

Factors Contributing to Low Utilisation of Postnatal Care Services among Postnatal Mothers at Rwekubo HC4 Isingiro District

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ABSTRACT

The purpose of the study was to explore the factors contributing to the low utilization of PNC services among postnatal mothers at Rwekubo HC IV Isingiro district. The study was a cross-sectional design that employed a quantitative method purposive sampling technique was used to collect data, and a total of 40 post-natal mothers successfully participated in the study. Data was presented in the form of frequency tables, bar graphs, and pie charts. The findings show that the majority 30% of the mothers were aged between 25-29 years, about half 40% of them had a parity of 2-3 with 50% staying 6-10km away from the health facility leading 4(40%) who fail to attend PNC services because of the long waiting time at the postnatal clinic. Most mothers had ever heard of PNC services from health workers, with 75% utilizing postnatal care services at least once within the postnatal period and 24(63.2%) knew children get immunization services at the postnatal clinic. In addition, (98%) had ever heard of postnatal care services (92.5%) knew at least one postpartum danger sign, 22(24.7%) mentioned severe bleeding as a postnatal danger sign while 22(88.5%) of the mothers delivered from the health facility. In conclusion, the majority of the mothers had knowledge about postnatal services but still faced the problem of distance to the health center and health workers taking long to attend to the mothers, Programs targeting reinforcement of Maternal and Child Health should emphasise the need for mothers to be having hospital delivery should be addressed.

Keywords: Postnatal Care, Postnatal Mothers, Services, Utilisation.

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Introduction

Postnatal care service utilisation refers to the use of postnatal care services by mothers after the delivery of their babies.¹⁻⁵ It comprises the care given to the mother and the baby after birth and this care includes; physical examination, immunisation, family planning, and health education on mother and baby care among others. The mother is considered to have utilised PNC if she attended a postnatal clinic at least once.

According to the World Health Organization (WHO), the postnatal period begins immediately after the birth of the baby and extends up to six weeks (42 days) afterbirth and it includes an

integrated package of routine maternal and neonatal care.⁶ WHO recommends that a mother and her newborn child should receive postnatal care within 24 hours of birth and then at least three more e times that is to say, on day three of the second week and six weeks after birth.⁷

Methodology

Study Design and Rationale

This study adopted a cross-sectional study design using a quantitative research approach. The rationale for the design was to obtain a detailed description of the factors contributing to the low utilisation of postnatal services. The quantitative

approach was used because it is more reliable and objective, it also saves time and cost.

Study Area

The study was conducted at RwekuboHC IV in Isingiro district.

Study Population

This study was conducted among mothers within the postnatal period during the month of data collection with a child less than six months old, willing to participate, and mentally and physically capable.

Sample size determination

The sample size is the number of observations used for calculating estimates of a given population without having to survey each member of the population. The minimum required sample size was determined using Sloven's (1962) formula with precision of +/-5% at a confidence level of 95%. The formula is given by the expression below.

$$N = \frac{n}{1+n(E)^2}$$

Where;

N = Number of respondents.

n = Target population, n=45 (estimated number of mothers)

E = Fixed error, E= 0.05

Therefore;

$$N = \frac{45}{1+45(0.05)^2}$$

N = 40, therefore 40 respondents will be recruited for the study

Sampling Procedure

A purposive sampling technique was used to collect quantitative data where postnatal mothers who were present at the PNC clinic were elicited and willing mothers were recruited in the study according to their characteristics and study objectives. This method was preferred because it is convenient, time-saving and it allows the researcher to get the target sample size quickly.

Inclusion Criteria

In this study, the researcher included; mothers who were attending the postnatal period at the time of data collection, postnatal mothers whose children were less than six months old, and postnatal mothers willing to participate, mentally and physically capable of standing the interview.

Exclusion Criteria

Exclusion criteria are those characteristics that can cause an element to be excluded from the target population. The study excluded; Postnatal mothers who were not willing to participate, postnatal mothers whose children were above six months old, and postnatal mothers who were mentally and physically incapable of standing the interview.

Research Instruments

The pre-tested structured questionnaires with both open and close-ended questions were designed and distributed to the respondents who consented to participate in the interview. The researcher conducted a face-to-face interview with respondents who were requested to fill in their responses according to their understanding and will. In case the respondents did not understand English, an interpreter would help in the translation questions.

Data Collection Procedures

The researcher got an introductory letter from the school which she presented to the postnatal clinic who permitted her to collect data. The researcher introduced herself to the participants and explained to them the purpose of the research. Consent forms were given out and signed by willing participants. Questionnaires were given to respondents to fill and those who were not able to read and write were guided by the researcher. Then the researcher checked through the filled questionnaires before leaving the data collection area and ensured their completeness.

Data Analysis

Data analysis was performed by manual tallies and was later analysed using electronic

calculators and entered into an Excel spreadsheet summarised using tables, pie charts, bar graphs, and figures.

Ethical Considerations

An introductory letter issued by the research and ethics committee of Kampala International University School of Nursing was obtained and it was used to introduce the researcher to the postnatal clinic on research day.

Postnatal mothers were included in the study upon giving their consent to participate after a thorough explanation by the researcher on the purpose of the study they were requested to consent and the researcher informed the participants that they have the right to withdraw from the study if one felt uncomfortable during the course of the study. Participants were assured of maximum confidentiality and were informed that there was no hidden intention behind the study but for research purposes only.

Results

		Frequency	Percentage (%)
Age	15-19	06	14
	20-24	10	25
	25-29	12	30
	30-34	07	17.5
	35 and above	05	12.5
Marital status	Married	33	82.5
	Single	04	10
	Divorced	03	7.5
	Widowed	00	00
Parity	1	10	25
	2-3	16	40
	4-5	05	12.5
	6 and above	09	22.5
Highest level of education	None	05	12.5
	Primary	18	45
	Secondary	10	25
	Tertiary	07	17.5
Occupation	House wife	05	12.5

	Peasant	21	52.5
	Maid servant	03	7.5
	Civil servant	09	22.5
	Others	02	05

Table 1: Shows social demographic information of the respondents (N=40).

