

**THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING**

**A STUDY TO DETERMINE THE FACTORS ASSOCIATED WITH
UNDERUTILISATION OF POSTNATAL CARE SERVICES AMONG
POSTPARTUM WOMEN IN MAZABUKA DISTRICT**

**BY
CHOLWE NKWEMU JACOBS
ZRN (1999) LUSAKA**

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LIST OF ABBREVIATION

AIDS.....	Acquired Immune Deficiency Syndrome
ANC.....	Antenatal Care
CSO.....	Central Statistic Office
HIV.....	Human Immune Virus
MOF NP.....	Ministry of Finance National Planning
MOH.....	Ministry of Health
MCH.....	Maternal Child Health
MDH.....	Mazabuka District Hospital
MDHMT.....	Mazabuka District Health Management Team
NGO.....	Non Governmental Organization
MMR.....	Maternal Mortality Rate
NHC.....	Neighborhood Health Committee
PNC.....	Postnatal Care
PMTCT.....	Prevention of Mother to Child
SAP.....	Structural Adjustment Programme
TBA.....	Traditional Birth Attendants
UNICEF.....	United Nations International Children's Emergency Fund
UNDP.....	United Nations Development Programme
UK.....	United Kingdom
WHO.....	World Health Organization
ZDHS.....	Zambian Demographic Health Survey

DECLARATION

I, Choolwe Nkwemu Jacobs, hereby declare that the work presented in this study for the Bachelor of Science in Nursing has not been presented either partially or wholly for any other degree.

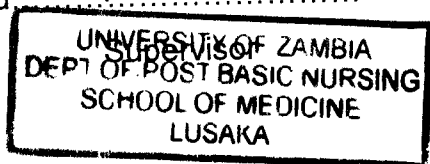
Signed.....*Choolwe Nkwemu Jacobs*.....

Candidate

Date.....*23/04/07*.....

Signed.....*[Signature]*.....

Date.....*04/05/07*.....



STATEMENT

I, hereby, certify that this study is the result of my own labour and independent investigation. The various sources, to which I am indebted, are clearly indicated throughout the text and in the bibliography.

Signed.....*E. Jacobs*.....
Candidate

Date.....*23/04/07*.....

DEDICATION

This study is dedicated to my husband, Henry, our children Chipego, Angela and Jr. Henry and to my sister, Hope, for their patience, support and what they have gone through as a result of my being away during the period of my study. Above all, my dedication to my sovereign God for his mercies, love and provisions.

ABSTRACT

The postpartum period constitutes a critical period for the mother and her newborn, during which physiological and emotional adjustments take place. Postnatal period covers the six weeks after delivery. During this period care is provided to the mother and her newborn so as to promote health behaviors and identify and manage complications, if and when they arise. Immediate postpartum care can detect and manage problems arising after delivery, such as haemorrhage, infections and problems with breastfeeding. The highest maternal and infant morbidity and mortality occur during the post maternal period. It is assumed that this is due to underutilization of postnatal care services hence this study is being undertaken. In its effort to reduce this problem of underutilization of PNC services, the MOH has put in place several activities aimed at improving the Reproductive health Programme so as to reduce the maternal mortality rate in line with the Millennium Development Goals. It has, however, been noted that postnatal care is being underutilized in Mazabuka district.

The aim of this study was to determine the factors associated with underutilization of postnatal services among puerperal women in Mazabuka district. The literature review of relevant studies was done on a global, regional and on a national level. The studies show that poor socio economic status, inadequate health centers and ineffective interventions, traditional practices, lack of women empowerment, geographical disadvantage (the hard to reach areas) inadequate knowledge are some of the factors influencing low utilization of PNC services.

The study was conducted at Mazabuka District Hospital and Research Urban clinic. It was a non-experimental descriptive, explorative and non-interventional study. The respondents were chosen using simple random sampling technique. Data was collected from 50 mothers (25 from each health facility) who attended under five children's clinic.

A structured interview schedule was developed for data collection from the mothers and data analysis was done manually using a data master sheet and a scientific calculator.

The findings from this study revealed that several factors are associated with the underutilization of the postnatal care services. Some of these factors include inadequate information education and communication, some traditional beliefs and cultural practices of the mothers and poor attitude of nurses towards the health services. However, there are several other factors which influence the women's ability to utilize postnatal care services, these are the age of the women, the parity, educational level and the socio economic status.

Based on the results of the study it was recommended that, there is need for health care professionals to be retrained in communication skills in order to be effective communicators, there is also need for health care providers to intensify their information education and communication on the importance of postnatal care during the under five and Antenatal care clinics. The midwife who conducts the delivery may forget to remind the mother due to acute shortage of nurses. There is need for the health sector to reinforce the reproductive health programmes especially postnatal care for midwives and other health care provider. The District Health Management Team should involve Maternal Child Health staff in in-service courses and workshops; intensify and conduct regular home visits; orient Traditional Birth Attendants and Community Health Workers on the importance of information education and communication on postnatal care; should train more nurses in midwifery and employ some to cover all the activities required and ensure that nurses should be providing information education and communication on postnatal care during antenatal and at the under five clinic and not only after giving birth

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND INFORMATION

Zambia is a third world country located in the Southern Region of the Sub-Saharan region of Africa. It is a landlocked country covering an area of 752,612 square kilometers (about 2.5% of Africa). The country is divided into 9 provinces and seventy three (73) districts with Lusaka being the capital city. Zambia has a population of 10.3 million people with the growth rate of 2.9 % per annum (1990-2000). According to the 2000 census, the female population is 5,214,740 (51%) whilst 5,070,000 (49%) are men (CSO, 2003). This actually means that there are more women than men in the Zambian population .

Zambia is 1,300 meters above sea level, it is covered with woodland savanna with lakes and hills (ZDHS 2001). Zambia has a mixed economy consisting of a modern urban sector that geographically follows the rail line and a rural agricultural sector. Copper mining is the country's main economic activity. However, the country's economy has been deteriorating since the decline of the copper prices and a sharp increase in the oil prices. The 1980's marked the start of the implementation of the Structural Adjustment Programme (SAP) amidst a stagnating economy. SAP looks at the plight of the women, it is trying to empower them economically and socially in order to access health services. However, currently about 73% of Zambians are classified as poor (MOF NP, 2002).

The women and children who constitute two thirds of the population are vulnerable to having health problems. The magnitude of the mortality and morbidity among mothers and children is of great concern to the Zambian government, hence MCH services have been included in the essential health care package since it is recognized as having a large impact on the well being of individuals and families as well as the socio economic situation of the country

(MOH, 2003). The September, 2000 Millennium Development Goals, have emphasized on the improvement of maternal and child health among other concerns. The target is to reduce the maternal mortality ratio by three quarters by 2015. There is need therefore, to intensify efforts in maternal health services to reverse the trend in high maternal mortality in the country which now stands at 729/100,000 live births, (CSO, 2003).

OVERVIEW OF HEALTH CARE PROVISION IN MAZABUKA

Mazabuka is one of the 73 districts in Zambia; it is in the southern province. It occupies an area of 6,678km. The district has a projected population of 350,000 with a growth rate of 3.4%. The total population for the females is 115,392 with 62,805 being women of childbearing age (Mazabuka District Health Action plan, 2005). The District Health Management Team provides the health care to all its population. There are forty (40) health institutions in the district. Out of these seven (7) are privately owned, four (4) are mission owned and twenty seven (27) are government owned (out of these 27, 2 are hospitals).

Mazabuka District Health Management Team provides Primary Health Care through its health centers which includes promotive, preventive and curative services. The district also has a vision of giving priority to the health of the mother and the child as these constitute a larger population in the district and are the most vulnerable. Infact mortality and morbidity take their highest toll among these groups (MDH, 2005). MDHMT has made efforts in trying to increase PNC utilization through outreach programmes, training of TBAs, intensifying the health education on the importance of PNC during ANC clinics.

OVERVIEW OF MATERNAL CHILD HEALTH DELIVERY

In order to address the risks faced by mothers when going through pregnancy, delivery and postpartum, WHO/UNICEF developed the safe motherhood initiative approach which is aimed at reducing morbidity and mortality among mothers and infants. Safe motherhood/Reproductive health, therefore, offers the opportunities

to improve the health of childbearing women, but also the health of all (Reproductive Health Policy, MOH, 2003).

Postnatal Care is one of the essential elements in MCH. It is the care given to the mother and her baby during the first six weeks following delivery. This care is rendered at the sixth day and the sixth week postpartum. The postnatal period covers a critical transitional time for a mother and her newborn baby (WHO, 2002). During this time the mother recovers from the physiological changes of pregnancy, the trauma of labor and delivery, and learns and develops the skills necessary for the care of the baby. There are also changes in the family relationships related to the demands and other responsibilities. Postnatal services are offered at the nearest health centre within the communities. This care is important because it provides opportunities for thorough examination of the mother and her baby, early detection and treatment of any complications such as puerperal infections, anaemia, bleeding etc as well as family planning and immunization services to the baby. The postnatal examination is usually conducted by midwives. The services are offered on daily basis (supermarket system) in most of the health centers and health posts. The country has recognized that early postpartum visits can help prevent complications in both the mother and the infant.

Maternal and infant mortality can only be reduced if mothers become aware of the importance of the postnatal care and use the services. It is with such a view that the researcher wants to determine the factors associated with the underutilization of postnatal care services among women in Mazabuka district.

1.2 STATEMENT OF THE PROBLEM

While many countries have made considerable efforts to provide prenatal and delivery care, there has generally been less attention paid to the role, content and impact of postnatal care. Yet, it is during the postpartum period that problems may arise that, if not treated promptly and effectively, can lead to ill-

health and even death of the mother and her child. Postnatal care is an important component of Safe motherhood. It is the care provided to every woman in the postpartum period on the sixth day and the sixth week after delivery, this component of Safe motherhood is aimed at identifying, managing problems and promotion of the health of both the mother and her newborn (WHO, 2002). Postnatal care ensures the provision of affordable quality care as close to the family as possible. This care is very crucial, especially that it is during the postpartum period that most maternal and infant deaths occur.

Despite the maternal and child health services provided in terms of postnatal care, most mothers do not attend postnatal clinics. Worldwide estimates of coverage of postpartum care show that about 35% of mothers receive it, compared to nearly seven out of 10 who receive antenatal care and almost six in 10 who have skilled attendant present at delivery. In developing countries, only three in 10 mothers receive postpartum care (WHO, 2002).

According to 2001-2002 ZDHS, Zambia is among the countries in the sub-Saharan region with a high percentage (93.4%) of antenatal care, but with low postnatal attendances (ZDHS, 2001-2002). Presently, the utilization of PNC services stands at 22.7%, which is relatively low (Reproductive Healthy Policy, 2003). It is, however, unfortunate that, most maternal deaths occur in the postpartum period. The situation in Mazabuka is the same. This is evidenced by table 1 below;

TABLE 1; POSTNATAL ATTENDANCES IN RELATION TO ANTENATAL ATTENDANCES IN MAZABUKA DISTRICT

YEAR	EXPECTED PREGNANCY	ANC ATTENDANCES	ANC PERCENTAGES	PNC ATTENDANCES	PNC PERCENTAGES
2002	11,252	7,876	70%	1,733	22%
2004	12,099	9,316	77%	2,422	26%

Table 1, on page 4 demonstrates that in 2002, 70% of the mothers attended ANC and only 22% of the 11,252 expected deliveries attended PNC. In 2004, 77% of the 12,099 expected pregnancies attended ANC with only 26% of PNC attendance.

Statistics from four different Health Institutions within the district which are, a rural health center, a mission health center, an urban Health Center and from the NGO health center all show the magnitude of the problem.

**TABLE 2;
POSTNATAL CARE ATTENDANCES IN RELATION TO ANTENATAL CARE
ATTENDANCES AT HEALTH CENTRES**

HEALTH CENTRE	TOTAL ANC ATTENDANCE	TOTAL PNC ATTENDANCE	DEFAULTER DIFFERENCE	PERCENTAGE OF DEFAULTERS
Nakambala Urban Health Center	1,144	279	865	75.6%
Mungoto Rural Health Center	141	20	121	85.8%
Chivuna Mission Health center	703	53	650	92.5%
Konkola Plan international Health Center	245	76	169	69%

Source: MD annual report 2005

Table 2 above indicates that in 2004 there was a high ANC attendance in Nakambala Urban Center of 1,144 with only 279 women who came back for PNC (75.6% of defaulters), as for Mungoto Rural Health Center, out of 141 women

who attended ANC, only 20 attended PNC (85.8% of defaulters), in Chivuna Mission Health Center, the situation was the same, of 703 ANC attendances, only 53 attended PNC (92.5% of defaulters). Worse still, even in an NGO health center, that is Nkonkola Plan international Health Centre, only 76 women attended PNC from 245 who attended ANC (69% of defaulters).

The problem of underutilization of PNC services has attributed to an increase in the Maternal Mortality Rate in the nation as well as in the district (Mazabuka District). Nationally, the MMR currently stands at 729/100, 000.

The situation of high mortality rate is the same in Mazabuka district, where there is generally a big problem of underutilization of postnatal services despite the characteristics of the health facility. This problem has also attributed greatly to the high maternal mortality rates in the district since 2003 as shown in table 3 below.

TABLE 3 MATERNAL MORTALITY RATE IN MAZABUKA DISTRICT

YEAR	MMR
2002	35.5 /100,000
2003	42.8 /100,000
2004	57.8/ 100,000
2005	71.4/100,000

Source; MD annual report, 2005.

