

# **A STUDY ON THE KNOWLEDGE AND ATTITUDES OF THE WOMEN AT KASAMA URBAN CLINIC ABOUT POSTNATAL CARE**

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BY

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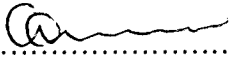
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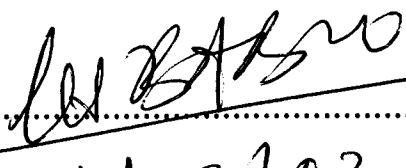
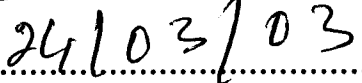
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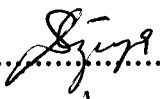
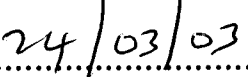
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We the undersigned have read this dissertation and have approved it for examination.

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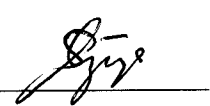
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## APPROVAL

This dissertation of Gladys Matakala Mundia is approved in partial fulfilment of the requirements for the award of Masters of Public Health (MPH) by the University of Zambia.

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## **DEDICATION**

This work is dedicated to my beloved late father Mr. B. K. Mundia, my mother, brother and sisters for the love and support they have always rendered me.

## ACKNOWLEDGEMENT

I acknowledge the valuable contributions, ideas, resources and support rendered to me by all the people who made it possible for me to successfully complete this dissertation.

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To **Dr. L. Sikazwe** and everyone else who made one contribution or another to the successful completion of my work.

## ABSTRACT

This study was designed to determine the knowledge and attitudes of the mothers at Kasama Urban clinic about postnatal care. It was prompted by the fact that there is low utilisation of postnatal care services, despite the fact that this service is provided freely in Zambia.

It was a descriptive study, which was conducted at Kasama urban clinic in Kasama, Northern Zambia. Data was collected by interviewing the respondents using a structured questionnaire. 245 women in the reproductive age group who were selected by random sampling took part in the study and this figure was arrived at by using the

Formula: 
$$n = \frac{Z^2 (1-P)}{e^2}$$

The findings of the study showed that a large proportion, 147 (60%) of the study participants had knowledge about postnatal care. Of the 147 respondents who were knowledgeable, the larger proportion 133 (90.6%) attended postnatal clinics. This shows a significant association between knowledge and attendance of postnatal clinics ( $p < 0.001$ ), thereby indicating the importance of knowledge in utilisation of health care services like PNC.

The study results also revealed that health workers give adequate information about PNC to the women at the clinic as stated by 219 (89.4%) of the respondents. This is contrary to the assumption that the health workers do not tell the women about PNC.

An association was also observed between educational level and knowledge ( $p < 0.001$ ). Those women who had higher education had higher knowledge about

postnatal care. This also translated into higher utilisation of PNC among the knowledgeable women as shown by the large proportion, 134 (90.8%) of the knowledgeable women who attended postnatal clinics. This implies that the women who were knowledgeable utilised postnatal clinics because they understood its importance and benefits.

The results of the study also revealed that there was a statistically significant association between attendance of postnatal clinics and place of delivery ( $p < 0.001$ ). A large proportion, 126 (85.7%) of the 147 respondents who were knowledgeable delivered at the hospital, followed by those who delivered at the clinic 11 (7.5%) and lastly those who delivered at home 10 (6.8%). This implies that the health workers tell those who deliver at the health facility about postnatal care, thereby dispelling the assumption that inadequate IEC is given to the women by the health workers. In addition a large proportion 134 (92.4%) of the women who were told by health workers to attend postnatal clinics did attend the clinics. This means that those who delivered at health facilities and those told by the health workers to attend postnatal clinics were more likely to utilise this service because they had knowledge about its importance.

The study results also revealed that those women who considered postnatal care to be important and beneficial were more likely to utilise the postnatal clinics. All of the 153 (100%) study participants who attended PNC considered it to be important and beneficial in that it gave an opportunity directly for the mother and baby's health to be monitored adequately.



No significant association ( $p = 0.066$ ) was observed between knowledge about postnatal care and age group. Of the 147 respondents who were knowledgeable, the bigger proportion, 62 (42.2%) were aged between 25 and 29 years. This is contrary to the assumption that the older women are more likely to be knowledgeable about postnatal care.

The number of children the respondents had also did not influence their knowledge about PNC ( $p = 0.462$ ). This is contrary to the assumption that those women with more children are more knowledgeable about PNC.

Additionally, no association ( $p = 0.417$ ) was observed between attendance of PNC and the welcome given to the mothers at the clinic. A large proportion, 236 (96.3%) of the respondents said that they were welcomed cheerfully at the clinic by the health workers. This means that the way the women are welcomed at the clinic alone does not determine their utilisation of this service. This result dispels the assumption that the health workers attitudes hinder the women from utilising postnatal clinics.

Fifty seven (57), 45.7% of the 87 respondents who had traditional beliefs about the postpartum period did not attend postnatal clinics because traditionally they believe it is not important.

The respondents also gave some reasons why they considered PNC to be beneficial and important. Of the 153 study participants who attended postnatal clinics, most of them 150 (98.8%) said that PNC was beneficial and important because it gave an opportunity for them and their babies to be examined and rule out complications.

The respondents gave a description of the type of care that they received when they attended postnatal clinics. A large proportion, 74 (48.4%) of the 153 women who attended postnatal clinics stated that they were only physically examined together with their babies without explanations, IEC and psychological support. From the different descriptions cited by the women, the researcher concluded that the health workers do not give full postnatal checkups to the women, which could be one of the reasons that discourage the women from attending postnatal clinics.

The study participants gave reasons why they thought some women do not attend postnatal clinics. A large proportion 100 (40.8%) of the 245 respondents felt that some women do not attend postnatal clinics because they do not know its importance.

A variety of suggestions were also given by the respondents on how best to make those women who do not attend postnatal clinics to start attending. A large proportion, 100 (40.8%) of the 245 study participants suggested that there is need for educating those women about postnatal care and its importance.

Recommendations of how to make the women start utilising postnatal clinics and regard this service as important and beneficial have been given.

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## **LIST OF ABBREVIATIONS**

PNC	-	Postnatal Care/Clinic
AIDS	-	Acquired Immune Deficiency Syndrome
HIV	-	Human Immunodeficiency Virus
WHO	-	World Health Organisation
IEC	-	Information, Education and Communication
TBA	-	Traditional Birth Attendants
MOH	-	Ministry of Health



## **CHAPTER ONE**

### **1.0 INTRODUCTION**

#### **1.1 OVERVIEW**

Under-utilisation of postnatal clinics continues to be a perpetual problem world-wide. The situation could be worse in developing countries where traditional beliefs, illiteracy and economic hardships worsen the situation.

This study was conducted at Kasama urban clinic in Kasama, Northern Province. The aim was to explore the set objectives in order to determine the knowledge and attitudes of the mothers about postnatal care.

In many counties including Zambia, many women prefer to deliver at home. A study conducted in Mongu, western province, by Kafunya et. Al (1993), revealed that the women were reluctant to deliver at the health facilities. Further more, a study by Weigner et.al, (1999), also revealed that women prefer to deliver at home because they want to be in a familiar environment with familiar faces rather than hospital set-up with very unfamiliar faces.

However, little is known about who assists these women to deliver or how and who looks after them postdelivery. These women are not expected to know the existence of postnatal clinics, let alone when and why to attend them. Most of them only seek medical attention when they have complications.

In addition, even if the above stated observations are not the focus of this study, they are serious facts that need investigation.

## **1.2 BACKGROUND INFORMATION**

Zambia is a tropical country in central Africa that lies between longitudes 22 degrees and 34 degrees east and latitudes 8 degrees and 18 degrees south. The country covers approximately 75,2614 square kilometres. Zambia is a land locked country bordered by Namibia, Botswana, and Zimbabwe on the south, Angola on the west, Malawi and Mozambique on the east and Congo DR and Tanzania on the north.

For administration purposes, Zambia is divided into nine provinces namely: Central, Northern, Western, Luapula, Lusaka, Eastern, Copperbelt, Southern and north-western provinces. Each province has a provincial headquarters and is made up of a number of Districts.

The country has many health institutions at all levels, comprising of Central, General and District hospitals plus many health centres. These health institutions strive hard to provide essential health care, including Maternal and Child Health care under the umbrella concept Reproductive Health. The Maternal and Child Health care services are provided through Antenatal clinics, Children's clinics, postnatal clinics and Family Planning clinics.

The Postnatal period begins immediately after the expulsion of the placenta. The traditional timing for the postnatal visits was at six weeks post delivery. However, after studies were done in North America (WHO 1997), which revealed that 80 % of maternal deaths occurred within the first two weeks after delivery, the World Health Organisation panel decided to change the timing for postnatal visits to be within the first few days and also at six weeks.

Consequently, the Zambian government also adopted this strategy and changed the postnatal clinic visits from the traditional six weeks to within the first one week and at six weeks postdelivery (CBoH, 1998).

The main aim of postnatal care is to keep both the mother and baby healthy. It offers the mother a chance of being examined in order to rule out complications like postpartum haemorrhage, puerperal sepsis and many others that contribute to maternal mortality and morbidity. The mother is also accorded a chance to discuss any problems concerning herself or the baby with qualified health personnel, so that these are dealt with accordingly. Reeder, et.al (1976), supports this view by stating that in order to investigate the general physical condition of the mother and to determine with what normality she has completed the maternity experience, she should return to her Physician for examination six weeks post-delivery.

Most maternal and infant deaths occur during the postnatal period. A 1996 global review of maternal mortality research found out that this is the case in both developed and developing countries. Many of the maternal deaths occur in the first 24 hours post delivery, with more than 80% within the first two weeks. Haemorrhage, complications of hypertension of pregnancy and infections were found the major causes of maternal mortality in the developing countries. (Zambia Reproductive health News, March 1998). Coupled with this is maternal malnutrition. Malnutrition is a common maternal problem especially in developing countries like Zambia due to poverty. Malnutrition and infection cycle becomes viscous if there is poor nutritional status as well as lowered immunity (Parks.E and Parks.K, 1988). The mother therefore becomes susceptible to infections and will develop anaemia. Poor nutrition also leads to low birthweight babies who are likely to die in infancy or not grow and develop properly.

