

# FACTORS INFLUENCING UTILISATION OF POSTNATAL CARE SERVICES AMONG MOTHERS AT KAJJANSI HEALTH CENTER IV, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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## Abstract

### Background:

Mothers are so much vulnerable for having complications after child delivery which can greatly affect their health to an extent of claiming their lives these complications are preventable if the mothers utilize the PNC services put in place. This study aimed to find out the factors influencing utilization of postnatal care services among mothers at Kajjansi health center IV, Wakiso district.

### Methodology:

A descriptive quantitative cross-sectional study was conducted at Kajjansi health center IV, Wakiso district. A questionnaire was administered after obtaining an informed consent from 36 respondents that were present at the time of data collection. These were selected using simple random sampling method. Results were tabulated, analyzed using Microsoft excel and presented using frequency tables, pie charts and graphs.

### Results:

This study established that majority 32(88.9%) of the respondents were aged between 20 - 30 years, and nearly all, 33(91.7%) lived in towns. 23(63.9%) of the respondents had information about post-natal services and 21(58.3%) of them, their society encouraged them to seek medical care after giving birth at the health facility; 28(77.7%) said that their cultures did not encourage mothers to deliver without help from a health care provider whereas nearly two thirds 23(63.9%) of them said nurses and midwives treat the mothers in a good way as they go to seek for postnatal care services

### Conclusion:

Mothers used PNC services and the factors below; women's residence, awareness of post-natal services, wealth status, marital status, occupation, antenatal care attendance, place of delivery, perceived accessibility of health facilities, and access to mass media messages and many others were associated with greater use of PNC service.

### Recommendations:

Educational programs with special emphasis on post-natal care services and mandatory participation in the educational programs to all stakeholders are highly recommended to enhance utilization of post-natal care services.

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## 1. Introduction

According to WHO (2018), Post Natal Services are defined as those services provided to both mothers and their infants immediately after birth up to 6 weeks of age. The magnitude of postnatal care service utilization is very low, for instance, 47% in Kenya, 41.2% in Nigeria, 43.53% in Tanzania, 43, 55% in Zambia, 57.5% in Ethiopia, and it is highly variable across sub-Saharan countries where Uganda belongs and unconvincing for interventions (Tessema et al., 2020).

## 2. Background

According to WHO a postnatal period is defined as the time from an hour after the delivery of the placenta through 6 weeks after the delivery of a child. Postnatal care (PNC) comprises of services given to mothers and neonates right after delivery and up to 42 days of postpartum to ensure optimum health for the mother and her infant (WHO, 2018). Globally, an average of 830 women die every day from preventable causes related to pregnancy and childbirth; of these deaths, almost all (99%) occur in developing countries. 289,000 women die from complications related to pregnancy, labor and delivery, and the postpartum period every year as well as over 1 million neonates die soon after birth every year worldwide. More than 60% of global maternal deaths occur in the postpartum period and this is attributed to the poor utilization of post-natal services by the mothers which devastate their postpartum life (UNICEF, 2013).

Globally, ensuring the use of postnatal services remains a challenge to safe motherhood as many to delay to report for delivery, giving rise to many serious complications for the mothers leading to increased maternal mortality (Keusch et al., 2017). In Africa, there is the highest maternal and child deaths in which 500 maternal deaths per 100,000 live births every year where recorded with in African countries, approximately 30-40% of direct maternal deaths in Africa are due to hemorrhage, mostly in the postpartum period. Most maternal deaths due to postpartum hemorrhage

occur in settings including both hospital and community and they are due to poor postnatal service utilization (Muiruri, 2017). In Sub-Saharan Africa, mothers are more likely to die due to pregnancy, delivery, and post-delivery related conditions moreover, 4.7 million mothers, newborns, and children die on annual basis in sub-Saharan Africa pregnancy and delivery-initiated complications account for 265,000 maternal deaths and 3,192,000 child deaths who are between the age of 1 month and 5 years (Tessema et al., 2020).

A study conducted in Ghana, Adamu et al., (2015) observed that only 45% of postnatal mothers attended and utilized postnatal services, implying that the biggest number of mothers missed out on the chance to be assessed and had their children assessed as recommended, thus exposing them to various risks and complications. Poor utilization of postnatal services among postnatal mothers is a rampant problem and this had greatly influenced high infant and maternal mortality rates in this period in many countries in sub-Saharan Africa and this remains one of the key factors why many Sub-Saharan African countries failed to achieve goal number 5 of the Millennium Development Goals, to reduce infant and maternal mortality (Achola et al., 2013). In East Africa, late reporting for delivery remained prevalent, despite better attendance of other maternal services such as Antenatal Care and skilled delivery services continuous In Eastern regions of Africa highest postnatal care service utilization (Kasenga et al., 2013).

According to World Bank Group Uganda (WUganda, 2021) the impact of low coverage of Extended Post-natal care services is reflected as high maternal mortality (336 maternal deaths per 100,000 live births). Given the urgent need to reduce maternal mortality rate to 320 maternal deaths per 100,000 by 2019/20, as outlined in Uganda's Health Sector Development Plan 2015/16– 2019/20, providing appropriate postnatal care services within the first 2 days following childbirth has the potential to dramatically avert maternal deaths through early identification of postnatal danger signs. In 2015, approximately 1,700,000 babies were born in Uganda, or around

4,600 every day. Among young women (aged 20-24), 33 percent gave birth by age 18.2. Approximately 81 babies was die each day before reaching their first month; 96 stillbirths occur every day which is due to the poor utilization of post-natal services by the mothers (Population Division, 2015).

According to Health Management Information System (HMIS, 2019) data for May, June, and July in Kajjansi Health Centre IV, there were 622 deliveries at the health center. However, there were only 229 postnatal attendances in the same period (Asingo et al., 2021)

### 3. METHODS OF THE STUDY

#### 3.1. Study Design and Rationale

The researcher employed a cross-sectional study design using quantitative of data collection and analysis. This is because data was obtained at one point in time and was not involve any manipulation of respondents.

#### 3.2. Study setting and rationale.

The study was conducted at Kajjansi Health Center IV located alongside Kajjansi, Entebbe Road, Wakiso district in the central region of Uganda. It is a public health center, not for profit. It is found approximately 8.7 Kilometers from Wakiso district headquarters and 20 Km from Kampala the capital city of Uganda in the north west of Mulago National Referral Hospital. It was created to address the gap in specialized tertiary healthcare delivery in the country and to serve that segment of Uganda's population that has been seeking the missing services from outside Wakiso district. This health center offers, inpatient and outpatient services for both children and adults under different departments which include maternity, pediatric department, immunization department, medical, surgical departments and post-natal clinic. Approximately 101 mothers attend the post-natal care clinic per month. The facility works 7 days in a week and it's open throughout 24 hours a day. Among services offered, include; medical, dental, and maternity services employing over 58 employees of dif-

ferent cadres. The researcher was sample mothers from post-natal clinic which is run majorly by midwives and nurses of different category that is to say; enrolled, registered, nursing offices and other categories. The study area was chosen because of a good number of post-natal mothers, which was make it easier for the researcher to access the needed number of respondents as per the study requirements.

#### 3.3. Study Population

The study included all mothers at post-natal clinic at Kajjansi Health Center IV who was consent to participate in the study. Mothers in post-natal clinic were given the first priority up to the sample size of 36 mothers is obtained. Only those who consented and were around at the time of data collection took part in the study.

