

**FACTORS CONTRIBUTING TO LOW UTILIZATION OF  
POSTNATAL SERVICES AMONG MOTHERS AT MATERNAL AND  
CHILD**

**HEALTH CLINIC KAMPALA INTERNATIONAL  
UNIVERSITY TEACHING HOSPITAL,  
BUSHENYI**

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## DECLARATION

I, **ATINE JAMES** hereby declare that the work in this research report is my original work and to the best of my knowledge, it has not been submitted before for any diploma or any other academic award in any other University or institution.

Signature: ..... Date: .....

**SUPERVISOR'S APPROVAL**

This research report has been prepared and submitted under my approval.

Dr. ODWEE AMBROSE

Signature: ..... Date: .....

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## **DEDICATION**

I wish to dedicate my research to almighty God who makes it all possible in my life.

I also dedicate this work to my beloved family; you are the greatest gift I will ever have, thank you for your support, prayers and encouragement. May the almighty God richly bless you.

Finally I dedicate this work to all my sponsors who have made my academic dreams come to reality. May almighty God bless you too.

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## OPERATIONAL TERMS

**Postnatal care:** is the assistance given to a mother immediately after birth for a period of six weeks to reduce complications and deaths as well as promote health.

**Parity:** number of children a woman has delivered.

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

**Postnatal services:** it comprises of care given to women after birth and includes: physical examination, immunization, family planning, health education on mother and baby care, treatment and counseling services.

**Maternal health:** refers to the well- being of a mother during pregnancy and after birth.

**Maternal mortality:** is 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 (WHO, 2010).

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

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

**Barriers to utilization:** in this study refer to what prevent women from utilizing postnatal care services.

**Awareness:** having knowledge of or understanding of postnatal care services

**Postnatal clinic:** In this study a postnatal clinic refers to a clinic in a public health facility where postnatal and physical examinations are conducted on the mother and the necessary care to address given needs.

**Immunisation clinic:** Immunisation clinic refers to a facility in a public health institution where babies, children and adults are immunised.

**Family planning clinic (reproductive health):** A family planning clinic is a facility in a health institution where services and care are given concerning patients' needs on all aspects of reproductive health.

**Maternal and child health (MCH) clinic:** For purposes of this study, an MCH clinic refers to a facility in a public health institution where postnatal care services are given.



## ABBREVIATIONS

<b>ANC</b>	Antenatal Care
<b>DHS</b>	Demographic Health Survey
<b>ENT</b>	Ear, Nose, and Throat
<b>EPNC</b>	Early Postnatal Care
<b>EU</b>	European Union
<b>GDG</b>	Guidelines Development Group
<b>HC</b>	Health Center
<b>KIUTH</b>	Kampala International University Teaching Hospital
<b>MCH</b>	Maternal and Child Health
<b>MDG</b>	Millennium Development Goal
<b>MMR</b>	Maternal Mortality Ratio
<b>MoH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organization
<b>PNC</b>	Postnatal Care
<b>PPH</b>	Postpartum Hemorrhage
<b>TBA</b>	Traditional Birth Attendant
<b>WHO</b>	World Health Organizations

## **ABSTRACT**

The postnatal is defined by the World Health Organization as the period beginning one hour after delivery of the placenta and continuing until six weeks after the birth of an infant.

The objectives of the study were as follows

To determine the socio-economic factors associated with low utilization of post natal care services at KIUTH.

To identify cultural factors associated with low utilization of postnatal care services at KIUTH.

To find out hospital facility related factors associated with low utilization of post natal care services at KIUTH.

A cross-sectional hospital- based study design was used to conduct the study among 140 mothers attending maternal and child health clinic in Kampala International University Teaching Hospital during the study period and only those who consent to participate in the study.

The results indicated that majority of the participants 66(47.1%) were between 21 and 30 years old and most of them 58(41.4%) attained school up to secondary level. A high proportion 120(85.7%) of the participants were married and majority 75(53.6%) were farmers. Furthermore, majority of the participants 70(50%) said that their husbands were not supportive to them and also most of them were moving a distance of between 1 and 2 Kilometers from home to the health facilities.

From the results the government should increase the staffing of health units such that mothers can be encouraged to attend postnatal care services. Health workers should do more health education to mothers especially during their antenatal visits about a need for earlier attend postnatal care services after delivery. Mothers who deliver from health centers should be encouraged to attend post natal care service and they can be encouraged to bring their husbands so that they both can be health educated about the health of the mother and the child. The government should use mass media like radios, televisions to encourage mothers to utilize postnatal services in increased numbers.

## CHAPTER ONE

### 1.0 Introduction.

This chapter comprises of the following sections, back ground, statement of the problem, and purpose of the study, specific objectives, research questions and justification of the study and conceptual framework.

### 1.1 Back ground.

The postnatal is defined by the World Health Organization (WHO) as the period beginning one hour after delivery of the placenta and continuing until six weeks (42 days) after the birth of an infant (WHO, 2013).

According to WHO, each year 287,000 women die from complications related to pregnancy and childbirth, and about 99% of these deaths occur in developing countries (WHO, 2010). The first hours, days and weeks after childbirth are a dangerous time for both the mother and newborn infant (WHO, 2015; Save the Children, 2012) while post natal care (PNC) is the care given to the mother and her baby immediately after birth and for the six weeks (42 days) of life (WHO, 2015).

Globally, there were an estimated 272, 000 maternal deaths from complications related to pregnancy and childbirth in 2014, which is a decline of 45.1% from 1990. (Osrin D, 2007).Majority of the maternal deaths occur in developing regions. Among the developing regions the sub-Saharan Africa region alone accounted for 62% (179 000) of global deaths followed by Southern Asia at 24% (69 000). The global MMR in 2013 was 210 maternal deaths per 100 000 live births, down from 380 maternal deaths per 100 000 live births in 1990. The MMR in developing regions (230) was 14 times higher than in developed regions. (Izudi J et al 2015).

Sub-Saharan Africa has the highest regional MMR (510) per 100,000 live births. Maternal mortality ratio in Ethiopia is also among the highest in the World (Izudi J and Amongin D 2015). According to Osrin et al. (2007) who conducted a study in Nepal, two thirds of all neonatal deaths arise from such complications (asphyxia and severe infections, while inappropriate feeding and cultural practices during the postnatal period may pose further risks to the life of the newborn. All these maternal and neonatal problems could be reduced if women receive appropriate postnatal care (WHO, 2010).

In Africa, according to Charlotte et al. (2007), every year at least 125,000 women and 870,000 newborns die in the first week after birth, yet this is when coverage and programmes are at their lowest along the continuum of care. The first day is the time of highest risk for both mother and baby. In addition, the study further suggested that the fact that 18 million women in Africa currently do not give birth in a health facility poses challenges for planning and implementing PNC for women and their newborns; and that regardless of place of birth, mothers and newborns spend most of the postnatal period (the first six weeks after birth) at home.

In Uganda, according to Izudi and Amongin (2015) who conducted a study in Soroti, Eastern Uganda at nine health facilities found that among 357 women (respondents) aged 15–49 years who had delivered in the previous year (but 1 week ago) and were enrolled at postnatal care clinics, only 55 (15.4%) used Early Postnatal Care (EPNC) services. EPNC attendance was significantly associated with formal employment and education about postnatal care schedules. Women at public health facilities were significantly less likely to have attended EPNC than were those at private facilities. An increase in length of hospitalization by one day was associated with reduced EPNC utilization. They therefore concluded that EPNC was poorly utilized and prioritized. Its use was hindered by protracted hospitalization, care provision at public facilities, maternal unemployment or self-employment, and lack of information.

In a similar study by Nabukera et al. (2008) who conducted a study in Uganda, the timing of postnatal care is also crucial to the well-being of the mother and baby. Earlier international studies have shown that some 50% of maternal deaths and 40% of neonatal deaths occur within 24 hours after birth, also known as the ‘immediate postnatal period’ (WHO, 2010). Thus it is clear that the first 24 hours after birth is a crucial time to intervene so that any problems can be identified promptly and appropriate intervention can take place. For this reason the World Health Organization (WHO) recommends that mothers receive postnatal care within the first 24 hours followed by postnatal check on the second or third day, and then on the seventh day after delivery (WHO, 2010). Postnatal care is crucial in maintaining and promoting the health of the woman and the newborn baby, while providing an

opportunity for health professionals to identify, monitor and manage health conditions that may develop in the mother and newborn during the postnatal period.

