the respondents 25 (50%) reported that their source of income was their husbands/partners as shown in figure 11, however, this had various implications for the attendance of post natal services especially in light of the fact that most respondents' partners were peasant farmers and others were self-employed. This may as well hinder the support they would have got from their partners like accompanying them to the Post natal clinics.

Means of transport can affect utilization of postnatal services. The majority of respondents 24 (48%) spent between 1000 – 5000shs on transport to the health facility and 14(28%) spent 5000shs and more on transport. This showed that respondents spent a considerable amount of money on transport to the health facility and it implied that failure to get money for transport meant failure to access and utilize post natal services.

Male involvement in maternal and child health is still a big challenge in Uganda, Study findings showed that the majority of respondents 33 (66%) reported that their partners did not encourage them to attend post natal services at Mwizi HCIII, which implied

that lack of support to attend post natal services was one of the factors affecting utilization of post natal services. Lu and Prentice (2010) stated that the employment status and type of job of the husband was also a factor contributing to use or non-use of post natal services and this was supported by findings which showed that the husbands' occupation was an important factor associated with post natal service uptake. It was further revealed that husbands with a formal sector job such as teaching, engineering or civil servant were more likely to encourage their wives to attend PNCs (Lu and Prentice, 2010). More emphasis should be put on male involvement in Maternal and Child Health (MCH) so that men can be very supportive. Both non-governmental and government/Health institutions need to lay strategies to include men in MCH services.

More so, from figure 13, the majority of respondents 30 (60%) reported that other mothers had good attitudes towards the use of post natal services. This implied that mothers can embrace use of post natal services if they were given support. Probably health workers should set strategies to capture mothers for postnatal services.

5.7 Conclusion

In conclusion, although most respondents were knowledgeable about post natal services offered. For instance, although all of the respondents had some knowledge about the post natal services offered at Mwizi HCIII, most had never attended post natal services at Mwizi HCIII which was perhaps not surprising as some reported that they

delivered their babies from home/TBAs and most did not intend to utilize the post natal services offered due to long distance to the health facility.

Respondents also faced various individual factors which contributed to low utilization of post natal services. Most respondents used foot to get to the health Centre and reported that their source of income was their husbands/partners who were mostly peasant farmers and self-employed and hence of low social economic status and this affected utilization of post natal services. Furthermore, most respondents spent between 1000 – 5000shs on transport to the health facility yet most reported that money for transport to the health Centre was sometimes available and most said their partners did not encourage them to attend post natal services all of which contributed to low utilization of post natal services.

Respondents also faced various institutional factors contributing to low utilization of post natal services. For instance, most respondents waited more than 1 hour before being attended to at the post natal clinic, resided 3 km and more away from the health Centre and most had never been sensitized about the importance of attending post natal services all of which contributed to low utilization of post natal services. However, most respondents reported that health workers had positive attitudes towards mothers at post natal ward and this could help improve utilization of post natal services.

5.8 Recommendations

The findings from this study made the researcher to make the following recommendations.

5.8.1 Recommendations to the Ministry of Health

The Ministry of Health should improve upon its national sensitization programs on the benefits and importance of post natal services to enable mothers to have comprehensive knowledge about the services.

The Ministry of Health should also ensure that all hospitals and health institutions are able to offer post natal services to mothers and improve accessibility to the service.

5.8.2 Recommendations for health workers at Mwizi health Centre III.

Health workers at Mwizi HCIII should endeavor to sensitize and health educate mothers about the available post natal services as well as their benefits to improve awareness and utilization of the services.

Health workers should also improve upon their customer care skills and ensure they are welcoming and they have positive attitudes towards mothers as this will improve use of post natal services.

Health workers should also endeavor to provide efficient services to mothers and reduce on waiting time to receive services.

5.8.3 Recommendations for post natal mothers at Mwizi HCIII

Mothers at Mwizi HCIII should ensure they get adequately sensitized about the importance and need for attending post natal services in an effort to improve utilization of the services.

Mothers should improve upon spousal communication, mutual decision making and ensure that they have the support and encouragement which is highly essential for the success of effective utilization of post natal services.

