

**FACTORS AFFECTING UTILIZATION OF POSTNATAL CARE SERVICES AMONG  
MOTHERS ATTENDING ANTENATAL CLINIC AT KAMPALA  
INTERNATIONAL UNIVERSITY TEACHING  
HOSPITAL**

**A RESEACH REPORT SUBMITTED TO UGANDA NURSES AND  
MIDWIVES EXAMINATION BOARD**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
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**BY**

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## Abstract

**INTRODUCTION:** The postnatal period refers to the first six weeks after birth. It is critical to the health and survival of a mother and her newborn but the quality of care for those who seek services is often poor and many women and their infants are not encouraged to seek care until 6 weeks after delivery. Therefore the purpose of the study was to assess factors affecting utilization of PNCs among mothers attending antenatal clinic at Kampala International University Teaching Hospital.

**METHODOLOGY:** The study was descriptive cross-sectional, Quantitative methods were employed in data collection and 50 respondents were involved who were selected using a simple random sampling method.

**RESULTS:** Most respondents 35 (70%) were in the age range of 25 – 34years, 35(70%) were from rural areas, 38 (72%) stopped in primary, majority were farmers 30(60%). Mothers had inadequate knowledge on the number of times they are supposed to attend postnatal care 35(70%), 40 (80%) knew need for PNCS although they had never experienced any abnormality in previous deliveries, respondents knew that there are some complication a mother can get during postnatal period like anemia 15(30%) wounds on the breast 12(24%), failure of the baby to breast feed 6 (12%). Health workers relationship with mothers was good 35(70%). 40(80%) delivered from hospital and most of respondents 35(70%) had support from their husbands, and family income for majority was fair 30(60%).

**CONCLUSION:** The government through the ministry of education should lay strategies that will scale up women education as it was revealed that most respondents had stopped in primary 38 (72%) of whom majority ended up being farmers 30(60%) and services should be brought near to the people by constructing more health units in communities more so in rural areas.

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## **DEDICATION**

I dedicate my research Proposal to my dear father Mr. Maseruka Timothy plus all Aunts (Dorothy. M, Sanyu. M, Annet. M, Fortune. M and Mary. M) Grand papa and all class mates Livingstone. K, Nansubuga. R, Namelinda. L and finally to Turyasingura Enos.

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## LIST OF ABBREVIATIONS/ACRONYMS

WHO	World Health Organization
ANC	Antenatal Care
DHS	Demographic and Healthy Survey
PNC	Postnatal Care
RRR	Relative Risk Ratios
CI	Confidence Interval
MHS	Maternal Health Services
DRH	Division of Reproductive Health
MOH	Ministry of Health
FP	Family planning
AJOL	African Journals online
KIUTH	Kampala International University Teaching Hospital
NGO	None governmental organization
SONS	School of Nursing sciences.

## **DIFFINITION OF KEY TERMS**

### **Utilization:**

The action of making practical and effective use of something.

### **Postnatal care:**

Refers to the first six weeks after birth and it is critical to the health and survival of the mother

### **Antenatal care**

Is a routine health control of presumed healthy pregnant women

### **Maternal**

Having a way a mother does towards her child.

### **Health worker**

Are all people engaged in actions whose primary intent is to enhance health

### **Social economical**

A branch of economics that focuses on the relationship between social behavior and economics.

## CHAPTER ONE: GENERAL INTRODUCTION

This chapter presents the introduction of study, problem statement, purpose of the study, specific objectives, research questions, justification of study and study scope.

### 1.1 INTRODUCTION

The postnatal period refers to the first six weeks after birth. It is critical to the health and survival of a mother and her newborn. The most vulnerable time for both is during the hours and days after birth. Lack of care in this period may result in death or disability as well as missed opportunities to promote healthy behaviors, affecting women and newborns (WHO 2016).

Global themes that emerged were: anxiety and/or fear and the transition to motherhood and parenting. The needs of first time mothers were considered to be different to the needs of women who had already experienced motherhood. The women were generally concerned about the safety of their new baby, and lacked confidence in them as new mothers regarding their ability to care for their baby. (Foster. A *et al* 2008). On October 29, 2008, WHO Technical Consultation on Postpartum and Postnatal Care was held in Geneva, Switzerland. This report reflects the discussions, proceedings and recommendations for follow-up. The World Health Organization (WHO) is in the process of revising and updating its guidance on postpartum and postnatal care delivered by skilled providers. The purposes of the revision are to encourage and support broader provision of care and to foster a new, woman-centered concept of care that promotes health and sustains attention to dangerous complications. This consultation report also discusses follow up activities after the revision of the WHO guidance. (Matthews. M *et al* 2010).

In developing countries coverage of at least one ANC visit was relatively high at 69% in Sub-Saharan Africa, compared to 54% in Asia. According to Demographic and Health Survey (DHS) data from 23 African countries, two-thirds of women in Sub-Saharan Africa give birth at home, but only 13% of all women receive a postnatal visit within two days. Much less was known about the utilization of PNC, the importance of which has recently been emphasized. (Mrisho.M *et al* 2009)

In Sub Saharan Africa, there was shortage of qualified health workers which was a major constraint for accessing essential health care, and has only 3% of the world's health workers. Sub-Saharan Africa is the region with the lowest density of total health workers per 1,000 population of 2.3 compared to Europe with 18.9 At least 36 countries of the 46 countries experience critical shortages in human resources (Kinney *et al* 2010)

In East Africa maternal uptake of PNC services were still low, a study in Tanzania (Shinyangarural district) indicated about only 35% of women in the area visits health facilities for maternal PNC services only once within 42 days post-delivery (Lwelamira . J *et al* 2015).In Kenya, fewer than 20% of women receive postnatal care services. (Bulletin of the World Health Organization, 2015)

According to Rutaremwa. G *et al* (2015) Uganda's poor maternal health indicators have resulted from weak maternal health services delivery including access to quality family planning, skilled birth attendance, emergency obstetric care, and postnatal care for mothers and newborns. With secondary and higher education were more likely to utilize the desirable maternal health care package (RRR = 4.5; 95 % CI = 1.5-14.0), compared to those who had none (reference = undesirable MHS package). Women who lived in regions outside Kampala (Uganda's capital) were less likely to utilize the desirable package of maternal health services (Eastern –

RRR = 0.2, CI = 0.1-0.5; Western – RRR = 0.3, CI = 0.1-0.8; Central – RRR = 0.3, CI = 0.1-0.8; Northern – RRR = 0.4, CI = 0.2-1.0). Women from the richest households were more likely to utilize the desirable maternal health services package (RRR = 1.9; 95 % CI = 1.0-3.7).

In Bushenyi district there is no published researches that have been found regarding PNCs, therefore this study will be carried out at Kampala international University teaching hospital which is in Ishaka municipality with a view of improving postnatal care service delivery in this area.

## **1.2 PROBLEM STATEMENT.**

The postnatal period is neglected throughout Africa. The quality of care for those who seek services is often poor and many women and their infants are not encouraged to seek care until 6 weeks after delivery. (Warren. *C et al* 2009).

In Kenya comprehensive postnatal care package and job aid (Checklist to aid providers) were developed by the Division of Reproductive Health (DRH), MOH, ACCESS-FP and Population Council. These tools aim to increase provider awareness of the need to focus on providing the continuum of care from pregnancy to labour and childbirth and through to the postnatal period to ensure both mother and newborn survive (Warren. *C et al* 2009)

The greatest gap in the care occurs during the first crucial week after childbirth when both maternal and newborn deaths are most likely. In Africa alone at least 125 000 women and 870 000 newborns die in the first week after birth every year. (Warren. *C et al* 2009).



Both maternal, health worker and social economic factors among others affect utilization of PNCS. Dealing away with all these may not be an easy task and requires a lot of input from the health workers, MOH, and other NGOs and also equally vital to carry out a lot of researches to diagnose etiology of non-utilization of PNCs.

### **1.3 purpose of the study**

The purpose of the study was to assess factors affecting utilization of PNCs among mothers attending antenatal clinic at Kampala International University Teaching Hospital.

### **1.4 Specific objectives**

**The specific objectives were:**

- I. To assess maternal related factors affecting utilization of postnatal care services among mothers attending antenatal clinic at Kampala International University Teaching Hospital.
- II. To determine health worker related factors affecting utilization of postnatal care services among mothers attending antenatal clinic at Kampala International University Teaching Hospital.
- III. To find out socio economic factors that affect utilization of postnatal services among mothers attending antenatal clinic at Kampala International University Teaching Hospital.