#### 3.4. Sample Size Determination

In this study, the sample size was calculated using a formula that was originally developed by Kish and Leslie (1965) $n = z^2pq$

$d^2$

Where  $n$  = Desired sample size (if the target population was greater than (10,000)  $Z$  = Standard normal deviation at 95% confidence interval (i.e.1.96).

$P$  = Proportion of the target (which is 50% or 0.5)  $q = 1 - p$  ( $1 - 0.5 = 0.5$ )  $d$  = was the acceptable degree of error (in this case 0.05)  $n = \frac{z^2 \times 0.5 \times 0.5}{0.05 \times 0.05}$   
 $= 384$

Since the target population under study is less than 10,000 the required sample size is smaller and was estimated as follows;

$nf = n$

$1 + (n/N)$

$nf = 384.$

$1 + (384/40)$

$n = 36$  participants

#### 3.5. Sampling Procedure

Simple random procedure was used to ensure that each member in the study group have an equal and independent chance of being included

in the Sample. The researcher gave all potential respondents who met the selection criteria an opportunity to participate in the study by picking papers from an enclosed box containing both numbers and blank papers and any respondent who picks a numbered paper was requested to participate in the study. This was continued until total of 36 respondents is reached.

### **3.6. Inclusion Criteria**

The study was included all mothers attending post-natal clinic at Kajjansi Health Center IV who was around at the time of data collection. Finally, only those who had consented took part in the study. 36 mothers were obtained and most appropriately those who knew English since the questionnaire was set in English. However, the questions were translated to local language(s) more so Luganda for those who didn't know English.

### **3.7. Exclusion Criteria**

All mothers who were not at post-natal clinic at Kajjansi Health Center IV at the time of data collection and those who didn't consent verbally were not be included in the research.

### **3.8. Definition of Variables**

#### **3.9. The dependent variables**

These were variables that depended on other factors that were measured. These included; utilizing postnatal care services.

#### **3.10. The independent variables**

The variables that were stable and unaffected by the other variables the researcher tried to measure. These included; the social-economic, social-cultural and health facility factors such as distance, accessibility, availability and attitude of health workers.

#### **3.11. Research Instruments**

The research tool was pre-tested before the real data collection on 5 respondents in the study area. Pretesting refers to trial instruments. The questionnaire was prior tested at Kajjansi Health Center IV, Wakiso district. The purpose of pretesting

was to check for validity and reliability of questions in the tool. As a result of presenting some questions were rephrased, rearranged, added and deleted.

The researcher used self-administered structured questionnaires for data collection because it covered a wide range of respondents, saved time and minimized interactions with respondents.

#### **3.12. Data Collection Procedures**

A self-administered questionnaire was designed and pre-tested for its validity and thereafter it was used for data collection. The questionnaires were given to all mother's attending postnatal care services at Kajjansi Health Center IV who were selected as participants in this study. Each respondent was given an equal chance to participate in the study.

#### **3.13. Data Management**

At the end of each day, completed tools were organized and kept in safe custody before entry. The researcher cross checked them for completeness, errors and omissions of the data collected.

#### **3.14. Data Analysis and presentation**

Data collected was compiled, processed and analysed for outcome of the variables and the results were presented in bar graphs, figures, tables, frequencies, percentages and pie charts basing on the kind of the tool used. These methods were preferred by the researcher because it was convenient and easy to use.

#### **3.15. Ethical Consideration**

An introductory letter was obtained from Mildmay School of Nursing and Midwifery administration and then presented to the administration of Kajjansi Health Center IV. Permission was sought upon reaching the department, the in charge introduced the researcher to the patients and caregivers, the purpose of the study was fully explained and consent was obtained.

## 4. DATA PRESENTATION AND ANALYSIS

### 4.1. Socio-demographic characteristics.

Socio-demographic characteristics where thought to have an effect on the factors influencing utilization of postnatal care services among mothers at Kajjansi Health Centre IV, Wakiso District and they were as follows.

As shown in table 1, less than a half, 16(44.4%) of the participants were Baganda, slightly less than a quarter, 8(22.2%) were Banyankole. Out of the 36 respondents who participated, majority, 32(88.9%) were aged between 20 - 30 years and a few, 4(11.1%) were between 31 – 40 and none was above 50 years. Two thirds, 24(66.7%) of the participants were single and slightly more than a quarter, 10(27.8%) were married. Regarding religion, out of the 36 participants, less than a half, 16(44.4%) were born again, only 6(16.7%) were Anglicans and less than a quarter 8(22.2%) were Catholics. Nearly all, 33(91.7%) lived in towns and only 3(8.3%) lived in villages.

### 5. Social economic factors influencing the utilization of postnatal care services among mothers.

As shown in figure 1, slightly more than a half of the participants, 20(55.5%) were not working anywhere and less than a half, 16(44.4%) were working somewhere.

As shown in figure 2, more than half, 21(58.3%) of the respondents, their society encouraged them to seek medical care after giving birth at the health facility and less than a half, 15(41.7%), their societies did not.

As shown in table 2, slightly more than a quarter, 10(27.8%) of the 36 respondents gave birth from home, more than a half, 20(55.6%) gave birth from hospital and a few 2(5.6%) from the road side.

As shown in table 3 above, almost two thirds, 23(63.9%) had information about post-natal services and a third, 13(36.1%) did not.

As shown above in figure 3, more than a quarter, 10(27.8%) of the 36 participants mentioned

media as the most available source of information which is affordable to them, more than a third, 14(38.9%) of the respondents mentioned health workers, a few, 4(11.1%) said that it is relatives.

### 6. Cultural factors influencing utilization of postnatal care services among women

Out of the 36 study participants, more than three quarters, 28(77.7%) said that their cultures did not encourage mothers to deliver without help from a health care provider whereas less than a quarter, 8(22.2%) did encourage delivery without help from a health care provider.

Majority of the participants 32(88.9%) were attended to by the hospital after giving birth at home even when assisted by traditional birth attendants whereas a few, 4(11.1%) were not. Nearly three quarters 26(72.2%) of the respondents' husbands had other wives besides the respondent whereas 10(27.8%) had only one (only the respondent).

Most of the mothers, 26(72.2%) were supported by their husbands when going for medical care services after giving birth while slightly more than a quarter, 10(27.8) were not.

Few, 2(5.6%) of the participants visited the hospital once so that they can obtain information about the importance of utilization of postnatal care services from the midwives, 10(27.8%) visited twice, more than a half, 20(55.6%) visited more than twice and a few, 4(11.1%) never visited the hospital.

For 10(27.8%) mothers, decisions concerning post – natal services are made by their husbands while majority, 26(72.2%) of the 36 mothers made decisions on their behalf.

As shown in table 5, 14(38.9%) of the mothers came from cultures that treat mother who have gone through unassisted deliveries by use of herbs, a third, 12(33.3%) take to hospital and more than a quarter, 10(27.8%) do home care.

Table 1: Distribution of the socio-demographic characteristics.