According to the World Health Organization (WHO) 2012 report, 8200 maternal deaths occurred in Uganda in 2011. The 2013 Uganda Demographic Health Survey (UDHS) showed that the maternal mortality ratio was 676 deaths per 100,000 live births. In other words for every 1,000 live births about seven women (6.76) died during pregnancy, childbirth or within six weeks of childbirth. Most maternal and neonatal deaths occur during childbirth and the postpartum period (Nabukera S, 2008).

Utilization of maternal health care services reduces maternal and child mortality and improves the reproductive health outcome of women. Postnatal care, in particular, prevents the great majority of maternal and child morbidity and mortality. PNC services enable health professionals to identify post-delivery problems including potential complications and to provide treatments promptly. Therefore it is important for both the mothers' and the child's health in preventing from the short term and long-term complications and deaths arising from delivery. Postnatal care is not only the means to treating complications arising from the delivery, but also providing the mother with important information on how to care for herself and her newborn baby (Kiwanuka S, 2008).

## **1.2 Problem Statement**

According to a report from Safe Motherhood (2012), the majority of women in developing countries receive almost no postpartum care after delivery. For example, in very poor countries and regions, such as those in the Sub-Saharan Africa only 5% of women receive postnatal care (Safe Motherhood, 2012). The recent findings by the WHO, UNICEF and UNFPA, show that a woman living in Sub-Saharan Africa has 1 out of 16 chances of dying in pregnancy, childbirth and after childbirth (WHO, 2010).

Uganda is one of the few countries that account for most of the maternal deaths; others include Nigeria, Bangladesh, Ethiopia, and India (Taffa N, 2010).

According to this author, the maternal mortality rate of Uganda is 505/100,000 livebirths. This ratio is startlingly high given that the field of maternal health has

received significant attention from the government (Uganda Ministry of Health, 2009).

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In Bushenyi, South-western Uganda, found a study by Stella and Turyasingura(2007), who noted that most rural women in the region are illiterate and poorer than their urban counterparts.. They further noted that the morbidity rate of the rural women in the region is amazingly high, with over 70 percent of women reporting being ill at any one time.

Even though postnatal care service utilization plays an important role in reducing maternal and new born child mortality, little is known about factors contributing to low-utilization of postnatal services. This study therefore aimed at identifying factors contributing to low-utilization of postnatal services by mothers at Antenatal clinic (ANC) Kampala International University Teaching Hospital (KIUTH), Bushenyi.

### **1.3 OBJECTIVES OF THE STUDY**

#### **1.3.1 General Objective**

To establish the factors contributing to low- utilization of postnatal services among mothers at maternal and child health clinic Kampala International University Teaching Hospital, Bushenyi.

#### **1.3.2 Specific Objectives.**

- 1.) To determine the socio-economic factors associated with low utilization of post natal care services at KIUTH.
- 2.) To identify cultural factors associated with low utilization of postnatal care services at KIUTH.
- 3.) To find out hospital facility related factors associated with low utilization of post natal care services at KIUTH.

#### **1.4 Research Questions**

- 1.) What are the socio-economic factors associated with low utilization of post natal care services at KIUTH?

- 2.) What are the cultural factors associated with low utilization of postnatal care services at KIUTH?
- 3.) What are hospital facility related factors associated with low utilization of postnatal care services at KIUTH?

### **1.5 The study justification**

Nationally, the study aimed at establishing barriers to postnatal care utilization and help provide new insight to policy makers and the district health providers to implement future interventions on increasing utilization of postnatal care and improve maternal and newborn survival rates.

The study also aimed at assessing the community's awareness of postnatal care services. The new knowledge will allow the district health providers to create awareness of the postnatal care services the community is ignorant about.

The study findings could be disseminated to mothers who might get educated on the use of postnatal services. Such information could also create awareness to mothers about the importance of postnatal services and have a significant impact on postnatal care utilization by mothers and health seeking behaviour in the community.

#### **1.5.3 Academic board**

The study was meant to provide empirical data for other ongoing research so that other researchers can extend, replicate, and modify the study to other health services.

### **1.6 Scope of the study**

#### **1.6.1 Content scope**

The study focused on factors contributing to low-utilization of postnatal care by mothers at maternal and health clinic Kampala International University Teaching Hospital, Bushenyi district.

#### **1.6.2 Time scope**

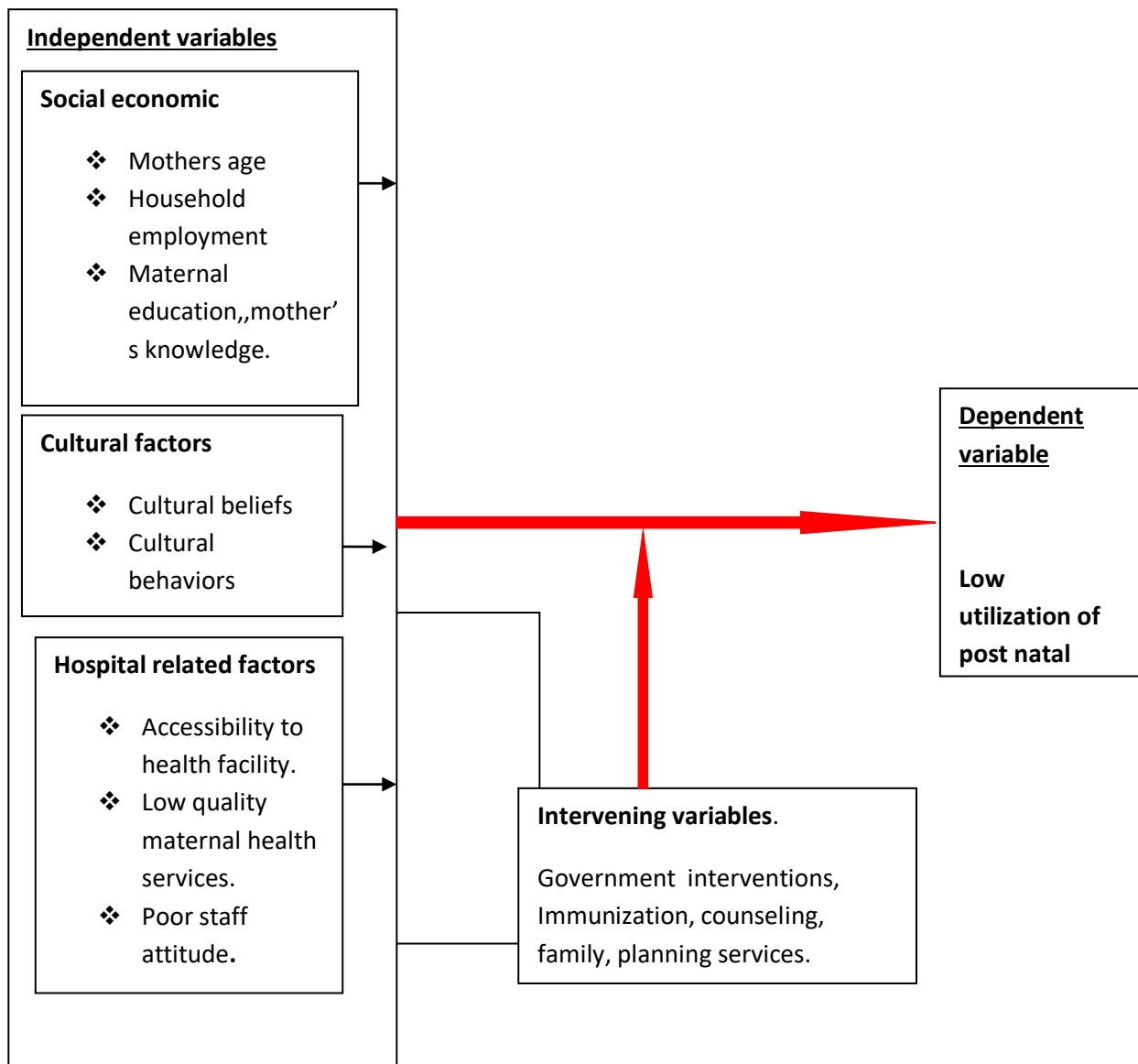
The study was conducted from February to April 2017.

#### **1.6.3 Geographical scope**

The study was carried out in Kampala International University Teaching Hospital maternal and child health clinic. The institution, situated on a 300 by 800 hectare of land, is both private/public partnership but is government aided because it is a training

facility. The number of beds is 700. The hospital facilities include general surgery, orthopedics, diagnostics, obstetrics/gynecology, antenatal and maternal and child health (MCH) clinic, medicine, ophthalmology, Ear, Nose, and Throat (ENT) department, dental surgery, pediatrics, psychiatry and physiotherapy. There are 5 operating theatres but not all of them may be functioning at any given time. The facility also has administrative departments, and quarters for the staffs.