5.9 Implications to nursing practice

Health workers can play an important role in ensuring effective utilization of post natal services. This could be done through adequate sensitization and health education of mothers about the importance and need for post natal services as well as the potential dangers of not effectively utilizing the services.

REFERENCES

- Alfredo, L.F., Mktma., N. (2010). *Postpartum Care: Levels and Determinants in Developing Countries*. Calverton, Maryland, USA, Macro International.
- Amalraj, E.R. (2013). *Utilization of postnatal care among rural women in Nepal*. *BMCPregnancy and Childbirth*, **7**:19.
- attendance at a rural district hospital in Zambia*. *Trop Doct*;36:205–208.
- Bondolier, J. (2014). *Evidence based thinking about health care. Healthy postnatal care*. Retrieved October 09, 2007. Retrieved from: <http://www.jr2.ac.uk/bandolier/both/hliving/healpona.html>.
- Bryant, A.S., Haas, J.S., McElrath, T.F., McCormick, M.C. (2010). *Predictors of compliance with the postpartum visit among women living in healthy start project areas*. *Matern Child Health J*; 10:511–516
- Chakraborty, N., Islam, M.A., Chowdhury, R.I., Ban, W. (2013). *Utilization of postnatal care in Bangladesh: evidence from a longitudinal study*. *Health Soc Care Community*, 10:492-502. *Countries*. Calverton, Maryland, USA, Macro International Inc..
- Dhaher, E., Rafael, G., Mikolajczyk, T., Maxwell, A.E., Krämer, A. (2008). *Factors associated with lack of postnatal care among Palestinian women: A cross-sectional study of three clinics in the West Bank*. *BMCPregnancy Childbirth*.8: 26. ro International Inc..
- Eijk van, M.A., Bles, M.H., Odhiambo, F., Ayisi, G.J., Blokland, E.I., Rosen, H.D., Adazu, K., Slutsker, L., Lindblade, A.K. (2011). *Use of antenatal and delivery care*

among women in rural western Kenya: a community based survey. Reprod Health, 3:2.

Fikree, F.F., Ali, T., Durocher, J.M., Rahbar, M.H. (2010). *Health service utilization for perceived postpartum morbidity among poor women living in Karachi. SocSci Med, 59:681–694.*

Freeman, M.P., Wright, R., Watchman, M., Wahl, R.A., Sisk, D.J., Fraleigh, L., Weibrecht, J.M.,(2012). *Postpartum depression assessments at well-baby visits: screening feasibility, prevalence, and risk factors. J Women’s Health; 14:929–935.*

Goodburn, E.A., Gazi, R., Chowdhury, M. (2011). *Beliefs and practices regarding delivery and postpartum maternal morbidity in rural Bangladesh. Stud FamPlann; 26:22–32.*

Hove, I., Siziya, S., Katilo, C., Tshimanga, M. (2013). *Prevalence and associated factors for non-utilization of postnatal care services: Population-based study in Kuwadzanaperi-urban areas, Zvimba district of West Province, 89 Zimbabwe. Afr J Reprod Health, 3:25-32. justice. Retrieved from www.safemotherood.org.htm on 8/09/2008.*

Kabakian, P., Khasholian, T., Campbell, O., Shediak-Rizkallah, M., Ghorayeb, F. (2009).

Lagro, M., Liche, A., Mumba, T., Ntebeka, R., van Roosmalen, J. (2009). *Postpartum care*

Lu, M.C., Prentice, J. (2010). *The postpartum visit: risk factors for nonuse and association with breast-feeding. Am J ObstetGynecol; 187:1329–1336.*

