

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

**A Study to determine Factors contributing to
Low Post Natal attendance in Serenje**

BY

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ABBREVIATIONS

MCH	:	Maternal and Child Health
BCG	:	Bacille Calmette Guerin
PNC	:	Post Natal Clinic
TB A	:	Traditional Birth Attendant
CHW	:	Community Health Worker
RHC	:	Rural Health Centre
HP	:	Health Post
IEC	:	Information, education and communication

DECLARATION

I declare that with the exception of the assistance acknowledged, this dissertation is the result of my own studies. This work has not yet been accepted in substance for any degree and is not being currently submitted in candidature for any other degree.

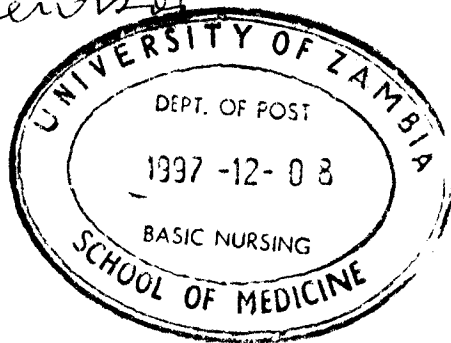
Signed: *Ravago*

Date: *13th Nov 1997*

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Date: *Dec 8th 1997*

Supervisor



OPERATIONAL DEFINITIONS

- Low utilisation - Shall refer to failure of mothers to utilise existing services to the fullest capacity
- Postnatal Clinic - Clinic which is held to check on the health of mother and baby first and six weeks after delivery
- Puerperium - Period from delivery of baby up to six weeks post delivery
- Missed appointment - Refers to the inability of mother to turn up for postnatal check up on a predetermined date
- Primigravida - A woman who is pregnant for the first time
- Primipara - A woman who has given birth to her first child
- Grandimultipara - A woman who has given birth to more than five children

STATEMENT

I, Pauline Chisanga Katongo, hereby certify that this study is entirely the result of my own independent investigation. The various people and sources to which I am indebted are clearly indicated in the paper and in the references.

Signed: 13th November Pauline Katongo

CANDIDATE

DEDICATION

This Research work is passionately dedicated to my husband P.J. Lubemba without whose patience, encouragement, spiritual, financial and moral support my studies and this work would not have been possible.

To our beloved children Hamoomba, Namasowe, Mwila and Chileshe without whom my determination would have waned on the way and who were denied motherly love at the time when they most needed it.

ACKNOWLEDGEMENT

A number of people and institutions have contributed towards the completion of my course and the project study in particular. Indeed words may not be enough to show my gratitude to them but it is equally important that I express so.

I wish to thank my sponsors - Department of Manpower and Human Resource Training for the scholarship and financial support rendered during my training.

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I further extend my appreciation to Mrs Mutolwa for support during data collection.

I am greatly indebted to the 50 women who contributed my sample. My colleagues on the course were a great morale booster - Ireen Simbuwa, Bernadette Mwape, Noriah Musonda, Winston Chibale and many others for the knowledge and support shared throughout the course.

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ABSTRACT

The aim of the study was to establish factors contributing to low utilisation of post natal clinic in Serenje District. It was hoped that the study could be used to identify gaps in the existing service that may be contributing to the low utilisation, and then make recommendations to the Serenje District Health Management Team so that policies and programmes could be enhanced or revised to ensure maximum utilisation of the service.

The specific objectives of the study were:-

1. To identify factors contributing to low attendance of post natal clinics.
2. To identify socio-economic and cultural factors that may influence the mother's utilisation of post natal clinics.
 - Age
 - Cultural beliefs
 - Educational level
3. To establish service factors that may contribute to low utilisation of post natal services like:
 - Distance between home and health facility
 - Quality of service
 - Relationship/attitude of health personnel towards mothers.
4. To make recommendations to mothers and health workers on how to improve post natal recommendations.

The literature reviewed was from studies in Zambia and other countries all over the world especially developing countries.

The study was done in Serenje from 8th September to 12th September, 1997. Sample size was 50 women bringing their children to children's clinic. The women were interviewed at the MCH Department. A structured interview schedule was used for the interviews. The research findings revealed low utilisation of post natal services was mainly due to the association that people have of associating hospitals and clinics with illness. If mothers have no complaints they will not turn up for postnatal examination. Others said they do not keep their post natal appointment because they feel they are not fully examined or the examination is omitted altogether making the visit unworthy, poor attitude of health workers towards mothers was another reason for poor attendance, forgetfulness, laziness on the part of the would be clients, others were away from home on the stated day.

The study revealed that majority of respondents had heard about postnatal clinic and how important this service is but they still failed to fully utilise the service for reasons stated above. This service is brought as near to the mother as possible through outreach programmes so that every mother has access to the facility. The mothers' source of information about postnatal services were the health workers at the antenatal clinic. The information is relevant to the Serenje District Health Management Team as the findings will assist management to offer quality, cost effective and acceptable postnatal services to the community. A healthy family is an asset to any community and nation.

1.0 INTRODUCTION

1.1 BACKGROUND INFORMATION

Zambia is a developing country in the Southern region of Sub-Saharan Africa. It covers approximately 752 614 kilometres of land and is bordered on the South by Namibia, Botswana and Zimbabwe on the East by Mozambique and Malawi, on the North - East by Zaire (now the Democratic Republic of Congo) and on the West by Angola.

The country has a total population of 9,453,894 (projected population 1996-2015) out of which 1,903,542 (22.1 %) are women of child bearing age¹. The Zambian fertility rate is 6.5 (1992)². The population of the country, however, is expanding tremendously.

For administrative purposes, Zambia is divided into nine (9) Provinces namely Lusaka, Central, Northern, Luapula, Copperbelt, North Western, Western, Southern and Eastern Provinces. Each province is made up of a number of districts and a provincial headquarters. The country is densely populated along the line of rail, especially Lusaka, the Copperbelt followed by the Provincial headquarters with the rural areas being sparsely populated.

The country has a number of health institutions that are striving to provide health services as near to the people as possible.

It has one (1) university Teaching Hospital (UTH), two (2) Central Hospitals, nine (9) general hospitals (one for each province), sixty-nine (69) district hospitals, eight-hundred and eighty-three (883) urban and rural health centres with attached health posts or sub-health centres. Since the introduction of Health Reforms some health centres have been able to provide outreach services to rural stations on a monthly basis³. These out reach services are health promotive, productive as well as curative. Maternal and child health services are offered within these outreach programmes as well as hospital and health centre throughout the country. These services include antenatal care, postnatal examination, family planning and children's clinic. It is with this in mind and the fact that postnatal services are under utilised in this country as 'cited in the 1989 rapid evaluation of maternal health services'⁴ that the researcher became interested in conducting a study on the under utilisation of postnatal services at one rural district hospital. The study will be undertaken in Serenje district which is one of the six (6) districts in Central Province with an area of 2400 km². It is located in the North East part of Central Province and lies 266 km East of Kabwe, the Provincial Headquarters, on the Great North Road. It borders on the North with Mpika district (in Northern Province) in the East with Petauke district (Eastern Province) in the South with Mkushi (Central Province). In the West with Samfya (Luapula Province) and Zaire. The district is surrounded by mountain ranges in the Muchinga escarpment, in the West by Swamps of Luapula river. The main occupation of people is subsistence farming of maize, beans, sorghum, sweet potatoes, irish potatoes, finger millet, fishing and hunting wild game (poaching).