Table 3 indicates that in 2002, the MMR was 35.5/100,000, in 2003, the MMR was 42, 8/100,000, in 2004 it was at 57.8/100,000 while in 2005, the MMR was 71.4/100,000. This table generally shows the steady increase in the number of maternal deaths.

As indicated in table 1 on page 4, there is a 4% (22% - 26%) increase on the PNC attendances in Mazabuka district compared to a 7% (77% -70%) increase in ANC attendances. At the same time, there is an increase in the maternal mortality rate between 2002 and 2004 in Mazabuka district as shown in table 3. Table 2 confirms the poor utilization of PNC services in the study location.

These tables generally show poor utilization of PNC services and its effects despite the several measures that have been put in place by the district. This problem is of great concern to the government as well as to the district since the majority of the population is the women and the children. Moreover, most of these deaths occur in the 1st six weeks after delivery. Hence this entails that postnatal care is very important for the well being of the mother and her infant.

Complications such as hemorrhage, hypertensive disorders, puerperal sepsis and septicemia may go unnoticed if mothers do not utilize postnatal services. These complications may even cause the death of the mothers depending on their severity.

The possible causes of the low utilization may include long distances to the health centers, inadequate or complete lack of transport money to attend the postnatal services as well as poor social support system to facilitate the clinic attendances. The age of the woman and also the parity or experiences in childbearing are the other factors associated with low attendances (Simugwekwe, 2006).

In its effort to reduce this problem of underutilization of PNC services, the MOH has put in place several activities aimed at improving the Reproductive Health Programme so as to reduce the maternal mortality rate in line with the Millennium Development Goals. A reproductive health policy document, which began in 2003 has been finalized and is being implemented. In 2004, several postnatal care activities were carried out country wide in all health institutions. The

postnatal health care package includes the examination of the mother and her baby in the first week and sixth week after delivery. These examinations afford the mother and child the opportunity to be examined for any complications. Vitamin A and information on danger signs and recommended prevention actions are provided by the health care providers.

The Ministry also developed Strategic actions in PMTC, Malaria in pregnancy, maternal and infant health-the Road Map to reaching the Millennium Development Goals (MOH, 2004). MOH, with the support of other organizations like UNICEF and WHO, has trained TBAs to help with deliveries, especially in the rural areas. At the same time these TBAs have a role of sensitizing mothers on the importance of postnatal care by giving them health education.

In Mazabuka district, the training of the TBAs is still in process with the help of World Vision and Plan international. The district has also adopted the MOH strategy with the help of WHO, of reviewing postnatal mothers at 6 days and 6 weeks in order to detect and prevent complications on both the mother and the baby. Postnatal services are conducted during outreach sessions in order to reach the puerperal mothers in underserved geographical locations. In addition, the district has facilitated postnatal clinic attendances through provision of the supermarket approach, which allows all clients to be attended to at one visit. Several health posts have also been built in the district with the help of the NHC in order to avail the postnatal care services even to the geographically disadvantaged populations.

The inadequate utilization of postnatal services has also drained the District Health system financial state in that a lot of efforts have been put in place to address the problem of high maternal deaths by increasing the budget on MCH services and also by undertaking several activities such as holding several workshops with the Health Center staff in an effort to find lasting solution to the

problem. Despite the shortage of staff the few members of staff have been working tirelessly in trying to enforce health education to these women during antenatal period and on discharge after delivery on the importance of postnatal care (Mwiche, 2006).

Despite all these efforts by the Zambian government, NGOs and Mazabuka District Health, postnatal services are still being underutilized by mothers. This problem has led to a steady increase in maternal and infant mortality and morbidity rates. There is, therefore, need to conduct researches in this area to determine the associated factors to the problem and be able to institute corrective measures.

The following are the researcher's assumptions on the influencing factors:

1.3 FACTORS ASSOCIATED/INFLUENCING THE PROBLEM

1.3.1 SOCIAL-CULTURAL AND ECONOMIC FACTORS

Age of the woman

The age of the woman has a bearing on how the mother acquires and assimilates the information. Simugwekwe, (2006) commented that young women usually have limited knowledge on postnatal care, while the older women may have more knowledge on postnatal care and yet they ignore the service.

Lack of financial resources

Without finances the woman will not afford transport costs. Furthermore, they do not feel comfortable to mix with other women at the clinic because of their dressing, especially, if the staff had prescribed certain items to be bought (Miti, 1998).

Cultural beliefs

Culture and traditions have great influence on the knowledge of the people. Some cultures seclude the mother and the child after delivery or during the

postpartum period. It is believed that the mother is unclean during this period because of lochia while the baby needs protection from the witches. This may hinder the mother from attending postnatal clinics (Miti, 1998).

Educational level

The level of education for the woman hinders her from accessing information. The illiterate mothers find it difficult to acquire knowledge and understanding the health education given to them regarding the importance of attending the PNC clinic (SAP, 2002).

High parity/Experience

This has an influence on the attitude towards postnatal care, one can have negative attitude towards the care depending on the number of children they have had (Miti, 1999). A mother who has had eight (8) children may feel she can do without the service because of being used to the experience.

Marital status of the woman/social support

Well married women with social and financial support and love from their husbands may have more positive attitude towards postnatal care than those that are unhappily married, single or rejected by their spouses or partners.

Peer pressure

Peer pressure has a big influence on postnatal care. In the community, the women discuss amongst themselves and discourage each other from attending postnatal clinic.

1.3.2 SERVICE RELATED FACTORS

Distance to service area

The distance to the health center may discourage the women to access the service. They may feel that it is a bother to move with a small baby all the way to

the health center. The geographically disadvantaged mothers are the most affected (Chanda, 2004).

Acute shortage of staff

The shortage of staff has left most health centers with inadequate skilled manpower. The unskilled staff provides substandard care which is detected by the mothers. The mothers lose confidence and show some reluctance to be attended to by the unskilled staff (Miti, 1999).

Poor staff attitude

The attitude of the health professionals can have a bearing on the mother's perception towards postnatal care. For example these mothers are always being shouted at and avoided, they may have a negative perception towards postnatal care services.

Clinic operating hours

The operating hours at the clinic may discourage some mothers to attend postnatal care. Some clinics in Mazabuka expect the mothers to be at the clinic as early as 7:00 hours which is too early for these mothers and their young infants. Keeping clients at the health center for long hours may discourage them seeking the service.

Inadequate information

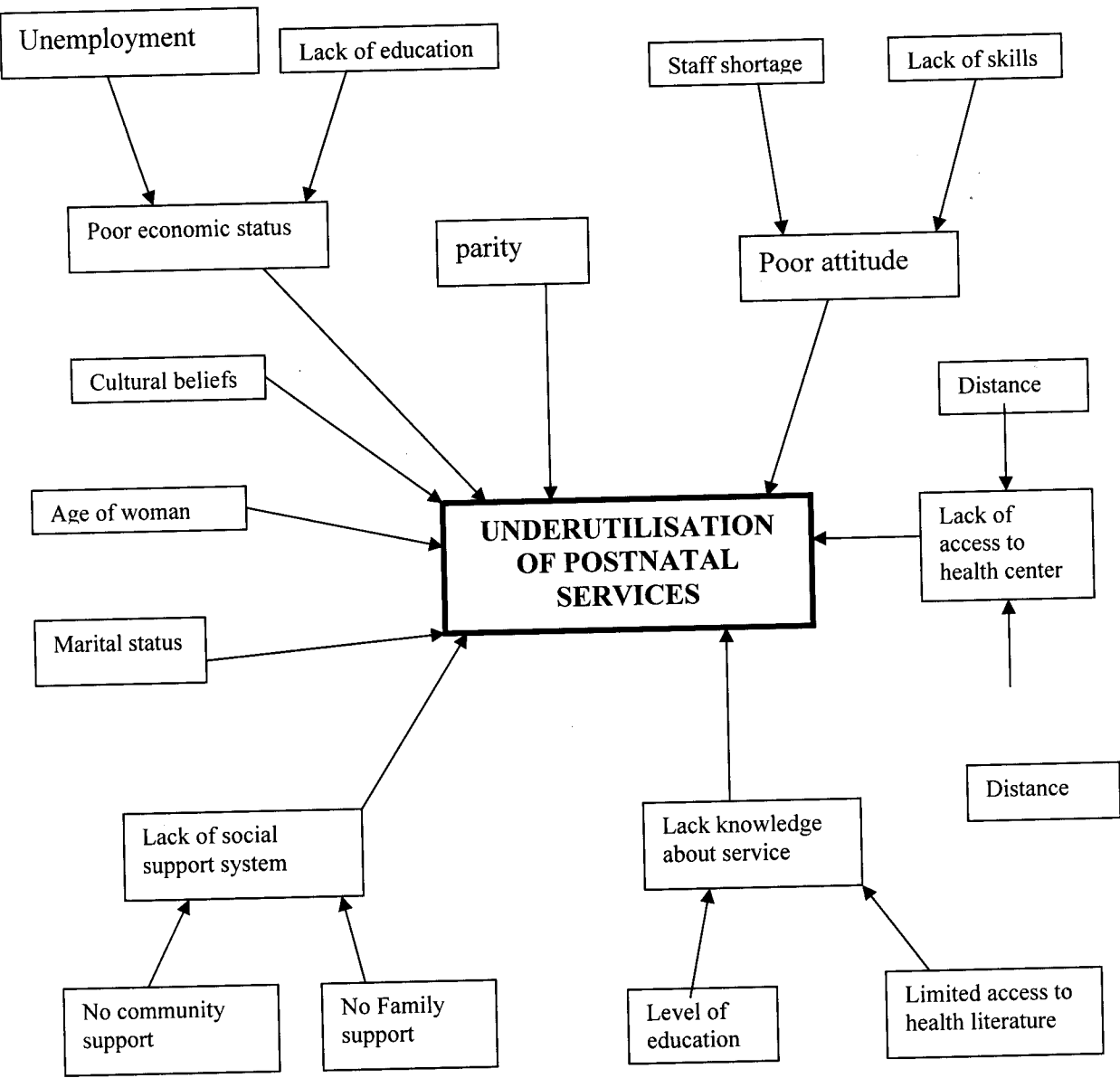
Health Care providers give inadequate information, education and communication to the mothers. In most cases mothers are reminded to come back for the postnatal care at one week and at six weeks postpartum, without explaining or emphasizing the importance of attending the PNC services to them.

FIGURE 1.

DIAGRAM OF PROBLEM ANALYSIS ON THE FACTORS ASSOCIATED TO UNDERUTILISATION OF POSTNATAL CARE AMONG POSTPARTUM WOMEN

SOCI-CULTURAL AND ECONOMIC FACTORS

SERVICE RELATED FACTORS



1.4 JUSTIFICATION

Maternal and infant morbidity and mortality is taking the highest toll in our country today, especially in the postnatal period. Therefore, there is need to continue exploring the factors associated with under utilization of postnatal care services by mothers during postpartum period with the hope of finding lasting solutions to the problem.

Literature reviewed globally, regionally and nationally have shows the magnitude of underutilization of PNC services. In Kenya Lynam, et al (1993) showed that only 10% out of 90% of the mothers who attended ANC actually attended PNC services. WHO (1998) showed that globally only 35% out of 68% mothers who attended ANC, received PNC services. WHO (2000) confirmed that 80% deaths occur within 2 weeks post delivery.

A study done by United Nations Population Fund (UNPF, 20005) showed the effects of underutilization. The study also showed that 99% of 500,000 women who die every year could be prevented if they attended postnatal care.

At the national level, very few studies have been done in this area. Miti (1999) showed that mothers have insufficient knowledge on the importance of postnatal care services. All the studies have exposed a big deficiency in our reproductive health care provision. Most of these studies have not provided us with the knowledge on how to solve this problem. Hence this study needs to be carried out in order to identify the factors that are associated with underutilization of the postnatal care. It is also hoped that the findings of this study will create new knowledge which Mazabuka DHMT will effect in the reproductive health services in order to better the utilization of PNC and reduce maternal morbidity and mortality. The other beneficiaries to this study are the women especially those of child bearing age in that, they will have more knowledge about the importance of postnatal care, thus they will be prevented from the increasing levels of maternal mortality.

1.5 RESEARCH OBJECTIVES

Objectives are a summary of what is to be achieved by the study (Ngoma, 2006). They are clear, concise, declarative statements that are expressed in the present tense. There are general and specific objectives.

1.5.1 GENERAL OBJECTIVE

To determine factors associated with the under utilization of postnatal services among women in Mazabuka district.

1.5.2 SPECIFIC OBJECTIVES

1. To assess the level of knowledge that women have on the existence of postnatal care services
2. To identify the traditional beliefs and cultural practices among postpartum women which prevent them from attending postnatal care services?
3. To assess the attitude of nurses towards the mothers who attend postnatal care services.
4. To assess the accessibility of postnatal care services among women
5. To identify other factors that hinder mothers from attending PNC services.
6. To make recommendations to relevant authority on how to improve the utilization of postnatal services.

1.6 HYPOTHESIS

A hypothesis is a statement that predicts the relationship between two or more variables. The hypothesis translates the research problem and the purpose into a clear explanation or prediction to the expected results or outcomes of the study (Burns and Grove, 1993). Below are some hypotheses in this study.

1.6.1 Mothers who have inadequate knowledge on postnatal care are not likely to attend postnatal care.

1.6.2 Some socio-cultural practices hinder mothers from attending postnatal clinics.

1.7 OPERATIONAL DEFINITIONS

Mother – A woman aged between 15-49 years of age and has delivered a child

Postpartum period – This is the period from delivery up to six weeks during which the mother has to receive PNC.