### 1.7 Conceptual framework



In the model above, it describes interaction of how different factors contribute to low the socio-demographic factors associated with utilization of postnatal care identified



include the mother's age, tribe, religion, occupation, education level, marital status, parity, and education level. These form the independent variables. The main aim of this conceptual model is to identify the factors associated with low utilization of the postnatal care services.

## **CHAPTER TWO LITERATURE REVIEW**

### **2.0 Introduction**

This chapter reviews related literature from other studies on factors leading to low utilization of postnatal care under the following headings:-socio-economic factors, cultural factors and hospital facility related factors.

### **2.1 SOCIAL ECONOMIC FACTORS FOR LOW UTILISATION OF PNC.**

It is believed that women's current age is an important determinant of the utilization of postnatal care services (Timlison L, 2013). Mother's age could be used as a proxy for the women's accumulated knowledge of post natal care services, which may have a positive influence on the use of health services. It could however be argued that, because of development of modern medicine and improvement in educational opportunities for women in recent years, younger women might have an enhanced knowledge of modern health care services and seeking post natal care and place more value upon modern medicine. A number of studies support the view that older women and those with two to four children are more likely to seek maternal health-care services than younger women(Koblinsky M et al 2007).

Also to note is that higher levels of family income are associated with increased utilization of modern health care services. Husband's occupation can be considered a proxy of family income, as well as social status. It has been shown that women whose husbands worked in businesses or civil servants were most likely to attend post natal care and treatment complications of after delivery (Gyawali et al 2013). Women's involvement in gainful employment is also an important factor positively affecting the use of postnatal care services to treat complications after delivery. This also empowers women to take part in decision-making processes about seeking health care in the family. Women who are involved in gainful employment are more likely to attend post natal care services after delivery and management of puerperal related complications.(Kiwauka S, et al 2008). Similar study also showed that household poverty and personal problems were negatively related to seeking postnatal care(Tanner M, 2012).

The mother's level of education has an important impact on seeking post natal care services especially from rural based deliveries.

Therefore improving educational opportunity for women may have a large impact on improving the use of such services. Education is important to enhance female autonomy so that women develop greater confidence and capabilities to make decisions regarding their own health (Graham H, 2014). It is also likely that educated women seek out higher-quality services and have greater ability to use healthcare inputs to produce better care. It is argued that better educated women are more aware of health problems, know more about the availability of health care services, and use this information more effectively to maintain or achieve good health status. A number of studies have shown a positive relationship between women's level of education and utilization of post natal care services (Shaikh B, 2009).

Mother's education may also act as a proxy variable of a number of background variables representing women's higher socioeconomic status, thus enabling her to seek proper medical care whenever she perceives it as necessary. In high education areas, social networks may provide women with access to contacts and information on safe motherhood and reduce uncertainty about formal health systems. These processes, in combination with social influence, may also explain the relationship between area uptake of prenatal care and the health outcomes examined. At the individual level, low maternal education, the low status of women, and personal barriers remained important impediments to post natal care seeking ( Moss N, 2012)

Several scholars argue that religious background is also influencing the utilization of post natal care services. In a Kenya study, found that members of some religious groups, John Morange Apostolic, Christ Church and Mugodhi were more likely to refrain from use of postnatalcare. Similar studies have shown that religion is an important determinant of maternal health care in uganda (Thisted R.A , 2013).

Women's lack of awareness of postnatal care services can cover a variety of aspects. It can range from Lack of understanding of the importance of utilization of the services to the logistical aspects, for Example, the specific site. Lack of knowledge of

women on the importance of utilizing post natal services plays an important part in their decision not to use postnatal care (Mahar J and Kur C 2013).

According to Ryan G.W 2008 in a population survey in Bundibugyo it was found that only 8 %Of mothers received postnatal care which was because of a lack of knowledge on the side of the Mothers about the importance of utilizing postnatal care services. Women and communities often do not know how to recognize, prevent, or treat Puerperal complications, or when and where to seek medical care. This has a profound impact on the Utilization of postnatal services.

The health of a mother is mostly regarded as an indicator to the health of the society (Abdella, 2010). According to Fikirte et al. (2014) who conducted a study in Gondar Zuria district, Ethiopia to assess mothers' knowledge, perception and utilization of PNC, they found out that the majority of the women (84.39%) were aware and considered PNC necessary. The biggest challenge however, is the lack of awareness about the types of PNC services available, as most mothers only know about immunization and family planning as the only PNC services.

A study by Gyawali et al. (2013) among mothers in the mid-western rural region of Nepal noted there were gaps in the knowledge and practices for health care during pregnancy, childbirth and in the postpartum period. There was high rate of home deliveries with low postnatal service utilization. They suggested intensive awareness programmes and behavioural change interventions, regular pregnancy monitoring to promote the health service utilization.

According to a study in Uganda by Izudi and Amongin (2015) who conducted a study in Soroti, Eastern Uganda at nine health facilities, they noted that EPNC was poorly utilized and prioritized. Its use was hindered by lack of information and other factor which included protracted hospitalization, care provision at public facilities, maternal unemployment or self-employment.

In the study area (Bushenyi), a study by Olufunke and Agwu (2015), noted that there was lack of awareness and low utilization of maternal and child health services. In their study, majority of the respondents were peasants, farmers and the rest were

businesswomen or employees and this showed low financial status which may make traditional birth attendants (TBAs) or home a better alternative due to their low charges and this was found to be a contributing factor to underutilization of maternal delivery services. Furthermore more than half of the respondents had attained primary education, which gave the impression of low literacy level. This could be one of the factors responsible for underutilization of maternal delivery services. They therefore concluded that underutilization of maternal delivery services is a health problem in the area and suggested that this should be addressed in order to prevent both maternal and child morbidity and mortality rates from rising.

The lack of knowledge and awareness results in women 'slack of self-esteem, especially in areas where the women's status is recognized as inferior to that of men. The low self-esteem leads to the belief That Suffering is women's lot and this therefore discourages them from seeking post natal care, or other staking them for care when problems arise.(Nabukera S, 2008).

## **2.2 cultural factors.**

Health services often do not respect women's cultural preferences, for example, for privacy, birth Position, or treatment by women providers. In addition, women's power to decide when to seek care is restricted in many parts of the world. Culture includes all the beliefs, customs, values and behavior patterns common to a particular group of people (Peter Winch 2009).

In most Ugandan societies, including Basoga in the eastern part of the country, men dominates Sexual love relationships which are accepted as part of the culture. Men can play a key role in bringing about gender equality since in most societies, men exercise excessive power in nearly every sphere of Life, ranging from personal decisions regarding the size of the families to the policy and programmed Decisions taken at all levels of government (Vlassoff C, 2014).

If a culture lacks autonomy for women, this will often result in women becoming reactive rather than proactive even on health seeking matters like seeking postnatal care .If in a culture women are not empowered women might not be proactive to ask for information about postnatal care. This implies that what men take as important in the society is generally respected in Society. If men regard antenatal care as more

important than postnatal care, the attendance of antenatal Care by mothers will be high compared to the attendance of postnatal care. Culturally women are perceived as the ones responsible for bearing, rearing and bringing up children. (Nash O and Gilbert C, 2012).

In most reproductive health issues men are not involved at the health facility level. The feminization of Reproductive health messages has to a large extent absolved men from actively playing a role in Reproductive health issues (Sarin A et al, 2007).

Cultural beliefs influence facility planning programmes. Men are often neglected in reproductive Health interventions although they represent about 50% of the global population. Their roles as leaders. In the community, policy makers, technical experts, clinicians and husbands are critical in decision making for access to reproductive health services including postnatal care services (Tanner M , 2012).

Also, some medical practices could be in direct conflict with cultural beliefs, Kiwanuka S, Peterson S and Okui (2008) argue that traditional postpartum practices are still dominant in culture and are Perpetuated by close female family relatives. Decision-making dynamics is also a key factor in obtaining postnatal care among mothers because sometimes the decision for women to seek postnatal care are made by their husbands, family member Or community members, except for a few of those who are educated and can make the decision)

Behavior outcomes after delivery in a community has an impact on her getting support from the community to seek postnatal care, given that taking all the factors into account that could influence health behavior, there are three options for an Individual: the first one is that the person is in a position to cope without fear or relapse, strives to Prevent stress and relapse, integrate the new lifestyle, make the modifications and takes the Necessary steps. The second one is acknowledge having a problem, intending to change, but not ready to Commit to action, the third one is the person relapses and does not take any action to recycle an opportunity to Learn from experience and renew efforts to change (Osrin D et al 2007).