According to the research findings, the majority of the respondents 12(30%) were within the age range of 25-29 compared to 5(12.6%) who were within the age group of 35 and above, more than half of the respondents 33(82.5%) interviewed were married while 3(7.5) were divorced, most of the respondents 18(45%) attained at least primary as their highest level of education, less

than a quarter of the respondents 5(12.5%) had never attended school, more than a half of the respondents 21(52.5) interviewed were peasants and many of the respondents 16(40%) studied had ever pregnancy a number of times ranging from 2-3 compared to 5(12.5%) who had to arrange of 4-5 number of pregnancies.

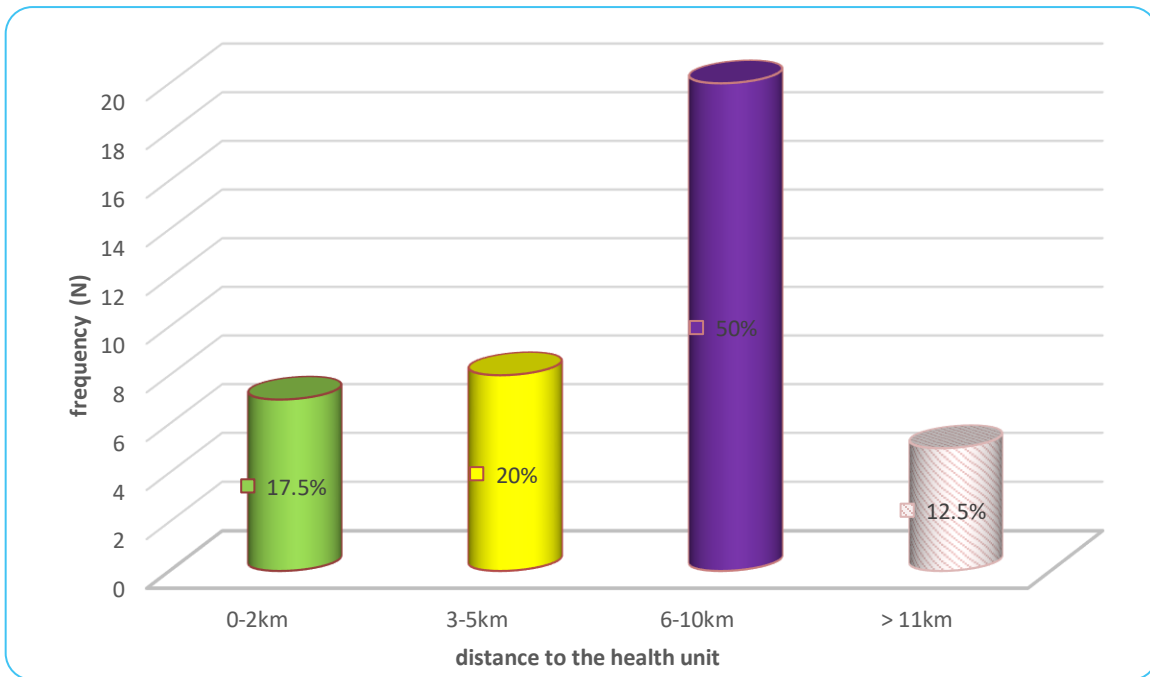


Figure 1: Showing the distance from respondents' homes to the health centre (N=40).

According to the study findings, half of the respondents 20(50%) were staying 6-10km away from the health centre as compared to 5(12.5%)

who were staying more than 11km away from the health centre.