### **1.5 Research questions**

- I. What are the maternal related factors affecting utilization of postnatal care services among mothers attending antenatal clinic at Kampala International University Teaching Hospital?
- II. What are the health worker related factors affecting utilization of postnatal care services among mothers attending antenatal clinic at Kampala International University Teaching Hospital?

III. Which socio economic related factors affect utilization of postnatal care services among mothers attending antenatal clinic at Kampala International University Teaching Hospital?

### **1.6 Justification of the study**

The findings of this study were expected to be beneficial to;

#### **I.6.1 The community.**

The community members were encouraged to embrace the utilization of postnatal services that to reduce maternal and child mortality.

#### **1.6.2 Nursing research.**

The study findings were expected to act as a reference for other researchers with similar interest in assessing the factors that hinder utilization of postnatal services at Kampala International University Teaching Hospital

#### **1.6.3 Nursing education.**

The recommendations generated from this study may be integrated into nursing curriculum in order to address maternal and child health.

#### **1.6.4 Nursing practice.**

The study findings were expected to be used to develop the utilization of postnatal services at Kampala International University Teaching Hospital

## **CHAPTER TWO:**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter reviews the previous literature from other sources like journals and already made researches from other people related to the topic and it will be presented following objectives as below.

#### **2.2. MATERNAL RELATED FACTORS AFFECTING UTILIZATION OF POSTNATAL CARE SERVICES.**

According to a study that was published in the *Bulletin of the World Health Organization* on 31/3/2015, authors of the article, revealed that from 15 low and middle-income countries and territories, many mothers are not using postnatal care services because they do not know when they and their babies need them.

A study that was published by African journals online (AJOL) vol 11, No 3 (2011) revealed that, the level of ANC and PNC service utilizations is 77.4 % and 37.2% respectively. The predicted probabilities, using logistic regression, showed that women, who are literate, have exposure to media, and women with low parity are more likely to use both ANC and PNC services. They concluded that ANC service utilization was generally good while the postnatal care given to new born children was very low

In a study about determinates of maternal health services utilization in Uganda, it revealed that women experiencing health problems were strongly motivated to seek postnatal care. Also, women who had never used ANC, were less likely to use PNC, while those who had a smooth delivery,

were less likely to use PNC services compared to those who had prior complications during delivery (Rutaremwā *et al* 2015)

In a study done by Mrisho M *et al* (2009) in rural Southern Tanzania, the reasons that were raised for the delay were mainly due to waiting for the baby's cord stump to fall off, to allow the mother and baby to regain energy lost during childbirth. The period before the umbilical cord stump falls off is understood to be a period when the baby is particularly vulnerable to harm by jealous or malevolent people and spirits, and the baby is usually secluded inside.

### **2.3. Health worker related factors affecting utilization of postnatal care services.**

According to study done in Australia by Forster D *et al* (2008), it showed that the care provided in hospital in the early postnatal period is less than ideal for both women and care providers. Many health services face increasing pressure on hospital beds and have limited physical space available to care for mothers and their babies.

According to Sacks E *et al* (2016 ) in a study about Postnatal Care Experiences and Barriers to Care Utilization for Home- and Facility-Delivered Newborns in Uganda and Zambia the main reasons given for low postnatal care utilization were low awareness about the need, fear of mistreatment by clinic staff, cost and distance. In half of the focus groups, women described personal experience or knowledge of denial or threatened denial of postnatal care due to the birth location. women frequently described various types of actual or presumed discrimination because of having a home birth.

A study done in Victoria, Australia by forster D *et al* (2008) revealed that the factors most strongly associated with negative ratings of postnatal care were those reflecting women's experiences of

specific aspects of care which included the sensitivity of care givers; the extent to which anxieties and concerns were taken seriously and how rushed caregivers seemed.

According to Worku A G *et al* (2013) in a study about Factors affecting utilization of skilled maternal care in Northwest Ethiopia: a multilevel analysis revealed that about 32.3%, 13.8% and 6.3% of the women had the chance to get skilled providers for their antenatal, delivery and postnatal care, respectively. A significant heterogeneity was observed among clusters for each indicator of skilled maternal care utilization maternal service utilization. At the health facility level the availability, readiness, and quality of services as well as the type, competence and caring behavior of providers are very important for maternal services. However, in many developing countries health facilities are not performing the expected functions according to their level, Pre-service training is also not a guarantee.

#### **2.4. Socio economic related factors affecting utilization of postnatal care services.**

According to a study that was published in the *Bulletin of the World Health Organization* on 31/3/2015, authors of the article, revealed that from 15 low and middle-income countries and territories, many mothers are not using postnatal care services because they are not easily accessible, too expensive and that postnatal care services are not equitably distributed in low- and middle-income countries where the vast majority (99%) of maternal and neonatal deaths occur,". In Kenya, for example, fewer than 20% of women receive postnatal care services, while this proportion is 35% in the Democratic Republic of the Congo.

In a study by Khanal V *et al* (2014), results show that mothers who were from urban areas, from rich families, who were educated, whose partners were educated, who delivered in a health facility,

who had attended a four or more antenatal visits, and whose delivery was attended by a skilled attendant were more likely to report attending at least one postnatal care visit. On the other hand, mothers who reported agricultural occupation, and whose partners performed agricultural occupation were less likely to have attended at least one postnatal care visit.

According to Titaley.C *et al* (2010) In a qualitative study conducted from March to July 2009 in six villages and in three districts community members perspective in Garut, Sukabumi, and Ciamis districts of West Java Province, Indonesia, revealed that there's Financial difficulty emerged as the major issue among women who did not fulfill the two postnatal care services within the first month after delivery. This is related to the cost of health services, transportation costs, in remote areas, the limited availability of health services was also a problem, especially if the village midwife frequently travelled out of the village.

In a study done by James\_ Lwelamira. J and Angelina (2014) in Ddoma, Tanzania revealed that low education level, long distance to health facilities, low household income and women with at least secondary education were more likely to use maternal PNC services compared to those with no formal education. Likewise, women from high income families were more likely to use the services compared to the counterpart. On the other hand, women living in distant areas from health facility i.e., more than 5 km from homestead, were less likely to use the services compared to the counterpart.

In another study by Browne L J *et al* (2008) in Ghana on Health insurance determines antenatal, delivery and postnatal care utilization: evidence from the Ghana Demographic and Health Surveillance data On the basis of epidemiological knowledge and prior evidence, they identified

potential demographic, socioeconomic factors as maternal age, difficulty to reach the facility, maternal education, marital status, maternal occupation, wealth index, parity and multiple gestation as limiting factors to utilization of postnatal care services.

Agho I K E *et al* (2013) in study about Population attributable risk estimates for factors associated with non-use of postnatal care services among women in Nigeria revealed that non-use of PNC services was attributed to 68% of mothers who delivered at home, 61% of those who delivered with the help of non-health professionals and 37% of those who lacked knowledge of delivery complications in the study population. Multiple variable analyses revealed that non-use of PNC services among mothers was significantly associated with rural residence, household poverty, no or low levels of mothers' formal education, small perceived size of neonate, poor knowledge of delivery-related complications, and limited or no access to the mass media.

According to Mrisho M *et al* (2009) in a study done in rural Southern Tanzania results indicate that Women were generally concerned about postnatal care services which included fear of encountering wild animals on the way to the clinic as well as lack of money, Despite the perceived benefits of postnatal care for children, there was a total lack of postnatal care for the mothers.

In a study done about the Factors affecting the use of maternal health services in Madhya Pradesh state of India: a multilevel analysis by Jat T R *et al* (2011) shows that 61.7% of the respondents used ANC at least once during their most recent pregnancy whereas only 37.4% women received PNC within two weeks of delivery. In the multilevel analysis, only some of the individual level variables such as mother's level of education, birth order one, mother being from the richest quintile and non-possession of birth plan card remained to be significant variables.

A study done by Amin R *et al* (2010) about socioeconomic factors differentiating maternal and child health-seeking behavior in rural Bangladesh: results shows the principal finding was that a household's relative poverty status, as reflected by wealth quintiles, was a major determinant in health-seeking behavior. Mothers in the highest wealth quintile were significantly more likely to use modern trained providers for antenatal care, birth attendance, post natal care; the differentials were less pronounced for other factors examined, such as education, age, and the relative decision-making power of a woman, in both bivariate and multivariate analyses

In a Journal of Basic and Clinical Reproductive Sciences about Maternal Health Care Services Utilization in Tea Gardens of Darjeeling India by Bhattacharjee S *et al* (2013) revealed that the important factors associated with low utilization of services were belonging to Islam, Scheduled tribe, lower socio-economic status, and lower literacy level of both the husband and wife. The major barrier towards utilization of these services was ignorance followed by distance to the health care center.