In addition, with the advent of HIV/AIDS, the maternal immunity is lowered by the infection and thus such a mother may not be able to withstand the effects of childbirth. HIV positive women also need special attention and monitoring. They need guidance on the need for exclusive breastfeeding and general positive living in the postnatal period.

The above-mentioned are some of the hidden factors that contribute to the increase in maternal and infant mortality rates.

A Ministry of Health report (1989) outlined Doctor Chewe Luo's study, which stated that this situation is further worsened by repeated deliveries and rampant attacks of Malaria, which is responsible for anaemia among 65% of women attending Antenatal clinics.

The above findings show the importance of postnatal care, in the immediate postpartum period within the first week and at six weeks post-delivery.

It is therefore mandatory that the woman and her baby be effectively monitored following delivery (even if the delivery was normal and uncomplicated). Special attention should be given to teenage mothers and those who have had difficult deliveries so that the frequency and timing of their postnatal visits is made according to their individual needs.

## **CONTENT OF POSTNATAL CARE**

### **(a) Assessment**

This involves history taking, physical examination and laboratory tests.

(b) Health promotion

Includes Information, Education and Communication which is given to the mothers on family planning, hygiene, nutrition, breast-feeding, care of the baby, prevention of sexually transmitted diseases, including HIV/AIDS, danger signs such as bleeding, frequency and timing of postnatal visits.

(c) Care provision

Involves the following activities:

- Treatment of detected ailments such as infection, malaria, anaemia etc.
- Psychological support to the mother.
- Provision of vitamin A for the mother
- Management or referral of the mothers if any complications such as haemorrhage, retained products of conception e. t. c. are detected.
- Timing for the next post natal clinic visits

This study was conducted at Kasama urban clinic in Kasama district, Northern Zambia. The clinic offers Reproductive health facilities for a total population of 31,886 in its catchment area, which covers an area of 216 square kilometres. Twenty-two percent of the total populations (7,015) are women in the childbearing age group.

The people found in this area are mainly Bemba by tribe with a few from other tribes.

They are of mixed occupations, which range from public and private to subsistence farming.

### 1.3 STATEMENT OF THE PROBLEM

Postnatal care services are under-utilised despite the world-wide interest in Maternal and Child health. The importance of Maternal and Child health cannot be over-emphasised. It has the opportunity, and responsibility of promoting health and protecting the mother and child during and after pregnancy. Postnatal care is one of the many services that are provided under Maternal and Child health and should be promoted for the following reasons: -

- (1) Children are the future generation and leaders of the nation; no nation has any survival value except in it's children (William and Jelliffe, 1976).
- (2) Mothers and children form the majority of the population. It is in these two vulnerable groups that disease and death take toll, largely from preventable causes (William and Jelliffe, 1976).
- (3) A mother's death has also profound consequences for her family; if she dies, the chance of death for her children under age five is as high as fifty percent (Population Reference Bureau, 1997).

Postnatal services are under-utilised in Zambia (safe motherhood in Zambia, 1998). This is supported by three unpublished studies by Post Basic Nursing students (first by Sichinga (1984) at Chelston clinic in Lusaka, then by Nsofu (1988) at Chilenje clinic in Lusaka and later by Katongo (1998) in Serenje, in Central province). On the " factors contributing to under-utilisation of postnatal clinics" in the respective places which revealed that this health service is under-utilised. These studies were in Lusaka and Serenje which are urban and rural areas respectively, implying that the scenario of under-utilisation of postnatal clinics is similar countrywide. Records from Kasama

urban clinic show the following attendance statistics for the months beginning September 1999 to February 2000: -

Antenatal clinic – 1,866.

Postnatal clinic – 156.

The above figures show that more women attend Antenatal clinics compared to those who attend postnatal clinics.

The questions to be asked are: -

- (1) Are the mothers aware about the importance of postnatal care?
- (2) Are there any other forces that discourage the mothers from seeking postnatal care?

Many assumptions would attempt to answer the above questions. It could be that the women are ignorant about the benefits of having postnatal care since people only attach value to what they perceive to be beneficial to them; or there could be some other factors that hinder the mothers from utilising postnatal services.

The Zambia Demographic and Health Survey (1996) revealed that there is association between education of the mother and receiving Antenatal care. Births to women with no education were more likely to receive no Antenatal care whereas it was unlikely that a birth to a woman with secondary education would receive no Antenatal care. This finding could be attributed to the fact that women who are educated understand health education messages better than their illiterate counterparts.

Another study conducted in the Indian Institute of Management, (WHO, 1997); found that the ratio of men to women seeking medical attention at Primary Health care centres was 5:1. This was because of ignorance and household responsibilities which made the women to neglect their health. In the same vane, the researcher suspects that

lack of knowledge about the importance of health services like postnatal care leads to under-utilization of these services.

Therefore, it is for these reasons that the knowledge and attitudes of the mothers about postnatal care is the focus of this study.

## **RATIONALE**

The study was undertaken to assess the knowledge and attitudes of the mothers about the importance of postnatal care. It was prompted by the fact that despite world-wide interest in Reproductive health and the fact that these services are provided freely in Zambia, postnatal care services are still being under-utilised.

The results of this study will be utilised by the planners of the Reproductive health services to find better ways of making the women to utilise postnatal care facilities more. In the long run, this will help in reducing maternal mortality rate from pregnancy related conditions, and child mortality most of which are preventable.

### **1.5 OPERATIONAL DEFINITIONS**

For the sake of this study, the following terms were defined as follows:

- (i) **Knowledge:** Familiarity gained by experience.
- (ii) **Attitude:** Is one's settled mode of thinking about postnatal care, as indicated by their opinion.
- (iii) **Under utilisation:** Inability or failure of mothers to utilise existing or available health facilities to full capacity.
- (iv) **Postnatal Clinic/Check-ups/Care:** A clinic held to check on the health of the mother and her baby (if alive) up to six weeks post delivery.



- (v) **Postnatal Period:** Period from delivery of the baby up to six weeks post delivery during which involution of the woman's reproductive organs occur.
- (vi) **Mother:** The woman who has delivered a baby after 28 to 40 weeks gestation.
- (vii) **Maternal and Child Health Services:** All curative and preventive care for mothers and children from birth through the reproductive period
- (viii) **Practitioners:** The health personnel who render the postnatal care.
- (ix) **Health Facility:** Any place where trained health personnel operate.

## 1.5 LITERATURE REVIEW

### 1.5.1 INTRODUCTION

Postnatal care is the care given to the woman and baby during the puerperium period (Ingram and Wood, 1995). The puerperium period is the six-week period following childbirth (Anderson and Shapiro, 1989).

Postnatal care is one of the many Maternal and Child Health services that are offered under the umbrella concept of Reproductive health. World Health Organisation defines Reproductive health as the state of complete mental, social, and physical wellbeing and merely the absence of disease and infirmity, in matters to do with reproduction. This implies that the process of reproduction is carried to a successful outcome, leading to infant and child survival, growth and development. It also means that the women can go safely through pregnancy and childbirth and fertility regulation can be achieved so that they can enjoy their sexual life without fear of unwanted pregnancies.

Lack of basic Obstetric services, Postnatal care and other related Reproductive Health services result in high Maternal and Child mortality and morbidity rates. An estimated 585,000 women die each year from pregnancy related causes (WHO, 1997), when most of these can be prevented (William and Jelliffe, 1976). The impact of women's reproductive health on the foetus or new-born is immediate and dramatic. About half of all the deaths of children under age five occur in the first month of life, which entails that this is the delicate time when they need to be cared for adequately by a healthy mother.

Concern for mother and child is both a question of moral integrity and also a pre-requisite for development in the economic, social and political fields since these two are special groups of people. The World Health Organisation (1989) stated that, the health of child depends on its mother Therefore, the women as mothers are the front-line care providers within the family and are key to human development and well being. Their health has a strong impact on the children that they raise because behind every smiling child there should be a mother who is physically and mentally healthy to ensure the children look to the future with confidence and satisfaction since the children are the future generation and leaders. Therefore, the mother's health needs to be given special attention in order to promote child survival and family health.

The protection of a mother's health requires all her needs to be met, which includes providing her with essential reproductive health, which includes postnatal care (WHO, 1998).

### **1.5.2 GLOBAL VIEW**

Fewer women receive postnatal care world-wide compared to those who receive Antenatal care. For example, in 1982, only about 5% of the new mothers made at least one postnatal clinic visit although 97% delivered at the health care facility (WHO 1988). The report further revealed that even in Jamaica, where mobile clinics offer postpartum, care only 37% of the new mothers in 1981 received postpartum care.

Many problems occur after delivery even if the delivery was normal. Lawson and Stewart (1979) mention some of the disorders, which may occur in the mother during the postpartum period as persistent red lochia, urinary tract infection, uterine infection and mental disorders. Most of these problems can be detected and managed early, thereby, preventing complications and life-long miseries that could arise from undetected complications.

WHO (1988) also pointed out that childbearing is usually seen as a good experience, but some negative effects are usually present and occasionally predominate. Problems of sudden transition from the state of “two in one” to that of two individuals demands considerable psychological adjustment. Therefore, the mother needs to be assisted to bond with the baby through counselling and education at postnatal clinics by the qualified health personnel. Failure of assisting the mother with psychological adjustment may lead to mental disorders like puerperal psychosis; or the mother and child not developing the essential bondage.

Less than 1% of maternal deaths occur in developed countries (WHO, 1989). WHO (1983) further revealed that 45-70% of women undergoes postnatal care throughout the United Kingdom. This percentage is quite high and coupled with it is the reduction in Maternal and Child mortality. This could be attributed to the fact that

poverty and other risk factors that torment the women in developing countries are not problems in developed countries. It could also be due to the fact that women in developed countries are more empowered and receive good quality care during and after pregnancy. They also have legal rights which they can use against the practitioners should uncalled for complications occur. Therefore, the Medical practitioners ensure that they give good quality care and accurate information about health care, thus increasing utilisation of health care services.

