

PREVALENCE OF POSTNATAL CARE SERVICE UTILIZATION AMONG POSTNATAL MOTHERS ATTENDING MITOOMA HEALTH CENTRE IV. A CROSS-SECTIONAL STUDY.

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Page | 1 **ABSTRACT.**

Background:

The utilization of postpartum services is a major concern worldwide due to the great impact it has on infant and maternal mortality. The majority of perinatal deaths occur during the postpartum period. Postpartum services are those services offered to the mother and her baby during the first six weeks following delivery and it is a critical time for the mother and the baby. In Uganda, 74% of childbirths are attended by skilled health personnel, and 44% of postnatal mothers do not receive postnatal care (PNC) within 2 days after childbirth.

Methods:

A cross-sectional study was conducted using a quantitative approach. A total of three hundred eighty-four (384) nursing students participated in the study and they were selected by simple random sampling method. Data was collected through research-administered questionnaires. Data were checked for completeness, cleaned, and entered in SPSS for further analysis. Data analysis was conducted by using descriptive statistics and a chi-square test to show the association between variables.

Results:

374 participants responded to the study yielding a response rate of 97.4%. Overall study findings indicate that the prevalence of PNC attendance was (89.8%) and had attended 2-3 times (69.3%).

Conclusion:

Few mothers in this study have attended postnatal care, which is a very low rate when compared to similar studies in other regions of the country.

Recommendation:

Postnatal care service policies should be strengthened by educating health workers, especially the midwives who take the most part in the process of childbirth.

Keywords: *Postnatal care utilization, Postpartum period, Infant, postnatal mother, puerperium.*

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BACKGROUND.

Globally, the prevalence of postnatal care service utilization stands at 57.5%. World Health Organization (2017) stated that globally over 65% of maternal deaths occur during the first 42 days of postpartum while the same proportion of neonatal deaths occurs during the first 7 days of life. The pooled magnitude of postnatal care service utilization in sub-Saharan African countries is 52.48% (Geoffrey et al., 2017). In Uganda, of almost all postnatal mothers (97%) who receive antenatal care (ANC) from a skilled provider at least once during pregnancy, only 54% attend postnatal care services. 74% of childbirths are attended by skilled health personnel, and 44% of postnatal mothers do not receive postnatal care (PNC) within 2 days after childbirth (MoH, 2015). This implies that these postnatal mothers do not have the

opportunity for childbirth and postnatal care during the first week of life, resulting in a large number of newborns lost during this period. It was well known that most maternal and newborn deaths could be prevented if essential interventions like postnatal care service in existing health care packages reached all postnatal mothers and their newborns. Thus, the purpose of the study documents the prevalence of PNC utilization and associated factors among postnatal mothers attending Mitooma Health Center IV.

METHODS.

Study design.

This was a health facility-based cross-sectional study that employed quantitative methods of data collection.

Study setting.

The study was conducted at Mitooma Health Center IV. Mitooma Health Center IV is a government Facility situated in the Mitooma district along Mitooma - Ishaka road. It started was 1962 during Dr. Apollo Milton Obote's regime as a foundation of European Missionaries. It was later taken up by the Ministry of health under the local government for the implementation of better services up to date. Mitooma HC IV is located approximately 25 km by road, South West of Bushenyi. It is also about 15 km from Ishaka town – Rukungiri route, opposite Mitooma district headquarters, and serves as the district hospital. It has the following departments; OPD, MCH, IPD, theatre, dental, and special clinics like; TB/HIV, Diabetes, and HT among others. The postnatal ward has 18 beds and is managed by seven (7) midwives. On average every month 500 pregnant mothers attend antenatal care and 340 postnatal mothers attend their postnatal care services

Study Population.

The study population comprised postnatal mothers aged 15-49 within 6 weeks following childbirth.

Inclusion Criteria.

All postnatal mothers aged 15-49 years of age within 6 weeks of childbirth attending Mitooma Health Center IV were included in the study.

Exclusion Criteria.

Postnatal mothers who were critically ill or with unsound mental status were excluded from participating.

Sampling Technique.

The participants were selected using consecutive sampling, a non-probability sampling technique, whereby all the postnatal mothers taking the children to the clinic within 6 weeks after childbirth months were selected.

