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Factors hindering early postpartum care (day 2 to 6) of postpartum mothers at Lira District Hospital, Lira district

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ABSTRACT

This study evaluated factors that hinder participation in early postpartum care (days 2-6) of mothers attending MCH at Lira Regional Referral Hospital. A quantitative cross-sectional study design including 104 mothers attending postpartum care 6 weeks after giving birth and recruited through a consecutive sampling technique was used. Data were collected using a structured and closed-ended questionnaire. Data were coded and analyzed using SPSS version 26.0 with EPNC as dependent in bivariate analysis. Informed consent was obtained before study enrollment. The majority of participants were young mothers between 15 and 24 years old 53 (51%), Christian 91 (87.5%), married 90 (86.5%), had attained the highest level of education 67 (64.4%) and living in rural areas 71 (68.3%).The majority of mothers were farmers/housewives 68 (65.4%) received antenatal care at least 4 times but less than 8 times 76 (73.1%) and gave birth in hospital 91 (87.5%). 20 mothers (19.2%) had cultural beliefs about postpartum care, such as checking and removing dentures 16 (80%) and plant-based feeding 2 (10%) before PNC. The majority of mothers, 54 (59.3%), were discharged less than 24 hours after giving birth and 81 (77.9%) reported not having received health education about PNC. Factors hindering PENC among study participants at the multivariate level included place of birth (aOR 0.048), distance from health facility (aOR 0.133), attendance at antenatal care (aOR 0.023), and receiving prenatal care (aOR 0.023). EPNC nursing staff reported (aOR 0.019) with a P - value <0.05. In summary, the study found that place of birth, distance to health facility, prenatal care attendance rate <4 times and lack of information from health care providers about EPNC has hindered early postpartum care.

Keywords: Early postnatal care, mothers and their babies, young mothers aged 15-24, antenatal care, health education on PNC.

INTRODUCTION

Receiving postnatal care in the first 2-6 days following childbirth defined here as early postnatal care (EPNC)is critical to the management of complications and detection of postnatal danger signs, which are necessary for protecting maternal health and averting the majority of postnatal maternal deaths [1]; [2]. Furthermore, early postnatal care offers an opportunity for women to discuss with care providers, critical issues for maternal and child survival for these reasons WHO recommends the first PNC within 24 hours [3]. Globally, an average of 830 women die every day from preventable causes related to pregnancy and childbirth; of these deaths, almost all (99%) occur in developing countries [4]. More than 60% of global maternal deaths occur in the postpartum period, and maternal mortality is extremely high within the first 2 daysof childbirth due to a lack of early PNC [3]. In South Africa, Johannesburg, a retrospective study of maternal deaths in health facilities found that, of the 17 maternal deaths that occurred within 42 days of caesarean births, 13 (76%) occurred within the first 2 days of delivery [5]. In developing countries, however, use of early postnatal care is still at very low levels [6]. In Sub-Saharan countries, EPNC (2-6 days) has hit a significant level wherein, Nigeria [7] found more than 65% of mothers attend PNCbefore 6th day, and Ethiopia [6] 55% of mothers attend PNC before6th day, 68% reported in Benin [2] and 63% in Zambia [8]. However, majority of other countries also still remains low as far as EPNC before 6th days is concerned [9]. In east Africa, postnatal

care is the least attended MCH service, only less than 50%of mothers attend PNC and more than 75% of mothers do not attend first PNC [7]. In Uganda, postnatal care within 2-6 days is low at 54% where this percentage is largely composed of those who deliver from the facility and receive PNC before discharge but never come back, after the second day the percentage of women seeking postnatal care declines significantly to only 19% between 3rd to 6th day [10]. This suggests that the postpartum period is relatively neglected in the continuum of care and hence is a missing link in efforts to achieve safe motherhood [9]. Few studies on PNC in Uganda have concentrated on postnatal care beyond 2-6 days of delivery [11]. No attention to factors influencing early PNC (0-6 days) the period when maternal deaths are most common even at LRRH.