Characteristic	Variable	Frequency (n =30)	Percentage (%)
TRIBE	Muganda	16	44.4
	Munyankole	8	22.2
	Mukiga	4	11.1
	Others	8	22.2
AGE	20 – 30	32	88.9
	31 – 40	4	11.1
	41 – 50	0	0
	Above 50	0	0
MARITAL STATUS	Single	24	66.7
	Married	10	27.8
	Divorced	2	5.6
	Others	0	0
RELIGION	Born again	16	44.4
	Anglican	6	16.7
	Catholic	8	22.2
	Others	6	16.7
RESIDENCE	Urban (Town)	33	91.7
	Rural (Village)	3	8.3
TOTAL		30	100

Primary data source

Table 2: Shows where the respondents gave birth from.

Responses	Frequency	Percentage (%)
Home	10	27.8
Hospital	20	55.6
Traditional birth attendant	4	11.1
Road side	2	5.6
TOTAL	36	100

Table 3: Shows the participants knowledge about post- natal services.

Responses	Frequency (%)
Yes	23(63.9%)
No	13(36.1%)

Table 4: Shows the attitude of respondents towards PEP for hepatitis B.

Variable	Frequency	Percentage
<b>Does your culture encourage mothers to deliver without help from a health care provider?</b>	<b>8</b>	<b>77.8</b>
a) Yes		
b) No	<b>28</b>	<b>22.2</b>
<b>Does the hospital attend to you after giving birth at home or even when assisted by traditional birth attendants?</b>	<b>32</b>	<b>88.9</b>
a) Yes		
b) No	<b>4</b>	<b>11.1</b>
<b>How many wives does your husband have?</b>	<b>26</b>	<b>72.2</b>
a) Only me	<b>10</b>	<b>27.8</b>
b) Other wives besides me		
<b>Does your husband support you as you go for medical care services after giving births?</b>	<b>26</b>	<b>72.2</b>
a) Yes	<b>10</b>	<b>27.8</b>
b) No		
<b>Before you gave birth, how often did you visit the hospital so that you can obtain information of the importance of utilization of post-natal care services from the midwives?</b>	<b>4</b>	<b>11.1</b>
a) None	<b>2</b>	<b>5.6</b>
b) Once	<b>10</b>	<b>27.8</b>
c) Twice	<b>20</b>	<b>55.6</b>
d) More than two times		
<b>Does your husband make all decisions for you concerning post-natal services?</b>	<b>10</b>	<b>27.8</b>
a) Yes	<b>26</b>	<b>72.2</b>
b) No		

Table 5: Shows how the participants' culture treats mothers who have gone through unassisted deliveries.

Variable	Frequency	Percentage (%)
Treat with herbs	14	38.9
Take to hospital	12	33.3
Do home care i.e. massage with warm water.	10	27.8

Primary data source

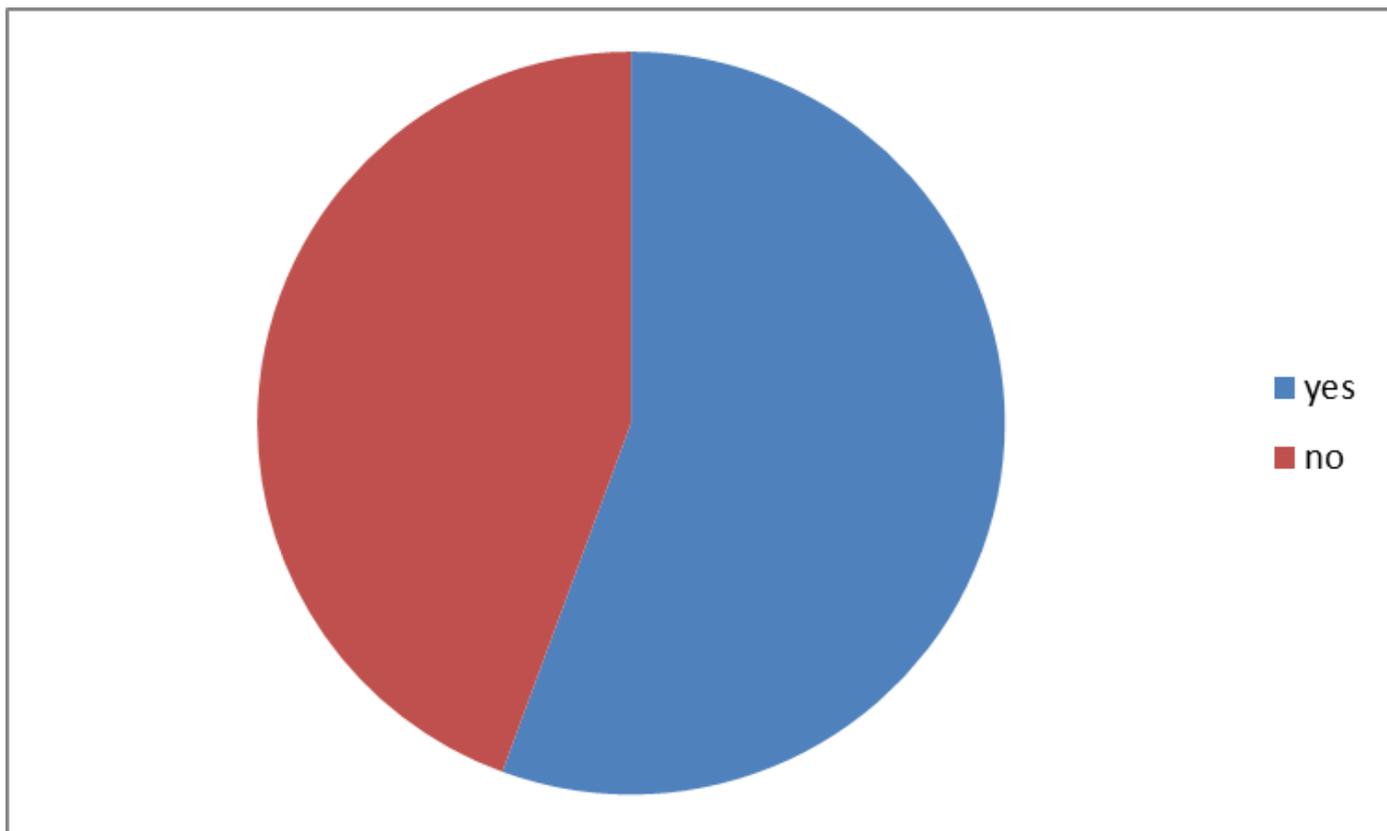


Figure 1: Shows percentage of respondents who had somewhere to work.

## 7. Health related factors influencing utilization of postnatal care services among mothers.

As shown in figure 4, nearly a third, 11(30.6%) the participants take less than an hour while travelling from home to the health centre, slightly more than a half, 19(52.8%) take 1 -5 hours and a few 6(16.7%) take more than 5 hours.

As presented above in figure 5, out of the 36 participants, almost two thirds 23(63.9%) gave birth from government facilities whereas 13(36.1%) gave birth from private health facilities.

As shown in figure 6, out of the 36 respondents, three quarters, 27(75%) would choose giving birth from a health care setting and not anywhere else whereas a quarter, 9(25%) would choose anywhere else than in a health care setting.

A third, 9(33.3%) of the mothers said that they would mothers choose giving birth from a health care setting and not anywhere else because considered it safe for both the mother and the baby

and a few, 3(11.1%) said it's because giving birth from a health care setting has less/no legal implications associated.