### **2.3 HOSPITAL FACILITY FACTORS**

Accessibility to the health facility is another fact influencing postnatal care utilization whereby the use of health services is known to depend on physical and geographical accessibility of offered Health services and one of the factors preventing women in developing countries from seeking post natal Services is distance from health facilities.(Thisted R, 2013) Because of long distances from health facilities women have to Look for transport which is scarce in order to reach health facilities.

Efforts to improve the quality of care especially must find a balance and avoid over medicalization of maternal health, which occurs when specialized interventions and technologies are used routinely (e.g., routine episiotomies, electronic fetal monitoring, or Caesarean delivery). These procedures may be inappropriate for many women, and as a result they often create barriers between clients and providers, thus discouraging women from using post natal services (Safe Motherhood, 2008)..

Quality of services comprises of client-provider interaction. If the relation between the provider and the client is poor then it will affect the quality of the services and the subsequent use of the service as well. Other factors include; the range of services provided, privacy to the client, respect for the client, service hours, availability of supplies and facilities among others.

Safe Motherhood (2008) contends that poor post natal care is one of the most common reasons why women do not seek care or seek it late. Among the major problems that serve as barriers to providing quality maternal health services are chronic shortages in health facilities of adequate staff, equipment, drugs and basic supplies and poorly trained health facility staff, lacking both lifesaving and basic clinical skills. The providers may also be rude, uncaring and do not attend to their duties.

Webster et al. (2001) conducted a survey to examine satisfaction with health care providers and to compare differences in service use in the first four weeks after birth between depressed and non-depressed women who attended bookings in Royal women's hospital. The results indicated that 16% of the women were dissatisfied with the health service providers and this probably contributed to their not utilizing the

services. This suggests that for some women to use health services they must be satisfied with the quality of the services and the service providers as well.

Safe Motherhood (2008) also contends that poor quality of care is one of the most common reasons why women do not seek post natal care or seek it late. Therefore hospitals should strive to improve on the quality of the services they provide to their clients in order to attract the consumers to utilise the services. Ensuring good quality care would also have multiple benefits, for both individuals and the health system as well.

Inadequate staff contributes greatly to low postnatal care utilization whereby global health workers are on adverse impact on health systems. And because of increased need for health care services an alley of health care professionals allied health workers and others have been known to acquire, dispense and in some cases administer medicines (R King and H foundation, 2010). This shift in health care personnel availability and accessibility is therefore concluded that the major challenge to provision of health care services is due to inadequate number of health care providers who receive overwhelming number of patients and thus this affects the quality of care provided (Muhwezi, 2006)

Tanner M, (2012) Indicated that patients expressed their feelings towards health workers as being poor communicators who use medical terminologies and get less concerned when patients approach them for help.

In another study it was reported that health workers especially nurses have a serious problem with their image.

They mistreat clients and as a result clients do not come to health facilities because they fear unkind treatment and abuse from them. Less than half of sick people who come to health visits have fear of being mistreated by health workers so they end up in the hands of un trained traditional healers while many others do not have access to good quality influenced by quality of services expected especially the quality of nursing care (WHO, 2006, 2011).



## **Behaviors of mothers and health workers are influenced by perceptions and attitudes**

Good attitudes are often promoting the use of services by clients. Good attitudes are as perceived Based on cultural, biological and other differences, and could have an impact on health promotion behaviors. Perceptions are often influenced by patient background, gender, culture, age, religion, Level of education and training, and judgmental abilities (Muller et al 2013).

The way mothers then perceive postnatal care services can influence them to utilize or not to utilize it. The attitude of health workers, especially nurses who are in contact with mothers most of the time, is Very important. If the attitude of health workers is positive to mothers during antenatal care, mothers are likely to come back for postnatal care. Friendly health care providers, who listen and not Judgmental, makes it easier for clients or patients to reveal health concerns. These clients or patients are likely to return for follow-up care (WHO, 2012).

### **Other associated factors with postnatal care usage.**

The Delivery of Improved Services for Health (DISH) a government project under the Ministry of Health (MOH), in 2011 reported the efforts made to improve on the quality of

Postnatal services in Uganda in the past five years. A number of factors were greatly associated with postnatal care usage and failure to address them contributed amicably to low postnatal utilization physical examination of the mother and baby, immunization, growth monitoring of the baby and counseling mothers suffering from postnatal depression.( Thisted, R. A. 2013).

Other services included family planning services to avoid early reoccurrence of pregnancies, breast feeding education, and early screening of babies for disabilities like clubfoot, cerebral palsy. Screening and treatment of mothers for urinary incontinence have also been undertaken.( Meschi, M., et al. 2007)

Despite the efforts made through DISH to improve the quality of postnatal services in Uganda, the use of these services still remains very low (MOH, 2011). It is a Governmental health policy to provide postnatal services to all women six weeks after delivery. But according to the MOH report, postnatal services are essentially restricted to immunization of infants at birth and on a monthly basis after. The comprehensive treatment (physiotherapy, counseling, physical examinations among others) is rarely utilized by mothers after delivery. studies have shown that a mother who attends first immunization of her child has high chances of utilizing postnatal care. (Ryan, G. W. 2008)..

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter outlines the techniques that were used in obtaining and utilizing the data for this study. It contains research design, study population and area, the procedure of selecting the sample size, research instruments, quality control, data collection, analysis, ethical consideration and limitation of the study.

#### **3.1 Study Design.**

A cross-sectional hospital- based study design was used to conduct the study.

#### **3.2 Study area.**

The study was conducted in maternal and child health clinic, Kampala International University Teaching Hospital-Ishaka town, Bushenyi district in western Uganda. KIU-TH is a private hospital with specialized clinics including the ANC/MCH among others. It also comprises of inpatient departments like the surgical, medical, pediatrics and private wards. It is located approximately 100 m north of the junction of the Ntungamo-Kasese Road with the Mbarara-Ishaka Road. Its location is approximately 77 kilometers (48 miles), by road, west of Mbarara, the largest city in the sub-region. This location lies approximately 360 kilometers (224 miles), by road, southwest of Kampala, the capital of Uganda and the largest city in that country. The coordinates of Ishaka-Bushenyi Municipality are: 0° 32' 40.00"N, 30° 8' 16.00"E (Latitude:-0.544445; Longitude: 30.137778)

#### **3.3 Study Population**

The study included all mothers attending maternal and child health clinic in Kampala International University Teaching Hospital during the study period and only those who consent to participate in the study.

#### **3.4 Sample size determination**

The sample size of the study was determined using the statistical formula below

$N = \frac{ZX^2P(1-P)}{d^2}$  (Swinscow, 1976).

N= Sample required

P= proportion of postnatal mothers to the total attendees at the facility (KIUTH) 10%

ZX= Level of significance (1.96) for confidence interval 95%

d= standard error of deviation = 0.05

$N = \frac{1.96^2 \times 0.1(1-0.1)}{0.05^2}$

N= 138 (0 decimal place, by calculator)

Therefore, 140 participants were selected for the study (the 2 participants added will cater for any errors).

### **3.5 Sampling technique**

Convenience sampling was used in this study because mothers were coming to the facility (a convenient place) where the researcher could easily access them. Mothers also were coming to the facility at different time intervals. This technique also helped the researcher to gather data quickly as time is so limited for the study.

### **3.6 Selection criteria**

#### **3.6.1 Inclusion criteria**

All postnatal mothers attending maternal and child health clinic at Kampala International University Teaching Hospital during the time of study and who consent to participate.

#### **3.6.2 Exclusion criteria**

All postnatal mothers attending maternal and child health clinic at Kampala International University Teaching Hospital during the time of study and who did not consent to participate.

### **3.7 Definition of variables**

#### **Dependent variables**

Low utilization of postnatal services among mothers is the dependent variable of the study.

#### **Independent variable**

Socio-economic, cultural and hospital facility based factors is the independent variables of the study.

### **3.8 Data collection tools**

Questionnaires, calculators, pens, record entry sheets were used to collect data for the study.

### **3.9 Data collection procedure**

The participants filled structured questionnaires. After which the data was collected computed in order to come up with a comprehensive data for analysis.

### **3.10 Data analysis and presentation.**

The researcher employed both qualitative and quantitative techniques in data analysis.

The information gathered from the data will enable exploratory data analysis using descriptive statistics. The findings will be presented in frequency counts, score tables with varying percentages calculated, and charts.

### **3.11 Ethical consideration.**

Purpose of the study was explained to all eligible respondents and consent sought before any enrolment for the study.

Results were kept confidential. Participants' names were not used for identification but initials and or numbers only.