According to Dutamo Z *et al* (2015) in a study about Maternal health care use among married women in Hossaina, Ethiopia revealed that apparently healthy, no reason for attendance, illness, cost of services, husband refusal, distance from the health facility were the main reasons for non-attendance of postnatal care. Majority discussants did not feel it is necessary to attend ANC and PNC care as most of the time they did not experience any problems during pregnancy and postnatal period.

A study done by Babalola and Fatusi (2009) about Determinants of use of maternal health services in Nigeria - looking beyond individual and household factors Approximately three-fifths (60.3%) of the mothers used antenatal services at least once during their most recent pregnancy, while



43.5% had skilled attendants at delivery and 41.2% received postnatal care. Education is the only individual-level variable that is consistently a significant predictor of service utilization, while socio-economic level is a consistent significant predictor at the household level. At the community level, urban residence and community media saturation are consistently strong predictors.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1. Introduction**

In this chapter presents the various methods and procedures that are used and followed while conducting the study are explained. These include ; the study design and rationale, study setting, study population, sample size determination, sampling procedure ,inclusion criteria, definition of variables, research instruments, data collection procedure, data management, data analysis, ethical considerations, study limitations and dissemination of results.

#### **3.2. Study designed rationale**

The study adopted across section descriptive involved quantitative and qualitative methods of research. This design helped to define and describe variables such as respondents view or other factors to provide a broader understanding of phenomenon being studied in its natural setting. The research design was selected because it allowed data collection within a short period of time and respondents were interviewed once with no loss to follow up during data collection

#### **3.3. Study Setting and rationale**

The study was carried out at KIUTH in Bushenyi district, Ishaka Municipality in south western part of Uganda. KIUTH is around 300 km from Kampala (capital city of Uganda)and about 50 km from Mbarara city. The neighboring districts to Bushenyi are: Eastwards there is Mbarara, Westwards there is Rukungiri district and Lake Edward, in the south there is Ntungamo district and in the North there is Kasese and Kamwenge district .KIU is a chartered private University and a member of inter University council of East Africa and it has a teaching hospital with good range of specialist departments and clinics, including general surgery, Orthopedics,

Obstetrics/gynecology, Medicine, Ophthalmology, Ear, nose and throat (ENT) dental surgery and pediatrics. The researchers' interest stemmed from the fact that despite the effort in place by the Government of Uganda such as free treatment to make post natal care services affordable to all Ugandans, these services were still grossly underutilized in Bushenyi as a district.

Postnatal clinic has various number of staffs working per day (three gynecology Doctors and four midwives). It offers services to the mother like family planning, cancer screening, management of gynecological conditions, and physical examination of the mother, vaginal examination and psychosocial assessment. On the baby they offer services like general examination from head to toe, growth monitoring and immunization. The clinic is working from Monday to Friday (8 am to 5 pm).

### **3.4 Study population**

The study targeted postnatal mothers attending antenatal clinic at KIUTH with in the first six weeks of puerperium.

#### **3.4.1 Sample Size determination**

The sample size of the participants considered Kish Leslie 1965 formula for a single proportion.

Where:

n = sample size

d = the precision and for this study, a precision of 0.05% is used.

z = standard deviation corresponding to 95% and confidence interval of 1.96.

p = proportion of population with desired characteristics and since the actual proportion of adolescent girls having menstrual periods is not known in this population, 50% is used for this case.

q = proportion of population without desired characteristics (q is 1-p) = 1-0.5 =0.5

$$\text{Thus, } n = \frac{(1.96)^2 (0.065) (1-0.5)}{(0.05)^2}$$

$$n = \frac{(3.8416)(0.5) (0.5)}{0.0025}$$

$$n = \frac{0.9604}{0.0025}$$

$$n = 384.16$$

$$n = 384 \text{ respondents}$$

The targeted population had 384 respondents but since KIUTH had few postnatal mothers ,due to financial and time constraints considered the fact that the researcher was a student and the project was not sponsored, a sample size of **50**(100% of the calculated sample size) respondents were used.

### **3.4.2 Sampling Procedure**

Simple random sampling procedure was purposely used to select respondents where by the researcher used papers of similar characteristics including size, shape and texture, weight and folding style. The papers were folded and placed in a box. The researcher then went to postnatal clinic and mothers who were to pick papers with number 5 were selected for the study and those who picked other numbers were exempted from the study.

### **3.4.3 Inclusion Criteria**

Postnatal mothers attending antenatal clinic at Kampala international University teaching hospital within the first six weeks of puerperium who attended antenatal clinic on research days and have been consented to participate in the study were included.

### **3.4.4 Exclusion Criteria**

Antenatal mothers.

Postnatal mothers above six months and those who were absent at the time of the study.

## **3.5. Definition of Variables**

### **3.5.1 The dependent variable includes;**

- ❖ Utilization of postnatal care services.

### **3.5.2 The independent variables include;**

- ❖ Maternal related factors affecting utilization of postnatal care services
- ❖ Health worker related factors affecting utilization of postnatal care services
- ❖ Social economic factors affecting utilization of postnatal care services

## **3.6. Research Instruments**

Data was collected using an approved semi-structured and self-administered interview guide which consists of both open and closed ended questions that designed and administered to the selected respondents who were consented to participate in the study. To collect data with, the researcher conducted a face-face interview with the selected respondents. Where she fills in the responses by herself because majority of the respondents might be illiterate to fill the questionnaire by

themselves. The researcher opted for this method because it's easy to fill and allows getting valid information in a very short period of time.

### **3.7. Data Collection Procedures**

Permission to conduct a study was obtained from the research committee Kampala international University School of nursing sciences. On each research day, the mothers attending postnatal clinic were talked to and the researcher explained to them the need for their participation in the study. Small papers with numbers written on them was put in a box and every mother who picked number 5 was selected until they are all finished.

#### **3.7.1 Data management**

The filled questionnaires were checked for validity before leaving the data collection site. Data was coded manually and entered correctly in the computer. The questionnaires were kept properly in a lockable cupboard to avoid access by those who are not authorized and to avoid losses.

#### **3.7.2 Data analysis**

The collected data were summarised and tabulated using Microsoft Excel showing frequency tables, bar graphs and Pie charts of each response in order to make interpretation and analysis easier. The most frequent responses used as a measure of the truth about an event and this helps to draw conclusions in chapter five of the report.

### **3.8 Ethical consideration**

The study was approved by the Supervisor and then by Kampala international University School of Nursing sciences ethics committee. An introductory letter was obtained from the research coordinator of KIU SONS. This was used to introduce the researcher to in-charge of ANC/PNC

who granted permission to conduct a study in her unit and introduce the researcher to the eligible participants. The researcher explained to the respondents the importance of the research and its objectives and they requested to participate.

Consent form explained clearly to the respondents and the researcher informed the participants of the right to withdraw from the study at any time without any penalty.

The researcher assured the respondents maximum confidentiality and that the results shall only be used for the purpose of the research only, no names appearing on data sheet of the questionnaire given and signature was taken after their willingness to participate in the study.

### **3.9. Limitations of the study**

**Limited time period:** It's anticipated that the researcher may not be able to accomplish data collection process in the estimated time. However, the researcher was guided by a work plan showing the activity to be done at a given time period.

**Language barrier:** The researcher expected to get an interpreter who knows Runyankore Rukiga to help explain the study purpose and data collection procedure before obtaining consent from respondents

**Limited funds:** The researcher seek for assistance from guardians and friends to provide him with money for research.

### **3.10. Dissemination of results**

Information obtained was discussed with the supervisor and then later with the nursing postnatal mothers at Kampala international University teaching hospital. After approval, the final report was written and distributed as follows:

- ❖ A copy to library (KIU School of nursing sciences).
- ❖ A copy to Uganda Nurses and midwives Examinations Board.
- ❖ A copy to the Supervisor.
- ❖ A copy for the Researcher.
- ❖ A copy to postnatal clinic staff KIUTH.