Globally, 60% of global maternal deaths occur in the postpartum period, research has estimated that maternal mortality is extremely high within the first 2 days of childbirth and hence requires early PNC [4]. In Uganda, [12] has examined the factors influencing other postnatal care attendance (2-6 days) and results revealed that about one fifth (19%)of the women received a postnatal check-up in the first week following delivery. however, early postnatal care occurs only in less than 50% of facility birth makingit the 5th worst country out of 33 sub–Saharan African countries [13]. In LRRH, the turn-up still remains poor according to the hospital records as of May2021-Augst 2021 shows that of 141 mothers delivered in May, only 30(21.2%) of mothers turned up for post-natal care by the 6th day, whereas for June, July and August,the turn up was also low where only 22 of 146 (15%), 31 of 144(21.5%) and 18 of148(12.2%) respectively turned up for PNC by 6th day following delivery despite the efforts to encourage mothers to seek early post-natal care early by at least 6th day following delivery, This slows down efforts to achieve sustainable development goal by 2030 as far as reducing maternal mortality and early neonatal mortality (Countdown to 2030, 2018). At LRRH, what influences early PNC in the first 6 days remains largely unknown since no study has been done on this area, and thus a reason for carrying out this research study.

METHODOLOGY

Research Design

A quantitative cross-sectional study design was used to describe the factors hindering early PNC among mothers attending MCH at LRH.

Area of Study

The study was conducted at Lira Regional Referral Hospital, Lira City, northern Uganda which is a government-aided health facility. It's located in Lira. Lira city is about 340 kilometres along the Kampala-Gulu highway, bordered by the Pader district to the north, Otuke district to the northwest, Alebtong district to the east, Dokolo district to the southwest and Kole district to the west. Lira Regional Referral Hospital offers both in-patient and outpatient services with an estimated capacity of254 beds. The MCH is linked to the post-natal clinic with every mother coming at 6 weeks for baby immunization is linked to the postnatal clinic for post-natal. On average 140 mothers are seen every month in the clinic. The area was chosen based on records that showed low early PNC attendance in 6 days following births.

Study population

The target population of this study was mothers attending PNC at LRRH. These were selected because they are the ones that attend PNC hence what affects their EPNC seeking well-known them.

Sampling size determination

The sample size was determined using Sloven, (1962) formula with the precision of +/-5%at a confidence level of 95%. The formula is given by the expression below.

$N = n/1+n(E)^2$

Where;

N = Number of respondents.

n =Target population, n=140 (average number of mothers attending PNC at LRRHmonthly)

E = level of precision,E= 0.05

Therefore;

$N = 140/1+140(0.05)^2 N = 104$

Hence a total of 104 mothers were selected for this study.

Sampling technique

A consecutive sampling technique was used to enrol the participants until the required sample size was obtained. This helped the researcher to get the necessary sample size in a short time.

Sampling procedure

At the postnatal clinic, a consecutive sampling technique was used to enrol the studyparticipants until a sample size was obtained. For every study participant, time was spent explaining the study protocols and informed consent was obtained. A structured questionnaire was administered by the researcher after obtaining informed consent.

Inclusion criteria

The study included all mothers that were present in postnatal care and who consented to take part in this study. Mothers below 18 years were regarded as emancipated minors.

Exclusion criteria

The study excluded all mothers that were present in postnatal care who did not consent to take part in this study. Also, mothers who were mentally insane, very sick mothers who needed urgent treatment.

Dependent variable

Early PNC within first 6 days.

Independent variable

Maternal factors health facility factors.

Data collection procedure

Permission was sought from the medical director of Lira Regional Referral Hospital toconduct the study. Time was spent with individual study participants to explain to them the study protocols and informed consent was obtained. Upon obtaining informed consent, a close-ended questionnaires were administered to the participantsAfter the questionnaires were fully filled, the researcher collected them from the study participants and kept them for analysis.

