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Factors responsible to low application of Postnatal Care Services among Mothers attending Mwizi Health Centre III, Mbarara District.

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ABSTRACT

Postnatal care is regarded as one of the most important maternal health care services for the prevention of impairment and disabilities resulting from the childbirth. Postnatal services refers to measures undertaken after birth to ensure good health of the mother and child. Postnatal refers to the period immediately after birth up to six weeks. The main objective of this study was to identify the factors contributing to low utilization of postnatal services by mothers at Mwizi health Centre III. A descriptive and cross-sectional design was employed and 50 respondents were selected using simple and random sampling procedure. Data was collected using an interview guide. Results were analysed using tables graphs and pie charts. Majority of the respondents had some knowledge about the postnatal services offered and had delivered their babies from home/TBAs. Respondents faced various individual factors like lack of transport to the health centre and failure of their partners to encourage them to attend postnatal clinics. Respondents also faced various institutional factors contributing to low utilization of postnatal services such as long waiting hours at the postnatal clinic, long distance from the health centre and inadequate sensitization of mothers by health workers about the importance of postnatal services. In conclusion, the researcher noted although respondents were knowledgeable about some aspects of postnatal services they faced various factors which contributed to low utilization of postnatal services. There is need therefore for more sensitization and health education of mothers on the importance of ensuring the use of postnatal services.
Keywords: Postnatal care, Mbarara District, childbirth, postnatal clinic

INTRODUCTION

According to the world health program of actions, postnatal care is regarded as one of the most important maternal health care services for the prevention of impairment and disabilities resulting from the childbirth [1].

Postnatal services refer to measures undertaken after birth to ensure good health of the mother and child [2]. Postnatal refers to the period immediately after birth up to six weeks.

There are different types of services that are offered to the mother and baby which include health education, physiotherapy, physical examination, immunization, growth and monitoring, counseling and family planning services along with diagnosing postpartum depression often much neglected in Long term maternal complications (LMICs). Many women do not receive these essential health care services, yet they are vital following delivery [3].

The world health organization (2010) states that the postnatal period begins immediately after the birth of the baby and extends up to six weeks (42 days) after birth. The principle objectives of PNC services are to evaluate, maintain and promote the health of the mother, the new born and to foster an environment that offers help and support for diverse health and social needs.

There is need for follow up visit to assess the health status of postnatal mothers which include evaluation of parturient (a mother who is in labour or has recently given birth) health status

which involves screening, diagnosis and treatment of various conditions including Tuberculosis, malaria, vaginal infections, anemia or malnutrition [4].

The long term maternal complications in the postnatal period include chronic pain, impaired mobility, damage to the reproductive system and infertility [5]. Some women suffer genital prolapse after bearing several children. This condition (genital prolapse) is extremely uncomfortable and can lead to other complication in future if not properly addressed in postnatal period [6].

In Uganda postnatal services are carried out at health Centre II by midwives, health Centre III by clinical officers and midwives, health Centre IV by clinical officer, doctors, midwives and at the hospital level by obstetrician, midwives and doctors [7].

Statement of the problem

According to a report from safe motherhood (2012), a matter of human rights and social justice, the majority of women in developing countries receive almost no postpartum care after delivery for example in developing countries and regions such as those in the sub Saharan Africa, only 5% receive postnatal care.

According to [8], only a small proportion of women in developing countries less than 30% receive PNC. In very poor countries and regions as far as 5% of women receive such care [9].

A study conducted in Uganda showed that only 23% of the mothers who had live birth received postpartum care within the critical first two days after delivery, overall 74% of the women did not receive postpartum care at all Uganda Bureau of Statistics [10].

According to HIMS annual report 2016, Mwizi HCIII conducted 345 deliveries and 25% (84 mothers) turned up for PNCs. It is within this context that this study was carried to assess factors contributing to low utilization of postnatal services at Mwizi HCIII.

Aim of the study

The purpose of the study was to assess factors contributing to low utilization of postnatal services among mothers attending Mwizi HCIII, Mwizi Sub county, Mbarara district.

Specific objectives

i. To assess the level of knowledge about postnatal care services among mothers attending Mwizi HCIII.
ii. To establish health facility related factors contributing to underutilization of postnatal services at Mwizi health centre III.
iii. To establish the individual factors contributing to underutilization of postnatal services at Mwizi health centre III.

Research questions

i. What knowledge do women have about utilization of postnatal services at Mwizi health centre III?
ii. What health facility related factors contribute to underutilization of postnatal services at Mwizi health centre III?
iii. What individual related factors contribute to underutilization of postnatal services at Mwizi health centre III?

Justification of the study

The research information will add to the existing body of knowledge and information generated may be used by Mwizi HC III administration to formulate strategies to improve on the postnatal services.

Findings from the study may help practicing nurses to create awareness of the utilization of postnatal care services to mothers attending Mwizi HC III then improve on quality and set up of the facility services. For upcoming researchers the study findings may be disseminated to the facility which may help to provide quality services and care.

METHODOLOGY

Study Design and rationale

A descriptive cross-sectional study was used involving quantitative methods of data collection. A cross-sectional study is the one that is carried out at a point in a time or over a short period of time. It is a good design when the purpose of the study is descriptive and helps to find the prevalence of the outcome of interest for a group in a population. It was chosen

because of its simplicity and nature of the study which is descriptive and numerical data is required.

Study setting and rationale

The study was conducted at the maternal child health care clinic (MCH) department at Mwizi health centre III. It was chosen because of its convenience to the researcher and there was limited information regarding underutilization of postnatal services. The facility has a bed capacity of 95 and is situated in Mwizi sub county, Mbarara district in South Western Uganda. Mwizi Sub County is located approximately 30 Kilometers by road from Ruti-matooke market alongside Mbarara-Kabale road and approximately 300Km from Kampala. Majority of women came from Mwizi Sub County and others came from neighboring Sub Counties of Bugamba and Nyakayojo.

Study Population

The study included mothers attending postnatal clinic at Mwizi health centre III, Mbarara district and those who freely consented to participate in the study. Mwizi HCIII approximately receives 260 women per month seeking postnatal services.

Sample Size determination and rationale

Sample size was calculated by formula as used by [1]. In a context where the target population is more than 10,000 the formula is

$$n = \frac{z^2pq}{d^2}$$

n= desired sample size

Z=standard normal deviate (1.96) that corresponds to 95% confidence level.

p= the proportion in the target population estimated to have a particular characteristic. Since there was no data on factors contributing to low utilization of PNCs, the researcher used a prevalence of 50 % (0.5) to give maximum variability.

q=1.0-p

d= the degree of accuracy desired (0.05 was used in this case)

$$n = \frac{(1.96)2(0.5)\ (0.5)}{(0.05)2}$$

n = 384

Since the sample population was less than 10,000

N= Total number of mothers at that time of survey =50

Equation 2: Target population of < 10,000

$$nf = \frac{n/(1+n)}{N}$$

nf= sample size when the total population is less than 10,000.

N= estimated total population less than 10,000 (50 mothers)

n= estimate sample when the total population is more than 10,000.

The number of mothers attending PNC at Mwizi HCIII is 50

The sample size for a population more than 10,000 is 384.

$$nf = \frac{384/\ (1+384)}{50}$$

= 384/7.7

= 50.

Therefore, a sample size of 50 was used in the study.