Postnatal care – This is the care given to the mother and the infant from delivery upto six weeks.

Knowledge – Refers to information needed and required by mothers in relation to postnatal care.

Attitude – The way mothers feel and think about postnatal care. This could be either positively or negatively.

Morbidity – Refers to the occurrence of disease or illness among postnatal mothers and infants.

Mortality – This is the death of women and infants during postnatal period.

Maternal mortality – This is death of women as a result of child bearing commonly in the puerperal period

Infant mortality – This is the number of infants under one month who die within the postnatal period.

1.8 VARIABLES

Variables are the qualities, properties, or characteristics of persons, things or situations that change or vary. In research, variables are characterized by degrees, amounts, and differences (Burns and Grove, 1993).

This study aims at establishing the relationships between the variables. There are usually two types of variables in a study. They are assumed to cause changes or variations in the problem under investigation. Normally the problem under investigation is the dependent variable.

1.8.1 DEPENDANT VARIABLE

The dependent variable is the particular event or phenomena under investigation. This is the variable that is caused or influenced by the independent variable. They are affected by the causative factors. In this study the dependent variable is;

- Underutilization

1.8.2 INDEPENDENT VARIABLE

The independent variable is the variable that stands on its own and is not dependent on any other. Independent variables cause changes on the dependent variables. In this study the independent variables are;

- Cultural beliefs
- Knowledge
- Marital status
- Age
- High parity
- Economic status
- Educational level
- accessibility
- Attitude of staff
- Operational hours
- Availability of skilled staff

FIGURE 2: VARIABLES AND CUT OFF POINTS

VARIABLE	CUT OFF POINT	INDICATORS	QUESTION NUMBERS
Knowledge	<ul style="list-style-type: none"> • High • Medium • Low 	<p>Correct responses with scores 8-10</p> <p>Correct responses with scores 5-7</p> <p>Correct responses with scores 0-4</p>	<p>13-17</p> <p>(these questions carry 10 scores)</p>
Accessibility	<ul style="list-style-type: none"> • Accessible • Not accessible 	<p>Postnatal clinic within walking distance from home</p> <p>Postnatal clinic not within walking distance from home</p>	28-30
Attitude	<ul style="list-style-type: none"> • Positive • Negative 	<p>Able to accept that postnatal care is a good and should have attended PNC previously</p> <p>Unable to accept that postnatal care is a good service and did not attend PNC previously.</p>	31-34

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is a review of available studies or information (Likwa, 2006). The literature review covers the pertinent studies that are related to the topic of interest and provides the reader with a background, knowledge of similarities and differences between the present study and prior research. Literature review helps the researcher to become familiar with the various methodologies that might be used in the study, it also helps to find out what others have learnt and reported on the problem under study.

Pregnancy is generally considered as a time of well-being. Labor and delivery, however, is considered as a time caught between life and death. Having a baby is life and death, it is not cutting a slice of cake. All pregnancies are at risk. Therefore neglecting maternal health services would contribute to the poor health status of women (Wedderburn and Moore, 1990; 26)

Maternal and child health are the heart of the reproductive health programmes in both developed and developing countries. All over the world, motherhood is revered in recognition of the women's vital contribution to the human race and nurturing of its young ones. Status is made, paintings are created, poems, stories and songs are composed to glorify the mother and her role. Yet every year globally, 500,000 women die from that very function of giving birth to a child (Nsemukila, 1998).

Although most pregnancies of healthy mothers end up in the birth of a live healthy baby, on many occasions, child birth is a time of pain, fear, childbirth related complications such as haemorrhage, and even death of the mother and her baby due to these complications.

Postnatal period has been recognized as a critical period for the health of the mother and her baby. Problems arise during this period and if not treated promptly can lead to ill-health and even death of the mother or baby (WHO, 1998). Therefore, postnatal care is essential as it provides the examination and treatment of complications that may arise in women after delivery. Its purpose is to check the health status of women who delivered to eliminate potential problems associated with pregnancy and delivery. PNC is not only for women who delivered safely and those who delivered in the health institution but also for those who had still-births and miscarriages or delivered at home

Even though women have heard of postnatal care very few in fact access the services. This is, mostly, because women do not recognize the importance of seeking PNC. Some women think that since they have delivered the baby successfully they do not need the postnatal care and that everything will be fine. They are not motivated, partly, because they did not have any problems during delivery. Some women are not able to obtain PNC services because they did not deliver in the health facility and yet others stay far from the clinics and fear the cost in obtaining PNC services (UNDP, 1998). Several cultural practices are also preferred to be effective than attending postnatal care.

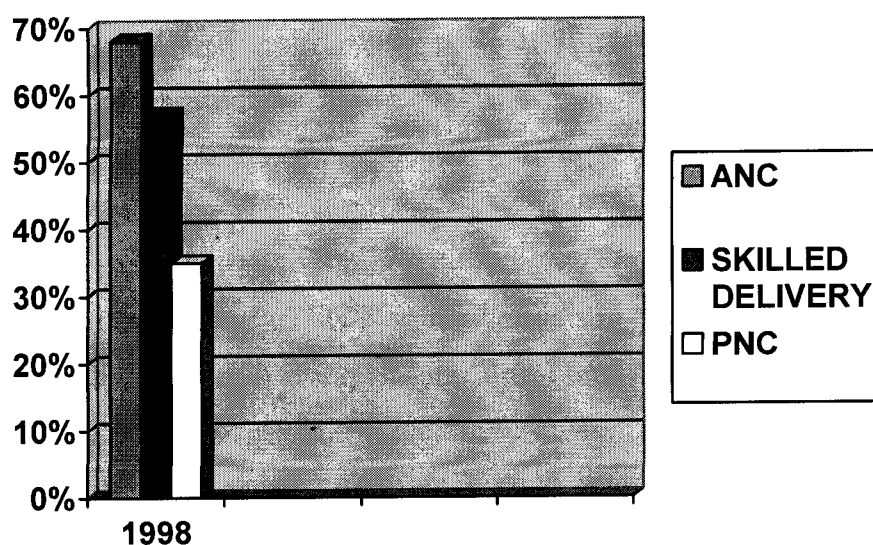
Therefore the literature on the utilization of PNC services will be reviewed under the Global, Regional and National perspectives to see the different view points from authorities on the subject.

2.2 GLOBAL PERCEPECTIVE

Postnatal care is a global problem. WHO (1998), revealed that globally 68% pregnant women attended antenatal care, 57% had skilled attendant at delivery but only 35% of the mothers received postnatal care.

A study done by United Nations Population Fund (UNPF) in 2005, indicated that every year 500,000 women worldwide die from complications related to pregnancy or childbirth. The study also stated that 99% these deaths are preventable if only these women could attend postnatal care services (Yesudian, 2006).

**FIGURE 3:
GLOBAL COVERAGE OF MATERNITY CARE SHOWING HOW POSTNATAL
CARE IS BEING NEGLECTED**



Source; Safe motherhood issue, 1998

WHO (2000) revealed that most of maternal deaths occur in the first 24 hours following delivery. More than 80% occur within the first two weeks. The major causes of these deaths are due to hemorrhage and infections. These findings underscore the importance of postnatal care.

According to WHO (2000), some studies were done in rural Bangladesh in 2000 on knowledge and practices regarding obstetric complications, the results indicated that women have limited knowledge about the life threatening complications of pregnancy and childbearing and more so their husbands. In the

same study, it was found that the common conditions of obstetric complications were hemorrhage and fever. The same study revealed that more than six (6) out of ten (10) maternal deaths took place in the weeks after the baby had been born. The affected women consulted the traditional healers for medicines, instead of going to the postnatal clinic for review. These women revealed that causes of such deaths were the evil spirits. They expressed fear of going out and this served to reinforce the idea of seclusion due to impurity.

A medical news today article on the website; [http://www.medicalnewstoday.com/medical news. plan international \(06/2006\)](http://www.medicalnewstoday.com/medical-news-plan-international-06/2006) indicated that a study was done by Plan international (UK) in 2004 on factors associated to maternal mortality. This study revealed that, the high maternal mortality rates were as a result of inadequate reproductive health services particularly of the poorest women and as well as ineffective interventions. Therefore Plan International is trying to reduce maternal mortality rates by training CHW and TBAs in India the on safe motherhood. This is in relation to the recommendations that were made after a study done in Bangladesh (2000) that since these women still seek care from untrained people and traditional providers, such providers should be linked with referral mechanisms so that they can contribute more by referring patients to the health facility.

WHO (2000) indicated that a study was done in Nepal, by Ohashisi (1999) on understanding the access, demand and utilization of health services by rural women. This study revealed that empowerment of women had an influence on the utilization of PNC services. During the study, it was noted that women who discussed their health problems with their husbands attended PNC. Those women who engaged in self employment and agricultural work were also more likely to use such services.

Yesudian (2004) revealed that empowerment factors, such as education, exposure to media and standard of living have a positive relationship towards

maternal health care utilization. In the same study it was discovered that mothers had poor attitude towards utilization of PNC and this was related to their subordination role and the justification of wife beating. Following these results, some various steps were undertaken by the government of India to improve this problem by establishing a large network of health infrastructure and giving priority to maternal care through its reproductive and child health programmes.

Studies done by Ruffling and Smith (1991) in Jamaica and Ecuador on PNC attendances showed that fewer women attended postnatal clinics. For example in Jamaica only about 5% of new mothers made at least one postnatal visit even though 97% delivered in the health centers. The study revealed that most mothers had little knowledge on the postnatal care services. Most of them delivered at home and never saw the need of attending postnatal care clinic. Some recommendations were made after the study. It was felt that there was need to train traditional birth attendants in rural areas, so that they could act as a link between the health system and the community.

2.3 REGIONAL PERSPECTIVE

In Africa, not many studies have been conducted on the utilization of postnatal care services. These few studies done show that there is underutilization of PNC services and that maternal and infant mortality remains high (WHO, 2000).

A study was done in Algeria by United Nations Population fund, (2002) on factors associated with maternal mortality. This study showed that the maternal mortality was high estimated at 117 per 100,000 live births. Factors related to such high rates of maternal mortality included insufficient attention given to the mothers and underutilization of PNC. The study also revealed that underutilization of these services was higher in poor areas where infrastructure, human resources and access to care were particularly deficient. This is very true even in other African countries today. The accessibility of health services has been a problem due to

geographic disadvantage and poverty. The poor attitude of staff has also attributed to the problem. Because of inaccessibility of health services, most women have delivered at home and hence have not realised the need of going back to the health facility for PNC.

In a study done by Lynam et al (1993) in Kenya on utilization of maternal and child health services, 92% of the mothers attended antenatal clinic, but only 10% attended postnatal clinic. It was discovered that mothers did not utilize the services because they were busy, not motivated and did not benefit much. It is true that in our society today women play a very important role in the home, they have to prepare for food for the family, fetch water and look after the children and as a result they forget or ignore their own health.

Most mothers who deliver at home do not attend postnatal clinic even if they have problems because they do not see any need or perhaps they have not even heard that such services exist. A study was done in Nigeria on the cultural practices among women in the postpartum period. It was revealed that women go through a period of hot water baths or massage with hot napkin after delivery. Most Yoruba women claimed that this would help get rid of blood that has coagulated inside the woman after delivery. Failure to observe hot water baths period (7-40 days) is believed to meet with due consequences such as swelling and smelling vaginal discharge (Tsui, Wasserheit and Haaga, 1997).

The problem in Africa seems to be a perpetual one. Another survey project that was done in Malawi in 1999 showed that many women prefer to give birth with a traditional health attendant simply because they can be sure that hot water will be made available to them for post-delivery cleansing rituals. Apparently 45% of the women surveyed felt "strongly discouraged" from attending PNC.

2.4 NATIONAL PERSPECTIVE

In Zambia, very few women attend postnatal clinics. The rate of postnatal attendance was estimated at 22.7% (CSO, 2002). In fact, the majority of women who deliver at home (72.2%) do not receive postnatal care. Although most maternal deaths in the postnatal period occur within 48-72 hours after delivery, most mothers go home the same day and never come back for postnatal review.

Amongst some of the reasons advanced for low utilization of PNC include distance to the health institutions; inadequate health education on postnatal care by health staff to the antenatal mothers; mothers being dissatisfied with staff attitude. In addition, some traditional beliefs and practices are associated with low utilization of postnatal care services, e.g. most mothers are kept in seclusion after delivery for about one week because it is believed that during this time they are considered to be impure (Mwelwa, 1997).

Some studies done in some parts of Zambia on the factors associated with underutilization of PNC services. A study was done by Nsemukile, et al (MoH, 1998) in seventeen (17) districts showed that only 20.2% of women attended postnatal care, mostly either in the hospital or clinic. It was also found that most women and men had not heard of the importance of PNC except for the women in Lusaka, Kabwe, Kafue and Ndola. It was also found that the timing of PNC was not well known by the women. In Zambia, women are advised to have two postnatal care visits at one week and at six weeks after delivery (MoH, 2002).

According to Miti (1999) in her study looking at the knowledge and attitude of mothers towards PNC in Lusaka, the older women, covering 60% of the women with positive attitude, did not utilize PNC services. It was also found that the majority of those with poor knowledge (54%) had no source of information on PNC meaning the IEC was not adequately given in the health institutions. IEC on

the importance of PNC seems to be inadequate in the health centers, so it needs to be intensified and be strengthened.