As in table 7 above, nearly two thirds 23(63.9%) of the 36 respondents said nurses and midwives treat the mothers in a good way as they go to seek for postnatal care services and a third, 13(36.1%) said in a bad way.

As presented in table 8, a third 12(33.3%) of the respondents did not receive information from the health workers regarding the importance of using postnatal services whereas two thirds, 24(66.7%) were told by the health workers.

As shown in figure 7, slightly more than a half, 20(55.5%) said that the services provided at the health facility are good, more than a third, 13(36.1%) said the services are poor and only 3(8.3%) said the services are very good.

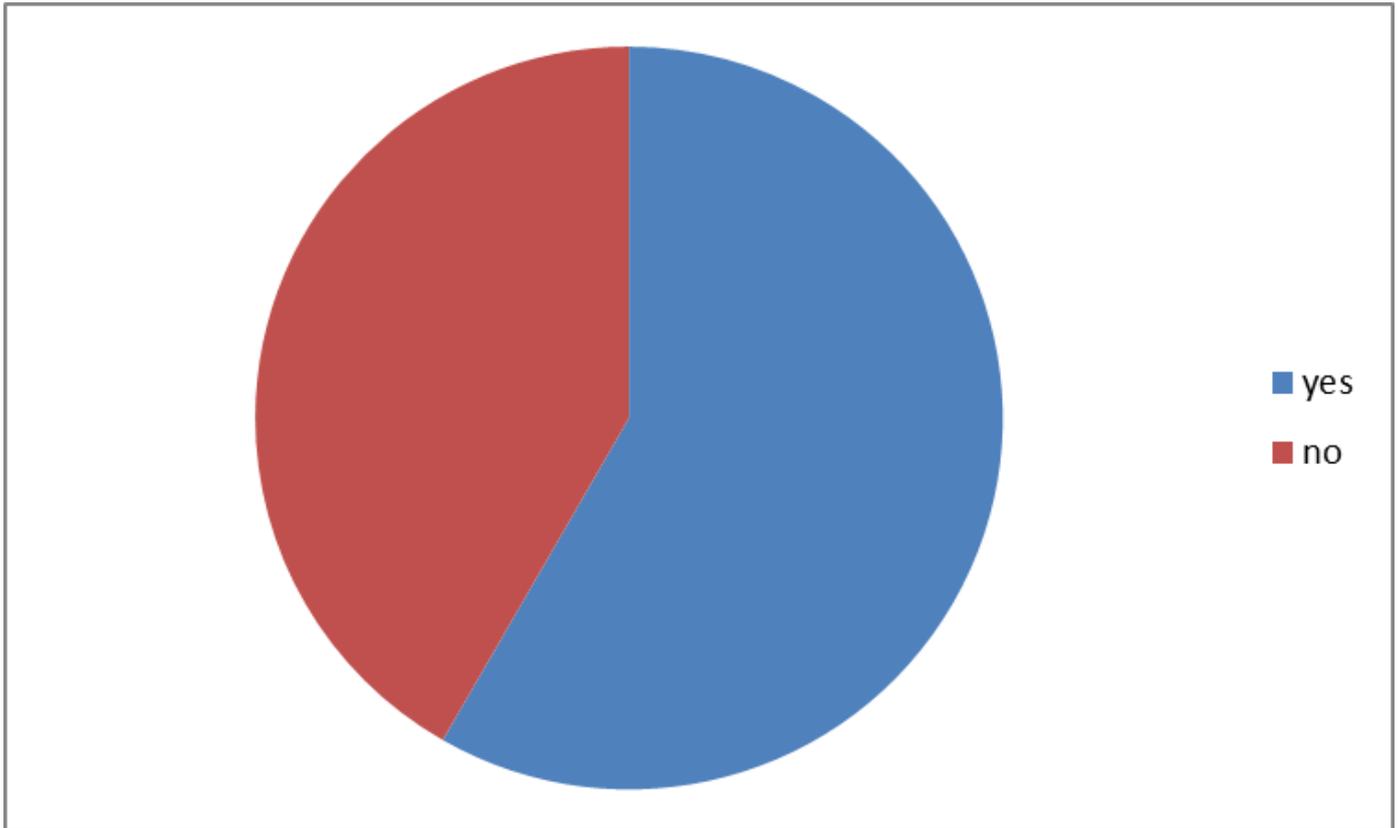


Figure 2: Shows whether the respondents' societies encourage them to seek medical care after giving birth at the health facility or not.

Table 6: Shows why would mothers choose giving birth from a health care setting and not anywhere else? n=27

Variable	Fre- quency	Percentage (%)
Safe for both the mother and the baby	9	33.3
There are less complications associated	5	18.5
There is best emergency response in case of danger or abnormalities	10	37
Less/no legal implications associated	3	11.1

Table 7: Shows how nurses and midwives treat the mothers as they go to seek for postnatal care services. n= 36