Data collection tool

A questionnaire was used to collect data from the participants. The tool was consisting of a set of questions categorized into three sub-sections. Section A assessed biodata, section B assessed maternal factors, and section C assessed healthfacility factors.

Pre-visiting

Of the facility was done to get permission from the authorities, create rapport with staff and management MCH as well as ascertain the presence of the needed population for proper planning.

Pre-testing of the questionnaire

This was done from 10 mothers from Hoima Regional Referral Hospital to ensure that there is consistency of questions with objectives, avoid ambiguity of questions and any inconsistencies noted in the questionnaire were addressed before data collection at LRRH. Standard operating procedures were highly ensured at all levels in this research study to ensure that quality work is achieved**.**

Data analysis and presentation

Quantitative data was analyzed using univarient analysis by descriptive statistics which included frequency and percentages. Factors hindering early postnatal care were analyzed at both bivariant level and multivariant level analysis. Factors that were significant at bivarient level with p-value less than 0.2 were further analyzed at multivarient level with significance set at 95% confidence interval and corresponding p-value of <0.05. Data was presented in tables as odds ratio, adjusted odds ratio and p-values.

RESULTS

Baseline characteristics of the study participants

Table 1: A table showing the demographic characteristics of the study participants

Parameter	Frequency (N)	Percentage (%)
Age		
15-24	53	51.0
25-34	35	33.7
≥35	16	15.4
Religion		
Christian	91	87.5
Muslim	13	12.5
Marital status		
Married	90	86.5
Single	9	8.7
Divorced	5	4.8
Education		
Atmos primary	67	64.4
Secondary	28	26.9
Tertiary	9	8.7
Residence		
Rural	71	68.3
Urban	33	31.7

Majority of the participants were young mothers aged 15-24 years 53 (51%), Christian 91(87.5%), married 90(86.5%), with at most primary level of education 67(64.4%) and residing in rural area 71(68.3%) as shown in Table 1 above.

Maternal factors

Table 2: A table showing the maternal factors of the study participants

Parameter	Frequency (N)	Percentage (%)
ANC attendance		
≥8 times	8	**7.7**
≥4 -7 times	76	**73.1**
< 4 times	20	**19.2**
Place of delivery		
Home	13	**12.5**
Hospital	91	**87.5**
Why deliver from home		
No money	9	**69.2**
Feared operation at hospital	3	**23.1**
Fearing health workers	1	**7.7**
Birth order		
$_1$st	36	**34.6**
$_2$nd	35	**33.7**
$_3$rd	18	**17.3**
4th or more	15	**14.4**
Cultural beliefs before PNC		
Yes	20	**19.2**
No	84	**80.8**

Observed cultural beliefs		
Steam bathing the baby	1	**5**
Waiting till episiotomy fully healed	1	**5**
Herbal feeding the baby	2	**10**
First check for false teeth and removing them before immunization	16	**80**
Employment		
Peasant/housewife	68	**65.4**
Business	28	**26.9**
Civil servant	8	**7.7**

Majority of the mothers were peasant farmers/ housewives 68(65.4%) and attendedantenatal care at least 4 times but less than 8 times 76(73.1%) and delivered from a hospital 912(87.5%). Those who delivered from home, the main reason was lack ofmoney 9(69.2%). Most of the mothers came for post-natal care for the baby of 1st and 2nd birth order babies 71(68.3%). 20(19.2%) mothers had cultural beliefs surrounding post-natal care that had to first be accomplished. These include checking and removing false tooth 16(80%) herbal feeding of the baby 2(10%) and healing of the episiotomy 1(5%). This is as shown in Table 2 above.