POPULATION STRUCTURE

The projected population for 1996 (from 1990 census at growth rate of 3.5%/annum) is 127,893. 60% of this population is situated in the periphery of the district. Of the 127,893 people 51.2% are females (65,481). Women of child bearing age (15-45 years) are 23% (29,415) and the number of expected pregnancies is 5.4% (6,906).

HEALTH RESOURCES

The District has 2 hospitals; Serenje district Hospital and Chitambo Government Hospital. It has twelve (12) health centres, seventy (70) health posts (34 in Serenje and 26 in Chitambo), 63 community health workers, twenty (20) trained traditional birth attendants and ninety-one (91) neighbourhood health watches. The hospitals and health centres are manned by qualified health workers. The health posts are however under the community health workers and traditional birth attendants who work hand in hand with the Committee for neighbourhood health watch and the community at large. Supervisory visits are made to these health posts on a monthly basis and on request by the community health workers or traditional birth attendants. These health resources offer health promotive, preventive and curative services. Maternal and child health is given very high preference and the services offered in maternal and child health include; antenatal care, intranatal, postnatal, family planning and children's clinic.

It has, however, been observed that despite the availability of these services the mothers are not utilising them fully. Other services especially curative, are better utilised than postnatal services in particular. This is due to the fact that many people (mothers inclusive) associate hospitals and clinics with illness.

1.2 STATEMENT OF THE PROBLEM

Maternal and child health services are targeted at promoting the health of the mother and child as these are the most vulnerable groups in any given community. The main objective of these maternal and child health services has been preventive rather than curative. "It has the opportunity and responsibility of promoting optimal health; of protecting the fetus, infant, child and youth during the period of physical growth as well as emotional growth and development; of educating parents and children about personal health, disease prevention and child care ..."⁵. Maternal and child health department offer the following services; antenatal care and postnatal examinations, family planning, children's clinic, nutrition and cookery demonstrations. All these are aimed at influencing the general condition and strengths of people of any nation. MCH activities can have a direct influence on the quality of life of each generation as well as the health and quality of life of the next generation.

Ideally all mothers should be advised to come for postnatal examination twice during the puerperium, that is, they should come a week after delivery at which stage the baby receives the BCG vaccine that protects against tuberculosis, then six weeks later the mother is again expected to turn up at the clinic for another full examination of herself and the baby.

If there are any abnormalities or complaints they are dealt with immediately or the mother and her baby are referred to appropriate personnel or health facility. The mother is supposed to discuss freely with the health worker at the postnatal clinic and seek advice where she feels she needs to be advised. She is encouraged to bring the baby to children's clinic and the importance of children's clinic is explained to her.

However, the trend as at now is that mothers utilise antenatal and delivery services quite well but very rarely turn up for postnatal services, Is it because they do not perceive any benefits for attending the clinic unless they are not feeling well. In 1996, Serenje District hospital recorded the following statistics under reproductive health

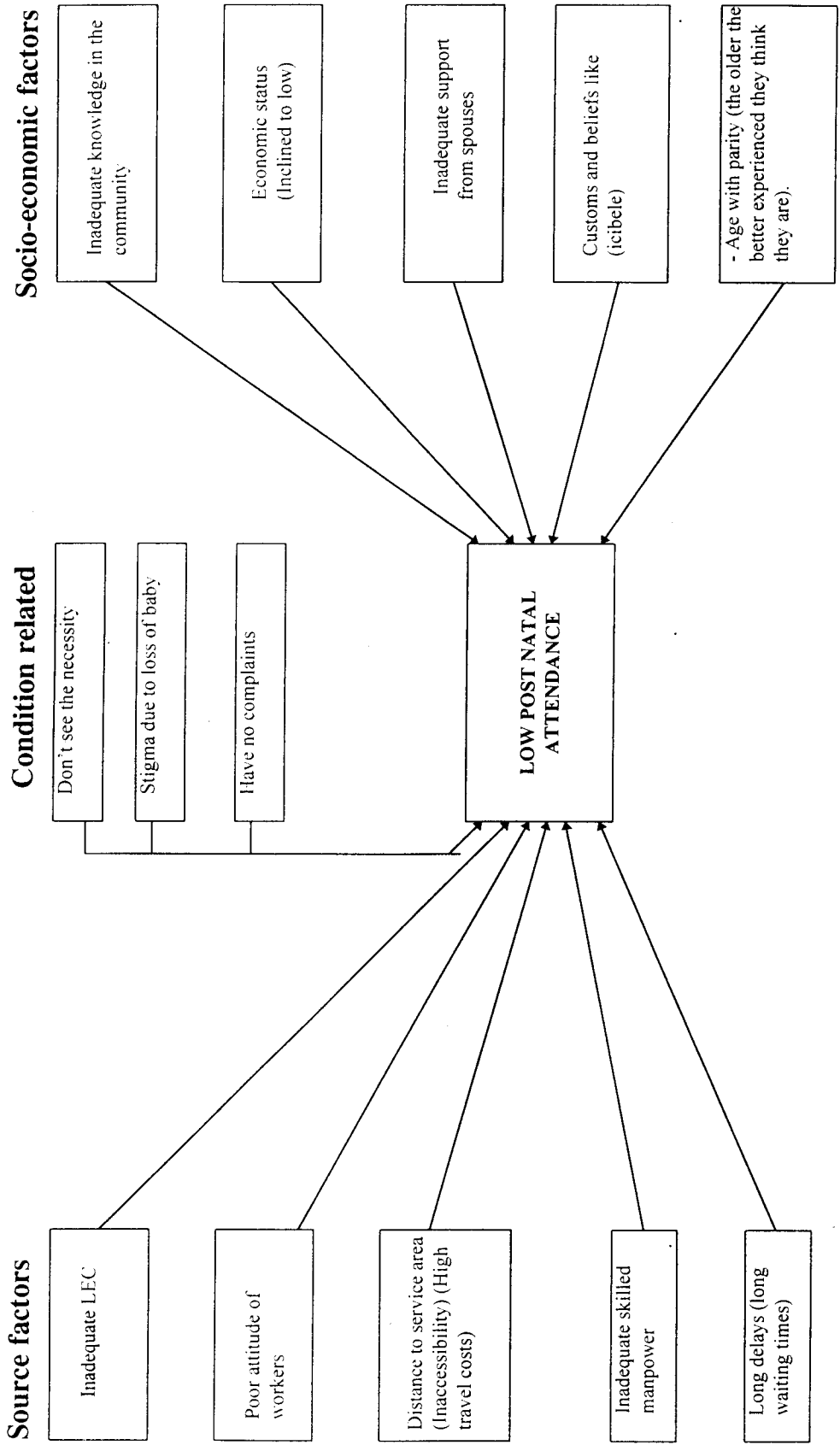
Antenatals	-	First attendances	Reattendances
		4,600	8,310
Deliveries	-	780	(Hospitals and rural health centres)
Postnatals	-	124	(Hospitals and rural health centres)

This shows that approximately 16% of the total number of mothers who delivered at a health facility turned up for postnatal examination. Of the mothers that deliver in homes for one reason or other, those that are delivered by trained traditional birth attendants are reminded to keep their postnatal appointment. The concept of attending health facilities only when one is unwell is so deeply ingrained in the mothers that they usually will only turn up for postnatal examinations when there are complications.