To support this view, WHO (1993) published the results of Jo Bower's study on "the necessity of the six week postnatal examination" in England which revealed that social class has a bearing on whether the women attend postnatal clinics or not. Attendance by low social class women was lower than the middle and upper classes. This discrepancy in postnatal clinic attendance among the different social groups could be attributed to lack of knowledge about the benefits of postnatal care among the lower social class clients.

WHO (1995) revealed that Countess Limerick in the United Kingdom during a presidential address reiterated that postnatal care was vital because its functions are twofold; curative, which includes diagnosis and treatment of problems connected to child birth in their early and curable stages; and preventive, which includes collection of information about the nature and frequency of maternal morbidity and mortality so that effective measures can be designed for future curative action. This was a good forum for the dissemination of such valuable information; especially that it was delivered by a woman in high social class. This form of political interest in important matters like postnatal care increases community awareness and contributes further to

the many reasons why postnatal care services are utilised more in developed than developing countries.

In Ecuador, 29% of the pregnant women in 1977 received prenatal care and a physician attended 17% of deliveries but only 4.5% of the women received postnatal care (WHO, 1988). This scenario could be due to the fact that the countries cited in the report are either under-developed or in the developing process. This further implies that culture and ignorance about the importance of postnatal care influence utilisation of postnatal care services.

WHO (1997) further supported this view by a study conducted by the Institute of Management whose results revealed that the ratio of men to women seeking medical attention at primary health centres was five to one. The reason for this discrepancy was found to be ignorance and household responsibilities, which caused the women to neglect their health.

In Bolivia, the government and other organisations, after being confronted with increased maternal mortality (480 deaths per 100,000 births), tried to reduce it by improving Maternal Health during and after pregnancy through various strategies. One of the strategies that the Bolivian government took was community education on the importance of Maternal and Child health facilities, which include postnatal care (W.H.O, 1993). Doctor Roberto Kriskovich also noted that many women do not use the health facilities in Bolivia because of difficulties with access to services and that they do not receive rapid attention and the services are not of good quality.” To solve this problem, the government embarked on upgrading hospitals and the Maternal and Child health services and this led to a reduction in the maternal and child mortality

(W H O, 1993). Other governments in other parts of the world that are facing the same problem of increased maternal mortality to solve the problem could adopt this strategy.

The summer Network, (1997), revealed that in North America, the maternal mortality is 12 deaths per 100,000 deliveries and that nine studies published since 1985 established that 60% of maternal deaths occurred in the post partum period; half of the deaths occurred within a day of delivery and 80% within two weeks postpartum. This prompted the W.H.O panellists to change the traditional postnatal care visit, which was at six weeks postpartum (a time when there was no longer danger of maternal death), to within the first three days and at six weeks post delivery. In addition, Jerkier Liljestrand pointed out that early postpartum visits help the women and babies catching fever, sepsis, heavy bleeding and secondary postpartum haemorrhage to be promptly treated (Network, 1997).

Furthermore, the Network (1997) revealed that Doctor Judith Fortney stated that Public health nurses no longer visit the mothers after delivery in both developed and developing countries. She further said that women are dismissed from the health Centre or hospital six hours after delivery without regard for the fact that anything can go wrong in the first few days after delivery. This calls for community education on the possible complications that can arise in the postnatal period so that medical attention can be sought quickly should the new mother experience any problems at home. In addition, it also calls for the need for postnatal care within a few days after delivery so that any problems can be detected and dealt with promptly. Therefore, community education should be emphasised concerning the importance of seeking postnatal care as soon after delivery as possible.

### 1.5.3 REGIONAL PERSPECTIVE

Although prenatal care has been widely available and used in developing countries, the use of medical services for delivery and postnatal care lags far behind (Network, 1997). This picture is similar in the African region because most of the African countries are either under-developed or in the process of developing. This has contributed to the rise in maternal and child mortality, which is a matter of concern in developing countries, where it accounts for 25% of all deaths among women of the child bearing age (W.H.O, 1989). An estimated 12-15% of pregnant women in developing countries suffer serious or life threatening complications. The major direct causes of maternal deaths in the developing world are obstructed labour, haemorrhage, infection, unsafe abortion and hypertension disorders of pregnancy (WHO, 1997). These complications could be prevented and appropriately managed with effective intra and postnatal care. The health of the child indeed depends on that of the mother and therefore, protection of the mother is protection of the child as well.

Peter (1994) stated that mothers on this continent would delay or altogether shun postnatal clinics because of the following reasons: -

- (1) The health care Centre is usually a bit far, which means physical accessibility of and the cost of transport, plus the condition of the roads make it difficult for the women.
- (2) In some cases, women make efforts of going to the health centre but will not receive adequate care. This and inadequate referral system, shortage of supplies, equipment and trained competent personnel are inhibitors of future postnatal clinic utilisation. Inclusive on the list is the ineffectiveness of treatment, staff attitudes, long waiting times, lack of privacy and emotional

support, beliefs associated with traditional birth, plus previous experience with the health Centre system.

Most of the above factors could be tackled through effective provision of Information, Education and Communication (I.E.C) on the importance of postnatal care. Political interest and involvement could also go a long way in making the health care facilities accessible. In addition, changes of attitude by the health care providers, for the better, would help in motivating the women to seek advice and care from health facilities.

A survey conducted in Sierra Leone in 1995 by the population Council revealed that women status, which compose of educational, cultural, economical, legal and political position, does influence their attendance of postnatal clinics. The survey revealed that women of high social class utilise postnatal clinics more than those of the lower class. This implies that the women of high social standing have better understanding about the importance of postnatal care, either because of their educational level or due to exposure. It also implies that the upper class women have fewer obstacles to accessing the health care services, compared to their counterparts in the lower class.

In addition, the study also revealed that the women's culture contribute greatly to whether they utilise postnatal clinics or not since most of them require permission from their spouse or mother-in-law to visit the clinic after delivery. This is because the women in Africa are not empowered to make their own decisions even when it involves their own health. This is one of the reasons why the risk of dying is highest in Africa, both because women are pregnant more often than women on the other continents and because each pregnancy is riskier (WHO, 1997). This coupled with community ignorance about the importance of postnatal care hinders the decision-makers in the home to allow the women to seek this health service. This also calls for



community education on the importance of postnatal care so that the significant others can understand the need to give consent and encourage the women to attend these clinics. Consequently, this will help the women to avoid preventable complications of childbirth and death during and after delivery.

A study which was done in Egypt, (WHO, 1989), on maternal health showed that haemorrhage, anaemia, puerperal fever and other complications of childbirth are the main causes of maternal mortality during pregnancy and childbirth. All these complications can be prevented through effective Antenatal and postnatal care.

WHO, (1994) revealed that in Tanzania, just like the other developing countries, access to quality health care is limited by poor transportation to health facilities and inadequate care even when a woman reaches health facility. An estimated 400 women die for every 100,000 births in Tanzania. The government put in place a Maternal and Child health policy of seeking postnatal care after delivery. Following this policy, a study was carried out in 1993 by W.H.O, which revealed that nearly all the mothers interviewed seek postnatal care after delivery. When asked why they attended postnatal clinics, they said that it was because it was useful in that it helped the mothers see how the child was growing and that the mothers were taught how to feed the child. This shows how much importance the women attach to the health of their children than their own. This is because pregnancy is considered a normal physiological process, which every woman is, expected to undergo. Additionally, it also shows that the women started attending the postnatal clinics because they perceived it to be important since it focussed more on the wellbeing of the child than on the women themselves. Other governments to improve postnatal clinic attendance in the region can adopt this strategy.

WHO, (1988), stated that the women often do not attend postnatal clinics for cultural reasons in most of the African countries. The first weeks or months following delivery are considered a time of rest and new mothers are expected to stay at home.

WHO, (1985), also revealed that African women feel embarrassed to be examined per vagina and to mix with other women while still passing lochia, since the blood of childbirth is a source of pollution (the Practitioner, December, 1985). This means that these women would not attend postnatal clinics for fear of being polluted or polluting others. This calls for health education to the mothers so that they understand that the lochia is a normal discharge after delivering a baby, which cannot pollute others; and also that vaginal examination is necessary to ascertain involution.

#### **1.54 NATIONAL PERCEPCTIVE**

In Zambia, postnatal clinic utilisation is as low as 7.3%(Rapid evaluation of Maternal Health Services report, 1989). Nsemukila, (1984) states that a contributing factor to the high maternal mortality rate (649 deaths per 100,000 births) is lack of access to and poor utilisation of Antenatal and Postnatal care services. She identified the following as the reasons for low utilisation of maternal health services in Zambia: -

- (1) Lack of decision-making powers by the women in need of Reproductive health care. This because other persons such as the women's husbands, brothers, or mother-in-law often decide for the women whether to seek professional health care or not.

- (2) Delayed decision to seek care because of distance, transportation, illness factors, cost, quality of care, position of women in the community, socio-economic factors and education of the women.
- (3) Delayed arrival at health centres caused by distance, transportation, weak community organisation or death en route.
- (4) Delayed provision of adequate care caused by poor quality of care, low staff moral or under-staffed and under-equipped health facilities.

Effective postnatal care contributes to the reduction in maternal and child mortality. These rates are very high, especially in developing countries like Zambia. Presently, the maternal mortality rate in Zambia is 649 deaths per 100,000 deliveries and infant mortality is 109 deaths per 1000 <sup>births</sup> ~~deaths~~. In Kasama District, the maternal mortality rate is as high as 834 deaths per 100,000 live births and the child mortality rate is 366 deaths per 1000 births. Most of these deaths could be prevented through effective postnatal care.