An approval to carry out the study was obtained from the Research Committee School of Allied Health Sciences of Kampala international university- Western campus.

Participation in the study being purely voluntary was emphasized.

### **3.12 Quality assurance and quality control.**

A pre-tested questionnaire was used.

Rigorous data management was employed (crosschecking and validating forms and data entry)

Training and orientation of research assistants to ensure competence in their roles, they will also be trained on research ethics and the importance of maintaining confidentiality.

### **3.13 Limitations of the study**

There was relatively little time allocated for the study as the researcher is a student and other academic programmes are going on simultaneously.

There's also a financial challenge as put clearly in the budget.

## CHAPTER FOUR; RESULTS

### 4.0 Introductions

This chapter presents the Results, Analysis and interpretations of findings of the study according to the specific study objectives. Findings and results are presented in form of bar graphs, pie charts, tables and figures.

### 4.1 Socio-economic factors associated with low utilization of post natal care.

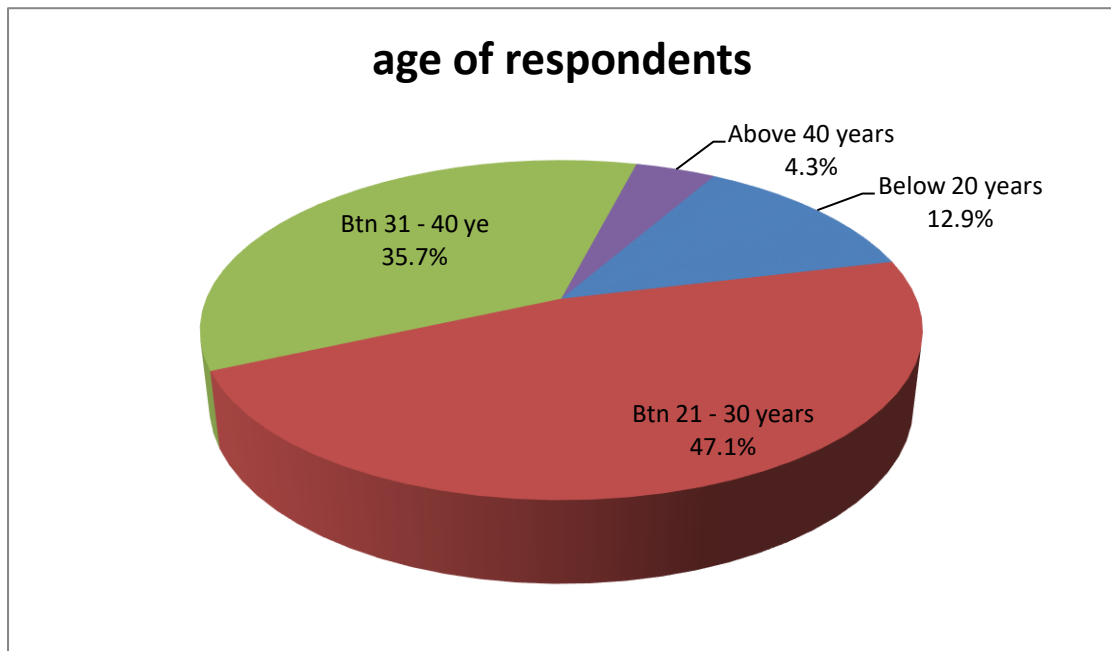
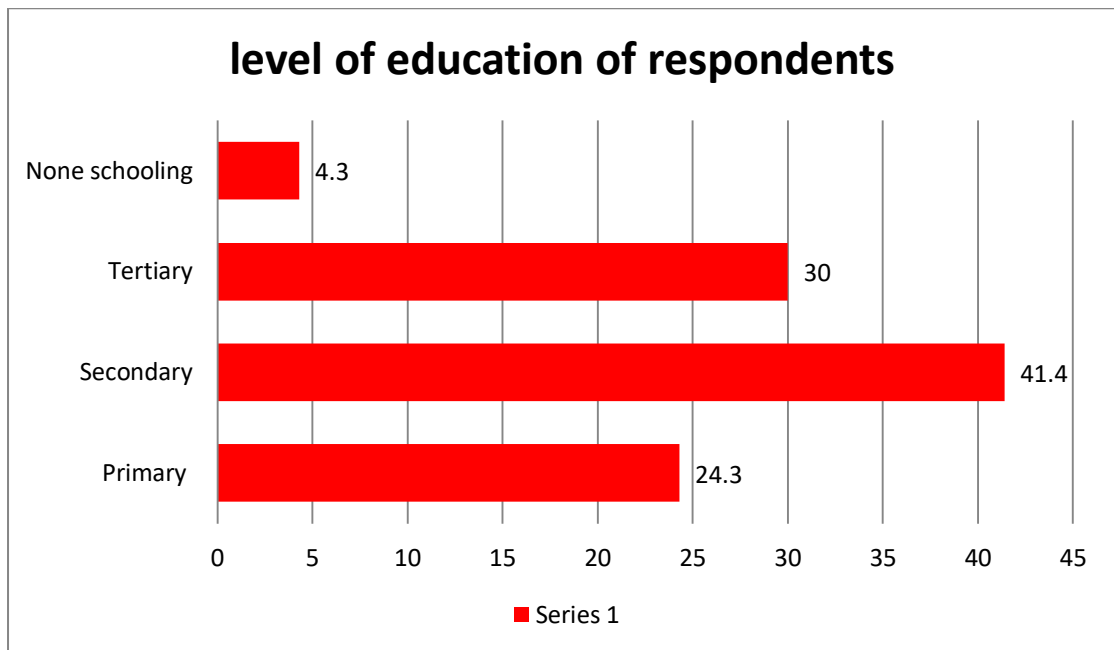


Figure 4.1a

From the study conducted out of the 140 respondents who participated in the study, 18(12.9%) were below 20 years, 66(47.1%) respondents were between 21 to 30 years, 50 (35.7%) were between 31 to 40 year while only 6(4.3%) were above 40 years.



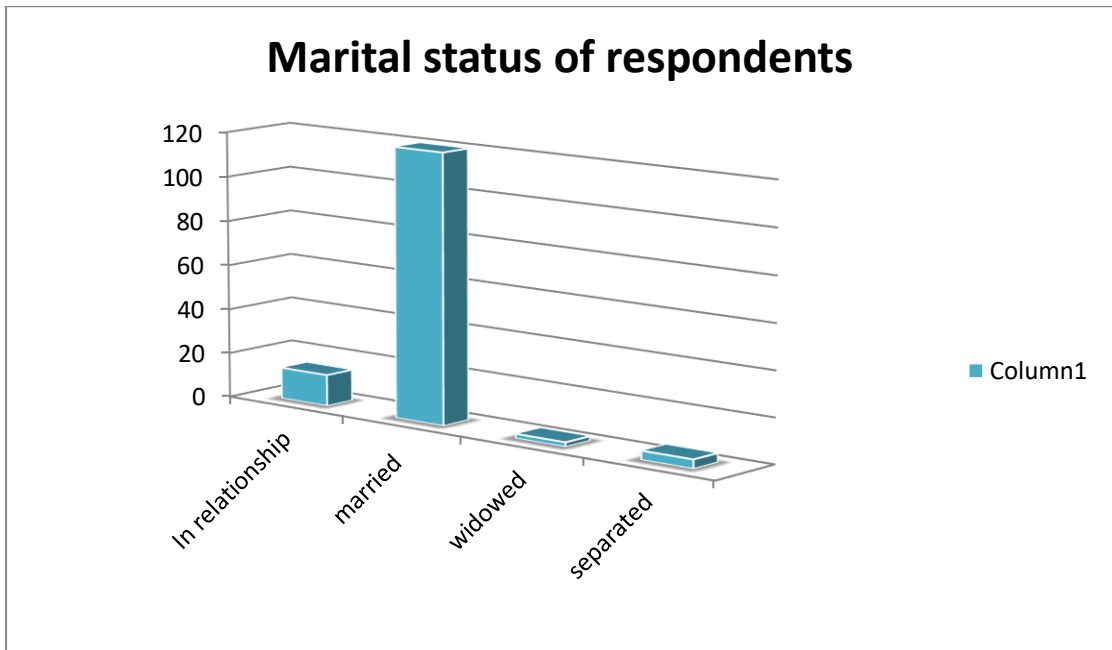
**Figure 4.1b**

Also from the study conducted, out of the 140 respondents 24 (24.3%) respondents had a primary level of education, 58 (41.4%) of the respondents had studied secondary level of education, 42(30%) of the respondents had acquired tertiary education while only 6(4.3%) had covered any formal education schooling.....