Response	frequency	Percentages (%)
In a good way	23	63.9
In a bad way	13	36.1

Primary data source

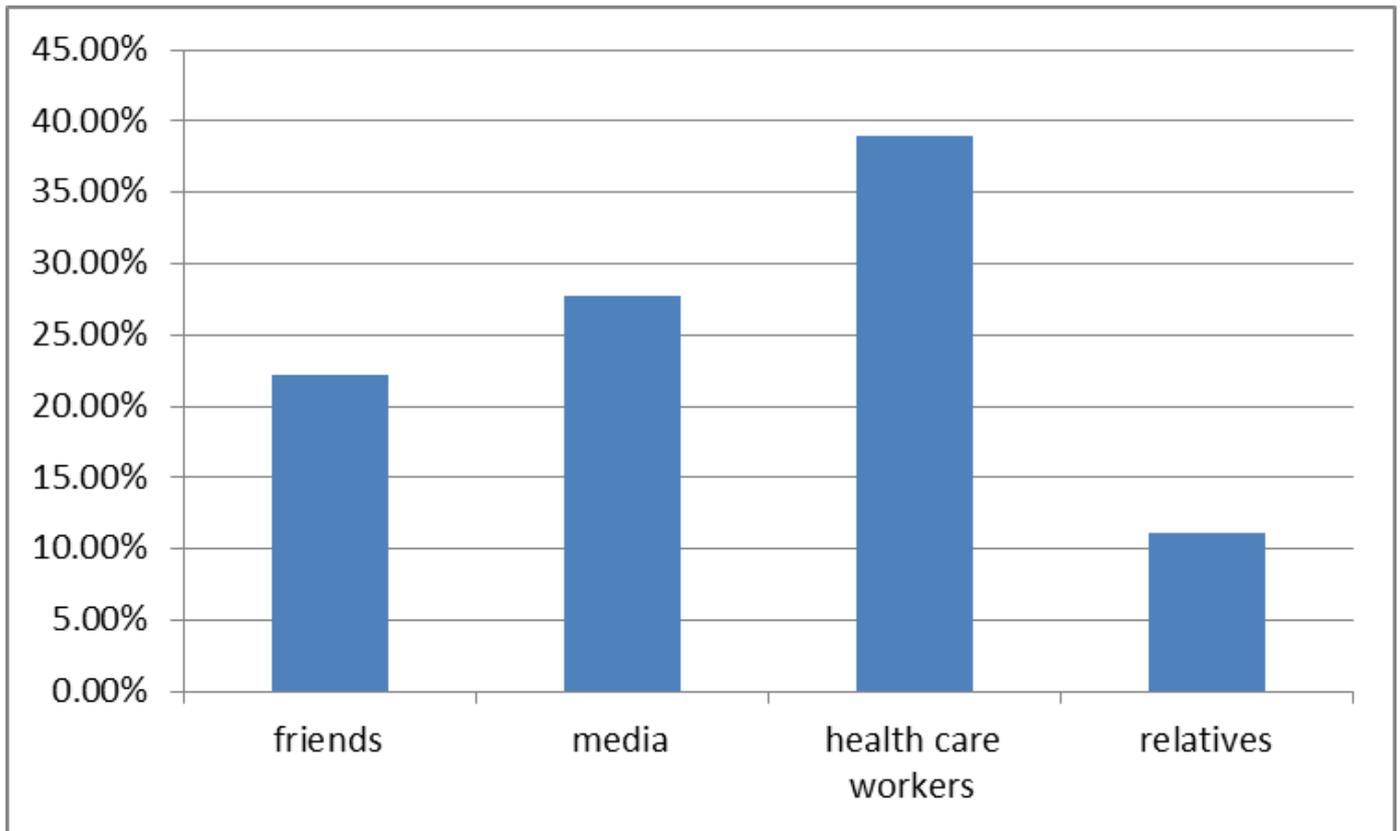


Figure 3: Shows the most available source of information which is affordable to the respondents. n =36

Table 8: Shows whether the health workers tell the mothers the importance of using postnatal care services. n= 36

Response	Frequency	Percentage (%)
Yes	24	66.7
No	12	33.3

## 8. Discussion:

### 8.1. Social - Demographic data

Out of the 36 respondents who participated, majority, 32(88.9%) were aged between 20 - 30 years this may be because this is the age when most of the women are in their reproductive season and also younger women of this age group are more likely to utilize PNC services. This is in agreement with a study on determinants of post-natal care services utilization in Pakistan revealed that younger women of age 15-29 are more likely to utilize PNC services for themselves and also for new-born, paying routine PNC visit due to the support rendered to them from their spouses

(Yunus et al., 2013). None was above 50 years because women are in menopause by this age.

Two thirds, 24(66.7%) of the participants were single and slightly more than a quarter, 10(27.8%) were married who came for post-natal care service which is attributed to the support rendered to them from their spouses, the percentage of marrieds was less compared to the singles and still much less compared to those in study in Ethiopia conducted on postnatal care utilization and associated factors among married women, it was revealed that out of all the study participants, 98.4% married women intended to use PNC in the future.

Nearly all, 33(91.7%) lived in towns which is so

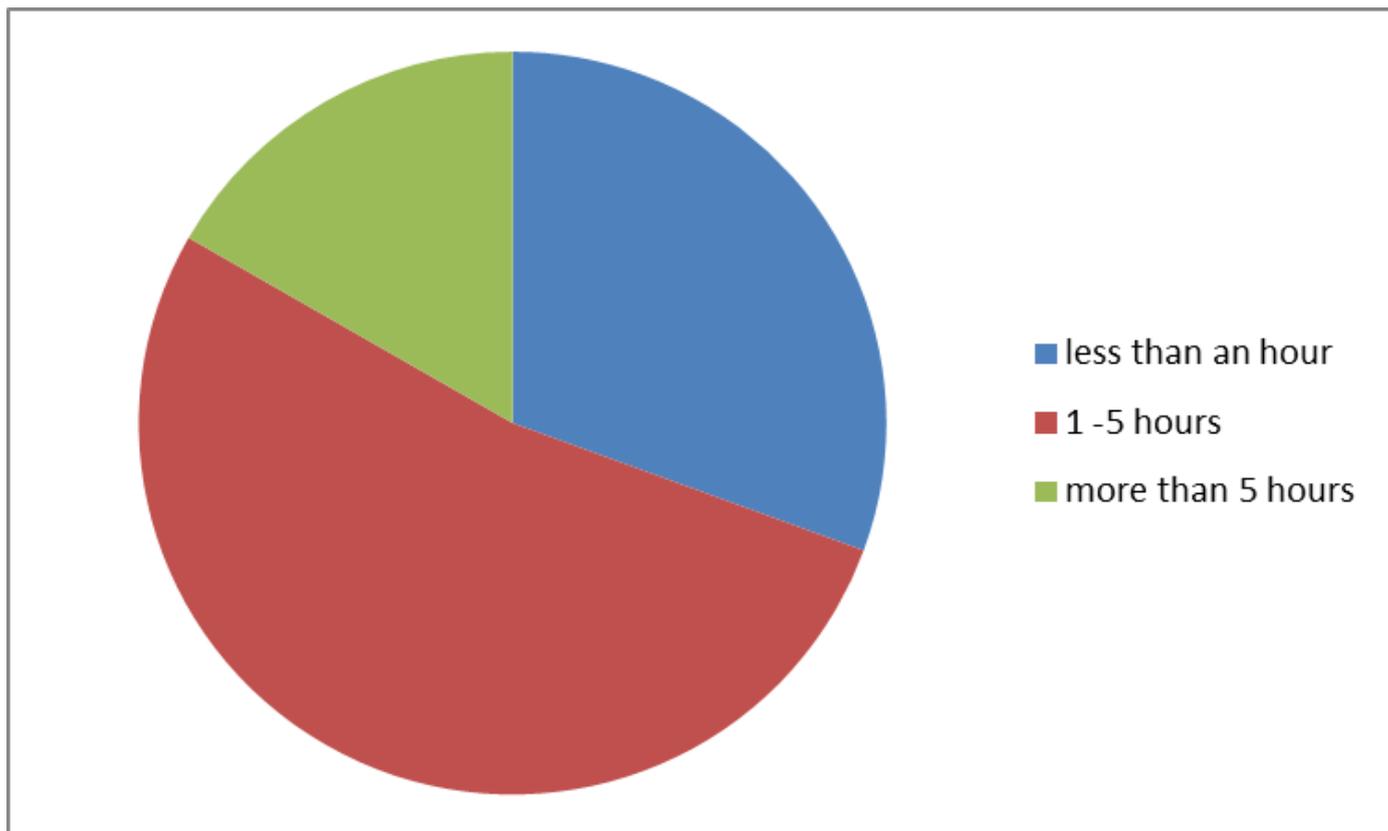


Figure 4: Shows the time taken while traveling from home to the health centre.

because the hospital is located in an urban area and those in urban areas had a larger proportion of those who utilized PNC and only 3(8.3%) lived in villages. This is comparable to a study where women in urban areas had a larger proportion (82%) of those who utilized PNC in the first 48 hours compared to women in rural areas (54%) (Chungu et al., 2018).

### 8.2. *Social economic factors influencing the utilization of postnatal care services among mothers.*

In this study, slightly more than a half of the participants, 20(55.5%) were working somewhere and less than a half, 16(44.4%) were not working anywhere. Mothers who worked utilized postnatal care services as compared to those who never worked. This was attributed to that fact that they could afford the transport costs to the healthcare facility thus having higher chances of utilizing the services. This in agreement with in a study on factors influencing the utilization of postnatal ser-

vices among postnatal mothers where Seven out of ten postnatal mothers who utilized postnatal care services were engaged in income generating activities (Omona et al., 2021). Furthermore, according to a study in Sub Sahara Africa to explore the determinants of postnatal care utilization, it was revealed that postnatal care utilization among women who had occupations were increased by 4% as compared to women who had no occupation This finding agrees with other reports elsewhere (Tessema et al., 2020). This can be explained as women with occupation have a likelihood of being economic independent and as a result, they would have the chance to get the postnatal care service. This means that economically well-off people highly utilize the PNC services in comparison with their counterparts the low-income earners.