## CHAPTER FOUR: RESULTS OF THE STUDY

### 4.1 Introduction

This chapter presents the results obtained from a sample size of 50 respondents. The study results are represented under the sub headings of demographic characteristics, maternal related factors affecting utilization of PNCS, Health worker related factors affecting utilization of PNCS, Social economic factors affecting utilization PNCS.

### 4.2 Socio-demographic characteristics of the respondents

Table 1: Socio-Demographic Characteristics n=50

<b>Socio-Demographic Characteristics</b>	<b>Frequency (f)</b>	<b>Percentages (%)</b>
<b>Age (years)</b>		
18 – 24	10	20
25 – 34	35	70
35 – 45	05	10
Others	00	00
<b>Residence of respondents</b>		
Town	15	30
Rural	35	70
<b>Marital status</b>		
Single	10	10
Married	36	72
Divorced	04	08

<b>Others</b>	00	00
<b>Level of Education</b>		
<b>None</b>	00	00
<b>Primary</b>	38	76
<b>Secondary</b>	11	22
<b>Tertiary</b>	03	6
<b>Others</b>	00	00
<b>Occupation</b>		
<b>Business Woman</b>	05	10
<b>Farmer</b>	30	60
<b>Un employed</b>	05	10
<b>Others</b>	10	20

Table 1 shows that majority of the respondents 35 (70%) were in the age range 25 - 34, 5(10%) were between 35- 45, 18 -24 years were 10 (20%). Majority of the respondents 35 (70%) were from Rural areas while only 15(30%) were from Town. 36 (72%) of the respondents were married, 10(20%) were single while 4 (8%) were divorced. Majority of the respondents stopped in primary school 38 (72%), 11 (22%) attended secondary level and only 3 (6%) reached Tertiary institutions. Most of the respondents were farmers 30 (60%), 10((10%) had other occupations, unemployed were 05 (10%), while 10 (20%) had other occupations.

### 4.3 Maternal related factors affecting utilization of postnatal care services.

**Figure 1: Mothers knowledge on the number of times they are supposed to come for postnatal care services n=50**

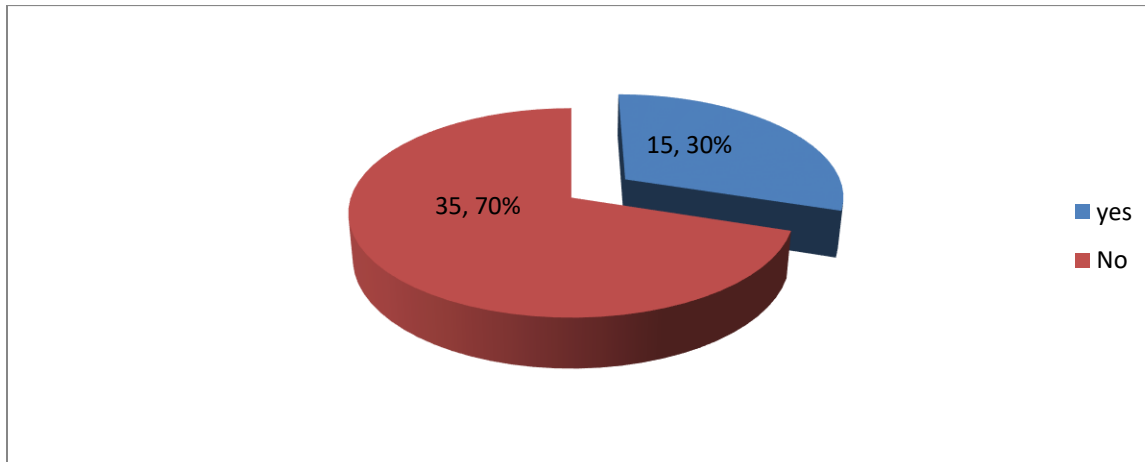


Figure 1: Shows that majority of the respondents 35(70%) did not know how many times they are supposed to come for PNCs, only 15 (30%) knew how many times they are supposed to come for postnatal care services.

**Table 2: Number of children n=50**

NUMBER OF CHILDREN	FREQUENCY (F)	PERCENTAGE (%)
1	15	30
2	10	20
3	5	10
Above 3	20	40

Table 2: Shows that the majority of mothers had above 3 children 20(40%) and those with one child were 15 (30%), those with 2 children were 10(20%) while 5 (10%) had 3 children.

**Finger 2: Respondents knowledge on need for PNCs following previous normal postnatal period**

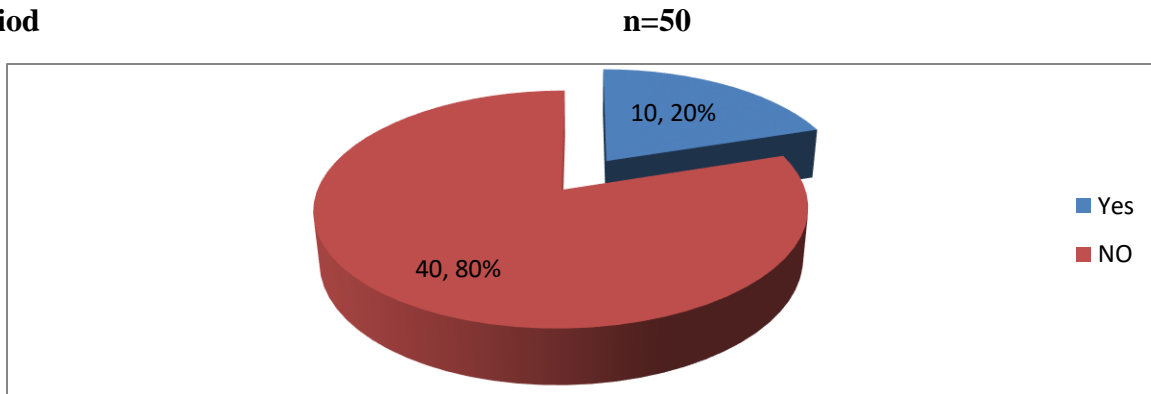


Figure 2: Indicates that the majority of respondents were in need postnatal care services although they had previous normal postnatal period 40 (80%) while 15(30%) thought that they do not need postnatal care services if they had previous normal postnatal period.

**Table 3: Mothers knowledge on complications one can get during postnatal care period n=50**

COMPLICATION	FREQUENCY(F)	PERCENTAGE(%)
Anemia	15	30
Breast engorgement	5	10
Heavy bleeding	2	4
Wounds on the breast	12	24
Dizziness	10	20
Failure of the baby to breast feed	6	12

Table 3: Shows that the majority of respondents 15(30%) knew anemia as a complication one can get during postnatal period, 12(24%) stated wounds on the breast, 10 (20%) stated dizziness, failure of the baby to breast feed were 6 (12%) and breast engorgement 5 (10%) while only 2 (4%) of them stated heavy bleeding.

#### 4.4:Health Worker related factors affecting utilization of postnatal care services.

**Table 4: Relation between health workers and mothers n=50**

Relationship	Frequency (f)	Percentage (%)
Good	35	70
Fair	10	20
Poor	5	10
Others	00	00

TABLE 4: Shows that majority of the health workers relationship with mothers was good 35(70%), and 10 (10%) of the respondents said it was fair, while 5 (10%) said it was poor and there were no others descriptions.

**Figure 3: Communication of health workers to mothers n=50**

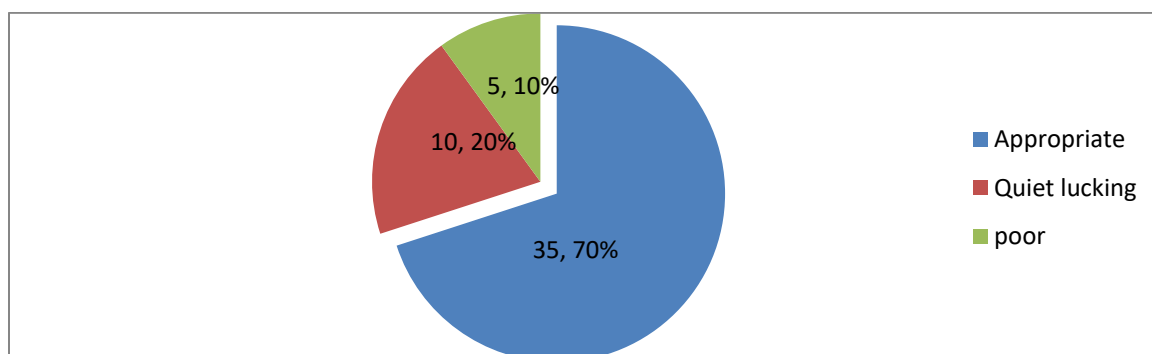


Figure 3: Shows that the majority of health workers 35 (70%) had complete/appropriate communication, 10 (20%) of the respondent said it was quiet lacking while 5(10%) said it was poor.