The analysis of the Health Management Information System indicators by Zimba (1998) for Kalomo District in her study on factors leading to high maternal complications revealed that in 1996, out of 22,150 women who attended antenatal, 725 (3.3%) went for postnatal clinic. In 1997, out of 21,410 women who attended antenatal 713 (3.4%) went for postnatal care. The study further revealed that maternal infections, poor delivery care and underutilization of health care facilities contributed to maternal complications.

2.5 CONCLUSION

Literature review has shown that postnatal care, being one of the elements of maternal and child health remains a serious problem in our society today. The literature reviewed has shown that there is high utilization of ANC services as compared to low utilization of PNC services. While many countries have made considerable efforts to provide prenatal and delivery care, there has been less attention paid to the role and content of postnatal care, yet most of the deaths of these women and children happen in the postpartum period.

The studies show that poor socio economic status, inadequate health centers and ineffective interventions, traditional practices and lack of knowledge are some of the factors to low utilization of PNC services.

Despite the findings from different studies it is evident that no in depth study has been conducted in Mazabuka district to determine factors associated with underutilization of PNC services. There is, therefore, a need to work out a lasting solution to the problem so as to increase the utilization of PNC services and reduce maternal mortality. This study hopes to create a new body of knowledge to the existing problem.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research methodology that was used in this study. Research methodology refers to the development, testing and evaluation of research instruments and methods used in research investigation, (Dempsey and Dempsey, 2000). The goal is to ensure reliability and validity in the tool used for data collection.

3.2 RESEARCH DESIGN.

A research design is a scheme of action (Framework) for answering the research questions. It includes such factors as the research settings, operational definitions, assumptions, relationships between variables, definitions, sampling procedure, instrument approach to be used and the method for analyzing data, ethical questions concerning subjects' rights and the use of data (Treece and Treece, 1986).

It is the overall plan for addressing a research question and its specification so as to enhance integrity of the study. The purpose of a research design is to achieve greater control and improve the validity of the study in examining the research problem. It serves as the heart of the research project because it takes into consideration the strategies to be employed in answering the research question

3.3 STUDY TYPE

This study was a non interventional, cross sectional and descriptive. The study was non interventional because it did not involve any manipulation of the subjects rather it was undertaken in a natural setting. The study was explorative because it was done on a small scale, of short duration because little was known about the problem under study. The study was also descriptive because it involved a systematic collection and presentation of data so as to give a clear picture of a particular situation.

Furthermore, the study was both quantitative and qualitative. It was quantitative because data collected was quantified in numerical values and percentages. This was to enable statistical inferences. It was also qualitative because it sort to describe life experiences (based on knowledge, attitude and practices) among the women and give them meaning.

3.4 RESEARCH SETTING

Research setting is the physical location and condition in which data collection takes Place in a study (Pilot and Hungley 1997). The study was conducted in Mazabuka District in the southern part of the country. The district is 125 kilometers south of Lusaka. It covers an area of 6,678 km. It shares boundaries with Kafue and Mumbwa districts to the north, Monze district in the south and Siavonga to the northeast. The district has three (3) hospitals, three urban health centers, thirty (30) Rural Health centers and seven (7) Health posts.

The district serves a population of 279,800 people with a population of 62,805 women of child bearing age. (MDBH Annual Report 2005).

The study site was selected because it is the researcher's residence thus for convenience and accessibility. Respondents were chosen from Mazabuka district hospital and from Research health centre. A health center as well as a district hospital were selected in order to ensure validity, reliability and non bias of the results since these institutions have different characteristics.

3.5 STUDY POPULATION

Study population is the total number or units from which a sample is collected, (Treece and Treece, 1986). The study population composed or consisted of women in the child bearing age (15-45 years) who had children and were attending the under five clinic in Mazabuka district

3.6 SAMPLE SIZE

A sample size is a subset of a population selected to participate in a research study (polit and Hungler, 1995).

The sample size comprised of fifty (50) mothers. This is due to inadequate time and resources to carry out a large study as the study had to be done along side other courses. Twenty five (25) women from each of the two health institutions were selected.

3.7 SAMPLE SELECTION.

Sample selection is a process of selecting a representative part of the whole, (Treece and Treece, 1986). Selecting a sample involves developing sample criteria, determining the sample size and formulating the process for acquiring subjects. This is a crucial process of research because it helps to select a representative part of the entire number under study.

The researcher selected respondents using the random sampling method. Random sampling is a procedure of selecting subjects which allows every unit in the total population equal opportunity to be included in the sample. (Treece and Treece, 1986; p509). The researcher obtains the sample without aiming for specific individuals.

A list of 3 hospitals in the district was made and the lottery method was then used to draw a hospital. The same was done from the 37 health centers in order to pick one health centre. Then from each of the selected health institutions, systematic sampling was used to select individual respondents. Systematic sampling is a process that involves selecting every kth individual on the list, using a starting point selected randomly (Burns and Groove, 1993; p242). Some numbers 1-50 were distributed among the women and only those that picked the 2nd number were selected for the interview.

3.8 DATA COLLECTION.

Data collection is the gathering of information needed. Data collection is a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study (Burns and Groove, 1993, pp 766). It is simply the gathering of information needed to address a research problem.

A structured interview schedule was used in the study to collect data (see appendix). A structured interview schedule is the use of strategies that provide an increasing amount of control by the researcher over the content of the interview (Burns and Groove, 1993, pp781).

An Interview schedule is a type of questionnaire where the questions are asked to the respondents orally in a face-to-face. Interview provides the researcher with the opportunity to explore and clarify issues.

3.9 DATA COLLECTION TECHNIQUE

Data collection technique refers to the research instruments or the tools that are used to collect the relevant research data, (Treece and Treece, 1986).

The researcher used the interviewing technique the study.

The interviewing technique method is a kind of verbal technique for obtaining data. It is a direct method of data collection. Interviewing is a face-to-face interaction between the interviewer and the interviewee by using a structured questionnaire. In this study the researcher interviewed the respondents and filled their responses in the interview schedule. The face to face interviews of the respondents was convenient because it enabled interaction between the investigator and the respondents. The interaction also allowed the investigator to get more personal feelings about the subject. It was also convenient because most of the women were illiterate as such this technique allowed more clarification of questions. The questionnaire comprised of both open and closed questions.

3.9 VALIDITY

Validity refers to the state to which a test has validity when it tests what it purposes to test, (Treece and Treece, 1986, p 512). It is the ability of the data gathering instrument to measure what it is supposed to measure. Validity was ensured in the study by seeing to it that the instrument and the questions were clear and a pilot study done.

3.10 RELIABILITY

Reliability is the consistency and dependability of a research instrument to measure a variable (Ngoma, 2006).

Reliability is concerned with how consistent an instrument measures the concept of interest. It is synonymous with repeatability or stability. Reliability will be upheld by ensuring good interpretation of questions so that the women can understand. This is very important in that in future if the study is to be replicated using the same instrument and under same natural setting and characteristics, the same results will be stable (instrument will yield the same results).

3.11 PILOT STUDY

A pilot study is a small scale version, or a trial run in preparation for major study (Polit Hungler, 1997). Its purpose is to identify any flaws in the proposed research instrument, to test its feasibility, reliability, validity and estimate the possible time it would take to complete the questionnaire. The pilot study was done at Nakambala Urban Centre, it involved the mothers who brought their children to the under five clinic. 10% of the respondents which is 5 respondents were selected during the pilot study.

3.12 ETHICAL CONSIDERATIONS.

Ethical consideration is the great care that is taken in research to ensure that the rights of those humans used in a study are protected (Burns and Groove, 1993).

The researcher sought clarification and consent from the District Health Office before collection of data for the pilot study as well as for the main research (see appendix). Obtaining permission is very important because it facilitates cooperation from authorities and respondents themselves.

Respondents will be assured of confidentiality and anonymity regarding the information they will give. No names will be put in the questionnaires instead serial numbers will be used. Consent will be gotten from, and the testing of research hypothesis us the respondents.

CHAPTER 4

4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data and testing of research hypothesis using those data (Polit and Hungler, 2001).

The raw data was collected, edited and corrected for completeness, uniformity and accuracy and then coded. Responses to closed ended questions were entered on a data master sheet for easy recording, whilst information from open ended questions was categorized into different themes and coded.

4.2 PRESENTATION OF FINDINGS

The findings in this study are presented according to the sequence of the questions and sections in the questionnaire. The findings have been presented in tables and pie charts. This has been done to assist in examining the relationships between the data collected. The data collected was analyzed manually.

SECTION A

The table in this section represents the demographic data of the sample.

SECTION B

The tables in this section represent knowledge of postnatal care services

SECTION C

The tables in this section represent utilization of the health care services.

SECTION D

The tables in this section represent accessibility of the health care services

SECTION E

The tables in this section represent the attitude of mothers in the postnatal clinic.

SECTION F

The tables in this section represent the respondents' cultural practices in postnatal care.

SECTION A

TABLE 4:

Demographic data of the sample

DEMOGRAPHIC DATA OF THE SAMPLE	FREQUENCY	PERCENTAGE %
AGE		
Less than 15 years	0	0
15-20	1	2
21-25	16	32
26-30	16	32
31-35	7	14
36-40	8	16
41-45	2	4
TOTAL	50	100
RESIDENCE		
High density	15	30
Medium density	27	54
Low density	8	16
TOTAL	50	100
TRIBE		
Tonga	25	50
Bemba	11	22
Nyanja	5	10

Lozi	5	10
Others	4	8
TOTAL	50	100
EDUCATIONAL LEVEL		
Never at school	0	0
Upto grade 7	26	52
Upto grade 9	13	26
Upto grade 12	8	16
College	2	4
University	1	2
TOTAL	50	100
MARITAL STATUS		
Married	45	90
Divorced	2	4
Single	1	2
Widow	0	0
Separated	2	4
TOTAL	50	100
RELIGION		
Christian	48	96
Moslem	2	4
Hindu	0	0
TOTAL	50	100
NO OF CHILDREN		
1-3	31	62
4-6	14	28
7-9	5	10
TOTAL	50	100
OCCUPATION		
Formal employment	6	12
Self employment	7	14

Housewife	37	74
TOTAL	50	100
SOURCE OF FINANCES FOR HOSPITAL		
Husband	38	76
Pay	7	14
After selling goods	5	10
TOTAL	50	100
HOW MUCH IS SPENT AT HOSPITAL		
K5000-K10,000	46	92
K10,000-K15,000	0	0
K15,000-K20,000	4	8
Others	0	0
TOTAL	50	100

Majority (32 %) of the respondents are aged between 21-30 years while only 4 %(2) are aged between 41-45 years. The majority (54%) resided in medium density areas and the majority (50%) are Tonga by tribe. The majority of the respondents 90% were married. Most of these respondents (52 %) went only upto grade 7 and only 12% were in formal employment while 74% were housewives.

96 %(48) of the respondents were Christians in various denominations. The table also shows that most of the respondents (62%) had 1-3 children. Of these same respondents (76%) got their finances for hospital from their husbands. 92% of the respondents only spent about K5, 000 to K10, 000 for their hospital expenses.

SECTION B

RESPONDENTS KNOWLEDGE ON THE PNC SERVICES

TABLE 5

RESPONDENTS' AWARENESS ABOUT PNC

AWARENESS OF PNC	FREQUENCY	PERCENTAGE %
Yes	26	52
No	24	48
TOTAL	50	100

Majority of the respondents (52%) were aware of the postnatal care while 48% of the respondents were not aware.

TABLE 6

DEFINITION OF POSTNATAL

DEFINITION OF POSTNATAL	FREQUENCY	PERCENTAGE %
Examination of the woman	5	10
Review of the woman	4	8
Care of the woman after birth	16	32
Don't know	25	50
TOTAL	50	100

Half of the respondents (50%) did not know the definition of postnatal care while 10% knew postnatal care as being the examination of the woman, 8% knew it as the review of the woman after delivery and 32% as being the care of the woman after delivery.

TABLE 7
WHERE RESPONDENT HEARD ABOUT PNC

WHERE RESPONDENT HEARD ABOUT PNC	FREQUENCY	PERCENTAGE %
Hospital	24	48
Relatives	2	4
Media	0	0
Not heard of it	24	48
TOTAL	50	100

About 48% of the respondents heard about PNC from the hospital and 4% from the relatives while 48% of the respondents had not heard of it.

TABLE 8
WHETHER PNC IS IMPORTANT

WHETHER PNC IS IMPORTANT	FREQUENCY	PERCENTAGE %
Yes	43	86
No	0	0
Don't know	7	14
TOTAL	50	100

Majority of the respondents (86%) said that PNC was important and only 14% did not know whether PNC was important or not. However there was no respondent who did not know the importance of PNC.

TABLE 9

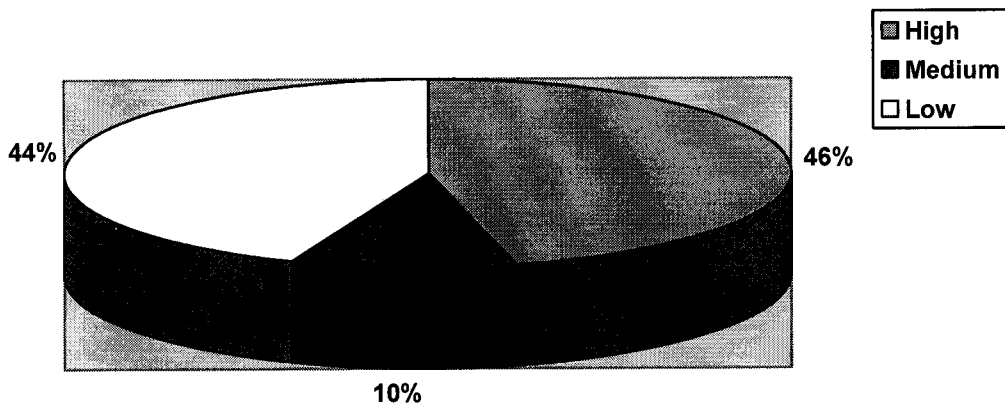
PURPOSE FOR ATTENDING PNC

REASONS FOR ATTENDING PNC	FREQUENCY	PERCENTAGE %
To identify complications	30	60
For full examination	7	14
For review	6	12
Don't know	7	14
TOTAL	50	100

Majority of the respondents (60%) knew that PNC was there for identifying complications, 14% of the women knew it as for full examination, 12% said it was for identification of problems.