Health care related factors

Table 3: A table showing the health care related factors among the study participants

Parameter	Frequency (N)	Percentage (%)
Distance to health facility		
<5kms	51	49
≥5kms	53	51
Health education on PNC		
Yes	23	22.1
No	81	77.9
Given PNC schedule after birth		
Yes	62	59.6
No	42	40.4
Told by HW about EPNC		
Yes	23	22.1
No	81	77.9
Time to discharge		
<24 hours	54	59.3
24-<48 hours	21	23.1
≥48 hours	16	17.6

Fifty-three participants reported that the distance to the health facility is 5 kilometers and more while 51(49%) reported to the centre. The majority of the mothers54(59.3%) were discharged less than 24 hours after birth, 81(77.9%) reported not receiving health education on PNC, 42(40.4%) were never given a schedule for EPNC after birth and 81(77.9%) were not told by Health workers about EPNC. This is shown in Table 3 above.

Proportion of early postnatal care among mothers delivered from LiraRegional Referral Hospital

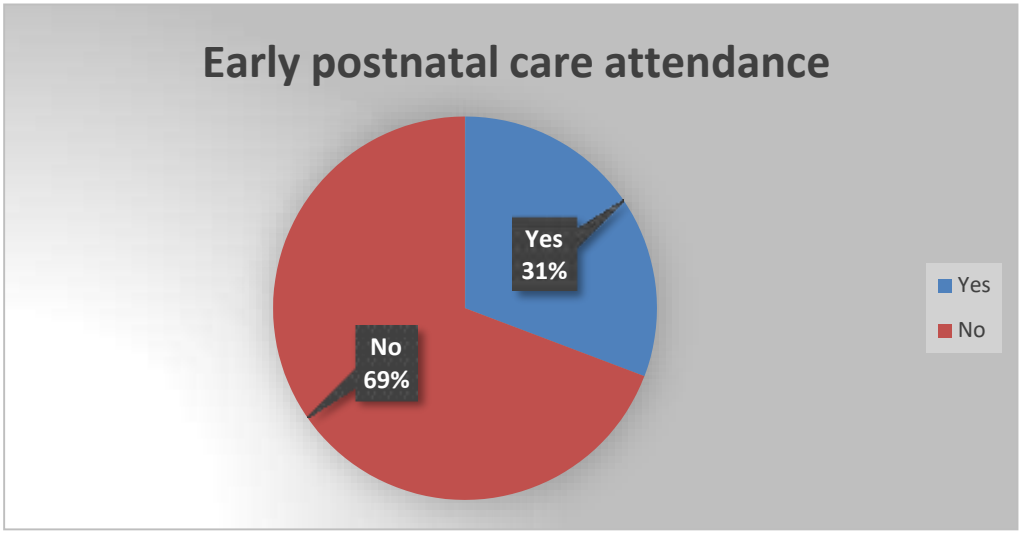

Figure 1: A figure showing the participants' distribution on EPNC attendance

The proportion of mothers who attended early postnatal care among the studyparticipants was 30.8% as shown in 1 above.

Bivariate analysis of factors associated with early post-natal care amongmothers at Lira Regional Referral Hospital

Demographic factors

Table 4: A table showing bivariate level analysis of demographic factors and EPNC

Parameter	EPNC		cOR (80% C.I)	P-value
	Yes (%)	No (%)		
Age				
15-24	11(34.4)	42(58.3)	2.970(0.903-9.762)	0.073
25-34	14(43.8)	21(29.2)	1.167(0.352-3.862)	0.801
≥35	7(21.9)	9(12.5)		
Religion				
Christian	26(81.2)	65(90.3)		
Muslim	6(18.8)	7(9.7)	0.467(0.143-1.521)	0.199
Marital status				
Married	28(87.5)	62(86.1)	1.476(0.234-9.332)	0.679

Single	2(6.2)	7(9.7)	2.333(0.216-25.245)	0.486
Divorced	2(6.2)	3(4.2)		
Education				
Atmost primary	23(71.9)	44(61.1)	0.957(0.219-4.180)	0.953
Secondary	6(18.8)	22(30.6)	1.833(0.351-9.584)	0.473
Tertiary	3(9.4)	6(8.3)		
Residence				
Rural	26(81.2)	45(62.5)		
Urban	6(18.8)	27(37.5)	2.600(0.949-7.123)	0.058

Among the demographic factors only age (OR 2.970), religion (OR 0.467), and residence (OR 2.60) were associated with EPNC attendance with a P-value <0.2as shown in Table 4 above.