The mother’s level of education has an important impact on seeking post natal care services especially from rural based deliveries.

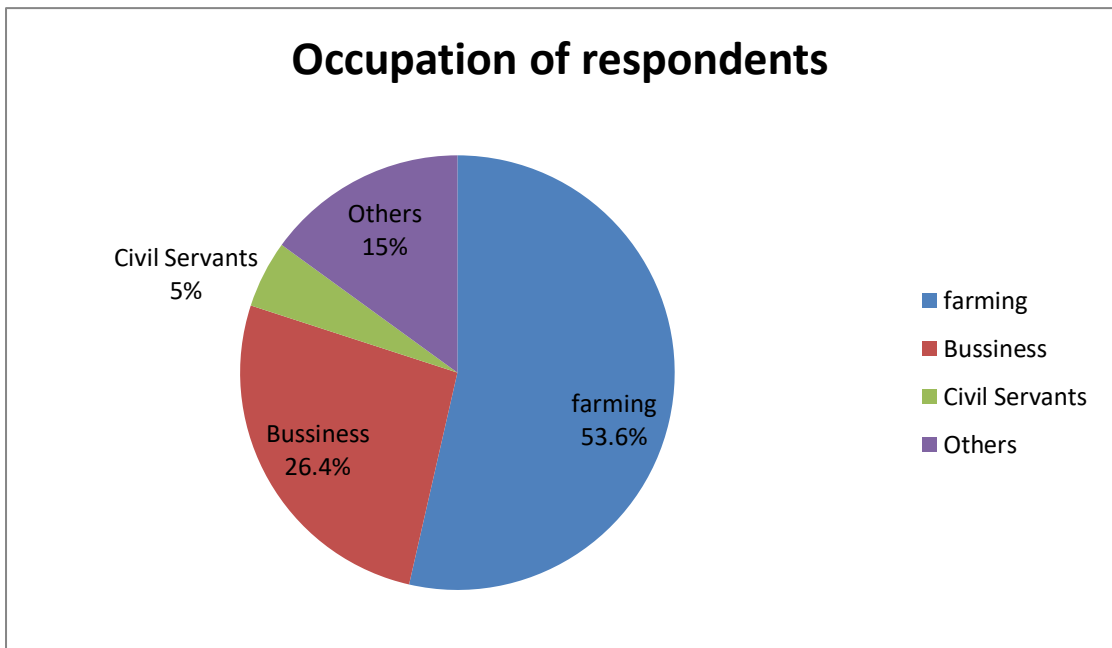
Therefore improving educational opportunity for women may have a large impact on improving the use of such services. Education is important to enhance female autonomy so that women develop greater confidence and capabilities to make decisions regarding their own health (Graham H, 2014). .....





**Figure 4.1c**

The study also indicated that out of the 140 respondents who participated in the study, 14 (10%) were in a relationship and not yet officially married, 120 (85.7%) were married women, 2 (1.4%) were widowed while 4 (2.9%) had separated from their husbands.



**Figure 4.1d**

The findings from the study also indicated that out of the 140 who participated in the study, 75(53.6%) were farmers, 37(26.4%) were business ladies, 7(5%) were civil servants while the rest 21(15%) were doing other forms of earning a living..... Women’s involvement in gainful employment is also an important factor positively affecting the use of postnatal care services to treat complications after delivery. This also empowers women to take part in decision-making processes about seeking health care in the family. Women who are involved in gainful employment are more likely to attend post natal care services after delivery and management of puerperal related complications.(Kiwauka S, et al 2008). Similar study also showed that household poverty and personal problems were negatively related to seeking postnatal care(Tanner M, 2012).

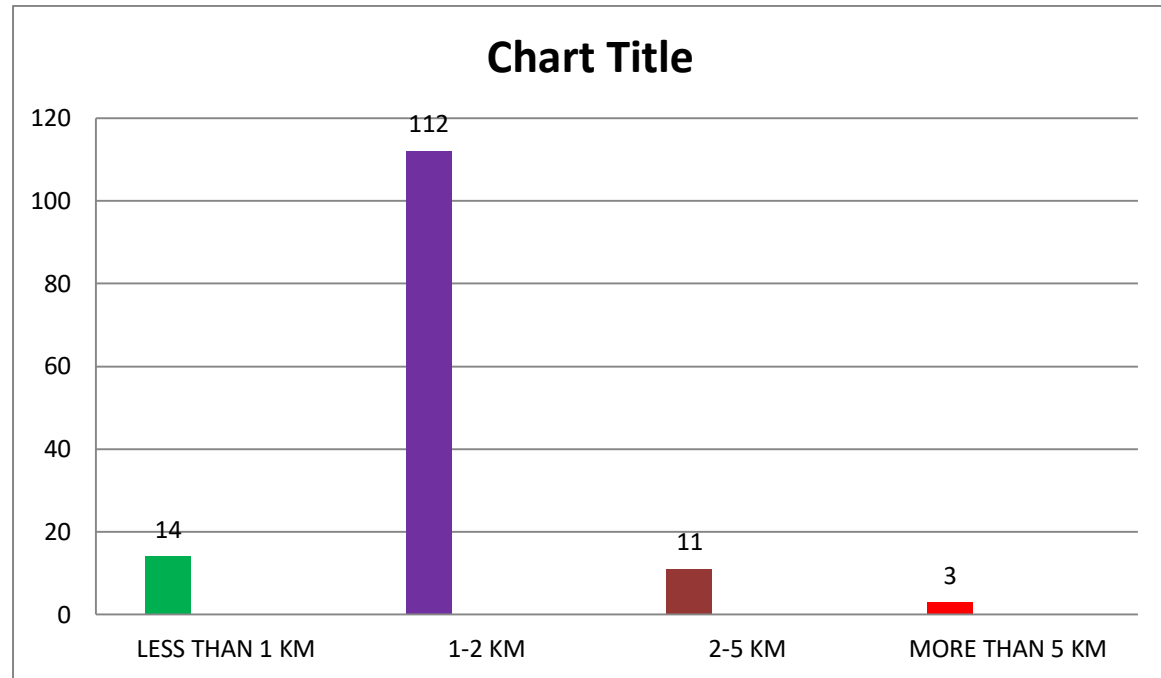
#### **4.2 Cultural factors associated with low utilization of postnatal care services**

<b>Factor</b>	<b>Frequency</b>	<b>percentage</b>
Use improvised cultural methods at home.	7	5
Community prefers TBA than Health centers.	21	15
Husbands not supportive	70	50
Use natural herbs to clean themselves	42	30

From the study conducted also, 7 (5%) of the respondents said that some mothers don’t attend post natal care service because they use improvised cultural methods at home, 21 (15%) said that some community members prefer traditional Birth attendants more than health centers, 70 (50%) of the respondents said that the husbands are not supportive while the rest 42 (30%) said that some women don’t utilize postnatal care services because they use natural herbs to clean themselves as a form of post natal care.

### 4.3 Hospital based factors associated with low utilization of post natal care

Figure 4.3 a) showing Distance to the nearest health facility



From figure 4.3a), majority (112) respondents were moving a distance of between 1 and 2 kilometers from home to the health facilities, 14 of them reported that they were moving a distance of less than 1 kilometer to the health facilities. 11 of them reported that they would move between 2 and 5 kilometers and 3 of them reported that they would move 5 kilometers

### 4.3 b) Other hospital based factors for low utilization of postnatal care.

FACTOR	RESPONSE	FREQUENCY	PERCENTAGE
Long distance from health facility	Yes	9	6.4
	No	131	93.6
Inadequate staff at health facility.	Yes	76	54.3
	No	64	45.7
Expensive medical	Yes	106	75.7

services	No	34	24.3
Health workers absent	Yes	49	35
	No	91	65
Rude health workers	Yes	52	37.1
	No	88	62.9

From the study conducted about the hospital based factors for the low utilization of postnatal care, 9(6.4%) of the mothers said that most mothers don't utilize the postnatal care because the facilities are far from the people, while on the same category the majority of the mothers 131 (93.6%) said that in regards to location of KIUTH some mothers are not utilizing antenatal care because of other factors but not the long distance from the health facility. Also to note is that when asked about staffing, majority of the respondents 76(54.3%) said that inadequate staffing in the health facility is one of the factors leading to low utilization of postnatal care while 64(45.7%) said that low utilization of PNC services can be due to other mentioned factors but not inadequate staffing.

From the study findings also, 106 (75.7%) of the respondents said that mothers are not coming to the health facility for PNC services because the services are expensive to them unlike the 34 (24.3%) who said that regardless of the fact that health facilities are not expensive, still mothers are not utilizing PNC services.