**Figure 4: Time spent by mothers as they are waiting for PNCS n=50**

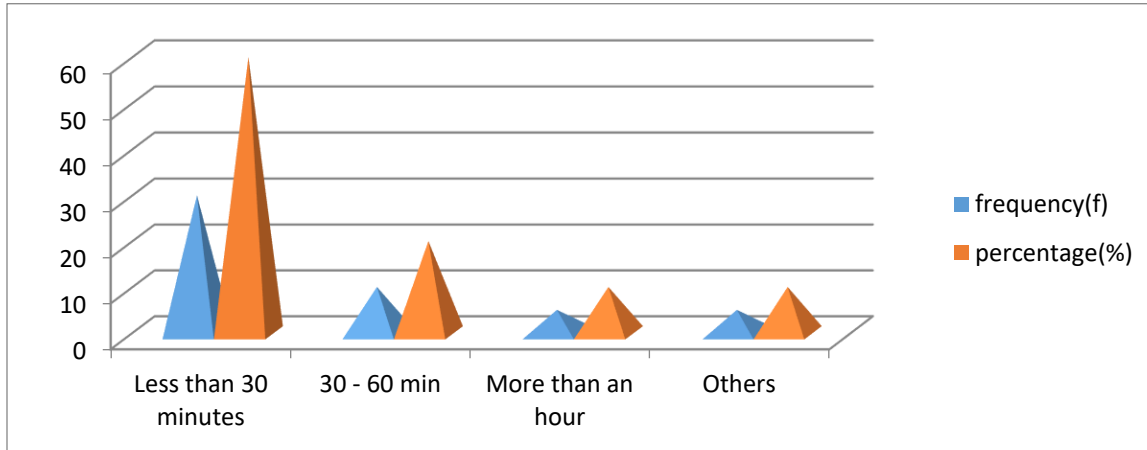


Figure 4: Shows that majority of respondents 30 (60%) spent less than 30 minutes waiting for PNC services while the rest of the respondents 10 (20%) had spent about 30 – 60 minutes and those who spent more than an hour were 5 (10%) and only 5 (10%) were others.

**Figure5: Attitude of Health workers towards mothers n=50**

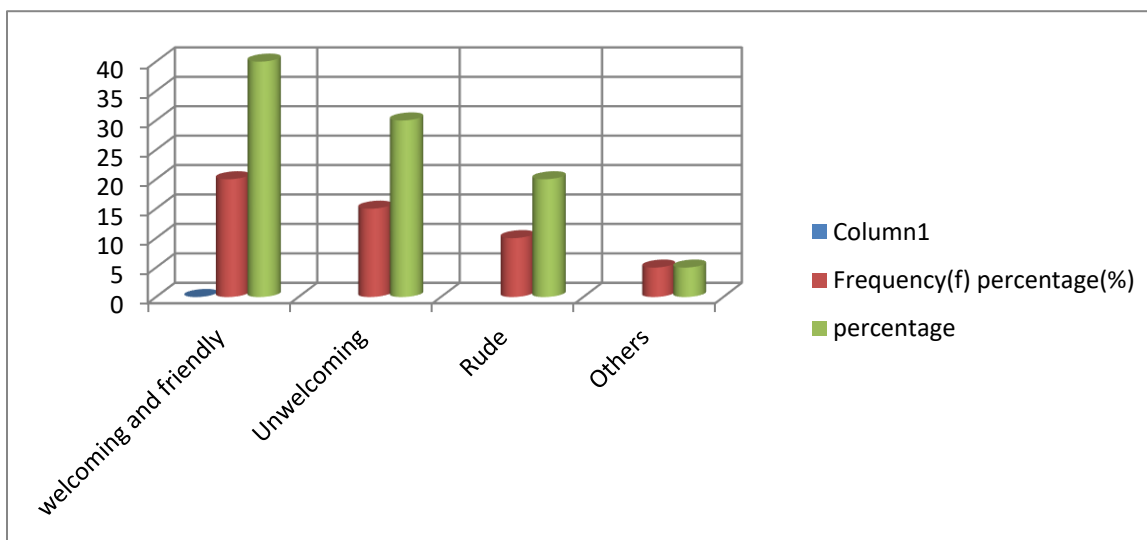


Figure 5: Shows that the majority of respondents 20(40%), found health workers welcoming and friendly, 15 (30%) were unwelcoming and 10(20%) were rude while 5 (10%).had other descriptions.

**Figure 6: Length of time postnatal clinic stay open. n=50**

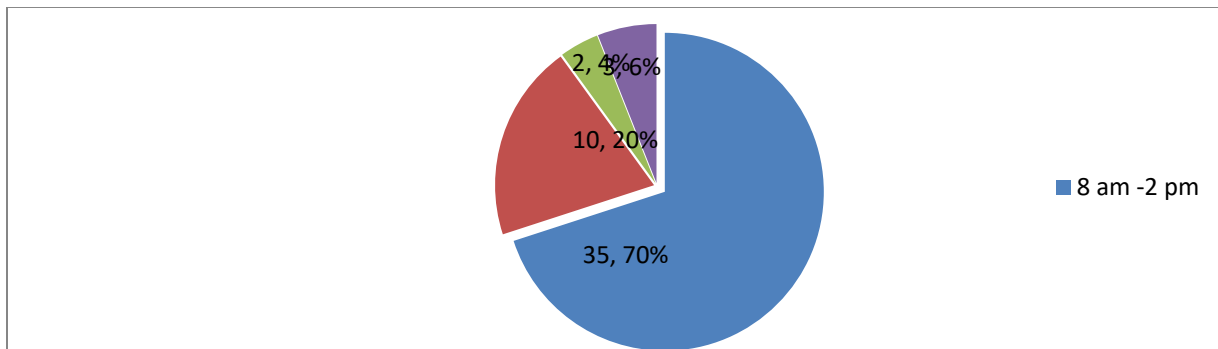


Figure 6: Shows that majority of respondents 35 (70%) said that postnatal clinic stay open per day from 8 am -2 pm, 10 (20%) from 8 am - 6pm, 2(4%) said that PNC open for few days while 3(6%) stated other time.

**4.5 Social Economic factors affecting utilization of postnatal care services.**

**Figure 7: Distance from home to the nearest health facility that provides PNCs n=50**

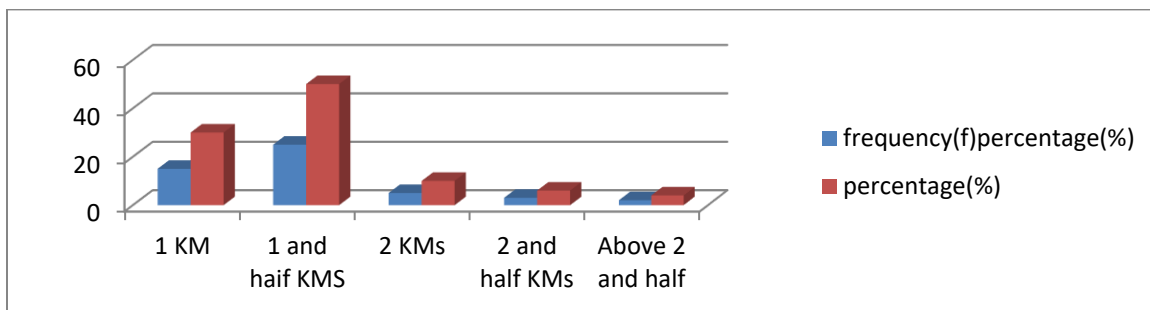


Figure 7: Indicates that majority of respondents 25(50%) moved 1 and half KMs from home to the nearest health facility that provides postnatal care services, 15(30%) moved 1 KM and 5 (10%) 2 KMs, 3 (6%) moved a distance of 2 and half KMs while 2 (4%) moved a distance above 2 and a half KMS from home to the nearest health facility.