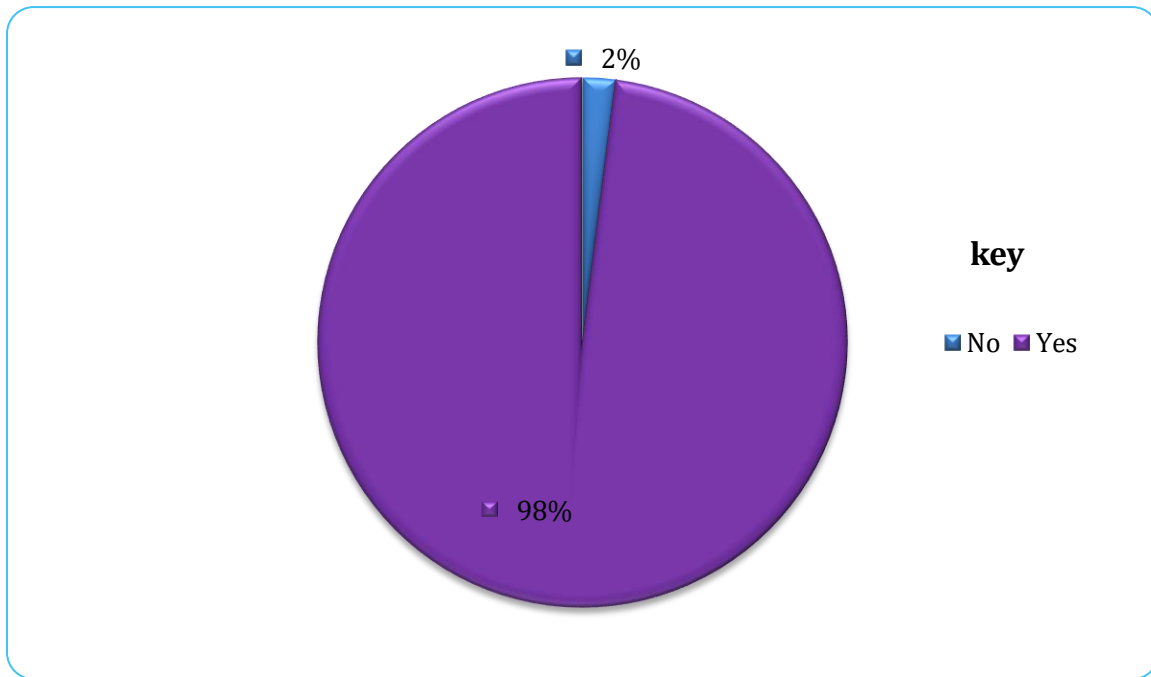
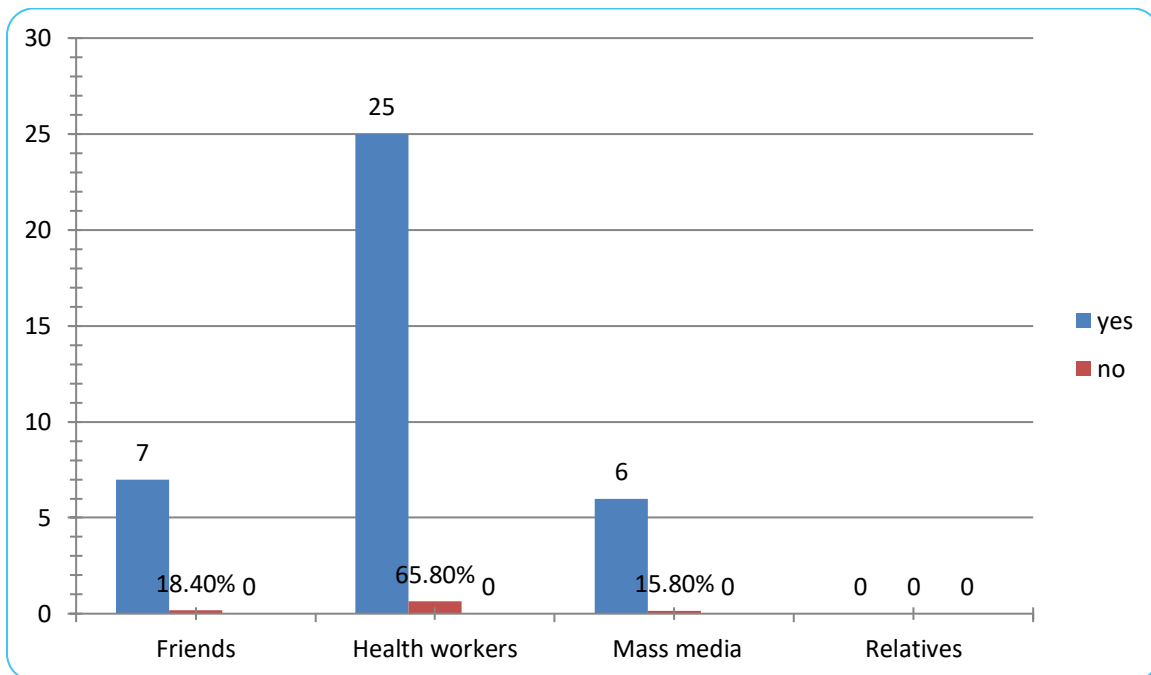


Figure 2: Showing whether respondents had ever heard of postnatal care services (N=40).

According to the findings in the study, most respondents 38 (98%) studied had ever heard of

postnatal care services compared to 2 (2%) had never heard of postnatal care services.

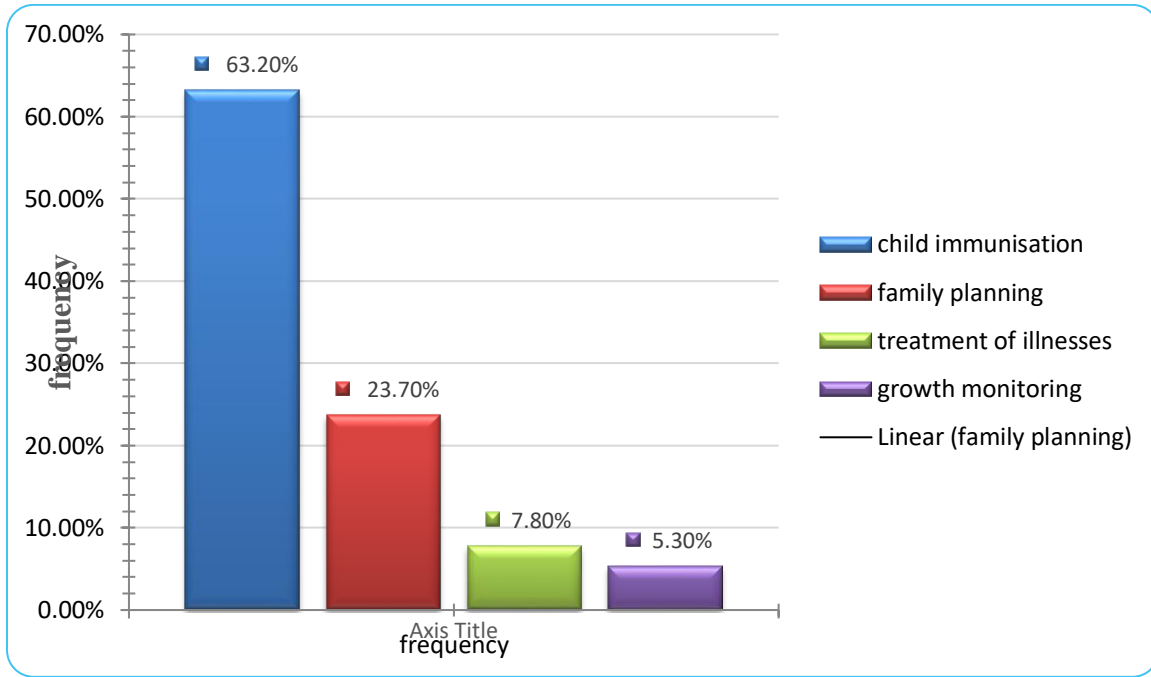


*was only asked mothers who had ever heard of PNC.

Table 2: Showing source of information about postnatal care services (N=38).

According to the findings, more than half 25(65.8%) of the respondents studied had ever heard PNC services from health workers,

compared to 6(15.8%) heard PNC services on the media and no respondent had heard PNC from relatives.



*was only asked those who knew services offered

Figure 3: Showing the services mothers knew being offered at postnatal clinic (N=38).