In this study, more than a quarter, 10(27.8%) of the 36 participants mentioned media as the most available source of information which is affordable to them. These results pointed out the great role

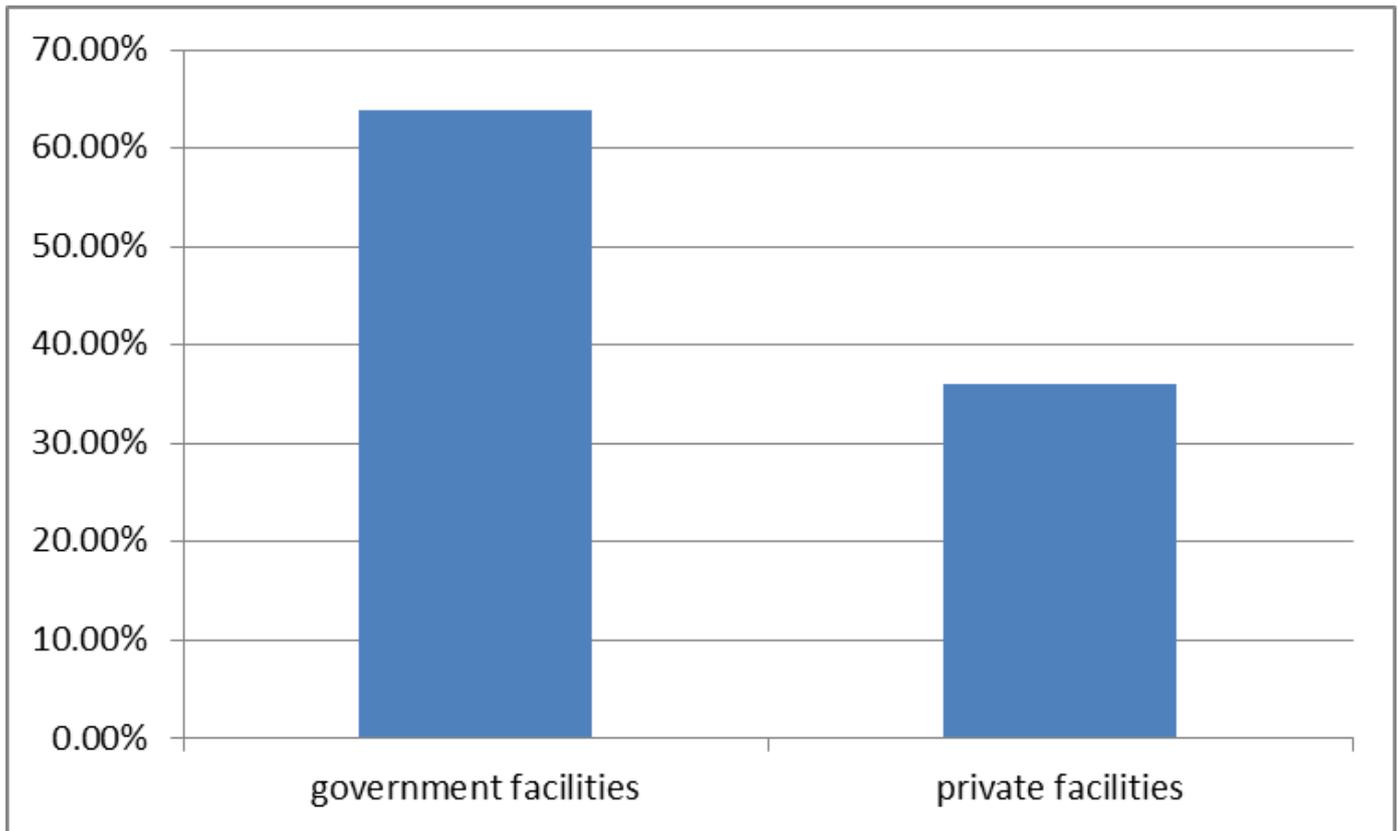


Figure 5: Shows where the respondents gave birth from.

played by media in utilisation of PNC services. This also supported by a study by Bwalya et al., 2017 where a higher proportion received PNC services among mothers who had access to

media compared with those mothers who did not have access to media. Similarly, in another study, over half the respondents (52.6%) who had exposure to any mass media received care after delivery, compared with 3.9% of those who had no exposure to any media (Islam, 2017). More than a third, 14(38.9%) of the respondents mentioned health workers as their source information thus showing a great role they play together with the help of the media.

In this study, almost two thirds, 23(63.9%) had information about post- natal services and a third, 13(36.1%) did not. In this study, the percentage of those who had information was high and thus a very high proportion attended postnatal care services within 42 days after delivery and they utilised the services to maximum compared to those who didn't have adequate information.

However, this is inconsistent to a study in Nigeria which found out that most of the mothers, (60.9%) were not knowledgeable about postnatal care services and thus a very high proportion of mothers (69.4%) did not attend postnatal care services.

In this study, more than half, 21(58.3%) of the respondents, were encouraged by their societies to seek medical care after giving birth at the health facility and less than a half, 15(41.7%), their societies did not encourage them. Another study revealed that (67%) respondents reported that cultural beliefs did not allow post-natal mothers to freely move and access health care services while the least(33%) reported that their culture allowed them to move freely (Asingoa et al., 2017).

### ***8.3. Cultural factors influencing utilization of postnatal care services among women.***

Out of the 36 study participants, more than three quarters, 28(77.7%) said that their cultures