- Ministry of health (2011). *Indicators for monitoring the health sector plan in Uganda*.
- Nabukera, S.K., Witte, K., Muchunguzi, C., Bajunirwe, F., Batwala, V.K., Mulogo, E.M., Farr, C., Barry, S., Salihu, H.M. (2011). *Use of postpartum health services in rural Uganda: knowledge, attitudes, and barriers*. J Community Health; 31:84–93.
- Nandago, A.(2010). *Factors influencing utilization of postnatal services in Mulago and Mengohospitals Kampala, Uganda*.
[http://www.uwc.ac.za/library/theses/main_frame.htm]
- Nankwanga A. (2015). *Factors influencing utilization of postnatal services in Mulago and Mengo hospitals Kampala, Uganda*. Retrieved from: http://etd.uwc.ac.za/usrfiles/modules/etd/docs/etd_init_69861174047746.pdf (accessed 2011). *perceived postpartum morbidity among poor women living in Karachi*. SocSci Med, 59:681–694.
- Ronsmans, C., Graham, W.J. (2011). *Maternal mortality: who, when, where, and why*. Lancet;
- Safe motherhood.(2012). *Safe motherhood: a matter of human rights and social justice*. Retrieved August 9, 2009, from www.safemother.org.htm.
- Sulochana, D., Chapman, G.N., Padam, P., Simkhada, L., van Teijlingen, E.R., Stephens.
- Uganda National Health Consumer Organization (UNHCO). *Improving Maternal Health and Utilization of PMTCT services through the Right Based Approach in Nakeseke, Kamuli and Mbarara districts baseline report November 2013*.

Retrieved from: <http://www.un.org/esa/socdev/enable/diswpa01.htm> on 25/4/2003

WHO .(2010). A call for action: promoting health in developing countries. *Health Education Quarterly*, 18(1) : 5-15. World Health Organization. (2008) .

Waterstone, M., Wolfe, C., Hooper, R., Bewley, S (2012). *Postnatal morbidity after childbirth and severe obstetric morbidity*. BJOG;110:128–133

with lack of postnatal care among Palestinian women: A cross-sectional study of three clinics in the West Bank. BMC Pregnancy Childbirth.8: 26.

World Health Organization (2010). Division of reproductive health Postpartum care of the mothers and new born; *a practical pregnancy guide*, Geneva: W.H.O

Department of making safer, (2010).

APPENDICES

APPENDIX I: INFORMED CONSENT FORM.

I am **Ahabwe Sheila** student of Kampala International University School of nursing pursuing a diploma in Nursing invites you to participate in the study on factors contributing to under-utilization of postnatal services at Mwizi HCIII, Mbarara district. The information that you provide during the study will be kept confidential. Only the researcher will have the access to it. Your participation in this study is voluntary and you have a right to refuse to participate or answer any question that you feel uncomfortable with. If you change your mind about participating during the course of the study, you have the right to withdraw at any time. The decision to withdraw will not affect your care services. If there is anything that is unclear or you need further information, we shall be delighted to provide it.

I have understood the purpose of the study. I realize that I might be contacted again if need be. I have read the above information .I have had the opportunity to ask questions about it and have been answered to my satisfaction .I consent voluntarily to participate as a subject in this study and understand that I have a right to withdraw from the study at any time without in any way affecting my care services.

Respondent's Signature..... Date.....

Researcher's Signature..... Date.....

APPENDIX II: SEMI-STRUCTURED QUESTIONNAIRE

My name is **Ahabwe Sheila**, a student of Kampala International University School of Nursing and I am carrying out a study to identify the factors contributing to under-utilization of post-natal services by mothers receiving maternal health services at Mwizi health centre III. You have voluntarily consented to participate in the study and all the information you give will be kept confidentially.

Please endeavor to respond to all questions asked

Please answer as accurately as possible to enhance data quality

Section A: Demographic data

1. What is your age?

- a) 18 – 25 years b) 26 – 35 years
- c) 36 – 45 years d) 46 years and above

2. What is your tribe?

- a) Munyankole c) Mukiga
- b) Muganda d) others specify.....

3. What is your present marital status?

- a) Single c) Cohabiting
- b) Married d) Divorced/separated

4. What religion do you belong to?

- a) Moslem
- b) Protestant
- c) Catholic
- d) others (specify)

5. What level of education did you attain?

- a) Primary only
- b) Tertiary
- c) Secondary
- d) None)

6. What is the level of education of your partner?

- a) Primary only
- b) Secondary
- c) Tertiary
- d) None

7. What is your present occupation?

- a) House wife/peasant
- b) Self-employed
- c) Salaried
- d) others (specify)

8. What is present occupation of your partner?

- a) Peasant/farmer)
- b) Self-employed
- c) Salaried
- d) others (specify)

9. How many pregnancies have you had in total?.....

10. How many children do you have?

a) 1-3

c) 4-6

b) 4-6

d) None

Section B: Mothers 'knowledge about post-natal services offered

11. Do you know the postnatal services you are supposed to receive after delivery?

a) Yes

b) No

12. If yes, name those services

.....