In addition, Likwa, (1994) stated that 8.2% of maternal deaths occur during the postpartum period in Zambia and are caused by puerperal sepsis, postpartum haemorrhage, pre-eclampsia/ eclampsia and ruptured uterus. These deaths could be prevented by careful monitoring and management of the women during the postnatal period.

The Zambian government provides free intranatal, postnatal, family planning and children's clinic services at hospitals and health centres (Country Health Profile, 1978). Ideally, this would have made more mothers to utilise these free services more,

but this is not happening. Postnatal care services are under-utilised in Zambia (Rapid evaluation report on safe motherhood in Zambia, 1989).

The Rapid evaluation report (1989) revealed that women fail to request for a postnatal check-up either because they are not aware that they have to, since they think everything is normal after delivery; or because they do not know that this service exists. This supports the suspicion that perhaps women are ignorant about the existence and importance of postnatal care that hinder them from utilising this health service.

Furthermore, the report also stated that some women felt that the care given at postnatal clinics is shallow and not worth the effort. This calls for intensified education and training of the health care providers and improvement of the health facilities so that the women start regarding postnatal care as a vital service. The Ministry of health recognises that maternal mortality is a serious threat to women, surviving children, families and communities. Therefore, the safe motherhood initiative was put into operation in Zambia (Likwa. R, 1990).

Another recent initiative by the Central Board of Health in conjunction with Ministry of health to try and improve maternal and child health was the Integrated Competency Training (I. C. T) in Reproductive health, which was initiated in 1998. The I.C.T training module 3 divides the postnatal period into three phases: -

- (1) Immediate postnatal period, starting from birth to 24 hours post-delivery.
- (2) From 1-7 days post-delivery.
- (3) From one week up to six weeks

Under the same initiative, the postnatal care visit, which was traditionally at six weeks post-delivery, was also changed to within 24 hours, at one week and at six weeks

post-delivery. These changes in frequency of postnatal clinic visits were done after the relevant authorities realised that most of the maternal deaths occurred within the first two weeks post-delivery and that by the sixth week the woman would have been out of danger.

This study is likely to find out why despite the available and free postnatal care services offered, the women are failing to utilise these services, which could save their lives and the lives of their children from any possible complications that could endanger their lives.

### **1.5.5 CONCLUSION**

The literature has shown that the causes of maternal mortality during labour and delivery or soon after are known and effective maternal monitoring during and after labour can prevent them. The main problem is how to make the women to utilise the postnatal care services. The literature also pointed out the fact that the problem of under-utilisation of postnatal clinics is world-wide, more so in the developing countries. Therefore, the question that can be asked is, " If the limited resources that are available are under-utilised, of what point would it be to decide to put up more health facilities?" The answer lies in trying to make the women to start perceiving these health services as vital and start utilising them. This can be done through various strategies such as education on the existence and importance of health care facilities like postnatal care. The women should be sensitised on the importance of postnatal care because it is an important tool for detecting complications of childbirth in their earliest stages. It is important to detect these complications early in order to provide timely help, thereby, preventing lifelong miseries from undetected problems.

## **CHAPTER TWO**

### **2.0 OBJECTIVES**

#### **2.1 GENERAL OBJECTIVE**

To determine the knowledge and attitudes of the mothers at Kasama urban clinic about the importance of postnatal care.

#### **2.2 SPECIFIC OBJECTIVES**

- (1) To establish the level of knowledge possessed by the mothers about the importance of postnatal care.
- (2) To determine the women's attitudes towards postnatal care.
- (3) To identify the factors that hinder the mothers from attending postnatal clinics.
- (4) To establish the women's source of knowledge about postnatal care.
- (5) To suggest ways of motivating the mothers to attend postnatal clinics.

## **CHAPTER THREE**

### **3.0 METHODOLOGY**

#### **3.1 STUDY DESIGN**

A descriptive, cross sectional study will be utilised. This study will involve systematic collection and presentation of data.

#### **VARIABLES**

The dependent variables for the study will be the knowledge and attitudes of the mothers, whilst the independent variables will be:

- (i) Characteristics of the community being served like traditional beliefs, cultural, norms and educational level.
- (ii) Age with parity.
- (iii) Inadequate I.E.C. (Information, Education and Communication)
- (iv) Attitudes and behaviour of the practitioners.
- (v) Inadequate skilled manpower

#### **3.2 STUDY POPULATION**

The study population comprised of antenatal mothers and those mothers bringing their children for under five clinics at Kasama Urban Clinic. The mothers who were chosen should have had one or more children, which means that primigravida will not be included.

### 3.3 SAMPLE SIZE AND SELECTION

A total sample of 245 mothers was collected for the study. This sample comprised of 123 antenatal mothers and 122 mothers bringing their children for under-five clinics. The sample was collected from a total population of 7,015, which is the total population of women in the childbearing age in Kasama District. This population makes up 22% of the total population of Kasama District, which is 31,886.

To arrive at the above sample, the following formula was used: -

$$N = \frac{Z^2 P (1 - P)}{e^2} \quad : n = \frac{(1.96)^2 \times 0.2 (1.02)}{0.052}$$

Where n is the sample size

Z is the confidence level = 95% or 1.96

p is the error = 5% or 0.05

p= proportion =22% of the women in the childbearing age.

$$n = \frac{3.8 \times 0.2 \times 0.8}{0.0025}$$

$$n = \frac{0.608}{0.0025}$$

$$n = \frac{0.608}{0.0025}$$

$$n = \frac{0.608}{0.0025}$$

$$n = \frac{0.608}{0.0025}$$

$$\underline{n = 245}$$

### 3.4 PLAN FOR DATA COLLECTION

The researcher used a structured interview schedule with both open and closed ended questions. Focus group discussions with the mothers were also held to supplement the data from the interviews.

The two techniques were used because combining different techniques maximises the quality of data collected and reduces the chances of bias (Achola and Bless 1998).



Two qualified midwives were used as Research Assistants and these were chosen from the clinic. The Research Assistants were trained prior to the data collection. The data was collected over a period of two months starting the third week of December to the third week of February 2001.

### **3.5 ETHICAL CONSIDERATION**

The proposal was submitted for approval to the Research Ethics Committee of the University of Zambia. Permission to carry out the study was obtained from the Director of Kasama District Management Team. Anonymity and confidentiality was maintained and this was communicated to the respondents in order to reassure them. The researcher also explained the nature and purpose of the study to the respondents in order to obtain informed consent.

### **3.6 PILOT STUDY**

A pilot study was done in order to pre-test the data collection tool on a sample similar to the one which was used in the final study. It was carried out the second week of December 2001 at Location clinic, which is situated about five kilometres from Kasama Urban clinic. The pre-test enabled the researcher to ascertain: -

- (i) Reliability and validity of the data collection tool.
- (ii) Duration of administering the questionnaire.
- (iii) The appropriateness and clarity of the questions asked.

After the pilot study, alternations in the questions were as follows: -

- Some questions were re-phrased and responses added to others.

### **3.7 QUALITY CONTROL CHECKS**

The researcher edited the questionnaires at the end of each day to ensure that the information was properly collected and that it was complete and consistent. This helped to ensure collection of quality data.

### **3.8 PLAN FOR DATA PROCESSING AND ANALYSIS**

The raw data from the study instrument was edited, categorised, coded and entered on a master sheet. The data was analysed by computer using SPSS software and frequency counts, cross tabulations and percentages of important variables were done.

### **3.9 LIMITATIONS**

The major limitations faced were: -

- (i) Data collection took longer than planned because of the low turn out of the mothers attending antenatal clinics and bringing their children for under five clinics.
- (ii) Antenatal clinics and children's clinics are only offered twice a week, at the clinic, which means that only a few women could be interviewed each week.
- (iii) Data collection was done alongside the normal work routine, which meant it had to fit into the normal daily routine. This meant that only a few women were interviewed at a time to avoid keeping the mothers too long at the clinic.
- (iv) The researcher was confined to one clinic only due to inadequate funds, transport and other expenses.

### **3.10 PLAN FOR DISSEMINATION OF RESULTS**

A report was compiled at the end of data analysis. Printed copies were made available to the authorities responsible for planning and implementing reproductive health, such as, Central Board of Health, and Kasama District Health Management Board. A copy was also given to the University of Zambia for future reference. If possible, workshops and seminars will be organised in conjunction with Kasama District Health Management Team to disseminate the results in the district.

## CHAPTER FOUR

### 4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS

This chapter presents the results of the study. The Research results were analysed and presented in table form and as comments for easy assimilation by the readers.

**TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS (n=245).**

CHARACTERISTICS	FREQUENCY	PERCENTAGE
<u>Age group</u>		
15-19	21	8.6
20-24	69	28.2
25-29	89	36.3
30 and above	66	26.9
<u>Marital Status</u>		
Married	226	92.2
Widowed	3	1.2
Single	6	2.4
Divorced	6	2.4
Separated	4	0.4
<u>Religion</u>		
Catholic	96	39.2
Non Catholics	149	60.8
<u>Educational</u>		
None	17	8.9
Primary	95	38.8
Secondary	109	44.5
College and above	24	9.8

**TABLE 1 CONTINUED**

<b>CHARACTERISTS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<u>Occupation</u>		
Formal Employment	30	12.2
Self Employment	66	26.9
Farmer	29	11.8
House wife	120	49.0
<u>Number of children of children</u>		
1-3	162	66.1
4 –5	62	25.3
7 and above	21	8.6

Table 1 shows the distribution of the respondents by demographic characteristics. The majority, 89 (36.2%) of the respondents were aged between 25 and 29 years. Most, 226 (92.2%) of the respondents were married, with 162 (66.1%) of them having between 1 and 3 children. 148 (60.4%) of the respondents were protestants by religion and only 17 (8.9%) of them had had no education. About half (49.0%) of the respondents were housewives.

