

AWARENESS AND UTILISATION OF POSTNATAL CARE SERVICES AMONG ANTENATAL CLINIC ATTENDEES AT AHMADU BELLO UNIVERSITY TEACHING HOSPITAL ZARIA

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ABSTRACT

BACKGROUND: Postnatal period is the period from one hour to six weeks after the birth of an infant. It is a critical period for the woman, her new born and her family on a physiological, emotional and social level especially because 50-70% of all maternal deaths occur during this period.

AIM: To identify the determinants of women's utilization of postnatal clinic services (PNCs).

METHODS: A descriptive study on 188 eligible antenatal clinic attendees at the Obstetrics and Gynaecology Department of Ahmadu Bello University Teaching Hospital (ABUTH) Shika-Zaria from October to December 2013. Structured questionnaires were used for the study. Approval was obtained from the Ethical committee of the ABUTH, Shika-Zaria. The SPSS version 16 was used for data analysis and the results was subjected to descriptive analysis.

RESULTS: The majority were Hausas. 39.9% had tertiary school education. Majority of them (42%) were multiparous women, 77.7% were aware of the postnatal services they should receive. Previous antenatal clinic (ANC) attendance was 95.1% and 74.4% attended PNC. Educational level affected PNC utilisation, tertiary education (60%), secondary (28%) and primary (5%). Employed respondents had more PNC attendance (84%) than the unemployed (25%).

CONCLUSION: The study shows that awareness, education, employment and antenatal clinic attendance are the promoting factors to utilisation of PNC services and the hindering factors to utilisation of PNCs include lack of awareness, distance and lack of transportation, poverty or lack of money.

KEYWORDS: Awareness, utilisation, Postnatal care services; awareness and utilisation

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INTRODUCTION

Postnatal period also called Puerperium is defined by the WHO as the period from one hour to six weeks after birth of an infant. With regards to the timing of postnatal visits, WHO recommends visits within 6-12 hours after birth, 3-6 days, 6 weeks, and at 6 months (6-6-6 model). It is a critical period for a woman, her new born and her family on a physiological, emotional and social level especially because fifty to seventy percent of all maternal deaths occur during this period¹⁻².

The world health organization (WHO) contends that the immediate cause of death is the absence, inadequacy or underutilization of healthcare system. A woman should not die in child birth because the vast majority of maternal deaths can be prevented or

reduced if women had access to or visited maternal health services during pregnancy, child birth or the first month of delivery²⁻³.

Complications resulting from child birth are common in our setting include postpartum haemorrhage, eclampsia, puerperal emotional complications, breastfeeding challenges and maternal deaths. Other complications include puerperal sepsis, perineal pain, backaches, urinary incontinence, sexual problems, haemorrhoids and constipation. Long term complications include chronic pelvic pains, damage to the reproductive tract, infertility and genital prolapse³⁻⁴.

According to World Programme of Action, postnatal care is regarded as one of the most important maternal health care services for the prevention of impairments and disability resulting from child birth⁵. These services include physical examination, immunization, family planning, physiotherapy and health care education on child care, breast feeding, treatment, and counselling services. Many women do not receive these

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essential healthcare services, yet they need them⁵⁻⁶

Findings from Demographic and Health Survey (DHS) 2008 data from 23 African countries, only 13% of all women receive postnatal care. This is in contrast to the developed countries where 90% of women make at least one postnatal visit⁷. More than half a million women die every year as a result of complications of pregnancy and child birth and two-thirds of these deaths occur in the postnatal period. Expectedly, most of these deaths (99%) occur in the developing countries especially in sub-Saharan Africa. Therefore, the postnatal period presents an ideal time to deliver interventions to reduce maternal deaths⁷.

A major challenge confronting the effectiveness of postnatal clinic care in Africa is that majority of the deliveries take place outside the formal health facility. In Nigeria, only 35% of all births occur in the health facilities⁸.

Therefore, it is important that most PNC services be delivered close to or at home so that the majority of the women would benefit from these services. The need for home delivery of PNC services is even more compelling when one considers that in most parts of Africa, cultural, financial, and sometimes geographic barriers limit the ability of the women and their newborns to access early postnatal care.^{7,8}

Even with the availability of these services, several factors may interact to promote or hinder the utilization of these services by the women. These include mother's age, educational status, income level, male involvement in reproductive health, place of delivery and attendance at antenatal care. The older women often have better reasoning capacity and this may positively influence their use of PNCs⁸⁻¹¹. Education also plays a major role in determining attendance at the PNC¹. It was reported that 54% of women with secondary education or higher are more likely to go for postnatal than 29% with primary or no education¹²⁻¹⁶. Employed women have better financial status and ability to access postnatal services since they are empowered to make decision on attendance of PNC⁸⁻¹⁶. A study in Nepal reported that male involvement in reproductive health decisions and practice especially during antenatal health education, increased postpartum care utilization⁹. Several studies have found strong associations between antenatal care attendance and utilization of PNC¹⁷⁻²⁰. They reported that the level of antenatal care is indicative of the level of PNC women seek for themselves and their children. Lack of awareness of PNCs, distance and lack of transportation are important factors contributing to low utilization of PNCs. Lack of knowledge affect

women's capability to make decisions about seeking health care services and constrains their ability to exercise their reproductive right as well¹⁸⁻²². These authors contended that poor road network, long distance, poverty, or lack of money prevent a lot of women from accessing PNCs.⁸⁻²¹

AIM - This study was to identify the determinants of women's utilization of PNCs.