.....

.....

.....

13. Where did you get the information about postnatal services? (More than one can be ticked)

a) Health workers

c) Mass media

b) Friends and family

d) others (specify)

14. Did you attend postnatal services in the six weeks after delivery

a) Yes

b) No

15. If yes to 14 above, why did you go for postnatal services? (More than one can be marked if applicable)

- a) Because was ill
- b) Because the baby needed immunization
- c) Because the midwife had told me I should
- d) Because I wanted to start family planning
- e) Because I wanted to make sure I am back to normal
- f) Other (specify).....

16. What postnatal services did you receive when you went back to facility/hospital after delivery?

- a) Physical examination
- b) Family planning services
- c) Immunization of baby
- d) Counseling
- e) Breast feeding education
- f) Physiotherapy
- g) Other (specify).....

17. If not to question 14, tick possible reasons why you did not attend postnatal services?

(Answer only if applicable)

- a) Attending to other family matters
- b) It is expensive
- c) No money for transport
- d) Do not stay in the area
- e) Not aware
- f) Did not think it was necessary
- g) Waiting time is too long
- h) other (specify).....

18. Where did you deliver your baby from?

- a) Mwizi health centre III c) Home/TBA
b) Other Hospital/Health center d) others (specify).....

Section C: Health facility related factors contributing to low utilization of post-natal services

19. If you have ever attended post-natal services at Mwizi health centre III, how long did you wait before being attended to?

- a) Less than 30 minutes c) More than 1 hour
b) 30 minutes – 1 hour d) others (specify).....

20). How far is Mwizi health centre III from your home?

- a) Less than 1km b) 1-3 km c) 3km and above

21). what is the attitude of health workers towards mothers at the post-natal ward?

- a) Positive b) Negative

22). Have you ever been sensitized by health workers about the importance of attending post-natal services?

- a) Yes b) No

23). What do you think can be done to improve mothers' attendance and utilization of post-natal services at Mwizi health centre III?.....

Section D: Individual factors contributing to low utilization of post natal services

24. What means of transport do you use to get to the hospital?

- a) Foot
- b) Taxi
- c) Bodaboda
- d) Private car

25. What is your source of income?

- a) My business
- b) Husband
- c) farming
- d) Other (specify).....

26. Approximately how much do you spend on transport every time you go for postnatal services at Mwizi HCIII?

- a) I don't spend
- b) 1,000 – 5,000 Shs
- c) 5,000 Shs and more

27. Does your husband/partner encourage you to attend postnatal services at Mwizi HCIII?

- a) Yes
- b) No

28) What is the attitude of other mothers in your community towards the use of postnatal services?

- a) Positive
- b) Negative

APPENDIX III: LETTER OF APPROVAL



School of Nursing Sciences,
P.O.BOX 71 Bushenyi, Ishaka
Tel: +256 (0) 701 975572
E-mail: akabanyoro@gmail.com
Website: <http://www.kiu.ac.ug>

Office of the Dean - School of Nursing Sciences

Authorised to carry out her activity.

TO WHOM IT MAY CONCERN



Dear Sir/Madam

RE: AHABWE SHEILA - DNS/E/5588/162/DU

The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science and she is in her final academic year.

She is recommended to carry out her data collection as a partial fulfillment for the award of the Diploma in Nursing Science.

Her topic is **FACTORS CONTRIBUTING TO LOW UTILISATION OF POSTNATAL CARE SERVICES AMONG MOTHERS ATTENDING MWIZI HEALTH CENTRE III, MWIZI SUB COUNTY, MBARARA DISTRICT**

Any assistance rendered to her will be highly appreciated.

Thank you in advance for the positive response.



RESEARCH COORDINATOR


APPENDIX IV: MAP OF UGANDA



MBARARA DISTRICT

**APPENDIX V: MAP OF MBARARA DISTRICT SHOWING MWIZI SUB
COUNTY**



 -MWIZI SUB COUNTY