**Figure 8: means of transport used when coming to health facility**

n=50

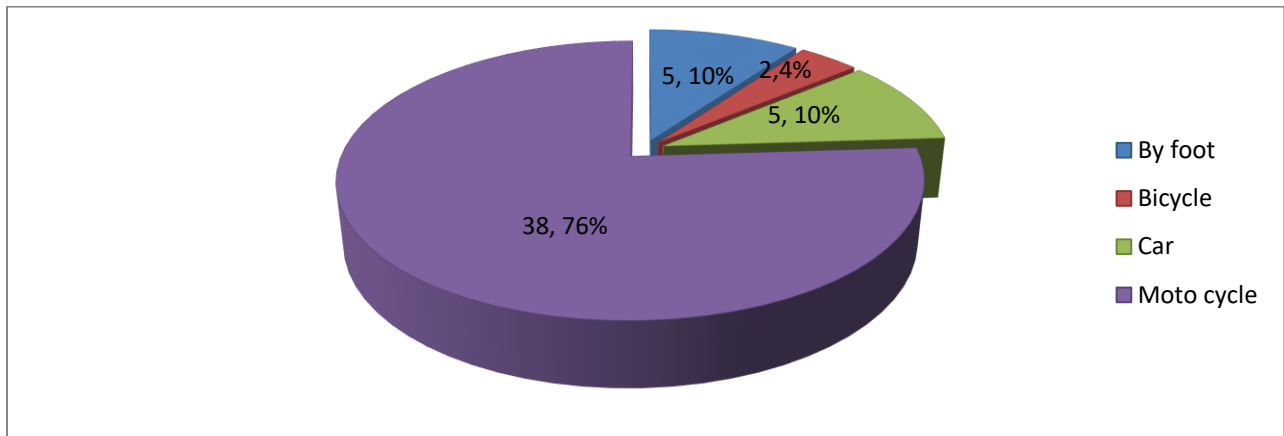


Figure 8: Shows that the majority of respondents 38 (76%) used Moto cycle when coming to health facility, 5(10%) used vehicles, 5 (10%) by foot while 2(4%) used bicycle when coming to the health facility.

**Figure 9: payments for postnatal care services at the healthy facility**

n=50

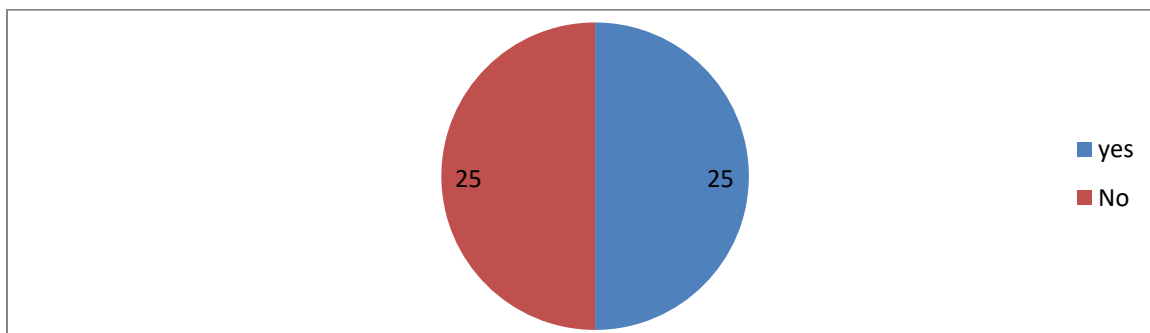




Figure 9: Shows that 25 (50%) of the respondents paid for postnatal care services at health facility while 25 (50%) said that they do not pay for postnatal care services at health facility.

**Table 5: Comment on charges by the 25 (50%) respondents who said they paid for PNCS**

*n=25*

CHARGES	FREQUENCY (F)	PERCENTAGE (%)
Cheap	5	20
Fair	15	60
Expensive	5	20
Very expensive	00	00

Table 5: Shows that of the 25(25%) respondents who said that they paid for PNCS 15(60%) said cost were fair, 5(20%) said were cheap and 5(20%) said were expensive.

**Table 6: Delivery place n=50**

Delivery place	Frequency	Percentage
Health center	10	20
Hospital	40	80
Traditional birth attendants	00	00
Home	00	00

Table 6: Shows that majority of the respondents 40(80%) delivered from hospital, 10(20%) from health centers and none of them delivered from traditional birth attendants or from home.

**Figure 10: Respondents Support from Husband n=50**

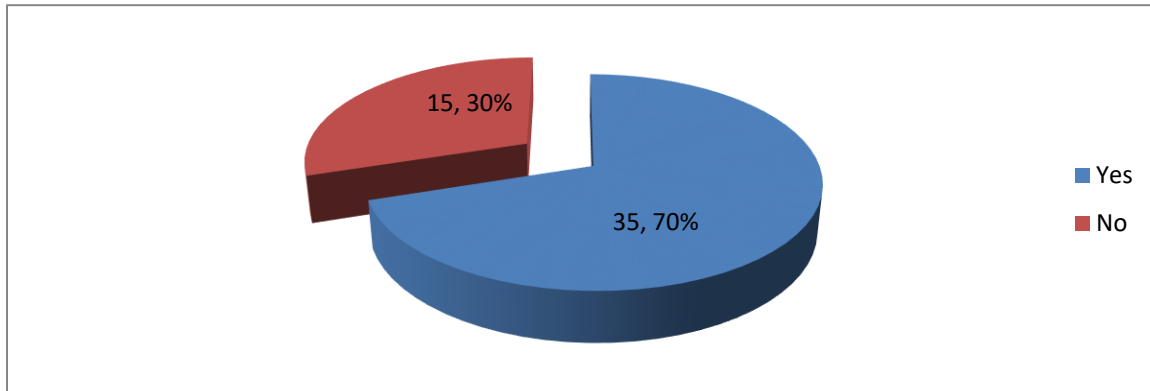


Figure 10: Shows that majority of respondents 35(70%) had support from their husbands while 15 (30%) had no support their husbands.

**Figure 11: Rating of respondent's family income n=50**

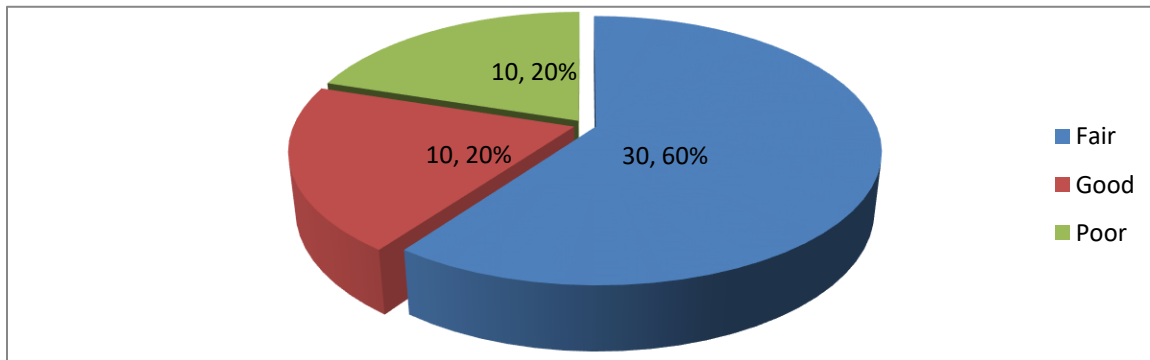


Figure 11 shows that majority of the respondents family income was fair 30(60%), 10(20%) said it was good, and 10(20%) said that their income was poor.

## **CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATION**

### **5.1 Discussion of the study findings**

#### **5.1.1 Demographic Characteristics**

According to the study majority of the respondents 35 (70%) were in the age range of 25 – 34 and 36 (72%) of them were married, this implied most of them must have had more than one delivery and had previous postnatal experience thus could provide the required information. Majority of the respondents 35 (70%) were from Rural areas and majority stopped in primary schools 38 (72%) and most of the respondents were farmers 30(60%), this low level of education in addition to staying in rural areas were identified as important factors affecting utilization of PNCS in the earlier studies, for example in a study by Khanal. V *et al*, (2014), results showed that mothers who were from urban areas, from rich families, who were educated, whose partners were educated, who delivered in a health facility, who had attended a four or more antenatal visits, and whose delivery was attended by a skilled attendant were more likely to report attending at least one postnatal care visit. On the other hand, mothers who reported agricultural occupation, and whose partners performed agricultural occupation were less likely to have attended at least one postnatal care visit.