Sampling procedure and rationale

In this study, simple random sampling method was used to select participants from the study area, whereby the researcher wrote the words YES and NO on pieces of paper, placed them inside a box, shook it and gave respondents a chance to pick a paper from the box. Any respondent who picked a paper with the word YES written on it was requested to participate in the study.

This method was preferred because it is easily understood, time saving, economical and it involved a selection process in which each member in the population had an equal independent chance of being selected.

Inclusion criteria and exclusion criteria

Inclusion criteria

The study included only mothers attending postnatal clinic at Mwizi health centre III, Mbarara district and available at the postnatal care clinic during the data collection period and who voluntarily consented to participate in the study.

Research Instrument

A semi-structured questionnaire with open and close ended questions was used to generate information from the respondents. This tool was used because the study involved mixed groups both the literate and the illiterate who were unable to read, write and understand English.

Pre-testing of the research Instrument

The researcher pre-tested the questionnaire among 6 mothers attending postnatal clinic at Nyakayojo Health centre III three days before data collection which enabled the researcher to assess its clarity, accuracy, validity and reliability and made the necessary adjustments before applying it in the study area.

Data Collection Procedure

The researcher got a letter of introduction from the Dean of Kampala International University School of Nursing and was taken to the in-charge of Mwizi health centre III who allowed the researcher to enter the study area. Self-introduction was done, with a research assistant went through the questionnaire and briefly explained the purpose and objectives of the study. Every participant in the study was required to consent and each acquired a questionnaire. Privacy and confidentiality was maintained throughout the process of data collection.

Data management and quality control

Data obtained was kept in safe custody and treated with respect and confidentiality. Coding and sorting at the end of data collection process was done to ensure adequacy, completeness and correctness of information collected.

Data processing and analysis

Data entry and analysis was performed using SPSS version 20 software package. To explain the study population in relation to relevant variables, frequencies, percentages and summary statistics were used. Associations between dependent and independent variables were assessed and presented using tables, graphs, and pie charts.

Ethical Consideration

The health facility where the study was conducted was presented with an introductory letter from Kampala International University School of Nursing Sciences seeking approval to undertake the study. After permission was granted, the facility in-charge guided the researcher and introduced her to the in-charge of the PNC clinic who then introduced the researcher to the respondents. Participants were assured of maximum privacy and confidentiality of all information that was given and numbers instead of names were used to identify respondents. The study commenced after the objectives had been well explained to participants and consent to participate in the study was obtained.

RESULTS

Demographic data

Table 1: Age in years (n=50)

Age in years	Frequency (n)	Percentage (%)
18-25	16	32
26-35	21	42
36-45	13	26
46 and above	0	0.0
Total	**50**	**100**

Results in table 1 above shows that 21(42%) respondents were aged between 26-35years and the least 13(26%) belonged to 36-45 years. This shows that majority of the respondents were in the age bracket of 26-35 years which are the most reproductive and mature.

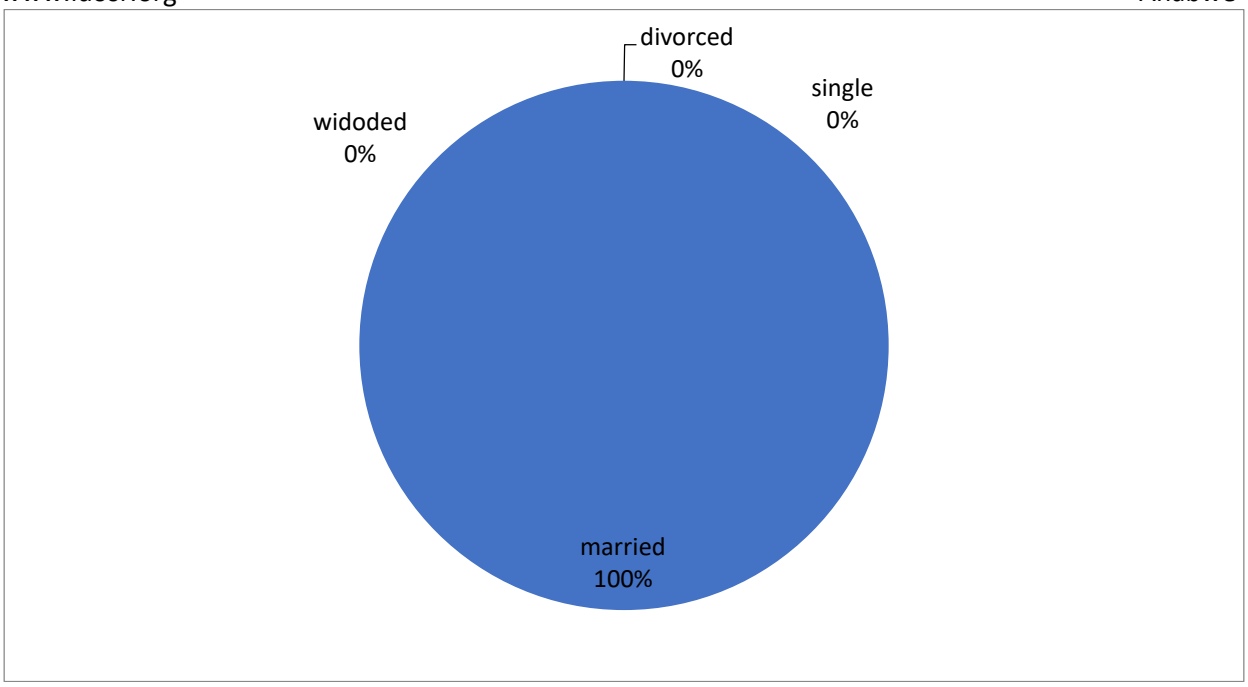

Figure 1: Marital status n=50

Figure 1 above shows that all 50 (100%) respondents were married. And this means that since they are married, they need postnatal care services.

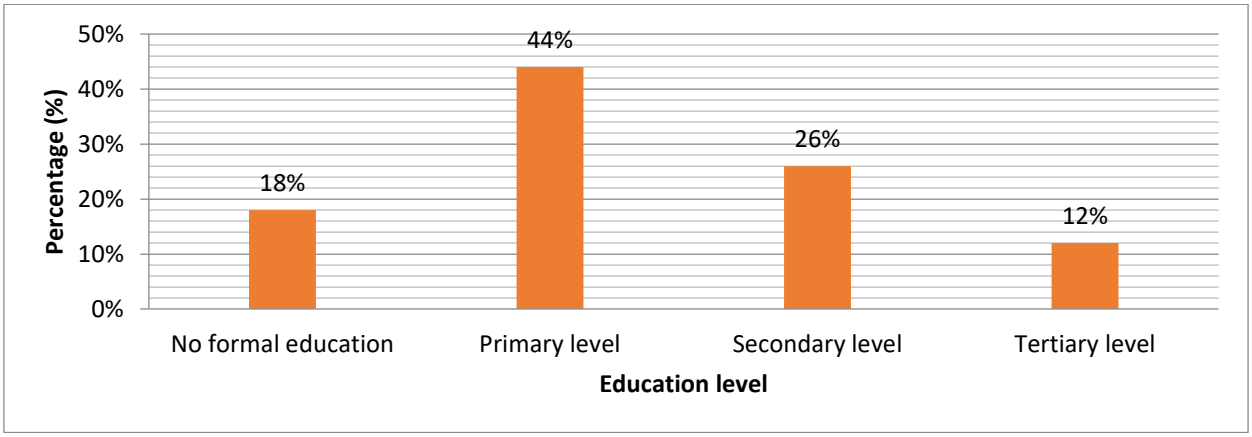

Figure 2: Level of education

Figure 2 above shows that 22(44%) attained primary level of education, 15(30%) had attained secondary level of education, 6 (12%) attained tertiary level of education and 7(14%) had no formal education. This shows that most of them were literate to understand the utilisation of postnatal services.