According to the results of the study, the majority of the respondents 24 (63.2%) said that they knew child immunisation services are offered at the postnatal clinic, 9(23.7%) respondents knew family planning services, and 3 (7.5%)

respondents said they knew treatment of illness as compared to 1 (5.3%) who mentioned that she knew growth monitoring services were offered at the postnatal clinic.

Number of times	Frequency (N)	Total percentage (%)
1	2	5.3%
2-3	11	29.8%
>4	25	65.8%
Total	38	100

*was only asked those who attended at PNC clinic

Table 3: Showing the number of times a baby and the mother should attend PNC clinic (N=38).

The data shown in Table 3 shows that more than half of the respondents 25 (65.8%) reported that a mother and the baby should attend postnatal

clinic more than four times, compared to 2(5.3%) who said that a baby and the mother should attend postnatal clinic only once.

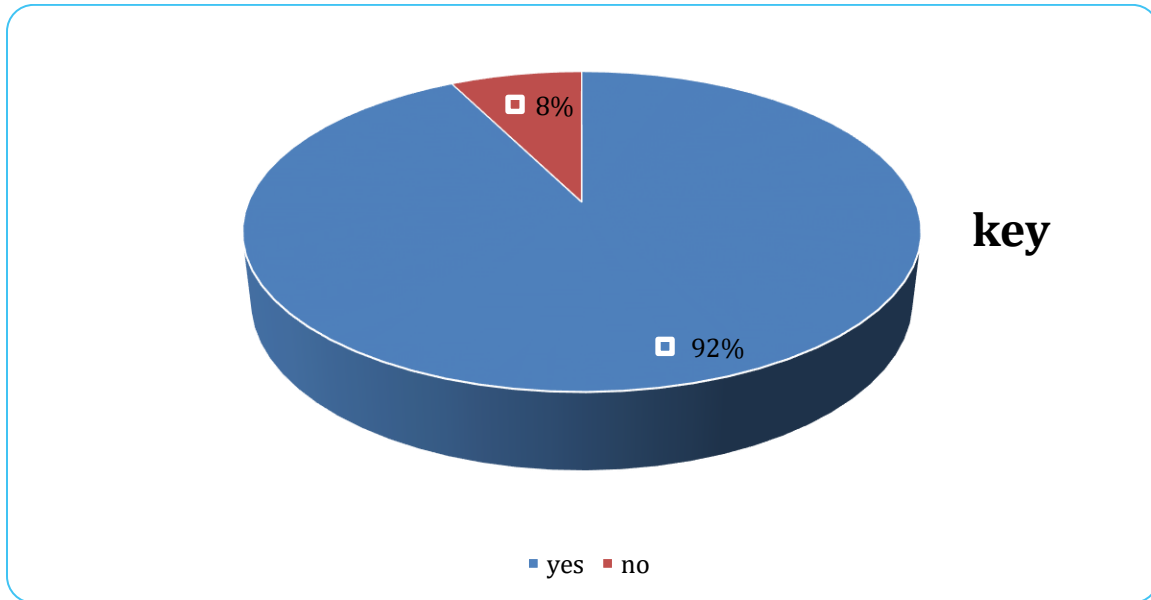


Figure 4: Showing whether respondents had ever heard of postnatal danger signs (N=40)

According to the findings of the study, more than three-quarters of the respondents 37(92.5%) had ever heard of postnatal danger signs compared to

3(7.5%) who had never heard of postnatal danger signs.

Postnatal danger signs	Frequency (N)	Percentage (%)
Severe bleeding	19	21.3
Convulsions	10	11.2
Fever	04	4.4
Severe headache	11	12.3
Umbilical cord infections	01	1.1
Lower abdominal pain	22	24.7
Failing to breast feed	06	6.7
Dizziness	14	15.7
Total	89	100

Table 4: Showing postnatal danger signs mothers knew (N=89).

According to the study findings, the majority of the respondents studied 22(24.7%) knew severe bleeding as a postnatal danger sign compared to

4(4.4%) who knew abdominal bleeding as a postnatal danger sign.

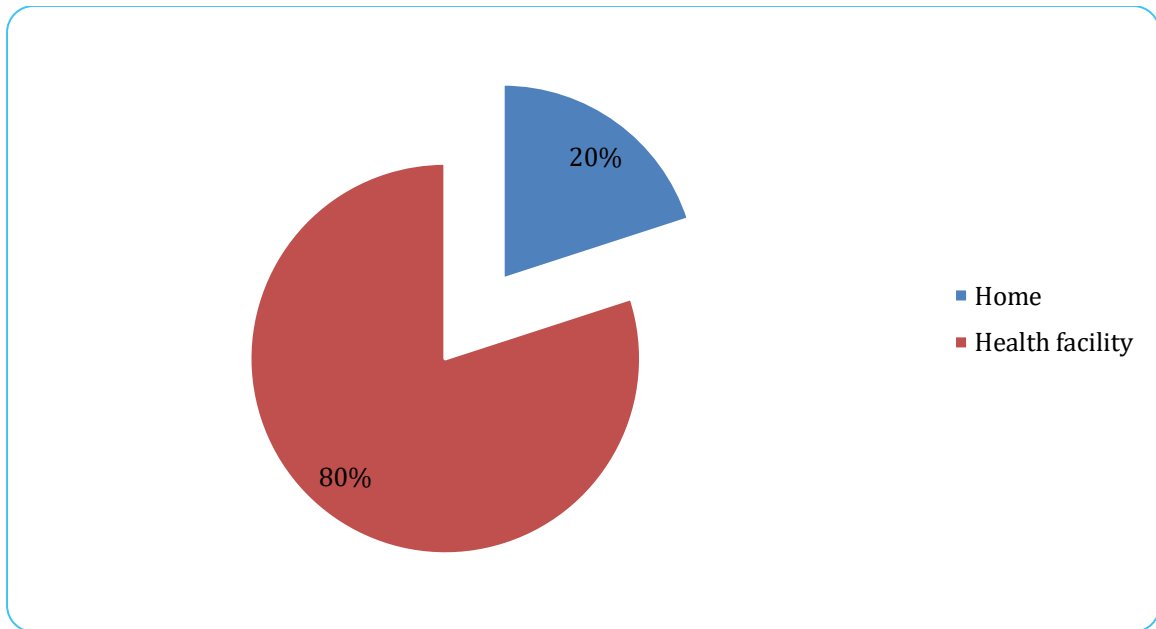


Figure 5: Showing where mother delivered from (N=40).