#### **5.1.2 Maternal related factors affecting utilization of postnatal care services.**

Findings from the study showed that majority of the respondents 35(70%) did not know how many times they are supposed to come for PNCs, this could have been like this probably because they had not attended all the four antenatal care visits and hence missed the chance of being informed the number of times they are supposed to attend PNC. This can be related with the earlier findings in a study about determinates of maternal health services utilization in Uganda, by Rutaremwa,*et al*, (2015), where it was revealed that women experiencing health problems were strongly

motivated to seek postnatal care. Also, women who had never used ANC, were less likely to use PNC.

It was also revealed that majority of the respondents had above 3 children 20(40%) and when they were asked whether they need PNCs although they had never experienced any abnormality during postnatal period following previous deliveries, majority of respondents said that there need for postnatal care services 40 (80%), to compare these results with a study that was published by African journals online (AJOL) vol 11, No 3 (2011), it was revealed that, the level of ANC and PNC service utilizations is 77.4 % and 37.2% respectively. The predicted probabilities, using logistic regression, showed that women, who are literate, have exposure to media, and women with low parity are more likely to use both ANC and PNC services. They concluded that ANC service utilization was generally good while the postnatal care given to new born children was very low

In an attempt to assess respondents knowledge on complication a postnatal mother can get, he majority of respondents 15(30%) knew anemia as plus some other complication that were mentioned like, wounds on the breast 12(24%), failure of the baby to breast feed 6 (12%), among others. This was a sign that respondents knew the reason as to why they had to attend postnatal care. This finding was not compared with any literature in an attempt to quantify on the already existing data.

### **5.1.3 Health Worker related factors affecting utilization of postnatal care services.**

The study showed that majority of the health workers relationship with mothers was good 35(70%). This could have been due to the fact that nowadays health facilities have qualified health workers who understand what they are doing and they put their clients as the point of focus. This finding was compared with a study by Worku. A G *et al*, (2013) in a study about Factors affecting

utilization of skilled maternal care in Northwest Ethiopia which revealed that about 32.3%, 13.8% and 6.3% of the women had the chance to get skilled providers for their antenatal, delivery and postnatal care, respectively. A significant heterogeneity was observed among clusters for each indicator of skilled maternal care utilization maternal service utilization. At the health facility level the availability, readiness, and quality of services as well as the type, competence and caring behavior of providers are very important for maternal services. However, in many developing countries health facilities are not performing the expected functions according to their level, Pre-service training is also not a guarantee.

Results from the study also showed that majority of health workers 35 (70%) gave complete/appropriate communication to respondents. This does not deviate from the earlier mentioned that due to qualified health workers it has markedly improved the service delivery care system this was compared with a study done in Victoria, Australia by forster. D *et al*, (2008) which revealed that the factors most strongly associated with negative ratings of postnatal care were those reflecting women's experiences of specific aspects of care which included the sensitivity of care givers; the extent to which anxieties and concerns were taken seriously and how rushed caregivers seemed.

Majority of respondents 30 (60%) spent less than 30 minutes waiting for PNC services, this was bearable to most of the respondents and it was yet another indicator that health workers tried their best to serve every client in the shortest time possible although maternal child health clinics often have many clients. According to Worku. A G *et al*, (2013), at the health facility level the availability, readiness, and quality of services as well as the type, competence and caring behavior of providers are very important for maternal services, however, in many developing countries

health facilities are not performing the expected functions according to their level, Pre-service training is also not a guarantee.

Furthermore, results revealed that majority of respondents 20(40%) found health workers welcoming and friendly and majority of respondents 35 (70%) said that postnatal clinic stay open per day from 8 am -2 pm, which indicated that health workers had good attitudes towards their clients. According to Sacks E *et al* (2016 ) in a study about Postnatal Care Experiences and Barriers to Care Utilization for Home- and Facility-Delivered Newborns in Uganda and Zambia the main reasons given for low postnatal care utilization were low awareness about the need, fear of mistreatment by clinic staff, cost and distance. In half of the focus groups, women described personal experience or knowledge of denial or threatened denial of postnatal care due to the birth location. Women frequently described various types of actual or presumed discrimination because of having a home birth..

#### **5.1.4 Social Economic factors affecting utilization of postnatal care services.**

The study Indicated that majority of respondents 25(50%) moved 1 and half KMs from home to the nearest health facility that provides postnatal care services and majority 38 (76%) used Moto cycle when coming to health facility. This implied that the distance was too long for the mothers and their baby to the health facility which could hinder them from attending postnatal clinics. Similarly to a study done in a Journal of Basic and Clinical Reproductive Sciences about Maternal Health Care Services Utilization in Tea Gardens of Darjeeling India by Bhattacharjee S *et al* (2013) revealed that the important factors associated with low utilization of services were belonging to Islam, Scheduled tribe, lower socio-economic status, and lower literacy level of both the husband

and wife. The major barrier towards utilization of these services was ignorance followed by distance to the health care center

Shows that the majority of respondents 38 (76%) used Moto cycle when coming to health facility, 5(10%) used vehicles, 5 (10%) by foot while 2(4%) used bicycle when coming to the health facility.

Half of the respondents 25 (50%) paid for postnatal care services at health facility while 25 (50%) said that they did not pay for postnatal care services at health facility. This could have been attributed to some organization like Malstops which pay for mothers right from the time they are diagnosed pregnant up to when they have fished six months of breast feeding provided that the mother had registered with them during antenatal and the remaining half which paid for PNCS belonged to those who did not posses Malstops registration card. When respondents who said that they paid for PNCS 25(25%) were asked to comment on costs of PNCS, majority of them 15(60%) said cost were fair. This was compared with a study done and published by the Bulletin of the World Health Organization on 31/3/2015, authors of the article, revealed that from 15 low and middle-income countries and territories, many mothers are not using postnatal care services because they are not easily accessible, too expensive and that postnatal care services are not equitably distributed in low- and middle-income countries where the vast majority (99%) of maternal and neonatal deaths occur.

The study showed that majority of the respondents 40(80%) delivered from hospital which was a good indicator that respondents were even much more ready to continue turning up for the remaining postnatal care visits as well as continuing to bring their children for growth monitoring and immunization this was in line with a study by Agho1. K E.*et al*, (2013), in study about

Population attributable risk estimates for factors associated with non-use of postnatal care services among women in Nigeria which revealed that non-use of PNC services was attributed to 68% of mothers who delivered at home, 61% of those who delivered with the help of non-health professionals and 37% of those who lacked knowledge of delivery complications in the study population. Multiple variable analyses revealed that non-use of PNC services among mothers was significantly associated with rural residence, household poverty, no or low levels of mothers' formal education, small perceived size of neonate, poor knowledge of delivery-related complications, and limited or no access to the mass media.

It was also revealed that majority of respondents 35(70%) had support from their husbands and this could have been yet another reason as to why most mothers delivered from hospitals which was very excellent as this will help to improve maternal child health and reduce infant and maternal morbidity and mortality rates

Lastly, majority of the respondents family income was fair 30(60%), this was quiet good though much effort is needed to see that families in communities at least get good income to be able to meet the essential needs and preferably their wants also. This finding was compared with a study by James Lwelamira. J and Angelina, (2014) in Ddoma, Tanzania where it was revealed that low education level, long distance to health facilities, low household income and women with at least secondary education were more likely to use maternal PNC services compared to those with no formal education. Likewise, women from high income families were more likely to use the services compared to the counterpart. On the other hand, women living in distant areas from health facility i.e., more than 5 km from homestead, were less likely to use the services compared to the counterpart.



## 5.2 Conclusion

The study majority of the respondents 35 (70%) were in the age range of 25 – 34 and 36 (72%) of them were married. Most of the respondents 35(70%) were from Rural areas and majority stopped in primary schools 38 (72%) and most of the respondents were farmers 30(60%).

Maternal related factors affecting utilization of PNCS were inadequate knowledge of respondents on the number of times they are supposed to attend postnatal care 35(70%). However, It was revealed that majority of the respondents knew that they needed PNCS although they ever had above 3 children 20(40%) and they had never experienced any abnormality during postnatal period following previous deliveries 40 (80%), respondents knew why they have to attend PNCS as they knew that there are some complication a mother can get during postnatal period and most mentioned were anemia for as plus some other complication that were mentioned like, wounds on the breast 12(24%), failure of the baby to breast feed 6 (12%), among others.