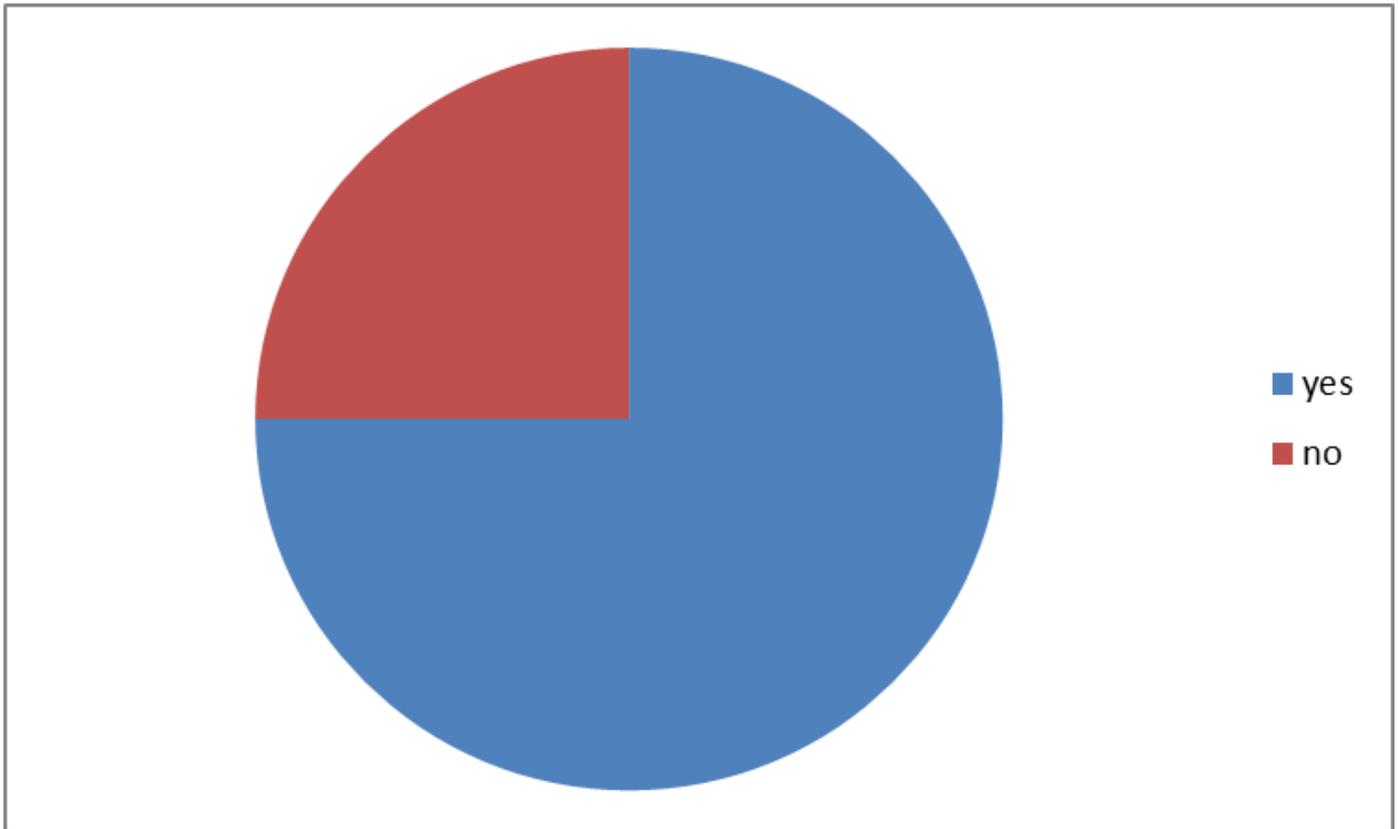


Figure 6: Shows whether the respondents would choose giving birth from a health care setting and not anywhere else. **n = 36**

did not encourage mothers to deliver without help from a health care provider whereas less than a quarter, 8(22.2%) did encourage delivery without help from a health care provider. Some of the cultural determinants of postnatal care services utilization among mothers include cultures and practices that encourage delivery without attendance of a skilled health care personnel at birth. This is also witnessed in Nigeria where a study revealed that important cultural determinants of

postnatal care services utilization among mothers included prevalent cultural beliefs and practices which praised unassisted deliveries and honor women who went through such deliveries and never sought any services. (Itina et al., 2014).

More than a half, 20(55.6%) of the participants visited more than twice the hospital so that they can obtain information about the importance of utilization of postnatal care services from the midwives, 10(27.8%) visited twice, and a few, 4(11.1%) never visited the hospital. The study

found out that mothers who had more antenatal care visits utilized postnatal services well compared to their counterparts who had less visits. This proved that the midwives had really stressed the importance of PNC services. This is in agreement with another study done in rural areas of various countries, 46 percent of women made at least 4 antenatal care (ANC) visits compared to 57% in urban areas among which majorly (83%) of these utilized postnatal services well. (UNFPA, 2015). Furthermore, in another study, it was revealed that mothers who reported attending four or more ANC visits had 1.84 times higher odds of using PNC services compared with mothers who did not attend ANC (Akunga et al 2014). Therefore, we can conclude that encouraging ANC attendance was so much improve PNC service utilization.

Nearly three quarters 26(72.2%) of the respondents' husbands had other wives besides the respondent whereas 10(27.8%) had only one (only

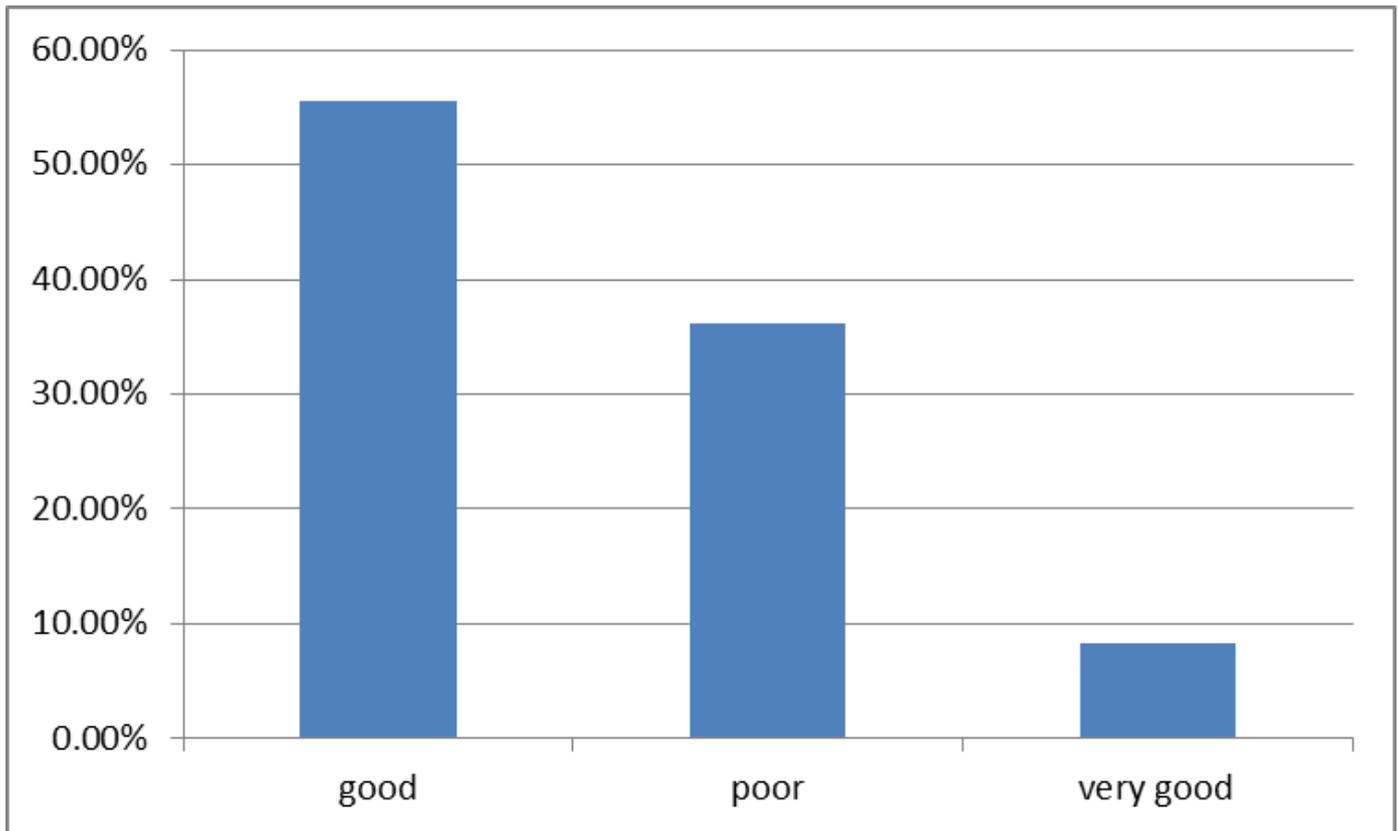


Figure 7: Shows how the respondents rate the services provided at the health facility n=36

the respondent). These results warn us that there is a great risk of a decline in utilization of postnatal care services due to the high percentage of polygamous families. It has been proved by other studies that mothers from polygamous families are less likely to use the PNC services compared to those engaged in monogamous ones. The study findings are in agreement to a study in Ethiopia about determinants of postnatal care service utilization where it was seen that those who were engaged in monogamous marital relations were 1.55 times more likely to use the PNC services compared to polygamous ones (Regassa, 2017).