Maternal factors

Table 5: A table showing bivariate analysis of maternal factors and EPNC

Parameter	EPNC		cOR (80%C. I)	P-value
	Yes (%)	No (%)		
ANC attendance				
≥8 times	6(18.8)	2(2.8)	0.179(0.028-1.136)	0.068
≥4 -7 times	19(59.4)	57(79.2)	1.615(0.562-4.641)	0.373
< 4 times	7(21.9)	13(18.1)		
Place of delivery				
Home	8(25.0)	5(6.9)		
Hospital	24(75.0)	67(93.1)	4.467(1.331-14.990)	0.010
Birth order				
$_1$st	7(21.9)	29(40.3)	3.625(0.980-13.405)	0.054
$_2$nd	14(43.8)	21(29.2)	1.313(0.388-4.442)	0.662
$_3$rd	4(12.5)	14(19.4)	3.062(0.680-13.788)	0.145
4th or more	7(21.9)	8(11.1)		
Cultural beliefs before PNC				
Yes	1(3.1)	19(26.4)		
No	31(96.9)	53(73.6)	0.090(0.011-0.705)	0.005
Employment				
Peasant/housewife	21(65.6)	47(65.3)	1.343(0.293-6.146)	0.704
Business	8(25.0)	20(27.8)	1.500(0.288-7.807)	0.630
Civil servant	3(9.4)	5(6.9)		

The factors statistically associated with EPNC among the maternal factors include antenatal care attendance, place of delivery, birth order and cultural beliefs before Postnatal care. These all had a p-value of <0.2 at a bivariant level as shown in Table5 above.

Healthcare-related factors

Table 6: A table showing bivariate analysis between healthcare factors and EPNC

Parameter	EPNC		cOR (80% C.I)	P-value
	Yes (%)	No (%)		
Distance to health facility				
<5kms	21(65.6)	30(41.7)	2.673(1.123-6.360)	0.024
≥5kms	11(34.4)	42(58.3)		
Health education on PNC				
Yes	13(40.6)	10(13.9)	4.242(1.606-11.207)	0.002
No	19(59.4)	62(86.1)		
Given PNC schedule after birth				
Yes	22(68.8)	40(55.6)	1.760(0.730-4.244)	0.206
No	10(31.2)	32(44.4)		
Told by HW about EPNC				
Yes	17(53.1)	6(8.3)	12.467(4.206-36.950)	0.000
No	15(46.9)	66(91.7)		
Time to discharge				
<24 hours	12(50.0)	42(62.7)	1.591(0.462-5.479)	0.462
24-<48 hours	7(29.2)	14(20.9)	0.909(0.226-3.661)	0.893
≥48 hours	5(20.8)	11(16.4)		

Health education on postnatal care (OR 4.242), PNC schedule (OR 1.760), and being told about EPNC (OR 12.467) were statistically associated with EPNC with a p-value <0.2. this is shown in Table 6 above.

Multivariant analysis of factors associated with EPNC

Table 7: A table showing multivariant logistic regression analysis of factorshindering EPNC among study participants.