Two unpublished research studies by Post Basic Nursing Students (First by Sichinga in 1984 and later in 1988 by Nsofu) revealed that postnatal services are under utilised and both studies have recommended that further research be undertaken since the trend continues.

The low utilisation of postnatal attendance affects every individual in the community and country as a whole. If a mother does not attend this clinic, she misses the opportunity of having any complications and abnormalities that she could be having or that which the baby may be having; being detected early so that a correction is made or arrested before it gets worse or out of hand. An ill mother or baby ultimately affects all members of the family, the community and the country as a whole. So many mothers turn up for antenatal clinic in any given health facility as seen in 1995 Serenje recorded 8114 antenatal attendances, 2077 institutional deliveries and there were only 98 postnatal attendances. What could be the reasons why our mothers don't turn up for postnatal examination? A number of factors are going to be discussed that seem to be contributing to poor postnatal attendance.

Problem Analysis Diagram of Factors contributing to Low Postnatal Attendance in Serenje



The factors that seem to be contributing to poor postnatal attendance include:

- (a) Inadequate information, education and communication to the mothers by health personnel. In most cases mothers are reminded to come for post natal examination a week after delivery and then six weeks post partum. This is done in a manner that does not seem to convey the message that this is an equally important service as if it is just a 'by-the-way' Emphasis is not laid on the importance of this type of clinic.
- (b) Poor attitude of workers towards the mothers which make them unwelcoming and not respected. In certain cases the health personnel portray an attitude of disregard to the mothers, they do not welcome them with a smile let alone greet them. Instructions to the mothers on the procedures carried out at the clinic are given as a command and no explanation given. This 'puts off' the mothers generally. The mothers discuss such issues in their homes/villages and those would be clients are discouraged from attending the clinic.
- (c) Distance to service area making the service inaccessible or client incurring high travel costs. Not all mothers live within 2 to 3 km of a health centre or post. Most of them have to walk long distances or use a bus on which they have to pay a certain fee. This is one area which discourages the mothers from attending postnatal clinics.
- (d) Inadequate skilled manpower at the station. It is easy for mothers to note and observe that there is no skilled manpower at a particular health institution. Usually this is portrayed by the reluctance and lack of self

confidence of the attending personnel. Some mothers have some knowledge of what should actually take place at this clinic.

- (e) Long waiting times or delays - this clearly discourages a lot of would be clients to the clinics because no one person appreciates waiting for a service for endless hours.
- (f) The community has little knowledge about the existence of such services. This point tallies with the one stating that there is inadequate information education and communication to the mothers by the health personnel concerning post-natal clinics. Some mothers have never heard about the existence of such a service.
- (g) Poor post natal attendance is rather inclined to individuals of low income status. It is usually those of the low economic status individuals that stay far away from health institutions and can therefore not afford travel costs. They are also shy to go and mix with other mothers at the clinic probably because of poor dressing and unforthcoming appearance which make them uncomfortable in the presence of others.
- (h) Spouses and significant others do not support mothers to attend postnatal clinics. Husbands and relatives do not give money for travel costs to the clinic, nor do they escort them. It is generally regarded as a woman's responsibility to go for these services.
- (i) Certain customs and beliefs like icibele, going out and mixing with people whilst passing lochia, etc., may drive away mothers from post natal clinics. Mothers will shy away from the postnatal clinic because of fear

of their babies getting sick due to mingling with other people at the clinic. It is believed that some mothers have traditional medicine that will cause gastro enteritis in any baby that they will come in close contact with.

“The blood of child birth is a source of pollution)”⁶.

- (j) The older client feels and thinks she is better experienced with matters concerning pregnancy and delivery and therefore see no need of going for postnatal check up. Such clients usually have no knowledge about the fact that the older one gets and the more children one has the more risks one may encounter and therefore the more frequently one should be examined by qualified health personnel. The saying ‘experience is the best teacher’ is not always true.
- (k) Some educational level plays a role - the very lowly educated and the uneducated usually shun the clinic. This is probably due to the fact that these mothers do not see any importance in their attending the postnatal clinic.
- (l) Some mothers just don’t see the necessity of utilising the services especially if they have no complaints after delivery, or if they have lost their baby intranatally or post natally, then they are afraid of being stigmatised.

OBJECTIVES OF THE STUDY

1. To identify factors contributing to low attendance of postnatal clinics.
2. To identify socio-economic and cultural factors that may influence the mother's utilisation of postnatal clinics.
3. To establish service factors that may contribute to low utilisation of postnatal services.
4. To make recommendations to mothers and health workers on how to improve postnatal attendance.

HYPOTHESES

1. Mothers attend postnatal clinics only when they are unwell.
2. There is no relationship between attendance at PNC and distance.
3. Negative attitude of personnel at PNC contribute to low attendance.

Literature Review

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... ..

... ..

Women as mothers are the front-line providers of care within the family and are the key to human development and well being⁷. Their health, in its turn, has a strong impact on that of the children they bear and raise. Improvement of women's health is the surest means of improving children's and family health in general. Women's health should be given the highest priority.

An explanation of reproductive health reflects the WHO concept of health (31) in that "it is a condition in which the reproductive process is accomplished in a state of complete physical, mental and social well being and is not merely the absence of disease or disorders of the reproductive process"⁸. Reproductive health therefore implies that people have the ability to reproduce, to regulate their fertility, to practice and enjoy sexual relations.

Reproductive health further implies that reproduction is carried to a successful outcome through infant and child survival, growth and healthy development. It implies that women can go safely through pregnancy and childbirth, that fertility regulation can be achieved without health hazards and that people are safe in having sex.

Epidemiological and comparable data show that lack of basic obstetric services, prenatal care and related reproductive health services result in unnecessary high rates of maternal morbidity and mortality. WHO has estimated that each year 500,000 women⁹ die from pregnancy related causes and that in different unsafe abortions can cause 25-50% of maternal deaths simply because women do not have access to family planning services they want and need or have no access to safe procedure or to humane treatment for the complications of abortion.

Evidence also confirms the danger to health presented by pregnancies that come too early, too late, too often and at intervals that are too closely spaced in women's reproductive lives.

GLOBAL PERSPECTIVE

In Manchester, United Kingdom, Jo Bowers, a mid wife did a study on the necessity of the six weeks postnatal examination. Her study revealed that social class has bearing on whether women attend the six weeks post natal examination, according to a survey of 190 mothers and 55 general practitioners 45% of the women said that they would prefer to carry out the examination if they were given a chance, contraception was often adequately discussed but infant feeding and the woman's feelings were not.

According to Cook R.J., in the Medical Practitioner of December, 1985 only 10% of women were attending postnatal care. It is recorded that Countess Limerick during a Presidential address reiterated this fact. She believed the function of postnatal care as being two fold; curative which includes the diagnosis and treatment of disabilities connected with child birth in their early and more readily curable stages; preventive which includes collection of information about the nature and frequency of maternal morbidity to enable effective measures to be designed for future curative action.¹⁰

However, the April 1983 issue of Medical Practitioner had replies to this issue which revealed that 45 - 70% of women under go post natal care throughout the country although the picture remains patchy.