From Figure 5 above, the study findings show that more than three-quarters 32 (80%) of the mothers studied delivered from a healthy facility

compared to 8(20) who delivered their babies from home.

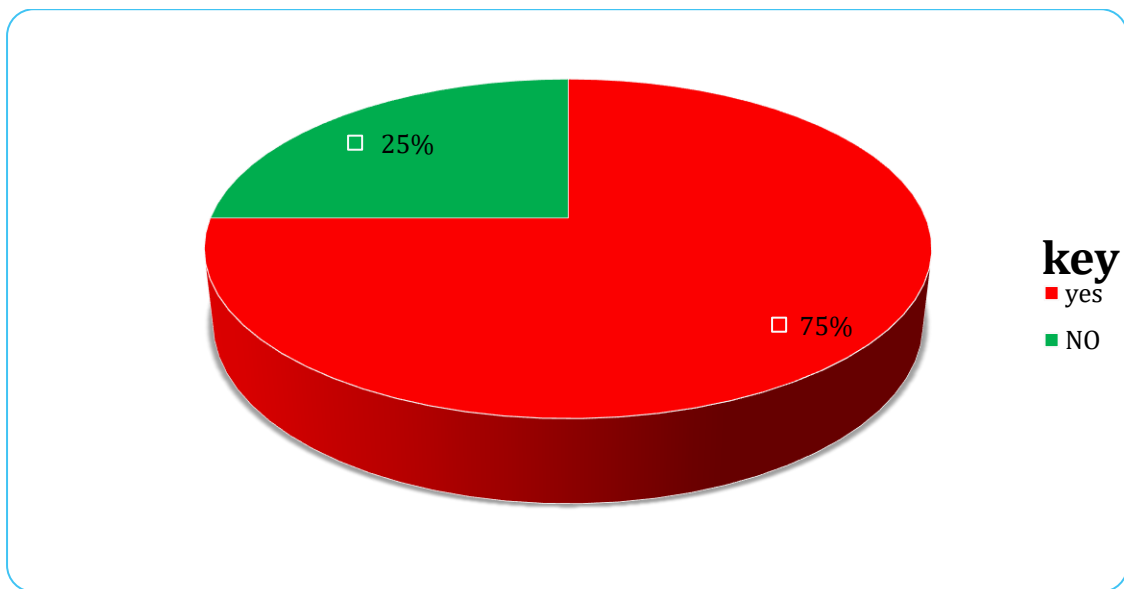


Figure 6: Showing whether mothers attended PNC after delivery (N=40).

According to the study findings, three quarters (75%) of the mothers studied attended PNC after

delivery compared to (25%) who did not attend PNC services after delivery of their babies.

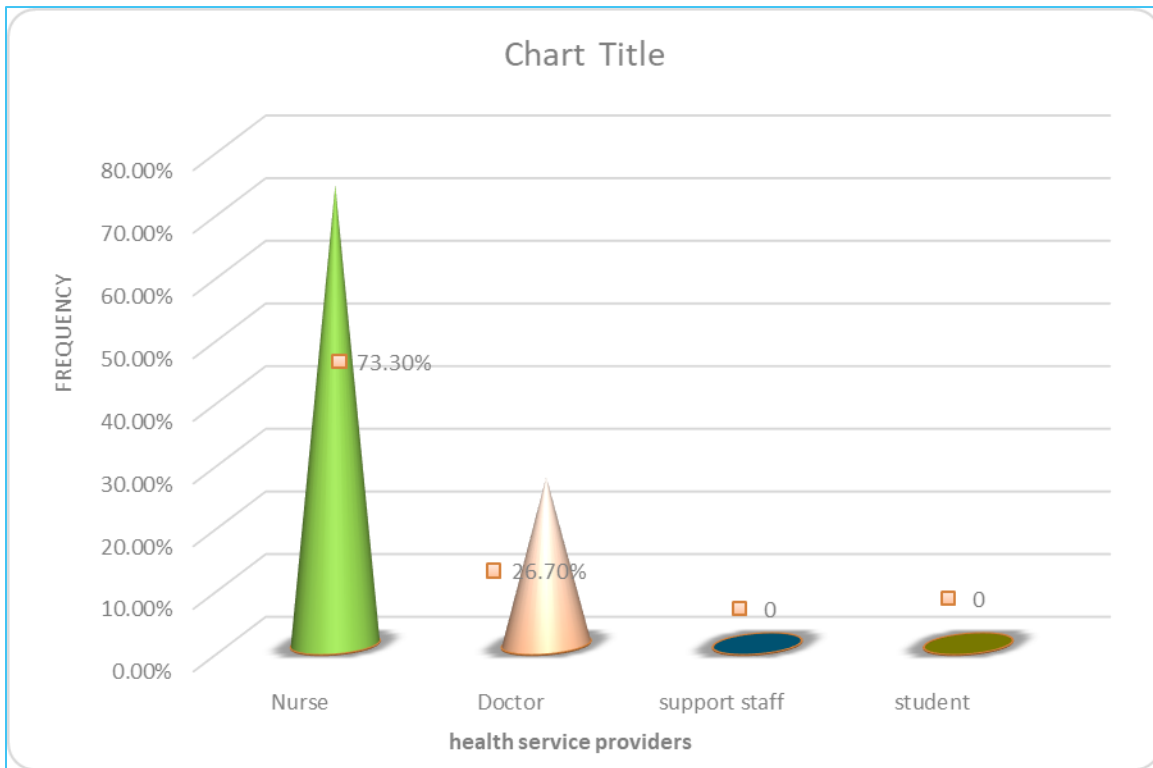
Number of visits	Frequency (n)	Total percentage (%)
1	5	16.7
2-3	7	23.3
>4	18	60
Total	30	100

*was only asked to those who had ever attended PNC

Table 5: Showing the number of postnatal visits mothers attended (n=30).