Table 2: level of education of partner (n=50)

Level of education	Frequency (n)	Percentage (%)
primary only	11	23
secondary	19	38
Tertiary	8	15.0
No Schooling	12	24.0
Total	**50**	**100**

From the table above, out of 50 respondents 19 (38%) reported that their husbands had attained secondary level of education, 12 (24%) had not attained any formal education, 11(22%) had attained primary level and 8(15%) had attained tertiary level of education. This shows that most of their partners can read or write.

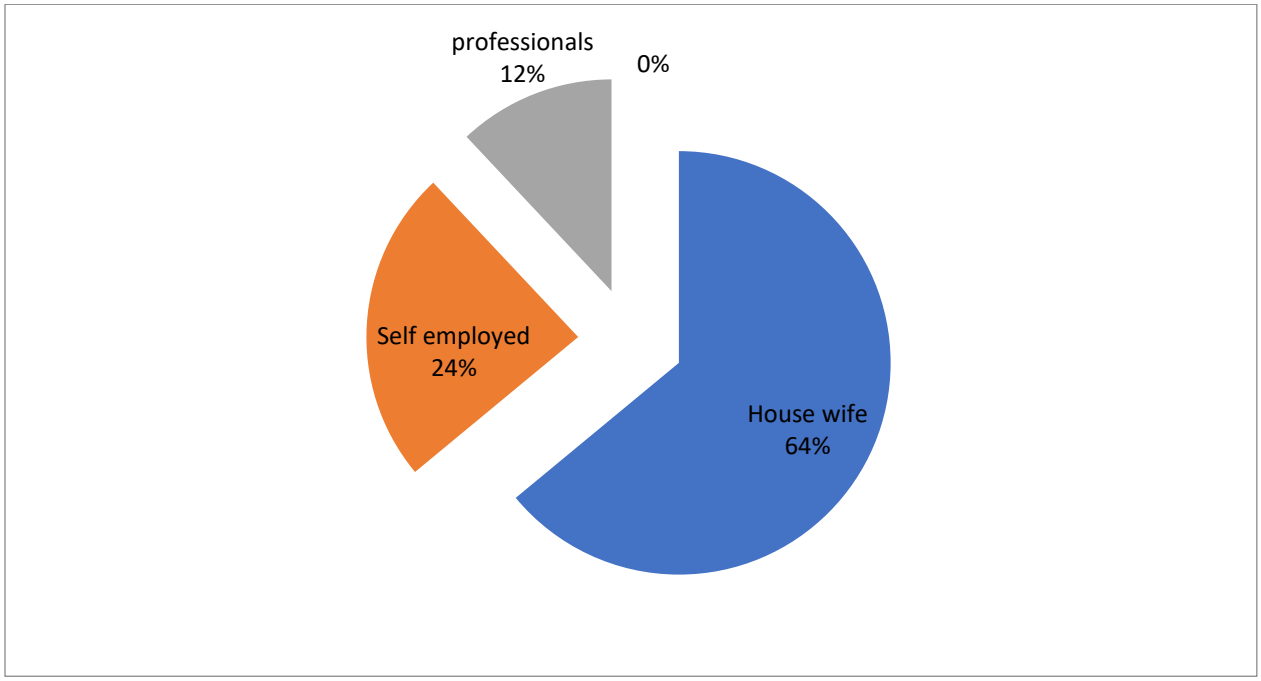

Figure 3: occupation of respondents (n=50)

From figure 3 above, it shows that 32 (64%) of the respondents were house wives 12(24%) were self-employed, while 6(12%) were professionals. This shows that most of the respondents were liable to utilisation of postnatal services.

Table 3: Partner's occupation (n=50)

occupation	Number of respondents	Percentage
Self employed	20	40.0
Professional	5	10.0
Peasant / farmer	25	50.0
Total	**50**	**100**

The table above shows that out of 50 respondents 20(40%) reported that their husbands were self-employed, 25(50%) husbands were peasant farmers while at least 5(10%) were professionals. This shows that majority were unable to support their wives to attend postnatal clinics.

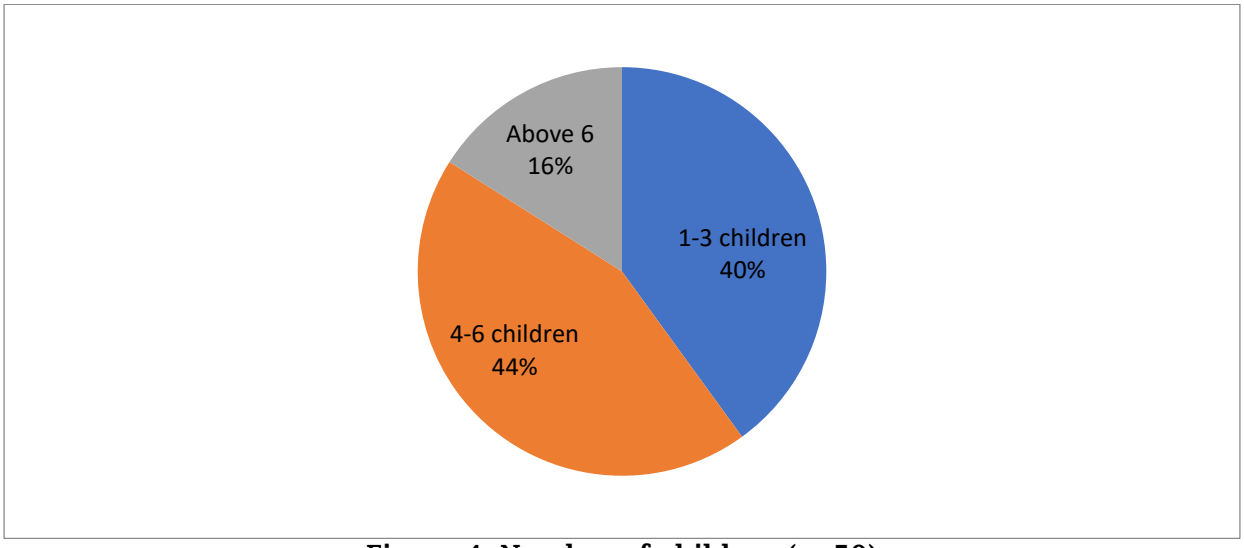

Figure 4: Number of children (n=50)

From the figure above majority of respondents 22(44%) had 4-6 children, 20(40%) had 1-3 children and 8(16%) had above 6 children. This implies that those that had less than 4 need information as they may deliver more children.

Knowledge of mothers about underutilization of postnatal services at Mwizi health centre III.

Table 4: Mothers knowledge about PNSs offered at Mwizi HCIII (n=50).

Response	Frequency (n)	Percentage (%)
Yes	46	92%
No	4	8%

From the above figure it shows that majority of the respondents 46(92%) had knowledge of postnatal services offered at Mwizi HCIII while 4(8%) had no knowledge of postnatal services offered at Mwizi HCIII. This indicates that most of the respondents have some knowledge about postnatal services.