Joe Bowers' findings included the following:-

- Primipararous women attended slightly better than Multiparous.
- Asian women attended better than European women.
- Women in lower social group attended less than those in the middle and upper social group.
- 45% said they would rather a woman health worker carry out the postnatal examination than males, then they would attend.

Out of the total number of women who attended, 23% said their expectations had been met, 52% related their experience to previous experience. Unfulfilled expectations - 29% wanted more time for discussions, more consideration and less rushed examination.¹¹ Non attendance was mainly in the group probably most in need of a chance to discuss their problems and that was women in the lower social group and women who had experienced problem deliveries. Things most worrying to the mother were:-

Haemorrhoids, backache, vaginal discharge, depression and episiotomy problems.

REGIONAL PERSPECTIVE

The picture of the African perspective remains the same. A survey carried out in Sierra Leone as stated in the Population Council of 1995, number 7, revealed the following clinic data of January to December 1994 at the Marie Stopes Society in the Reproductive Health Care.

Antenatal care 4,874

Deliveries	238	
Post Natal	169	(12)

It was discovered that women's status composed of educational, cultural, economic, legal and political position does influence their attending post natal clinics. Their culture contributed greatly as most women require to seek permission to attend the clinic from their spouse or mother-in-law. In countries where there's preference for boy children, the girl child and its mother are neglected. This is commonly seen in the Northern African Region.

Peter J.M. Mc Evan in the Social Science and Medical International Journal Volume 38 No. 8 of April, 1994 says Mothers on this continent will delay or altogether shun postnatal clinic because of the following reasons:-

- The Health Care Centre is usually a bit far which means physical accessibility factors such as distribute travel time from home to facility, availability and cost of transportation, plus the condition of roads.
- In some cases women make the effort of going to the health centre but will not receive adequate care, this and the inadequate referral system, shortages of supplies, equipment and trained competent personnel are inhibitors of future utilisation. Inclusive on the list is the effectiveness of treatment, staff attitude, long waiting times, lack of privacy and emotional support, beliefs associated with traditional birth practices. Previous experience with the health centre or health care system, plays a very important role in the use of that particular facility by an individual.¹³

The above listed conditions prevail in most countries in the African region as most of these countries are either under developed or are in the process of being developed. If the limited resources that are available now are being under utilised of what point would it be to decide to put up more health facilities?

NATIONAL PERSPECTIVE

In Zambia, postnatal care can be as low as 7.3 as previously stated in the 1989 rapid evaluation of maternal health services in Safe motherhood in Zambia¹⁴. It is stated that women fail to request for a post natal check up because they are not aware that they have to, because they think everything is and will remain normal and fine after delivery or because they don't know the services exist. Some women feel that the service given during the post natal visit is shallow and not worth the effort. In 1988, Sarah M. Nsofu conducted a research (unpublished) on factors contributing to under utilisation of post natal facilities at Chilenje health Centre in Lusaka.

Her findings implied that mothers who did not attend post natal clinic were fully aware about the existence of this type of service and had been given appointments but did not keep them because they were sick, forgot, felt alright, felt lazy, had no knowledge, or away from home. 64% of her respondents lived within walking distance of the health facility, 85% of the respondents residential areas had no traditional midwives which indicates that these mothers have no other health agency apart from the clinic to turn to. Out of 6,878 antenatal attendants, only 76 postnatal mothers kept the appointments in 1987 at Chilenje Health Centre. She also highlighted how 65% of her respondents indicated that they had not attended even the previous post natal clinic after delivery, thus the continuation of the trend of non-attendance. She also found out that home

visiting of post natal mothers in their communities is not done by members of the health centre, if it is done it is very minimal. Home visiting is very essential and helps discover mothers who may need guidance as they play the role of a mother or parent and might not know where to seek good guidance¹⁵.

Nsofu's findings tally with those of Sichinga who carried out a similar study at Chelston Clinic in 1984. The question one can ask is - If women in the urban areas where clinics are many and within walking distance fail to utilise postnatal services what more with rural women who have problems with access to health facilities? Women in the rural areas have problems with accessibility to health centres because of poor road network, lack of transport and distance of between home and health facility. They therefore depend on the outreach programmes that are being conducted by hospitals. It is therefore not a surprise to find that utilisation of post natal clinic is low in the rural areas as well and even worse due to other factors which are highlighted in the statement of the problem.

Who actually benefits from the postnatal clinics?

A number of mothers stated that they benefit from this service, according to Strubo (1980). Others see it as a 'useless ritual' that they must go through, particularly the routine abdominal and vaginal examination. Some see it as a 'necessary evil' rather than a helpful experience¹⁸. They claim that the traditional vaginal examination to establish complete 'involution' is unwarranted for it is unlikely to yield any useful information and is carried out at the expense of more useful items like discussing contraception and breast feeding, how the mother is feeling and how the baby is settling into the family.

In her recommendations, Nsofu says there's need to conduct more researches concerning the under utilisation of post-natal services until a solution is found.

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Comp No. : **94314004**
Assignment : **Research Methodology**
Research Topic : **Factors Contributing to Low Post
Natal Attendance in Serenje**

CHAPTER 3

3.0 METHODOLOGY

3.1 RESEARCH DESIGN

This research study was aimed at determining factors contributing to low utilisation of post natal clinics among women in Serenje District. A non-experimental descriptive research design was chosen which involved a systematic collection and presentation of data in order to show cause-effect relationship between the dependant variable and various independent variables. The study was qualitative because it endeavoured to identify and explore the factors contributing to low utilisation of post natal services.

3.2 RESEARCH SETTING

The study was conducted at the Maternal Child Health Department at Serenje District Hospital. This enabled me to draw a sample of women from different social and economic backgrounds because the hospital is centrally situated and caters for people living within a radius of 5 km and even more.

Serenje district has two hospitals, 12 health centres and 79 health posts.

Maternal and child health services are offered at all these health centres, health posts and two hospitals. The reason the researcher chose to

conduct the study in Serenje is because during the period she (the researcher) worked there, it was noticed that there was under utilisation of post natal services and now she would like to find out why this is so.

3.3 STUDY POPULATION

The study population consisted of women in child bearing age group (15 to 49 years) bringing their children to the children's clinic.

3.4 SAMPLE SIZE

This comprised of 50 women.

3.5 SAMPLING METHOD

The researcher used systematic sampling to pick out the respondents. At the children's clinic the mothers stand in a queue so the researcher picked out every fourth mother to distribute a sample size of 50 respondents.

This method was chosen because it has the advantage of according all women an equal chance of being included in the sample and therefore eliminates biasness and enabled the researcher to make a generalisation.

3.5 DATA COLLECTION TECHNIQUE

Data was collected through a structured interview schedule. A questionnaire was constructed and designed in such a manner that it abled me to solicit appropriate information pertaining to the study. It had both

closed and open questions. The questions were written in English but were translated into Bemba and Lala during the interviews. Interviews were conducted on a daily basis from 8th September to 12th September, 1997 at the Children's Clinic. Anonymity was granted by not including respondent's name and address on the questionnaires.

3.6 DATA COLLECTION

This was for one week from 8th September to 12th September, 1997. The researcher conducted the interviews with the help of one research assistant who did not need to be trained as she has conducted similar researches in the past. However, the researcher went through the questions with the research assistant to make sure there were no items which might constitute problems.