Sample Size Calculation.

The sample size was estimated by Kish and Leslie's standard formula (1965),
$$N = \frac{Z^2 PQ}{E^2}$$

Where N is the sample size,

Z is scored responding 95% of the confident interval which is 1.96,

P is the percentage of postnatal mothers who were successively using PNC services in a study that was done by Geoffrey (2017) was estimated to be 44.4%.

$Q = 1 - P = 1 - 0.444 = 0.556$

E=Level of error expected which is 0.05 $N = (1.96)^2 \times 0.444 (0.556) / 0.05^2$, N=378 participants

Thus 384 postpartum postnatal mothers will be considered.

Data Collection Methods and Tools.

The researcher administered a questionnaire comprising closed and open-ended questions to obtain qualitative information.

Validity.

Any validity errors in this research were eliminated by the supervisor reviewing the work before approving it. Furthermore, it was achieved by pre-testing the questionnaire with at least 10 subjects. The questionnaire was translated into Runyankore which is the common language used by the postnatal mothers in the area, and back translation in English was done. The errors in phrases and sentences were corrected to make them precise before collecting data.

Reliability.

Cronbach's alpha of >70 from previous studies was used (Adam, 2013) Cronbach's alpha of 0.7 was used to assess the reliability or internal consistency, of a scale that was used to assess factors associated with postnatal care service utilization.

Data Management.

The data collected was carefully checked for completeness before safety storage, and attempts were made to ensure the complete filling of the questionnaires. Only the researcher and the assistants had to access them. Data Analysis Technique
Data was entered into Excel and then transferred to Statistical Program Statistical Package for Social Sciences version 20 (SPSS) for analysis.

Ethical Considerations.

The researcher obtained an introductory letter from the Head of the Nursing Department at Bishop Stuart University. Authority to proceed with data collection was obtained from the district health officer in Mitooma district who forwarded us to the In Charge of Mitooma Health Center IV who permitted us to continue with the study. Informed consent was sought from respondents and our questionnaire did not capture participants' initials. This assured the confidentiality of the information. Data

collected was kept under a locked box and only authorized persons accessed it and this ensured privacy.

Study findings indicate the majority of the participants were aged between 36-45 years (48.7%) and more than half of the participants were married (75.9%) nearly half of the participants belonged to the catholic religion (40.1%) and the age their partners were between 36-45 years (48.7%). More than a quarter of the participants attended tertiary education (39.8%) and had two children (39.8%). More than half of the participants were self-employed (84.5%) (Table 1).

STUDY FINDINGS.

Socio-demographic characteristics.

Table 1: Socio-demographic characteristics.

Variable	Category	Frequency (N)	Percentage (%)
Your Age	18-24	24	6.4
	25-35	163	43.6
	36-45	182	48.7
	Above 45	5	1.3
Marital Status	Single	47	12.6
	Married	284	75.9
	Divorced	43	11.5
Religion	Moslem	24	6.4
	Catholic	150	40.1
	Protestant	148	39.6
	Born Again	28	7.5
	SDA	24	6.4
Age of your partner	18-24	24	6.4
	25-35	163	43.6
	36-45	182	48.7
	Above 45	5	1.3
Educational Level	Primary	68	18.2
	Secondary	143	38.2
	Tertiary	149	39.8
	None	14	3.7
Occupation	Self-Employed	316	84.5
	Casual laborer	14	3.7
	Formal Employment	44	11.8
Number of children	1	24	6.4
	2	149	39.8
	3	148	39.6
	4	28	7.5
	5 and above	25	6.7

Prevalence of PNC attendance.

Overall study findings indicate that the prevalence of PNC attendance was (89.8%) and had attended 2-3 times (69.3%) (Table 2)

Table 2: Prevalence of PNC attendance.

Variable	Category	Frequency (N)	Percentage (%)
Attended PNC during the 6 weeks after the child was born	Yes	336	89.8
	No	38	10.2
Times of PNC clinic attendance	Once	67	17.9
	Two times	136	36.4
	Three times	123	32.9
	Four times and above	14	3.7
	None	34	9.1

DISCUSSION.