FIGURE 4

RESPONDENTS KNOWLEDGE OF POSTNATAL CARE



46% of the respondents have high knowledge of PNC while 44% have medium knowledge and 10% have low knowledge of PNC

SECTION C

UTILISATION OF HEALTH SERVICES

TABLE 10

RESPONDENTS' LAST PLACE FOR DELIVERY

LAST PLACE OF DELIVERY	FREQUENCY	PERCENTAGE %
At home	15	30
In hospital	28	56
At the clinic	7	14
TOTAL	50	100

Even though the majority (56%) of the women delivered from the hospital 14% delivered at the clinic, about 30% of the respondents actually delivered from home.

TABLE 11

RESPONDENTS' ATTENDANCE OF PNC

ATTENDING PNC	FREQUENCY	PERCENTAGE %
Yes	14	28
No	36	72
TOTAL	50	100

72% of the respondents did not attend PNC and only 28% attended PNC services.

TABLE 12**IF RESPONDENTS WERE ASKED TO ATTEND PNC BY NURSE**

ATTENDING PNC	FREQUENCY	PERCENTAGE%
Yes	17	34
No	33	66
TOTAL	50	100

The majority of the respondents (66%) were not asked to attend PNC by the nurses while only 34% were asked to attend PNC by the nurse

TABLE 13**PERIOD MOTHERS ARE REQUESTED TO ATTEND PNC**

PERIOD REQUESTED TO ATTEND PNC	FREQUENCY	PERCENTAGE %
After one week	14	28
After 6 weeks	3	6
After 1 month	2	4
Not told	31	62
TOTAL	50	100

Majority of the respondents (62%) were not requested to attend PNC by the health staff, while 26% were requested to attend PNC at one week, 6% after 6 weeks and 4% after 1 month.

TABLE 14
REASONS FOR THEIR ATTENDING PNC

REASON FOR THE ATTENDING PNC	FREQUENCY	PERCENTAGE %
For examination	11	22
For review	5	10
Baby was not well	9	18
Did not attend	25	50
TOTAL	50	100

Majority of women 50% did not know the reason for attending PNC while 22% said PNC was for the examination of the woman, 18% said the reason for attending PNC was because the baby was not well and 10% (5) said that their reason for attending PNC was for review.

TABLE 15
RATE OF CARE PROVIDED AT THE PLACE OF CHOICE

RATE OF CARE PROVIDED AT PLACE OF CHOICE	FREQUENCY	PERCENTAGE %
Excellent	20	40
Good	27	54
Bad	2	4
Don't know	1	2
TOTAL	50	100

Most of the women (54%) rated the care at their place of choice as being good, 40% said it was excellent, 4% said it was bad while 2% said they did not know.

TABLE 16**HOW THE RESPONDENTS WERE EXAMINED**

EXAMINATION OF THE RESPONDENTS	FREQUENCY	PERCENTAGE %
Head to toe	15	30
On abdomen	0	0
B/P checking	1	2
Not examined	34	68
TOTAL	50	100

Most of the respondents (68%) of the mothers were not even examined while 30% were examined from head to toe and 2% had their blood pressure checked.

TABLE 17**IEC ON POSTNATAL CARE**

RECEIVED IEC ON PNC	FREQUENCY	PERCENTAGE %
Yes	20	40
No	30	60
TOTAL	50	100

Majority of the mothers (60%) did not receive IEC on PNC while 40% did receive IEC on PNC.

TABLE 18
STAFF PROVIDING IEC

PROVIDER OF IEC	FREQUENCY	PERCENTAGE %
The nurse	20	40
Clinical officer	0	0
Maid	0	0
Did not receive IEC	30	60
TOTAL	50	100

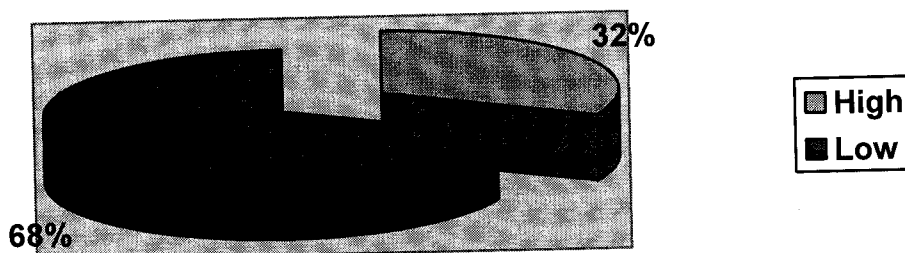
About 40% of the respondents who received IEC, it was provided by the nurses.

TABLE 19
RESPONDENTS WHO WERE VISITED BY THE NURSE

VISITED BY THE NURSE	FREQUENCY	PERCENTAGE
Yes	2	4
No	48	96
TOTAL	50	100

Table 19 shows that the majority of the respondents (96%) were not visited by the nurse after delivery and only 4% were visited.

**FIGURE 5
UTILISATION OF PNC SERVICES**



The general impression of figure 6 reveals that 68 % of the respondents have low utilization of PNC services with only 32 % with high utilization.

SECTION D

ACCESSIBILITY OF THE HEALTH SERVICE

TABLE 20: THE DISTANCE TO THE HEALTH FACILITY

THE DISTNACE TO THE HEALTH FACILITY	FREQUENCY	PERCENTAGE%
Less than 2km	17	34
3-5km	24	48
6-8km	8	16
9-11km	1	2
More than 12km	0	0
TOTAL	50	100

Majority of the mothers (48%) cover a distance of 3-5km to reach the health facility, while 34% cover a distance of less than 2km, 16% a distance of 6-

8km and 2% cover a distance of 9-11km with none covering a distance of more than 12kn.

TABLE 21
TIME TAKEN TO REACH THE HEALTH FACILITY

TIME TAKEN	FREQUENCY	PERCENTAGE%
Less than 30 minutes	32	64
30-1 ½ hours	18	36
More than 2 hours	0	0
TOTAL	50	100

Table 21 shows that for the majority of the mothers (64%) it takes them 30 minutes to reach the health facility while it takes 30-1 1/2 hours for 36% of the respondents to reach the health facility.

TABLE 22
OCCASION FOR COMING TO THE HEALTH FACILITY

OCCASION FOR COMING TO HOSPITAL	FREQUENCY	PERCENTAGE%
When a family member is sick	33	66
When the respondent is sick	38	76
One week after delivery	12	24
Six weeks after delivery	0	0

More than 2/3 of the respondents (66%) of the respondents went to the health facility when a family member was sick, 76% went there when they were sick while 24% went to the health facility one week after delivery.

SECTION E**ATTITUDE OF NURSES IN POSTNATAL CARE****TABLE 23****THE RECEPTION AT THE HEALTH FACILITY**

RECEPTION AT THE HEALTH FACILITY	FREQUENCY	PERCENTAGE%
Yes	45	90
No	2	4
Don't know	3	6
TOTAL	50	100

Majority of the respondents (90%) were happy with the reception of nurses at the health facility and only 4% were not happy with the reception. While 6% were not even sure of the reception of the nurses at the health facility.

TABLE 24**RESPONDENTS' PERCEPTION OF NURSE'S ATTITUDE TOWARDS MOTHERS ATTENDING POSTNATAL CLINIC**

PERCEPTION OF NURSE'S ATTITUDE	FREQUENCY	PERCENTAGE%
Very good	13	26
Good	28	56
Fair	7	14
Bad	0	0
TOTAL	50	100

Majority of the respondents (56%) perceived the nurses' attitude towards mothers attending PNC clinic as being good while 26% of the respondents perceived the nurses' attitude towards mothers attending PNC as being very good and 14% of the respondents' perception as being fair. None of the respondents perceived the nurses' attitude as being poor.

TABLE 25

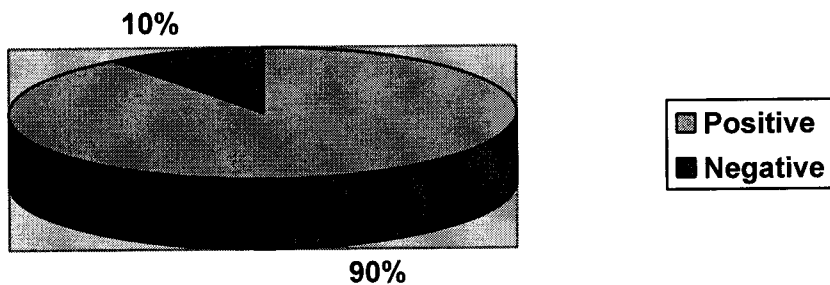
SUGGESTION ON HOW PNC SERVICES CAN BE IMPROVED

RESPONDENTS' SUGGESTION ON HOW PNC SERVICES CAN BE IMPROVED	FREQUENCY	PERCENTAGE%
Provide IEC at ANC	33	66
Provide IEC at delivery	13	26
Home visits	4	8
Provide IEC at under five clinic	6	12
TOTAL	50	100

Table 25 shows that 66% (33) of the respondents suggested that PNC can be improved by providing IEC at ANC while 26% (18) of the mothers suggested that providing IEC at delivery can improve the PNC services. However 12% (6) of the respondents suggested that providing IEC at the under five clinic would improve the PNC services and 8% (4) suggested home visits.

FIGURE 6

NURSES ATTITUDE TOWARDS MOTHERS ATTENDING PNC



The general overview in the pie chart on page 47 is that 90% of the respondents rate the nurses' attitude as being positive while 10% feel the attitude of nurses at PNC is negative.

SECTION F

CULTURAL PRACTICES ON PNC

TABLE 26

WHO LOOKED AFTER RESPONDENT AFTER DELIVERY

PROVIDER OF CARE TO THE RESPONDENT AFTER DELIVERY	FREQUENCY	PERCENTAGE %
Mother	24	48
Sister	4	8
Auntie	6	12
Neighbours	8	16
Self	7	14
TOTAL	50	100

Most of the respondents (48%) were looked after by their mothers after delivery while 16% of the respondents were looked after by their neighbours. 12% were taken care of by their aunties, 8% of the respondents were taken care of by their sisters and 14% of the respondents took care of themselves.

TABLE 27**CULTURAL PRACTICES IN RESPONDENT'S TRIBE**

CULTURAL PRACTICES IN RESPONDENT'S TRIBE	FREQUENCY	PERCENTAGE %
Yes	46	92
No	3	6
Don't know	1	2
TOTAL	50	100

Majority of the respondents (92%) had some cultural practices in their tribe while 6% denied having any cultural practices in their tribe and 2% did not know if there were any cultural practices in their tribe.

TABLE 28**CULTURAL PRACTICES PRACTISED BY THE RESPONDENT AFTER DELIVERY**

BELIEF OF RESPONDENT ON HOW WOMEN WHO GIVE BIRTH SHOULD BE LOOKED	FREQUENCY	PERCENTAGE %
Hot water bath	48	96
Not working for 2 months	18	36
Not working for 1 month	8	16
Seclusion	6	12

96% of the respondents believe that women who deliver should be given hot water bath, 36% believe that women who deliver should not work for 2 months, 16% believe that they should not work for 1 month, while 12% of the respondents believe that the postnatal women should be secluded

TABLE 29
RELATIONSHIP BETWEEN LEVEL OF KNOWLEDGE AND AGE

LEVEL OF KNOWLEDGE	AGE RANGE							TOTAL
	LESS THAN 15	15-20	21-25	26-30	31-35	36-40	41-45	
High	-	-	5 (21%)	8 (33%)	5 (71%)	5 (63%)	1 (50%)	24 (48%)
Medium	-	-	1 (6%)	2 (13%)	1 (14%)	-	-	4 (8%)
Low	-	1(6%)	10(62%)	6 (38%)	1 (14%)	3 (38%)	1 (50%)	22 (44%)
TOTAL	0	1 (2%)	16 (32%)	16 (32%)	7 (14%)	8 (16%)	2 (4%)	50(100%)

The majority (71%) of those aged 31-35 years had high knowledge on postnatal care. 63% of the respondents aged 36-40 also had high knowledge while 62% of those aged between 21-25 years had low knowledge on postnatal care

TABLE 30
RELATIONSHIP BETWEEN OF KNOWLEDGE AND LEVEL OF EDUCATION

LEVEL OF KNOWLEDGE	LEVEL OF EDUCATION							TOTAL
	NONE	UPTO GRADE 5	UPTO GRADE 7	UPTO GRADE 9	UPTO GRADE 12	COLLEGE	UNZA	
HIGH	-	4 (100%)	10 (45%)	4 (31%)	4 (50%)	2 (100%)	1	24(48%)
MEDIUM	-	-	1 (5%)	1 (8%)	2 (25%)	-	(100%)	4 (8%)
LOW	-	-	12 (55%)	8 (62%)	2 (25%)	-	-	22 (44%)
TOTAL	0	4 (8%)	22 (44%)	13 (26%)	8 (16%)	2 (4%)	1 (2%)	50 (100%)

All the respondents 100% who had reached college and UNZA had high knowledge of postnatal care with. 55% of those who went upto grade 7 and 62% of those who went upto grade 9 had low knowledge of postnatal care.