ETHICAL CONSIDERATION

Permission to interview women at the Childre's Clinic was obtained by way of a letter addressed to the Director of Serenje District Health Management Team under whose jurisdiction the hospital falls. The women at the clinic were informed as to why the interview was being conducted and their consent was sought before engaging them in the interview.

3.7 PILOT STUDY AND PRETEST

A pilot study was conducted at Chitambo hospital, the other hospital in Serenje situated about 85 km North of Serenje district hospital. Ten (10)

women were interviewed in order to test the questionnaire and identify areas which would prove to be difficult. It may result in changing some questions all together.

3.8 **LIMITATIONS OF THE STUDY**

1. The study was done along side other courses of the year and so the study was conducted within major limitations of time.
2. The study had to be conducted on a small scale because of time and financial factors. A small sample was selected which made it difficult for the researcher to make inferences on the whole population.

CHAPTER FOUR

4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

The purpose of the study was to determine factors contributing to low utilisation of post natal attendance in Serenje District. The data presented was analysed into frequency tables, cross tabulations and numerical descriptions for each table. The data was analysed manually.

4.2 DATA ANALYSIS

The results presented were obtained from 50 women aged 15-49 years randomly selected. After collection, data were sorted out and edited for consistency, completeness and accuracy. Responses from open ended questions were categorised and coded. The data has been presented in form of tables because tabulated data is easier to remember and make references to.

Table 1: Age Distribution of Respondents

AGE GROUP	NUMBER OF RESPONDENTS	PERCENTAGE
Below 15 years	0	0
15 - 20 years	8	16
21 - 25 years	5	10
26 - 30 years	9	18
31 - 35 years	9	18
35 - 40 years	13	26
Above 40 years	6	12
Totals	50	100

Majority of the respondents 13(26%) were in the age group 36 to 40 years, followed by 26-30 years and 31-35 years with 9(18%) respectively. There were 6(12%) above 40 years.

Table 2: Educational Level of Respondents

EDUCATIONAL LEVEL	NUMBER OF RESPONDENTS	PERCENTAGE
Never attended school	4	8
Grades 1 - 4	8	16
Grades 5 - 7	13	26
Grades 8 - 9	8	16
Grades 10 - 12	9	18
Other	8	16
Totals	50	100

Majority of the respondents have attained educational levels between Grades 5 - 7 13(26%). Only 4(8%) have never attended school.

Table 3: Marital Status of Respondents

MARITAL STATUS	NUMBER OF RESPONDENTS	PERCENTAGE
Married	30	60
Divorced	3	6
Single	16	32
Widowed	1	2
Totals	50	100

Majority of the respondents 30(60%) are married while 16(32%) are single.

Table 4: Number of children of Respondents

NUMBER OF CHILDREN	NUMBER OF RESPONDENTS	PERCENTAGE
None	2	4
1 - 2	20	40
3 - 4	10	20
5 - 7	11	22
8 and more	7	14
Totals	50	100

This table shows that 20(40%) respondents have 1 - 2 children while 7(14%) have 8 or more children.

Table 5: Distance of Residential Area of Respondents from Facility

DISTANCE	NUMBER OF RESPONDENTS	PERCENTAGE
Less than 2 km	14	28
2 - 4 km	22	44
4 - 6 km	3	6
6 - 8 km	2	4
8 - 10 km	5	10
10 km and above	4	8
Totals	50	100

22(44%) respondents live within 2 - 4 km of the health facility. 14(28%) live less than 2 km with 4(8%) who live more than 10 km.

Table 6: Religion of Respondents

RELIGION	NUMBER OF RESPONDENTS	PERCENTAGE
Christians	47	94
Non-christians	3	6
Totals	50	100

This table shows that 47(94%) are Christians while 3(6%) are non-Christians.

Table 7: Mode of Transport to Postnatal Clinic

MODE OF TRANSPORT	NUMBER OF RESPONDENTS	PERCENTAGE
Walking	32	64
Oxcart	6	12
Bus/car	3	6
Bicycle	8	16
Train	1	2
Totals	50	100

the majority of respondents 32(64%) walk to the postnatal clinic, whilst 8(16%) use bicycles and only 1(2%) uses the train.

Table 8: Utilisation of Postnatal Clinic

	NUMBER OF RESPONDENTS	PERCENTAGE
Attended	23	46
Did not attend	27	54
Totals	50	100

23(46%) respondents had attended postnatal clinic after delivery of youngest child whereas 27(54%) had not attended post natal clinic.

Table 9: Health Education given antenatally on importance of attending postnatal clinic

	NUMBER OF RESPONDENTS	PERCENTAGE
Yes	43	86
No	7	14
Totals	50	100

Majority of respondents 43(86%) have had health education antenatally on importance of attending postnatal clinic. Only 7(14%) have not had this health education.

Table 10: Utilisation of Post natal clinic in relation to parity

PARITY	YES	NO	TOTAL
Zero		1(2%)	1(2%)
1 - 2	12(24%)	9(18%)	21(42%)
3 - 4	5(10%)	5(10%)	10(20%)
5 - 7	5(10%)	6(12%)	10(20%)
8 and more	1(2%)	6(12%)	7(14%)
Total	23(46%)	27(54%)	50(100%)

Majority of the mothers with 1 - 2 children utilise postnatal clinic 12(24%), better than those with 5 - 7, 8 and more children respectively.

Table 11: Respondent education level in relation to post natal attendance

EDUCATIONAL LEVEL	POSTNATAL ATTENDANCE		TOTAL
	YES	NO	
Never attended school	1(2%)	3(6%)	4(8%)
Grades 1 - 4	1(2%)	9(18%)	10(20%)
Grades 5 - 7	7(14%)	6(12%)	13(26%)
Grades 8 - 9	2(4%)	6(12%)	8(16%)
Grades 10 - 12	7(14%)	2(4%)	9(18%)
Others	5(10%)	3(6%)	8(16%)
Total	23(46%)	27(54%)	50(100%)

Respondents with grades 5-7 7(14%) and 10 - 12 7(14%) educational levels attended postnatal clinic better than grades 1 - 4 ((18%) and grades 8 - 9 6(12%) respectively.

Table 12: Utilisation of postnatal clinic in relation to distance from facility

DISTANCE	POSTNATAL ATTENDANCE		TOTAL
	YES	NO	
Less than 2 km	12(24%)	2(4%)	14(28%)
2 - 4 km	8(16%)	14(28%)	22(44%)
4 - 6 km	1(2%)	3(6%)	4(8%)
6 - 8 km		3(6%)	3(6%)
8 - 10 Km	1(2%)	1(2%)	2(4%)
More than 10Km	1(2%)	4(8%)	5(10%)
Total	23(46%)	27(54%)	50(100%)

Majority of the respondents 12(24%) living within a distance of less than 2Km attended postnatal clinic better than those living from 2 - 4 km, followed by those living more than 10 km from the facility.

Table 13: Places of preference for delivery of children

PLACE	NUMBER OF RESPONDENTS	PERCENTAGE
In hospital	33	66
At home	16	32
At clinic	1	2
Other	-	-
Totals	50	100

Majority of respondents 33(66%) prefer to deliver their children in hospital. 16(32%) would rather deliver in their homes and only 1(2%) at the clinic.