From Table 5 above, more than half 18(60%) of the studied post-natal mothers attended PNC

services more than four times as compared to 5(16.7%) who visited the postnatal clinic once.



*was only asked to those who had ever attended PNC

Figure 7: Showing the health worker who provided PNC services to mothers at the health facility.

According to the study findings in Figure 7 above, results clearly indicated that the majority 22(73.3%) of the mothers were attended to by

nurses compared to 8(26.7%) who were attended to by doctors. However, no mother was attended to by either a support staff or a student nurse.

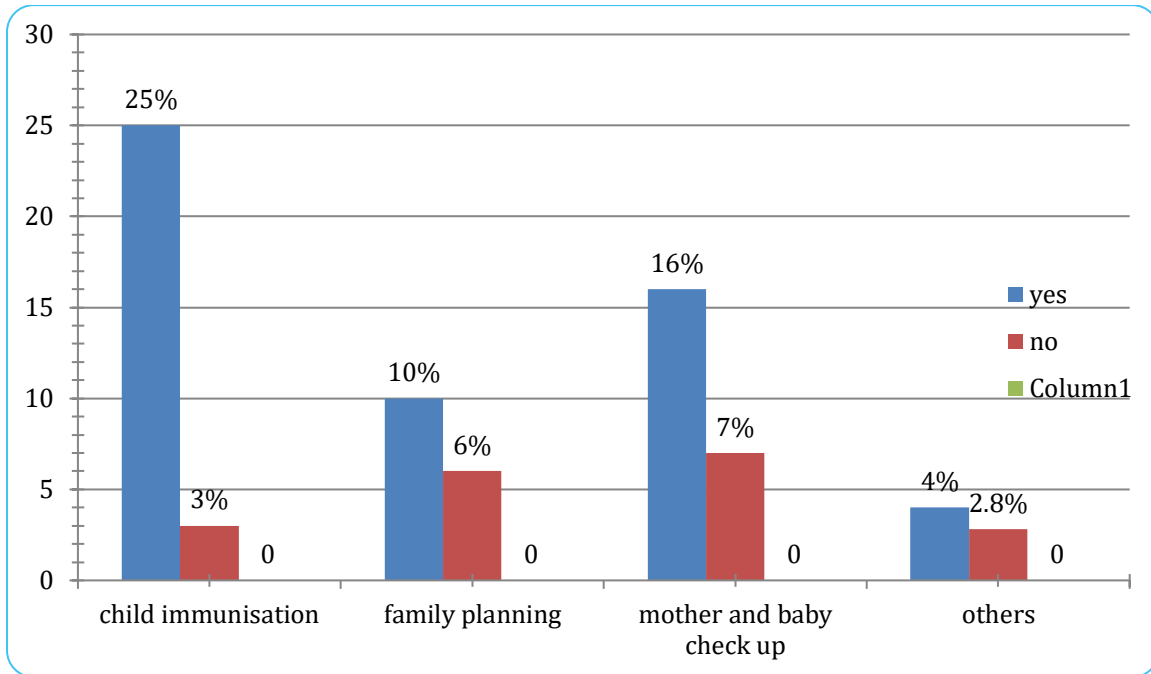


Figure 8: Showing the kinds of services mothers seeks for at the postnatal clinic (n=30).

According to the study findings, almost all of the mothers 25% usually go for child immunisation in conjunction with another service compared to 4%

who go for other services like child growth monitoring and withdrawal from family planning.

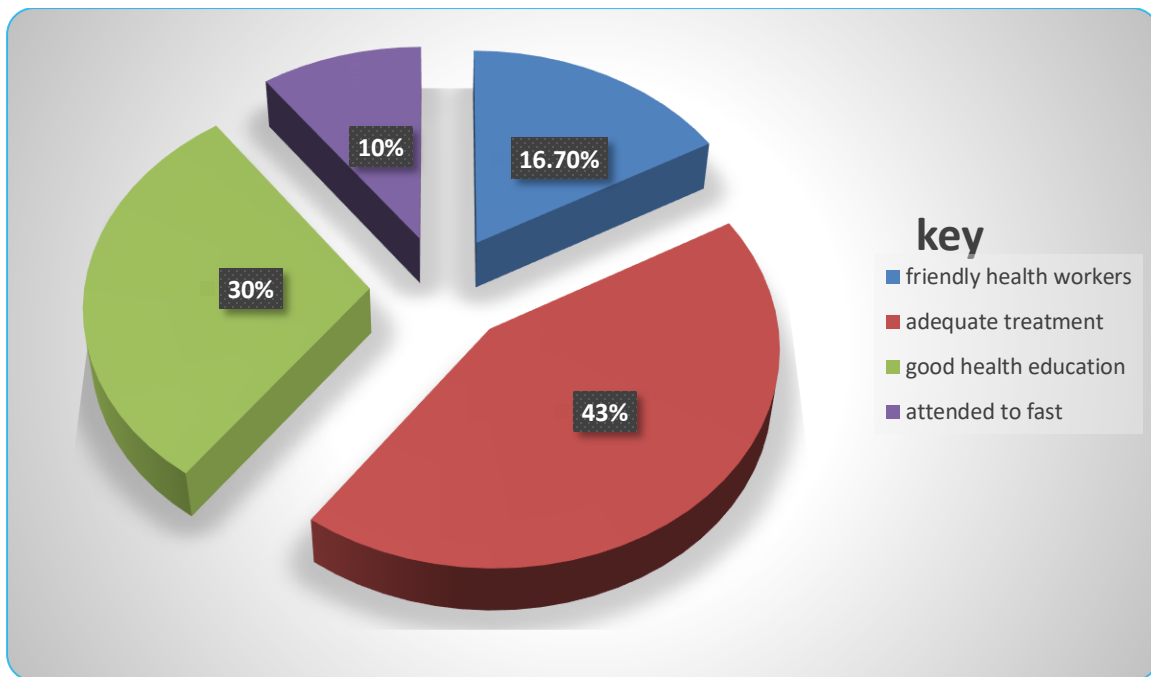


Figure 8: Showing what mothers liked most during postnatal visits (n=30).