Table 5: Source of knowledge (n=50)

Source of knowledge	Frequency (n)	Percentage (%)
Health workers	15	30
Friends and family	29	58
Mass media	6	12
others	0	0.0
Total	**50**	**100**

The table above shows that 29(58%) of the respondents got the information from friends and family, 15(30%) obtained the information from health workers an 6(12%) from mass media. This shows that

majority had information that is likely inadequate.

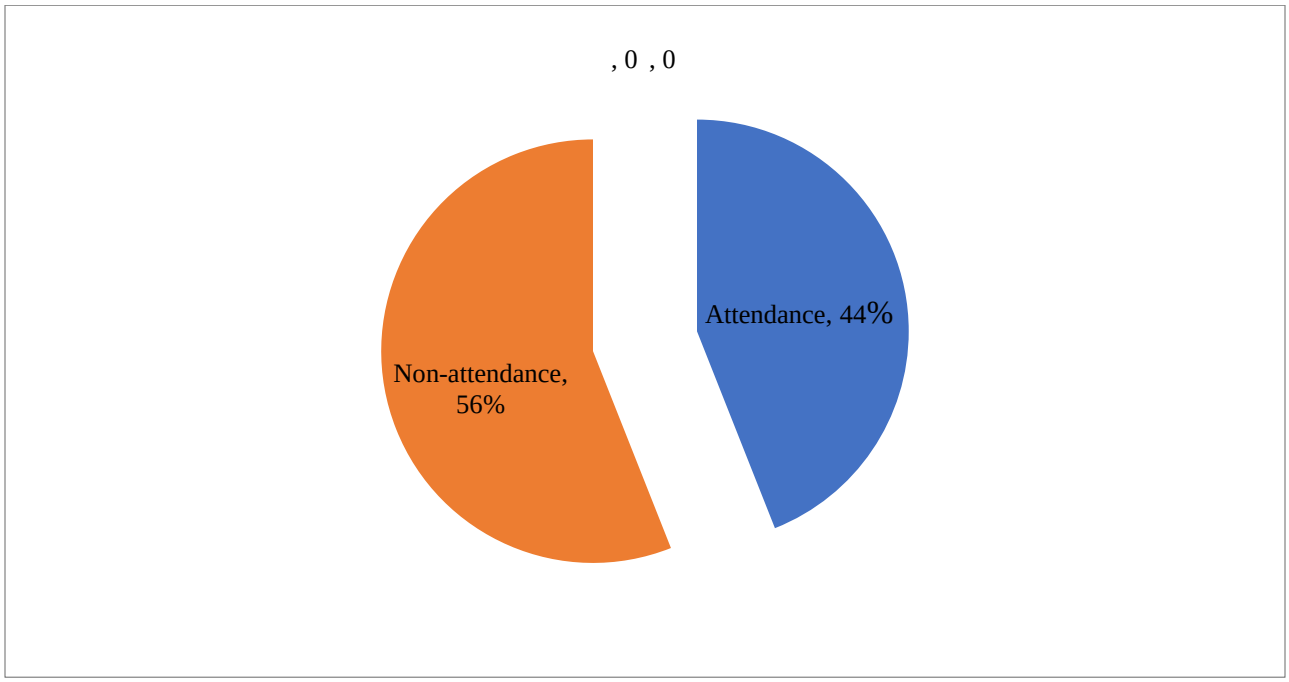

Figure 6: Attendance and non-attendance of postnatal services

Most respondents 28 (56%) never attended post natal services at Mwizi HCIII and 22 (44%) who sometimes attended.

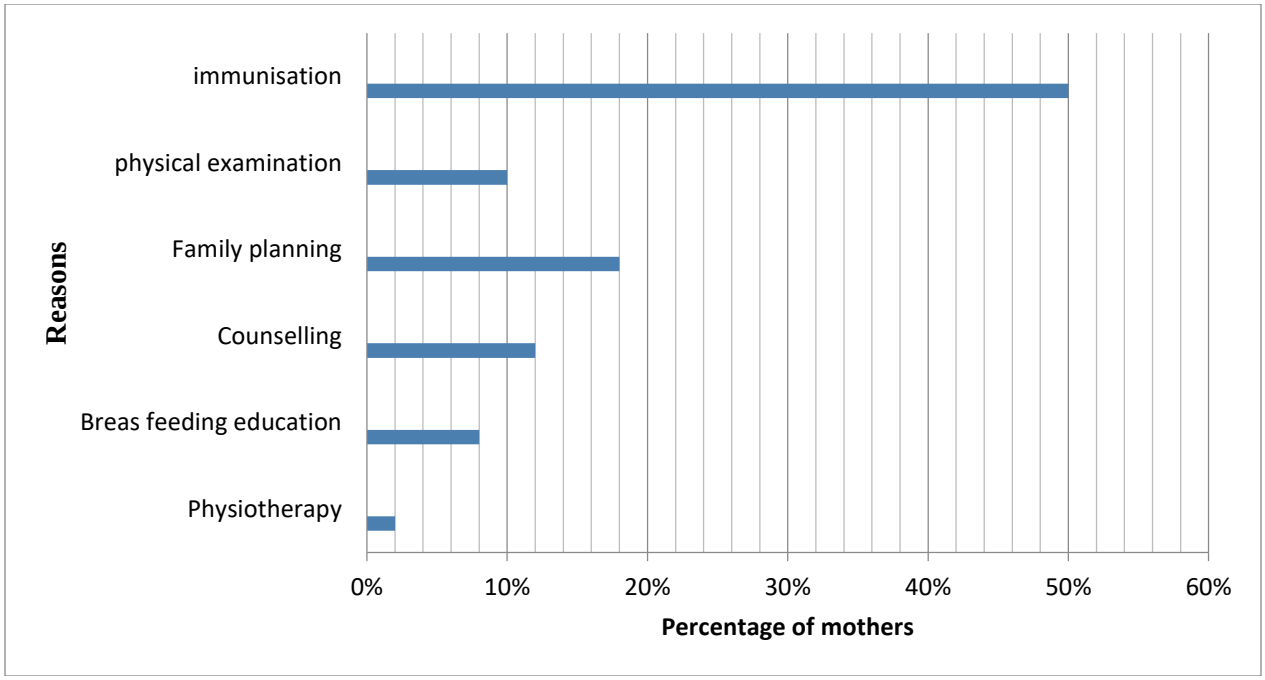

Figure 7: Reasons why mothers attended postnatal services (n=50)

The results show that the majority of the mothers attended only for immunization of Babies (50%%). It is also observed that physiotherapy was the least utilised service among the postnatal services (2%).