The study found out that mothers are not using PNC services due to health workers being absent from the facility, this was seconded by 49(35%) of the respondents, however an increased number of respondents 91(65%), said that even when health workers are present, not all mothers will attend PNC services and they contributed the low PNC usage to other listed factors.

Out of the 140 respondents who participated in the study, 52 (37.1) of the respondents said that mothers are not using PNC services because of the rude health workers but at the same category 88 (62.9%) said that it's not the rudeness of the health workers that

makes mothers fail to utilize the PNC services but other factors including long distance, inadequate staffing among others.

## **CHAPTER FIVE: DISCUSSION.**

### **5.0 INTRODUCTION**

This chapter discusses the findings from the study on social economic factors, hospital based factors and cultural factors. It also involves conclusions and recommendations made on the study.

### **5.1 Socio-economic factors associated with low utilization of post natal care.**

From the study conducted out of the 140 respondents who participated in the study, 18(12.9%) were below 20 years, 66(47.1%) respondents , the majority were between 20 to 30 years, 50 (35.7%) were between 30 to 40 year while only 6(4.3%) were above 40 year, the majority of the mothers being between 20 to 30 years correlate to the fact that this is the reproductive age bracket for mothers and at this age the mothers have between two to 4 children and can appreciate the importance of postnatal care both for her health and the health of their children in related studies Koblinsky M et al in 2007 observed that a number of studies support the view that older women and those with two to four children are more likely to seek maternal health-care services than younger women

Also from the study conducted, out of the 140 respondents 34 (24.3%) respondents had a primary level of education, 58 (41.4%) of the respondents had studied secondary level of education, 42(30%) of the respondents had acquired tertiary education while only 6(4.3%) had covered any formal education schooling the high percentage being in education category of secondary explains the fact that the study area KIUTH is locate in the hear of Ishaka town where the marjority of the population have attained at least a formal type of education.

The study also indicated that out of the 140 respondents who participated in the study, 14 (10%) were in a relationship and not yet officially married, 120 (85.7%) were married women, 2 (1.4%) were widowed while 4 (2.9%) had separed from their husbands the high percentage of respondents being of married marital status is explained in the fact that KIUTH the study area serves basically the local community in which people are living in their families as nuclear families.

The findings from the study also indicated that out of the 140 who participated in the study, 75(53.6%) were farmers, 37(26.4%) were business ladies, 7(5%) were civil

servants while the rest 21(15%) were doing other forms of earning a living the high percentage of respondents being farmers is not surprising because the study area KIUTH serves the local community in which people the people depend on farming to earn a living.

## **5.2 Cultural factors associated with low utilization of postnatal care services**

From the study conducted also, 7 (5%) of the respondents said that some mothers don't attend post natal care service because they use improvised cultural methods at home, 21 (15%) said that some community members prefer traditional Birth attendants more than health centers, 70 (50%) of the respondents said that the husbands are not supportive this is a reflection of an indicator in which many for many African communities affairs of maternal and child health are usually left for women with husbands hardly participating in health seeking of both the mother and the child and in this case the postnatal care services.

In related studies different cultural societies have been identified as having different response in seeking a postnatal care services for example a study by Vlassoff in 2014 showed that in most Ugandan societies, including Basoga in the eastern part of the country, men dominates Sexual love relationships which are accepted as part of the culture. Men can play a key role in bringing about gender equality since in most societies, men exercise excessive power in nearly every sphere of Life, ranging from personal decisions regarding the size of the families to the policy and programmed Decisions taken at all levels of government.

Lastly on the same study findings the rest 42 (30%) said that some women don't utilize postnatal care services because they use natural herbs to clean themselves as a form of post natal care this is a reflection that peoples cultural practices are still being practiced regardless of modern service facilities.

## **5.3 Hospital facility related factors associated with low utilization of post natal care**

Regarding hospital related factors majority (112) respondents were moving a distance of between 1 and 2 kilometers from home to the health facilities, 14 of them reported that they were moving a distance of less than 1 kilometer to the health facilities. 11 of them reported that they would move between 2 and 5 kilometers and 3 of them

reported that they would move 5 kilometers. From the study conducted about the hospital based factors for the low utilization of postnatal care, 9(6.4%) of the mothers said that most mothers don't utilize the postnatal care because the facilities are far from the people, while on the same category the majority of the mothers 131 (93.6%) said that in regards to location of KIUTH some mothers are not utilizing antenatal care because of other factors but not the long distance from the health facility. Also to note is that when asked about staffing, majority of the respondents 76(54.3%) said that inadequate staffing at the health facility is one of the factors leading to low utilization of postnatal care while 64(45.7%) said that low utilization of PNC services can be due to other mentioned factors but not inadequate staffing this is an indicator that some mothers don't attend the postnatal services because they are reluctant to trek long distances. In related studies a study by Thisted R, in 2013 identified that accessibility to the health facility is another fact influencing postnatal care utilization whereby the use of health services is known to depend on physical and geographical accessibility of offered Health services and one of the factors preventing women in developing countries from seeking post natal Services is distance from health facilities because of long distances from health facilities women have to look for transport which is scarce in order to reach health facilities.

From the study findings also, 106 (75.7%) of the respondents said that mothers are not coming to the health facility for PNC services because the services are expensive to them unlike the 34 (24.3%) who said that regardless of the fact that health facilities are not expensive, still mothers are not utilizing PNC services.

The study found out that mothers are not using PNC services due to health workers being absent from the facility, this was seconded by 49(35%) of the respondents, however an increased number of respondents 91(65%), said that even when health workers are present, not all mothers will attend PNC services and they contributed the low PNC usage to other listed factor this finding correlates with what other studies show because according to King R and H foundation in 2010 in a conducted study their studies indicated that inadequate staff contributes greatly to low postnatal care utilization whereby global health workers are on adverse impact on health systems. And because of increased need for health care services an alley of



health care professionals allied health workers and others have been known to acquire, dispense and in some cases administer medicines.

Out of the 140 respondents who participated in the study, 52 (37.1) of the respondents said that mothers are not using PNC services because of the rude health workers but at the same category 88 (62.9%) said that its not the rudeness of the health workers that makes mothers fail to utilize the PNC services but other factors including long distance, inadequate staffing among others this is associated with the conduct of midwives during the delivery time who are usually tough in helping the mother deliver, in some instances mothers usually develop negative attitude towards health staff related studies a study by Peter Winch in 2009 indicated that Health services often do not respect women's cultural preferences, for example, for privacy, birth Position, or treatment by women providers. In addition, women's power to decide when to seek care is restricted in many parts of the world. Culture includes all the beliefs, customs, values and behavior patterns common to a particular group of people.

### **5.3 Conclusion.**

In conclusion, the study concludes that the identified socio-economic factors associated with low utilization of post natal care were majorly sex, age, and level of education, marital status and occupation which requires specific interventions upon them to enable mothers utilize the post natal care services.

On the hospital facility related factors associated with low utilization of post natal care included the following long distance from home to the health facility, inadequate staff at the health facility, expensive medical services, absent health workers and rude health workers, with the expensive medical services being identified most as a major hospital facility discouraging mothers, this correlates to the fact that KIUTH is a private hospital offering standard services and there it have slightly elevated cost as compared to the neighboring health facilities

Concerning cultural factors associated with low utilization of postnatal care services included use of improvised cultural methods at home, preference of traditional Birth

attendants more than health centers also the husbands not being supportive to the mothers and this was the most identified challenge by majority mothers.

#### **5.4 Recommendations**

The government should increase the staffing of health units such that mothers can be encouraged to attend postnatal care services.

Health workers should do more health education to mothers especially during their antenatal visits about a need for earlier attend postnatal care services after delivery.

Mothers who deliver from health centers should be encouraged to attend post natal care service and they can be encouraged to bring their husbands so that they both can be health educated about the health of the mother and the child.

The government should use mass media like radios, televisions to encourage mothers to utilize postnatal services in increased numbers.

Women should be empowered by the government on health policies because they are the focal points in seeking post natal services since most men hardly participate in postnatal care seeking.

The government should motivate staff so that they are encouraged to spend more hours working with mothers so that mothers can encourage others to receive post natal services

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**APPENDIX I: INFORMED CONSENT FORM AND QUESTIONNAIRES**

**PART A: INFORMED CONSENT FORM**

I am **ATINE JAMES**, a student pursuing diploma in Clinical Medicine and Community Health. I am conducting a study on **FACTORS CONTRIBUTING TO LOW UTILIZATION OF POSTNATAL SERVICES AMONG MOTHERS AT MATERNAL AND CHILD HEALTH CLINIC KAMPALA INTERNATIONAL UNIVERSITY TEACHING HOSPITAL, BUSHENYI.**

You are kindly requested to participate in this study to provide data for generating baseline information useful in strengthening the current ways for improving the health of mothers who have recently given birth. Your participation is entirely voluntary. I would like you to participate in this study by responding to this questionnaire in the following pages.