This may be attributed to the less support (in terms of money, care, time etc.) from the spouses due to the large families in polygamous relations.

Most of the mothers, 26(72.2%) were supported by their husbands when going for medical care services after giving birth while slightly more than a quarter, 10(27.8) were not. Mothers who were supported by their husbands utilized PNC compared to those who were not supported by their

husbands. This showed the need for husband's full involvement in reproductive health. The study findings are supported by another study on factors influencing the utilization of postnatal services among postnatal mothers which revealed that 53.7 % of mothers whose husbands fully involved in reproductive health Care utilized PNC compared to the 46.3 % whose husbands didn't involve fully in reproductive health (Omona et al., 2021). Low utilization of PNC in mothers who were not supported by their husbands may be because of mistreatment for example husband disapproval and economic problems.

For 10(27.8%) mothers, decisions concerning post – natal services are made by their husbands while majority, 26(72.2%) of the 36 mothers made decisions on their behalf. In another study it was revealed that some of the cultural determinants of postnatal care services utilization among mothers included a predominance of patriarchal societies where all decisions were made by the men. (Kyomuhendo et al., 2013). The decision on time

and place of delivery depends primarily on family (especially the husband's) preferences and that if the husband prefers TBAs, then TBAs are used for delivery. This pointed out the need of women empowerment more so on matters of reproductive health and also the need of education programs aimed at mindset change concerning some culture beliefs and practices.

### **9. Health related factors influencing utilization of postnatal care services among mothers.**

Nearly a third, 11(30.6%) of the study participants take less than an hour while travelling from home to the health centre, slightly more than a half, 19(52.8%) take 1-5 hours and a few 6(16.7%) take more than 5 hours. The findings showed that most of the mothers were not coming from far to reach the hospital and this could explain the reason as to why the turn on post-natal ward was not very low due to the shorter distance travelled. Basing on the results, I can conclude that distance is a factor influencing utilization of postnatal care services among mothers since it was revealed that among those who come from a near distance to the health facility utilized PNC than those residing further away. This is similar to a study according to Chungu et al, (2018) in Zimbabwe which revealed that among those who indicated that distance to the health facility was not an issue about 73% of them utilized PNC in the first 48 hr. furthermore, another study carried out in 2011 found out that respondents who lived less than 8 km from a health service centre had higher rates of receiving PNC than those residing further away.

Out of the 36 study participants, almost two thirds 23(63.9%) gave birth from government facilities whereas 13(36.1%) gave birth from private health facilities. This study found out that women who gave birth from government facilities received a postnatal check-up during the Early Post-Natal Care period than those from private facilities. The study also reported that delivery at private health facilities compared with delivery at public facilities, reduced women's utiliza-

tion of early postnatal care. This is attributed to the financial constraints associated private facilities. This worsens the lives of mothers following delivery of children due to development of complications which are hard to manage by themselves and hence the need for such a study to be carried out. Contrary, the percentage of women receiving PNC services was much higher among women who delivered at a

health facility, either a public facility (63%) or private facility (65%), Multivariate analysis showed that delivery at a health facility was the most important determinant of early postnatal care attendance (Ndugga, Namiyonga, & Sebuwufu, 2020).

In this study, slightly more than a half, 20(55.5%) said that the services provided at the health facility are good, more than a third, 13(36.1%) said the services are poor and only 3(8.3%) said the services are very good. During this study, it was found out that a major health facility factor influencing utilization of postnatal care services is the quality of services provided. It was found out that good services encourage PNC utilization and the reverse is true. This points out the need to ensure good service delivery so as to boost PNC utilization.

The study findings are supported by a study according to Omona et al., (2021) which revealed that 81.5% attended PNC services because of good Sanitation and hygiene levels at the health center. Furthermore, a study by Asuquo et al., (2012) reported that about staff attitude, long waiting time to receive services, as well as negative attitudes of health workers towards the mothers as barriers to the utilization of University of Calabar Teaching Hospital for Obstetric care among women and thus led to low uptake of the services. In another study, it was mentioned that the factors influencing utilization of postnatal care services included long distance to service points, perceived poor quality of care, mistreatment by the health professionals and unavailability of services and health workers every time the mothers come for PNC services (Kiwauka et al., 2013).

A third, 12(33.3%) of the respondents in the

study did not receive information from the health workers regarding the importance of using post-natal services whereas two thirds, 24(66.7%) were told by the health workers. The study results showed that the mothers have been sensitized about the importance of timely access to and utilization of these services. And this explains why the attendance to PNC was good. However, in Ghana, it was noted that mothers did not adequately

utilize these services due to inadequate health education about their importance (Sugarman et al., 2017).

## 10. Conclusions

Based on the results of this study, the overall social economic factors, cultural factors and Health facility related factors influencing utilization of postnatal care services among mothers were found to be; women's residence, awareness of post-natal services, wealth status, marital status, occupation, antenatal care attendance, place of delivery, perceived accessibility of health facilities, and access to mass media messages and many others. In view of all these findings, the study concludes that mothers used PNC services and the above factors were associated with greater use of PNC service.

## 11. Recommendations.

Mothers should be sensitized and reminded about post-natal care services and their importance. This should be done regularly so as to update their knowledge and encourage them to participate. To other stake holders; hospital, ministry of health Highly recommend to all stake holders that, educational programs with special emphasis on post-

natal care services should be conducted. Participation in the educational programs must be made mandatory to all stake holders. Stake holders like ministry of health must teach the importance of these services, encourage participation, facilitate mindset change on some cultural beliefs, and provide mothers with necessary assistance to help them receive these services and also boost

men's involvement and encourage them support their wives. Implementation of the above mentioned recommendations can boost the utilization of post-natal care services.

## 12. Nursing implication.

The study found out that there is still a proportion of mothers who do not receive post-natal care after delivery. The above discussed factors reduce women's utilization of early postnatal care. This worsens their lives following delivery of children due to development of complications which are hard to manage by themselves and poses a threat to the health sector and calls for immediate attention through implementation of the above recommendations.

More emphasis should be put in encouraging research in this area to establish more factors influencing the utilization of post-natal services.

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## 14. LIST OF ABBREVIATIONS

ACOG: American College of Gynecologists and Obstetrics

ANC: Antenatal Care

BMJ: British Medical Journal

HIV: Human Immune Virus

HMIS: Health Management Information Systems

OPD: Out Patient Department

UNMEB: Uganda Nurses and Midwives Examinations Board

WHO: World Health Organization.

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