Table 14: Presence of traditional birth attendant in respondent's residential area

	NUMBER OF RESPONDENTS	PERCENTAGE
Yes	30	60
No	20	40
Totals	50	100

30(60%) of respondents agreed to the presence of traditional birth attendant in areas of residence while 20(40%) did not.

Table 15: Utilisation of post natal clinic services in relation to place of delivery of youngest child

PLACE OF DELIVERY	UTILISED POST NATAL CLINIC		TOTAL
	YES	NO	
In hospital	18(36%)	15(30%)	33(66%)
At home	5(10%)	11(22%)	16(32%)
At clinic	-	1(2%)	1(2%)
Other	-	-	-
Total	50		100

(18)36% respondents utilised post natal clinic services out of the 66% respondents who had delivered their youngest children in hospital. Of the 32% that had delivered their children at home only 10% of them utilised post natal clinic services.

Table 16: Reason for missed appointment from respondents

REASON	NUMBER OF RESPONDENTS	PERCENTAGE
Laziness	7	14
Sickness	5	10
Facility too far (distance)	10	20
Forgot	7	14
Away from home	2	4
Poor nurses' attitude	9	18
Ignorance	5	10
No Postnatal problem	4	8
Postnatal examination too brief or none at all	1	2
Totals	50	100

Majority of the respondents 10(20%) failed to turn up for post natal check up because they live far from the health facility, followed by 9(18%) who did not turn up due to poor nurses' attitude. Only 1(2%) did not turn up due to too brief post natal examination or no examination at all.

Table 17: Cultural taboos existing in the area concerning puerperium

	NUMBER OF RESPONDENTS	PERCENTAGE
No cooking		
Not to mix with people		
No sexual relations with husband		
Keep baby indoors for first 1-2 months		
Mother to eat alone as she is unclean		
Baby not to be touched by menstruating women		
Not to touch baby's eyes whilst passing lochia		
Not to add salt to food if cooking		
No taboos existing	5	
1 and 5	1	
1, 3 and 5	1	
1, 2, 4 and 8	1	
2, 3 and 8	1	
1, 5 and 8	1	
6 and 8	2	
5 and 8	1	
1	1	
3, 4 and 8	2	
1 and 2	2	
1 and 3	8	
1, 2 and 6	1	
1, 3 and 4	4	
1, 2 and 3	4	
1, 2 and 4	13	
1 and 4	3	
Totals	50	100

Majority of respondents believe that they should not cook, not have sexual relations with husband and to keep baby indoors the first 1 - 2 months.

CHAPTER 5

5.0 DISCUSSION OF FINDINGS AND HEALTH SYSTEMS IMPLICATIONS

5.1 INTRODUCTION

The general objective of the study was to identify factors contributing to under utilisation of post-natal clinic at Serenje district hospital. The sample consisted of 50 mothers who had brought their children to the children's clinic. The sample consisted of women from different social and economic backgrounds because the hospital is centrally located and caters for people living within a radius of 10 km and more.

SOCIO-DEMOGRAPHIC DATA

Table 1 shows the age distribution of respondents. The majority of respondents 13(26%) were in the age group 36 to 40 years, followed by 26 - 30 and 31 - 35 with 9(18%) respectively. Those ranging between 15 - 20 years were 8(16%) followed by those above 40 years who were 6(12%) and lastly 5(10%) were from 21 - 25 years. There were no respondents below 15 years.

The respondents' educational levels are depicted in Table 2. The majority of the respondents have attained educational levels between grades 5 - 7 13(26%). Those with grades 10-12 educational levels were a (18%),

Grades 8-9 were 8 (16%) college and University 8 (16%), Grades 1-4 were also 8 (16%) whilst those who had never attended school were 4 (8%).

Marital status of respondents is shown in Table III. Majority of respondents 30(60%) were married, single mothers were 16(32%) divorced mothers were 3(6%) and widows were 1(2%). It was discovered that single mothers did not feel free to come to the clinic because they were shunned by the other mothers and not treated with the same respect as the married mothers by the health workers.

In table 6 the religion of respondents is depicted. Majority of the respondents 47(94%) were Christians from different denominations. The Roman Catholics were in the majority 15(30%) followed by Jehovah's witness 9(18%), UZC 7(14%) SDA and Pentecostal 5(10 each, New Apostle 4 (8%) Anglicans 1(2%), Baptists 1(2%). There were 3(6) non Christians. Table 5 shows the distance of residential area of respondents from health facility majority of respondents 22 (44%) live within 2-4km of the health facility, 14(28%) live less than 2km from the hospital, 5(10%) within 8-10km 4(8%) live 10km and more from facility and 2(4%) who live 6-8km from the hospital. On being interviewed, mothers who stay 10km and more from the hospital said they usually start off from their homes day before the day of appointment and spent the night with relatives or friends within town. They then attend the postnatal clinic first thing at 14.00 hours next day but would still spend another night with relatives as it would be late to start off for home in the afternoon. They finally leave for their homes on the next day. In endeavouring to reach

all mothers, the hospital carries out outreach activities but not all mothers are reached because they stay very far from any health post and have no option but to come to the hospital. Serenje District has no local public transport. Those living along the line of rail get on the train but they still have to walk a distance of more than 2km from the railway station to the health facility. Table 7 shows the mode of transport that mothers use to get to the hospital, 32(64%) of respondents walk to the hospital regardless of distance 8(16%) use bicycles, these are the fortunate ones who have managed to buy bicycles from the sell of farm produce. In certain cases these bicycles are borrowed from relatives or friends for the sole purpose of taking some body to the hospital. The researcher witnessed a case in which two (2) bicycles were used to make a stretcher to transport a very ill patient, 6(12%) respondents use oxcarts which are a very useful mode of transport. Depending on the size of oxcart, it will ferry people, farm produce, charcoal and many other items for sell in town so that while the mothers are being attended to, the men who drive the oxen are at the market selling whatever merchandise they had come with. Only one (1) mother out of the fifty (50) said she uses the train to get to the hospital. The train arrives at the railway station in Serenje at 02.00 - 04.00 hours which is very inconvenient for her as she has to stay at the station up to about 06.30 hours when it is bright enough for her to walk to the hospital.

Of the 50 mothers interviewed on the utilisation of post natal clinic at Serenje District Hospital 23(46%) said they had attended postnatal clinic after delivery of youngest child whilst 27(54%) had not attended postnatal clinic (Table 8). When asked as to why most mothers do not attend postnatal clinic, various reasons were given. Table 16 gives reasons for

missed appointments. Majority of the respondents 10(20%) attributed the failure by mothers to keep their postnatal appointment to distance. They said when the facility is far, it makes it difficult for one to walk over to the hospital. 9(18%) respondents said the nurses' attitude puts them off. As Jo Bowers puts it "... previous experience does play a major role in one's attitude towards postnatal clinic during next delivery..."¹⁶. 7(14%) said failure to turn up for this important service was due to laziness, another 7(14%) said they had completely forgotten about the appointment, 4(8%) said they had had no postnatal problem. It is well known in our culture, as pointed out by Nsofu that we tend to associate a health facility with illness and home with wellness¹⁷. A further 5(10%) respondents said they were ignorant about the existence of postnatal services.