According to the study findings, most 13 (43.3%) of the studied mothers liked adequate treatment most as compared to 3 (10%) who attended fast.

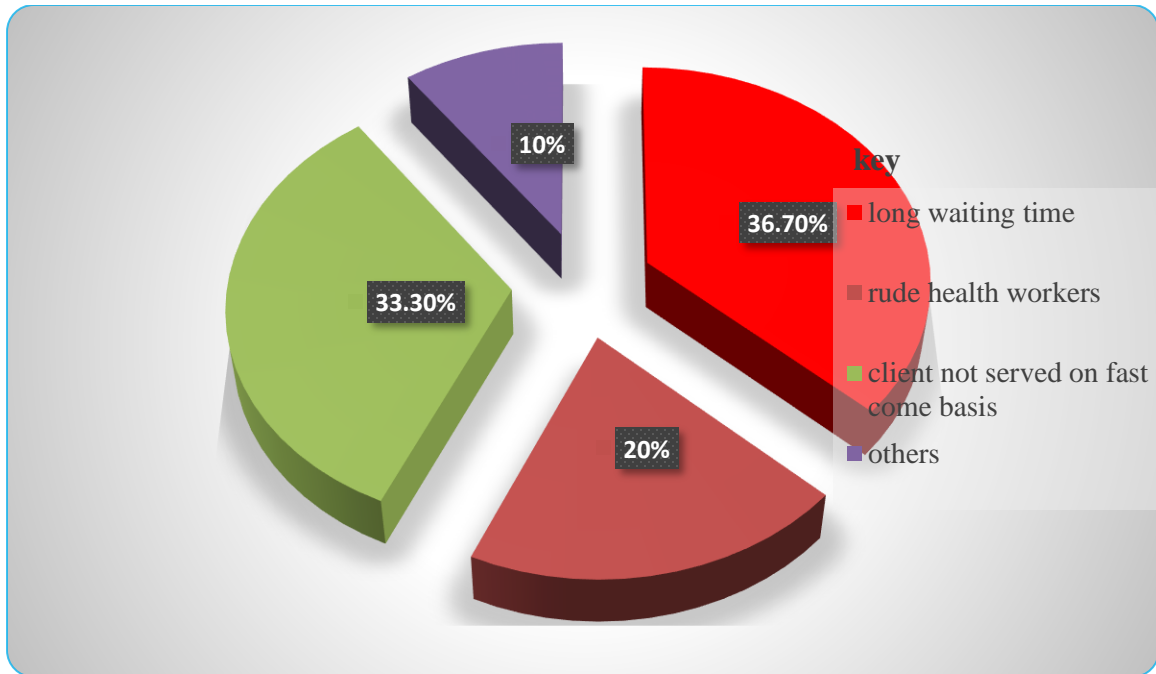


Figure 9: Showing what mothers didn't like at PNC clinic (n=30).

According to the findings of the study, most of the studied respondents 11(36.7%) didn't like the long waiting time at the postnatal clinic compared

to 6 (20%) who didn't like the rudeness of health workers at the postnatal clinic.

Perception of PNC services	Frequency (n)	Percentage (%)
Excellent	08	26.7
Very good	11	36.7
Poor	10	33.3
Very poor	01	3.3
Total	30	100

Table 6: Shows how mothers perceived the quality of PNC services at the heath unit (n=30).

From Table 6 above, the findings of the study show that the majority of the respondents 11(36.7%) perceived PNC services as very good

compared to 1(3.3%) who perceived PNC services as very poor.

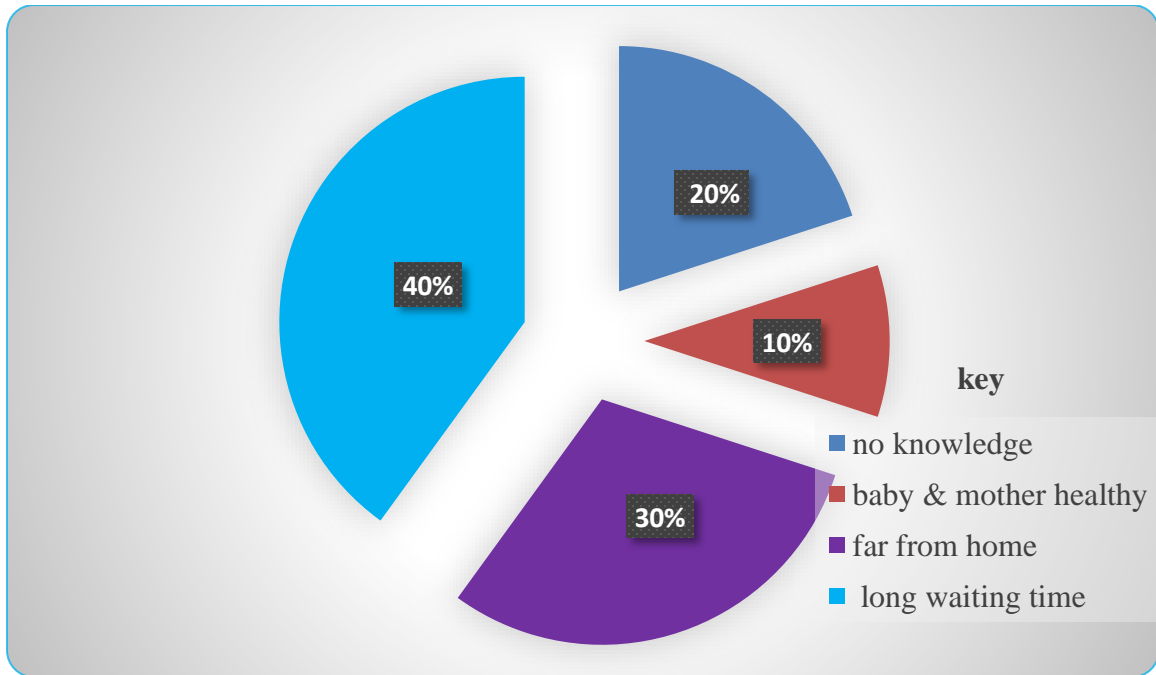


Figure 10: Showing reasons why mothers didn't attend PNC services (N=10).