Prevalence of PNC utilization among postnatal mothers attending Mitooma Health Center IV.

Page | 4 Current study findings indicate that the prevalence of PNC attendance was 89.8% and had attended 2-3 times (69.3%). This study's findings are higher than the aggregated size of postnatal care consumption in Sub-Saharan African countries (52.48%), Central Africa (73.51%), and Eastern Africa (31.71%) (Tessema et al., 2020).

This is because this study only captured one health facility however the above results covered pooled results of PNC from different nationals and averages were made.

In addition, this study results are higher than the results of a study by (Ndugga et al., 2020) which showed that 50% of mothers used PNC services for their most recent birth in the two years preceding the survey, and the percentage of women receiving EPNC was substantially greater among women who delivered at a health facility, whether a public facility (63%) or private facility (65%), versus only 9% among women who delivered at home (Ndugga et al., 2020). According to Ndugga et al., 2020, women who birth at home may not recognize the necessity for a medical evaluation; after surviving delivery, the lady may be regarded as "out of danger."

Perhaps only women who develop observable complications would seek postnatal care services within 2 days of childbirth (Ndugga et al., 2020). However, this study's results can be explained as the result of massive sensitization by the Ministry of health about the needs of EPNC through health focal persons (Tessema et al., 2020)

Conclusion

Few mothers in this study have attended postnatal care (23%), which is a very low rate when compared to similar studies in other regions of the country such as 58% in Kampala among Mengo and Mulago hospitals. Many mothers are still not aware of the necessity of seeking postnatal care and only return to the hospital for immunization of their children. Several factors influence mothers to seek postnatal care, especially the socioeconomic factors. Postnatal care service provision and implementation is still greatly lagging behind antenatal care services

RECOMMENDATIONS.

To the health care workers.

Education about postnatal care should be made more vigorous during the antenatal period and in the first days after delivery.

To policymakers.

Postnatal care service policies should be strengthened by educating health workers, especially the midwives who take the most part in the process of childbirth. Educational training seminars should be included in the routine practice to polish up the quality of postnatal care. Home visits should be considered by the District health teams where health care providers are to provide these services at the convenience of those mothers who cannot seek these services due to the large home burden.

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ABBREVIATIONS.

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANCS	Antenatal Care Services
HC	Health Centre
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
LBW	Low Births Weight
MDGs	Millennium Development Goals
MHC	Maternal Health Care
MHCS	Maternal Health Care Services
MMR	Maternal Mortality Ration
MoH	Ministry of Health
PAC	Post-Abortion Care
PNC	Postnatal Care
PNCS	Postnatal Care Services
PPC	Postpartum Care
PPFP	Postpartum Family Planning
RC	Reference Category
SPSS	Statistical Package for the Social Sciences
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
UBOS	Uganda Bureau of Statistics
UCSF	University of California San Francisco
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNHS	Uganda National Household Survey
UNICEF	United Nations International Children's Emergency Fund
UTI	Urinary Tract Infection
VCT	Voluntary Counseling and Testing

WHO World Health Organisation
SIS Statistical Information System

Rural Area: The place that is distant from a nearby city
i.e. far away from town or municipality.

CONFLICT OF INTEREST:

The author declares no conflict of interest.

Page | 5

SOURCE OF FUNDING.

The study had no funding.

OPERATIONAL TERMS.

Postnatal care utilization: The mother and her newborn should attend not less than four check-ups attended by a health care provider in the puerperal period (42days)
Determinant of Post-natal care: This is a variable that influenced uptake of post-natal care, either positively or negatively on Multinomial regression at a significant level ($p < 0.05$)

Socio-Demographic determinants: Characteristics of the study population expressed in age, highest education level attained, religion, marital status, parity, and household wealth status.

PNC: The medical care to manage the problem immediately after birth to 42days of birth including a newborn baby. It is at least one postnatal visit provided to the mother within the first 42 days (six weeks) of birth.

Post-partum period: The period beginning immediately after the birth of the child to 42days of delivery. The postnatal period is a vulnerable time because most maternal and newborn deaths occur during this period.

Infant: The baby after birth to under 1 year of a child who needs more care to prevent infectious disease and help to improve maternal and child health.

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