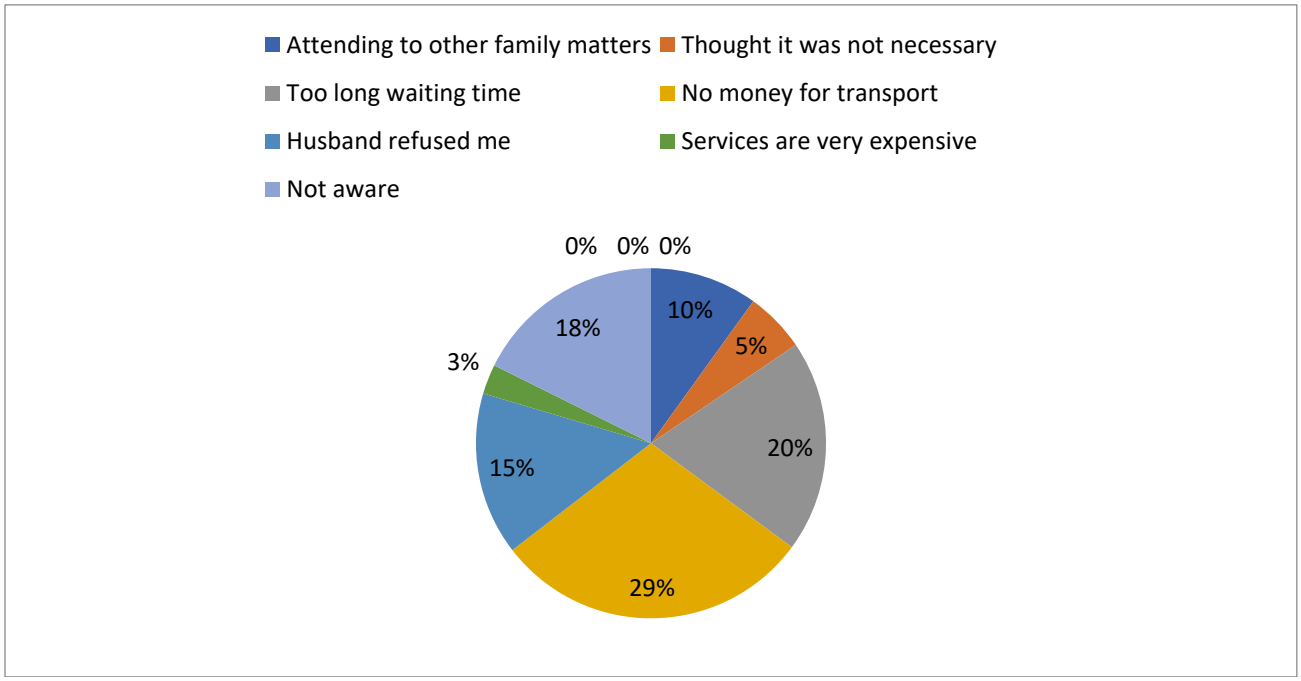

Figure 8: Reasons for not attending postnatal services (n=50)

Majority 29% of the respondents reported lack of money for transport as the reason for not attending postnatal services, followed by too long waiting time 20%, not being aware 18%, husband's refusal 15%, attending to other family matters 10%, thought it was not necessary 5% and lastly services are very expensive 3%.

Table 6: Place of delivery (n=50)

Place of delivery	Frequency (n)	Percentage (%)
Mwizi health centre III	32	64
Other hospital / health centre	10	20
Home/ TBA	8	16
Others	0	0
Total	**50**	**100**

The table above shows that the majority of the respondents 32(64%) delivered their babies from Mwizi HCIII and 8(16%) delivered from home/TBA. This indicated that most respondents use Mwizi for health services.

Health facility related factors contributing to low utilization of PNSs.

Table 7: Waiting time for being attended to. (n=50)

Time of waiting	Frequency (n)	Percentage (%)
Less than 30 minutes	3	6
30 minutes -1 hour	21	42
More than 1 hour	26	52
Total	**50**	**100**

The above table shows that most respondents 26(52%) waited for more than an hour for post natal services, 21(42%) waited for 30 minutes to 1hour while 3(6%) waited for less than30 minutes. This indicates that time used to attend postnatal services is long.

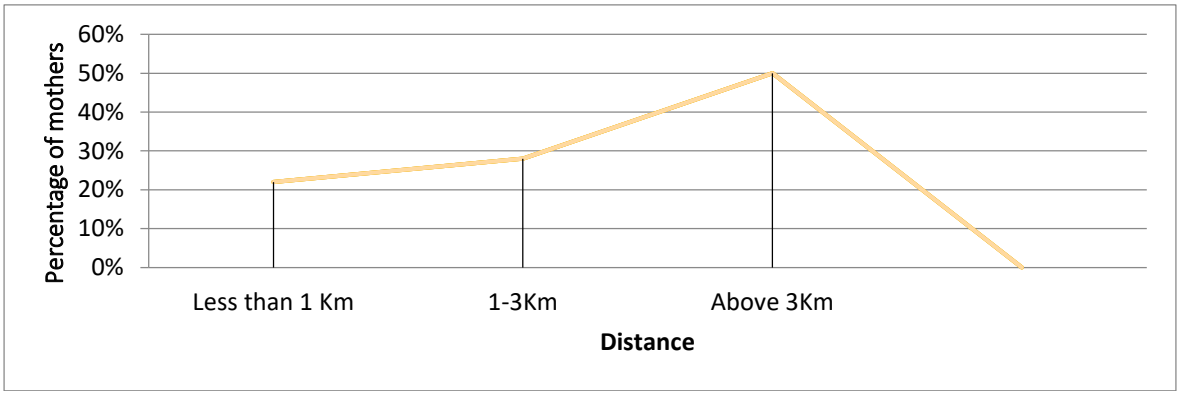

Figure 9: Distance from home to Mwizi health centre III. (n=50)

The above figure shows that majority of the respondents 25(50%) were from a distance above 3km from the health facility, 14(28%) from 1-3km from the hospital and 11(22%) from within 1km from the health facility. This indicates that most of the mothers travelled long distances which could also affect their utilisation of postnatal services.

Table 8: Attitude of health workers

Response	Frequency (n)	Percentage (%)
Positive	37	74
Negative	13	26
TOTAL	**50**	**100**

The above figure shows that most of the respondents 37(74%) said that health workers had a positive attitude at the postnatal ward while 13(26%) said that health workers on postnatal ward had a negative attitude. This indicated that mothers should attend postnatal services.

Table 9: Sensitisation by the health workers about the importance of attending postnatal clinic. (n=50)

Response	Frequency (n)	Percentage (%)
Yes	21	42%
No	29	58%
Total	**50**	**100**

The table above shows that most of the respondents 39 (78%) were not sensitised about the importance of attending postnatal clinic while 19 (22%) were sensitised about the importance of attending postnatal clinic. This indicates a gap in the information given to mothers.