OBJECTIVES – the objectives were; to assess mothers' awareness about postnatal services, to determine factors that promote or hinder utilization of PNCs by mothers and to determine the sociodemographic factors of mothers who attend or do not attend PNC.

METHODOLOGY

This was a descriptive study carried out on antenatal clinic attendees at the Obstetrics and Gynaecology Department of Ahmadu Bello University Teaching Hospital (ABUTH) Shika-Zaria from October to December 2013.

ETHICAL CLEARANCE

Ethical approval was obtained from the Ethical committee of the ABUTH, Shika-Zaria

INCLUSION/EXCLUSION CRITERIA

All consented mothers who attended the antenatal clinic of ABUTH Zaria during the study period were included in the study. Non consenting mothers were excluded.

SAMPLE SIZE DETERMINATION

The sample size was determined using the Cochran formula: $n = (Z^2) pq / d^2$

Where Z = Standard normal deviate for normal distribution and is taken as 99%, Confidence interval=1.96 from Z table, P = proportion or prevalence of those who are aware /utilise postnatal care (using 0.13 as prevalence rate from previous study). $q = 1 - p = 1 - 0.13 = 0.87$, d = degree of precision which is taken as 0.05 (precision limit=0.05)

$$n = (Z^2 pq) / d^2 = 1.96^2 \times 0.13 \times 0.87 / 0.05^2 = 0.434485 / 0.0025 = 174$$

Taking a non-response rate of 10%, $f = \% \text{ of non-response}$.

$$N = n / 1 - f = 174 / 0.9 = 193, \text{ approximately } 200$$

A total of 200 questionnaires were administered for this study to be statistically significant.

DATA ANALYSIS - The findings were analysed using a computer software program SPSS version 16 and the results were displayed by means of tables, charts and pictograms. Relevant statistical test(s) were used to determine relationships between variables. A p-value of <0.05 will be considered statistically significant.

RESULTS

A total of 200 questionnaires were administered but 191 were returned out of which 188 were analyzable and analyzed. This gave a non-response rate of 9.4%. The mean age was 29.1years and the standard deviation 5.5 and variance 30.6.

Table 1 represents the socio-demographic data and revealed the socioeconomic levels of the respondents.

Table 1: SOCIODEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

| Characteristics | Frequency | Percentage (%) |
|--------------------|-----------|----------------|
| Age group in years | | |
| Below 19years | 9 | 4.8 |
| 19-28 | 76 | 40.4 |
| 29-38 | 95 | 50.5 |
| Above 38 | 8 | 4.3 |
| Ethnicity | | |
| Hausa | 94 | 50.0 |
| Igbo | 18 | 9.6 |
| Yoruba | 16 | 8.5 |
| Others | 60 | 31.9 |
| Religion | | |
| Christianity | 67 | 35.6 |
| Islam | 121 | 64.4 |
| Marital status | | |
| Married | 185 | 98.4 |
| Widow | 2 | 1.1 |
| Not indicated | 1 | 0.5 |
| Educational status | | |
| Not indicated | 1 | 0.5 |
| None | 2 | 1.1 |
| Primary | 7 | 3.7 |
| Secondary | 46 | 24.5 |
| Tertiary | 75 | 39.9 |
| postgraduate | 54 | 28.7 |
| Arabic | 3 | 1.6 |

| | | |
|---------------------------|----|------|
| Occupation | | |
| Not indicated | 15 | 8.0 |
| Health worker | 13 | 6.9 |
| Professional | 33 | 17.6 |
| Artisan | 4 | 2.1 |
| Trader | 19 | 10.1 |
| Unemployed | 39 | 20.7 |
| Civil servants | 44 | 23.4 |
| Others | 21 | 11.2 |
| Parity | | |
| Multi para | 79 | 42 |
| Primipara | 63 | 33.5 |
| Nullipara | 24 | 12.8 |
| Grandmultiparous | 22 | 11.7 |
| Number of living children | | |
| Not indicated | 11 | 5.9 |
| 1 | 79 | 42 |
| 2 | 35 | 18.6 |
| 3 | 27 | 14.4 |
| >=4 | 36 | 19.1 |