Parameter	aOR (95% C.I)	P-value
Place of delivery		
Home	0.048(0.005-0.427)	0.006
Hospital	-1-	
Distance to health facility		
<5km	-1-	
≥5kms	0.133(0.029-0.603)	0.009
ANC attendance		
≥8 times	-1-	
≥4 -7 times	1.263(0.251-6.362)	0.777
< 4 times	0.023(0.001-0.429)	0.011
Told by HW about EPNC		
No	0.019(0.002-0.156)	0.000
Yes	-1-	

At the multivariate level, the factors significantly associated with EPNC were place of delivery (aOR 0.048), distance to health facility (aOR 0.133), ANC attendance (aOR 0.023) and being told by HW about EPNC (aOR 0.019) with a P-value of <0.05. Delivering from home hindered attendance to early post-natal care by 95.2% (aOR 0.048(0.005-0.427) compared to those delivered from a hospital. Staying 5km away from the health facility reduced the likelihood of attending early post-natal care by 0.133 (0.133(0.029-0.603)) compared to their counterparts within 5 km of the health facility.

Attending ANC less than 4 times during the pregnancy reduced the odds of early post-natal care by 97.7% (0.023(0.001-0.429)) compared to those attending ANC over 8 times with a p-value of 0.011. Lack of information about early postnatal care from health workers reduces the likelihood of early post-natal care (aOR 0.019(0.002-0.156)) compared to those with information about early postnatal care. This is shown in Table 7 above.

DISCUSSION

Factors hindering early post-natal attendance among study participantsat Lira Regional Referral Hospital

The factors that significantly (P-value <0.5) hindered early postnatal care include: place of delivery, distance to health facility, ANC attendance and being told by HW about EPNC. Among the demographic factors, place of delivery contributed to early postnatal care seeking where those who delivered from home had 95.2% (aOR 0.048(0.005-0.427) reduced chances of attending early postnatal care compared to theory counterparts who delivered from hospital. It was significant with a p-value of 0.006.

this could be because mothers delivering from home have no information about early postnatal care and its importance as was seen in a study in Rwanda among mothers who filed to attend required postnatal visits [14]. Additionally, cultural beliefs and norms may further restrict such mothers from moving out until the cord breaks off thus further hindering the early postnatal care [15]. This agrees with a study in Ethiopia where delivering from an institution increased odds for early PNC by 2.3(aOR 2.3 (1.2-4.7) [16] and 15.28 and 15.68 odds if delivered from public or private facility respectively. [17]. This further underscores the need for hospital delivery. This is because hospital delivery comes with professional obstetric services which includes early postnatal care. Noteworthy is the fact that 67 of 91 mothers who delivered from hospital did not receive EPNC. This agrees with [17] who also found 37% and 35% of the mothers who delivered from public and private hospitals respectively missed EPNC. This however could be attributed to early discharge of mother <24 hours as observed inthis study where 42(62.7%) of mothers not attending EPNC were discharged less than 24 hours. Staying 5km away from the health facility reduced the likelihood of attending early post-natal care by 0.133 (0.133(0.029-0.603)) compared to their counterparts within 5 km to the health facility. This could be attributable to the distance one has to travelto seek health care and the transport cost implication forces mothers to opt to come at once for the child's vaccination at 6 weeks of life. This agrees with a UDHS survey where proximity to health facility increased odds for EPNC by 1.35 [18] and [15] found that staying in a walkable distance to health facility increased odds of EPNC by 2.4 times compared to those staying in a more than one hour, distance to hospital. Thus, the further one is from thehealth facility the higher the chances of not attending EPNC. Attending ANC less than 4 times during the pregnancy reduced the odds of early post-natal care by 97.7% (0.023(0.001-0.429)) compared to those attending ANC aver 8 times with a p-value of 0.011. This is because during antenatal care, mothers are able to be provided with ne4cesry information as regards to pregnancy and post-natal care for the baby and this increases chances for early postnatal care. This is as noted in Ethiopia where ANCattendance increased the chances for EPNC by 3.5 times [16] Further more attending ANC more than 4 times builds confidence in the mother with the health worker thus better understanding of the health risks and the continuum of care a motherhood thus enabling EPNC. This agrees with a study among Ugandanhealth facilities where attendance to ANC 4+ times was associated with 2.34 higher odds for early postnatal care compared to those attending less than 4 times [19]. This study also agrees with a study in Northern Ethiopia where attendance to ANC <4 times reduced the chances for EPNC by 87.8% (aOR 0.122 (0.05-0.25)) compared to those who attended more ≥4 times [20]. Lack of information about early postnatal care form health workers reduces the likelihood of early post-natal care (aOR 0.019(0.002-0.156)) compared to those with information about early postnatal care. This is because it's upon this information that mothers get to learn about the existence of postnatal care and the schedules available for attendance [21]. This is true in Ethiopia were awareness of EPNC increased the attendance by 16.3% [20] and advice from Health workers increased EPNC by 18.69% [16] and in Rwandalack of knowledge on importance of PNC reduced the likelihood of ANC attendanceby 3.396 compared to their counterparts [14] furthermore a study in Uganda found a 1.821 increased odds for early postnatal care in mothers with good knowledge of PNC [15].