**TABLE 2: MODE OF TRANSPORT TO THE CLINIC**

CHARACTERISTIC	FREQUENCY	PERCENTAGE
<u>Home within walking distance to clinic</u>		
Yes	223	91.0
No	22	9.0
<u>If home far, what mode of transport?</u>		
Bicycle	14	5.7
Ox-Cart	1	0.4
Bus/Car	5	2.4
Train	2	0.8
N/A	223	91.0

Table 2 shows that most, 223 (91%) of the respondents lived within walking distance from the clinic. Of the 22 (9.0%) respondents whose homes were not within walking distance from the clinic, most, 14 (5.7%) used bicycles as their mode of transport.

**TABLE 3: TIMING FOR POSTNATAL CLINIC VISITS**

<b>TIMING</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Within the first one week and at 6 weeks	56	22.9
At 6 weeks	68	27.8
At one month	31	12.7
Any other	40	16.3
Does not know	50	20.4
<b>TOTAL</b>	<b>245</b>	<b>100</b>

Table 3 shows that a large proportion 68 (27.8%) of the respondents still knew the traditional postnatal visit at 6 weeks. Only 56 (22.9%) knew the current postnatal care visit (within the first one week and at 6 weeks post delivery).

**TABLE 4: FACTORS ASSOCIATED WITH KNOWLEDGE**

<b>FACTOR</b>	<b>KNOWLEDGEABLE</b> <b>Total = 147</b> <b>n (%)</b>	<b>NOT</b> <b>KNOWLEDGEABLE</b> <b>Total = 98</b> <b>n (%)</b>	<b>P-value</b>
<u>Age group</u>			
15-19	11 (7.5%)	10 (10.2 %)	0.066
20-24	33(23.8%)	34 (34.7%)	
25-29	62 (42.2%)	27 (27.6%)	
30 and above	39 (26.5%)	27 (27.6%)	
<u>Educational level</u>			
None			< 0.001
Primary	2 (1.4%)	15 (15.3%)	
Secondary	53 (36.1%)	42 (42.9%)	
College and above	71 (48.3%) 21 (14.3%)	38 (38.8%) 3 (3.1%)	
<u>Religion</u>			
Catholic	54 (36.7%)	42 (42.9%)	0.336
Non Catholic	93 (63.3%)	56 (57.1%)	
<u>Number of children</u>			
1-3	100 (68%)	62 (1.4%)	0.462
4-6	37 (25.2%)	25 (25.5%)	
7 and above	10 (6.8%)	11 (11.2%)	

Table 4 shows that there was a significant association between educational level and knowledge (p-value <0.001). Respondents with higher educational level were more likely to be knowledgeable. There were no significant associations observed between knowledge on one hand and age (p=0.091), religion (p=0.336) and the number of children (p=0.0462) on the other hand.



**TABLE 5: PLACE OF DELIVERY BY KNOWLEDGE**

	KNOWLEDGE ABOUT PNC		
PLACE OF DELIVERY	KNOWLEDGEABLE n (%)	NOT KNOWLEDGEABLE n (%)	TOTAL n (%)
HOSPITAL	126 (85.7%)	64 (65.3%)	190 (97.6%)
CLINIC	11 (7.5%)	1 (1.0%)	12 (4.9%)
HOME	10 (6.8%)	33 (33.7%)	43 (17.6%)
<b>TOTAL</b>	147 (100%)	98 (100%)	245 (100%)

There was an association between knowledge and place of delivery ( $p < 0.001$ ) as shown in table 5. Those mothers who delivered at home were less likely to have knowledge about PNC.

**TABLE 6: KNOWLEDGE BY ATTENDANCE OF PNC**

	KNOWLEDGE ABOUT PNC		
ATTENDANCE OF PNC	KNOWLEDGEABLE	NOT KNOWLEDGEABLE	TOTAL
YES	134 (90.8%)	19 (19.4%)	153 (62.4%)
NO	13 (8.8%)	79 (80.6%)	92 (37.6%)
<b>TOTAL</b>	147 (100%)	98 (100%)	245 (100%)

There was an association between knowledge and attendance of PNC ( $p < 0.001$ ) as shown in table 6. Those mothers who attend postnatal clinics were more likely to have had knowledge about postnatal care.

**TABLE 7: DISTANCE FROM HOME BY ATTENDANCE OF PNC**

	ATTENDANCE OF PNC		
<b>DISTANCE FROM HOME</b>	<b>YES n (%)</b>	<b>NO n (%)</b>	<b>TOTAL</b>
WITHIN WALKING DISTANCE	142 (92.8%)	81 (88.0%)	223 (91.0%)
NOT WITHIN WALKING DISTANCE	11 (7.2%)	11 (12.0%)	22 (9.0%)
<b>TOTAL</b>	153 (100%)	92 (100%)	245 (100%)

Table 7 shows that there was no association observed between distance from home and attendance of PNC ( $p=0.436$ ).

**TABLE 8: IMPORTANCE OF PNC BY ATTENDANCE**

	ATTENDANCE OF PNC		
<b>IMPORTANCE OF PNC</b>	<b>YES n (%)</b>	<b>NO n (%)</b>	<b>TOTAL n (%)</b>
Important	153 (100)	78 (84.8)	231 (94.3)
Not important	0 (0)	14 (15.2)	14 (5.7)
<b>TOTAL</b>	153 (100)	92 (100)	245 (100)

An association was observed between attendance of PNC and if the respondents considered it to be important ( $p < 0.001$ ). Those mothers who considered PNC to be important were more likely to attend postnatal clinics as shown in table 8.

**TABLE 9: PLACE OF DELIVERY BY ATTENDANCE OF PNC**

	ATTENDANCE OF PNC		
PLACE OF DELIVERY	YES n (%)	NO n (%)	TOTAL n (%)
HOSPITAL	134 (87.6)	56 (60.9)	190 (77.6)
CLINIC	11 (7.2)	1 (1.1)	12 (4.9)
HOME	8 (5.2)	35 (38.0)	43 (17.5)
<b>TOTAL</b>	153 (100)	92 (100)	245 (100)

The was an association between attendance of PNC and place of delivery ( $p < 0.001$ ). Those women who delivered at the Health Facility were more likely to attend postnatal clinics as shown in table 9.

**TABLE 10: IF TOLD TO ATTEND PNC BY ATTENDANCE**

	ATTENDANCE OF PNC		
IF TOLD TO ATTEND PNC	YES n=153 n (%)	NO n=153 n (%)	TOTAL n (%)
YES	134 (92.4)	56 (98.2)	190 (77.6)
NO	11 (7.6)	1 (1.8)	12 (4.9)
<b>TOTAL</b>	145 (100)	57 (100)	202 (100)

An association was observed between attendance of PNC and if the mothers were told by Health workers to attend ( $p < 0.001$ ) as shown in table 10. Those mothers who were told to come back for postnatal check-ups by the Health workers were more likely to attend postnatal clinics.

**TABLE 11: WELCOME GIVEN AT THE CLINIC BY ATTENDANCE OF PNC**

<b>WELCOME GIVEN AT THE CLINIC</b>	<b>ATTENDANCE OF PNC</b>		
	<b>YES N (%)</b>	<b>NO N (%)</b>	<b>TOTAL N (%)</b>
Cheerfully	150 (98.0)	86 (93.5)	236 (96.3)
Depends on individual Health worker	3 (2.0)	6 (6.5)	9 (3.7)
<b>TOTAL</b>	153 (100)	92 (100)	245 (100)

No association was observed between how the mothers were welcomed at the clinic and attendance of PNC ( $p= 0.417$ ) as shown in table 11.

**TABLE 12: IF ADEQUATE INFORMATION ABOUT PNC IS GIVEN AT THE CLINIC BY ATTENDANCE OF PNC**

<b>IF ADEQUATE INFORMATION IS GIVEN</b>	<b>ATTENDANCE OF PNC</b>		
	<b>YES n (%)</b>	<b>NO n (%)</b>	<b>TOTAL n (%)</b>
Given	151 (98.7)	68 (73.9)	219 (89.4)
Not given	2 (1.3)	24 (26)	26 (10.6)
<b>TOTAL</b>	153 (100)	92 (100)	245 (100)

An association was observed between attendance of PNC and if adequate information about PNC is given to the mothers by the health staff at the clinic ( $p< 0.001$ ) as show in table 12.

**TABLE 13: ATTENDANCE OF PNC BY TRADITIONAL BELIEFS**

<b>TRADITIONAL BELIEFS</b>	<b>ATTENDANCE OF PNC</b>		
	<b>YES n (%)</b>	<b>NO n (%)</b>	<b>TOTAL n (%)</b>
Have traditional beliefs	45 (28.9)	42 (45.7)	87 (35.5)
Do not have traditional beliefs	108 (71.1)	50 (54.3)	158 (64.5)
<b>TOTAL</b>	153 (100)	92 (100)	245 (100)

There was an association observed between traditional beliefs and attendance of postnatal clinics ( $p < 0.001$ ) as shown in table 13. Those women with traditional beliefs were less likely to attend postnatal clinics.

**TABLE 14: AGE BY ATTENDANCE OF PNC**

<b>AGE GROUP</b>	<b>ATTENDANCE OF PNC</b>		
	<b>YES n (%)</b>	<b>NO n (%)</b>	<b>TOTAL n (%)</b>
15-19	10 (6.5)	11 (12)	21 (8.6)
20-24	39 (25.5)	30 (32.6)	69 (28.2)
25-29	61 (39.9)	28 (30.4)	89 (36.3)
30 and above	43 (28.1)	23 (2)	66 (29.9)
<b>TOTAL</b>	153 (100)	92 (100)	245 (100)

There was no association observed between age group and attendance of PNC ( $p = 0.297$ ) as shown in table 14.

**TABLE 15: WHAT THE RESPONDENTS WERE TOLD TO COME BACK FOR AT THE POSTNATAL CLINIC**

<b>WHAT THE MOTHERS WERE TOLD TO COME BACK FOR</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
1. To be taught about baby care and hygiene.	19	10
2. To be taught about exclusive breastfeeding.	2	1.1
3. To examine both mother and baby to rule out complications.	100	52.6
5. To be taught how to care for baby, self and family planning.	19	10
5. Has forgotten.	8	4.2
6. To come back for review.	42	22.1
<b>TOTAL</b>	<b>190</b>	<b>100</b>

Of the 190 respondents who were told to come back to the clinic for postnatal check-ups, most of them, 100 (52.6%) said that they were told to come back to the clinic so that they can be examined together with their babies to rule out complications as shown in table 15.