One hundred and fifty-eight (84%) were aware of postnatal care and 146(77.7%) were aware of the nature postnatal clinic services they should receive. The most common source of knowledge was from nurses 100(53.4%) followed by doctor 32(17.0%). This information is displayed in tables 2, 3 and 4 respectively

Table 2: AWARENESS OF POSTNATAL CARE

| | Frequency | Percent |
|---------------------|-----------|---------|
| Valid NOT INDICATED | 13 | 6.9 |
| YES | 158 | 84.0 |
| NO | 17 | 9.0 |
| Total | 188 | 100.0 |

Table 3: AWARENESS OF THE NATURE OF POSTNATAL SERVICES

| | Frequency | Percent |
|---------------------|-----------|---------|
| Valid NOT INDICATED | 19 | 10.1 |
| YES | 146 | 77.7 |
| NO | 23 | 12.2 |
| Total | 188 | 100.0 |

Table 4: SOURCE OF INFORMATION ABOUT THESE SERVICES

| | | Frequency | Percent |
|---------|---------------|-----------|---------|
| Valid | NOT INDICATED | 37 | 19.7 |
| | DOCTOR | 32 | 17.0 |
| | MIDWIFE | 18 | 9.6 |
| | NURSE | 82 | 43.6 |
| | Total | 169 | 89.9 |
| Missing | System | 19 | 10.1 |
| Total | | 188 | 100.0 |

Out of the 164 parous women, one hundred and fifty-six (95.1%) had previous antenatal clinic attendance and 122 (74.4%) of them attended postnatal clinic.

Only sixteen (9.8%) of the parous women had reasons for not attending PNC, including, attending to other family matters 7(4.3%), unawareness 6(3.7%), and 5(3.0%) did not think it was necessary to go for PNC.

Fourteen (8.5%) reported rough examination 8(4.8%), shouting at them 4(2.4%) and, not teaching them well 2(1.2%) as reasons that prevented them from attending PNC.

Most of them 95(57.9) rated the PNCs they received as very good; 61(37.1%) as good and 1(0.6%) as very bad.

72% of those 29yrs and above utilized PNCs while 51% of those below 29yr (51%) ($p < 0.01$).

60% of women with tertiary education attended PNCs as against those with secondary (28%) and primary (5%) ($p = 0.02$).

Respondents who are employed had more PNC attendance (84%) than the unemployed (25%). And those who attended ANC (71%) had more PNC attendance than those who didn't (60%).

DISCUSSION

Postnatal period also called puerperium is a critical period. The world health organization (WHO) contends that the immediate cause of death is the absence, inadequacy or underutilization of healthcare system postnatal care inclusive. A woman should not die in child birth because the vast majority of maternal deaths can be prevented or reduced if women had access to or visited maternal health services during pregnancy, child birth or the first month of delivery¹⁻³.

In this study, 156 (95.1%) of the respondents attended postnatal clinic. This is higher than 13% quoted by the Demographic and Health survey data from 23 African countries but similar to 90% of women in the developed

nations. The increased attendance could be attributed to high awareness (84%), the site of the study, the educational study of the group (more enlightened women attend ANC in teaching hospital) and that the study is a more recent one. This calls for intensification of efforts in creating awareness regarding the benefits of PNCs to even remote parts of the community.

This study demonstrated significant association between utilisation of postnatal care services and increasing age ($p < 0.01$). It was noted that the older women (29yrs and above) utilized PNCs (72%) more than those below 29yr (51%) which is similar to the study by Dhakal et al in Nepal 65% and 43% respectively and Chakraborty et al in Bangladesh 70% and 54% respectively^{9,11}. This is possibly because with time and experience most of the older mothers appreciate the importance of PNC.

There was also an association between educational status and postnatal care utilisation ($p = 0.02$) where women with tertiary (60%) attended PNCs more than those with secondary (28%) and primary (5%). This is similar to findings in Nepal 54% of those with secondary school education or higher than 29% of those with primary or no education⁹.

Respondents who are employed had more PNC attendance (84%) than unemployed (25%). And ANC attendance (71%) had more PNC attendance than non-attendance (60%). This is in consonance to the work carried out by others^{8,10,12-14}. This shows the importance of education and women empowerment in women's health seeking behaviour especially PNCs. There was however no significant association ($p = 0.2$) between employment and utilisation of postnatal care services.

CONCLUSION

This study concluded that awareness, education, employment and antenatal clinic attendance are the promoting factors to utilisation of postnatal care services and some of the hindering factors to utilization of PNCs include lack of awareness, lack of money or time and previous unpleasant experience. This is also similar to studies performed elsewhere.

RECOMMENDATIONS

Efforts should be made, therefore, to achieve the Millennium Development Goals (MDGs), by the government, especially in eradication of hunger and poverty, achieving universal basic education, gender equality and women employment and improvement of maternal health as this will go a long way in improving the utilization of PNCs by mothers.

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