This is, however, highlighted in Table 9 which depicts number of respondents who were given health education on importance of attending postnatal clinic. Out of 50 mothers interviewed 43(86%) said they had had health education given to them antenatally on the importance of postnatal services. Only 7(14%) said they had had no health education. This means that although most mothers do not keep post natal appointments, they are aware of the existence and the importance of such a service.

Table 10 which is on utilisation of post natal clinic in relation to parity reveals that primiparous women 11(22%) attended postnatal clinic better

than Grande multiparous women; 5 - 7 (6(12%)) 8 and more 6(12%) children respectively. Jo Bowers had similar findings¹⁸.

In our culture, the more children one has the more one is considered to be wise. Grande multiparous women are consulted in health matters, raising of children, labour and many other issues. These are the mothers that feel there is no need for them to attend postnatal services because “all has been well so far and will continue to be well”. Since these mothers are “consultants”, they usually, do not wish to consult in turn. Most of them have unassisted deliveries, sometimes the end result is fatal. They will only seek medical advice when “worse comes to the worst”, usually in a condition that no health worker can do anything about. It is these multiparous women that sometimes give wrong advice to the primigravida and primiparas. Every chance or opportunity that avails to them of delivering a mother they will eagerly grab - it could be that they want to gain experience at the expense of a primigravida.

Table 11 looks at respondents' educational level in relation to post natal attendance. Respondents with grades 5 to 7 7(14%) and grades 10 to 12 7(14%) respectively attended postnatal service better than Grades 1 to 4 9(18%) and Grades 8 to 9 6(12%) respectively. Of the 4(8%) who had never attended school only 1(2%) had utilised postnatal services. Those who had attained higher levels of learning (others) 5(10%) had attended out of a total of 8(16%). From the above one can say that the more

educated women are, the more likely that they will utilise postnatal services.

Table 13 shows places of preference for delivery of children by respondents. Majority of respondents 33(66%) preferred to deliver in hospital, 16(32%) would rather deliver at home and only 1(2%) said she preferred to deliver at a clinic in this case a rural health centre within Serenje District Hospital's catchment area. Those who chose to deliver in hospital said they feel safe in a hospital because there is manpower and suitable machines to be used in case it becomes impossible for them to deliver normally. Those who preferred to deliver at home said they feel secure when delivering in their homes because they are in "familiar surroundings with familiar people"¹⁹. On being asked as to what they can do in case complications occurred as labour and delivery of a baby can be unpredictable, some mothers said they put measures in place like arranging for transport to take them to the hospital at any time of day, they also have at hand herbs to be used in all types of anticipated problems.

Of the 33(66%) mothers that had delivered in hospital only 18(36%) had attended postnatal clinic. Out of the 16(32%) that had delivered at home, 5(10%) came for postnatal check up. One may wonder why so few of these mothers turn up for post natal check up because on discharge from the hospital they are strongly reminded to come on a certain date to the hospital or clinic for check up. The date is even printed onto the antenatal

card which the mother goes home with. Those who are delivered by traditional birth attendants in their homes are equally reminded to keep them post natal visit appointment.

In Table 14, respondents revealed whether there are traditional birth attendants in their residential areas or not. 30(60%) agreed to the presence of TBAs while 20(40%) did not. The aim of this question was to see if trained TBAs were fairly distributed and if they were being made use of. Trained TBAs are aware of the importance of post natal service and do emphasise to their clients that they utilise this service. Some mothers, however, may be assisted to deliver by any ordinary person who may not even be aware of the presence and importance of post natal services.

Table 17 is on cultural taboos existing in the area concerning puerperim. Majority of respondents believe that they should not cook, not have sexual relations with husband and that they should keep baby indoors during the first and second months. The aim of this question was to try and find out taboos that may contribute to low utilisation of post natal clinic. Keeping baby indoors the first 1 - 2 months could be one taboo that may keep mothers away from the clinic at six weeks postnatally. Some taboos aim at assisting mothers to have enough rest and not to cook. The researcher did not come across a taboo that was detrimental to respondent's health.

CHAPTER 6

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

The study was aimed at establishing factors contributing to low utilisation of post natal attendance in Serenje district. The objective of the study was to identify factors that may influence the mothers' utilisation of post natal clinics such as their age, cultural beliefs, educational levels, distance between home and health facility, quality of post natal service being offered relationship or attitude of health personnel towards mothers. Results and recommendations were to be presented to the Management Team which would try to put in measures to correct the situation.

The hypotheses of the study was that postnatal mothers with postnatal problems attend post natal clinic better than those without postnatal problems, that there is no relationship between distance and a missed appointment as outreach programmes have been put in place, IEC is not given to mothers therefore they have no knowledge about the existence of PNC.

Major findings were that mothers have knowledge concerning post natal service and its importance but do not utilise this service fully because of

the traditional concept of associating a hospital or clinic with illness, home with wellness.

This disproves the hypothesis that IEC is not given to mothers on existence and importance of postnatal clinics. Out of the 50 respondents interviewed, 43(86%) said they had been given IEC on postnatal services, only 7(14%) had not. Only 23(46%) turned up for postnatal clinics. 27(54%) did not. The assumption that mothers who stay far from the hospital or facility rarely attend PNC whilst those who stay close to the facility do so was also disproved because mothers living within a distance of 2 - 4 km failed to turn up for this important service 14(28%) mothers claimed 2 - 4 km is a long tiring distance, but they walk longer distances when they want to sell their produce.

It was discovered that the nurses' attitude towards the mothers contributes 9(18%) to the low utilisation of postnatal clinic. These are the people that give health education on the importance of attending postnatal clinics and should welcome the mothers when they turn up, attend to them promptly, listen to what they have to say attentively and provide them with appropriate advice or referral so as to enhance maximum use of this service in future.

As pointed out by Peter J.M. Mc Evan in highlighting the reasons for delay or shunning postnatal clinic by mothers:- distance of health facility from home transportation, condition of roads, inadequate care and inadequate referral system, shortage of supplies, equipment and trained competent personnel, staff attitude, long waiting time, lack of privacy and emotional support, beliefs associated with traditional birth practices were

amongst the reasons given by mothers. Previous experience with health care system also plays a role in the use of a particular facility by individuals 20(40%). The above summarises the contributing factors to low utilisation of postnatal service on the African Continent as well as Zambia as an individual country.

NURSING IMPLICATIONS

Postnatal clinics can be utilised to the maximum if measures are put in place such as:-

1. Nurses and other health workers improve their attitude towards their clients. They should be more welcoming and cheerful.
2. Mothers with anticipated problems or those who had difficulty deliveries should be followed up on a frequent basis to assess their health and how they are coping in their home environment.
3. Outreach programmes include post natal services. Mothers who stay within reach of health posts should use this opportunity to be seen by a midwife.
4. Outreach programmes should be well funded so that they are able to run continuously without interruption.

6.2 RECOMMENDATIONS

1. Health workers should continue making women more aware of their rights and responsibilities in terms of their own health through health education.
2. The format or procedure at post natal clinic should be changed to put emphasis on discussion about the mother's feeling and child rearing.
3. A morbidity register should be kept in the MCH Department providing statistics of post natal exam attendance and non-attendance in order to evaluate service and make a follow-up.
4. Integrating services would help improve post natal attendance.
5. Health workers at MCH department should attend in service courses and seminars to update their knowledge and skill.
6. Health committees to be activated to work in partnership with the community.