CONCLUSION

There were no any social demographics factors hindering EPNC among the study

participants. The maternal factors hindering EPNC include attendance to ANC less than 4 timesand delivery from home. The healthcare factors hindering EPNC include distance to health facility and beingtold by health workers about EPNC.

Recommendation

Workers at LRRH should always ensure that pregnant mothers attend ANC to at least 8 times in order to increase their interaction with health workers thereby increasing chances of getting vital preparation including scheduling and talks on EPNC. Mothers should always ensure that they deliver from the hospital in order to ensure skilled delivery and prevention of postpartum complications. Additionally, save some finances to help them during seeking of reproductive health services, this will reduce challenges related with transport and hospital costs especially among mothers from low-income status households. Health workers should always ensure that they health educate their clients about good PNC practices including EPNC in order to increase awareness and utilizationof the service. Government of Uganda should increase on sensitization on EPNC utilization as well as discharge after EPNC is done after at least 48 hours in order to increase EPNC among mothers that deliver from hospitals.

REFFERENCES

1. Neupane, S. and Doku, D. (2013). Utilization of Postnatal Care among Nepalese Women. Maternal and Child Health Journal 17: 1922-1930. https://doi.org/10.1007/s10995-012-1218-1.
2. Dansou, J. A. and Arowojolu, O. (2017). Factors Associated with the Compliance of Recommended First Postnatal Care Services Utilization among Reproductive Age Women in Benin Republic: An Analysis of 2011/2012 BDHS Data. International Journal of Reproduction, Contraception, Obstetrics and Gynecology 6: 1161-1169. http://dx.doi.org/10.18203/2320-1770.ijrcog20171378.
3. WHO (2014). WHO Recommendations on Postnatal Care of the mother and Newborn. Geneva, Switzerland: World Health Organization.
4. WHO (2015). Trends in Maternal Mortality: 1990 to 2013: Estimates by WHO,
5. Maswime, S. and Buchmann, E. (2016). Causes and Avoidable Factors in Maternal Death Due to Cesarean-related Hemorrhage in South Africa." International Journal of Gynecology & Obstetrics 134: 320-323. https://doi.org/10.1016/j.ijgo.2016.03.013.
6. AkibuM, T. W., Megersa, T. and Nurgi, S. (2018). Prevalence and Determinants of Complete Postnatal Care Service Utilization in Northern Shoa, Ethiopia. Journal of Pregnancy 2018. https://doi.org/10.1155/2018/8625437.
7. Somefun, O. and Ibisomi, L. (2016). Determinants of Postnatal Care Non-utilization among Women in Nigeria. BMC Research Notes 9: 21. https://dx.doi.org/10.1186%2Fs13104-015-1823-3.23.
8. Chungu, C., Makasa, M., Chola, M. and Jacobs, C. (2018). Place of Delivery Associated with Postnatal Care Utilization among Childbearing Women in Zambia. Frontiers in Public Health 6: 94.
9. USAID (2016). USAID Uganda Country Development Cooperation Strategy 2016- 2021. Kampala, Uganda. h ps://www.usaid.gov/documents/1860 /uganda-tt country-development-cooperation-strategy- 2011-2015.
10. Uganda Bureau of Statistics (2016). The National Population and Housing Census 2014–Main Report. Kampala: Uganda Bureau of Statistics.
11. Sacks, E., Masvawure, L., Atuyambe, M., Neema, S., Macwangi, M., Simbaya, J. and Kruk, M. (2017). Postnatal Care Experiences and Barriers to Care