According to the study findings, the majority of the mothers 4(40%) didn't attend PNC services because of the long waiting time at the postnatal

clinic compared to 1(10%) didn't attend PNC because the baby and the mother were healthy.

Mothers' suggestions	Frequency (n)	Percentage (%)
Reduce waiting time	15	37.5
Health workers should be polite	13	32.5
Employ more health workers	02	5
Others	14	35
Total	40	100

Table 7: Showing what mothers' suggestions to improve utilisation of PNC services (n=40).

From the study findings in Table 7 above, the majority 15(37.5%) of the mothers studied suggested that waiting time should be reduced in order to improve PNC service compared to 2(5%)

suggested that more health workers should be employed so as to improve utilisation of PNC service at Rwekubo health centre four Isingiro district.

Discussion

According to the study findings, the majority of the respondents 12(30%) were within the age range of 25-29 followed by 20-24, This could be because young mothers are always conscious of postnatal issues as they are scared of any danger signs that may arise. With regards to marital status, more than half 33(82.5%) of the respondents were in marital union, this could be attributed to the fact that husbands were supporting them and this is in agreement with the study done by Tesfahun and Worku⁸, their report showed that married women were more likely to utilise postnatal care services than those who were single, divorced or separated. Furthermore, 10(25%) of mothers had 4 children and above possibly due to the fact they had been exposed and they think they can deal with anything without any help and this is in line with the study done by Some Fun and Ibisomi⁹ who found out that the levels of postnatal care attendance decreased steadily with increasing birth order and that mothers with high parity of five children and above are more likely not to use PNC services than mothers who had a parity of less than five.

Most 55% of the mothers had not attained a certain level of formal education, this means that they are not capable of using skills and knowledge from previous sources like newspapers, radios, and magazines, hence expected to have inadequate knowledge of PNC services. Contrary to the above, Penh¹⁰, found that women with secondary education or higher were significantly more likely to utilise PNC services than other women.

In addition, the findings further revealed that the majority 21(52.5%) of the mothers were peasants and this is attributed to the fact that Rwekubo is in the village setting and this is in line with the study conducted by Jat *et al.*¹¹ which discovered that women who were farmers, Agricultural workers, and labourers were less likely to use PNC services in comparison with professional women.

According to the study findings, half of the respondents 20(50%) were staying 6-10 km away from the health centre, this could be due to the fact that they feared incurring transport costs to reach the health centre. To supplement the above, Somefun and Ibisomi⁹ and Penh¹⁰ discovered that women who stated that the distance to the health facility was not a problem, either the family was not far away or there were reliable means of transport were significantly more likely to utilise postnatal care services than women who said that the distance to the health facility was their biggest problem.

According to the study findings, results revealed that 98% of the mothers had ever had postnatal care services, this is due to increased awareness from health officials through ongoing communication over radios, televisions, newspapers, social mobilisation, and health education.

Reported sources of postnatal care service information by most mothers were friends, health workers, and mass media. More than half of the interviewed 65.8% mothers mentioned that they had heard PNC service information from health workers, 18.4% from friends, and 15.8% from mass media, Mothers further went on and mentioned the services that they knew were offered at the postnatal clinic and the majority 63.2% of the mothers mentioned child immunisation, 23.7% family planning, 7.8% treatment of illnesses and 5.3% mentioned growth monitoring as the service that is offered at the postnatal clinic, in disagreement with the above, according to, Nandjila¹² report showed that mothers were not utilising postnatal care services as expected because of lack of information about the availability of postnatal services.

There is a gap in knowledge on the number of times a baby and the mother should attend postnatal clinic as a large percentage of mothers 29.8% said that the mother and the baby should attend postnatal clinic 2-3 times and very few mothers said that a mother and her baby should

attend PNC as long as the care service provider instructs them to attend.

In accordance with the research findings, almost 80% of the mothers delivered from the health facility, this could be due to the adequate sensitisation of expectant mothers on the advantages of delivering from the health unit. It was also found that 75% of the mothers attended postnatal care after delivery and 40% of the mothers reported that the health unit was far from their homes, however, 20% of the mothers had no knowledge about PNC services and 10% reported that their babies were healthy so there was no need of attending postnatal care services, these study findings are in agreement with those of Kinuthia (2014), who found out that 41.3% of the mothers had no knowledge about postnatal services, 44.2% of the mothers did not attend postnatal services gave a reason like having no problem worth attending postnatal care. Furthermore, in another study by Nandjila¹², he found that women were not utilising postnatal care services as expected because of a lack of information about the availability of postnatal services.

The study found out that mothers who attended PNC services, the majority 22(73.3%) were worked on by nurses and this could be attributed to the fact that most procedures in the postnatal clinic are nurses' procedures, and mothers further went on to explain their perception towards the quality of PNC services given where majority 11(36.7%) perceived it as a very good one and this may be because of good health education and adequate treatment given to them however this disagrees with the study done by Tesfahun *et al.*⁸ who found that majority of the mothers who did not attend postnatal care complained of limited availability of health services including drugs and equipment.

The study found out that the majority of the mothers 43.3% liked the adequate treatment offered to them, 30% liked the good health education, 16.7% liked the friendly health workers and 10% preferred the fact that they were attended to fast.

Conclusion

Socio-demographic factors such as age, occupation, marital status, education level of the mother, mother's parity, knowledge of available PNC services, knowledge of at least one postpartum danger signs, and place of delivery play an important role in the utilisation of PNC services among postnatal mothers at Rwekubo HC IV Isingiro district.

The gap between the proportion of mothers who had no knowledge on PNC services and postnatal danger signs and the proportion which had good knowledge of PNC services and postnatal danger signs might indicate the need to re-strategize in health promotion where the health care providers at all levels should provide the Information, Education and Communication (IEC) about the available postnatal care services, where and when to get them, and their importance, and also the possible postpartum obstetric danger signs they are likely to face and what to do in case they occur.

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