FOOTNOTES

1. Demographic health survey: Zambia, Department of Development Studies
2. Ibid
3. Safemotherhood in Zambia, A situational analysis Page 11
4. Ibid Page 5, 21-23
5. Wallace H and Ebrahim G.J. Maternal and Child Health around the world Page 80
1. WHO September 1995 - World Health Magazine Page 36
2. Ibid PP 3-5
3. R.J. Cook, WHO Geneva - Women's Health and Human Rights PP 10-11
4. Ibid PP 32-33
5. The Practitioner December 1985 Medical Ethics PP 11 31-32
6. Ibid PP 11 33
7. The Population Council 1995 No.7 Quality/Calidad/Qualite Page 7
8. Peter J.M. Mc Evan - Social Science and Medicine, International Journal Volume 38 Number 8, April 1994, PP 5-8
9. Safemotherhood in Zambia: Monograph 3 PP 21-23
10. Nsofu (1988) A study to determine factors leading to low utilisation of postnatal clinic at Chilenje Health Centre PP
11. WHO 1995 September Page 36
12. Nsofu (1988) A study to determine factors leading to low utilisation of post natal clinic at Chilenje Health Centre PP
13. WHO (1995) September Page 37

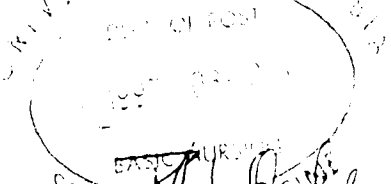
THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING

Dear Sir/Madam,

This is to introduce.....PAULINE CHISANGA KATONGO.....
a Fourth Year BScN student in the School of Medicine, Department of
Post Basic Nursing. This student is carrying out a Research study in
partial fulfillment of the Degree requirement. The name of the Research
Topic is.....FACTORS CONTRIBUTING TO LOSS.....
.....POST NATAL ATTENDANCE IN SERENDE.....

We shall be most grateful if you could access the student to information
on the subject, clients or interviews and any other assistance the student
may require.

Yours faithfully,



Patricia M. Ndele (Mrs)
ACTING HEAD/RESEARCH LECTURER

BIBIOGRAPHY

1. American Journal of Nursing, May 1985.
2. Bennet and Byine (1987) Community Nursing in Developing Countries
A Manual for the Community Nurse
Oxford medical Publications, Nairobi.
3. Bennette V.R. and Brown L.K. (1996) Myles Text book for Midwives,
Churchill Livingstone, London.
4. Cook R.J. - Women's Health and Human Rights, WHO, Geneva.
5. Cumpstar J.H.L. (1989) Health and Disease in Australia,
Commonwealth Government Printer, Canberra.
6. Davies M.J.B. (1966) Community Health, Preventive Medicine and
Social Services, Bailliere Tindall, London.
7. Demographic Health Survey: Zambia, Department of Social Development
Studies.
8. Family Care International; Safe Motherhood in Zambia Monograph 3,
A Situational Analysis, UNICEF.
9. Freeman and Heinrich (1981) Community Health Nursing Practice,
W.B. Saunders Company, London.

10. Frommer Margaret (1983) Community Health Care and the Nursing Process,
The CV Mosby Company, London.
11. Ingram Fogel C and Woods NF (1995) Women's Health Care,
A comprehensive handbook,
Sage Publications, California.
12. Leahy K M and Cobb (1982) Community Health Nursing,
Mc Graw Hill Book Company, London.
13. Leedam E.J. (1972) Community Nursing Manual - A guide for Auxiliary Health Nurses,
Mc Graw Hill book company, Singapore.
14. Peter J.M. Mc Evan; Social Science and Medicine,
International Journal, Aberdenishire.
15. The Population Council 1995, No.7 1995, Quality/Calidaad/Qualite.
16. The Practitioner, December 1985, Medical Ethics.
17. Wallace M.H. and G.J. Ebrahim (1981) Maternal and Child Health around the World,
MacMillan Press Limited, London.

18. William CD and Jelliffe (1976) Mother and Child Health,
Delivering the Service,
Oxford University Press , London.
19. WHO (1995) September - The Magazine of WHO
20. WHO 1985 - World Health Magazine
21. WHO 1980 - World Health Magazine.

QUESTIONNAIRE

The purpose of this study is to find out the utilisation of post natal clinic at Serenje District Hospital. The information you will give will be treated with the strictest confidence. It is necessary to give your name.

Code Number: Date of Interview:

1. What is your age?
 - (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) Above 40 years ()

2. Have ever been to school?
 - (a) Yes ()
 - (b) No ()

3. If your answer is Yes to 2 above, what is the level of your education?
 - (a) Grade 1 - 4 ()
 - (b) Grade 5 - 7 ()
 - (c) Grade 8 - 9 ()
 - (d) Grade 10 - 12 ()
 - (e) Others

4. What is your occupation?
5. What is your marital status?
(a) Married ()
(b) Divorced ()
(c) Single ()
(d) Widowed ()
6. How many children do you have?
(a) Zero
(b) 1 - 2
(c) 3 - 4
(d) 5 - 7
(e) 8 and more
7. What is your religion?
.....
8. How far is your home from the hospital?
(a) Less than 2 kilometres ()
(b) 2 - 4 kilometres ()
(c) 4 - 6 kilometres ()
(d) 6 - 8 kilometres ()
(e) 8 - 10 kilometres ()
(f) More than 10 kilometres ()
9. How often do you come to the hospital for treatment?
.....
10. Where do you normally deliver your children?

- (a) In hospital ()
- (b) At home ()
- (c) At a clinic ()
- (d) Other

11. What is your mode of transport to the hospital?

- (a) Walking ()
- (b) Bicycle ()
- (c) Ox Cart ()
- (d) Car/Bus ()
- (e) Train ()

12. Are there traditional birth attendants in your area?

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

13. Have you ever utilised the services of a traditional birth attendant?

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

14. If your answer to 11 above is Yes, please explain

.....
.....

15. Where did you last deliver your youngest child?

- (a) In hospital ()
- (b) At home ()
- (c) At a clinic ()
- (d) Other

16. (i) Were you asked to attend post natal clinic by a health worker on discharge?

(a) Yes ()

(b) No ()

16.(ii) If Yes, when were you told to come?

(a) After one week ()

(b) After six weeks ()

(c) After one month ()

(d) Other

17. Did you attend post natal clinic after your previous deliveries?

(a) Yes ()

(b) No ()

18. Explain why mothers should attend postnatal clinic.

.....

19. Have you ever had health education on the importance of post natal clinic?

(a) Yes ()

(b) No ()

20. If answer to 19 above is Yes, who gave this education

.....

21. If answer to 19 above is Yes, what did he/she tell you?

.....

.....

22. Mention some taboos that exist in your culture concerning the puerperium?
.....
.....

23. Have you ever been visited by midwives in your community?
(a) Yes ()
(b) No ()

24. Are you happy with the reception of the nurses at the hospital/clinic?
(a) Yes ()
(b) No ()

25. If answer to 24 is Yes, what are the reasons?
.....
.....

26. If the answer to 24 is No, what are the reasons?
.....
.....

27. What in your opinion could the reason why mothers do not come for post natal clinic after they deliver?
.....
.....

28. Please write down your comments on post natal services at Serenje District Hospital?
.....
.....