TABLE 31
RELATIONSHIP BETWEEN LEVEL OF KNOWLEDGE AND OCCUPATION

LEVEL OF KNOWLEDGE	OCCUPATION			
	FORMAL EMPLOYMENT	SELF EMPLOYMENT	HOUSEWIFE	TOTAL
High	5 (83%)	5 (71%)	14 (38%)	24 (48%)
Medium	1 (17%)	1 (14%)	2 (5%)	4 (8%)
Low	-	1 (14%)	18 (49%)	22 (44%)
TOTAL	6 (12%)	7 (14%)	37 (74%)	50 (100%)

The majority (83%) of the respondents in formal employment had high knowledge of postnatal care while most (49%) of the housewives had low knowledge of postnatal care.

TABLE 32**RELATIONSHIP BETWEEN LEVEL OF KNOWLEDGE AND NUMBER OF CHILDREN**

LEVEL OF KNOWLEDGE	NUMBER OF CHILDREN				
	1-3	4-6	7-9	10-12	TOTAL
HIGH	13 (42%)	7 (50%)	4 (80%)	-	24 (48%)
MEDIUM	3 (10%)	1 (7%)	-	-	4 (8%)
LOW	15 (48%)	6 (43%)	1 (20%)	-	22 (44%)
TOTAL	31 (62%)	14 (28%)	5 (10%)	0	50 (100%)

The majority of the respondents (80%) with 7 to 9 children had high knowledge of postnatal care, 48% (15) of those with 1 to 3 children had low knowledge.

TABLE 33**RELATIONSHIP BETWEEN UTILISATION AND NUMBER OF CHILDREN**

LEVEL OF UTILIZATION	NUMBER OF CHILDREN				
	1-3	4-6	7-9	10-12	Total
High	7 (23%)	6(43%)	3 (60%)	-	16 (32%)
Low	24(77%)	8(57%)	2 (40%)	-	34 (68%)
TOTAL	31 (62%)	14 (28%)	5 (10%)	0	50 (100)

The majority of those with 1-3 children (77%) had low utilization of the postnatal care services. 60% of those with more than 6 children had high utilization compared to 40% of the respondents within the same age group.

TABLE 34
RELATIONSHIP BETWEEN LEVEL OF UTILISATION AND AGE OF MOTHERS

LEVEL OF UTILISATION	AGE OF MOTHER							TOTAL
	< 15	15-20	21-25	26-30	31-35	36-40	40-45	
HIGH	-	-	4(25%)	1(6%)	4(57%)	5(63%)	-	14 (28%)
LOW	-	1(100%)	12(75%)	15(94%)	3(53%)	3(37%)	1(100%)	36 (72%)
TOTAL	0	1 (2%)	16 (32%)	16 (32%)	7 (14%)	8 (16%)	2 (4%)	50 (100%)

All the respondents aged 40-45 years had low utilization of the postnatal care services. The majority 94 % (15) of those aged between 26-30 years had low utilization of the health services and so were the respondents 75% (12) aged 21-25 years.

TABLE 35
RELATIONSHIP BETWEEN UTILISATION AND LEVEL OF EDUCATION

LEVEL OF KNOWLEDGE	LEVEL OF EDUCATION							TOTAL
	NONE	UPTO GRADE 5	UPTO GRADE 7	UPTO GRADE 9	UPTO GRADE 12	College	UNZA	
HIGH	-	3 (75%)	4 (18%)	2 (15%)	3 (38%)	2 (100%)	1	15(30%)
LOW	-	1(25%)	18 (82%)	11 (85%)	5 (62%)	-	(100%)	35 (70%)
TOTAL	0	4 (8%)	22 (44%)	13 (26%)	8 (16%)	2 (4%)	1 (2%)	50 (100%)

82% of those that went upto grade 7 and 85% of those who went upto grade 9 had low utilization of the health services, while all those that went Upto College and the university had high utilization of the postnatal care services.

TABLE 36

RELATIONSHIP BETWEEN UTILISATION AND DISTANCE TO THE HEALTH CENTRE

LEVEL OF UTILIZATION	DISTANCE TO THE HEALTH CENTRE					TOTAL
	LESS THAN 2KM	3-5KM	6-8KM	9-11KM	ABOVE 12KM	
HIGH	8(47%)	9(38%)	2(25%)	-	-	19 (38%)
LOW	9(53%)	15(62%)	6(75%)	1(100%)	-	31 (62%)
TOTAL	17 (34%)	24(48%)	8 (16%)	1 (2%)	0	50(100%)

Majority of the women (53%) who resided less than 2km from the health facility and 62% of those who resided 3-5km from the health facility had low utilization of the health services while a minimum 25% of those who resided 6-8km from the health facility had high utilization of the postnatal care services. All those (100%) who resided more than 9km had low utilization of the health services.

TABLE 37

RELATIONSHIP BETWEEN UTILISATION AND OCCUPATION

LEVEL OF UTILISATION	OCCUPATION			TOTAL
	FORMAL EMPLOYMENT	SELF EMPLOYMENT	HOUSEWIFE	
High	5 (83%)	4 (57%)	7 (19%)	16 (32%)
Low	1 (17%)	3 (43%)	30 (81%)	34 (68%)
TOTAL	6 (12%)	7 (14%)	37 (74%)	50 (100%)

The majority of the respondents who were housewives (81%) had low utilization of the postnatal services while 83% of those who were in formal employment had high utilization of the health services.

TABLE 38**RELATIONSHIP BETWEEN UTILISATION AND CULTURAL PRACTICES**

UTILISATION	CULTURAL PRACTICES			
	YES	NO	DON'T KNOW	TOTAL
High	13 (28%)	3 (100%)	-	16 (32%)
Low	33 (72%)	-	1 (100%)	34 (68%)
TOTAL	46 (92%)	3 (6%)	1 (2%)	50 (100%)

All the respondents who were not participating in cultural practices had high utilization of the health services while the majority (72%) of those that were active in the cultural practices had low utilization of the postnatal services.

TABLE 39**RELATIONSHIP BETWEEN NURSES' ATTITUDE AND AGE OF THE MOTHER**

ATTITUDE OF NURSES	AGE OF MOTHER							TOTAL
	< 15	15-20	21-25	26-30	31-35	36-40	40-45	
POSITIVE	-	1(100%)	13(81%)	15(94%)	6(86%)	8(100%)	2(100%)	45 (90%)
NEGATIVE	-	-	3(19%)	1(6%)	1(14%)	-	-	5 (10%)
TOTAL	0	1 (2%)	16 (32%)	16 (32%)	7 (14%)	8 (16%)	2 (4%)	50 (100%)

Majority of the respondents in all the age groups perceived nurses attitude to postnatal care services as positive. All the respondents aged 36-40 and 41-45 years perceived the nurses attitude as positive while a minimum of 6% of those aged 26-30 years regarded nurses' attitude as negative

TABLE 40
RELATIONSHIP BETWEEN ATTITUDE OF NURSES AND NUMBER OF CHILDREN

ATTITUDE	NUMBER OF CHILDREN				
	1-3	4-6	7-9	10-12	Total
POSITIVE	27 (87%)	13 (93%)	5 (100%)	-	45 (90%)
NEGATIVE	4 (13%)	1 (7%)	-	-	5 (10%)
TOTAL	31 (62%)	14 (28%)	5 (10%)	0	50 (100)

All the respondents with over 6 children thought the nurses' attitude was positive followed by 93% of those who had 4-6 children while 13% of those who had 1-3 children perceived the nurses' attitude as negative.

TABLE 41
RELATIONSHIP BETWEEN ATTITUDE AND DISTANCE TO HEALTH CENTRE

ATTITUDE	DISTANCE TO THE HEALTH CENTRE					
	LESS THAN 2KM	3-5KM	6-8KM	9-11KM	ABOVE 12KM	TOTAL
POSITIVE	12 (71%)	23(96%)	7 (88%)	1(100%	-	43 (96%)
NEGATIVE	5 (29%)	1 (4%)	1 (12%))	-	7 (14%)
				-		
TOTAL	17 (34%)	24(48%)	8 (16%)	1 (2%)	0	50(100%)

All the respondents who resided 9-11km from the health facility perceived the nurses' attitude as positive. The majority of the respondents 71%, 96%, 88% who resided less than 2km, 3-5km and 6-8km respectively also perceived the nurses' attitude as positive compared to 29% of those who resided less than 2km who perceived the attitude as negative.

TABLE 42

RELATIONSHIP BETWEEN ATTITUDE AND LEVEL OF EDUCATION

ATTITUDE	LEVEL OF EDUCATION							TOTAL
	NONE	UPTO GRADE 5	UPTO GRADE 7	UPTO GRADE 9	UPTO GRADE 12	College	UNZA	
POSITIVE	-	4(100%)	20 (90%)	10 (77%)	8	2 (100%)	1	15(30%)
NEGATIVE	-	-	2 (9%)	3 (23%)	(100%)	-	(100%)	35 (70%)
TOTAL	0	4 (8%)	22 (44%)	13 (26%)	8 (16%)	2 (4%)	1 (2%)	50 (100%)

The majority of the respondents (90%) who went upto grade 7 perceived the nurses' attitude towards PNC services as positive and so did all those that went upto grade 12, college and University. However 23% of those respondents who went upto grade 9 perceived the nurses to have a negative attitude.

TABLE 43**RELATIONSHIP BETWEEN ATTITUDE AND PLACE OF DELIVERY**

ATTITUDE	PLACE OF DELIVERY			
	HOME	HOSPITAL	CLINIC	TOTAL
High	14 (93%)	32 (94%)	-	46 (92%)
Low	1 (7%)	2 (6%)	1 (100%)	4 (8%)
TOTAL	15 (30%)	34 (68%)	1 (2%)	50 (100%)

Table 43 shows that, all the respondents who delivered at the clinic perceived the nurses' attitude as negative while 94 % (32) of the mothers who delivered at the hospital thought the nurses' attitude was positive.

CHAPTER FIVE

5.0 DISCUSSION OF THE FINDINGS AND IMPLICATIONS FOR THE HEALTH CARE SYSTEM

5.1 INTRODUCTION

In this chapter, the findings of the research are discussed. The general objective of the study was to determine the factors associated with under utilization of postnatal care services among women in puerperal period in Mazabuka District.

The assumptions before the study was that mothers who have inadequate knowledge on postnatal care are likely not to attend postnatal care and that some socio-cultural practices hinder mothers from attending postnatal clinics.

The results were based on the analysis of the responses from 50 respondents selected from Mazabuka District Hospital and Research health centre.

5.2 DISCUSSION OF VARIABLES

CHARACTERISTICS OF THE SAMPLE

The sample consisted of 50 mothers who brought their children to the under five clinic at Mazabuka District Hospital and Research Health Centre which were the setting of the study. Both institutions are situated in Mazabuka District in Southern province.

The majority (32%) of the respondents were mothers between the ages 21-30 years followed by 16% aged between 36-40 years as shown in table 5, on page 36. These are women who had children and were expected to have utilized services offered at the MCH departments.

Most of the respondents (54%) resided in the medium density areas. Most of the residents in Mazabuka District are in Medium density areas. The respondents' educational background ranged from grade 5 to university level. Of this range, the majority (44%) went up to grade 7. This could be because, most of the women in Mazabuka district are illiterate or that most of the women who had higher education were seeking health care services elsewhere e.g. private hospitals other than the government health facilities.

Table 5 on page 36 also shows that the majority (90%) of the respondents were married and 62% had 1-3 children. This could be attributed to the fact that marriage is universal and is also highly regarded as important in the Zambian Society. Most individuals also have children at a young age.

The majority (96%) of the respondents were Christians. This could be because, Zambia since 1991 was declared a Christian nation and because of this most Zambians have regarded Christianity as an official religion. Table 5 further indicates that while about 74% of the respondents were housewives, only 12% were in formal employment. Also indicated in the table is that 76% of the respondents got their finances for hospital use from their spouses.

Most people in Zambia are not in employment. This could be attributed to the adoption of SAP by the Zambia government in 1987. Privatization of industries was one of the components in the SAP. Privatization has thus left most of the Zambian people redundant with less employment opportunities. Mazabuka District is not an exceptional to this dilemma. Also, because of the cultural belief in the Zambian society that a man should provide for the family, most mothers as indicated in table 5 got some finances from their spouses.

5.2.2 KNOWLEDGE

Section B of the questionnaire contained questions that would aid at determining the basic knowledge that mothers possessed about postnatal care. A service can only be appreciated if one understands its purpose in depth and become aware of the benefits in utilizing it.

When knowledge of the women was assessed and analyzed, there was a clear negative relationship between knowledge and utilization of the PNC services. About 46% of the mothers had high knowledge about postnatal care while 44% had medium knowledge and only 10% had low knowledge (figure 4). Apparently these findings are similar to Miti (1999)'s results which stated that most women had knowledge about PNC despite not utilizing the services.

These findings, therefore, reject the hypothesis statement that indicates that inadequate knowledge about the services offered at postnatal clinic contribute to underutilization of PNC services.

Although the majority of the mothers (46%) had high knowledge about postnatal care, 50% of these mothers could not even define postnatal care, 18% gave the correct but not complete definitions and only 32% gave the correct definitions (table 7, page 37). These results therefore indicate that although these mothers seem to have knowledge about postnatal care, they do not really understand in depth what postnatal care is.