**TABLE 16: RESPONDENTS' REASONS FOR CONSIDERING PNC AS IMPORTANT**

<b>REASONS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
1. Know the health status of the mother and child.	133	57.6
2. Be taught about adequate breastfeeding and preventing pregnancy.	7	3.0
3. Be taught how to care for self and for the baby.	36	15.6
4. Know if mother has completely healed.	51	22.1
5. Cannot explain.	4	1.7
<b>TOTAL</b>	<b>231</b>	<b>100</b>

Of the 231 mothers who considered PNC to be important, 133 (57.6%) of them stated that PNC was important because it enabled them to know their health status and that of their babies (table 16).

**TABLE 17: RESPONDENTS' REASONS FOR CONSIDERING PNC AS BENEFICIAL**

<b>REASONS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
1.Assured that the women had completely recovered.	24	15.7
2. Knew that the baby was fine	6	3.9
3. Health education on family planning, Breastfeeding, hygiene, self and baby care was given.	34	22.2
4.Early detection of complications and prompt treatment.	17	11.1
5. Mother and baby examined to rule out complications.	72	47.1
<b>TOTAL</b>	<b>153</b>	<b>100</b>

Of the 153 mothers who attended PNC, 72 (47.1% of them felt that the care given to them at the clinic was beneficial to them and their babies because the mothers and the babies were examined to rule out complications (Table 17).



**TABLE 18: RESPONDENTS’ DECRPTION OF THE TYPE OF CARE THEY RECEIVED WHEN THEY ATTENDED POSTNATAL CLINICS**

TYPE OF CARE	FREQUENCY	PERCENTAGE
1.Physical examination of mother and baby.	74	48.4
2. Physical examination of both and health education.	36	23.5
3. Physical examination of mother only.	22	14.4
4. Health education on family planning, self and baby care.	9	5.9
5. Just asked how mother and baby were.	3	1.9
6. Physical examination of baby only and health education.	9	5.9
<b>TOTAL</b>	<b>153</b>	<b>100</b>

Of the 153 mothers who attended PNC, most of them, 74 (48.4%) said that only physical examination was done on them and their babies at the clinic (Table 18).

**TABLE 19: REASONS GIVEN BY THE RESPONDENTS WHY SOME WOMEN DO NOT ATTEND POSTNATAL CLINICS**

REASONS	FREQUENCY	PERCENTAGE
1. Do not know the importance.	101	40.8
2. Live far away from the clinic.	2	0.8
3. Lack of interest and laziness.	19	7.8
4. Do not want to plan their families properly.	19	7.8
5. Think there is no need since feel fine after delivery.	9	3.7
6. Feels shy to be examined per vagina.	42	17.1
7. No idea.	54	22
<b>TOTAL</b>	<b>245</b>	<b>100</b>

The majority of the 245 respondents, 101 (41.2%) felt that some women do not attend postnatal clinics because they do not know its importance.

**TABLE 20: TRADITIONAL BELIEFS CITED BY THE RESPONDENTS**

<b>TRADITIONAL BELIEFS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
1. Confine baby to house.	2	2.4
2. Avoid sex with husband for 1-3 months post delivery.	49	58.3
3. Shy, cannot say.	14	16.7
4. Considered unclean so should not mix with other people.	4	4.8
5. Can die if she sees the husband's mistress while still passing lochia, so should stay at home.	5	5.6
6. Not to cook or do any strenuous work until lochia finishes.	10	11.9
<b>TOTAL</b>	<b>84</b>	<b>100</b>

Of the 84 respondents who had traditional belief about postnatal period, 49 (58.3%) of them said that the women should avoid sex with their husband for 1-3 months post delivery (Table 20).

**TABLE 21: RESPONDENTS' SUGGESTIONS ON HOW TO MAKE THOSE WOMEN WHO DO NOT ATTEND POSTNATAL CLINICS TO START ATTENDING.**

SUGGESTIONS	FREQUENCY	PERCENTAGE
1. Informing them about postnatal clinics and emphasizing the need for them to attend.	32	13.1
2. Educating them about postnatal clinics and its importance.	100	40.8
3. Home visits and outreach clinics for those who stay far from the clinics.	25	10.2
4.Keep encouraging them to attend.	51	20.8
5.No suggestions.	37	15.1
<b>TOTAL</b>	<b>245</b>	<b>100</b>

Most, 100 (40.8%) of the 245 respondents suggested that women should be educated about postnatal care and its importance (Table 21).

#### **SOURCES OF KNOWLEDGE BY KNOWLEDGE ABOUT PNC**

Of the 147 respondents who had knowledge about postnatal care, the majority, 134 (91.2%) of the cited the health personnel as their source of knowledge. Other sources cited were media and press 3 (2%), friends and relatives 4(2.7%), personal experience 4 (2.7%) and others (1.4%).

#### **BENEFITS OF PNC BY ATTENDANCE**

Of the 153 mothers who attended postnatal clinics, only 3(1.2%) of them felt that PNC was not beneficial to them and their babies.

## **CHAPTER FIVE**

### **DISCUSSION OF FINDINGS**

This study is aimed at identifying the knowledge and attitudes of the women about the importance of postnatal care. The discussion of the findings will be tackled under the following sub-headings: - Demographic characteristics, Knowledge of the women about postnatal care, Factors that hinder the women from attending postnatal clinics, Suggestions given by the women on how to make those who do not attend postnatal clinics to start attending and implications of the study.

#### **Demographic Characteristics of the Respondents**

All the 245 respondents were women who were interviewed using a structured questionnaire. The findings of the study revealed that a large proportion, 89 (36.3%) of the respondents were aged between 25-29 years. Of the 147 respondents who were knowledgeable about postnatal care, most of them, 62 (42.2%) were aged between 25 and 29 years. This is contrary to the belief that the older age group is more likely to be more experienced and knowledgeable about postnatal care.

The majority of the women, 226 (92.2%) were married with 162 (66.1%) having 1 to 3 children. Those with more children are expected to be more experienced and knowledgeable about postnatal care.

The results also showed that 149 (60.8%) of the respondents were non-Catholic by religion, while the remaining 96 (39.2%) were Catholics. 109 (44.5%) of the respondents had attained Secondary education, 95 (38.8%) Primary education, 24 (9.8%) College and above with only 17 (6.9%) who had had no education. This

finding is very important because educated women are more likely to understand health education messages better than their illiterate counterparts.

The majority of the women, 120 (49.0%) were housewives and most of them, 223 (91.0%) lived within walking distance to the clinic. This result is also important because distance from the clinic may determine whether the women utilise health care facilities or not.

### **The Respondents' knowledge about postnatal care**

The study results revealed that a large proportion, 147 (60.0%) of the respondents had knowledge about postnatal care in terms of definition and content. Of those who were knowledgeable, the larger proportion 134 (90.8%) attended postnatal clinics and we find association between knowledge and frequency of attending postnatal clinics.

This finding therefore, shows the importance of knowledge in utilisation of health services like postnatal care. This result is supported by the Rapid Evaluation Report, which revealed that women fail to seek postnatal check-ups either because they are not aware that they have to, or because they do not know that this service exists (MOH, 1989). In addition, WHO (1983) also revealed that lack of knowledge about the benefits of PNC has a bearing on whether the women attend postnatal clinics or not.

However, only 56 (22.9%) of them knew the current postnatal clinic visit timing (i.e. within the first one week and at six weeks post delivery). This finding could be attributed to the fact that some health workers are ignorant about the current timing for postnatal visits since most 134 (91.2%) of the women cited the health workers as their source of knowledge about postnatal care.

Furthermore, of the 152 respondents who always attended postnatal clinics, only 1 (0.7%) had no education. This could be attributed to the fact that those who are educated are able to understand health education messages better than the illiterate counterparts. This result is further supported by the Demographic and Health Survey (1996) finding, which revealed that educated women are more likely to utilise healthcare services than the uneducated ones. A survey conducted in Sierra Leone in 1995 also revealed that women status, which composed of educational level among other factors, does influence the women's attendance of postnatal clinics. A large proportion, 219 (89.4%) of the women agreed that adequate information about postnatal care was given to the women at the clinic. This is contrary to the researcher's assumption that perhaps the women do not attend postnatal clinics because the health workers do not tell them about it. The researcher therefore attributed under utilisation of postnatal clinics to the fact that the women do not regard it to be important. In addition, it could be that the health workers do not clearly explain why it is important that these women come back for postnatal clinics. This is supported by the responses the women gave about what exactly the health workers tell them to come back for i.e for examination, reviews, to be taught about baby care etc, without emphasising why it is imperative that the women should come back for postnatal check-ups.

The study results also revealed that there was no association between age group and knowledge about postnatal care. Of the 147 respondents who were knowledgeable, the bigger proportion, 62(42.2%) were between 25 and 29 years. This is contrary to the assumption that the older women are more knowledgeable about postnatal care.

The findings in this study have also revealed that the number of children that the respondents had, did not influence their knowledge about postnatal care. This is contrary to the assumption that those women with more children are more likely to be knowledgeable about postnatal care.

The results also showed that there was association between knowledge and place of delivery. A large proportion, 126(85.7%) of the 147 respondents who were knowledgeable delivered at the hospital, followed by those who delivered at the clinic 11(7.5%) and lastly those who delivered at home 10(6.8%). This implies that the health workers tell those who deliver at the health facility about postnatal care. This result dispels the assumption that inadequate I.E.C (information, Education and Communication) is given to the women by the health workers.