Utilization for Home-and Facility-delivered Newborns in Uganda and Zambia. Maternal and Child Health Journal 21: 599-606.

12. Izudi, J. and Amongin, D. (2015). Use of early postnatal care among postpartum women in Eastern Uganda. International Journal of Gynecology & Obstetrics, 129(2), 161-164.
13. Benova, L., Owolabi, O., Radovich, E., Olles, K., Tshara, D. and Kathsb, E. (2019). Provisionof postpartum care to women giving birth in health facilities in sub-Saharan frica: a cross-sectional study using demographic and health survey data from 33 countries. PLoS Med., 16: e1002943.
14. Mukonka, P., Mukwato, P., Kwaleyela, C., Mweemba, O. and Maimbolwa, M. (2018). Household Factors Associated with Use of Postnatal Care Services. African Journal of Midwifery and Women's Health 12: 189-193. https://doi.org/10.12968/ajmw.2018. 12.4.189.
15. Alkema, L., Kantorova, C., Menozzi, C. and Biddlecom, B. (2013). National, Regional,and Global Rates and Trends in Contraceptive Prevalence and Unmet Needfor Family Planning between 1990 and 2015: A Systematic and Comprehensive Analysis. The Lancet, 381:1642-1652.https://doi.org/10.1016/S0140-6736(12)62204-1.
16. Dimbuene, Z., Amo-Adjei, N., Amugsi, D., Mumah, J., Izugbara, O. and Beguy, D. (2018). Women's Education and Utilization of Maternal Health Services in Africa: A Multi-Country and Socioeconomic Status Analysis. Journal of Biosocial Science, 50:725-748.
17. Nakku, J., Okello, D., Kizza, S., Honikman, J., Ssebunnya, S., Ndyanabangi, C., Hanlon, K. and Kigozi, F. (2016). Perinatal Mental Health Care in a Rural African District, Uganda: A Qualitative Study of Barriers, Facilitators and Needs. BMC Health Services Research, 16: 295. https://doi.org/10.1186/s12913- 016-1547-7.
18. Angore, B., Tufa, G. and Bisetegen, F. (2018). Determinants of Postnatal Care Utilization in Urban Community among Women in Debr eBirhan Town, Northern Shewa, Ethiopia. Journal of Health, Population and Nutrition, 37: 10. https://doi.org/10.1186/s41043-018-0140-6.
19. De Graft-Johnson, J., Vesel, L., Rosen, H. E. et al., (2017). Cross-Sectional observationalassessment of quality of newborn care immediately after birth in health facilities across six sub-Saharan African countries. BMJ Open, 7: e014680.
20. Rutaremwa, G., Wandera, S. O., Jhamba, T., Akiror, E. and Kiconco, A. (2015). Determinants of maternal health services utilization in Uganda. BMC health services research, 15(1), 1-8.
21. Rwabufigiri, B. N., Mukamurigo, J., Thomson, D. R., Hedt-Gautier, B. L. and Semasaka, J. P. S. (2016). Factors associated with postnatal care utilisation in Rwanda: A secondary analysis of 2010 Demographic and Health Survey data. BMC pregnancy and childbirth, 16(1), 1-8.

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