You have the right to withdraw from this study at any time you wish. Refusal or withdrawal from this study will have no negative impacts on you.

Your responses to the questionnaire will be treated with confidentiality during and after this study.

**Benefits:**

The data you will provide in this study will be helpful in generating information to guide the Ministry of Health and other development partners to provide necessary assistance to improve the Maternal and Child Health.

You have a right to ask any question regarding postnatal care and the principal investigator is ready to address any issues you may have.

**Risks**

No risks are involved in the study, however if during the process of the study you want to leave, you shall be free.

I ..... Understood the explanation about this study and accept to participate.

Signed / thumb ..... Date..... Study subject’s number .....

Principal investigator’s signature..... Date .....

**Mobile telephone contact: +256753466505**

**PART B: QUESTIONNAIRE**

This questionnaire aims at obtaining information about the factors contributing to low-utilization of postnatal services. The information attained will only be used for the purpose of this study and therefore will be held confidential. (Please do not write Your name) Your participation is voluntary.

Identification

Client code number-----

Date: -----

Please put a tick (x) in the box next against your response and where applicable write the required responses in the spaces provided.

**SECTIONA: SOCIAL DEMOGRAPHIC CHARACTERISTICS**

1. Age of the participant.....

2. Sex (a) M  (b) F

3. Marital status of the participant

(a) Married  (b) Single  (c) Widowed  (d) Divorced

4. Educational level of the participant

(a) Primary  (b) Secondary  (c) Tertiary/University  (d) None

5. Occupation of the participant

(a) House wife  (b) Self-employe  (c) Businessman/wom  (d)

Peasant farmer r (e) Civil Serv  (f) Unemp ed Others

Specify.....

6. Religion of the participant

(a) Catholic  (b) Protestant  (c) Seventh Day Adventist  (d) Muslim

Others specify.....

**SECTION B: INTERVIEW ON CULTURAL FACTORS ASSOCIATED WITH TO LOW UTILISATION OF POSTNATAL SERVICES.**

**Are there any cultural factors that prevent you from attending postnatal services?**

- 1. Yes
- 2. No

**1. Who decides in a family to go for PNC?**

Husband

Myself

Any other person (specify)

**2. Does your husband accompany you when you are going to attend PNC?**

Yes

No

**3. Are there any traditional home based ways in which mothers in peuperium are cared for?**

Yes

No

**4. If yes mention any**

.....

**Is it a common practice for women who have delivered from your village to seek PNC?**

Yes

No



4=others (specify).....

**Did you attend postnatal services in the six weeks after delivery?**

1=Yes

2=No

**If you did not go for postnatal services, tick possible reasons why you did not attend these services. (Answer only if applicable)**

1=Attending to other family matters

2=Not aware

3=It is expensive

4=Beliefs

5=Do not stay in the area

6=Did not think it was necessary

7=No money for transport

8=Waiting time is too long

9=Had no one to live the children with

10=Other (specify).....

**Did you have check-ups at a hospital when you were pregnant?**

1=Yes

2=No

**By what method did you deliver? (Only one could be marked)**

1=Normal vaginal delivery

2=Caesarean section

3= Assisted vaginal delivery

**SECTION C: INTERVIEW ON HOSPITAL FACILITY RELATED FACTORS ASSOCIATED WITH LOW UTILIZATION OF POSTNATAL CARE SERVICES.**

**What is the distance from home to health facility where do you acquire PNC?**

<1 km

1-2 km

2-5 km

>5 km

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

1= walk

2=public transport (Bus, tax and motorcycle)

3= Bicycle

4= Private vehicle

5=Others (specify).....

**Rate the quality of care received at the health facility**

Very good

Good

Fair

Poor

Very poor

**After how long were you attended to on your arrival to the facility?**

Immediately

Within an hour

1-2 hours

After 2 hours

**What was done that prevented you from attending postnatal services?**

1=shouted at me

2=They did not teach me well

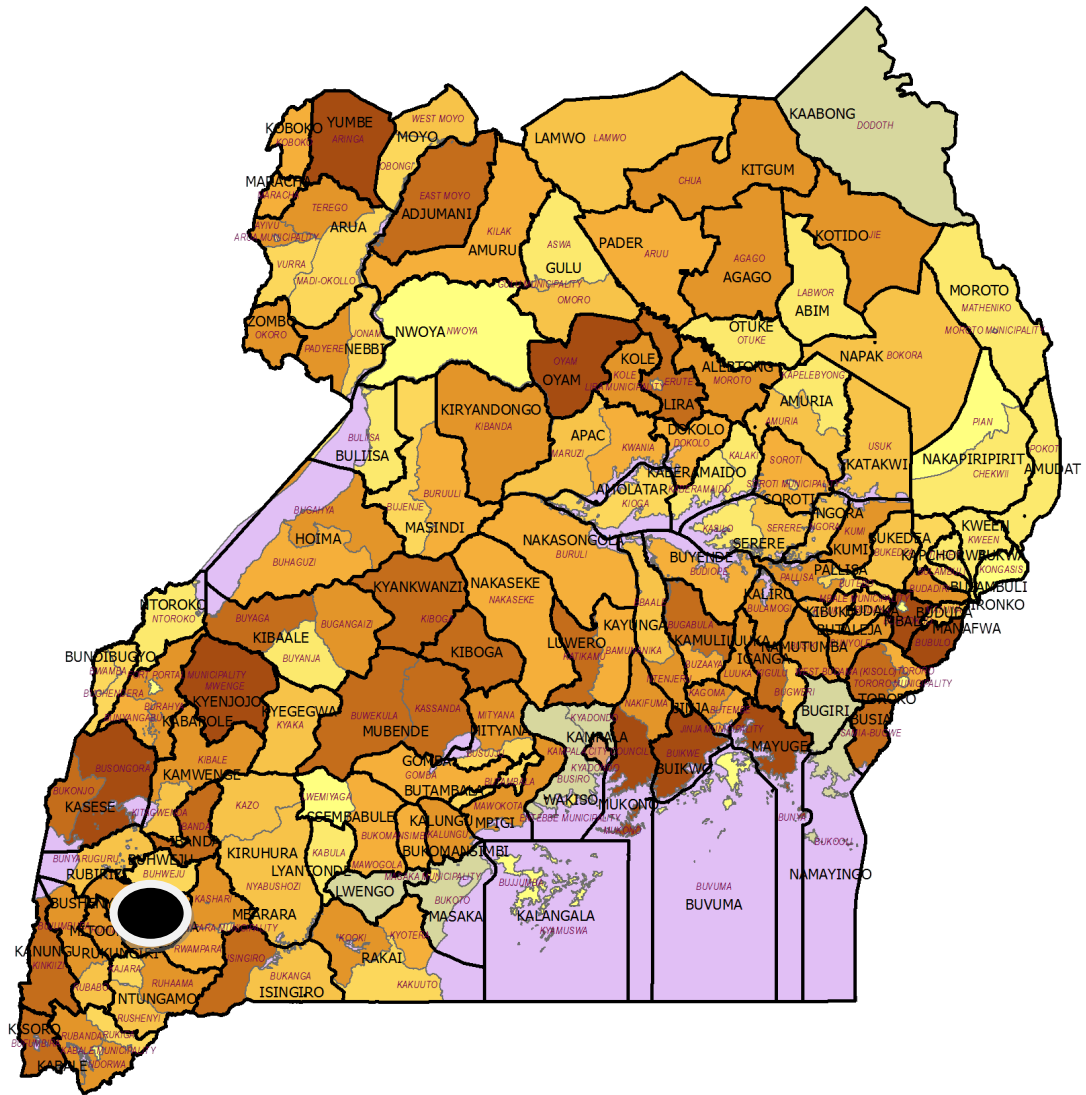
3=Examined me roughly

4=Did not come when called

5= Other (specify).....

*Thank you for your participation*

## APPENDIX IV: MAP OF UGANDA SHOWING THE STUDY AREA



**KEY**



**BUSHENYI DISTRICT**

**APPENDIX V: MAP OF ISHAKA BUSHENYI SHOWING KAMPALA INTERNATIONAL UNIVERSITY TEACHING HOSPITAL (KIUTH)**



**KEY**             $\rightarrow$       **KIU -TH**