### **Respondents' Attitudes towards Postnatal Care**

231(94.3%) of the 245 respondents felt that postnatal care was important for various reasons. Of those respondents who felt that postnatal care was important, a large proportion 153 (100%) attended postnatal clinics. This implies that the respondent's perception of postnatal clinics as important or not determines whether the women utilise or not utilise postnatal clinics. This result therefore shows that people utilise health care services that they perceive to be important. This view is supported by WHO (1994) who revealed that in a study carried out in Tanzania revealed that the women started attending postnatal clinics following a policy which made the women understand the importance of attending postnatal clinics.

Of the 153 women who attended postnatal clinics, only 3 (1.2%) of them felt that postnatal care was not beneficial to them and their babies. This means that perception



of postnatal clinics as beneficial influences the women to utilise this service. However, looking at the variety of reasons given by the women as to why they felt that postnatal care was important and beneficial to them, the researcher concluded that the respondents did not know the actual benefits and importance of postnatal care.

A large proportion, 236(96.3%) of the respondents said that they were welcomed cheerfully at the clinic by the health workers. This means that the way the women are welcomed at the clinic alone does not determine their utilisation of this service. This result dispels the assumption that the health workers' attitudes hinder the women from utilising postnatal clinics, as revealed by Nsemukila (1984) and Peter (1994).

### **Factors that hinder the women from attending postnatal clinics**

The women gave reasons why they thought some women do not attend postnatal clinics. A large proportion 100(40.8%) of the 245 respondents felt that some women do not attend postnatal clinics because they do not know its importance. This finding further supports the researchers' assumption that lack of knowledge about postnatal care makes the women not to utilise this service.

Of the 87(35.5%) respondents who had traditional beliefs about the postpartum period, 57 (45.7%) of them did not attend postnatal clinics. This result implied that traditional beliefs influenced the women to or not to attend postnatal clinics. The result is also supported by Peter, (1994) who stated that women in Africa shun postnatal clinics due to traditional beliefs associated with childbirth among other reasons. Nsemukila (1984) also revealed that traditional factors such as lack of decision making powers by the women contributed to low utilisation of maternal, health services in Zambia, WHO (1985) further, supports this view by stating that

African women believe that the blood of childbirth is a source of pollution, implying that the women would not attend postnatal clinics for fear of being polluted or polluting others. In addition, distance from the clinic did not determine the women's attendance of postnatal clinics since the majority, 223 (91.0%) of them lived within walking distance to the clinic. This is contrary to Nsemukila's (1984) findings that distance from the health facility was one of the reasons why women do not attend postnatal clinics.

The respondents gave a description of the type of care given to them at postnatal clinics. A large proportion, 74(48.4%) of the 153 women who attended postnatal clinics stated that they were only physically examined, together with their babies without explanations, I.E.C (Information, Education and Communication) and psychological support.

This could be attributed to staff shortages, preventing the health workers from giving full postnatal care packages to the women. However, this could be one of the reasons why most women feel lazy to attend postnatal clinics since they feel it is a waste of time to go all the way to the clinic only to be touched on the abdomen and checked per vagina. This view is supported by Peter (1994) who stated that women in Africa shunned postnatal clinics because they do not receive adequate care. The Ministry of Health report, (1989) also revealed that some women did not attend postnatal clinics because the care given to them at these clinics is shallow and not worthy the effort, WHO (1994) also revealed that in Tanzania, women fail to access health care facilities due to inadequate care given to them, among other reasons.

### **The respondents' suggestions on how to make those women who do not attend postnatal clinics to start attending**

A variety of suggestions were given by the women on how to make those women who do not attend postnatal clinics to start attending. A large proportion, 100(40.8%) of the 245 respondents suggested that there is need for educating those women about postnatal care and it's importance. This implies that the respondents felt that it is due to lack of knowledge about postnatal care and its importance that some women do not attend postnatal clinics. This further supports the Ministry of Health report (1989) that revealed that women fail to request for postnatal check-ups because they do not know that this service exist. This is also in line with the researchers assumption that lack of knowledge is one of the factors that lead to under-utilisation of health care services like postnatal care by the women.

#### **\* FOCUS GROUP DISCUSSION**

PROVINCE	-	Northern
TOWN	-	Kasama
SPECIFIC SITE	-	Kasama Urban Clinic
AGE GROUP	-	Women aged 15 years and above
LANGUAGE USED	-	Bemba
DATE	-	18/01/2001
NUMBER OF PARTICIPANTS		15 (Conveniently selected)
TIME STARTED	-	11:30HOURS
TIME ENDED	-	12:00HOURS

## **CHARACTERISTICS OF THE GROUP DISCUSSION**

The objectives of the Focus group discussion were:

- (1) To determine the women's level of knowledge about postnatal care and their source of knowledge.
- (2) To establish where the women deliver their babies and if those who deliver at health facilities are told to attend postnatal clinics.
- (4) To find out how many of the women attend postnatal clinics and if those who attend find it beneficial.
- (5) To establish the women's views as to how they are welcomed at the clinic.
- (6) To determine why some women do not attend postnatal clinics.
- (7) To identify the traditional beliefs the women have about the postnatal period.
- (8) To obtain suggestions from the respondents on how to make those women who do not attend postnatal clinics to start attending.

## **TOPICS DISCUSSED**

### **A. KNOWLEDGE ABOUT POSTNATAL CARE**

Most, 11 of 15 participants knew what postnatal care was in terms of definition and content. However, a good number, 13 of them still did not know the current timing for postnatal clinics (within the first one week and at six weeks). 14 of them said that their source of knowledge were health workers with only 1 citing media and press as her source of knowledge.

**B. PLACE OF DELIVERY AND IF TOLD TO COME FOR POSTNATAL CHECK-UPS FOR THOSE WHO DELIVERED AT HEALTH FACILITIES**

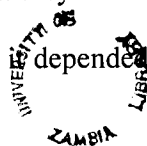
Twelve of the respondents delivered at health facilities and all of them admitted to having been told by health workers to attend postnatal clinics.

**C. ATTENDANCE OF POSTNATAL CLINICS AND IF THE CARE GIVEN WAS BENEFICIAL AND IMPORTANT**

All the respondents attended postnatal clinics and they all felt that postnatal care was beneficial. 5 of the respondents felt that postnatal care was beneficial to them and their babies because it accorded an opportunity for them and their babies to be examined. 4 felt that they benefited by knowing that they had completely recovered and their babies were fine. The remaining 6 felt that they benefited from the health education that was given to them on baby and self-care, breastfeeding, family planning and hygiene. All of the 15 respondents said that postnatal care was important to ensure good health of both mother and baby and rule out complications.

**D. THE WOMEN'S VIEW AS TO HOW THEY ARE WELCOMED AT THE CLINIC**

The majority 14 of the women said that they were welcomed cheerfully at the clinic; with only 1 of them saying that depended on the individual nurse on duty.



## **E. WHY SOME WOMEN DO NOT ATTEND POSTNATAL CLINICS**

The following were some of the reasons given by the respondents as to why some women do not attend postnatal clinics:-

- They do not know it and its importance.
- Laziness and lack of interest.
- No need since feel fine after delivery
- Scared to be shouted at by nurses if dirty.
- Feel shy to be examined per vagina.

## **F. TRADITIONAL BELIEFS ABOUT POST PARTUM PERIOD.**

The traditional beliefs cited by the respondents were:

- Confining of the baby to the house for about three months.
- Avoid sex with husband for about one to three months.
- Considered unclean, so should not mix with other people while passing Lochia.
- Can die if sees husband's mistress whilst still passing Lochia.

## **G. SUGGESTIONS**

Many suggestions were given by the women on how to make those women who do not attend postnatal clinics to start attending as follows:-

- Educating them about postnatal care and its importance.
- Home visits and outreach clinics for those who stay far.
- Keep encouraging them to attend.
- Inform them to attend during Antenatal and other clinics.

## **5.1 IMPLICATIONS OF THE STUDY**

This study revealed that most, 147(60%) of the women had knowledge about postnatal care. However, this high knowledge about postnatal care does not translate into high utilisation of the service. This implies that women may know what PNC is but do not know its importance. Coupled with this, is the fact that the women and society as a whole regard childbirth as a normal physiological function, and thus feel there is no need to attend PNC. This calls for intensified health education campaigns to ensure that the mothers understand that a lot of problems can occur even after a normal delivery to make the women to start utilising postnatal clinics. In addition, increasing the woman's educational levels would improve their understanding of the health education messages, thereby increasing their utilisation of health services, like postnatal Care.

The study has also revealed that the health workers give adequate information about postnatal care at the clinic. However, this has not translated into increased utilisation of postnatal clinics. This implies that the health workers do not emphasise to the women the importance of postnatal care, enough to make them perceive it as an important health care service that needs to be utilised. This finding is further supported by Peter (1994), whose study revealed that inadequate care received at the health centre was one of the reasons why some women do not attend postnatal clinics.

The fact that most women who attend postnatal clinics perceive them as beneficial also entails that postnatal clinic utilisation would improve with knowledge of its benefits.

Furthermore, the study also revealed that most of the women do not know the true nature, importance and benefits of postnatal care. This implies that women need to be educated. The results also revealed that educated women utilised postnatal clinics more than their illiterate counterparts. Therefore, this calls for the need for the government to work at improving the literacy levels of the women since educated people understand health education messages better.



## CHAPTER SIX

### 6.1 CONCLUSION

This study was designed to establish the knowledge and attitudes of the mother at Kasama Urban Clinic about postnatal care. This was necessary to enable the researcher to establish the reasons why there is low utilisation of postnatal clinics.

The study revealed that even if a large proportion of the women, 147 (60%) of them had knowledge about postnatal care, a good number, 56(22.9%) of those who were knowledgeable did not know the current timing for postnatal visits. It also revealed that attendance at PNC's was more among those who had knowledge about postnatal care and among those who were educated. This implies that knowledge influences utilisation of health care services like postnatal care. This finding is supported by the Demographic and Health Survey (1996), which revealed that educated women are more likely to utilise health care services than uneducated ones. In addition, a survey conducted in Sierra Leone also revealed that women status which composed of educational level among other factors, does influence the women's attendance of postnatal clinics (WHO, 1995).