The results of the study in table 8 on page 37 also revealed that 48% of the respondents had actually heard about PNC from the hospital staff with an equal percentage of 48% not having heard of it. However, only 40% of these mothers had received IEC on PNC services. This implies that despite a majority number of women with knowledge (46%), only a few of the women (40%) had received IEC on PNC from the nurses and other health care

providers. This implies that the majority of the mothers (60%) had not received IEC on PNC services from the health professionals who are the custodians of adequate information about postnatal care.

The study further revealed that 80% of the respondents with 7-9 children had high level of knowledge while only 20% had low knowledge. A greater percentage 50% of those respondents with 4-6 children also had high knowledge on PNC. However, the majority (48%) of those with low knowledge were those respondents with 1-3 children (table 33, page 52). This implies that the mothers with low parity that is those with 1-3 children had not received sufficient IEC on the importance of PNC because of less pregnancy experiences compared to the multiporous women who have had several pregnancies and enough exposure to IEC at ANC clinics. Currently the problem of inadequate provision of IEC on the importance of postnatal care could be attributed to the poor staffing of the midwives at the health facility leading to provision of poor quality care. This corresponds with the findings of Mulenga (2006) which stated that poor services provided at postnatal clinics contribute to the low utilization of postnatal care.

The study also revealed that the majority (83%) of the respondents in formal employment had high knowledge of PNC and so were those 71% in self employment with high knowledge. Only 38% of women who are housewives had high level of knowledge in contrast to 49% of women who were housewives and had low level of knowledge (table 32, page 52). This implies that the level of knowledge improved with the occupation of the woman. Therefore there is a correlation between the level of knowledge and the socio-economic status of the respondents. These women could utilize the service because they were empowered and could easily access the services. These results support Nsemukile (1994, page 67) study which found out that the higher the socio-economic status of the woman is, the more likely PNC services are obtained.

1.2.1 UTILISATION

The ministry of health is working towards its vision of providing equity of access to cost effective, quality health care as close to the family as possible (CBoH, 2002). In its effort to achieve this vision, the health sector is working towards improvement of utilization of health services.

In this study, table 12, on page 40 shows that 72% of the respondents did not attend PNC, this is despite the fact that 68% of the mothers had their last place of delivery at the hospital. Table 13, on page 40 further indicates that only 34% of the mothers were reminded about attending PNC by the nurses compared to 66% of the mothers who were not reminded about attending PNC. This therefore conclusively indicates that the majority of the respondents did not attend postnatal care because they were not told so or reminded about coming back for the service. It is very important for nurses to extensively be reminding the mothers about the importance of attending postnatal clinics because the results show that most mothers do not attend PNC simply because they are not requested to do so by the nurses.

In this study it was also found that 34% of the respondents lived less than 2km from the health facility, 48% lived within 3-5km, 16% within 6-8km and 2% within 9-11km (table 21, page 45). This therefore indicates that all the respondents lived within a 12km radius, thus fulfilling the health sector strategy of ensuring that within every 12km radius, there should be a health facility. This means that despite the overall 68% of the mothers not utilizing the health care facility as indicated in figure 6, the services are actually accessible. This is on the contrary to Nsemukile et al (1998)'s study results which stated that most women did not attend PNC because the health facilities were not accessible due to the long distance they had to cover.

As shown in table 34, on page 53, PNC utilization was 60% for women with 7-9 children which reduced to 43% of women with 4-6 children and then

decreased further to 23% for women with 1-3 children. The majority 77% of women with 1-3 children had low utilization of PNC. This therefore implies that low parity women had low utilization of PNC services while the multiparous women highly utilized the PNC services. This could be because low parity women have not had adequate information on the importance of postnatal care compared to those women with more children.

The study in table 37, on page 54 revealed that 62% of women who lived within 3-5km radius, 75% of the women who resided 6-8km, 53% of the women who resided within 2km radius and all those 100% who lived within 9-11km radius from the health facility had low utilization of PNC. Therefore it can conclusively be said that the majority of respondents who lived within 12km radius from the health facility did not utilize the PNC services. This means that despite the health facility being accessible and only taking less than 2 hours (as shown in table 22, page 45) for mothers to access the health facility, they however did not utilize this important service. Such results of the study poses a serious concern for the health centre as it shows that the utilization of health care services is not dependant on the distance to the health facility. This therefore indicates that the distance to the health facility is not one of the factors that are associated to low utilization of postnatal care services.

From these results one may ask, but if the health facilities are accessible, why then don't people utilize them. No wonder the need to find out the other factors associated with underutilization of the postnatal services in Mazabuka district. Such results are a pin pointer for health care providers that they need to intensify on the outreach programmes and find out exactly why these mothers do not utilize the health facility. The CHW and the TBAs are another source of help in intensifying IEC to the mothers. Waiting for the time when the mothers shall come to the health facility may not benefit the nation in its

surge to fight the high mortality rate which is at 729/100.000 (CSO, 2000-2002).

The findings indicate that all the women who had no traditional beliefs and were not involved in cultural practices were utilizing the PNC services. The majority 72% of the women who were actively participating in the cultural practices (table 39, on page 55) had low utilization of the PNC services. This implies that some cultural practices by most of the women (72%) are associated to low utilization of postnatal care services. Some of these cultural practices they were involved in as stated in table 29 were hot water bath 96%, seclusion 12%, not working for 2 months 36% and 16% not working for one month. Therefore, we can conclusively say that the majority of the women do not utilize PNC because they are involved in such cultural practices which seem to be more beneficial to them as to disregard the postnatal care provided at the health centers.

These findings accept the hypothesis statement that some cultural practices by most women contribute to low utilization of the services by postnatal mothers.

5.1.3 ATTITUDE

The majority of the respondents (90%) rated the nurses' attitude as being positive while 10% thought it was negative (figure 6, page 46). Among the respondents, 56% perceived nurses attitude as being good, 26% as being very good while none of the respondents perceived the nurses' attitude as poor (table 25). Some of the contributing factors to nurses' negative attitude are the poor staffing due to the exodus of nurses to other countries. The study also revealed that the majority 62% of the nurses were not even reminded by the nurses to attend PNC (table 13, page 40). The majority of the mothers were also not told of the actual period to come back for postnatal care, 4% were told of coming back at one month, 6% at six weeks and only 28% were

told of the correct time to come back at six days. Therefore, this implies that the mothers are not receiving adequate and effective information on the PNC from the nurses to help them utilize PNC services. This view is supported by Miti (1999) who expressed similar sentiments. The attitude of nurses towards a health service has a great influence to the mothers' ability to utilize the postnatal care. This study revealed that nurses in labour ward and at ANC are not providing comprehensive IEC to the women.

The results of this study also revealed that all the older women above 36 years and those below 20 years rated the nurses' attitude towards PNC as being positive while those between the ages 21-35(13% on average) rated the nurses' attitude as being negative (table 42, page 57). These findings indicate that the nurses' attitude towards the older mothers was positive, this could be because in our Zambian society, older people tend to be more respected.

The results of the study further reveals that all the mothers who completed grade 12, college and the university were happy with the attitude of the nurses (Table 43, page 58). This implies that the nurses' attitude is dependant on the level of education of the clients. However it is important that nurses are trained and reminded that their attitude towards their clients can influence the utilization of the PNC services by the mothers. It is also important that the health care providers undergo training on health care communication strategies. Nurses should also be motivated through payment of their allowances like housing allowance on time and through frequent in-service trainings. When nurses are highly motivated, their reception towards their clients also improves. There is also need to treat all the mothers equally regardless of their level of education and age of the mother.

5.2 IMPLICATIONS TO THE HEALTH CARE SYSTEM

The results have shown that, although the majority of the mothers seem to have knowledge on the postnatal care, they do not utilize the PNC services. Mothers do not utilize these services because they do not really understand what PNC is. This means that there is not enough sensitization being done, therefore, more needs to be done. Utilization of the PNC can only be improved if the mothers have adequate knowledge on postnatal care. The study also found that the majority of the mothers (72%) in table 39, page 55 had traditional beliefs and were involved in cultural practices which stopped them from utilizing the postnatal care services. The cultural practices among women in postpartum period hinder them from utilization the PNC clinic. Therefore there is need for more sensitization through different community groups. The study also revealed that 90% of the nurses had a positive attitude towards the mothers by being receptive to them. It was also found that all the health facilities were accessible to the respondents as they were within a 12km radius.

The findings of this study have the following implications to different aspects of nursing.

5.2 1 NURSING PRACTICE

The health care system needs to identify new strategies in communication skills which will help the mothers acquire adequate knowledge and utilization of the postnatal care services. There is need for the health care providers to improve in the quality of care they provide to the mothers as it was indicated in the study (table 17), that the majority of the mothers (68%) were not even examined. The care given to mother and her infant during the postnatal care visit is important because, the activities involved prevent the complications that mothers experience especially in the puerperal period. They is need to do full examination of these mothers as they come to access the PNC services.

There is also need for the health care providers to improve their attitude and intensify IEC to the mothers. The nurses need to take advantage of the period they have with the women during the ANC and under five visits and emphasize the importance of PNC.

5.2.2 NURSING ADMINISTRATION

The study showed that 60% of the respondents did not receive IEC on the importance of postnatal care. The investigator also observed that there was shortage of nurses in the health facilities. The shortage of staff may have an effect on the problem of underutilization, as these mothers require specialized care by the midwives. Much as we appreciate the care provided by some caregivers, there is need for adequate supervision by qualified personnel, such as midwives, which calls for adequate staffing levels. There is also need for health care providers to reinforce the giving of IEC to the mothers. Nursing management at these health institutions should ensure that mothers are motivated to attending and using the postnatal care services by improving service delivery to mothers. Furthermore, management has the duty to employ, maintain and retain the staff through motivating them.

5.2.3 NURSING EDUCATION

Health care providers form the back bone behind a successful implementation of MCH services because they are often the front line workers in contact with the clients. Because of this fact, the DHMT and the hospital management should continue training nurses in midwifery so that they are able to provide quality care to mothers at the postnatal care clinics. The management should also embark on training health care providers on the importance of IEC and to update their communication skills so that they can be communicating effectively with clients. The nursing schools should also ensure that postnatal care topics in MCH are thorough taught even as they follow the curriculum.

5.2.4 NURSING RESEARCH

Care provided to a mother during the puerperal period is an important factor in the reduction of maternal and infant morbidity and mortality. Nursing practice can only be improved with evidence based knowledge and practice. With the findings of this study, it is hoped that attention will be given to ensure that the postnatal care services are utilized in the health institutions. The challenge to the health care system is to explore all opportunities to strengthen the knowledge, care and attitude within the community regarding PNC needs, by using TBAs, CHWs, women's groupings, ceremonies and men's gatherings. The health care system should empower the people in the community with knowledge including the elders as they also take part in the provision of care to mothers in the postpartum period. Therefore more researches are encouraged by nurses and other health care providers to improve on the utilization of PNC services by the mothers in postpartum period.

5.3.1 CONCLUSION

The study sought to determine the factors associated to underutilization of postnatal services. It was done from a hospital and a health centre scenario in Mazabuka district. The sample size was fifty (50) selected by systematic random sampling method. The results obtained in this study will contribute to the development of maternal and child health programmes and strategies.

The study revealed that so many factors contribute to low utilization of PNC. The study findings also conclusively indicated that the mothers out there have not heard about PNC and the majority do not fully understand what PNC is and its importance. IEC on the importance of PNC seems to be inadequate in the health facilities, so it should be intensified and be strengthened.

The study revealed that 72% of the mothers with traditional beliefs and cultural practices had low utilization of the health care services (table 39,

page 55). Therefore this also conclusively indicates that some traditional beliefs and cultural practices by the mothers are associated with low utilization of PNC. The poor attitude of nurses towards the health services and also the poor quality of services provided at the health facilities contribute to underutilization of the PNC. The study, therefore, reveals the need to train the health professions so that they are empowered in communication skills and also increase the staffing levels.

Furthermore, although this study has revealed a lot of issues, however, the inferences made from this study cannot be generalized into the general population due to the small sample size of 50. Therefore this study needs to be done on a larger scale before the inferences can be generalized into the general population

5.4 RECOMMENDATIONS

Based on the findings of this study, the following recommendations have been made;

5.4.1 MINISTRY OF HEALTH

- There is need for the ministry to retrain health care professionals in communication skills in order to be effective communicators.
- There is need for the health sector to train the health care providers especially the midwives in reproductive health programmes, especially postnatal care.
- The ministry should also work with other sectors, for example marriage institutions namely churches, NGOs and traditional institutions in creating postnatal care awareness

5.4.2 DHMT/HOSPITAL/HEALTH CENTRE

- Home visits should be intensified and conducted regularly
- TBAs and CHWs should be oriented on the importance of IEC on PNC.

- The nurses should be ensuring that the IEC on PNC is not done after delivery but way back during ANC and at the under five clinic.

5.4.3 NURSES IN THE MCH DEPARTMENTS

- There is need for health care providers especially the nurses in the MCH department to intensify their IEC on the importance of PNC during the under five and ANC clinics.

5.5 DISSEMINATION OF THE FINDINGS

The results of this study will be disseminated by sending the executive summary of the findings to the Ministry of Health, Mazabuka District Health Management Board, the coordinator for MCH services, Non-Governmental Organizations who have a heart for reproductive health like Plan International. Seminars and workshops will be held in the communities and churches on the importance of utilization of postnatal care by women in their puerperal period for implementation of the findings

The researcher shall hold a symposium in the presence of the hospital management, the health centers representatives and MDHT to discuss the study results and the recommendation for the way forward. To disseminate the findings to the health care providers, I will organize a workshop. Research reports will be sent to the medical library, to the department of Post-Basic Nursing as references for other researchers.