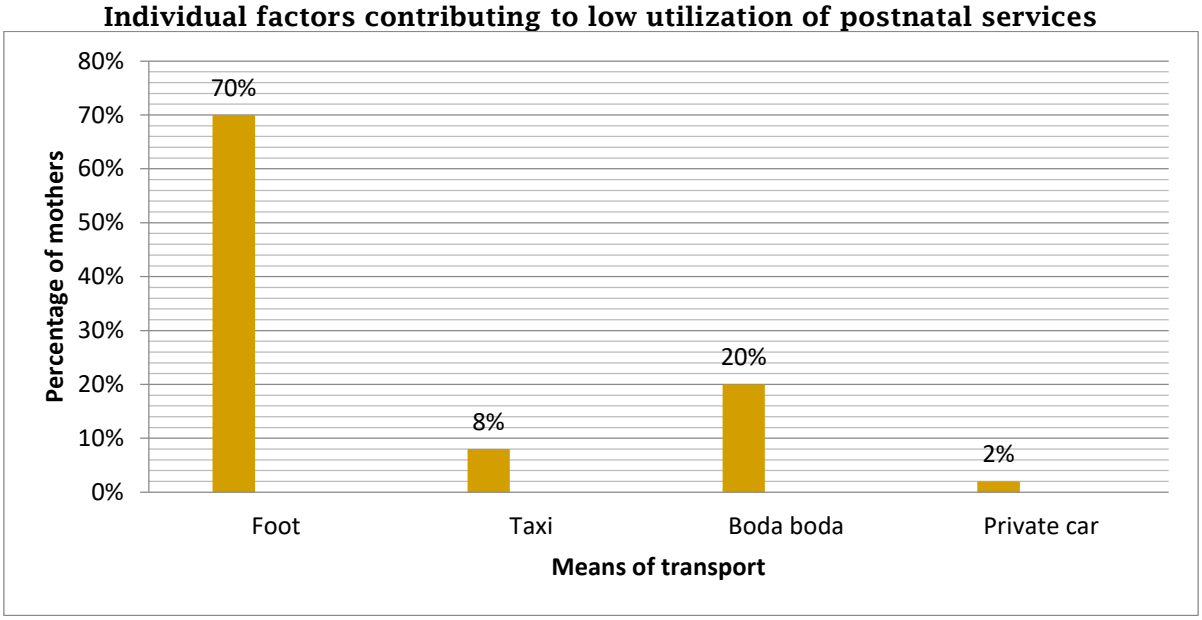

Figure 10: Means of transport to the health centre III (n=50)

The figure above shows that most of the respondents 35(70%) walk to the health facility 10(20%) used bodaboda as means of transport, 4(8%) used taxis as means of transport and 1(2%) used private cars as means of transport to the health facility. This indicates that majority of respondents spend money to come for postnatal services.

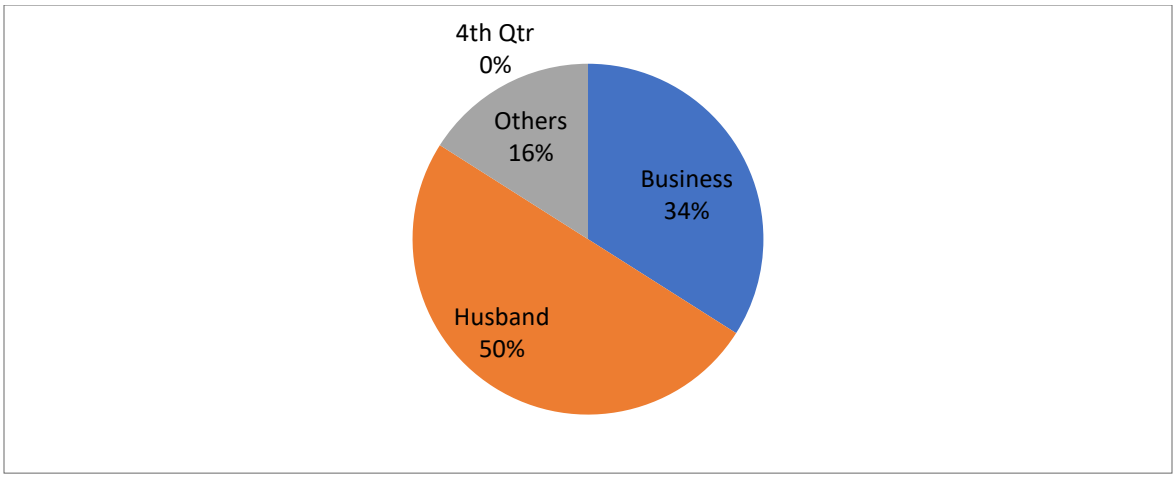

Figure 11: Source of income (n=50)

The figure above shows that most of the respondents 25(50%) got their income from their husbands, 17(34%) got their income from their businesses and 8(16%) from other sources. This indicates that majority of respondents require support from their husbands to attend postnatal services.

Table 10: Money spent on transport (n=50)

Amount of money spent	Frequency (n)	Percentage (%)
Do not spend	12	24%
1,000-5,000 Shs	24	48%
5,000 Shs and more	14	28%
Total	**50**	**100**

The figure above shows that most of the respondents 24(48%) spent on transport between1000-5000ush coming to the health facility, 12(28%) did not spend any money on transport and 14(28%) spent above 5000ush on transport coming to the health facility. This indicates that it is expensive for majority of the respondents attending postnatal services.

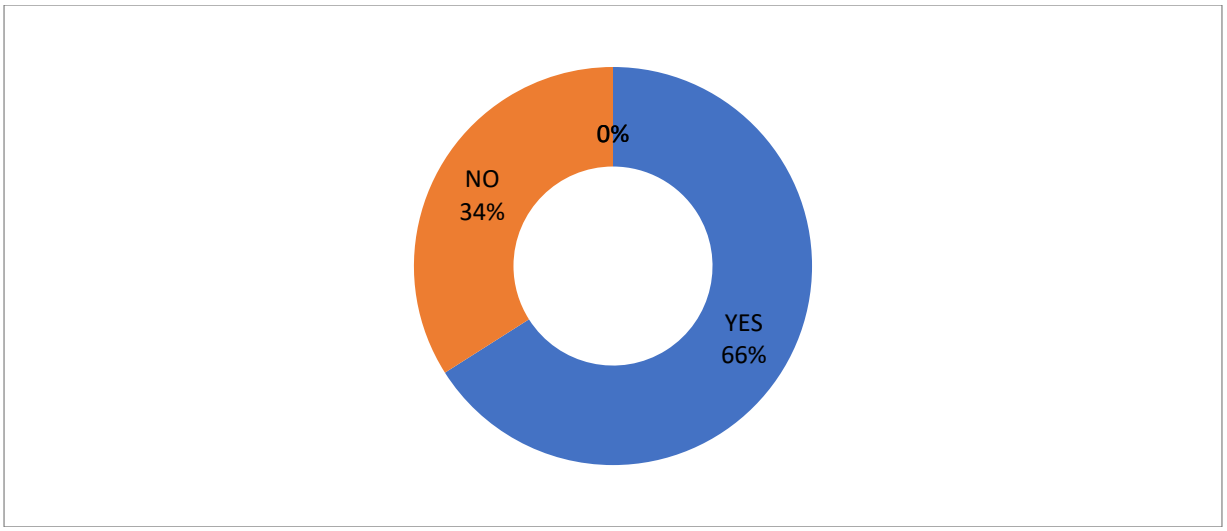

Figure 12: Encouragement from partner to attend post-natal services (n=50)

The figure above shows that 33(66%) of the respondents said that their partners did not encourage them to attend postnatal services while only 17(34%) respondents said that their partners encouraged them to attend postnatal services. This indicates that most of the respondents' husbands were not involved in MCH services.