Furthermore, the study also revealed that most of the women felt that postnatal care was important and beneficial and this also translated into high utilisation of the service among these women. This view is supported by a study carried out in Tanzania which revealed that the women started attending postnatal clinics following the introduction of a policy which made the women understand the importance of postnatal care (WHO, 1994).

Additionally, the findings showed that the health workers do not full postnatal check-ups. This could discourage the women from attending these clinics since they feel that mere physical examination is not worth going to the clinic for, especially if they had a normal delivery. This was in line with the study conducted by Peter (1994) which revealed that women in Africa shun postnatal clinics because they do not receive adequate care. Additionally, a Ministry of Health Report (1989) also revealed that some women did not attend postnatal clinics because the care given to them at these clinics is shallow and not worthy the effort.

The study further revealed that the number of children the respondents had, their religion and their age did not determine the respondents knowledge and consequent utilisation postnatal care.

## **5.2 RECOMMENDATIONS**

There is need to carry out this study on a larger scale so that a wider view of the knowledge and attitudes of the women towards the importance of postnatal care countrywide can be established.

There is need for the stakeholders to ensure that the health workers are competent enough to give the people proper I.E.C. and be conversant with current trends in the health sector. This will help to make the people understand the importance of utilising Health Care Services like postnatal care.

The stakeholders should also establish mass campaigns and intensify Health Education programs so that the women countrywide can understand the importance of PNC for them to consider it important.

There is need to carry out a study to establish the associations between low utilisation of PNC and maternal and child mortality. This is necessary because so far only assumptions based on increased maternal and child mortality rates in areas where there is low utilisation of PNC exist.

Outreach and home visiting programs should be established so that all the women access postnatal care.

There is need to increase the staffing levels in the health facilities so that the health workers can give proper postnatal check-ups. This will help to make the mothers feel that postnatal care is not just about abdominal and vaginal examinations.

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## **ANNEX 1: QUESTIONNAIRE**

**Confidential**

**Questionnaire No:** .....

### **KNOWLEDGE AND ATTITUDES OF THE MOTHERS AT KASAMA URBAN CLINIC ABOUT THE IMPORTANCE OF POSTNATAL CARE**

**Area Code:** ..... **District Code:** ..... **Date:**.....

**Name of Interviewer:** .....

#### **INSTRUCTIONS TO RESEARCH ASSISTANT**

1. Explain the purpose of the study and ask for permission to interview the participant.
2. Make the respondent sign the consent before you start the interview. If the respondent cannot read and write, indicate agreed on the space for signature.
3. Assure confidentiality.
4. Participants should not be forced to be interviewed. Where the respondent is reluctant or unwilling to take part, politely leave her.
5. Do not write the name of respondent on the questionnaire.
6. Write the responses in the provided spaces.
7. Thank the respondent at the end of each interview.

## SECTION A: DEMOGRAPHIC CHARACTERISTICS

For official use only

1. Sex
  - (a) Female ☐
  - (b) Male ☐
2. How old were you on your last birthday? \_\_\_\_\_
3. Marital status
  - (a) Married ☐
  - (b) Widowed ☐
  - (c) Single ☐
  - (d) Divorced ☐
  - (e) Separated ☐
4. What is your religion?
  - (a) Catholic ☐
  - (b) Protestant ☐
  - (c) Moslem ☐
  - (d) Any other, specify \_\_\_\_\_
5. Level of education
  - (a) None ☐
  - (b) Primary ☐
  - (c) Secondary ☐
  - (d) College and above ☐
6. Occupation
  - (a) Formal employed ☐
  - (b) Self employed ☐
  - (c) Farmer ☐
  - (d) Any other, specify \_\_\_\_\_
7. How many children do you have?
  - (a) 1 – 3 ☐
  - (b) 4 – 6 ☐
  - (c) 7 and above ☐
8. Is your home within walking distance from the clinic?
  - (a) Yes ☐
  - (b) No ☐



9. If your answer is No to Q 8, what mode of transport do you use?

For official use only

- (a) Bicycle ☐
- (b) Ox-cart ☐
- (c) Bus/car ☐
- (d) Train ☐

## SECTION B:

### KNOWLEDGE ABOUT POSTNATAL CARE

10. What is postnatal care?

- (a) Care provided to young mothers after delivery ☐
- (b) Care given to all women post delivery ☐
- (c) Care given to women during pregnancy ☐
- (d) Care given to all women and their babies post delivery ☐

11. Have got adequate knowledge about postnatal care?

- (a) Yes ☐
- (b) No ☐

12. If your answer is Yes to Q 11, what is your source of Knowledge about postnatal care?

- (a) Media and press ☐
- (b) Friends and relatives ☐
- (c) Health personnel ☐
- (d) Personal experience ☐
- (e) Any other, specify \_\_\_\_\_

13. After how long post delivery are you supposed to come Back to the clinic for postnatal check-ups?

- (a) At one week and at six weeks post delivery ☐
- (b) At six weeks post delivery ☐
- (c) At one month post delivery ☐
- (d) Any other specify \_\_\_\_\_

14. Where do you deliver your babies?

(a) Hospital ☐

(b) Clinic ☐

(c) Home ☐

15. If you deliver at home, who assists you to deliver?

(a) Traditional Birth Attendants (TBAs) ☐

(b) Relatives/friends ☐

(c) Any other specify \_\_\_\_\_

16. If you deliver at a health facility or at home assisted by a TBA, are you told to attend postnatal clinics?

(a) Yes ☐

(b) No ☐

17. If your answer is Yes, to Q. 16, what exactly are told About the postnatal clinic? \_\_\_\_\_

### SECTION C: ATTITUDES TOWARDS POSTNATAL CARE

18. Do you think postnatal care is important?

(a) Yes ☐

(b) No ☐

19. If your answer is Yes to Q 18, explain.

\_\_\_\_\_  
\_\_\_\_\_

20. If your answer is No to Q 18, explain. \_\_\_\_\_

\_\_\_\_\_

21. Do you attend postnatal clinics after delivering your babies?

(a) Yes ☐

(b) No ☐

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22. If your answer is Yes, to Q 21, what type of care was given to you?

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23. Do you think that the type of care that was given to you was beneficial to you and your baby?

(a) Yes ☐

(b) No ☐

24. If your answer to Q 23 is Yes, how? \_\_\_\_\_

25. If your answer to Q. 23 is No why? \_\_\_\_\_

26. If your answer to Q 21 is No, why? \_\_\_\_\_

27. Do you think that adequate knowledge about postnatal Care and it's important is given to the woman at this time?

(a) Yes ☐

(b) No ☐

28. How are you welcome at the clinic?

(a) Cheerfully ☐

(b) Rudely ☐

(c) Ignored ☐

(d) Any other, specify \_\_\_\_\_

29. In your own opinion, why do you think mothers do not not attend postnatal clinics? \_\_\_\_\_

30. Give suggestions on how we can make those women who do not attend postnatal clinics to start attending these clinics. \_\_\_\_\_

31. Do you have any traditional beliefs or taboos concerning the post partum period?

(a) Yes ☐

(b) No ☐

(c)

32. If your answer to Q. 31 is yes, please explain. \_\_\_\_\_

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**END OF INTERVIEW**

## **ANNEX 2: FOCUS GROUP DISCUSSION GUIDE**

1. What do you understand by postnatal care?
2. Have you got adequate knowledge about postnatal care?
3. If your answer to question 2 is yes, what is your source of knowledge?
4. After how long, post delivery, are you supposed to come back to the clinic for postnatal check-ups?
5. Those of you who deliver at home, who assists you?
6. Do you think that postnatal care is essential? Explain.
7. Have you ever attended postnatal clinics before? If yes,
  - (a) What type of care was given to you and your baby?
  - (b) Do you think that the care given to you and your baby was beneficial? Explain.
8. If No, why? Explain.
9. How are you welcomed at the clinic?
10. In your own opinion, why do you think women do not attend postnatal clinics?
11. Give suggestions on how we can make those women who do not attend these clinics to start.
12. Are there any traditional beliefs that you know concerning the postpartum period?

**ANNEX 3: INFORMED CONSENT**

Dear Participant,

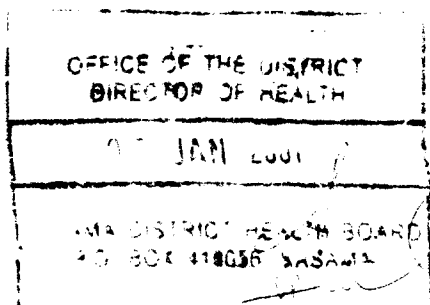
Data is required from you on your knowledge and attitudes about the importance of postnatal care. The objective of the study is to establish your knowledge and attitudes towards postnatal care as a mother. Please be reminded that: -

- 1. Participation in the study is voluntary and you are free to withdraw at any stage of the interview if you so wish.
- 2. All the information give will be confidential.
- 3. The information you give will be used by the relevant authorities to improve your health as mothers.

I \_\_\_\_\_(Participant) understand the guidelines of this study and that I am willing to be interviewed this day of year \_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Participant:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_



University of Zambia  
School of Medicine  
Department of Community Medicine  
P.O Box 50110  
Lusaka

18<sup>th</sup> December, 2000

The Director  
Kasama District Health Management Team  
P.O Box  
Kasama

u.f.s: Head  
Department of Community Medicine

Dear Sir,

**Re: PERMISSION TO CARRY OUT A RESEARCH STUDY**

I am a student undertaking a Masters degree in Public Health at the University of Zambia, School of Medicine. One of the requirements of this programme is to carry out a research study.

I hereby seek permission to carry out a study in your district on the knowledge and attitudes of the mothers at Kasama urban clinic about postnatal care.

Your consideration will be highly appreciated.

Yours faithfully,

Gladys M. Mundia  
MPH STUDENT

HEAD COMMUNITY  
SCHOOL OF  
UNIVERSITY OF  
P.O. BOX 50110,  
LUSAKA  
*Approved*  
*[Signature]*  
*27/11/2000*