5.6 LIMITATIONS OF THE STUDY

- The sample size used (50) was too small to be representative of the population due to the limited time in which to conduct the study.
- The funding was inadequate to enable the research cover long distances to different health centers.

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23. <http://www.66.218/search/cache-global> utilization + postnatal services

APPENDIX I

UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
PBN
P.O BOX 50110
LUSAKA
28/08/06

THE DISTRICT DIRECTOR OF HEALTH
MAZABUKA DISTRICT HOSPITAL
MAZABUKA

Ufs: THE HEAD OF DEPARTMENT

POST BASIC NURSING
SCHOOL OF MEDICINE
P.O BOX 50110
LUSAKA

Permission
granted



Dear Sir,

RE: Request for permission to undertake a study/collect data

I am a final fourth (4th) year student in the Department of post basic nursing at The University of Zambia, school of Medicine.

In partial fulfillment of the award of the Bachelor of Science Degree in Nursing, I am required to carry out a research project. My topic of study is "***To determine the factors associated with underutilization of postnatal services among women in the puerperal period in Mazabuka District***".

I therefore request for your permission to administer questionnaires to the women in the MCH department at Mazabuka District Hospital and at Research Urban Clinic. I intend to carry out this exercise in the Month of September, 2006.

Your assistance will highly be appreciated.

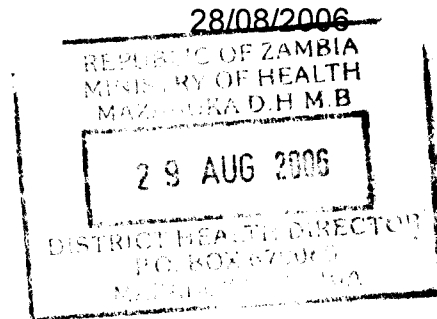
Yours truly,

Choolwe Nkwemu Jacobs (RN)

APPENDIX II

UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
PBN
P.O BOX 50110
LUSAKA

THE IN-CHARGE
NAKAMBALA URBAN CENTER
PO BOX
MAZABUKA.



Ufs: THE HEAD OF DEPARTMENT
POST BASIC NURSING
SCHOOL OF MEDICINE
P.O BOX 50110
LUSAKA.

permission granted

Dear Sir or Madam:

RE: Request for permission to undertake a pilot study/collect data

I am a final fourth (4th) year student in the Department of post basic nursing at The University of Zambia, school of Medicine.

In partial fulfillment of the award of the Bachelor of Science Degree in Nursing, I am required to carry out a research project. My topic of study is "***To Determine factors associated with underutilization of postnatal services among women in the puerperal period in Mazabuka District***".

I therefore request for your permission to administer questionnaires to the women as part of the pilot study to test the reliability and validity of the questionnaire. I intend to carry out this exercise at your clinic in the first week of September, 2006. Your assistance will highly be appreciated.

Yours truly, Choolwe Nkwemu Jacobs (RN)

APPENDIX III

RESEARCH WORK SCHEDULE

TASK TO BE PERFORMED	DATES	PERSONNEL	DAYS REQUIRED
Literature	Continuous	Researcher and supervisor	Continuous
Compiling Research Proposal	15 th April to 6 th Aug. 2006	Researcher	18 weeks
Clearance from School and authorities	15 th Aug to 27 th Aug. 2006	Researcher	2 weeks
Pilot study	31 st Aug. to 1 st Sept. 2006	Researcher	2 days
Data collection	4 th Sept. to 25 th Sept. 2006	Researcher and Research Assistant	21 days
Data analysis	20 th Sept. to 1 st Oct. 2006	Researcher	10 days
Report writing and typing	4 th Oct. to 20 th Oct. 2006	Researcher	20 days
Draft reporting to PBN	26 th Oct. to 27 th Oct. 2006	Researcher	2 days
Finalization of report	1 st Nov. to 14 th Nov. 2006	Researcher	14 days
Monitoring and evaluation	Continuous	Researcher	Continuous
Dissemination of results	18 th Dec. to 22 ND Dec. 2006	Researcher	5 days

APPENDIX IV

GANNT CHART

Task to be performed	Responsible Person	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
1. Clearance for funding from MoH	Researcher	←→							
2. Finalize Research Proposal	Researcher		←→						
3. Clearance from school authorities	Researcher			←→					
4. Permission to conduct research from Mazabuka District Health Office	Researcher			←→					
5. Collection of data	Researcher				←→				
6. Preliminary data analysis	Researcher					←→			
7. Data analysis and Report Writing	Researcher					←→			
8. Finalize report	Researcher							←→	
9. Discuss recommendations / plans of action with Hospital Management	Researcher						←→		
10. Monitor research progress	Researcher	←							→

APPENDIX V

BUDGET AND JUSTIFICATION

Budget category	Unit price (K)	Quantity	Total (K)
A. STATIONERY			
Typing paper	30 000.00	4 reams	120 000.00
Note book	10 000.00	1	10 000.00
Flash Disk	150 000.00	1	150 000.00
Pencils	6 000.00	1 packet	6 000.00
Pens	12 000.00	1 packet	12 000.00
Tip-Ex corrective fluid	5 000.00	3	15 000.00
Stapler	25 000.00	1	25 000.00
Staples	8 000.00	1 packet	8 000.00
Markers	7 000.00	5	35 000.00
Calculator	80 000.00	1	80 000.00
Eraser	16 000.00	1 packet	16 000.00
Flip chart	40 000.00	2	80 000.00
Ruler	5 000.00	1	5 000.00
Cello-tape	8 000.00	1	8 000.00
Folder	20 000.00	1	20 000.00
Total stationery cost			590 000.00
B. SECRETARIAL SERVICES			
Typing research proposal	4000.00	90 pages	360 000.00
Typing Questionnaires	4000.00	10 pages	40 000.00
Photocopying Questionnaires	250.00	550	137500.00
Binding research proposal	40 000.00	1 copy	40 000.00
Typing report draft	4000.00	100 pages	400 000.00
Photocopying	250.00	200 pages	50000.00
Binding final report	60 000.00	4copies	240 000.00
Total secretarial cost			1 267 500.00
C.PERSONNEL			
Transport to & from	40 000.00	4	160

Mazabuka			000.00
Lunch allowance for researcher	50 000.00	5	250 000.00
Lunch allowance for research assistant	50,000.00	5	250 000.00
Total personnel cost			660 000.00
Total costs			2 507 500.00
10% contingence			250 750.00
Grand Total			2 758 250.00

BUDGET JUSTIFICATION

1. STATIONERY

Stationery is required for typing the research proposal, writing the final research report as well as typing and printing the report. In addition, 50 interview schedules have to be produced.

The notebooks are needed for taking notes of all important points during data collection and analysis. The scientific calculator is required for data analysis. Stapler and staples are needed to put papers together and to maintain their proper arrangement. Correction fluid will be used to erase errors. Files and bags will be used for storing the interview schedules during the data analysis period.

2. SECRETARIAL SERVICES

There will be need for funds to cater for the typing and photocopying services. A USB (512 MB) disk will be required for data storage. The research bags are needed for carrying the interview schedules. Money is also required for binding the research proposal and report.

3. PERSONNEL

Funds for transport will be required to move to and from the area of data collection. There will also be need for lunch allowance during the data collection period.

4. CONTINGENCY

Contingency is the 10% of the total amount of the budget. It is required to cater for any unforeseen expenses during the research field work.

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING

QUESTIONNAIRE FOR POSTNATAL WOMEN ON FACTORS
ASSOCIATED WITH UNDERUTILISATION OF POSTNATAL
SERVICES IN MAZABUKA DISTRICT

QUESTIONNAIRE NUMBER:
PLACE/LOCATION:
DATE OF INTERVIEW:

INSTRUCTIONS FOR INTERVIEWER

1. No name should appear on the questionnaire
2. Answer all the questions
3. Put the letter 'X' in the box next to your choice
4. Use a pencil in the questionnaire
5. Assure that Information obtained in this questionnaire will be kept confidential

SECTION A

For official use

DEMOGRAPHIC DATA

- 1. How old are you?
 - a) Less than 15 years ()
 - b) 15 – 20 years ()
 - c) 21 - 25 years ()
 - d) 26 - 30 years ()
 - e) 31 - 35 years ()
 - f) 36 – 40 years ()
 - g) 41 – 45 years ()

- 2. Where do you live? ()
 - a) High density area ()
 - b) Medium density area ()
 - c) Low density area ()

- 3. What tribe are you?
 - a) Tonga ()
 - b) Bemba ()
 - c) Nyanga ()
 - d) Lozi ()
 - e) Others (specify).....

- 4. What is your highest level of education?
 - a) Never been to school ()
 - b) Went upto grade 5 ()
 - c) Went upto grade 7 ()
 - d) Went upto grade 9 ()
 - e) Went upto grade 12 ()
 - f) College ()
 - g) University ()

- 5. What is your occupation?
 - a) Formal employment ()
 - b) Unemployed ()
 - c) Self employed ()
 - d) Housewife ()

- 6. What is your religion?
 - a) Christian ()
 - b) Moslem ()
 - c) Hindu ()
 - d) Others (specify)

7. What is your marital status?

- a) Married ()
- b) Divorced ()
- c) Single ()
- d) Widowed ()
- e) Separated ()
- f) Cohabiting ()

8. How many children do you have?

- a) 1 – 3 ()
- b) 4 – 6 ()
- c) 7 – 9 ()
- d) 10 -12 ()

9. How old is your last child?

Specify.....

10. Where do you get money for hospital after delivery?

- a) Husband ()
- b) Pay ()
- c) After selling goods at the market ()

11. State how much money you get or are given

- a) Less than K10, 000 ()
- b) K10, 000 – K20, 000 ()
- c) K20,000 – K50, 000 ()
- d) More than K50, 000 ()

12. How much do you spend at each visit?

- a) K5,000 to K10,000 ()
- b) K10, 000 to K15,000 ()
- c) K15,000 to K20,000 ()
- d) More than K20,000 ()
- e) Others (specify).....

**SECTION B
KNOWLEDGE**

13. Have you ever heard of PNC?

- a) Yes ()
- b) No ()

14. If yes what is PNC?

.....
.....

15. Where did you hear it from?
- a) From the hospital ()
 - b) From relatives ()
 - c) From the radio ()
 - d) From the TV ()
 - e) Others (specify).....

16. Is it important to attend PNC services?
- a) Yes ()
 - b) No ()

17. Explain the reasons for your answer in the previous question

SECTION C

SERVICE DELIVERY

18. Where did you deliver your youngest child?
- a) At home ()
 - b) In the hospital ()
 - c) At the clinic ()

19. Did the nurse ask you to attend postnatal clinic after you were discharged?
- a) Yes ()
 - b) No ()

20. If yes, when were you told to come to the postnatal clinic?
- a) After one week ()
 - b) After six weeks ()
 - c) After one month ()
 - d) Others (specify).....

21. Do you attend Postnatal Care?
- a) Yes ()
 - b) No ()

22. Give reasons to your answer

23. Tick how you would rate the care you received at the place of your Choice

- a) Excellent ()
- b) Good ()
- c) Bad ()
- d) Very poor ()

24. How were you examined at PNC Clinic?

- a) From head to toe examination ()
- b) Abdominal examination ()
- c) Blood pressure checking only ()
- d) Others (specify).....

25. Have you ever received health education on PNC?

- a) Yes ()
- b) No ()

26. If yes, who gave this health education?

- a) The nurse ()
- b) The clinical officer ()
- c) The maid ()
- d) Others (specify).....

27. Did any nurse visit you at home after delivery?

- a) Yes ()
- b) No ()

SECTION D

UTILISATION OF HEALTH SERVICES

28. How far is your house from the hospital?

- a) Less than 2 KM ()
- b) 3-5 KM ()
- c) 6 - 8KM ()
- d) 9 -11KM ()
- e) 12 and above ()

29. How long does it take you to walk to the health centre?
a) Less than 30 minutes ()
b) 30 minutes to 1 and half hours ()
c) More than 2 years ()

30. On which occasion do you come to the hospital?
a) When a family member is sick ()
b) When I am sick ()
c) One week after delivery ()
d) 6 weeks after delivery ()

SECTION E

ATTITUDE TOWARDS UTILISATION OF THE PNC SERVICES

31. Are you happy with the reception of the nurses at the health center?
a) Yes ()
b) No ()
c) Don't know

32. Describe the attitude of the health care providers at the health center?
a) Very good ()
b) Good ()
c) Fair ()
d) Bad ()

33. Would you recommend or encourage other women to come to this health center
a) Yes
b) No
c) Don't know

34. Give suggestions on how PNC services could be improved in your Health center

.....
.....

**SECTION F
CULTURAL PRACTICES AMONG WOMEN DURING POST
NATAL PERIOD**

35. How should women who have given birth be looked after according to your culture.

.....
.....
.....

36. Who looked after you after you delivered?

- a) My mother ()
- b) My sisters ()
- c) My auntie ()
- d) My neighbours ()
- e) The Traditional Birth Attendant ()

37. Are there any cultural practices regarding PNC observed in your tribe?

- a) Yes
- b) No
- c) Don't know

38. What cultural practices regarding PNC are observed in your tribe?

.....
.....

38. State any cultural practices regarding PNC that you know

.....
.....

THANK YOU FOR YOUR PARTICIPATION