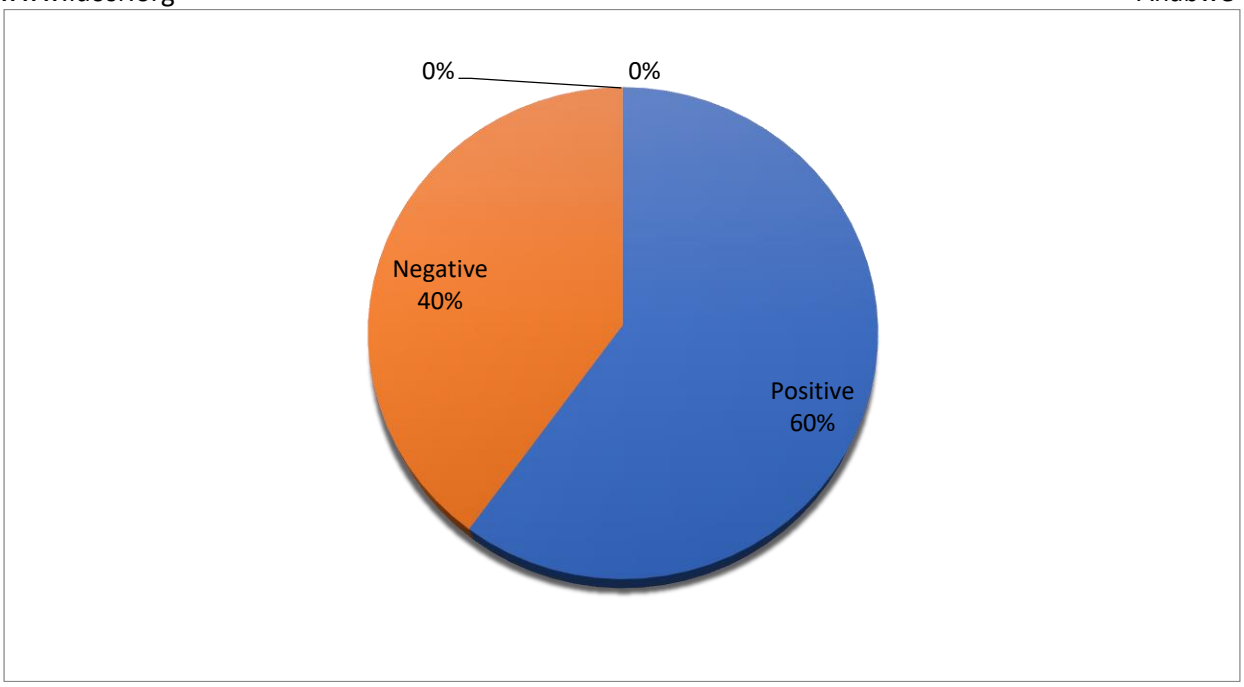

Figure 13: Other mothers' attitude in the community towards PNCs (n=50)

Majority 60% of the respondents reported positive attitude of other mothers in the community towards PNCs.

DISCUSSION

Demographic information

Demographically results showed that most of the respondents, 21 (42%) were in the age bracket of 26-35 years which is most productive. This demonstrated that most respondents were mature and would thus be more aware of the importance and need for making use of post-natal services. This study finding was contrary to Ronsmans and Graham [11] whose study reported that among the individual factors, age was an important factor. It was further noted that adolescent or younger mothers were less likely to attend post-natal services than older women.

This study also indicated that all the number of respondents 50 (100%) were married, which implied that they would be able to count on and receive support from their partners in ensuring effective use of PNCs as recommended. This study finding was in agreement with Bryant *et al,* [4] whose study revealed that marital status and occupation of the women was mentioned as a factor contributing to low utilization of PNCs which revealed that occupation of mothers was associated with having received or utilized PNC and it was further noted that housewives were more likely to utilize PNCs than mothers who were not married.

Literacy is fundamental aspect to promote change in regard to this study, results in figure 2 showed that 22 (44%) respondents had attained primary level education, followed by 13 (26%) who had attained secondary level education, 9(18%) had no education while the least 6(12%) had attained tertiary education. This demonstrated that most respondents had attained a low level of education and this could potentially affect their awareness of the availability of post-natal services or their importance.

It is important to always have enough time for one's health though sometimes it has to compete with the daily duties and obligations at work. In figure 3, results showed that most of the respondents 32 (64%) were house wives, which indicated that majority of the respondents should be able to utilize post-natal services since they have time. This study was in agreement with Bryant *et al*, [4] whose study revealed that marital status and occupation of the women was mentioned as a factor contributing to low utilization

of post-natal care services which revealed that occupation of mothers was associated with having received or utilized post-natal care and it was further noted that housewives were more likely to utilize PNCs than mothers who were not married.

In addition, table 3results show that out of the 50 respondents who were married, almost half 20(40%) of their husbands were self-employed, 25(50%) were peasant farmers and 5 (10%) were professionals. This implied that majority of the husbands should be able to support their wives to attend post-natal clinics since they can earn a living. This study finding was in agreement with [12] who stated that the employment status and type of job of the husband was also a factor contributing to use or non-use of post-natal services and this was supported by findings which showed that the husbands' occupation was an important factor associated with post-natal service uptake. It was further revealed that husbands with a formal sector job such as teaching, engineering or civil servant were more likely to have mothers who attended PNCs [12].

The number of children being taken care of can affect utilization of postnatal services as shown by results from the figure 4, which showed that most respondents 22 (44%) had 4 – 6 children, followed by 20 (40%) who had 1 – 3 and 8 (16%) had 6 children and above. This implied that since most respondents had more than one child, they would have adequate experience and also be more knowledgeable about the importance and availability of post-natal services. This study finding was in agreement with [13] whose study revealed that the number of children was also a contributing factor to use or nonuse of post-natal services and this was also reported by the same study findings revealed that although the number of family members was not associated with post-natal care uptake, mothers with three or more children were less likely to attend post-natal care services. Communities and families need to be sensitized on importance of supporting mothers seeking post-natal services.

Mothers' knowledge about postnatal services offered

Knowledge is an important factor in decision making of any sort in life and as shown in table iv, majority of the respondents 46 (92%) had some knowledge about the post-natal services offered at Mwizi HCIII. This implied that since respondents had knowledge about the post-natal services provided, they would be in position to ensure adequate use of the services provided. This study finding is contrary to a Ugandan study about the factors influencing utilization of post-natal services in Mulago and Mengo Hospitals which revealed that low utilization of post-natal services was attributed to insufficient knowledge on the need and importance of post-natal services to mothers and infants [14].

In all actions and decisions made in life, the source of information determines the credibility so people should get information from trusted sources like health workers whenever there is an opportunity. In table 5,15 (30%) obtained information about post-natal services from health workers. This showed that a small number of respondents obtained information about post-natal services from health workers and hence the quality and reliability of information obtained could be uncertain. Health workers need to emphasize and health educate mothers on importance of post-natal services, if need be, follow ups may be implemented. This study finding is contrary by Fikree, *et al*, [8] whose study in Karachi, Pakistan among 150 mothers revealed that the majority did not attend post-natal services and this was attributed to the low level of awareness or knowledge about the post-natal services provided in Karachi City.

Most of the respondents 28 (56%) never attended post-natal services at Mwizi HCIII and 22 (44%) who sometimes attended. This demonstrated very low levels of utilization of post-natal services which implied that respondents and their children were highly predisposed to many potential dangers and risks during this

period. This study finding is in agreement with Waterstone *et al*, [15] whose study revealed that a low level of knowledge and negative attitudes towards post-natal services are the contributory factors to low level of utilization of post-natal services.

Table 6 shows that majority of the respondents 32 (64%) reported that they delivered from Mwizi HCIII and 8(16%) said they delivered their babies from their homes/TBAs. This indicated that respondents who delivered their babies at home/TBAs were not attending post-natal clinic at Mwizi HCIII, more so it could be due to the fear of hospital and transport costs and those who delivered from the health facility could be due to the limited information they receive about postnatal services. From this study it is revealed that most women depend on their husbands. The husbands may decide on where to deliver from leaving mothers with no choice. This study was contrary to [16] who reported that attendance of antenatal services and delivery in hospital had also been shown to be a contributory factor to use or non-use of post-natal services as documented that mothers who had attended antenatal care were more likely to attend PNCs than women who delivered at home.