Generally there were no much health worker related factors affecting utilization of PNCS as the study showed that majority of the health workers relationship with mothers was good 35(70%), 35 (70%) of health workers gave complete/appropriate communication to respondents, 30 (60%) of respondents spent only less than 30 minutes waiting for PNC services, majority of respondents 20(40%) found health workers welcoming and friendly and majority of respondents 35 (70%) said that postnatal clinic stay open every day from 8 am -2 pm.

The major social economic factor affecting utilization of PNCS for majority of respondents 25(50%) was moving long distances to health units as most of them moved 1 and half KMs from home to the nearest health facility that provides postnatal care services, Half of the respondents 25 (50%) paid for postnatal care services at health facility while 25 (50%) said that they did not pay

for postnatal care services at health facility, there was a good report on the place of delivery as majority of the respondents 40(80%) delivered from hospital and most of respondents 35(70%) had support from their husbands, most respondents said that their family income was fair 30(60%).

### **5.3 Recommendations**

There is need for the government through the ministry of Education to lay strategies that will scale up women education level to avoid dependence on men as it was revealed that most respondents had stopped in primary 38 (72%) whom majority then ended up being farmers for the majority 30(60%). The government should also bring services near to the people by constructing more health units in communities more so in rural areas in order to reduce on the distances moved by postnatal mothers as well as people with other conditions to Health facility. This will scale up the utilization of PNCS.

There should be a joint effort of the government plus other private sectors to educate communities on how to start and maintain income generating activities that will raise up the income of families in communities so that they can be able to get essential health care services including PNCS. This is attributed to a study finding that most respondent's family income was not satisfactory as most respondents said that their family income was only fair 30(60%).

Health workers should health educate and encourage Antenatal mothers and postnatal mothers about importance of coming to postnatal clinic for four times that is at 2 days, 6 days, 6 weeks and at 6 months as it was found that most mothers 35(70%) did not know the number of times they are supposed to attend postnatal care clinic.

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**APPENDIX 1: CONSENT FORM IN ENGLISH**

Dear respondent, I am **kakumba Jackline**, a student offering Diploma in Nursing at Kampala International University. I am conducting a research to assess the factors affecting utilization of postnatal care services among mothers attending Antenatal clinic at Kampala international university Teaching Hospital, Bushenyi District.

**Purpose of the study:** The information obtained will be used to promote the utilization of postnatal care services in Bushenyi District.

**Confidentiality:** The responses obtained will be used for postnatal care improvement purposes .Your name and identity are not required. All sensitive information will be kept secret.

**Length of participation.** It will take about 15-20 minutes

**Possible benefits.** There is no payment to the participants in the study as it is on voluntary basis. There is no dangers or hidden intention as information required is for assessing factors affecting utilization of postnatal care services among mothers attending antenatal clinic at Kampala international university teaching hospital, Bushenyi district.

**Statement of consent**

I have understood clearly the intensions of this study and voluntarily accept to participant.

.....

Respondent’s signature

Researcher’s signature

Date



**APPENDIX 11: QUESTIONNAIRE.**

**Instructions**

Kindly respond to all questions by ticking the appropriate answer in a box or filling in the black spaces provided. Do not indicate your name. Any information you give will be treated with total confidentiality and will be used for research purposes only.

**Section A: Relationship between Demographic characteristics and utilization of postnatal care services.**

1 Age of respondent

A. 18-24 year

B. 25-34 years

C. 35-45 years

Others (specify).....

2 Residence of the respondent

A. Urban

B. Rural

3. Respondent's marital status

A. single

B. married

C. Divorced

E. Others (specify).....

4 Level of education

A. None

B. Primary

- C. Secondary
- D. Tertiary
- E. Others.....

5. What is your occupation?

- A. Business woman
- B. Civil servant
- C. Unemployed
- D. Others (specify).....

**Section B: maternal related factors affecting utilization of postnatal care services**

6 How do health workers at your health facility deal with the mothers ?

- A. polite and professional
- B. Rude
- C. Unpredictable
- D. Others (specify) .....

7. If educated by health workers, how do you describe their communication

- A. Complete/ appropriate
- B. Quite lacking
- C. Poor

8. How much time do you spend before being attended to at postnatal care clinic?

- A. Less than 30 minutes
- B. 30-60 minutes
- C. More than an hour
- D. Others (specify).....

9. Do you know how many times you are supposed to come for postnatal care service

A. Yes

B. No

10. How many children do you have? .....

11. Do you think you need postnatal care services when you have delivered more than once and you have never experienced any problem after birth?

A. Yes

B. No

12. What are some of the complications one can get during postnatal care period?

i.....

ii.....

**Section C; Health worker related factors affecting utilization of postnatal care services**

13. What is the relationship between you and health workers when you come for postnatal care services?

A. Welcoming and friendly

B. Unwelcoming

C. Rude

D. Others (specify) .....

14. How long does postnatal clinic stay open per day?

A. 8am - 2pm

B. 8am - 6pm

C. Only open for few days

D. Others (specify) .....

**SectionD: Socio- Economic factors affecting utilization of postnatal care services**

15 What is the distance from your home to the nearest health facility that provides postnatal care services?

- A. 1KM
- B. 1 and a half KMs
- C. 2 KMs
- D. 2 and a half KMs
- E. Others (specify) .....

16. What means of transport do you use when you're coming to health facility?

- A. By foot
- B. Bicycle
- C. Car
- D. Moto cycle
- E. Others (specify) .....

17. Do you pay for postnatal care services at your health facility?

- A. Yes
- B. No

18. If yes comment on your charges.

- A. Cheap
- B. Fair
- C. Expensive
- D. Very expensive

19. Where did you deliver from?

A. Health facility

B. Hospital

C. Traditional birth attendants

D. Home

20. Do you get support from your husband?

A. Yes

B. No

21. How do you financially cauterize your households with your husband?

A. Poor

B. Middle

C. Rich

22. How difficult is it for you to find money to meet the cost of postnatal care services?

A. Very difficulty

B. Quite difficulty

C. Not difficulty

*THANK YOU FOR PARTICIPATING*

**APPENDIX III (BUDGET)**

<b>ITEM</b>	<b>QTY</b>	<b>RATES</b>	<b>AMOUNT</b>
<b>1. Stationary</b>			
Photocopying papers	1 ream	1 x 15,000	15,000
Pens and file	5 pen, 1file	5,000	5,000
Ruled papers	1ream	12,000	12,000
Flash disk	1	1 x 15,000	15, 000
Internet	15 times	500	7,500
<b>2. Secretarial services</b>			
Typing	30x1	30 x 1000	30,000
Printing	30 x 3 pages	100 x 90	9000
Questionnaires	45 copies	500	2,4500
<b>Final Report</b>			
Typing	60 x1	60 x 1,000	60,000
printing	60 x 4	240 x 100/pg	24,000
<b>Binding</b>			
Binding proposal	3	3 x 1,000	3,000
Binding final report	4	4 x 1,000	4,000
<b>3. Allowance</b>			
Analyst	1	50,000	50,000
<b>GRAND TOTAL</b>			<b>259,000ShS</b>

**APPENDIX IV  
WORK PLAN FOR THE STUDY**

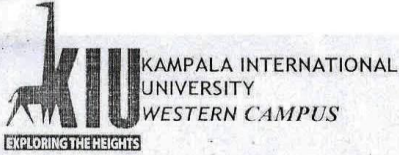
ACTIVITY	MONTHS												RESPONSIBLE PERSON	
	DEC 2016		JAN 2017		FEB 2017		FEB 2017		MARCH 2017		MARCH 2017			
WEEKS														
Topic selection and Proposal development														Researcher and supervisor
Approval of proposal														Supervisor
Data collection														Researcher
Data analysis														Researcher
Report writing														Researcher and supervisor
Hand in of report/dissertation														Researcher







## APPENDIX VII: INTRODUCTORY LETTER



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*

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: KAKUMBA JACKLINE - DNS/E/3982/153/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.

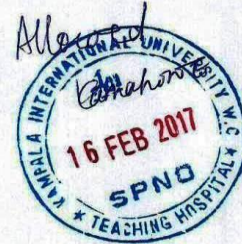
Her topic is **FACTORS AFFECTING UTILIZATION OF POSTNATAL SERVICES AMONG MOTHERS ATTENDING ANTENATAL CLINIC AT KAMPALA INTERNATIONAL UNIVERSITY-TEACHING HOSPITAL**

Any assistance rendered to her will be highly appreciated.

Thank you in advance for the positive response.



Nabulisa Sarah  
RESEARCH COORDINATOR



*"Exploring the Heights"*