Health facility related factors contributing to low utilization of postnatal services

Furthermore, from table 4, more than half of the respondents 26 (52%) reported that they waited more than 1 hour before being attended to. This implied that long waiting hours at the health facility was reported by most of the respondents and thus can hinder use of postnatal services. Spending long hours at the health facility or any hospital can discourage mothers from utilizing postnatal services. Health workers should revise and reduce on the time mothers spend at the health facility since they also have other demanding responsibilities back at home. This study finding is in line with Waterstone et al, [15] whose study reported that inefficiency and long delays to get services had been reported as important factors contributing to low utilization of post-natal services by mothers in puerperium.

Distance to the health facility can affect utilization of postnatal services. From figure ix, half of the respondents 25 (50%) resided 3 km and more away from the health center and 14 (28%) resided a distance of 1 – 3 km. This indicated that long distance to health facilities was one of the factors contributing to low utilization of post-natal services. This study finding is in line with Chakraborty, et al, [5] whose study location of health services had also been mentioned as a factor contributing to low utilization of post-natal services as evidenced in a study by in Bangladesh which revealed that difficult and inaccessible location of health services greatly affected the utilization of post-natal services by mothers in puerperium.

From table 4, majority of respondents 37 (74%) reported that health workers had positive attitudes towards mothers at post-natal ward which implied that since health workers had positive attitudes, the welcome they gave mothers attending the health services would encourage them to attend and make use of the services. This study finding is contrary to the one by Alfredo and Mtktma [1] who revealed that negative attitudes and approach of health staffs to mothers was also reported as a factor contributing to low utilization of post-natal services by mothers in puerperium in their study about postpartum care as well as utilization levels and determinants in developing countries which revealed that a negative approach by health workers towards mothers negatively affected utilization of post-natal services.

Majority of respondents 29 (58%) had never been sensitized about the importance of attending post-natal services as shown in table 5. This implied that since most respondents had not been sensitized about the importance of post-natal services, it could lead to low utilization of the services. This study finding is in line with another study about long distance to health facilities as well as inadequate sensitization and health education about the post-natal services

during ANC clinic attendance have also been noted as major institutional factors contributing to low utilization of post-natal services by mothers in puerperium.

Individual factors contributing to low utilization of postnatal services

Figure 10 shows that, 35 (70%) respondents used foot to get to the health center, followed by 10 (20%) who used bodabodas, 4(8%) who used taxi to the health centre while the least 1(2%) used private cars. This showed that respondents had various means of transport to the health facility. However, majority of these means of transport were unreliable and this also potentially contributed to low utilization of post-natal services. The researcher said that even when Health Centre IIs have been put in places (all parishes), the midwives/Health workers are not offering post-natal services to the communities and thus compels the mothers to move long distances seeking post-natal services. This may be hindered by means of transport to be used.

Half of the respondents 25 (50%) reported that their source of income was their husbands/partners as shown in figure 11, however, this had various implications for the attendance of post-natal services especially in light of the fact that most respondents' partners were peasant farmers and others were self-employed. This may as well hinder the support they would have got from their partners like accompanying them to the post-natal clinics.

Means of transport can affect utilization of postnatal services. The majority of respondents 24 (48%) spent between 1000 – 5000shs on transport to the health facility and 14(28%) spent 5000shs and more on transport. This showed that respondents spent a considerable amount of money on transport to the health facility and it implied that failure to get money for transport meant failure to access and utilize post-natal services.

Male involvement in maternal and child health is still a big challenge in Uganda, Study findings showed that the majority of respondents 33 (66%) reported that their partners did not encourage them to attend post-natal services at Mwizi HCIII, which implied that lack of support to attend post-natal services was one of the factors affecting utilization of post-natal services. [17; 18; 19] stated that the employment status and type of job of the husband was also a factor contributing to use or non-use of post-natal services and this was supported by findings which showed that the husbands' occupation was an important factor associated with post-natal service uptake. It was further revealed that husbands with a formal sector job such as teaching, engineering or civil servant were more likely to encourage their wives to attend PNCs [20; 21; 22; 24; 25; 26; 27]. More emphasis should be put on male involvement in Maternal and Child Health (MCH) so that men can be very supportive. Both non-governmental and government/Health institutions need to lay strategies to include men in MCH services [28; 29; 30, 31, 32].

More so, from figure 13, the majority of respondents 30 (60%) reported that other mothers had good attitudes towards the use of post-natal services. This implied that mothers can embrace use of post-natal services if they were given support. Probably health workers should set strategies to capture mothers for postnatal services.

CONCLUSION

In conclusion, although most respondents were knowledgeable about post-natal services offered. For instance, although all of the respondents had some knowledge about the post-natal services offered at Mwizi HCIII, most had never attended post-natal services at Mwizi HCIII which was perhaps not surprising as some reported that they delivered their babies from home/TBAs and most did not intend to utilise the post-natal services offered due to long distance to the health facility.

Respondents also faced various individual factors which contributed to low utilization of post-natal services. Most respondents used foot to get to the health centre and reported that their source of

income was their husbands/partners who were mostly peasant farmers and self-employed and hence of low social economic status and this affected utilization of post-natal services. Furthermore, most respondents spent between 1000 – 5000shs on transport to the health facility yet most reported that money for transport to the health centre was sometimes available and most said their partners did not encourage them to attend post-natal services all of which contributed to low utilization of post-natal services.

Respondents also faced various institutional factors contributing to low utilization of post-natal services. For instance, most respondents waited more than 1 hour before being attended to at the post-natal clinic, resided 3 km and more away from the health centre and most had never been sensitized about the importance of attending post-natal services all of which contributed to low utilization of post-natal services. However, most respondents reported that health workers had positive attitudes towards mothers at post-natal ward and this could help improve utilization of post-natal services.

RECOMMENDATIONS

The findings from this study made the researcher to make the following recommendations.

Recommendations to the Ministry of Health

The Ministry of Health should improve upon its national sensitization programs on the benefits and importance of post-natal services to enable mothers to have comprehensive knowledge about the services. The Ministry of Health should also ensure that all hospitals and health institutions are able to offer post-natal services to mothers and improve accessibility to the service.

Recommendations for health workers at Mwizi health centre III.

Health workers at Mwizi HCIII should endeavor to sensitize and health educate mothers about the available post-natal services as well as their benefits to improve awareness and utilization of the services.

Health workers should also improve upon their customer care skills and ensure they are welcoming and they have positive attitudes towards mothers as this will improve use of post-natal services.

Health workers should also endeavor to provide efficient services to mothers and reduce on waiting time to receive services.

Recommendations for post-natal mothers at Mwizi HCIII

Mothers at Mwizi HCIII should ensure they get adequately sensitized about the importance and need for attending post-natal services in an effort to improve utilization of the services.

Mothers should improve upon spousal communication; mutual decision making and ensure that they have the support and encouragement which is highly essential for the success of effective utilization of post-natal services.

Implications to nursing practice

Health workers can play an important role in ensuring effective utilization of post-natal services. This could be done through adequate sensitization and health education of mothers about the importance and need for post-natal services as well as the potential dangers of not effectively utilizing the services.

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